Highmark Employer Portal Guide



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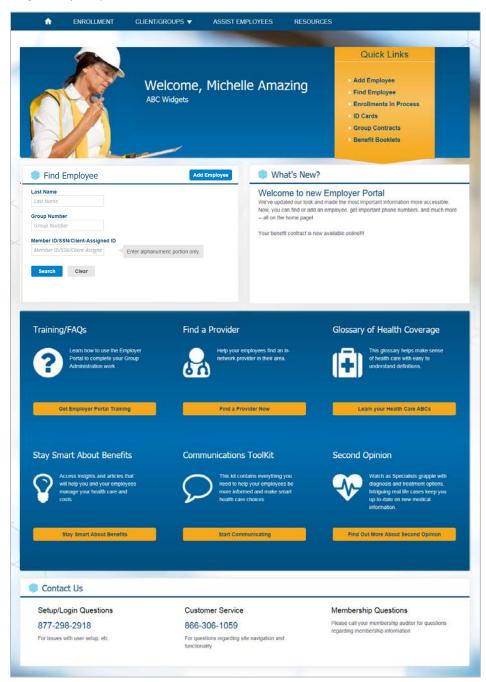
## Section 1: Getting Started – Home Page

This section provides:

- An overview of the portal
- How to navigate through the secure mail feature
- Your profile

#### Access the Employer Portal Home Page

At this time you should have already received your log in information from Highmark. When logging in to the portal for the first time, you will be prompted to change your password. If you have forgotten your password, call Customer Service.



#### Header

The items in the header can be accessed from any page.



The header includes the following:

Control	Functionality
1. Secure Mail icon	Access your secure mail by clicking the envelope icon.
2. Profile link	View your demographics and entitlement information for the overall site and for each group. For example, you may be able to modify employee data for some groups, but only view employee data for other groups.
	This page includes the Change Your Password link if it's applicable.
	<b>Note</b> : Contact your Client Manager/Broker if the information needs to be. Their contact information can be found in the Clients/Groups tab.
3. Logout link	Log out of the portal.
4. Last Login	View the date and time when you last logged in.

#### Profile

Always verify your profile information the first time logging into the portal.

Name & Contact Info		Group Acce	SS	
If this information is incorrect, contact you	r Client	Search Group Num	bers	84 Groups
Manager			1 2	9 Next >
ABC Widgets				
Michelle Amazing 1683 E Pelt Road		Group Number 🖨	Employee Data 韋	Spending Account \$
Pittsburgh, PA 15213			Modify	N/A
michellea@abcwidgets.com			Modify	N/A
Login ID PA123456MC			Modify	N/A
Phone 8001234567			Modify	N/A
Fax			Modify	N/A
a.			Modify	N/A
bango Dassword			Di ana ana ana ana ana ana ana ana ana an	N/A
Change Password			Modify	
			Modify	N/A
Overall Site Access 🔞			Modify	N/A
Bills X Claims	× Dental		Modify	N/A

#### Navigational Tabs

The **Navigational Tabs** can be found at the top of every web page. You can navigate to different sections of the portal by clicking these tabs.

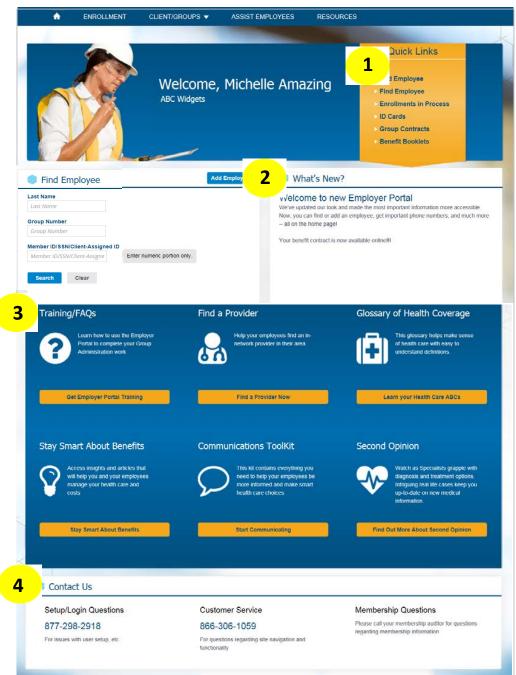
&	ENROLLMENT	CLIENT/GROUPS 🔻	ASSIST EMPLOYEES	BILLING	REPORTS	RESOURCES	
---	------------	-----------------	------------------	---------	---------	-----------	--

The table below provides a description for each tab. The tabs provide access to key information used to complete the enrollment process and a variety of other functions in the portal. Not all users may have access to all tabs. If your access needs modified, contact your client manager.

Tab	Functionality
Enrollment	Enroll a new employee or make updates to an existing employee, cancel coverage, or monitor enrollment activities.
Client/Groups	Get client and group information.
Assist Employees	Request ID cards, view benefit booklets, or look up Plan or provider information.
	If you are entitled to this feature, you will be able to access Spending Accounts.
Billing	If you are entitled to this feature, you will be able to access the e-Bill system.
Reports	<b>If you are entitled to this feature</b> , you will be able to generate and view reports for your company. You can view enrollment reports, reports @ hand, and Health Analytics.
Resources	Find forms and applications, get updates on site status, and receive group bulletins.

#### Home Page

The **Home Page** includes shortcuts to common functionality, highlights information that may be of interest to you, and displays important contact information.



The Home Page includes the following:

Feature	Functionality
1. Quick Links	Access the most common portal functions by clicking the links in
	the Quick Links ribbon.
2. What's New	Read the latest news and updates related to the portal or
	products.
3. E-Spots	Review content that can help you manage your employee groups.
	The e-spots may change as new information becomes available.
4. Contact Us	Locate important phone numbers, including Customer Service,
	Membership, and Technical Assistance.

## Section 2: Enrollments

- This section provides:
- An overview of the Enrollment Tab
- How you can use the enrollment functionality.

#### You can access the Enrollment landing page by selecting the Enrollment tab.

Last Name		ollments that are pending because they a "Partially-Submitted" or "Submitted", it wil		
Group Number		nent, click on the Subscriber's name. If yo "Delete Icon". Saved enrollments will auto		
Group Number Member ID/SSN/Client-Assigned ID	Prescription enrollment update	es may take up to 48 business hours to co	omplete.	
Member ID/SSN/Client-Assigne Enter alphanumeric	Find Enrollments Find Enrollments			
Search Clear	3 of 3 enrollments			
	Subscriber Name 🖨	Member ID 🜩	Status ≑	
	TEST, TEST	****4212 <	SAVED	甸
	TEST, TEST	*****2121 <	SAVED	Û
	TEST, TEST	*****1212 <	SAVED	<u></u>

#### Add Employee

Click the Add Employee button to add a new subscriber and dependent(s) to the membership database.

**Note**: Fields marked with an asterisk (\*) are required fields. If any of these fields are not completed or incorrect, a notification will display in red text.

#### Step 1: Subscriber & Dependents

- 1. Make sure that you carefully enter the Coverage Effective Date as this is the first date when coverage will be available to the subscriber and their dependents.
- 2. Enter subscriber information, such as SSN, First Name, and Last Name.
- 3. Click Add if you want to add dependents. You will need to add multiple dependents by



4. Enter the dependents' data.

clicking Add multiple times.

- 5. The Other Insurance and Medicare questions are defaulted to Unknown.
- 6. Click Save & Continue to go to the next step or click Save for Later to save the enrollment in Enrollments in Process.
  - a. If you answered Yes to the Other Insurance question for the subscriber or dependent, an additional step will be displayed in the left navigation.
  - b. If you answered Yes to the Medicare question for the subscriber or dependent, additional information will be requested in the left navigation.
  - c. If you selected Full Time MNLOA for a dependent's Special Status, additional information will be requested in the left navigation.

