

# HCBO Contract Maintenance

External Users

Training Guide

**ODLM**

# **HEALTH CARE BENEFITS ONLINE Contract Maintenance – External Users Training Guide**

**June 18, 2014**

**Operations Development & Learning Management**

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**Doc. No. EHCBO 1 14**



## The BCBSM / HCBO Web Site

### Overview

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#### Website Availability

The Health Care Benefits Online (HCBO) Web site for HR Representative is accessed using [www.bcbsm.com](http://www.bcbsm.com). This site is an external account self-service site for Blue Cross Blue Shield accounts on the NASCO Processing System (NPS).

Members can access the HCBO web site using [www.bcbsm.com](http://www.bcbsm.com)

HCBO provides nearly 24 hours a day 7 days a week, accessibility to member data, with scheduled maintenance periods for routine upgrades.

Daily Maintenance Schedule (account access is unavailable at these times):

Monday-Saturday: 4:00 a.m. – 5:30 a.m. Eastern Standard Time

Friday: 6:00 a.m. – 7:00 a.m. Eastern Standard Time

Sunday: 12:00 a.m. – 8:00 a.m. Eastern Standard Time

HCBO is a batch processing system that runs Monday through Friday at 5 p.m. Eastern Standard Time. It provides completely secure, password-protected internet access to member's healthcare information.

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#### Employer Portal

HCBO offers an Employer Portal ([www.bcbsm.com](http://www.bcbsm.com)) for use by personnel at both the Plan and at the account (employer). The user of the Employer Portal is designated as a Human Resources Representative (HR Rep) user. HR Rep users must be designated by their account as a user of HCBO. The Principal Delegated Administrator is a person at the account that grants access and or removes access to this tool.

The Company Principle Delegate Administrator determines the features that you will have access to. You may or may not have access to all of the following features. If there is a question regarding your access features, please contact your Company Principle Delegate Administrator.

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## The HCBO Website

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### HR Rep Features

#### HCBO – HR Reps Features

- View Claim Status
- View Coverage
- Request ID Cards
- View, Add and Update Subscriber Information
- View, Add and Update Dependent Information
- View Coordination of Benefit Information
- Provider Directory Searches
- Transaction Reports
- Member's Forms and Information
- Links

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### HCBO Access Requirements

HR Representatives have access to employee health care information. The HR Representatives access is granted and revoked by the group's Delegate/Principal Administrator. Access can be restricted based on:

- Section numbers
- Department numbers
- Function

The Delegate/Principal Administrator can provide an HR Representative with:

- Contract Maintenance (update capabilities)
- Eligibility Verification (view only capabilities)

The HR Representative with Contract Maintenance capabilities can view all active and inactive contracts in their approved group, section, and or department number. They can also process updates to a contract up to 60 days retroactive to the current date in their approved group, section and department number. If the HR Representative has Eligibility Verification capabilities they will only be able to view contract information in their approved group, section and department.



## Log in to Health Care Benefits Online

### Log in to the Group Secured Services Portal

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#### Why am I going to the Group Secured Services Portal?

You will need to access the *Group Secured Services* portal in order to access the *Health Care Benefites Online* tool.

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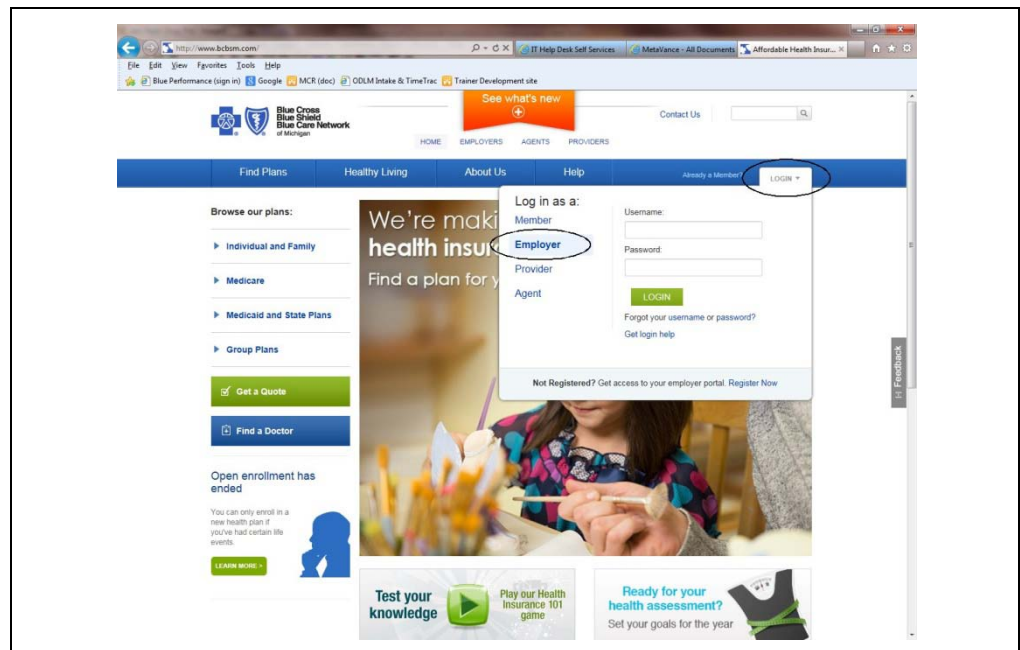
#### How do I get access?

You will need access to both the *Group Secured Services* portal and HCBO.

A request for access needs to be submitted to BCBSM by your account's Principal Delegate Administrator.

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### Log in to Group Secured Services



#### Follow the steps below to log in to the system:

1. Access [bcbsm.com](http://bcbsm.com).
2. Click **LOGIN**.
3. Click **Employer**.
4. Key your assigned Username.
5. Key your password.
6. Click **LOGIN**.



## Log in to the Group Secured Services Portal, *Continued*

### Log in to Group Secured Services, *Continued*

The *Group Secured Services* screen will appear.



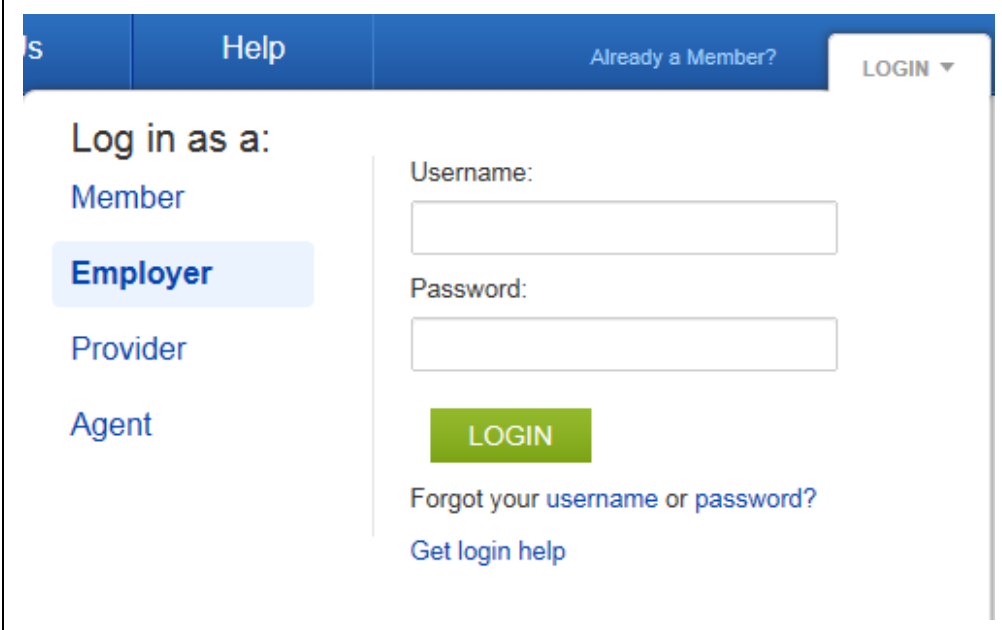
## Log in to the Group Secured Services Portal, *Continued*

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### What if I forgot my username or password?

If you forget your username or password, you can use the **Forgot your username or password?** links located below the **LOGIN** button.

If the problem cannot be resolved using the online tools, please contact the Blue Web Help Desk at: 877-BlueWeb (877-258-3923).



The screenshot shows the login interface of the Group Secured Services Portal. At the top, there is a blue navigation bar with the text 's' on the left, 'Help' in the center, 'Already a Member?' on the right, and a 'LOGIN' button with a dropdown arrow. Below the navigation bar, the main content area is white. On the left side, under the heading 'Log in as a:', there are four links: 'Member', 'Employer' (which is highlighted with a light blue background), 'Provider', and 'Agent'. On the right side, there are two input fields labeled 'Username:' and 'Password:'. Below these fields is a green 'LOGIN' button. Under the 'LOGIN' button, there are two links: 'Forgot your username or password?' and 'Get login help'.

## Log in to HCBO Using the Group Secured Services Portal

### Locate HCBO Link

- The *Group Secured Services* portal is your point of access for lots of useful information.
- The items found here will depend on your level of access, but should include a link to *Health Care Benefits Online*.
- This will be used to add, view and update subscriber and dependent information.

**healthybluextrasm**  
Members save on everything from groceries to fitness gear from participating companies in Michigan and throughout the U.S.

**Group Secured Services**  
Welcome! You are logged in to the secured area of our site. You now have access to the following services:

**What's New, News & Notes**

**Health Care Reform** - Resources to help you navigate the Patient Protection and Affordable Care Act.

**2010 Pharmacy Initiatives** - Starting July 1, 2010, BCBSM modifies its prescription drug coverage to enhance benefits for our members and group customers.

**Transitional Coverage** - Information for your employees that are experiencing a transition in their health care coverage and are no longer eligible for a group health care plan.

**Healthy Blue Xtras** - A new savings program exclusively for Michigan Blues members to help your work force save money and live healthier.

**Health Care Benefits Online**

Manage your account with Health Care Benefits Online. Features include:

- Add a subscriber and dependent(s) to an existing group
- View and update coverage information for existing subscribers and dependents
- Request member ID cards

**CDH Financial Information**  
Use the CDH Financial Information system to enter or change FSA goal amounts.

**Consumer-Directed Health Care Plans**  
BCBSM is your partner in providing a comprehensive, powerful lineup of consumer...

**Your Benefit Guides**  
View, download, and email benefit guides for your employees' BCBSM plans.

**Online Customer Reports**

Access your claims, financial, and enrollment data and convert it into valuable information. Features include:

- Executive Summary Reports
- Customized Reports

**eBilling information on Group Secured Services**

eBilling gives you access to billing information for your group account. Search by invoice to...

**Follow this step to access HCBO: Click Health Care Benefits Online.**

## Log in to HCOB Using the Group Secured Services Portal, *Continued*

### Log in to HCBO

The HCBO home page will appear.

Home Our Offerings Help Feedback Your Profile Log Out

Welcome testgroup1! HR Tools

**HCBO<sup>SM</sup>**  
Top Quality Health Care Services

**Human Resources Tools** You last logged in on Jan 21, 2009 at 8:46 a.m. EST

**You are now logged in with HR Representative privileges.**  
If you did not intend to log in as an HR Representative, please exit and log in using your regular member user name and password.

**View Member's Claims**  
Use the contract number given to you by a member to view Claim Information

**View Member's Coverage**  
Use the contract number given to you by a member to determine coverage.

**Request ID Card(s) for Member**  
Use the subscriber ID given to you by a member to Request ID Card(s) on their behalf.

**Member Maintenance**  
Add a new subscriber to an existing group or use the member's subscriber ID to update existing subscriber or dependent information.

**View/Update Subscriber**  
**View/Update Dependent**  
**Member Maintenance**

**Provider Directory**  
Need information on a provider in your area? Search using a variety of criteria to find the right provider for you.

**Transaction Reports**  
Run transaction reports for transactions initiated on HCBO.com.

**View Member's Forms & Information**  
Use the contract number given to you by a member to view member Forms & Information

**View Member's Links**  
Use the contract number given to you by a member to view member Links

**View Member's EOBs**  
Use the contract number given to you by a member to search and view Eobs.

**View/Update Coordination of Benefits (COB) Information**  
Use the contract number given to you by a member to update their other insurance (COB) information.

**Communication Center**  
You have 10 Unread Messages  
0 Require Action  
**Most Recent Messages:**  
01/08/2009  
**Test - Pavan**  
01/08/2009  
**Msg from Admin Test Repeat - R...**  
01/08/2009  
**Test Msg from Admin - R S**

**Useful Resources**  
[Provider Directory](#)  
[View Member's Forms & Information](#)  
[Request ID Card\(s\) for Member](#)  
[View Member's Links](#)

Powered by **NASCO** **URAC**  
ACCREDITED HEALTH CARE SITE





## HCBO Home Page

### Navigate the HCBO Home Page

#### Header

The HCBO home page has a lot of information available. To help familiarize you with it, we will walk through these in sections.

The first section we will look at is the header, which is the bar located at the top of the page. The header will be available on all screens in HCBO.

The screenshot shows the HCBO Home Page. At the top is a dark blue header bar with links: Home, Our Offerings, Help, Feedback, Your Profile, and Log Out. Below this is a light green bar with the HCBO logo and the tagline "Top Quality Health Care Services". A welcome message "Welcome testgroup3!" and a link to "HR Tools" are also present. The main content area is divided into several sections: "Human Resources Tools" with a login status message, "Communication Center" showing unread messages, "Member Maintenance" with links for adding subscribers and dependents, "Provider Directory", "Transaction Reports", "View Member's Forms & Information", "View Member's Links", "View Member's EOBs", and "View/Update Coordination of Benefits (COB) Information". The footer includes logos for NASCO and URAC.

On the dark blue bar at the very top of the header, you will find several options:

- **Home:** Click this to return to the home page.
- **Your Profile:** Click this to view or update your profile.
- **Log Out:** Click this to exit HCBO.

## Navigate the HCBO Home Page, *Continued*

### Header, Continued

On the green bar below the blue one, you will find a welcome message and the *HR Tools* menu option. This will be used to navigate through the system.

The screenshot shows the HCBO Home Page header. At the top is a blue navigation bar with links: Home, Our Offerings, Help, Feed Back, Your Profile, and Log Out. Below this is a green bar containing the HCBO logo (Top Quality Health Care Services), a welcome message "Welcome mitestr3!", and a dropdown menu for "HR Tools". The "HR Tools" menu is open, showing options: Claims, Coverage, Request ID Card, Add Subscriber, View/Update Subscriber, Add Dependent, View/Update Dependent, Member Maintenance, Coordination of Benefits (COB), Transaction Reports, Forms & Information, Links, View Member Benefits, and Benefit Information Downloads. Below the green bar is a white section titled "Human Resources Tools" with a login status "You last logged in 11/11/2009 1:14 p.m. EST". It contains several links: "View Member's Claims", "View Member's Coverage", "Request ID Card(s) for Member", "Member Maintenance", "Add Subscriber", "View/Update Subscriber", "Add Dependent", "View/Update Dependent", and "Member Maintenance". To the right is a "Communication Center" with a message "You have 10 Unread Messages" and a list of "Most Recent Messages" with dates and links. Below that is a "Useful Resources" section with links to "Provider Directory", "View Member's Forms & Information", "Request ID Card(s) for Member", and "View Member's Links".

*HR Tools* will allow you to navigate to the various functions available in HCBO. These include:

- Claims
- Coverage
- Request ID Card
- Add Subscriber
- View/Update Subscriber
- Add Dependent
- View/Update Dependent
- Coordination of Benefits
- Transaction Reports

**Note:** These topics will be discussed in detail throughout the training.

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## Navigate the HCBO Home Page, *Continued*

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### Communications Center

The *Communications Center* is a tool used to notify HCBO users of updates or enhancements to the system.

It works a little like an email system within HCBO.

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### Useful Resources

The *Useful Resources* section is just like it sounds. It contains links to items that should be useful to you. These include:

- [Provider Directory](#)
  - [View Member Forms and Information](#)
  - [Request ID Card](#)
  - [View Member's Links](#)
-



## Search for Subscriber

### Search for a Subscriber

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#### General Information

When performing many of the functions in HCBO, you will need to search for the subscriber whose record you want to view or change.

The *Search for Subscriber* screen can be accessed using many of the options in the *HR Tools* menu.

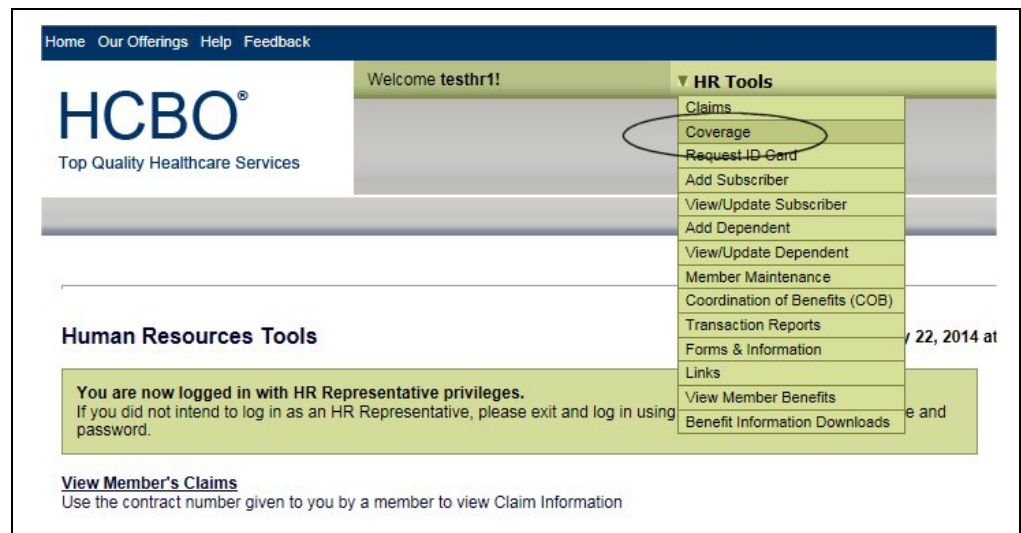
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#### Access the Search for Subscriber Screen

Follow the steps below to access the *Search for Subscriber* screen:

1. Click **HR Tools**.
2. Click **Coverage**.

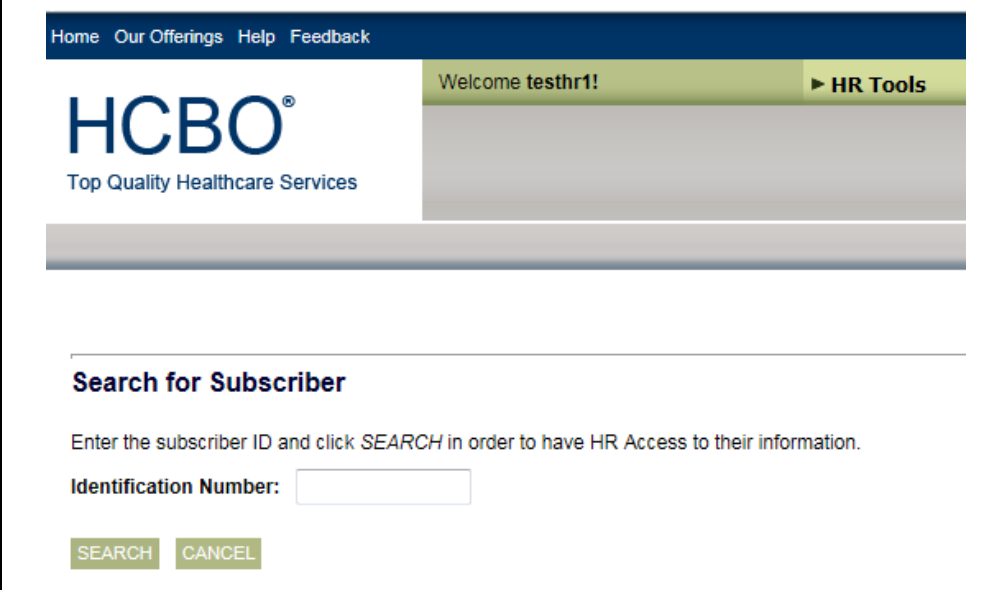
**Note:** The *Search for Subscriber* screen will appear for many of the menu items on the *HR Tools* menu (Coverage was selected as an example). Clicking Add Subscriber does not bring up the search option.



## Search for a Subscriber, *Continued*

### Search for a Subscriber

The *Search for Subscriber* screen will appear. This screen allows you to look up a contract that already exists in your group.

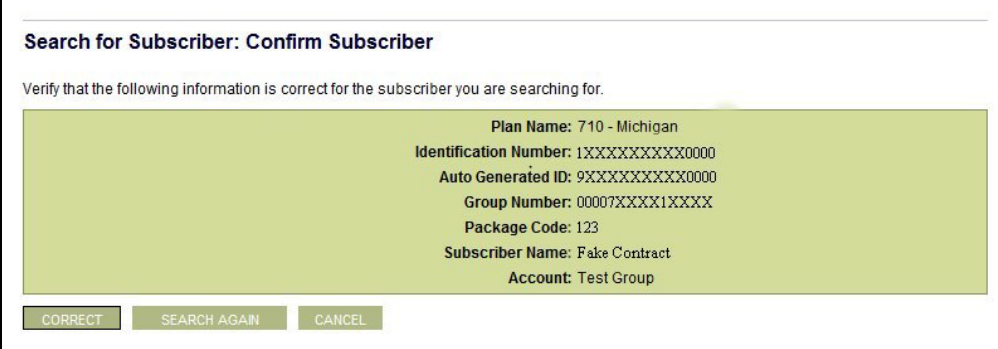


The screenshot shows the HCBO website interface. At the top, there is a navigation bar with links: Home, Our Offerings, Help, and Feedback. Below this, the HCBO logo is displayed with the tagline "Top Quality Healthcare Services". To the right of the logo, a green banner says "Welcome testhr1!" and a button labeled "HR Tools" is visible. The main content area is titled "Search for Subscriber". Below the title, a message states: "Enter the subscriber ID and click SEARCH in order to have HR Access to their information." There is a text input field labeled "Identification Number:". Below the input field are two buttons: "SEARCH" and "CANCEL".

#### Follow the steps below to search for a contract:

1. Key the subscriber's identification number or the contract number that appears on his or her ID card.
2. Click **Search**.

If the contract has already been added to your group, the *Search for Subscriber: Confirm Subscriber* screen will display.



The screenshot shows the "Search for Subscriber: Confirm Subscriber" screen. At the top, the title "Search for Subscriber: Confirm Subscriber" is displayed. Below the title, a message states: "Verify that the following information is correct for the subscriber you are searching for." A large green box contains the following information:  
Plan Name: 710 - Michigan  
Identification Number: 1XXXXXXXXX0000  
Auto Generated ID: 9XXXXXXXXX0000  
Group Number: 00007XXXX1XXXX  
Package Code: 123  
Subscriber Name: Fake Contract  
Account: Test Group  
Below the green box are three buttons: "CORRECT", "SEARCH AGAIN", and "CANCEL".

## Search for a Subscriber, *Continued*

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### Search for a Subscriber, *Continued*

The *Search for Subscriber: Confirm Subscriber* screen will display the following information:

- Plan Name: The control plan for your group (710 – Michigan)
- Identification Number: The subscriber's social security number, followed by four zeroes
- Auto Generated ID: The randomly assigned number that appears on the subscriber's BCBSM ID card, followed by four zeroes
- Group Number: Four zeroes followed by your 5-digit group number and the 4-digit section code (see group structure)
- Package Code: The 3-digit code that identifies the subscriber's benefit plan (see group structure)
- Subscriber Name
- Account: Your group name

If a new subscriber in your group needs services, but has not yet received his or her ID card, you can provide them with the auto generated ID from this screen.

### Follow ONE of these options to proceed:

- If you'd like to view more information on the subscriber, click **Correct**.  
**Note:** The next screen that appears will depend on which option you selected in *HR Tools*. These screens will be discussed in later units.
  - If the wrong contract is presented, click **Search Again**.
  - If you've already found the information you needed, such as the auto generated ID, or the package code, click **Cancel**.
-

## Search for a Subscriber, *Continued*

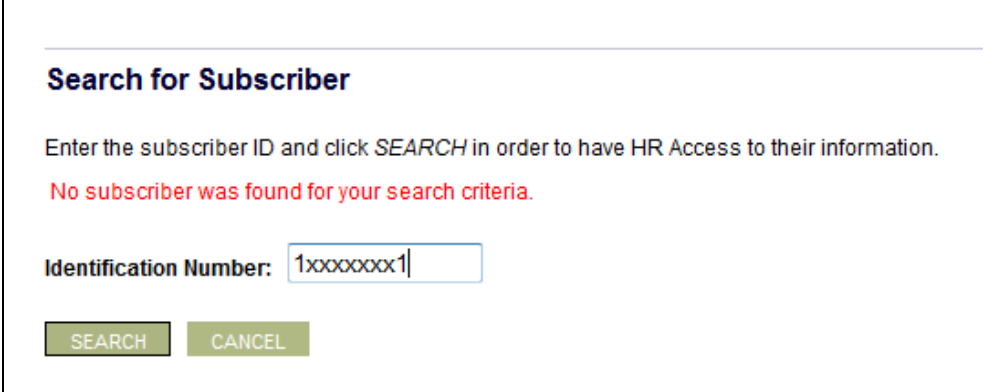
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### What happens if the contract isn't found?

