The BCBSM / HCBO Web Site

Overview

Website Availability

The Health Care Benefits Online (HCBO) Web site for HR Representative is accessed using 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

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.

Employer Portal

HCBO offers an Employer Portal (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.
The HCBO Website

<table>
<thead>
<tr>
<th>HR Rep Features</th>
<th>HCBO – HR Reps Features</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• View Claim Status</td>
</tr>
<tr>
<td></td>
<td>• View Coverage</td>
</tr>
<tr>
<td></td>
<td>• Request ID Cards</td>
</tr>
<tr>
<td></td>
<td>• View, Add and Update Subscriber Information</td>
</tr>
<tr>
<td></td>
<td>• View, Add and Update Dependent Information</td>
</tr>
<tr>
<td></td>
<td>• View Coordination of Benefit Information</td>
</tr>
<tr>
<td></td>
<td>• Provider Directory Searches</td>
</tr>
<tr>
<td></td>
<td>• Transaction Reports</td>
</tr>
<tr>
<td></td>
<td>• Member’s Forms and Information</td>
</tr>
<tr>
<td></td>
<td>• Links</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCBO Access Requirements</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Section numbers</td>
</tr>
<tr>
<td></td>
<td>• Department numbers</td>
</tr>
<tr>
<td></td>
<td>• Function</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>• Contract Maintenance (update capabilities)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Eligibility Verification (view only capabilities)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Why am I going to the Group Secured Services Portal?</th>
<th>You will need to access the Group Secured Services portal in order to access the Health Care Benefits Online tool.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do I get access?</td>
<td>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.</td>
</tr>
</tbody>
</table>

Log in to Group Secured Services

Follow the steps below to log in to the system:

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*

The *Group Secured Services* screen will appear.
Log in to the Group Secured Services Portal, *Continued*

**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).
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.

Follow this step to access HCBO: Click Health Care Benefits Online.
Log in to HCBO Using the Group Secured Services Portal, Continued

The HCBO home page will appear.

Human Resources Tools

You are now logged in with HCBO's Company Admin privileges. If you did not intend to log in as an HCBO 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 Cards 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 update the member's subscriber information.**

- **View Update Subscriber**

- **View Update Dependent**

- **Add 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 Edits

- Use the contract number given to you by a member to search and view Edits.

View/Update Contributions of Benefits (COB) Information

- Use the contract number given to you by a member to update their other insurance (COB) information.
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.

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

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.

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.
Navigate the HCBO Home Page, *Continued*

**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.

**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

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.

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*

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

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.
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

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](image)

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](image)

Either way, the contract is not yet in your group.
Search for a Subscriber, *Continued*

**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.

These contract require special handling. Please refer to the *Contacts* section for the Help Desk number.
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.
# Add A New Contract

## Add a New Contract

<table>
<thead>
<tr>
<th>General Information</th>
<th>New contracts are added to HCBO for the following scenarios:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Newly hired employees</td>
</tr>
<tr>
<td></td>
<td>• Surviving Spouse (for groups who offers this coverage)</td>
</tr>
<tr>
<td></td>
<td>• Dependent COBRA contracts</td>
</tr>
</tbody>
</table>

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

## 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: [Dropdown]

Group: [Dropdown]

Package: [Dropdown]

Home Plan Code: [Field]

Department Number: [Field]

First Name: [Field]

Middle Initial: [Field]

Last Name: [Field]

Gender: Male or Female

Social Security Number: [Field]

Date of Birth: Month, Day

Hiring Date: Month, Day

Benefit Status: [Dropdown]

Employment Status: [Dropdown]

Medicare: No Medicare or Medicare HI: [Field]

Effective Date of Contract: Month, Day, Year

Street Address 1: [Field]

Street Address 2: [Field]

City: [Field]

State: [Dropdown]

Zip+4: [Field]

Phone Number: [Field]

