



October 2009

# eMCS and HCBO Automated Solutions

## New eMVP system to begin replacing eMCS

As early as Oct. 23, you may notice a new screen when you log in to eMCS because we are introducing a new Web-based membership system called eMVP, also known as electronic Membership Viewing and Processing.

This new tool won't be available to you until your group's files are transferred to the Michigan Operating System, our new consolidated operating platform. We've been sharing information about this multiyear initiative with you in our *BluesMarketplace* and *Blues Advantage* publications.

This means we'll be operating two membership systems, eMVP and eMCS, until all group conversions are completed. Eventually, eMCS will go away for groups with Blue Cross Blue Shield of Michigan coverage.

To accommodate dual memberships systems:

- You will click on the *Membership & Eligibility (MCS)* link in *Agent Secured Services* or *Membership Collection System* link in *Group Secured Services*.
- You will go to a screen with a radio button for Blue Cross and another button for Blue Care Network.
- If you click on the Blue Cross radio button, you will see a new screen that asks you to select the appropriate system — eMCS or eMVP.

Please select eMCS until your group files are transferred. After we transfer your files to MOS, please select eMVP.

### How to determine if your group's files have been migrated

Forty-five to 60 days prior to the transfer of group files, we'll notify you of your group's new 13-digit group/division number (which is replacing the current eight-digit group/suffix number), along with other pertinent information about the conversion.

If you're still unsure of the group's status, simply enter the current eight-digit group/suffix number in the box under "Know Your Group Migration Status" found on the login screen. If the files have been transferred, you'll receive a message with the new group/division number. If the files have not, you'll receive a message stating "GROUP/DIVISION ID NOT FOUND."

You won't have to re-register for eMVP if you're already registered for eMCS. We'll automatically transition you to the new system.

After your group files are transferred, you'll still be able to use eMCS for a while to view historical data.

Welcome to the October 2009 issue of **Automated Solutions**, the newsletter for Blues groups who use the electronic Membership Collection System and Health Care Benefits Online. This newsletter gives easy instructions for managing group accounts and using the secured services feature of **bcbasm.com** and **MiBCN.com**.

**The following are our online tools for updating membership data:**

**eMCS:** Blue Cross and BCN local groups

**HCBO:** Blue Cross national groups

**eMVP:** Blue Cross local and national groups (Coming soon. See story in this issue.)

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The new login screen below may appear as early as Oct. 23, 2009.

Verify Group Migration - Microsoft Internet Explorer provided by Blue Cross Blue Shield of MI

https://gatewayqa5.bcbcm.com/http://egwvsaux1.bcbcm.com:6102/mosemvp/emvplnlogin.do

Verify Group Migration

Blue Cross Blue Shield Blue Care Network of Michigan

eMVP electronic Membership Viewing and Processing

Back to Secured Home User: EG900323

**Verify Group Migration - BCBSM**

Select the appropriate system

If you have Group/Division, Please click here

If you have Group/Suffix, Please click here

**eMVP** -OR- **eMCS**

eMVP Home

Know your Group migration status :

Group/Suffix\*

Submit Clear

\* All items marked with asterisks are required.

## MOS group transfer timeline

We're targeting the weekend of Oct. 31, 2009 to transfer our first set of group customers (about 80) to MOS. In September, we mailed notices to these groups and their agents notifying them of their transfer date, their new group/division numbers and additional information about the conversion. eMVP will be available to these group customers and their agents who are registered eMCS users as early as Nov. 7, 2009. We expect to complete the transfer of group business to MOS in 2011. We will notify all groups and their agents, if applicable, prior to the group's transfer to MOS.

## Why eMVP?

MOS will allow us to modernize and consolidate our systems to a single platform for enrolling members, managing benefits, paying claims, billing premiums and serving customers. eMVP offers a compatible interface to the MOS platform and the same functionality as eMCS, plus more. With a more user-friendly look and feel, eMVP has better navigation features and enhanced capabilities.

For example, updates take effect in real time. And the system alerts users to required fields, which will help prevent the submission of incomplete forms and reduce processing errors.