The *Search for Subscriber* screen will reappear if you received one of the following error messages:

- No subscriber was found for your search criteria.
- You are not authorized to this subscriber.
- The contract was cancelled before it was ever made effective, therefore no processing can be done on this site.

When you receive the “No subscriber found” message, this means the contract has not yet been added.



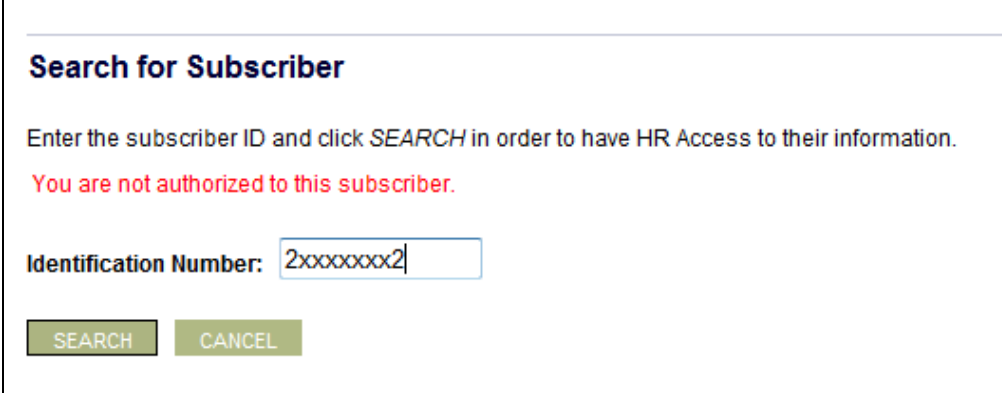
**Search for Subscriber**

Enter the subscriber ID and click *SEARCH* in order to have HR Access to their information.

No subscriber was found for your search criteria.

Identification Number:

When you receive the “You are not authorized” message, this means the subscriber has a contract with another group. The contract has not been added to your group.



**Search for Subscriber**

Enter the subscriber ID and click *SEARCH* in order to have HR Access to their information.

You are not authorized to this subscriber.

Identification Number:

Either way, the contract is not yet in your group.



## Search for a Subscriber, *Continued*

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### What happens if the contract isn't found?, *Continued*

When you receive the “The contract was cancelled before it was ever made effective” message, this means the subscriber was added with a future date, then cancelled before the effective date.

Search for Subscriber

This contract was canceled before it was ever made effective, therefore no processing can be done on this site.

- If you are a member, please contact the Customer Service phone number listed on your health insurance ID card for assistance.
- If you are a Human Resources Representative, please contact the appropriate Help Desk number.

Identification Number: > 3XXXXXXXX3 <

SEARCH

CANCEL

These contract require special handling Please refer to the *Contacts* section for the Help Desk number.

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## Search for a Subscriber, *Continued*

### Confidential Communications

If a **dependent** on a contract has requested confidential communications, a warning message will appear in red on the *Search for Subscriber: Confirm Subscriber* screen.

Examples of confidential communications include the following:

- A dependent living away from home requesting their PHI communications be sent to their current address.
- A dependent living in the home who requests to have any PHI communications sent to an alternate address for safety concerns.
- A dependent requesting that all verbal communications containing PHI be restricted to him or herself.

All information regarding these dependents should be treated as confidential.

If the subscriber requests information on a member who has requested confidential communications, please refer him or her to the BCBSM customer service line on the back of the ID card.

Search for Subscriber: Confirm Subscriber

Verify that the following information is correct for the subscriber you are searching for.

Plan Name:

710 - Michigan

Identification Number:

1XXXXXXXXX0000

Auto Generated ID:

9XXXXXXXXX0000

Group Number:

00007XXXX1XXX

Package Code:

123

Subscriber Name:

Fake Subscriber

Account:

Test Group

Fake Spouse on this contract has invoked confidential communication

CORRECT

SEARCH AGAIN

CANCEL



## Add A New Contract

### Add a New Contract

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#### General Information

New contracts are added to HCBO for the following scenarios:

- Newly hired employees
- Surviving Spouse (for groups who offers this coverage)
- Dependent COBRA contracts

Adding a new contract in HCBO will use two screens:

- *Add Subscriber* will be used to add subscriber information
- *Add Dependents* will be used to add dependent information

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#### Access the *Add Subscriber* screen

It is always best to search for a contract before adding a new one to make sure the subscriber has not already been added. (See *Search for Subscriber* unit, if necessary)

If the contract is not found, proceed with adding the contract.

**Follow these steps to access the *Add Subscriber* screen:**

1. Click **HR Tools**.
2. Click **Add Subscriber**.

## Add a New contract, *Continued*

### Access the Add Subscriber Screen, Continued

The *Add Subscriber* screen will appear.

#### Add Subscriber

Please enter new subscriber information in the fields below. When complete, please click the *SAVE & CONTINUE* button to proceed or the *CANCEL* button to end the transaction.

Contract Type:

Group:

Package:

Home Plan Code:

Department Number:

First Name:

Middle Initial:

Last Name:

Gender:

☐ Male

☐ Female

Social Security Number:

Date of Birth:

Month

Day

Hiring Date:

Month

Day

Benefit Status:

Employment Status:

Medicare:

No Medicare

Medicare HIB #:

Effective Date of Contract:

Month

Day

Year

Street Address 1:

Street Address 2:

City:

State:

Zip+4:

Phone Number:

SAVE & CONTINUE

CANCEL

Your User ID:

testhr1

## Add Subscriber Information

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### Add Coverage Information

When adding a new subscriber, there is a lot of information to key. We will cover this in sections to make it a little easier for you.

The first section will cover adding information about the subscriber's coverage.

**Note:** You will need to use your group structure to complete this section.

**Add Subscriber**  
Please enter new subscriber information in the fields below. When complete, please click the *SAVE & CONTINUE* button to proceed or the *CANCEL* button to end the transaction.  
  
Contract Type:   
  
Group:   
  
Package:   
  
Home Plan Code:   
  
Department Number:

### Follow these steps to add coverage information:

1. Select the appropriate **Contract Type** from the following options:
  - Subscriber and Child (one child or multiple children)
  - 2 Adults (spouse, domestic partner or common law spouse)
  - Family (subscriber, spouse and one child or multiple children)
  - Single Male Subscriber
  - Single Female Subscriber
2. Select the appropriate **Group and Section number** (see group structure).
3. Select the appropriate **Package Code** (see group structure).
4. Select the appropriate **Home Plan Code** (see group structure).
5. Key the 9-digit **Department Number**, if necessary (see group structure).

**Note:** If you group does not use department numbers, leave this field blank. If your group uses these, this becomes a required field.

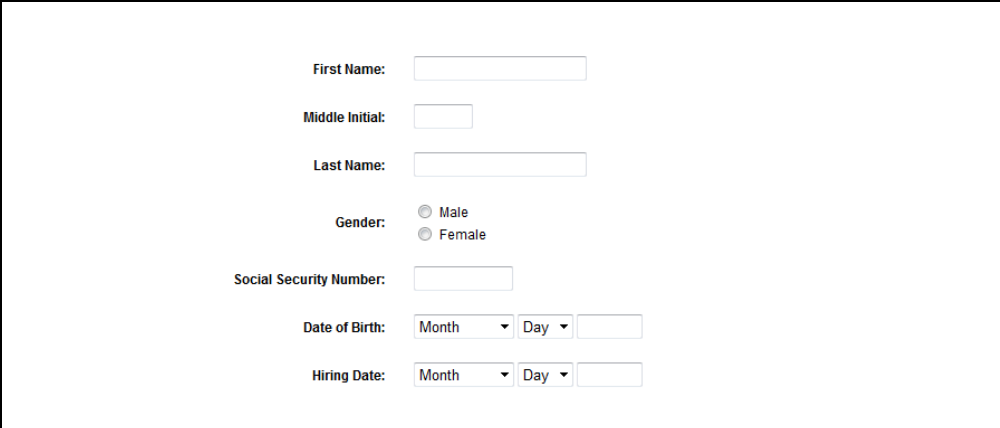
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## Add Subscriber Information, *Continued*

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### Add Subscriber's Personal Information

The next section will cover adding the subscriber's personal information.



The form contains the following fields and options:

- First Name:
- Middle Initial:
- Last Name:
- Gender: ☐ Male ☐ Female
- Social Security Number:
- Date of Birth: Month  Day  Year
- Hiring Date: Month  Day  Year

#### Follow these steps to add the subscriber's personal information:

1. Key the subscriber's **First Name** according to the following format:
  - No special characters (apostrophes, dashes, etc.)
  - No more than 10 characters
2. Key the subscriber's **Middle Initial**, if available (not required).
3. Key the subscriber's **Last Name** according to the following format:
  - Include any titles, such as Jr, Sr, III (separated from last name by a space)
  - No special characters (apostrophes, dashes, etc.)
  - No more than 19 characters
4. Select the appropriate **Gender**.
5. Key the subscriber's **Social Security Number**.

**Note:** The social security number is only used for internal purposes. The auto generated ID is used on the ID card and other communications.

6. Select the subscriber's **Date of Birth** (key the 4-digit year).
7. Select the subscriber's **Hiring Date** (key the 4-digit year).

Examples for last names with titles or special characters:

- Title: John Doe III
- Apostrophe: O'Brien = OBrien or O Brien (space, no apostrophe)
- Hyphenated: Smith-Jones = SmithJones or Smith Jones

## Add Subscriber Information, *Continued*

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### Add Benefit and Employment Status

The next section will cover benefit and employment status.

These terms sound similar enough, which sometimes creates confusion. Here is a brief explanation to help clarify:

- Benefit Status indicates whether the subscriber is an Active, COBRA or a Surviving Spouse. In this case, an Active employee would be someone who is currently employed or someone who has retired from your company.
- Employment Status indicates whether the employee is covered in an Active or Retiree *section* of your group.

Benefit Status:	<input type="text"/>
Employment Status:	<input type="text"/>

### Follow these steps to add the subscriber's benefit and employment status:

1. Select the **Benefit Status** from the following options:
    - Active
    - Consolidated Omnibus Reconciliation Act (COBRA)
    - Surviving Insured (if offered by your group)
  2. Select the **Employment Status** from the following options:
    - Full-time Active Employee
    - Retired
-



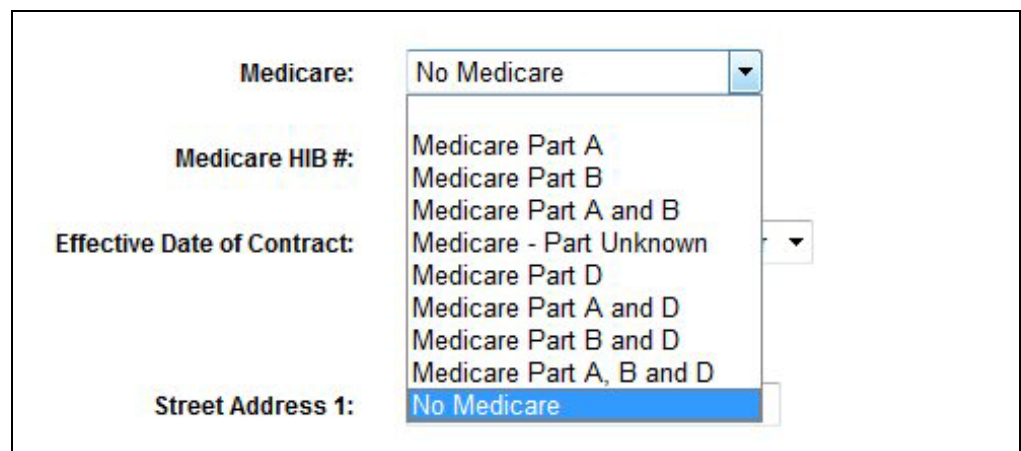
## Add Subscriber Information, *Continued*

### Add Medicare Information

The next section will cover adding Medicare information.

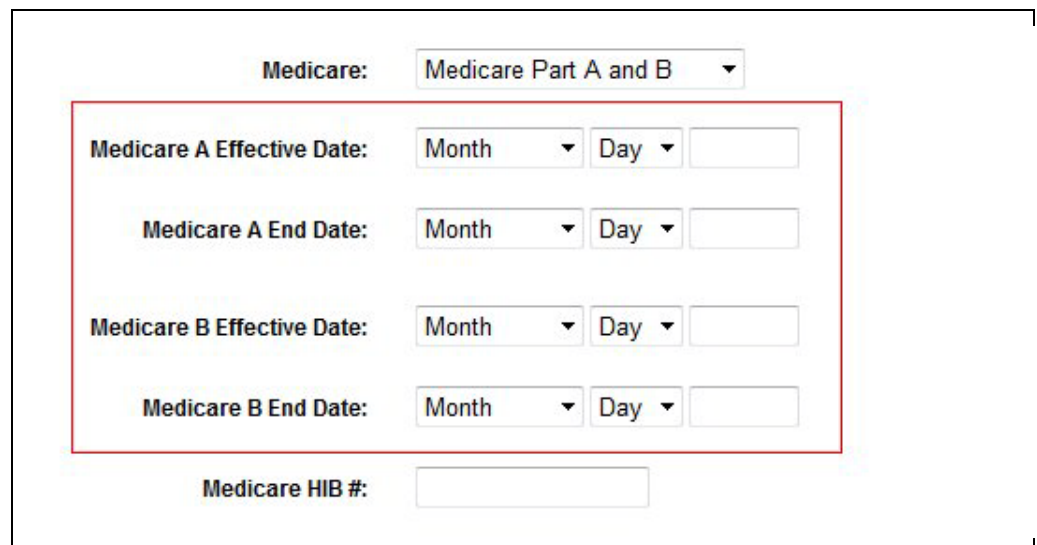
**Important:** The most important thing to know is that adding Medicare information in HCBO will **NOT** make Medicare primary for that contract. If Medicare should be primary, please notify BCBSM.

The system will default to No Medicare, and will only present the **Medicare** and **Medicare HIB #** fields. The drop down in the Medicare field will present different Medicare options, depending on which parts the subscriber has chosen.



A screenshot of a web form showing a dropdown menu for the 'Medicare' field. The dropdown is open, displaying the following options: 'No Medicare', 'Medicare Part A', 'Medicare Part B', 'Medicare Part A and B', 'Medicare - Part Unknown', 'Medicare Part D', 'Medicare Part A and D', 'Medicare Part B and D', and 'Medicare Part A, B and D'. The 'No Medicare' option is currently selected and highlighted in blue. To the left of the dropdown, the labels 'Medicare:', 'Medicare HIB #:', 'Effective Date of Contract:', and 'Street Address 1:' are visible. To the right, a portion of another dropdown menu is visible.

If Medicare parts are selected using the drop down in the **Medicare** field, additional fields will be added. The fields presented are based on which parts were selected. (Re-selecting No Medicare will remove the additional fields)



A screenshot of the Medicare form after selecting 'Medicare Part A and B'. The 'Medicare' dropdown is set to 'Medicare Part A and B'. Below it, a red rectangular box highlights four additional date fields: 'Medicare A Effective Date:', 'Medicare A End Date:', 'Medicare B Effective Date:', and 'Medicare B End Date:'. Each of these fields has a 'Month' dropdown, a 'Day' dropdown, and a text input box. Below the red box, the 'Medicare HIB #' label and its corresponding text input box are visible.

## Add Subscriber Information, *Continued*

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### Add Medicare Information, *Continued*

#### Follow these steps to add Medicare information:

1. Select the appropriate **Medicare** parts using the drop down.
  2. Select the subscriber's **Medicare A Effective Date**, *if applicable* (key the 4-digit year).
  3. Select the subscriber's **Medicare A End Date**, *if applicable* (key the 4-digit year).
  4. Select the subscriber's **Medicare B Effective Date**, *if applicable* (key the 4-digit year).
  5. Select the subscriber's **Medicare B End Date**, *if applicable* (key the 4-digit year).
  6. Select the subscriber's **Medicare D Effective Date**, *if applicable* (key the 4-digit year).
  7. Select the subscriber's **Medicare D End Date**, *if applicable* (key the 4-digit year).
  8. Key the **Medicare HIB #** (9-digit number followed by an alpha character that is found on his or her Medicare card)
-

## Add Subscriber Information, *Continued*

### Add CDH Information

If your group has a Consumer Directed Healthcare product with Health Equity, you will see some additional fields on the *Add Subscriber* screen.

- HSA – Health Savings Account
- HRA/RRR – Healthcare/Retiree Reimbursement Account
- Full FSA – Medical Flexible Savings Account
- Partial FSA – Dependent Care Savings Account

**Note:** If your group offers these accounts through a vendor other than Health Equity, you will not see these fields listed.

The screenshot shows a web form for adding subscriber information. At the top, there is a text input field for "Medicare HIB #". Below this, a red rectangular box highlights a section containing four dropdown menus: "HSA" (with "HSA" selected), "HRA/RRR" (with a blank option selected), "Full FSA" (with "No FSA" selected), and "Partial FSA" (with "No FSA" selected). Above the "HRA/RRR" dropdown, there is a note: "HRA and HRA products are automatically granted based on group offerings". Below the "Full FSA" and "Partial FSA" dropdowns, there is a note: "Special Purpose includes Limited Purpose plus Post Deductible". At the bottom of the form, there is a section for "Effective Date of Contract" with three dropdown menus for "Month", "Day", and "Year".

The package code selected earlier in the process will determine which options are available in each of the fields. If a certain package code does not include a product, no options will be available.

The **HRA/RRR** field is not enabled. If a subscriber is in a package code that includes one of these, the product will automatically be assigned.

**Important:** These fields include a blank option. When a particular account is not chosen, please be sure to use the No option, such as No FSA. *Do not use the blank option.*

## Add Subscriber Information, *Continued*

---

### Add CDH Information, *Continued*

#### Follow these steps to add CDH information:

1. Select the appropriate **HSA** option, *if applicable*, from the following options:
  - HSA (default, if offered)
  - No HSA (do not use the blank option)
2. Select the appropriate **Full FSA** option, *if applicable*, from the following options:
  - No FSA (default, if offered)
  - FSA Medical
  - FSA Limited Purpose Dental Vision
3. Select the appropriate **Partial FSA** option, *if applicable*, from the following options:
  - No FSA (default, if offered)
  - FSA Dependent Care

**Note:** Goal amounts for FSA products cannot be loaded until the next business day. This is done using the *CDH Financial Information* link on the Group Secured Services portal.

---

## Add Subscriber Information, *Continued*

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### Add Effective Date, Address and Phone

The last section will include adding the contract effective date and the subscriber's primary address.

The form is titled "Effective Date of Contract:" and contains several input fields. At the top, there are three dropdown menus for "Month", "Day", and "Year". Below these are two text input fields for "Street Address 1:" and "Street Address 2:". Following these are fields for "City:", "State:" (a dropdown menu), "Zip+4:" (two adjacent text boxes), and "Phone Number:" (three adjacent text boxes with hyphens). At the bottom of the form are two buttons: "SAVE & CONTINUE" and "CANCEL".

**Follow these steps to add the effective date and primary address:**

1. Select the **Effective Date of Contract**.
2. Key the subscriber's **Street Address** (no special characters).
3. Key any overflow address information in **Street Address 2**, if necessary.
4. Key the subscriber's **City**.
5. Select the subscriber's **State**.
6. Key the subscriber's **ZIP** (there is space for the +4, but they are not required).
7. Key the subscriber's **Phone Number**, if available (not required).

**Notes** on address fields:

- No special characters (apostrophes, dashes, etc.)
- Addresses that contain fractions, such as 1/2, should be written HLF.
- Fields hold a maximum of 24 characters. If necessary, split the address between Street Address 1 and 2.

## Add Subscriber Information, *Continued*

---

### Add a Canadian or Foreign Address

#### Follow these steps to add a **CANADIAN** address:

1. Key the subscriber's street address or P.O. Box in **Street Address 1**.
2. Key the subscriber's City, Province, and Postal Code in **Street Address 2**.
3. Key the subscriber's Country in **City**.
4. Select **Foreign** using the dropdown in **State**.
5. Key all zeroes in **ZIP+4**.
6. Key the subscriber's **Phone Number**, if available (not required).

#### Sample Canadian Address

Street Address 1:	<input type="text" value="123 Fake Street"/>
Street Address 2:	<input type="text" value="FakeCity, Ontario, XXXXXX"/>
City:	<input type="text" value="Canada"/>
State:	<input type="text" value="Foreign"/>
Zip+4:	<input type="text" value="00000"/> <input type="text" value="0000"/>
Phone Number:	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>

#### Follow these steps to add a **FOREIGN** address:

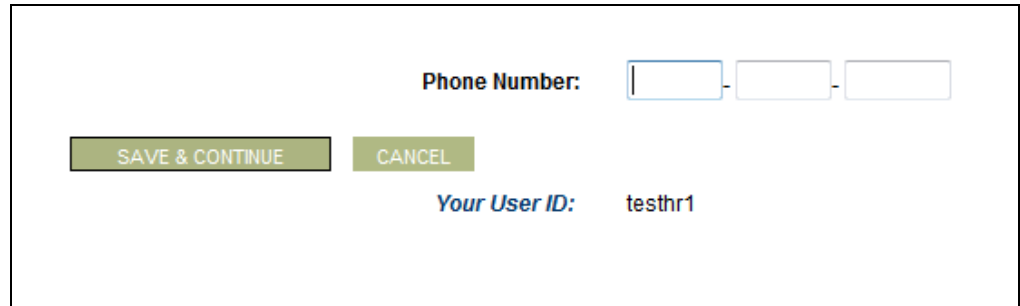
1. Key the subscriber's street address or P.O. Box in **Street Address 1**.
  2. Key the subscriber's City and Postal Code in **Street Address 2**.
  3. Key the subscriber's Country in **City**.
  4. Select **Foreign** using the dropdown in **State**.
  5. Key all zeroes in **ZIP+4**.
  6. Key the subscriber's **Phone Number**, if available (not required).
-

## Add Subscriber Information, *Continued*

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.



Phone Number:  -  -

*Your User ID:* testhr1

**Follow this step to save your work:** Click **Save & Continue**.

- If the Contract Type indicated multiple members, the *Add Dependents* screen will appear.
  - If the Contract Type indicated one member, the *Add Subscriber* confirmation screen will appear.
-

## Add Dependent Information

### Add Dependents screen

When adding a new contract with a **Contract Type** with multiple members, the *Add Dependents* screen will automatically appear.

### Add Dependents

Enter Dependent Information for [Fake Subscriber](#)

Dependents Entered:

Plan Code: 710 - Michigan  
Account Name: Test Group  
Subscriber Name: Fake Subscriber

First Name:

Middle Name Initial:

Last Name:

Gender: ☐ Male ☐ Female

Social Security Number:

Date of Birth:

Birth Sequence Order (multiple births only):

Relation:

Student Status:

Medicare:

Medicare HIB #:

Split Benefit Type:

Split Benefit Effective Date:

QMCSO: ☐ Yes ☒ No

Your User ID: testhr1



## Add Dependent Information, *Continued*

---

### Add Dependent's Personal Information

Just like for the subscriber, there is a lot of information to key for a dependent. We will also cover this in sections to make it a little easier for you.

The first section will cover adding the dependent's personal information.

First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Last Name:	<input type="text" value="Doe"/>
Gender:	<input type="radio"/> Male <input type="radio"/> Female
Social Security Number:	<input type="text"/>
Date of Birth:	<input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text"/>

#### Follow these steps to add the dependent's personal information:

1. Key the dependent's **First Name** according to the following format:
    - No special characters (apostrophes, dashes, etc.)
    - No more than 10 characters
  2. Key the dependent's **Middle Initial**, if available (not required).
  3. Key the dependent's **Last Name**, *if different than the subscriber's*. Use the following format:
    - Include any titles, such as Jr, Sr, III (separated from last name by a space)
    - No special characters (apostrophes, dashes, etc.)
    - No more than 19 characters
  4. Select the appropriate **Gender**.
  5. Key the dependent's **Social Security Number**.

**Note:** The social security number is only only a required field for members 45 and older. If a member does not have an SSN, please submit to BCBSM for processing.
  6. Select the subscriber's **Date of Birth** (key the 4-digit year).
-

## Add Dependent Information, *Continued*

---

### Add Relationship and Special Handling Instructions

The next section will cover adding the dependent's relationship to the subscriber, along with special handling information.

This includes a couple of fields that need further explanation:

#### Birth Sequence Order field

- This field is used to link multiple birth dependents (twins, triplets, etc.).
- It helps claims to process correctly for members who have the same birthdate.
- A 1-digit code is assigned to each **SET** of multiple births.

**Example:** A set of twins would both be coded with the number 1.

- This field is sometimes used for other situations, such as two dependents who have similar or the same name.

