myEVHC.com

Broker & Client User Guide

UPDATED 4/2023

Get ready to experience myEVHC.com, the member portal that provides better and more personalized service. The site has a fresh look and feel, making navigation and retrieval of information easier and faster than ever before.

Welcome to myEVHC.com

EVHC

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Portal Overview

Welcome to myEVHC.com!

Get ready to experience myEVHC.com, the self-service portal that provides better and more personalized service. The site has a fresh look and feel, making navigation and retrieval of information easier and faster than ever before.

Use the portal to:

- Register as a user
- Update your account profile
- Check the status of claims
- View accumulated year-to-date deductible and out-of-pocket expenses
- Access the myEVHC Spending Accounts portal
- Update employee's eligibility
- Update personal information
- View coverage history
- View a family summary
- Use the message center to send messages to various departments to obtain information, read replies to your messages, or view the messages you've sent
- Read interesting articles
- ADA Compliant Features for visually impaired users

This guide takes you through the steps you'll need to register, check on claims status, get answers to your questions, and much more. Take a tour, using this guide as your roadmap!

General Requirements

- Cookies and JavaScript must be enabled in the browser.
- Pop-up blockers must be disabled to allow links to partner sites.

Browser Requirements

- Current versions of Chrome, FireFox, and Safari

Mobile Requirements

- Android 4.3 and higher
- IOS Version 5 and higher
- Current versions of IOS, Chrome, FireFox, and Safari

Portal Sections

The portal displays tabs for various sections:

Home | Claims | Enrollment | Admin | Reporting | Messages ▾ | My Links ▾ | Family Links | My Profile ▾

- **Home** – Read articles, access links to documents and resources

- **Claims** – Claim summary and details, accumulators, and flex account balances

- **Enrollment** – Add/update/terminate members, personal information, coverage and family summary if **Real Time Eligibility** has been elected

- **Admin** – Only visible for Internal Staff users and Client Admin users; manage user permissions, and generate registration report; some sub menus under this tab may not appear for all clients, depending on assigned permissions

- **Reporting** – Transfer to the client reporting system

- **Messages** – Send and receive messages in the portal

- **My Links** – Display links relevant to the logged in user

- **Family Links** – Display links relevant to members of a family

- **My Profile** – Change data in user account, register to add another client to your login, or view terms and conditions

Create an Account

Create Account

All users of the portal need to create an account and register. Registration is a one-time event; a user will not have to repeat these steps in the future.

The process varies slightly depending on if you are registering as a client/broker or a member.

- First-time client users should go to **myEVHC.com**.

- In the **"Employer/Client"** or **"Broker"** box, click on **Create My Account**.

Create an Account

How to Set Up a User

CLIENT OR BROKER REGISTERS

- Go to **www.myEVHC.com**
- In the **Employer/Client or Broker** box, click **Create Your Account**
- Complete the **Account Creation**, including **Security Questions**
- Click **Next**
- Re-enter the **Password** and click **Next**
- Enter the **Client Code** and click **Submit**
- Email the **Client Manager/Coordinator** with the **Username**

INTERNAL STAFF ACTIVATES ACCOUNT

- Log in as **Internal Staff** user. Refer to **Activate Client** registration section
- Go to **Admin tab**
- Go to **Manage Permissions**
- Search by **Client Role**, and **Inactive Status** for the client's username
- Set the **Client's Permissions**
- Set the **Client's Status** to **Active**

SUCCESSFUL LOG IN

- Client logs in at **myEVHC.com**
- Successful login as user

To ensure a secure site, the following step is needed to create a user account.

Click in the box for "I'm not a robot" and click Next to continue

Create an Account

Continue the account creation process by completing the following fields.

Account Creation - Complete the information below to create an account. All fields are required.

Username

Password

(See note below)

Confirm Password

Password Strength

Passwords are case-sensitive. Passwords must be 6 to 32 characters long with at least one non-alpha character.

First Name

Last Name

Email

Please Select and Answer 3 Security Questions

Select a security question ▼
Or Enter Your Own Question
Enter your answer

Select a security question ▼
Or Enter Your Own Question
Enter your answer

Select a security question ▼
Or Enter Your Own Question
Enter your answer

SUBMIT   RESET

1. Enter a username and password. The system will tell you immediately if the user name has already been taken. The username must be a minimum of 4 characters. Passwords are case-sensitive and must be 6 to 32 characters long with at least one non-alpha character.

2. Enter your first name, last name and e-mail address.

3. Choose and answer three security questions, or type in your own question and corresponding answer. The answers are case sensitive.

4. To complete request, click **Next** at the bottom of the page.

Click **Clear** to clear the information out of all fields.

Helpful Hints

- The username will populate on reports so you will want to use a meaningful name to know the source of the report.

Create an Account

A new account for myEVHC.com has now been created. Enter the password you've just created and click **Next**.

1. Enter the password you've just created and click **Next**

2. Enter the 2-character client code and 3-character library code provided to you by your Client Manager. This step connects your username to your client account (*example:* XY-ZZZ).

3. Click **Next** to continue.

Upon clicking **Next**, the page above will state that registration was successful.   If you need to enter another client code, click **OK**. Otherwise, in the upper right corner log out of the portal.

One more step to activate a client/broker account. Send the Client Manager an e-mail indicating you have completed client registration for the portal. The Client Manager can then activate the account, assign permissions, and let you know you are ready to start using the portal.

Create an Account

Complete Registration - Client

Once you're registered on this new site, please be sure to return directly to myEVHC.com for all future visits. Please bookmark myEVHC.com now for future reference.

After receiving notification from the Client Manager that your client account has been activated, return to **myEVHC.com** and enter your username and password.

Log in

Username

Password

SUBMIT

Forgot your password?
Forgot your username?

Click **Submit**. The Terms and Condition page appears the first time you sign in after being activated.

Click **"I Agree"** after reviewing this page.

Create an Account

Complete Account - Broker

The broker users create an account by going to myEVHC.com.
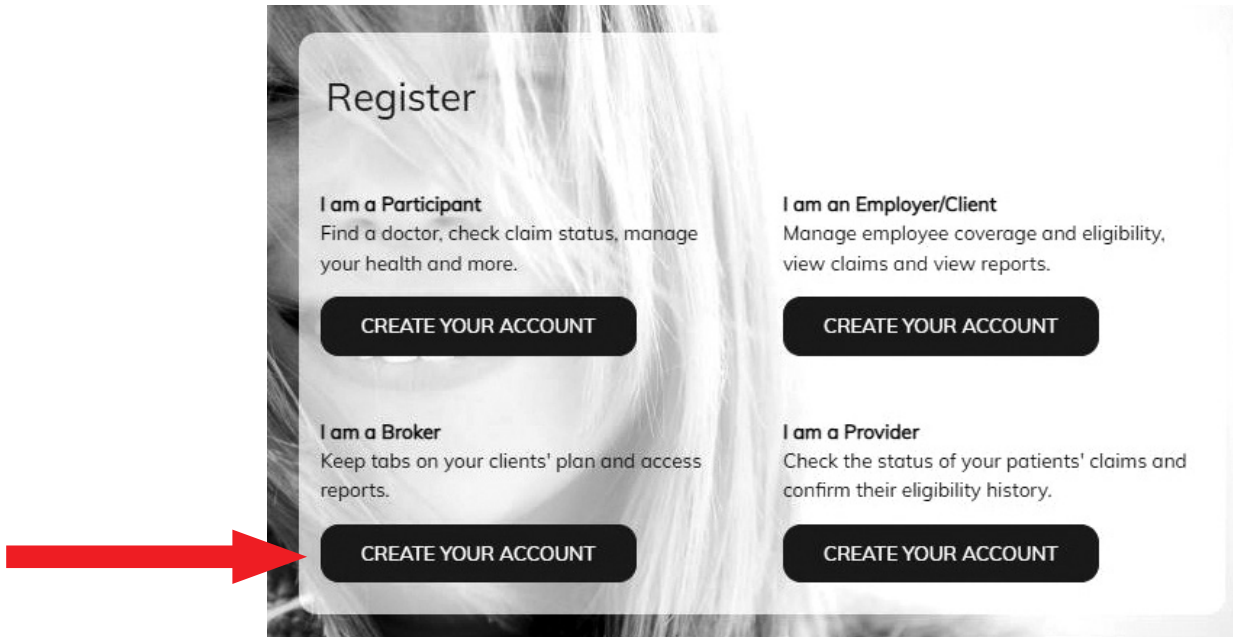
Broker: To ensure a secure site, the following step is needed to create a user account.

1. In the **"Broker"** box, click on **Create Your Account**. To ensure a secure site, the following step is needed to create a user account.

2. Click in the box for "I'm not a robot" and click Next to continue

Create an Account

Complete Account - Broker

3. The broker user continues the account creation process by completing the following fields.

Account Creation - Complete the information below to create an account. All fields are required.

Username

Password   (See note below)

Confirm Password

Password Strength

Passwords are case-sensitive. Passwords must be 6 to 32 characters long with at least one non-alpha character.

First Name

Last Name

Email

Please Select and Answer 3 Security Questions

Select a security question ▾
Or Enter Your Own Question
Enter your answer

Select a security question ▾
Or Enter Your Own Question
Enter your answer

Select a security question ▾
Or Enter Your Own Question
Enter your answer

SUBMIT   RESET

a. Enter a username and password. The system will tell you immediately if the username has already been taken. The username must be a minimum of 4 characters. Passwords are case-sensitive and must be 6 to 32 characters long with at least one non-alpha character.

b. Enter first name, last name and e-mail address.

3. Choose and answer three security questions, or type in your own question and corresponding answer. The answers are case sensitive.

4. To complete request, click **Submit**

    Click **Reset** to remove data from all fields.

Create an Account

Complete Account - Broker

A new account for myEVHC.com has now been created.

ⓘ Account Creation - The following user information has been created.

Username: **SampleUsername**
First name: **SampleFirstName**
Last name: **SampleLastName**
E-mail: **SampleEmail@sample.com**

Please re-enter your password to protect your security

Password

[   ]

NEXT

4. The broker user re-enters the password created in Step 2 and clicks **Next**.

Client Registration

ⓘ Enter the client code of the client for which you are registering

Client Code: ★ [   ]

Next

a. The broker user enters the client code provided to the client by the Account Manager. This code contains the 2-digit client code and 3-digit library code (*example:* XY-ZZZ).

b. Click **Next** to continue.

Client Registration

✓ **Registration submitted successfully**
You have completed the self-registration process. Please provide your user ID to your Account Administrator and they will activate your account. If you would like to add another client to your account, click OK. Otherwise, please click Sign Out to end your session.

Thank you!

OK

Upon clicking **Next**, the page above will state that registration was successful. The user *does not* click **OK**. In the upper right corner the user then logs out of the portal.

If the broker needs to register for multiple clients, after the username is registered for the first client, the broker goes to the **My Profile** tab and selects **Registration**. The broker can then enter another client code under one user name. When they subsequently log in to the portal, they will see a drop down list of client codes that were registered under single username.

c. **One more step to activate a broker account.** The broker sends the Client Manager an e-mail indicating the broker has completed registration for the portal. The Client Manager can then activate the account, assign permissions, and let the broker know they are ready to start using the portal.

Create Account

How to Set Up a Member Account

All users of the portal need to create an account and register. The process varies slightly depending on if you are registering as a client, or a member.

- First-time member users should go to **myEVHC.com**.

- In the **"Participant"** box click on **Create Your Account**.
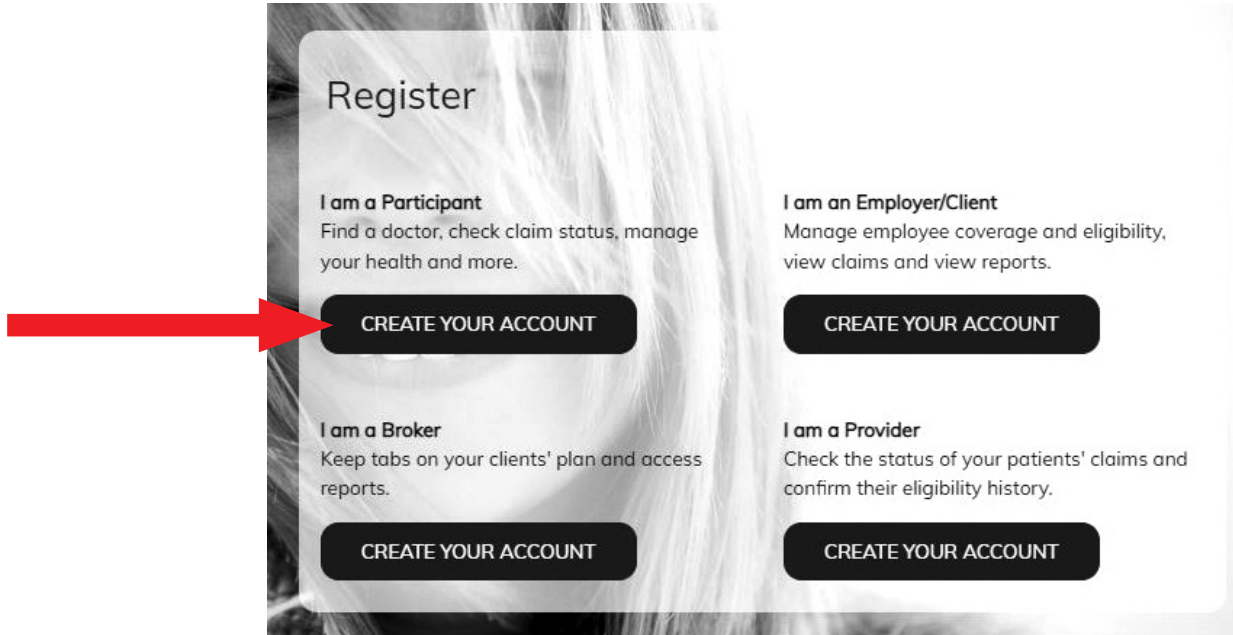
The Activation page opens to begin the account creation.

