

## *Section 7: Understanding Your Monthly Invoice*



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## *Understanding the monthly invoicing process*

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### **Invoice**

Blue Care Network is a prepaid health plan. Each invoice reflects the premium due for the upcoming month. For example, the bill you receive in March will show your premium for April.

The creation and mailing of premium invoices correspond to your group's coverage month. You should receive your invoice approximately 20-25 days before the first day of your coverage month. Your premium payment is due on the date stated on your invoice. If your group has more than one subgroup, you may receive a separate billing statement for each subgroup.

Your monthly invoice provides information on who is covered under your group plan. **It is important to review the invoice carefully each month because it contains retroactive adjustments**

Note: Any changes reported to the Group Inquiry unit must be submitted on an Enrollment/Change of Status form (see Section 6 for how to complete this form). Please do not indicate any changes on the invoice.

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### **Online invoices**

Group invoices are available online via our *eBookshelf* reporting tool on the *Group Secured Services* website at **bcbsm.com**. You can view and retrieve current and archived invoices up to two years old.

To request access to *eBookshelf*:

- Register your group on the *Group Secured Services* website by going to **bcbsm.com** and selecting the *Group* tab and then clicking *Register*.
- Use the *Add Services* link on the *Administration* page to select *eBookshelf*. *eBookshelf* will appear as a service that can be added to your company administrator's profile within 24 hours of registration.

You should now be able to log on to the portal and begin accessing your invoices through *eBookshelf* online. Once *eBookshelf* has been added, your company administrator can delegate it to other registered users.

If *eBookshelf* doesn't appear as a service available to add or you need additional help, have your company administrator call our Web Support Help Desk at **1-877-258-3932**.

## *Understanding the monthly invoicing process (continued)*

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### **How premiums are calculated**

BCN bills according to the Wash Method, which is based on a 1<sup>st</sup> through 31<sup>st</sup> billing cycle and uses beginning and midpoint dates to include items on your invoice.

With the Wash Method, your invoice will not include a monthly charge for:

- Terminations effective the 1st through 15th of the month
- Additions effective the 16th through 31st of the month

With the Wash Method, your invoice **will** include a monthly charge for:

- Additions effective the 1st through 15th of the month
- Terminations effective the 16th through 31st of the month

For groups with an effective date other than the first of the month, BCN bills daily, using the Per-Diem billing method.

## *Call Group Inquiry*

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**Billing issues** If an expected enrollment, disenrollment or contract change is not on your billing statement, call Group Inquiry to verify that it will be on the next month's billing statement. Any retroactive premium or credit will be automatically calculated by BCN.

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**Forms** To obtain a form for adding or deleting members or making other changes to your agreement with us, call Group Inquiry.

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**Call Group Inquiry** You can reach Group Inquiry at 1-800-970-6684 Monday through Thursday from 8:30 a.m. to 5 p.m. and Friday from 9:30 a.m. to 5 p.m.

## *Remitting payment*

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### **Paying the bill**

You must pay as billed and allow the system to self-correct. When remitting your premium, always make sure your payment is for the “Balance Due” on the first page of your bill. Report all discrepancies directly to Group Inquiry.

Because BCN is a prepaid health plan, payment is due by the invoice due date. Please mail your payment, the balance due on the first page of your invoice, to:

Blue Care Network  
P.O. Box 33608  
Detroit, MI 48232-5608

When paying, please include the payment coupon. If you are paying for multiple subgroups, include each subgroup’s payment coupon indicating the amount enclosed per subgroup on each coupon. These coupons are read electronically, and returning them ensures payment is posted to your account without delay. A delay in posting could make your account delinquent.

Do not enclose Enrollment/Change of Status forms with your payment.

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### **Automated payment**

Through BCN’s autopay program, your group can authorize BCN to deduct payments from a designated checking or savings account at a specified time each month. There is no charge for the service.

Autopay processing eliminates the possibility of late or delinquent payment. Because group premiums differ from month to month, BCN will send monthly notices, indicating the amount that will be automatically deducted on the invoice due date.

A copy of the authorization form appears on the next page. The form is also available online at **MiBCN.com/groupforms**.

