

Group Portal User Guide

Independence

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Introduction to Group Portal

About Group Portal

The **Group Portal** is a platform to manage all client group administration. It is designed with our clients' and advisors' needs in mind. This new portal will deliver an improved layout and a better user experience. This includes a streamlined, modern appearance that resembles design principles in the recently enhanced Member Portal.

The new Group Portal will maintain capabilities that clients have come to expect from their portal experience while adding features and capabilities for improved user experience.

Transition to Group Portal

Aligned with the transition to the new platform, client group administration will transition from the current Employer Portal (Group Administration Platform) to the new **Group Portal**. Clients will retain access to the **Employer Portal** until all their groups are fully converted. For a client, the access will only be removed when all the associated groups are transitioned fully. Access will be removed on the date of the full transition.

Of note, enhancements are being released for the Member Portal.

- Beginning in June all members will have an enhanced digital experience when logging in to websites or through mobile apps.
- The enhanced mobile app launched in December.
- The updated capabilities and personalized content include personalized alerts and health check reminders based on member care gaps.

Group Portal's User Experience

Consistencies

Core functions will remain, including member enrollment and maintenance, electronic billing/payment access, and spending account management access.

The Group Portal will continue to provide access to the Index, inclusive of Membership Reports, and access to SBCs and Benefit Highlights.

Existing user accounts will be enabled on the new Group Portal; re-registration will not be required.

Enhancements

The Group Portal provides an enhanced user experience through the features listed below.

- Enhanced security with multi-factor authentication.
- Reduced clicks by removing the landing page.
- Self-service access to Stop Loss reporting.
- Single-click access to Billing, Spending Accounts, and Member Enrollment.

Other Changes

The self-funded clients will have a temporary link to the eBill for retroactive visibility and the ability to pay runout invoices.

Accessing the Group Portal

Access Fast Facts

• The existing Employer Portal user account permissions are mapped to the Group Portal*, so you will not have to set up a new account. Upon first login, you must accept the terms and conditions.

* If your username is your email address, you will need to create a new account as this does not pass the new security measures.

- Group portal accommodates both General Agency and Producing agency access.
- A future enhancement will provide a new role: Client Admin, which will allow the employers to grant access to new users themselves.
- Clients with dual maintenance** will have access to the Group Portal and Employer Portal.

** Dual maintenance applies to the specific clients that have access to the new Group Portal and the Employer Portal for the same group. It covers the updates made in the Employer Portal that must port over to the Group Portal when the detail becomes effective on the new platform.

Group Portal Access

Employer Group Administrators will access the Group Portal via the **Login Screen**. The first time you log in to the Group Portal, you need to set a new password and set up multi-factor authentication. Once done, you can just follow the <u>login process</u> to log in to the Group Portal.



Clients migrating automatically from the Employer Portal to the Group Portal will not need to set their password. They can log in to the Group Portal using their credentials following the <u>login process</u>.

Set Password During First Login

Here are the steps that the new user must follow to log in to the Group Portal for the first time once the user is added:

1. Once the user details are reviewed and submitted, the user will receive an email notification. Click the link in the email to set your password for Group Portal login.

| EMAIL | SUBJECT | | |
|-------|--|--|--|
| | EMAIL ome to Group Portal | | |
| New U | lser | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | ***This is an automated email. Please do not reply.*** | | |
| | Hello | | |
| | neio, | | |
| | Welcome to Group Portal. | | |
| | Your account has been set up. Please use the following URL and the username to set your password for the portal. | | |
| 1 | Set Password URL: [URL] | | |
| | Username: [USERNAME] | | |
| | | | |
| | Please use your normal channel for reporting access issues or inquiries. | | |
| | | | |
| | | | |
| | | | |

2. Enter the username in the **User Name** field as provided in the email and click the **Next** button.

| 2 Please enter your Username to continue |
|--|
| User Name |
| Next |

3. Select the required option to receive a one-time code for multi-factor authentication and click the **Next** button.



4. Enter the code you received in the **One Time Password** field and click the **Next** button.

| Set Passwo | rd |
|---|--------------------|
| Please enter the code that was sent to [***_***-1234] | your mobile number |
| 4 One Time Password I | ٢ |
| Next | |
| Didn't get the code? Click here | to start over |

- 5. The Set Password dialog box is displayed.
 - a. Enter the password you wish to add to your profile in the **Password** field. Ensure that you follow the rules mentioned when you enter your password.
 - b. Enter the same password in the Confirm Password field.
 - c. Then, click the Next button.

| Se | et Password | k |
|---|--|---|
| Password Must be at least 11 name, last name of At least 1 lowercas digit(s), 1 special of | I O characters long and car or username se character(s), 1 upperca haracter(s) | nnot match first ase character(s), 1 |
| Cannot contain co At least 4 unique o repeated consecu Confirm Passwore | mmon passwords :haracter(s), cannot conta tive characters d | ain more than 2 |
| | | |

6. A message appears that your password has been updated. Click the **Next** button.



Login to the Group Portal with Available Credentials

Once the password is set, you can perform the following steps to log in to the Group Portal:

- 1. Navigate to the Group Portal login page via <u>https://www.ibx.com/resources/for-employers/employer-portal</u> or <u>https://www.amerihealth.com/resources/for-employers/employer-portal.html</u> link.
- 2. Enter your User Name and Password. Then, click the Log in button.

| Forgot Username Forgot Password | |
|---------------------------------|--|
| User Name I | |
| Password 💿 | |
| Log in | |
| | |

3. Select the option to receive a code for the multi-factor authentication and click the **Next** button. You will receive a code for multi-factor authentication every time you log in to the portal.



4. Enter the code in the **One Time Password** field and click the **Next** button.

| Logi | n |
|----------------------------------|------------------------------------|
| Please enter the code that was s | sent to your mobile number 234] |
| One Time Password | ۲ |
| | |

5. The homepage is displayed. You have successfully logged in to the Group Portal.

| Group Portal | | Go to eBill 🖉 🚳 |
|--------------------------------------|---|-----------------------------------|
| ← Collapse Menu | | CID: 123456 Go to Billing @ |
| Home Members Finder V Povider Finder | Welcome, John. What would you like to do today? | |
| Client Information Finances | Find a Member | View Reports |
| Resources | Search by: Last Name Member ID Member's Last Name Last Name Advanced Search Search | Reporting capability coming soon. |
| Contact Us Terms and Conditions | | |
| | | |



Users with dual maintenance can click the **Go to Employer Portal** link on the top-right of the homepage to navigate to the Employer Portal directly from the Group Portal.

Terms and Conditions

For first-time users, the Terms and Conditions page is displayed:

 Read the Terms and Conditions on the page, select the I have read the Terms and Conditions check box and click the Accept button. If you click the Decline button, you will be logged out of Group Portal.

| These Terms governing access to the Portal and use of the Applications will be governed by the laws of the Commonwealth of Pennsylvania, without regard to any conflict of laws principles. If any part of these Terms is determined to be invalid or unenforceable pursuant to applicable law, including, but not limited to, the warranty disclaimers and liability limitations set forth above, then the invalid or unenforceable provision will be deemed superseded by a valid, enforceable provision that most closely matches the intent of the original provision and the remainder of these Terms shall continue in effect. |
|---|
| A printed version of these Terms and of any notice given in electronic form will be admissible in judicial or administrative proceedings based upon or relating to these Terms to the same extent and subject to the same conditions as other business documents and records originally generated and maintained in printed form. |
| EXHIBIT A |
| INDEPENDENCE BLUE CROSS, LLC |
| SUBSIDIARIES AND AFFILIATES |
| AmeriHealth HMO, Inc. AmeriHealth Insurance Company of New Jersey HealthCare Delaware, Inc. Independence Assurance Company Independence Blue Cross, LLC Independence Blue Cross, LLC Independence Hospital Indemnity Plan Keystone Health Plan Eat, Inc. QCC Insurance Company. |
| se read the entire Terms and Conditions and accept to enter the portal. |

If you click the **Decline** button, you will be logged out of Group Portal.



Terms and Conditions also appear if the user has been re-activated or if there is an update to the terms and conditions. First-time users cannot access the Group Portal unless they have accepted the terms and conditions.

Navigation

When you log in to the Group Portal, you will see the homepage, as shown below.

| Group Portal | | Go to eBill 🖉 🚳 |
|--|--|-----------------------------------|
| ← Collapse Menu | | CID: 123456 Go to Billing 13 |
| ♣ Home ▲ Members ✓ Enrollment ✓ Q_a Provider Finder | Welcome, John. What would you like to do today? | |
| Client Information Finances | Find a Member | View Reports |
| C Resources | Search by: Cast Name Member ID Last Name Last Name Advanced Search Search | Reporting capability coming soon. |
| Contact Us Terms and Conditions | | |

Navigation Menu

The Group Portal homepage has a menu on the left that can be expanded or collapsed as required. This section will review the various options available on this menu.

| Group Portal | | Go to eBill团 🐼 |
|--|--|-----------------------------------|
| ← Collapse Menu | Welcome John | CID: 123456 Go to Billing et |
| ∠ Members ∠ Enrollment ~ ↓ Provider Finder | What would you like to do today? | |
| Client Information Finances | Find a Member | View Reports |
| Resources | Search by: Last Name Member ID Member's Last Name Last Name Advanced Search Search | Reporting capability coming soon. |
| Contact Us Terms and Conditions | | |

Home

The Home option in the menu can be used to return to the homepage at any time. From the homepage, you can access member information, view your latest invoice and reports, and navigate to additional features. You can also use the options available on the top left of the screen to Go to Billing, raise a service request, or see various profile settings.

