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e-Bill Combines Enrollment and Billing Functions in One Convenient Service

Many group administrators already enjoy the benefits of fast, convenient enrollment functions offered through e-Health Services. Wouldn't it be great to combine these functions, with the ability to view monthly invoices electronically? During first quarter of 2004, it will be possible. BlueCross BlueShield of Tennessee is pleased to unveil a new component of e-Health Services called e-Bill.

e-Bill will be rolled out to groups in three phases. Phase one will include fully insured groups with 2 to 149 subscribers. After this introduction, the program will be rolled out to fully insured groups of 150 or more subscribers and then to self-funded groups.

Future communications will provide more information on e-Bill and let you know when it is available to your customers. But, here's a preview of how e-Bill works.

Through e-Bill, group administrators can view the same information electronically and in a format similar to current paper invoices. They can also perform the same add, change and terminate functions for employees and their dependents that are a part of e-Health Services—right from the electronic invoice.

Data from e-Bill can be downloaded to a Microsoft Excel spreadsheet, which can be sorted and compared to the customer's own records. This feature makes reconciling invoices fast and easy.

The main menu functions of e-Bill are:

Prospective Invoice

Select this option to view the future eligibility of employees as of any date entered. Click on individual subscribers to view a current summary of the medical plan and benefits applicable to the employee, spouse and any covered dependents.

Group administrators can also click on the “Add Subscriber,” “Change” and “Term” links to connect to the familiar add, change and terminate screens on e-Health Services. By using the “Next Create Date” and “Next Due Date” features they can determine if the transactions they have entered will appear on their next invoice.

Current Invoice

This option displays the account’s most current monthly invoice or invoices. Viewing current invoices through e-Bill gives a more accurate and up-to-date reflection of the account balance than can be provided on a paper bill. Group administrators can determine if their payment has been applied to the balance due and the date the last payment was applied.

A more flexible, detailed listing in an electronic format, similar to the current paper invoices, is available. The invoice can be sorted by last name, department number, dollar amount, or ID number. Click on the dollar amount for a detailed breakdown of the invoiced amount for each employee.

Invoice Search

e-Bill eliminates the need to keep paper files for billing history. Past statements are available through e-Bill with the click of a mouse.

Future enhancements planned for e-Bill include payment history summary and e-payments.

The group administrator must be an e-Health Services registered user to take advantage of e-Bill. Encourage your customers to get registered by visiting the employer section of www.bcbst.com. To view a demo that explains the functions available through e-Bill click here: http://www.bcbst.com/ehealth_demo/employer/default.shtm.

New Pharmacy Plans Available Feb. 1, 2004

New groups and renewals have an expanding selection of pharmacy plans available beginning Feb. 1, 2004. Renewing groups may choose to keep the plan they currently have in place or choose from one of the new standard pharmacy plans. New groups must choose from the new standard plans.

Incremental Copay on All Plans Beginning Feb. 1, 2004

For plans effective or renewing on or after Feb. 1, 2004, maintenance drugs or prescription drugs filled through home delivery dispensed for more than 34 days will be subject to a copay per 34-day supply. This change will apply even if the group elects to keep their old pharmacy plan. However, the change is not applicable to percentage-based copay plans.

Here's a summary of the 2004 standard pharmacy plans:

Three-Tiered Copay Plans

- \$5/25%/50%
- \$10/\$35/\$50
- \$10/\$20/\$40
- \$10/\$25/\$45 (After a \$100 Rx deductible has been met.)
- \$5/\$25/\$50

Generic drugs at the lowest copay, preferred brand at the middle copay and non-preferred brand drugs at the highest copay.

Two-Tiered Copay Plan

- \$10/\$35

Generic drugs at the lowest copay and brand name drugs at the highest copay.

One-Tiered Copay Plan

- 50% (\$4,000 annual out-of-pocket maximum applies.)

Deductible and Coinsurance Plan

Available with traditional PPO plans only

Life Administration Processes Streamlined for Better, Faster Service

Group Insurance Services, Inc. and BlueCross BlueShield of Tennessee are working together to streamline the process of administering life insurance products for their customers. "It's something that our brokers and customers have been asking for," said Larry Reiners, vice president of Group Insurance Services. "We're pleased with the results of the teamwork between our area and the Membership Administration division."

