

Small Group Portal Renewals

Employer Groups with 2-50 Employees



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Small Group Portal – Renewals

To assist in providing excellent service to your clients, Blue Cross and Blue Shield of Nebraska has developed online renewal capabilities for small group employers with 2-50 lives.

Small Group Portal at a Glance

Tools and Resources

This will allow brokers to stay current on updates and alerts as well as obtain forms.

Group Plans for 2-50 Employees

Click the following links to get the latest information on ACA-compliant options for groups with 2017 effective dates.

[CLICK HERE FOR MORE INFO >](#)

BluePride and SelectBlue Options



BluePride

ACA-compliant options for groups with 2017 effective dates.

- [Plan Options](#)
- [Schedule of Benefits Summaries](#)
- [Summaries of Benefits and Coverage \(SBC\)](#)



SelectBlue

ACA-compliant options for groups with 2017 effective dates.

- [Plan Options](#)
- [Schedule of Benefits Summaries](#)
- [Summaries of Benefits and Coverage \(SBC\)](#)



BluePride/SelectBlue Quoting Documents

- [Underwriting Guidelines](#)
- [2017 Rate Book](#)
- [Small Group Quote Tool](#)

Dashboard

Dashboard will give up-to-date statuses and completion percentages on renewals submitted. Viewing the 'Renew a Group' icon will indicate the number of groups less than 3 months from renewal.

Small Group Portal



GET A QUOTE



START A NEW APPLICATION



EDIT SAVED APPLICATION



RENEW A GROUP

Number of groups less than 3 months from renewal

Clicking the icon 'Renew a Group' will list out the groups and appropriate information regarding the upcoming renewal.

| Group Name | Group Number | Broker Name | Broker Id | Renewal Date | Days Until Renewal | Start Renewal Survey |
|----------------------|--------------|-----------------|-------------|--------------|--------------------|----------------------|
| Radiant Systems, Inc | 505332 | Broker Training | 88888-12345 | 12/1/2018 | 22 | ↑ |
| A & G Steakhouse | 505053 | Broker Training | 88888-12345 | 1/1/2019 | 53 | ↑ |
| Highland Park Church | 502886 | Broker Training | 88888-12345 | 1/1/2019 | 53 | ↑ |

Search for a group or status by using the filter and search functions. This search field will begin pulling results when the field has text type entered. This can be dates, numbers or names.

Groups To Renew FILTER DATE ▾

Renewal Status

When a renewal is submitted, the status reasons will be given to indicate where in the renewal process the group is.

| Status | Definition |
|-------------------|--|
| Approved Rates | BCBSNE has reviewed and approved renewals. Rates have been released. |
| Pending Questions | BCBSNE started review. Needs additional or missing information. |
| Pending Review | Pending review by BCBSNE. |

Begin Renewal Process

Follow the steps below to initiate the renewal process.

1. Click the icon 'Start Renewal Process'.

Renew A Group

Groups To Renew FILTER DATE ▾

⬇️ DOWNLOAD RENEWAL SURVEY

⬇️ DOWNLOAD RENEWAL CONTACT UPDATES

| Group Name | Group Number | Broker Name | Broker Id | Renewal Date | Days Until Renewal | Start Renewal Survey |
|---|--------------|---------------------|-------------|--------------|--------------------|----------------------|
| City of Oshkosh | 502861 | ELIZABETH ANNE LOYD | 40528-02417 | 3/1/2018 | ⚠️ 0 | 📄 |
| HOWARD COUNTY | 403014 | JACK D MCINNES IV | 32278-01324 | 3/1/2018 | ⚠️ 0 | 📄 |
| Physician Advisors LLC | 501514 | JULIE CAPE | 32900-04003 | 3/1/2018 | ⚠️ 0 | ⬇️ |
| Southeast Nebraska Communications, Inc. | 402171 | JAMES EDWARD MURPHY | 32603-02892 | 3/1/2018 | ⚠️ 0 | 📄 |
| Village of Culbertson | 503578 | JACK D MCINNES IV | 32278-01324 | 3/1/2018 | ⚠️ 0 | 📄 |

Once into the renewal, sections will need to be completed with the appropriate information. Upon completing each section, 'Save and Continue' must be selected for the system to load the information and move on to the next section.