Helpful Hints

- A member portal user may be the plan participant, spouse, or dependent over age 18 on the plan.

Create an Account

How to Set Up a Member Account

The member activates a new account by completing the following fields. The Member ID and Last Name should match the data on the ID card.

- Your Member ID or SSN

- Your Last Name

- Your Postal Code or zip code

- Your Date of Birth in mm/dd/yyyy format

The user selects **Next** when finished.

Activation

Let's get started!

To keep this simple, all of the fields below are required.

Your Member ID or SSN

[   ]   **?**

Your Last Name

Sample

Your ZIP/Postal Code

12345

Your Date of Birth

01/01/1970

[NEXT]

All portal users must be age 18 or older. If an under age member or individual tries to register as an under age member, a message displays with a link to the Delegated Authority page.

"Unfortunately we are not able to create your account. In order to have a myEVHC.com account, you must be 18 years or older. If you are registering on behalf of an underage member, please click here to register as a Delegated Authority user of this website. Please note, you will need to submit supporting documentation in order to gain access to this site."

Create an Account

How to Set Up a Member Account

The next step requires the member to review the Consent page.

The members:

- Provide consent to electronic signatures and communications, and the Terms and Conditions. The Terms and Conditions may be printed from My Profile tab.

- Select **'I Agree'**. If **'I Decline'** is selected, the user is returned to the Log in screen and is not able to use the portal.

Next the Communication page appears. The members:

- Enter contact information. An email address is mandatory along with one phone number.

- Mobile Phone number may be used to receive text messages.

- Select the information that they would like to receive electronically.

- When finished, the members select **Next**.

Create an Account

How to Set Up a Member Account

A verification process is included to verify the member.

- The member selects one of the methods to be verified (email address or mobile phone). An email or text message is sent to the member containing a verification code.

- The member Selects **Start**.

- The member enters the verification code in the box.

- The member selects **Verify** to verify the correct code was entered.

Create an Account

How to Set Up a Member Account

Once the confirmation is received that the verification code was correct, the member selects **Next.**

Verification

We will need to verify your information before continuing.

Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

Please enter the verification code that has been sent to your Mobile Phone in the field below.

Email Address

[ ] START

Mobile Phone

[111-111-1111] START

Verification Code

[ ] VERIFY

Now the member can create a profile by completing the Username, Password, and security questions.

Personalization

Create your profile.

User Name

[ ] User name must be longer than 3 characters.

Password

[At least 8 characters] **?**

Re-enter Password

[Confirm password]

Let's keep this secure — answer these 3 security questions.

Remember your answers as you will use these questions in the future if you forget your password!

[Select a security question ▼]
[Enter your answer]

[Select a security question ▼]
[Enter your answer]

[Select a security question ▼]
[Enter your answer]

NEXT

The member may select **?** to review the password rules. The system informs them if the Username is available and the Password is acceptable.

The member selects **Next** when finished.

Create an Account

Member Sign In

The Preferred Communications Details pop-up window asks the member to provide the current email address and a mobile or alternate phone number.

- Enter the email address and at least one phone number.

- Select the information that they would like to receive electronically.

- Select **Save**.

Once the members are registered on this new site, they return directly to **myEVHC.com** for all future visits.
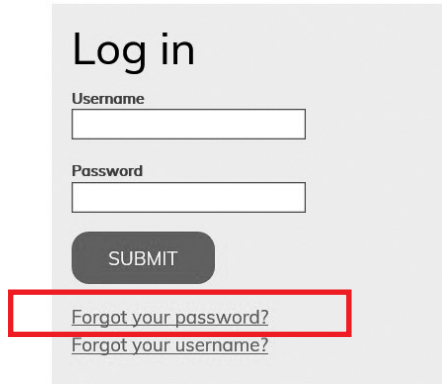
The portal **myEVHC.com** may be bookmarked for future reference.

Now that registration is complete as a client or member, you have access to use the functions of the portal. Continue with the next section to Find a Member, or use the table of contents to locate the section you need.

Forgot Password

Resetting a password is an automated process but requires you to perform some steps to complete the process.

To start the **Forgot Password** process from the Portal log in page, click on **Forgot your password?**

The **Forgot Your Password?** Page appears and asks for the username to be entered. Click **Submit**.

If the username is found in the system, you are asked one of the three security questions selected during registration. You are given two (2) chances to answer each of the three (3) security questions.

- After successfully answering one of the security questions an email is sent to the email address used during registration.

- If you fail all security questions (6 total attempts) you are prevented from answering the security questions for 30 minutes and an email is sent to your email address as a notice of the failed attempt to reset the password. After 30 minutes you are given a total of six (6) more attempts to successfully answer one of the security questions. If you fail these attempts the system prevents you from answering any more security questions for 24 hours and an email is sent to your email address as a notice of the failed attempt to reset the password.

If you attempt to restart the Forgot Password process before 30 minutes (or before 24 hours after second attempt) you receive a message stating how many hours and minutes you must wait to try again.

- You must click the link in the email which takes you to the **Change Password** page. This link must be used within 24 hours. Enter a new password of 6-32 characters with at least one character as non-alpha on the **Reset Password** page.

Home Page

Once registration is complete you are able to sign in and navigate through the portal. You begin at the **Home Page** but you can easily move through the various tabs. The Home Page is customizable by the client. Through a discussion with your Client Manager you can decide to display your logo, which links you would like to display on the Home Page, and what type of links you want to offer to your employees.

The **Client Dashboard** appears as you land on the Home Page. The **Member Dashboard** appears once a member has been found using the **Find a Member** search feature.
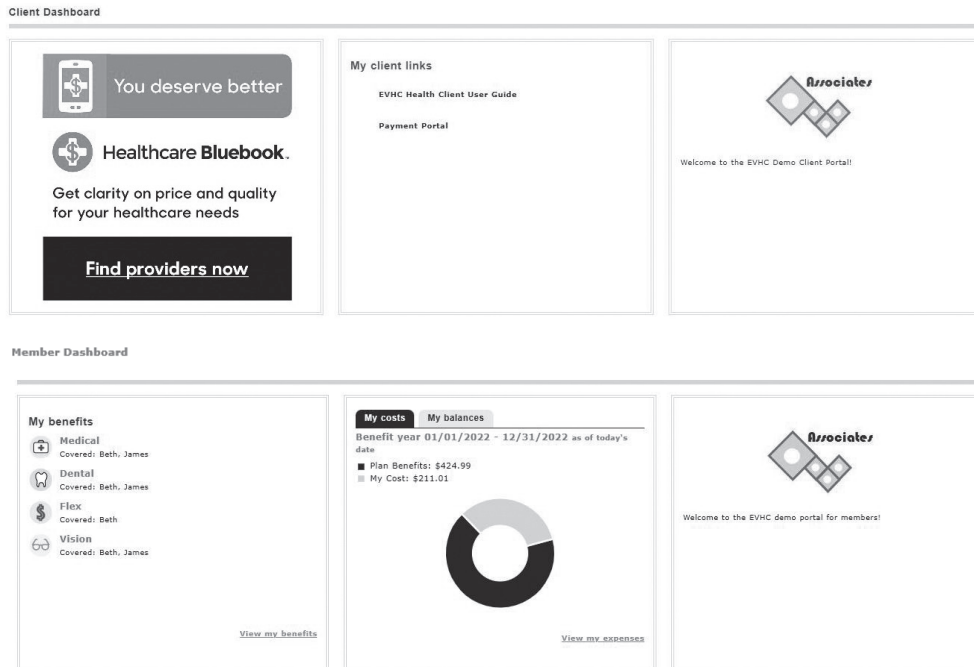

My benefits for the Member Dashboard reflects current eligibility for active members, listing the types of coverage enrolled and the dependents enrolled in that coverage. Selecting **View my benefits** takes you to the **Coverage** page.

My costs displays a summary of the member's expenses for the current year, including the plan's payments and the member's responsibility for deductible, coinsurance, and copays. Selecting **View my expenses** takes you to the member's claim history.

My links display quick links to other features such as find a provider, see an image of an ID card, etc.

My balances will display a graph providing a quick view of the member's deductible and Out-of-Pocket information, the graph will display for any coverage where a deductible or Out-of-Pocket exists (See below image 1). If you hover over the icon, the corresponding text will display indicating the type of coverage (Image 2). In the last screenshot (Image 3), you can see a difference in the use of "Family" vs "Individual". When a Family deductible/OOP exists for a coverage, that is what is displayed. When a Family deductible/OOP does not exist for a coverage, the individual deductible/OOP is displayed. The graph will display in the custom color branding chosen by the client.
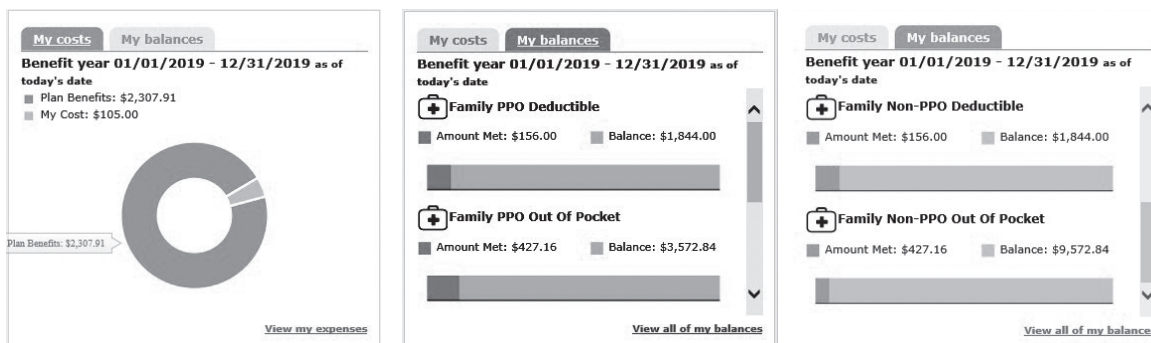
What's new displays resources/updates. This scrolling tile can display up to five images that changes every ten seconds. The scrolling images can be customized or defaulted to a single image.

Find A Member

The Home, Claims, Enrollment and Messages tabs contain a "Member Finder" tool that allows you to quickly and easily search for members of groups you are authorized to review. In addition, the **Claim Number** search field is available to Client and Internal Staff users.

Search for the Member

You can search by the member's Member ID (as shown on the ID card), SSN, First Name and Last Name or Claim Number. You can also perform a partial search on any of these fields except Claim Number. Click **Find**.

Click **Advanced Search** to display the advanced search function below.

If you have entered a partial search, or if more than one member is found, the page below displays a list of members who match the criteria entered. Select a member's name to access that member's information.

1. Click the **"Advanced Search"** link.

2. The advanced Member Finder will display.

3. Enter in your search criteria:

    a. Partial member ID or SSN

    b. Partial First or Last Name

    c. Just a location group

    d. Any Combination of the above

4. Click the **Find** button

5. The results will display in a table with the original effective date and termination date populated if the member was once terminated and then re-instated under the same member ID number.

Find A Member

The original effective date is the first time that member ID was active; if the member has terminated and reinstated with the same member ID, portal will display the first effective date (prior to the reinstatement) as the Original Effective Date.

To display the exact match of your search, click **Exact Match**.

If you have entered a partial search, or if more than one member is found, the page below displays a list of members who match the criteria entered. Select a member's name to access that member's information.

Find A Member

Once the member has been found, the member's information appears at the bottom of the member finder.

The Member ID reflects a 2-digit suffix indicating the member's relationship in the family.

00 or 01 – Employee/subscriber

02 – Spouse

03 – 19 Dependent

Additional suffixes may be used for domestic partners, second spouses, etc. These additional suffixes are added by the Eligibility Coordinators and will be reflected in the portal after the suffix is assigned.

Search by Claim Number

You can search by a claim number to find the member associated with that claim. You can only see the **Claim Number** field if your permissions level for **Claim Details** allows you to "view".

- The full claim number must be entered, with or without dashes.
- Once the claim number is entered in the Claim Number field, click **Find**. The member is found and the member's name is displayed but the claim number disappears.
- The claim numbers for prescriptions or Flex, HRA, or HSA cannot be used as a claim search.

If the claim number is found in the system, the member's name appears. If a partial claim number is entered the message **"claim number not found"** appears. If the member's name and a claim number are entered but the entered claim number does not belong to that member, the **"claim number not found"** also appears and the member's name disappears.

You will need to start the search again.

Find A Member

You can click on the Claims tab and the selected claim will be highlighted in the Claim Summary. The **Claim Details** for the specified claim will open below the **Claim Summary**.

Claims • Accumulators

Find a Member   Advanced Search

| Member ID | SSN | First Name | Last Name | Claim Number | Find | Clear | Enroll |

To find a member, enter the member's information and click "Find". To enroll a new plan participant, click "Enroll".

Member Found - **Member ID:** X29273392-01 **SSN:** ***-**-5731 **Name:** Beth Doe **Location/Division:** - LOCATION BT

Claim Summary

Did you know you can sort claims by clicking the column headings or filter claims with our filter tool? Our claims are automatically sorted to show you the most recently processed claims on top and you have access to a rolling 3 years of claims data. Need to find your Explanation of Benefits (EOB)? No problem! Simply click "view details" next to the claim in question and then click to "view Explanation of Benefits".