SAVE & CONTINUE

CANCEL

Your User ID: [Field]
```
Add Subscriber 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.

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.
Add Subscriber Information, Continued

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

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

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.

<table>
<thead>
<tr>
<th>Benefit Status:</th>
<th>Employment Status:</th>
</tr>
</thead>
</table>

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.

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)
Add Medicare Information, *Continued*

<table>
<thead>
<tr>
<th>Add Medicare Information, <em>Continued</em></th>
<th>Follow these steps to add Medicare information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Select the appropriate <strong>Medicare</strong> parts using the drop down.</td>
<td></td>
</tr>
<tr>
<td>2. Select the subscriber’s <strong>Medicare A Effective Date</strong>, <em>if applicable</em> (key the 4-digit year).</td>
<td></td>
</tr>
<tr>
<td>3. Select the subscriber’s <strong>Medicare A End Date</strong>, <em>if applicable</em> (key the 4-digit year).</td>
<td></td>
</tr>
<tr>
<td>4. Select the subscriber’s <strong>Medicare B Effective Date</strong>, <em>if applicable</em> (key the 4-digit year).</td>
<td></td>
</tr>
<tr>
<td>5. Select the subscriber’s <strong>Medicare B End Date</strong>, <em>if applicable</em> (key the 4-digit year).</td>
<td></td>
</tr>
<tr>
<td>6. Select the subscriber’s <strong>Medicare D Effective Date</strong>, <em>if applicable</em> (key the 4-digit year).</td>
<td></td>
</tr>
<tr>
<td>7. Select the subscriber’s <strong>Medicare D End Date</strong>, <em>if applicable</em> (key the 4-digit year).</td>
<td></td>
</tr>
<tr>
<td>8. Key the <strong>Medicare HIB #</strong> (9-digit number followed by an alpha character that is found on his or her Medicare card)</td>
<td></td>
</tr>
</tbody>
</table>
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/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.

![Medicare HIB #](image)

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

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

![Sample Canadian Address Form]

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.

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**

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

![Add Dependents Screen](image-url)
Add Dependent Information, Continued

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.

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*

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.
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

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.

<table>
<thead>
<tr>
<th>Split Benefit Type:</th>
</tr>
</thead>
</table>
| Split Benefit Effective Date: | Month  
| Day  
| Split Benefit Cancel Date: | Month  
| Day |

**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 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. (Reselecting No will remove the additional fields)

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*

**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*.
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.

Follow this step to save your work: Click Save Contract.
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 New Dependent
# Add A New Dependent

## 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 New Dependent  

---

PHI FREE
The Add Dependents screen will appear.

![Add Dependent Screen](image)

Access the Add Dependents Screen, Continued
Add a Dependent, *Continued*

**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.

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

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.
Add a Dependent, **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.
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.

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)
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.

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)

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*

**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.

<table>
<thead>
<tr>
<th>Update Type:</th>
<th>Addition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date of Update:</td>
<td>Month ▼ Day ▼ Year ▼</td>
</tr>
</tbody>
</table>

**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 and Update Subscriber 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/Update Subscriber
Access the Subscriber Overview screen, Continued

The **Subscriber Overview** screen will appear.

---

### Subscriber Overview

The coverage information for subscriber **1234567890** is displayed below. Please click the appropriate button below to update the subscriber’s information.

- **Plan Name:** 710 - Michigan
- **Identification Number:** 1234567890
- **Auto Generated ID:** 0000000000
