EmployerAccess℠

Online User Manual

Colorado and Nevada Large Groups

Table of Contents

Introduction

EmployerAccess at anthem.com — your one-stop health management Web portal.

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, our online transaction service, EmployerAccess, has been updated to provide:

- Enhanced content
- Improved availability
- Faster response times
- Ability to pay online
- And a clean new look!

We've added Life and Disability management, which allows you to manage more at your convenience.

The new EmployerAccess offers you even more control over employee information, Life claim information and accuracy. Error messages signal missing or incomplete information, and electronic prompts guide you from one step to the next.

This manual offers step-by-step instructions on how to use EmployerAccess effectively.

If you have specific questions, refer to the Table of Contents or the FAQs page in the back of the manual.

Getting Started

❶ Visit anthem.com and click the "Employers" tab.

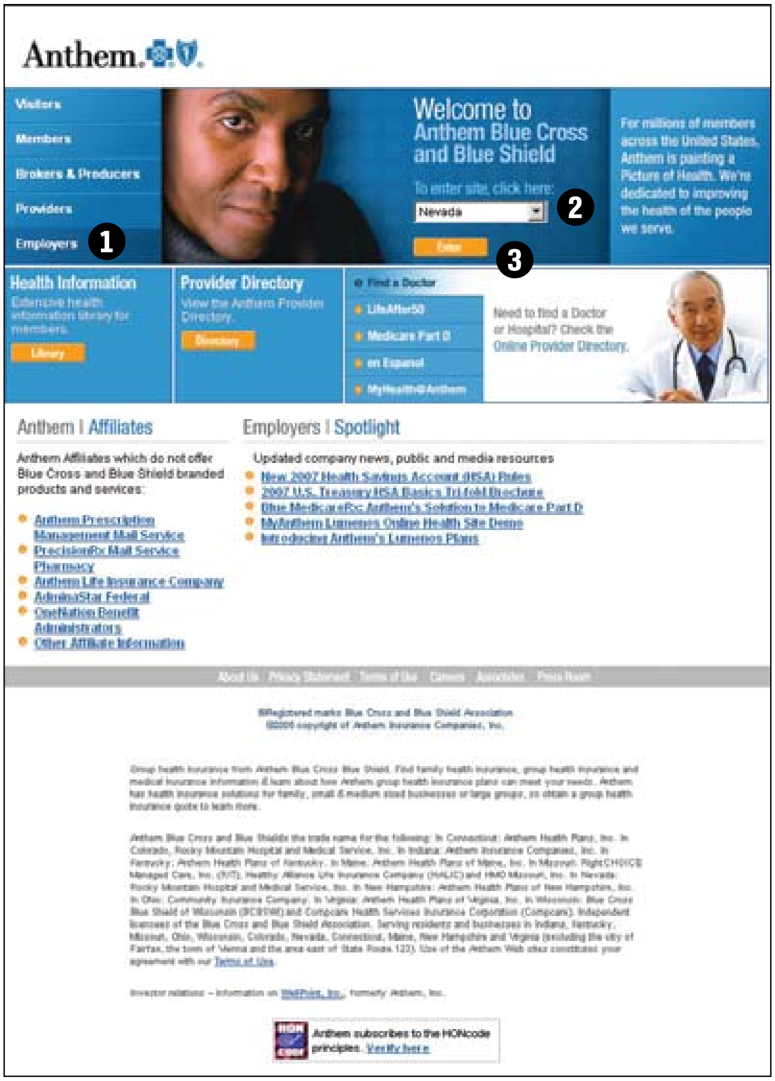
❷ Select a state.

❸ Click the orange "Enter" button.

❹ Click on the EmployerAccess - Groups of 51+ link.

❺ Click on the orange "Login" button.

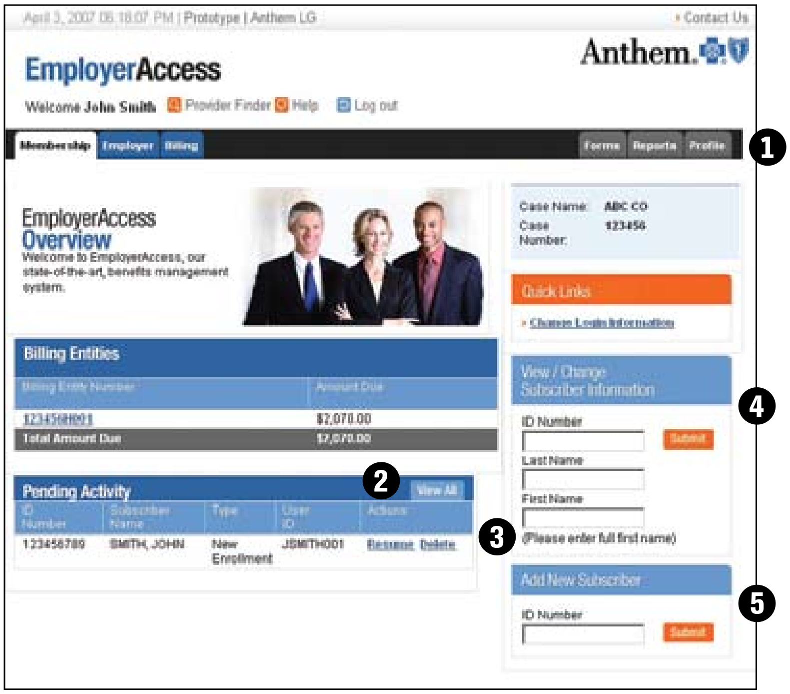
Enter your User ID and case-sensitive password.



TIP:

You can navigate EmployerAccess using tabs or "breadcrumbs." What are breadcrumbs? Hansel and Gretel used the real thing to mark their trail. EmployerAccess marks your trail electronically. Below the tabs are the titles of pages you've visited, which appear as links. These are called breadcrumbs, and they show you where you've been. If you want to get back to any one of them, just click the link.

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.



❶ Tabs to Employer Details, Billing, Forms, Reports and Profile are embedded at the top. They give you quick access to any of these screens.

❷ EmployerAccess Overview displays your pending activity. To access all your pending activity, click "View All" tab on the right.

❸ 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: You can also access pending activity from the "Reports" tab.

❹ 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."

❺ 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."

The first page in the new enrollment process, "Member Information," will appear.

New Enrollment

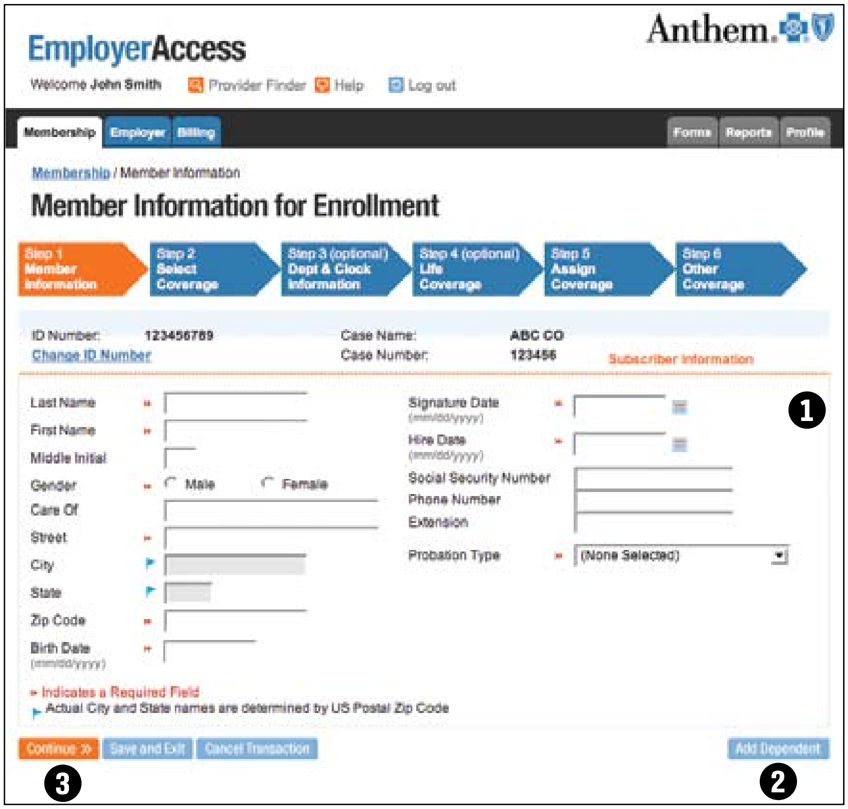
TIP:

Steps are numbered to tell you where you are in the enrollment process. All steps must be completed before an employee is enrolled. 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.

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:

If you did not complete all required information, an error message will appear telling you which field needs to be completed. You won't be able to continue to the next screen until completing the required fields.