- To find a member or subscriber, use the Member search form on the homepage. See the <u>Member Search</u> section of this job aid for more details.
- To view reports, select the reports from the View Reports section.
- To navigate to the **EBPP** (Electronic Billing Presentment and Payment) system homepage, click the **Go to Billing** button on the top toolbar.
- To access the profile details, validate settings, log out, etc., click the **User Profile** icon on the top toolbar. It is important to note that the users who navigate to the Group Portal through MVP do not have access to edit their name or user information.
- User with dual maintenance can click the **Go To Employer Portal** link from the homepage to navigate to the Employer Portal.
- During the period of dual maintenance, that is the initial 30 days prior to renewal, the link to Go to eBill will not be visible. You can navigate to eBill functions by navigating to the Employer Portal using the link on the homepage.

| Collapse Menu | | To navigate to the EBPP |
|--|---|----------------------------|
| Home Members Enrollment ~ Provider Finder | Welcome, John. What would you like to do today? | Fortal. |
| Client information Finances ~ Resources | Find a Member Search by: Last Name Last Name Last Name Advanced Search | Search View Reports |
| | Form to access member information. | Shortcuts to view reports. |

To access profile details, validate

Members

You can use the **Members** option in the menu to search for a member associated with your entity. Refer to the "<u>Member Search</u>" section of this Job Aid for more information.

Enrollment

The **Enrollment** option on the menu is used to enroll new members with the **Member Enrollment** option. It opens in a new browser tab or a new window.

| ← Collapse Menu | Home / Member Search | | | |
|---|--|--|---|-----------------------|
| ↔ Home ▲ Members ✓ Enrollment ✓ | Member S Please enter in at least one | earch search criteria to look up member(s). | | |
| Member enrollment 🖉 | Last Name | First Name | Social Security Number | Member ID |
| 0 Provider Finder | Last Name | First Name | 000-00-0000 | Member ID |
| & Client Information | | | Full SSN (000-00-0000) | Numbers only |
| (§) Finances ~ | Add Criteria: ① Date of Bi | irth (Account ID) (Subaccount ID) (St | atus | |
| 🔟 Resources | | | | Reset Search Q Search |
| | | Please enter in at leas | Q | |
| Contact Us Terms and Conditions | | Click here to view a | a full list of all members under this client. | |

For more on this topic, navigate to the Member Enrollment section.

Provider Finder

The **Provider Finder** option on the menu is used to navigate to the Healthsparq page to search for a provider.

| ଜ | Home | Home / Provider Finder |
|----------|---------------------|---|
| 8 | Members | |
| O | Enrollment ~ | Provider Finder |
| Q. | Provider Finder | Look up physicians, hospitals, and ancillary providers. |
| 84 | Client Information | |
| \$ | Finances ~ | VV7 c8 |
| Ð | Resources | Heatmsparq Provider Search |
| | | |
| | | |
| <u>c</u> | ontact Us | |
| Te | erms and Conditions | |

Client Information

The **Client Information** option on the menu allows you to navigate to your entity's details page and view information such as name, status, renewal month, effective date, etc. You can also view the accounts and subaccounts related to the client under the **Account and Subaccount** section.

| Menu | | | Client Name CID: 00000000 Go to Billing 🖉 |
|-------------------------|-------------------------------|------------------------------|---|
| ☆ Home | Home / Client / Account | | |
| & Members | Account A Active | | |
| 🖉 Enrollment 🗸 🗸 | View Client Information | | |
| 0s Provider Finder | Account Information | 1 | |
| Client Information | Overview | | |
| (i) Finances ~ | Account Name | Account ID | Service Industry Code (SIC) |
| Resources | Account A | 123456 | 1234 |
| | Renewal Date | Effective Date | Termination Date |
| | 00/00/0000 | 00/00/0000 | N/A |
| | Tau Identification Number | Annual England Court | |
| | 00 | 100 | 95 |
| | | | |
| | Subaccounts (2) | | Collapse All \ominus |
| | Name: Subaccount A ID: 789101 | | Θ |
| | Subaccount Name | Subaccount ID | Status |
| | Subaccount A | 789101 | Active |
| Contact Us | December 10-1 | Eller Nue De le | |
| Terms and Conditions | 00/00/0000 | Effective Date 00/00/0000 | Iermination Date |

Finances

The **Finances** option on the menu includes the Billing and Spending Accounts sub-options. You can click on these options to open the Billing or Spending Account related pages in the Electronic Billing Presentment and Payment (EBPP) system.

From the **Billing** link, you will be taken to the EBPP homepage, where you can experience a streamlined payment process with increased operational efficiency, enhancing your overall portal experience. To learn more about these topics, refer to the **EBPP User Guide** from the **Resources**.

The Spending Accounts link will direct you to the Spending Accounts home page.

| ☆ Home | Home / Client | | |
|----------------------|--|--|--------------------------|
| A Members | | | |
| 🖉 Enrollment 🗸 🗸 | Active | | |
| 🚱 Provider Finder | | | |
| A Client Information | Client Information | | |
| 🚯 Finances 🗸 🗸 | | | |
| Billing 🧭 | Overview | | |
| Spending Accounts 🧭 | | | |
| M Resources | Client Name | Client ID (CID) | SIC Code and Description |
| | Renewal Month | Effective Date | Termination Date |
| | State of Incorporation | Line of Business | Affiliation |
| | Sales Representative | | |
| Contact Us | | | |
| Terms and Conditions | Account and Subac | ount Soarch | |
| | Account and Subacc | Juint Search | |
| | Search for accounts and subaccounts or s | elect an account name and/or a subaccount name to le | ook up specific details. |

Reports

The **Reports** option on the menu includes the link to **Index Reports**. You can use this link to access the reports available to you. Alternatively, you can access **Index Reports** using the link available under the **View Reports** section.

| | | • |
|--|---|---------------------------|
| ← Collapse Menu | | CID:12345 Go to Billing @ |
| Home Members Enrollment Va. Provider Finder | Welcome, John Smith. What would you like to do today? | |
| B Client Information Image: Second | Find a Member Search by: Cast Name Member ID Member's Last Name Last Name Advanced Search Search | View Reports |
| Contact Us Terms and Conditions | | |

Resources

The **Resources** option allows you to navigate to the **Resources** page and view different links and documents such as applications, forms, or anything that relevant to your group portal experience.





The links or documents under this page open in a new tab or browser window. If the browser does not support the type of the document, it will automatically be downloaded.

Key Activities

Here are some key activities that you can perform using the Group Portal:

- Search for a member or subscriber.
- Search for account(s) or sub-account (s).
- <u>Access Index Report.</u>
- Add or Change PCP.

Let's look at these activities in detail:

Search for a Member or Subscriber

To search for a member or subscriber, click the **Members** option from the menu and perform the following steps:

- On the Member Search page, enter the information of the member or subscriber to search for in a minimum of one field.
 Note: If you enter the information of the member or subscriber to search for in more than one field, the results will be from the and operation.
- 2. Click the **Search** button.
- 3. To clear the fields, click the **Reset Search** button.

| ← Collapse Menu | Home / Member Search Member S Please enter in at least one | earch e search criteria to look up member(s). | | | | |
|---|---|--|--|-----------|--|--|
| Member enrollment 🖉 | Last Name | First Name | Social Security Number | Member ID | | |
| Qa Provider Finder | Last Name | First Name | 000-00-0000 | Member ID | | |
| Client Information Finances ~ Resources | Add Criteria: O Date of Birth O Account ID O Subaccount ID O Status 1 | | | | | |
| | | Please enter in at le | Q ast one search criteria to look up member(s). | 3 2 | | |
| Contact Us Terms and Conditions | | Click here to view | a full list of all members under this client. | | | |

OR

Member Search is also available through the homepage. To perform a member search from the homepage, follow these steps:

- 1. Select the required search criteria. You can either search by Last Name or Member ID.
- 2. Enter the relevant value to search with. You may click the **Advanced Search** option for additional search criteria.
- 3. Click the **Search** button.

| Home Members ✓ Enrollment ✓ ♀ ♀ Provider Finder | Welcome, John. What would you like to do today? | |
|--|---|--------------|
| As Clert Information ③ Finances ✓ Ⅲ Resources | Find a Member Search by: Last Name Member ID Member's Last Name Last Name Advanced Search 2 3 | View Reports |

You may click the Advanced Search option for additional search criteria. You can enter details in one or more fields for advanced search results. It is also possible to add more search criteria by selecting the required criteria from the **Add Criteria** section. However, the fields **Last Name**, **First Name**, **Social Security Number**, and **Member ID** are always visible on the **Member Search** page.

You can sort the columns as required to search for the required member.

4. The search results are displayed under the **Results** section. Select the member you want.

| GO (D BIIL) | | | | | | | 0 | | | | |
|-----------------------------------|--------------|--------------------|---|----------------------|-----------------------|----------------------|----------------|---------------------|------------------|--------------|---|
| ← Collapse I | Menu | | | | | | | | CID: 123456 Go | to Billing 🖒 | 0 |
| ⇔ Home | | Add Criteria: 💿 Da | Add Criteria: O Date of Birth O Account ID O Subaccount ID O Status | | | | | | ^ | ^ | |
| 💄 Membe | ers | | | | | | | | | _ | |
| Enrollm | ient ~ | | | | | | | Res | et Search Q Sear | rch | |
| Q ₈ Provide | er Finder | | | | | | | | | _ | - |
| A Client Ir | nformation | Results (500) | | | | | | | | | |
| ⑤ Finance | es 🗸 | A maximum of 500 | results will show. Pl | ease refine your sea | arch if the member yo | u are looking for is | not available. | | | 1 | |
| 🛍 Resour | rces | | | | | | | | | | |
| | | Last Name 🔺 | First Name 💠 | Member ID 💠 | Date of Birth 🗘 | SSN (last 4) 🗘 | Status 💠 | Subaccount Name 💠 | Subaccount ID 💠 | | |
| | | SMITH | JOHN | 8000123456 | 01/02/1990 | 2468 | Terminated | 120034 NY Consumer | 990012 | 1 | |
| | 4 | SMITH | JOHN | 8000456789 | 03/04/1985 | 2234 | Terminated | 120034 NY Consumer | 990012 | | |
| | | SMITH | JOHN | 8000678901 | 07/22/1992 | 2568 | Terminated | 120034 NY Consumer | 990012 | | |
| | | SMITH | JOHN | 8000789012 | 11/30/1988 | 2346 | Terminated | 120034 NY Consumer | 990012 | | |
| | | SMITH | JOHN | 8000890123 | 05/18/1985 | 2780 | Active | 120034 NY Consumer | 990012 | | |
| | | SMITH | JOHN | 8000901234 | 09/10/1983 | 2912 | Terminated | 2810980 PA Consumer | 990004 | | |
| Contact Us Terms and Condition | d Conditions | SMITH | JOHN | 8000912345 | 12/25/1990 | 2679 | Active | 2810980 PA Consumer | 990004 | | |
| | | SMITH | JOHN | 8000133500 | 07/24/1953 | 2451 | Terminated | 2810980 PA Consumer | 990004 | | |



Each result has a menu with options: **Update Member, View/Request ID Cards**, and **View Benefit Documents**. These are shortcut options that the user can click to move directly to perform the desired action.

