

# Section 3 Customer Service

*The programs and services listed on the following pages may not be available to all groups. Please check your Group Master Contact for the programs and services available with your group plan.*

## Section 3 Customer Service

Important Customer Service Phone and Fax Numbers

### Important Customer Service Phone and Fax Numbers

CONTACTS	PHONE/FAX NUMBERS	ADDRESSES
<b>Guest Membership</b> - (Hrs: 7 AM to 7 PM weekdays) Request to speak with Guest Membership Coordinator	PH: 1-800-535-8291	
<b>Baby Times Prenatal Program*</b> - If pregnant, call this number to activate membership.	PH: 1-800-638-4754	N/A
<b>BlueCard Program</b> - (24-hour line) To Locate a Provider	PH: 1-800-810-BLUE (2583)	N/A
<b>BlueChoice On-Call*</b> - (Hrs: 24-hours-a-day, 7-days-a-week)	PH: 1-888-724-BLUE (2583)	N/A
<b>Wellness Line</b> - (Hrs: 8:30 AM to 4:30 PM) After Hours Voice Mail Available	PH: 1-800-814-1508	N/A
<b>Precision Rx Mail Order Pharmacy</b> Customer Service Hrs: 8 AM to 10 PM weekdays / 9 AM to 8 PM, Saturday	PH: 1-800-293-2202	PrecisionRx P.O. Box 961025, Fort Worth, TX 76161 www.precisionrx.com
<b>COBRA Solutions*</b> - (Hrs: 8 AM to 4:30 PM weekdays)	FAX: 706-571-5490	COBRA Solutions P.O. Box 8689 Columbus, GA 31908-6007
<b>Customer Service Contacts</b>		<b>MAIL MEDICAL CLAIMS TO:</b> BCBSGA P.O. Box 9907 Columbus, GA 31908-6007 <b>MAIL DENTAL CLAIMS TO:</b> BCBSGA P.O. Box 9201 Oxnard, CA 93031-9201 <b>MAIL PREMIUM PAYMENTS TO:</b> BCBSGA 98 Annex, P.O. Box 750 Atlanta, GA 30398-0750
<b>BlueCard PPO Customer Service</b> -	PH: 1-800-628-3988	
<b>Medical: Customer Service / Members</b> - (Hrs: 7 AM to 7 PM weekdays) For questions concerning eligibility, medical claims, benefits, providers, hospital or out-of network pre-authorization etc.	PH: 1-800-441-CARE (2273)	
<b>Dental: Customer Service / Members</b> - (Hrs: 8 AM to 10 PM Monday to Thursday / 8 AM to 8 PM Friday) For questions concerning dental claims.	PH: 1-800-627-0004	
<b>Member Cancellations ONLY - FAX</b>	FAX: 404-842-8040	
<b>Membership &amp; Billing – Group Administrators &amp; Agents ONLY. DO NOT GIVE THESE NUMBERS TO EMPLOYEES. EMPLOYEES SHOULD CALL THE CUSTOMER SERVICE NUMBER ABOVE FOR ALL PROVIDER BILLING AND CLAIM CONCERNS.</b>  (Hrs: 8 AM to 5 PM weekdays) Call these numbers for questions concerning membership or billing issues. Message feature available all other hours. Send all eligibility forms (applications and change forms) to either address.	PH: 1-800-292-5615 (large group) 51+ employees  PH: 1-877-364-2003 (small group) 2-50 employees	<b>MAIL APPEALS TO:</b> BCBSGA P.O. Box 7368 Columbus, GA 31908 <b>MAIL ELIGIBILITY FORMS TO:</b> BCBSGA 3350 Peachtree Road, N.E. Atlanta, GA 30302-4445 <b>OR:</b> BCBSGA P.O. Box 4445 Columbus, GA 30302-4445
<b>Billing ONLY - FAX</b>	FAX: 404-842-8580/ATL	
<b>Greater Georgia Life Insurance (GGL)</b> (Hrs: 8 AM to 5 PM weekdays)	PH: 1-800-851-8544 PH: 678-443-5200/ATL FAX: 678-443-5299	Greater Georgia Life Ins. 3 Ravinia Drive, Suite 1770 Atlanta, GA 30346
<b>Internet Access</b> – BCBSGA Online Provider Directory		www.bcbsga.com
<b>Behavioral Health/Substance Abuse (HMO / POS Business Only)</b> Magellan Behavioral Health – Hrs: 7-days-a-week, 24-hours-a-day	PH: 1-800-292-2879	Magellan Behavioral Health P.O. Box 1619 Alpharetta, GA 30009

