

# BlueNotes for Producers

April 28, 2014

## IN THIS ISSUE ...

- Find MAPD Provider Networks with our Provider Finder®
- Enrollment Applications must include Sub-Agent/Writing Agent ID
- Attestation of Eligibility for an Enrollment Period
- Secret Shopping Observations
- Formulary Update Summary for April 2014
- Cumulative Formulary Updates for April 2014
- Sales Events: Report by May 15

## FIND MAPD PROVIDER NETWORKS WITH OUR PROVIDER FINDER

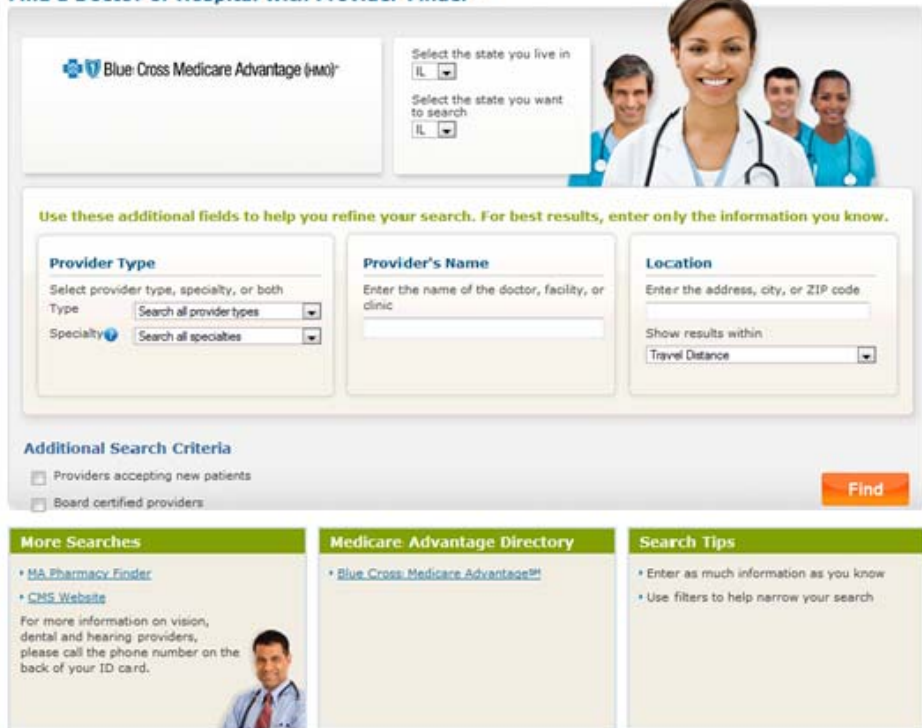
You can find information about doctors and hospitals in our network with the Provider Finder. It's simple to search by provider type, name and/or location.



Provider Finder<sup>®</sup>  
Last Updated: 04/10/2014

[Search](#) | [Help](#) | [FAQs](#) | [Company Information](#) | [Disclaimer](#) | [en Español](#)

### Find a Doctor or Hospital with Provider Finder<sup>®</sup>



The screenshot shows the Provider Finder search interface. At the top left is the Blue Cross Medicare Advantage (HMO) logo. To the right, there are two dropdown menus: 'Select the state you live in' (set to IL) and 'Select the state you want to search' (set to IL). Below these is a photo of a diverse group of healthcare professionals. The main search area is titled 'Use these additional fields to help you refine your search. For best results, enter only the information you know.' It contains three input sections: 'Provider Type' with dropdowns for 'Type' and 'Specialty'; 'Provider's Name' with a text input field; and 'Location' with a text input field and a 'Show results within' dropdown set to 'Travel Distance'. Below the search fields are 'Additional Search Criteria' checkboxes for 'Providers accepting new patients' and 'Board certified providers'. A prominent orange 'Find' button is at the bottom right. At the bottom of the page, there are three columns: 'More Searches' with links to 'MA Pharmacy Finder' and 'CHS Website'; 'Medicare Advantage Directory' with a link to 'Blue Cross Medicare Advantage'; and 'Search Tips' with instructions to 'Enter as much information as you know' and 'Use filters to help narrow your search'.

- Illinois HMO
- New Mexico HMO
- New Mexico PPO
- Oklahoma HMO
- Oklahoma PPO
- Texas PPO

## ENROLLMENT APPLICATIONS MUST INCLUDE SUB-AGENT/Writing AGENT ID

Remember these important enrollment points:

- It's a regulation to submit the completed enrollment form within 2 days of completion, as required by the Centers for Medicare and Medicaid Services (CMS).
- Remember that the enrollment application is a legal document and should be completed accurately and completely. If corrections need to be made to an application, be sure that the member and the agent initial the changes or start a new application. Applications with unexplained overwritten dates or other unexplained changes will be scrutinized.
- Remember that the writing agent **must** include his or her 9-digit HCSC-assigned producer number on the application. There is a separate section for the agency name and number to be included, if applicable.