Home > Add Employee	
Add Employee	
1. Subscriber & Dependents 🗙	Subscriber & Dependents
2. Plan Coverage	* Required
3. Review & Submit 🗙	Subscriber Information
3. Review & Submit 🗙	Employee will be covered by COBRA
	Hire Date
	Coverage Eff. Date * Enter carefully. This is the first day that any coverage will be available.
	SSN*
	Prefix
	None
	Legal First Name*
	Legal First Name
	Legal Middle Name Legal Middle Name
	Legal Last Name* Legal Last Name
	Suffix
	None
	Sex * O Male O Female
	Birth Date *
	Address 1*
	Street Address 1
	Address 2
	Street Address 2
	City" State" ZIP"
	City State
	Home Phone
	Work Phone
	Mobile Phone Only employees can change their mobile phone number
	Mobile Fride     Only employees can change their mobile phone number, either online or by calling Customer Service.
	Work Fax
	Work Email employee@email.com
	Other Insurance?"
	Unknown
	Medicare Eligible?*
	Unknown
	Dependents
	PLEASE NOTE: If you are adding a dependent to the contract who has the same birth month, same birth year and same first name as a dependent already on the contract, do not add them to the contract using this page. Please contact Customer Service for assistance.
	● Add
	Save & Continue Save for Later Cancel

#### Step 2: Other Insurance

- 1. If the Other Insurance question is marked as Yes, this page will display and you can enter the other insurance information for the subscriber or dependent. One card displays for each person who is marked as having other insurance.
- 2. Enter other insurance information.
- 3. If there is more than one person and the other insurance information is the same, **complete one card, then click Copy to Others**. You can choose who you want to copy the information to.
- 4. Click Save & Continue to go to the next step or click Save for Later to save the enrollment in Enrollments in Process.

Subscriber & Dependents	*	Other Insurance	
Other Insurance	<b>x</b> >	You indicated that these people have other insurance. I	If you need to change that, return to Step 1.
Medicare	×	Name of Insurance Carrier *	Name of Insurance Carrier*
Plan Coverage	×	Insurance	Insurance
Review & Submit	×	Group Number Group Number	Group Number Group Number
		Policy Holder Legal First Name	Policy Holder Legal First Name
		Policy Holder Legal Last Name Legal Last Name	Policy Holder Legal Last Name Legal Last Name
		Effective Coverage Date	Effective Coverage Date
		Effective Cancel Date mm/dd/yyyy	Effective Cancel Date mm/dd/yyyy
		Polley Number Policy Number	Policy Number Policy Number
		Policy Holder Relation to Subscriber*	Policy Holder Relation to Subscriber *
		09/06/2017	Custody *
		Policy Holder Employment Status *	Policy Holder Birth Date
		Copy to others	Policy Holder Employment Status *
			Copy to others

#### Step 3: Medicare

- 1. If the Medicare question is marked as Yes, this page will display and you can enter the Medicare information for the subscriber or dependent. One card displays for each person who is marked as having Medicare.
- 2. Enter Medicare information.
- 3. Click Save & Continue to go to the next step or click Save for Later to save the enrollment in Enrollments in Process.

. Subscriber & Dependents	*	Medicare * denotes a required field		
. Other Insurance	~		care eligible. If you need to change that, retu	im to Step 1.
Medicare		Test Test	Ana Test	
Medicare	×	Medicare Claim Number *	Medicare Claim Number *	
Plan Coverage	×			
i. Review & Submit	×	Why Eligible? * Select An C	Why Eligible?* Select An C	
		Ever Collected Social Security Disability Income?*	Ever Collected Social Security Disability Income?* OYes ONo	
		Medicare Part A (Hospital Insurance) Effective Date	Medicare Part A (Hospital Insurance) Effective Date	
		09/06/2017	09/06/2017	
		Cancel Date	Cancel Date	
		09/06/2017	09/06/2017	
		<b>m</b>	<b></b>	
		Medicare Part B (Medical Insurance) Effective Date	Medicare Part B (Medical Insurance) Effective Date	
		09/06/2017	09/06/2017	
			<b>#</b>	
		Cancel Date	Cancel Date	
		09/06/2017	09/06/2017	
		uuu Medicare Part C - Medicare Advantage? * (Medicare Replacement) ⊖Yes ⊖No	i⊞ Medicare Part C - Medicare Advantage? * (Medicare Replacement) ⊖Yes ⊖No	
		Medicare Part D? * (Prescription Drug) OYes ONo	Medicare Part D? * (Prescription Drug) OYes ONo	

#### Step 4: MNLOA (Medically Necessary Leave of Absence)

- If the Special Status for a dependent is marked as Full Time MNLOA, this page will display and you can enter the MNLOA information. One card displays for each dependent marked as Full Time - MNLOA.
- 2. Answer the MNLOA questions and enter the MNLOA date for the dependent. To attain the special status, all three questions must be answered Yes.
- 3. Click Save & Continue to go to the next step or click Save for Later to save the enrollment in Enrollments in Process.

Add Employee				
1. Subscriber & Dependents	~	Medically Necessary Lea	ve of Absence (MNLOA)	
2. Other Insurance		return to Step 1.		nce (MNLOA). If you need to change that, Leave of Absence (MNLOA). This includes
3. Medicare	~	any medically necessary change in enrollr	ment (such as a reduction in the number of gher learning. Coverage may continue for	of credits that may affect the "full-time" status a period of one year from the first day of the
4. MNLOA	• >			nt status immediately prior to the first day of leave of absence or other change in enrollment
5. Plan Coverage	×	ertret rtert	test t	_
6. Review & Submit	×	Is the student suffering from a serious illness or injury?* • Yes • No Is the leave of absence medically necessary?* • Yes • No Did you receive notice of the MNLOA from the treating physician?* • Yes • No Start date of MNLOA * • 09/06/2017 • 1 certify that as of 09/06/2017 • 1 certify that as of 09/06/2017, ertret retr will be classified as a full-time student on a Medically Necessary Leave of Absence. Save & Continue	Is the student suffering from a serious illness or injury? * @Yes @No Is the leave of absence medically necessary? * @Yes @No Did you receive notice of the MNLOA from the treating physician? * @Yes @No Start date of MNLOA * 08/29/2017 @ * 1 certify that as of 08/29/2017 * 1 certify that as of 08/29/2017 * 1 certify that as of 08/29/2017 test t will be classified as a full-time student on a Medically Necessary Leave of Absence. ater	

#### Step 5: Plan Coverage

This step enables you to select the coverage under each Line of Business (LOB). A separate card displays for each LOB.

 On each plan coverage card, select an available Plan and then click the checkbox for each person who is supposed to receive the coverage. If there are no Plans available for the LOB, it will be greyed out.

#### Important! If an individual's checkbox is <u>not</u> checked, he/she will <u>not</u> receive coverage.

- 2. If applicable, a Report Codes section and/or Providers section will display once you select coverage. If there is other information needed, additional sections will display as well. Complete the information.
- 3. Click Save & Continue to go to the next step or click Save for Later to save the enrollment in Enrollments in Process.

