



## Ivy Tech Community College of Indiana Anthem “Best Practices” for Enrollment/Billing Process

### I. Online Enrollment Options

- Employer Access – current Anthem employer website (preferred method)
- E-Submit – refer to attached E-Submit User Manual. Link to the site and to request a new account is <https://global.acswellpoint.com/Esubmit>.

### II. Using Employer Access

- Employer Access has been in place for a number of years. The attached Employer Access (EA) administration manual can walk you through how to use the system. Additionally, we hold webinars twice monthly that can give you a refresher on how to use the system.
- If you use Employer Access, please be sure to do the following:
  - i. Please print a copy of the final confirmation page of the transaction once you have completed. This allows us to help track down a transaction that may have not processed accurately.
  - ii. Periodically audit your transactions to be sure they haven't remained in a “pending” status. If you click the “Reports” tab within EA, you will see an option to view pending transactions. If you see a pending transaction that is more than 24 hours old, please contact your Anthem Enrollment/Billing rep to have this researched.

### III. Using E-Submit

- Once you have your user name and password established, select “User Preferences” from top right of the main home page to set your preferred destination fax number. You will want to use “Wave4” as your preferred SBU.
- On the next tab is “E-Fax Settings.” You will select Large Group Maintenance IN – fax number (877) 628-4602.
- Once you have your preferences set, click “E-Fax Classic” on the left side of the main page and only your preferred fax number should appear in the drop-down box.
- Click “upload files” and select one or more items from your PC to upload to the membership fax. You can include new enrollment applications, qualifying event enrollment applications, changes, and terminations. Multiple files can be included in the same upload; however, keep in mind that you will only have one confirmation report, so you may need to make multiple copies of the confirmation report if you are putting the original documents in various personnel files or for other record-keeping.
- Once you click “Submit E-Fax,” you will receive an E-Fax confirmation report that includes the destination fax number, your name as submitter, the date and time stamp, and a document control number. This document control number (DCN) is what allows us to track this document if for some reason your change, termination or new enrollment isn't processed timely or correctly. Please be sure to keep a copy of the confirmation report either by paper or electronically.

## Ivy Tech Community College of Indiana Anthem “Best Practices” for Enrollment/Billing Process

### IV. Key Items to Note

- On applications, it is important that the following items be included (particularly when using E-Submit). This will help expedite the processing of paperwork by Anthem.
  - i. Group and subgroup numbers
  - ii. Social security numbers (including both employee and dependent SSN)
  - iii. Employee date of hire
  - iv. For qualifying events, date of event (divorce, date of birth, adoption, etc.)
  - v. Plan selection (if open enrollment or a new hire application)
  - vi. For any items which require court documentation, please include the appropriate legal paperwork (this would include adoption, court-ordered coverage, permanent guardianship, etc.). **You won't be able to make these types of changes on Employer Access, so even if you plan to use EA as your normal method of entry, I would still recommend getting set up for the E-Submit program for these types of situations.**
  - vii. Plan Codes:
    1. Health 1 = Standard Plan
    2. Health 2 = Select Plan
    3. Health 3 = Single Choice Plan
    4. Health 4 = Family Choice Plan
  - viii. If you process a qualifying event that changes a member from family to single OR single to family on the Choice Plan, please be sure to change the plan type during your EA transaction. If that change is sent through E-Submit, our processor will change the plan appropriately.

# EmployerAccess<sup>SM</sup> through MyAnthem<sup>TM</sup>

Plan administration online manual

[anthem.com](http://anthem.com)

Anthem 



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# Introduction

**EmployerAccess at anthem.com – everything you need for more efficient plan administration of your Anthem group benefits.**

Anthem Blue Cross and Blue Shield is making it easier for you to do business with us. In addition to the helpful resources already available at anthem.com, we have enhanced the plan administration tools available to you through MyAnthem to provide:

- Intuitive navigation
- New functionality and tools
- Integrated benefits management
- Ability to view and pay premium bills online

**New feature: Online bill pay.** No checks to write, no postage to pay. It takes just a few minutes to set up your account. Then you'll be able to pay your premiums online with a few simple clicks.

The new EmployerAccess through MyAnthem offers you even more control over employee information including increased information and accuracy on Life insurance claims. You'll receive error messages that signal missing or incomplete information and electronic prompts to guide you from one step to the next.

This manual offers step-by-step instructions for using EmployerAccess at MyAnthem.

Additional learning resources are available online at EmployerAccess and include Frequently Asked Questions plus an online demo to show how easy it is to use all the tools and features.

For more information about administering your Anthem group benefits, please consult your Anthem group administrator manual or contact your Anthem Representative.

## Join us every second Tuesday and third Thursday of the month from 10 –11:30 a.m. ET.

The free online webinars include a 60 minute presentation followed by a 15 minute Q & A session.

Simply use the information below to log onto the webinar and dial-in to the conference call.

Web conference link	<a href="https://www.livemeeting.com/cc/wellpointinc/join">https://www.livemeeting.com/cc/wellpointinc/join</a>
Meeting ID	N38SWW
Meeting key	ebiz
Audio dial	(866) 308-0254
Conference code	502 889 2969

# Getting started

- 1 Visit [anthem.com](http://anthem.com) and click the “Employers” tab.
- 2 Select a state.
- 3 Click the orange “Enter” button.

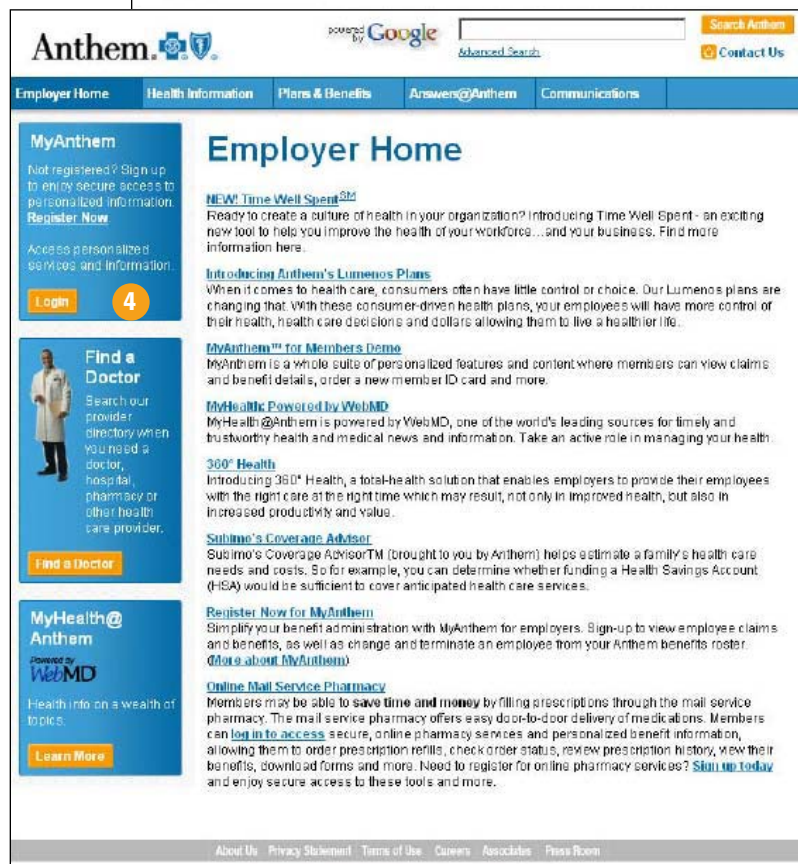
Registered users can access the MyAnthem online benefits administration tool from the Employer Home page.

- 4 Click on the orange “Login” button.

Enter your User ID and case-sensitive password.



Secure access to EmployerAccess through MyAnthem is available Monday through Friday, 7 a.m. to 7 p.m., Eastern Time.





# EmployerAccess Overview

The Membership main page is called EmployerAccess Overview. Think of it as homebase. Here you can start the enrollment process for new employees (subscribers), access pending activity, perform a search for a current subscriber, or navigate easily using the tabs at the top.

- 1 Tabs to Employer Details, Billing, Forms, Reports and Profile are embedded at the top. They give you quick access to any of these screens.
- 2 To enroll an employee with the Open Enrollment effective date that appears on the overview page, click on the box. This open enrollment feature appears only during your group's open enrollment period.
- 3 EmployerAccess Overview displays your pending activity. To access all your pending activity, click "View All" tab on the right.
 

Resume or delete pending activity using the hyperlinks to the right of the specific activity. All incomplete work is automatically saved in Pending Activity.

**Note: Pending activity is work that you have saved to complete at another time. You can access pending activity from the "Reports" tab.**
- 4 To access benefit information or make changes to a current employee's benefits, enter the Member ID number (typically the Social Security Number) or Health Care Identifier (HCID) in the blank box under "View/Change Member Information," then click "Submit." You can also reach the information by entering the last and first name, then clicking "Submit."
- 5 To add a new employee, enter the Member ID number (typically the Social Security Number) in the blank box under "Add New Subscriber," then click "Submit."
- 6 To access an alphabetical listing of all the employees covered under your Anthem group plan, click "View Employee Roster".

The screenshot shows the EmployerAccess Overview page for user John Smith. At the top, there are navigation tabs for Membership, Employer, Billing, Forms, Reports, and Profile. The main content area includes a welcome message, a group overview (Group Number: 123456, Group Name: ABC CO), and a 'Quick Links' section with options like 'Change Login Information' and 'View Employee Roster'. Below this is a 'Pending Activity' table with columns for Member ID, Subscriber Name, Type, User ID, and Actions. A 'Billing Entities' table follows, showing various billing numbers and amounts. On the right side, there are forms for 'View / Change Member Information' and 'Add New Subscriber', both with 'Submit' buttons. The footer contains links for 'Provider Finder', 'Help', 'Contact Us', and 'Log out', along with copyright information for Anthem Insurance Companies, Inc.

Member ID	Subscriber Name	Type	User ID	Actions
123456789	SMITH, JOHN	Re-Enroll	JSMITH001	Resume   Delete
234567890	SMITH, JOHN	Enrollment	JSMITH002	Resume   Delete
345678901	SMITH, JOHN	Add Coverage	JSMITH003	Resume   Delete
456789012	SMITH, JOHN	Change Coverage	JSMITH004	Resume   Delete

Billing Entity Number	Amount Due
EAT005H001	\$223,520.44
EAT005N025	\$39,061.00
EAT0050029	Self Bill
EAT0050030	\$2,177.58
EAT0050045	\$16.80
EAT0050051	\$1,029.36
LAC004	\$11,732.03
MHM001	\$30,690.57

# View Employee Roster

You can view all employees within a group by clicking on the Employee Roster link. The Employee Roster report enables you to quickly view all employees by group. For your convenience, you can also access your employee sub-group's roster from the Reports screen.

**Note:** If you have multiple groups in your company, you must access them separately through their specific group account information.

# New Enrollment

## Step 1. Member Information

This is the beginning page to start the enrollment process.