Please enter the following information carefully and legibly. Accurate and timely compensation payments depend on this information.		
Writing Agent ID# (This is your BCBSIL assigned ID #.): □□□□□□□□□ (Not SSN or TID)		Phone Number:
First Name:	Middle Initial:	Last Name:
Agency Name (insert N/A if not applicable):	Agency Number (This is the BCBSIL assigned agency ID #.): □□□□□□□□□ (Not SSN or TID)	
Producer Signature: X		Date: □□/□□/□□

## ATTESTATION OF ELIGIBILITY FOR AN ENROLLMENT PERIOD

Agents and beneficiaries should not select "I am new to Medicare" if the member has been eligible for Part A but is just now enrolling in Part B due to retirement and/or a loss of group coverage. Selecting "I am new to Medicare" outside of the initial enrollment period can result in the enrollment being denied.

If a member is enrolling in Medicare Part B due to retirement and/or a loss in coverage, the correct selection is either "I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on (insert date)" or "I am leaving employer or union coverage on (insert date)."

<input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on (insert date).	/ /
<input type="checkbox"/> I am leaving employer or union coverage on (insert date).	/ /

## SECRET SHOPPING OBSERVATIONS

Secret Shopping, a CMS requirement in overseeing producer activities, is a common, broad-based and necessary compliance tool that HCSC follows in support of protecting Medicare beneficiaries from fraud.

HCSC's secret shopping results found that a large percentage of complaints are based off the beneficiary not understanding the prescription benefit and how it impacts them.

## Enrollment Packets

**Observation:** The majority of complaints stem from a beneficiary feeling the producer did not effectively educate/communicate benefits important to them.

**Opportunity for Improvement:** Provide complete enrollment packet information to all prospects for every presentation that supports a detailed discussion of the plan specifics. Beneficiaries should be given a comprehensive enrollment packet to take with them and review. These packets are available to order in the Blue Access for Producers (BAP) portal located on your state's website.

## Drug Coverage / Medicare Advantage Benefits

### **Observation:**

Beneficiaries need to know and understand their coverage and costs, particularly their prescription benefit in all stages of coverage.

**Opportunity for Improvement:** Reduce gaps in presentations such as prescription coverage; particularly deductibles, coverage gap, coverage determination, formulary exceptions, out-of-pocket maximums, wellness and supplemental benefits (dental, vision, health club membership). The BAP portal offers the use of an online Plan Selector Tool. Tools can be utilized in presentations to check the prospect's drugs for specific coverage.

## FORMULARY UPDATE SUMMARY FOR APRIL 2014

A summary of changes to the Blue Cross MedicareRx<sup>SM</sup> and Blue Cross Medicare Advantage<sup>SM</sup> formularies for April 2014 is now available. Here are the **changes**.

These monthly updates include only those changes in a specific month and are not cumulative.

## CUMULATIVE FORMULARY UPDATES FOR APRIL 2014

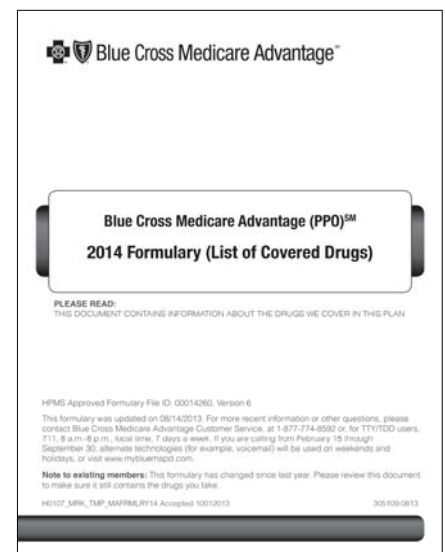
Links to cumulative updates to the Blue Cross MedicareRx and Blue Cross Medicare Advantage formularies are available below.

### MAPD Formulary Changes:

- [Illinois](#)
- [Montana](#)
- [New Mexico](#)
- [Oklahoma](#)
- [Texas](#)

### PDP Formulary Changes:

- [Illinois](#)
- [New Mexico](#)
- [Oklahoma](#)
- [Texas](#)



Updates on our web pages are cumulative (year-to-date) and the changes may vary by state.

