

JANUARY 25, 2024

Member Payment Portal: How to Make Payments as a Broker

The Member Payment Portal will enable Brokers to set up auto bill pay and make one-time payments for their active retail members. The services discussed in this section do not pertain to Medicare clients.

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Auto Bill Pay

You can now easily set up auto bill pay from your Retail Producer Portal on behalf of your active retail clients.

Setting up Auto Bill Pay

Retail Producer Portal

- On the 'Home' page of the Retail Producer Portal, search for a client using the 'Account#' or 'Last 4 of SSN#' click 'Submit'
- **2.** The 'Client Information' will show below
- **3.** To the right of the page click the 'Make a Payment' button
- **4.** The MPP application will open a new window and show the `Terms of Use'
- 5. Review and check off the attestation, press 'Accept'
- 6. A pop-up will appear, click 'Go Set Up'



Terms of Use \, 🕘

Blue Cross and Blue Shield of XX (BCBSXX) offers individuals an opportunity to make a one-time online Guest Payment through Fiserv®, an independent PCI-compliant subcontractor of BCBSXX. Fiserv provides the technology needed to support an online credit card, debit card and automated clearing house (ACH) payment. The Information requested will allow you to initiate an online payment session. If at any point you close this website or time out of your browsing session before completing the payment process, none of your information will be saved. If you return later, you will need to provide the requested information again.





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Manage Account

- On the Payments page, you will see your Broker Name, Broker ID and Member ID at the top of the page
- 2. The 'Current Balance' is displayed in the blue bar
- Below the blue bar you will see the 'Upcoming Payments' information which includes the Autopay label and the chosen health plan with the balance and due date
- To set up 'Autopay' for your client, click 'Manage'



- 5. 'Manage Auto Bill Pay Settings' pop-up will appear
- 6. Fill out the policy holder's personal information
- Enter in the bank account information and select 'Checking' or 'Savings' account
- 8. Select 'Personal' or 'Business' account
- 9. Payment amount will be listed
- **10.** If the email listed is correct, check off 'Bank account holder is the policy holder' box
- **11.** Review the attestations closely and check off both boxes
- **12.** Press 'Confirm Auto Bill Pay Settings'

vikash_kunj@bcbsil.com This is the email on file for all communications from i	Nue Arness for Members		
Bank account holder is the policy holder.			
Sank account holder's email address			
Auto Bill Pay communications will be sent to the bar	k account holder's email address only.		
If your client would like to edit or turr contact Member Services at 800-538- please contact Producer Services at 8	off their Auto Bill Pay, they can do so on their account, or please direct them to 8833 for assistance. If you would like to edit or turn off this member's Auto Bill Pay 88-313-5526.	у, Х	

	Payments Current Balance \$390.00	Auto Bill Pay Settings Auto Bill Pay payments will be applied to all current and future bills. Enter the Subscriber's information below.
Upcon	ing Bill	If your tient would like to edit or turn off their Auto Bill Pay, they can do so on their account, or please direct Jern to contact. Mender Services as 800-538-8433 for assistance. If you would be or edit or turn of 1 him member's Auto Bill Pay, please contact Produces Services at 888-313-5526.
Auto	Bill Pay: Off	Payment Method
Blue Pre	erred PPO	New Bank Account
BlueCare Payment D	Dental ue Date	First Name
Medica		6
Dental		Last Name
		Routing Number
		123456789
		Account Number
		1234567890
		Checking or Savings
	itual Legal Reserve Company, an Ind Shield Association	
		Personal or Business
		F Personal
	as a built-in screen reader. Other Ad aded at https://access.adobe.com 🖻	Next Payment Amount
You are leaving this website/app ("site"). This ne control is for the second in the second in the second is for the second in the second in the second is for the second in the second		\$390.00
	f Da ya 🗴 👁	Auto Bill Pay payments will be applied to the following Blue Preferred PPO BlueCare Dentai Blue FocusCare Gold 211
		Next Payment Date
		*Balance will be paid automatically.
		Auto Bill Pay Communication Settings
		email address after Auto Bill Pay settings are confirmed.
		Bank Account holder's email address
		Bank account holder is policy holder
	•	I attest that I am authorized by the subscriber to agree on their behalf that payments be taken from the payment method listed above and that the subscriber agrees to receive emails about their payments, such as billing statements noting the full amount owed and the date on which the payment will be drafted.
		 I attest that I have provided the <u>Reg E disclosure</u> and the <u>Auto Bill Pay Terms and Conditions disclosure</u> to the subscriber.
		If your stere: would like to effic or turn off herit Auto BII Pay, they can do so on their account: up please direct sterm to contact Member Services at 600 208 003 for ansature. Ty power add line of do is unit off to its member's Auto BII Pay, please contact Producer Services at 888-313-5526.
		Confirm Auto Bill Pay Settings
		Cancel