- **Subscriber Name:** John Doe
- **Benefit Status:** Active

---

### Coverage History

<table>
<thead>
<tr>
<th>Group</th>
<th>Section</th>
<th>Package</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Details]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Details]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Details]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Primary Address

123 Fake Street
Fake City, WA 98000-0001

---

### Dependents

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Sex</th>
<th>Assoc w/ Primary Address?</th>
<th>Effective Date</th>
<th>Cancel Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fake Spouse</td>
<td>Spouse/Partner</td>
<td>F</td>
<td>Y</td>
<td>Jul 01, 2000</td>
<td>Present</td>
</tr>
<tr>
<td>Dependent 1</td>
<td>Child</td>
<td>F</td>
<td>Y</td>
<td>Nov 01, 2000</td>
<td>Mar 01, 2010</td>
</tr>
<tr>
<td>Dependent 2</td>
<td>Child</td>
<td>F</td>
<td>Y</td>
<td>May 11, 2010</td>
<td>Present</td>
</tr>
<tr>
<td>Dependent 3</td>
<td>Child</td>
<td>F</td>
<td>Y</td>
<td>Jul 04, 2008</td>
<td>Present</td>
</tr>
</tbody>
</table>
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

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.
Update Coverage for a Contract

Start Coverage Change

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

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

Update Coverage

The Update Subscriber screen will appear.
Update Coverage for a Contract, 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

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 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.

<table>
<thead>
<tr>
<th>Cancel Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section will focus on the <strong>Cancellation or Termination</strong> option in the <strong>Update Type</strong> drop down.</td>
</tr>
<tr>
<td>There are a few important things to know about cancelling contracts in HCBO:</td>
</tr>
<tr>
<td>• Cancelling a contract will cancel coverage for the subscriber and all active dependents.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td><strong>Example 1:</strong> Coverage is to be cancelled on the last day of employment, which is 5/20. You would enter 5/21.</td>
</tr>
<tr>
<td><strong>Example 2:</strong> Coverage is to be cancelled at the end of February. You would enter 3/1.</td>
</tr>
<tr>
<td><strong>Example 3:</strong> Contract was added 10/1, but should never have been effective. You would enter 10/1.</td>
</tr>
</tbody>
</table>
## 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

<table>
<thead>
<tr>
<th>Start a Reinstatement</th>
<th>Reinstate a Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinstating a contract is also started by clicking the button in the coverage information section.</td>
<td>This section will focus on the Reinstatement option in the Update Type drop down.</td>
</tr>
</tbody>
</table>

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

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

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

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

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

Follow this step to start a subscriber’s information: Click Change Subscriber Information.
The *Update Subscriber* screen will appear.

![Update Subscriber Screen](image)

**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.

- **Plan Name:** 710 - Michigan
- **Identification Number:** 1000000000
- **Auto Generated ID:** 000000000000
- **Subscriber Name:** Medicare Subscriber
- **Coverage Period:** May 01, 2010 - Present

**First Name:** Medicare

**Middle Initial:**

**Last Name:** Subscriber

**Gender:** Male

**Social Security Number:** 1000000000

**Date of Birth:** November 16, 1935

**Hiring Date:** October 01, 1993

**Benefit Status:** Consolidated Omnibus Budget Reconciliation Act (COBRA)

**Employment Status:** Full-time Active Employee

**Medicare:** Medicare Part A

**Medicare A Effective Date:** November 01, 2009

**Medicare A End Date:** Month Day

**Medicare HB #:** 100000000

**Street Address 1:** 111 Fake Avenue

**City:** Fake City

**State:** Michigan

**Zip 4:** 40000 0000

**Phone Number:**

**Effective Date of Update:**

**Your User ID:** testuser
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.

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Initial:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Subscriber</td>
</tr>
<tr>
<td>Gender:</td>
<td>Male (default)</td>
</tr>
<tr>
<td>Social Security Number:</td>
<td>1234567890</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>November 16, 1935</td>
</tr>
<tr>
<td>Hiring Date:</td>
<td>October 01, 1993</td>
</tr>
</tbody>
</table>

**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.
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.

<table>
<thead>
<tr>
<th>Benefit Status</th>
<th>Consolidated Omnibus Budget Reconciliation Act (COBRA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status</td>
