

BlueCross. BlueShield. Illinois · Montana · New Mexico Oklahoma · Texas

**JANUARY 10, 2024** 

# Retail Producer Portal Guide: Client Management

The Retail Producer Portal is a comprehensive sales and service tool for the Under 65 individual market and the Medicare markets. The portal enables you to design and deliver quotes, enroll members in Blue plans, manage prospects and serve and support active clients with a host of features. This section covers client management functions.

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Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas, Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Client Management

## **Add New Prospects**

#### Follow these steps to add a new sales lead or prospect.

- **1.** Select the "Client Info" tab.
- **2.** To add a prospect, select "Add New Prospect" from the Client Leads box.
- **3.** Enter at least the required information marked with a red asterisk: First Name, Last Name, State and Zip Code. The remaining fields (Address, City, Phone Numbers, and Email Address) are optional.
- **4.** Click the "Save Prospect" button. A confirmation message will display when a prospect has been successfully saved. Click the "OK" button for the confirmation message.
- **5.** When you enter a prospect's data there is also the option to "Save and Create Proposal." Selecting this option will take you directly to quoting.



## **Search for Prospects**

To search for a client, sales lead or prospect, follow these steps.

- **1.** Select the "Client Info" tab.
- 2. To search for a prospect, select "Search for Prospects" from the Client Leads box.
- **3.** Enter any piece of information to find a client. You can enter information in all seven fields or just one.
- **4.** If you want to see all of your prospects, click on the "Show All" button.
- **5.** Click the "Submit" button.
- **6.** Matching results will display in the lower portion of the page.
- **7.** To delete prospects, select the box next to their record and click the "Delete Selected Rows" button.
- 8. To print prospect records, select the box next to their record and click the "Print Selected Rows" button, or you can "Print All."
- 9. To export prospect records to a Microsoft Excel spreadsheet, select the box next to their record and click the "Export Selected Rows" button or you can "Export All."

	Client Info	E-Communication	Quotes	Resources	Training Enro	llment	
Client	Search	Client Lea	ds	Reporting			
		Add New F	Prospect Prospects	Create Report     View My Custo	m Reports	Book of Business	
_							
First Nam	e		Last Na	ne		Zip Code	Phone Number
First Nam	e First Name		Last Nat	ne r Last Name		Zip Code	Phone Number

**9 8** 

		83 s Shav First Pr	of #3 Search Results w[ <u>15</u> ] V entries revious Next Last		
1 First Name	2 Product Name	2 Coverage Effective Date	2 Date Created	1 Last Saved Date	2 App Expiry Date
search	search	Rearch	search	search .	search.
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Test	Blue Choice Preferred Bronce PPO 501 BlueCare Dental 1A	09/01/2023	08/23/2023	06/23/2023	10/03/2023
Razi	Blue Choice Preferred Bronze PPO 202 BlueCare Dental 1A	09/01/2023	08/28/2023	08/28/2013	10/06/2023
Razi	Blue Choice Preferred Bronce PPO 202 BlueCare Dental 1A	09/01/2023	08/28/2023	06/26/2023	10/08/2023
joe	Blue Choice Preferred Bronce PPO 201 Select One	02/01/2034	09/05/2023	09/05/2023	10/16/2023
Joe	Blue Choice Preferred Bronce PPO 202 Select One	02/01/2034	09/05/2023	09/05/2023	10/16/2023
Joe	Blue Choice Preferred Bronce PPO 202 Select One	02/01/2034	09/05/2023	09/05/2023	10/16/2023
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Export Selected I

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## Search for a Member

You can search for clients by completing fields in the Client Search section of the Retail Producer Portal's Home page. In addition, there are many other ways to search for clients from the "Client Info" tab.

#### Simple Search

- **1.** Select the "Home" tab.
- 2. Enter a member's account number. Searches must be done with the primary insured's information, not a spouse's or a dependent's.
- **3.** You can also enter the last four digits of the primary insured's Social Security Number.
- **4.** Click the "Submit" button.
- **5.** To do a more advanced search, click on the "Client Info" tab, where you have additional fields for searching.