## eMVP tutorial

While the tool is intuitive, we'll offer an online tutorial and manual to registered users following the transfer to MOS.

Our goal is to ensure a smooth transition to the new system and we're confident you will like the enhancements and improved user experience. If you have questions, please call the eMCS help line at 866-676-4858.

## Blues' report highlights social mission activities

The driving motive behind Blue Cross Blue Shield of Michigan's social mission is a simple one. It's to make Michigan healthier by providing everyone with access to quality health care. That makes us unique among health insurance companies doing business here. We accept all Michiganders who apply for coverage, regardless of their medical history. We never drop anyone for health reasons. And, we take seriously our mission to improve access for Michigan residents while working to boost their health status.

You can read the *2008 Social Mission Report* to learn more about the Blue Cross mission and how it has helped make Michigan healthier. You can download it at [bcbsm.com/pdf/social\\_mission\\_report.pdf](http://bcbsm.com/pdf/social_mission_report.pdf).

Here are some highlights from the report:

- **We're helping increase access to health care for the uninsured** by subsidizing coverage for seniors and people transitioning from employer-sponsored coverage. We cover uninsured children by subsidizing the state's MICHild program and help the uninsured get the care they need by funding free health clinics across the state.
- **We're a national leader in health innovation and collaboration** through our award-winning Value Partnerships Program. In 2008, for example, we began to build our Patient-Centered Medical Home program, and it's now the nation's largest.
- **We're building healthy communities.** Our grants to schools support physical activity and nutrition programs for students and parents to reduce the prevalence of childhood obesity.
- **We're supporting community efforts to improve health and promote healthy lifestyles.** Blues employees play an important role in this effort. Last year, Blues employees volunteered more than 50,000 hours with nonprofit agencies and at events such as the 2008 Memory Walks.

## Bookmark home page for easy access to secured services

I AM A: **Member** **Agent** Group Provider

The **Group area** is for all plan administrators. [More](#)

**Group Secured Services**

User Name

Password

[Login Help](#) [Login](#)

**First-time User?** [Register](#)

[Learn about our Group Secured Services](#)

[More](#)

You must click on the *Group* or *Agent* tab to log in to the appropriate secured services area.

Our redesigned home page at [bcbsm.com](http://bcbsm.com) makes it easier for our customers to access *Group Secured Services*. If you have the old page bookmarked or in your "favorites" list, please update it with the new page.

**You can no longer log in to *Group Secured Services* with the old link. If you attempt to do so, you may receive the following error messages:** "Authentication Due to Incorrect Handler" or "HTP 404 Status."

This is an illustration of the current login area located at the top right-hand side of the [bcbsm.com](http://bcbsm.com) home page.

## HCBO processing time extended

The HCBO system is extending its processing time by one hour. It will now show any changes made up until 5 p.m. Eastern time on the previous day. HCBO will accept changes 24 hours a day, but only those made in the previous 24 hours (up until 5 p.m.) will show the next day (Monday through Saturday).

The eMCS process remains the same for making membership updates. The system shuts down completely after 7 p.m. daily, and updates are not possible again until 6 a.m. the following day. Changes you enter Monday through Friday will show in eMCS the next business day. Changes you enter on Saturday will show in eMCS the following Monday.

If you need assistance, please contact the following:

**HCBO help line:** 313-983-0924

**Blue Cross eMCS help line:** 866-676-4858

**BCN eMCS help line:** 800-970-6684 or  
emcsbcbninquiries@bcbsm.com

Secured services on **bcbsm.com:** 877-258-3932

## Resolve error in retroactive entries

If you enter an effective date that is beyond the allowed retroactive period, you will receive the following error message: "1573 Retroactive Date is Entered. Cannot Process."

You can resolve issues with retroactive entries through the following ways. The number of allowed retroactive days is also listed below.

### Adding or changing your group number, service code or Medicare dates

Example: On Dec. 1, 2009, you try to add a child's date of birth to a contract effective Sept. 15, 2009. You will receive the error message.