You can click the **Update Member** option to access the **Member Enrollment** and update the member information. For more information, navigate to the <u>Member</u> <u>Enrollment</u> section.

5. The **Member Information** page is displayed. You can click the **Details**, **ID Card**, **Plan & Benefits**, or **Primary Care** tab to view the required information.

| ଜ | Home | | | | |
|----|--------------------|-----------------------------------|-----------------------------------|-----------------|---|
| 1 | Members | Home / Member Search / Member Int | ormation | | 1 |
| 0 | Enrollment ~ | John Smit | th Active | | |
| Qa | Provider Finder | | | | |
| පී | Client Information | Primary Subscriber Member ID: | Update Members | | |
| \$ | Finances ~ | 5 Details | ID Card | Plan & Benefits | Primary Care |
| | Resources | | | | |
| | | Member Details | | | |
| | | Personal Information | | | Family Members |
| | | Legal Name John Smith | Date of Birth 01/02/1990 | | C This subscriber does not have any dependents. |
| | | Member ID | Email Address | | |
| | | 8000123456 | johnsmith@johnsmith.com | | |
| C | ontact Us | Social Security Number | Mobile Phone Number | | |
| 10 | rms and Conditions | Gender Male | Home Phone Number 261-252-7534 | | |



You can click the **Family Members** drop-down button to view the dependents added for the member and click the family member's name to view the dependent's profile. If there are no dependents added, this drop-down button does not appear.

You can perform the following activities from the ID Card tab of the Member Information page:

- Email Card(s)
- Print Card(s)



You can also click the **View/Request ID Cards** option from the menu on the result page to navigate to the ID card tab and perform these activities.

Let's look at the details below:

• Email Card(s)

To email the ID card, perform the following steps:

- a. Navigate to the ID Card tab.
- b. Click the Email Card(s) button.

| ⇔ Home | | Home / Member Search / Member Information |
|----------------------|---|--|
| L Members | | John Smith Active |
| Enrollment | ~ | Primary Subscriber Member ID: 🖉 Update Members 🖻 |
| Qa Provider Finder | | Details ID Card Plan & Benefits Primary Care |
| Claims | ~ | ID Card |
| ℬ Client Information | | a |
| Finances | ~ | Request & Share ID Card(s) |
| <u>मी</u> Reports | ~ | Request ID Card(s) for this member and/or their family member(s). For any questions regarding ID Cards, please call customer service or the number on the back of the card. |
| Resources | h | Email Carri(s) Print Carri(s) |
| 🛠 Manage Users | | |

c. The **Request an ID Card** dialog box is displayed. Click the **Continue** button to move forward.



- d. Select the subscriber that you want the ID card emailed to.
- e. Click the Next button.

| © Hone | Home / Mamber Search / Member Information / ID Card - Email |
|-----------------------|---|
| 1 Members | ID Card – Email |
| 🖉 Errolment 🗸 🗸 | |
| S. Provider Finder | Select ID Card(s) |
| 🗅 Claine 🗸 🗸 | Which ID Card(s) would you like to have emailed? |
| .# Client Information | Select at least one card. |
| | Plan Nama A. |
| _d Reports ∨ | Senara Al |
| Resources | d d |
| 🛠 Manage Usans 🔍 🗸 | Ryan Sinui |
| Post Notices | |
| | |
| | Total: (1 Central Selector) |
| | |
| Contact Us | Canoxi C |

- f. If there is an email address on file, it will be selected by default to send the ID Card. If there is no email address on file, the system will ask for a temporary email.
- g. Click the **Next** button.

| | | Home / Member Search / Member Information / ID Card - Email | |
|----------------------|--------|--|---------|
| @ Enrollment | ~ | id Card – Email | |
| Qa Provider Finder | | Step 1 of 3 Select ID Card(s) | \odot |
| Claims | ~ | Strep 2 of 3 | 0 |
| & Client Information | | Select Email | Θ |
| ③ Finances | \sim | Where would you like the ID Card(s) emailed? | |
| all Reports | ~ | Select one email address. The default is the email the subscriber has on file. | |
| Resources | f | John Smith johnsmith.com | |
| 🛠 Manage Users | ~ | Co Like a Temperani Email | q |
| Post Notices | | | |
| | | Cancel | Back |

You can also click the **Use a Temporary Email** link to add the temporary email to share the ID card. Proceed to enter the information as required on the **Use a Temporary Email** then, click the **Add** button.

| Use a Temporary Email Entering a temporary email address will not change or add the member's email on file. The temporary email address will be avered for auditing purposes of this coe-time request, but it will not be actived on this vestigate. |
|---|
| First Name |
| First Name |
| Last Name |
| Last Name |
| Email Address |
| Email Address |
| Confirm Email Address |
| Ernal Address |
| Looriem this email has been entered accurately and will be sent to the correct contact specified. I adverseledge that sending ID Caret(s) to an incorrect contact can result in a HIPAA violation. |
| Cancel |

- h. Review the information provided.
- i. Then, click the **Submit** button.

| ⇔ Home | Home / Member Search / Member Information / ID Card – Email | |
|----------------------|--|------|
| 1 Members | ID Card – Email | |
| 🖉 Enroliment 🗸 🗸 | | |
| Qs Provider Finder | Select ID Card(s) | € |
| 🗅 Claims 🗸 🗸 | Select Email | ۲ |
| & Client Information | | |
| ③ Finances ~ | They 3 of 3 Review and Submit | € |
| ⊿ி Reports ∨ | Review Information | |
| D Resources | The ID Card(s) will arrive a few minutes after the request is submitted. | |
| 🛠 Manage Users 🛛 🗸 | ID Cards 1 Cardos Sevenie | |
| Post Notices | John Smith (Subscriber) Plan Name A Terporary Seal | |
| | Cancel i | omit |

A message is displayed that the email request is submitted.

| | | Home / Member Search / Member Information / ID Card - Email |
|----------------------|--------|---|
| 1 Members | | ID Card – Email |
| / Enrollment | v | |
| Sa Provider Finder | | |
| 🗅 Claims | ¥ | |
| & Client Information | | |
| Finances | \sim | A second s |
| d Reports | \sim | |
| Resources | | Email Request Submitted |
| 🛠 Manage Users | ~ | The requested ID Card(s) will arrive via email in a few minutes. |
| Post Notices | | Go Back to ID Card |

• Print Card(s)

To print the ID card by mail, perform the following steps:

- a. Click the ID Card tab.
- b. Click the **Print Card(s)** button.

| ⇔ Home | | Home / Member Search / Member Information |
|----------------------|---|--|
| 1 Members | | John Smith |
| Enrollment | ~ | Primary Subscriber Member 10 🖉 Update Members 12 |
| 0s Provider Finder | | Details ID Card Plan & Benefits Primary Care |
| Claims | ~ | ID Card |
| & Client Information | | Deard |
| Finances | ~ | Request & Share ID Card(s) |
| A Reports | ~ | Request ID Card(s) for this member and/or t |
| D Resources | | For any questions regarding ID Cards, please call cu |
| 🛠 Manage Users | ~ | Email Card(s) Print Card(s) |

c. The **Request an ID Card** dialog box is displayed. Review the information and then click the **Continue** button to move forward.



- d. Select the subscriber that you want to print the ID card of.
- e. Then, click the **Print** button.

| ← Collapse Menu | ChainJo, Inc. CID: 123456 Go to E |
|--|--|
| ᢙ Home ▲ Members Ø Enrollment ∨ | Which ID Card(s) would you like to print? Select at least one card. |
| Va Provider Finder A Client Information Image: Second state of the | Pcppo_10052170 Select All John Smith Primary Subsorber |
| | |
| | Total: 1 Card Selected |
| Contact Us Terms and Conditions | Cancel e Print |
| Contact Us Terms and Conditions | Cancel |

f. A message is displayed that the ID card is ready to print. Click the **Print Now** button.



• To view the plan and benefits that the member is enrolled in: Click the Plan & Benefits tab.

You will see a list of Plans the member is enrolled in. Select the relevant plan to view the plan details.

To see a list of covered members and coverage details associated with the selected plan, click the **See Covered Members** or the **See Coverage History** link.

All the benefit documents like SBCs and Benefit Highlights are available and listed under the **Benefits Documents** section on this tab. Click the relevant document to view.

| Home Members Enrollment | John Smit | Active | | |
|---|--|---|-----------------------------------|---|
| Q _A Provider Finder Se Client Information | Details | ID Card | Plan & Benefits | Primary Care |
| (§) Finances ∨(Ω) Resources | Plan & Benefits | | | Tobacco Status: Yes ? |
| | View plan and coverage information for: Keystone HMO Silver Basic \bigcirc Plan Information | Keystone HMO Silver Basic Rx | Pediatric Vision IND HMO Stnd Med | Pediatric Dental IND HMO |
| Contact Us Terms and Conditions | Keystone HMO Silver Basic Effective Date: 01/02/2024 Plan ID: 12345 () See Coverage History | Terminated Date: Coverage Category Code: | Subaccount LE Coverage Ca | Number: 120034 ategory: Medical Search Benefits Details → |



You can click the **View Benefits Documents** option from the menu on the result page to navigate to this page.