- 1 To enroll an employee (subscriber), enter the requested information into each blank box, or field. Fields with red arrows (>>) beside them indicate required information.
- 2 If the employee has dependents to enroll, click "Add Dependent."
- 3 If there are no dependents to enroll, click "Continue."

## TIP:

Steps are numbered to tell you where you are in the enrollment process. All steps must be completed before an employee's enrollment application can be submitted. If at any time you click "Save and Exit," your work will be saved in Pending Activity. Once you've completed the steps, a message bar will appear on the Overview page, letting you know you have successfully completed the transaction.



## Members Information (Add Dependents)

This step is applicable only if you want to add dependents to the employee's benefits.

- 1 Fields requesting dependent information appear below the employee information. Complete the information and click "Add Another Dependent" for each dependent to enroll.
- 2 Otherwise, click "Continue."

### Step 2. Select Coverage

Use this screen to select coverage for employees (subscribers) and, if applicable, dependents.

- 3 To complete this step, simply click the drop-down arrow and select the appropriate medical, dental, vision, pharmacy, life and/or disability.
- 4 When finished, click "Continue."

**EmployerAccess**  
Welcome John Smith | Provider Finder | Help | Log out

Membership | Employer | Billing | Forms | Reports | Profile

Membership / Member Information

### Member Information

Step 1 Member Information | Step 2 Select Coverage | Step 3 (optional) Life Coverage | Step 4 Assign Coverage | Step 5 Other Coverage

Member ID: 123456789 | Group Number: 123456 | Group Name: ABC CO

Contact Member ID: | Group Name: |

#### Subscriber Information

Last Name: | First Name: | Middle Initial: | Gender:  Male  Female | Work Phone Number: | Extension: | Hire Date: (mm/dd/yyyy) | Actively at Work:  Yes  No | Hours worked per week: | Retiree:  Yes  No | Income Reported by YKZ or 1099:  Yes  No | Enrollment Reason: (Select One) | Event Date: (mm/dd/yyyy) | Subgroup: (Select One) | Life Class: (Select One)

Address 1: | Address 2: | City: | State: | Zip Code: | Birth Date: (mm/dd/yyyy) | Marital Status: (Select One) | Home Phone Number: |

\* Indicates a Required Field  
▶ Actual City and State names are determined by US Postal Zip Code

#### Dependent Information

Last Name: | First Name: | Middle Initial: | Gender:  Male  Female | Birth Date: (mm/dd/yyyy) | Relationship: (Select One) | Marital Status: (Select One) | Social Security Number: |

Include Dependent |  Disabled |  Full-Time Student |  Federal Tax Exemption

Based on your contract, this information may or may not be used to determine the dependents eligibility.

\* Indicates a Required Field

Continue | Save and Exit | Cancel Transaction | Add Another Dependent

**EmployerAccess**  
Welcome John Smith | Provider Finder | Help | Log out

Membership | Employer | Billing

Membership / Member Information / Select Coverage

### Select Coverage

Step 1 Member Information | Step 2 Select Coverage | Step 3 (optional) Life Coverage | Step 4 Assign Coverage | Step 5 Other Coverage

Subscriber Name: JOHN SMITH | Group Number: 123456 | Group Name: ABC CO  
Member ID: 123456789 | Subgroup Number: 0344

#### Coverage Information

Effective Date: 04/06/2006

#### Select Coverage

Medical Coverage: (Select One) | Optional Life Subpart or Coverage: (Select One) | Optional Accidental Death and Dismemberment Coverage: (Select One)

Continue | < Previous | Save and Exit | Cancel Transaction

## Life Coverage

If you have selected Life coverage, you will be directed to the following screen:

- 1 Enter information in the appropriate fields as needed, i.e. salary and/or benefit value.
- 2 When finished, click "Continue".

EmployerAccess

Welcome John Smith Provider Finder Help Log out

Membership
Employer
Billing
Forms
Reports
Profile

Membership / Member Information / Select Coverage / Life Coverage

### Life Coverage

Step 1  
Member Information
Step 2  
Select Coverage
Step 3 (optional)  
Life Coverage
Step 4  
Assign Coverage
Step 5  
Other Coverage

Subscriber Name: <b>JOHN SMITH</b>	Group Number: <b>123456</b>	Group Name: <b>ABC CO</b>
Member ID: <b>123456789</b>	Subgroup Number: <b>0344</b>	Subgroup Name: <b>XYZ</b>

#### Short Term Disability

Selected Coverage <b>MO Preferred Choice Short Term Disability (BSTD010)</b>	Weekly Benefit Amount: \$575
Guaranteed Issue Amount: \$30,000	

#### Long Term Disability

Selected Coverage <b>MO Preferred Choice Long Term Disability (BLTD010)</b>	Monthly Benefit Amount: \$2,760
Guaranteed Issue Amount: \$33,000	

#### Basic Life

Selected Coverage <b>MO Preferred Choice Basic Group Term Life-Fully Ins-Active (LFAM0025)</b>	Subscriber Annual Salary <input style="width: 100%;" type="text"/>	<div style="border: 1px solid #ccc; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div>
	Salary Multiplier: 2.00	
Minimum Benefit \$40,000	Maximum Benefit \$120,000	Guaranteed Issue Amount \$100,000

Benefit amount for this product will be rounded to the nearest \$1,000.

The subscriber may be eligible for coverage above the guaranteed issue amount. Submit one completed [Evidence of Insurability form](#) for additional coverage.\*

#### Accidental Death and Dismemberment

Selected Coverage <b>MO Preferred Choice Basic Group AD&amp;D-Active (LFFM0025)</b>	Benefit Amount <input style="width: 100%;" type="text"/>	
	Incremental Value: \$5,000	
Minimum Benefit \$20,000	Maximum Benefit \$35,000	Guaranteed Issue Amount \$80,000

#### Optional Life Subscriber

Selected Coverage <b>MO Preferred Choice optional Group Life-Sub only-Active (LFEM0010)</b>	Subscriber Benefit Amount: \$20,000	
	Maximum Benefit \$40,000	Guaranteed Issue Amount \$30,000

\* Indicates a Required Field

\*Please note in cases where multiple products require the EOI form, only one completed form is necessary

Continue >>
<< Previous
Save and Exit
Cancel Transaction

2

## Step 3. Assign Coverage

The following screen appears if provider information is not required (i.e., for PPO medical and dental plans).

You have two options when enrolling an employee's dependents:

- 1 Either check the box to enroll all dependents in selected benefits ...
- 2 Or, if individual dependents should be enrolled in a specific benefit plan, simply check the corresponding box to select coverage for that member.
- 3 This screen displays the employee's benefit selections. If you missed something or selected the wrong benefit plan, you can go back by clicking "Previous."
- 4 If everything looks right, click "Continue."

**EmployerAccess**
Anthem

Welcome John Smith Provider Finder Help Log out

Membership **Employer** Billing
Forms Reports Profile

Membership / Member Information / Select Coverage (Life Coverage) / Assign Coverage

### Assign Coverage

Step 1 Member Information
Step 2 Select Coverage
Step 3 Add/Update Life Coverage
Step 4 Assign Coverage
Step 5 Other Coverage

Subscriber Name: <b>JOHN SMITH</b>	Group Number: <b>123456</b>	Group Name: <b>ABC CO</b>
Member ID: <b>123456789</b>	Subgroup Number: <b>0344</b>	Subgroup Name: <b>XYZ</b>

**Coverage Assignment Options**

Enroll all members in coverage selected 1

**Medical Coverage** 2

HEALTH 1					
Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input checked="" type="checkbox"/>
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	<input type="checkbox"/>

**Dental Coverage**

DENTAL 1					
Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input checked="" type="checkbox"/>
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	<input type="checkbox"/>

**Vision Coverage**

VISION 1					
Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input checked="" type="checkbox"/>
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	<input type="checkbox"/>

**Disability Coverage**

Type	Plan	Effective Date
Short Term Disability	MO Preferred Choice Short Term Disability	04/05/2006
Long Term Disability	MO Preferred Choice Long Term Disability	04/05/2006

**Life Coverage**

Type	Plan	Effective Date
Basic Life	MO Preferred Choice Basic Group Term Life-Fully Ins	04/05/2006
Accidental Death and Dismemberment	MO Preferred Choice Basic Group AD&D	04/05/2006
Optional Life Subscriber	MO Preferred Choice Optional Group Life-Sub Only	04/05/2006

\* Indicates a Required Field

Continue >>
<< Previous
Save and Exit
Cancel Transaction

4
3

## Step 3a. Assign Coverage

The following screen appears if provider information is required (i.e., for HMO medical and dental plans).

- 1 A. Enroll subscriber and all dependents in selected coverage.
  - B. Enroll subscriber and all dependents with the same medical Primary Care Physician (PCP).
- 2 Enter a provider for each member.

**Note:** To help employees find provider information, you may select the **Provider Finder** link located on this page.

**EmployerAccess**
**Anthem**

Welcome **John Smith** [Provider Finder](#) [Help](#) [Log out](#)

**Membership** **Employer** **Billing**
[Forms](#) [Reports](#) [Profile](#)

[Membership](#) / [Member Information](#) / [Select Coverage](#) / [Life Coverage](#) / [Assign Coverage](#)

### Assign Coverage

Step 1  
Member Information
Step 2  
Select Coverage
Step 3 (Optional)  
Life Coverage
Step 4  
Assign Coverage
Step 5  
Other Coverage

Subscriber Name: **JOHN SMITH**  
Member ID: **123456789**

Group Number: **123456**  
Subgroup Number: **0344**

Group Name: **ABC CO**  
Subgroup Name: **XYZ**

**Coverage Assignment Options**

Enroll all members in coverage selected **A.**

Same PCP Number for all members **B.**

PCP Number:  [Provider Finder](#)

The dental office that you select for the subscriber will be applied to the entire family **B.**

Primary Care Clinic:  [Provider Finder](#)

**Medical Coverage**

HEALTH 1						
Name	Relationship	Gender	Birth Date	Effective Date	Provider <a href="#">Provider Finder</a>	Cover This Member
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	PCP Number: <input type="text"/>	<input checked="" type="checkbox"/>
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	PCP Number: <input type="text"/>	<input type="checkbox"/>

**Dental Coverage**

DENTAL 1						
Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member	
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input checked="" type="checkbox"/>	
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	<input type="checkbox"/>	

**Vision Coverage**

VISION 1						
Name	Relationship	Gender	Birth Date	Effective Date	Cover This Member	
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	<input checked="" type="checkbox"/>	
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	<input type="checkbox"/>	

**Disability Coverage**

Type	Plan	Effective Date
Short Term Disability	MO Preferred Choice Short Term Disability	04/06/2006
Long Term Disability	MO Preferred Choice Long Term Disability	04/06/2006

**Life Coverage**

Type	Plan	Effective Date
Basic Life	MO Preferred Choice Basic Group Term Life-Fully Ins	04/06/2006
Accidental Death and Dismemberment	MO Preferred Choice Basic Group AD&D	04/06/2006
Optional Life Subscriber	MO Preferred Choice Optional Group Life-Sub Only	04/06/2006

\* Indicates a Required Field

[Continue](#)
[Previous](#)
[Save and Exit](#)
[Cancel Transaction](#)



## Step 4. Other Coverage

This is the final screen in the new enrollment process.

