



FULLY INSURED BILLING GUIDE

Guide to Your Invoice and Billing Package

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Note: The examples in this guide are hypothetical and are used for illustration only. Your invoices and reports may have a slightly different appearance than those shown in this guide.

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Contact Information

Billing Questions

Billing Team Hours

- Monday – Friday
- 8 a.m. – 4:30 p.m. (CT)

Phone

- 1-800-385-5293

E-mail

- billing.inquiries@bcbsnd.com
 - Include client name and client number.
 - Turnaround time is 1-2 business days. If no response after two (2) business days, please call our Billing Team at the number listed above.

Enrollment Updates

If you need to make enrollment changes, you may:

- Submitting the changes using your Employer Portal.
 - If you have issues accessing your Employer Portal, please reach out to our Portals team.
 - ☎ 1-800-544-8467
 - @ portals@bcbsnd.com
- Contacting your local Blue Cross Blue Shield of North Dakota (BCBSND) Office.

Additional Questions

If you have additional questions related your plan benefits, claims, eligibility and more, please contact your local BCBSND office (see below) or the Member Services number located on the back of your card.



Local BCBSND Offices	
<p>Bismarck 1415 Mapleton Ave Bismarck, ND 58503 701-223-6348 24/7 Drop Box</p>	<p>Devils Lake 425 College Drive S. Suite 13 Devils Lake, ND 58301 701-662-8613</p>
<p>Dickinson 1674 15th St. W., Suite D Dickinson, ND 58601 701-225-8092 24/7 Drop Box</p>	<p>Fargo 4510 13th Ave S. Fargo, ND 58121 701-277-2232 24/7 Drop Box</p>
<p>Grand Forks 3570 42nd St S. Suite B Grand Forks, ND 58201 701-795-5340 24/7 Drop Box</p>	<p>Jamestown 300 2nd Ave NE Suite 132 Jamestown, ND 58401 701-251-3180</p>
<p>Minot 1308 20th Ave SW Minot, ND 58701 701-858-5000 24/7 Drop Box</p>	<p>Williston 1137 2nd Ave W. Ste. 105 Williston, ND 58801 701-572-4535 24/7 Drop Box</p>

Billing Dates

This section outlines important Blue Cross Blue Shield of North Dakota (BCBSND) billing dates.

Overview of Billing Dates

When do premium bills get mailed?

The bill date is determined by the bill cycles the client is set up with. The bill cycles are 11, 18 and 25 days prior to the first day of the month. Refer to the Bill Cycles section for additional information. Mailing can take seven to 10 business days to arrive. If you have not received your invoice within 10 days, please reach out to our Billing Team.

You can access a bill in your Employer Portal account before receiving it in the mail.

When is the premium due?

Premium is due on the first day of the first business day of the coverage month.

If you are set up with EFT, when will those funds be withdrawn?

If you are set up with Electronic Funds Transfer (EFT), the premium funds will be withdrawn on the first business day after the first day of the coverage month.

How can I see if I am set up for EFT?

To see if you are set up with EFT, you can log into your Employer Portal or contact our BCBSND Billing Team.

Additional Billing Letters and Notices

There may be times when payment is not received by the due date. If this occurs, system-generated letters will be mailed out.

Additional Information

- If a bill is delayed, the past due notice may not go out until the twentieth (20) of the month.
- One past due notice will be sent each month.
- Letters may take seven to 10 business days to arrive via mail.
- If a Final Notice is mailed and client is cancelled for nonpayment, employees will receive cancel letters.

Type of Letter	Date	Reason for Letter
Past Due Notice	Tenth day of the month	No payment received by the tenth day of the month.
Past Due Notice	Twentieth of the month	If payment comes back non-sufficient funds (NSF) or if client did not receive past due notice on the tenth of the month.
Final Notice (Cancel Notice)	Twentieth of the month	No payment received by the twentieth of the month.

Bill Cycles

There are various times during the month when premium bills are generated, called bill cycles. There are three (3) bill cycles every month – 11 days, 18 days and 25 days, prior to when the premium is due on the first business day of the month.

11 Days

- Most current enrollment will be reflected
- Limited time to pay invoice by the due date
- Recommended for anyone who is set up for electronic funds transfer (EFT)
- Potential past due notice if client does not pay as billed

18 Days

- New clients to Blue Cross Blue Shield of North Dakota (BCBSND) who are set up for EFT will be defaulted to this bill cycle
- Recommended for anyone who is set up for EFT
- Potential past due notice if client does not pay as billed

25 Days

- Late enrollment changes might not be reflected on the current invoice
- Limited changes during the month (smaller clients)
- Potential past due notice if client does not pay as billed
- New clients to BCBSND not set up for EFT will default to the 25 day cycle
- EFT is recommended for clients who have a longer process to send in premium payments

Changing the Bill Cycle

If you would like to change your bill cycle, use one of the following:

- Calling 1-800-385-5293
- Emailing billing.inquiries@bcbsnd.com
- Contacting your BCBSND representative

All bill cycle changes will be effective prospectively (on the next bill cycle).