**Example:** In a blended marriage, it is possible for both parents to have a son named John. Even though their birthdates will be different, adding a 1 for each of these dependents will also help their claims pay correctly.

#### Student Status field

- Before the Affordable Care Act, this field was used to designate dependents who were allowed to stay on their parent's insurance when they turned 19 because they were attending college.
- Now that the Affordable Care Act is in place, all dependents may be covered to the age of 26, regardless of whether or not they are attending college.
- This field is now available for reporting purposes only. BCBSM no longer uses it as a classification. If your group would like to distinguish between dependents who are attending college, and those who are not, use this field to indicate the difference.

Birth Sequence Order (multiple births only):	<input type="text"/>
Relation:	<input type="text"/>
Student Status:	<input type="text"/>

## Add Dependent Information, *Continued*

---

### Add Relationship and Special Handling Information, *Continued*

Follow these steps to add relationship and special handling information:

1. Select the **Birth Sequence Order**, *if necessary*.
2. Select the **Relation** to the subscriber from the following options:
  - Spouse/Partner (spouse, domestic partner or common law spouse)
  - Child (natural, adopted or step child)
  - Sponsored Dependent, *if offered*
  - Domestic Partner, *if offered*
3. Select the **Student Status** from the following options:
  - Not a student (not enrolled in college **or** your group is not using this for reporting purposes)
  - Full time (enrolled in college **and** your group is using this for reporting purposes)

**Note:** HCBO cannot be used to indicate a dependent is permanently handicapped. Please submit these requests to BCBSM, along with the required documentation.

---

## Add Dependent Information, *Continued*

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### Add Medicare Information

The next section will cover adding Medicare information. The process is exactly the same as adding it for a subscriber, so the steps will not be repeated here.

**Important:** Adding Medicare information in HCBO will **NOT** make Medicare primary for the dependent. If Medicare should be primary, please notify BCBSM.

---

### Add Split Benefits

The next section will cover adding split benefits.

**Note:** If your group did not select split benefits, these options will not be available on the *Add Dependents* screen.

Split benefits are used to limit coverage for a dependent. Selecting a split benefit code will exclude one or more covered lines of business for the dependent. Dependents **cannot** have a line of business that the subscriber does not.

**Example:** If the subscriber has medical, drug, dental and vision coverage, split benefit code 068 (No dental) could be used to exclude dental coverage for a dependent.

Split Benefit Type:	<input type="text"/>
Split Benefit Effective Date:	Month <input type="text"/> Day <input type="text"/>
Split Benefit Cancel Date:	Month <input type="text"/> Day <input type="text"/>

#### Follow these steps to add split benefits for a dependent:

1. Select the **Split Benefit Type** from the options provided (these will vary depending on your group's benefit options).
  2. Select the **Split Benefit Effective Date** (key the 4-digit year).
  3. Select the **Split Benefit Cancel Date**, *if applicable* (key the 4-digit year).
-

## Add Dependent Information, *Continued*

---

### Add QMCSO Information

The next section will cover adding Qualified Medical Child Support Order (QMCSO) information.

The system will default to No QMCSO, and will only present the **QMCSO** field with the Yes and No options. Clicking Yes will enable the fields below. (Re-selecting No will remove the additional fields)

The screenshot shows a web form for adding QMCSO information. At the top, there is a radio button selection for 'QMCSO:' with 'Yes' selected. Below this is a section titled 'Specify an Address for this Member:' with two radio button options: 'Use the Contract's Primary Address:' (selected) and 'Use an Alternate Address (fill in below):'. Under the primary address option, the text '555 Fake Lane' and 'Fake Town, MI 48000-0000' is displayed. Below the alternate address option, there are several input fields: 'Custodial Parent First Name:', 'Custodial Parent Middle Initial:', 'Custodial Parent Last Name:', 'Custodial Parent Street Address:', 'Custodial Parent City:', 'Custodial Parent State:' (a dropdown menu), and 'Custodial Parent Zip+4:' (two separate input boxes for the zip code and the +4 extension).

**Follow these steps to add QMCSO information for a dependent:**

1. Click **Yes**.
2. Click the appropriate option to **Specify an Address for this Member**.
3. Key the following, *if applicable*.
  - **Custodial Parent First Name** (No special characters)
  - **Custodial Parent Middle Initial**, *if applicable*
  - **Custodial Parent Last Name** (No special characters)
  - **Custodial Parent Street Address**
  - **Custodial Parent City**
  - **Custodial Parent State**
  - **Custodial Parent Zip** (there is space for the +4, but they are not required)

## **Add Dependent Information, *Continued***

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### **Save Changes**

Once you have finished entering all of the information you are ready to save your work and continue.

#### **Follow ONE of these steps to save your work:**

- If there are more dependents to add: Click **Save & Add Dependent**.
  - If there are **NO** more dependents to add: Click **Save & Continue**.
- 



## Confirm New Contract Add

### Confirmation Screen

Before the subscriber add is completed, you will have the opportunity to review and edit the information you have entered in the system.

If you find an error, you can use the **Edit Contract** button in the upper right corner. This will take you back to the *Add Subscriber* screen you were just on, which will allow you to make the necessary changes.

**Add Subscriber**

Please confirm the subscriber information you have entered for **Fake Contract**.

If you need to change any of the information you entered, please click the *EDIT* button. If the information is correct and there are no additional dependents to add, click the *SAVE CONTRACT* button.

If you need to add more dependents, when applicable, click the *ADD DEPENDENT* button. If you need to end the transaction without submitting it, click the *CANCEL CONTRACT* button.

Subscriber: Fake Contract

EDIT CONTRACT

Contract Type: Single Male Subscriber	Group: 00007XXXXX1XXXX
Package: 010	Home Plan Code: 7XX
Department Number:	
Gender: M	Social Security Number: 1XXXXXXXX
Date of Birth: Jan 01, 1980	Hiring Date: May 01, 2014
Benefit Status: Active	
Employment Status: Full-time Active Employee	Effective Date of Contract: Jun 01, 2014
Medicare: No Medicare	
Medicare HIB #:	
123 Fake Street Fake City, MI 48000-0000 Phone Number: --	

Your User ID:

SAVE CONTRACT

CANCEL CONTRACT

**Follow this step to save your work: Click Save Contract.**

## Confirm New Contract Add, *Continued*

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**Final Confirmation Screen** Once you click **Save Contract** the subscriber add is officially complete. The *Add Subscriber Confirmed* screen will appear. The transaction to add the contract has been submitted for processing and is no longer available for editing.

BCBSM identification cards will automatically generate when the add subscriber request is processed.

**Reminder:** HCBO runs files in batches. Any changes submitted before 5:00 p.m. Eastern Standard Time will show in the system the next business day. Changes submitted after 5:00 will not show until the second day.

There is a **Printer Friendly** option in the upper right hand corner, if you would like to print a copy of the information for your records.

**Follow this step finalize your transaction:** Click **Finished**.

---





## Add A New Dependent

### Add a Dependent

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#### General Information

The *Add Dependent* option on *HR Tools* will be used to add new dependents to existing contracts with an **Active** status.

**Important:** You will not be able to add a dependent to a contract with an **Inactive** status. Please submit these requests to BCBSM for processing.

---

#### Access the *Add Dependents* Screen

**Follow these steps to access the *Add Dependent* screen:**

1. Click **HR Tools**.

2. Click **Add Dependent**.

**Result:** *Search for Subscriber* screen appears.

3. Key the subscriber's identification number or the contract number that appears on his or her ID card.

4. Click **Search**.

**Result:** *Search for Subscriber: Confirm Subscriber* screen appears.

5. If correct subscriber is listed, click **Correct**.

## Add a Dependent, Continued

### Access the Add Dependents Screen, Continued

The *Add Dependents* screen will appear.

**Add Dependent**

Please enter new dependent information in the fields below. When complete, please click the *PREVIEW & SAVE* button to proceed or the *CANCEL* button to end the transaction.

Plan Name: 710 - Michigan  
Identification Number: 1XXXXXXXXXX  
Auto Generated ID: 9XXXXXXXXXXXX0000  
Subscriber Name: Fake Subscriber  
Coverage Period: Jan 01, 2014 - Present

First Name:

Middle Initial:

Last Name:

Gender: ☐ Male ☐ Female

Social Security Number:

Date of Birth:

Birth Sequence Order (multiple births only):

Relation:

Student Status:

Medicare:

Medicare HIB #:

Split Benefit Type:

Split Benefit Effective Date:

Split Benefit Cancel Date:

QMCSO: ☐ Yes ☒ No

Update Type:

Effective Date of Update:

Your User ID:

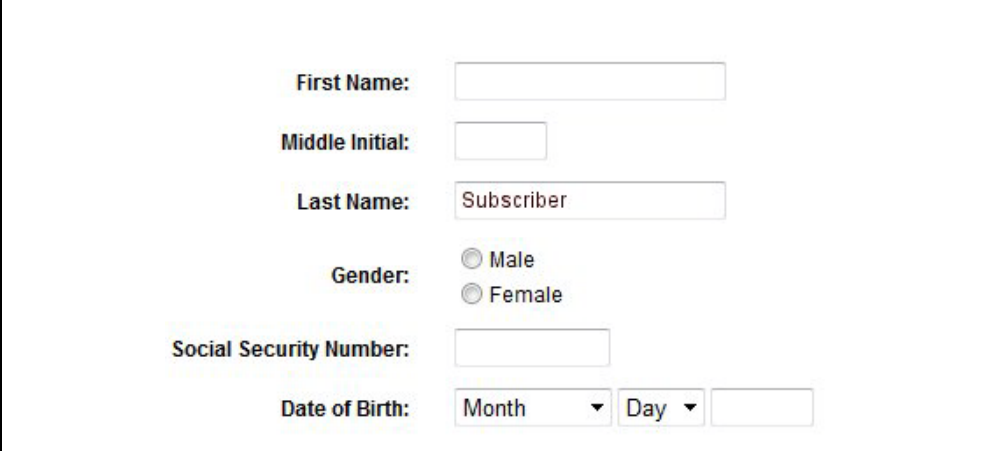
## Add a Dependent, *Continued*

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### Add Dependent's Personal Information

When adding a new dependent, there is a lot of information to key. We will cover this in sections to make it a little easier for you.

The first section will cover adding the dependent's personal information.



The screenshot shows a web form for adding a dependent's personal information. The fields are arranged vertically: 'First Name:' with a text input box; 'Middle Initial:' with a text input box; 'Last Name:' with a text input box containing the word 'Subscriber'; 'Gender:' with two radio button options, 'Male' and 'Female'; 'Social Security Number:' with a text input box; and 'Date of Birth:' with three input boxes: a dropdown menu for 'Month', a dropdown menu for 'Day', and a text input box for the year.

#### Follow these steps to add the dependent's personal information:

1. Key the dependent's **First Name** according to the following format:
    - No special characters (apostrophes, dashes, etc.)
    - No more than 10 characters
  2. Key the dependent's **Middle Initial**, if available (not required).
  3. Key the dependent's **Last Name**, *if different than the subscriber's*. Use the following format:
    - Include any titles, such as Jr, Sr, III (separated from last name by a space)
    - No special characters (apostrophes, dashes, etc.)
    - No more than 19 characters
  4. Select the appropriate **Gender**.
  5. Key the dependent's **Social Security Number**.

**Note:** The social security number is only only a required field for members 45 and older. If a member does not have an SSN, please submit to BCBSM for processing.
  6. Select the dependent's **Date of Birth** (key the 4-digit year).
-

## Add a Dependent, *Continued*

---

### Add Relationship and Special Handling Instructions

The next section will cover adding the dependent's relationship to the subscriber, along with special handling information.

This includes a couple of fields that need further explanation:

#### Birth Sequence Order field

- This field is used to link multiple birth dependents (twins, triplets, etc.).
- It helps claims to process correctly for members who have the same birthdate.
- A 1-digit code is assigned to each **SET** of multiple births.

**Example:** A set of twins would both be coded with the number 1.

- This field is sometimes used for other situations, such as two dependents who have similar or the same name.

**Example:** In a blended marriage, it is possible for both parents to have a son named John. Even though their birthdates will be different, adding a 1 for each of these dependents will also help their claims pay correctly.

#### Student Status field

- Before the Affordable Care Act, this field was used to designate dependents who were allowed to stay on their parent's insurance when they turned 19 because they were attending college.
- Now that the Affordable Care Act is in place, all dependents may be covered to the age of 26, regardless of whether or not they are attending college.
- This field is now available for reporting purposes only. BCBSM no longer uses it as a classification. If your group would like to distinguish between dependents who are attending college, and those who are not, use this field to indicate the difference.

Birth Sequence Order (multiple births only):	<input type="text"/>
Relation:	<input type="text"/>
Student Status:	<input type="text"/>

## Add a Dependent, *Continued*

---

### Add Relationship and Special Handling Information, *Continued*

#### Follow these steps to add relationship and special handling information:

1. Select the **Birth Sequence Order**, *if necessary*.
2. Select the **Relation** to the subscriber from the following options:
  - Spouse/Partner (spouse, domestic partner or common law spouse)
  - Child (natural, adopted or step child)
  - Sponsored Dependent, *if offered*
  - Domestic Partner, *if offered*
3. Select the **Student Status** from the following options:
  - Not a student (not enrolled in college **or** your group is not using this for reporting purposes)
  - Full time (enrolled in college **and** your group is using this for reporting purposes)

**Note:** HCBO cannot be used to indicate a dependent is permanently handicapped. Please submit these requests to BCBSM, along with the required documentation.

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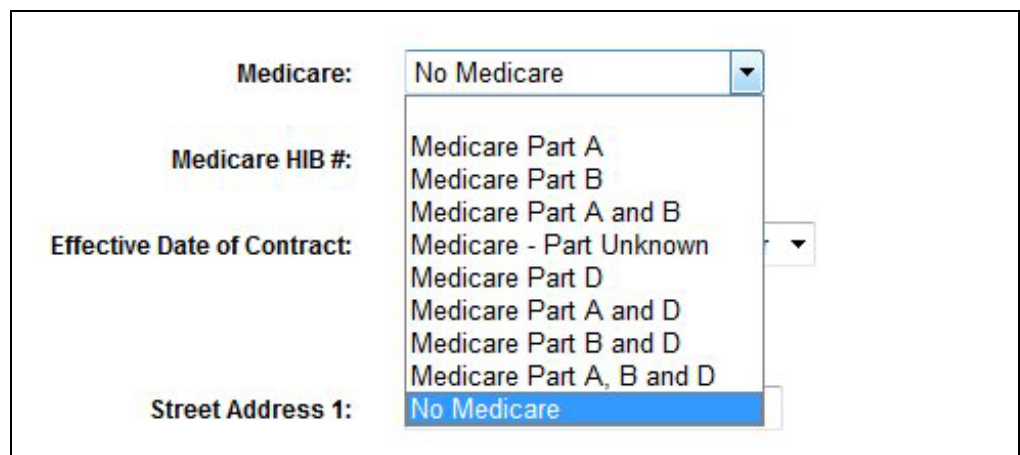
## Add a Dependent, *Continued*

### Add Medicare Information

The next section will cover adding Medicare information.

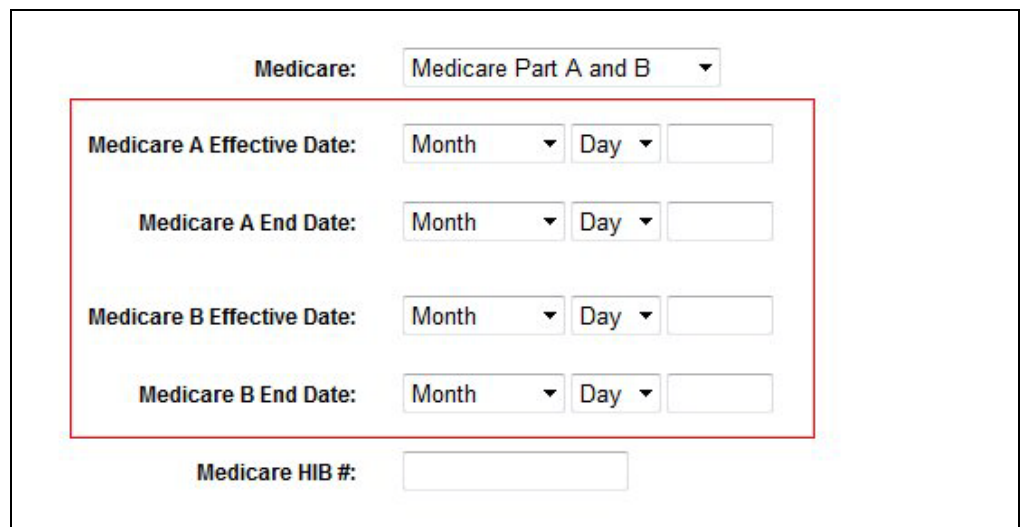
**Important:** Adding Medicare information in HCBO will **NOT** make Medicare primary for the dependent. If Medicare should be primary, please notify BCBSM.

The system will default to No Medicare, and will only present the **Medicare** and **Medicare HIB #** fields. The drop down in the Medicare field will present different Medicare options, depending on which parts the dependent has chosen.



A screenshot of a web form showing a dropdown menu for the 'Medicare' field. The dropdown is open, displaying a list of options: 'No Medicare', 'Medicare Part A', 'Medicare Part B', 'Medicare Part A and B', 'Medicare - Part Unknown', 'Medicare Part D', 'Medicare Part A and D', 'Medicare Part B and D', and 'Medicare Part A, B and D'. The 'No Medicare' option is currently selected and highlighted in blue. To the left of the dropdown, the labels 'Medicare:', 'Medicare HIB #:', 'Effective Date of Contract:', and 'Street Address 1:' are visible. The 'Effective Date of Contract:' field has a small dropdown arrow next to it.

If Medicare parts are selected using the drop down in the **Medicare** field, additional fields will be added. The fields presented are based on which parts were selected. (Re-selecting No Medicare will remove the additional fields)



A screenshot of the Medicare form after selecting 'Medicare Part A and B'. The 'Medicare' dropdown is set to 'Medicare Part A and B'. Below it, a red rectangular box highlights four additional date fields: 'Medicare A Effective Date:', 'Medicare A End Date:', 'Medicare B Effective Date:', and 'Medicare B End Date:'. Each date field consists of a 'Month' dropdown, a 'Day' dropdown, and a text input box. Below the red box, the 'Medicare HIB #' label and its corresponding text input box are visible.

## **Add a Dependent, *Continued***

---

### **Add Medicare Information, *Continued***

#### **Follow these steps to add Medicare information:**

1. Select the appropriate **Medicare** parts using the drop down.
  2. Select the dependent's **Medicare A Effective Date**, *if applicable* (key the 4-digit year).
  3. Select the dependent's **Medicare A End Date**, *if applicable* (key the 4-digit year).
  4. Select the dependent's **Medicare B Effective Date**, *if applicable* (key the 4-digit year).
  5. Select the dependent's **Medicare B End Date**, *if applicable* (key the 4-digit year).
  6. Select the dependent's **Medicare D Effective Date**, *if applicable* (key the 4-digit year).
  7. Select the dependent's **Medicare D End Date**, *if applicable* (key the 4-digit year).
  8. Key the **Medicare HIB #** (9-digit number followed by an alpha character that is found on his or her Medicare card)
-



## Add a Dependent, *Continued*

---

### Add Split Benefits

The next section will cover adding split benefits.

**Note:** If your group did not select split benefits, these options will not be available on the *Add Dependents* screen.

Split benefits are used to limit coverage for a dependent. Selecting a split benefit code will exclude one or more covered lines of business for the dependent. Dependents **cannot** have a line of business that the subscriber does not.

**Example:** If the subscriber has medical, drug, dental and vision coverage, split benefit code 068 (No dental) could be used to exclude dental coverage for a dependent.

Split Benefit Type:	<input type="text"/>
Split Benefit Effective Date:	Month <input type="text"/> Day <input type="text"/>
Split Benefit Cancel Date:	Month <input type="text"/> Day <input type="text"/>

#### Follow these steps to add split benefits for a dependent:

1. Select the **Split Benefit Type** from the options provided (these will vary depending on your group's benefit options).
  2. Select the **Split Benefit Effective Date** (key the 4-digit year).
  3. Select the **Split Benefit Cancel Date**, *if applicable* (key the 4-digit year).
-

## Add a Dependent, *Continued*

---

### Add QMCSO Information

The next section will cover adding Qualified Medical Child Support Order (QMCSO) information.

The system will default to No QMCSO, and will only present the **QMCSO** field with the Yes and No options. Clicking Yes will enable the fields below. (Re-selecting No will remove the additional fields)

The screenshot shows a web form for adding QMCSO information. At the top, there is a 'QMCSO:' label with two radio buttons: 'Yes' (selected) and 'No'. Below this, there is a section titled 'Specify an Address for this Member:' with two radio buttons: 'Use the Contract's Primary Address:' (selected) and 'Use an Alternate Address (fill in below):'. Under the 'Use the Contract's Primary Address:' option, the address '555 Fake Lane' and 'Fake Town, MI 48000-0000' is displayed. Below the 'Use an Alternate Address' option, there are several input fields: 'Custodial Parent First Name:', 'Custodial Parent Middle Initial:', 'Custodial Parent Last Name:', 'Custodial Parent Street Address:', 'Custodial Parent City:', 'Custodial Parent State:' (a dropdown menu), and 'Custodial Parent Zip+4:' (two separate input boxes for the zip code and the +4 extension).

**Follow these steps to add QMCSO information for a dependent:**

1. Click **Yes**.
2. Click the appropriate option to **Specify an Address for this Member**.
3. Key the following, *if applicable*.
  - **Custodial Parent First Name** (No special characters)
  - **Custodial Parent Middle Initial**, *if applicable*
  - **Custodial Parent Last Name** (No special characters)
  - **Custodial Parent Street Address**
  - **Custodial Parent City**
  - **Custodial Parent State**
  - **Custodial Parent Zip** (there is space for the +4, but they are not required)

## **Add a Dependent, *Continued***

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### **Add Effective Date**

The last section will cover adding the dependent's effective date.

**Note:** The **Update Type** will default to Addition and cannot be changed.

<b>Update Type:</b>	<input type="text" value="Addition"/>
<b>Effective Date of Update:</b>	<input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/>

**Follow this step to add the Effective Date:** Select the **Effective Date of Update** (key the 4-digit year).

---

### **Save Changes**

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

---

## Confirm New Dependent Add

---

### Confirmation Screen

After clicking **Preview & Save**, you will have the opportunity to review and edit the information you have entered in the system.

If you find an error, you can use the **Edit** button in the upper right corner. This will take you back to the *Add Dependents* screen you were just on, which will allow you to make the necessary changes.

**Follow this step to save your work:** Click **Save**.

---

### Final Confirmation Screen

Once you click **Save** the dependent add is officially complete. The *Add Dependent Confirmed* screen will appear. The transaction to add the dependent has been submitted for processing and is no longer available for editing.

**Reminder:** HCBO runs files in batches. Any changes submitted before 5:00 p.m. Eastern Standard Time will show in the system the next business day. Changes submitted after 5:00 will not show until the second day.

There is a **Printer Friendly** option in the upper right hand corner, if you would like to print a copy of the information for your records.

**Follow this step finalize your transaction:** Click **Finished**.

---

[View/Update  
Subscriber](#)

## View/Update Subscriber

### View and Update Subscriber Information

---

#### General Information

The *View/Update Subscriber* option on *HR Tools* will be used for the following functions:

- Viewing subscriber information
- Updating coverage
- Cancelling a contract
- Reinstating a contract
- Updating subscriber information
- Changing a contract to Retiree Coverage
- Changing a contract to COBRA

#### Important:

- Unless you are reinstating, you will only be able to make changes to a contract with an **Active** status. Please submit changes for **Inactive** contracts to BCBSM for processing.
- You will only be able to make changes **60 days** back from the current date. If you need to make a change further back, those will need to be submitted to BCBSM for processing.

---

#### Access the Subscriber Overview screen

**Follow these steps to access the *Subscriber Overview* screen:**

1. Click **HR Tools**.
2. Click **View/Update Subscriber**.

**Result:** *Search for Subscriber* screen appears.

3. Key the subscriber's identification number or the contract number that appears on his or her ID card.
4. Click **Search**.


**Result:** *Search for Subscriber: Confirm Subscriber* screen appears.

5. If correct subscriber is listed, click **Correct**.

## View and Update Subscriber Information, *Continued*

Access the  
Subscriber  
Overview screen,  
Continued

The *Subscriber Overview* screen will appear.

You have HR Access

Sub: 1XXXXXXXXX0000 Plan: 710 00007XXXX1XXX ACTIVE | [Change subscriber](#)

### Subscriber Overview

The coverage information for subscriber 1XXXXXXXXX0000 is displayed below. Please click the appropriate button below to update the subscriber's information.

