



**BlueCross BlueShield
of Texas**

Blue Access[®] for Employers Reference Guide

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IMPORTANT THINGS TO REMEMBER:

- Always use the navigation and tool bars on the site to return to a previous screen or to advance to a different section of the site. If you use your browser buttons, your data will not be saved.
- Do not leave required fields blank. Items marked with a red asterisk indicate a required field. If you do not complete a required field, you will receive an error message.
- Do not use punctuation marks (commas, periods, dollar signs, etc.) in any of the required fields. For example, "Boulevard" may be abbreviated as "Blvd" but not "Blvd." with a period. Punctuation marks will produce error messages.
- Use the Logout button in the upper right corner of the site screen to close Blue Access for Employers. By using the Logout button, your data will be saved and secured.
- Close your Internet browser once you have logged out of Blue Access for Employer.



1. GLOSSARY OF TERMS

These terms are for illustrative purposes only. Please refer to your certificate of Health Care Benefits for the definitions applicable to your health care coverage.

- **Coinsurance** - A percentage of an eligible expense that you are required to pay for a covered service.
- **Deductible** - The amount you must pay before the Plan begins to pay benefits.
- **Explanation of Benefits (EOB)** - After you or your provider submit a claim, Blue Cross and Blue Shield will send you an explanation that will give you claims payment information, including the amount paid to the provider and any amount you may owe. If a deductible and/or coinsurance applies, the amount applied to your deductible and out-of-pocket maximum will also be shown.
- **Network** - The providers and facilities contracted with to render health care to members. Members receiving in-network care generally obtain a higher level of benefits.
- **Out-of-Pocket Expense** - The annual maximum limit you may pay for covered expenses. After your share of eligible expenses (deductible and coinsurance) reaches a certain limit, the Plan will pay 100 percent (unless balance billing applies) of most covered medical expenses for a covered plan member for the remainder of the calendar year.
- **Out-of-pocket maximum** - The most you pay in coinsurance during a benefit plan year. After you reach your out-of-pocket maximum, your medical plan option pays 100% of eligible expenses for the remainder of the benefit plan year.
- **Primary care physician (PCP)** - A family practitioner, general practitioner, internist or pediatrician who provides care and coordinates your medical treatment. Network PCPs meet qualification standards and are subject to periodic review.
- **Maximum Allowable Charge (MAC)** - The maximum charge for services rendered or supplies furnished by a health provider that qualifies as covered expenses that Blue Cross and Blue Shield will pay in whole or part, subject to copayments, deductibles and coinsurance amounts. The MAC applies to out-of-network services only.
- **In-network Provider** - A physician, hospital or other health care provider that joins a managed care plan and provides services based on negotiated fees. Generally, using an in-network provider will save you money in the form of copayments, lower deductibles and a higher reimbursement level, and the provider will file claims for you.



- **Out-of-network Provider** - An out-of-network provider does not participate in the Blue Cross and Blue Shield plan and therefore charges a non-discounted fee. Payments for out-of-network services are based on your benefit plan and maximum allowable charges (MAC). Also your portion of the coinsurance and your deductible will be higher when you go out of network for services. When you visit an out-of-network provider, in most cases, you may need to file a claim for reimbursement. Many providers who are not members of the network will file claims for you, but not all out-of-network providers perform this service. If you use an out-of-network provider, be sure to talk with the provider's staff about whether you or the provider will file your claim.
- **Formulary** - A listing of preferred drugs selected by a panel of physicians and pharmacists. A drug on the formulary benefits Blue Cross and Blue Shield members as it gives you access to quality medications at a lower co-payment or coinsurance. Both brand and generic drugs that provide effective, safe and appropriate drug therapies are listed on the Formulary. You may use a drug not listed on the Formulary; however, a higher copayment or coinsurance may apply.
- **Participating IPA** - Any duly organized Individual Practice Association of Physicians which has a contract or agreement with a Blue Cross and Blue Shield plan to provide professional and ancillary services to persons enrolled under a benefit program.
- **Participating Medical Group** - Any duly organized group of Physicians which has a contract or agreement with Blue Cross and Blue Shield plan to provide professional and ancillary services to persons enrolled under a benefit program.
- **Woman's Principal Health Care Provider** - A physician licensed to practice medicine in all of its branches, specializing in obstetrics or gynecology.