<td>Full-time Active Employee</td>
</tr>
</tbody>
</table>

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.

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.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address 1:</td>
<td>111 Fake Avenue</td>
</tr>
<tr>
<td>Street Address 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Fake City</td>
</tr>
<tr>
<td>State:</td>
<td>Michigan</td>
</tr>
<tr>
<td>Zip+4:</td>
<td>40000 0000</td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>

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

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.

<table>
<thead>
<tr>
<th>Effective Date of Update:</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

**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 100000000000 is displayed below. Please click the appropriate button below to update the subscriber’s information.

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.

**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.

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.

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.
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.

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.

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

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.

<table>
<thead>
<tr>
<th>Benefit Status:</th>
<th>Consolidated Omnibus Budget Reconciliation Act (COBRA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status:</td>
<td>Full-time Active Employee</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Why do I need to add FSA goal dollars?</th>
<th>If your group offers a Flexible Spending Account (FSA) product with Health Equity, you will need to add goal dollars for the contracts.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This will need to be done for the following scenarios:</strong></td>
<td><strong>Note:</strong> 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.</td>
</tr>
<tr>
<td>- Adding a <strong>new</strong> contract with an FSA group/section and package</td>
<td><strong>Important:</strong></td>
</tr>
<tr>
<td>- Changing an <strong>existing</strong> contract to an FSA group/section and package</td>
<td>- 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.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> 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.</td>
</tr>
<tr>
<td></td>
<td>- The goal amounts are not added in HCBO. This is done using the CDH Financial Information link on the Group Secured Services portal.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When will they receive their debit cards</th>
<th>The FSA debit cards will not be issued until <strong>both</strong> of these occur:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- FSA product is added using HCBO.</td>
</tr>
<tr>
<td></td>
<td>- Goal dollars are added using the CDH Financial Information link.</td>
</tr>
<tr>
<td></td>
<td>Once both of the above occur, the process is as follows:</td>
</tr>
<tr>
<td></td>
<td>- BCBSM will send the file to Health Equity.</td>
</tr>
<tr>
<td></td>
<td>- Health Equity will send the file to their debit card vendor within two business day.</td>
</tr>
<tr>
<td></td>
<td>- The debit card vendor will issue the cards in 3-5 business days.</td>
</tr>
<tr>
<td></td>
<td>- Standard mailing time is 5-10 business days.</td>
</tr>
</tbody>
</table>
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.

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)
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 and Update Dependent Information**

<table>
<thead>
<tr>
<th>General Information</th>
<th>The View/Update Dependent option on HR Tools will be used for the following functions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Viewing dependent information</td>
</tr>
<tr>
<td></td>
<td>• Updating dependent information, including Medicare, split benefits and QMCSO</td>
</tr>
<tr>
<td></td>
<td>• Canceling a dependent</td>
</tr>
<tr>
<td></td>
<td>• Reinstating a dependent</td>
</tr>
</tbody>
</table>

**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**.
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.

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Name</th>
<th>Relationship</th>
<th>Sex</th>
<th>Assoc. w/Primary Address?</th>
<th>Effective Date</th>
<th>Cancel Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fake Spouse</td>
<td>Spouse/Partner</td>
<td>F</td>
<td>Y</td>
<td>Jul 01, 2006</td>
<td>Present</td>
<td></td>
</tr>
<tr>
<td>Dependent 1</td>
<td>Child</td>
<td>F</td>
<td>Y</td>
<td>Nov 01, 2000</td>
<td>May 01, 2010</td>
<td></td>
</tr>
<tr>
<td>Dependent 2</td>
<td>Child</td>
<td>F</td>
<td>Y</td>
<td>May 11, 2010</td>
<td>Present</td>
<td></td>
</tr>
<tr>
<td>Dependent 3</td>
<td>Child</td>
<td>F</td>
<td>Y</td>
<td>Jul 04, 2009</td>
<td>Present</td>
<td></td>
</tr>
</tbody>
</table>