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*continued*



**Authorization Agreement for Automatic Payments**

Subscriber name:		Subscriber address:	
City:	State:	Zip code:	Applicant telephone number:
<b>Authorization for automatic payments</b>			
I hereby authorize Blue Care Network, hereinafter called BCN, to withdraw from my checking/savings account amounts necessary to pay the premium owed by me under my BCN contract. This authority will remain in effect until I notify you, or the bank listed below, in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on the cancellation.			
Bank name:		Branch:	
City:	State:	Zip code:	
Please deduct my monthly BCN premium from (check one):			
<input type="checkbox"/> Checking account (Please include a voided check when you return this form.)			
<input type="checkbox"/> Savings account (Please include a voided deposit slip when you return this form.)			
If you bank online, please write in your checking or savings account number and bank routing number.			
Account number _____			
Bank routing number _____			
Signature:			Date:

Requests received by the 5th of the month will take effect the following month. Withdrawals will occur each month on the date your premium payment is due. We will send you written notification of the date your automatic payments begin.

Blue Care Network use only		
Member's contract number:	Process date:	Effective date:

Send the form and a voided check or deposit slip by fax or mail.

**Fax:** 1-866-615-6793

**Mail:** Blue Care Network  
IAA/Billing Department - Mail Code C415  
P.O. Box 5043  
Southfield, MI 48086

## *Remitting payment (continued)*

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### **Processing delays**

BCN's goal is to have your payment posted within 48 hours. The following situations can cause delays in our processing your payment in a timely manner.

- **You sent payments to BCN's Southfield office.**  
These payments must then be forwarded to the Detroit lockbox location, requiring as much as three days additional processing time.
- **You didn't include the payment coupon with your payment.**  
The bank forwards payment to BCN's Southfield office for investigation and manual posting, requiring as much as three days additional processing time.

## *Contract additions and terminations*

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### **30-day policy**

Submit your contract enrollments and terminations prior to or within 30 calendar days of the effective date, not only for timely processing but for invoice accuracy.

If you calculate 30 calendar days from the effective date allowance, the addition or termination might not show on your invoice for up to four months.

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### **Invoice example**

This example illustrates the impact of the 30-day policy on your invoice.

<b>Action</b>	<b>Date</b>
Subscriber gets married.	August 12
Group administrator submits form to BCN.	September 12
BCN runs billing for October.	Second week of September (new contract dependent not included)
BCN runs billing for November.	Second week of October (includes new contract dependent)
November invoice shows retroactive premium.	For August, September, October, November

# Your monthly invoice: Page 1 totals



**Blue Care  
Network  
of Michigan**

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

COVERAGE PERIOD
04/01/2004 to 04/30/2004

PAGE NO
1

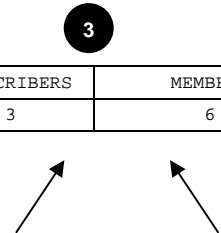
INVOICE NUMBER
07072000669

**1** SHOEBOX REPAIR SHOP  
ATTN: PENNEY SHOESHINE  
123 OXFORD LANE  
STRIDERITE MI 48565

GROUP	SUBGROUP
00500061	0001

SUBSCRIBERS	MEMBERS
3	6

DATE BILLED
03/12/2004



<b>5</b>	PREVIOUS BALANCE.....	\$	800.00
<b>6</b>	PAYMENT(S) RECEIVED SINCE LAST INVOICE.....	\$	(800.00)
<b>7</b>	BALANCE FORWARD.....	\$	0.00
<b>8</b>	ADJUSTMENTS (Details on page 2).....	\$	479.71
<b>9</b>	CURRENT PREMIUM.....	\$	1,843.85
	<b>10</b> BALANCE DUE BY: 04/01/2004	\$	<b>2,323.56</b>

FOR BILLING INQUIRIES, PLEASE CALL 800-970-6684

SPECIAL MESSAGE WILL BE PRINTED HERE.

PLEASE REMIT PAYMENT EQUAL TO THE BALANCE DUE AMOUNT.  
 ANY AMOUNT PAID THAT IS DIFFERENT THAN THE BALANCE DUE CAN RESULT IN REJECTED CLAIMS FOR YOUR EMPLOYEES.  
 PLEASE USE AN ENROLLMENT CHANGE OF STATUS FORM AND SEND ALL MEMBERSHIP CHANGES AS THEY OCCUR TO:  
 BLUE CARE NETWORK OF MICHIGAN  
 ATTN: MEMBERSHIP & BILLING - MC B811  
 25925 TELEGRAPH RD.  
 P.O. BOX 5043  
 SOUTHFIELD, MI 48086-5043  
 OR FAX THE ENROLLMENT CHANGE OF STATUS FORM TO: 877-218-1466

KEEP THIS PORTION FOR YOUR RECORDS

## *Your monthly invoice: Page 1 totals (continued)*

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### **Reading the invoice**

The legend below corresponds to the key numbers on the preceding page.