Previously, Group Insurance Services and BlueCross BlueShield of Tennessee shared the administration and enrollment functions for life products. Now, BlueCross BlueShield of Tennessee's Membership Administration division will handle all of these functions for life as well as medical and dental, consolidating the enrollment process for groups. The changes, which should be seamless to brokers and group administrators, allow both areas to increase efficiency and cost-effectiveness.

The transition is happening in phases and should be complete by the end of first quarter 2004. The end result provides one consolidated administration processing area for group enrollment. The new process will also allow the staff of Group Insurance Services to focus their efforts on new products and better customer service for brokers and group administrators. "It's a win-win for our customers, BlueCross BlueShield of Tennessee and Group Insurance Services," said Reiners.

Clarification From Previous Issue

The following article ran in the Nov. 14 issue of the Blue Benefits Bulletin. Please see the important addition to this article indicated in red. We apologize for any confusion this omission may have caused.

Most Group Health Plans Qualify as ERISA Plans

Many employer group applications, received by BlueCross BlueShield of Tennessee, have question 19 answered incorrectly. This question asks: "Does this employer's plan qualify as an ERISA Plan?" The Employee Retirement Income Security Act (ERISA) applies to all groups except government agencies and church groups, **unless the group has specifically made an election with the Department of Labor to opt out of ERISA. Groups do not opt out of ERISA by default.** Please make sure the correct information is supplied on the employer group application.

Specialty Pharmacy Program for Injectable Drugs Announced

Beginning Jan. 1, 2004, BlueCross BlueShield is introducing a Specialty Pharmacy Program for members with chronic health conditions such as hepatitis C, multiple sclerosis, arthritis and hemophilia. Certain injectable medications will be available through three vendors who are experts in these types of high-cost medications. This program is available to all groups and individual policyholders.

These vendors will ship the medications directly to the member or to the member's doctor's office—whichever is more appropriate. The specialty pharmacy vendors will also provide educational materials and patient care support to the member.

The three specialty pharmacy vendors have agreed to offer these drugs at discounted rates. BlueCross BlueShield of Tennessee is implementing the Specialty Pharmacy Program as another way to help control the cost of prescription drugs.

Through the Specialty Pharmacy Program, members get convenient delivery of their self-injectable specialty medications and related supplies. In addition, members can rely on registered pharmacists and nurse specialists to answer any questions or concerns they may have about their medication. This program does not affect the medical or pharmacy benefits that apply to treatment of these chronic conditions.

Members of group or individual health plans that do not offer prescription drug benefits but who have the Preferred Pharmacy Pricing program can still take advantage of this program and the discounted rates offered on self-injectable specialty drugs. Provider-administered specialty drugs are covered as a medical benefit.

In early December, a letter explaining this program, a fact sheet and a list of eligible drugs will be mailed to members who may have taken any of the eligible drugs between April 1, 2003 and Sept. 30, 2003. A mailing regarding this program is also being sent to BlueCross BlueShield of Tennessee network providers, who prescribe medications.

Once the program is in place, information will be available under the pharmacy section of www.bcbst.com. If you have any questions, please contact your account manager.

New, Improved Termination Form Introduced for Dec. 5

A redesigned Termination Form (APP-TRM) is now available. This new form follows the same easier to use, letter-sized format of the Employee Enrollment/Waiver and Add Dependent/Change Request Forms introduced in October.

You may begin using this form on Dec. 5, 2003. It should be used to terminate coverage for the employee only, the employee, spouse and all dependents, or the spouse or specific dependents only. The form also allows employees, spouses or dependents to elect continuation of coverage if they wish. Please note that groups who have purchased COBRA administration services from BlueCross BlueShield of Tennessee should not use this form to terminate coverage for employees, spouses or dependents. Those groups should complete and submit a COBRA Coverage Continuation Notice instead.