Home	Client Info	E-Communication	Quotes	Resources	Training	Enrollmen
Client	Search					
Acc	count# st 4 of N#	Submit	4			

#### **Advanced Options**

- 1. Select the "Client Info" tab.
- 2. Enter content into one or more of the following fields for the primary insured:

#### **Account Information**

- Account Number\*
- E-App Number: This is the number you receive after an electronic • application is submitted through the Retail Producer Portal.
- Client App ID: The application ID for off-exchange electronic applications • sent via a web producer's integrated platform. Only web producers use this ID.
- Exchange Assigned ID: The number from the Marketplace after an on-• exchange application is submitted.
- Pending Application ID: The six character value that appears under Billing ID on an initial payment due notice sent to an applicant.

#### **Client Information**

- **Client First Name**
- **Client Last Name**
- Last 4 of SSN\* .
- Date of Birth\* ۰
- Phone Number
- Email Address
- Zip Code •

#### **Producer Information**

- Producer First Name
- Producer Last Name
- Nine Digit Producer Number •
- 3. Once you have entered your desired search criteria, click the "Search" button.

**‡** Searching by Last Name alone may not display your client if the last name is common. This search finds the first 1,000 clients in the entire portal with that last name but displays those from that first 1,000 where you are the producer of record.

Home

**Client Search** 

Account Number

Phone Numbe

\* Searching by a member's Social Security Number (last 4 digits), Date of Birth or Account Number provides the best results.

#### Show less A **Client Info** E-Communication Quotes Resources Training **Account Information** E-App Number 🕜 Client App ID Exchange Assigned ID 🔞 Pending Application ID 👩 Client Information Client First Name Client Last Name Last 4 of SSM Date of Birth Email Address Zip Code

### **Producer Information** Producer First Name Producer Last Name Nine Digit Producer Number 👔

#### **View Search Results**

Results from a client search will be displayed on the lower portion of the page. Click on the Account Number hyperlink shown in the results table. When you select the Account Number link, the member's demographic information is displayed:

							1 - 25 of 134	Search Results							
							First Previou Go to page	s Next Last pg≭ of 6 Pages							
Last Name 🗘	First Name ≎	Record Type 💲	E-App Number \$	Client App ID \$	Member Count ≎	Group Number \$	Account Number ≎	Status 🗘	Product Type \$	Product Name ≎	Coverage Effective Date \$	Paid To Date ≎	Termed ≎	Producer Name	<ul> <li>Nine Digit</li> <li>Producer</li> <li>Number \$</li> </ul>
filter	filter	filter	filter	filter	filter	filter	ilter	filter	filter	filter	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	filter	filter
TESTIL	TESTILONEONE	Policy	0101389016	PP97127	1	IB2121	123456789	Grace Period	OFF-EXCHANGE	Blue Choice Preferred Bronze PPO 502	05/01/2022	12/01/2022			
TESTIL	TESTILONEONE	Policy	0101389016	PP97127	1	DI2202		Grace Period	OFF-EXCHANGE	BlueCare Dental 1B	05/01/2022	12/01/2022			
TEST	TEST	Policy	0101335573	PP81958	3	IB2803		Grace Period	OFF-EXCHANGE	Blue Choice Preferred Bronze PPO 201	01/01/2021	09/01/2021			

- Account Number
- Name
- Address
- Email Address
- Home Phone
- Cell Phone
- Work Phone
- Spouse Cell Phone
- Fax

✔ Client Information					
	Account Number	:730075112			
	Name:	TESTILONEONE TESTIL	Home Phone:	(121) 304-0506	Spouse Cell Phone:
	Address:	1489 E OGDEN AVE	Cell Phone:		Fax:
		NAPERVILLE, IL 60563-0000	Work Phone:		
	E-mail Address:	SAI_ALEKHYA_MACHAVOLU@BCBSIL.COM			

## **Manage Documents & Questions**

#### **Upload a Document**

- You can submit documents via the portal in the following file types: PDF, JPG, JPEG, PNG, GIF, TIF, BMP.
- All file types listed here, except for PDFs, are different types of image files. PDFs are typically created using Adobe Acrobat or Adobe Reader software.
- You can upload a file up to 10 MB (or 10,000 KB) in size.
- To reduce the size of an image file, lessen the resolution during scanning. Typically, JPG, JPEG, PNG and GIF image files are smaller in file size than TIF and BMP image files.
- If you are uploading a PDF, to compress the size of the PDF, please visit the following URL and follow the instructions: https://www.adobe.com/acrobat/online/compress-pdf.html

