

# **VMS Procedure Documentation**

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# Changing Plans in VMS

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This procedure uses two VMS windows. You need to know how to switch between open windows in Windows.

In certain circumstances, a member can request a plan change. See **Processing Plan Change Guideline On or Off Marketplace** for details about when plan changes are allowed.

**Important:** Customer Advocates: Do not use this procedure.

- If an off Exchange member calls requesting a plan change, direct the member to apply for the new plan through the Retail Shopping Cart (RSC).
- If the member prefers to send in a paper application, direct them to the website for their state ([www.bcbsxx.com](http://www.bcbsxx.com)) to download a paper application.
- If the member insists that you send a paper application, create a Dashboard Service Request (SR) activity for ICSS (queue UHUEENRO).

**Important:** Processors: Do not use this procedure to change a Texas member's policy. If a plan change request for a Texas policy is accidentally routed to your queue, reroute it to U312344.

Use this procedure to change an Illinois, Montana, New Mexico, or Oklahoma member's policy in VMS.

1. In the VMS menu bar, click the icon for opening a second window, and log into VMS in the second window (Window Two).

**Note:** Throughout the rest of this procedure, the first window -- the one you started in -- is called Window One and the second window -- the one you opened in this step -- is called Window Two.

**Important:** The procedure will tell you when to switch windows. After you switch to a window, do the following steps in that window until the procedure tells you to switch again.

2. Switch to Window One.
3. In the VMS menu bar, click **Profiles**, and then click **Members**.
4. In the Member ID field, type the member's ID number, and then click **Do Search**.
5. Click the member ID. The member tree screen opens.
6. Switch to Window Two.
7. In the VMS menu bar, click **Processing**, and then click **Customer Service**.
8. In the **Inquiry Reason** field, select **Plan Change (Downgrade)**.

**Note:** Use Plan Change (Downgrade) even if the change is actually an increase in coverage.

9. In the **Entity ID** field, type the member's ID number.
10. Click **Accept**. The system displays a list of the matching members.
11. In the Matching Members section, click the ID of the member whose plan you are changing. The member tree window opens.
12. In the member tree, right-click on the coverage that the member wants to replace.
13. In the shortcut menu, click **Cancel**. The Member Termination window opens.
14. In the **Termination Date** field, type the date that is one day before the new plan's effective date.

**Note:** If the plan change is retroactive to the existing plan's effective date, set the **Termination Date** field to the existing plan's effective date.

15. Beside the **Term Reason Code** field, click the magnifying glass icon.
16. In the Termination Reasons Search window, click **Do Search**.
17. From the **Termination Reasons** list, select a reason for the policy termination.
18. Click **Return ID**.
19. In the Member Termination window, click **Modify & Exit**.

The Termination Reasons Search window closes.

- 20.** Switch to Window One.
- 21.** In the **Display InActive?** list, click **Yes**.
- 22.** Click **Do Search**.
- 23.** Right-click on the cancelled policy, and then click **View**.
- 24.** Switch to Window Two.
- 25.** In the **Display InActive?** field, click **Yes**.
- 26.** Click **Do Search**.
- 27.** In the member tree, right-click on the Line of Business (LOB) that the member wants to add.
- 28.** Click **Add**. The Eligibility Coverage Add window opens.
- 29.** Perform the following in the Eligibility Coverage Add window:
  - a) **Effective Date:** Set to the effective date of the new plan.
  - b) **Product Effective Date:** Set to the same date as Effective Date.
  - c) **LOB:** This autfills to the LOB you right-clicked on in the previous step. If it did not, select the LOB that the member wants to add.
  - d) **Original Effective Date:** Set to the same value as on the member's previous coverage. Switch to Window One to see that.
  - e) **Plan Strategy ID:** Enter the Plan Strategy ID for the member's new plan.

**Note:** If the new plan's Plan Strategy ID is not specified in the SR activity you are working from, see **Plan Strategy ID and Class of Contract Code - Overview** for a complete list of plan strategy IDs cross-referenced with plan names and class of contract codes.

  - f) **Bill Flag:** Set to the same value as on the member's previous coverage. Switch to Window One to see that.
  - g) **Coverage Code:** Set to the same value as on the member's previous coverage. Switch to Window One to see that.
  - h) **COBRA Flag:** Leave the default No (N).
  - i) **COBRA A/R Type:** Leave the default Group (G).
  - j) **Manual Enrollment:** Change to Yes.
- 30.** Click **Add and Exit**.
- 31.** If the member has dependents on the account, a dialog window will appear asking whether you want to set the new coverage in place for all the dependents. Leave the value set to Yes and click **Submit**.
- 32.** In the **Display InActive?** field, click **Yes**, and then click **Do Search**.
- 33.** Switch to Window One.
- 34.** In the Eligibility Coverage View window, click **Exit**.
- 35.** In the **Display InActive?** field, click **Yes**.
- 36.** Click **Do Search**.
- 37.** Right-click the member's name.
- 38.** Hover over **Drill Down**.
- 39.** Click **Ancillary Coverage Info**.
- 40.** Right-click the terminated Ancillary Coverage Record.
- 41.** Click **View**.
- 42.** Switch to Window Two.
- 43.** Right-click the member's name.
- 44.** Hover over **Drill Down**.
- 45.** Click **Ancillary Coverage Info**.
- 46.** Right-click **Ancillary Coverage Records**.
- 47.** Click **Add**. The Coverage Ancillary Add screen displays.
- 48.** In the Coverage Ancillary Add screen, perform the following:
  - a) **LOB:** Click the appropriate LOB from the list.

- b) **Effective Date:** Type the coverage effective date.
- c) **Termination Date Required** Type 12/31/9999.
- d) **Case Number:** Type the member's ID number followed by the current date in the format ymmdd. For example, if you are working with member number 887766554, and you are making a plan change on February 25, 2024, you would use 88776655440225.
- e) **Claims Investigation:** Leave blank.
- f) **Pre Existing End Date:** Leave blank.
- g) **Application Received Date:** Type the date on which the request to change the plan was received.
- h) **Application Signature:** Type the date on which the request to change the plan was received.
- i) **Member Issue Date:** Type today's date (mm/dd/yyyy).
- j) **Conversion Switch Date:** Leave blank
- k) **Control Number:** Leave blank.
- l) **Application Type:** Click New (N).
- m) **External Business:** Copy the value from the previous coverage. Switch to Window One to see that.
- n) **Source Type:** Copy the value from the previous coverage. Switch to Window One to see that.
- o) **External Ref#:** If the **External Business** field is marked Yes, this field must be completed. Copy the value from the previous coverage. Switch to Window One to see that.
- p) **Proxy Sign Ind:** Copy the value from the previous coverage. Switch to Window One to see that.
- q) **Proxy Sign Date:** If the **Proxy Sign Ind** field is marked Yes, this field must be completed. Copy the value from the previous coverage. Switch to Window One to see that.
- r) **Market Type:** Copy the value from the previous coverage. Switch to Window One to see that.
- s) **Variant Code:** Click the Variant Code that corresponds to the last two digits of the Class of Contract Code. See the table in the Note.

**Note:** If the new plan's Class of Contract Code is not specified in the SR activity you are working from, see RMO Plan Strategy ID and Class of Contract Code - Overview for a complete list of plan strategy IDs cross-referenced with plan names and class of contract codes.

Last Two Digits of Class of Contract Code	Variant Code
00	Non-Exchange variant
01	Exchange variant (no CSR)
02	Open to Indians below 300% FPL
03	Open to Indians above 300% FPL
04	73% AV Level Silver Plan CSR
05	87% AV Level Silver Plan CSR
06	94% AV Level Silver Plan CSR

- t) **Class of Contract Code:** Enter the 16 digit Class of Contract Code for the new plan.
- u) **Other Dental QHP:** Copy the value from the previous coverage. Switch to Window One to see that.
- v) **QHP Sign Date:** Copy the value from the previous coverage. Switch to Window One to see that.
- w) **Carrier:** Copy the value from the previous coverage. Switch to Window One to see that.
- x) **Disability Affecting Communication:** Copy the value from the previous coverage. Switch to Window One to see that.
- y) **Communication Materials Needed:** Copy the value from the previous coverage. Switch to Window One to see that.
- z) **Policy Should be Mailed:** Copy the value from the previous coverage. Switch to Window One to see that.

#### 49. Click Add and Exit.

50. In the **Display InActive?** field, click **Yes**, and then click **Do Search**. The member record displays.

51. For each dependent on the policy, repeat steps 35 (right-clicking on the dependent's name) through 50.

52. Right-click on the member's name.

**53.** Hover over **Drill Down**.

**54.** Click **Ancillary Rate Info**. The Ancillary Rate Records displays.

**55.** Verify that there is an active ancillary rate record.

**Note:** If there is not an Ancillary Rate Record, send an email to the Retail Market Operations - Rate Administration mailbox with the member's ID and which LOB needs an Ancillary Rate Record.

**56.** In the **Display InActive?** field, click **Yes**, and then click **Do Search**.

**57.** For each dependent on the policy, repeat steps 52 (right-clicking on the dependent's name) through 56.

**58.** Right-click the member's name.

**59.** Hover over **Drill Down**.

**60.** Click **All Details**.

**61.** Reinstate the funding assignment:

- Under Member Funding Assignments, find the funding assignment that was terminated when you cancelled the previous coverage. (It has a **Thru date** of today.)
- Right-click the funding assignment you identified in the previous sub-step, and then click **Modify**.
- In the **Termination Date** field, type 12/31/9999.
- Click **Modify & Exit**.

**62.** Reinstate the subsidy (if there is one):

- Under Subsidy Maintenance, look for a subsidy record that was terminated when you cancelled the previous coverage. (It has an ending date of today.) If you do not find one, skip the rest of these sub-steps and go to step 63.
- Right-click the subsidy record you identified in the previous sub-step, and then click **Modify**.
- In the **Subsidy Termination Date** field, type 12/31/9999.
- Click **Modify & Exit**.

**63.** Reinstate brokers (if any):

- Under Broker Assignments, look for one or more brokers who were terminated when you cancelled the previous coverage. (They have a to date of today.) If you do not find one, skip the rest of these sub-steps and go to step 64.
- For each broker you identified in the previous sub-step, right-click the broker record, and then click **Modify**.
- In the **Termination Date** field, type 12/31/9999.
- Click **Modify & Exit**.

**64.** In the Member Search panel, click **Close All**.

**Note:** In the dialog that appears, click **No**.

**65.** Request a new Policy Kit for the member.

- Click the ID card icon in the member's row of the Matching Members list.
- Complete the request window as shown in the table below.

Field	Action
Request For	Leave set to Member
ID#	Leave set to the member's ID number.
Members	Leave set to the Primary Insured.
Group ID	Leave set to the member's Group ID.
Type (drop-down list)	Click Plan Change/Initial Kit (4).
# of Items	Type 1.
Provider Effective Date (HMO only)	If available, select the latest provider effective date.
Case Number	Select the case number of the new coverage.

Field	Action
Address Source	Leave set to the Primary Insured's Mailing address.
Order For	Leave set to M-Member Only.
Name(s) on Card	Leave set to M-Member Only (No cards are sent with the Policy Kit.)
Card Coverage Date (drop-down list)	Click the effective date of the active coverage. (No cards are sent with the Policy Kit.)
If No Address Then Send to	Leave blank.
Card Format	Leave set to Blue Cross Blue Shield. (No cards are sent with the Policy Kit.)
Request will be sent to fields	If not automatically populated, type the name and address information for where the kit will be sent.

**Note:** Do not type anything in the **Message** field. That field is for system messages to you; information you type there is not saved or sent to anyone.

c) Click **Accept & Order**.

d) Close the request window.

66. Click the left-most set of double yellow arrows (>>). The Customer Service inquiry panel opens.

67. Click **Finish Inquiry**. The CS Inquiry Completion window appears.

68. Click **Closed on First Contact**.

69. Select **Send to Subscriber**.

70. Click the box beside the member ID of the subscriber.

71. In the **Comment** field, enter the number of the SR that was opened for the request.

72. Follow the RMO Workaround Creating Free Form Correspondence in CUI procedure to create and send a confirmation letter to the member.

73. Follow the RMO Requesting ID Cards in VUI procedure to order new ID cards for the member.

74. If the plan change was retroactive, send an activity to Claims telling them to check for claims that need adjusting as a result of the plan change.

a) In the SR opened for this transaction, create a new activity.

b) In the **Comments** field of the activity, type “Re-examine claims due to plan change”, the member's ID number, and the effective date of the new plan.

c) In the **Activity Code 1** field, type PLC.

d) In the **Employee ID** field, type UHUBENP.

e) Click **Save**.

75. If the plan change was retroactive, send an activity to FinOps telling them to reinvoice the member.

a) In the SR opened for this transaction, create a new activity.

b) In the **Comments** field of the activity, type “Reinvoice due to plan change”, the member's ID number, and the effective date of the new plan.

c) In the **Activity Code 1** field, type PLC.

d) In the **Employee ID** field, type UFINOPS.

e) Click **Save**.

76. In the SR opened for this transaction, in the activity directing the plan change, set the activity's status to **Done**.

For further assistance, review the following guidelines and FAQs.

- **QHP Plan Strategy ID and Class of Contract Code - Overview**
- **Processing Plan Change Guideline for On or Off the Marketplace**

# Changing Effective Date in VMS (Moving Date Forward in Time)

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Procedure for Processors to change a member's policy effective date to a later date in the Vantage Membership Service (VMS).

Effective dates must be the first of the month.

**Important:** Customer Advocates (CAs) must refer to the RMO Workaround Pending Member Inquiries for On Off Marketplace procedure instead of using the steps below.

Use these steps to change a member's effective date to a later date in VMS.

1. Open the Customer Service Inquiry panel.

In the VMS menu bar, click Processing > Customer Service. Select 'Effective Date change' as the Inquiry Reason and enter the member's ID.

2. Change the effective date for the Primary Insured and all Dependents.

- a) Modify the Eligibility Coverage (medical and dental) effective date to the new date. This includes the Effective Date, Product Effective Date, and Original Effective Date (if applicable).

- b) Modify the Ancillary Coverage Info effective date to the new date.

3. Update the effective dates for related records.

- a) Modify the policy Broker Assignment effective date.

- b) Modify the active Funding Assignments effective date.

- c) Modify the Contacts effective date.

- d) Modify the Subsidy Maintenance effective date (if a record exists).

4. Request new ID cards for non-HMO members.

HMO member ID cards will be automatically generated after the PCP is updated.

5. Finish the Customer Service Inquiry and send a confirmation letter.

Click 'Finish Inquiry', select 'Closed on First Contact', and follow the RMO Workaround Creating Free Form Correspondence in CUI procedure.

6. If an HMO policy, update the effective date on the member's providers using the RMO Changing a Provider procedure.

The member's policy effective date is successfully moved forward in VMS across all relevant coverage and assignment records.