- 1 Clicking “No” to these questions will automatically activate “No” in the corresponding check boxes below. Clicking “Yes” to these questions prompts you to complete the necessary information below.
- 2 Indicate “Yes” or “No” by clicking the corresponding circle.
- 3 Enter the appropriate information.
- 4 This is the last step in the enrollment process. Click “Continue” to verify, then submit, your request.

### EmployerAccess

Welcome **John Smith** [Provider Finder](#) [Help](#) [Log out](#)

Membership
Employer
Billing
Forms
Reports
Profile

Membership / Member Information / Select Coverage / Life Coverage / Assum. Coverage / Other Coverage

## Other Coverage

Step 1 Member Information
Step 2 Select Coverage
Step 3 Additional Life Coverage
Step 4 Assign Coverage
Step 5 Other Coverage

Subscriber Name: <b>JOHN SMITH</b>	Group Number: <b>123456</b>	Group Name: <b>ABC CO</b>
Member ID: <b>123456789</b>	Subgroup Number: <b>0344</b>	Subgroup Name: <b>XYZ</b>

**Other Coverage**

1 Does any member being added have prior coverage?  
 Yes  No

Does any member being added have other coverage?  
 Yes  No

Does any member being added have Medicare coverage?  
 Yes  No

Indicates a Required Field

**Subscriber Information**

Name: <b>JOHN SMITH</b>	Gender: <b>Male</b>
Relationship: <b>Subscriber</b>	Birth Date: <b>01/01/1970</b>

2

**This member has prior coverage**

Yes  No

*If Yes, enter the information below*

Effective Date (mm/dd/yyyy)

Termination Date (mm/dd/yyyy)

Prior Carrier Name

Apply to All Dependents

**This member has Medicare coverage**

Yes  No

*If Yes, please check the following*

Part A  Yes  No

Effective Date (mm/dd/yyyy)

Part B  Yes  No

Effective Date (mm/dd/yyyy)

Medicare Identification Number

Reason for Eligibility/Entitlement

End Stage Renal Disease Onset Date (mm/dd/yyyy)

3

**This member has other coverage**

Yes  No

*If Yes, enter the information below*

Carrier Name

Policy ID Number

Policy Holder Name

Effective Date (mm/dd/yyyy)

Termination Date (mm/dd/yyyy)

Apply to All Dependents

Indicates a Required Field

**Dependent Information**

Name: <b>JAMIE SMITH</b>	Gender: <b>Female</b>
Relationship: <b>Spouse</b>	Birth Date: <b>02/02/1971</b>

**This member has prior coverage**

Yes  No

*If Yes, enter the information below*

Effective Date (mm/dd/yyyy)

Termination Date (mm/dd/yyyy)

Prior Carrier Name

**This member has other coverage**

Yes  No

*If Yes, enter the information below*

Carrier Name

Policy ID Number

Policy Holder Name

Effective Date (mm/dd/yyyy)

Termination Date (mm/dd/yyyy)

**This member has Medicare coverage**

Yes  No

*If Yes, please check the following*

Part A  Yes  No

Effective Date (mm/dd/yyyy)

Part B  Yes  No

Effective Date (mm/dd/yyyy)

Medicare Identification Number

Reason for Eligibility/Entitlement

End Stage Renal Disease Onset Date (mm/dd/yyyy)

Indicates a Required Field

Continue >>
<< Previous
Save and Exit
Cancel Transaction

4



## Step 5. Enrollment Verification

A verification page will appear and ask you to check the information you entered for accuracy.

- 1 It the information is correct, click “Submit.”
- 2 If the information is not correct, click “Previous” and make changes.

Once the information is verified and submitted, a message will confirm that the data was submitted to Anthem.

EmployerAccess



Welcome John Smith Provider Finder Help Log out

Membership
Employer
Billing
Forms Reports Profile

[Membership](#) / [Member Information](#) / [Select Coverage \(Life Coverage\)](#) / [Assign Coverage](#) / [Other Coverage](#) / Verification

### Verification

Subscriber Name: **JOHN SMITH**      Group Number: **123456**      Group Name: **ABC CO**  
 Member ID: **123456789**      Subgroup Number: **0344**      Subgroup Name: **XYZ**

Please review the information below. If the information is correct, please click Submit to complete the transaction. If the information is not correct, please click the Previous button to make changes before completing the transaction.

#### Medical Coverage

HEALTH 1					
Name	Relationship	Gender	Birth Date	Effective Date	Provider
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	John Martin MD (000000437618)
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	John Martin MD (000000437618)

#### Dental Coverage

DENTAL 1					
Name	Relationship	Gender	Birth Date	Effective Date	Provider
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006	Richard Kling DDS (000000517523)
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006	Richard Kling DDS (000000517523)

#### Vision Coverage

VISION 1				
Name	Relationship	Gender	Birth Date	Effective Date
JOHN SMITH	Subscriber	Male	01/01/1970	04/06/2006
JANE SMITH	Spouse	Female	02/02/1971	04/06/2006

#### Disability Coverage

Type	Plan	Effective Date
Short Term Disability	MO Preferred Choice Short Term Disability	04/06/2006
Long Term Disability	MO Preferred Choice Long Term Disability	04/06/2006

#### Life Coverage

Type	Plan	Effective Date
Basic Life	MO Preferred Choice Basic Group Term Life-Fully Ins	04/06/2006
Accidental Death and Dismemberment	MO Preferred Choice Basic Group AD&D	04/06/2006
Optional Life Subscriber	MO Preferred Choice Optional Group Life-Sub Only	04/06/2006

Submit
← Previous
Save and Exit
Cancel Transaction

1
2

## How to correct an ID (SSN)

If you notice an error in the ID number while you are on the Member Information page, you can:

- 1 Click Change Member ID on the Member Information page.

Enter the correct ID number in the blank field on the Change Member ID page (not shown) and click "Submit."

You will return to the Member Information screen for continued work.

You can access the "Change Member ID" hyperlink only through this screen.

**Note: You can only change the ID number during the enrollment process. You cannot change an ID number once the new enrollment has been submitted.**

**EmployerAccess** Anthem

Welcome John Smith | Provider Finder | Help | Log out

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Member Information

Step 1 Member Information | Step 2 Select Coverage | Step 3 (optional) Life Coverage | Step 4 Assign Coverage | Step 5 Other Coverage

Member ID: 123456789 | Group Number: 123456  
Change Member ID | Group Name: ABC CO

**Subscriber Information**

Last Name: [Text Field] | Work Phone Number: [Text Field]  
First Name: [Text Field] | Extension: [Text Field]  
Middle Initial: [Text Field] | Hire Date (mm/dd/yyyy): [Text Field]  
Gender:  Male  Female | Actively at Work:  Yes  No  
Address 1: [Text Field] | Hours worked per week: [Text Field]  
Address 2: [Text Field] | Retirement:  Yes  No  
City: [Text Field] | Income Reported by W2 or 1099:  Yes  No  
State: [Text Field] | Enrollment Reason: [Select One]  
Zip Code: [Text Field] | Effective Date (mm/dd/yyyy): [Text Field]  
Birth Date (mm/dd/yyyy): [Text Field] | Subgroup: [Select One]  
Marital Status: [Select One] | Life Class: [Select One]  
Social Security Number: [Text Field]  
Home Phone Number: [Text Field]

Indicates a Required Field  
Actual City and State names are determined by US Postal Zip Code

Continue >> | Save and Exit | Cancel Transaction | Add Dependent

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# Existing Member Maintenance

## Member Search

To perform maintenance on a specific employee and/or dependent, first search for the employee in EmployerAccess. There are two ways to search:

- 1 To access benefit information or make changes to a current employee's benefits, enter the Member ID number (typically the Social Security Number) or Health Care Identifier (HCID) in the blank box under "View/Change Member Information," then click "Submit."
- 2 You can also search by entering the employee's last name and first name.

Your search will bring up an Employee/Dependent Details page from which you can view specific information about an employee and easily initiate member update transactions by using the buttons displayed.

**EmployerAccess Overview**  
Welcome to EmployerAccess, our state-of-the-art, benefits management system.

Member ID	Subscriber Name	Type	User ID	Actions
123456789	SMITH, JOHN	Re-Enroll	JSMITH001	<a href="#">Resume</a>   <a href="#">Delete</a>
234567890	SMITH, JOHN	Enrollment	JSMITH002	<a href="#">Resume</a>   <a href="#">Delete</a>
345678901	SMITH, JOHN	Add Coverage	JSMITH003	<a href="#">Resume</a>   <a href="#">Delete</a>
456789012	SMITH, JOHN	Change Coverage	JSMITH004	<a href="#">Resume</a>   <a href="#">Delete</a>

**Billing Entities**

Billing Entity Number	Amount Due
EAT005H001	\$23,520.44
EAT005M025	\$39,061.00
EAT005O029	Self Bill

**View / Change Member Information**

Member ID or HCID:  **Submit** 1

Last Name:  2

First Name:

**Add New Subscriber**

Member ID:  **Submit**

## Employee/Dependent Details

Employee/Dependent Details offers a quick overview of employee and dependent information, including coverage, name(s), address, birthdate(s), relationship code for dependents, effective/cancellation dates and provider information, where applicable.

This screen displays a list of enrolled members and their benefits.

- 3 You can easily access prior enrollment information where available by clicking on the Prior Enrollment link located below the member(s) name.

**EmployerAccess**  
Welcome John Smith | Provider Finder | Help | Log out

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**Employee/Dependent Details**

Subscriber Name: JOHN SMITH | Group Number: 123456 | Group Name: ABC CO  
Member ID: 123456789 | Subgroup Number: 3443 | Subgroup Name: XYZ  
HCID: 901A05895

**Subscriber Information**

Address: 100 MAIN ST, CITY, ST 99999 | Add Coverage | Edit Personal Information  
Home Phone Number: 999-999-9999 | Change Coverage | Add Dependent  
Gender: Male | Cancel Coverage | Request ID Cards  
Birth Date: 12/12/1972 | View / Print Certificates | Life and Disability  
Reinstate | Re-Enroll  
Change Life Benefits

**Medical Coverage**

Member Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Provider
JOHN SMITH <a href="#">Prior Enrollment Information</a>   <a href="#">Other Coverage Information</a> 3	Active	Male	Subscriber	12/12/1972	03/01/2007		JOHN MARTIN MD (010000437618)
JILL SMITH <a href="#">Prior Enrollment Information</a>   <a href="#">Other Coverage Information</a>	Active	Female	Spouse	01/01/1975	03/01/2007		JOHN MARTIN MD (010000437618)
JACK SMITH <a href="#">Prior Enrollment Information</a>   <a href="#">Other Coverage Information</a>	Active	Male	Child	05/15/2000	03/01/2007	05/15/2018	JOHN MARTIN MD (010000437618)

**Dental Coverage**

## Add or Re-Enroll Dependent(s)

Simply click on “Add Dependent” on the Employee/Dependent Details page to access this screen. On this page you can add or re-enroll dependents to an enrolled employee’s (subscriber’s) coverage.