• To view the PCP details of the member: Click the Primary Care tab. You can only view the details on this page. To update the details, access the Member Enrollment.

| ស | Home | Home / Member Search / Member Inform | ation | | |
|----------|-------------------------|--|-------------------------|-----------------|--------------|
| : | Members Enrollment ~ | John Smith | Active | | |
| Q. | Provider Finder | Primary Subscriber Member ID: 80001234 | 56 🖉 Update Members 🗗 | | |
| 28 | Client Information | | | | |
| ٩ | Finances 🗸 🗸 | Details | ID Card | Plan & Benefits | Primary Care |
| | Resources | | | | · |
| | | Primary Care | | | |
| | | BHA Comprehensive Care (Location 1234 Maple Ave Suite 1A | Эroup | | |
| | | New FOIK, IN F 10001-1234 | | | |
| <u>C</u> | ontact Us | PCP ID | | | |
| Te | erms and Conditions | 000654321 | | | |

Search for Account(s) or Subaccount(s)

To search for a client's account or subaccount, click the **Client Information** option from the menu, scroll down to view the account and sub-account details, and perform the following steps:

- 1. Enter the required information in the fields under the **Account and Subaccount Search** section.
- 2. Click the **Search** button.
- 3. Click the **Reset Search** button if you need to reset the search results.

| ← Collapse Menu | | | | Client Name CID: 00 | 000000 Go to Billing 🗗 |
|----------------------|------------------------------------|----------------------------------|-------------------------------|--------------------------|------------------------|
| ☆ Home | Home / Client | | | | |
| A Members | Client Name | Active | | | |
| 🖉 Enrollment 🗸 🗸 | Client Informatic | | | | |
| 🖗 Provider Finder | Client informatio | n | | | |
| A Client Information | Overview | | | | |
| ③ Finances ~ | Client Name | Client ID (CID) | | SIC Code and Description | |
| C Resources | Client Name | 0000000 | | 00 - Sample Code | |
| | Renewal Month | Effective Date | | Termination Date | |
| | Month | 00/00/0000 | | N/A | |
| | State of Incorporation | Line of Busine | 955 | Affiliation | |
| | None | Line of Busines | s | N/A | |
| | Sales Representative | | | | |
| | John Doe | | | | |
| | | | | | |
| | Account and Sub | account Search | | | |
| | Search for accounts and subaccount | ts or select an account name and | /or a subaccount name to look | up specific details. | |
| | Account ID | Subaccount ID | Effective Date | Termination Date | |
| Contact Us | Account ID | Subaccount ID | MM / DD / YYYY | MM/DD/YYYY | |
| Terms and Conditions | | | MM/BB/Y000 | MM/DD/1000 | |
| | | 1 | | Reset Search | Q Search |
| | | | | | |
| | | | | 3 | 2 |

Access Index Report

To access index reports, perform the following steps:

 Click the **Reports** option from the menu and select the **Index** sub-option. You can also click the **Index Reports** link from the **View Reports** section to navigate to Index.

| | | (U) |
|--|--|----------------------------|
| ← Collapse Menu | | CID: 12345 Go to Billing @ |
| Home Ambers Incollment ✓ Provider Finder | Welcome, John Smith. What would you like to do today? | |
| Client Information Finances Finances Index Reports | Find a Member | View Reports |
| D Resources | Last Name Advanced Search Search | |
| Contact Us Terms and Conditions | | |

- 2. The **Index** homepage will be displayed in a new window.
 - a. Click the Report Center drop-down.
 - b. select the required report from the drop-down menu.

| Index ^O | Home Report Center - Output 1 2a 🎾 😩 🔒 |
|---|---|
| Index Customer Actionable insights at your fin We developed Index in respon into trends and health care sp | Membership Reports Stop Loss Monthly Reports 2b Stop Loss Monthly Reports 2b |
| | Reporting and analytics |
| | Index features a wide range of reports centered on four key themes and cost drivers: utilization, risk profiles, high-cost claimants, and population health. These reports will help you easily see where a group's health dollars are going, what trends may exist, and the health of the group's employee population in order to better manage and potentially prevent future high costs. |



The list of reports available to you in Index will depend on your role and type of products. Based on the report type you select you will be further prompted to provide additional inputs to submit the report.

3. Once you have submitted a report to be generated, click the **Output Manager** tab to view and download the same.

| Index | | Но | me Report Center 👻 | Output Manager (i) 👰 | 2 |
|-------|---|---|---|-------------------------|---|
| | Index Customer Actionable insights at your fine We developed Index in respon into trends and health care spo | r Reporting gertips. se to your increasing demand for more actionable end. | Membership R Stop Loss Mor | eports Ithly Reports | |
| | | Reporting and analytics Index features a wide range of reports center themes and cost drivers: utilization, risk profi claimants, and population health. These repo easily see where a group's health dollars are trends may exist, and the health of the group' population in order to better manage and pot future high costs. | ed on four key les, high-cost rts will help you going, what 's employee entially prevent | | |

Add or Change PCP

Users can update an active member's PCP directly without navigating to Member Enrollment. For active members, updates can be backdated up to 30 days from the current date. Adding or changing the PCP will trigger a new Member ID card to generate if the plan requires a PCP on the ID Card.



Users can not update the pending and terminated members' PCP through Group Portal. The following message is displayed:

| Details | ID Card | Plan & Benefits | Primary Care | Claims | Referrals |
|---|---|---|-------------------------------|--------------------|-----------|
| Primary Car | re | | | | |
| Currently, no actio Customer Service (| ns are available fo using the number | or members with pen available on the Web | ding coverage. For i site. | nquiries, please c | ontact |



Updates are synchronized across all platforms, ensuring the latest information is always reflected.

Below are the steps to change or add PCP.

1. In the **Members** page, click the **Primary Care** tab.

| ୍ଦ | Home Members | Home / Member Search / Member | r Information | | Î |
|---------------|---|-------------------------------|--|-----------------|---|
| 2 Vs 28 | Enrollment V Provider Finder Client Information | John Smit | Active | | 1 |
| СП (§ | Finances ∨ Reports ∨ Resources | Details Member Details | ID Card | Plan & Benefits | Primary Care |
| | | Personal Information | | F | amily Members |
| | | Legal Name John Smith | Date of Birth 01/02/1990 | | C This subscriber does not have any dependents. |
| <u>C</u> | ontact Us erms and Conditions | Member ID 800123456 | Email Address johnsmith@johnsmith.com | | |

2. Click the Add PCP button to add the PCP.

| ය | Home | Home / Member Search / Member Ir | nformation | | |
|--------|----------------------------------|---|---------------------------------------|--------------------------|--------------|
| 🗕 | Members | | | | |
| 0 | Enrollment \checkmark | John Smil | Active | | |
| Q. | Provider Finder | Primary Subscriber Member ID: 90012 | 2456 L & Undete Members, c3 | | |
| 28 | Client Information | Primary Subscriber Member 1D. 00012 | | | |
| \$ | Finances 🗸 🗸 | Dataila | ID Could | | Deiment Cont |
| щ | Reports \checkmark | Details | ID Card | Plan & Benefits | Primary Care |
| | Resources | Primary Care | wn. For any changes, please note proc | essing delays may occur. | |
| C T | ontact Us erms and Conditions | No Primary Care Physician selecte Add PCP | d. | | |



For active members, the **Add PCP** button is enabled only when medical coverage is available.



If there are existing PCP details added, a **Change PCP** button is displayed. Click the **Change PCP** button to add the PCP details. This is the only location where a Group Portal user can change an existing PCP. 3. The Update Primary Care Physician form is displayed. Click the Provider Finder button.

| Details | ID Card | Plan & Benefits | Primary Care |
|---|--|--|--------------|
| Primary Care | | | |
| he current effective selection is shown. F | For any changes, please note processing delays may occur. | | |
| None Selected | | | |
| No Primary Care Physician selected. | | | |
| | | | |
| Update Primary Care Physic | ian | | |
| Update Primary Care Physic | ian for a Primary Care Physician and locate the PCP ID (<u>PCP L</u> Provider Name | ipdate Guide) | |
| Update Primary Care Physic Provider Finder 27 Search 1 PCP ID | ian for a Primary Care Physician and locate the PCP ID (PCP L Provider Name Confirm (Enter and confirm PC | I <u>odate Guide</u>) P ID to load the Provider's name) | |
| Update Primary Care Physic Provider Finder Search PCP ID Effective Date | ian for a Primary Care Physician and locate the PCP ID (PCP L Provider Name Confirm (Enter and confirm PCI | I <mark>pdate Guide)</mark> P ID to load the Provider's name) | |
| Update Primary Care Physic Provider Finder Search 1 PCP ID Effective Date MM / DD / YYYY | ian for a Primary Care Physician and locate the PCP ID (PCP L Provider Name Confirm (Enter and confirm PCI | Ipdate Guide) P ID to load the Provider's name) | |

You can click the **PCP Update Guide** link for instructions and information regarding the input form.