**Plan Name:** 710 - Michigan  
**Identification Number:** 1XXXXXXXXX0000  
**Auto Generated ID:** 9XXXXXXXXX0000  
**Subscriber Name:** Fake Subscriber  
**Benefit Status:** Active

CHANGE COVERAGE / PRODUCT TYPE

#### Coverage History

Group	Section	Package	Effective Date	End Date
00007XXXX1XXX	1XXXX	<a href="#">View Detail</a>	May 01, 2010	Present
00007XXXX1XXX	1XXXX	<a href="#">View Detail</a>	Jul 04, 2008	May 01, 2010
00007XXXX1XXX	1XXXX	<a href="#">View Detail</a>	Nov 01, 2000	Jul 04, 2008
00007XXXX1XXX	1XXXX	<a href="#">View Detail</a>	Jan 01, 1994	Nov 01, 2000
00007XXXX1XXX	1XXXX	<a href="#">View Detail</a>	Oct 01, 1993	Jan 01, 1994

**Primary Address** 123 Fake Street  
Fake City, MI 48000-0000

CHANGE SUBSCRIBER INFORMATION

#### Dependents

Name	Relationship	Sex	Assoc. w/ Primary Address?	Effective Date	Cancel Date	
Fake Spouse	Spouse/Partner	F	Y	Jul 01, 2008	Present	<a href="#">UPDATE &gt;&gt;</a>
Dependent 1	Child	F	Y	Nov 01, 2000	May 01, 2010	<a href="#">UPDATE &gt;&gt;</a>
Dependent 2	Child	F	Y	May 11, 2010	Present	<a href="#">UPDATE &gt;&gt;</a>
Dependent 3	Child	F	Y	Jul 04, 2008	Present	<a href="#">UPDATE &gt;&gt;</a>

[ADD DEPENDENT](#)

## Navigate the Subscriber Overview Screen

---

### Header

There are several sections on the *Subscriber Overview* screen.

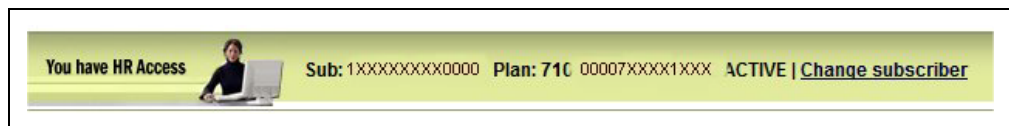
The first section we will look at is the green header bar under the main HCBO header provides summary information on the contract you are viewing. This includes:

- Subscriber Identification number
- Plan code
- Group and section code
- Contract status (Active or InActive)

This information will stay, even if you navigate to a different window in HCBO. This will allow you to view different types of information for the subscriber, without having to re-enter any data.

For example, if you used *HR Tools* to navigate to *Claims*, HCBO would automatically pull up the claims screen for the same subscriber.

The green header bar will also allow you to change the subscriber you are viewing. (Click **Change Subscriber** to return to the *Search for Subscriber* screen.)





## Navigate the Subscriber Overview Screen, *Continued*

### Subscriber Information

The next section we will take a look contains subscriber information, including:

- Coverage information
- Coverage history
- Primary address

**Subscriber Overview**

The coverage information for subscriber 1XXXXXXXXX0000 is displayed below. Please click the appropriate button below to update the subscriber's information.

**Plan Name:** 710 - Michigan  
**Identification Number:** 1XXXXXXXXX0000  
**Auto Generated ID:** 9XXXXXXXXX0000  
**Subscriber Name:** Fake Subscriber  
**Benefit Status:** Active

CHANGE COVERAGE / PRODUCT TYPE

Coverage History				
Group	Section	Package	Effective Date	End Date
00007XXXX1XXX	1XXXX	<a href="#">View Detail</a>	May 01, 2010	Present
00007XXXX1XXX	1XXXX	<a href="#">View Detail</a>	Jul 04, 2008	May 01, 2010
00007XXXX1XXX	1XXXX	<a href="#">View Detail</a>	Nov 01, 2000	Jul 04, 2008
00007XXXX1XXX	1XXXX	<a href="#">View Detail</a>	Jan 01, 1994	Nov 01, 2000
00007XXXX1XXX	1XXXX	<a href="#">View Detail</a>	Oct 01, 1993	Jan 01, 1994

**Primary Address**  
123 Fake Street  
Fake City, MI 48000-0000

CHANGE SUBSCRIBER INFORMATION

### Coverage Information

The gray section at the top provides coverage information, which includes:

- Plan name
- Subscriber's identification number
- Auto generated ID (appears on BCBSM ID card)
- Subscriber's name
- Benefit status (Active or InActive)

This section will also allow you to change the subscriber's coverage by clicking **Change Coverage/Product Type**.

## Navigate the Subscriber Overview Screen, *Continued*

---

**Coverage History** The middle section shows the subscriber's coverage history. This includes their current coverage, which is the first line. If the coverage status is Active, the **End Date** will say *Present*.

If you want to view the package code for a particular line of coverage, you will need to click **View Detail**.

You will only be able to make changes to the current line of coverage. If you need to make a change for a date before the current line, it will need to be submitted to BCBSM for processing.

---

**Primary Address** The bottom section shows the subscriber's primary address.

It also allows you to change the subscriber's personal information by clicking **Change Subscriber Information**.

---

**Dependents** The last section of the screen shows any dependents included on the contract.

This will include Active and InActive dependents. Just like the subscriber, if they are Active the **Cancel Date** will say *Present*.

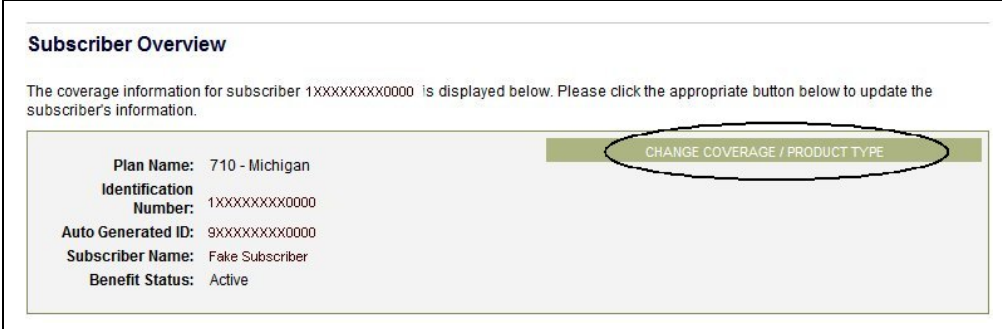
There are options to add and update dependent information here, but they will be covered in the *View/Update Dependent* section.

Dependents					
Name	Relationship	Sex	Assoc. w/ Primary Address?	Effective Date	Cancel Date
Fake Spouse	Spouse/Partner	F	Y	Jul 01, 2008	Present
Dependent 1	Child	F	Y	Nov 01, 2000	May 01, 2010
Dependent 2	Child	F	Y	May 11, 2010	Present
Dependent 3	Child	F	Y	Jul 04, 2008	Present
ADD DEPENDENT					

## Update Coverage for a Contract

### Start Coverage Change

A coverage change is started by clicking the button in the coverage information section.



**Subscriber Overview**

The coverage information for subscriber 1XXXXXXXXX0000 is displayed below. Please click the appropriate button below to update the subscriber's information.

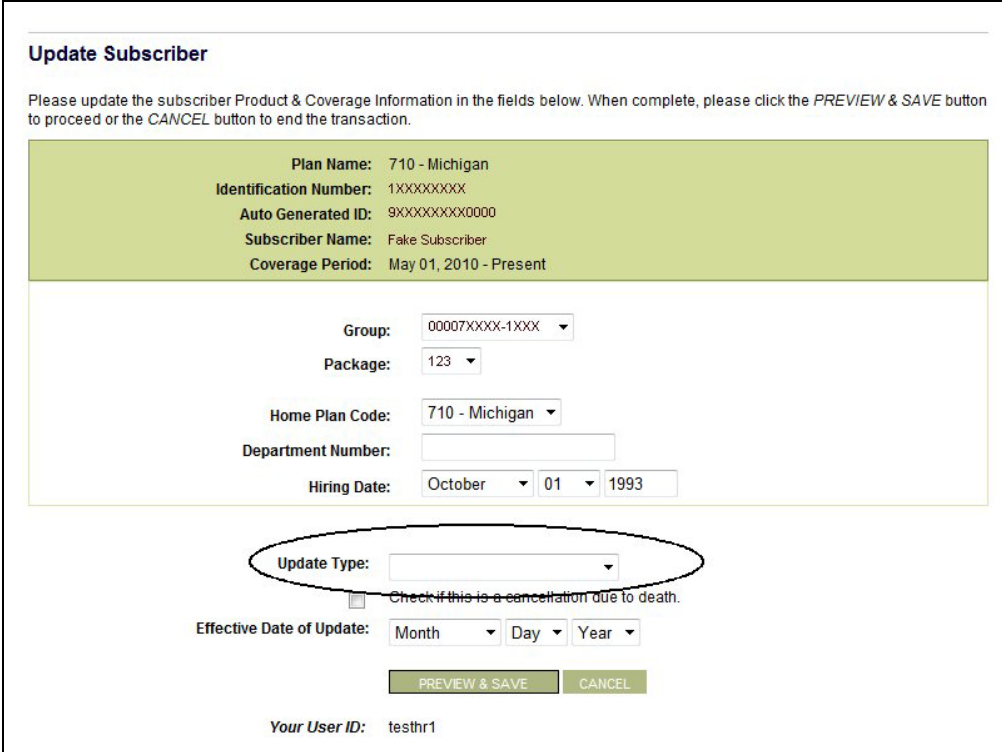
Plan Name:	710 - Michigan
Identification Number:	1XXXXXXXXX0000
Auto Generated ID:	9XXXXXXXXX0000
Subscriber Name:	Fake Subscriber
Benefit Status:	Active

**CHANGE COVERAGE / PRODUCT TYPE**

**Follow this step to start a coverage change: Click Change Coverage/Product Type.**

### Update Coverage

The *Update Subscriber* screen will appear.



**Update Subscriber**

Please update the subscriber Product & Coverage Information in the fields below. When complete, please click the *PREVIEW & SAVE* button to proceed or the *CANCEL* button to end the transaction.

Plan Name:	710 - Michigan
Identification Number:	1XXXXXXXXX
Auto Generated ID:	9XXXXXXXXX0000
Subscriber Name:	Fake Subscriber
Coverage Period:	May 01, 2010 - Present

Group: 00007XXXX-1XXX  
Package: 123  
Home Plan Code: 710 - Michigan  
Department Number:  
Hiring Date: October 01 1993

Update Type:

☐ Check if this is a cancellation due to death.

Effective Date of Update: Month Day Year

**PREVIEW & SAVE** **CANCEL**

Your User ID: testhr1

## Update Coverage for a Contract, *Continued*

---

### Update Coverage, *Continued*

There are three types of updates that can be made using the **Update Type** drop down:

- Change
- Cancellation or Termination
- Reinstatement

This section will focus on the **Change** option. There are variety of things that can be changed when updating coverage:

- Group and section
- Package
- Home Plan Code
- Department Number

**Note:** Although the **Hiring Date** field can be manipulated here, it cannot be updated using HCBO.

#### **Follow these steps to update a subscriber's coverage:**

1. Select the new **Group Section**, *if applicable*.
  2. Select the new **Package**, *if applicable*.
  3. Select the new **Home Plan Code**, *if applicable*.
  4. Key the new **Department Number**, *if applicable*.
  5. Select **Change** using the drop down in the **Update Type** field.
  6. Select the **Effective Date of Update**.
-

## Update Coverage for a Contract, *Continued*

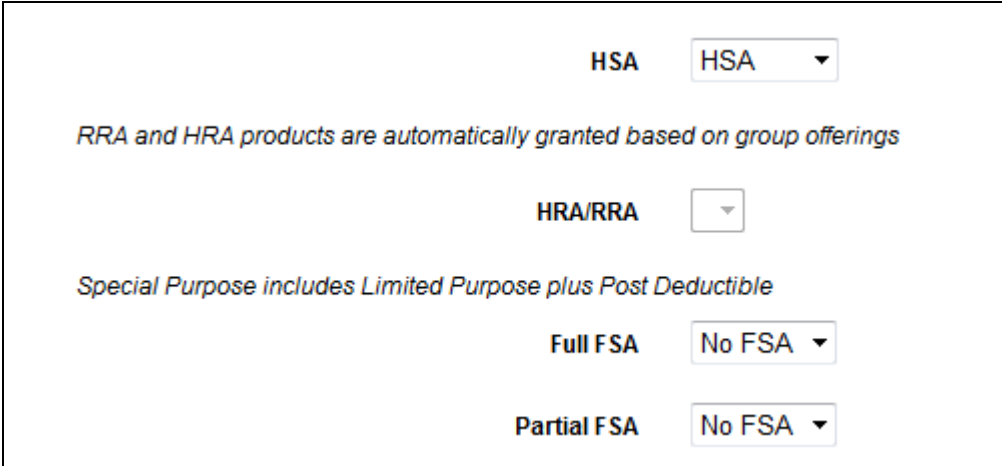
---

### Update CDH Information

If your group has a Consumer Directed Healthcare product with Health Equity, you will see some additional fields on the *Update Subscriber* screen.

- HSA – Health Savings Account
- HRA/RRA – Healthcare/Retiree Reimbursement Account
- Full FSA – Medical Flexible Savings Account
- Partial FSA – Dependent Care Savings Account

**Note:** If your group offers these accounts through a vendor other than Health Equity, you will not see these fields listed.



The screenshot displays a form with several dropdown menus for selecting account types. At the top, the 'HSA' dropdown is set to 'HSA'. Below it, a message states 'RRA and HRA products are automatically granted based on group offerings'. The 'HRA/RRA' dropdown is currently blank. Further down, a message reads 'Special Purpose includes Limited Purpose plus Post Deductible'. The 'Full FSA' dropdown is set to 'No FSA', and the 'Partial FSA' dropdown is also set to 'No FSA'.

The package code will determine which options are available in each of the fields. If a certain package code does not include a product, no options will be available.

The **HRA/RRA** field is not enabled. If a subscriber is in a package code that includes one of these, the product will automatically be assigned.

**Important:** These fields include a blank option. When a particular account is not chosen, please be sure to use the No option, such as No FSA. *Do not use the blank option.*

## Update Coverage for a Contract, *Continued*

---

### Update CDH Information, *Continued*

These steps will need to be done in addition to the regular steps covered earlier.

#### Follow these steps to update CDH information:

1. Select the appropriate **HSA** option, *if applicable*, from the following options:
  - HSA (default, if offered)
  - No HSA (do not use the blank option)
2. Select the appropriate **Full FSA** option, *if applicable*, from the following options:
  - No FSA (default, if offered)
  - FSA Medical
  - FSA Limited Purpose Dental Vision
3. Select the appropriate **Partial FSA** option, *if applicable*, from the following options:
  - No FSA (default, if offered)
  - FSA Dependent Care

**Note:** Goal amounts for FSA products cannot be loaded until the next business day. This is done using the *CDH Financial Information* link on the Group Secured Services portal.

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Subscriber Update* steps.

---

## Cancel a Contract

---

### Start a Cancellation

Cancelling a contract is also started by clicking the button in the coverage information section.

**Follow this step to start a contract cancellation:** Click **Change Coverage/Product Type**.

**Result:** The *Update Subscriber* screen will appear.

---

### Cancel Contract

This section will focus on the **Cancellation or Termination** option in the **Update Type** drop down.

There are a few important things to know about cancelling contracts in HCBO:

- Cancelling a contract will cancel coverage for the subscriber and all active dependents.
- You will not be able to make any other changes at the same time you are cancelling a contract. If there are other membership changes to complete for the contract, make these first, then process the cancellation the following day.
- When cancelling a contract, it is important to use the correct date. HCBO goes up to, but does not include, the date in the Effective Date of Update field. The date you want to enter is the first date the subscriber will no longer be covered.

**Example 1:** Coverage is to be cancelled on the last day of employment, which is 5/20. You would enter 5/21.

**Example 2:** Coverage is to be cancelled at the end of February. You would enter 3/1.

**Example 3:** Contract was added 10/1, but should never have been effective. You would enter 10/1.

## Cancel a Contract, *Continued*

---

### Cancel a Contract, *Continued*

Follow these steps to cancel a subscriber's coverage:

1. Select **Cancellation or Termination** using the drop down in the **Update Type** field.
2. Select the **Effective Date of Update** (the first date the contract will not be active).

**Note:** Below the Update Type field is a checkbox that tells you to check it if the cancellation is due to death. **Despite** this instruction, you should only use this box when the subscriber was the only one covered. Checking the box will tell the system not to send the Creditable Letter of Coverage.

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Subscriber Update* steps.

---



## Reinstate a Contract

---

### Start a Reinstatement

Reinstating a contract is also started by clicking the button in the coverage information section.

**Follow this step to start a contract cancellation:** Click **Change Coverage/Product Type**.

**Result:** The *Update Subscriber* screen will appear.

---

### Reinstate a Contract

This section will focus on the **Reinstatement** option in the **Update Type** drop down.

There are a few important things to know about reinstating contracts in HCBO:

- Reinstating a contract will reactivate coverage for the subscriber and all dependents who were active when the contract was cancelled.
- When reinstating coverage, you can also change the group/section, package, home plan and department number, if necessary.
- An ID card will automatically be issued.

There are a few things that cannot be done the same day you reinstate a contract. These will have to be processed the following day, once the contract is reactivated:

- Subscriber name, date of birth, or gender changes

**Note:** If a subscriber's name is changing, you will need to let him or her know that they will receive two sets of ID cards: one with the incorrect name (issued when the reinstate processed), and one with the correct name (issued when the name change processed).

- New dependent adds

## Reinstate a Contract, *Continued*

---

### Reinstate a Contract, *Continued*

**Follow these steps to reinstate a subscriber's coverage:**

1. Select the new **Group Section**, *if applicable*.
2. Select the new **Package**, *if applicable*.
3. Select the new **Home Plan Code**, *if applicable*.
4. Key the new **Department Number**, *if applicable*.
5. Select **Reinstatement** using the drop down in the **Update Type** field.
6. Select the **Effective Date of Update**.

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Subscriber Update* steps.

---

## Update Subscriber Information

---

### Start Subscriber Information Update

A subscriber information update is started by clicking the button in the primary address section.

Primary Address	123 Fake Street Fake City, MI 48000-0000	<a href="#">CHANGE SUBSCRIBER INFORMATION</a>
-----------------	---	---

**Follow this step to start a update a subscriber's information:** Click **Change Subscriber Information**.

---

## Update Subscriber Information, *Continued*

**Update Subscriber Information**    The *Update Subscriber* screen will appear.

**Update Subscriber**  
Please update the subscriber information in the fields below. When complete, please click the *PREVIEW & SAVE* button to proceed or the *CANCEL* button to end the transaction.

<b>Plan Name:</b>	710 - Michigan
<b>Identification Number:</b>	1XXXXXXXXX
<b>Auto Generated ID:</b>	9XXXXXXXXX0000
<b>Subscriber Name:</b>	Medicare Subscriber
<b>Coverage Period:</b>	May 01, 2010 - Present

<b>First Name:</b>	<input type="text" value="Medicare"/>
<b>Middle Initial:</b>	<input type="text"/>
<b>Last Name:</b>	<input type="text" value="Subscriber"/>
<b>Gender:</b>	<input checked="" type="radio"/> Male <input type="radio"/> Female
<b>Social Security Number:</b>	1XXXXXXXXX
<b>Date of Birth:</b>	November 16 1935
<b>Hiring Date:</b>	October 01 1993

<b>Benefit Status:</b>	Consolidated Omnibus Budget Reconciliation Act (COBRA)
<b>Employment Status:</b>	Full-time Active Employee
<b>Medicare:</b>	Medicare Part A
<b>Medicare A Effective Date:</b>	November 01 2000
<b>Medicare A End Date:</b>	Month Day
<b>Medicare HIB #:</b>	1XXXXXXXXA

<b>Street Address 1:</b>	<input type="text" value="111 Fake Avenue"/>
<b>Street Address 2:</b>	<input type="text"/>
<b>City:</b>	<input type="text" value="Fake City"/>
<b>State:</b>	Michigan
<b>Zip+4:</b>	48000 0000
<b>Phone Number:</b>	<input type="text"/> - <input type="text"/> - <input type="text"/>

<b>Effective Date of Update:</b>	Month Day Year
----------------------------------	----------------

**PREVIEW & SAVE**

**CANCEL**

**Your User ID:** testhr1



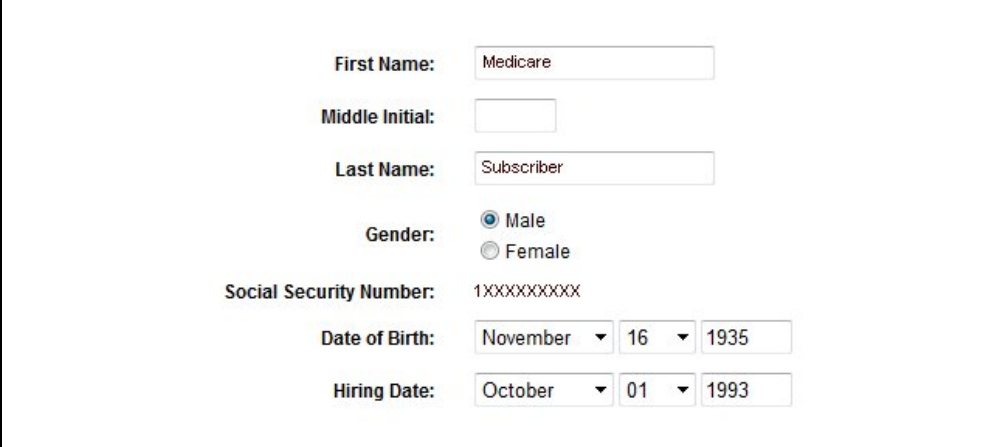
## Update Subscriber Information, *Continued*

---

### Update Subscriber's Personal Information

There are variety of things that can be changed when updating the subscriber's information. We will again break these into sections to make it easier for you.

The first section will cover updating the subscriber's personal information.



The screenshot shows a web form for updating subscriber information. The fields are as follows:

- First Name:** Text input field containing "Medicare".
- Middle Initial:** Text input field, currently empty.
- Last Name:** Text input field containing "Subscriber".
- Gender:** Radio button selection with "Male" selected and "Female" as an option.
- Social Security Number:** Text input field containing "1XXXXXXXXX".
- Date of Birth:** Three dropdown menus showing "November", "16", and "1935".
- Hiring Date:** Three dropdown menus showing "October", "01", and "1993".

### Follow these steps to update the subscriber's personal information:

1. Key the subscriber's correct **First Name**, *if applicable*:
  - No special characters (apostrophes, dashes, etc.)
  - No more than 10 characters
2. Key the subscriber's correct **Middle Initial**, *if applicable* (not required).
3. Key the subscriber's correct **Last Name**, *if applicable*:
  - Include any titles, such as Jr, Sr, III (separated from last name by a space)
  - No special characters (apostrophes, dashes, etc.)
  - No more than 19 characters
4. Select the correct **Gender**, *if applicable*.
5. Select the correct **Date of Birth**, *if applicable* (key the 4-digit year).

**Note:** Although the **Hiring Date** field can be manipulated here, it cannot be updated using HCBO.

---

## Update Subscriber Information, *Continued*

---

### Update Benefit and Employment Status

The next section will cover benefit and employment status.

As a reminder, these terms sound similar enough, which sometimes creates confusion. Here is a brief explanation to help clarify:

- Benefit Status indicates whether the subscriber is an Active, COBRA or a Surviving Spouse. In this case, an Active employee would be someone who is currently employed or someone who has retired from your company.
- Employment Status indicates whether the employee is covered in an Active or Retiree *section* of your group.

Benefit Status:	Consolidated Omnibus Budget Reconciliation Act (COBRA) ▼
Employment Status:	Full-time Active Employee ▼

**Follow these steps to update the subscriber's benefit and employment status:**

1. Select the correct **Benefit Status**, if applicable:
  - Active
  - Consolidated Omnibus Reconciliation Act (COBRA)
  - Surviving Insured (if offered by your group)
2. Select the correct **Employment Status**, if applicable:
  - Full-time Active Employee
  - Retired

**Note:** We will cover changing a contract to COBRA later in this unit.

---

## Update Subscriber Information, *Continued*

---

### Add or Update Medicare Information

The next section will cover adding or updating Medicare information.

**Important:** The most important thing to know is that adding Medicare information in HCBO will **NOT** make Medicare primary for that contract. If Medicare should be primary, please notify BCBSM.