- 1 Enter the event reason.
- 2 Enter the event date.
- 3 If you wish to add a new dependent, complete the “New Dependent Information” section.

New spouses and newborn dependents may be added through EmployerAccess within 31 days of marriage or birth. A dependent spouse and/or child(ren) may only be added during the group’s open enrollment period or a qualifying event.

- 4 Whether you re-enroll a dependent or add a new dependent, make sure the box next to “Include Dependent” is checked.
- 5 Click “Continue”.

The remaining steps of the re-enrollment process mirror the steps in the new enrollment process (see page 7).

**Note: You can only re-enroll a dependent on this page if the dependent is not active in any other plan. If the dependent is active in another plan, the “Add Coverage” option should be used.**

**A separate transaction is required when re-enrolling and adding new dependents.**

**EmployerAccess** Anthem

Welcome John Smith Provider Finder Help Log out

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Membership / Add Dependents

### Add Dependents

Step 1 Add Dependents Step 2 Assign Coverage Step 3 Other Coverage

Subscriber Name: JOHN SMITH Group Number: 123456 Group Name: ABC CO  
 Member ID: 123456789 Subgroup Number: 344 Subgroup Name: XYZ

**Event Information**

Event Reason: (Select One) 1 Event Date: (mm/dd/yyyy) 2

Indicates a Required Field

**Current Members**

Name	Relationship	Gender	Birth Date
JOHN SMITH	Subscriber	Male	01/01/1970

**Inactive Dependent Information**

Last Name: SMITH Birth Date: 05/01/1973  
 First Name: MARY Relationship: Spouse  
 Middle Initial: Marital Status: (Select One)  
 Gender: Male Female Social Security Number:   
 Include Dependent  Disabled  Full-Time Student  Federal Tax Exemption  
 Based on your contract, this information may or may not be used to determine the dependents eligibility.  
 Indicates a Required Field

**New Dependent Information**

Last Name: 3 Birth Date:   
 First Name: Relationship: (Select One)  
 Middle Initial: Marital Status: (Select One)  
 Gender: Male Female Social Security Number:   
 Include Dependent  Disabled  Full-Time Student  Federal Tax Exemption  
 Based on your contract, this information may or may not be used to determine the dependents eligibility.  
 Indicates a Required Field

**New Dependent Information**

Last Name: Birth Date:   
 First Name: Relationship: (Select One)  
 Middle Initial: Marital Status: (Select One)  
 Gender: Male Female Social Security Number:   
 Include Dependent 4  Disabled  Full-Time Student  Federal Tax Exemption  
 Based on your contract, this information may or may not be used to determine the dependents eligibility.  
 Indicates a Required Field

Continue Save and Exit Cancel Transaction Add Another Dependent

5



## Add Coverage

Simply click “Add Coverage” on the Employee/Dependent Details page and access this screen to add coverage to an employee’s (subscriber’s) benefits. Benefits can be added within 31 days of the current date.

- 1 Click on the appropriate button for the person who is adding coverage (subscriber or dependent).
- 2 Select the new coverage from the drop-down menu.
- 3 Click “Continue”.

The remaining steps of the add coverage process mirror the steps in the new enrollment process (see page 7)

**EmployerAccess** Anthem

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Membership / Add Coverage

### Add Coverage

Step 1 Add Coverage | Step 2 Select Coverage | Step 3 (optional) Life Coverage | Step 4 Assign Coverage | Step 5 Other Coverage

Subscriber Name: JOHN SMITH | Member ID: 123456789 | Group Number: 123456 | Subgroup Number: 0344 | Group Name: ABC CO | Subgroup Name: XYZ

You are:

Adding new subscriber level coverage **1**

Adding new dependent level coverage

Event Reason: (Select One)

Event Date: [ ]

\* Indicates a Required Field

**EmployerAccess** Anthem

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Membership / Member Information / Select Coverage

### Select Coverage

Step 1 Member Information | Step 2 Select Coverage | Step 3 (optional) Life Coverage | Step 4 Assign Coverage | Step 5 Other Coverage

Subscriber Name: JOHN SMITH | Member ID: 123456789 | Group Number: 123456 | Subgroup Number: 0344 | Group Name: ABC CO | Subgroup Name: XYZ

**Coverage Information**

Effective Date: 04/06/2006

**Select Coverage**

Medical Coverage: (Select One) **2**

Dental Coverage: (Select One)

Vision Coverage: (Select One)

Short Term Disability Coverage: (Select One)

Long Term Disability Coverage: (Select One)

Basic Life Coverage: (Select One)

Dependent Life Coverage: (Select One)

Accidental Death and Dismemberment Coverage: (Select One)

Optional Life Subscriber Coverage: (Select One)

Optional Accidental Death and Dismemberment Coverage: (Select One)

Continue >> | << Previous | Save and Exit | Cancel Transaction

**3**



## Change Coverage

Simply click the “Change Coverage” button on the Employee/Dependent Details page to make changes to existing benefit coverage.

- 1 Select “Type of Change.”
- 2 Click “Continue” to complete the transaction.

## Cancel Coverage

On the Employee/Dependent Details page, click the Cancel Coverage button to cancel the subscriber and/or dependent coverage.

- 3 Enter the Event Date.
- 4 Under “Cancellation Reason,” select a reason from the drop-down menu.
- 5 Be sure you check the box next to all affected dependents.
- 6 Click the “Continue” button to complete the transaction.

**Note:** For most groups, the cancellation effective date is the last day of the month after which the employee/dependent will no longer be covered by the group plan. For example, if the employee’s last date of employment is June 15, the cancellation effective date would be June 30.

HEALTH 1				
Name	Relationship	Status	Effective Date	Select Member To Cancel
JOHN SMITH	Subscriber	Active	05/01/2003	<input type="checkbox"/>
JANE SMITH	Spouse	Active	05/01/2003	<input type="checkbox"/>
JOE SMITH	Child	Active	05/01/2003	<input type="checkbox"/>

DENTAL 1				
Name	Relationship	Status	Effective Date	Select Member To Cancel
JOHN SMITH	Subscriber	Active	05/01/2003	<input type="checkbox"/>

VISION 1				
Name	Relationship	Status	Effective Date	Select Member To Cancel
JOHN SMITH	Subscriber	Active	05/01/2003	<input type="checkbox"/>

Type	Plan	Status	Effective Date	Cancel Coverage
Short Term Disability	MO Preferred Choice Short Term Disability	Active	01/01/06	<input type="checkbox"/>

Type	Plan	Status	Effective Date	Cancel Coverage
Basic Life	MO Preferred Choice Basic Group Term Life-Fully Ins	Active	05/01/2003	<input type="checkbox"/>
Dependent Life	MO Preferred Choice Basic Group Dependent Life	Active	05/01/2003	<input type="checkbox"/>
Accidental Death and Dismemberment	MO Preferred Choice Basic Group AD&D	Active	05/01/2003	<input type="checkbox"/>

## Re-Enrollment

To re-enroll a member whose coverage has been cancelled, select “Re-Enroll” from the Employee/Dependent Details page. (Re-enrollment follows the same process as new enrollment.)

- 1 To re-enroll an employee (subscriber), enter the requested information into each blank box, or field. Fields with red arrows (>>) beside them indicate required information.
- 2 If the employee has dependents to re-enroll, check the box next to “Include Dependent.”
- 3 Click “Continue.”

The remaining steps of the re-enrollment process mirror the steps in the new enrollment process (see page 7).

**EmployerAccess** Anthem

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Membership **Employer Billing** Forms Reports Profile

Membership / Member Information

### Member Information

Step 1 Member Information Step 2 Select Coverage Step 3 (optional) Life Coverage Step 4 Assign Coverage Step 5 Other Coverage

Subscriber Name: **JOHN SMITH** Group Name: **ABC CO**  
 Member ID: **123456789** Group Number: **123456**

**Subscriber Information**

Last Name \* SMITH Work Phone Number 444778888  
 First Name \* JOHN Extension 1234  
 Middle Initial   
 Gender \*  Male  Female Hire Date (mm/dd/yyyy) 12/31/99  
 Address Line 1 100 MAIN ST Actively at Work  Yes  No  
 Address Line 2  Hours worked per week   
 City CITY Retiree  Yes  No  
 State IL Income Reported by W2 or 1099  Yes  No  
 Zip Code \* 99999 Re-Enrollment Reason (Select One)  
 Birth Date (mm/dd/yyyy) \* 01/01/1970 Event Date (mm/dd/yyyy)   
 Marital Status (Select One) Subgroup 0344 - XYZ  
 Social Security Number 999999999 Life Class 01 - Managers  
 Home Phone Number 444555555

\* Indicates a Required Field  
 Actual City and State names are determined by US Postal Zip Code

**Dependent Information**

Last Name \* SMITH Birth Date (mm/dd/yyyy) 02/02/1971  
 First Name \* JANE Relationship Spouse  
 Middle Initial   
 Gender \*  Male  Female Marital Status (Select One)  
 Social Security Number   
 Include Dependent  Disabled  Full-Time Student  Federal Tax Exemption

Based on your contract, this information may or may not be used to determine the dependents eligibility.  
 \* Indicates a Required Field

**Dependent Information**

Last Name \* SMITH Birth Date (mm/dd/yyyy) 03/03/2000  
 First Name \* JOE Relationship Child  
 Middle Initial   
 Gender \*  Male  Female Marital Status (Select One)  
 Social Security Number   
 Include Dependent  Disabled  Full-Time Student  Federal Tax Exemption

Based on your contract, this information may or may not be used to determine the dependents eligibility.  
 \* Indicates a Required Field

Continue Save and Exit Cancel Transaction Add Another Dependent

## Change Life Benefit Values

On the Employee/Dependent Details page, click the “Change Life Benefit Values” button to update Life Benefits if a member has elected the Life coverage.

- 1 Complete the following data fields:
  - Enter the subscriber’s new annual salary.
  - New Salary Effective Date
- 2 Click Continue to complete the transaction.

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**Membership** / [Change Life Benefits](#)

### Change Life Benefits

Subscriber Name: JOHN SMITH      Group Number: 123456      Group Name: ABC CO  
Member ID: 123456789      Subgroup Number: 0344      Subgroup Name: XYZ

**!** Online changes are only available for salary based products.

**Change Details**

New Subscriber Annual Salary

New Salary Effective Date  **1**

**Salary Based Life Coverage**

Type	Product	Effective Date
Long Term Disability	MO Preferred Choice Long Term Disability	03/01/2006
	Subscriber Annual Salary	\$40,000
	Salary Multiplier	1.00
	Monthly Benefit Amount	\$4,000
	Minimum Benefit	\$3,000
	Maximum Benefit	\$6,000
Any benefit amount over \$5,000 will require evidence of insurability. Benefit amount for this product will be rounded to the nearest \$1,000.		
Basic Life	MO Preferred Choice Basic Group Term Life - Fully Ins	03/01/2006
	Subscriber Annual Salary	\$40,000
	Salary Multiplier	1.00
	Benefit Amount	\$40,000
	Minimum Benefit	\$40,000
	Maximum Benefit	\$120,000
Any benefit amount over \$100,000 will require evidence of insurability. Benefit amount for this product will be rounded to the nearest \$1,000.		