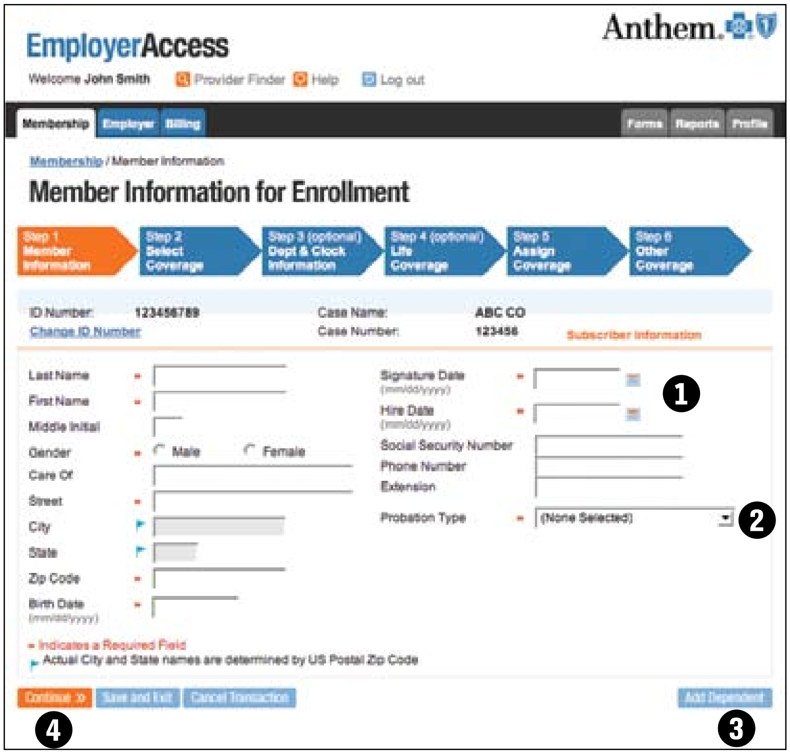
Member Information (Entering a Probationary Period)

1. If you have only one probationary period, the effective date of coverage is calculated based on the date entered in the "Hire Date" field.

2. If you have multiple probationary periods (i.e., an exempt employee is eligible for coverage on the first day of the month following date of hire, and a non-exempt employee is eligible for coverage on the first day of the month following completion of three months of continuous employment – see note below), click the drop-down box for "Probation Type" and select the appropriate type. The employee's effective date of coverage will be calculated based on the "Hire Date" and the "Probation Type."

3. If the employee has dependents to enroll, click "Add Dependent."

4. If the employee does not have dependents to enroll, click "Continue."



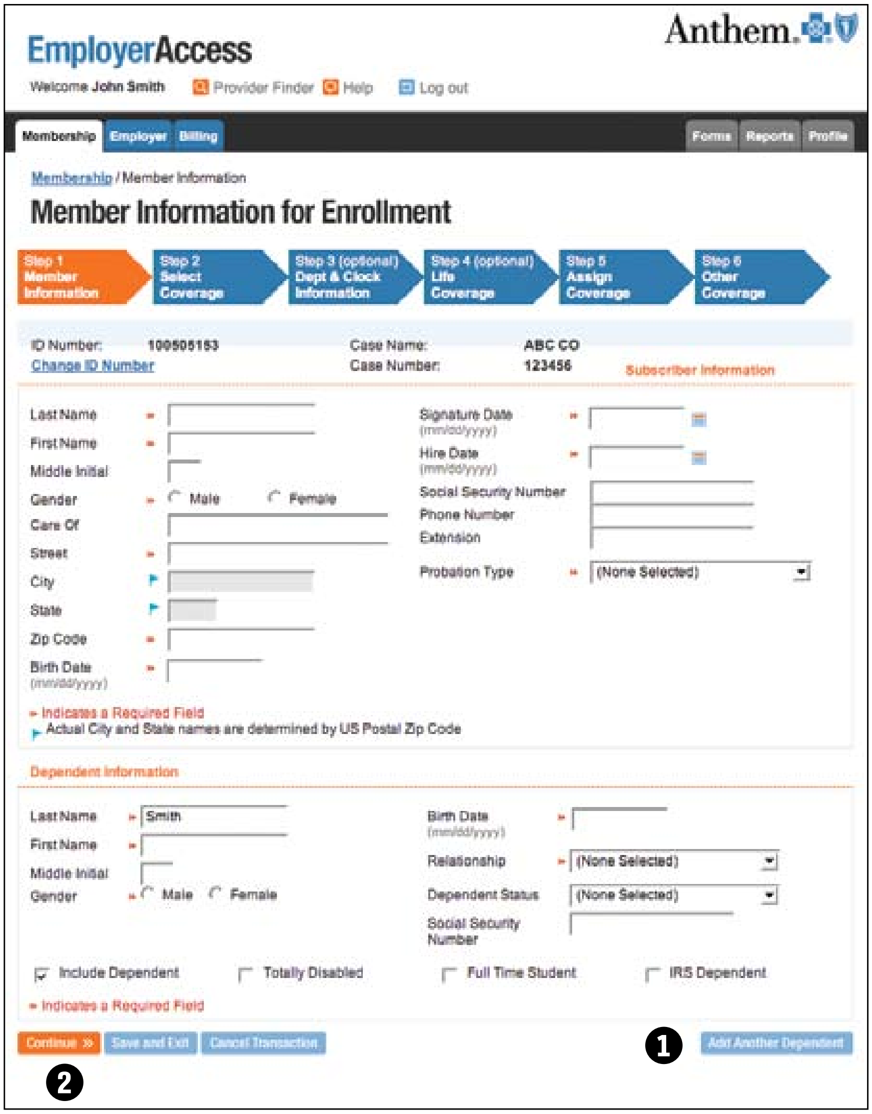
Note: Employees must meet eligibility requirements and satisfy their waiting period (referred to as probationary period) as defined in your Group Master Application.

Step 1. Members (Add Dependents)

This step is applicable only if you want to add dependents to the employee's benefits. This option is only available for new enrollees. If adding dependents to an existing subscriber, please see Add or Re-Enroll Dependent(s) on page 18.

❶ Fields requesting dependent information appear below the employee information. Complete the information and click "Add Another Dependent" for each dependent to enroll.

❷ Otherwise, click "Continue."