▾ Filter

| Service Date From ▾ | Service Date To ▾ | Type ▾ | Patient ▾ | Status ▾ | Claims Per Page ▾ | Export |

	Status ▲	Service Date ▲	Paid Date ▼	Patient ▲	Relationship ▲	Birth Date ▲	Provider ▲	Bill Amount ▲	HRA/HSA Paid ▲	Patient Cost ▲	
✚	Processed	03/22/2020	03/31/2020	Doe, Beth	Plan Participant	09/29/1964	M Bob Jones Md Md	$187.00	$0.00	$0.00	view details
✚	Processed	02/28/2020	03/09/2020	Doe, Beth	Plan Participant	09/29/1964	R Bob Jones Md Md	$449.00	$176.01	$211.01	view details
✚	Processed	12/16/2019	01/27/2020	Doe, Beth	Plan Participant	09/29/1964	L Bob Jones Md Md	$679.00	$0.00	$47.95	view details

Claim Details

Claim #:	030502-947-96	**Coverage Type:** Medical	View explanation of benefits
Plan Participant:	Beth Doe		Ask a question about this claim
Patient:	Beth Doe		
Provider:	R Bob Jones Md Md		

Line# ▲	Service ▲	Service Date ▲	Billed ▲	Discount ▲	Adjustments ▲	Other Plan Payment ▲	Ineligible ▲	Co-Pay ▲	Deductible ▲	Co-Ins ▲	Benefit Payment ▲	HRA/HSA Payment ▲	Reason Codes ▲	Status ▲
1	99214-Office Visit	02/28/2020	$159.00	$34.25	$0.00	$0.00	$0.00	$35.00	$0.00	$0.00	$89.75	$0.00	MCY	Processed
2	20610-Surgery	02/28/2020	$136.00	$44.74	$0.00	$0.00	$0.00	$0.00	$91.26	$0.00	$0.00	$91.26	MCY	Processed
3	73010-X-Ray	02/28/2020	$54.00	$17.52	$0.00	$0.00	$0.00	$0.00	$36.48	$0.00	$0.00	$36.48	MCY	Processed
4	73030-X-Ray	02/28/2020	$52.00	$11.77	$0.00	$0.00	$0.00	$0.00	$40.23	$0.00	$0.00	$40.23	MCY	Processed
5	J3301-Injection	02/28/2020	$48.00	$39.96	$0.00	$0.00	$0.00	$0.00	$8.04	$0.00	$0.00	$8.04	MCY	Processed
	Total:		$449.00	$148.24	$0.00	$0.00	$0.00	$35.00	$176.01	$0.00	$89.75	$176.01		

Claims

Review the Status of Claims

Select the **Claims tab** and search for the member. If you previously selected a member, his or her information displays. Claims are updated during the nightly batch so the claim information appearing in the portal is as of the end of the prior business day.

The HRA payment displays for clients with Integrated HRA plans. If no HRA payment was made the field shows $0.00. If you do not offer the HRA plan through us, the HRA Payment column does not appear.

The icons appearing before the **Status** column indicate the type of claim that was received.

Filter the claim information by clicking the **Filter** banner, which expands this section. Claims data may be filtered by service date, type of claim, patient name and claim status. The **Claim Summary** table automatically displays the claims based on the criteria selected. To return to the complete list of claims, click the blue **X** to remove the current filter. Click the **Export** button to create an Excel file of claims (filtered or non-filtered).

- Selecting a **Type** limits the results to medical, dental, vision.
- **Open status claims** have been received but have not been processed, and limited details such as billed charges are available. Discount Amount, Benefit Payment, and Patient Responsibility will not display until the claim is adjudicated.
- **Processed status claims** have been adjudicated and may be paid, pended, corrected, or denied.
- **Estimated status claims** are dental pretreatment estimates.
- **Claims Per Page** allows the user to choose the number of claims to display per page (5, 10, or 100).

To access claim details, click the **View Details** link, which expands the **Claim Details** section.

> *Helpful Hints*
> - Click the column headings of the Claim Summary table to sort the data. The shading of the column heading will change colors when it is the sort column.
> - Upon selecting a claim, the claim line is highlighted, and will stay highlighted, as you navigate the pages of claim information.

Claims

Review the Status of Claims

The **Claim Details** section provides access to the billed charges, discounts, other adjustments and plan payments, ineligible amounts, co-pay, deductible, benefit payment, status and any reason codes tied to the claim. When applicable, Claim Details also includes payment information.

Click **Ask a question** about this claim to send a portal message related to this claim.

If the claim has been processed you can view the Explanation of Benefits (EOB) by clicking **View explanation of benefits** and the EOB will display in a new window. The EOB is available a couple of days after the paid date for groups with ECHO or ABF.

Claim Details

Claim #:	111201-917-79	**Coverage Type:** Medical	View explanation of benefits
Plan Participant:	Beth Doe		Ask a question about this claim
Patient:	James Doe		View additional claim details
Provider:	Bob Jones Md		
Provider TIN:	X319766906		

Line#	Service ▲	Service Date ▲	Billed ▲	Discount ▲	Adjustments ▲	Other Plan Payment ▲	Ineligible ▲	Co-Pay ▲	Deductible ▲	Co-Ins ▲	Benefit Payment ▲	HRA/HSA Payment ▲	Reason Codes ▲	Status ▲
1	80076-Lab	09/17/2019	$23.25	$13.54	$0.00	$0.00	$0.00	$0.00	$0.00	$0.97	$8.74	$0.00		Processed
2	36415-Lab	09/17/2019	$13.65	$10.35	$0.00	$0.00	$0.00	$0.00	$0.00	$0.33	$2.97	$0.00		Processed
	Total:		$36.90	$23.89	$0.00	$0.00	$0.00	$0.00	$0.00	$1.30	$11.71	$0.00		

Payment Information:

Line#	Paid Date ▲	Provider Payment Number ▲	Provider Payment Amount ▲	Plan Participant Payment Number ▲	Plan Participant Payment Amount ▲
1	11/16/2019	194835	$8.74		$0.00
2	11/16/2019	194835	$2.97		$0.00

Close

View Accumulators

Access Accumulator information by selecting the **Claims** tab and the **Accumulators** sub menu. The member and family accumulators will display. Change the benefit year by clicking on the **Benefit Year** drop-down menu – current and previous plan year data is available.

- **Year to Date Deductibles** appear for the member, and totals for the family.
- **Out of Pocket Expenses** appear for the member, and totals for the family.

My Balances

Benefit Year: Current: 01/01/2019 - 12/31/2019

Year to Date Deductibles

ⓘ Use the arrows in the column headings to sort the information contained in the specific column.

Benefit Year: 01/01/2019 - 12/31/2019

▾ Filter

Coverage: ◉ Medical

Patient Name ▲	Begin Date ▲	End Date ▲	Description ▲	Maximum Amount ▲	Met Amount ▲	Balance ▲
Doe, Beth	01/01/2019	12/31/2019	Domestic Deductible	$1,200.00	$176.01	$1,023.99
Doe, Beth	01/01/2019	12/31/2019	Network Deductible	$2,000.00	$176.01	$1,823.99
Doe, Beth	01/01/2019	12/31/2019	Non-Network Deductible	$5,000.00	$0.00	$5,000.00
Family	**01/01/2019**	**12/31/2019**	**Domestic Deductible**	**$2,400.00**	**$176.01**	**$2,223.99**
Family	**01/01/2019**	**12/31/2019**	**Network Deductible**	**$4,000.00**	**$176.01**	**$3,823.99**
Family	**01/01/2019**	**12/31/2019**	**Non-Network Deductible**	**$10,000.00**	**$0.00**	**$10,000.00**

Out of Pocket Expenses

ⓘ Use the arrows in the column headings to sort the information contained in the specific column.

Benefit Year: 01/01/2019 - 12/31/2019

▾ Filter

Coverage: ◉ Medical

Patient Name ▲	Begin Date ▲	End Date ▲	Description ▲	Maximum Amount ▲	Met Amount ▲	Balance ▲
Doe, Beth	01/01/2019	12/31/2019	Domestic Out Of Pocket	$3,000.00	$211.01	$2,788.99
Doe, Beth	01/01/2019	12/31/2019	Network Out Of Pocket	$5,000.00	$211.01	$4,788.99
Family	**01/01/2019**	**12/31/2019**	**Domestic Out Of Pocket**	**$6,000.00**	**$211.01**	**$5,788.99**
Family	**01/01/2019**	**12/31/2019**	**Network Out Of Pocket**	**$10,000.00**	**$211.01**	**$9,788.99**

Filter the accumulator information by clicking the **Filter** banner, which expands this section. Accumulator data can be filtered by the coverage type (medical, dental, vision).

- The **Benefit Year** drop down box displays the correct plan year dates based on the plan's criteria in the ICE claims system.
- **Accumulators from a prior carrier** loaded into the ICE Claims system also display on this page.
- **Claim corrections** performed in the claims system are reflected in the accumulators.
- Accumulators do not appear until claims have been processed.

Enrollment

View Member Enrollment Information

Select the **Enrollment** tab and search for a member. If you previously selected a member, his or her information displays.

The **Enroll** tab displays three sections of data for the members: **Members, Coverage,** and **Creditable Coverage**. To expand a section, click the arrow in front of the section title.

The **Registration Code** is a unique code generated by the system as an extra security layer that each member must use when they register for the portal if you (the client) require the code. Clicking **'Show Registration Codes'** creates system-generated registration codes, regardless of whether you require them for registering. The registration form generates an error message only if you require a registration code and the member does not enter a registration code.

If a member has selected any level of security, icons indicating the security level are displayed:

	The **Full Family Access** icon indicates the plan participant has assigned the member "full family access", giving this member access to claims and enrollment information about the plan participant, the member himself, and all dependents that are not blocked.	
	The **Full Blocking** icon indicates the member has requested "full blocking" meaning the member is the only member on the plan that can access his information. The plan participant cannot view information about this member and someone with Full Family Access cannot view information about this member.	
	The **Partial Blocking** icon indicates the member has requested "partial blocking" meaning the plan participant and the member are the only users who can access information about this member. A member with Full Family Access cannot view information about this member.	

Select **Coverage** to expland the section. This displays Location/Division, Benefit Plan, Network, Plan Participants and, if applicable, Plan Participant's Primary Care Physician.

View Personal Information

A member's Personal Information appears in the Members section once an individual member's name is clicked.

Located under the **Enrollment** → **Personal Information** tab, the Personal Information provides demographic information on the member such as name, date of birth, SSN, gender, relationship, and address. Required fields are marked with an asterisk *****. Fields such as tobacco user or phone numbers are optional fields.

If more family members are listed, select another family member and click **Refresh** to update the page.

Member Summary

ⓘ To access additional information for a member, click their name in the list below.

Member ID ▲	Family Member ▲	Relationship ▲	Date of Birth ▲
X29407062-01	Sample, Jane	Plan Participant	08/02/1977
X29407062-03	Sample, John	Dependent	05/03/1999
X29407062-04	Sample, Julie	Dependent	05/02/2001

Personal Details

[Refresh]

View ID card history for this member
❓ Ask a question about this member

First Name/Initial:	Jane
Last Name:	Sample
Date of Birth:	08/02/1977
SSN:	***-**-3394
Gender:	Female
Marital Status:	
Tobacco User:	
USA:	☑
Address 1:	1234 Main
Address 2:	
City:	Our Town
State:	OH ZIP Code: 12345
Work Phone/Extension:	
Home Phone:	

Employment Information

Employer:	ABC COMPANY
Date of Hire:	03/02/2015
Location/Division:	- LOCATION BU
Salary Effective Date:	
Annual Salary:	

[Edit]

Select **View my ID card history** to display a listing of ID card requests, print and mail dates:

View ID Card History			⊗
Requested Date	**Printed Date**	**Mailed Date**	
12/17/2022	12/17/2022	12/20/2022	
06/27/2021	06/28/2021	07/01/2021	
12/06/2020	12/09/2020	12/12/2020	

View Personal Information

Clients may elect to include **HIPAA Privacy Authorizations** as a permission granted to Internal Staff and Client users. The HIPAA Privacy Authorizations are the name(s) of individuals the member has appointed as a personal representative under the HIPAA Privacy guidelines. For Internal Staff and Client users to enable this feature, the **Permission for HIPAA Authorizations** must be set to **'View'** in the **Permissions** chart. Members are not given this permission. It is used by Internal Staff and Client users to assist with answering calls from personal representatives on behalf of a member.

If the user has permission set to view the HIPAA Privacy Authorizations, he or she will see the link **View HIPAA privacy authorizations** for this member on the **Enrollment/Personal Information** page.

> View ID card history for this member
> View Transaction Request History
> View HIPAA privacy authorizations for this member

Click on the link to **View HIPAA privacy authorization**.

If no HIPAA privacy authorizations exist for a member, the message below appears:

HIPAA Privacy Authorizations
No HIPAA privacy authorizations exist for this member.

When a **HIPAA Privacy Authorization** exists, a pop up window appears:

HIPAA Privacy Authorizations		
Authorized Person/Entity	Begin Date	End Date
REP-	08/04/2017	12/31/9999

The authorized person is able to check eligibility, and status of claims.

View Coverage History

Coverage History provides a summary of the benefit plan selected by the member, including the dates enrolled in a plan, coverage type (medical, dental, vision, etc.), network, and the location or division.

From the **Enrollment** ➡ **Coverage** tab, click on a member's name to display the **Coverage History** details for that member.

Member Summary

ℹ To access additional information for a member, click their name in the list below.

Member ID ▲	Family Member ▲	Relationship ▲	Date of Birth ▲
X29407062-01	Sample, Jane	Plan Participant	08/02/1977
X29407062-03	Sample, John	Dependent	05/03/1999
X29407062-04	Sample, Julie	Dependent	05/02/2001

Coverage

ℹ Use the arrows in the column headings to sort the information contained in the specific column.