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## Office Locations

<b>Albany</b>	2407 Westgate Drive Albany, GA 31707	912-432-5346
<b>Athens</b>	400 Hawthorne Lane Athens, GA 30606	706-355-3888
<b>Atlanta</b>	3350 Peachtree Road NE Atlanta, GA 30326	404-842-8000
<b>Augusta</b>	2743 Perimeter Parkway Building 100, Suite 375 Augusta, GA 30909	706-855-6996
<b>Brunswick</b>	1110 Fountain Lake Drive Brunswick, GA 31520	912-267-7998
<b>Calhoun</b>	105 Laurel Creek Road Suite 5 Calhoun, GA 30701	706-625-2844
<b>Columbus</b>	1200 Brookstone Centre Suite 105 Columbus, GA 31904	706-257-1101
	2357 Warm Springs Road Columbus, GA 31904	706-571-5371
	One Arsenal Place 901 Front Avenue, Suite 100 Columbus, GA 31901	706-649-3150
<b>Gainesville</b>	332 Washington Street NW Suite 103 Gainesville, GA 30501	770-532-1390
<b>Macon</b>	3200 Riverside Drive Suite 110 Building B Macon, GA 31210	912-471-0863
<b>Savannah</b>	12 Chatham Ctr. South Suite B Savannah, GA 31405	912-232-2282
<b>Statesboro</b>	220 North Main Street Statesboro, GA 30458	912-764-6343
<b>Valdosta</b>	1810 North Ashley Street Suite 4 Valdosta, GA 31601	912-242-4473

## Section 3 Customer Service

Customer Service Overview, Access Blue

### Customer Service Overview

Recognizing that one size does not fit all, our customer service departments are organized by employer group size. This allows us to better serve you by offering a more specialized approach delivered by a dedicated team of customer care associates.

Each time your employee calls customer service, he/she will be asked to enter his/her member ID number, date of birth and zip code. This will direct the call to the appropriate team of customer care associates or to our Voice Response Unit (VRU), which will offer additional prompts based on the type of inquiry.

If the caller is directed to the VRU, they first are prompted to select between medical, dental or pharmacy. The caller will then be directed to the appropriate location.

In an effort to continue providing you and your employees the highest service possible, we record and randomly monitor the performance of our customer service associates for quality. The Georgia Public Service Commission has licensed us to use service-observing equipment.

### What Language Barrier?

**We have access to the AT&T Language Line. Through this service speak to a member through an interpreter in the member's own language.**

### Access Blue

BCBSGA is making it easier for you and your employees to do business with us. In addition to the helpful resources already available on our Web site, [www.bcbsga.com](http://www.bcbsga.com). We are excited to announce the launch of Access Blue, our online transaction service.

Access Blue consists of four distinct services.

- Broker Access
- Employer Access
- Member Access
- Provider Access

Each service allows users the ability to obtain information at their fingertips. Brokers can access detailed product information while Providers can assure member eligibility and obtain prior authorizations — all in the matter of minutes over the Internet.

### Employer Access

Employer Access allows you to perform changes to your employee's records 24-hours-a-day, 7-days-a-week.

You can:

- Enroll new employees and their dependents.
- Add a dependent to an existing employee.
- Make changes to current employees and/or dependents.
- Cancel employees and/or dependents

With Employer Access you can:

- Process enrollments faster than ever with the click of a mouse.
- Quickly make additions, changes and cancellations.
- Reduce typing with embedded hotlinks and convenient drop-down menus.
- Ensure accuracy of information with online error messages.
- Automatically save your incomplete work to a pending file.

To learn more about this service or see if your group is eligible, please contact your Account Representative.

## Member Access

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This service allows your employees to:

- Change your primary care physician (PCP) – HMO and POS members only
- Request a new member ID card
- Check a claim's status
- Review and print an Explanation of Benefits (EOB)
- View your benefits and eligibility

A user name and password are required to use this service. To register, please direct your employees to [www.bcbsga.com](http://www.bcbsga.com).

## ***The Explanation of Medical Benefits (EOB)***

(See illustration on page 3.6)

## ***The Explanation of Dental Benefits (EOB)***

(See illustration on page 3.7)





## Section 3 Customer Service

*Filing an Appeal, Summary of Grievances, Complaints about Provider Service, Coordination of Benefits*

### **Filing an Appeal - Review of a Decision Made by BCBSGA/BCBSHP**

Sometimes an employee will approach his/her group administrator with a complaint, often before researching the Provider Directory/Member Guide and/or Certificate Booklet. Listed below is an outline of the appeals process.