If you would like to make changes to a group number, service code or Medicare dates beyond your retroactive processing date, you must request a policy exception from your Blues sales representative or contracted agent. This includes new hires and rehires.

### Cancellations or member deletions

Example: On Dec. 1, 2009, you attempt to cancel a contract effective Sept. 18, 2009. Your normal processing allowance time is 60 calendar days. eMCS will allow you to cancel the contract only to Oct. 2, 2009 (60 calendar days from Dec. 1, 2009).

You should process the cancellation as far back as you are allowed (Oct. 2, 2009). Then, contact your sales representative or agent to request a policy exception to adjust the date to the date you need.

Rating entity	Contract cancellations and member deletions	New hires, rehires and member adds	Service code changes and group transfers
Area/Industry	30 calendar days	60 calendar days	30 calendar days
Experience Rating System (groups sized 50-99)	30 calendar days	60 calendar days	30 calendar days
ERS (100-plus)	60 calendar days	60 calendar days	60 calendar days
Administrative Services Contract	60 calendar days	60 calendar days	60 calendar days

For more information about retroactive processing times, contact your sales representative, agent or the eMCS help line at 866-676-4858.

## Blues offer plans for 19- and 25-year-old dependent transitions

The Blues will soon provide you with options for transitioning dependents who will reach age 19 or 25 before or on Dec. 31, 2009. To prepare your group, please review the guidelines below for changing a dependent's coverage.

The eligible dependent changes should be made effective January 2010, using your group's day digit. For more detailed instructions, please refer to your eMCS manual.

### Blue Cross dependent children continuation coverage

If your group has this rider and a 19-year-old dependent meets the eligibility requirements to remain on the subscriber's contract, no change is necessary.

### Blue Cross dependent family continuation coverage

If your group has this rider, you can change 19-year-old dependents to family continuation dependent status, as long as they meet eligibility requirements.

To change a dependent to family continuation coverage:

1. Click on *Modify Contract* from the eMCS menu.
2. Enter the contract number, group number and suffix number.
3. Click on *Continue*.
4. Click on *Modify* in the *Action* field before the dependent's name.
5. Change the relationship to *Family Continuation*.
6. Type the effective date of the change in the *Eff Date* field.
7. Click on *Submit*.

### Blue Cross sponsored dependent status

If your group has this rider, you can change 25-year-old dependents to sponsored dependent status, as long as they meet eligibility requirements.

To change a dependent to sponsored dependent coverage:

1. Click on *Modify Contract* in the eMCS menu.
2. Enter the contract number and group and suffix number.
3. Click on *Continue*.
4. Click on *Cancel* in the *Action* field to the left of the dependent's name.

5. Key in the effective date of the cancellation in the *Eff Date* field.
6. Click on *Add New*.
7. Key in the name of the cancelled dependent and select the *Sponsored Dependent* option from the drop-down menu.
8. Key in date of birth in the appropriate field.
9. Select *M* or *F* to indicate gender from the drop-down menu.
10. Type the date the change is effective in the *Eff Date* field. This date should be the same as the effective date of cancellation to ensure there is no lapse in coverage.
11. Click on *Submit*.

### Move a Blue Cross dependent to COBRA

To move a dependent who is 19 or 25 years old to COBRA:

1. Cancel the dependent. (Use steps 1-5 in the "sponsored dependent" section above.)
2. Use your group's billing day digit in January 2010 as the cancellation date.
3. Add the dependent following the "Add New Contract" steps in the eMCS training guide. Put a "6" in the ninth position of the service code to indicate the COBRA period of 36 months.

Please see your eMCS manual for more detailed instructions.

### BCN dependent cancellation

Please refer to your **BCN** manual located on the eMCS BCN home page.

- Use Dec. 31, 2009, as the effective date.
- Select a cancellation reason code and click on *Submit*.

### Move a 19- or 25-year-old BCN dependent to COBRA coverage

1. Cancel the dependent using the cancellation procedure found in your eMCS BCN manual.
2. Use Dec. 31, 2009, as the cancellation date.
3. Add the dependent, following the steps listed under *Add New Hire* in the manual.
4. Change the contract type to reflect COBRA by populating the COBRA indicator field with yes.