and continue

Payment Summary

- 1. You will see a Success page letting you know 'Auto Bill Pay' has been turned on
- **2.** Review the payment summary
- 3. You can choose to send yourself a confirmation email
- 4. When you click 'Yes, Send Email' a green confirmation message will appear
- **5.** Sample email sent to the agent



ie	nt confirmation for you client.
	Important Auto Bill Payment Update
	Hello GK,
	Fhank you for enrolling your client in Auto Bill Pay for the account number ending in **** . Here are the details of that set up:
1	Reference Code: Enrollment Created On: 11/13/2023
1	The account holder authorizes Blue Cross and Blue Shield of Texas to process the otal billing amount on the account ending in **** on the due date each month. This authorization will remain in effect until your client revokes it or the account is closed, whichever happens first.
i	f your client would like to change or revoke this authorization, please have them log n to the <u>Member Payment Portal</u> or contact us at <u>1-888-697-0683</u> .
	f you have account or payment questions for your client's billing, log into your <u>Retail</u> P <mark>roducer Portal</mark> account or contact Producer Services.
,	Ne appreciate your business.
	(f) (y) (a) (in) (co)
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	1001 E. Lookout Drive, Richardson, TX 75082 © Copyright 2024 Health Care Service Corporation. All Rights Reserved. Legal and Privacy Non-Discrimination Notice Language Assistance Update Your Preferences

One-time Payment

You can now easily set up a one-time payment from the Retail Producer Portal on behalf of your active retail clients. (This is not applicable for initial binder payments. For instructions on how your client can make their initial payment, please refer to page 12.)

Setting up a One-Time Payment

Retail Producer Portal

- On the 'Home' page of the Retail Producer Portal, search for a client using the 'Account#' or 'Last 4 of SSN#' click 'Submit'
- 2. The Client Information will show below
- To the right of the page click the 'Make a Payment' button
- **4.** The MPP application will open a new window and show the 'Terms of Use'
- 5. Review and check off the attestation, press 'Accept'

Retail Producer Portal	<table-cell> IL-Major Medical 👔 🔠 Menu 🎄 Account</table-cell>
	Welcome,
Home Client Info E-Communication Quotes Resources Training Enrollment	Show less A
Client Search	
Account# 100000000 Setorm 100000000 Setorm	
Select Transaction v 🚥	Biller Angenetik Generational Generation
✓ Client Information	

Terms of Use

Blue Cross and Blue Shield of XX (BCBSXX) offers individuals an opportunity to make a one-time online Guest Payment through Fiserv®, an independent PCI-compliant subcontractor of BCBSXX. Fiserv provides the technology needed to support an online credit card, debit card and automated clearing house (ACH) payment. The Information requested will allow you to initiate an online payment session. If at any point you close this website or time out of your browsing session before completing the payment process, none of your information will be saved. If you return later, you will need to provide the requested information again.

I attest that I am authorized to accept these Terms of Use and use the authenticated payment portal on behalf of the subscriber.