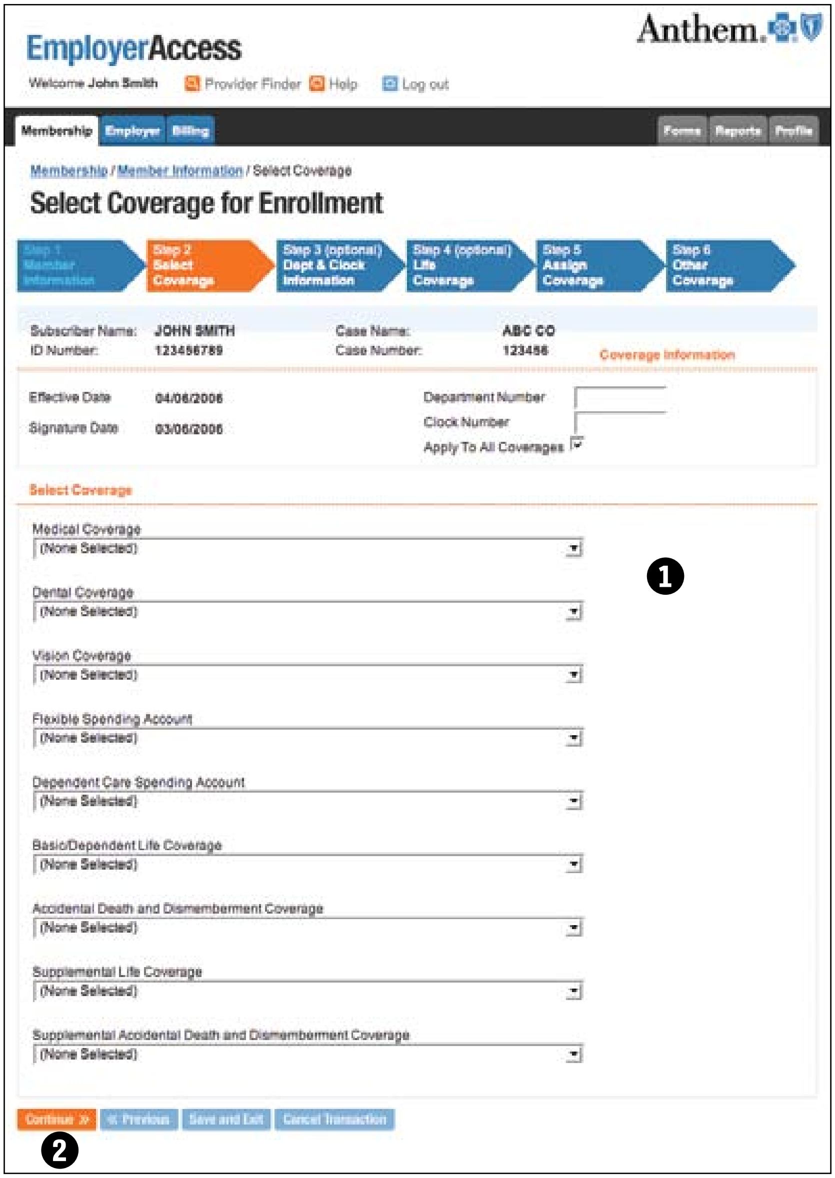


Step 2. Select Coverage

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

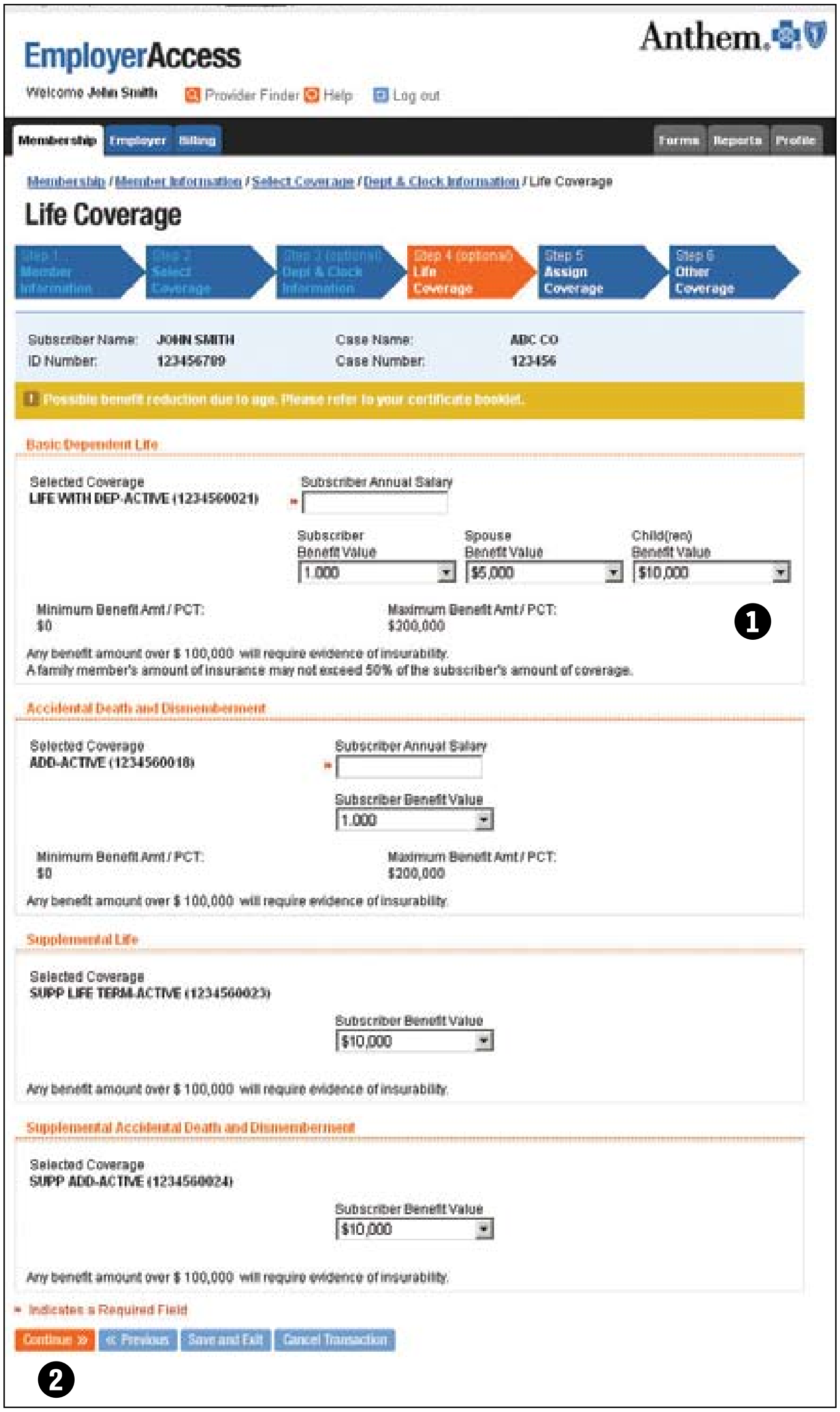
❶ To complete this step, simply click the drop-down arrow and select the appropriate medical, vision, life, disability and/or dental coverage.

❷ When finished, click "Continue."



Life Coverage

1. Enter information in the appropriate fields as needed, e.g., salary and/or benefit value.
2. When finished, click “Continue”.



Step 3. Assign Coverage

The following screen appears **if provider information is not required (e.g., for PPO medical plan).**

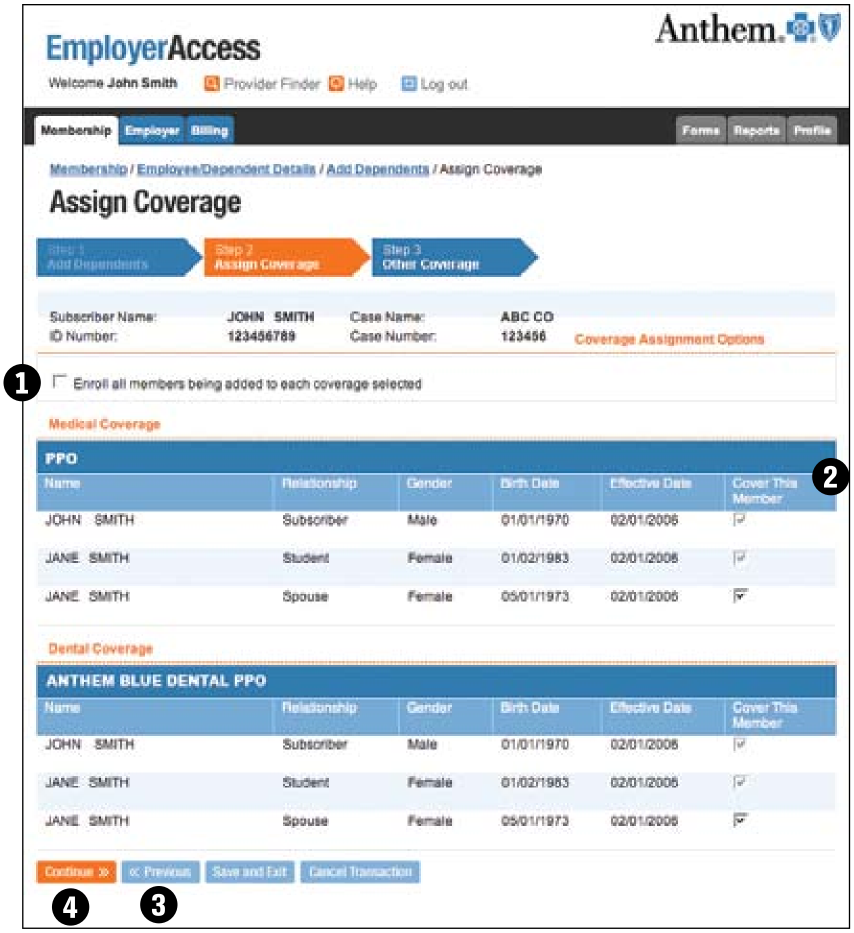
You have two options when enrolling an employee's dependents:

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."



Step 3a. Assign Coverage

The following screen appears **if provider information is required (e.g., for HMO medical plan).**

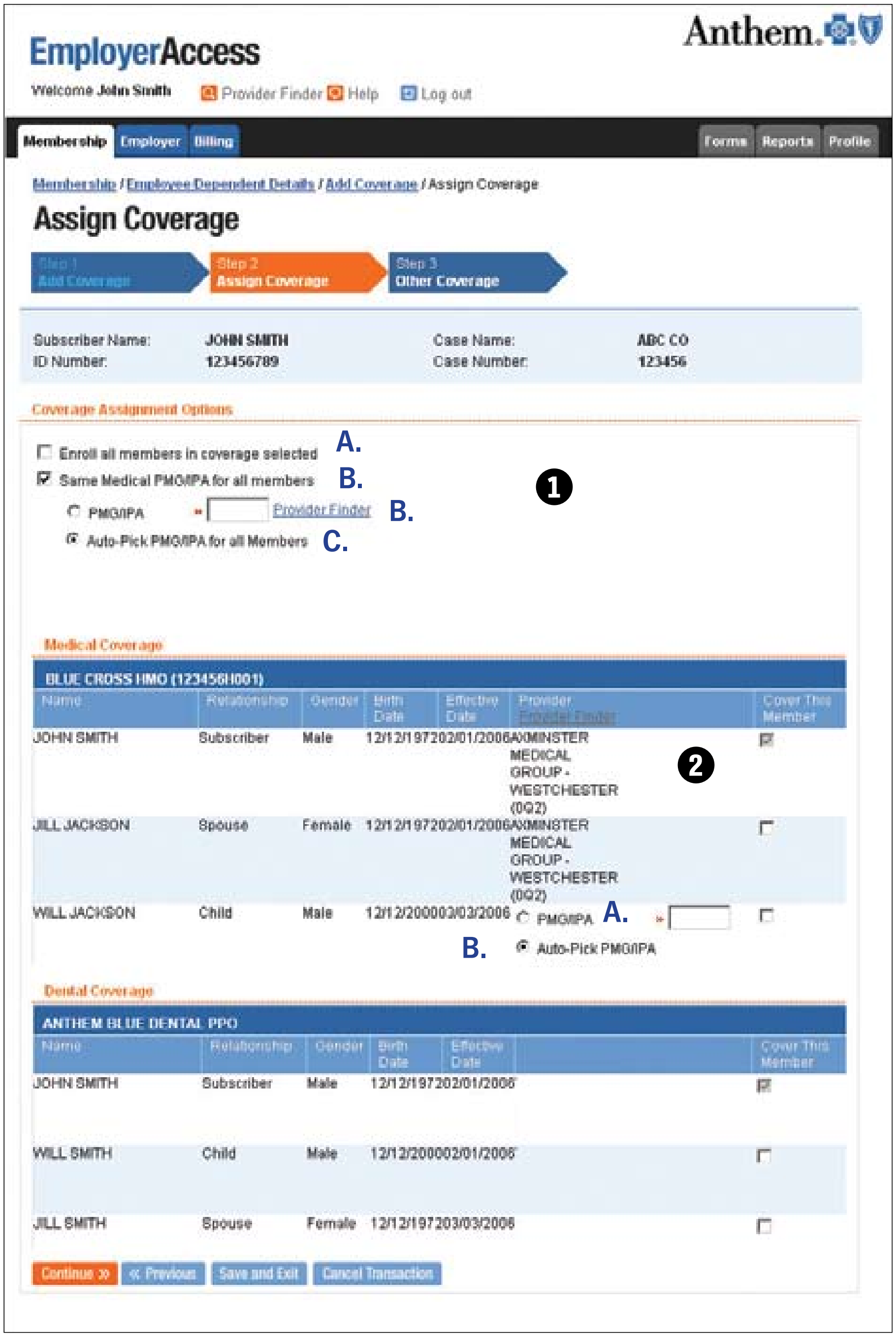
1 **A.** Enrolls subscriber and all dependents in selected coverage.

B. Enrolls subscriber and all dependents with the same medical Primary Care Physician (PCP).

C. Allows the system to pick a medical PCP for all members.

2 **A.** Enter a provider for each member.