Medicare:	Medicare Part A		
Medicare A Effective Date:	November	01	2000
Medicare A End Date:	Month	Day	
Medicare HIB #:	1XXXXXXXXA		

#### Follow these steps to add or update Medicare information:

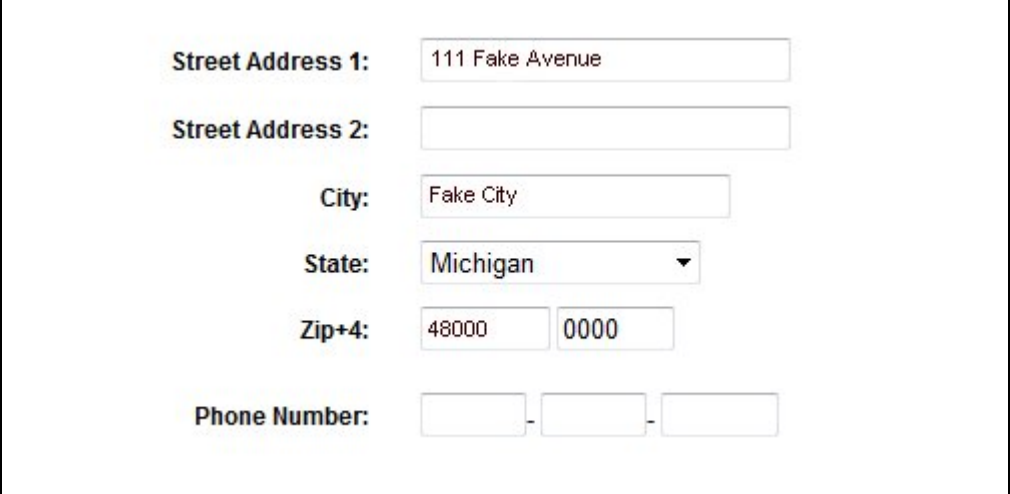
1. Select the appropriate **Medicare** parts using the drop down.
  2. Select the subscriber's **Medicare A Effective Date**, *if applicable* (key the 4-digit year).
  3. Select the subscriber's **Medicare A End Date**, *if applicable* (key the 4-digit year).
  4. Select the subscriber's **Medicare B Effective Date**, *if applicable* (key the 4-digit year).
  5. Select the subscriber's **Medicare B End Date**, *if applicable* (key the 4-digit year).
  6. Select the subscriber's **Medicare D Effective Date**, *if applicable* (key the 4-digit year).
  7. Select the subscriber's **Medicare D End Date**, *if applicable* (key the 4-digit year).
  8. Key the **Medicare HIB #** (9-digit number followed by an alpha character that is found on his or her Medicare card)
-

## Update Subscriber Information, *Continued*

---

### Update Address and Phone Number

The next section will cover updating the subscriber's primary address and phone number.



The screenshot shows a form for updating subscriber information. It includes the following fields:

- Street Address 1:** A text box containing "111 Fake Avenue".
- Street Address 2:** An empty text box.
- City:** A text box containing "Fake City".
- State:** A dropdown menu with "Michigan" selected.
- Zip+4:** Two text boxes, the first containing "48000" and the second containing "0000".
- Phone Number:** Three text boxes separated by dashes, all empty.

#### Follow these steps to update a subscriber's primary address:

1. Key the correct **Street Address**, *if applicable* (no special characters).
2. Key any overflow address information in **Street Address 2**, if necessary.
3. Key the correct **City**, *if applicable*.
4. Select the correct **State**, *if applicable*.
5. Key the correct **ZIP**, *if applicable* (there is space for the +4, but they are not required).
6. Key the subscriber's **Phone Number**, if available (not required).

#### Notes on address fields:

- No special characters (apostrophes, dashes, etc.)
- Addresses that contain fractions, such as 1/2, should be written HLF.
- Fields hold a maximum of 24 characters. If necessary, split the address between Street Address 1 and 2.



## Update Subscriber Information, *Continued*

---

### Add Canadian or Foreign Address

#### Follow these steps to add a **CANADIAN** address:

1. Key the subscriber's street address or P.O. Box in **Street Address 1**.
2. Key the subscriber's City, Province, and Postal Code in **Street Address 2**.
3. Key the subscriber's Country in **City**.
4. Select **Foreign** using the dropdown in **State**.
5. Key all zeroes in **ZIP+4**.
6. Key the subscriber's **Phone Number**, if available (not required).

#### Sample Canadian Address

Street Address 1:	<input type="text" value="123 Fake Street"/>
Street Address 2:	<input type="text" value="FakeCity, Ontario, XXXXXX"/>
City:	<input type="text" value="Canada"/>
State:	<input type="text" value="Foreign"/>
Zip+4:	<input type="text" value="00000"/> <input type="text" value="0000"/>
Phone Number:	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>

#### Follow these steps to add a **FOREIGN** address:

1. Key the subscriber's street address or P.O. Box in **Street Address 1**.
  2. Key the subscriber's City and Postal Code in **Street Address 2**.
  3. Key the subscriber's Country in **City**.
  4. Select **Foreign** using the dropdown in **State**.
  5. Key all zeroes in **ZIP+4**.
  6. Key the subscriber's **Phone Number**, if available (not required).
-

## Update Subscriber Information, *Continued*

---

### Select the Effective Date of the Update

The last section will cover selecting the effective date of the update.

Effective Date of Update:	Month ▾	Day ▾	Year ▾
---------------------------	---------	-------	--------

**Follow this step to add the effective date:** Select the **Effective Date of Update**.

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Subscriber Update* steps.

---

## Change a Subscriber to Retiree Coverage

---

### General Information

If your group offers retiree coverage, you will at times need to change a subscriber's coverage to retiree coverage.

In HCBO this process will involve two processes:

- Updating the subscriber's coverage
- Updating the subscriber's information

Changing a subscriber to retiree coverage is a two day process in HCBO:

- Day 1 – Change group/section and package to retiree coverage.
- Day 2 – Change employment status to Retiree and add Medicare information, if applicable.

### Day 1: Start Coverage Change

As stated above, on the **first day** of processing you will need to change the subscriber to retiree coverage. This is started by clicking the button in the coverage information section.

**Subscriber Overview**

The coverage information for subscriber 1XXXXXXXXX0000 is displayed below. Please click the appropriate button below to update the subscriber's information.

Plan Name:	710 - Michigan	<b>CHANGE COVERAGE / PRODUCT TYPE</b>
Identification Number:	1XXXXXXXXX0000	
Auto Generated ID:	9XXXXXXXXX0000	
Subscriber Name:	Fake Subscriber	
Benefit Status:	Active	

**Follow this step to start the coverage change:** Click **Change Coverage/Product Type**.

**Result:** The *Update Subscriber* screen will appear.

---

## Change a Subscriber to Retiree Coverage, *Continued*

---

### Update Coverage to Retiree

Updating the subscriber's coverage to retiree will use the **Change** option in the **Update Type** drop down.

You will need to refer to your group structure when making this change.

#### Follow these steps to change the subscriber to retiree coverage:

1. Select the retiree **Group Section**.
2. Select the new **Package**, *if applicable*.
3. Select the new **Home Plan Code**, *if applicable*.
4. Key the new **Department Number**, *if applicable*.
5. Select **Change** using the drop down in the **Update Type** field.
6. Select the **Effective Date of Update**.

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Subscriber Update* steps.

---

### Day 2: Start Subscriber Information Update

On the **second day** of processing you need to change the subscriber's Employment Status to Retiree. You can also add Medicare information, if applicable.

Primary Address	123 Fake Street Fake City, MI 48000-0000	<a href="#">CHANGE SUBSCRIBER INFORMATION</a>
-----------------	---	---

**Follow this step to start the subscriber information update:** Click **Change Subscriber Information**.

**Result:** The *Update Subscriber* screen will appear.

---

## Change a Subscriber to Retiree Coverage, *Continued*

---

### Update Subscriber Information to Retiree

Updating the subscriber's information to retiree involves changing the Employment Status to Retired.

This is the only change that is required on this screen when changing a subscriber to Retiree coverage. You can also add Medicare information at this time, if applicable.

Benefit Status:	Active
Employment Status:	Retired

### Follow these steps to update the subscriber's employment status to Retiree:

1. Select **Retired** in **Employment Status**.
2. Select the appropriate **Medicare** parts using the drop down, *if applicable*.
3. Select the appropriate **Medicare Effective Dates**, *if applicable*.
4. Select the appropriate **Medicare End Dates**, *if applicable*.
5. Key the **Medicare HIB #**, *if applicable* (9-digit number followed by an alpha character that is found on his or her Medicare card).
6. Select the **Effective Date of Update**.

**Important:** The most important thing to know is that adding Medicare information in HCBO will **NOT** make Medicare primary for that contract. If Medicare should be primary, please notify BCBSM.

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Subscriber Update* steps.

---

## Change a Subscriber to COBRA Coverage

---

### General Information

Just like changing a subscriber to retiree coverage, changing a contract to COBRA using HCBO will involve two processes:

- Reinstating or updating the subscriber's coverage
- Updating the subscriber's information

Changing a subscriber to COBRA coverage is a two day process in HCBO:

- Day 1 – Change group/section and package to COBRA coverage.
- Day 2 – Change benefit status to COBRA.

---

### Day 1: Start Coverage Change

As stated above, on the **first day** of processing you will need to change the subscriber to COBRA coverage. This is started by clicking the button in the coverage information section.

**Subscriber Overview**

The coverage information for subscriber 1XXXXXXXXX0000 is displayed below. Please click the appropriate button below to update the subscriber's information.

Plan Name:	710 - Michigan
Identification Number:	1XXXXXXXXX0000
Auto Generated ID:	9XXXXXXXXX0000
Subscriber Name:	Fake Subscriber
Benefit Status:	Active

[CHANGE COVERAGE / PRODUCT TYPE](#)

**Follow this step to start the coverage change:** Click **Change Coverage/Product Type**.

**Result:** The *Update Subscriber* screen will appear.

---

### Update Coverage to COBRA

When updating the subscriber's coverage to COBRA you will need to determine whether the contract is **Active** or **Inactive**. This will determine which button you will use on the **Update Type** drop down:

- If the contract is **Active**, use the **Change** option.
- If the contract is **Inactive**, use the **Reinstatement** option.

You will need to refer to your group structure when making this change.

## Change a Subscriber to COBRA Coverage, *Continued*

---

### Update Coverage to COBRA, *Continued*

Follow these steps to change the subscriber to COBRA coverage:

1. Select the COBRA **Group Section**.
2. Select the new **Package**, *if applicable*.
3. Select the new **Home Plan Code**, *if applicable*.
4. Key the new **Department Number**, *if applicable*.
5. Select the appropriate option using the drop down in the **Update Type** field (Based on whether the contract is Active or Inactive).
6. Select the **Effective Date of Update** (use the same day as the cancel date so there will be no lapse in coverage).

**Note:** If you are unable to reinstate on the cancel date due to the 60 day processing window, please submit the request to BCBSM for processing. Attempting to reinstate as far back as you can go will create a lapse in coverage, which is not allowed for COBRA contracts.

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Subscriber Update* steps.

---

### Day 2: Start Subscriber Information Update

On the **second day** of processing you need to change the subscriber's Benefit Status to COBRA.

Primary Address	123 Fake Street Fake City, MI 48000-0000	<a href="#">CHANGE SUBSCRIBER INFORMATION</a>
-----------------	---	---

**Follow this step to start the subscriber information update:** Click **Change Subscriber Information**.

**Result:** The *Update Subscriber* screen will appear.

---

## Change a Subscriber to COBRA Coverage, *Continued*

---

### Update Subscriber Information to COBRA

Updating the subscriber's information to COBRA involves changing the Benefit Status to COBRA.

This is the only change that is required on this screen when changing a subscriber to COBRA coverage.

Benefit Status:	Consolidated Omnibus Budget Reconciliation Act (COBRA) ▼
Employment Status:	Full-time Active Employee ▼

### Follow these steps to update the subscriber's benefit status to COBRA:

1. Select **Consolidated Omnibus Budget Reconciliation Act (COBRA)** in **Benefit Status**.
2. Select the **Effective Date of Update** (use the same day as the cancel date so there will be no lapse in coverage).

**Note:** If you are unable to reinstate on the cancel date due to the 60 day processing window, please submit the request to BCBSM for processing. Attempting to reinstate as far back as you can go will create a lapse in coverage, which is not allowed for COBRA contracts.

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Subscriber Update* steps.

---



## Confirm Subscriber Update

---

### Confirmation Screen

After clicking **Preview & Save**, you will have the opportunity to review and edit the information you have entered in the system.

If you find an error, you can use the **Edit** button in the upper right corner. This will take you back to the *Update Subscriber* screen you were just on, which will allow you to make the necessary changes.

**Follow this step to save your work:** Click **Save**.

---

### Final Confirmation Screen

Once you click **Save** the coverage change is officially complete. The *Update Subscriber* confirmation screen will appear. The transaction to update the subscriber's information has been submitted for processing and is no longer available for editing.

**Reminder:** HCBO runs files in batches. Any changes submitted before 5:00 p.m. Eastern Standard Time will show in the system the next business day. Changes submitted after 5:00 will not show until the second day.

There is a **Printer Friendly** option in the upper right hand corner, if you would like to print a copy of the information for your records.

**Follow this step finalize your transaction:** Click **Finished**.

---

Add FSA Goal Dollars

## Add Flexible Spending Account Goal Dollars

### Overview

---

#### Why do I need to add FSA goal dollars?

If your group offers a Flexible Spending Account (FSA) product with Health Equity, you will need to add goal dollars for the contracts.

This will need to be done for the following scenarios:

- Adding a new contract with an FSA group/section and package
- Changing an existing contract to an FSA group/section and package

**Note:** If the employee only has an FSA, but no contract with BCBSM, you will need to add the goal dollars using the Health Equity website.

#### Important:

- Goal amounts for FSA products cannot be loaded until the next business day. This allows the membership change to process and pass information to the system used to load the goal dollars.

**Note:** If a contract is added or updated with a future effective date, you will not be able to add the goal dollars until it becomes effective.

- The goal amounts are **not** added in HCBO. This is done using the *CDH Financial Information* link on the Group Secured Services portal.

---

#### When will they receive their debit cards

The FSA debit cards will not be issued until both of these occur:

- FSA product is added using HCBO.
- Goal dollars are added using the CDH Financial Information link.

Once both of the above occur, the process is as follows:

- BCBSM will send the file to Health Equity.
  - Health Equity will send the file to their debit card vendor within two business day.
  - The debit card vendor will issue the cards in 3-5 business days.
  - Standard mailing time is 5-10 business days.
-

## Access the CDH Financial Information Link

### Access the CDH Financial Information Link

The first thing you will need to do to access the *CDH Financial Information* link is to log in to the Group Secured Services portal.

The *CDH Financial Information* link should be available on the main page.

**healthybluextras<sup>SM</sup>**  
Members save on everything from groceries to fitness gear from participating companies in Michigan and throughout the U.S.

**Group Secured Services**  
Welcome! You are logged in to the secured area of our site.  
You now have access to the following services:

**What's New, News & Notes**

**Health Care Reform** - Resources to help you navigate the Patient Protection and Affordable Care Act.

**2010 Pharmacy Initiatives** - Starting July 1, 2010, BCBSM modifies its prescription drug coverage to enhance benefits for our members and group customers.

**Transitional Coverage** - Information for your employees that are experiencing a transition in their health care coverage and are no longer eligible for a group health care plan.

**Healthy Blue Xtras** - A new savings program exclusively for Michigan Blues members to help your work force save money and live healthier.

**Health Care Benefits Online**

Manage your account with Health Care Benefits Online. Features include:

- Add a subscriber and dependent(s) to an existing group
- View and update coverage information for existing subscribers and dependents
- Request member ID cards

**CDH Financial Information**

Use the CDH Financial Information System to enter or change FSA goal amounts.

**Consumer-Directed Health Care Plans**

BCBSM is your partner in providing a comprehensive, powerful lineup of consumer...

**Your Benefit Guides**

View, download, and email benefit guides for your employees' BCBSM plans.

**Online Customer Reports**

Access your claims, financial, and enrollment data and convert it into valuable information. Features include:

- Executive Summary Reports
- Customized Reports

**eBilling information on Group Secured Services**

eBilling gives you access to billing information for your group account. Search by invoice to...

**Follow this step to access the CDH link: Click CDH Financial Information.**

## Add FSA Goal Dollars

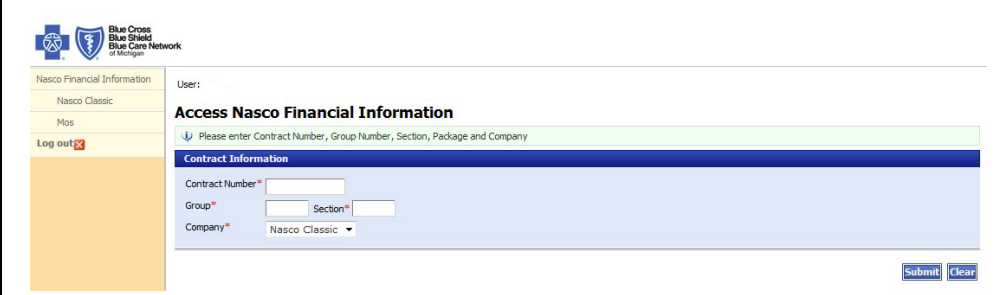
---

### Search for Contract

The *Access NASCO Financial Information* screen will appear. This will allow you search for a contract.

You will need the following information to complete the search:

- Contract number (auto generated ID from ID card)
- 5-digit group number (see group structure)
- 4-digit section (see group structure)



### Follow these steps to search for a contract:

1. Key the subscriber's **Contract Number** (from ID card).
2. Key the 5-digit **Group**.
3. Key the 4-digit **Section**.
4. Click **Submit**.

---

### Add Goal Dollars

The *Add Financial Information* screen will appear. This will allow you add the goal dollars for the contract.

The following information will already be populated:

- Contract number
- Group/Section
- Subscriber name
- Birthdate
- CDH product options
- Effective date (CDH coverage effective date)
- End date (defaults to 12/31/9999)

## Add FSA Goal Dollars, *Continued*

---

### Add Goal Dollars, *Continued*



The screenshot shows a web form titled "Add Financial Information". At the top, there is a "User:" label. Below it, a blue header bar contains the text "Enter CDE Product Information". The form fields are as follows:

- Contract Number: 0000000000
- Group/Office: 7500001000
- Member Name: Fake Subscriber
- Birthdate: 10/01/2010
- Email Address: (empty text box)
- Destination Code: (empty text box)

Below these fields is another blue header bar labeled "Blue Healthcare Bank Options". Under this bar, there is a green warning message: "Unchecking will remove the Product Information. Please enter dates in 'mm/dd/yyyy' format!". There are two product options, each with a checkbox, an "Effective Date" field, and an "End Date" field:

- ☒ HRA-BRB Health Reimbursement Account: Effective Date: 06/01/2010, End Date: 12/31/2020
- ☐ FSA Special Purpose Vision: Effective Date: 06/01/2010, End Date: 12/31/2020, Goal Amount: (empty text box)

A "Submit" button is located at the bottom right of the form.

**Follow these steps to add the goal dollars for a contract:**

1. Click the checkbox next to the FSA product.
  2. Key the **Goal Amount**, even if it is zero.
  3. Click **Submit**.
-

View/Update  
Dependent

## View/Update Dependent

### View and Update Dependent Information

---

#### General Information

The *View/Update Dependent* option on *HR Tools* will be used for the following functions:

- Viewing dependent information
- Updating dependent information, including Medicare, split benefits and QMCSO
- Canceling a dependent
- Reinstating a dependent

#### Important:

- Unless you are reinstating, you will only be able to make changes to a contract with an **Active** status. Please submit changes for **Inactive** contracts to BCBSM for processing.
- You will only be able to make changes **60 days** back from the current date. If you need to make a change further back, those will need to be submitted to BCBSM for processing.

---

#### Access the Subscriber Overview screen

Dependent information can be viewed and updated from the *Subscriber Overview* screen. This is the same screen you use for to view and update subscriber information.

#### Follow these steps to access the *Subscriber Overview* screen:

1. Click **HR Tools**.
2. Click **View/Update Dependent** or **View/Update Subscriber**.  
**Result:** *Search for Subscriber* screen appears.
3. Key the subscriber's identification number or the contract number that appears on his or her ID card.
4. Click **Search**.  
**Result:** *Search for Subscriber: Confirm Subscriber* screen appears.
5. If correct subscriber is listed, click **Correct**.



## View and Update Dependent Information, *Continued*

### Access the Subscriber Overview screen, *Continued*

The *Subscriber Overview* screen will appear.

Locate the last section of the screen, which shows any dependents included on the contract.

This will include Active and InActive dependents. If they are Active the **Cancel Date** will say *Present*.

The following options are available:

- Update
- Add Dependent

**Note:** The **Add Dependent** button takes you to the *Add Dependents* screen, which was covered in the Add a New Dependent unit. This unit will focus on changes using the **Update** button.

Dependents					
Name	Relationship	Sex	Assoc. w/ Primary Address?	Effective Date	Cancel Date
Fake Spouse	Spouse/Partner	F	Y	Jul 01, 2008	Present
Dependent 1	Child	F	Y	Nov 01, 2000	May 01, 2010
Dependent 2	Child	F	Y	May 11, 2010	Present
Dependent 3	Child	F	Y	Jul 04, 2008	Present

UPDATE >>

UPDATE >>

UPDATE >>

UPDATE >>

ADD DEPENDENT

## View Dependent Information

### View Basic Dependent Information

There is some basic information available about the dependent's on the *Subscriber Overview* screen, including:

- Name
- Relationship (to subscriber)
- Sex
- Effective and Cancel Dates

The *Associated with Primary Address* field indicates if a dependent is covered due to a court order (QMCSO) and lives with a custodial parent. When this is the case an **N** will be displayed.

Dependents						
Name	Relationship	Sex	Assoc. w/ Primary Address?	Effective Date	Cancel Date	
Fake Spouse	Spouse/Partner	F	Y	Jul 01, 2008	Present	UPDATE >>
Dependent 1	Child	F	Y	Nov 01, 2000	May 01, 2010	UPDATE >>
Dependent 2	Child	F	Y	May 11, 2010	Present	UPDATE >>
Dependent 3	Child	F	Y	Jul 04, 2008	Present	UPDATE >>
						ADD DEPENDENT

### View Detailed Dependent Information

If you need to see more detailed information, you will need to access the *Update Dependent* screen, which will provide the following:

- Social security number
- Date of birth
- Medicare information
- Split benefit information, *if applicable*
- QMCSO information, *if applicable*

**Follow these steps to access the *Update Dependent* screen:**

1. Locate the dependent you wish to view.
2. Click the **Update** button.

**Result:** The *Update Dependent* screen will appear.

## View Dependent Information, *Continued*

### View Detailed Dependent Information, *Continued*

The *Update Dependent* screen will appear.

**Update Dependent**

Update Information

Plan Name: 710 - Michigan  
Identification Number: 1XXXXXXXX  
Auto Generated ID: 9XXXXXXXXX0000  
Subscriber Name: Fake Subscriber  
Coverage Period: May 01, 2010 - Present

First Name:

Middle Initial:

Last Name:

Gender: ☐ Male ☒ Female

Social Security Number:

Date of Birth:

Birth Sequence Order (multiple births only):

Relation:

Student Status:

Medicare:

Medicare HIB #:

Split Benefit Type:

Split Benefit Effective Date:

Split Benefit Cancel Date:

QMCSO: ☐ Yes ☒ No

Update Type:

Effective Date of Update:

Your User ID: testhr1

**Note:** If you only needed to view information for the dependent and wish to return to the *Subscriber Overview* screen, click **Cancel**.

## Update Dependent Information

---

### Update Dependent's Personal Information

When updating a dependent, there is a lot of information that can be changed. We will cover this in sections to make it a little easier for you.

The first section will cover updating the dependent's personal information.



#### Follow these steps to update a dependent's personal information:

1. Key the dependent's correct **First Name**, if applicable:
  - No special characters (apostrophes, dashes, etc.)
  - No more than 10 characters
2. Key the dependent's correct **Middle Initial**, if applicable (not required).
3. Key the dependent's correct **Last Name**, if applicable:
  - Include any titles, such as Jr, Sr, III (separated from last name by a space)
  - No special characters (apostrophes, dashes, etc.)
  - No more than 19 characters
4. Select the correct **Gender**, if applicable.
5. Key the dependent's correct **Social Security Number**, if applicable.

**Note:** The social security number is only a required field for members 45 and older. If a member does not have an SSN, please submit to BCBSM for processing.

6. Select the correct **Date of Birth**, if applicable (key the 4-digit year).

## Update Dependent Information, *Continued*

---

### Update Relationship and Special Handling Instructions

The next section will cover updating the dependent's relationship to the subscriber, along with special handling information.

This includes a couple of fields that need further explanation:

#### Birth Sequence Order field

- This field is used to link multiple birth dependents (twins, triplets, etc.).
- It helps claims to process correctly for members who have the same birthdate.
- A 1-digit code is assigned to each **SET** of multiple births.

**Example:** A set of twins would both be coded with the number 1.

- This field is sometimes used for other situations, such as two dependents who have similar or the same name.

**Example:** In a blended marriage, it is possible for both parents to have a son named John. Even though their birthdates will be different, adding a 1 for each of these dependents will also help their claims pay correctly.

**Important:** If a birth sequence order was not assigned when the dependent was originally added, **do not** try to update it using HCBO. Please submit those requests to BCBSM for processing.