**Non-Salary Based Life Coverage**

To make changes to other products, please select the link below. You will then be directed to the [Employee Applications](#) page. Please complete all applicable sections before signing (by all relevant parties) and submitting it to our Membership Billing Department.

Type	Product	Effective Date
Dependent Life	MO Preferred Choice Basic Group Dependent Life	03/01/2006
	Benefit Amount	\$30,000
Accidental Death and Dismemberment	MO Preferred Choice Basic Group AD&D	03/01/2006
	Benefit Amount	\$40,000

**Continue** >> **Save and Exit** **Cancel Transaction**

**2**

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## Reinstate

To reinstate a member with no lapse in coverage, select “Reinstate” from the Employee/Dependent Details page.

- 1 To reinstate an employee and dependents, check the box marked “Reinstate Member.” Be sure to check all applicable reinstated members.
- 2 Click “Continue.”

Be sure to verify your changes before submitting the new information.

**Note: No dependents can be reinstated on cancelled contracts unless the employee (subscriber) is reinstated.**

Benefits may be reinstated within 31 days of the cancellation date.

**EmployerAccess**
**Anthem**

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[Membership](#) / Reinstate Member

### Reinstate Member

Subscriber Name: **JOHN SMITH**      Group Number: **123456**      Group Name: **ABC CO**  
 Member ID: **123456789**      Subgroup Number: **0344**      Subgroup Name: **XYZ**

**!** The cancel date for one or more members is beyond the period for reinstatement.

**Medical Plan**

HEALTH 1							
Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Reinstate Member
JOHN SMITH	Terminated	Male	Subscriber	01/01/1970	12/01/2005	08/01/2007	<input type="checkbox"/>
JANE SMITH	Terminated	Female	Spouse	02/02/1971	02/01/2006	08/01/2007	<input checked="" type="checkbox"/> <span style="font-size: 1.2em; color: #ffc107;">1</span>

**Dental Plan**

DENTAL 1							
Name	Status	Gender	Relationship	Birth Date	Effective Date	Cancel Date	Reinstate Member
JOHN SMITH	Terminated	Male	Subscriber	01/01/1970	12/01/2005	08/01/2007	<input type="checkbox"/>
JANE SMITH	Terminated	Female	Spouse	02/02/1971	02/01/2006	02/01/2007	<input type="checkbox"/>

**Disability Coverage**

Type	Plan	Effective Date	Cancel Date	Reinstate Coverage
Short Term Disability	MO Preferred Choice Short Term Disability	12/01/2005	08/01/2007	<input type="checkbox"/>
Long Term Disability	MO Preferred Choice Long Term Disability	12/01/2005	08/01/2007	<input checked="" type="checkbox"/>

**Life Coverage**

Type	Plan	Effective Date	Cancel Date	Reinstate Coverage
Basic Life	MO Preferred Choice Basic Group Term Life-Fully Ins	12/01/2005	08/01/2007	<input type="checkbox"/>
Accidental Death and Dismemberment	MO Preferred Choice Basic Group AD&D	12/01/2005	08/01/2007	<input type="checkbox"/>

**Continue** >>
Save and Exit
Cancel Transaction

2

## Edit Personal Information

- 1 Simply click “Edit Personal Information” on the Employee/Dependent Details page to access the option to change employee (subscriber) and dependent personal information, such as address, phone number, etc.

**Note:** You will need to verify your changes before submitting the new information.

**EmployerAccess** Anthem

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[Membership](#) / Edit Personal Information

### Edit Personal Information

Subscriber Name:	<b>JOHN SMITH</b>	Group Number:	123456	Group Name:	<b>ABC CO</b>
Member ID:	123456789	Subgroup Number:	344	Subgroup Name:	XYZ

**Subscriber Information**

Last Name  Birth Date (mm/dd/yyyy) 1

First Name  Hire Date (mm/dd/yyyy)

Middle Initial

Gender  Male  Female Social Security Number

Address 1  Home Phone Number

Address 2

City

State

Zip

\* Indicates a Required Field  
▶ Actual City and State names are determined by US Postal Zip Code

**Dependent Information**

Last Name  Relationship

First Name  Social Security Number

Middle Initial

Gender  Male  Female

Birth Date

Disabled  Full Time Student/Federal Tax Exemption

\* Indicates a Required Field

**Dependent Information**

Last Name  Relationship

First Name  Social Security Number

Middle Initial

Gender  Male  Female

Birth Date

Disabled  Full Time Student/Federal Tax Exemption

\* Indicates a Required Field

[Continue >>](#) [Save and Exit](#) [Cancel Transaction](#)



## Request Print ID Card

Requesting ID cards is quick and easy. Simply click “Request ID Cards” on the Employee/Dependent Details page.

1 Select member(s) for whom you'd like to request a card.

2 Click “Submit.”

A confirmation screen will let you know the card is on its way.

To print a temporary ID card for an enrolled member:

3 Click on the View/Print ID card button (under Amber Alert banner). A pdf version of the latest ID card will be displayed.

4 Print the ID card.

**EmployerAccess** Anthem

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**Request ID Cards**

Subscriber Name: JOHN SMITH      Group Number: 123456      Group Name: ABC CO  
Member ID: 123456789      Subgroup Number: 0344      Subgroup Name: XYZ

**The ID cards shown are a copy of the most recent ID cards previously issued. Any changes made within the last three business days may not be reflected.**

[View/Print ID Card](#) **3**

**Select Members**

Select	Member Name
<input type="checkbox"/>	Entire Family
<input type="checkbox"/>	JOHN SMITH
<input type="checkbox"/>	JANE SMITH <b>1</b>
<input type="checkbox"/>	JOE SMITH

[Submit](#) [Cancel](#)

**2**

## Life and Disability

To initiate a claim, click “Life and Disability” on the Employee/Dependent Details page.

- 1 Click “Initiate Life and Disability Claim” on the Claims Tools page. There are several different kinds of claims you can initiate.

### Initiate Claim

You can initiate a life and/or disability claim for your employees here. Fill in the required information and select a claim at the bottom.

- 2 **Life Claims**
  - Life or Dependent Life
  - Accelerated Death Benefit
  - Accidental Death
  - Life - Waiver of Premium
- 3 **Disability Claims**
  - Short Term Disability
  - Long Term Disability
  - Loss of Sight/Dismemberment

Once you have completed your online entries, you will be able to print the claims form for signature and completion. Short-term disability claims are handled over the phone once the information from EmployerAccess is forwarded and reviewed.

### TIP:

For all claims other than Short Term Disability, once you have completed your online entries, you will be able to print the claims form for signature and completion. Short Term Disability claims don't require a signature and will automatically forward on for review once the transaction is successfully completed.

EmployerAccess  
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Membership / Claims Tools

### Claims Tools

Initiate Life and Disability Claim

**1** [Initiate a Claim](#)

Initiate a life or disability claim online and download necessary forms.

EmployerAccess  
Welcome John Smith | Provider Finder | Help | Logout

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Membership / Claims Tools / Initiate Claim

### Initiate Claim

As the Group Administrator, you can initiate Life and/or Disability Claims for your employees here. For all claims other than Short Term Disability, once you have completed your on-line entries, you will be able to print the claims form for signature and completion.

- You will need to print the claims form for signature and completion.
- It will still be necessary for you or the member to submit a completed and signed paper form and all documentation for the claim to be paid.

For Short Term Disability claims your entries will be submitted to our claims department for processing and follow-up. Now we'll walk you through the claim by asking you a series of questions.

**Group Information**

Group Number: 123456    Group Name: ABC CO

**Employee Information**

Employee First Name \* JOHN  
Employee Last Name \* SMITH  
Member ID \* 123456789

\* Indicates a Required Field

**Type of Claim**

What type of claim is this?

**Life Claims** **2**

- Life or Dependent Life
- Accelerated Death Benefit
- Accidental Death
- Life - Waiver of Premium

**Disability Claims** **3**

- Short Term Disability
- Long Term Disability
- Loss of Sight/Dismemberment

[Continue >>](#)

# Group Function

## 1 Billing

This tab allows you to view and pay your premium bills online. You can also access information on open invoices, monthly activity, invoice numbers and the amount currently due on your group health plan premium. See page 30 for instructions about using our Online Group Billing feature.

## 2 Forms

This tab links to our Group Administration Manual.

## 3 Reports

Use this tab to generate reports, view the Employee Roster, access Life and Disability tools and search physicians via our Provider Finder link. Also, operators designated as site administrators can also view all authorized EmployerAccess users and grant/change access.

## 4 Profile

Use this tab to change your e-mail address, password and/or your secret question.

**EmployerAccess Overview**

Welcome John Smith | Provider Finder | Help | Log out

Group Number: 123456  
Group Name: ABC CO

**Pending Activity**

Member ID	Subscriber Name	Type	User ID	Actions
123456789	SMITH, JOHN	Re-Enroll	JSMITH001	Resume   Delete
234567890	SMITH, JOHN	Enrollment	JSMITH002	Resume   Delete
345678901	SMITH, JOHN	Add Coverage	JSMITH003	Resume   Delete
456789012	SMITH, JOHN	Change Coverage	JSMITH004	Resume   Delete

**Billing Entities**

Billing Entity Number	Amount Due
EAT005H001	\$233,520.44
EAT005N025	\$39,061.00
EAT0050020	Self Bill
EAT0050030	\$2,177.58
EAT0050045	\$16.80
EAT0050051	\$1,029.35
LAC004	\$11,732.03
MHMO01	\$30,090.57

# Pending Activity

This example shows how your Pending Activity folder might look.

## 5

Clicking "Delete" on a transaction on this page allows you to cancel the transaction that was in process and saved. It does not cancel any existing coverage for the subscriber/dependent.

**Note: To ensure full access to subscriber information and accurate records, please be aware of pending activity and process or delete pending transactions in a timely manner.**

**EmployerAccess**

Welcome John Smith | Provider Finder | Help | Log out

Group Number: 123456  
Group Name: ABC CO

**Pending Activity**

This is a list of work started but not completed. You may continue working on an activity by selecting Resume or remove this pending activity by selecting Delete.