2. SECURITY MANAGEMENT

a. Online Registration (First time users only)

- **Definition:** Only the Authorized Company Representative (individual that actually signed the contract and that is on BlueStar) should be attempting to register through the on-line process. These individuals will be considered the 'Security Manager'. Once they have registered, they will be able to delegate roles / responsibilities through the Security Manager feature to other individuals as they deem appropriate.

Notes to Remember:

1. The process will not allow any other user to register on their behalf
2. Replacement Security Managers must use the existing paper Security Form obtained through their Account Representative
3. Existing users must continue to use the paper form if adding a new BAE role at this time, e.g., adding On-line Bill Payment

b. Forgot Password

- **Definition:** To obtain access to BAE, when your password is forgotten. Please note: To give you access to the online password reset function, we require that you correctly answer a challenge question. If we do not have this information on file for the user, please contact your Security Manager to reset your password. If you are a Security Manager and have forgotten your password, please contact the Help Desk at (888) 706-0583.

- **Process:**

1. Click on the 'Forgot Password' link.
2. Enter in User ID and e-mail address.
3. Click 'Submit'.
4. Enter in the appropriate response to the challenge question.
5. Click 'Submit'.
6. You will need to enter a new password.
7. Click 'Submit'.

c. Security Manager Tool

- **Definition:** The Security Manager can make changes to the roles and add or cancel users.

- **Process:**

- From the Home Page

1. The 'Security Manager Tool' is located at the top right side of the screen under your account number.

d. Role Based Delegated Administration

- **Definition:** The Security Manager can assign appropriate roles for each BAE User.

- **Process:**

1. From the Security Manager Tool click on the user name and check off the roles that apply to the BAE User.

Description of Roles:

1. **Request Payment Access** (On-line Bill Pay groups only): User requests payments.
2. **Release Payment Access** (On-line Bill Pay groups only): User releases payment to BCBS.
3. **Maintain Payment Profile Access** (On-line Bill Pay groups only): User is responsible for maintaining the payment profile.
4. **Inquiry/Default User:** User can only view BAE.
5. **Secure Report User:** This is specific to Texas Blue Outlook ASO only account reports.
6. **Maintenance User:** User can make maintenance changes in BAE.
7. **BARS User** (if applicable): User can view weekly invoices and monthly settlement statements.
8. **Report User** (if applicable): This is for groups who have the reporting functionality.



- e. **Characteristic Level Security** (if applicable)
 - Definition: Groups with over 151 lives can have the ability for specific BAE Users to be able to view and maintain specific areas within a group. *Please contact your Account Executive to have this functionality established.*
 - Process:
 1. Add a BAE User as indicated above and click 'Submit'.
 2. Go back to the Home Page, click on 'Security Manager Tool' and click on the person's name.
 3. Click on 'Characteristics' located at the bottom of the screen and select the appropriate location.

- f. **Delegate a Backup Security Manager**
 - Definition: Also known as an 'Alternate Administrator'. This person has the same functions as the Security Manager, but cannot update the Security Manager's roles. Your account must allow this feature in order to enable the Backup Security Manager.
 - Process:
 - From the Home Page
 1. Click on 'Security Manager Tool'.
 2. Click the 'Alternate Administrator' column next to the name of the person you wish to make backup. The field will change from 'No' to 'Yes'.

- g. **Add / Delete Multiple Users**
 - Definition: Maintenance of BAE Users.
 - Process:
 - From the Home Page
 1. Click on 'Security Manager Tool'.
 2. To add a user, select 'Add Users'.
 3. To update an existing user or to reset a password, click on the user name.
 4. To revoke a user, check the box next to the user and click the 'Revoke' button.



3. ACCOUNT LEVEL INFORMATION

a. View Categories and Characteristics (if applicable)

- Definition: Categories are where accounts can segregate their subscribers using account specific criteria, such as location or job classification. Characteristics are where the accounts can segregate their subscribers by using employee specific criteria, such as employee status, hire date, department number, etc.
- Process:
 - From the Home Page
 1. To view Categories, go to 'Accounts Summary'.
 2. Click on 'Category List'.
 3. To view Characteristics, go to 'View Accounts Summary'.
 4. Click on 'Characteristics'.

b. View Product Summary

- Definition: Indicates the type of Product(s) that have been selected by your account, such as HMO, PPO, HCA, HSA, etc.
- Process:
 - From the Home Page
 1. To view products, go to 'Products'.
 2. Click on your choice of Product to view.



