

April 15, 2003

## Updated PHN Account Installation Check List

Market: PHN

In a continuing effort to ensure proper claims payment and eliminate unnecessary pending of claims based on group size, all Preferred Health Network (PHN) new, renewing and default business for April 1, 2003 and after will require a PHN Account Installation Check List.

The PHN Account Installation Check List has been updated to include "Total # of Employees in Group." A copy of the new Check List is attached and additional copies may be ordered by calling the PHN Broker Service Unit at 877-637-6884 or by going to the PHN web site at [www.preferredhealthnetwork.com](http://www.preferredhealthnetwork.com).

Please begin using this new Check List immediately and discard copies of old versions you may have on hand.

If you have any questions please contact your Broker Sales Representative.

## PHN Notice of Privacy Practices

Market: PHN

As we stated in our March 4, 2003 Sales Flash, HIPPA regulations require that CareFirst BlueCross BlueShield send our Notice of Privacy Practices (NPP) to our fully insured group and individual accounts by April 14, 2003.

This is to make you aware that the Preferred Health Network (PHN) is also required to send its own Notice of Privacy Practices by April 14<sup>th</sup>. PHN's NPP will also be included in an upcoming issue of *Members Quarterly*, their quarterly member newsletter.

PHN has also provided ASO accounts with its Notice of Privacy Practices template to assist them with their required employee communication. A copy of this template was included in the March 4<sup>th</sup> Sales Flash.

If you have any questions please contact your Broker Sales Representative.



Shekar Subramaniam  
Director, Broker Sales

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## Account Installation Check List Small Employer Group Options

**Date Submitted:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_

**Group's Parent Company Name:** \_\_\_\_\_ **PHN Group #s:** \_\_\_\_\_

**Account/Group Name:** \_\_\_\_\_ **Federal Tax ID#:** \_\_\_\_\_

**Wholesaler/Broker Administrator Name:** \_\_\_\_\_ **Code #:** \_\_\_\_\_  
**Administrator YES\_\_ NO \_\_**

**Sub Broker Name:** \_\_\_\_\_ **Total # of Employees in Group:** \_\_\_\_\_

**IMPORTANT:** If this group is represented by a Broker Administrator and/or Broker, they **MUST** be licensed and appointed to sell PHN products by CareFirst BlueCross BlueShield (CareFirst). Please verify status as being approved with CareFirst's Broker Contracting Unit and complete the Broker Information Section of the Group Information Sheet (GIS).

**Note: If this group is in the process of changing Broker/BA's (within 45/60 days), please complete:**

**Previous Broker Administrator: (Y/N)\_\_\_\_\_ If yes, who: \_\_\_\_\_**

**Previous Sub Broker: (Y/N)\_\_\_\_\_ If yes, who: \_\_\_\_\_**

### INFORMATION REQUIRED FOR INSTALLATION

- |   |   |   |
|---|---|---|
| <b>Is account New or Renewal group with PHN?</b>              | <input type="checkbox"/> <b>NEW Group</b> | <input type="checkbox"/> <b>RENEWAL Group</b> |
| <b>If new, prior carrier name required:</b> _____             |   |   |
| <b>Is group transferring from CareFirst to PHN?</b>           | <input type="checkbox"/> <b>Yes</b>       | <input type="checkbox"/> <b>No</b>            |
| <b>Is PHN being offered with any other CareFirst product?</b> | <input type="checkbox"/> <b>Yes</b>       | <input type="checkbox"/> <b>No</b>            |
| <b>If yes, specify:</b> _____                                 |   |   |

### CHECK EACH BOX THAT APPLIES TO THIS ACCOUNT TO VERIFY THESE DOCUMENTS ARE ATTACHED

- |  | NEW GROUP                | RENEWAL GROUP            |
|--|--------------------------|--------------------------|
| • Group Option Rate Agreement ( <i>Completed and Signed</i> )<br>( <i>All requested information must be completed in full</i> )                            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Group Information Sheet (GIS) <i>Completed</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Wage and Tax Statement ( <i>Mandatory</i> ) <b>OR</b> **   | <input type="checkbox"/> |                          |
| Self-Employed Tax Documents ( <i>Mandatory</i> ) **  | <input type="checkbox"/> |                          |
| • Point-of-Service Form ( <i>Mandatory-for HMO only groups</i> )<br>(Patient Access Act requirement)<br>Obtain from Carefirst – call 410-998-5562 or 7397) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Enrollment Applications/BA Election Forms  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Waiver Forms ( <i>Completed and Signed</i> ):  | <input type="checkbox"/> |                          |
| • Premium check or check copy for BA groups ( <i>mandatory for all new groups to PHN which are not transferring from CareFirst</i> )                       | <input type="checkbox"/> |                          |

\*\* Refer to guidelines listed in Maryland Small Employer Group Eligibility Manual issued by CareFirst Broker Sales Department.

**NOTE:** The Group's legal documents will be issued post-sale by the Preferred Health Network's Compliance Department.

### MAILING INSTRUCTIONS FOR PHN

Please indicate below how the group legal documents should be distributed:

- Mail to Group     Mail to Broker for Delivery to Group     Deliver to CareFirst Sales Representative

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