Search for a Primary Care Physician and locate the PCP ID (PCP Update Guide)

4. The **Healthsparq** page will open in a new tab. Based on the member's zip code, the Healthsparq tool will refine the list of PCPs to those providers within a 15-mile radius. Scroll through the list and copy the PCP ID of your preferred provider.

| Q | Dashboard / Doc | ctors by Specialty / Prin | nary Care Physician | | LOCATION | <u>Philadelphia, PA 19116</u> | PLAN <u>Keystone HMC</u> |) Proactive |
|----------|------------------------|--|------------------------------------|---|----------|-------------------------------|--------------------------|-------------|
| Acceptin | ng New Patients 🗸 | 25 miles 🗸 | Filters | | | | Tiers ∃↓ | Мар |
| 42 | 14 search results | 5 | | | | | | |
| | RR | Richie Rich, N Pediatrics ABC321 Health Pedi | ND iatrics LLC, 12345 AE | 3C Street, Suite 123, ABC Town, PA 19116 • <u>1.2 miles</u> | 2 | | Location | |
| | | Offers video visits F | Primary care provider | Accepting some new patients at 4 | | | | |
| | Specialties | | Areas of focus | PCP ID | | Tier 1 - Preferred | | |
| | Pediatrics | | None | 001002003 | | More details | | |
| | Office hours | | Quality | Contact | | | | |
| | <u>Open Today - 8:</u> | :00AM-3:00PM | Total | Main: (321) 123 - 321 | | | | |
| | | | Care | Web contact: None | | | | |
| | | | Quality details | <u>+ 2 more</u> | | | | |
| | | | | | | | | |
| | Compare | 5 | | | | | Book now 🛛 | |

- 5. Return to the **Primary Care** tab in the Group Portal and perform the following steps:
 - a. Enter the PCP ID in the **PCP ID** field.
 - b. Click the **Confirm** button.

| Details | ID Card | Plan & Benefits | Primary Care |
|--|--|-------------------------|-------------------|
| Primary Care | | | |
| The current effective selection is shown. For any changes, | please note processing delays may occur. | | |
| None Selected | | | |
| No Primary Care Physician selected. | | | |
| Update Primary Care Physician | | | |
| Provider Finder 🗗 Search for a Primary Car | e Provician and locate the PCP ID (<u>PCP Update Gu</u> | ii <u>de</u>) | |
| PCP ID | Provider Name | | |
| 001002003 Cor | firm (Enter and confirm PCP ID to loa | ad the Provider's name) | |
| Effective Date | | | |
| MM / DD / YYYY | | | |
| MM / DD / YYYY | | | |
| Cancel | | | Review and Submit |

After clicking the **Confirm** button, the Review and Submit button will be enabled only when the PCP ID is validated by the backend system.



6. Once the **Confirm** button is clicked, the **Provider Name** section is auto populated with the name of the provider.

| Provider Finder 🗗 | Search for a Primary Care Physician and locate the PCP ID (PCP Update Guide) |
|--|--|
| PCP ID 001002003 | 6 Provider Name Confirm Richie Rich ⊘ |
| Effective Date MM / DD / YYYY MM / DD / YYYY | |
| Cancel | Review and Submit |

7. Click the Effective Date field, to enter a relevant date.

| Provider Finder 🗗 | Search for a Primary Care Physician and locate the PCP ID (PCP Update Guide) |
|--|--|
| PCP ID 001002003 | Provider Name Confirm Richie Rich ⊗ |
| Effective Date 12/06/2024 MM / DD / YYYY | |
| Cancel | Review and Submit |



The Effective Date will default to the current date and can only be entered if the member has active medical coverage.



When updating a PCP, always verify if the new PCP is listed on the member's ID card. If the new PCP is not displayed on the current ID card, users should request a new ID card to ensure the member's records are up-to-date.

8. Click the **Review and Submit** button to submit the updates.

| 8 |
|-------------------|
| |
| Review and Submit |
| |
| |

9. The **Review and Submit** pop-up window is displayed with the **Current** and **New** sections displaying the current PCP and the newly selected PCP respectively: Click the **Submit** button to confirm the submission.

| Selected Member: John Smith | |
|-----------------------------|----------------|
| CURRENT | NEW |
| No PCP Selected | Provider Name |
| | Richie Rich |
| | PCP ID |
| | 001002003 |
| | Effective Date |
| | 12/06/2024 |



Click the **Cancel** button to go back and make changes.

10. A pop-up box is displayed, that the member's PCP has been updated. Click the **Close** button to close the pop-up box.





After updating the PCP, changes may not immediately appear on the Group Portal. Although the update processes in the backend, users might not see it reflected until they log out and log back into the system. Typically, the changes become visible within one day, though in some cases, it can happen within four to five hours. Logging back in helps ensure that users see the latest updates.

Member Enrollment

Users can navigate to the **Member Enrollment** from the Group Portal. This allows the user to enroll new members, add subscribers or dependents, edit, or cancel coverage, and change PCP.



To enroll new members, perform the following steps:

1. Click the **Member Enrollment** sub-option under the **Enrollment** option on the menu, the **Member Enrollment** page will open in a new browser or window.

| Members Enrollment Member enrollment | What would you like to do today? | |
|--|------------------------------------|-----------------------------------|
| Qa Provider Finder | Find a Member | View Reports |
| B Client Information Finances ~ | Search by: 🔘 Last Name 🚫 Member ID | л |
| Resources | Member's Last Name | ЦП |
| | Last Name | Reporting capability coming soon. |

2. Select the relevant account from the **Account** field drop-down menu and click the **Select** button.

| * | ACCOUNT SELECTION | |
|---|--------------------------|------------------------|
| | | |
| | Please Select an Account | |
| | | |
| | | |
| | | |
| | | Account * |
| | 2 | 018011 - CFLAccount QA |
| | | Select |
| | | |

Only the users with multiple accounts will navigate to the **ACCOUNT SELECTION** page to select the required account. Users with just one account will navigate directly to the **SEARCH MEMBERS** page.

Add Subscriber and Dependents

To add a new subscriber or dependent, perform the following steps:

1. The Homepage section is displayed. Click the Add Transaction tab.

| | G | | |
|-----------------|---------------|---------------|-------------------------------|
| Search Criteria | | | |
| First Name | Last Name | Member ID | Status |
| | | | Active O Inactive O Both |
| Sub Account | SSN/TIN | Date of Birth | Member Type |
| | ♥ 00-000-0000 | mm/dd/yyyy | ○ Employee ○ Dependent ⑧ Both |
| Alternate ID | | | |

2. The **Add transaction** page is displayed. Enter the details in the fields in the **Employee** section.

Click the **Next** button at the bottom of the page, once all the mandatory fields are populated, navigate to the **Dependents** section.

| Employee | Dependents | Coverage | COB | Primary Care | Review | Continuation |
|---|-----------------------|--|---|--------------|-------------|--------------|
| Effective Date and Acc | ount | | | | | |
| Effective Date * | Se | elect Sub Account * | | | | |
| mm/dd/yyyy | | | ~ | | | |
| Check If COBRA Par | ticipant | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Name and Demograph | cs | | | | | |
| Name and Demograph | cs | | | | Last Name 2 | |
| Name and Demograph Prefix | cs Fir | rst Name * | Middle Initial | | Last Name " | |
| Name and Demograph Prefix | cs Fir | rst Name * | Middle Initial | | Last Name * | |
| Name and Demograph Prefix Suffix | cs Fir | rst Name * ender * | Middle Initial | | Last Name * | |
| Name and Demograph Prefix Suffix | cs Fit Ge | rst Name * ender * Male O Female O Unknown | Middle Initial SSN 000-00-0000 | | Last Name * | |
| Name and Demograph Prefix Suffix Date Of Birth * | cs Fir Ge Pa | rst Name * ender * Male O Female O Unknown yroll Location | Middle Initial SSN 000-00-0000 Hire Date * | | Last Name * | |

| Address Contact Info | | | |
|----------------------|--------------|------------|--------------------------|
| Address * | | Address 2 | |
| 123 Main Street | | | |
| City * | State * | Zip * | Country * |
| Philadelphia | Pennsylvania | ✓ 19106 | United States of America |
| County | | | |
| Back | Cancel | ransaction | 2 Next |

The fields with an asterisk (*) are mandatory.

The date entered in the **Effective Date** field must always be later than the date entered in the **Hire Date** field.

You can click the **Cancel Transaction** button at any point or section and the entire transaction will be canceled.

- 3. The **Dependents** section is displayed. It is not mandatory to add a dependent. However, if you wish to add a dependent, click the **Add dependent** button to add a dependent for the subscriber added in the previous section.
- 4. The ME Add dependent dialog box is displayed. Enter the information in the mandatory fields (and other fields, as required) and click the Add button. Child dependents must be under the age of 26. There is no age limit to add a Spouse dependent.
- 5. Click the Next button to navigate to the Coverage section.

| First Name | Last Name | Relationship | Gender | SSN | DoB | | |
|------------|-----------|--------------|--------|-------------|------------|------|--------|
| Sharon | Smith | Spouse | Female | ***-**-8899 | 1990-09-09 | Edit | Delete |
| Emily | Smith | Child | Female | ***-**-8900 | 2021-12-01 | Edit | Delete |

| Add Member Information | | | |
|---|---|-----------------------------|-------------------------------------|
| Prefix | First Name * | Middle Initial | Last Name * |
| Suffix | Gender * | SSN | Confirm SSN |
| | Male Female Unknown | 000-00-0000 | 000-00-0000 |
| Date Of Birth * | Relation * | | |
| mm/dd/yyyy 🕀 | ~ | | |
| Smoking Status * | Last Regular Use Date * | | |
| ~ | mm/dd/yyyy 🗊 | | |
| Address Contact Info | | | |
| Address Contact Info Same as Employee Address * | | Address 2 | |
| Address Contact Info Same as Employee Address * test address | | Address 2 | |
| Address Contact Info Same as Employee Address * test address City * | State * | Address 2 Zip * | Country * |
| Address Contact Info Same as Employee Address * test address City * Philadelphia | State * Pennsylvania v | Address 2 Zip * 12345 | Country * United States of Amr v |
| Address Contact Info Same as Employee Address * test address City * Philadelphia County | State * Pennsylvania | Address 2 Zip * 12345 | Country * United States of Amr ~ |
| Address Contact Info Same as Employee Address * test address City * Philadelphia County | State * Pennsylvania | Address 2 Zip * 12345 | Country * United States of Ame |
| Address Contact Info Same as Employee Address * test address City * Philadelphia County | State * Pennsylvania | Address 2 Zip * 12345 | Country * United States of Amr V |
| Address Contact Info Same as Employee Address * test address City * Philadelphia County | State * Pennsylvania ~ | Address 2 Zip * 12345 | Country * United States of Amr v |

You can uncheck the **Same as employee** checkbox under the **Address sub-section** if the address of the dependent is different from the employee and add a new address.