4. MEMBERSHIP MAINTENANCE

a. Display Employee / Dependent Coverage

- Definition: To be able to view and identify the subscriber and dependent(s).
- Process:
 - From the Home Page
 1. Click on 'Find Employee'.
 2. Enter in the Subscriber's UID / SSN or last name.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.

b. Employer Entered Enrollment

- Definition: The employee's enrollment is completed by the employer.
- Process:
 - From the Home Page
 1. Click on 'Enroll Employee'.
 2. The next page will describe the enrollment process to you. This page has been designed to provide you with an overview of the various functions you will be able to perform and to provide information about the errors you will encounter and the screens you will be asked to complete. To bypass this screen for future enrollments, click on 'Skip Welcome Next Time'.
 3. Click on 'Start Enrollment'.

c. Add Dependents

- Definition: Adding a dependent due to eligible qualifying event reason.
- Process:
 - From the Home Page
 1. Click on 'Find Employee'.
 2. Enter in the UID / SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Click on 'Add Dependent'.
 5. Enter in the dependent information and hit 'Continue'.

d. Cancel Coverage

- Definition: You will no longer be entitled to benefits if you no longer meet the description of an Eligible Person. Eligible Person means an employee of the Group who meets the eligibility requirements for this health and / or dental coverage.
- Process:
 - From the Home Page
 1. Click on 'Find Employee'.
 2. Enter in the UID / SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Click on 'Cancel Employee / Dependent'.
 5. Note: If you are canceling the subscriber, the entire family will cancel. To cancel a specific dependent, select the dependent from the drop down box.



e. Enroll in Cobra

- Definition: An employer can offer continuation of group health insurance to Qualified Beneficiary / Eligible Persons whose coverage would otherwise terminate. In order to enroll a subscriber in Cobra, you will need to cancel coverage in order to generate a COBRA letter (See above instruction on canceling coverage).
- Process:
 - From the Home Page
 1. Click on 'Find Employee'.
 2. Enter in the UID / SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Click on 'COBRA Enrollment'.
 5. Enter in the appropriate information such as COBRA start date, end date, reason, and check off the names to be covered.
 6. Hit 'Continue'.

f. Reinstate Coverage without a gap in coverage

- Definition: An employer can restore health / dental coverage for a cancelled subscriber without a gap in coverage, if within eligible timeframes (30 days of original cancelled date).
- Process:
 - From the Home Page
 1. Click on 'Find Employee'.
 2. Enter in the UID / SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Click on 'Reinstate Employee / Dependent'.

g. Re-Add Coverage with a gap in coverage

- Definition: An employer can restore health / dental coverage for a cancelled subscriber with a gap in coverage, when applicable. Users can access the subscriber "re-add" feature via the Enroll Employee link or the Reinstate Employee / Dependent Link.
- Process:
 - From the Home Page
 1. Click on 'Find Employee'.
 2. Enter in the UID / SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Click on either 'Initial' or 'Reinstate Employee / Dependent'.
 5. If you attempt initial enrollment for a cancelled employee, the system will recognize the existing employee and will ask if you want to reinstate the employee. (Re-enrollment reasons include re-hire, loss of other coverage and other enrollment supported reasons.)
 6. Enter new effective date information.
 7. Previous employee personal information will be defaulted (you have the ability to change this information.)
 8. Only current benefit agreement / production information will be displayed.
 9. Previously covered dependents personal information will be defaulted (to reinstate these dependents, be sure to "Opt in" via the "Reinstate check box").
 10. You will be able to add new dependents during the re-add transaction.



h. Update Coverage : Open Enrollment

- Definition: A period during which individuals are allowed to enroll in a plan or change certain elements of their insurance and other benefits.
- Process:
 - From the Home Page
 1. Click on 'Find Employee'.
 2. Enter in the UID / SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Select any of the appropriate functions that apply on the left side of the screen.

i. Update Coverage : Other Qualifying Event

- Definition: You can make changes to an existing policy or add subscribers if there is a qualifying event that does not fall in the Open Enrollment period.
- Process:
 - From the Home Page
 1. Click on 'Find Employee'.
 2. Enter in the UID / SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Select any of the appropriate functions on the left side of the screen.

j. View Pending Maintenance

- Definition: You are able to view any pending membership activity that you did not complete.
- Process:
 - From the Home Page.
 1. Click on 'View Pending Activity'
 2. Select the appropriate search criteria and click Display.
 3. Any pending activity will display. You will also be able to identify the user of the specific activity.

