Medicare Group Administration Guide

Welcome

Thank you for selecting Independence Blue Cross (Independence) for your organization’s Medicare plan benefits. We are a customer-focused organization, we value our relationship with you, and we are committed to giving you and your Medicare beneficiaries the best possible service.

As the benefits administrator of your Independence plan, you have the important job of understanding your program and assisting Medicare beneficiaries with their inquiries and questions. We have prepared this document to help you with that day-to-day administration.

Using this guide

This guide explains the Independence processes and procedures, including enrollment and eligibility, for group Medicare plans.

If you require more information or have questions about your Independence coverage, please contact your Independence Medicare account executive.
Eligibility requirements

Medicare Advantage (MA) plans – Keystone 65 HMO and Personal Choice 65SM PPO

To be eligible to enroll in Keystone 65 HMO or Personal Choice 65 PPO, a Medicare beneficiary must:

- be entitled to Medicare Part A and enrolled in Medicare Part B;
- continue to pay the Part A premium (if applicable) and Medicare Part B premium.

Group Personal ChoiceSM 65 PPO is a national plan, and members can reside anywhere in the United States.

In addition:

The federal government will not allow enrollment of an applicant with end-stage renal disease (ESRD) unless one of the following exceptions applies:

- **Conversions upon the initial coverage election period (ICEP).** Applicants who develop ESRD while enrolled in active commercial coverage may convert to the Medicare plan within the same organization.

- **Retroactive Medicare entitlement determinations.** If a member does not receive notice of eligibility until after their start date, usually involving a delayed Part B, the member will be entitled to an SEP as well as an exception to join an MA plan if they have ESRD.

- **Development of ESRD while enrolled in a health plan offered by the MA organization.** Beneficiaries who develop ESRD while enrolled in a health plan offered by the MA organization are eligible to elect an MA plan offered by that organization. In order to be eligible, there must be no break in coverage between enrollment in the health plan offered by an MA organization and the start of coverage in the MA plan offered by the same organization.

Medicare-eligible members residing outside the service area converting from active commercial coverage may join a Medicare Advantage plan offered by the same MA organization. The plan must be comparable to the existing commercial coverage (Keystone Health Plan East members may enroll only into Keystone 65 HMO; Personal Choice members may enroll only into Personal Choice 65SM PPO). A member may enroll in the comparable Medicare Advantage plan as long as enrollment is effective the month he or she is first eligible for Medicare. The member may enroll in a comparable Medicare Advantage plan only. Should the member move or change address in any manner, he or she will no longer qualify for that Medicare Advantage plan and will be disenrolled.
To be eligible to enroll in Select Option® PDP a Medicare beneficiary must be:
- entitled to Medicare Part A or enrolled in Medicare Part B;
- retired from the company that is providing the employer-sponsored coverage.

Select Option® PDP enrollees may reside anywhere in the United States.

**Medicare Supplement plan – MedigapSecurity**

To be eligible for MedigapSecurity a Medicare beneficiary must:
- be entitled to Medicare Part A and enrolled in Medicare Part B;
- continue to pay the Part A premium (if applicable) and Part B premium.

MedigapSecurity enrollees may reside anywhere in the United States.
Enrollment process

Enrollment process for customers with existing Medicare Advantage and Medicare prescription drug plans

Please note: Only one application per submission, for initial request only. If you are checking the status on an application please contact Group Medicare Help Team or your account executive.

Group Enrollment Applications must be forwarded directly to the Enrollment Department using one of the following options:

- Mail completed applications to the appropriate address:
  - Keystone 65 HMO and Personal Choice 65 PPO
    Medicare Department
    PO Box 13713
    Philadelphia, PA 19101
  - Select Option PDP
    PO Box 41514
    Philadelphia, PA 19101
- Fax to 215-241-2275, or
- Email to grpmapd@ibx.com

Be sure to observe the following requirements:

- Medicare group number and desired effective date must be included on application.
- All Group Enrollment Applications must be signed and dated by the enrollee.
- Medicare beneficiaries may choose an effective date of up to three months after the month in which the individual completed the enrollment request. However, the effective date may not be earlier than the first of the month following the month in which the request was completed.
- Effective date will be determined by the Centers for Medicare and Medicaid Services (CMS) eligibility verification.

Enrollment process for customers with existing MedigapSecurity plans

Group Enrollment Applications can be sent directly to groupmedicarehelpteam@ibx.com no more than 60 days prior to the requested effective date.

Be sure to observe the following requirements:

- Application must be signed and dated prior to the desired effective date.
- Medicare group number and desired effective date must be included on application.
- All Group Enrollment Applications must be signed and dated by the enrollee or a designated Power of Attorney (POA).
Beneficiaries converting from a non-Medicare Employer Group Health Plan to a Medicare plan at age 65 may enroll through the end of the month to be effective on the first day of the following month.

*Please note that if the applicant is currently enrolled in a Medicare Advantage plan, he or she must submit a disenrollment request in order to be disenrolled from the MA plan.*

**Time frame for notification**

Upon receiving a complete enrollment request, Independence must provide one of the following within ten calendar days:

- notice acknowledging receipt of the completed application and indicating the effective date of coverage;
- request for additional information;
- notice of denial.

**ID cards/Temporary ID**

Each Medicare beneficiary who selects an Independence plan will receive benefits information and an ID card. Independence is required to submit the Employer Group Application/Change Form to CMS within seven calendar days of receipt of the completed form. Upon enrollment confirmation from CMS, Independence will generate and mail enrollment material to the member. Prior to receiving an ID card in the mail, a member may print a temporary ID card by logging in to ibxpress.com.
Disenrollment procedure for Medicare Advantage and Prescription Drug Plans

Voluntary disenrollment

Using one of the options listed below, Medicare Advantage group members must disenroll from their MA plan, even if they are moving to another MA plan, a MedigapSecurity plan, a Medicare prescription drug plan, or Original Medicare.