Member ID	Subscriber Name	Type	User ID	Date	Time (ET)	Actions
<input type="checkbox"/>	004072006 MOSES, SAMUEL R	New Enrollment	UPIADMIN	04/07/2006	10:21:31 AM	Resume   Delete
<input type="checkbox"/>	002852003 COERA, TEST Q	New Enrollment	UPIADMIN	04/10/2006	01:05:10 PM	Resume   Delete
<input type="checkbox"/>	004110000 ONE, WILSON	New Enrollment	OF0410	04/11/2006	10:01:53 AM	Resume   Delete
<input type="checkbox"/>	002644001 FIRST, TEST P	Add Coverage	UPIADMIN	04/11/2006	11:06:32 AM	Resume   Delete
<input type="checkbox"/>	070060050 MURRAY, HARRIS T	Add Coverage	UPIADMIN	04/11/2006	11:10:01 PM	Resume   Delete
<input type="checkbox"/>	004172006 FIRST, LAST MI	New Enrollment	UPIADMIN	04/11/2006	01:57:13 PM	Resume   Delete
<input type="checkbox"/>	534563503 HOG, GREG L	New Enrollment	PWESTFALL	04/11/2006	05:51:05 PM	Resume   Delete
<input type="checkbox"/>	116580116 SDFDSF, SDFBDFE	New Enrollment	UPIADMIN	04/19/2006	02:09:16 AM	Resume   Delete
<input type="checkbox"/>	111000111 LUCY, FIELDS P	New Enrollment	UPIADMIN	04/24/2006	03:43:06 PM	Resume   Delete
<input type="checkbox"/>	111000112 MARSHALL, FIELDS N	New Enrollment	UPIADMIN	04/24/2006	03:46:34 PM	Resume   Delete
<input type="checkbox"/>	005080001 DANIEL, SMITH K	New Enrollment	UPIADMIN	05/08/2006	01:30:39 PM	Resume   Delete
<input type="checkbox"/>	001111111 FIRST, LAST G	New Enrollment	UPIADMIN	05/10/2006	11:03:15 AM	Resume   Delete
<input type="checkbox"/>	120460120 MAX, SAMUEL	New Enrollment	UPIADMIN	05/10/2006	11:03:15 AM	Resume   Delete
<input type="checkbox"/>	125245145 RAM, NATHAN	Cancel Coverage	UPIADMIN	05/10/2006	11:02:20 AM	Resume   Delete

# Group Billing

## Group Billing Transaction Selection

- 1 Select the group number from the Billing Entities page (Billing home page) to access a number of transactions on the Open Invoices page.
- 2 Click on an invoice number to view details.
- 3 Select Manage Billing Email Addresses to set up one or more bank accounts from which to pay your bills.
- 4 Using the links on the left side of the screen, you can pay your bills online, schedule payments, view past invoices and more.
- 5 You can also access some of the above functions using the buttons on the screen.

**Billing Entities**

Case Number: 123456  
Case Name: ABC CO

No Employer or Broker email address found. Please choose Manage Billing Email Addresses' under Preferences at left to establish an email address for receiving important notifications related to billing activities.

Period	Invoice #	Amount Due
June 2007	000587032D	\$78,293.55
<b>Total Amount Due</b>		<b>\$78,293.55</b>

Period	Invoice #	Amount Due
June 2007	000589901D	\$2,899.94
May 2007	000583471D	\$2,899.94
April 2007	000579579D	\$2,899.94

**Open Invoices**

Billing Entity Number: 1234560001  
Billing Entity Name: ABC CO ENTITY 1

Period	Invoice #	Amount Due
September 2007	00011222C	\$29,821.51
August 2007	000333444C	\$776.50
<b>Total Amount Due</b>		<b>\$30,598.01</b>

View Past Invoices | View Past Payments

### TIP:

Billing Entities also provides access to invoices and their details.

## Invoice Details

After selecting an invoice number to review, a number of options are available. This screen displays your current invoices and the total amount due. All the information on this page appears on your statement.

**EmployerAccess**
**Anthem**

Welcome **John Smith**
 Provider Finder
 Help
 Log out

**Membership** | **Employer** | **Billing**
Forms | Reports | Profile

Billing Entities / Open Invoices / Invoice Details

### Invoice Details

[Pay Online Now](#) | [Print Bill](#) | [Download Bill](#)

Select Billing Period / Invoice:

Billing Entry Number: <b>123456H001</b>	Invoice #: <b>000999999G</b>
Billing Entity Name: <b>ABC CO</b>	Billing Period: <b>04/01/2007 - 05/01/2007</b>
Group Contact: <b>CONTACT, GROUP</b>	Date Billed: <b>03/19/2007</b>
Premium Specialist: <b>SPECIALIST, PREMIUM</b>	Payment Due Date: <b>04/01/2007</b>
Desk Number: <b>9999</b>	Invoice Status: <b>OPEN</b>
Telephone Number: <b>(999) 999-9999</b>	

<b>Bill Summary</b>	<b>Product Summary</b>	<b>Membership Details</b>	<b>Billed Adjustments</b>	<b>COBRA</b>	<b>Overage Dependents</b>	<b>Eligibility Changes</b>
---------------------	------------------------	---------------------------	---------------------------	--------------	---------------------------	----------------------------

**ANTHEM BLUE CROSS AND BLUE SHIELD**

Department 9999  
Denver, CO, 80273-0000

<b>Prior Bill Amount:</b>	<b>\$1,950.00</b>
<b>Amount Paid:</b>	<b>\$0.00</b>
AMT. TRANSFERRED OUT	\$0.00
AMT. TRANSFERRED IN	\$0.00
RETURNED BY BANK	\$0.00
REFUND	\$0.00
WRITE OFFS	\$0.00
CASH CORRECTION+BACKOUTS	\$0.00
REVERSE REFUND	\$0.00
REVERSE WRITE-OFF AMOUNT	\$0.00
NSF REVERSE REFUND AMOUNT	\$0.00
<b>Prior Balance Due:</b>	<b>\$1,950.00</b>
MBR DETAIL SUB-TOTAL	\$420.00
ELIG ADJ SUB-TOTAL	\$0.00
MANUAL ADJ SUB-TOTAL	\$0.00
<b>Total Amount Due:</b>	<b>\$5,370.00</b>



# Manage Billing E-mail Addresses

EmployerAccess allows you to establish e-mail notification about online billing activity on both the group and subgroup levels from the Manage Billing E-mail Addresses screen.

To assign an e-mail contact when you establish bill payment on the group level:

- 1 Select Add Group E-mail.
- 2 Enter the complete e-mail address.
- 3 Select one of two contact types: Employer or Broker.
- 4 Click Submit E-mail to complete the transaction.

To assign an e-mail contact when you establish bill payment on the subgroup level:

- 5 Select Add Billing Entity E-mail.
- 6 Enter the complete email address.
- 7 Choose the associated Billing Entity from the drop down menu.
- 8 Select one of two contact types: Employer or Broker.
- 9 Click Submit E-mail to complete the transaction.

**EmployerAccess** Anthem

Welcome John Smith [Provider Finder](#) [Help](#) [Log out](#)

**Membership** **Employer** **Billing** Forms Reports Profile

[Billing Entities](#) / Manage Billing Email Addresses

## Manage Billing Email Addresses

Group Number: 00012345  
Group Name: ABC CO

The email addresses listed below will receive notifications, alerts, and transaction confirmations that are related to online group billing activities only.

Group Email Addresses		
Email Address	Contact Type	Actions
No Email Addresses found.		

[Add Group Email](#)

The group email addresses above will receive all notices unless you choose to add billing entity emails in the section below. If a billing entity email is added below, that billing entity email address will receive the notices instead of the group email addresses above.

Billing Entity Email Addresses			
Email Address	Contact Type	Billing Entity	Actions
No Billing Entity Email Addresses found.			

[Add Billing Entity Email](#)

[Back to Billing Entities](#)

## TIP:

The online bill pay option requires that you set up one or more bank accounts from which you can assign bill payment. Begin by identifying the e-mail contact information for the authorized user(s) assigned to receive notifications, alerts and transaction confirmations related to online group billing activity.

# Manage Employer's Bank Accounts

Enter valid bank account information to complete the online bill pay set-up process and begin making payments online.

- 1 Select Add New Account from the Manage Employer's Bank Account screen.
- 2 Enter the financial information for the bank account. Name of financial institution, institution's full address and account type are among the information required.
- 3 Click Add Account to complete the transaction.

You may add multiple bank accounts as needed. Simply return to the Manage Bank Accounts screen and select "Add New Account".

## Invoice/Membership Details

- 4 Here you can view each employee within your group by clicking on the "Membership Details" link. You can view additional information about an invoice by clicking on the additional links in the "Invoice Details" section.
- 5 To view any billed adjustments for your group, click "Eligibility Changes."

Item	Amount
Prior Bill Amount:	\$4,950.00
Amount Paid:	\$0.00
AMT. TRANSFERRED OUT	\$0.00
AMT. TRANSFERRED IN	\$0.00
RETURNED BY BANK	\$0.00
REFUND	\$0.00
WRITE OFFS	\$0.00
CASH CORRECTION+BACKOUTS	\$0.00
REVERSE REFUND	\$0.00
REVERSE WRITE-OFF AMOUNT	\$0.00
NSF REVERSE REFUND AMOUNT	\$0.00
Prior Balance Due:	\$4,950.00
MBR DETAIL SUB-TOTAL	\$420.00
ELIG ADJ SUB-TOTAL	\$0.00
MANUAL ADJ SUB-TOTAL	\$0.00
<b>Total Amount Due:</b>	<b>\$5,370.00</b>

## Pay Online

EmployerAccess offers you the convenience and flexibility of paying your monthly bill(s) online. You have the option to pay multiple invoices at one time.

- 1 Check the box marked “Pay” for each invoice you choose.
- 2 Choose to pay using a single account or multiple accounts.
- 3 Click “Continue.”

Next, you will be able to select a bank account and authorize your payment. You’ll receive confirmation that the payment is being sent to the bank.

**Note: You are still required to pay all invoices in a timely manner in accordance with the terms of your group contract.**

April 5, 2007 04:50:32 PM | Prototype | Anthem LG Contact Us

**EmployerAccess** Anthem

Welcome **John Smith** [Provider Finder](#) [Help](#) [Log out](#)

**Membership** **Employer** **Billing** Forms Reports Profile

Billing Entities / Select Payment Amount

### Select Payment Amount

Step 1 Select Payment **Step 2 Select Accounts** Step 3 Authorize Payment

Case Number: 123456  
Case Name: ABC CO

Payments will first be applied to a billing entity's oldest invoice. At a minimum, please select the oldest invoice for each billing entity you choose to pay.

Billing Entity	Current Period	Current Invoice	Due Date	Amount
<a href="#">123456H001</a>	April 2007	<a href="#">000999999G</a>	04/01/2007	<input checked="" type="checkbox"/> Pay \$420.00 Billed Amount \$420.00 Amount Due
	March 2007	<a href="#">000999999G</a>	03/01/2007	<input type="checkbox"/> Pay \$330.00 Billed Amount \$330.00 Amount Due
	February 2007	<a href="#">000999999G</a>	02/01/2007	<input type="checkbox"/> Pay \$330.00 Billed Amount \$330.00 Amount Due
	January 2007	<a href="#">000999999G</a>	01/01/2007	<input type="checkbox"/> Pay \$330.00 Billed Amount \$330.00 Amount Due
	December 2006	<a href="#">000999999G</a>	12/01/2006	<input type="checkbox"/> Pay \$330.00 Billed Amount \$330.00 Amount Due
	November 2006	<a href="#">000999999G</a>	11/01/2006	<input type="checkbox"/> Pay \$330.00 Billed Amount \$330.00 Amount Due

Pay using a Single Account **2**  
 Pay using Multiple Accounts

**Continue >>** **Cancel**

**3**

### TIP:

You have the option to pay online from almost any screen in the Billing section. Look for the “Pay Online Now” button.