k. Update Personal Information

- Definition: Changing a subscriber's other personal information such as marital status, date of birth, first / last name, etc. Changing a subscribers first or last name will generate an ID Card.
- Process:
 - From the Home Page
 1. Click on 'Find Employee'.
 2. Enter in the UID/SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Click on 'Update Personal Information'.
 5. Make any appropriate changes and hit 'Submit'.



l. Update Employee Characteristics / Categories (if applicable)

- **Definition:** To change a subscriber's product or group section.
- **Process:**
 - From the Home Page.
 1. Click on 'Find Employee'.
 2. Enter in the UID/SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Click on 'Update Characteristics / Category'.
 5. Select the Maintenance Option – 'Transfer' or 'Correction'.
 6. Enter in the effective date of change.
 7. Click on 'Continue'.
 8. Select the appropriate characteristic and category change.
 9. Click on 'Continue'.
 10. Please note the Update Characteristic / Category Process Steps to the left of the screen. If a subscriber is switching from PPO to HMO, you will need to click on Provider to select a Medical Group.

m. Employee Activity Log

- **Definition:** You can view the most recent activity that has been done on a specific subscriber, whether it was done by BlueCross and BlueShield or someone from your office.
- **Process:**
 - From the Home Page.
 1. Click on 'Find Employee'.
 2. Enter in the UID / SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Click on 'Employee Activity Log'.
 5. Select your date range criteria.
 6. Click on 'Display'.

n. Request Replacement ID Cards

- **Definition:** You can request ID cards for a subscriber and / or dependents. Note: Requesting ID cards for families: An HMO plan every family subscriber receives an ID card / A PPO plan only 2 ID cards are printed.
- **Process:**
 - From the Home Page.
 1. Click on 'Find Employee'.
 2. Enter in the UID / SSN or Last Name to find the subscriber.
 3. Click on the Subscriber's name (it will be hyperlinked) to take you to the employee summary.
 4. Click on 'Request ID Card'.
 5. Select who the ID card is for by using the drop down box.
 6. Select Health and / or Dental (if applicable).
 7. Confirm the address is correct. If not, go to Update Personal information and change address.
 8. Select where you want the ID card to be sent. The system will default to the subscriber's address. You can also select the Corporate address or use an alternate address. The alternate address is ideal for children who do not live with the subscriber, including college students. Please note that this is a one time address change. The system will not send the card to that address again unless otherwise specified by the employer.
 9. Click on 'Submit'. The subscriber / dependent will receive the ID card within 7 - 10 business days.



5. ON-LINE ENROLLMENT

a. Employee Self-Enrollment (if applicable)

- Definition: New hires can enter most of their enrollment information on-line, helping the Employer save time and reduce paperwork. The employer enters basic employee information such as name, birth date, and hire date. If Employee Self-Enrollment is a feature you would like to activate, please contact your Account Executive or the Internet help desk:
 - From the Home Page
 1. Click on 'Employee Authorization' in the Employees section.
 2. Fill in basic information including name, effective and hire date, social security number and birth date and click 'Continue'. If additional information such as characteristics or categories is required, you will also be prompted to add this information.
 3. Check the boxes next to the employees and select the Notify Selected option to send the Welcome Letter to the employee. This letter will be sent via e-mail if an email address was supplied. The Welcome Letter notifies the employee to log on to Blue Access for Subscribers and complete enrollment. Click on 'Submit' when finished.
 4. Blue Access for Employers will be updated when the employee begins their enrollment, and when the employee clicks submit to finish their enrollment. An email will also be sent to the Employer when an enrollment is completed, however, only one email will be sent per day. When this occurs, the employer will need to review and release the employee's application by clicking on Release. This will release the application to Blue Cross and Blue Shield.
 5. After the subscriber receives the ID card, they can log onto Blue Access for Subscribers with the user name and password setup in step 3.