Option 1 – member-initiated. Member submits a signed disenrollment request to the plan prior to the requested effective date of termination. The individual may indicate a termination date of up to three months after the month in which the individual completed the disenrollment request; however, the termination date may not be earlier than the first of the month following the month in which the request was made.

Example: If a member completes and submits a signed disenrollment request to the plan any time in April, the disenrollment effective date may be May 1, June 1, or July 1.

A member may also disenroll directly with Medicare by calling 1-800-MEDICARE or by enrolling in another MA or PDP plan.

Option 2 – group-initiated. This applies if the group has already sent a disenrollment notice1 to the member in accordance with guidelines set by CMS. The group must request disenrollment by sending the plan a copy of the disenrollment notice that it sent to its members. The disenrollment notice must be sent no less than 21 calendar days prior to the termination date. Additionally, the information provided in the notice must include an explanation on how to contact Medicare for information about other MA plan options that might be available to the beneficiaries.

Example: If the request for disenrollment is received by the plan in August, the termination date will be September 1 unless the request indicates an October 1 or November 1 desired effective date.

Option 3 – group-initiated. This applies if the group has not provided a disenrollment notice1 to the member as required by CMS. The group must submit the disenrollment request to its Medicare account executive by the fifth business day of the month prior to the requested date of termination. The Medicare account executive will ensure that the member is sent the disenrollment notice in accordance with CMS guidelines.

Example: If the request for disenrollment is received by the fifth business day in June, the termination date may be as early as July 1, but no later than September 1.

Disenrollment requests may either be mailed to the plan at the appropriate address below or sent to grpmapd@ibx.com or faxed to 215-241-2275.

1 A disenrollment notice template that includes all elements required by CMS is provided in Exhibit A.
Mailing addresses:

Keystone 65 HMO and Personal Choice 65 PPO
Medicare Department
PO Box 13713
Philadelphia, PA 19101

Select Option PDP
PO Box 41514
Philadelphia, PA

Involuntary disenrollment

The Medicare Advantage organization must terminate members from an MA plan in the following cases:
- a change in residence that makes the individual ineligible to remain enrolled in the plan (includes incarceration, even if the correctional facility is located within the plan’s service area);
- the member loses entitlement to either Medicare Part A or Part B;
- the member dies;
- the MA organization contract is terminated or the MA organization reduces its service area to exclude the member.

A disenrollment notice will be sent to the member as required by CMS.

Disenrollment procedure for MedigapSecurity plans

Disenrollment requests can be sent to groupmedicarehelpteam@ibx.com
Contacting Independence Blue Cross

Customer Service
- Keystone 65 HMO: 1-800-645-3965
- Personal Choice 65SM PPO: 1-888-718-3333
- MedigapSecurity/Security 65®, 1- 888-926-1212
- Select Option® PDP 1-888-678-7009

Group Medicare Help Team

The Group Medicare Help Team is here to assist you with the following:

- **Inquiries:**
  - status of a group set up in a New to Blue plan
  - new group plan numbers
  - status of plan change
  - status of enrollment
  - applicable time frames

- **Address updates/corrections:**
  - group level and member level - change billing or correspondence address

- **Duplicate ID cards:**
  - provide additional member ID card
  - status new ID cards
  - provide PDF ID cards

- **Member enrollment updates/submission:**
  - Medigap - confirmation application was received and confirmation when member is enrolled.
  - member plan changes

- **General billing inquiries:**
  - pay by phone assistance
  - duplicate invoices
  - discuss billing issues and reinstate into group plan if necessary

- **Benefit inquiries:**
  - general explanation of benefits
  - covered providers
  - member/provider outreach when necessary
  - provide benefit summaries to group administrator (SCALs)

- **Claims inquiries**

- **Portal assistance:**
  - how to navigate online services such billing, enrollment and additional resources section
  - reset password

- **Explanation of member correspondence**

You can contact the Group Member Help Team by email at groupmedicarehelpteam@ibx.com or by phone at 1-844-646-1460, Monday – Friday, 8:30 a.m. - 5 p.m.
Exhibit A – 21 Day Involuntary Termination
Loss of Eligibility letter

Date

Sample A. Member
Any Street
City, State Zip

Dear [Name]:

I am writing to let you know some important information regarding your group coverage.

An explanation

[Group Name] Employer Group Health Plan no longer meets the criteria for [Plan name] group coverage. Therefore, your group coverage will end, effective [term date]. Please disregard any subsequent [Plan name] group coverage material that you receive.

Next steps

It is important for you to know your options regarding your future health care coverage. We urge you to contact either:

- the Telemarketing Department at 1-877-393-6733 to learn more about the health care plans available to you and how to enroll; or
- Medicare at 1-800-MEDICARE (1-800-633-4227 TTY/TDD: 1-877-486-2048) or by using Medicare’s website, www.medicare.gov, to learn about additional health plans in which you can enroll.

If you do nothing, your coverage will revert to Original Medicare.

In addition, if your [Plan name] plan included Part D prescription drug coverage and you do not enroll in another prescription drug plan, you will no longer have Part D prescription drug coverage and you will be subject to late enrollment penalties if you enroll at a later date.

Questions

If you have any questions about this notice, please contact the Telemarketing Department at 1-877-393-6733 (For the hearing-impaired, please call 1-877-219-5457)0. Sales representatives are available to assist you seven days a week, from 8 a.m. to 8 p.m.

Sincerely,

Benefits Administrator