#### To upload a document, select the E-Communication tab and follow these steps:

- **1.** In the "Document Submission" area, click on the "Document Submission" link.
- 2. An "Account Number" is optional.
- **3.** The "E-App Number" field is also optional. You can submit documents that don't have a corresponding e-app number.
- **4.** Select an option from the "Document Type" drop down box.
- **5.** Click the "Browse" button and navigate to the file's location. Select it. The filename will populate the "Location and Filename" field.
- 6. Click the "Submit" button.
- 7. You will then receive a Document Submission confirmation message. It displays the file name and tracking number you should retain for your records. Click the "OK" button.



#### **View Document Submissions**

- **1.** To view your documents, select the "E-Communication" tab.
- Click on the "View Submitted Documents" link.
- Submitted documents are displayed in a list format. The list provides a history only; documents cannot be viewed or accessed once submitted.
- 4. To delete a document submission, click the box next to the document in the list and select the "Delete Selected Rows" button. A message appears asking if you're sure if you want to delete the message. Click the "OK" button to confirm.

Home	Client Info	E-Communication	Quotes	Resources	Training	Enrollment					Show
E-Que	stions	Document Subn	nission								
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Submit	tted Documents (2 lected Rows Tracking #	\$	Items Per Page	25 💌 << Prev 1	v Next >> 18 Submitter	i Document(s) Account #	\$	App Number	¢	Submitted	
Submit	tted Documents ()	New Business App	Items Per Page Document Ty; Dication	:25 ⊻ << Prev 1	▼ Next >> 18 Submitter	l Document(s) Account #	\$	App Number	¢	Submitted 9/28/2023 3:22 PM	
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Items Per Page: 2	5 🗸	<< Prev	1	✓ Next	>>
1 Subm	itted Do	cument(s)			

#### Submit a General E-Question

- **1.** Select the "E-Communication" tab.
- 2. Choose the "New E-Question" link.
- **3.** Select the "General E-Question" option for general questions not related to a specific member.
- 4. Enter a "Subject."
- **5.** Post your question.
- 6. Click on the "Submit" button.

Home	Client Info	E-Commu	nication	Quotes	Resources	Training	Show less A
E-Que	stions	I	Document	t Submissio	n		
► Ne ► Vi	ew E-Question		<ul> <li>Docume</li> <li>View Set</li> </ul>	ent Submission ubmitted Docun	nents		
bmit E-C	Question						
Please se	elect type of E-Questi	on					
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#### Submit a Member-Specific E-Question

- **1.** Select the "E-Communication" tab.
- 2. Choose the "New E-Question" link.
- **3.** Select the "Member Specific E-Question" option for questions related to a specific member.
- **4.** Enter the required information for the member/client.
- 5. Enter a "Subject."
- 6. Post your question.
- 7. Click on the "Submit" button.
- **8.** You'll receive a confirmation message. Click the "OK" button.

	Home Clie	ent Info E-	Communication	Quotes	Resources	Training	Show less 4
	E-Questions	estion 2	Document + Document + View S	t Submission nent Submission Submitted Docum	n nents		
	Submit E-Questio	on e of E-Question					
	<ul> <li>General E</li> <li>To submit an e received and p</li> <li>Client's First</li> <li>Subject * ?</li> </ul>	-question, fill in the rocessed. Name * MI	e form below and submi Client's Las	O Memb     t your request.	oer Specific E-Questi You will receive noti Client ID# * 🝞	on fication once the e-	question is
	Question * 3	(Max limit of 1000	characters)				
uestion Su	Ibmitted						7 Submit
E-Question r nitted. r tracking num	egarding John Public h nber is #EQU398. estions	es been	-				

#### **Delete an E-Question**

If you submitted an E-Question that is no longer relevant or is incorrect, you can easily delete it.

- **1.** Select "E-Communication" tab.
- **2.** Choose the "View My E-Questions" link.
- **3.** Select the box beside the E-Question you want to delete.
- **4.** Select the "Delete Selected Rows" button.
- 5. When the confirmation box appears, click "OK."