. Subscriber & Dependents	~	Plan Coverage * Required		
2. Other Insurance	~	Medical	Vision	Dental
3. Medicare	~	Plan PPO Blue	Plan None •	Plan None
. MNLOA	*	Effective Date	Effective Date	Effective Date
5. Plan Coverage	×	<ul> <li>✓ Test Test</li> <li>✓ Ana Test</li> <li>✓ Sheila Test</li> </ul>	<ul> <li>Test Test</li> <li>Ana Test</li> <li>Sheila Test</li> </ul>	<ul> <li>Test Test</li> <li>Ana Test</li> <li>Sheila Test</li> </ul>
6. Review & Submit	×	Drug	Service	
		Plan	Plan	-
		None	None	
		Effective Date	Effective Date	
		10/01/2017	10/01/2017	
		Test Test Ana Test Shella Test	Test Test Ana Test Shella Test	
		Test Test Ana Test Sheila Test Providers Search for the practice in the Provider I	<ul> <li>Test Test</li> <li>Ana Test</li> <li>Sheila Test</li> </ul>	Number and Name. If you are changing a PCP previously covered. Sheila Test
		Test Test Ana Test Shella Test Providers Search for the practice in the Provider I from a previous coverage, the selection	Test Test     Ana Test     Sheila Test	previously covered.
		Test Test Ana Test Shella Test Providers Search for the practice in the Provider I from a previous coverage, the selection Test Test	Directory or enter the practice's Provider N will auto-populate for all family members	previously covered. Sheila Test
		Test Test Ana Test Shella Test Providers Search for the practice in the Provider I from a previous coverage, the selection Test Test Provider Number	Directory or enter the practice's Provider Number	previously covered. Sheila Test Provider Number
		Test Test Ana Test Ana Test Shella Test	Directory or enter the practice's Provider N will auto-populate for all family members Ana Test Provider Number Number Provider Name	previously covered. Sheila Test Provider Number Provider Name
		Test Test Ana Test Shella Test  ProviderS Search for the practice in the Provider I from a previous coverage, the selection Test Test Provider Number Number Provider Name Name Name Not Sure?	Directory or enter the practice's Provider N will auto-populate for all family members Ana Test Provider Number Number Provider Name Name Name Not Sure?	previously covered. Sheila Test Provider Number Number Provider Name Name Not Sure?
		Test Test Ana Test Ana Test Shella Test  ProviderS Search for the practice in the Provider D from a previous coverage, the selection Test Test  Provider Number Number Number Not Sure? Search Provider Directory Search Provider Directory Established Patient Effective Date		previously covered. Sheila Test Provider Number Number Provider Name Name Not Sure? Search Provider Directory Established Patient Effective Date
		Test Test Ana Test Ana Test Shella Test  Providers  Search for the practice in the Provider D from a previous coverage, the selection  Test Test  Provider Number Number Number Number Not Sure? Search Provider Directory Established Patient		previously covered. Sheila Test Provider Number Number Provider Name Narre Not Sure? Search Provider Directory Established Patient
		Test Test Ana Test Ana Test Shella Test  Providers  Search for the practice in the Provider D from a previous coverage, the selection Test Test  Provider Number Number Number Not Sure? Search Provider Directory Established Patient Effective Date		previously covered. Sheila Test Provider Number Number Provider Name Name Not Sure? Search Provider Directory Established Patient Effective Date

#### Step 6: Review & Submit

The Review & Submit page captures the selections that were made throughout the enrollment process and allows for one final review of the data entered.

If you need to edit anything on the page, you can click the links on the left navigation. Click Save & Continue in each sections to return to the Review & Submit page to finish the enrollment. Finalize the enrollment by clicking submit.

Once the enrollment has been successfully completed, a success message will then be displayed.

#### **Enrollments in Process**

The **Enrollments in Process page** allows you to review the status for incomplete and processing enrollments. Records can be viewed, modified, or deleted, depending upon their status.

5 enrollments in process display on the Enrollments page. If there are more than 5 enrollments in process, you can view them by clicking the View All button.

- Saved status Records in the Saved status (not sent for processing yet) can be modified by clicking on the Subscriber Name link. Clicking on the Subscriber Name will display the enrollment form and you can select Edit Employee Record from the Actions drop-down. Saved enrollments can be deleted by clicking the delete (trashcan) icon.
- Submitted or Partially Submitted status The subscriber record has been sent for processing, but has not yet been finalized by membership.

🏮 Enrollments In Pr	ocess		
		ney are in a Saved, Partially-Submi it will take 24 hours for enrollment	
		If you wish to discard all information I automatically be removed after 30	
Prescription enrollment updates m	ay take up to 48 business hours	to complete.	
Find Enrollments Find Enrollments			
3 of 3 enrollments			
Subscriber Name 🖨	Member ID 🗢	Status 🛊	
TEST, TEST	****4212 <	SAVED	圃
TEST, TEST	*****2121	SAVED	圃
TEST, TEST	*****1212 <	SAVED	圃

#### Find Employee

The **Find Employee** functionality allows you to find enrollment data by entering any of the following of an employee's:

- Last Name
- Group Number
- Member ID or SSN

#### Important! To see full search results you may need to scroll down.

Home > Find Employee	
Find Employee	Add Employee
Last Name Last Name	
Group Number Group Number	
Member ID/SSN/Client-Assigned ID Member ID/SSN/Client-Assigne Enter alphanumeric portion only.	
Search Clear	
Results	
Find Employee Find Employee by First Name	
First 40 results are shown.	
Test. Test 1234567890123         Active           Groups: 1234567800         Active	Actions 🔻
Test. Test 2234567890123 Cancelled Groups: 1234567890 Cancelled	Actions 🔻

After the search results display, the following actions are available from the **Actions** drop-down:

- Edit Employee Record
- Change PCP
- Print Employee Summary
- Manage Spending Account Elections (if applicable)
- Claims (if applicable)
- ID Cards
- Cancel Coverage (only for active employees)
  - Reinstate (only for cancelled employees)

You can also view the Subscriber Summary by clicking the name link on the search results.

Important! You will only be able to find employees that are in the groups you are entitled to view.

#### View Subscriber Summary

You can view the subscriber's summary by clicking on the Subscriber Name link after the Find Employee search results display.

#### Important! If the employee has coverage from multiple groups, use the Now Showing drop-down to switch back and forth between the groups.

The following actions are also available from the View Subscriber Summary page:

- Edit Employee Record
- Change PCP
- Print Employee Summary
- Manage Spending Account Elections (if applicable) Reinstate (only for cancelled employees)
- Claims (if applicable) •
- ID Cards •
- Cancel Coverage (only for active employees) •

Ann Pslink: Active			
		Expand All	Collapse All Act
- Subscriber Information			
Employee covered under COBRA			
Subscriber Legal Name	Member ID 123456789012	Employer Name ABC Widgets	
ANN PSLINK	Home Phone	ABC Wogets	
88N 5464 <b>&lt;</b>	Mobile Phone	Work Phone	
Sex Female	Other Insurance?	Work Fax	
Birth Date	Medicare Eligible?	Work Email	
01/01/1970			
Address 12 MAIN STREET CHERRY HILL, NJ 08002			
- Dependents			
CHILD PSLINK			
Relationship Son or Daughter			
SSN			
•••••1236 <b>&lt;</b> Gender			
Male			
Birth Date 02/02/2010			
Relation to employee			
SON OR DAUGHTER Special Status			
Not Covered			
Other Insurance?			
Medicare Eligible?			
<ul> <li>Plan Coverage.</li> </ul>			
This employee has coverage from multiple g	roups. Now Showing: 12345678 - Active	*	
Medical			
Plan 10141518			
Effective Date			
10/01/2017			
Coverage Category Code E1D			
✓ Ann Pslink			
Child Pslink			
Mew Plan Coverage History			
ANN PSI INK			
ANN PSLINK	CHILD PSLINK		
ANN PSLINK Provider's Group Practice 123456789	Provider's Group Practice 123456789		
ANN PSLINK Provider's Group Practice 123456780 TEST MEDICAL CENTER	Provider's Group Practice 123456789 TEST MEDICAL CENTER		
ANN PSLINK Provider's Group Practice 123466789 TEST MEDICAL CENTER Established Patient	Provider's Group Practice 120456789 TEST MEDICAL CENTER XEstablished Patient		
ANN PSLINK Provider's Group Practice 123456780 TEST MEDICAL CENTER	Provider's Group Practice 123456789 TEST MEDICAL CENTER		

#### Edit Employee Record

This functionality allows you to edit the employee record. You can make multiple changes on the same page and save once.

