

# **Contracting and Agent Support**

# Medicare Advantage Contacts

Regarding	Contact
Medicare Advantage Help Desk,	(888) 723-7423
Producer Line	
Medicare Advantage Application Fax	(855) 895-4747

# Part D Contacts

Regarding	Contact		
Part D Help Desk, Producer Line	(888) 723-7423		
Part D Application Fax	IL, NM, OK & TX: (855) 297-4245		
	MT: (855) 874-4702		
Montana Electronic Application	https://www.yourmedicaresolutions.com/enroll		

# **Medicare Supplement Contacts**

Regarding	Contact		
Online Enrollment	Via BAP, see below:		
Application Fax	IL, NM, OK, TX: (888) 235-2949		
	MT: (855) 426-5344		
Member Customer Service	<ul> <li>Illinois: (800) 624-1723</li> </ul>		
	<ul> <li>Montana: (855) 520-1577</li> </ul>		
	<ul> <li>New Mexico: (800) 307-8144</li> </ul>		
	<ul> <li>Oklahoma: (800) 722-3959</li> </ul>		
	<ul> <li>Texas: (800) 654-9390</li> </ul>		
Medicare Supplement Help Desk For	(888) 723-7423		
Agents, Producer Line			



## AGENT REFERENCE GUIDE

Blue Access for Producers (BAP): IL: bcbsil.com/producer NM: bcbsnm.com/producer OK: bcbsok.com/producer TX: bcbstx.com/producer MT:bcbsmt.com/Pages/agent.aspx	Your 9-digit HCSC-provided producer ID.	Upon registering, a randomly generated, unique password will be sent to the email address on file. Logging in with the randomly generated password, the system will prompt the agent to change to a new, unique and memorable password.	24 hours after receipt of welcome letter and producer ID	
Mailed MAPD and PDP Applications	P.O. Box 4555 Scranton, PA 18 PDP (IL, NM, Or P.O. Box 3897 Scranton, PA 18 PDP (MT): Medic P.O. Box 3178	Scranton, PA 18505  PDP (IL, NM, OK, TX): BlueCross MedicareRx P.O. Box 3897 Scranton, PA 18505  PDP (MT): MedicareBlue Rx		

#### Miscellaneous Contacts and Resources

IMPORTANT NOTE: WHEN ENROLLING A PROSPECT ON LINE MAKE SURE YOU ARE LOGGED INTO BAP USING YOUR PRODUCER NUMBER AND NOT YOUR AGENCY NUMBER. IF NOT YOU RISK NOT BEING THE AGENT OF RECORD AND THEREFORE RISK GETTING PAID COMMISSIONS!

IF USING A PAPER APPLICATION USE YOUR PRODUCER NUMBER, NOT YOUR AGENCY OR NPN NUMBER!

# Important Plan Information

Please see the links below for Providers, Formularies and Plan Documents

- bcbsil.com/medicare/mapd.html
- bcbsmt.com/medicare/mapd.html
- bcbsnm.com/medicare/mapd.html
- bcbsok.com/medicare/mapd.html
- bcbstx.com/medicare/mapd.html



## AGENT REFERENCE GUIDE

Other information available through BAP

- Our current brand of test strips (diabetic supplies) is Ascencia (Contour, Contour Next, and Breeze products)
- Scope (availbale on the supply portal)
- World Wide Travel Claims: <u>bcbsglobalcore.com</u>
- Brand Guidance

### Transportation (if available)

Blue Medicare Ride Assistance is the available transportation vendor.

Please call the reservation line below (specific to your State):

IL BCBS Medicare Reservations 844-452-9379

TX BCBS Medicare Reservations 844-452-9383

Problems with the reservation, has there been a delay etc.

Please call ride assist line below (specific to your State):

IL BCBS Medicare Ride Assist 844-452-9380

TX BCBS Medicare Ride Assist 844-452-9384

#### **Enrollment Periods**

- Annual Enrollment Period (AEP): October 15 December 7
- Initial Enrollment Period (IEP): seven (7) months (your birthday month plus three months prior and after)
- Initial Coverage Election Period (ICEP) IEP AND ICEP USUALLY COINCIDE
- General Enrollment Period Picking Up Part B: (January 1 March 31, effective July1) Penalty May Apply
- Open Enrollment Period (New, replacing disenrollment period) Annually through March 31.
   Beneficiaries can make one change to a MAPD or PDP (and back to original Medicare)



# Important Plan Information (continued)

### Special Enrollment Periods

- Change in Circumstances
- Moving
- Group or other creditable coverage changes
- Your Current Plan Exits (AEP, and December 8 Last Day of February)

**New in 2019** Those on LIS and Medicaid now can only change plans every three months for the first 9 months of the year.

### Requests for Information

- Letters are sent (and follow up calls) to new members to verify important information.
- Their timely response is required and may impact their enrollment. They must be received within 21 days of notice or by the last day of the month.

### **Optional Supplemental Benefits**

- They must choose this option at the time of enrollment and can drop the option at any time.
- They must fill out a new enrollment form to add this option, using an SEP or the next AEP.

### Next steps to the enrollment

- Prepare for Welcome Kit and Welcome Call
- Silver Sneakers (web page) <u>www.silversneakers.com</u>
- Tru Hearing (web page) www.truhearing.com
- Transportation (see calling directions above)
- Dental Coverage (always choose DPPO!) <u>www.dnoa.com</u>
- Vision Coverage (always choose Select!) <a href="http://portal.eyemedvisioncare.com/">http://portal.eyemedvisioncare.com/</a>

# Blue Cross Medicare Options

## AGENT REFERENCE GUIDE

### Billing

- Electronic Funds Transfer (EFT)
- Paper Bill (sent 15 days prior to the due date)
- Social Security Administration (SSA) Deduction
- Railroad Retirement Board Deduction
- The member selects a payment method at the time of enrollment.
- Members who do not select a billing option on their enrollment form will automatically receive a
  paper billing statement.
- Important note: if they receive a bill directly they should pay it. Setting up social security deduction or EFT may take at least one payment cycle
- Agents do not collect premiums
- Those on a zero-premium plan will only receive a bill if they are paying a late penalty premium

Blue Cross Medicare Advantage P.O. Box 258222 Oklahoma City, OK 73126

## **Overnight Payments:**

Bank of Oklahoma Attn: Lockbox # 268845 3232 West Reno Oklahoma City, OK 73107

Blue Medicare Rx (PDP) PO Box 268845 Oklahoma City, OK 73126-8845

#### Mail International claims to:

BCBS World Wide Center PO Box # 261630 Miami, FL 33126

**Additional Links** 

www.medicare.gov
Medicare And You 2018
Extra Help
Medicare Communication and Marketing Guidelines 2019