You and your customers should be receiving a small supply of the new forms in the mail. Additional copies of this form are available from your account manager. You can also find it on the broker section of the BlueCross BlueShield of Tennessee Web site, www.bcbst.com.

Here are some important tips for using the new form:

- Use a blue or black ink pen and print clearly.
- Do not use a highlighting pen on any of the data fields. The OCR scanner will not be able to read the information in that field.
- Submit original forms. Fax or photocopies of forms are acceptable but may result in a delay of processing due to poor scannability.

Please immediately destroy any old termination forms you may have in your files. Use of old forms after Dec. 5, 2003 will slow down the processing of termination requests.

Members Notified About Changes to the Preferred Drug List

Each year a panel of doctors and pharmacists reviews the BlueCross BlueShield of Tennessee Preferred Drug list to see if changes are needed based on the drugs' effectiveness, safety and affordability. For 2004, the drugs Diovan and Diovan HCT, used to treat high blood pressure, are moving to the highest copay level. Members who have taken either of these drugs in the past may receive a letter notifying them of this change and a list of alternative drugs available at a lower copay.

If a group's plan has a 3-tier pharmacy benefit, members will pay the highest copay level for these drugs. However, there are similar drugs that treat high blood pressure and only require the 2nd-tier or preferred brand copay level. These drugs include: Avapro, Benicar, Cozaar, Avalide, Benicar HCT and Hyzaar.

Changing to one of these products is not a requirement but it will help members save money. Of course, only a member's doctor can help decide if switching to an alternative drug is the right choice. The 2004 Preferred Drug List will be available on the pharmacy section of www.bcbst.com in January.

A Guide to Using the Right Form

The chart below will help you determine which of the new forms to use.

For new groups without BlueCross BlueShield of Tennessee group products	Use
Initial enrollment of a new group. Employees waiving coverage must complete section 7.	Form EEW
Initial enrollment of a new small group (size 2 to 25 participating employees). Employees waiving coverage must complete section 7.	Small Group Health Questionnaire (In addition to Form EEW)
For existing BlueCross BlueShield of Tennessee group product customers	Use
<p>When you want to:</p> <ul style="list-style-type: none"> • Enroll a newly hired employee. • Enroll a rehired employee. • Enroll an existing employee who is not currently covered under this group plan. • Waive coverage (Complete and sign section 7). • Enroll an employee in COBRA after the employee's coverage has been terminated, if the group self-administers COBRA. <p>Note: This will be used for timely applications, late applications, open enrollment or special enrollment (qualifying event) if the employee fits one of the above.</p>	Form EEW
<p>When you want to:</p> <ul style="list-style-type: none"> • Make changes to a currently enrolled employee/dependent. • Add new dependents to a currently enrolled employee. • Add new coverage to a currently enrolled employee (such as adding dental coverage to an existing medical policy). <p>Note: This form should be used for address changes, name changes, salary changes, life insurance beneficiary changes, subgroup or department number changes or changes from one health plan to another health plan.</p>	Form ADC
<p>When you want to:</p> <ul style="list-style-type: none"> • Terminate/delete employee or dependents • Transfer member to COBRA if group self-administers COBRA 	Form TRM
<p>If BlueCross BlueShield of Tennessee administers COBRA:</p> <ul style="list-style-type: none"> • Terminate and transfer member to COBRA 	Form GB-108 (CCN)
Adding a new group product to an existing BlueCross BlueShield of Tennessee group. (For example, adding dental coverage to a group with existing medical coverage)	Use
Enroll employees and eligible dependents in the new product, who are enrolled in the existing group product coverage.	Form ADC
Enroll employees and eligible dependents in the new product, who are not enrolled in the existing group coverage.	Form EEW

Member Mailing Encourages Use of Home Delivery Service For Prescription Drugs

In early December, members of groups with prescription drug benefits through BlueCross BlueShield of Tennessee will receive a letter and a brochure encouraging them to use the home delivery option. This mailing includes members of existing groups who have not used the service as well as members of groups who joined BlueCross BlueShield of Tennessee after the home delivery option was introduced in August 2003. The materials used are the same as those used in the initial introduction of the program.