Use this option if you wish to:

- Edit demographics for the employee or dependents
- Update or add other insurance information
- Update or add Medicare information
- Add dependents and assign coverage to new or existing dependents
- Change existing coverage

Important! Do not use the Edit Employee functionality if you wish to cancel coverage for the employee or dependent. If you need to Cancel Coverage; find an employee and select Cancel Coverage from the Actions drop-down.

#### Edit Demographics

- 1. Find the employee.
- 2. Select Edit Employee Record from the Actions drop-down.
- 3. Enter the Effective Date of Changes.

Important! There are effective date range limits. If you receive an error in entering your effective date, please contact your Highmark team.

4. Edit the demographics.

Important! If you would like a record of this change , use the print page function from your browser before you submit the changes.

- 5. Click the Save button.
- 6. If changes are successful, a success message displays.

ome > Find Employee >	Ann Pslink: Active							
Ann Pslink: A	Active							
ffective Date of chang	es *					Expand All	Collapse All	Actions 🔻
- Subscriber Inform	ation							
Hire Date 09/01/1977	1							
*****3770 <b>&lt;</b> Prefix								
None				•				
Legal First Name* ANN								
egal Middle Name								
egal Last Name* PSLINK								
uffix								
None								
01/01/1970 Address 1* 12 MAIN STREET Address 2 Street Address 2								
City*	State*	ZIP*						
CHERRY HILL	NEW JERSEY	• 08002						
lome Phone								
(412) 555-1212								
Nork Phone								
Nobile Phone	Only amployoas sa	n change their mehi	la phone pum	bar aithar anlina ar	by colling			
(412) 555-1212	Customer Service.	in change their most	ic priorie riuri	iber, either online or	by cannig			
Nork Fax								
(_)								
Nork Email								
employee@email.com								
Other Insurance?*								
other insurance?								
Yes				×				
				ż				

#### Add or Edit Other Insurance or Medicare

- 1. Find the employee.
- 2. Select Edit Employee Record from the Actions button.
- 3. Enter the Effective Date of Changes.

# Important! There are effective date range limits. If you receive an error in entering your effective date, please contact your Highmark team.

4. If you are adding: In the Subscriber and Dependents sections, select Yes to Other Insurance and/or Medicare questions. You can delete using the recyle bin at this step.

If you are editing: Update the Other Insurance and/or Medicare information in their respective sections and ensure that all required fields are completed.

- 5. The Other insurance and Medicare sections display below.
- 6. Cards display for each selected participant.
- 7. Enter the Other Insurance and/or Medicare information and ensure that all required fields are completed.

# Important! If you would like a record of this change , use the print page function from your browser before you submit the changes.

- 8. Click the Save button.
- 9. If changes are successful, a success message displays.

	he contract who has the same birth month, same birth year and same first name as a t, do not add them to the contract using this page. Please contact Customer Service	
Add		
CHILD PSLINK	8	
SSN		
123-45-6789		
Prefix		
None •		
Legal First Name *		
per la fine de la complete y de la fine de la complete de la compl		

Editing exsiting other Insurance and/or Medicare information.

	<		
Name of Insurance	e Carrier *		
STATE FARM	e ourrer		
Group Number			
123456789			
Policy Holder Leg	gal First Name		
CHILD			
Policy Holder Leg	al Last Name		
PSLINK			
Effective Coverage	je Date		
01/01/2017			
Effective Cancel	Date		
mm/dd/yyyy			
Policy Number			
Policy Number 123456789			
	ation to Subscriber*		
SON OR DAUGHT			
Policy Holder Bir			
02/02/2010	ⅲ		
Active	ployment Status *		
Active Medicare			
Active Medicare		CHILD PSLINK	
Active Medicare	<b>7</b>	CHILD PSLINK Medicare Claim Number *	
Active Medicare	<b>7</b>		
Active Medicare ANN PSLINK Medicare Claim No 123456789HA	<b>7</b>	Medicare Claim Number * 123456789HC	
Active Medicare ANN PSLINK Medicare Claim No 123456789HA Why Eligible? *	umber *	Medicare Claim Number * 123456789HC Why Eligible? *	
Active Medicare ANN PSLINK Medicare Claim Ni 123456789HA Why Eligible?* Select An Option	umber*	Medicare Claim Number * 123456789HC Why Eligible? * Select An Option	
Active Medicare ANN PSLINK Medicare Claim Ni 123456789HA Why Eligible?* Select An Option	umber *	Medicare Claim Number * 123456789HC Why Eligible? *	
Active Medicare ANN PSLINK Medicare Claim Ni 123456789HA Why Eligible? * Select An Option Ever Collected So	umber*	Medicare Claim Number * 123456789HC Why Eligible? * Select An Option • Ever Collected Social Security Disability	
Active Medicare ANN PSLINK Medicare Claim Ni 123456789HA Why Eligible? * Select An Option Ever Collected So Income?* © Yes © No	umber*	Medicare Claim Number * 123456789HC Why Eligible? * Select An Option • Ever Collected Social Security Disability Income?*	
Active Medicare ANN PSLINK Medicare Claim Ni 123456789HA Why Eligible? * Select An Option Ever Collected So Income?* @Yes No Medicare Part A (H	v umber * cial Security Disability Hospital Insurance)	Medicare Claim Number * 123456789HC Why Eligible? * Select An Option • Ever Collected Social Security Disability Income?* • Yes • No Medicare Part A (Hospital Insurance)	
Active Medicare ANN PSLINK Medicare Claim Ni 123456789HA Why Eligible? * Select An Option Ever Collected So Income?* • Yes • No Medicare Part A (F	v umber * cial Security Disability fospital Insurance) Cancel Date	Medicare Claim Number * 123456789HC Why Eligible? * Select An Option • Ever Collected Social Security Disability Income?* • Yes • No Medicare Part A (Hospital Insurance) Effective Date* Cancel Date	
Active Medicare ANN PSLINK Medicare Claim Ni 123456789HA Why Eligible? * Select An Option Ever Collected So Income?* @Yes @No Medicare Part A (f Effective Date* 02/02/2010	v umber * cial Security Disability Hospital Insurance) Cancel Date mm/dd/yyyy mitiki	Medicare Claim Number *         123456789HC         Why Eligible? *         Select An Option         Ever Collected Social Security Disability Income?*         ●Yes ●No         Medicare Part A (Hospital Insurance)         Effective Date*         Cancel Date         02/02/2010         mm/dd/yyyy	
Active Medicare ANN PSLINK Medicare Claim Ni 123456789HA Why Eligible? * Select An Option Ever Collected So Income?* @Yes @No Medicare Part A (f Effective Date* 02/02/2010	v cial Security Disability Gospital Insurance) Cancel Date mm/dd/yyyy	Medicare Claim Number * 123456789HC Why Eligible? * Select An Option Ever Collected Social Security Disability Income?* OYes ONO Medicare Part A (Hospital Insurance) Effective Date O2/02/2010 mm/dd/yyyy	
Active Active Medicare ANN PSLINK Medicare Claim Nr 123456789HA Why Eligible? * Select An Option Ever Collected So Income?* © Yes © No Medicare Part A (H Effective Date* 02/02/2010 Medicare Part B (H	v umber * cial Security Disability dospital Insurance) Cancel Date mm/dd/yyyy m Medical Insurance)	Medicare Claim Number * 123456789HC Why Eligible? * Select An Option • Ever Collected Social Security Disability Income?* • Yes • No Medicare Part A (Hospital Insurance) Effective Date* Cancel Date 02/02/2010 mm/dd/yyyy Medicare Part B (Medical Insurance)	
Active Active Medicare ANN PSLINK Medicare Claim Ni 123456789HA Why Eligible? * Select An Option Ever Collected So Income?* ©Yes ©No Medicare Part A (H Effective Date* 02/02/2010 Medicare Part B (H Effective Date*	v umber * cial Security Disability dospital Insurance) Cancel Date mm/dd/yyyy Medical Insurance) Cancel Date	Medicare Claim Number * 123456789HC Why Eligible? * Select An Option • Ever Collected Social Security Disability Income?* • Yes • No Medicare Part A (Hospital Insurance) Effective Date* Cancel Date 02/02/2010 mm/dd/yyyy Medicare Part B (Medical Insurance) Effective Date* Cancel Date	

#### Add Dependents and Assign Plan Coverage to New or Existing Dependents

- 1. Find the employee.
- 2. Select Edit Employee Record from the Actions button.
- 3. Enter the Effective Date of Changes.