A green check mark will indicate the information has been verified.

A red exclamation point will indicate a review of the information is needed and corrections need to be made.

Survey ⚠️ Census ✓

Group Data

Gray areas are fields that cannot be edited – this information is pre-populated from our current system database.

Company Details

Renewal Date
03/01/2018

Group Name * Shortened Group Name Business Type Employer Tax Id *

Physician Advisors LLC Physician Advisors LLC 523930-Investment Advice 264357849

Update the address, if necessary.

| | |
|---|--|
| Physical Address | Mailing Address (only if different from physical address) |
| Line 1 Address * Suite 10311235 Davenport St | Line 1 Address enter address |
| Line 2 Address enter line 2 address | Line 2 Address enter line 2 address |
| City * Omaha | City enter city |
| State * NE | State enter state |
| Zip Code * 68154 | Zip Code enter zip code |
| County (if in Nebraska) * Douglas | County (if in Nebraska) |

Add Subsidiary, if necessary

Do you have any additional subsidiaries?

Yes (*check only if answer to the question is Yes.)

ADD SUBSIDIARY

Add Subsidiary ×

Name *

Tax Id *

Is this intended for coverage?

How many employees at this location?

Save & Continue

SAVE & CONTINUE

Group Leader Details

Click the check box 'Please check if updates are needed'. Since the group is up for renewal, BCBSNE has the current Group Leader information. No amendment is needed for changes, if submitted via the Small Group portal renewal process.

Group Leader Details

Please check if updates are needed

| Group Leader | | Billing Contact (only if different from group leader) | |
|--------------------------|--------------|---|-------|
| Full Name * | Email * | Full Name | Email |
| Dustin Karas | | | |
| Title | Phone * | Title | Phone |
| | 402-391-0222 | | |
| Effective Date of Change | | Effective Date of Change | |

Survey

The survey questions will correspond with the questions found on a paper survey. Only the pertinent questions will be shown for renewals. Accurately fill in the information.

Eligibility

Key in the number of eligible employees and specify waiting periods and any special handling instructions.

Eligibility and Enrollment 

This is to certify that we have the following:

*(Include all full-time, part-time, and independent contractors, regardless of whether or not eligible for insurance) Number of Employees: (including active owners) *

8

As Of Date: *

This field is required.

Are there any eligibility provisions or carve-outs that apply to this group plan? *

Yes No

This field is required.

COBRA

Indicate COBRA information and provide name of COBRA Administrator.

Cobra Administration

Is your group subject to Public Law 99-272 (COBRA) during this calendar year?
(Typically, employers with 20 or more employees on 50% of typical business days in the previous calendar year are subject to COBRA in the current calendar year)

Yes No

Does the Group have a COBRA Administrator?

Yes (*check only if answer to the question is Yes.)

Please provide name of the COBRA Administrator

This field is required.

ACA Compliance

This section is information regarding group size to be in accordance with the Patient Protection and Affordable Care Act. Indicate by checking the box if 50 or fewer employees were employed during the calendar year prior to the effective date of the said application. Include full, part-time and seasonal employees. DO NOT include independent contractors.

****If there are parent/sister companies that use the same control number for IRS purposes, include these employees in the total****

Group Data for ACA Compliance

As part of BCBSNE's compliance with the Affordable Care Act (ACA), BCBSNE must collect information on group sizes. On average, how many employees did you employ on business days during the calendar year prior to the effective date of this renewal? This total should include full-time, part-time, and seasonal employees, but exclude independent contractors.

options are:

- 50 or Fewer
 51 or More

Medicare Secondary

BCBSNE is required to collect information in order to properly pay claims for employees who are eligible for Medicare benefits. In accordance with Medicare law, depending on the current employment status of employee and/ or employer size, BCBSNE may be required to pay primary to Medicare for certain group health benefits, regardless of an employee's or dependent's entitlement to Medicare.