Accept

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Manage Account

- On the Payments page, you will see your Broker Name, Broker ID and Member ID at the top of the page
- 2. The 'Current Balance' is displayed in the blue bar
- **3.** Below the blue bar you will see the 'Upcoming Payments' information which includes the chosen health plan with the balance and due date
- 4. To make a one-time payment, click 'Make a Payment'

Note: Producers – To edit or turn off Auto Bill Pay for your client, you must call Producer Services and talk to a representative. FYI: Displayed Member Services and Producer Services phone numbers are state specific

	Broker Name: test Broker ID: 000000 Member ID: 00000	broker 200 00000	Language Assistance Exit
	Payments ^{Current Balanc} \$2,074.	06 <mark>2</mark>	
	Upcoming Payments		
	Autopay: On Next Auto Bill Payment: Payment Method	Dec 31 Checking	
	If your client would like to ealth or turn of th account, or please direct them to contact assistance. If you would like to edit or turn contact Producer Services at 888-313-55 Blue Preferred Silver PPO 201 Plances Devolute	their Auto Bill Pay, they can do so on their Member Services at 800-538-8833 for n off this member's Auto Bill Pay, please i26. \$1,044.53	×
	Payment Due Date Health	Jan 31 \$1,009.58	
		\$24,25	
4)	Make a Payme	ent	
Legal and Privacy Important Plan Information Blue Cross and Blue Shield of Illinois, a Division Blue Shield Association. © Copyright 2023 Health Care Service Corpora	Language Assistance and Non-Discrimina n of Health Care Service Corporation, a Mut ation. All Rights Reserved.	ition Notice tual Legal Reserve Company, an In	dependent Licensee of the Blue Cross and
File is in portable document format (PDF). To One option is Adobe [®] Reader [®] which has a b You are leaving this website/app ("site"). This information. In addition, some sites may requi	view this file, you may need to install a PDF uilt-in screen reader. Other Adobe accessibi new site may be offered by a vendor or an i re you to agree to their terms of use and pr	reader program. Most PDF reader lifty tools and information can be independent third party. The site r ivacy policy.	rs are a free download. downloaded at https://access.adobe.com. may also contain non-Medicare related

- **5.** On the 'Payment Amount' section, you can choose 'Current Balance' or enter in 'Other amount'
- **6.** Fill out the policy holder's personal information
- Enter in the bank account information and select 'Checking' or 'Savings' account
- 8. Select 'Personal' or 'Business' account
- 9. Once complete, click 'Review Payment Details'
- **10.** Payment Details summary will show, (click 'Edit' if needed) review and check off attestations
- **11.** Select 'Submit Payment'
- **12.** Payment is now completed

Note: A confirmation email will be sent to the subscriber's email address after payment is submitted

Langue Make a Payment Current Balance \$2,074.06	Review the payment details. Edit Your payment cannot be changed or cancelled after it is submitted.
Please enter the payment details below. So So Current Balance: \$2074.06 © there amount: © there amount: 12/18/2023 Payment Method Bank Account Total Table Arg Continuation Continuation Continuation Continuation email will be sent to the subscribers email Auroing and provide used for this one-time payment ones, its	<section-header> Payment Amount \$780.00 Payment Date 06 / 02 / 2021 Payment Method Personal Checking Account x1234 Image: Constraint of the subscriber to agree on their behalf that payments be taken from the payment method listed above and that the subscriber agrees to receive emails about their payments. Image: Constraint of the subscriber of the subscriber of the subscriber of the subscriber agrees to receive emails about their payments. Image: Constraint of the subscriber of the subscriber of the subscriber of the subscriber. Image: Constraint of the subscriber of the subscriber of the subscriber. Image: Constraint of the subscriber of the subscriber. Image: Constraint of the subscriber of the subscriber. Image: Constraint of the subscriber of the subscriber. Image: Constraint of the subscr</section-header>
9 Review Payment Details Cancel	Payment Completed \$2.60

Review Payment Details

Payment Summary

- **1. Payment Completed.** Please take note of the confirmation number for your records
- 2. You can choose to send yourself a confirmation email
- **3.** When you click 'Yes, Send Email' a green confirmation message will appear
- 4. Sample email sent to the agent
- 5. You can "Print" the confirmation or save as a PDF
- You can click 'Return to Payments' to make another payment, or select 'Done'