You can click the **Back** button to go to the previous section and edit the details.

You can click the **Edit** button to edit the information of the dependent entered or the **Delete** button to delete the dependent entered and add a new dependent.

6. The **Coverage** section is displayed. Based on the sub-account selected in the **Employee** section, the benefits packages for the subscriber and the dependents are displayed. Select the required package(s) and click the **Next** button to navigate to the **COB** section.

| Employee - Cameron L Stevens | | | | |
|------------------------------|---|-------------|-----|---|
| Medical | | Prescriptio | 'n | |
| Select Plan | ¥ | Select P | lan | ~ |
| Vision | | Dental | | |
| Select Plan | ~ | Select P | lan | ~ |
| Child - Jasmine Smith | | | | |
| Same as Employee | | | | |

7. The **COB**, or Coordination of Benefits, section is displayed. In this section, you can add the employee's other insurance, benefits, or Medicare that they may be enrolled in other than the benefits provided by our company. Select the **Yes** option and then click the **Add Medicare** or **Add Other Insurance** button to add the details.

| Add Other Insurance | | | 7 Add Medicare | | |
|-----------------------------|-----------|--------|----------------|---------------------|--|
| OB Coverages Policy Type | Insurance | e Name | Policy Holders | Members Covered | |

If you select the **No** option, click the **Next** button to move to the next step.

8. The **ME – Add COB** dialog box is displayed. Enter the details as required and click the **Add** button.

| Is the Policy Holder on this plan? | Select Policy H | lolder * | Policy Holder Relation to Subscribe |
|---|---|--|--|
| O res in No | | ~ | |
| First Name * | Middle Initial | | Last Name * |
| | | | |
| Policy Holder Birth Date * | Policy # * | | Group Number |
| mm/dd/yyyy | E | | |
| Policy Effective Date * | If Cancelled, P | olicy Term Date | What type of policy is this? |
| mm/dd/yyyy | mm/dd/yyyy | Ē | |
| ┌ Type(s) of Coverage * | | Member(s) c | overed by this Insurance * |
| | | 🗌 John Sm | ith |
| | | Emily Sr | nith |
| | | | |
| Is the Policy Holder? * | ~ | | |
| Is the Policy Holder? * | a person(s) to maintain h | nealth coverage for any c | f your dependents? * |
| Is the Policy Holder? * Is there a court order specifying Yes No Other Insurance Carrier Information | a person(s) to maintain h m Employer Informat | nealth coverage for any c | f your dependents? * |
| Is the Policy Holder? * Is there a court order specifying Yes No Other Insurance Carrier Informati | a person(s) to maintain h m Employer Informati | ion | f your dependents? * Phone Number |
| Is the Policy Holder? * Is there a court order specifying Yes No Other Insurance Carrier Informati | a person(s) to maintain h mainta | ion Insurance Carrier I 000-0000 | f your dependents? * Phone Number |
| Is the Policy Holder? * Is there a court order specifying Yes No Other Insurance Carrier Informatio Insurance Carrier Name Address | a person(s) to maintain h | ion Insurance Carrier O00-0000 Address 2 | f your dependents? * Phone Number |
| Is the Policy Holder? * Is there a court order specifying Yes No Other Insurance Carrier Informati Insurance Carrier Name Address | a person(s) to maintain h minimum formati minimum formati | ion Insurance Carrier 000-000 Address 2 | f your dependents? * 2hone Number |
| Is the Policy Holder? * Is there a court order specifying Yes No Other Insurance Carrier Informati Insurance Carrier Name Address City | a person(s) to maintain h a person(s) to ma | ion Insurance Carrier O00-0000 Address 2 Zip | f your dependents? * Phone Number Country Linked States of Area, sta |
| Is the Policy Holder? * Is there a court order specifying Yes * No Other Insurance Carrier Information Insurance Carrier Name Address City | a person(s) to maintain h a person(s) to ma | ion Insurance Carrier O00-0000 Address 2 Zip Zip | f your dependents? * Phone Number Country United States of Ame |
| Is the Policy Holder? * Is there a court order specifying Yes No Other Insurance Carrier Information Insurance Carrier Name Address City City County | a person(s) to maintain h m Employer Informati State | ion Insurance Carrier I O00-000-0000 Address 2 Zip Zip | f your dependents?* Phone Number Country United States of Ame |

- 9. Once the details are added, the information will be displayed in the **COB** tab. Click the **Next** button to navigate to the next step.
- 10. The **Primary Care** section is displayed. This section allows the user to choose the Primary Care Physician (PCP) for the employee and the dependents. Click the **Add** button corresponding to the Member Name column.

| | Member Name | Relation | PCP ID | PCP Name | Action |
|-----|--------------|----------|--------|----------|--------|
| Add | John Smith | Self | | | |
| Add | Sharon Smith | Spouse | | | |
| Add | Emily Smith | Child | | | |
| | | | | | |

11. The **Primary Care Physician (PCP)** dialog box is displayed. Click the **Provider Finder** button to search for the PCP you want to select.

| Primary Care Physician (PCP) | | × |
|--|---|--------|
| Find a provider's PCP ID | | |
| 1 Provider Finder | | |
| Click 'Provider Finder' to open the pr Proceed to search for primary care p | vider finder in a new tab. Enter the member's information into the provider finger finger and locate the PCP ID for the selected physician. | inder. |
| PCP ID and Name | | |
| Enter the PCP ID and click 'Confirm' | o populate the PCP name. | |
| PCP ID* | PCP Name Confirm | |
| Additional Information | | |
| Reason* | Established Patient* | |
| Initial PCP Selection | ✓ | ~ |

- 12. The **Healthsparq** page is displayed. Enter your location in the **Enter an address, city or zip code** field.
- 13. Click the Yes, this is correct button.

| Q Dashboard | _ | | 12 | PHILADELPHIA, PA 19014 | 8 |
|-------------|---------------------------------|----------------------|------|---|---|
| | Hello, What are you s | earching for toc | | (S) | |
| | Dectors by Name | Doctors by Specialty | 13 — | Yes, this is correct | |
| | All Cate | egories | | Choosing a different location will start a new search | 1 |

14. The **Doctors by Speciality** dialog box is displayed. Enter the speciality details in the **Search by specialties, such as primary care physician, obstetrics, or dermatology.** field and click the **search** icon to generate a list of providers that suit the search criteria.

| Q Dashboard | Doctors by Specialty × | Sign In Menu |
|-------------|---|--|
| 14 | | rk matches, enter your plan earch. If you use All Plans to or places you may not get |
| | Type at least two letters and we can start finding some matches for you | lts. vd |
| | | |
| | | |
| | | |

15. Once you have selected a provider, copy the PCP ID of the PCP displayed.

| Q | Dashboard / Doctors by Specialty / P | rimary Care Physician | | | LOCATION | PLAN | | |
|---------|--|---|---|------------------------|---------------------------------|---|-------------|-----|
| 25 mile | s v Filters | | | PHILADELF | PHIA, PA 19104 • <u>0.6 mil</u> | les | Tiers 🗐 🛛 | Мар |
| | SPECIALTIES Internal Medicine OFFICE HOURS Open Today - 8:00AM-5:00PM | areas of focus None Quality None | 15 PCP ID 678910 CONTACT Main: No Email: N: + 2 more | L3 | Tie Mo | er 1 - Preferred re details | | |
| | View profile | labolth but the location | may not have this potion a | wailable Diesse senfi | rm if the location off | Add to compare | ··· | |
| | Important This provider offers te | re required to use sites de | may not nave this option a signated by their PCP for s | ervices, which could i | rm if the location off | rers telenealth ser <u>Mo</u> nysical therapy an <u>Mo</u> | ore details | |

- 16. Paste the copied PCP ID in the **PCP ID** field in the **Physical Care Physician (PCP)** dialog box on the Group Portal and click the **Confirm** button to auto-populate the **PCP Name** field. Enter the details in the mandatory (and other, if required) fields.
- 17. Click the Add button to add the details to the employee or subscriber selected.

| 17 | | |
|--|---|---|
| Provider Finder | | |
| Click 'Provider Finder' to open the Proceed to search for primary care | ne provider finder in a new ta are physicians and locate the | b. Enter the member's information into the provider fin PCP ID for the selected physician. |
| PCP ID and Name | | |
| Enter the PCP ID and click 'Conf | irm' to populate the PCP nam | e. |
| PCP ID* | | PCP Name |
| 678910 | Confirm | Internal Medicine Doctor |
| Additional Information | | |
| Reason* | | Established Patient* |
| 1.1.1.000.0.1.1 | ~ | Yes |
| Initial PCP Selection | | |

You can repeat the same steps to add the PCP details for the employee and all the dependents.

If the user enters an invalid PCP, an error message will be displayed stating that the **PCP ID not valid or not in network. Enter a different PCP ID**.

18. Click the **Next** button to navigate to the **Review** section.

| Employee | Dependents | Cov | erage | COB | Primary Care | Review | Confirmation |
|------------------------|----------------|-------------|----------------|--------|------------------------|----------|--------------|
| tional: Primary Care F | Physician(PCP) | | | | | | |
| | | Member Name | Relation | PCP ID | PCP Name | PCP Name | |
| Undo Add | | John Smith | Self | 678910 | Internal Medicine Doct | or | Add |
| Add | | Emily Smith | Child | | | | |
| | | | | | | | |
| Back | | | Cancel Transad | tion | | 18 | Next |
| Duck | | | | | | | |

This section is not mandatory, and the user can directly navigate to the **Review** section by clicking the **Next** button and not adding any PCP details.

You can click the **Undo Add** button to undo the changes made to the PCP details.

19. The **Review** section is displayed. You can review the details added to this entire transaction here before a final submission.