Indicate using the checkboxes if there were 20 or more employees for more than 20 weeks during the current or previous calendar year. If yes, indicate the dates.

*When responding to the following questions, the number of full-time and part-time employees on your payroll(s) (including owners who are active with the company), not the number of employees in your group health plan, determine Medicare Secondary Payor status. Companies that are under common ownership/control are treated as a single employer.

1. Did your company have 20 or more full - time and / or part - time employees * Yes No
 on the payroll(s) for 20 or more weeks (consecutive or non - consecutive) at any time during the current calendar year ?

2. Did your company have 20 or more full-time and/or part-time employees* on the payroll(s) for 20 or more weeks (consecutive or non - consecutive) at any time during the previous calendar year ? Yes No

Census

The census will populate current employees associated with the group that have current coverage. Status must be verified using the drop-down box to confirm active or other employee status.

[DOWNLOAD CENSUS DATA](#)



*add multiple rows to the census

+ ADD MULTIPLE NEW MEMBER

| First Name | Last Name | Medical Status | |
|------------|------------|--|---|
| Griswald | Blanzy | (X) - Actively Enrolled Plan Member ▼ |  <small>DELETE MEMBER</small> |
| Miklos | Durand | (X) - Actively Enrolled Plan Member ▼ |  <small>DELETE MEMBER</small> |
| Bedros | Mastanduno | (X) - Actively Enrolled Plan Member ▼ |  <small>DELETE MEMBER</small> |

Medical Total Members: 3 | Total Enrolling: 3 | ValidWaivers: 0 | InvalidWaivers: 0

+ ADD NEW MEMBER

SAVE & CONTINUE

The total number of employees must match the current census data. Members can be added or terminated to reflect current employee numbers.

To add a single member click 'Add New Member' OR use the slide bar to 'Add Multiple Members'.

An employee cannot be deleted. A status code of 'Terminated/No Longer Employed' must be selected from the status drop down field.

Once current census data is displayed, 'Save & Continue'.

Authorizations

Only new people will need to be added to Authorized Plan Contacts.

Authorized Plan Contacts

The HIPAA Privacy Rules provide that the Group Health Plan (GHP) is a separate legal entity from the Employer/Plan Sponsor. In compliance with the HIPAA Privacy Rules, it is necessary to designate Authorized Plan Contacts for the GHP. The GHP Primary Contact is indicated on page 1 of this Survey. The GHP Primary Contact serves as BCBSNE's primary contact for the GHP, and may also designate additional Authorized Plan Contacts for the GHP. The GHP Primary Contact shall notify BCBSNE of any additions or deletions to the following list, by utilizing the Authorized Plan Contacts Form (8933). If you want your GHP Agent of Record as one of your Authorized Plan Contacts, please include him/her in the section below. In addition, the following individuals may be given access to our GHP information received from BCBSNE in accordance to the requirements set forth within the HIPAA Privacy Rules.

ADD

Do you have any Authorized Plan Contacts to add for the Group Health Plan?*

***Please note to only add Authorized Plan Contacts who are not already approved for access for the Group Health Plan**

Supporting Documentation

Attach the supporting documentation which is required for the renewal to process. Tax document and UI-11 is needed. If these are not available, refer to the listing below.

Supporting Documentation

Attach any supporting documentation for your application here:

*Please note that BCBSNE now requires the most recently filed quarterly UI-11 to be submitted with enrollment status codes for every employee, including the owners. If your company does not file a UI-11, please see the tax documentation chart below to find the proper documents to be submitted.