Member ID:	X29407062-01
Name:	Jane Sample

Coverage History:

▸ Filter

Location/Division ▲	Benefit Plan ▲	Network ▲	Effective Date	Termination Date ▲	Medical	Dental	Flex Health Care	HRA	Vision	Termination Reason ▲
- LOCATION BU	Exclusive Plan w/Optional Coverages	ABC PROVIDER NETWORK	01/01/2019	02/28/2019	✔	✔	☐	✔	✔	Termination Involuntary
- LOCATION BU	Exclusive Plan w/Optional Coverages	ABC HEALTH + ABC HEALTH	04/01/2018	12/31/2018	✔	✔	✔	✔	✔	

[Modify Coverage]

Click **Filter** to narrow down the results by effective date, termination date, or coverage type.

▾ Filter

| Effective Date: | ▾ | to: | ▾ | Termination Date: | ▾ | to: | ▾ | Coverage: | ▾ |

Upon filtering the coverage data, the **Coverage History** table displays the coverage based on the criteria selected.

View Family Summary

Family information is accessed through **Enrollment** → **Family Summary**. The **Family Summary** page provides an overview of the enrollment information for the entire family. To expand information, click **View Details**.

Family Summary

Plan Participant Information
Name: Jane Sample   Date of Birth: 08/02/1977   SSN: ***-**-3394   Member ID: X29407062-01   View Details Edit

Family Information
Name: John Sample (Dependent)   Date of Birth: 05/03/1999   SSN: ***-**-1085   Member ID: X29407062-03   View Details Edit

Name: Julie Sample (Dependent)   Date of Birth: 05/02/2001   SSN: ***-**-5160   Member ID: X29407062-04   View Details Edit

Coverage Information
Location/Division: - LOCATION BU   **Benefit Plan:** Exclusive Plan w/Optional Coverages   **Network:** ABC PROVIDER NETWORK   View Details Edit

Effective Date: 01/01/2020   **Termination Date:** 02/28/2020

Creditable Coverage Information
ⓘ No Creditable Coverage Information

1. To expand information, click **View Details**. When a visually impaired user with a screen reader clicks on **View Details** the system identifies the member associated with those details.

2. Selecting **View Details** next to **Coverage Information** provides a coverage breakdown for each member of the policy, including Primary Care Physician if applicable.

3. Refer to the appropriate section in this manual to **Update Personal Information**, **Update Coverage**, **Update Flexible Spending Account**, or **Update Creditable Coverage**.

Coverage Information
Location/Division: - LOCATION BU   **Benefit Plan:** Exclusive Plan w/Optional Coverages   **Network:** ABC PROVIDER NETWORK   Hide Details Edit

Effective Date: 01/01/2020   **Termination Date:** 02/28/2020

Location/Division: - LOCATION BU

Benefit Plan: Exclusive Plan w/Optional Coverages

Network: ABC PROVIDER NETWORK

Coverage:

	Effective Date	Termination Date	Late Enrollment	Current Elections
Jane Sample (Plan Participant)	01/01/2020	02/28/2020	No	Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY
John Sample (Dependent)	01/01/2020	02/28/2020	No	Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY
Julie Sample (Dependent)	01/01/2020	02/28/2020	No	Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY

Creditable Coverage Information
ⓘ No Creditable Coverage Information

Real Time Eligibility

The **Real Time Eligibility (RTE) process** enables you to add or update eligibility in the portal resulting in a direct update in the claims system. If you submit eligibility files electronically you are not able to participate in RTE, and only have **View** access to enrollment pages.

A full audit trail is available for user changes in the portal, providing details on who made a change and a date and time stamp of when it was performed.

Activities not currently available in the portal but available in the claims system:

- Updating COBRA paid through dates

- Enrolling supplemental coverage such as life, AD&D, etc.

- Updating full time student information

- Ability to input client assigned alternate IDs

Items that require an Analyst Review

Front end edits control many of the real time eligibility events. If outside of the established rules the portal will accept the change and route it to an Analyst to process. Changes to eligibility may require claim adjustments, especially with retroactive changes.

- Any retroactive termination greater than twelve months from term date to date entered

- Any retroactive benefit change to plan, rider, location where the new effective date is prior to the most current effective date

- Any void entered into the Portal. A void is enrollment that was never active, i.e. the effective date is the same as the expiration date.

- Reinstatements with or without a lapse in coverage

- Currently ID cards are automatically ordered on new added members only. Any other benefit or plan change affecting a change to the ID card requires a request for a new ID card to be sent through the **Portal Message Center (PMC)** to be handled by the enrollment team.

The user will receive the following message after updating enrollment when the change needs to go to the Analyst.

Enrollment

ⓘ Please complete the steps below to enroll a new plan participant and dependent(s).

Enrollment saved successfully

When the analyst has completed the request, the portal user will receive an incoming portal message that the change was completed. The change does not appear in the portal until the PMC message is received that the enrollment was completed.

Add Plan Participant

Click on the **Enrollment** tab and the **Enroll sub-menu** to enroll a plan participant. The plan participant must be added prior to adding any dependents. In addition to the **Enrollment** tab you can also enroll a participant by clicking the **Enroll** button within the **Member Finder**.

Enrollment includes three sections that need to be completed before enrollment is considered complete. Complete the mandatory fields marked with an asterisk *****.

Members – Add/update **Personal Information** such as name, address, phone number. Add **Employment Information** such as date of hire, salary effective date, or salary.

Coverage – Add/update Plan Information such as effective dates, location/division, benefit plan, or network.

Creditable Coverage – Add/update Creditable Coverage information including the prior plan name, waiting period start date, effective date and termination date, and the family members included on the prior plan. This is an optional section. Due to Healthcare Reform there is less importance in collecting this information.

Adding a plan participant involves adding the demographics and the selection for coverage. The plan participant must be added first before any dependents are added.

Add Plan Participant

The first step in adding a plan participant is to add the demographics under the **Members** section. Required fields are marked with an asterisk *****.

1. Complete the required fields such as name, date of birth, SSN, gender, address, and date of hire.

2. Additional fields may be completed such as tobacco user, work phone or home phone, salary effective date, or annual salary.

3. Once the member registers for the portal, they can add the email address and phone numbers. **Only the member can choose to receive electronic communication during the registration process.**

4. Click **Add/Modify** to begin to add the plan participant. This adds the plan participant to the client but you still need to select the coverage for this person.

5. Once the plan participant is added to the system, dependents may be added by clicking **Add Dependent** before continuing with adding the coverage for the plan participant. Refer to the **Add Dependent** section for complete details.

Add Plan Participant

Field Help in the Enrollment section:

Field	Description/Help
Any field	Quotation marks (") should not be used in any field.
Social Security Number	Dashes are not required
Employer	Employer name is populated after the record is saved based on the client.
Date fields	Slashes are required
Date of Hire	Employee's date of hire and the start of the waiting period (if applicable)
Effective Date	The date that actual coverage begins, immediately follows any waiting period. Date can be current, retroactive or in the future. Example: hire date 05/01/23 with a 2-month waiting period, effective date is 07/01/23.
Annual Salary	Not required but benefits such as life, etc. may be calculated based on the salary
Salary Effective Date	Cannot be prior to the date of hire
Preferred Communication Details	Methods of contacting the member, and consent to electronic communications.

Add Plan Participant

The next step in adding a plan participant is to add the coverage they selected during the enrollment process.

*** If this step is missed, the plan participant is added for enrollment purposes but no claims are paid since no coverage was selected.**

Update Plan Information:

ⓘ Please choose an action and effective date to work on coverage. Select "Update" to add or modify existing coverage. Select "Terminate" to terminate existing coverage. Select "Reinstate" to reactivate terminated coverage. Select "Void" to invalidate an existing coverage record.

Action:	Update ▼
Effective Date:	01/01/2020 ▼
Location/Division:	- LOCATION BT ▼
Benefit Plan:	Choice Plan w/Optional Coverages ▼
Network:	ABC PROVIDER NETWORK ▼

Member ID	Family Member	Effective Date	Termination Date	Late Enrollment	Current Elections	Medical	Dental	Flex Dependent Care	Flex Health & Dependent Care	Flex Health Care	HRA	HSA	No Debit Card	Vision	Continuation of Coverage
X29273392-01	Doe, Beth	01/01/2019		☐	Medical, Dental, Flex Health Care, HRA, Vision	☑	☑	☐	☐	☑	☑	☑	☐	☑	☐
X29273392-R2	Doe, Josh 🔒	01/01/2019		☐	Medical, Dental, HRA, Vision	☑	☑	☐	☐	☐	☑	☐	☐	☑	☐
X29273392-03	Doe, Jennifer	01/01/2019	01/31/2019	☐	Dental, Vision	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐
X29273392-04	Doe, James	01/01/2019		☐	Medical, Dental, HRA, Vision	☑	☑	☐	☐	☐	☑	☐	☐	☑	☐

1. Select **Update** as the Action.

2. Enter the **Effective Date** of the change. When a new plan participant is being added, no action is needed by the Enrollment Department.

3. Select the **Location/Division** for the member from the drop down list.

4. Select the **Benefit Plan** chosen by the member.

5. Select the **Network** chosen by the member.

6. If the member is a late enrollee, click the **Late Enrollment** box. This generates a portal message to enrollment staff.

7. Click **Next** to continue. At this point, **the changes have not been saved.**

(Steps continued on next page)

Add Plan Participant

When an enrollment change results in a change to the tier or family status (from single to employee + spouse, or family, etc.) a portal message is automatically sent to the appropriate department to review the enrollment.

A **Summary of Enrollment Changes** page displays, allowing a review of the changes before submitting them to the system.

Summary of Enrollment Changes

Plan Participant Information

Name: Marian Doe   Member ID: Date of Birth: 01/21/1965   View Changes | Edit

Coverage Information

Location/Division: L00A13 - IN-LG HEALTH INNOVATIVE SOLUT **Benefit Plan:** LG PPO Medical/Dental/Vision **Network:**   View Changes | Edit

Save   Back   Cancel

8. Click **View Changes** to just view the information. Any data in the **Plan Participant/Dependent Information, Coverage Information, Flexible Spending Account Information**, and **Creditable Coverage** Information may be changed by clicking **Edit**.

9. If the information is correct, click **Save** to save the information to the system.

    Click **Back** to return to the previous page.

    Click **Cancel** to cancel and return to the previous page.

10. **Once the information is saved the system will apply the changes.**

Once the change has been accepted the **Enrollment saved successfully** message appears.

At times, the system may time-out but you do not have to re-enter the information. If time-out occurs, the following message appears.

Enrollment

ⓘ Please complete the steps below to enroll a new plan participant and dependent(s).

Your enrollment change is being processed. You will receive a message in your Message Center Inbox once the requested change has been completed.

Staggered Effective Dates

When a client has staggered enrollment waiting periods it requires a two-step process to enroll a member.

1. Enroll the medical, dental, etc. with the earliest effective date. Use **Update** as the Action and enter the earlier effective dates. **Save the changes**.

    Example: Client has medical, dental and flex with a 30 day waiting period for benefits.

2. Wait a week for the outbound vendor files (i.e. pharmacy, specialty vendors, etc.) to be completed. Return to the portal to modify coverage. Use **Update** as the Action and enroll the later effective dates. Change the **Benefit Plan** if there is a separate Benefit Plan that includes the later benefits. In the **Coverage** chart check the box for the column/rider for the benefit with the later effective date.

    Example: Client has disability with a 90 day waiting period. Check the box in the column/rider for **STD**.

Add Plan Participant

Flex

Clients offering FSA (Flexible Spending Accounts) can use the Enrollment function in the portal to enroll members for a FSA election. The plan participants electing the Flex rider may have a Benefit Plan selected showing flex. It may be 'medical, dental, and flex' or just 'flex only'. The FSA may be for healthcare and/or dependent care reimbursement. For some clients, flex may also be offered for parking and transportation fees necessary for traveling for work (i.e. NY, NJ).

The **Flexible Spending Account** contribution/election must be re-enrolled every year at open enrollment.

**** The contribution does not automatically carry over from year to year.**

Update Plan Information:

ℹ Please choose an action and effective date to work on coverage. Select "Update" to add or modify existing coverage. Select "Terminate" to terminate existing coverage. Select "Reinstate" to reactivate terminated coverage. Select "Void" to invalidate an existing coverage record.

Action:	Update ▼
Effective Date:	01/01/2020 ▼
Location/Division:	- LOCATION BT ▼
Benefit Plan:	Choice Plan w/Optional Coverages ▼
Network:	ABC PROVIDER NETWORK ▼

Member ID	Family Member	Effective Date	Termination Date	Late Enrollment	Current Elections	Medical	Dental	Flex Dependent Care	Flex Health & Dependent Care	Flex Health Care	HRA	HSA	No Debit Card	Vision	Continuation of Coverage
X29273392-01	Doe, Beth	01/01/2019		☐	Medical, Dental, Flex Health Care, HRA, Vision	☑	☑	☐	☐	☑	☑	☑	☐	☑	☐
X29273392-R2	Doe, Josh 🔒	01/01/2019		☐	Medical, Dental, HRA, Vision	☑	☑	☐	☐	☐	☑	☐	☐	☑	☐
X29273392-03	Doe, Jennifer	01/01/2019	01/31/2019	☐	Dental, Vision	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐
X29273392-04	Doe, James	01/01/2019		☐	Medical, Dental, HRA, Vision	☑	☑	☐	☐	☐	☑	☐	☐	☑	☐

Other clients may not include flex in the Benefit Plan drop down list, but instead the check boxes for various flex benefits are displayed.

Once a flex benefit plan is elected, the **Flexible Spending Account** section appears for you to enter the member's elections and contributions for flex.