# Helpful Tips for Adding New Employees

## Enrollment

### General

- An Open Enrollment effective date is automatically assigned if the box under 'Open Enrollment Mode' is selected on the EmployerAccess Overview page.
- An incorrect date of hire may produce a wrong eligibility effective date. You cannot correct this error through EmployerAccess. Please contact your Anthem Enrollment and Billing representative to correct the wrong date.
- After you 'Submit' the transaction, you will receive a message saying the transmission was successful. The Processing Date is the date that Anthem successfully receives the information.

### Dependent

- To enroll a disabled dependent online, please check "Disabled" when entering the requested member information. *You must also* complete the Disabled Dependent Certification form and submit it to Anthem for processing.
- To enroll a dependent due to adoption or a change in legal guardianship you must submit a completed paper enrollment form to Anthem.

## Medical/Dental/Vision

- During Open Enrollment, you may make eligibility changes within 31 days for:
  - New Enrollment
  - Add Coverage
  - Add Dependent(s)
  - Change Coverage
  - Re-Enroll
- Retroactive additions allow a 31-day window to process. The 31-day period is based upon the current date. Changes beyond this time frame must be submitted to Anthem.
- Retroactive terminations allow a 60-day window to process. The 60-day period is based upon the current date. Changes beyond this time frame must be submitted to Anthem.

## Life Products

- Life products are not available for selection in "Open Enrollment Mode".
- Select "Basic Life" when enrolling an employee only in one or more life products.
- Select "Dependent Life" when enrolling an employee and respective dependents in one or more life products.
- Dependent(s) information is not required when enrolling in life product(s).
- There might be a reduction in benefit amount for employees' ages 65 and older.
- Evidence of Insurability is required if the calculated benefit amount is over the Guaranteed Issue Amount.
- Employees (subscribers) must enroll in Basic Life to enroll in Optional Life.

# Definitions

## **Contributory**

The employee pays a portion or all of the cost. Since the employee pays a portion of the costs, the employee must elect life benefit within 31 days of the eligibility date.

Increase in benefit, other than due to salary change, may be done only within 31 days of the eligibility date.

Decrease in benefit may be processed at any time, as long as the effective date of change is within the 90-day retro guideline. Additionally, if the effective date of change is a future date, the effective date of change can only be up to six months of the current date.

## **Non-Contributory**

The benefit is free to employees and the employer pays the entire premium.

## **Guaranteed Issue Amount**

Coverage is guaranteed to a certain amount. For any amount above the guarantee issue the subscriber (employee) must submit an Evidence of Insurability.





Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross and Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare") underwrites or administers the HMO policies; and Compcare and BCBSWI collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.



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A **xerox**  Company

# E-Submit User Manual

April 30, 2012



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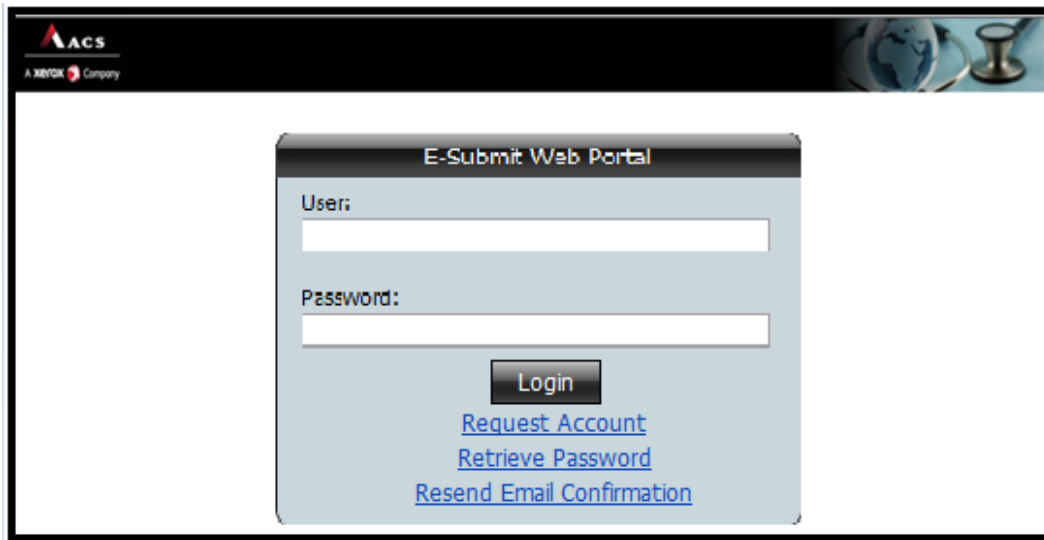
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## 1. Overview

The E-Submit Portal is a web based application that will allow the end user to submit a document emulating a fax process.

# E-Submit Portal Log In & User Request

The E-Submit portal allows the user to use the E-Submit web application. The **production** site is located at: <https://global.acswellpoint.com/Esubmit/>



In the log in page the user can:

- Log in
- Request an account
- Retrieve the current password
- Resend Email Confirmation

## Request an Account

To request an account, click on the link [Request Account](#) .  
The following page will open:

Request E-Submit Account

Email Address:

Full Name:

Mail Address:

Password:

Retype Password:

Invitation ID:

Business Unit:

Senior Group (West/East-Central/Medsupp)

Wave4

WP Dental Test

The following information is required:

Information	Description
<b>Email Address</b>	Email address. This will be your user log in.
<b>Full Name</b>	User full name
<b>Mail Address (not required)</b>	User mail street address
<b>Password</b>	User password (user will make up their own password and there are no restrictions).
<b>Invitation ID</b>	<b>Inv\$t3</b>
<b>Business Unit</b>	See page 5 for a listing of the Business Units

After all of the information is entered, click Request Account. If the email address is correct you will receive an email with a link to activate your account. Click on the link and your account will be activated.

## User Preferences

1. Log in to the portal
2. Click User Preference in the right corner



3. To set the active business unit follow these steps:

- Click Business Unit Settings
- Select the business unit to make active
- Click the button Set Active Business Unit
- The menus would change according to the selection. Also the E-submit tools would use the active business unit to filter your options only to the active selection.

The following business units are available in the E-Submit tool:

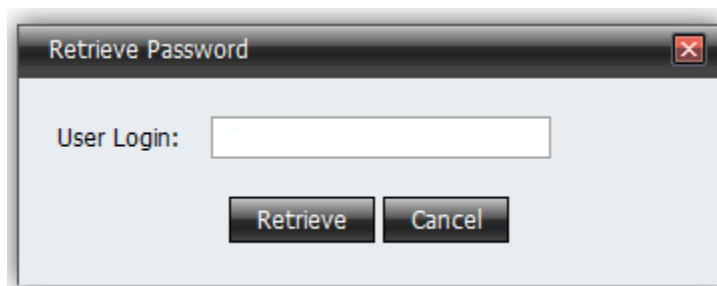
Business Unit	Description
Senior Group	Any Senior Business (Med Sup or Med Advantage) enrollment documents
Wave 4	Member (Individual, Group and Medicare) enrollment documents

4. To set a filter for E-Fax displayed fax lines

- Select the business unit if it is not selected. Note that the active business unit is the only option
- Check the fax line(s) that you want to be able to use, then press Save Changes. If none of the fax lines are checked then during the E-Fax process all lines for the active business unit will be available.

## Retrieve Current Password

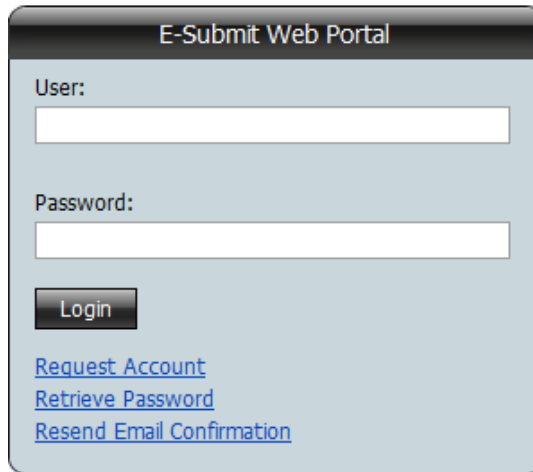
If the user forgets their password, this function will allow them to retrieve it. Click the link Retrieve Password then enter your user log in and press Retrieve. The user will receive an email with their current password.



The image shows a dialog box titled "Retrieve Password". It has a standard Windows-style title bar with a close button (red X) in the top right corner. The main area of the dialog is light gray and contains a text input field with the label "User Login:" to its left. Below the input field are two buttons: "Retrieve" and "Cancel", both with a dark gray background and white text.

## Log In

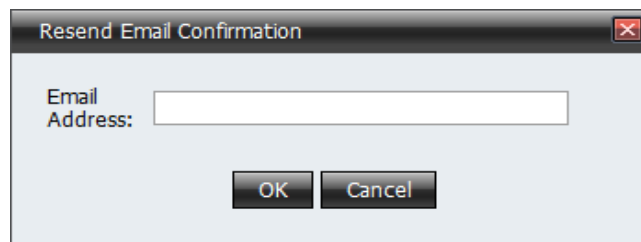
Enter the user name and password and then press login. This will allow the user to enter into the main page of the E-Submit portal.



The image shows a web portal login form titled "E-Submit Web Portal". It contains two input fields: "User:" and "Password:". Below the password field is a "Login" button. At the bottom of the form, there are three blue hyperlinks: "Request Account", "Retrieve Password", and "Resend Email Confirmation".

## Resend Email Confirmation

If the user does not receive the confirmation email to activate the account, this function will allow them to request the confirmation email again. Click the link Resend Email Confirmation and enter the email address for the account.



The image shows a dialog box titled "Resend Email Confirmation". It has a close button (red X) in the top right corner. The dialog contains a label "Email Address:" followed by a text input field. At the bottom, there are two buttons: "OK" and "Cancel".