*If the owner(s) does not appear on the most recently filed quarterly UI-11, then please submit appropriate tax documentation per the tax documentation chart below.

Please upload Supporting Documents (Total combined size of attachments should be less than 25MB)

BROWSE... Supporting Files
Most recently filed quarterly UI-11 and/or Supporting Tax Documentation

| Category | Documentation |
|-----------------------------|---|
| Sole Proprietor | IRS 1040 Schedule C or Schedule F (Farm) |
| S - Corporation | IRS Schedule K 1 for each owner, totaling 100% (Form 1120S, Corporation Filing) |
| C - Corporation | IRS Form 1120 Corporation Filing; Schedule G, K#5 or 1125-E |
| Partnership/LLP | IRS Schedule K 1 for each owner, totaling 100% (Form 1065) |
| LLC | IRS 1040 Schedule C or Schedule K-1 |
| Non-Profit | Most recent Federal Form 941 and corresponding payroll report identifying all employees and earnings. |
| Non-NE Employees | Quarterly Wage and Tax Report for most recent quarter for applicable state(s). |
| New Employees | If a newly hired employee is not shown on the Quarterly Wage Report, then provide the most recent 2-week payroll report and date of hire. |
| Cobra or State Continuation | Provide Qualifying event, qualifying event date & expected termination date. |
| Spouse of Owner | Most recent W2 |

Save & Continue

Submit Renewal

Attest to the information being submitted by checking the box.

Renewal Status

Once the renewal has been submitted, the progress can be checked by viewing the dashboard.

In Progress Renewal (1) 0 1 ^

Highland Park Church - 111111111 last edit by: Broker Training on: 11/9/2018 [EDIT](#) [TERMINATE](#) 🕒 53

Renewal Pending BCBSNE Review (2) 0 2 ^

Skyhawk Transfer, Inc. - 111111111 last edit by: Broker Training on: 11/8/2018 Review Status: [VIEW](#) [TERMINATE](#) 🕒 22

Rates Available for Renewal (0) 0 0 ^

Completed Renewal ^

Termed Group ^

| Status | Definition |
|-----------------------------------|--|
| In Progress Renewal | Any Group where the survey has been started, but not submitted. |
| Renewal Pending for BCBSNE Review | Any Group where the survey has been submitted and BCBS is reviewing internally. |
| Rates Available for Renewal | <p>Ready to submit Group's renewal on their behalf. Can generate rates in a PDF that can be saved or downloaded to send to the Group. Options will be to:</p> <ul style="list-style-type: none"> • Renew As-Is <ul style="list-style-type: none"> ○ Check the attestation box that displays current coverage options. Verify the SBC has been received along with the date. Submit renewal. • Change Options <ul style="list-style-type: none"> ○ Will display current coverages (medical/dental). Add or change coverages that apply. ○ If adding new line of coverage, upload new applications in the supporting documentation section. |
| Completed Renewal | All of the Groups completed renewals. |
| Termed Group | Will display all Groups that are termed and list the reason. Either terminated by Broker or BCBSNE. |

NOTE: When the renewal is still in progress which is started and not completed, edits can be made or can terminate the renewal.

Terminate Renewal

Should a renewal need to be terminated, select the 'Terminate' icon and select a terminate reason from the drop down list. A termination date must be given. Agree to terms and conditions and submit.

Terminate Group x

| | |
|--|--|
| <p>Term Reason</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between;">Select a Term Reason▼</div> | <p>Termination Date</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between;">Select a Termination Date▼</div> |
|--|--|

Electronic Signature Terms and Conditions

By entering my electronic signature and clicking on Submit below, I am confirming that I am authorized to terminate coverage on behalf of the Group Health Plan and intend to be bound by and authenticate this electronic record.

I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

If you accept these Conditions, electronically sign the application and click the 'Submit' button. Please maintain a copy of this authorization for your records.

Check here to indicate that you have read and agree to the terms and conditions above.

CANCEL