## Key HCBO portal contacts

Issue	Solution
Online registration for HCBO Self-Serve Scheduling Tool training	<ol style="list-style-type: none"> <li>1. Go to <b>bcbsm.com</b>.</li> <li>2. Click on <i>I Am A Group</i>.</li> <li>3. Click on <i>More</i>.</li> <li>4. On the left, under <i>Group Services</i>, click on <i>Training</i>.</li> <li>5. Scroll to second section, <i>Learn how to use the HCBO Membership Tool</i>.</li> <li>6. Click on <i>HCBO Training</i>.</li> <li>7. Complete the registration form.</li> </ol>
Request or remove user's secured services access	<p>Performed by group's company administrator. (See above article: <i>Cancel former employee's access to Secured Services</i>.)</p> <p>Please note: It is imperative to remove access for any former Human Resources personnel.</p>
Problems with Blue Cross user ID or password	<ol style="list-style-type: none"> <li>1. Go to <b>bcbsm.com</b>.</li> <li>2. Click on <i>I Am A Group</i>.</li> <li>3. Click on <i>Login Help</i> listed under <i>Group Secured Services</i>.</li> </ol> <p>If your problem cannot be resolved using the online help tools, contact our help desk at 877-258-3932.</p>
Auto/National and Corporate Coordination of Benefits membership.	<p>Call Auto/National and Corporate COB Membership Department at 800-331-3646.</p> <p>Business hours: Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern time</p> <p>Fax number: 866-394-8200</p> <p><b>Note:</b> Refer to the <i>Miscellaneous Information</i> tab to address additional concerns, such as:</p> <ul style="list-style-type: none"> <li>• Retroactivity or updates more than 60 days old</li> <li>• Emergency prescription drug updates</li> <li>• QMCSO ID card requests</li> </ul>
HCBO help line	<p>Call the help desk at 313-983-0924.</p> <p>Business hours: Monday through Friday, 8 a.m. to 4 p.m. Eastern time</p>
Submission of COB information to update COB Comment File	<ul style="list-style-type: none"> <li>• Select <i>Coordination of Benefits</i> from the HR Tools Menu (Access the Coordination of Benefits section in the HCBO manual to complete the update).</li> <li>• Click on <i>Forms and Information</i> and download the COB form.</li> <li>• Print the form.</li> <li>• Mail or fax the completed form to: Auto/National and Corporate COB Membership Department — Mail Code B340 Blue Cross Blue Shield of Michigan 600 E. Lafayette Blvd. Detroit, MI 48226-2998 Fax: 866-581-3946</li> </ul>

## Let us support you

HCBO specialists are available to assist national groups at 313-983-0924. You can fax membership documentation to an HCBO specialist at 313-225-0115. Indicate "HCBO" on the cover page.

Our local eMCS customers should continue to call 866-676-4858 for assistance with membership updates or other account-related issues.



## The Blues make a healthier Michigan its mission

Because we believe in a healthier, stronger Michigan, making access to health care easy and affordable has been our mission for more than 70 years. We support community-based initiatives and partner with doctors and hospitals to improve health outcomes and reduce costs.

Visit [bcbsm.com/home/commitment](http://bcbsm.com/home/commitment) to learn more about our social mission initiatives.

## Other important telephone numbers

### Blue Choice®

For claim inquiries, call Blue Choice Customer Service toll-free at 800-645-2583. In area code 616, call Blue Choice Customer Service toll-free at 800-972-8344.

For membership and billing questions, call Group Billing at 800-414-3458.

### Blue Care Network

To reach the BCN customer help line, call 800-970-6684.

For help with eMCS, call 800-970-6684. If you can't process updates through eMCS, please fax the information to 877-218-1466 or 248-799-6327.

### Automated Solutions

If you have any comments or suggestions for *Automated Solutions*, please call our eMCS help line at 866-676-4858.

*Thank you for choosing Michigan's most trusted name in health care, Blue Cross Blue Shield of Michigan, and Blue Care Network.*



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