Payment Options

There are several ways to pay your premium to BCBSND. This section outlines each type of payment BCBSND accepts as well as important information related to each one.

Premiums may be made using a checking/savings account or a money order. Credit card, debit card payments or money wires are not acceptable forms of payment.

Electronic Funds Transfer (EFT)

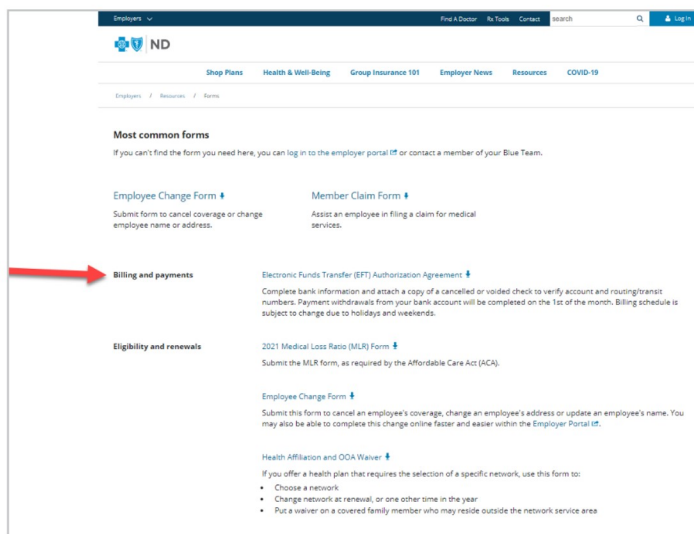
One easy way to make payments to BCBSND is by setting up an EFT. This automated process allows you to avoid mailing payments and gives you peace of mind that your premium invoice is paid timely.

Payment Types Accepted: Checking and Savings Account


EFT Authorization Form

If you want to set up EFT, you can do so by completing the EFT Authorization Agreement.

This form can be found on BCBSND.com in the Employer section under Forms and Resources. See example below.



Electronic Funds Transfer Group
Authorization for Direct Debit via ACH



To enroll in Electronic Funds Transfer, fill Out and return this form. **PLEASE MAKE SURE THAT YOU SIGN YOUR NAME AND DATE THIS FORM WHERE INDICATED.**

- Enclose a voided check with your address on it.
- Make a copy of this form for your records.
- Mail your completed form to: Blue Cross Blue Shield of North Dakota
4510 13th Avenue S
Fargo, ND 58121

If you do not complete this form in full, we will not process your payment.


Client Details	
Client Name	Bill Account Number
Authorized Representative Name	

Additional Information

- If you are set up with EFT, the premium funds will be withdrawn on the first business day after the first day of the coverage month.
- To terminate your EFT, you must e-mail billing.inquiries@bcbsnd.com at least five (5) business days prior to the first of the month.

Mail

Another way to pay your premium is by mailing payment to BCBSND's lock box location. To ensure accurate and timely processing, the payment coupon must be included. See example below.

 INVOICE NUMBER: [REDACTED] BILL ACCOUNT NUMBER: [REDACTED]	DETACH AND RETURN THIS PORTION WITH PAYMENT MAKE CHECK PAYABLE TO "Blue Cross Blue Shield of North Dakota"
	Mail Payment to: Blue Cross Blue Shield of North Dakota PO Box 857668 Minneapolis, MN 55485-7668
	AMOUNT PAID \$ [REDACTED]
	INVOICE MONTH(S): December 2020 PAYMENT DUE DATE: 12/01/2020 TOTAL AMOUNT DUE: \$11,111.87
DO NOT WRITE BELOW THIS LINE	

Payment Types Accepted: Checking Account or Money Order

Mail payments to: BCBSND
PO Box 857668
Minneapolis, MN 55485-7668

Note: Any enrollment changes or other requests written on the premium invoice will not be accepted and/or processed.

Employer Portal

The Employer Portal allows you to set up EFT with the option of recurring or one-time payments. An additional feature the Employer Portal provides is the option to select the date of payment — allowing you to set a date of your choice that works best for your business.

To access the billing, users must be provisioned for billing access in the portal.

Payment Types Accepted: Checking and Savings Account

Telephone Payments

To pay by phone, call the BCBSND Billing Team at 1-800-385-5293. This line is available Monday - Friday from 8 a.m. to 4:30 p.m. (CT).