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.
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.

<table>
<thead>
<tr>
<th>Dependent</th>
<th>Relationship</th>
<th>Sex</th>
<th>Assoc. with Primary Address</th>
<th>Effective Date</th>
<th>Cancel Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent 1</td>
<td>Child</td>
<td>F</td>
<td>Y</td>
<td>Jul 01, 2008</td>
<td>Present</td>
</tr>
<tr>
<td>Dependent 2</td>
<td>Child</td>
<td>F</td>
<td>Y</td>
<td>May 11, 2010</td>
<td>Present</td>
</tr>
<tr>
<td>Dependent 3</td>
<td>Child</td>
<td>F</td>
<td>Y</td>
<td>Jul 04, 2008</td>
<td>Present</td>
</tr>
</tbody>
</table>

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

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

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 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).
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*

| Birth Sequence Order (multiple births only): |  
| Relation: | Child |  
| Student Status: | 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.
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.

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)
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.
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).

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

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. (Reselecting No will remove the additional fields)

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+4 (there is space for the +4, but they are not required)
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.

<table>
<thead>
<tr>
<th>Update Type:</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date of Update:</td>
<td>Month</td>
</tr>
</tbody>
</table>

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.

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.

<table>
<thead>
<tr>
<th>Update Type:</th>
<th>Cancellation or Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date of Update:</td>
<td>Month ▼ Day ▼ Year ▼</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Update Type:</th>
<th>Reinstatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date of Update:</td>
<td>Month ▼ Day ▼ Year ▼</td>
</tr>
</tbody>
</table>

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
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.
The Request ID Card screen will appear.

### Request ID Card

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**.

**Contract Holder Address**

123 Fake Street  
Fake City, MI 48000

If this address is incorrect, please contact the Customer Service phone number listed on your ID card for further assistance.

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fake Dependent</td>
</tr>
<tr>
<td>☐ Fake Subscriber</td>
</tr>
<tr>
<td>☐ Fake Spouse</td>
</tr>
</tbody>
</table>

[Submit] [Cancel]

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

Follow these steps to request an ID card:
1. Click the box next to the subscriber’s name.
2. Click Submit.

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

**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.
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.
Access the Coverage screen, Continued

The Coverage screen will appear.

![Coverage Screen]

**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Coverage Period</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision</th>
<th>Hearing</th>
<th>Prescription</th>
<th>Funded Accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fake Subscriber</td>
<td>Oct 1, 2003-Present</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Fake Spouse</td>
<td>Oct 1, 2003-Present</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Fake Dependent</td>
<td>Oct 1, 2003-Present</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Coverage Period</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision</th>
<th>Hearing</th>
<th>Prescription</th>
<th>Funded Accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>False Subscriber</td>
<td>Jan 1, 2007-Present</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medicare A</td>
<td>Jun 1, 2006-Present</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Click here for more information on Medicare.</td>
</tr>
<tr>
<td>Medicare B</td>
<td>Jun 1, 2006-Present</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Click here for more information on Medicare.</td>
</tr>
<tr>
<td>False Spouse</td>
<td>Jan 1, 2007-Present</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medicare A</td>
<td>Feb 29, 2000-Present</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Click here for more information on Medicare.</td>
</tr>
<tr>
<td>Medicare B</td>
<td>Feb 29, 2000-Present</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Click here for more information on Medicare.</td>
</tr>
</tbody>
</table>

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 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.