As a BCBSGA/BCBSHP member, your employee has a right to express dissatisfaction and to expect unbiased resolution of issues. The process, which the Plan has established to ensure that we give the highest level of attention, is as follows:

1. Call customer service and explain the problem. We will work to resolve it as quickly as possible.
2. If the employee is not completely satisfied with the response, he/she may file a formal complaint, preferably in writing to the Statewide Appeals Coordinator. The coordinator will then pull all related information, including medical records, and report the case to the member review committee. The member review committee will subsequently meet to make a final decision.
3. If, depending on the nature of the complaint, the member remains dissatisfied after receiving our response, the member will be offered the right to appeal the decision. BCBSGA/BCBSHP has established mechanisms for reviewing and processing multiple types of member issues that may arise. For instance, member concerns about claims payment of medical services are handled through the Utilization Management department. Member comments/concerns related to any quality of medical care/services are handled through the Quality Management department. Administrative issues are handled through the BCBSGA/BCBSHP Managed Care Administration (MCA). The timeframes for response to the member, as well as opportunity to appeal vary, depending on the issue itself. However, for all member appeal requests, unless expedited, we will acknowledge receipt within 5 working days and send a formal response within 30-45 working days (depending on whether medical records must be obtained for committee review).

4. If the member remains dissatisfied upon conclusion of the first appeal level, the member may again request an appeal of our decision. At the second appeal level, the member will have the opportunity to represent his/herself or designate someone to represent on their behalf in a formal Grievance Committee setting. The member is allowed to present their personal perspective in an effort to bring the matter to a satisfactory resolution.

### **Summary of Grievances**

A summary of the number, nature and outcome results of grievances filed in the previous three (3) years is available for your inspection. You may obtain a copy of any such summary at a reasonable cost from us.

### **Complaints about Provider Service**

If your complaint involves care received from a provider, please call the Customer Service number on the front of your ID Card. Your complaint will be resolved in a timely manner.

### **Coordination of Benefits (COB)**

With today's rising health care costs, every effort should be made to contain health coverage expenses. Your Group Master Contract has several effective cost containment measures to help.

One of these provisions is called Coordination of Benefits (COB). This provision is applicable whenever one of your covered employees, or covered members of his/ her family, is eligible for benefits from more than one group health plan or a local, state or federal government program (excluding school accident insurance coverage and Medicaid). If applicable, the benefits payable under the Group Master Contract will be coordinated with the benefits payable under the other program.

Based on the information received on the Member Enrollment Application, we determine if a member has other health care coverage. We then determine the extent of our liability in accordance with his/her contract. However, it is not our intent to penalize a member or deny that individual his/her right to have more than one group insurance.



## Duplicate Coverage

If your employee, his/her spouse or his/her dependents has/have duplicate coverage, benefits payable under this contract will be coordinated with the benefits payable under the other program. The total benefits paid by both programs will not exceed the contracted amount. To help prevent any delays in benefits, please review the following important steps concerning COB.

1. Be sure all new Member Enrollment Applications and all Member Enrollment Change Forms contain the "other coverage" information prior to submission.
2. Actively encourage your employees to give other coverage information to their health care providers. This helps providers to file claims correctly to the proper insurance company and is an efficient method of having claims processed more quickly and accurately.
3. Inform your employees that we may contact them for information about a specific claim we have received if the information cannot be obtained through their health care provider. If additional information is required, we will mail a form to the member requesting this information. After this form is returned, we will process the claim.
4. If you become aware of any changes in the status of an employee's coverage (added or deleted duplicate coverage), please notify us immediately. You can either send the new information to our office in writing, via fax, or contact us directly by calling our membership customer service (see pages 3.2-3 for contact information). Please provide us with the employee's name, member ID number and the new coverage information.

## Order of Benefit Determination

### Automobile Insurance

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Benefits available through automobile insurance coverage will be the primary coverage in an automobile accident if the insurance has medical provisions.

### Dependent Child/Parents Not Separated or Divorced

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Benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in the year.

### Dependent Child/Parent Separated or Divorced

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Benefits for the child are to be determined in this order.

1. The plan of the parent with custody of the child is first.
2. The plan of the spouse of the parent with custody of the child is next.
3. The plan of the parent not having custody of the child.

## Short/Long Term Disability

Short and long-term disability is not an offered benefit through BCBSGA/BCBSHP. Short and long-term disability benefits are offered through Greater Georgia Life (GGL), an independent licensee of the Blue Cross Blue Shield Association. There are specific laws for the company itself to provide coverage for employees. For more information on benefits offered by GGL, please refer to page 9.3 of this Employer Reference Guide.