

Agent Alert

MedicareBlue™ Solutions



May 17, 2018

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Using the new Medicare beneficiary identifier on enrollment forms

The Centers for Medicare & Medicaid Services (CMS) has started mailing new Medicare cards to beneficiaries and age-in enrollees will automatically receive the new card. New cards will feature a randomly generated, 11-character Medicare beneficiary identifier (MBI) and it's important to ensure this number is entered correctly on enrollment applications.

Common MBI errors

Please take time to review the MBI details below that will help you avoid common MBI input errors.

- MBI will always have 11 characters
- CMS uses numbers from 0 to 9 when generating MBIs
- CMS uses all letters from A to Z, **except** S, L, O, I, B and Z when generating MBIs (these letters are often confused with numbers)

If you are submitting an enrollment form with an MBI, take time to ensure the correct characters have been entered to avoid delays in enrollment processing.

Helpful resources

CMS has provided several resources to help plan sponsors and agents better understand the changes associated with the new Medicare cards. Please feel free to share these resources as needed.

- [Example of a new Medicare card](#) (image)
- [Understanding the MBI format](#) (PDF)
- [New Medicare card mailing strategy](#) (PDF)

Agent Alert

MedicareBlueSM Solutions



May 17, 2018

Medicare coordination of benefits mailings starting in May

Medicare recently sent plans a coordination of benefits (COB) replacement file. Plans are required to replace all existing insurance information with the information in this file. Individual and group members that previously had a COB flag removed from their account may find that they have a new COB flag on their account. If there is a new COB flag, their prescription claims will be rejected as the Centers for Medicare & Medicaid Services (CMS) shows they have other primary insurance.

Starting in mid-May, COB validation letters will be mailed to individual and group members advising them to contact their plan to update their records if the information in the letter is not correct. For certain types of coverage listed as primary insurance (liability insurance, no-fault insurance and workers' compensation), members must contact the other insurer, not MedicareBlueSM Rx. This is part of the annual COB validation requirement.

The COB validation letters are mailed to individual and group members who CMS shows as having other drug coverage. If the coverage information in the letter is correct, members take no action. If the information is outdated or incorrect, members must contact MedicareBlue Rx Customer Service.

Samples of the COB letter templates for individual and group members are attached to this Agent Alert. If you receive questions about the COB mailing, advise members to contact the plan at the phone numbers listed in the letter.

Number of COB letters being mailed to members, by state

State	Individual members
Iowa	9,473
Minnesota	17,304
Montana	724
Nebraska	2,411
North Dakota	867
South Dakota	1,450
Wyoming	324

Questions or have an enrollment? Call a Broker Help Desk

If you have questions, want to enroll an applicant by telephone or help a member make a change, please contact the appropriate agent/broker help line:

- MedicareBlue Rx pre-enrollment toll free at **1-866-464-3919**
- MedicareBlue Rx post-enrollment toll free at **1-866-849-2498**

MedicareBlue Rx coverage is separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association

For agent use only. Not for use with the public.

<Date>

<Member Name>

<Member Address>

Rx ID: <Rx ID#>

Dear <Name of Member>:

Thank you for choosing Group MedicareBlueSM Rx (PDP) for your Medicare prescription drug coverage. The Centers for Medicare & Medicaid Services (CMS) has notified us that you have prescription drug coverage in addition to your Group MedicareBlue Rx plan.

Group MedicareBlue Rx is required to verify and update our records upon your enrollment and annually thereafter regarding any other prescription drug coverage you may have so that any available benefits are coordinated, which can help to achieve the lowest out-of-pocket cost to you. The following pages contain information provided to us by CMS regarding your other prescription drug coverage.

Please review the other prescription drug coverage enclosed carefully. If the information is correct, you do not need to respond to this notification. If you have any changes, deletions or additions to the prescription drug coverage listed, please see the instructions noted at the end of the reported coverage information. For certain types of coverage information (liability insurance, no-fault insurance and workers' compensation), you should contact your other insurer, not Group MedicareBlue Rx.

The Group MedicareBlue Rx Coordination of Benefits Call Center is available from 8:00 a.m. to 8:00 p.m., Central and Mountain Times, Monday through Friday at 1-866-796-5711. TTY users should call 711.

Thank you,

Group MedicareBlue Rx

Coverage is available members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association

Group MedicareBlueSM Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in Group MedicareBlue Rx depends on the renewal of the plan sponsor's contract with Medicare.

Reported Primary Coordination of Benefits (COB) from Medicare:

- Policy Holder's First Name:**..... **
- Policy Holder's Last Name:** **
- Insurance Name:**..... **
- Insurance Address:**..... **
- Individual Policy Number:**..... **
- Group Policy Number:**..... **
- Effective Date:**..... **
- Termination Date:**..... **
- Prescription Drug ID:**..... **
- Prescription Drug Group:**..... **
- Prescription Drug BIN:**..... **
- Prescription Drug PCN:**..... **
- Patient Relationship:** **
- Type of Insurance Coverage:**..... **
- Prescription Drug Coverage Type:** **

If you need to make changes to the prescription drug coverage listed above, please call your Other Insurer directly.

*Please note the fields marked with asterisks “**” above indicate that no information is currently on file.*



MedicareBlueSM Rx (PDP)
A Medicare Prescription Drug Plan

P.O. Box 3178
Scranton, PA 18505
YourMedicareSolutions.com

<Date>

<Member Name>

Rx ID:<Rx ID#>

<Member Address>

Dear <Name of Member>:

Thank you for choosing MedicareBlueSMRx for your Medicare prescription drug coverage. The Centers for Medicare & Medicaid Services (CMS) has notified us that you have prescription drug coverage in addition to your MedicareBlue Rx plan.

MedicareBlue Rx is required to verify and update our records upon your enrollment and annually thereafter regarding any other prescription drug coverage you may have so that any available benefits are coordinated, which can help to achieve the lowest out-of-pocket cost to you. The following pages contain information provided to us by CMS regarding your other prescription drug coverage.

Please review the other prescription drug coverage enclosed carefully. If the information is correct, you do not need to respond to this notification. If you have any changes, deletions or additions to the prescription drug coverage listed, please see the instructions noted at the end of the reported coverage information. For certain types of coverage information (liability insurance, no-fault insurance and workers' compensation), you should contact your other insurer, not MedicareBlue Rx.

The MedicareBlue Rx Coordination of Benefits Call Center is available from 8:00 a.m. to 8:00 p.m., Central and Mountain Time, Monday through Friday at 1-866-796-5706. TTY users should call 711.

Thank you,

MedicareBlue Rx

Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association

MedicareBlueSM Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in MedicareBlue Rx depends on contract renewal.

Reported Primary Coordination of Benefits (COB) from Medicare:

Policy Holder's First Name:..... **
Policy Holder's Last Name: **
Insurance Name:..... **
Insurance Address:..... **
Individual Policy Number:..... **
Group Policy Number:..... **
Effective Date:..... **
Termination Date:..... **
Prescription Drug ID:..... **
Prescription Drug Group:..... **
Prescription Drug BIN:..... **
Prescription Drug PCN:..... **
Patient Relationship: **
Type of Insurance Coverage:..... **
Prescription Drug Coverage Type: **

If you need to make changes to the prescription drug coverage listed above, please call your Other Insurer directly.

*Please note the fields marked with asterisks “**” above indicate that no information is currently on file.*