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.

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

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

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)

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

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
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).

<table>
<thead>
<tr>
<th>Claim Line Number</th>
<th>Provider Name</th>
<th>First Date of Service</th>
<th>Last Date of Service</th>
<th>Service Type</th>
<th>Amount Charged</th>
<th>Allowed Amount</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>0010</td>
<td>Fake Hospital</td>
<td>Aug 20, 2020</td>
<td>Aug 31, 2020</td>
<td>Facility</td>
<td>$5,000.00</td>
<td>$2,500.00</td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

**YOUR RESPONSIBILITY**

<table>
<thead>
<tr>
<th>Deductible for this Service</th>
<th>Co-Insurance</th>
<th>Co-Pay</th>
<th>Amount You May Owe</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$100.00</td>
<td>$5.00</td>
<td>$105.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Claim Line Number</th>
<th>Provider Name</th>
<th>First Date of Service</th>
<th>Last Date of Service</th>
<th>Service Type</th>
<th>Amount Charged</th>
<th>Allowed Amount</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>0020</td>
<td>Fake Hospital</td>
<td>Aug 20, 2020</td>
<td>Aug 31, 2020</td>
<td>Facility</td>
<td>$3,000.00</td>
<td>$3,000.00</td>
<td>$3,000.00</td>
</tr>
</tbody>
</table>

**YOUR RESPONSIBILITY**

<table>
<thead>
<tr>
<th>Deductible for this Service</th>
<th>Co-Insurance</th>
<th>Co-Pay</th>
<th>Amount You May Owe</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$100.00</td>
<td>$5.00</td>
<td>$105.00</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Claim Line Number</th>
<th>Provider Name</th>
<th>First Date of Service</th>
<th>Last Date of Service</th>
<th>Service Type</th>
<th>Amount Charged</th>
<th>Allowed Amount</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>0010</td>
<td>False Hospital</td>
<td>Aug 25, 2019</td>
<td>Aug 31, 2019</td>
<td>Facility</td>
<td>$5,900.00</td>
<td>$2,490.00</td>
<td>$2,490.00</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>YOUR RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible for this Service</td>
</tr>
<tr>
<td>$25.69</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Explanation of What Was Not Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodations</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Explanation of What Was Not Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Need Service</td>
<td>This Service Is A Component Of Another Procedure And Is Not Separately Remunerable. The Endfee Should Not Be Billed For This Procedure.</td>
</tr>
</tbody>
</table>
Adding it all up  The sample claim we’ve been looking at had two lines, each with a co-insurance amount.

<table>
<thead>
<tr>
<th>Claim Line Number</th>
<th>Provider Name</th>
<th>First Date of Service</th>
<th>Last Date of Service</th>
<th>Service Type</th>
<th>Amount Charged</th>
<th>Allowed Amount</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1</td>
<td>Fake Hospital</td>
<td>Aug 29, 2009</td>
<td>Aug 31, 2009</td>
<td>Facility</td>
<td>$6,900</td>
<td>$2,900</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

**YOUR RESPONSIBILITY**

<table>
<thead>
<tr>
<th>Deductible for this Service</th>
<th>Co-Insurance</th>
<th>Co-Pay</th>
<th>Amount You May Owe</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$100.00</td>
<td>$0.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**Description of Service:** Recommendations

**Explanation of What Was Not Paid:**

<table>
<thead>
<tr>
<th>Claim Line Number</th>
<th>Provider Name</th>
<th>First Date of Service</th>
<th>Last Date of Service</th>
<th>Service Type</th>
<th>Amount Charged</th>
<th>Allowed Amount</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>L2</td>
<td>Fake Hospital</td>
<td>Aug 29, 2009</td>
<td>Aug 31, 2009</td>
<td>Facility</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$2,600</td>
</tr>
</tbody>
</table>

**YOUR RESPONSIBILITY**

<table>
<thead>
<tr>
<th>Deductible for this Service</th>
<th>Co-Insurance</th>
<th>Co-Pay</th>
<th>Amount You May Owe</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$400.00</td>
<td>$0.00</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

**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.

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:

---

**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 920183970090 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]

We Respect Your Privacy

HealthCare 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:

![Coordination of Benefits](image)

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

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.

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