# Important! There are effective date range limits. If you receive an error in entering your effective date, please contact your Highmark team.

- 4. In the Dependents section, click Add to add new dependents.
- 5. Enter all required fields for the dependents.
- 6. In the Plan Coverage section, an empty checkbox displays for the dependent for each line of business.
- 7. Select the checkbox to assign coverage for the dependent.
- 8. If an existing dependent doesn't have coverage, you can select the checkbox next to their name to assign coverage now.

# Important! If you would like a record of this change , use the print page function from your browser before you submit the changes.

- 9. Click the Save button.
- 10. If changes are successful, a success message displays.

Important! At this point, if the employee has coverage from multiple groups, use the Now Showing drop-down. Select the empty checkbox in all active LOBs to select each line of business to be edited for each dependent.

his employee has single coverage group. Gro	pup Number: 12345678 - Active	
Medical		
Plan 12345678		
Effective Date		
Coverage Category Code		
<ul> <li>✓ Ann Pslink</li> <li>✓ Child Pslink</li> <li>Child Pslink</li> </ul>		
roviders		
ANN PSLINK	CHILD PSLINK	
Provider's Group Practice 123456789	Provider's Group Practice 123456789	
TEST MEDICAL CENTER	TEST MEDICAL CENTER	
Established Patient	¥Established Patient	
Reason	Reason	
Initial PCP Selection	Initial PCP Selection	
Effective Date 12/01/2011	Effective Date 12/01/2011	

#### Change Existing Plans

- 1. Find the employee.
- 2. Select Edit Employee Record from the Actions button.
- 3. Enter the Effective Date of Changes.
- 4. Click the delete (trashcan) icon in the top right corner of the LOB card.

Important! The icon displays for active Lines of Business (based on groups) only. If the employee has coverage from multiple groups, use the *Now Showing drop-down* to toggle between them.

- 5. Enter the Cancel Date and Cancel Reason.
- 6. Click the OK button.
- 7. The Add Coverage page displays.

Important! The Add Coverage page automatically displays when you delete an LOB for the first time in the editing session to ensure that new coverage is added. If you delete another LOB during the same editing session, you will not be redirected to the Add Coverage page. You can add coverage by clicking the Add Coverage icon or link.

- 8. Select new coverage.
- 9. Click the OK button.
- 10. The Edit page displays, any new LOBs will be 'marked as add,' and any deleted LOBs will be 'marked as canceled.' Adding and deleting LOBs won't actually occur until you save.
- 11. Verify the changes.
- 12. Click the Save button.
- 13. If changes are successful, a success message displays.

#### Small Group - Future Coverage Edits

You could encounter additional notifications to make edits to an employee's record when that employee is enrolled in BOTH an active group number AND a future group number. This affects our Small Group Customers Only.

- 1. Find the employee.
- 2. Select Edit (or cancel) Employee Record from the Actions button.
- 3. If the notification appears, you must make the edits in both the active and future coverage. The pop-up usually appears when you are close to a renewing period and have changed group numbers.

#### \*This reminder is critical in ensuring that our records reflect changes being made are captured both for current administration and future administration purposes.

- 4. Edit (or cancel) employee record for both the group numbers listed.
- 5. Follow the steps to edit or cancel employee record.

#### Print Employee Record

To print an employee record, click the name of the person in the results of "Find" and print from your internet browser.

year will end on 05/01/2018. The member being enrolled has more than one policy year available for maintenance (add/cancel/modify) including: 1. Current Group Policy Year Only - The member will be covered under the current group policy year until 05/01/2018. 2. Upcoming Group Policy Year Only - The member will not have coverage until the upcoming group policy year begins. 3. OR Both Group Policy Years - After the member is enrolled in one of the above, select "Add Coverage" (log right in Plan Coverage of Edit Employee Record Page), to add the member to a different group policy year.		e aware that this client's current group policy
(addcancel/modify) including: 1. Current Group Policy Year Only - The member will be covered under the current group policy year until 05/01/2018. 2. Upcoming Group Policy Year Only - The member will not have coverage until the upcoming group policy year begins. 3. OR Both Group Policy Years - After the member is enrolled in one of the above, select "Add Coverage" (for right in Plan Coverage of Edit Employee Record Page).		
Lourent Group Policy Year Only - The member will be covered under the current group policy year untill 05/01/2018.     Lopoming Group Policy Year Only - The member will not have coverage until the upcoming group policy year begins.     J. OR Both Group Policy Years - After the member is enrolled in one of the above, select "Add Coverage" (for right in Plan Coverage of Edit Employee Record Page).		
be covered under the current group policy year until 05/01/2018. 2. Upcoming Group Policy Year Only - The member will not have coverage until the upcoming group policy year begins. 3. OR Both Group Policy Years - After the member is enrolled in one of the above, select "Add Coverage" (log right in Plan Coverage of Edit Employee Record Page).		,, ,
05/01/2018. 2. Upcoming Group Policy Year Only - The member will not have coverage until the upcoming group policy year begins. 3. OR Both Group Policy Years - After the member is enrolled in one of the above, select "Add Coverage" (top right in Plan Coverage of Edit Employee Record Page).		
2. Upcoming Group Policy Year Only - The member will not have coverage until the upcoming group policy year begins. 3. OR Both Group Policy Years - After the member is enrolled in one of the above, select "Add Coverage" (lop right in Plan Coverage of Edit Employee Record Page).		
will not have coverage until the upcoming group policy year begins. 3. OR Both Group Policy Years - After the member is enrolled in one of the above, select "Add Coverage" (top right in Plan Coverage of Edit Employee Record Page).	05/01/201	18.
year begins. 3. OR Both Group Policy Years - After the member is enrolled in one of the above, select "Add Coverage" (tor right in Plan Coverage of Edit Employee Record Page),	2. Upcon	ning Group Policy Year Only - The member
3. OR Both Group Policy Years - After the member is enrolled in one of the above, select "Add Coverage" (top right in Plan Coverage of Edit Employee Record Page),	will not ha	ave coverage until the upcoming group policy
enrolled in one of the above, select "Add Coverage" (top right in Plan Coverage of Edit Employee Record Page),	year begi	ns.
right in Plan Coverage of Edit Employee Record Page),	3. OR Bo	th Group Policy Years - After the member is
	enrolled in	n one of the above, select "Add Coverage" (top
to add the member to a different group policy year.	right in PI	an Coverage of Edit Employee Record Page),
	to add the	e member to a different group policy year.

#### Cancel Coverage

The **Cancel Coverage** function allows you to cancel an employee contract or specific coverage for a subscriber and/or dependents. This requires confirmation before a cancellation is submitted.

# Important! It is important to note that you do NOT use this feature when performing Group to Group transfers from one group to another. Instead, select Actions > Edit Employee Record, delete LOBs, and add coverage.

All the active coverage will be shown on this page for the subscriber and dependents. If the subscriber is selected to cancel coverage, the dependents will automatically be selected to be cancelled.