Payment Types Accepted: Checking and Savings Account

District Office Payments

Finally, another convenient way to make a payment is by visiting a local District Office.

Payment Types Accepted: Checking and Savings Account or Money Order

Refer to District Office Locations listed on page 2.

Bill Package Overview

This section is an overview of the premium bill package.

Invoice Summary

The Invoice Summary represents the total premium charges due for the current billing period, as well as any outstanding balances from the previous billing periods for all products billed.

		REGULAR INVOICE SUMMARY	
		ND Desk 14	
Bill Account Number:		Invoice Number:	201113480561
Bill Account Name:		Invoice Month(s):	December 2020
Client Number:		Prepared Date:	11/13/2020
Client Name:		Payment Due Date:	12/01/2020
Prior Billing Information			
Last Bill Amount		\$17,137.20	
Payments Received Through 11/12/2020		(\$17,137.20)	
Balance Forward			\$0.00
Current Charges			
Premium Summary		\$15,254.10	
Member Activity Processed Through 11/12/2020		(\$4,142.75)	
Total Current Charges			\$11,111.87
Total Due			\$11,111.87

Premium Summary

The Premium Summary shows a list of the current enrollment (by contract type and product/group number) that are active at the start of the coverage period.

PREMIUM SUMMARY					
Bill Account Number:		Invoice Number:			
Bill Account Name:		Invoice Month(s):	December 2020		
Client Number:		Prepared Date:	11/13/2020		
Client Name:		Billing Specialist/Unit:	ND Desk 14		
Product	Contract Type	Contract Count	Rate	Coverage Period	Current Premium
Group: Alpha Pay: 01					
Comprehensive	Individual	1	\$307.30	12/01/2020-12/31/2020	\$307.30
Alpha Pay: 01	Actual Member Count:	1			\$307.30
Group: Alpha Pay: 02					
Comprehensive	Individual	14	307.30	12/01/2020-12/31/2020	4,302.20
	Parent & Child	1	540.80	12/01/2020-12/31/2020	540.80

Member Activity Report

The Member Activity report shows all additions, terminations and changes for the current, prior and future periods. This report assists in showing which members have been updated.

Note: Additions and terminations will show up on the client's premium bill depending on which bill cycle the client is on and when the change was completed. These changes can be identified in the Activity Type column.

MEMBER ACTIVITY

Bill Account Number: [Redacted] Invoice Number: [Redacted]
 Bill Account Name: [Redacted] Invoice Month(s): December 2020
 Client Number: [Redacted] Prepared Date: 11/13/2020
 Client Name: [Redacted] Billing Specialist/Unit: ND Desk 14

Term or Add

Member Name	Member ID	Product	Activity Type	Contract Type	Effective Date	Retroactive Premium	Current Premium	Amount Due	Member Total
Group: 1	Alpha Pay: 02	Comprehensive	Term	Individual	01/16/2020	(\$3,220.33)	(\$307.30)	(\$3,527.63)	(\$3,527.63)
		Comprehensive	Term	Individual	11/01/2020	(307.30)	(307.30)	(614.60)	(614.60)
Activity Type: Term						(\$3,527.63)	(\$414.60)	(\$4,142.23)	(\$4,142.23)
Alpha Pay: 02						(\$3,527.63)	(\$414.60)	(\$4,142.23)	(\$4,142.23)
Group: 1	Alpha Pay: 01	Comprehensive	Add	Individual	01/16/2020	4,424.58	422.10	4,846.68	4,846.68
Activity Type: Add						\$4,424.58	\$422.10	\$4,846.68	\$4,846.68
Group: 1	Alpha Pay: 01	Comprehensive	Term	Individual	01/16/2020	(4,424.58)	(422.10)	(4,846.68)	(4,846.68)
Activity Type: Term						(\$4,424.58)	(\$422.10)	(\$4,846.68)	(\$4,846.68)
Alpha Pay: 01						\$0.00	\$0.00	\$0.00	\$0.00
Group: 10146476						\$0.00	\$0.00	\$0.00	\$0.00
Member Activity Total:						(\$3,527.63)	(\$414.60)	(\$4,142.23)	(\$4,142.23)

Ending Member Listing

The Ending Member Listing shows the members who are active at the end of the billing period. Members who were added during the period will be reflected on the report.

If a client offers multiple products, these employees will be separated by product type. If an employee is enrolled in more than one type of product (ex. medical, dental and/or vision), they will be listed in each group number separately.

It is important to check this listing monthly to ensure your enrollment is accurate for that billing period.