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View Billing History

- 1. On the Retail Producer Portal, pull up your retail client's information
- **2.** Under 'Policy Information' click on the 'Billing Information' link
- **3.** A pop-up will appear with the 'Billing History'

t Information									
1		Account Number: Name: SAMPLE		Home Phone: SAMPLE	Spouse Cell Phone:		3		
		Address: SAMPLE		Cell Phone: SAMPLE Work Phone: SAMPLE	Fax:	Bi	illing History		
		E-mail Address: SAMPLE					Billed Date	Delivery Method	Am <u>o</u>
							2/1/2024	PAPER	
							1/1/2024	PAPER	
							12/1/2023	E_BILL	
Application Information							11/1/2023	E_BILL	
Agent Name:			Written Date 12:				10/1/2023	E_BILL	
Medical/Deductible Dental/Deductible:	Blue Precision Bronze HMO 205/\$0 N/A		Effective Date 2: Effective Date: Market Type:		07/06/2023 08/01/2023		9/1/2023	E_BILL	
Number of Applicants 👔							8/1/2023	E_BILL	
	Name				Coverage		7/1/2023	E_BILL	
	(Annual)		Medical/ Dental				6/1/2023	E_BILL	
							5/1/2023	E_BILL	
							4/1/2023	E_BILL	
Policy Information							3/1/2023	E_BILL	
							2/1/2023	E_BILL	
Agent Name: Plan: Policy Kit: Renewal Type :	Blue Pred View N/A	ision Bronze HMO 205		Paid to Dat Total Monti Expected S	e: ily Premium: ibsidy:		1/1/2023	E_BILL	
Market Type: Billing Information:	2 Monthly	an le		Adjusted Pi	emium:		12/1/2022	E_BILL	
	-						11/1/2022		

View Payment History

- 1. On the Retail Producer Portal, pull up your retail client's information
- 2. Under 'Policy Information' click on the 'Paid to Date' link
- **3.** A pop-up will appear with the 'Payment History'

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			Payment H							ayment nistory				
								Payment Date	Confirmation	Payment Method	Payment Status	Payment Amount		
V Client Information								1/18/2024	0	Refund EFT	Returned	(\$3.00)		
								1/18/2024	1009218102	CREDIT CARD	Applied To Bill	\$20.00		
		Account Number	:				AN	1/18/2024	1009218100	CREDIT CARD	Applied To Bill	\$20.00		
-		Name: Address:	SAMPLE		Home Phone: Cell Phone:	SAMPLE SAMPLE		1/18/2024	1009218095	CREDIT CARD	Applied To Bill	\$20.00		
			SAIVIPLE		Work Phone:	SAMPLE		1/15/2024	0	Refund EFT	Returned	(\$23.00)		
		E-mail Address:	SAMPLE					1/15/2024	0	Refund EFT	Returned	(\$1.00)		
								1/15/2024	0	Refund EFT	Returned	(\$1,602.57)		
								1/15/2024	0	Refund EFT	Returned	(\$1.00)		
								1/15/2024	0	Refund EFT	Returned	(\$1.00)		
								1/15/2024	0	Refund EFT	Returned	(\$1.00)		
								1/15/2024	0	Refund EFT	Returned	(\$1.00)		
✓ Application Information								1/15/2024	0	Refund EFT	Returned	(\$1.00)		
				Weiten Date 🔵				1/15/2024	0	Refund EFT	Returned	(\$1.00)		
Agent Name: Medical/Deductible Dental/Deductible:	Blue Precision Bronze HMO 205/\$0 N/A			Received Date 2: Effective Date:			7/06/20	1/15/2024	0	Refund EFT	Returned	(\$1.00)		
Renewal Type:	Not Available			Market Type:				1/15/2024	0	Refund EFT	Returned	(\$1.00)		
Number of Applicants	0							1/15/2024	0	Refund EFT	Returned	(\$1.00)		
								1/15/2024	0	Refund EFT	Returned	(\$2.00)		
	Name													

Binder Payments

A binder payment is the initial payment your client needs to make when buying a health plan. This payment covers their first month's premium and must be paid within 30 days of enrolling in the plan. If they don't make this payment, their policy will not take effect (effectuate) which means they won't have health care coverage even though they signed up for it. **You cannot make Binder payments on behalf of your client.**

Making a Binder Payment

Member Payment Portal

- On the 'Home' page of the Blue Cross and Blue Shield website, select 'Make a Payment' and then 'Pay My Bill'
- 2. On the 'Pay My Bill' page, click "First-Time Payment'
- **3.** Fill out the policy holder's information and accept 'Terms of Use'
- 4. Fill out payment details and submit binder payment