B. Allows the system to pick a medical PCP for each individual family member.

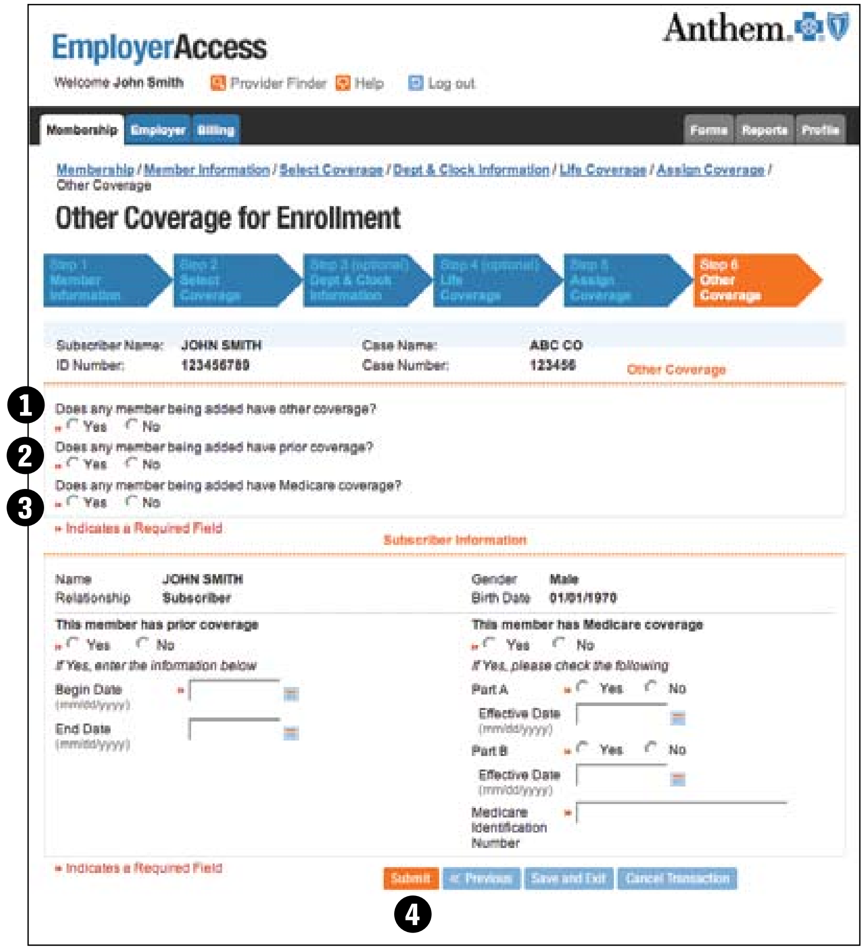


Step 4. Other Coverage

This is the final screen in the new enrollment process.

1. Indicate “Yes” or “No” by clicking the corresponding circle.
2. Clicking “No” to this question will automatically activate “No” in the corresponding check boxes below.
3. Clicking “No” to this question will automatically activate “No” in the corresponding check boxes below.
4. This is the last step in the enrollment process. Click “Submit” to complete the new enrollment.

Note: Prior coverage information is not needed for an HMO product.



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:

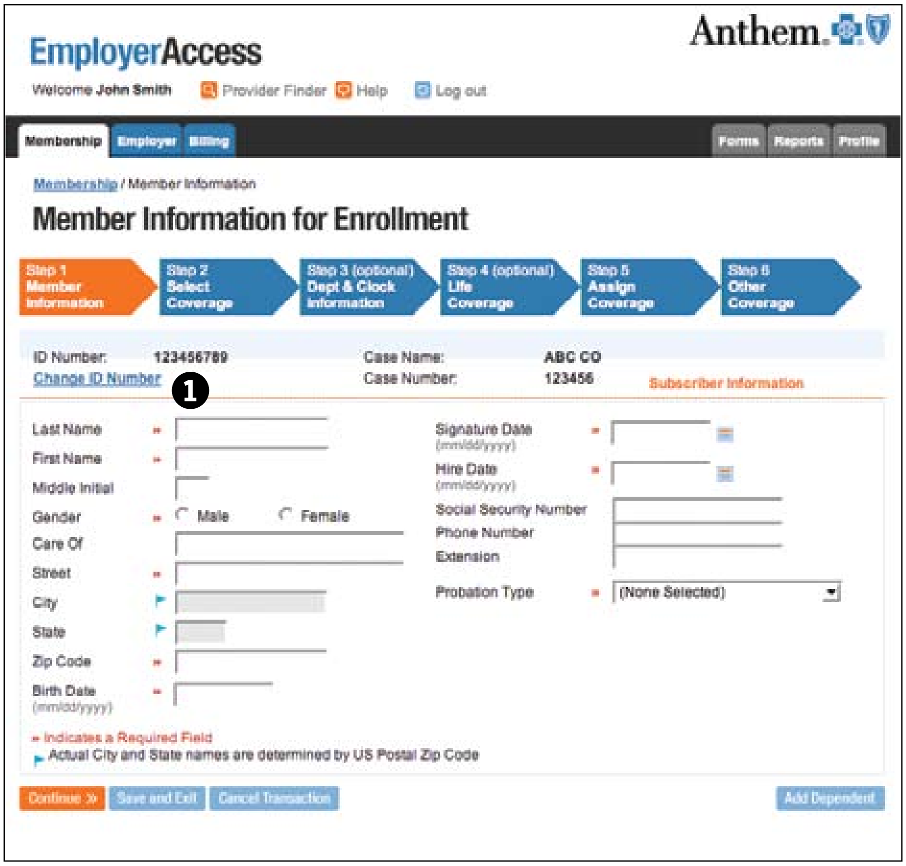
1. Click Change ID Number on the Member Information page.

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

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

You can access the ID Number 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.



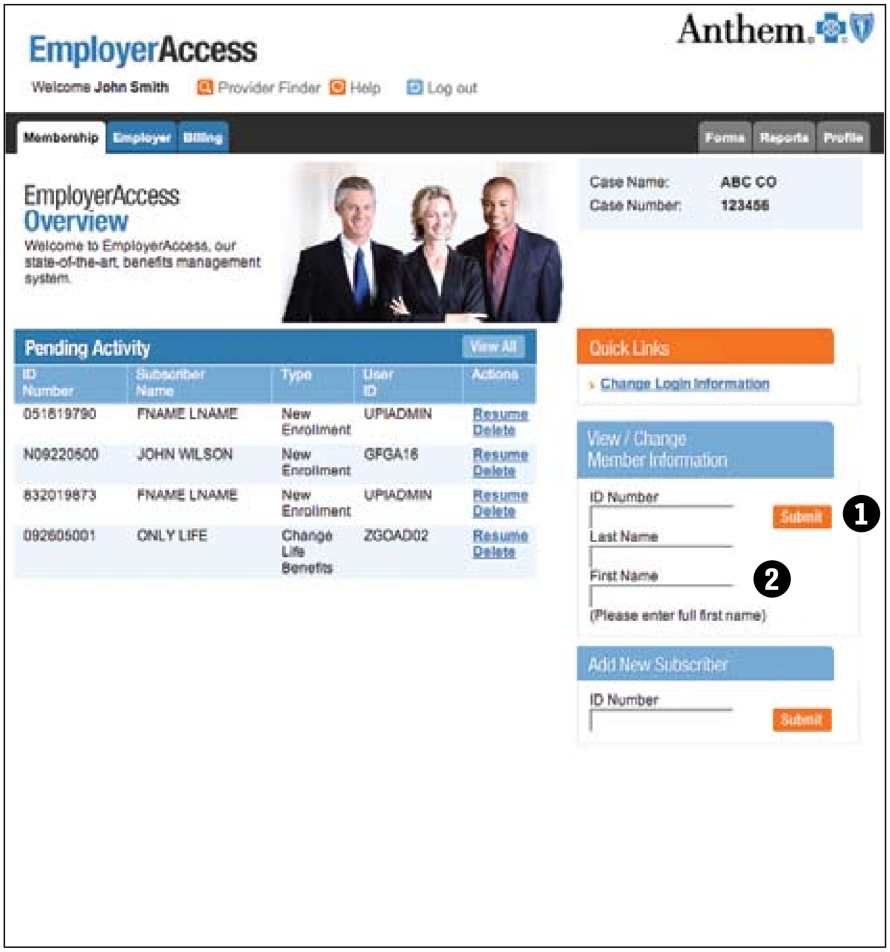
Existing Member Maintenance

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." You can also reach the information by entering the last and first name, then clicking "Submit."