6. PREMIUM BILLED GROUPS (if applicable)

a. View and print premium bills

- Definition: To be able to view and print current and past bills.
- Process:
 - From the Home Page
 1. Click on the bill description, located under Billing.
 2. Your most recent bill will display. To select a past bill, select the date in the drop down box.
 3. To print, click on 'Print Bill'.

b. Online Bill Payment

- Definition: Online Bill payment provides the ability to pay your monthly premium bill online. Most accounts will have access to Online Bill Payment when they begin using Blue Access for Employers. If you do not have this menu option, it can be requested from your Account Executive.
- Process:
 - From the Home Page
 1. Click on 'Online Payment'.

c. View and drill down; employee fees and adjustments

- Definition: To view individual employee charges, credits, and adjustments.
- Process:
 - From the Home Page
 1. Click on the bill description, located under Billing.
 2. Click on 'Employee Fees' on the right side
 3. Fill in specific criteria or hit Display
 4. Employees that are billed under that specific billing profile will be displayed.

d. Recap of changes in current billing period

- Definition: This will display membership changes entered since your most recent bill was issued.
- Process:
 - From the Home Page
 1. Click on the bill description, located under Billing.
 2. Select 'Changes Since Last Bill'

e. Download billing information

- Definition: To download the bill to a text file or spreadsheet.
- Process:
 - From the Home Page
 1. Click on the bill description, located under Billing.
 2. Select 'Bill Down Load'
 3. Select either 'Account' or 'Bill Profile' to down load the bill
 4. Select the appropriate billing period
 5. Click on 'Down Load'
 6. Select 'Save' and save your file.
 7. To view your file in Microsoft Excel:
 - Start Excel
 - Select 'Open' and view All Files. Select the file you saved. You should then get the Text Import Wizard.
 - Select 'Delimited' and click 'Next'.
 - Select 'Semicolon' and click 'Finish'. Your file should be displayed in Excel format.
 - Click on the columns to expand the column descriptions.



f. View billing and payment history

- Definition: Bill history will display billing dates, cash received, unpaid balance, current charges, etc. for each month. Payment History will display the payments received.
- Process:
 - From the Home Page.
 1. Click on the bill description, located under Billing.
 2. Select 'Bill History'.
 3. Select 'Payment History'.
 4. Check off the appropriate time period and billing profile and click 'Display'.



7. SELF INSURED GROUPS (if applicable)

a. Weekly Invoice

- Definition: The claims dollar amount owed each week by a self insured client.
- Process:
 - From the Home Page
 - 1. Click on the bill description, located under Billing and you will be directed to your weekly invoice.

b. Monthly Settlement Statement

- Definition: BARS billing statement that displays the large stop loss claims
- Process:
 - From the Home Page
 - 1. Click on 'Settlement', located under the Billing section

c. Invoice Adjustments

- Definition: To be able to view any adjusted claims from the last invoice.
- Process:
 - From the Home Page
 - 1. Click on the bill description, located under Billing..
 - 2. Click on 'Adjustment'.

d. Claims Summary

- Definition: Lists the total amount of claims by the type of claim. (Example: Prescription Drug Claims, Outpatient Claims, Inpatient Claims, etc.)
- Process:
 - From the Home Page
 - 1. Click on the bill description, located under Billing.
 - 2. Click on 'Claims Summary'.

e. Claims Detail

- Definition: A detailed list that will display any claims activity during a specific time period.
- Process:
 - From the Home Page
 - 1. Click on the bill description, located under Billing.
 - 2. Click on 'Claims Detail'.

f. Claims Download

- Definition: Able to download the claims details list to a .txt format.
- Process:
 - From the Home Page
 - 1. Click on the bill description, located under Billing.
 - 2. Click on 'Claims Download'.
 - 3. Click on 'Download'.



g. Subscriber List

- Definition: A detailed list of active employees.
- Process:
 - From the Home Page
 1. Click on 'Settlement', located under Billing.
 2. Click on 'Subscriber' List.
 3. Select the appropriate search criteria and hit Download to download the information to a .txt format or hit 'Display'.



8. ALERTS AND NOTIFICATIONS

a. What's New (On Home Page)

- Definition: The 'What's New' box is located at the left side of the Home Page. It will display any new enhancements or features have added to the system. To find out more information about a 'What's New' topic, click on the hyperlinked link.

b. Alerts (Billing, Pending Activity, Self Enrollment)

- Definition: Any alerts will be displayed above the 'What's New' box at the left side of the Home Page. The alerts will notify you of any new or pending activity that has come in through the Portal. *Example*: If there is any pending activity, you will receive an alert to complete.

c. Event Based Messaging (OBP, ASO Statements, Reports)

- Definition: Messages that are sent as a result of account activity. *Example*: Online Bill Pay – The bill is ready for viewing, payment has been processed, payment rejected, etc. ASO Accounts – Statement is ready for viewing, etc.