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Relationship to Subscriber</th>
<th>Date of Birth</th>
<th>Other Group Health Plan or Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent 1</td>
<td>Male Dependent</td>
<td>Nov 1, 1990</td>
<td>Coverage found with BG Ins Of Michigan</td>
</tr>
<tr>
<td>Dependent 2</td>
<td>Female Dependent</td>
<td>Jun 19, 1999</td>
<td>Coverage found with BG Ins Of Michigan</td>
</tr>
<tr>
<td>Dependent 3</td>
<td>Male Dependent</td>
<td>Mar 28, 1989</td>
<td>Coverage found with BG Ins Of Michigan</td>
</tr>
<tr>
<td>Fake Spouse</td>
<td>Female Spouse</td>
<td>Apr 23, 1849</td>
<td>Coverage found with BG Ins Of Michigan</td>
</tr>
<tr>
<td>Dependent 4</td>
<td>Female Dependent</td>
<td>Jun 25, 1992</td>
<td>Coverage found with BG Ins Of Michigan</td>
</tr>
<tr>
<td>Fake Subscriber</td>
<td>Male Subscriber</td>
<td>Jan 15, 1545</td>
<td>Coverage found with BG Ins Of Michigan</td>
</tr>
</tbody>
</table>
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.
Another update you can make is to cancel the COB information for one or more members.

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.

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 it 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 Form](image)
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
- [ ] Dependant 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.
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**.
## Overview

<table>
<thead>
<tr>
<th>General Information</th>
<th>This unit will cover some additional functions available in HCBO:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Running transaction reports</td>
</tr>
<tr>
<td></td>
<td>• Viewing the <em>Forms &amp; Information</em> screen.</td>
</tr>
<tr>
<td></td>
<td>• Viewing the <em>Useful Resources</em> screen.</td>
</tr>
</tbody>
</table>

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.


---

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

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.

[SEARCH]  [CANCEL]

### Transaction Report Results – Display Records

**Transaction Report Results**

11 items found, displaying all items.

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>User ID</th>
<th>Transaction Type</th>
<th>Account</th>
<th>Group</th>
<th>Subscriber #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 08, 2014 09:41</td>
<td>testhr1</td>
<td>Add Contract</td>
<td>0003730002011301</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
<tr>
<td>Jan 08, 2014 09:53</td>
<td>testhr1</td>
<td>Update Contract</td>
<td>0003730002011301</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
<tr>
<td>Jan 08, 2014 09:59</td>
<td>testhr1</td>
<td>Update Contract</td>
<td>0003730002011302</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
<tr>
<td>Jan 08, 2014 10:03</td>
<td>testhr1</td>
<td>Remind Contract</td>
<td>0003730002011301</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
<tr>
<td>Jan 08, 2014 10:07</td>
<td>testhr1</td>
<td>Terminate Contract</td>
<td>0003730002011303</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
<tr>
<td>Jan 08, 2014 10:12</td>
<td>testhr1</td>
<td>Update Contract</td>
<td>0003730002011301</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
<tr>
<td>Jan 08, 2014 10:13</td>
<td>testhr1</td>
<td>Update Contract</td>
<td>0003730002011303</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
<tr>
<td>Jan 08, 2014 10:14</td>
<td>testhr1</td>
<td>Update Contract</td>
<td>0003730002011303</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
<tr>
<td>Jan 14, 2014 12:41</td>
<td>testhr1</td>
<td>Add Contract</td>
<td>0003730002011301</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
<tr>
<td>Jan 14, 2014 14:07</td>
<td>testhr1</td>
<td>Terminate Contract</td>
<td>0003730002011303</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
<tr>
<td>Feb 13, 2014 13:43</td>
<td>testhr1</td>
<td>Add Contract</td>
<td>0003730002011301</td>
<td>Test Group</td>
<td>1000000008000</td>
</tr>
</tbody>
</table>

**Export options:**  [Excel]  [XML]  [CSV]
### 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
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.

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.
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.
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
• Foreign 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:

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Active</td>
</tr>
<tr>
<td></td>
<td>Retired employees (<em>if covered by your account</em>)</td>
</tr>
<tr>
<td>COBRA</td>
<td>Employees who have elected COBRA coverage</td>
</tr>
<tr>
<td>Surviving Insured</td>
<td>Surviving Spouse and/or children (<em>if covered by your account</em>)</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time Active Employee</td>
<td>Active, surviving spouse and COBRA employees</td>
</tr>
<tr>
<td>Retiree</td>
<td>Eligible retiree (<em>if covered by your account</em>)</td>