E-Q	uestions)		Document Su	Ibmission				
2(	<ul> <li>New E-Question</li> <li>View My E-Question</li> </ul>	ns	<ul><li>Document s</li><li>View Subm</li></ul>	Submission itted Docume	nts			
Delete S	estions elected Rows		Items Per 25 V Prev 1 Page: 25 - 2 F-Ou	Next >>				
Delete S	estions elected Rows Subject	Status	Items Per Page: 25 V Prev 2 E-Que Submitted	v Next >> setion(s) ▼ Respon	nded *	Client ID	Client Name	Tracking #
Delete S	estions elected Rows Subject Needs ID Card	Status In Progress	Items Per 25 V Prev 1 Page: 25 V Prev 1 2 E-Que Submitted 08/07/2015 01:47 Ph	v Next >> estion(s) ▼ Respon	nded 🔹	Client ID 1231231234	Client Name Jane Doe	Tracking # EQU29960



## **Order Permanent ID Cards**

You can order permanent ID cards for mail delivery from the Client Detail page in your portal account.

Marketplace (on exchange) policies require at least 24 hours after application submission before ID cards are available. For non-Marketplace (off exchange) policies, ID cards are often available right away.

- After finding a member from completing a simple search from the "Home" tab or an advanced search from the "Client Info" tab, select "Generate ID Cards" from the dropdown menu and click the "GO" button.
- 2. Choose "Permanent ID Cards."
- 3. Click the "Next" button.

ck to Search Results	Generate ID Cards		Submit E-Quest
✔ Client Information			
Account Number:			
Name:	Home Phone:	Spouse Cell Phone:	
Address:	Cell Phone:	Fax:	
E-mail Address:			
Policy Fulfillment Request			
lease Select			
			•
Temporary ID Cards     Permanent ID Cards			5

### Order Permanent ID Cards (continued)

- **4.** Select the policy type. You can select an ID card for a medical or dental policy.
- 5. For plans that require a Primary Care Physician (PCP), select the member needing the card. Each member selected receives a separate ID Card with his or her own PCP information. For plans that don't require a PCP, you don't have to select a member's name. For these cards, only the primary insured's name is included.
- **6.** For Permanent ID Cards, you can request one ID card per family member, for plans that require a PCP. For plans that don't require a PCP, you can request multiple ID cards at once.



Policy Fulfillment Request Policy and Member Selection Screen - Permanent IDs

**Termination Date** 

11/30/2013

12/31/2013

12/31/2013

01/31/2014

12/31/9999

12/31/9999

**Effective Date** 

01/01/2013

12/01/2013

12/01/2013

01/01/2014

02/01/2014

02/01/2014

Please select the policy:

Blue Precision Platinum PPO & Blue Select Dental

Blue Precision Platinum PPO

Blue Precision Silver PPO

Blue Precision Gold HMO

Priscilla Name (Primary)

Sam Spouse (Spouse)

Blue Select Dental

## **Generate Temporary ID Cards**

- 1. After finding a member from completing a simple search from the "Home" tab or an advanced search from the "Client Info" tab, select "Generate ID Cards" from the dropdown menu and click the "GO" button.
- 2. Choose "Temporary ID Cards"
- 3. Click the "Next" button.
- 4. Select a policy.
- **5.** For plans that require a Primary Care Physician, you must select the member needing the ID Card. Each member selected receives a separate ID Card with the Primary Care Physician information included.

For plans that do not require a Primary Care Physician, you do not have to select a member's name. For these ID Cards, only the primary insured's name is on the ID Card.

Click on the member's link to generate the ID Card.



### Generate Temporary ID Cards (continued)

- 6. Temporary ID Card requests will generate a file that allows the user to "Print" or "Download" the ID Card. If you download and save Temporary ID Card files, you can then email the files to clients. If clients are with you, you can print the files and hand it to them before they leave your office.
- **7.** Once the downloading or printing is completed, you can select "Finish" to go back to the member's information page.