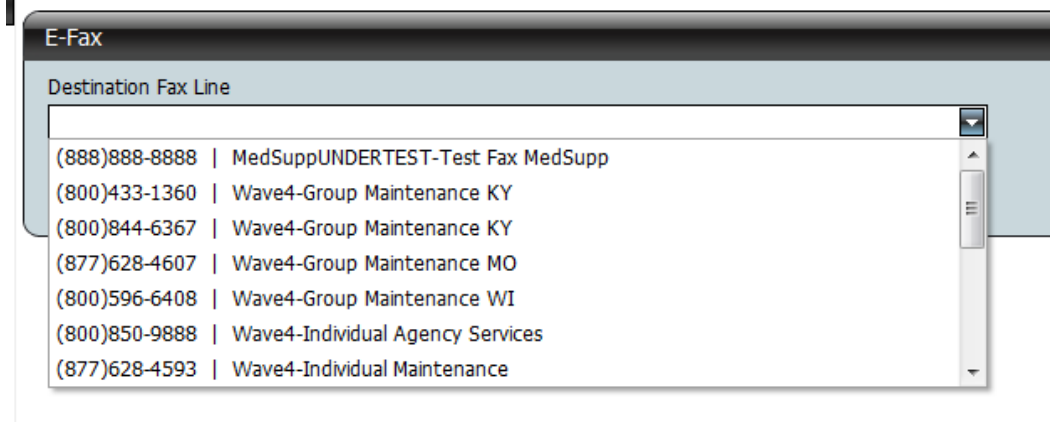
### E-Fax Tool

This is the section where the user can submit a document to be processed as a fax. To access this tool:

1. Log in to the portal
2. Click E-Fax Menu
3. Click E-Fax Classic Link

Follow the directions below to submit a document:

1. Select a fax line. The Fax line list contains the following information:
  - a. Fax Line Number
  - b. Business Unit
  - c. Fax Line Description

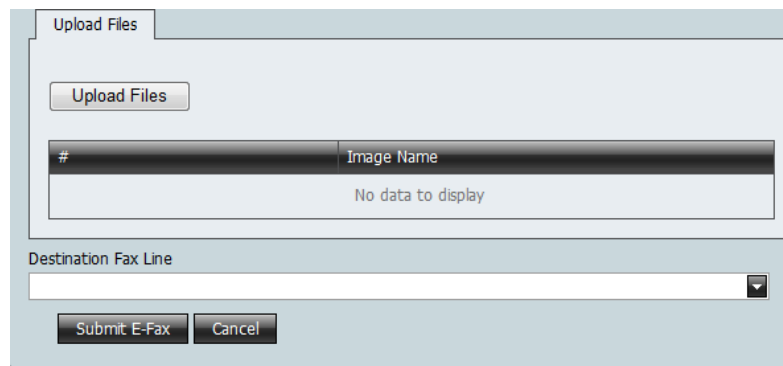


\*If you have a different fax line number, that you generally use, you can add that number at any time.

2. Upload the file to be submitted. The types of files that are allowed are: PDF, XLS, XLSX, DOC, DOCX, PPT, PPTX, JPG, JPEG, TIFF, HTML, HTM, RFT

\*Note: Documents must be closed prior to uploading.

The maximum size per file is 10MB and the total file size between all uploaded files cannot exceed 20MB. Scanning at 200DPI the user will be able to scan an average of 300 pages.



3. Preview the images if necessary by clicking View or View as Document

E-Fax

Upload Files

Upload Files

#	Image Name
<a href="#">Delete</a> <a href="#">View</a> <a href="#">View as Document</a>	UPS.pdf.1.TIFF

Destination Fax Line

(877)628-4602 | Wave4-Large Group Maintenance IN

Submit E-Fax Cancel

- Click Submit E-Fax
- Verify the information and then press Proceed or Cancel to return to the request page.

E-Fax Confirmation

Destination Fax Line: (877)628-4602



Destination Fax Line Description: Wave4-Large Group Maintenance I

Total Uploaded Files: 1

Total Converted Images: 1

Proceed Cancel

- Print the Confirmation Report if required.

E-Fax Confirmation Report

Destination Fax Number: (801)282-3142

Submitted By: Aivar

Submitted Date: 11/22/2010 6:42:00 PM

ACS Document Control Number: 1032600100007

Total Files Uploaded: 1

Total Images Received: 4

## E-Fax Detailed Report

To access this report, follow these steps:

1. Log in
2. Click E-Fax
3. Click E-Fax Detail Report

The report allows the user to set the following filters:

Information	Description
Submitted By	Email of a valid user (Optional)
From Date	Start date for the report (Required)
To Date	End date for the report (Required)
Destination Fax Line	Destination Fax Lines. Only fax lines for the active business unit are displayed (Required)
Document control number	ACS Document control as displayed in the submission report (Optional)

After the filter is set up, click View Report. This will create the report.

The screenshot shows the 'E-Fax Report' interface. At the top, there are filter fields: 'Submit By:' (text input), 'SBU Name:' (text input with 'Wave4' entered), 'Destination Fax line:' (dropdown menu with 'ALL' selected), 'View Report' button, 'Submit Date From:' (calendar icon), 'Submit Date To:' (calendar icon), 'Document Control No:' (text input), and 'Clear Filters' button. Below the filters is a table with columns: 'Submit Date', 'Sbu Name', 'Document Control Number', and 'Fax line'. The table currently displays 'No data to display'. At the bottom right, there is a 'Total Items:' label and two buttons: 'Export to Excel' and 'Export to PDF'.

## Export options

To export reports do click Export to Excel or Export to PDF. Then select a location to save the file.

## E-Fax Silverlight Version

This tool has the same functionality as the E-Fax tool but utilizes a web component by Microsoft called Silverlight. This component is free and is auto installed the first time the tool is used.

To access this tool:

1. Log in to the portal

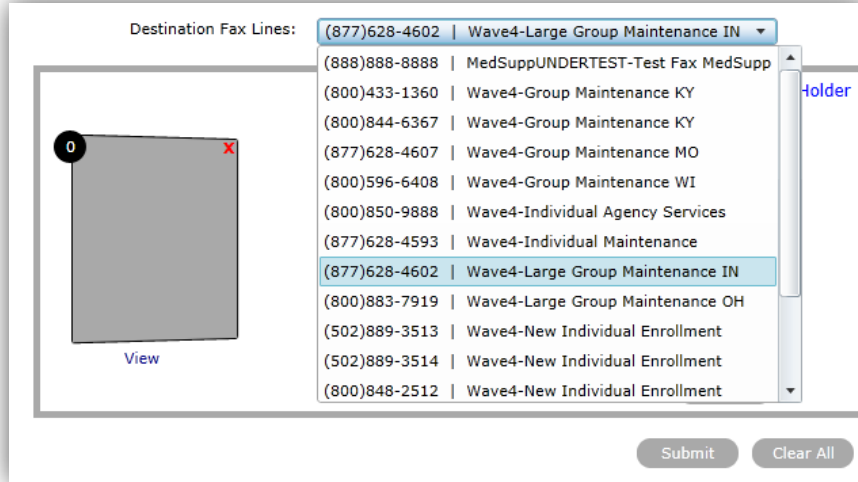


2. Click E-Fax

3. Click EFax Silverlight

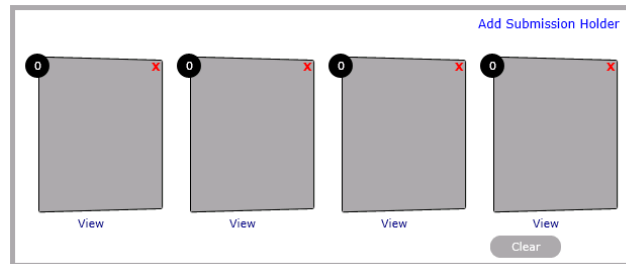
To submit an item follows the directions below:

1. Select the destination Fax Line.



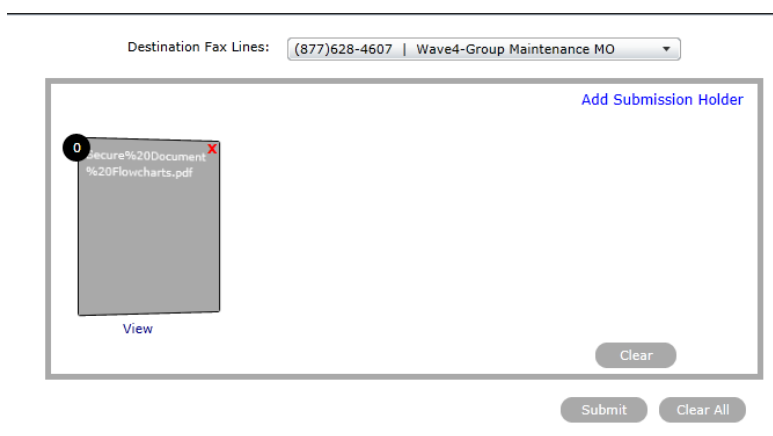
2. Upload the file that contains the image(s). The types of files that are allowed are: PDF, XLS, XLSX, DOC, DOCX, PPT, PPTX, JPG, JPEG, TIFF, HTM, HTML, RTF. Files can be drag and drop to each holder or the user can click on a holder and select the files from the select file dialog. Note that each holder represents a document on ACS system; this allows the user to split the items at front instead of relying on ACS to execute the split. The user can add multiple Holders as needed; the number on the holder represents the total file for that holder.

\*Note: Documents must be closed prior to uploading.

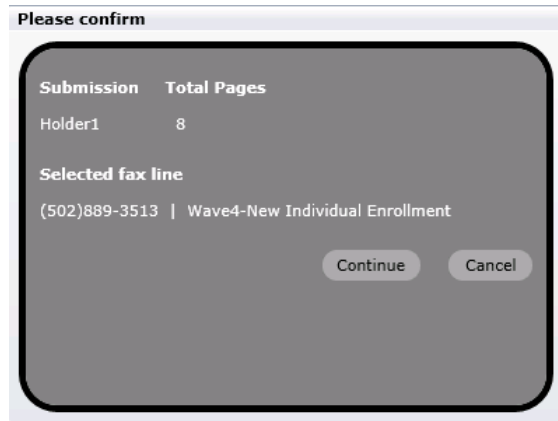


The maximum size per file is 15MB and the total file size between all uploaded files cannot exceed 30MB. This maximum is per holder not per submission.

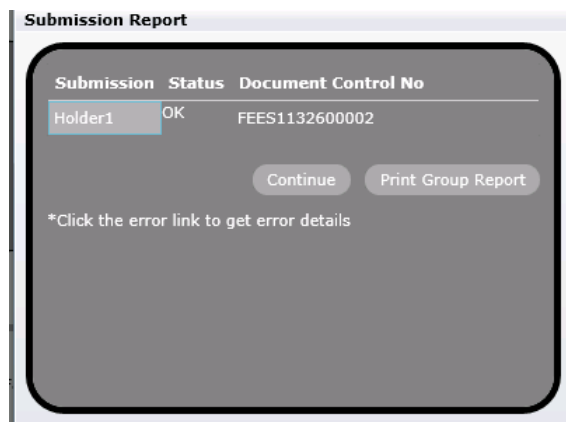
3. Click Submit



#### 4. Review the information and click Continue



5. Wait for the operation to finish. The user can print the confirmation by clicking on the Print Group Report.
6. Click continues to return to the tool.



# Internet Explorer Compatibility mode

For versions of internet explorer 9 or newer, the user may experience the following issue:

- List of Destination Fax line options are empty

To fix this issue, please follow the following steps:

1. Navigate to the E-submit Portal
2. Click on the compatibility mode icon