#### Student Status field

- Before the Affordable Care Act, this field was used to designate dependents who were allowed to stay on their parent's insurance when they turned 19 because they were attending college.
- Now that the Affordable Care Act is in place, all dependents may be covered to the age of 26, regardless of whether or not they are attending college.
- This field is now available for reporting purposes only. BCBSM no longer uses it as a classification. If your group would like to distinguish between dependents who are attending college, and those who are not, use this field to indicate the difference.

## Update Dependent Information, *Continued*

---

### Update Relationship and Special Handling Instructions, *Continued*

Birth Sequence Order (multiple births only):	<input type="text"/>
Relation:	<input type="text" value="Child"/>
Student Status:	<input type="text" value="Full-time"/>

#### Follow these steps to update relationship and special handling information:

1. Select the correct **Relation** to the subscriber from the following options:
  - Spouse/Partner (spouse, domestic partner or common law spouse)
  - Child (natural, adopted or step child)
  - Sponsored Dependent, *if offered*
  - Domestic Partner, *if offered*
2. Select the correct **Student Status**, *if applicable*:
  - Not a student (not enrolled in college **or** your group is not using this for reporting purposes)
  - Full time (enrolled in college **and** your group is using this for reporting purposes)

**Note:** HCBO cannot be used to indicate a dependent is permanently handicapped. Please submit these requests to BCBSM, along with the required documentation.

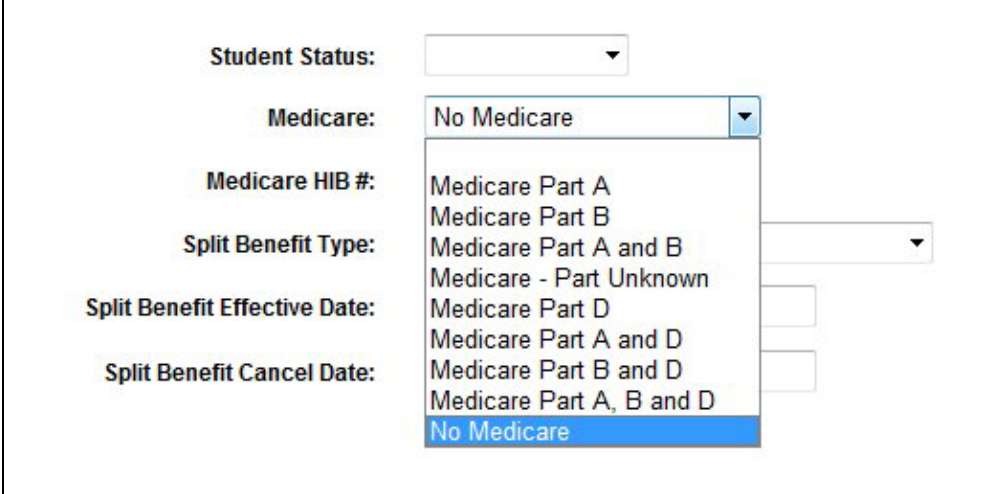
---

## Update Dependent Information, *Continued*

### Add or Update Medicare Information

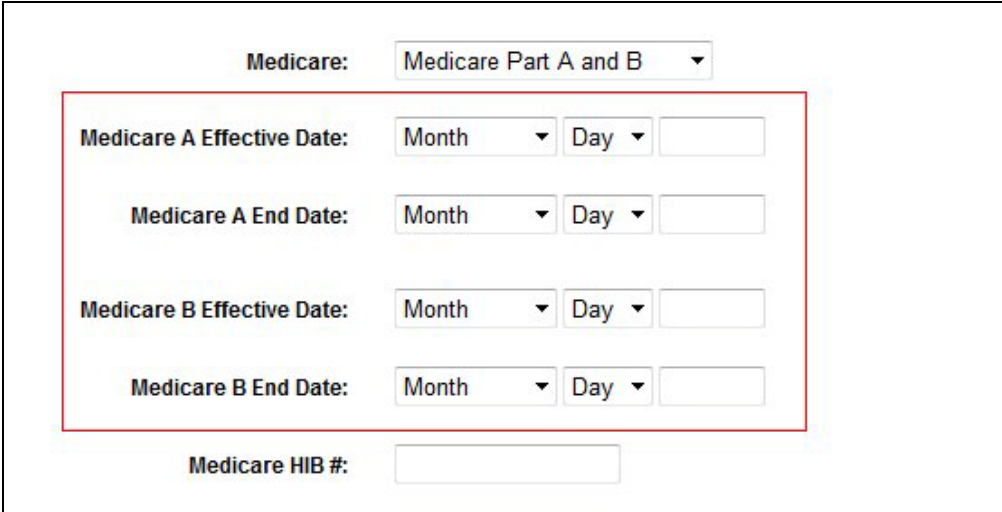
The next section will cover adding or updating Medicare information.

**Important:** The most important thing to know is that adding Medicare information in HCBO will **NOT** make Medicare primary for that dependent. If Medicare should be primary, please notify BCBSM.



The screenshot shows a form with the following fields: Student Status (dropdown), Medicare (dropdown), Medicare HIB # (text), Split Benefit Type (dropdown), Split Benefit Effective Date (text), and Split Benefit Cancel Date (text). The Medicare dropdown menu is open, showing the following options: No Medicare, Medicare Part A, Medicare Part B, Medicare Part A and B, Medicare - Part Unknown, Medicare Part D, Medicare Part A and D, Medicare Part B and D, Medicare Part A, B and D, and No Medicare (highlighted in blue).

If Medicare parts are selected using the drop down in the **Medicare** field, additional fields will be added. The fields presented are based on which parts were selected. (Re-selecting No Medicare will remove the additional fields)



The screenshot shows the same form as before, but with the Medicare dropdown set to "Medicare Part A and B". A red box highlights the additional fields: Medicare A Effective Date (Month/Day), Medicare A End Date (Month/Day), Medicare B Effective Date (Month/Day), and Medicare B End Date (Month/Day). The Medicare HIB # field is also visible below the red box.

## Update Dependent Information, *Continued*

---

### Add or Update Medicare Information, *Continued*

#### Follow these steps to add or update Medicare information:

1. Select the appropriate **Medicare** parts using the drop down.
2. Select the dependent's **Medicare A Effective Date**, *if applicable* (key the 4-digit year).
3. Select the dependent's **Medicare A End Date**, *if applicable* (key the 4-digit year).
4. Select the dependent's **Medicare B Effective Date**, *if applicable* (key the 4-digit year).
5. Select the dependent's **Medicare B End Date**, *if applicable* (key the 4-digit year).
6. Select the dependent's **Medicare D Effective Date**, *if applicable* (key the 4-digit year).
7. Select the dependent's **Medicare D End Date**, *if applicable* (key the 4-digit year).
8. Key the **Medicare HIB #** (9-digit number followed by an alpha character that is found on his or her Medicare card)

---

### Add Split Benefits

The next section will cover adding split benefits.

**Note:** If your group did not select split benefits, these options will not be available on the *Add Dependents* screen.

Split benefits are used to limit coverage for a dependent. Selecting a split benefit code will exclude one or more covered lines of business for the dependent. Dependents **cannot** have a line of business that the subscriber does not.

**Example:** If the subscriber has medical, drug, dental and vision coverage, split benefit code 068 (No dental) could be used to exclude dental coverage for a dependent.



## Update Dependent Information, *Continued*

---

### Add Split Benefits, *Continued*

Split Benefit Type:	<input type="text"/>		
Split Benefit Effective Date:	Month <input type="text"/>	Day <input type="text"/>	<input type="text"/>
Split Benefit Cancel Date:	Month <input type="text"/>	Day <input type="text"/>	<input type="text"/>

#### Follow these steps to add split benefits for a dependent:

1. Select the **Split Benefit Type** from the options provided (these will vary depending on your group's benefit options).
2. Select the **Split Benefit Effective Date** (key the 4-digit year).
3. Select the **Split Benefit Cancel Date**, *if applicable* (key the 4-digit year).

---

### Cancel Split Benefits

Sometimes you will want to end the split benefit arrangement for a dependent. This can also be done using HCBO.

Split Benefit Type:	064- No Medical Coverage <input type="text"/>		
Split Benefit Effective Date:	June <input type="text"/>	01 <input type="text"/>	2009 <input type="text"/>
Split Benefit Cancel Date:	January <input type="text"/>	14 <input type="text"/>	2014 <input type="text"/>

**Follow this step to cancel split benefits for a dependent:** Select the **Split Benefit Cancel Date**(key the 4-digit year).

**Important:** You will not be able to replace a current or cancelled split benefit for a dependent. Once split benefits have been added for a specific dependent, the only thing you will be able to do is to cancel that particular split benefit arrangement. If you need to reactive that split benefit, or add a different one for that dependent, please submit those requests to BCBSM for processing.

---

## Update Dependent Information, *Continued*

---

### Add or Update QMCSO Information

The next section will cover adding or updating Qualified Medical Child Support Order (QMCSO) information.

The system will default to No QMCSO, and will only present the **QMCSO** field with the Yes and No options. Clicking Yes will enable the fields below. (Re-selecting No will remove the additional fields)

The screenshot shows a web form for QMCSO information. At the top, there is a label 'QMCSO:' followed by two radio buttons: 'Yes' (which is selected) and 'No'. Below this, there is a section titled 'Specify an Address for this Member:' with two options: 'Use the Contract's Primary Address:' (selected) and 'Use an Alternate Address (fill in below):'. Under the selected option, the address '555 Fake Lane' and 'Fake Town, MI 48000-0000' is displayed. Below these options, there are several input fields for 'Custodial Parent' information: 'First Name', 'Middle Initial', 'Last Name', 'Street Address', 'City', 'State' (a dropdown menu), and 'Zip+4' (two separate input boxes for the zip code and the +4 extension).

**Follow these steps to add or update QMCSO information for a dependent:**

1. Click **Yes**, *if applicable*.
2. Click the appropriate option to **Specify an Address for this Member**.
3. Key the following, *if applicable*.
  - **Custodial Parent First Name** (No special characters)
  - **Custodial Parent Middle Initial**, *if applicable*
  - **Custodial Parent Last Name** (No special characters)
  - **Custodial Parent Street Address**
  - **Custodial Parent City**
  - **Custodial Parent State**
  - **Custodial Parent Zip** (there is space for the +4, but they are not required)

## Update Dependent Information, *Continued*

---

### Select the Update Type and Effective Date

The last section will cover selecting the update type and the effective date.

There are three types of updates that can be made using the **Update Type** drop down:

- Change
- Cancellation or Termination
- Reinstatement

When updating dependent information, you will use the **Change** option.

Update Type:	<input type="text" value="Change"/>
Effective Date of Update:	<input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/>

**Follow this step to select the update type and effective date:**

1. Select **Change** using the drop down in the **Update Type** field.
2. Select the **Effective Date of Update**.

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Dependent Update* steps.

---

## Cancel a Dependent

---

### Start a Cancellation

Cancelling a dependent is also started by clicking the **Update** button located to the right of the dependent who needs to be cancelled.

#### Follow these steps to start a dependent cancellation:

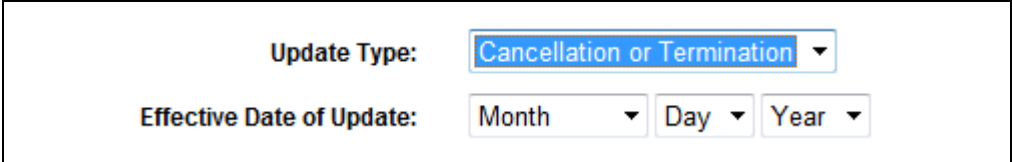
1. Locate the dependent who needs to be cancelled.
2. Click **Update**.

**Result:** The *Update Dependent* screen will appear.

---

### Cancel Dependent

This section will focus on the **Cancellation or Termination** option in the **Update Type** drop down.



The screenshot shows a form with two main sections. The first section is labeled "Update Type:" and contains a dropdown menu with "Cancellation or Termination" selected. The second section is labeled "Effective Date of Update:" and contains three dropdown menus for "Month", "Day", and "Year".

There are a few important things to know about cancelling dependents in HCBO:

- Cancelling a dependent will only cancel coverage for that individual.
- You will not be able to make any other changes at the same time you are cancelling the dependent. If there are other membership changes to complete for the dependent, make these first, then process the cancellation the following day.
- When cancelling a dependent, it is important to use the correct date. HCBO goes up to, but does not include, the date in the Effective Date of Update field. The date you want to enter is the first date the dependent will no longer be covered.

**Example 1:** Coverage is to be cancelled on the dependent's 26 birthday, which is 7/19. You would enter 7/20.

**Example 2:** Coverage is to be cancelled at the end of April. You would enter 5/1.

**Example 3:** Dependent was added 2/1, but should never have been effective. You would enter 2/1.

## Cancel a Dependent, *Continued*

---

### Cancel Dependent, *Continued*

**Follow these steps to cancel a dependent's coverage:**

1. Select **Cancellation or Termination** using the drop down in the **Update Type** field.
2. Select the **Effective Date of Update** (the first date the dependent will not be active).

---

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Dependent Update* steps.

---

## Reinstate a Dependent

---

### Start a Reinstatement

Reinstating a dependent is also started by clicking the **Update** button located to the right of the dependent who needs to be reinstated.

#### Follow these steps to start a dependent reinstatement:

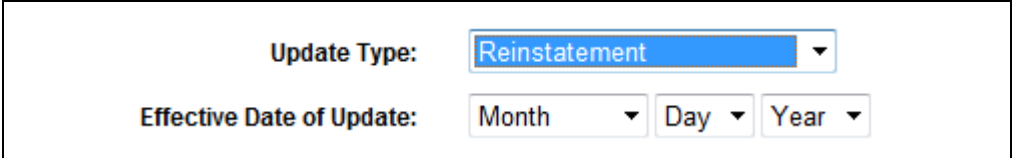
1. Locate the dependent who needs to be reinstated.
2. Click **Update**.

**Result:** The *Update Dependent* screen will appear.

---

### Reinstate Dependent

This section will focus on the **Reinstatement** option in the **Update Type** drop down.



The screenshot shows a form with two main sections. The first section is labeled 'Update Type:' and contains a dropdown menu with 'Reinstatement' selected. The second section is labeled 'Effective Date of Update:' and contains three dropdown menus for 'Month', 'Day', and 'Year'.

There are a couple of important things to know about reinstating dependents in HCBO:

- Dependents cannot be reinstated on a date prior to their cancel date. You can use the cancel date, or any date after when reinstating.
- Only the dependent's social security number can be added or updated when reinstating. If any other information needs to be changed, you will need to submit those changes the following day.

#### Follow these steps to cancel a dependent's coverage:

1. Select **Reinstatement** using the drop down in the **Update Type** field.
  2. Select the **Effective Date of Update**.
- 

### Save Changes

Once you have finished entering all of the information you are ready to save your work and continue.

**Follow this step to save your work:** Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm Dependent Update* steps.

---

## Confirm Dependent Update

---

### Confirmation Screen

After clicking **Preview & Save**, you will have the opportunity to review and edit the information you have entered in the system.

If you find an error, you can use the **Edit** button in the upper right corner. This will take you back to the *Update Dependent* screen you were just on, which will allow you to make the necessary changes.

**Follow this step to save your work:** Click **Save**.

---

### Final Confirmation Screen

Once you click **Save** the coverage change is officially complete. The *Update Subscriber* confirmation screen will appear. The transaction to update the dependent's information has been submitted for processing and is no longer available for editing.

**Reminder:** HCBO runs files in batches. Any changes submitted before 5:00 p.m. Eastern Standard Time will show in the system the next business day. Changes submitted after 5:00 will not show until the second day.

There is a **Printer Friendly** option in the upper right hand corner, if you would like to print a copy of the information for your records.

**Follow this step finalize your transaction:** Click **Finished**.

---





## Request ID Cards

### Overview

---

#### General Information

HCBO can be used to request additional ID cards for an **Active** contract.

When ID cards are requested, they will issue according to the type of contract:

- One person contract = 1 card
- Subscriber with child(ren) = 1 card
- Subscriber and spouse = 2 cards
- Family contract = 2 cards

**Note:** If additional cards are needed, submit another request for ID cards the following day (cards can only be requested for a contract once per day).

All cards will be mailed to the subscriber's primary address. If special delivery is required, such as for a QMCSO dependent living at a different address, please contact BCBSM for processing.

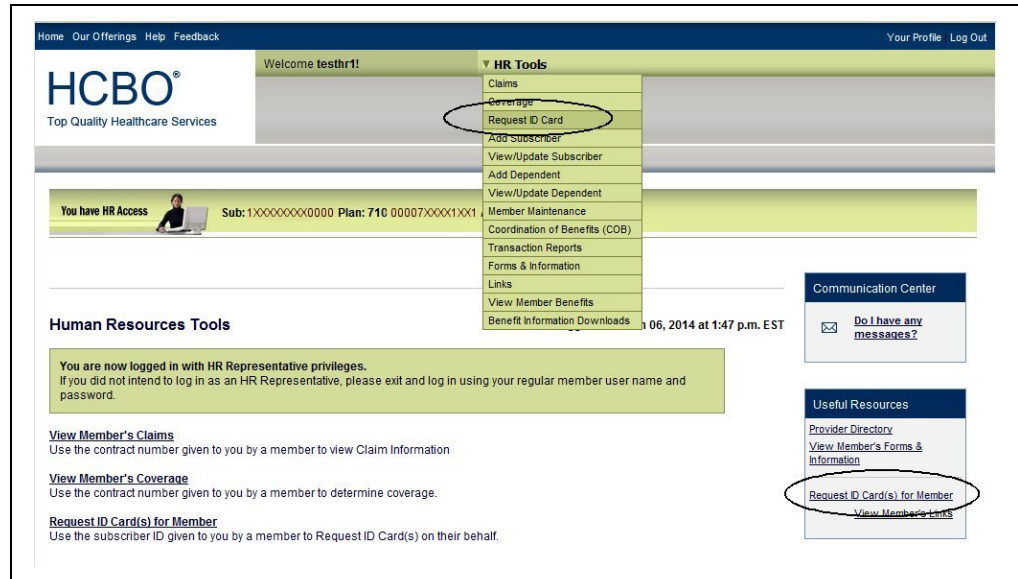
The new cards should be received 7-10 business days after the request is submitted.

---

## Request ID Cards

### Access the Request ID Card screen

To request an ID card, you will need to access the *Request ID Card* screen. You can get to this window using the *HR Tools* menu or the *Useful Resources* section. (We will use HR tools at this time)



### Follow these steps to access the Request ID Card screen:

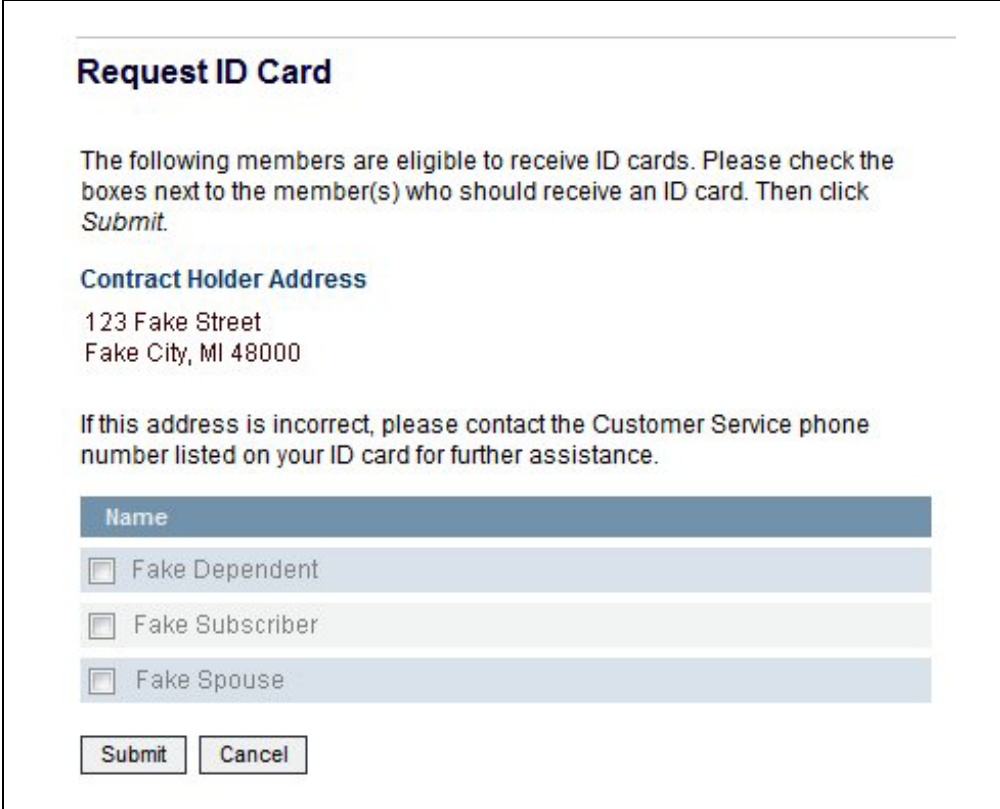
1. Click **HR Tools**.
2. Click **Request ID Card**.  
**Result:** *Search for Subscriber* screen appears.
3. Key the subscriber's identification number or the contract number that appears on his or her ID card.
4. Click **Search**.  
**Result:** *Search for Subscriber: Confirm Subscriber* screen appears.
5. If correct subscriber is listed, click **Correct**.

## Request ID Cards, *Continued*

---

### Access the *Request ID Card* screen, *Continued*

The *Request ID Card* screen will appear.



The screenshot shows a web form titled "Request ID Card". Below the title, there is a paragraph of instructions: "The following members are eligible to receive ID cards. Please check the boxes next to the member(s) who should receive an ID card. Then click *Submit*." Below this is a section titled "Contract Holder Address" with the address "123 Fake Street" and "Fake City, MI 48000". A note follows: "If this address is incorrect, please contact the Customer Service phone number listed on your ID card for further assistance." Below the note is a table with a header "Name" and three rows: "Fake Dependent", "Fake Subscriber", and "Fake Spouse", each with a checkbox. At the bottom are "Submit" and "Cancel" buttons.

Name
<input type="checkbox"/> Fake Dependent
<input type="checkbox"/> Fake Subscriber
<input type="checkbox"/> Fake Spouse

### Verify Address

Before requesting an ID card, verify that the address is correct.

This is especially important if you have recently updated the subscriber's address. If the new address is not listed here, the cards will be sent to the old address.

If you need to update the address, use the instructions provided in the *View/Update Subscriber* unit. You will need to wait until the following day to request ID cards. This will give time for the address change to process.

---

## Request ID Cards, *Continued*

---

### Request ID Cards

Once you have confirmed that the address is correct, you are ready to request the ID cards.



The screenshot shows a form with a blue header bar labeled 'Name'. Below it are three rows, each with a checkbox and a label: 'Fake Dependent', 'Fake Subscriber', and 'Fake Spouse'. The 'Fake Subscriber' row is highlighted with a red rectangular border.

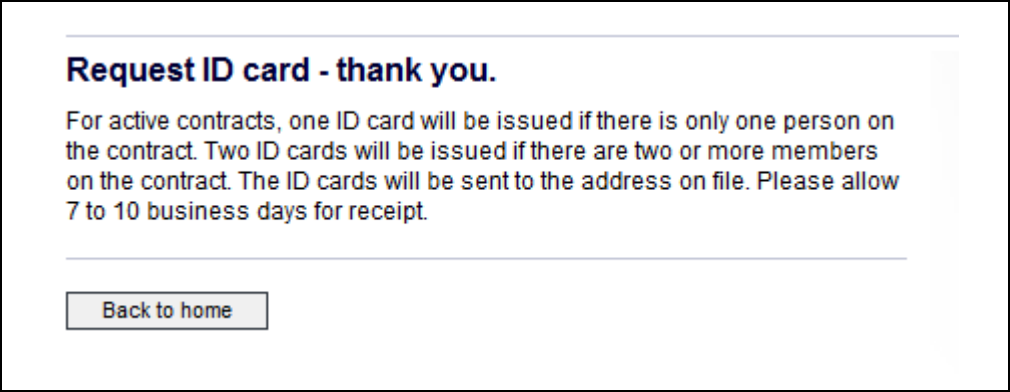
**Follow these steps to request an ID card:**

1. Click the box next the **subscriber's** name.
2. Click **Submit**.

---

### Confirmation Screen

The *Request ID card – thank you* confirmation screen will appear.



The screenshot shows a confirmation screen with a light blue header bar. Below the header, the text reads: 'Request ID card - thank you. For active contracts, one ID card will be issued if there is only one person on the contract. Two ID cards will be issued if there are two or more members on the contract. The ID cards will be sent to the address on file. Please allow 7 to 10 business days for receipt.' At the bottom, there is a button labeled 'Back to home'.



## View Coverage

### View Coverage Information

---

#### General Information

The *Coverage* screen provides an overview of the subscriber's contract. The information is not as detailed as the information on the *Subscriber Overview* screen.