- 1. Select the coverage to cancel.
  - You can use the Select/Deselect All links to select a Plan to be cancelled for everyone or to select all of an individual's coverage to be cancelled.
  - You can click the Cancel All link to select all the active coverage for the subscriber and dependents.

Important! If you don't have modify access permissions for a group, checkboxes will not be displayed. You must contact Highmark to have your permissions changed.

2. Enter the Cancel Date and Cancel Reason.

Important! The Cancel Date is the 1<sup>st</sup> day the employee no longer has coverage. Termination date must be within contract terms. For example, many contracts must be terminated on the 1<sup>st</sup> of the month after employment termination.

3. Once all the required information is entered, click the Yes button.

A success message will display once the cancellation has been successfully completed.

🌖 Cancel Coverage			
Required			
Il of an employee's active plans are shown be		a group, a checkbox will not display.	
Cancel All	12345678 Select/Deselect All		
Cancer All	Select/Deselect All		
SHEILA WONDERFUL Jan 21, 1964	Drug		
Select/Deselect All	Medical Vision		
ancel Date *			
ancel Reason *			
		$\checkmark$	
arning! You are about to cancel selected cov	erage for the selected people		
you canceled any coverage for the employee,		for dependents. Do you want to cont	tinue?
ou can add coverage later if you need to.			
ou can add coverage later if you need to.			

#### Reinstate Employee

You can reinstate a cancelled employee by selecting the Reinstate option from the Actions Dropdown.

1. Enter the Coverage Effective Date. This is the date from which the coverage will be effective for the employee.

* Required		
Coverage Eff. Da	ite*	
08/17/2017		
	edit demographic information and nce you continue	
Select coverage o	nice you continue	

- 2. Click Continue.
- 3. The Add Employee page displays, with employee information pre-populated. At this time, information can be edited or added to reflect the current request. You can follow the Add Employee process to complete and reinstate the enrollment.

## Section 3: Assist Employees

This section describes how you can assist your employees by:

- Printing ID cards
- Accessing Plan information, including SBCs
- Finding a provider
- Managing Spedning Accounts
- And more

	&	ENROLLMENT	CLIENT/GROUPS ▼	ASSIST EMPLOYEES	BILLING	REPORTS	RESOURCES
4	🏮 En	nployee Resource	es				
	<u>ID Cards</u> Print or	order ID cards for your en	nployees and their dependents. Yo	ou can find an employee by enterin	g their Last Name,	Group Number, and/or	i Member ID.
	Claims Check f	he claim status, member li	ability, and date the claim was pai	d. You can find an employee by en	ering Last Name,	Group Number, and/or	Member ID.
	<u>Benefit B</u>	ooklets		our employer offers. You can searc			
	Summary	of Benefits Coverage (SB	<u>C)</u>	ur employer offers. You can search			
	Group Co	ontracts	can search by Group Number.		by croup number		
	Preventiv	e Medications List					
	View pr	eventive medication lists fo	or your employer. You can search	by Group Number.			
K	🌒 Pr	oviders					
7	<u>Change F</u> Change <u>Hospital (</u>	network hospitals, doctors 2CP 2 the PCP for an employee 2uality Measures	, or other health care providers ne and/or dependents. You can find is using WebMD's Hospital Adviso	an employee by entering Last Nam	e, group Number,	and/or Member ID	
	🌖 Sp	ending Account					
	<u>Spending</u> Manage	Account e spending accounts here.					
		Account Report Guide s guide to understand the s	spending account report that prov	ide data and insight into your emplo	oyer's account activ	vity.	
<		Spending Account Election or modify employee's spen					
	Eligible E	<u>xpenses</u> his list of eligible spending	account expenses.				
		iswers and How-Tos he basics and get starte wi	th Health Savings Account, Flexib	le Spending Account, or Health Re	mbursement Acco	unt.	
	Sec.	ucational Tools					
	Create Second C	er Communication Toolkit health campaigns with this opinion Health Education S doctors manage real-life ca	eries	dars, customizable emails, and flie	rs.		

#### ID Cards

You can view and print ID cards for employee and dependents. Virtual ID cards are available at the first day of coverage. You can also request replacement ID cards on behalf of your employees. An ID card can be mailed to the employee address on file or another address without replacing the address on file.

The ID card function is available from the Assist Employee tab, as well as the Home page, and Find Employee page.

#### From the Assist Employees tab:

- 1. Click the ID Card link.
- 2. The Find Employee page displays.

Last Name	
Last Name	
Group Number	
Group Number	
Member ID/SSN/Client-Assigne	d ID
Member ID/SSN/Client-Assigne Member ID/SSN/Client-Assigne	d ID Enter alphanumeric portion only.
NAME ON DOCTORS PROPERTY ASSAULT OF THE ADDRESS OF	

- 3. Enter the employee's Last Name, Group Number, or Member ID.
- 4. Click the Search button.
- 5. Results display based on the entered values and you can filter the results by entering the First Name.
- 6. Select ID Cards from the Actions dropdown. You will not see the ID cards option for a cancelled employee.
- 7. The ID Card page displays.

EST TEST	•	
~	View Back P	
MEMBER NAME MEMBER ID		
Group BC/BS Plan RxGrp RxBIN	PCP Visit \$15 Specialist Visit \$15 Emergency Room \$50	
	R	
TES	T TEST's Medical ID Card	

- 8. You can click the Order ID Card button to request a copy of ID cards. You will be prompted to verify your mailing address (address can be edited).
- 9. You can also print the ID card by clicking the Print this ID Card button.

#### Claims (ASO only)

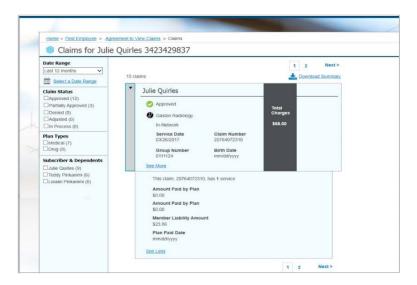
If you have the access (entitlement), you can view Medical, Drug, or Dental claims for your

employees. From the Assist Employees tab:

- 1. Click the Claims link.
- 2. The Find Employee page displays.

.ast Name			
Last Name			
Group Number			
Group Number			
Member ID/SSN/Client-Assigne	d ID		
Member ID/SSN/Client-Assigne		Enter alphanumeric portion on	ly.
nation for the second states and the second		Enter alphanumeric portion on	ly.

- 3. Enter the employee's Last Name, Group Number, or Member ID.
- 4. Click the Search button.
- 5. Results display based on the entered values and you can filter the results by entering the First Name.
- 6. Select Claims from the Actions drop-down.
- 7. The Claims Agreement page displays.
- 8. Click the Agree & Continue button to view claims for the selected employee and their dependents.
- 9. The Claims Page displays.



Date Range Last 12 months Select a Date Range	1 2 Next> 15 claims 📩 Download Summary
Claim Status Approved (12) Partially Approved (3) Denied (0) Aquisted (0) In Process (0)	Dulie Quirles     Approved     Gaston Radiology     In Network     S48.00
Plan Types Medical (7) Drug (8)	Service Date Claim Number 03/26/2017 207640/2310 Group Number Birth Date
Subscriber & Dependents Later Coulters (9) Trody Presamm (6) Loratel Prehamm (9)	0111124 mm/dd/yyyy Seet.More This claim, 20764072310, has 1 service Amount Paid by Plan 50,00 Amount Paid by Plan 50,00 Member Liability Amount 523,06 Plan Paid bate mm/dd/yyyy SecLicts

10. You can filter the claims by date range, claim status, Plan types and name. Or you can download a summary of the claims in Excel.

#### **Benefit Booklets**

Benefit Booklets for all Plans are available for viewing from the Assist Employees tab. If your Benefit Booklet does not display, contact your Client Manager or Client Service Manager. Contact information can be found under the Client/Groups tab.