1. Group name, contact name and address (Review to make sure information is correct.)
2. Your 12-digit group/subgroup number
3. Total subscribers and members being billed on this billing statement
4. Date invoice was generated
5. Previous balance: Total amount outstanding from previous months
6. Payments(s) received: Payments received by BCN since the last billing statement
7. Balance forward: Previous balance minus amount paid
8. Adjustments: Total of all the retroactive adjustments listed on the "Retroactive Adjustments By Subscriber" section and any manual account adjustments if applicable
9. Current premium: Total of all the premium amounts listed on the "Premium Detail By Subscriber" section
10. Balance due: What you need to pay by the due date

# Your monthly invoice: payment coupon

(tear here) (tear here)

DO NOT FOLD OR STAPLE. PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT



**Blue Care Network of Michigan**

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**1** PAYMENT COUPON

Make check payable to BLUE CARE NETWORK OF MICHIGAN. Include your GROUP and/or SUBGROUP NUMBER(s) on the check and mail in the enclosed envelope to:

SHOEBOX REPAIR SHOP

**2** BLUE CARE NETWORK OF MICHIGAN  
P.O. BOX 33608  
DETROIT MI 48232-5608

GROUP	SUBGROUP	INVOICE NUMBER	COVERAGE PERIOD
00500091	0001	070720000669	04/01/2004 to 04/30/2004

⑈XXXXXXXX 0001 000000000 00000000 20020406 00000970000

**3** AMOUNT ENCLOSED:

YOUR PAYMENT WILL BE LATE IF NOT RECEIVED BY: 04/01/2004	PLEASE PAY THIS AMOUNT:	\$ 2,177.67
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**4**

### Reading the invoice

The legend below corresponds to the key numbers above.

1. Payment coupon: Send this page with monthly premium payment.
2. Lockbox address: Send payment to this address.
3. Amount enclosed: Enter amount remitted.
4. Premium due date and amount: Send this total amount by due date to avoid delinquency.

# Your monthly invoice: retroactive adjustments

**Retroactive Adjustments** The following sample invoice identifies retroactive adjustments under two class IDs.



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GROUP NAME	GROUP	SUBGROUP	COVERAGE PERIOD	PAGE NO	INVOICE NUMBER
SHOEBX REPAIR SHOP	00500091	0001	04/01/2004 to 04/30/2004	2	070720000669

RETROACTIVE ADJUSTMENTS BY SUBSCRIBER

1 CLASS 0001 - ACTIVE													
2 SUBSCRIBER ID	SUBSCRIBER LAST NAME	SUBSCRIBER FIRST NAME	3 COV. FROM	COV. THRU	CT	FC	SD	MS	4 FAM. SIZE	# OF DAYS	5 PLAN (S)	6 ADJ. TYPE	ADJ. AMOUNT
999999999	SHOESHINE	PENNEY	02/01/04	02/29/04	Z	0	0	0	1	29	M,R	ADD	\$ 426.34
999999999	SHOESHINE	PENNEY	03/01/04	03/31/04	Z	0	0	0	1	31	M,R	ADD	\$ 426.34
TOTAL ADJUSTMENTS FOR CLASS 0001												\$ 852.68	
1 CLASS 0002 - RETIRED													
2 SUBSCRIBER ID	SUBSCRIBER LAST NAME	SUBSCRIBER FIRST NAME	3 COV. FROM	COV. THRU	CT	FC	SD	MS	4 FAM. SIZE	# OF DAYS	5 PLAN (S)	6 ADJ. TYPE	ADJ. AMOUNT
999999991	SHOESHINE	DOUGLAS	03/01/04	03/31/04	Z	0	0	0	1	31	M,R	TERM	\$ (372.97)
7 TOTAL ADJUSTMENTS FOR CLASS 0002												\$ (372.97)	
8 TOTAL ADJUSTMENTS FOR GROUP 00500091 SUBGROUP 0001												\$ 479.71	

**Reading the invoice**

The legend below corresponds to the key numbers above.