</tr>
</tbody>
</table>
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**

![Sample Canadian Address](image)

**Foreign 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**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>BSO code used</th>
</tr>
</thead>
<tbody>
<tr>
<td>First set of multiple births (twins, triplets, etc.)</td>
<td>Select 1 for each twin, triplet, etc.</td>
</tr>
<tr>
<td>Second set of multiple births on a contract that already has a multiple birth occurrence</td>
<td>Select 2 for each twin, triplet, etc.</td>
</tr>
<tr>
<td>Members have similar names (the first three or more letters are identical)</td>
<td>Select 1 for each member with the similar name.</td>
</tr>
<tr>
<td>Members have the same birth year</td>
<td>Select 1 for each member with the same birth year.</td>
</tr>
</tbody>
</table>
Common Dependent Statuses and Codes, *Continued*

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/Partner</td>
<td>Married Spouse</td>
</tr>
<tr>
<td></td>
<td>Common Law Spouse (<em>opposite sex only if covered by your account</em>)</td>
</tr>
<tr>
<td></td>
<td>*The states that recognize Common Law marriage are: Alabama, Colorado, Iowa,</td>
</tr>
<tr>
<td></td>
<td>Kansas, Montana, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas,</td>
</tr>
<tr>
<td></td>
<td>Utah, and the District of Colombia</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>Same and sometimes opposite sex partners that meet the eligibility requirements (<em>if covered by your account</em>)</td>
</tr>
<tr>
<td>Child</td>
<td>All dependent children eligible to be on the subscriber’s contract from birth to end of eligibility.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> Disabled dependent requests must be submitted to BCBSM for special handling.</td>
</tr>
<tr>
<td>Sponsored Dependent</td>
<td>Dependent over age 26, but under age 65, who meets current IRS eligibility requirements (<em>if covered by your account</em>).</td>
</tr>
</tbody>
</table>

**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 **IS** using this field for reporting purposes, follow these guidelines:

- Dependent is **not** attending college, use **Not a Student**.
- Dependent is attending college, use **Full time**.
# Processing Information and Guidelines

<table>
<thead>
<tr>
<th>Transactions that Generate an ID Card</th>
<th>The following HCBO updates automatically generate ID cards:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Add Subscriber</td>
</tr>
<tr>
<td></td>
<td>• Contract Reinstatements</td>
</tr>
<tr>
<td></td>
<td>• Addition of a spouse to the contract</td>
</tr>
<tr>
<td></td>
<td>• Home Plan Code changes</td>
</tr>
<tr>
<td></td>
<td>• Subscriber name change</td>
</tr>
</tbody>
</table>

| 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. |

<table>
<thead>
<tr>
<th>Cancellation Dates</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The date you want to enter is the first date the contract or dependent will no longer be covered.</td>
</tr>
<tr>
<td>Example 1:</td>
<td>The last day of coverage is 5/20. You would enter 5/21.</td>
</tr>
<tr>
<td>Example 2:</td>
<td>Coverage is to be cancelled at the end of February. You would enter 3/1.</td>
</tr>
<tr>
<td>Example 3:</td>
<td>Coverage was added 10/1, but should never have been effective. You would enter 10/1.</td>
</tr>
</tbody>
</table>
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.
This can be seen by looking at the **Subscriber Overview** screen.

### Subscriber Overview

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Identification Number</th>
<th>Auto Generated ID</th>
<th>Subscriber Name</th>
<th>Benefit Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>719 - Michigan</td>
<td>1000000000000000</td>
<td>0000000000000000</td>
<td>Fake Subscriber</td>
<td>Active</td>
</tr>
</tbody>
</table>

**Coverage History**

<table>
<thead>
<tr>
<th>Group</th>
<th>Section</th>
<th>Package</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>001200010000102</td>
<td>10X2</td>
<td>View Detail</td>
<td>Oct 01, 2003</td>
<td>Present</td>
</tr>
<tr>
<td>001200010000101</td>
<td>10X1</td>
<td>View Detail</td>
<td>Oct 01, 1993</td>
<td>Oct 01, 2003</td>
</tr>
</tbody>
</table>

**Primary Address**

123 Fake Street  
Fake City, MI 46000-0000

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

<table>
<thead>
<tr>
<th>Issue/Contact Area</th>
<th>Contact</th>
</tr>
</thead>
</table>
| 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.  
• Retroactivity or Updates over 60 days old  
• Emergency Prescription Drug Updates  
• QMSCO ID card requests | 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      | Select the Coordination of Benefit from the HR Tools Menu (Access the Section in this manual to complete the update).  
Select the Member’s Forms and Information link and download the paper COB form. Print the form.  
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. |