However, if you need a quick picture of which lines of business someone has and who is covered, this is the screen you want. You will also be able to search by date to see information about prior coverage.

The *Coverage* screen will show the following information:

- Contract holder address
- Account name
- Name of each covered member
- Current coverage period
- Lines of business that are covered (Medical, dental, vision, etc.)

---

#### Access the Coverage screen

**Follow these steps to access the *Coverage* screen:**

1. Click **HR Tools**.
2. Click **Coverage**.

**Result:** *Search for Subscriber* screen appears.

3. Key the subscriber's identification number or the contract number that appears on his or her ID card.
4. Click **Search**.

**Result:** *Search for Subscriber: Confirm Subscriber* screen appears.

5. If correct subscriber is listed, click **Correct**.
-

## View Coverage Information, *Continued*

### Access the Coverage screen, *Continued*

The *Coverage* screen will appear.

Printer Friendly Version

### Coverage

The table below shows coverage information for you and any minor dependents (if applicable).

You may display your coverage for a specific date by using the drop-down menus below and then selecting *SUBMIT*. If you have multiple HCBO Accounts, you can change the selected Account by using the dropdown selector in the blue header bar at the top of this page.

Display coverage in this HCBO Account for the date

June ▾ 08 ▾ 2014 ▾

Contract Holder Address : 123 Fake Street  
Fake City, MI 48000

Account Name: Test Group

Name	Coverage Period	Medical	Dental	Vision	Hearing	Prescription	Funded Accounts
Fake Subscriber	Oct 1, 2003-Present	✓			✓	✓	
Fake Spouse	Oct 1, 2003-Present	✓			✓	✓	
Fake Dependent	Oct 1, 2003-Present	✓			✓	✓	

### View Coverage

The *Coverage* screen will display the most current coverage for the contract:

- **Active** contracts will default to the current date
- **Inactive** contracts will default to the last day of active coverage

The **Display coverage in this HCBO Account for the date** field can be used to search for coverage on a different date.

As you can see in the picture above, all three members have the same coverage.

## View Coverage Information, *Continued*

**View Split Benefits** If a dependent on the contract has split benefits, that particular line of business will not have a check mark.

Name	Coverage Period	Medical	Dental	Vision	Hearing	Prescription	Funded Accounts
Fake Subscriber	Oct 1, 2003-Present	✓			✓	✓	
Fake Spouse	Oct 1, 2003-Present	✓			✓		
Fake Dependent	Oct 1, 2003-Present	✓			✓	✓	

## View Medicare

If a member has Medicare, that will be displayed here as well.

Name	Coverage Period	Medical	Dental	Vision	Hearing	Prescription	Funded Accounts
Fake Subscriber	Jan 1, 2007-Present		✓	✓			
Medicare A	Jun 1, 2006-Present			<a href="#">Click here</a>			
Medicare B	Jun 1, 2006-Present			<a href="#">Click here</a>			
Fake Spouse	Jan 1, 2007-Present		✓	✓			
Medicare A	Feb 29, 2000-Present			<a href="#">Click here</a>			
Medicare B	Feb 29, 2000-Present			<a href="#">Click here</a>			

**Note:** If you'd like to see the Medicare Frequently Asked Questions in the Help file, use the **Click here** option.



[View Claims](#)

## View Claims

### View Claims Information

#### General Information

The *Claims Status* screen allows you to view claims for the contracts in your group. This includes processed and pending claims.

#### Access the *Claims Status* Screen

Follow these steps to access the *Claims Status* screen:

1. Click **HR Tools**.

2. Click **Claims**.

**Result:** *Search for Subscriber* screen appears.

3. Key the subscriber's identification number or the contract number that appears on his or her ID card.

4. Click **Search**.

**Result:** *Search for Subscriber: Confirm Subscriber* screen appears.

5. If correct subscriber is listed, click **Correct**.

**Result:** The *Claims Status* screen will appear.

### Claims Status

You can view the status of claims for this year and the two previous years. Claims status for services provided within the past two weeks might not be available—please check again later. You have two easy ways to search for claims information. To view ALL of your claims covered by the policy, click the button below.

Claims status for services provided within the past two weeks might not be available—please check again later.

---

**Important Note!** Adult members (contract holder, spouse, members over 18 years old) may only see their own health benefits information. Privacy restrictions prohibit the display of health benefits information for any other adult members.

---

**You have two easy ways to search for claims information.**  
To view ALL of your claims covered by the policy, click the button below.

OR

To narrow your search, select at least one keyword from the drop-down menus below or fill in your claim number. You don't have to select keywords for every category; however, more information will result in a more refined search.

Date(s) of Service from   to

Individual

Claim Status

Service Type

Claim Number

## View Claims Information, *Continued*

---

### View All Claims

There are two ways to search for claims. You can view all claims for the contract, or you can narrow your search results to look for more specific claim information.

First we will look at viewing claims for all members.

**You have two easy ways to search for claims information.**  
 To view ALL of your claims covered by the policy, click the button below.

VIEW ALL CLAIMS

OR

**Follow this step to view claims for all members:** Click **View All Claims**.

---

### Narrow Search Results

If you want to look for more specific claim information, you can use the search options available to refine your search.

Search options include:

- Dates of Service
- Individual (specific member)
- Claim Status
- Service Type
- Claim Number

To narrow your search, select at least one keyword from the drop-down menus below or fill in your claim number. You don't have to select keywords for every category; however, more information will result in a more refined search.

Date(s) of Service from Month Year to Month Year

Individual Myself & Minor Dependents

Claim Status Both

Service Type All

Claim Number

SUBMIT
CLEAR FORM

**Follow these steps to refine your claim search:**

1. Select the option(s) you want to use to refine the search.
  2. Click **Submit**.
-

## View Claims Information, *Continued*

### Claims – Search Results

Regardless of which way you search, the *Claims – Search Results* screen will appear, unless there are no claims for the contract.

Claims will be listed with the most current Date of Service at the top. If you want to change the order of the list, you can click on the heading in any of the other columns.

The following information is available on this screen:

- Date of Service
- Patient Name
- Total Charge
- Subscriber Liability
- Provider Name
- Claim Number
- Status (Processed or Pending)

Printer Friendly Version

### Claims - Search Results

Claims per page: 50

A result was returned from your search. By default claims are sorted by date of service, beginning with the most recent.

**You may click on a column heading to sort by that column.**  
To view a claim's details, click on the claim's number.

[NEW SEARCH](#)

Page 1 of 1

Date of Service	Patient Name	Total Charge	Subscriber Liability	Provider Name	Claim Number	Status*
Aug 28, 2009	Fake Spouse	\$9,900.00	\$500.00	Fake Hospital	2XXXXXXXXXXXXXXX	Processed
Jul 25, 2009	Fake Subscriber	\$500.00	\$27.34	Fake Provider	2XXXXXXXXXXXXXXX	Processed

Export As Excel

Depending on what you are looking for, this screen might provide the information you need. If not, you can search for more detailed information.

**Follow this step to view more specific information on a particular claim:**

Click the **Claim Number** for the specific claim you wish to view.

### View Claims Information, *Continued*

## Claims – Search Results Details

The *Claims – Search Results Details* screen will appear. It will provide more detailed information about a particular claim.

Printer Friendly Version

## Claims - Search Results Details

**Claim Number** 2XXXXXXXXXXXXXXX

**Claim Status** Processed

**Patient Name** Fake Spouse

**Payee** Fake Hospital

**Check Date** Oct 29, 2010

**Check Number** 701292838

**Check Amount** \$5000.00

[RETURN TO CLAIMS SEARCH RESULTS](#)

[NEW SEARCH](#)

[VIEW EOB](#)

Page 1 of 1

Claim Line Number	Provider Name	First Date of Service	Last Date of Service	Service Type	Amount Charged	Allowed Amount	Amount Paid
0010	Fake Hospital	Aug 28, 2009	Aug 31, 2009	Facility	\$6,900.00	\$2,500.00	\$2,400.00

### YOUR RESPONSIBILITY

Deductible for this Service	Co-Insurance	Co-Pay	Amount You May Owe
\$0.00	\$100.00	\$0.00	\$100.00

**Description of Service:** Accommodations

**Explanation of What Was Not Paid:**

Claim Line Number	Provider Name	First Date of Service	Last Date of Service	Service Type	Amount Charged	Allowed Amount	Amount Paid
0020	Fake Hospital	Aug 28, 2009	Aug 31, 2009	Facility	\$3,000.00	\$3,000.00	\$2,800.00

### YOUR RESPONSIBILITY

Deductible for this Service	Co-Insurance	Co-Pay	Amount You May Owe
\$0.00	\$400.00	\$0.00	\$400.00

**Description of Service:** Hospital Services

**Explanation of What Was Not Paid:**

The *Claims – Search Results Details* screen has two main sections: the header and the claim lines.

The header will provide the following information:

- Claim Number
- Claim Status
- Patient Name
- Provider Name
- Check Date (the date a payment was sent to the provider)
- Check Number
- Check Amount

## View Claims Information, *Continued*

### Claims – Search Results Details, *Continued*

The claim lines will provide information about the specific services that were billed by the provider.

These are distinguished by the **Claim Line Number**. The example below shows a claim with two lines: 0010 and 0020 (these represent line 1 and 2).

Claim Line Number	Provider Name	First Date of Service	Last Date of Service	Service Type	Amount Charged	Allowed Amount	Amount Paid
0010	Fake Hospital	Aug 28, 2009	Aug 31, 2009	Facility	\$6,900.00	\$2,500.00	\$2,400.00

YOUR RESPONSIBILITY

Deductible for this Service	Co-Insurance	Co-Pay	Amount You May Owe
\$0.00	\$100.00	\$0.00	\$100.00

Description of Service: Accommodations

Explanation of What Was Not Paid:

---

Claim Line Number	Provider Name	First Date of Service	Last Date of Service	Service Type	Amount Charged	Allowed Amount	Amount Paid
0020	Fake Hospital	Aug 28, 2009	Aug 31, 2009	Facility	\$3,000.00	\$3,000.00	\$2,600.00

YOUR RESPONSIBILITY

Deductible for this Service	Co-Insurance	Co-Pay	Amount You May Owe
\$0.00	\$400.00	\$0.00	\$400.00

Description of Service: Hospital Services

Explanation of What Was Not Paid:

---



## View Claims Information, *Continued*

**Billing Information** Each claim line will provide a lot of information about the particular service that was billed. To make it easier for you, we will take a look at these in sections.

The first section we will look at covers the billing information.

Claim Line Number	Provider Name	First Date of Service	Last Date of Service	Service Type	Amount Charged	Allowed Amount	Amount Paid
0010	Fake Hospital	Aug 28, 2009	Aug 31, 2009	Facility	\$6,900.00	\$2,500.00	\$2,400.00

This includes the following:

- Claim Line Number (4-digit number in the following format: line 1 = 0010)
- Provider Name
- First Date of Service
- Last Date of Service
- Service Type (Facility, Professional, Hearing, Vision, etc.)
- Amount Charged (amount provider is billing the insurance for the service)
- Allowed Amount (amount insurance has agreed to pay for the service)
- Amount Paid (allowed amount, less amount of subscriber responsibility)

### Subscriber Responsibility

The next section we will look at is the *Your Responsibility* information, which details any amount the subscriber may owe.

YOUR RESPONSIBILITY			
Deductible for this Service	Co-Insurance	Co-Pay	Amount You May Owe
\$0.00	\$100.00	\$0.00	\$100.00

This includes the following:

- Deductible for this Service (a fixed dollar amount the subscriber must pay before the insurance company will contribute)
- Co-Insurance (a percentage of the cost or allowed amount)
- Co-Pay (a fixed dollar amount the subscriber must pay for the particular service)
- Amount You May Owe (total of deductible plus co-insurance or co-pay)

## View Claims Information, *Continued*

---

### Description

The last section provides a description of the service provided and an explanation of what was not paid, if applicable.

**Description of Service:** Accommodations  
**Explanation of What Was Not Paid:**

This includes the following:

- Description of Services (a brief description of the service provided)
- Explanation of What Was Not Paid (an explanation for a rejected claim, or a reduced payment amount)

### Sample Explanation

**Description of Service:** Other Med Service  
**Explanation of What Was Not Paid:** This Service Is A Component Of Another Procedure And Is Not Separately Reimbursable. The Enrollee Should Not Be Billed For This Procedure.



## View Claims Information, *Continued*

### Adding it all up

The sample claim we've been looking at had two lines, each with a co-insurance amount.

Claim Line Number	Provider Name	First Date of Service	Last Date of Service	Service Type	Amount Charged	Allowed Amount	Amount Paid
0010	Fake Hospital	Aug 28, 2009	Aug 31, 2009	Facility	\$6,900.00	\$2,500.00	\$2,400.00
YOUR RESPONSIBILITY							
Deductible for this Service		Co-Insurance		Co-Pay	Amount You May Owe		
\$0.00		\$100.00		\$0.00	\$100.00		
Description of Service: Accommodations							
Explanation of What Was Not Paid:							

Claim Line Number	Provider Name	First Date of Service	Last Date of Service	Service Type	Amount Charged	Allowed Amount	Amount Paid
0020	Fake Hospital	Aug 28, 2009	Aug 31, 2009	Facility	\$3,000.00	\$3,000.00	\$2,600.00
YOUR RESPONSIBILITY							
Deductible for this Service		Co-Insurance		Co-Pay	Amount You May Owe		
\$0.00		\$400.00		\$0.00	\$400.00		
Description of Service: Hospital Services							
Explanation of What Was Not Paid:							

In order to match this to the totals from the *Claims – Search Results* screen, you will need to add them together.

Date of Service	Patient Name	Total Charge	Subscriber Liability	Provider Name	Claim Number	Status*
Aug 28, 2009	Fake Spouse	\$9,900.00	\$500.00	Fake Hospital	XXXXXXXXXXXXXXXXXX	Processed

All together the numbers look like this:

- Total amount charged by the provider: \$9,900 (L1: \$6,900 + L2: \$3,000)
- Total allowed amount by BCBSM: \$5,500 (L1: \$2,500 + L2: \$3,000)
- Total amount paid by BCBSM: \$5,000 (L1: \$2,400 + L2: \$2,600)
- Total amount owed by the subscriber: \$500 (L1: \$100 + L2: \$400)

In total, the provider will receive \$5,500 dollars for this service (\$5,000 from BCBSM and \$500 from the subscriber).



## View/Update Coordination of Benefits

### View and Update COB Information

#### General Information

The *Coordination of Benefits* screen provides access to view and update existing COB information for contracts in your group. It also provides access to the form that can be submitted to establish a new COB file.

#### Access *Coordination of Benefits* screen

**Follow these steps to access the *Coordination of Benefits* screen:**

1. Click **HR Tools**.
2. Click **Coordination of Benefits**.
- Result:** *Search for Subscriber* screen appears.
3. Key the subscriber's identification number or the contract number that appears on his or her ID card.
4. Click **Search**.


**Result:** *Search for Subscriber: Confirm Subscriber* screen appears.

5. If correct subscriber is listed, click **Correct**.

**Result:** The *Coordination of Benefits* screen will appear.

The information that displays on the *Coordination of Benefits* screen will depend on whether the contract already has COB information loaded.

If the contract does not have COB information, you will see the following:

 [Printer Friendly Version](#)

### Coordination of Benefits

**Coordination of Benefits (COB) Information Not Found**  
 No Coordination of Benefits (COB) information was found for some or all of the members in Contract **9201882470000** for contract holder **Rump Roast**. It is not possible to update this information online at this time. You must provide us with detailed information about your other health care coverage.

**Please Download, Fill Out and Return this File**  
 Click **DOWNLOAD** to download a COB information form that you can print, complete, and return to your healthcare plan. Please download if necessary, you can download and install the free [Adobe Acrobat Reader](#) if you do not have it installed. Please remember to attach copies of court orders or any other relevant legal documents if they are required by your healthcare plan.

Download

[Coordination of Benefits Form - Local](#) COB Forms for Michigan Local Contracts  
[cob\\_local.pdf](#) (65KB)

**We Respect Your Privacy**

**Health Care Benefits Online (hcbo.com)** is committed to protecting your personal data. **hcbo.com** features the best security safeguards available to ensure that - as the plan subscriber - your private information is not disclosed to anyone but you. Even other family members who can log on to **hcbo.com** - but who do not have subscriber privileges - cannot view information about all members of your family. These security measures meet the requirements of current and proposed privacy legislation, including those mandated by the Health Insurance Portability and Accountability Act (HIPAA).



## View and Update COB Information, *Continued*

### Access Coordination of Benefits screen, *Continued*

If the contract does have COB information, you will see the following:

Printer Friendly Version

### Coordination of Benefits

[Introduction](#)
[View / Update](#)

View the contract information and the Coordination of Benefits (COB) information for Non-Medicare coverage as of Jun 8, 2014 on this screen. View the information on any Medicare coverage by accessing the [hcbo.com Coverage](#) function. Click CORRECT/NO CHANGES if the COB information is correct for all members of the contract as of Jun 8, 2014. Click CANCEL or UPDATE if there are any errors or omissions in the COB information for the members of your family, so you can fill out a form online to provide COB updates to your healthcare plan. Please call the Customer Service phone number listed on your ID card if you need further assistance.

<b>Your Health Care Plan:</b>	710 - Michigan	<b>Primary Address:</b>	123 Fake Street
<b>Contract Number:</b>	9XXXXXXXXXXXX0000		Fake City, MI 48000
<b>Contract Holder:</b>	Fake Subscriber		
<b>hcbo.com Account:</b>	Test Group		

Coordination of Benefits (COB) Information			
Member Name	Relationship to Subscriber	Date of Birth	Other Group Health Plan or Insurance
Dependent 1	Male Dependent	Nov 1, 1990	Coverage found with Bo Bs Of Michigan
Dependent 2	Female Dependent	Jun 15, 1990	Coverage found with Bo Bs Of Michigan
Dependent 3	Male Dependent	Mar 25, 1999	Coverage found with Bo Bs Of Michigan
Fake Spouse	Female Spouse	Apr 23, 1949	Coverage found with Bo Bs Of Michigan
Dependent 4	Female Dependent	Jun 25, 1992	Coverage found with Bo Bs Of Michigan
Fake Subscriber	Male Subscriber	Jan 15, 1945	Coverage found with Bo Bs Of Michigan

**If You Have No Changes to Communicate**  
If the COB information on this screen is correct for all members of the contract as of the current date, click

[CORRECT/NO CHANGES.](#)

**If You DO HAVE CHANGES to Communicate**  
1. Click [CANCEL](#) to cancel any existing Other Group Health Plan or Insurance shown for a member above.

2. Click [UPDATE](#) to fill out a form to update this information. Please call the Customer Service phone number listed on your ID card if you need further assistance.

Medicare should not be considered other coverage for Coordination of Benefits. To view Medicare coverage, access the [hcbo.com Coverage](#) function. If you need to update your Medicare coverage, please call the Customer Service phone number listed on your ID card

**Note:** As seen on the bottom of the screen, Medicare is not considered COB information. You can view this information using the *Coverage* or *View/Update Subscriber* options on the *HR Tools* menu.

## Add New COB Information

---

### Add New COB Information

As mentioned earlier, you can use HCBO to access the form used to submit new COB information to BCBSM.

If you have a subscriber who needs help accessing and completing the form, you can get to the form easily using HCBO.

On the *Coordination of Benefits* screen there is an option to download the form.

There is information at the bottom of the form indicating where to it can be submitted once it is complete. You can also find this information in the *Contacts* section of this manual.

**Please Download, Fill Out and Return this File**  
Click DOWNLOAD to download a COB information form that you can print, complete, and return to your healthcare plan. Please download if necessary, you can download and install the free [Adobe Acrobat Reader](#) if you do not have it installed. Please remember to attach copies of court orders or any other relevant legal documents if they are required by your healthcare plan.

Download

[Coordination of Benefits Form - Local](#) COB Forms for Michigan Local Contracts  
[cob\\_local.pdf](#) (65KB)

**Follow this step to access the form for submitting new COB information:**  
Click the **Download** button.

---

## View Existing COB Information

---

### View Existing COB Information

You can also use HCBO to look up existing COB information for a contract.

For a contract that already has COB information loaded, you will be able to see it in this section of the *Coordination of Benefits* screen.

Any members who have COB will have coverage listed in the **Other Group Health Plan or Insurance** column. You will also be able to see each member's name, relationship to the subscriber, and date of birth.

Coordination of Benefits (COB) Information			
Member Name	Relationship to Subscriber	Date of Birth	Other Group Health Plan or Insurance
Dependent 1	Male Dependent	Nov 1, 1990	Coverage found with Bc Bs Of Michigan
Dependent 2	Female Dependent	Jun 15, 1990	Coverage found with Bc Bs Of Michigan
Dependent 3	Male Dependent	Mar 25, 1999	Coverage found with Bc Bs Of Michigan
Fake Spouse	Female Spouse	Apr 23, 1949	Coverage found with Bc Bs Of Michigan
Dependent 4	Female Dependent	Jun 25, 1992	Coverage found with Bc Bs Of Michigan
Fake Subscriber	Male Subscriber	Jan 15, 1945	Coverage found with Bc Bs Of Michigan

## Update Existing COB Information

---

**Types of Updates** If the existing COB information for a contract needs to be updated, you can make the changes using HCBO.

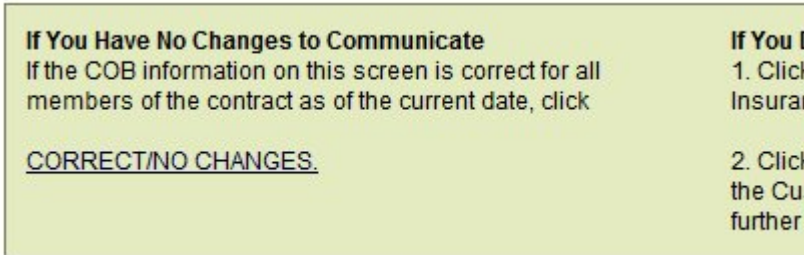
There are three types of updates that you can make:

- Confirm there are no changes
- Cancel the information
- Changing the information

---

### Confirm No Changes

If the subscriber needs to confirm that he or she has not had changes to their COB information, you can indicate this using HCBO.



**Follow these steps to indicate there are no changes to the COB information:**

1. Locate the **If You have No Changes to Communicate** section.
  2. Click **CORRECT/NO CHANGES**.  
**Result:** A confirmation screen will appear.
  3. Review the information to make sure it is correct.
  4. If everything is correct, click **Submit**. (If you need to make any changes you can click the **Edit** button.)  
**Result:** The final confirmation screen will appear.
  5. Use the **Printer Friendly** option in the upper right to print a copy of the information for your records.
  6. Click **OK** to finalize the submission.
-

## Update Existing COB Information, *Continued*

### Cancel COB Information

Another update you can make is to cancel the COB information for one or more members.

#### If You DO HAVE CHANGES to Communicate

1. Click [CANCEL](#) to cancel any existing Other Group Health Plan or Insurance shown for a member above.
2. Click [UPDATE](#) to fill out a form to update this information. Please call the Customer Service phone number listed on your ID card if you need further assistance.

#### Follow these steps to cancel COB information:

1. Locate the **If You DO HAVE CHANGES to Communicate** section.
2. Click **CANCEL**.

**Result:** The cancel COB screen will appear.

#### Coordination of Benefits

Please select the members in which you want to cancel coverage from another group health care plan. Also enter the effective and cancel date. Another group health plan is defined as one that is generally an employer-provider health care plan even though the employee may not be sharing costs.

Members					
	Name	Effective Date		Cancel Date	
<input type="checkbox"/>	Dependent 1	Month	Day	Month	Day
<input type="checkbox"/>	Dependent 2	Month	Day	Month	Day
<input type="checkbox"/>	Dependent 3	Month	Day	Month	Day
<input type="checkbox"/>	Fake Spouse	Month	Day	Month	Day
<input type="checkbox"/>	Dependent 4	Month	Day	Month	Day
<input type="checkbox"/>	Fake Subscriber	Month	Day	Month	Day

PREVIEW & SAVE

CANCEL

3. Check the box next to each member whose COB information is being cancelled.
4. Select the **Effective Date** (key the 4-digit year) of the other carrier for the applicable members.
5. Select the **Cancel Date** (key the 4-digit year) of the other carrier.
6. Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm COB Update* steps.



## Update Existing COB Information, *Continued*

### Change COB Information

The last update you can make is changing COB information for one or more members.

#### Follow these steps to access the form used to change COB information:

1. Locate the **If You DO HAVE CHANGES to Communicate** section.
2. Click **UPDATE**.

**Result:** The update COB screen will appear.

There are three sections of information to complete:

- Section 1: Other Group Health Care Plan or Program Information
- Section 2: Dependent Information
- Section 3: Divorce Information

### Section 1

#### Coordination of Benefits

Please fill out the following information if you or any of your covered dependents are also covered by another group health care plan. Another group health plan is defined as one that is generally an employer-provider health care plan even though the employee may not be sharing costs.