2. You can also search by entering the employee's last name and first name.

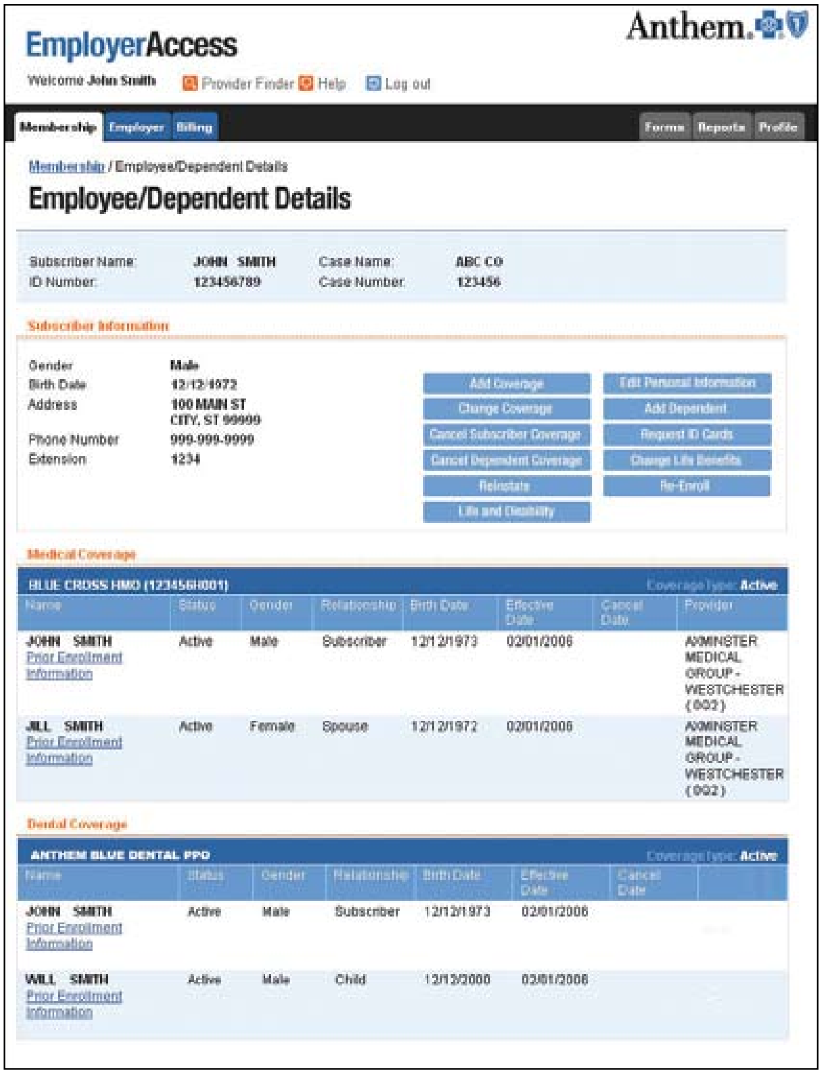


Your search will bring up an Employee/Dependent Details page from which you can view specific information about an employee and easily initiate member update transactions by using the buttons displayed.

Employee/Dependent Details

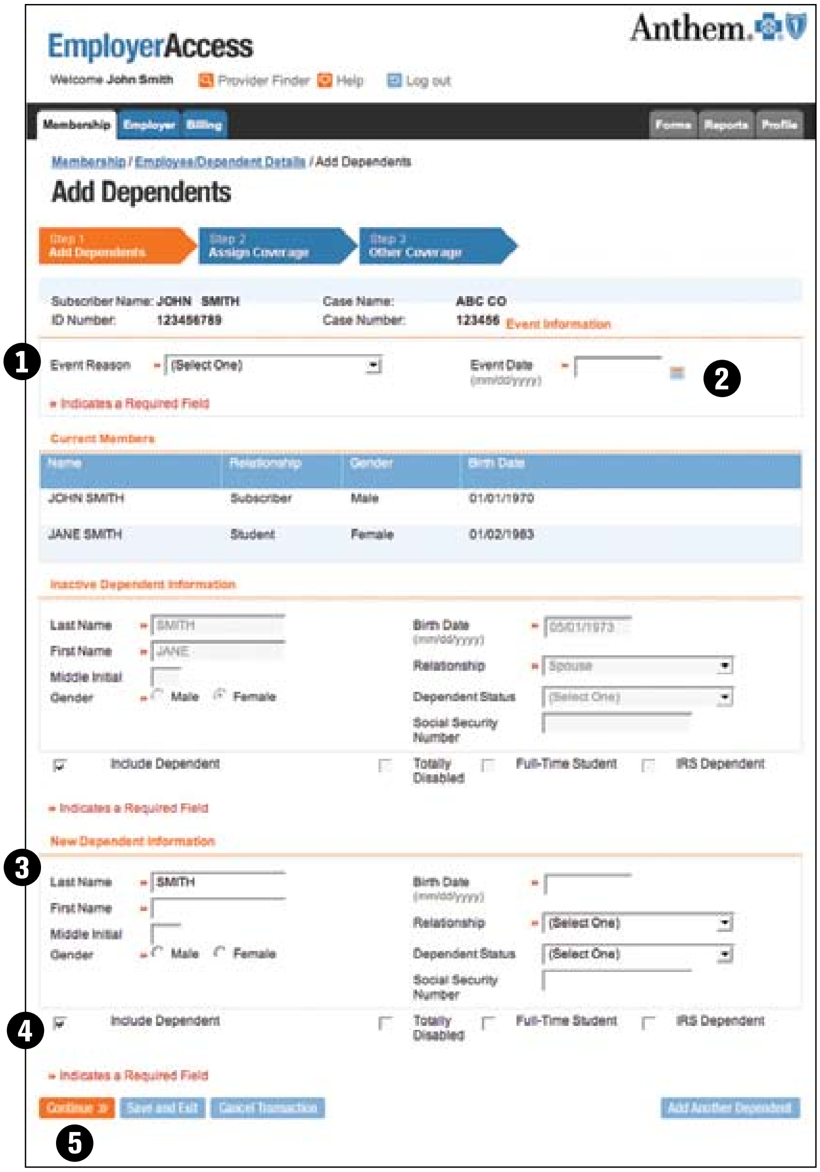
Employee/Dependent Details offers a quick overview of employee and dependent information, including coverage, name(s), address, birthdate(s), relationship code for dependents, effective/cancellation dates and provider information.

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



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. Newborns and new spouses are eligible for coverage on the event date (i.e., birth date or date of marriage).



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) (not due to a marriage or birth), may only be added during the group's open enrollment period. Loss of a dependent's coverage cannot be completed online.

   For more information about adding a dependent, please consult your Anthem group administrator manual or contact your Premium Specialist.

4. Whether you re-enroll a dependent or add a new dependent, make sure the box next to "Include Dependent" is checked (and uncheck "Include Dependent" box(es) on any blank dependent information).
5. Click "Continue".

   The remaining steps of the re-enrollment process mirror the steps in the new enrollment process (outlined on pages 9-13).

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 60 days of the current calendar date.**

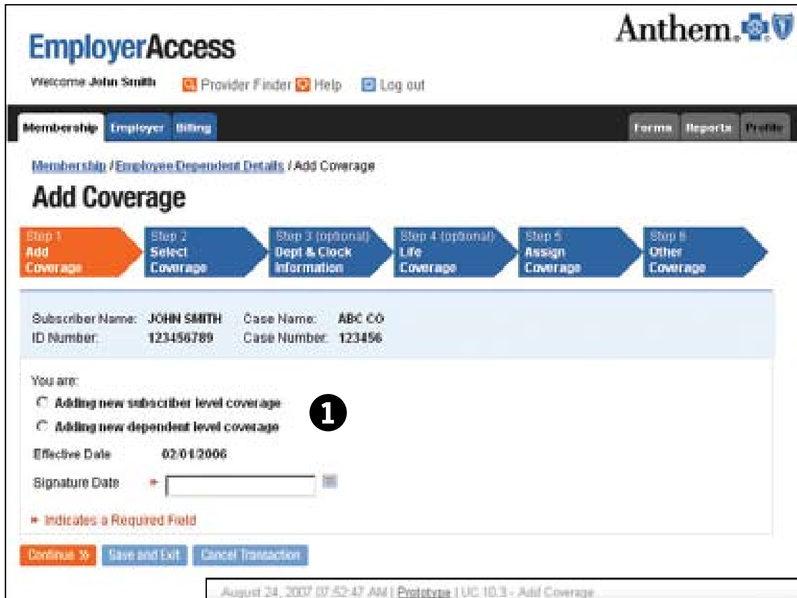
To Add Coverage:

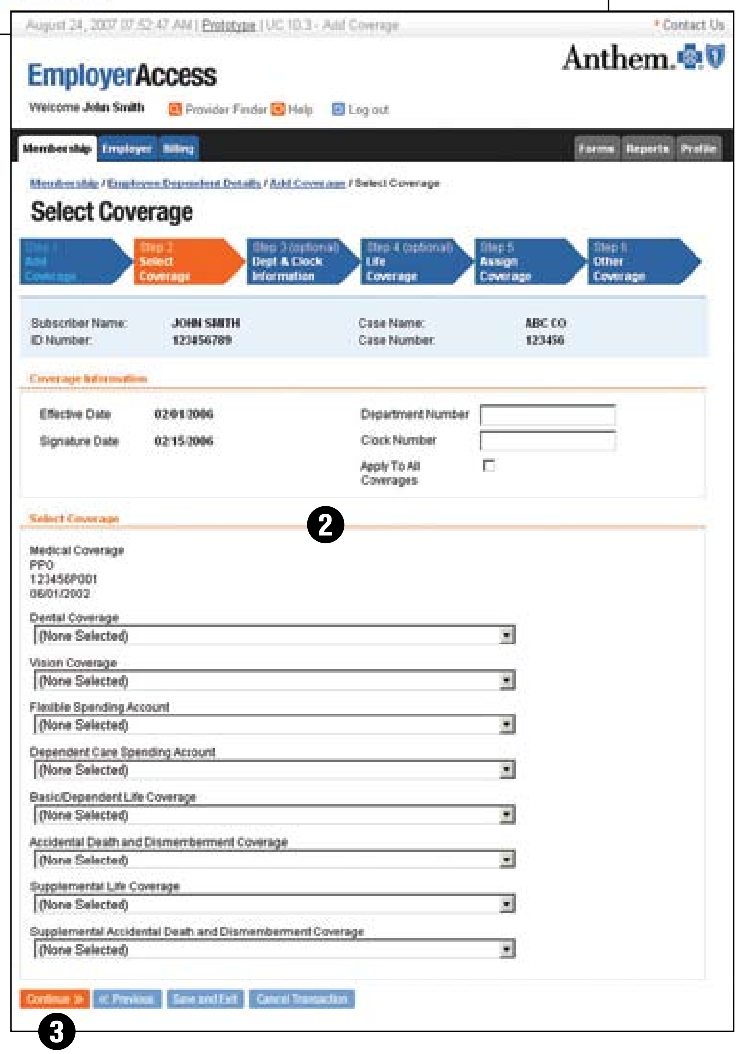
1. Click on the appropriate button for the person who is adding coverage (subscriber or dependent).