	BlueCross BlueShield	d
	Date: March 11, 2015	
	Dear Provider,	
	Please accept this letter as a temporar	y Blue Cross and Blue Shield identification card.
	According to the information on file, the	e following individual(s) have Blue Cross and Blue Shield coverage:
	Subscriber:	Identification Number:
	Medical Group Number: IB2001	Eff.date: 03/01/2015
	Dental Group Number: D20033	Eff. date: 03/01/2015
	DEPENDENT INFO:	
	This letter does not guarantee cov All claims are subject to coverage pro-	verage or payment and does not represent prior approval for benefits visions and medical necessity.
	This letter does not guarantee cov All claims are subject to coverage pro To verify eligibility and product informa	verage or payment and does not represent prior approval for benefits visions and medical necessity. ation, call (800) 538-8833.
	This letter does not guarantee cov All claims are subject to coverage pro- To verify eligibility and product informa <b>ATTENTION PROVIDER:</b> This Tempor If you are providing services to this en number listed above to check that the	verage or payment and does not represent prior approval for benefits visions and medical necessity. ation, call (800) 538-8833. ary ID will automatically expire within 30 days after the date of its issuance. rollee or his/her dependent after the expiration date, please call the information contained in this letter is still accurate.
	This letter does not guarantee cov All claims are subject to coverage prov To verify eligibility and product informa ATTENTION PROVIDER: This Tempor If you are providing services to this en number listed above to check that the Please file all claims with your LOCAL B	verage or payment and does not represent prior approval for benefits visions and medical necessity. ation, call (800) 538-8833. ary ID will automatically expire within 30 days after the date of its issuance. rollee or his/her dependent after the expiration date, please call the information contained in this letter is still accurate.
	This letter does not guarantee cov All claims are subject to coverage pro To verify eligibility and product informa ATTENTION PROVIDER: This Tempor If you are providing services to this en number listed above to check that the Please file all claims with your LOCAL B	verage or payment and does not represent prior approval for benefits visions and medical necessity. ation, call (800) 538-8833. ary ID will automatically expire within 30 days after the date of its issuance. rollee or his/her dependent after the expiration date, please call the information contained in this letter is still accurate.
nber	This letter does not guarantee cov All claims are subject to coverage pro- To verify eligibility and product informa ATTENTION PROVIDER: This Tempor If you are providing services to this en number listed above to check that the Please file all claims with your LOCAL B	verage or payment and does not represent prior approval for benefits visions and medical necessity. ation, call (800) 538-8833. ary ID will automatically expire within 30 days after the date of its issuance. rollee or his/her dependent after the expiration date, please call the information contained in this letter is still accurate. Blue Cross and Blue Shield plan.
nber	This letter does not guarantee cov All claims are subject to coverage pro To verify eligibility and product informe ATTENTION PROVIDER: This Tempor If you are providing services to this en number listed above to check that the Please file all claims with your LOCAL B Selection Screen - Temp IDs to generate their Temporary ID card)	verage or payment and does not represent prior approval for benefits visions and medical necessity. ation, call (800) 538-8833. ary ID will automatically expire within 30 days after the date of its issuance. rollee or his/her dependent after the expiration date, please call the information contained in this letter is still accurate.
nber	This letter does not guarantee cov All claims are subject to coverage prov To verify eligibility and product informat ATTENTION PROVIDER: This Tempor If you are providing services to this en number listed above to check that the Please file all claims with your LOCAL B Please file all claims with your LOCAL B Selection Screen - Temp IDS e to generate their Temporary ID card) Effective Date Termination 02/01/2015 12/31/9999	Perage or payment and does not represent prior approval for benefits visions and medical necessity. ation, call (800) 538-8833. any ID will automatically expire within 30 days after the date of its issuance. rollee or his/her dependent after the expiration date, please call the information contained in this letter is still accurate. Blue Cross and Blue Shield plan.

Policy Fulfillment Request Policy and Please select the policy: (Click on the mem

Blue Advantage Silver HMO 004

## **Change Primary Care Physician**

The Retail Producer Portal allows you to make a Primary Care Physician (PCP) change for a client.

- **1.** After finding a member from completing a simple search from the "Home" tab or an advanced search from the "Client Info" tab, select "Change PCP" from the dropdown menu and click the "GO" button
- 2. When the "Provider Change" page opens, select the member name needing the PCP change.
- 3. Click on the "Provider Finder" link. Locate the Medical Group / PCP/ PCPA / NPI number(s) for the new PCP.
- **4.** Put a check mark in the box(es) beside the name(s) of the members needing the PCP change.
- 5. Enter the Medical Group / PCP/ PCPA / NPI number.
- 6. Select the "Search" button. See the following page for next steps.

