

# A secure website designed to manage employees at your convenience.



## Overview

Blue Access for Employers<sup>SM</sup> (BAE<sup>SM</sup>) is a secure website that allows you to quickly and accurately perform online transactions for a variety of membership activities. You'll be added to BAE by a TRS Delegated Administrator to access valuable tools and features available through this site.

As an authorized representative, you will automatically receive an email with detailed instructions on how to register for BAE once your account information has been added to our system. You'll have 30 days from when you receive this email to register.

## Features

BAE is a secure site built to meet the needs of Benefits Administrators.

Once you are logged in, you can:

- check member eligibility
- order replacement and temporary ID cards

## How it Works

1. Benefits Administrators will not register directly for a BAE account. Only the TRS Delegated Administrator can register as the **Main Delegated Administrator** for all school districts.
2. Once the TRS Delegated Administrator registers successfully, then the TRS Delegated Administrator will create a list for all Benefits Administrators who need access.
3. The Benefits Administrator for each district will then become the administrator for their location/division.

## For More Information

### BAE is available:

Monday through Friday, 5:30 a.m. to Midnight CT

Saturday, 5:30 a.m. to 6 p.m. CT

Sunday, 5:30 a.m. to Midnight CT

If you have any questions about BAE, please call the Internet Help Desk at **1-888-706-0583**.

### The Internet Help Desk is available

Monday through Friday, 7 a.m. to 10 p.m. CT

Saturday, 7 a.m. to 3:30 p.m. CT



# BAE Access Request Process

for TRS-ActiveCare plans, including South and West Texas Blue Essentials HMO plans



## Complete Form

Fill out and sign the form located at

<https://www.bcbstx.com/trsactivecareba/pdf/trs-bae-access-request-form.pdf>

**Note:** A separate log in is required for access to a South or West Texas HMO plan.

**Role:** You'll be able to check member eligibility as well as order replacement and temporary ID cards.



## Return Form to BCBSTX

**Note:** The form includes instructions to email it to [trs\\_bae\\_access@bcbstx.com](mailto:trs_bae_access@bcbstx.com).



## Process Access Request

Allow up to three business days for processing.

**Note:** Access will only be granted to district contacts and should not be shared with TPAs/broker partners.



## Confirmation Sent to Requestor

An automated email will be sent from BAE Security with your user ID and password.

**Note:** Access will be revoked if there is no login within 60 days.

For issues, users will need to call the Internet Help Desk at 1-888-706-0583, Monday through Friday, 7 a.m. - 10 p.m. and Saturday, 7 a.m. - 3:30 p.m.



Blue Access for Employers Request Form

Blue Access for Employers provides online inquiry for participating entities in TRS-ActiveCare. To request secured Web access, please complete the information below. A password and instructions for accessing the secured site will be emailed to you within 3 working days of receipt of this form. A separate form is required for each authorized user. In addition, each authorized user must complete a Confidentiality Agreement (on page two).

Email form(s) to: TRS\_BAE\_Access@bcbstx.com

District/Entity Information:

TRS District Number: \_\_\_\_\_ District/Entity Name: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

User Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_
Title: [ ] Superintendent/CEO/Director [ ] Benefits Administrator (secondary contact)
[ ] Benefits Administrator (primary contact) [ ] Benefits Administrator (third contact)
[ ] Other (Explain) \_\_\_\_\_
Office Phone Number: (\_\_\_\_) \_\_\_\_\_
Office E-mail Address: \_\_\_\_\_
Role/Access Required: View Membership - Inquiry Only [ ] Blue Essentials HMO [ ] TRS-ActiveCare
[ ] South [ ] West

Login ID and Password:

Your Login ID and password will be emailed to you. Your Login ID and password are solely for your use to only conduct business for/with Blue Cross and Blue Shield of Texas. UNAUTHORIZED USE OF THE ID AND PASSWORD IS PROHIBITED. Sharing of the ID and password is prohibited. Your signature acknowledges full responsibility for the use of this ID and password. Please digitally initial and sign that you have read and agree to the above statements.
Initials \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

For Blue Cross and Blue Shield of Texas Use Only:

Login ID \_\_\_\_\_ Password: standard Assigned Districts \_\_\_\_\_
Date Received \_\_\_\_\_ Assigned by \_\_\_\_\_ Extension \_\_\_\_\_ Date Entered \_\_\_\_\_



## Confidentiality Agreement

I understand and acknowledge that, in interacting with the Teacher Retirement System of Texas (TRS) and its contractors, including Blue Cross and Blue Shield of Texas (BCBSTX), I will have access to protected health information that is confidential under both federal and state law. "Protected health information" (PHI) includes information that can be used to identify a TRS-ActiveCare member, and which TRS or my employer created or received about a TRS-ActiveCare member's past, present, or future health or condition, the provision of health care to the member, or the payment for this health care. I understand that my disclosing PHI without a proper written authorization from the person whose information I am disclosing, except for purposes directly related to the operations of TRS-ActiveCare, including eligibility verification and changes to member status, may be a violation of state and/or federal law. By signing this Confidentiality Agreement, I agree that I will not use or disclose PHI except for TRS-ActiveCare purposes. I also agree that I will take all reasonable precautions to ensure that unauthorized persons cannot access or view PHI at my desk or on my computer. Further, I understand and agree that the login ID and password issued to me for access to TRS-ActiveCare program information cannot be used by anyone else. I agree that only I will use the login ID and password assigned to me and not share the login ID and password with anyone else. I also agree that I will use the login ID and password solely for purposes of the TRS-ActiveCare program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRS Reporting Number \_\_\_\_\_ District/Entity Name: \_\_\_\_\_