



Medicare Supplement LIST BILL GUIDELINES

Enrollment/Applications

- Blue Cross and Blue Shield of Texas (BCBSTX) Medicare Supplement applications must be fully completed in order to ensure timely and accurate processing. Completed applications must be received within 18 days of receiving the List Bill Agreement and Enrollment Form.
- In order for changes to appear on future invoices, changes must be processed by the following dates. However, these timelines are not guaranteed. Timelines depend on the type of change requested and the current volume. List bill changes include:
 - Changing plans/rates of existing members
 - Adding new members to an existing list bill
 - Removing members from an existing list bill

BILLING DATE	CHANGES DUE
1st	Prior to the 1st of the previous month
15th	Prior to the 15th of the previous month

- Applications requesting a retroactive effective date must be received by BCBSTX no later than 15 days after the effective date requested. If an application is received after the dates indicated in the chart above, the Medicare Supplement member will appear on the following months' invoice.

Establishing a New List Bill:

1. A minimum of two or more members must participate.
2. A completed and signed List Bill Agreement and List Bill Enrollment Form should be submitted with the completed Medicare Supplement applications.
3. Establishing a new list bill may take up to 60 days. During the time it takes to set up a new list bill, each new member's invoice will be mailed separately to

the group entered in the **Correspondence/Billing Address** section on the first page of the application until the list bill setup process is completed.

4. A completed and signed List Bill Agreement and List Bill Enrollment Form can be submitted prior to the applications because list bills may take up to 60 days to process.
5. Once a list bill is established, adding a new member to an existing list bill requires a new application, but not a new agreement.

List Bill Maintenance

- Changes to effective dates must be in writing – signed and dated by the member, Power of Attorney (POA) or legal guardian. If submitted by a POA or Legal Guardian, proper documentation must be provided or on file.
- List bill member information can only be released to authorized parties. Third parties who want to discuss member or group information must be able to provide the group name as well as the member's name, ID and date of birth. In addition, a PHI Disclosure Authorization form must be completed by the policyholder.
- To remove a Medicare Supplement member from your list bill, notify BCBSTX within 60 days of the requested removal date. In instances of death of a policyholder, proof of death is required if BCBSTX is notified 60 days or more after the death. Request for removal may come from the list bill group, the member's producer of record or the member. Members will be removed as of their paid through date. Refunds will not be given if notification is after 60 days, except in case of the policyholder's death.
- Medicare Supplement members or legal representatives must authorize any cancellation request. The only authorization exception is the death of the policyholder. A member's existing policy will not be cancelled in order to coordinate with a specific list bill effective date.

Medicare Supplement LIST BILL GUIDELINES

Premium Payments

- When remitting payment, include a completed premium allocation sheet (included in each month's invoice).
- There is a 31-day grace period for premium payments. Medicare Supplement members are subject to termination due to non-payment after 31 days. Reinstatements will be granted upon receipt of full payment within 60 days of the termination date.
- For List Bill members established prior to May 1, 2019, send payments to: BCBSTX Medicare Supplement List Bill Payments, P.O. Box 3005, Naperville, IL 60566-9748
- For List Bill members established after May 1, 2019, send payments to: BCBSTX Medicare Supplement List Bill Payments, PO Box 650039, Dallas TX 75265-0039

Medicare Supplement LIST BILL AGREEMENT

Billing Information

NAME OF COMPANY/PAYOR

BILLING CONTACT

BILLING ADDRESS

TELEPHONE

CITY

STATE/ZIP

Blue Cross and Blue Shield of Texas (herein referred to as "BCBSTX") Agrees:

1. To issue Medicare Supplement contract and/or policies to eligible Applicants from whom we have received and accepted an application and premium.
2. Applications received and accepted will become effective on either the 1st or the 15th of the month. The date must match the billing date of the list bill group.
3. You have the option of billing on the 1st or 15th of each month. Select one: 1st or 15th

You, The Company/Payor, Agree to:

1. Collect the premiums required for coverage under this plan for applicants.
2. Pay BCBSTX all premiums which become due and payable for the purpose of providing and maintaining the insurance with the understanding that any payment in default may cause the termination of this agreement and suspension of all benefits.
3. Promptly furnish BCBSTX with records or other information required as needed to insure proper administration of the insurance. You further agree to allow BCBSTX or their producer of record to inspect all records that pertain to the insurance coverage.

Signatures

It is mutually agreed that this Agreement shall remain in force until cancelled by you or by us. At least 60 days' notice to the other is required.

COMPANY/PAYER

Signed for the Company/Payor by: _____

Printed Name: _____ Title: _____

Date: _____

TO BE COMPLETED BY AGENT (PLEASE PRINT)

I understand that premiums will be billed to the above named Company/Payor for all applicants listed on this form who are accepted for coverage.

Producer or Agency name _____

Street _____

City _____ ZIP _____ Telephone _____

BCBSTX Producer number _____ Email _____

Producer's signature _____ Date _____

NOTE: The subproducer, producer or agency listed above must exactly match the name in our producer database. Agent must be contracted (if an independent producer or agency) or onboarded (if a subproducer) to do business with Blue Cross and Blue Shield of Texas.

Medicare Supplement LIST BILL ENROLLMENT FORM

Is this list bill enrollment request for a new list bill or an update to an existing list bill?

New List Bill

Existing List Bill Group List Bill ID Number: _____

You should you use this form to:

1. Establish a new list bill. Complete the List Bill Agreement, the List Bill Enrollment Form and Medicare Supplement Applications.
2. Add a new member to an existing list bill. Complete the List Bill Enrollment Form and Medicare Supplement Application
3. Add an existing direct-bill member to an existing list bill. Complete the List Bill Enrollment Form only. Be sure to include the member’s ID number. If a current direct bill “legacy” member needs to be added to an existing list bill, a new application needs to be submitted as rates may have changed.
4. Transfer an existing list bill member from one group to another. If a current direct bill “legacy” member needs to be transferred to an existing list bill, a new application needs to be submitted as rates may have changed.

Enrollment Form for List Bill

	Applicant/Member Name	Social Security Number OR Member ID Number	Monthly Premium
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Total Monthly Premium Due

\$

Submission

Send new List Bill Requests (agreement, enrollment form and applications) to:

List Bill Customer Service

ADDRESS: BCBSTX Medicare Supplement List Bill Requests
PO Box 3388
Scranton, PA 18505

FAX: 855-867-6714
8:00 a.m. to 5:00 p.m. CT, Monday through Friday

EMAIL: ListBill@bcbsil.com