HBR Training
Blue Cross NC Role, eBilling & Reconciliation

2019

A Division of the Department of State Treasurer
Goal

Educate HBRs on the following topics:

- Blue Cross NC and its Role
- Primary Care Provider (PCP) Incentives
- Blue Connect
- Billing and Reconciliation
- Rate Codes
- Member Synchronization
Blue Cross NC and Its Role

Blue Cross NC does more than pay claims. Blue Cross NC also:

- Provides a network of providers for members to use across all 100 counties in North Carolina
- Invoices groups
- Coordinates benefits for employees with multiple insurance policies
- Administers claims/premium incentives
- Provides self-service opportunities via Blue Connect
- Recovers incorrect medical claims payments
- Generates the W# unique member identifier, which is used to:
  - Identify Plan members to vendors
  - Maintain payments members have made towards deductibles/coinsurance

As a reminder, the Plan and taxpayers like you ultimately pay your medical bills – NOT Blue Cross and Blue Shield of North Carolina (Blue Cross NC). The money to pay your medical bills comes from you and taxpayers like you.
About PCP Incentives

Members on an eligible PCP incentive plan with a selected PCP can receive a reduction in their copay. To be eligible for the incentive:

- The member must select a qualifying PCP
- The system must complete the update prior to the member’s visit to the PCP

An updated PCP selection can take up to 5 business days to update after the change has been approved. The PCP is changed on the member’s ID card once the update is completed, and new cards are mailed.
About PCP Incentives: Continued

In order to receive the incentive, the system must first complete the update.

- If a member visits the PCP *before* the system has completely processed the PCP change, the member **will NOT** receive the reduced copay.
- Members can select or change a PCP by using the PCP Search Tool via eBenefits.
- Members can also call the SHP Eligibility and Enrollment Support Center at 855-859-0966 to select or change a PCP.
- The PCP can be changed at any time.
PCP Selection Update Process

- Early enrolled members sent ID Cards 10 days before effective date
- Member receives ID Card
- Takes up to 5 days to process
- Updates sent nightly to Blue Cross NC & BF
- Member updates eBenefits
- Payroll updates included
- HBR approves updates
- Send daily for changes made by 3:30 pm
Primary Care Provider Incentives: Why a Member May Not Get Their Incentives

Members may visit their selected PCP but not receive the copay reduction because:

• The provider has chosen to leave, update, or change their contract status with Blue Cross NC, resulting in no incentives for the members who selected the PCP.
  
  o **Note:** This can be done at any time by the provider.

• The PCP is not listed at any location. In such situations, the member will be required to reselect a PCP to continue earning incentives.

• The member selected a qualifying PCP, but the update has not processed in the system prior to their visit to the PCP. It can take up to 5 days to update.
Sometimes, a PCP may change their location to another/only one location in the same area; in such cases, the member will be automatically reassigned to their PCP at the validated location.
Blue Connect

- Members can use Blue Connect to manage their health plan and maximize benefits.
- Registered users can:
  - View claim statuses
  - Order new ID cards
  - Research health/wellness topics
  - Access a cost estimator tool for medical procedures
  - Make informed health care decisions
  - Find discounts from top health and wellness retailers
Blue Connect: Access

Members can access Blue Connect by:

2. Click the **eBenefits** link at the top of the home page.
3. Click the appropriate gold box to log in to eBenefits.
4. Once logged in, click **BlueConnect** in the Quick Links box on the left-hand side of the page.
Blue Connect: Temporary ID Cards

Members can print a temporary ID card from within Blue Connect by following these instructions:

- Click **Account/Profile**.
- Click **Get Your ID Card**.
Blue Connect: Estimated Treatment Costs

Members can review the estimates for treatment costs by utilizing the Find a Cost functionality.

1. Click **Estimate Treatment Costs**.

2. Click **Find Medical Costs** button.

3. Search for a procedure via the category search, or search via text in the provided text search field.

4. The search results will provide estimated costs for the procedure based on the member’s benefits.
Billing

Enrollment Billing Timeline

1st - 10th
Review tasks and approve changes in eEnroll

11th - 15th
Synchronize Maintenance Payroll Closes

16th - 24th
Invoice Generates Reconcile Invoice Changes

25th - 29th
Request/Secure Approvals for Payment

30th
Pay Invoice

Maintaining To-Do List in eEnroll

Benefit Detail Comparison

Invoice Comparison Report

Repeat Process
Billing: Delinquency

• A bill becomes delinquent when it is not paid by the first of the month.
  o Payments are always due at the first of the month (i.e., 1/1 or 2/1).
  o They are always considered delinquent after the 6th of the month.
• Emails are automatically sent on the 6\textsuperscript{th} and 10\textsuperscript{th} of each month if payment still hasn’t been received.
  o Blue Cross NC reaches out to groups who still haven’t paid by the 15\textsuperscript{th}.
  o If any charter schools or municipalities have not paid by the 15\textsuperscript{th}, they are charged 1.5% interest on the invoiced amount.
• The Plan encourages all groups to pay using the eBilling portal so that the invoice is always paid in full.
# Billing: Reports

Below are available reports, along with access instructions, that can provide details based on HBR billing.