2. Select the new coverage from the drop-down menu. Note: Please enter department/clock numbers, if appropriate.

3. Click “Continue”.

The remaining steps of the re-enrollment process mirror the steps in the new enrollment process (outlined on pages 9-13).



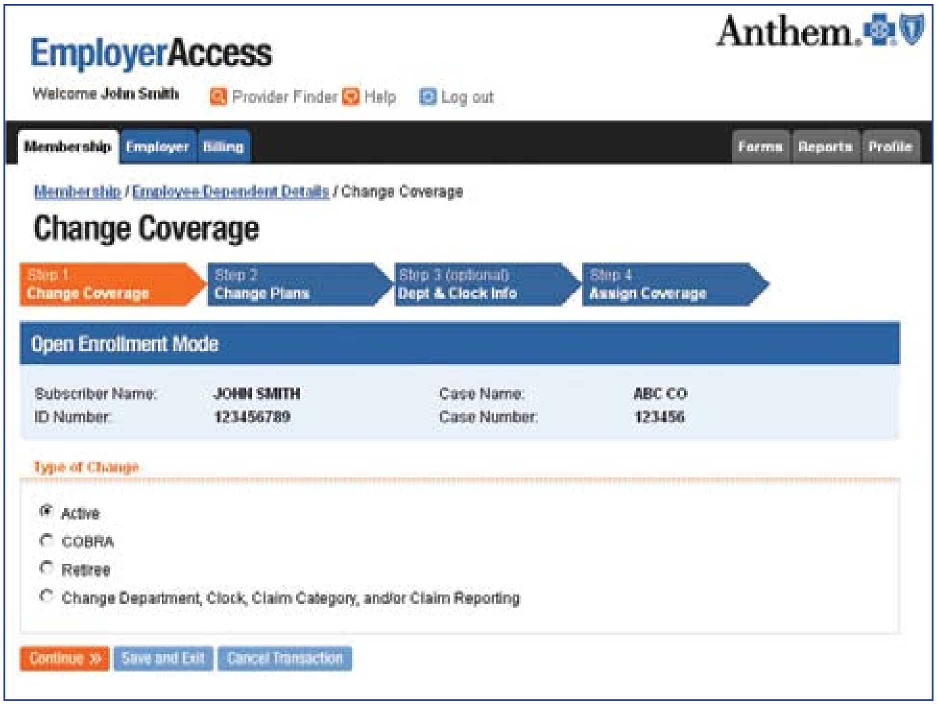


Change Coverage

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

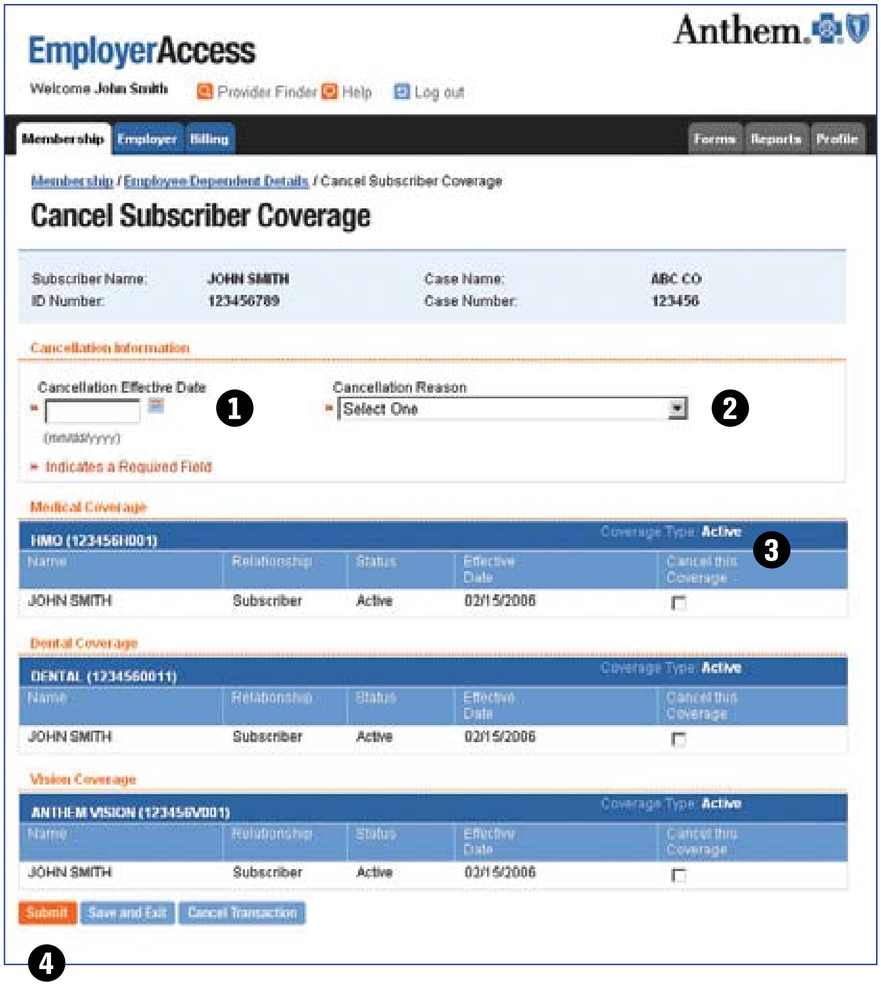
Changes can also be made to enroll an active subscriber in COBRA or a retiree plan, and update department or clock numbers. Just click the radio button next to the change being performed and update the fields on the screens that follow (i.e., Effective/Begin Date, Medical, Dental, Vision, etc. – whatever coverage that applies).

Click the "Submit" button to complete the transaction.



Cancel Coverage

On the Employee/Dependent Details page, click the Cancel Subscriber Coverage button to cancel the subscriber and dependent coverage, or click the Cancel Dependent Coverage button to cancel dependent coverage. The appropriate Cancel Coverage screen will appear.



❶ Key in the cancellation effective date.

❷ Under "Cancellation Reason," select a reason from the drop-down menu.

❸ Be sure you check the box next to all affected benefits.

Note: Retroactive terminations are not allowed for Colorado members in fully insured groups. You must submit terminations no later than the last day of employment or the last day of coverage, whichever is first.

The cancellation effective date is the first day the employee/dependent will no longer be covered by the employer-sponsored plan. For example, if the employee's last day of coverage is July 31, the cancellation effective date would be August 1. If the employee's last date of employment is July 13, and you cover employees through the end of the month in which they terminate employment, the cancellation effective date would be August 1.

❹ Click the "Submit" button to complete the transaction.

Re-Enrollment

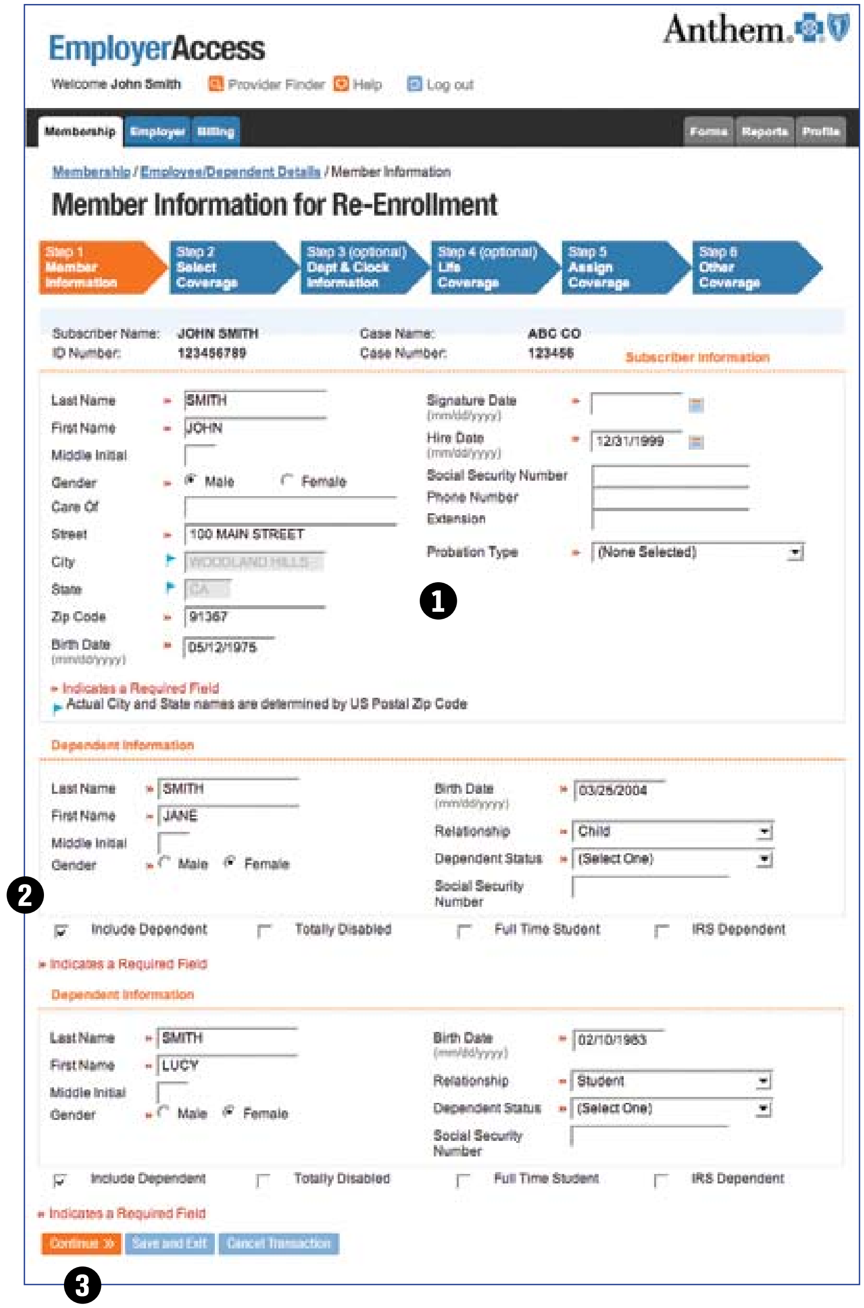
To re-enroll a member whose coverage has been cancelled, select "Re-Enroll" from the Employee/Dependent Details page. (Re-enrollment follows the same process as new enrollment.)