You can click the **Download as PDF** or **Download as Excel** button to download the transaction details to review.

20. Click the **Confirm** button to submit the transaction. You can click the **Back** button if you want to edit the details in any of the sections.

| | This Transaction | n Has Not Yet | Been S | ubmitted | |
|----|--|---|--------------|-----------------|--|
| | Download as PDF | | | wnload as Excel | |
| ·= | - + | 1 of 2 | Q | - î | |
| | Review Please review your selections. To r Effective Date: 7/1/2024 Sub Account Transaction Reason: New Hire/Newly Eligible | r Transaction: change any information, revisit the prior to 990012 Submitted By: Al | abs. ex Q | | |
| | Emplo | yee Information: | | | |
| | Prefix Mr | First Name: John | | | |
| | Middle Name: L Suffix 2rd | Last Name: Smith | | | |
| | Basic Information: | Contact and Address: | | | |
| | Relationship Self Gender: Male Date Of Birth: 01/02/1990 SSN: 2468 Hire Date: 51/12024 | Home Phone: Mobile Phone: Email: Address: 123 Main St. Philadelphia, PA 19104 | | | |
| | Fayron Location: Smoking Status: Unknown Last Regular Use Date: | | | * | |

A message This Transaction Has Been Submitted is displayed.

You can click the **Download as PDF** or **Download as Excel** button to download the transaction details.

| | т | his Trans | action H | as Been S | Submitted | |
|---|--|--|--|-------------------------------|-------------------|--|
| | Download as PDF | | | | Download as Excel | |
| - | ∀ ~ | ·· – + •• | 1 of 2 6 | 2) (B) Q | a | |
| | Add Confirm | Transac | ction Confirmatio | on: | | |
| | Effective Date: Transaction Re | 7/1/2024 Sub Acco ason: New Hire/Newly Eligible | unt: 990012 e | Submitted By: Alex Q | | |
| | | Emp | loyee Informatio | on: | | |
| | Prefix Middle Name: Suffix | Mr L 3rd | First Name: Last Name: Status: | John Smith Add | | |
| | Basic Informati | ion: | Contact and Add | ress: | | |
| | Relationship Gender: Date Of Birth: SSN: Hire Date: Payroll Locatio Smoking Statu Last Regular Use Date: | Setf Male 01/02/1990 2468 5/1/2024 n: s: Unknown | Home Phone: Mobile Phone: Email: Address: 123 M Philac | fain St. Jelphia, PA 19104 | | |

Even if you close the browser or window during the transaction, your progress will be saved, and you can search for the transaction to continue by selecting the **Search Transactions** tab. However, if you click the **Cancel Transaction** button at any point during the transaction, the progress will not be saved, and you will have to restart the transaction.

The updates made to the information on Member Enrollment will not be reflected in the Group Portal in real time, they will be reflected in the next 24 hours.

Edit Coverage

1. Click the **SEARCH MEMBERS** tab from the homepage.

| SEARCH MEMBERS | SEARCH TRANSACTIONS ADD TRAN | SACTION ACCOUNT SELECTION | ADMINISTRATION | |
|-----------------|------------------------------|---------------------------|----------------------|---------------|
| | | 5 | | |
| Search Criteria | | | | |
| First Name | Last Name | Member ID | Status | |
| | | | Active O Inactive | O Both |
| Sub Account | SSN/TIN | Date of Birth | Member Type | |
| | ✓ 00-000-0000 | mm/dd/yyy | y 🗊 🔿 Employee 🔿 Dep | endent Both |
| Alternate ID | | | | |
| | Search | | | |

2. Enter the details of the member you want to edit the coverage for and click the **Search** button.

You can enter the details of the member in any of the belowmentioned fields to search for the member:

- First Name
- Last Name
- Member ID
- Sub Account
- SSN/TIN
- Date of Birth
- Alternate ID
- 3. Select the required member from the search results.
- 4. The page with all member details is displayed. Click the Change/Edit Member tab.
- 5. Click the Edit button to edit the coverage details of the member.

| Image: Wyyyy Image: With and With a | Event Effective Date * mm/dd/yyyy | | Change/Edit Reason * | | Sub Accourt | Sub Account | | |
|--|-----------------------------------|---------------------------|----------------------|--------------|-----------------|-------------|------------|--------|
| kit Employee is COBRA Participant kit Employee is COBRA Participant effect Mane Last Name Relationship Gender SSN DoB Action t SITH Self Male 01/02/1990 | | | | | Change Subaccou | account | | * |
| First Name Last Name Relationship Gender SSN DoB Action 1 JOHN SMITH Self Male """_2468 01/02/1990 | Check If Emp | oyee Is COBRA Participant | | | | | | |
| Berst Name Last Name Relationship Gender SSN DoB Action t JOHN SMITH Self Male "-"_2468 01/02/1990 01/02/1990 | | | | | | | | |
| First Name Last Name Relationship Gender SSN DoB Action t JOHN SMITH Self Male ***_*2468 01/02/1990 01/02/1990 | Change/Edit Membership | | | | | | | |
| t JOHN SMITH Self Male "2468 01/02/1990 | | First Name | Last Name | Relationship | Gender | SSN | DoB | Action |
| | Edit | JOHN | SMITH | Self | Male | ***_**_2468 | 01/02/1990 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

6. The **Edit Member** dialog box is displayed. Update the details as required and click the **Update** button.

| wenter internation | | | |
|---|---------------------------|-----------------------------|-------------------------------------|
| Prefix | First Name * | Middle Initial | Last Name * |
| | CRISTOPHER | J | ADAMS |
| Suffix | Gender * | \$5N | Confirm SSN |
| JR | Male Female | ***-**-0289 | ***-**-0289 |
| Date Of Birth * | Relation * | | |
| . 8 | Child 🗸 | | |
| Address Contact Info | | Address 2 | |
| Address Contact Into S Same as Employee Address * 1234 William Ln. | | Address 2 | |
| Address Contact into Same as Employee Address * 1234 William Ln. Dity * | State * | Address 2 | Country * |
| Address Contact Info 2 Same as Employee Address * 1234 William Ln. City * Philadelphia | State * Pennsylvania * | Address 2 Zip * 19107 | Country * United States of Am V |
| Address Contact Info S Same as Employee Address * 1234 William Ln. City * Philadelphia Coanty | Sate Pennsylvania | Address 2 Zip * 19107 | Country * United States of An V |
| Address Contact into 2 Same as Employee Address * 1234 William Ln. City * Philadelphia County Philadelphia | Saata Pennsylvania | Address 2 Zip* 19107 | Country * United States of Arr V |
| Address Contact info 2 Same as Employee Address * 1234 William Ln. 2ty * Philadelphia Philadelphia | Pennsylvania | Address 2 Zip * 19107 | Country * United States of Arr V |

You can either update the details in the other tabs or click the **Next** button to move to the **Confirmation** tab and save the updates.

Cancel Coverage

- 1. Click the **SEARCH MEMBERS** tab from the homepage.
- 2. Enter the name of the member you want to cancel the coverage for and click the **Search** button.

| | la l | | |
|-----------------|--|---------------|--------------------------------|
| Search Criteria | | | |
| First Name | Last Name | Member ID | Status |
| | | | Active Inactive Both |
| Sub Account | SSN/TIN | Date of Birth | Member Type |
| | ∽ 00-000-0000 | mm/dd/yyyy 🖃 | ○ Employee ○ Dependent |
| Alternate ID | | | |
| | Search | | |

You can enter the details of the member in any of the belowmentioned fields to search for the member:

- First Name
- Last Name
- Member ID
- Sub Account
- SSN/TIN
- Date of Birth
- Alternate ID
- 3. Select the required member from the search results and clickn the **View** button.
- 4. Click the **TERMINATE COVERAGE** tab.
- 5. Select the relevant reason for termination and the effective date from the **Reason for Termination** and **Effective Date** drop-down fields.
- 6. Click the **Confirm Termination** button.
- 7. A dialog box is displayed asking if you are sure you want to terminate the employee. Click the **OK** button. The employee is terminated.

| | fi | Are you sure want to Terminate this employee? Doing so will terminate the coverage for all memt subscription. 7 CHANGE/E 4 AGE TERMINATE COVERAGE SEARCHINGHOLDO DECION | OK Cancel |
|---|----|--|---|
| | M | ME- MEMBERSHIP TERM EMPLOYEE Use this transaction to terminate coverage for an employee and dependent members. To edit benefit coverage, "Termination effective date is the first day without benefits. | , use the Change/Edit Coverage transaction. |
| 5 | | Reason for Termination * Terminati | tion Effective Date |
| | | Resigned/Quit v | /2024 |
| | | | 6 Confirm Termination Cancel |

Reinstate a Member

- 1. Click the **SEARCH MEMBERS** tab from the homepage.
- 2. Enter the name of the member you want to reinstate the coverage for and click the **Search** button.

| SEARCH MEMBERS | SEARCH TRANSACT | TIONS ADD TRANSACTION | ACCOUNT SELECTION ADMINISTR | RATION |
|-----------------|-----------------|-----------------------|-----------------------------|--------------------------------|
| | | 1. Starter | | |
| Search Criteria | | | | |
| First Name | | Last Name | Member ID | Status |
| | | | | Active Inactive Both |
| Sub Account | | SSN/TIN | Date of Birth | Member Type |
| | ~ | 00-000-0000 | mm/dd/yyyy 📼 | 🔿 Employee 🔿 Dependent 🖲 Both |
| Alternate ID | | | | |
| | | Search | | |

You can enter the details of the member in any of the belowmentioned fields to search for the member:

First Name Last Name Member ID Sub Account SSN/TIN Date of Birth Alternate ID

- 3. Select the member from the search results and ensure that the status of the member is **Inactive**. Click the **View** button.
- 4. Click the Change/Edit Member tab.
- 5. Select the required option from the **Change/Edit Reason** field and the effective date from the **Effective Date** field. Ensure that the effective date is the same as the last date of coverage.
- 6. Click the **Next** button and complete the transaction.