1. Class ID: Retroactive adjustments under each class ID
2. Subscriber ID: Subscriber's contract number
3. Adjustment period: Dates of changes
4. Family size: Total members enrolled under the subscriber's contract
5. Plan(s): Subscriber products (M = medical, R = prescription drug, D = dental, H = hearing, V= vision)
6. Adjustment Type: Type of change (retroactive add or retroactive termination)
7. Total adjustments under each class ID
8. Total adjustments for the entire group, which corresponds to the total of all retroactive adjustments

# Your monthly invoice: premium detail by subscriber

**Premiums** The following sample invoice identifies premiums billed for each subscriber.



**1**

<b>GROUP NAME</b> SHOEBOX REPAIR SHOP	<b>GROUP</b> 0050009 1	<b>SUBGROUP</b> 0001	<b>COVERAGE PERIOD</b> 04/01/2004 to 04/30/2004	<b>PAGE NO</b> 3	<b>INVOICE NUMBER</b> 070720000669
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PREMIUM DETAILS BY SUBSCRIBER

**2** CLASS 0001 - ACTIVE

**3**

SUBSCRIBER ID	SUBSCRIBER LAST NAME	SUBSCRIBER FIRST NAME	COV. FROM	COV. THRU	CT	FC	SD	MS	FAM. SIZE	# OF DAYS	PLAN (S)	PREMIUM AMOUNT
999999999	SHOESHINE	PENNEY	04/01/04	04/30/04	Z	0	0	0	1	30	M,R	\$ 426.34
999999993	SHOESHINE	SARAH	04/01/04	04/30/04	X	0	0	0	4	30	M,R	\$ 1,044.54
TOTAL CURRENT FOR CLASS 0001											\$ 1,470.88	

**2** CLASS 0002 - RETIRED

**3**

SUBSCRIBER ID	SUBSCRIBER LAST NAME	SUBSCRIBER FIRST NAME	COV. FROM	COV. THRU	CT	FC	SD	MS	FAM. SIZE	# OF DAYS	PLAN (S)	PREMIUM AMOUNT
999999991	SHOESHINE	DOUGLAS	04/01/04	04/30/04	Z	0	0	0	1	30	M,R	\$ 372.97
<b>4</b> TOTAL CURRENT PREMIUMS FOR CLASS 0002											\$ 372.97	
<b>5</b> TOTAL CURRENT PREMIUMS FOR GROUP 00500091 SUBGROUP 0001											\$ 1,843.85	

**Reading the invoice**

The legend below corresponds to the key numbers above.

1. Coverage period: Month which premiums are billed for
2. Class ID: Premiums billed under each class ID
3. Premium amount: Amount billed for each subscriber
4. Total premiums billed under each class ID
5. Total premiums billed for the entire group, which corresponds to the total billed under all combined classes

# Your monthly invoice: billing summary

## Summary statement

The summary statement shows the various types of contracts billed.



**Blue Care Network**  
of Michigan

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GROUP NAME SHOEBOX REPAIR SHOP	GROUP 00500091	SUBGROUP 0001	COVERAGE PERIOD 04/01/2004 to 04/30/2004	PAGE NO 4	INVOICE NUMBER 070720000669
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### BILLING SUMMARY BY CONTRACT TYPE, SUBGROUP, CLASS AND PLAN (S)

1	CT	CLASS	PLAN (S)	2	RATE	SUB. COUN T	FC	SD	MS	MEM. COUNT	3	AMOUNT
	X	0001	M,R	\$	1,044.54	1	0	0	0	4	\$	1,044.54
	Z	0001	M,R	\$	426.34	1	0	0	0	1	\$	426.34
	Z	0002	M,R	\$	372.97	1	0	0	0	1	\$	372.97
			4	TOTAL		3				6	\$	1,843.85

### 5 LEGEND

COLUMN HEADING	DESCRIPTION
CT	CONTRAC TYPE. VALID VALUES ARE Z - SINGLE W - SUBSCRIBER AND CHILD Y - DOUBLE V - SUBSCRIBER AND CHILDREN X - FAMILY
SD	SPONSORED DEPENDENT
FC	FAMILY CONTINUATION
MS	MEDICARE SUPPLEMENT

## Reading the invoice

The legend below corresponds to the key numbers above.

1. Contract type: The size of each contract (see legend box above for an explanation of contract types)
2. Rate: How much BCN is billing for each contract type
3. Amount: Rate times the number of subscribers billed
4. Total: The sum of subscribers, members and premiums billed during the coverage period
5. Legend: The values used for each contract type