❶ 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.

❷ If the employee has dependents to re-enroll, check the box next to "Include Dependent."

❸ Click "Continue."

The remaining steps of the re-enrollment process mirror the steps in the new enrollment process (outlined on pages 9-13).



Note: If the employee is enrolling in some of the same products and also new ones, you will need to perform an "Add Coverage" transaction to enroll the member in the new products. If new dependents are also being added, you will need to perform an "Add Dependent" transaction to enroll the new member(s).

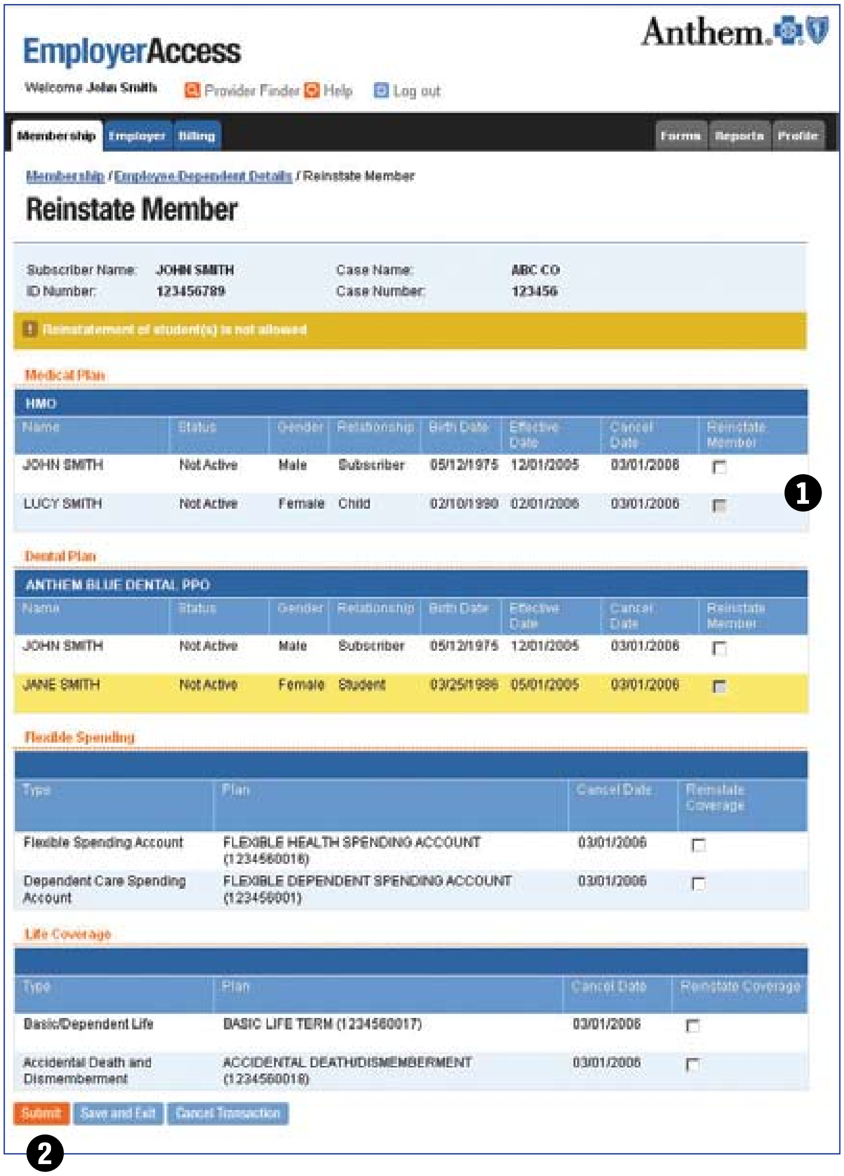
Reinstate

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

❶ To reinstate an employee and dependents, check the box marked "Reinstate Member." Be sure to check all applicable benefit boxes.

❷ Click "Submit."

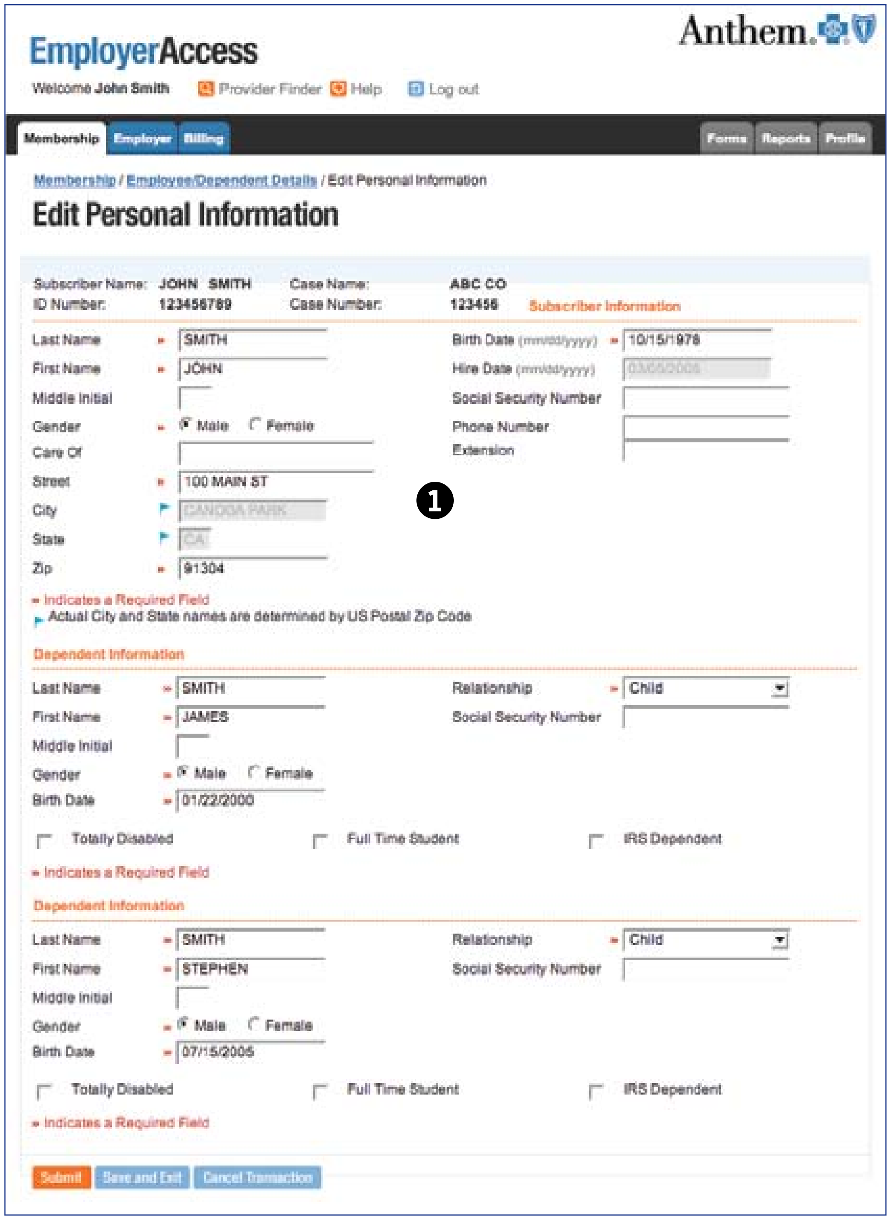
Note: No dependents can be reinstated on cancelled contracts unless the employee (subscriber) is reinstated. Only dependents with the same cancel date as the employee can be reinstated on cancelled contracts.