**** The flex elections must be entered every year.**

Add Plan Participant

Flex

1. Select the **Benefit Year** from the drop down list.

2. Select the **Reason for Change** from the drop down list.

3. Select the appropriate date for **Date of Status Change**.

4. Select the **Payroll Period** from the drop down list.

5. Select the **Funding Option** from the drop down list. Only the options offered by the client appear. If the client offers auto reimbursement and debit card, both options display.

6. Under Account Elections, enter the **Participant Election Amount** (per year), **Employer Credit Amount**, and **Effective Date** for the dependent care and/or medical reimbursement, parking, transportation, etc. When the member also has a Health Savings Account (HSA) with a FSA, the FSA must be a Limited Scope FSA because the HSA and FSA cannot reimburse the same expenses. **Credit Amount** is used for employers that contribute to the Flex account.

7. The **Direct Deposit** section appears if the client allows this option. Select the **Account Type** from the drop down list. The remaining fields are required.

   a. Enter the **Account Number**.

   b. **Verify Account Number** by re-entering it.

   c. Enter the **Routing Number** for the account.

(Steps continued on next page)

Add Plan Participant

Flex

8. Click **Next** to move to the Summary of Enrollment.

    Click **Reset** to return to the original information.

Once the Flex elections have been made in the portal, they are submitted to the flex admin system nightly. The portal displays the Flex information on the **Enroll** page and in the **Family Summary** as a confirmation. Data may change in the portal after the Flex system updates are made and transmitted back to the portal, if any corrections were made in the flex system (*example:* mid-year contribution change affecting Annual Election Amount).

An audit report is run to verify that the information transferred properly.

9. **Summary of Enrollment Changes** appears.

10. If the information is correct, click **Save** to save the information to the system. This generates a message to the appropriate department to be manually handled by an analyst for mid-year changes or retroactive changes.

    Click **Back** to return to the previous page.

    Click **Cancel** to cancel and return to the previous page.

Mid-year and retroactive election changes generate a **PMC message** to the appropriate department to make the updates in the Flex admin and claim systems. Once the updates are completed and a completed PMC message returns to you the updates appear in the portal.

Add Dependent

Once the plan participant has been added, dependents may be added. Locate the plan participant using the **Member Finder** tool. Select the **Enrollment** tab, and then **Enroll**. The list of family members appears.

1. Click **Add Dependent** to create a record for another family member. This button is not available if the plan participant is terminated. Dependents may be added immediately after the plan participant and before any Coverage is selected.

    a. Clients with a full-time student requirement for dependents over age 19 (dental) will not be able to complete real time eligibility. You can add the dependent's information and their information will appear in the portal. The portal will generate a message to the appropriate department who will request student status data and then complete the dependent's enrollment when the response is received. A portal message is returned to you when the dependent's enrollment is completed.

2. **Full Family Access** is a feature used by the plan participant to provide this family member access to claims and enrollment information on any family member that is not blocked. You also may have the ability to select this box if you are assisting plan participants with the portal. **Contact the Client Manager/Client Coordinator to activate this permission for your plan participants if the Full Family Access checkbox does not appear in the Personal Information section.**

(Steps continued on next page)

Add Dependent

3. Complete the required fields (*) in the **Personal Information, Plan Information,** and **Creditable Coverage** (optional) sections. For dependents under age one a SSN is not required.

- Click **Use Plan Participant's Address** to fill in the address boxes with the same address as the plan participant.

- Dependents over age 18 may add their **Preferred Communication Details** when they register for the portal.

- Click **Add/Modify**.

Now that the **Personal Information** has been added, move down to the **Coverage** section.

Coverage must be added separately for each dependent.

Add Dependent

Update Plan Information:

ℹ Please choose an action and effective date to work on coverage. Select "Update" to add or modify existing coverage. Select "Terminate" to terminate existing coverage. Select "Reinstate" to reactivate terminated coverage. Select "Void" to invalidate an existing coverage record.

Action:	Update ▼
Effective Date: *	01/01/2020 ▼
Location/Division: *	- LOCATION BT ▼
Benefit Plan: *	Choice Plan w/Optional Coverages ▼
Network: *	ABC PROVIDER NETWORK ▼

Member ID	Family Member	Effective Date	Termination Date	Late Enrollment	Current Elections	Medical	Dental	Flex Dependent Care	Flex Health & Dependent Care	Flex Health Care	HRA	HSA	No Debit Card	Vision	Continuation of Coverage
X29273392-01	Doe, Beth	01/01/2019		☐	Medical, Dental, Flex Health Care, HRA, Vision	✔	✔	☐	☐	✔	✔	✔	☐	✔	☐
X29273392-R2	Doe, Josh 🔒	01/01/2019		☐	Medical, Dental, HRA, Vision	✔	✔	☐	☐	☐	✔	☐	☐	✔	☐
X29273392-03	Doe, Jennifer	01/01/2019	01/31/2019	☐	Dental, Vision	☐	✔	☐	☐	☐	☐	☐	☐	✔	☐
X29273392-04	Doe, James	01/01/2019		☐	Medical, Dental, HRA, Vision	✔	✔	☐	☐	☐	✔	☐	☐	✔	☐

1. Select **Update** as the Action.

2. Enter the **Effective Date** for the dependent's coverage.

   If the **Effective Date = the current date or after the current date**, it is accepted in the portal and it does not require analyst review. If the **Effective Date is prior to the current date by 12 months or more**, it is considered retroactive and may generate a portal message to the appropriate area.

   The coverage elected by the plan participant is automatically assigned to all dependents. If all of the coverage was not elected for a dependent (dental, for example) uncheck that coverage for the dependent.

3. Select the **Location/Division, Benefit Plan,** and **Network** using the drop down lists. If the dependent needs to be enrolled in a different benefit plan or network, discuss the options available with your Enrollment Coordinator.

4. **Creditable Coverage is optional.** If adding, click the **Creditable Coverage** section, and select **Add Creditable Coverage.**

▾ Creditable Coverage

ℹ No creditable coverage has been entered

Add Creditable Coverage

5. Click **Next** when completed. **The record is not saved yet.** Click **Reset** to return to the original data.

When an enrollment change results in a change to the tier or family status (from single to employee + spouse, or family, etc.) a portal message is automatically sent to the appropriate department to review the enrollment. For other enrollment changes not affecting the tier, you must manually request a new ID card using the **ID Card Request** link on the **Home** page or under the **Links** tab.

Add Dependent

A **Summary of Enrollment Changes** displays allowing a review of the changes before submitting them to the system.

6. Click **View Changes** to just view the information. Any data in the **Plan Participant/Dependent Information, Coverage Information and Creditable Coverage Information** may be changed by clicking **Edit**.

7. If the information is correct, click **Save** to save the information to the system.

    Click **Back** to return to the previous page.

    Click **Cancel** to cancel and return to the previous page.

8. **Once the information is saved the system will apply the changes.**

Once the change has been accepted the Enrollment saved successfully message appears.

At times, the system may time-out but you do not have to re-enter the information. If time-out occurs, the following message appears.

Update Member

Personal Information

The **Personal Information** under the **Enrollment** tab includes **Personal Details**, **Employment Information** and **Contact Information** that may require updates.   The member's Personal Information may be accessed through two different paths.

- From the **Enrollment** → **Enroll** tab or

- From the **Enrollment** → **Personal** Information tab.

1. To update information from the **Personal Information** page, click the member's name to expand the member's information.

2. Click **Edit** to update the information.

3. Click **Save** to save the changes.

** Members over the age of 18 respond to the electronic communications question when they register for the portal. They are also asked to provide an email address and one phone number at that time.

Update Member

Personal Information

Members with an outstanding transaction waiting for Analyst Review will display the message below about the record being locked for this family. The **record lock** message appears under the **Enroll** or **Personal Information** menu choices.

> The last enrollment change for this family is being processed by an analyst. This means the record is locked from editing until the previous change has been completed. The user who submitted the request will receive a message in their Message Center Inbox once the requested change has been completed. The record is unlocked when this message no longer displays.

For Internal Staff and Client portal users who have **Permission** set to view **Transaction Request History**, the link **View Transaction Request History** appears immediately above the **Personal Information** title. Clicking on this link opens a history of all the transaction requests that went through the portal for enrollment changes.

Refer to the **Transaction Request History** section for details on the Transaction Request History.

Update Member

Coverage Information

The **Member's Coverage information** may be accessed through two different paths:

- From the **Enrollment** → **Enroll** tab or

- From the **Enrollment** → **Coverage** tab.

1. To update information from the **Coverage** tab, click the member's name. The same name appears in the Coverage box and his or her plan information appears under **Coverage History**.

2. Click **Modify Coverage** to make changes. This will take you to the **Enroll** section to make the updates.

Update Member

Coverage Information

Click the **Action drop-down** box to select the type of action applicable for the change being performed.

- **Update**
- **Terminate**
- **Reinstate**
- **Void**

1. Select '**Update**' as the Action.

2. Enter the **Effective Date** of the change. The **Effective Date** is the first date of coverage under the new plan. It is not necessary to terminate the prior plan; the system will handle that transaction. You must change other details in addition to the date or the Next button will remain inactive. **If the Effective Date is older than 12 months ago or prior to the most current effective date, it is considered retroactive and the enrollment will require analyst review before it appears in the portal.**

3. Make changes to the **Location/Division**, **Benefit Plan** or **Network** using the drop down boxes to select the new plan information. If changes are made to the **Plan Participant**, those changes are assigned to the dependents as well. If all of the coverage was not elected for a dependent (dental, for example) uncheck that coverage for the dependent. When adding additional coverage, after entering the new effective date, select the new combination of coverage for **Benefit Plan**. For example, if the member originally had medical only, added dental at a later date, select the Benefit Plan showing Medical and Dental.

4. Click **Next** to continue.

5. A **Summary of Enrollment Changes** appears for review. Click **Save** if the information is correct.

Click **Back** to return to the previous page.

Click **Cancel** to cancel and return to the previous page.

> *Helpful Hints*
> All retroactive modifications, where the effective date is older than 12 months ago or prior to the most current effective date, are sent to the Analyst to be reviewed – once the change has been applied, a message is sent to your message center inbox –reference Messages for further information.

Update Member

Flexible Spending Account Information

Changes may be needed to a member's **Flexible Spending Account** due to a new dependent, marriage, or other event where the member wishes to change the FSA election. Updates to the **Flexible Spending Account** Information may be accessed:

From the **Enrollment** → **Enroll** tab or

From the **Enrollment** → **Family Summary** tab.

1. From the **Enroll** tab, after retrieving the member using the **Member Finder,** move down to the **Flexible Spending Account** section (step 3) if you are only changing the deductions, bank account information. If you are adding a new election for flex, refer to the **Add Participant – Flex** section for details.

2. If you need to update the flex plan election (i.e. have flex for healthcare, need to add flex for dependent care, parking, transportation, etc.), under the **Coverage** section:

   a. Select **Update** as the Action in the **Coverage** section.

   b. Enter the **Effective Date** of the change. **If the Effective Date is prior to the most current effective date of the other benefits for this member, it will require analyst review before it appears in the portal.**

   c. Select the **Benefit Plan** listing the appropriate Flex account. Some plans may also have columns in the **Coverage** chart for the different **Flex** accounts offered. In those plans, check the box in the appropriate column.

(Steps continued on next page)

Update Member

Flexible Spending Account Information

3. Expand the **Flexible Spending Account** section if necessary by clicking the arrow in front of the title. Flex elections must be entered every year at open enrollment. Change the necessary fields to update the **Flexible Spending Account** data.

a. Select the **Benefit Year**.

b. Select the **Reason for the Change** from the drop-down list.

c. Select the appropriate date for **Date of Status Change**.

d. The **Payroll Period** should default to the client's pay period.

e. Select the **Funding Option** from the drop-down list. Only the options available to the client appear. If the client offers auto reimbursement and debit card both will display as options.

f. In the Account Elections section, identify the appropriate row to enter the **Participant Election Amount** (per year), **Employer Credit Amount** and **Effective Date**.

   Dependent Care is for reimbursement of day care expenses, **Medical Reimbursement** is for reimbursement of health care expenses. If a row appears for **Healthcare Reimbursement Account** this is a HRA, not FSA. The **HRA** data is displayed in the portal from an interface with the HRA system but some clients may enter the HRA data directly in the portal.

   Credit Amount is used if the employer contributes to the flex account.

   The types of accounts can vary beyond dependent care and medical reimbursement, such as parking, transportation, etc. based on the client's offering.

   If you are changing the deduction amount mid-year, manually calculate the number of pays times the original deduction and add the number of pays times the new deduction. All mid-year changes to FSA information generate a **PMC message** and a manual review of the change.

   Example: On 1 / 1 / 23 deduction was $70.83 per pay with 24 pays per year at $1699.92 total annual amount. On 6/ 1/ 23 the payroll deduction was increased to $100 per pay for the remaining 14 pay periods. The Annual Election Amount after the change is $70.83 x 10 pays = 708.30 plus $100 x 14 pays = $1400 for an annual total of $2108.30.

   (Steps continued on next page)

Update Member

Flexible Spending Account Information

     g. The **Direct Deposit** section only appears if the client allows this option.

- Select the **Account Type** from the drop down list.

- Enter the **Account Number**.

- Re-enter the account number in **Verify Account Number**.

- Enter the bank **Routing Number** for the account.

4. Click **Next** when completed.

5. The **Summary of Enrollment Changes** appears.

6. If the information is correct, click **Save** to save the information to the system. This generates a **PMC message** to the appropriate department to be manually handled by an analyst for mid-year changes or retroactive changes. The portal will reflect the updates after the appropriate changes are made in the appropriate system and the PMC message is completed and returned to the sender.