#### From the Assist Employees Tab:

1. Click the Benefit Booklets link.

Employee Resources
ID Cards Print or order ID cards for your employees and their dependents. You can find an employee by entering their Last Name, Group Number, and/or Member ID.
Benefit Booklets View in-depth information about the benefits for each of the plans your employer offers. You can search by Group Number.
Summary of Benefits Coverage (SBC) Compare plans using standard summaries for each of the plans your employer offers. You can search by Group Number
Group Contracts Access group contracts here. You can search by Group Number.
Preventive Medications List View preventive medication lists for your employer. You can search by Group Number.

2. The Benefit Booklets page displays.

ome	> <u>Assist Employees</u> > Benefit Booklets
	Benefit Booklets
	A Benefits Booklet Amendment
	All references to "true emergency" in the Benefit booklet are now changed to "emergency"
	Find Booklets
	Find Booklets
	4 booklets
	Name
	Keystone POS Flex 123456789
	Keystone POS Flex 123456789
	Personal Choice Flex 123456789
	Personal Choice Flex 123456789

- 3. Click the applicable Plan Name and Group Number link.
- 4. The Benefit Booklet opens in a separate browser window as a PDF file and can be printed or saved as a file to your computer.

Important! If it's a long list, you can search for a booklet by entering the Plan Name or Group Number in the Find Booklets filter. Summary of Benefits, Group Contracts, and Preventive Medication Lists can be accessed in a similar way.

#### Find a Provider

The **Find a Provider** link on the Assist Employees tab provides access to information on doctors and hospitals. The search function in the Provider Directory lets you use specific criteria such as coverage area, Plan, and type of provider to locate providers for your employees.

#### From the Assist Employees tab:

1. Click the Find a Provider link.

Providers
Find a Provider Find in-network hospitals, doctors, or other health care providers near you.
Change PCP Change the PCP for an employee and/or dependents. You can find an employee by entering Last Name, group Number, and/or Member ID

2. The Provider Directory page displays.

TORS, FACILITIES & N ing for an in-network nd a facility near you? place. Let us help you need.	doctor? Need You're in the Save	ork & 🕺 🕅
ccu.	FIND DOCTORS & HOSPITAL	S
art Your Search	Refine ¥ Search by name, special	ty, or condition.
SEARCHING NEAR:	Example: pediatrics	SEARCH
	Pick a plan	
Within 5 miles	SAVE TIME AND MONEY	OTHER HELPFUL SEARCHES
	n Consider urgent card	Medicare
Use precise locatio	centers	At Medicare.gov 🗹 you can search for medical professionals.
9 Use precise locatio	Save the ER for	search for medical professionals, find group practices and compare
• Use precise locatio	centers Save the ER for emergencies. Sore thi	search for medical professionals, find group practices and compare poats, physicians.
• Use precise locatio	Save the ER for	search for medical professionals, find group practices and compare oats, physicians. les,
• Use precise locatio	centers Save the ER for emergencies. Sore thi earaches, the flu, rash	search for medical professionals, find group practices and compare oats, physicians. les, can Medigap Blue r Members may use any doctor or

- 3. Enter the search criteria to locate a Doctor or Medical Professional, a Hospital or Facility, or Medical Supplies and Services. You can also search the doctors by location and Plan.
- 4. Click the Search button.

The Search Results display according to your search criteria.

#### Change Primary Care Physician (PCP)

You can change the PCP for your employee and dependents.

#### From the Assist Employees tab:

1. Click the Change PCP link.

Providers	
Find a Provider Find in-network hospitals, doctors, or other health care providers near you.	
Change PCP Change the PCP for an employee and/or dependents. You can find an employee by entering Last Name, group Number, and/or Member ID	

2. The Find Employee page displays.

Last Name	
Last Name	
Group Number	
Group Number	
Member ID/SSN/Client-Assigned II	0
Member ID/SSN/Client-Assigne	Enter alphanumeric portion only.
Search Clear	

- 3. Enter the employee's Last Name, Group Number and/or Member ID.
- 4. Click the Search button.
- 5. Results display based on the entered values and you can filter the results by entering the First Name.
- 6. Select Change PCP from the Actions drop-down. You will be prompted to select the group you wish to change. You will not see this option for a cancelled employee.
- 7. The Change PCP page displays.

SHEILA TEST			
Provider Number			
1234567890			
Provider Name			
Test Medical Associates			
Not Sure? Search Provider Directory			
Established Patient			
Reason			
	$\checkmark$		
Effective Date			

- 8. Enter a new Provider Number and Name or click Search Provider Directory to search for a provider.
- 9. Select a Reason and the Effective Date will be populated based on the reason selected.
- 10. Click the Change PCP button to submit the changes.

#### Hospital Quality Measures

The Hospital Quality Measures page helps employees navigate the health care system with tools to:

- Find and compare hospitals and physicians
- Read about various health topics
- Navigate WebMD's hospital advisor

#### From the Assist Employees tab:

- 1. Click the Hospital Quality Measures link.
- 2. The page opens in a separate browser window.

		Health Manager
		٩
Home		
Health Topics	Featured Article Off the Charts: Is a Preliatric Eye Exam Enough?	
Abdominal Aortic Aneurysm R + Abnormal Heartbeat Acne	Off the Charlas is a productic cyc Exam Enough? Some common vision disorders can the detected by a standard eye exam – and could be holding your child back in school. Stee Full Article	
Advance Directives Alcohol Use	In The News	
Allergies (Food) Allergies (Nasal) Allergies (Nasal)	Walking Rates Are Key to a Country's Obesity Levels As steps declined, national waistlines expanded, global study shows <u>Read More</u>	

## Section 4: Client/Groups Tab

**Purpose**: This section provides an overview of the Client/Groups tabs and how to view and understand the Client and Group details and contacts.

Use the Client/Groups Tab to access the Client and Group level information:

- General Information
- Contacts
- Groups
- Report Codes (if applicable)
- Identity Theft Protection (if applicable)

**Note**: It is NOT possible to edit information in the Client/Groups section. Contact your Client Manager if this information requires an update.

#### View Client Level Information

1. Select Client from the Client/Groups Tab.

CLIENT/GROUPS ▼
Client
Groups

2. The Client information page displays.

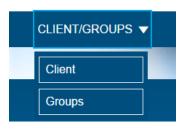
ABC Widgets:				
Seneral Information	Client General Inf	ormation		
Contacts	Renewal Month JUNE	Payment Mode Monthly	8	
D Theft Protections	State of incorporation	Payment Term C1-Due by 1st	s of Coverage Month	
	Affiliation N/A	SIC Code & De 5511 - Motor V	encription enicle Dealers (New and Used)	
	Sales Representatives Client Manager Report Codes			
	Client Manager	Code	Associated Groups	
	Client Manager Report Codes	Code Client Defined	Associated Groups 1234567891	
	Client Manager Report Codes Type			
	Client Manager Report Codes Type ALPHA PAY (AP)	Client Defined	1234567891	

Term	Definition
Renewal Month	Your company's renewal month.
State of Incorporation	The state in which your company is incorporated.
Affiliation	The companies having a common interest above and beyond the purchase
	of health care.
Payment Mode	The frequency of payments.
Payment Terms	The due date for payments.
Sales Representatives	The names and titles of the sales representatives assigned to your company.
SIC Code	The Standard Industrial Classification (SIC) code assigned to your company.
SIC Industry Description	The type of business.
Report Code	Displays active report codes that are associated with the groups listed.
	Report codes are only shown if they are applicable to your company's
	setup.