ENDING MEMBER LISTING

Bill Account Number: [Redacted] Invoice Number: [Redacted]
 Bill Account Name: [Redacted] Invoice Month(s): December 2020
 Client Number: [Redacted] Prepared Date: 11/13/2020
 Client Name: [Redacted] Billing Specialist/Unit: ND Desk 14

Health, Dental, or Vision

Member Name	Member ID	Product	Contract Type	Period Ending	Current Premium	Member Total
Group: 1	Alpha Pay: 01	Comprehensive	Individual	12/31/2020	\$307.30	\$307.30
Alpha Pay: 01		Contract: 1			\$307.30	\$307.30
Group: 1	Alpha Pay: 02	Comprehensive	Parent & Child	12/31/2020	540.80	540.80
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30
		Comprehensive	Individual	12/31/2020	307.30	307.30

Report Code/Payroll Location

Simplifying Your Premium Bill

There are ways you can simplify your premium bill to make them easier to reconcile and understand.

Reconciling the Invoice

To assist with reconciling the invoice, BCBSND recommends accessing your bill using your Employer Portal and downloading the excel file as this allows for easier filtering.

The below diagram displays an example of how an invoice can be reconciled.

How to calculate the total on the Invoice Summary Example				
A-1	Premium Summary Amount			\$9,330.60
A-2	+/- Amount Due column from the Member Activity			\$1,470.60
A-3	Total Current Charges			\$10,801.20
A-4	add any prior amount (Balance Forward)			\$18,661.20
A-5	equals Total Due			\$29,462.40
	<i>OR</i>			
B-1	Ending Member Listing Amount			\$9,820.80
B-2	+/- Retroactive Premium column from the Member Activity			\$980.40
B-3	Total Current Charges			\$10,801.20
B-4	add any prior amount (Balance Forward)			\$18,661.20
B-5	equals Total Due			\$29,462.40

BCBSND offers features for you to update your premium bill by adding Report Codes or Bill Accounts.

Report Codes

Report codes are values used to help distinguish membership when employees are under the same group number. These codes are used to assist in separating your membership by location, job type, department, cost centers and more.

Bill Accounts

Bill accounts are used for clients that may need separate group numbers to distinguish membership. This is useful for those who have separate entities that are under the same rating pool code. This means that all groups within a client are rated together but are invoiced separately.

Characteristics of Report Codes and Bill Accounts

Report Codes

- One premium bill with the ability to sort by report code.
- Separate group numbers are not created for members who are on the same product.
- Invoice will be mailed to one single address.
- If premiums will be paid by the same bank account, then report codes would be more appropriate.

Bill Accounts

- Separate premium bills by group number(s).
- Separate group numbers created for members who are on the same product.
- Invoices may be mailed to different addresses.
- If premiums need to be paid by different bank accounts, then bill accounts would be more appropriate.

Employee Grouping

There are times when employees may be enrolled in multiple products (ex. Health, Dental and/or Vision). The standard setup separates the bill by the type of product. This will lead an employee to be listed in separate sections within the invoice. There is a feature that BCBSND can set up to group all the employees' coverage into one section, so you are able to view and quickly total all products an employee may have.

Requesting Report Codes, Bill Accounts and Employee Grouping

If you are interested in setting up report codes, bill accounts and/or reorganizing your premium bill using employee grouping, you can do so by reaching out to the BCBSND Billing Team.

Visit the Contact Information section of this guide on page 1 to contact us.

COBRA

This section outlines information regarding Consolidated Omnibus Budget Reconciliation Act (COBRA) and how BCBSND is involved.

Overview

Employers are required to provide information to eligible employees about COBRA or North Dakota Continuation of Health Insurance coverage. These options allow employees to continue receiving health insurance coverage after they experience a qualifying event, such as termination of employment or a reduction in hours that results in a loss of insurance coverage.

Employers with more than 20 employees are subject to COBRA regulations. You can refer to the US Department of Labor to access an employer guide and COBRA templates in both English and Spanish. Employers with fewer than 20 employees can refer to their Summary Plan Description (SPD) for more details about North Dakota Continuation of Health Insurance.

Additional Information

- BCBSND does not send out paperwork to eligible employees; it is the employer's responsibility.
- Premium exchange is between the client and the employee.
- The enrollee will be on the client's bill under the COBRA group number.
- Need assistance with COBRA administration? Please contact your BCBSND representative. They will provide options through trusted partners.

North Dakota Continuation of Health Insurance requirements do not apply to employers with 20 or more employees, but employers can voluntarily provide continuation coverage for longer than the 39 weeks required by state law.

Third-Party Portal Access

There are times when a client may have a third party assisting with their COBRA enrollments, billing, etc. For a COBRA administrator to gain access, new group number(s) may need to be created to ensure there is only access to the information as of the effective date determined by the client as above. If you have questions on how to grant access for a third-party portal payor, please reach out to your local BCBSND office.