##### Section 1: Other Group Health Care Plan or Program Information

Employer Name:

Employer Address:  City:  State:  Zip:

Insurance Company:

Insurance Company Address:  City:  State:  Zip:

Person covered by another plan:  Gender:  Relationship:  Social Security Number:  Birth Date:

Group Policy Number:  Effective Date:  Month  Day  Cancellation Date:  Month  Day

Type of Coverage:

☐ Check if this is a retiree contract

Type of Plan: (Check All That Apply)

☐ Hospital ☐ Surgical/Medical ☐ Prescription Drug ☐ Vision ☐ Hearing ☐ Dental ☐ Other

If Other (Please Describe):

## Update Existing COB Information, *Continued*

---

### Change COB Information, *Continued*

#### Follow these steps to complete the form:

1. Key the **Employer Name**.
2. Key the **Employer Address** (Street, City, State and ZIP).
3. Key the **Insurance Company** name.
4. Key the **Insurance Company Address** (Street, City, State and ZIP).
5. Select the **Person covered by another plan**.

**Result:** The Gender, Relationship, Social Security Number and Birth Date will automatically populate.

6. Key the **Group Policy Number**.
7. Select the **Effective Date** (key the 4-digit year).
8. Select the **Cancellation Date, if applicable** (key the 4-digit year).
9. Indicate the **Type of Coverage** (Family or Single).
10. Check the box **if this is a retiree contract**.
11. Check the boxes next to all covered lines of business (Hospital, Surgica/Medical, Prescription Drug, etc.).

### Section 2

**Section 2: Dependent Information**

Select all members covered under the contract noted above.

**Dependent Name:**

- ☐ Dependent 1
- ☐ Dependent 2
- ☐ Dependent 3
- ☐ Fake Spouse
- ☐ Dependent 4
- ☐ Fake Subscriber

12. Check the boxes next all members who will be covered on the other contract.

**Note:** Section 3 only needs to be completed if there is a child covered due to a court order. **If this is not the case, jump to Step 26.**

## Update Existing COB Information, *Continued*

### Change COB Information, *Continued*

#### Section 3

#### Section 3: Divorce Information

Fill out this section only if you have children covered by other health care coverage through court order (divorce, separation). Select the covered children below.

Child Name:
Responsible Parent:
If Other (Please Describe):

☐ Dependent 3

If no court order exists, which parent has custody?

Name of insured person responsible for child's coverage (first and last):
Date of Birth:

Employer Name:

Employer Address:
City:
State:
Zip:

Insurance Company:

Insurance Company Address:
City:
State:
Zip:

Group Policy Number:
Social Security Number:
Effective Date:
Cancellation Date:

PREVIEW & SAVE
CANCEL

13. Check the box next to the **Child Name**.
14. Select the **Responsible Parent** (Father, Mother or Other).
15. Use the drop down to indicate custody **If no court order exists**.
16. Key the **Name of insured person responsible for child's coverage**.
17. Select the insured person's **Date of Birth** (key the 4-digit year).
18. Key the insured person's **Employer Name**.
19. Key the insured person's **Employer Address** (Street, City, State and ZIP).
20. Key the **Insurance Company** name.
21. Key the **Insurance Company Address** (Street, City, State and ZIP).
22. Key the **Group Policy Number**.
23. Key the insured person's **Social Security Number**.
24. Select the **Effective Date** (key the 4-digit year).
25. Select the **Cancellation Date, if applicable** (key the 4-digit year).
26. Click **Preview & Save**.

**Note:** See the last section of this unit for *Confirm COB Update* steps.



## Confirm COB Information Update

---

### Confirmation Screen

After clicking **Preview & Save**, you will have the opportunity to review and edit the information you have entered in the system.

If you find an error, you can use the **Edit** button in the upper right corner. This will take you back to the *Coordination of Benefits* screen you were just on, which will allow you to make the necessary changes.

**Follow this step to save your work:** Click **Save**.

---

### Final Confirmation Screen

Once you click **Save** the coverage change is officially complete. The *Coordination of Benefits* confirmation screen will appear. The transaction to update the COB information has been submitted for processing and is no longer available for editing.

**Note:** Processing will take two days to complete.

There is a **Printer Friendly** option in the upper right hand corner, if you would like to print a copy of the information for your records.

**Follow this step finalize your transaction:** Click **Finished**.

---



## Additional HCBO Functions

### Overview

---

#### General Information

This unit will cover some additional functions available in HCBO:

- Running transaction reports
- Viewing the *Forms & Information* screen.
- Viewing the *Useful Resources* screen.

The transaction reports are used to show a list of transactions you have completed.

The *Forms & Information* screen provides downloadable forms, brochures, and booklets made available by BCBSM or the group.

The *Useful Resources* screen provides useful links or features offered by BCBSM or the group.

---

## Run Transaction Report

---

**Access the  
Transaction  
Report Search  
screen**

**Follow these steps to access the Transaction Report Search screen:**

1. Click **HR Tools**.
2. Click **Transaction Reports**.

**Result:** The *Transaction Report Search* screen will appear.

**Transaction Report Search**

Transaction Type: All Transactions ▼

Account: Test Group ▼

User Id: testhr1

Start Date: June ▼ 09 ▼ 2014

End Date: June ▼ 09 ▼ 2014

Subscriber Number:

Report Type: ☐ Display Count ☒ Display Records

**Run Transaction  
Report**

**Follow these steps to run a transaction report:**

1. Select the **Transaction Type** from the following options:
  - All Transactions
  - Add Contract
  - Add Dependent
  - Reinstate Contract
  - Terminate Contract
  - Update Contract
2. Select the **Start Date** (key the 4-digit year).
3. Select the **End Date** (key the 4-digit year).
4. Key a **Subscriber Number**, *if desired*.
5. Select the **Report Type** from the following options:
  - Display Count (lists number of transactions sent)
  - Display Records (lists transactions sent)
6. Click **Search**.

## Run Transaction Report, *Continued*

### Run Transaction Report, *Continued*

The search results will depend on which **Report Type** you selected (Count or Records).

#### Transaction Report Results – Display Count

### Transaction Report Results

11 records returned from your search. Select "New Search" to perform another search.

#### Transaction Report Results – Display Records

### Transaction Report Results

11 items found, displaying all items.1

CLICK ON ANY SUBSCRIBER # TO DISPLAY A DETAILED REPORT OF THAT TRANSACTION

Transaction Date	User Id	Transaction Type	Account	Group	Subscriber #
Jan 08, 2014 09:41	testhr1	Add Contract	Test Group	00007XXXXX1XX1	1XXXXXXXXXX0000
Jan 08, 2014 09:53	testhr1	Update Contract	Test Group	00007XXXXX1XX1	1XXXXXXXXXX0000
Jan 08, 2014 09:59	testhr1	Update Contract	Test Group	00007XXXXX1XX2	1XXXXXXXXXX0000
Jan 08, 2014 10:03	testhr1	Reinstate Contract	Test Group	00007XXXXX1XX1	1XXXXXXXXXX0000
Jan 08, 2014 10:07	testhr1	Terminate Contract	Test Group	00007XXXXX1XX3	1XXXXXXXXXX0000
Jan 08, 2014 10:12	testhr1	Update Contract	Test Group	00007XXXXX1XX3	1XXXXXXXXXX0000
Jan 08, 2014 10:13	testhr1	Update Contract	Test Group	00007XXXXX1XX3	1XXXXXXXXXX0000
Jan 08, 2014 10:14	testhr1	Update Contract	Test Group	00007XXXXX1XX3	1XXXXXXXXXX0000
Jan 14, 2014 13:41	testhr1	Add Contract	Test Group	00007XXXXX1XX1	1XXXXXXXXXX0000
Jan 14, 2014 14:07	testhr1	Terminate Contract	Test Group	00007XXXXX1XX3	1XXXXXXXXXX0000
Feb 13, 2014 13:43	testhr1	Add Contract	Test Group	00007XXXXX1XX1	1XXXXXXXXXX0000

Export options: [Excel](#) [XML](#) [CSV](#)



## Run Transaction Report, *Continued*

---

### Run Transaction Report, *Continued*

When the **Display Records** option is selected, the *Transaction Report Results* will provide the following information:

- Transaction Date (and time)
- User ID
- Transaction Type
- Account (group name)
- Group (number and section)
- Subscriber Number

If you want to change the order of the list, you can click on the heading in any of the other columns.

You can also **Export** the report by clicking one of the listed file types:

- Excel
  - XML
  - CSV
-

## View Forms & Information

### Access the *Forms & Information* screen

Follow these steps to access the *Forms & Information* screen:

1. Click **HR Tools**.

2. Click **Forms & Information**.

**Result:** *Search for Subscriber* screen appears.

3. Key the subscriber's identification number or the contract number that appears on his or her ID card.

4. Click **Search**.

**Result:** *Search for Subscriber: Confirm Subscriber* screen appears.

5. If correct subscriber is listed, click **Correct**.

**Result:** The *Forms & Information* screen will appear.

**You have HR Access** Sub: 1234564010000 Plan: 710 0000749761003 ACTIVE | [Change subscriber](#)

---

### Forms & Information

This page contains documents available to you for download. Select a document to download from the folder(s) listed below by selecting the filename or PDF link. The Effective Date specifies the period of time for which a document is to be used. These documents are in Adobe Acrobat's Portable Document Format (PDF).

If necessary, you can download and install the free [Adobe Acrobat Reader](#)

**Your Health Plan:** 710 - Michigan  
**Your Employer:** Michigan Test Group

Forms & Information		
Healthcare Information	Effective Date	Download
Healthcare Advisor - Informational booklet about the Healthcare Advisor link that is available to you, which provides educational resources that allow you to make better health care decisions. <a href="#">Subinfo flver.pdf</a> , (178KB)	N/A - N/A	<a href="#">PDF</a>
HIPAA Restriction Request Form - Complete this form to request restrictions on the way in which we <del>use or disclose your protected health information</del> . <a href="#">HIPAA Restriction Request Form.pdf</a> , (77KB)	N/A - N/A	<a href="#">PDF</a>
HIPAA Privacy Complaint Form - Complete this form if you wish to make a complaint about our privacy practices or our compliance with our Notice of Privacy Practices. <a href="#">HIPAA Privacy Complaint Form.pdf</a> , (88KB)	N/A - N/A	<a href="#">PDF</a>
HIPAA Confidential Communications Form - Complete this form to request that we use an alternate address or communication mechanism when communicating about protected health information. <a href="#">HIPAA Confidential Communications Request Form.pdf</a> , (78KB)	N/A - N/A	<a href="#">PDF</a>

### Access a Form or Information

To access a particular form you can either click **the link** below the description or click **PDF** in the *Download* column.

If you do not have Adobe Acrobat Reader, there is a link to download the software available at the top of the screen.

## View Useful Resources

---

### Access the *Useful Resources* screen

#### Follow these steps to access the *Useful Resources* screen:

1. Click **HR Tools**.

2. Click **Links**.

**Result:** *Search for Subscriber* screen appears.

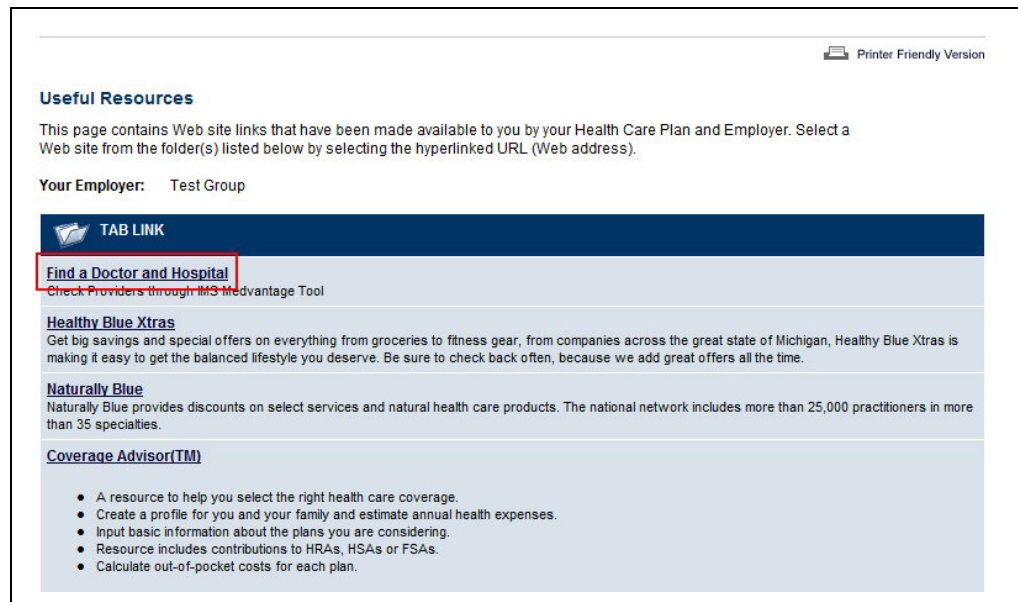
3. Key the subscriber's identification number or the contract number that appears on his or her ID card.

4. Click **Search**.

**Result:** *Search for Subscriber: Confirm Subscriber* screen appears.

5. If correct subscriber is listed, click **Correct**.

**Result:** The *Useful Resources* screen will appear.



## Run Transaction Report, *Continued*

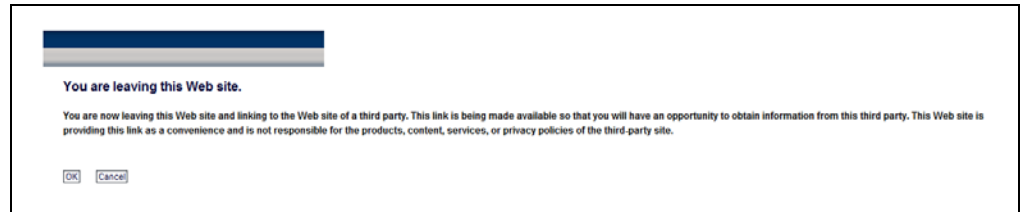
---

### Access a Link

Follow these steps to access a particular link on the list:

1. Locate the link you want to access.
2. Click **the link** above the description.

**Result:** A new window will open with a warning message indicating you are being leaving HCBO and being directed to the website of a third party.



3. Click **OK**.

If you want to return to HCBO after visiting the website, just close the new window that opened. HCBO was still running on a different window in the background.

**Note:** HCBO will automatically log out after 15 minutes of inactivity.



## Quick Reference Guide

### Overview

---

#### General Information

This unit will provide a quick reference to the following types of information:

- Situations that need to be submitted to BCBSM for processing
  - Common contract status codes
  - Foregin address formatting
  - Common dependent status codes
  - Processing information and guidelines
- 

#### Situations that need to be submitted to BCBSM

The following situations need to be submitted to BCBSM for processing:

- Updates to a contract with an **Inactive** status
  - Changes more than 60 days prior to the current date
  - Changes to the **Subscriber's** contract number
  - Changes to an **Original** Effective Date, Coverage Segment, or Member Segment
  - Changes involving a **prior** coverage line
  - Adding a permanently handicapped child or updating an existing child to handicapped status
  - Requesting ID cards for a court-ordered support child (QMCSO)
  - Requests to make Medicare Primary
- 

#### BCBSM Enrollment or Change Form

Refer to *Forms & Information* screen for to access the BCBSM Benefit Enrollment/Change Form. This form can be used to submit new enrollments and membership changes.

---

## Common Contract Statuses

---

### Benefit Status

The **Benefit Status** indicates whether the subscriber is an Active, COBRA or a Surviving Spouse.

In this case, an Active employee would be someone who is currently employed or someone who has retired from your company.

The following **Benefit Status** codes may be used, if applicable:

Status	Definition
Active	Active Retired employees <i>(if covered by your account)</i>
COBRA	Employees who have elected COBRA coverage
Surviving Insured	Surviving Spouse and/or children <i>(if covered by your account)</i>

---

### Employment Status

The **Employment Status** indicates whether the employee is covered in an Active or Retiree *section* of your group.

The following **Employment Status** codes may be used, if applicable:

Status	Definition
Full-time Active Employee	Active, surviving spouse and COBRA employees
Retiree	Eligible retiree <i>(if covered by your account)</i>

---

## Foreign Address Formats

---

### Canadian Address Follow these steps to add a **CANADIAN** address:

1. Key the subscriber's street address or P.O. Box in **Street Address 1**.
2. Key the subscriber's City, Province, and Postal Code in **Street Address 2**.
3. Key the subscriber's Country in **City**.
4. Select **Foreign** using the dropdown in **State**.
5. Key all zeroes in **ZIP+4**.
6. Key the subscriber's **Phone Number**, if available (not required).

### Sample Canadian Address

Street Address 1:	<input type="text" value="123 Fake Street"/>
Street Address 2:	<input type="text" value="FakeCity, Ontario, XXXXX"/>
City:	<input type="text" value="Canada"/>
State:	<input type="text" value="Foreign"/>
Zip+4:	<input type="text" value="00000"/> <input type="text" value="0000"/>
Phone Number:	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>

### Foregin Address

### Follow these steps to add a **FOREIGN** address:

1. Key the subscriber's street address or P.O. Box in **Street Address 1**.
  2. Key the subscriber's City and Postal Code in **Street Address 2**.
  3. Key the subscriber's Country in **City**.
  4. Select **Foreign** using the dropdown in **State**.
  5. Key all zeroes in **ZIP+4**.
- Key the subscriber's **Phone Number**, if available (not required).



## Common Dependent Statuses and Codes

---

### Birth Sequence Order

- The Birth Sequence Order field is used to link multiple birth dependents (twins, triplets, etc.).
- It helps claims to process correctly for members who have the same birthdate.
- A 1-digit code is assigned to each **SET** of multiple births.
- It can also be used for members with similar names or the same birth year.

#### Examples for completing the Birth Sequence Order field

Scenario	BSO code used
<u>First</u> <b>set</b> of multiple births (twins, triplets, etc.)	Select <b>1</b> for <u>each</u> twin, triplet, etc.
<u>Second</u> <b>set</b> of multiple births on a contract that already has a multiple birth occurrence	Select <b>2</b> for <u>each</u> twin, triplet, etc.
Members have similar names (the first <u>three</u> or more letters are identical)	Select <b>1</b> for <u>each</u> member with the similar name.
Members have the same birth year	Select <b>1</b> for <u>each</u> member with the same birth year.

## Common Dependent Statuses and Codes, *Continued*

### Dependent Relationships

The following dependent relationships may be used, if applicable:

Relationship	Definition
Spouse/Partner	Married Spouse  Common Law Spouse ( <i>opposite sex only if covered by your account</i> )*
*The states that recognize Common Law marriage are: Alabama, Colorado, Iowa, Kansas, Montana, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, and the District of Colombia	
Domestic Partner	Same and sometimes opposite sex partners that meet the eligibility requirements ( <i>if covered by your account</i> )
Child	All dependent children eligible to be on the subscriber's contract from birth to end of eligibility.  <b>Note:</b> Disabled dependent requests must be submitted to BCBSM for special handling.
Sponsored Dependent	Dependent over age 26, but under age 65, who meets current IRS eligibility requirements ( <i>if covered by your account</i> ).

### Student Status

The **Student Status** field is now available for reporting purposes only. BCBSM no longer uses it as a classification. If your group would like to distinguish between dependents who are attending college, and those who are not, use this field to indicate the difference.

If your group is **NOT** using this field for reporting purposes, you should always use **Not a student**.

If your group **IS** using this field for reporting purposed, follow these guidelines:

- Dependent is **not** attending college, use **Not a Student**.
- Dependent is attending college, use **Full time**.

## Processing Information and Guidelines

---

### Transactions that Generate an ID Card

The following HCBO updates automatically generate ID cards:

- Add Subscriber
- Contract Reinstatements
- Addition of a spouse to the contract
- Home Plan Code changes
- Subscriber name change

---

### Future Effective Dates

Records with a future effective date will not be available for viewing on HCBO until the effective date has been reached. However, the internal BCBSM system will include the information.

---

### Cancellation Dates

When cancelling a contract or dependent, it is important to use the correct date. HCBO goes up to, but does not include, the date in the Effective Date of Update field.

The date you want to enter is the first date the contract or dependent will no longer be covered.

**Example 1:** The last day of coverage is 5/20. You would enter 5/21.

**Example 2:** Coverage is to be cancelled at the end of February. You would enter 3/1.

**Example 3:** Coverage was added 10/1, but should never have been effective. You would enter 10/1.

---

## Processing Information and Guidelines, *Continued*

---

**Reinstate Contract** There are a few important things to know about reinstating contracts in HCBO:

- Reinstating a contract will reactivate coverage for the subscriber and all dependents who were active when the contract was cancelled.
- When reinstating coverage, you can also change the group/section, package, home plan and department number, if necessary.
- An ID card will automatically be issued.

There are a few things that cannot be done the same day you reinstate a contract. These will have to be processed the following day, once the contract is reactivated:

- Subscriber name, date of birth, or gender changes

**Note:** If a subscriber's name is changing, you will need to let him or her know that they will receive two sets of ID cards: one with the incorrect name (issued when the reinstate processed), and one with the correct name (issued when the name change processed).

- New dependent adds

---

**When multi-day processing is required**

When you are processing multiple changes on a contract, there are times not all of the changes can be completed the same day.

Most of the scenarios are driven by the fact HCBO sends separate transactions to change a subscriber's coverage and to change his or her personal information.

- Coverage Changes are started using the **Change Coverage/Product Type** button (top right).
- Subscriber Information changes are started using the **Change Subscriber Information** button.

Each button creates a separate transaction. HCBO will only accept one of these transactions each day for a particular contract.

If you need to change both the coverage and the subscriber's information, you will have to change one of them the first day, then do the other the next.

## Processing Information and Guidelines, *Continued*

### When multi-day processing is required, *Continued*

This can be seen by looking at the *Subscriber Overview* screen.

#### Subscriber Overview

The coverage information for subscriber 1XXXXXXXXX0000 is displayed below. Please click the appropriate button below to update the subscriber's information.

**Plan Name:** 710 - Michigan

**Identification Number:** 1XXXXXXXXX0000

**Auto Generated ID:** 9XXXXXXXXX0000

**Subscriber Name:** Fake Subscriber

**Benefit Status:** Active

CHANGE COVERAGE / PRODUCT TYPE

Coverage History				
Group	Section	Package	Effective Date	End Date
00007XXX(1XX2	1XX2	<a href="#">View Detail</a>	Oct 01, 2003	Present
0007XXX(1XX1	1XX1	<a href="#">View Detail</a>	Oct 01, 1993	Oct 01, 2003

**Primary Address** 123 Fake Street  
Fake City, MI 48000-0000

CHANGE SUBSCRIBER INFORMATION

The main scenarios affected by this limitation are:

- Changing a subscriber to Retiree coverage
- Reinstating a contract with COBRA.

Both of these situations require coverage and subscriber information changes. (See the *View/Update Subscriber* unit for specific processing instructions for these scenarios.)

Another example of when you might need to do this would be if a subscriber was being reinstated, but had also had a new address:

- Day 1: You would need to use the **Change Coverage/Product Type** button to reinstate the coverage.
- Day 2: You would use the **Change Subscriber Information** button to change the address.

#### Additional Scenarios that require multi-day processing:

- If a subscriber or dependent's name and birth date need to be changed, you will have to change these on separate days.
- If requesting an ID card and the address is changing, you will need to change the address first, then request the ID card the next day.



## HCBO HR Portal Contact List

Issue/Contact Area	Contact
On-line registration for HCBO training	<a href="http://bcbsm.com/group/hcbo_training_scheduler/hcbo_signup.shtml">http://bcbsm.com/group/hcbo_training_scheduler/hcbo_signup.shtml</a>
Request or Remove Website Access	Company's Principal Delegate Administrator Please note - it is imperative that access is removed for any former HR Representative.
BCBSM User ID and Password issues	Reference the on-line help tool at bcbsm.com Group Secured Logon  If problem cannot be resolved using the on-line help, contact the BCBSM Blue Web Help Desk - (877) BlueWeb (877-258-3932)
Auto/National & Corporate COB Membership Department: Refer to the Miscellaneous Information tab for additional situations. <ul style="list-style-type: none"><li>• Retroactivity or Updates over 60 days old</li><li>• Emergency Prescription Drug Updates</li><li>• QMSCO ID card requests</li></ul>	Auto/National & Corporate COB Membership Department Phone Number: 800-331-3646 Business hours for toll-free number: Monday – Friday: 8:30 am to 4:30 pm EST  Fax Numbers: 866-394-8200 Email Address: anm@bcbsm.com
HR Portal Customer Support and Information	Phone number: 313-448-5990  Business hours: Monday – Friday: 8:00 am to 4:00 pm EST
Submission of COB information to update COB Comment File	<ul style="list-style-type: none"><li>• Select the Coordination of Benefit from the HR Tools Menu (Access the Section in this manual to complete the update).</li><li>• Select the Member's Forms and Information link and download the paper COB form. Print the form.</li><li>• The most current address is listed on the bottom of the form that appears on the Forms and Information link on HCBO. The Fax number also appears on the bottom of the COB form.</li></ul>