- Click Contacts from the left navigation to view client contacts. The Client Contacts page displays contact information about the company's different contact types. Examples of contact types may include Billing, ID Cards, Monthly Reports, Correspondence, and Contract Signor.
- 4. If you have the entitlement, you can view the ID Theft Protection page by clicking ID Theft Protection from the left navigation.
  You can opt in and opt out from the ID theft protection services for the groups. New clients have 30 days from their coverage effective date to opt in for the present calendar year. All clients will be provided with an opportunity during Q4 to opt in for the following calendar year.

#### View Group Level Information

1. Select Groups from the Client/Groups Tab.



2. The Groups List page displays.

Home > Groups for ABC Widgets				
Groups for ABC Widg	ets			
Find Groups Find Groups by Group Number or Name 3 Groups	View by Group Status Active	V		
Group Number 🜩	Group Name 🗘		Group Status 🜩	
12345678	Group 1		Active	
23456789	Group 2		Active	
34567890	Group 3		Active	

**Note:** If the list is long, you can enter a Group Number or Name in the Find Groups filter.

3. Click the Group Number link to view the Group Details page.

General Information				Collapse
	- Group General Informa	tion		
Contacts	Renewal Month JUNE State of incorporation Affiliation		erms 1st of Coverage Month	
	N/A Sales Representatives Client Manager		S Description mobiles and Other Motor Vehicles	
	- Eligibility			
	X Student Reporting X Students Covered	✓ Depender X Domesti		
	Dependent Type	Eligible to Age	Terminate	
	Disabled Dependent	Unlimited	No Deletion	
	- Products		Birthdate	
	Keystone POS Currently Active		Premier Advantage Currently Active	
	Contract Range 06/01/2017-05/31/2018 Next Renewal 06/01/2018 Contract Period 12 months Billing Method Premium		Contract Range 06/01/2017-05/31/2018 Next Renewal 06/01/2018 Contract Period 12 months Billing Method Premium	
	- Report Codes			
	Туре	Code		
	COBRA (CB)	700		

#### 4. You can view:

#### a. General Information

The page title and **Group General Information** section display the following information:

Term	Definition
Group Name	The name of the group.
Group Status	The status of the group, i.e., whether the grou s active
	or cancelled.
Renewal Month	Your company's renewal month.
State of Incorporation	The state in which your company is incorporated.
Affiliation	The companies having a common interest above and
	beyond the purchase of health care.
Sales Representatives	The names and titles of the sales representatives
	assigned to your company.
Payment Mode	The frequency of payments.
Payment Terms	The due date for payments.
SIC Code	The Standard Industrial Classification (SIC) code assigned
	to your company.
SIC Industry Description	The type of business.

#### b. Eligibility

The Group Eligibility section displays the following information:

Term	Definition
Dependents, Students, & Domestic	Yes (check) or No (x) answer, as to
Partners Covered	whether they are covered or not.
Students Reporting	Yes (check) or No (x) answer, as to
	whether a rule exists for student
	dependents to report their school status
	to maintain eligibility under a contract
	holder's coverage for contract.
Dependent Type	Regular, Disabled, or Student.
Eligible To Age	The age at which coverage is discontinued
	for a dependent.
Terminate	The rules for when a dependent's
	coverage terminates.

#### c. Product

The Group Products section displays product information and status.

Term	Definition
Product Status	Indicates whether the product is currently
	active or effective on a future date.
Billing Method	The type of billing used by the purchaser
	to pay for benefits bought under the
	contract.

#### d. Report Codes

The **Group Report Code** section displays active report codes that are associated with the selected group. Report codes are only shown if they are applicable to your company's setup.

5. Select Contacts from the left navigation to view group contacts.

The Group Contacts page displays contact information such as, names, addresses, phone numbers, fax numbers, e-mail addresses, etc. The Contact Type field describes when the contact is to be used. For example, the group may have Billing contacts, ID Card contacts, Report contacts, etc.

## Section 5: Billing

**Purpose:** This section provides a high level understanding of the information you can access from the e-Bill system.

If you have the entitlement, the Billing tab enables you to view group invoices online. The Billing tab links to e-Bill.

- 1. Click the Billing tab from the Home page.
- 2. The e-Bill Welcome page displays.

Home Accounts Bills Payments Preferences			Sign
nome accounts bins payments preferences		Signed on as	Signer: Andrew Ora
Welcome Andrew Orange			
EMPLOYER GROUP 128 Any Street			
Camp Hill, PA 17011			
Camp Hill, PA 17011 Click the <u>link</u> below to see your bills Your Bill For :	Total Amount	Payable Amount	Select
Click the <u>link</u> below to see your bills Your Bill For :	Total Amount \$5,500.00	Payable Amount \$0.00	Select
Click the <u>link</u> below to see your bills Your Bill For :		1.117.016.01.03.04.01.01.01.01.01.01	Select
Click the <u>link</u> below to see your bills Your Bill For : Group Premium	\$5,500.00	\$0.00	Select
Click the link below to see your bills Your Bill For : Group Premium Account: EMPLOYER GROUP - XXXXXXXXXXXX	\$5,500.00 \$2,000.00	<b>\$0.00</b> \$0.00	Select
Click the link below to see your bills Your Bill For : Group Premium Caccount EMPLOYER GROUP - XXXXXXXX01 Invoice Number: 123123123123	\$5,500.00 \$2,000.00 \$2,000.00	\$0.00 \$0.00 \$0.00	Select

In e-Bill, you can view reports and the prior months' bills. Email notices alert you when a new bill is available. The following tabs are available:

- Home
- Accounts
- Bills
- Payments
- Preferences

The Home tab provides an overview of the current invoice(s) for the group account(s).

**Note**: If there is no current invoice to be paid, the amount due is \$0.

## Section 6: Reports

**Purpose:** This section provides an overview of the reports you can access.

If you have the entitlement, the Reports tab enables you to view and generate reports for your company.

You can view Enrollment Reports and link to reports @ hand.

Reports				
ports at Hand				
e this web-based reporting to	ool to generate utilization reports t	that do not contain Protected Health Ir	formation	
nrollment Reports	i			
Report Type	Tax Year	Last Run Date	File Type	
TIN	2016	09/06/2016	xls	🕹 Download
TIN	2015	09/06/2016	xls	🕹 Download
TIN	2016	09/02/2016	xls	🕹 Download
MEC	2015	06/16/2016	xls	🛓 Download
MEC	2015	09/01/2016	xls	🛓 Download
MEC	2015	09/02/2016	xls	🛓 Download
MEC	2015	09/06/2016	xls	🕹 Download

# Section 7: Resources

**Purpose:** This section provides an overview of the resources you can access.

Home > Forms and Applications	
Forms and Applie	cations
Forms and Applications	Get commonly used forms and applications to manage your plan.
Group Bulletins	Enrolment Application This form is used to enroll in all non-HMO group health care coverage.
Helpful Information	Highmark Choice Company HMO Enrollment Application Application for enrolling employees and their dependents in HMO product.
Website Status	Highmark Choice Company HMO Member Change Form Form used by the member to report changes in their address, status, or dependents in the HMO product. Member Change Form
Consumer Communications Toolkit	The form used to communicate changes in a member's address, status or dependents. <u>HIPAA Authorization</u> Authorization for Disclosure of Health Information. Members should use this form to designate who is authorized to view their protected health information.
	Rx Request Form Use this form to request coverage for a non-formulary prescription drug.
	Speciality Rx Request Form If your employees need one of the speciality drugs on this list, they'll need to have their doctor complete this form for prior authorization.
	Dental Claim Form Employees should use the Dental Claim Form for a dentist's pre-treatment estimate or statement of actual services.
	Blue Account HRA Direct Deposit Form Authorization Form to have claim reimbursement sent directly to their bank account.
	Waiver Insurance Form If your employees decide to waive health care coverage through your Group's plan, please have them complete the Waiver of Insurance form
	USERRA Application Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)
	Group Procedures for USERRA A helpful guide in answering questions for administrators about USERRA and USERRA procedures.