				<ul> <li>Client Information</li> </ul>		
Welcome Tilda Mc	Masters				Account Number: Name: Address:	
Provider Change (Member ID.	: )				E-mail Address:	
Provider Change Options	Active Member(s)			¥	To find a Docto <b>Provider Finde</b>	r click r 3
Active Member(s)						•
Member	Plan	DOB		Effective Date	Termination Date	History
✓UATILCURRENTPLAN UATILFUTUREPLAN (Primary)	Blue Precision Gold HMO <sup>SM</sup> 001	01/01/1971		05/01/2015	12/31/9999	ອ
■UATILSPOUSECURRENT UATILFUTUREPLAN (Spouse)	Blue Precision Gold HMO <sup>SM</sup> 001	01/01/1981		05/01/2015	12/31/9999	9
Provider Search						-
Medical Group / PCP / PCPA / Number	NPI	<b>°5</b>				
		Q	Term	12/21/0000	0	Soorah



### Change Primary Care Physician (continued)

- 1. After you click the "Search" button, the new PCP information is displayed.
- Choose a reason for changing provider(s) from the "Provider Change Reason' dropdown list located in the Provider Assignment section.
- **3.** Click the "Validate" button.
- **4.** If the reason selected is not valid, an error message will display at the bottom of the page and a new reason selection must be made.

Member

Error(s):

UATILFUTUREPLAN (Primary)

UATILFUTUREPLAN (Spouse)

UATILSPOUSECURREN

Provider Change Reason

Asked Out

UATILSPOUSECURRENT UATILFUTUREPLAN (Spouse)

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4

· Member was previously asked out of this Medical Group, please select a new Medical Group

UATILCURRENTPLAN Concern With Service

Provider Change Options	A	Active Member(s)			•	To find a Provider	a Doctor click <mark>r Finder</mark>
Active Member(s)							
Provider Search							
Medical Group / PCP / P Number	CPA / NPI	124	0				
Effective Date		08/01/2015	0	Term Date	12/31/9999	0	Sear
08/01/2015-12/31/9999							
Medical Group #: 124	Med	dical Group Name	ADVOCAT	E LUTHERAN	GENERAL PHYS P	ARTNERS	
Provider Assignment	roloct						
Provider Assignment Member UATILCURRENTPLAN UATILFUTUREPLAN (Primary) UATILFUTUREPLAN (Spouse)	- select - Referral Probl Retired New Member No Reason G New Enrollee Members For Doctor/Med G Left Network ( Hospital Affilis Dependent Ag Concern With	ems Benefit Not Support iven mer Provider In Netv irp Location (Closed) ated je Sentre	Gr ted r Family vork	oup T			
Provider Assignment Member UATILCURRENTPLAN UATILFUTUREPLAN (Primary) UATILSPOUSECURREP UATILFUTUREPLAN (Spouse) Member	- select Referral Probl Retired New Member No Reason G New Enrollee Member Prefe Member SFor Doctor/Med G Left Network ( Hospital Affili Dependent Ag Concern With Change Of Rk Concern With Asked Out	ems Benefit Not Support iven mer Provider In Netw ry Location (Closed) ated Service seidence Physician Access	Gr r Family vork	oup T			
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### Change Primary Care Physician (continued)

- **5.** If you do not receive an Error message, verify the PCP changes are correct
- **6.** Select the "Finish" button.
- **7.** A message appears that the change was successful and new ID Cards were generated.

Provider Change (Member ID:

The transaction was successful and all a

Success:

John Doe (primary)		
John Doe (primary)		
	Current	5 Updated
Medical Group #	597	☑ 124
Medical Group Name	BCBS HMO ILLINOIS	ADVOCATE LUTHERAN GENERAL PI PARTNERS
Effective Date	07/01/2015	08/01/2015
Term Date	12/31/9999	12/31/9999
Request Received Date	06/10/2015	Ø 07/30/2015
Provider Assigned By	Selected by member	Selected by member
Provider Change Reason	No Reason Given	Concern With Service
Jane Doe (spouse)		
	Current	5 Updated
Medical Group #	597	124
Medical Group Name	BCBS HMO ILLINOIS	ADVOCATE LUTHERAN GENERAL P PARTNERS
Effective Date	06/01/2015	08/01/2015
Term Date	12/31/9999	12/31/9999
Request Received Date	05/22/2015	2 07/30/2015
Provider Assigned By	Selected by member	Selected by member
Provider Change Reason	Data Entered Incorrectly	Asked Out
Please verify the changes made information is not correct, pleas	e. If the information is correct, select "Fin se select "Back" to make changes.	ish" to complete the workflow and save the changes n