| mm/dd/yyyy | ployee Is COBRA Participant | Sub Account Transfe Member Demograpi Dependent/Spouse Dependent/Spouse | er/Benefit Change hic Change (Name/DOB/Addres Addition Termination | Change Subaccount | | | ~ |
|------------|-----------------------------|---|---|-------------------|-----|------------|-------|
| Change/Edi | t Membership | Multiple Changes | ients change | | | | |
| | First Name | Last Name | Relationship | Gender | SSN | DoB | Actio |
| Edit | JERRY | MAXWELL | Self | Male | | 02/12/1979 | |
| | | | | | | | |
| | | | | | | | |
| Add Do | pandant | | | | | | |

Change PCP

Users will not be able to update PCP from the Member Enrollment anymore. They must change PCP either via the Member Portal or by contacting the Customer Service using the number on the back of their ID Card. Here are the steps that you can follow to understand the same alert:

- 1. Click the **SEARCH MEMBERS** tab from the homepage.
- 2. Enter the name of the member you want to cancel the coverage for and click the **Search** button.

| | S | | |
|-----------------|---------------|---------------|-------------------------------|
| Search Criteria | | | |
| First Name | Last Name | Member ID | Status |
| | | | |
| Sub Account | SSN/TIN | Date of Birth | Member Type |
| | ∽ 00-000-0000 | mm/dd/yyyy 🖃 | ○ Employee ○ Dependent 	 Both |
| Alternate ID | | | |
| | Search | | |

You can enter the details of the member in any of the belowmentioned fields to search for the member:

First Name Last Name Member ID Sub Account SSN/TIN Date of Birth Alternate ID

 Select the required member from the search results and the member details are displayed. Click the **Primary Care** tab. This section allows the user to change or remove the Primary Care Physician (PCP) for the employee and the dependents. Click the **Change** button corresponding to the Member Name column.

| Employee | | Dependents | ts Coverag | | | СОВ | Primary Care | Review | Confirmation | |
|----------|---------------------------------------|------------|-------------|-------------|-------------|-----------|------------------------|--------|--------------|--|
| | Optional: Primary Care Physician(PCP) | | | | | | | | | |
| | | | Member Name | | Relation | PCP ID | PCP Name | | Action | |
| | Change Remove | | Micha | el Thompson | Self | 003456789 | Primary Care Physician | | | |
| | Change Remove | | | hompson | Child | 003456790 | Primary Care Doctor | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Back | | | Can | cel Transac | tion | | | Next | |

4. The Alert dialog box is displayed with the message that the PCP changes can be done via the Member Portal or by contacting Customer Service using the number on the back of your ID Card. Click the OK button.

| Employee | Dependents | Coverage | СОВ | Primary Care | Review | Confirmation |
|---------------|------------------------------------|---|--|--|--------|--------------|
| Change Remove | ician(PCP) Me Me firs dep | Alert PCP changes can be done Customer Service using th | e via the Member Po le number on the ba | rtal or by contacting ck of your ID card. | eli | Action |
| Back | | Cancel Transa | ction | | | Next |

You can either update the details in the other tabs or click the **Next** button to move to the **Confirmation** tab and save the updates.

Remove PCP

- 1. Click the **SEARCH MEMBERS** tab from the homepage.
- 2. Enter the name of the member you want to remove the coverage for and click the **Search** button.

| | 3 | | |
|-----------------|---------------|---------------|--|
| Search Criteria | | | |
| First Name | Last Name | Member ID | Status |
| | | | Active Inactive Both Both Section Se |
| Sub Account | SSN/TIN | Date of Birth | Member Type |
| | ♥ 00-000-0000 | mm/dd/yyyy 🖃 | ○ Employee ○ Dependent 	 Both |
| Alternate ID | | | |
| | Search | | |

You can enter the details of the member in any of the belowmentioned fields to search for the member:

First Name Last Name Member ID Sub Account SSN/TIN Date of Birth Alternate ID Click the Primary Care tab. This section allows the user to change or remove the Primary Care Physician (PCP) for the employee and the dependents. Click the Remove button corresponding to the Member Name column.

| Employee | ee Dependents | | e | СОВ | Primary Care | Review | Confirmation |
|-------------------------|---------------|------------------|-----------------|-----------|------------------------|--------|--------------|
| tional: Primary Care Ph | ysician(PCP) | | | | | | |
| | Me | ember Name | Relation | PCP ID | PCP Name | | Action |
| 3 re Remov | e M | lichael Thompson | Self | 003456789 | Primary Care Physician | | |
| Change Remov | e S | ara Thompson | Child | 003456790 | Primary Care Doctor | | |
| | | | | | | | |
| | | | | | | | |
| Back | | Ca | incel Transacti | on | | | Nevt |
| Back | | Ca | incel Transacti | on | | | |

4. The **Primary Care Physician (PCP)** dialog box is displayed. Select the required reason from the **Reason** drop-down field and the date from the **Effective Date** field. Then, click the **Remove** button.

| Additional Information | | | |
|---|--------|-----------------|--------------|
| Reason* | | Effective Date* | |
| | \sim | mm/dd/yyyy | E |
| DISSATISFIED WITH FCP OFFICE HOURS DISSATISFIED WITH QUALITY OF CARE BREAKDOWN IN PATIENT OR PCP RELATIONSHIP OTHER REASONS NOT LISTED CURRENT PCP NO LONGER IN NETWORK PCP UNAVAILABLE IN NON-URGENT SITUATIONS PCP LOCATION INCONVENIENT OR HOSPITAL AFFILI PCP NOT ACCEPTING NEW PATIENTS PCP PRACTICE HAS SPLIT OR MERGED PREFERRED PCP NOW IN NETWORK NO INITIAL PCP SELECTION MENTAL HEALTH PROVIDER CHANGE AGE RESTRICTION | IATION | IISSUE | Remove Cance |

The user can click the Cancel button to cancel the process.

You can either update the details in the other tabs or click the **Next** button to move to the **Confirmation** tab and save the updates.

Retro Enrollment

For Group Portal users, the retroactive (retro) enrollment capability is now available for current admins. This capability is for retro enrollments updates with an effectivity date prior to the client migration date impacting the existing members.

The link to perform the retro add member transaction will not be available on the Add Transaction page initially. Navigate to the **Search Members > Member Details** page to access this link.

Perform the following steps for retroactively modifying enrollment:

- Add the new member with the effective date set as the date of transition for the group. For example, while adding a member retroactively for a group transitioning on 7/1, you must first enroll the member with effective date as 7/1. You can refer to the <u>Add Subscribers and Dependents</u> section for the steps to add a new member.
- 2. Click the **SEARCH MEMBERS** tab from the homepage.
- 3. Enter the required parameters and click the **Search** button to search for the member you enrollend in step 1.

| st Name Member ID Status Active O Inactive O | |
|---|-------------|
| st Name Member ID Status | |
| Active Inactive | |
| | Both |
| b Account SSN/TIN Date of Birth Member Type | |
| ✓ 00-000-0000 mm/dd/yyyy | lent Both |
| ernate ID | |

4. The member details page will be displayed with the link to the **Retro Member Enrollment Form** available on top. Click the **link**.

| CHANGE/EDIT COVERAGE | TERMINATE COVERAGE | SEARCH MEMBERS | SEARCH TRANSACTIONS | ADD TRANSACTION |
|--|-----------------------|----------------------|---------------------|-----------------|
| 4 | | | | |
| lease use this <mark>link</mark> to subm | nit member retro-enro | ollment transactions | | |
| Employee Information | | | | |
| | | | | |
| Effective Date and Account | nt | | | |
| Effective Date * | Select S | Sub Account * | | |
| 01/01/2024 | | | ~ | |
| 01/01/2024 | Select S | Sub Account ~ | ~ | |
| | | | | |

5. The **Retro Member Enrollment Form** page is displayed. Click the **Modify Member(s)** button to modify the effective date for a member.

| tro Member En | rollment For | m | | | | | | |
|-----------------------------|----------------------|--------------|-------------------|-------------|--------------|------------------|----------|-----------|
| | | | | | | | | Submit |
| Customer Information | | | | | | | | |
| Customer ID 123 | 34567 | Cus | stomer Name | JOHN SMITH | | | | |
| Member Information | | | | | | | 5 | |
| *** Please click on the bu | ittons to add/modify | a member *** | | | Add 🕺 | Member(s) | Se Modiy | Member(s) |
| Name (** Added member) | Date of Birth | Group Number | Enrollment Status | Tobacco Use | Relationship | Family Status | Zip Code | Action |

6. Enter the pre-transition group number in the **Group Number** field and then, click the **Save** button.

| Modify Member | | | Cancel | Save |
|---------------------|--------------------------|--|--------|------|
| Subscriber | 6 | | | 6 |
| - Subscriber Search | | | | |
| Group Number | Group Number is required | | | |
| | | | | |

The retro enrollment transaction is available only in the Member Enrollment system as it ensures that the current access to care is confirmed first.

7. Once the group number is submitted, the **Alert** dialog box is displayed requesting the user to complete all necessary details before submitting. Click the **OK** button.

| odify Member | | Cancel | Sa |
|--------------------------|--|----------------------------|----|
| ubscriber | | | |
| — Subscriber Search | Alert | × | |
| Group Number | Please complete all necessary details before submitting. | 7 riber SSN is required | |
| - Subscriber Information | | V Ok | |
| First Name | Middle Name | | |

 Enter the details in the fields and click the Save button. You can use the scroll bar to scroll to the bottom of the section to enter information in other fields.

| Modify Member 8 | | | | Cancel | 8 Save | |
|--------------------|------------------------|----------------|----------------------------|--------|-----------|--|
| Subscriber | | | | | | |
| Group Number | 10808189 | Subscriber SSN | Subscriber SSN is required | | | |
| | | Middle Name | | | | |
| l art Nama | First Name is required | Data of Ridh | | | | |