7. Click **Back** to return to the previous page.

   Click **Cancel** to cancel and return to the previous page.

Any change to the Flexible Spending Account section that occurs mid-year or as a retroactive change will result in a portal message to the appropriate department to review.

Update Member

Creditable Coverage Information

The **Member's Creditable Coverage** information is an optional section for reporting prior coverage and may be accessed from the **Enrollment** --> **Enroll** tab. With the Health Care Reform change to remove pre-existing limitations as of January 1, 2014 for new groups and upon renewal, creditable coverage is not as relevant.

1. Go down to the **Creditable Coverage** section. Notice multiple creditable coverage entries may exist for various family members.

2. To add creditable coverage, click **Add Creditable Coverage**. If the existing creditable coverage information requires an update, click on the **Plan Name** then add the correct information. If multiple certificates are available, you will be able to add them each separately by clicking **Add Creditable Coverage** for each certificate.

a. Enter the name of the other **Plan Name**.

b. Enter the **Waiting Period Start Date** for the other plan.

c. Enter the **Effective Date** when coverage began on the other plan.

d. Enter the **Termination Date** when coverage ended on the other plan.

e. Click on the **members covered** under this other plan.

3. Click **Add/Modify** when completed. At this point the changes have not been saved.

4. Once you have completed any updates to creditable coverage information click **Next** to continue. At this point the information is not saved yet.

5. Once you have made the necessary changes and have clicked **Next**, a **Summary of Enrollment Changes** displays allowing a review of the changes before submitting them to the system. To view the data before and after the update, click **View Changes**. You have the ability to click Edit to make further changes.

6. If the information is correct, click **Save** to save the information to the system. This generates a message to the appropriate department to be manually handled by an analyst.

Click **Back** to return to the previous page.

Click **Cancel** to cancel and return to the previous page.

Terminate Plan Participant

Terminating a plan participant is done under the Enrollment tab. Search for a member to display his or her information. The **Enroll** page is the first page that displays.

1. Go to the **Coverage** section. Select **Terminate** from the **Action** drop-down menu.

2. Enter the **Effective Date** of the termination; this is the last date of coverage. Click on the member to be terminated in the **Terminate** column. When the plan participant is terminated, the entire family is automatically terminated. This terminates the plan participant (and family) completely from the group. If only a type of coverage is being terminated refer to the Terminate Coverage(s) section of this manual.

3. If HIPAA certificates are needed, click on each member to be included in the **Request HIPAA Cert** column. This generates a separate portal message to enrollment staff for each member of the family needing the HIPAA certificate.

4. If the plan participant also had flex coverage, refer to the section **Terminate Plan Participant Flex Coverage** before continuing.

5. Click **Next** to continue. The termination process is not completed.

Click **Reset** to revert to original information.

Terminate Plan Participant

You will be prompted to select a **reason** for the termination event and a **Qualifying Event Date.**

1. The Loss of Coverage Date must be consistent with the Client's Plan Document (i.e. actual date of termination or last day of the month). If the Loss of Coverage Date requires a revision, click **Back** to return to the previous page.

2. Select an appropriate **Reason Code**; this determines the length of time COBRA is available.

3. Enter the **Qualifying Event Date**, representing the date the COBRA "clock" should begin for the event. This date cannot be greater than the effective date of the termination. Refer to the plan documents for additional information regarding the Qualifying Event Date.

4. Click **Next** to continue. **At this point this change has not been saved yet.**

Click **Back** to return to previous page.

(Steps continued on next page)

Helpful Hints

- Retroactive terminations are accepted if the termination is within the last 12 months and after the most current effective date.

- Retroactive terminations greater than 12 months ago are sent to the Analyst for review – once the change has been applied, a message will be sent to your messages inbox – reference **Messages** for further information.

- Terminated users can continue to view claims, send messages, and get reports in the Portal after termination but real time eligibility will be disabled for terminated client users.

- Once the termination has been saved, an automated portal message is sent to the appropriate department.

- For retroactive terminations that are 12 months or less from the date of the entry, a portal message is sent to the Claims Dept. advising claim adjustments may be necessary.

Terminate Plan Participant

Once you have made the necessary changes on the **Enroll** page and have clicked **Next**, a **Summary of Enrollment Changes** displays allowing a review of the changes before submitting them to the system. Click **View Changes** to see the previous and new information. You have the ability to **Edit** to make further changes.

Summary of Enrollment Changes

Plan Participant Information

| Name: | Jane Sample | Member ID: | X29407062-01 | Date of Birth: | 08/02/1977 | (No Changes) Edit |

Family Information

| Name: | John Sample | Member ID: | X29407062-03 | Date of Birth: | 05/03/1999 | (No Changes) Edit |
| Name: | Julie Sample | Member ID: | X29407062-04 | Date of Birth: | 05/02/2001 | (No Changes) Edit |

Coverage Information

Location/Division: - LOCATION BU **Benefit Plan:** Exclusive Plan w/Optional Coverages **Network:** ABC PROVIDER NETWORK   View Changes Edit

Save   Back   Cancel

5. If the information is correct, click **Save** to save the information to the system.

Click **Back** to return to the previous page.

Click **Cancel** to cancel and return to the previous page.

Staggered Termination Dates

When a client has staggered termination dates it requires a two-step process to terminate a plan participant. Some coverage may terminate immediately while others terminate at the end of the month.

1. Use **Update** as the Action. As the **Effective Date**, use the day after the actual termination date and uncheck the column/riders for the first set of benefits (i.e. medical, dental, etc.). **Save** the changes. If any of the benefits are eligible under **COBRA**, enter the appropriate term reason.

    Example: Medical and dental terminate on the employee's termination date.

2. Wait a week until the outbound vendor files are done. Choose **Terminate** as the Action. As the **Effective Date**, enter the last day of the month (or the second termination date). Check the **Terminate** column, and **HIPAA** column (if applicable). Enter the term reason for **COBRA** and **Save** the changes. This will result in the member receiving two separate COBRA notices.

    Example: Disability terminates on the end of the month.

Terminate Plan Participant

Participant Flex Coverage

When the plan participant is terminating employment and also had flex coverage, the termination also applies to the **Flexible Spending Account**. If the plan participant is retaining health coverage but only terminating the Flexible Spending Account, refer to the **Terminate Flex Coverage** section.

The **Flex coverage** is terminated under the **Enrollment** tab by unchecking the columns for the flex benefits.

1. If necessary, select the benefit plan without flex, or uncheck the columns for the flex benefits.

2. Click **Next**.

    Click **Back** to return to previous page.

Once you have made the necessary changes on the **Enroll** page and have clicked **Next**, a **Summary of Enrollment Changes** page displays allowing a review of the changes before submitting them to the system. Click **View Changes** to see the previous and new information. You have the ability to **Edit** to make further changes.

3. If the information is correct, click **Save** to save the information to the system.

Click **Back** to return to the previous page.

Click **Cancel** to cancel and return to the previous page.

Terminate Dependent

Select the **Enrollment** tab and search for a member. If you have already selected the member, his or her information displays.

The **Enroll** page is the first page that displays.

Update Plan Information:

ℹ Please choose an action and effective date to work on coverage. Select "Update" to add or modify existing coverage. Select "Terminate" to terminate existing coverage. Select "Reinstate" to reactivate terminated coverage. Select "Void" to invalidate an existing coverage record.

Action:	Terminate ▼
Effective Date: ✱	02/01/2020 ▼
Location/Division:	- LOCATION BT ▼
Benefit Plan:	Choice Plan w/Optional Coverages ▼
Network:	ABC PROVIDER NETWORK ▼

Member ID	Family Member	Effective Date	Termination Date	Late Enrollment	Current Elections	Medical	Dental	Flex Dependent Care	Flex Health & Dependent Care	Flex Health Care	HRA	HSA	No Debit Card	Vision	Continuation of Coverage	Terminate
X29273392-01	Doe, Beth	01/01/2019		☐	Medical, Dental, Flex Health Care, HRA, Vision	☑	☑	☐	☐	☑	☑	☐	☐	☑	☐	☐
X29273392-R2	Doe, Josh 🔒	01/01/2019		☐	Medical, Dental, HRA, Vision	☑	☑	☐	☐	☐	☑	☐	☐	☑	☐	☐
X29273392-03	Doe, Jennifer	01/01/2019	01/31/2019	☐	Dental, Vision	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐
X29273392-04	Doe, James	01/01/2019		☐	Medical, Dental, HRA, Vision	☑	☑	☐	☐	☐	☑	☐	☐	☑	☐	☑

1. Go to the **Coverage** section. Select **Terminate** from the Action drop-down menu.

2. Enter the termination **Effective Date** which is the last date of coverage. A **Terminate** column will display within the table allowing you to checkmark which dependent(s) should be terminated.

3. Click **Next** to continue. **The changes have not been saved yet.**

(Steps continued on next page)

> *Helpful Hints*
>
> - Retroactive terminations are accepted if the termination is within the last 12 months and after the most current effective date.
> - Retroactive terminations greater than 12 months ago are sent to the Analyst for review – once the change has been applied, a message will be sent to your message center inbox – reference Messages for further information.
> - Terminated users can continue to access the Portal after termination.
> - For retroactive terminations that are 12 months or less from the date of entry, a portal message is sent to the Claims Dept. advising claim adjustments may be necessary.

Terminate Dependent

You are prompted to select a **reason** for the termination event and a **Qualifying Event Date**.

4. The Loss of Coverage Date must be consistent with the Client's Plan Document (i.e. actual date of termination or last day of the month). If the Loss of Coverage Date requires a revision, click **Back** to return to the previous page.

5. Select an appropriate **Reason Code**; this determines the length of time COBRA is available.

6. Enter the **Qualifying Event Date**, representing the date the **COBRA "clock"** should begin for the event. This date cannot be greater than the effective date of the termination. Refer to the plan documents for additional information regarding the Qualifying Event Date.

7. Click **Next** to continue. **At this point this change has not been saved yet.** Click **Back** to return to previous page.

Once you have made the necessary changes on the **Enroll** page and have clicked **Next**, a **Summary of Enrollment Changes** displays allowing a review of the changes before submitting them to the system. Click **Edit** to update any other changes.

8. If the information is correct, click **Save** to save the information to the system.

Click **Back** to return to the previous page.

Click **Cancel** to cancel and return to the previous page.

Terminate Coverage(s)

A member may request termination of one of the coverages, and not total termination from the client. Select the **Enrollment** tab and search for a member. If you have already selected a member, his or her information displays. The **Enroll** page is the first page that displays.

1. Go down to the **Coverage** section. Select **Update** from the Action drop-down menu. **Do not select Terminate from the Action menu since the member is retaining some of the benefits.**

2. Enter the termination **Effective Date** (last date of coverage) for the coverage. If coverage is terminating for the plan participant, the entire family is terminated automatically for that same coverage.

3. **Uncheck** the coverage(s) that should be removed from each member. (*Example*: Remove dental coverage) If necessary select a different Benefit Plan that doesn't include the terminating benefit. A separate check box for dental won't appear if the benefit plan only states medical. The subscriber may be retaining medical and dental, but terminating dental for dependents, for example.

4. Click **Next** to continue. **The changes have not been saved yet.**

(Steps continued on next page)

Helpful Hints

- Retroactive terminations are accepted if the termination is within the last 12 months or after the most current effective date.
- Retroactive terminations greater than 12 months ago are sent to the Analyst for review – once the change has been applied, a message will be sent to your message center inbox – reference Use Messages for further information.
- For retroactive terminations that are 12 months or less from the date of entry, a portal message is sent to the Claims Dept. advising claim adjustments may be necessary.

Terminate Coverage(s)

You are prompted to select a **reason** for the termination event and a **Qualifying Event Date**.

6. The Loss of Coverage Date must be consistent with the Client's Plan Document (i.e. actual date of termination or last day of the month). If the Loss of Coverage date requires a revision, click **Back** to return to the previous page.

7. Select an appropriate **Reason Code**; this determines the length of time COBRA is available.

8. Enter the **Qualifying Event Date**, representing the date the **COBRA "clock"** should begin for the event. This date cannot be greater than the effective date of the termination. Refer to the plan documents for additional information regarding the Qualifying Event Date.

9. Click **Next** to continue. **At this point the changes have not been saved.**

   Click **Back** to return to previous page.

(Steps continued on next page)

Terminate Coverage(s)

Once you have made the necessary changes on the **Enroll** page and have clicked **Next**, a **Summary of Enrollment Changes** displays for a review of the changes before submitting them to the system. A detailed list of the member's information appears with the ability to click **View Changes** to see the details or click **Edit** to update any other changes.

Summary of Enrollment Changes

Plan Participant Information

Name: Beth Doe	**Member ID:** X29273392-01 **Date of Birth:** 09/29/1964		(No Changes) Edit

Family Information

Name: Josh Doe	**Member ID:** X29273392-R2 **Date of Birth:** 06/16/1959	(No Changes) Edit
Name: Jennifer Doe	**Member ID:** X29273392-03 **Date of Birth:** 01/16/1990	(No Changes) Edit
Name: James Doe	**Member ID:** X29273392-04 **Date of Birth:** 03/19/1993	(No Changes) Edit

Coverage Information

Location/Division: - LOCATION BT **Benefit Plan:** Choice Plan w/Optional Coverages **Network:** ABC PROVIDER NETWORK   View Changes Edit

Loss Of Coverage Reason

Loss of Coverage Date: 04/01/2020 **Reason Code:** Strike/Layoff **Qualifying Event Date:** 04/01/2020   Edit

Save   Back   Cancel

10. If the information is correct, click **Save** to save the information to the system.

Click **Cancel** to cancel and return to the previous page.