### Change Primary Care Physician (continued)

#### **PCP Changes**

Each client's PCP can only be updated one time, per transaction. Reasons for changing a PCP include:

- Change Of Residence
- Changed For Application
- Concern With Access
- Concern With Physician
- Concern With Service
- Dependent Age
- Doctor/Med Grp Location
- Hospital Affiliated
- Left Network (Closed)

#### **Provider Termination Dates**

- Member Preferred One Doctor For
  - Family
- Members Former Provider In Network
- New Enrollee
- New Member Benefit Not Supported
- No Reason Given
- PCP Not Accepting New Patients
- Referral Problems
- Retired

You don't need to enter a termination date for the new PCP. The termination date will automatically default to December 31, 9999. The new PCP assignment will remain in effect until the member makes another change or until coverage ends. Please do not alter the date.

#### **Selecting Two PCPs**

A client may have a PCP for one period of time and another PCP effective on a future date. (Example: PCP 1 is effective from October 1 to December 31, and PCP 2 is effective from January 1 onward.) If the client wants two different PCPs for two different time periods, you will need to complete two separate PCP update transactions. Examples of when this might take place are when a PCP is leaving a network or when a client is moving to a new policy/network in the future.

#### **Effective Dates for PCPs**

In some instances, depending on the state, an effective/start date for a PCP can only be on the first of the month. In those cases, a "Warning Message(s)" will display. You may click "Accept" or "Modify" if you wish to change the effective date of the new PCP selection.



## **Change Client Information**

Producers have the ability to change contact information – phone numbers and email addresses – on their clients' behalf. When submitted, these changes are updated in our member systems in approximately 4 hours.

Producers do not have access to change the contact information of spouses or dependents\*. They can only change contact information for the primary insured. After updating an email address or telephone number, allow up to 4 hours for the client information to refresh in the Retail Producer Portal.

- After finding a member from completing a simple search from the "Home" tab or an advanced search from the "Client Info" tab, select "Contact Info Change" from the dropdown menu and click "GO".
- 2. Make all applicable contact info changes. When adding a telephone number, select an option from the "Type" drop down list. If an existing telephone number does not have a designated type, make a selection now or an error message will display when you click the "Next" button.
- **3.** Click the "Next" button.
- \* NOTE: A dependent under the age of 18 is required to use the telephone number and email address of the primary insured. Others on the policy can change their contact information via their Blue Access for Members account or by calling customer service, whose number is on the back of their member ID cards.

lome	Client Info E	Communication	Quotes Resources	Training E	nrollment	Show less
Client	Search					
⊛ Ac ⊚ La	count# st 4 of SSN#	00000001	Submit			
						Submit E-Quest
				Select Transa Select Transa Generate ID C	ction • GO ction cards	
Client I	Information			Contact Info C	hange	
	Accoun	Number:				
•	Contact Info	Change A WASHINGTON	(Primary)			
	Phone Numbe	r <b>(</b> 2	10 digit Phone			
	Туре		Number			Send Text
	Home Phone	Number 🗸	(123) 123-4455	ext		
	Email Address					
	Email	AGEN	@AGEN.COM			
						3

### Change Client Information (continued)

- **4.** Confirm changes are correct.
- 5. Select "Finish."
- **6.** A message should appear that the updates were successfully saved.
- **7.** If there is an issue, an error message will display. Follow instructions and click the "OK" button.

	Currei	nt			Updated		
Туре	Phone Number	Extension	Send Text	Туре	Phone Number	Extension	Send Text
Home Phone Number	(123) 123-6677		No	Cellular Phone Number	(123) 123-4455		No
EmailAddre	ss IL@	SDF.COM		44	AGE	N@AGEN.CO	м
verify the c If the infor	hanges made. If the mation is not correc	e information t, please sele	is correct, sel ect "Back" to n	ect "Finish" t nake <mark>c</mark> hange	to complete the work s.	flow and save	e the changes