<table>
<thead>
<tr>
<th>Report</th>
<th>Description</th>
<th>Access Instructions</th>
</tr>
</thead>
</table>
| Invoice Comparison | This report shows the billing changes between two months. This report is the best way to reconcile an invoice. | 1. Click on Reports  
2. Click on the drop-down box and select Invoice Comparison Report.  
3. Under the Filter tab, leave the Subscriber ID blank.  
4. Click on the month that needs to be compared to the prior invoice.  
5. Under the Format tab, change any items applicable.  
6. Click Submit.  
7. If the status of the report is “running,” refresh to see if the status changes.  
8. Once it has completed running, the report is complete and can be downloaded. |
| Employee Detail    | Shows details of employees.                                                                     | If the total on an invoice is not the expected amount, review the Tier Code and Package ID on this report.                                     |
Billing: eBilling

- **eBilling** allows HBRs to manage their bills electronically. With eBilling, HBRs can:
  - Enroll in paperless billing
  - Review the Invoice Comparison report, as well as other on-demand and scheduled reporting
  - Complete one-time and recurring payments
  - Review current and past invoices
  - Manage email notifications
  - Additional details and screenshots can be viewed in the State Health Plan eBilling Client Guide which is available on the State Health Plan website
eBilling: Invoices

1. To view invoices, click Billing. It will take you to your current invoice.

2. To view prior or paid invoices, filter for the desired view and click Submit.

3. You can search your invoices or view your payment history by selecting the relevant links.
eBilling: Invoices Con’t.

- Interest invoices are now displaying within eBilling.
- A field titled “Invoice Type” has been added to different screens and reports within eBilling to identify a premium invoice versus an interest invoice.

![Invoice Type]

  - Interest
  - Premium

- If a premium and interest invoice have the same due date the invoice will show as a consolidated invoice on the Home page.
  - Click on View Consolidated Details to see the Invoice Details.
  - Consolidated Invoice View displays on each tab as a reminder that you are viewing a consolidated invoice.
  - Click on Show Individual Invoices to see the details of the premium or the interest invoice separately.
eBilling: Invoices Con’t.

• The interest invoice has a tab titled Interest Details. You can click the Interest Details tab to view the details of why interest is billed.

INVOICE REASON: NCGS 135-48.55 ALLOWS INTEREST IN THE AMOUNT OF ONE AND ONE HALF PERCENT (1 1/2%) OF THE AMOUNT DUE THE PLAN, PER MONTH OR FRACTION THEREOF, TO BE ASSESSED ON DELINQUENT CHARTER SCHOOLS AND LOCAL GOVERNMENTS.
eBilling: Paid Through Date

• The paid through date is located on the home page of eBilling and is determined by the last full payment received.
• Claims are not paid past the paid through date.
  • Rather, they are held pending future premium and applicable interest payment.
• If a partial payment is received, the paid through date will not advance.
  • Only a full payment will trigger the paid through date to change.
Member Synchronization

- Member synchronization is the comparison of all membership deductions in your payroll system with the enrollment data in eBenefits.
- This synchronization uses unique member identifiers (i.e., Social Security numbers, names, or employee IDs) that are present in both eBenefits and Payroll to compare:
  - Matching amount to the employer’s monthly cost
  - Deduction amount to the employee’s monthly cost
Member Synchronization: Discrepancies

If you find a discrepancy:

• Perform the necessary maintenance in eBenefits.
• Generate a Benefit Detail report, which should be in sync with the payroll.
• Reach out to the Account Manager if the above actions don’t resolve the discrepancy.
Rate Codes

- Blue Cross NC’s rates are derived from a combination of tier codes and the benefit packages.
- The benefit package indicates the benefit selection and direct bill.
- The tier code indicates coverage level, incentives, and Medicare primacy.
Review the tier code keys below.

<table>
<thead>
<tr>
<th>Code Key</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNG/SN</td>
<td>Single</td>
</tr>
<tr>
<td>SBD/SD</td>
<td>Subscriber Dependent</td>
</tr>
<tr>
<td>SPS/SS</td>
<td>Subscriber Spouse</td>
</tr>
<tr>
<td>FLY/FL</td>
<td>Family</td>
</tr>
<tr>
<td>L</td>
<td>Last month on active group</td>
</tr>
<tr>
<td>N</td>
<td>Non Smoker Attestation</td>
</tr>
<tr>
<td>M</td>
<td>Medicare Primary (except Family)</td>
</tr>
</tbody>
</table>
FAQs

• Where do I review and/or pay my bill?
  • Through eBilling at https://secureebilling.com/ebilling/.

• How do I reset my password?
  • By sending an email to StatePPOInvoice@bcbsnc.com or calling the HBR Support Line.

• When does my bill run and can I change that date?
  • The bill date is on the billing tab under “Bill Date.” To request a change to that date, the HBR can send an email to StatePPOInvoice@bcbsnc.com.

• I need to update my information as the billing contact for the group. How do I do that?
  • Send an email to StatePPOInvoice@bcbsnc.com and SHPSupport@benefitfocus.com with the information needing to be updated.

• I paid online (or sent my payment over 3 days ago), but I received a delinquency warning email. Did you get my payment?
  • Blue Cross NC will need to confirm that the payment cleared. To do so, send the request to StatePPOInvoice@bcbsnc.com for research.