

Quick Points



April 30, 2009

SelectAccountSM

Pay-the-Provider, payment capability direct to provider

Blue Cross and Blue Shield of Minnesota and Blue Plus are actively marketing the ability to have members' SelectAccount reimbursements (HRA, HSA, FSA or VEBA) paid directly to the provider. Blue Cross is seeing strong adoption of this feature by the employer community.

What is Pay-the-Provider?

Pay-the-Provider is an option that groups offer to their participants that authorize SelectAccount reimbursements to be sent directly to the provider rather than to the members' home address or directly deposited into their bank account. The member must have the medical crossover option selected to have Pay-the-Provider.

Why is Blue Cross offering Pay-the-Provider?

This feature simplifies the paper work for both members and providers. It speeds the time from claim submission to payment receipt for the provider.

How does the program work?

The provider submits a claim to Blue Cross and the claim is processed based on the member's benefit design. If the participant has selected medical crossover, Blue Cross will automatically send the claim to SelectAccount for processing. If the participant has also selected the Pay-the-Provider option, SelectAccount will issue payment directly to the provider for the portion of the charges that are the member's responsibility up to the available account balance. SelectAccount will send the member an Explanation of Processing statement, confirming the payment was sent to the provider.

Member eligibility requirements

To be eligible for this payment feature, members must fulfill the following criteria :

- Be in a group that is offering Pay-the-Provider. Note: many groups choose to set a default for all employees to be in crossover and Pay-the-Provider.
- Be eligible for and enrolled in crossover (claims balances are transferred automatically to SelectAccount for payment). Manual claims are NOT eligible.
- Have received care at an eligible provider
- Authorize SelectAccount to make payment on their behalf by completing and sending to SelectAccount the Pay-the-Provider Option form. *If their employer provided the group this option by default (with the option to decline), they must not decline the Pay-the-Provider option.*
- Have a balance in their accounts

Enclosure: Sample SelectAccount Provider Explanation of Payment

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Distribution: Available on bluecrossmn.com for all providers
QP9-09

MHI Life Inc. d.b.a. SelectAccount, an independent company providing account administration services.

Claims impact

Claims that meet the criteria will be paid directly out of a member's financial account. If the account balance is less than the claim reimbursement, SelectAccount will issue a check for the account balance to the provider. Providers should bill members after the initial payment as any additional SelectAccount reimbursement for the claims will go directly to the member. SelectAccount will issue only one check to the provider per claim. The member will be reimbursed from their SelectAccount directly for the additional funds when and if dollars become available. Additional member contributions to their SelectAccount will be applied to future claims.

Once SelectAccount processes an eligible Pay-the-Provider claim, members will receive an Explanation of Processing statement. SelectAccount will then send the provider a check in the amount the member owes, in addition to an Explanation of Payment (EOP) report containing the necessary information to apply the payment to the member's account. A sample copy is attached.

Questions?

If you have any questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.

Provider Explanation of Payment

Your Provider Name
PO BOX
MPLS, MN 55440

Date:

Member Responsibility Claims Payment

The subscribers listed below are members of a group that has asked that the payments from their medical reimbursement account be sent directly to the provider. Please accept the enclosed payment on behalf of the subscriber. Any remaining patient liability should be billed directly to the responsible party.

Name of Member	Designated by the provider	The member health ID #				
Patient Name	Provider Patient ID	Subscriber Health ID	Date (s) of Service	Health Plan Claim Number	Payment Amount	
! JOSEPH ! Subscriber Name: Joseph Jones	E30574	XZ0000000	02/24-02/24/09	6393139000000	100.93	
! CHARLOTTE ! Subscriber Name: Joseph Jones	E30581	XZ0000000	03/04-03/04/09	6492084000000	151.71	
! CHARLOTTE ! Subscriber Name: Joseph Jones	E30581	XZ0000000	03/04-03/04/09	6591562000000	58.94	
! JOHN ! Subscriber Name: Joseph Jones	E30590	XZ0000000	02/25-02/25/09	6492084000000	48.21	

Provider Payment Total = 359.79

Amount paid to the provider on the member's behalf

Please call Customer Service at (800) 859-2144 if you have questions regarding this report
Customer Service Hours are Monday thru Friday 7 AM to 7 PM (Central Time)