## SALES EVENTS: REPORT BY MAY 15

Remember, your Sales Events Report for the next month is always due to us by the 15<sup>th</sup> of the previous month. Your report for June events is due to us by May 15th.

Remember, agents and producers must be present and must arrive on time, unless the event was cancelled in advance and CMS was notified of the cancellation.

You must inform us of any changes or cancellations as soon as possible by sending an email to [bmrquestions@bcbsil.com](mailto:bmrquestions@bcbsil.com) with the subject line "SALES EVENT CHANGE." Please be as specific as possible about the changes or cancellation, and provide contact information, should we have any questions.

Click on the Medicare tab on Blue Access for Producers to fill out the Sales Event Report.

The screenshot shows the 'Sales Event Reporting Form' on the Blue Access website. The page has a blue header with 'Home > Medicare Products > Sales Event Reporting' and user information 'User Profile', 'Password Manager', and 'Logout'. A 'Welcome, TXBAP Test' message is visible. The main content area is titled 'Sales Event Reporting Form' and includes instructions: 'In order to provide the Centers for Medicare & Medicaid Services (CMS) with the most accurate and updated information regarding all sales events, please review the following prior to completing the form.' It lists three reporting requirements: 1) Report new events by the 15th of the prior month (e.g., April event date should be reported no later than March 15). Updates to previously reported events should be reported 72 hours prior to the event date (e.g., changes to a May 15 event date should be reported no later than May 12). 2) Confirm event meets the CMS definition of marketing/sales events: The range of information provided (e.g. benefits, premiums, network), The way in which that content is presented to the Medicare beneficiary. The ability to collect applications and enroll Medicare beneficiaries during the event. **If your event encompasses even one of these criteria, it must be reported as a sales/marketing event.** 3) Categorize the event "TYPE" as formal or informal. Review the definitions below to determine the type of event you are hosting, then include the category in the Event Type field. It then defines FORMAL marketing/sales events (structured in an audience/presenter style with a sales person or plan representative formally providing specific plan sponsor information via a presentation on the products being offered) and INFORMAL marketing/sales events (usually conducted in a less structured presentation and/or environment to an audience and/or passersby). Below the instructions is a 'Broker Information' section with fields for: \*Broker and Agency, \*Broker ID, \*Broker Email Address, \*Broker Phone Number (with Ext. field), and \*Agency ID (If applicable). The 'Event Details' section includes: \*Blue Medicare Product (dropdown menu), \*Event Name, \*Event Type (radio buttons for Formal and Informal), \*Event Date (mm/dd/yyyy), \*Event Time (hh:mm and AM/PM), and \*Event Contact (with Ext. field).

Blue Cross MedicareRx is a prescription drug plan provided by HCSC Insurance Services Company (HISC), an independent licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.

In Illinois, plans are available in Cook, DuPage, Kane and Will counties.

In New Mexico, plans are available in Bernalillo, Cibola, Guadalupe, Los Alamos, Mora, Rio Arriba, San Miguel, Sandoval, Santa Fe, Socorro, Tarrant, and Valencia counties.

In Oklahoma, plans are available in Canadian, Cleveland, Comanche, Garfield, Grady, Lincoln, Logan, McClain, Oklahoma, and Pottawatomie counties.

In Texas, plans are available in Bastrop, Burnet, Caldwell, Collin, Dallas, Denton, Fayette, Fort Bend, Harris, Hays, Lee, Montgomery, Tarrant, Travis and Williamson counties.

In Montana, plans are available in Beaverhead, Big Horn, Blaine, Broadwater, Carbon, Cascade, Chouteau, Deer Lodge, Fergus, Flathead, Gallatin, Glacier, Golden Valley, Granite, Hill, Jefferson,

Judith Basin, Lake, Lewis and Clark, Liberty, Lincoln, Madison, Meagher, Mineral, Missoula, Musselshell, Park, Pondera, Powell, Ravalli, Sanders, Silver Bow, Stillwater, Sweet Grass, Teton, Toole, Treasure, Wheatland, and Yellowstone.

Blue Cross Medicare Advantage HMO and HMO-POS plans in Illinois and New Mexico and PPO plans in Montana, New Mexico, and Oklahoma are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). Blue Cross Medicare Advantage PPO plans in Texas are provided by HCSC Insurance Services Company (HISC). Blue Cross Medicare Advantage HMO and HMO-POS plans in Oklahoma are provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HCSC, HISC, and BlueLincs are independent licensees of the Blue Cross and Blue Shield Association. HCSC, HISC, and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, HISC's, and BlueLincs' plans depends on contract renewal.