

Agent Alert

MedicareBlueSM Solutions



August 9, 2019

Medicare coordination of benefits mailings starting in August

Medicare recently sent plans the annual 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 August, 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 MedicareBlue 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 If the information is outdated or incorrect, members must contact MedicareBlue Rx customer service.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 number listed in the letter.

Number of COB letters being mailed, by state

State	Individual members
Iowa	15,066
Minnesota	23,101
Montana	1,125
Nebraska	1,324
North Dakota	3,462
South Dakota	2,242
Wyoming	541

Questions or have an enrollment? Call a Broker Help Desk

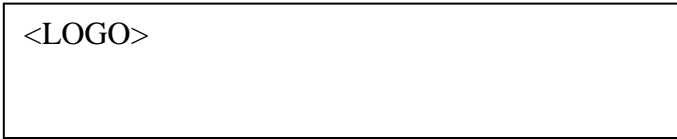
If you have questions, want to enroll an applicant by telephone or help a member make a change, please contact the appropriate agent/broker help line:

- 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.



<PDP Name>
<Address>
<City, State, Zip>
<Website>

<Date>

<Member Name>
<Member Address>

Rx ID: <Rx ID#>

Dear <Name of Member>:

Thank you for choosing <PDP Name> 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 <PDP Name> plan.

<PDP Name> 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 <PDP Name>.

If you are unable to contact the Coordination of Benefits Call Center, we have included a self-addressed envelope that can be used to report updated or new coverage information.

The <PDP Name> Coordination of Benefits Call Center is available from <days and hours of operation>, Monday through Friday at <toll-free number>. TTY users should call 711.

Thank you,

<PDP Name>

S5743_122018FF02_C
S5743_122118GFF01_C
S6506_122018FF01_C
S6986_122018FF04_C
S6986_122018FF06_C

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.*