Click **Back** to return to the previous page.

Terminate Coverage

Flex

A plan participant may elect to terminate only the flex coverage at open enrollment. Since the member is retaining the other coverages, medical, dental, etc. **do not use the Terminate Action**. Select the **Enrollment** tab and search for a member. If you have already selected a member, his or her information will display. The **Enroll** page is the first page that displays.

1. Go down to the **Coverage** section.

2. Select **Update** from the Action drop-down menu. **Do not select Terminate from the Action menu** because some types of coverage are being retained.

3. Enter the termination **Effective Date** (last date of coverage) for the flex coverage. If the benefit plan includes a description of flex, select the benefit plan without flex.

4. **Uncheck** the flex coverage(s) that should be removed from each member. (*Example*: remove Medical Reimbursement Account, Dependent Care, Flex Transportation, etc.). If all forms of flex coverage are terminating, unchecking the columns results in the Flexible Spending Account section disappearing.

5. Move down to the **Flexible Spending Account** section.

   a. Select the **Reason for Change** from the drop down list.

   b. Enter the **termination date** for the rows of flex coverage being termed.

(Steps continued on next page)

Terminate Coverage

Flex

6. Click **Next** to continue. **The changes have not been saved yet.**

7. Complete the **Termination Information** page. Select an appropriate **Reason Code**.

8. Click **Next**.

   Click **Back** to return to the previous page.

(Steps continued on next page)

Terminate Coverage

Flex

The **Summary of Enrollment Changes** displays for a review of the changes before submitting them to the system. A detailed list of the member's information appears with the ability to click **View Changes** to see the details or click **Edit** to update any other changes.

9. If the information is correct, click **Save** to save the information to the system.

Click **Cancel** to cancel and return to the previous page.

Click **Back** to return to the previous page.

View COBRA Notices

The **Documents** link in the **Enrollment** tab displays COBRA Notification letters specific to each member if we administer COBRA for the corresponding client. The COBRA coverage offer letter is automatically generated to a former employee when their eligibility period ends.

From the **Enrollment → Documents tab**, click on a member's name to display the Coverage History details for that member.

If there are documents available, they will be listed in the **Documents Summary**. If there are no documents, it will say *"No documents to display"*.

Select **View** to see the document.

Reinstate a Member

Once a member has been terminated, he or she may be reinstated. There may or may not be a lapse in coverage depending on the situation. Select the **Enrollment tab** and search for a member. If you have already selected a member, his or her information displays. The **Enroll** page is the first page that displays.

1. Move down to the **Coverage** section. Only terminated members can be reinstated.

2. Select **Reinstate** from the **Action** drop-down menu.

3. Enter the reinstatement **Effective Date** (can be a future date). A **Reinstate** column will display within the table allowing you to select which member(s) should be reinstated. **When the plan participant is reinstated the system does not automatically reinstate all the family members; each member must be reinstated separately.**

4. The member may be reinstated in the same plan as before, or a different selection may be made.

5. Click **Next** to continue. At this point the change has not been saved yet.

(Steps continued on next page)

Helpful Hints

- The "Reinstate" drop-down selection is only available if at least one member is terminated in the family. Please refer to your SPD for reinstatement requirements and effective dates.

- Some reinstatements require analyst review. When the enrollment change is completed, the client will receive a portal message – reference Messages for further information.

Reinstate a Member / Dependent

Once you have made the necessary changes on the **Enroll** page and have clicked **Next**, a **Summary of Enrollment Changes** displays allowing a review of the changes before submitting them to the system. You have the ability to click **Edit** to make further changes.

Summary of Enrollment Changes

Plan Participant Information

Name: Beth Doe	**Member ID:** X29273392-01 **Date of Birth:** 09/29/1964		(No Changes) Edit

Family Information

Name: Josh Doe	**Member ID:** X29273392-R2 **Date of Birth:** 06/16/1959		(No Changes) Edit
Name: Jennifer Doe	**Member ID:** X29273392-03 **Date of Birth:** 01/16/1990		(No Changes) Edit
Name: James Doe	**Member ID:** X29273392-04 **Date of Birth:** 03/19/1993		(No Changes) Edit

Coverage Information

Location/Division: - LOCATION BT **Benefit Plan:** Choice Plan w/Optional Coverages **Network:** ABC PROVIDER NETWORK   View Changes Edit

Save   Back   Cancel

6. If the information is correct, click **Save** to save the information to the system.

    Click **Cancel** to cancel and return to the previous page.

    Click **Back** to return to the previous page.

Void Coverage

Coverage is voided when it was entered in error and the effective and termination date is the same. Select the **Enrollment** → **Coverage** tab and search for a member. If you have already selected a member, his or her information displays. Review their **Coverage History** in the **Coverage** section.

1. Click **Modify Coverage**. This opens the **Enroll** page. **You can also perform the Void process by going directly to the Enroll page.**

2. Go to the **Coverage** section.

3. Select **Void** as the Action. A **Void check box** appears at the far right of the plan information.

4. Click the **Void box**.

5. Click **Next**. At this point the changes are not saved.

   Click **Reset** to return to the original data.

(Steps continued on next page)

Void Coverage

The Summary of Enrollment Changes appears. Click **View Changes** to review the details.

Click **Edit** to make changes.

6. Click **Save** if the changes are correct. A message appears that you will receive a message in the **Message Center** once the change has been completed.

   Click **Back** to return to the previous page.

   Click **Cancel** to cancel and return to the previous page.

Helpful Hints

When modifying coverage information, all voids are sent to the Analyst to be reviewed – once the change has been applied, a portal message will be sent to the client's message center inbox – reference Messages for further information.

Messages

Use Messages

Messages are available for personalized customer service, allowing you to send and receive messages. The messages are tied to the user ID who is logged in to the Portal. Any message sent by or received by that user ID are viewable.

Through the **Messages** tab, you and your members can send a message to various departments for information. For example, you can send a message asking why a member is not showing as active after being enrolled. Or, you can contact the Billing Department for answers to billing questions. Employees with questions about claims can reach customer service directly, or they can address a question to another department. The nature of the message will direct it to the correct department.

To access the Messages click the **Messages tab**.

| Home | Claims | Enrollment | Admin | Reporting | | Messages ▾ | Reports | My Links ▾ | Family Links | My Profile ▾ |

Select **Inbox, Sent Messages** or **New Message**.

Messages ▾

Inbox

Sent Messages
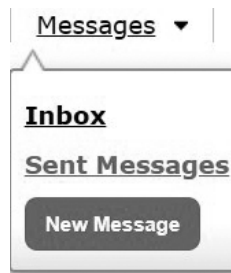
New Message

To view a message, click on the message subject.

To delete one of your messages, click the box next to the message and then click **Delete Selected**. However, the message history still exists in the system.

Inbox

ℹ Use the arrows in the column headings to sort the information contained in the specific column.

Select All   Delete Selected   Sent Messages   New Message

	Topic ▲	Subject ▲	Date
☐	Change E-mail Address	RE: trcc	02/04/2019 05:53 PM
☐	Change E-mail Address	RE: trcc	02/04/2019 05:53 PM
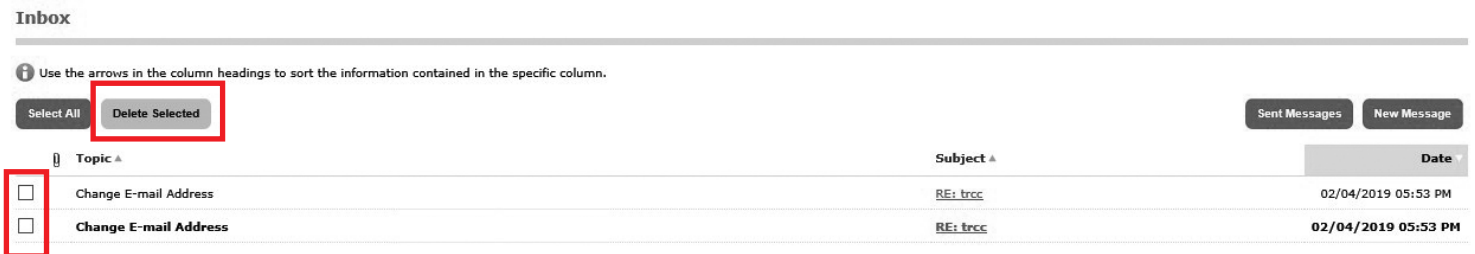
To send a new message or view your sent messages, click **New Messages**.

You will receive an email when a new message is available in the portal.

Log into the portal, click on the **Messages** tab to review the details of the new message.

Messages

Send a Message

To send a message, click **New Message** or the **Messages drop-down tab** on the upper right section of the page.
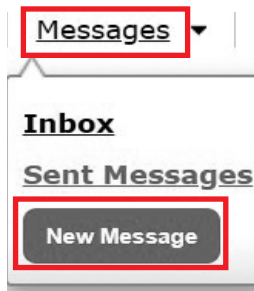
1. When the **Messages drop-down** tab is selected, click on **New Message**.

2. The **Compose Message** box opens.
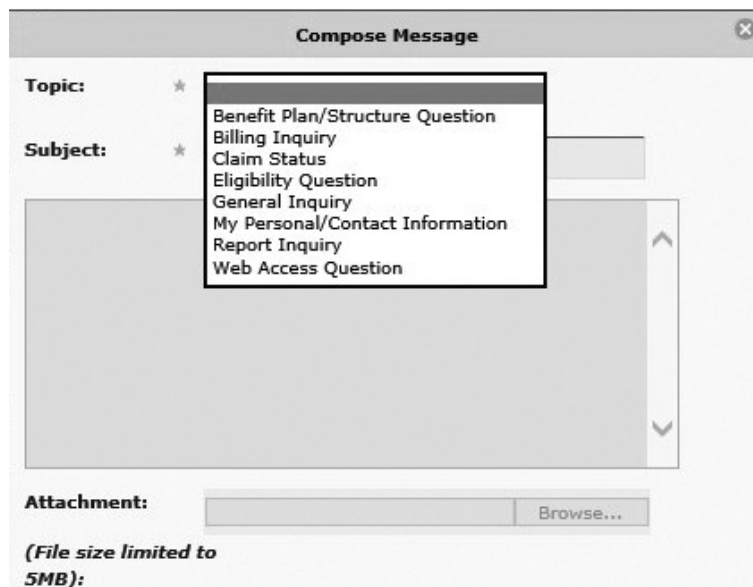
3. Select your topic and subject and enter your message. The topic directs the system to route the message to the appropriate department.

4. Enter your message.

5. If applicable, documentation can be included with the message. To include documentation, select **Browse** to the right of Attachment. A file explorer pop-up window will appear. Navigate to the desired file, select it and then select **Open**. The maximum file size is 5 MB.

6. Click **Send** to submit your question. Based on the topic, the message will route to the appropriate department for handling.

   Click **Cancel** to cancel and return to the previous page.

   When a response has been sent, you will receive an email notice that a message is available in the Portal. Log in to the Portal and go to the **Messages tab** to review the response.

Messages

Respond to a Message

The Portal user has the option of responding to an incoming message in the Portal. The Portal user receives an email notification that a new message exists in the Portal. The Portal user logs in to **myEVHC.com**, clicks on **Messages** and reviews the messages. If messages have been received, the **Inbox** lists the messages. If no messages have been received, a message displays that no messages exist.

1. To read the incoming message, click on the **Subject**.

2. Below the message text previous messages related to that same string appear. Click on those previous messages to follow a message from the beginning. The original message will include the member details along with the PMC error message. If the error occurs on a new member, the SSN appears in the original message instead of a member ID.

3. You have the option of responding to an incoming message in the portal. To continue the discussion (or message thread) click on **Reply**. This generates another message.

Inbox

ⓘ Use the arrows in the column headings to sort the information contained in the specific column.

| Select All | Delete Selected | | | Sent Messages | New Message |

📎	Topic ▲	Subject ▲	Date
☐	Claim Status	RE: Question about Claim	01/28/2019 01:30 PM
☐	Claim Status	RE: Test Question	07/10/2017 12:16 PM

Message Detail

Received Message

Sender: **Topic:** Claim Status

Subject: RE: Question about Claim   **Date:** 01/28/2019 01:30 PM

> This is an automated reply for a PMC message sent by a demo user.
>
> The original message reads:
>
> > This is my question.

◀ **Question about Claim**
    ▶ **RE: Question about Claim**

[Reply]

Admin

Manage Access to Information

Internal staff users and client users have access to the Admin features of the Portal.

The Admin features are:

- **Manage User Permissions**

- **Registration Census Report**

Employers will work with their Client Manager to give client users access to only the information they need. For example, an HR director may have access to most of the portal, while a finance director will be given access only to certain reports. Some HR staff will have the ability to activate and set permissions for other HR staff users of the portal.

To access the administration tools, click the **Admin** tab. A list of current users for the client appears.

Use the **Filter** feature to find a specific user. Enter the **Login ID** for the best search results since that is a unique identifier.

Click the **blue X** to remove the filter.

| Home | Claims | Enrollment | **Admin** | | | Messages ▼ | My Links ▼ | Family Links | My Profile ▼ |

Manage User Permissions • Manage Member Permissions • Registration Code Export • Transaction Request History

Find User

▸ Filter

Login ID ▲	User Role ▲	Name ▲	Email ▲	Status ▲
iceuserABC	Client: Sample A	User ABC ICE	sample@email.com	Active
iceuserXYZ	Client: Sample B	User XYZ ICE	sample@email.com	Active

Admin

Manage Permissions

When members register, the registration is immediately displayed. Client registrations require verification and activation by an internal staff user or a client HR Administrator.

1. To access a user's information, click on the **User Role**. If more than one user exists a chart of users matching the criteria appears. **Select a user that is showing a status of inactive**.