Edit Personal Information

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



Request ID Card

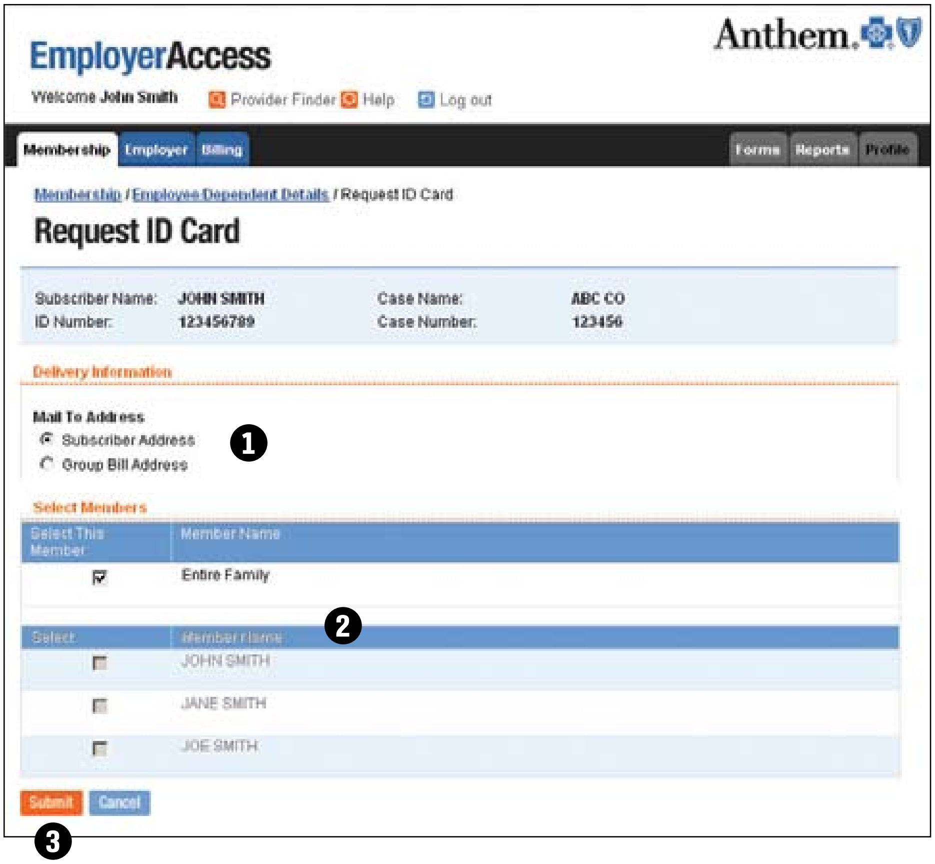
Requesting ID cards is quick and easy. Simply click "Request ID Cards" on the Employee/Dependent Details page.

❶ Select a "Mail To" option. The ID card can be mailed to the group or the employee's home address. The Subscriber Address is the default.

❷ Select members for whom you'd like to request a card.

❸ Click "Submit."

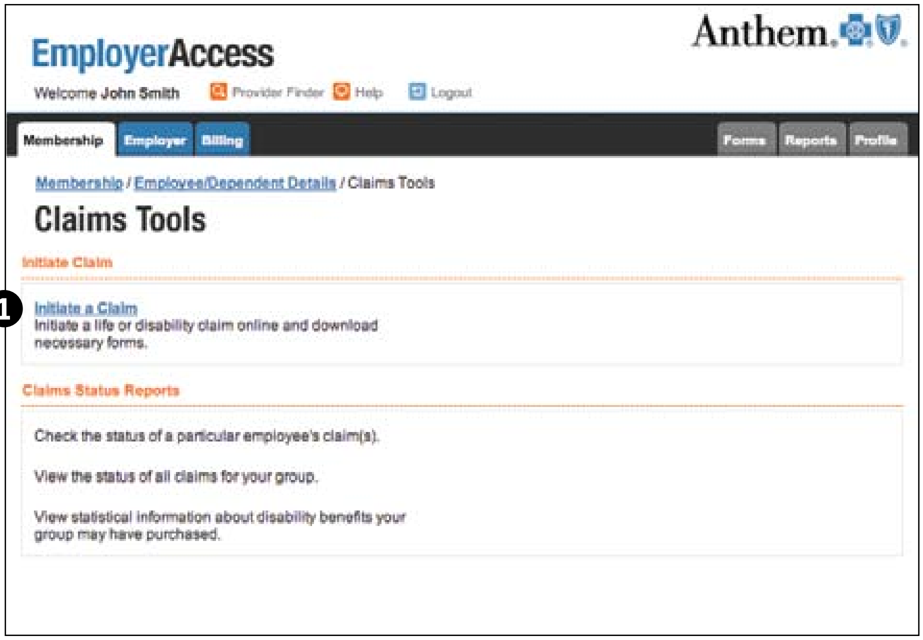
A confirmation screen will let you know the card is on its way.



Life and Disability

To initiate a claim, or view a claim's status, click "Life and Disability" on the Employee/Dependent Details page.

❶ Click "Initiate Life and Disability Claim" on the Claims Tools page. There are several different kinds of claims you can initiate.



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.

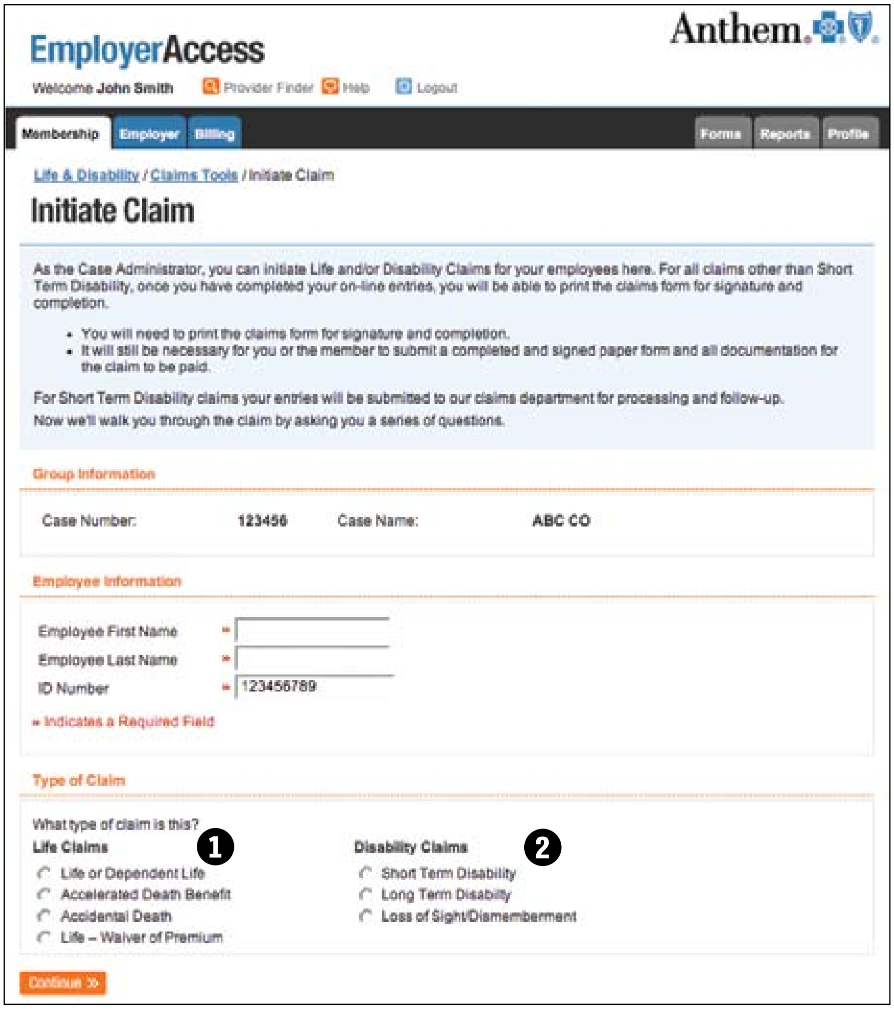
Initiate Claim

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.

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

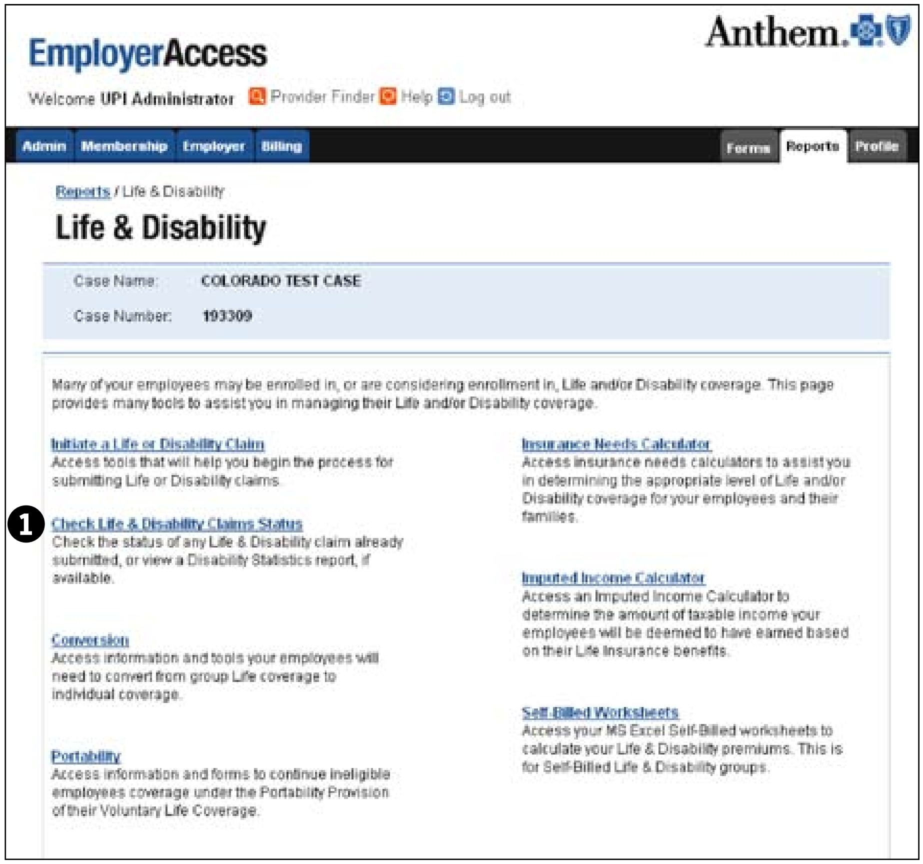
❷ Disability Claims
- Short Term Disability
- Long Term Disability
- Loss of Sight/Dismemberment

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.



You can review the status of life insurance and disability insurance claims while claims are in progress.

1. From the Reports page, select the Check Life & