



Facets - Small Group Prior Carrier Medical Deductible Credit Process

Objective: To provide a consistent, efficient and accurate process to transfer deductible credit from the prior carrier to Facets.

Additionally, this document identifies accumulator credit when a member of a small group transfers from one product to another while insured under the same group or from one group to another.

Process for Small New Groups:

- A deductible credit form, along with supporting documentation, will be completed for each employee and their dependents.
- The employer will mail the form(s) to the appropriate address.
- Send paper copies received within the business unit via interoffice mail to KY9999-LASN, **OR** faxed using Lason Priority Fax form (fax to number on form). To access Lason Priority Fax form, see [CRO.650.00.01](#).
- Lason will image the forms, create an intake for the Facets claim center and route to 'CR PCDC'.
- The contacts for Membership related questions are:
 - Angela Campbell – Kentucky
 - Bev Hedrick – Indiana
 - Diane Simione-Villanueva – Ohio
 - Julie Schaefer - Missouri

Note: Small Groups are only allowed deductible credit



DEDUCTIBLE CREDIT

During the current calendar year, credit will be given for any amounts applied toward the deductible under your prior group health insurance carrier's plan. Deductible credit will be given only when it is evidenced by a copy of the prior carrier's "Explanation of Benefits" (EOB) Statement. To assure that deductible credit is properly applied to claims filed with Anthem Blue Cross Blue Shield, please provide the information requested below as soon as possible, **but no later than 20 days from receipt of this notice.**

To receive deductible credit, please complete the bottom of this form and submit it with a copy of your prior carrier's EOB statement to one of the following:

For Ohio

Anthem Blue Cross and Blue Shield
P.O. Box 37180
Louisville, KY 40233-7180

For Indiana

Anthem Blue Cross and Blue Shield
P.O. Box 37010
Louisville, KY 40233-7010

For Kentucky

Anthem Blue Cross and Blue Shield
P.O. Box 37690
Louisville, KY 40233-7690

For Wisconsin

Anthem Blue Cross and Blue Shield
P.O. Box 34210
Louisville, KY 40232-4210

For Missouri

Anthem Blue Cross and Blue Shield
P.O. Box 14882
St. Louis, MO 63178-4882

THIS FORM IS FOR DEDUCTIBLE CREDIT ONLY

Group Number _____

Group Name _____

Employee Name _____

Employee Identification Number _____

Deductible Credit information is attached for:

Name	Relationship	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A COPY OF PRIOR CARRIER'S EXPLANATION OF BENEFITS (EOB) IS NECESSARY FOR DEDUCTIBLE CREDIT.

INSURANCE FRAUD WARNING Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Accumulator Credit for Existing Group/Member Product ID Changes

Change of benefits i.e. PPO to POS by the Group or a member while continuously insured through the same Group

Days/Visits	We will carry over
Lifetime Max	We will carry over
Deductible & Out-of-Pocket	We will carry over
4 th Quarter Carryover	We will carry over

Member changes from Group to Individual or Individual to Group or from one Anthem account to another

Days/Visits	We will not carry over
Lifetime Max	We will not carry over
Deductible & Out-of-Pocket	We will not carry over
4 th Quarter Carryover	We will not carry over