2. Proceed to the next section to **Activate a Client Registration**. A newly created client user will show as Inactive status.

Admin

Activate a Client Registration

After selecting a user role, the Manage User Role page appears. The Admin user may select the appropriate **Parent Groups** or **Location Groups** to assign to an individual client user. Permissions are assigned by checking **None**, **View** or **View/Update** for various tasks, there are no default settings. **The Admin users may only assign permissions to subsequent users if the Admin user has the permission.**

Admin

Activate a Client Registration

1. Enter a **Role Description** to assist the user in easily identifying the appropriate user role for logging in.

2. Select the appropriate **Client** from the drop down list.

3. Use the drop-down menus to select the **Parent** and **Location** group(s) the user can access. **For a client power user you must select 'Any' for the Parent and Location groups to enable the power user to administer other client users.**

3. Set the permission level for each permission type. Refer to the **Manage Permissions Summary** chart to determine which permissions should be assigned to the user.

4. Select the **Active** status at the bottom. **Once the user's account has an active status, he or she is able to access the portal with these permissions.**

5. Click **Save** to save your changes.

   Click **Cancel** to cancel to reset the page.

Helpful Hints

Some permissions are only relevant to specific types of clients such as healthcare systems. These features include provider TIN, provider details, claim form, and additional claim details.

Admin

Inactivate a Client Registration

When a client terminates, the client and the members continue to have access to view information in the Portal. Client users no longer employed by the client, or in a different position may no longer require the same level of permissions in the Portal. When this occurs, the client Admin user may need to inactivate the employee's access.

1. Find the user under **Admin** → **Manage User Permissions**.

2. Using the **Filter** feature, in the **Login ID** field enter the **user ID** or in the **Role** field select the **Client**.

3. In the **Status** field select **Active**. A list of active client users for the client is generated.

4. Click on the **User Role**.

5. For each Username to be activated for the client, you will click on the entry in the **User Role** column. This opens the **Manage User** page.

6. For each **Permission**, change any Permission with **View/Update** access to just **View** access.

7. **If the client user is no longer employed by the client, the Admin user can change them to Inactive at the bottom of the Permissions chart.**

8. Click **Save** to save your changes.

   Click **Cancel** to cancel to reset the page.

Admin

Manage Permissions Summary

Permission	Notes
Accumulators	**Access to accumulator information for a member/family** • Set to View if the user should have access to this information • None if the user should not have access to this information
Address Information **	**Access to a member's address information** • Set to View if the user should have access to this information • Set to View/Update if the user is allowed to update this information • None if the user should not have access to this information
Administer Client Member Users	**Always NONE for Client Users (Even Client Power Users)** Only internal staff users may have view/update for member permissions.
Administer Client Users	**Access to update Client HR user permissions (Power User access)** • Set to View/Update if the user is a Power User • None if the user should not have access to this information
Claim Authorizations +	**Access to view claim authorizations** • Set to View if the user should have access to this information • None if the user should not have access to this information
Claim Authorizations Diagnosis +	**Access to view claim authorizations with diagnosis** • Set to View if the user should have access to this information • None if the user should not have access to this information
Claim Details	**Access to the details of a claim** • Set to View if the user should have access to this information • None if the user should not have access to this information
Claim Form +	**Access to view image of claim form** • Set to View if the user should have access to this information • None if the user should not have access to this information
Claim Summary	**Access to the claim summary table** • Set to View if the user should have access to this information • None if the user should not have access to this information
COBRA Information +	**Access to COBRA information after termination** • Set to View if the user should have access to this information • None if the user should not have access to this information
Communication Preferences **	**Communication preference for receiving notifications** • Set to View if the user should have access to this information • Set to View/Update if the user is allowed to update this information • None if the user should not have access to this information
Core Personal Information **	**Access to basic member information: first name, last name, date of birth, location, gender, relationship, marital status** • Set to View if the user should have access to this information • Set to View/Update if the user is allowed to update this information • None if the user should not have access to this information
Coverage **	**Access to a member's coverage history** • Set to View if the user should have access to this information • Set to View/Update if the user is allowed to update this information • None if the user should not have access to this information

Admin

Manage Permissions Summary

Permission	Notes
Employment Information **	**Access to a member's date of hire, annual salary, and annual salary effective date** • Set to View if the user should have access to this information • Set to View/Update if the user is allowed to update this information • None if the user should not have access to this information
Extended Claim Details +	**Access to view additional claim details such as procedure and diagnosis codes** • Set to View if the user should have access to this information • None if the user should not have access to this information
Full Family Access **	**Box to check to give full family access to the member** • Set to View the user can see the box but will not be able to update • Set to View/Update the user is allowed to update this information • None if the user should not be able to view this box
HIPAA Privacy Authorization	**Access to view Privacy Authorizations for a member** • Set to View if the user should have access to this information • None if the user should not have access to this information
ID Cards	**ALWAYS NONE** – not currently used
Manage COBRA	**ALWAYS NONE** – not currently used
Manage Creditable Coverage	**Access to creditable coverage for the member** • Set to View if the user should have access to this information • Set to View/Update if the user is allowed to update this information • None if the user should not have access to this information
Message Center +	**Access to Messages, 'Ask a question about this member' and 'Ask a question about this claim'** • Set to View if the user should have access to this information • None if the user should not have access to this information, and the Messages tab will not appear.
Phone Information **	**Access to phone information for the member** • Set to View if the user should have access to this information • Set to View/Update if the user is allowed to update this information • None if the user should not have access to this information
Provider Details +	**Access to view provider details such as address** • Set to View if the user should have access to this information • None if the user should not have access to this information
Provider TIN +	**Access to view provider tax identification number (TIN)** • Set to View if the user should have access to this information • None if the user should not have access to this information
Reports	**Access to the reports tab** • Set to View if the user should have access to this information • None if the user should not have access to this information
Supplementary Personal Information **	**Access to the member's member ID, SSN and smoking status** • Set to View if the user should have access to this information • Set to View/Update if the user is allowed to update this information • None if the user should not have access to this information
Transaction Request History	**Access to transaction history of RTE changes** • Set to View if the user should have access to this information • None if the user should not have access to this information

+These permissions are not available for all business.

Real Time Eligibility

**For real time eligibility to be used all of these permissions must be set to View/Update. The Enroll button will be available when all required permissions are granted.

Admin

Registration Census Report

If you require a registration code for members to complete registration, contact your client manager.

Select **Admin** → **Registration Census Report** to access this feature.

Registration Census Report

ⓘ This file is in a ".csv" format, which will allow you to open with Excel. Only members who had active coverage within the last 6 months are included.

File Name: ＊ Member_Registration_2023-01-06.csv   Export

1. Click **Export** to generate a spreadsheet of the registration status of all members of the client, registered and non-registered, and their registration code. This spreadsheet can be used to create a mail merge to mail the registration information to the member.

2. This report is also useful to find your members and determine which members have registered, even if a registration code wasn't required. It includes the email addresses or text message numbers the member entered for **Communication Options**.

Admin

Transaction Request History

Client Users have access to the **Transaction Request History** if they have been assigned access through the **Admin Permissions**. Client users see all RTE transaction requests that were sent for the members of that client, parent group or location group that the user has authority to view, even if the transaction was done by another user. Contact the Client Manager/Client Coordinator to be assigned permission to view this feature.

Select **Admin** --> **Transaction Request History** to access this feature.

The **Filter** section allows the user to restrict the list of transactions. Transactions appear for submit dates after January 1, 2020 when this feature was implemented. As a default, the filter displays a **Submission Date** of 180 days prior to the current date.

    a.   Enter a beginning and ending **Submit Date** to limit the transactions by the submit date.

    b.   Select a **Status** of **Analyst Review** or **Processed.**
       Analyst Review – The transaction will be reviewed by an Eligibility Analyst who will respond with a portal message once the action has been completed.
       Processed – The transaction has been completed.

    c.   Select a user role from the **Submitted By** drop down list, i.e. Client, Staff, or Member. The **Submitted By** column will list the actual user name.

    d.   Select the number of **Transactions Per Page**, i.e. 5, 10 or 100.

    e.   Select **Restrict to current family** if a member search was performed and to obtain only the transactions for that family.

Admin

Transaction Request History

While a transaction is in a status of Analyst Review, the family may be locked from additional updates until the transaction status changes to Processed, depending on whether the Analyst Review lock is turned on. When the Analyst Review lock is turned on, all clients and internal staff users will see the message about the record being locked until the transaction status changes to Processed. Members do not see the message, even when they are updating communication options.

> The last enrollment change for this family is being processed by an analyst. This means the record is locked from editing until the previous change has been completed. The user who submitted the request will receive a message in their Message Center Inbox once the requested change has been completed. The record is unlocked when this message no longer displays.

The last change may have been performed by another user. The record is unlocked when this message no longerdisplays. A link to View Transaction Request History is available from the Enrollment menu for users set with Permission to view Transaction Request History. When the analyst review record lock message appears when starting a RTE action under the Enroll menu, the user can click on the Family Member's name to open the Personal Information section.

Personal Details

[Refresh]

View ID card history for this member
Letter of Agreement (LOA)
Transition of Care
View Transaction Request History
View HIPAA privacy authorizations for this member

Click on View Transaction Request History from the Personal Information page and only this family's transactions will appear in the Transaction Summary.

Transaction Summary

Current Filter: Submission Date: 07/24/2019 - (X)

▾ Filter

Submission Date: 07/24/2019 ▾ to: ▾ Location Group: ▾ Status: ▾ Submitted By: ▾

Transactions Per Page: 5 ▾ Restrict to current family: ☐ [Refresh]

Transaction # ▾	Submitted By ▲	Submission Date ▲	Plan Participant ▲	Status ▲
200117-1902140	Client, Test	01/17/2020	Sample	Analyst Review
200110-1902135	Client, Test	01/10/2020	Sample	Analyst Review
200110-1902134	Client, Test	01/10/2020	Sample	Analyst Review
200110-1902133	Client, Test	01/10/2020	Sample	Analyst Review

Admin

Transaction Details

From the **Transaction Request History**, click on the **Transaction #** to open the **Transaction Details** page.

The **Transaction Details** provides a confirmation of the changes that were made. If the status of the transaction is **Analyst Review** it means the changes are being reviewed by an analyst. When the review is complete the transaction status changes to **Processed**.

The **Transaction #** is provided as a reference to the transaction. The sections that had changes display a link to **View Changes**.

Click on **View Changes** to see the **Current Value** and **New Value**. The **New Value** column lists the changes that were submitted.

My Links

Select the **My Links** tab at the upper right of the screen for links offering quick and easy access to information. You may customize the links available by discussing options with your Client Manager. You can also request links to appear directly on the **Home** page.

| **Home** | Claims | Enrollment | Admin | Reporting | | Messages ▾ | Reports | My Links ▾ | Family Links | My Profile ▾ |

Different options are available for client users versus member users, so you can decide what links you may use and which links to provide to your members. For example, as the client you may want to have a link to the **Client Portal Guide**, claim forms, or request an ID card, whereas you may want to provide your members with links to your plan document, and to find a network provider.

Some links such as '**Find a Provider**' redirect you to another website. Other links, such as **Request an ID card**, or **Supplemental Benefits Enrollment**, generate a portal message to the appropriate department.

Links that redirect the user to an external website are marked with an icon in compliance with the American with Disabilities Act (ADA).

This icon is read by a screen reader used by visually impaired individuals and will indicate that they are leaving the current website. This feature is available for any client who has requested it and requires that the icon is added to the external links for the client. Contact the Client Coordinator or Client Manager if you have a need for this feature so the appropriate setup is completed.

Helpful Hints

Links that are associated with plan records such as network, benefit packages, and riders display based on the coverage that was active at the point of termination. The portal displays the links available to the user as of their last active coverage.

My Links

Spending Accounts

For clients with Flex or HRA benefits with **myEVHC Spending Accounts**, a separate portal provides client access to:

- View current and prior year plan information

- Access forms and documents

- Retrieve over 50 scheduled reports or notifications

- Submit service requests

- View real-time individual participant account summary and balances, enrollments, contributions, claims and payments

- Access history of reports and notifications

To access the **myEVHC Spending Accounts** client portal, begin by logging into **myEVHC.com**. From the Dashboard, select the **myEVHC Spending Accounts** link in the My Client Links section.

For additional information regarding how to use the **myEVHC Spending Accounts** Portal, see the **myEVHC Spending Accounts** Employer Portal Quickstart Guide.

Family Links

Once a member is selected, click Family Links to see links specific to each family member. Regardless of the user who has signed into the portal, the links appear for all family members who are not blocked.

Some links such as '**Find a Provider**' or '**See My ID Card**' redirect the user to another website. **The user needs to have pop up blockers turned off or they will not be directed to another page.** A message appears in the bottom right corner to inform them to allow pop ups.

Other links may generate a portal message to the appropriate department.

The portal displays the links available to a member user as of their last active coverage.

- If coverage becomes effective in the future, the links display for the member based on the future date.

- If coverage is termed or cancelled, the links display as of the last coverage date. Example: Members of a family terminate on 01/31/2023. When the members access the portal in March, the links they see will be based on the coverage they had prior to termination. If the benefit plan changed in March 2023 they would not see the links tied to the new benefit plan.

- Family members with different coverage will see different links. For example, if the subscriber and children have dental coverage but the spouse does not, the spouse will not have a link to 'Find a Dentist' but the rest of the family will display that link.

My Profile

Update Your Profile

Select the **My Profile** drop-down tab from the upper right section of the page to display the page below. This page allows you to update your portal password and portal account e-mail address.

- Click **Update** to save your changes.

- Click **Close** to leave the page without any changes.

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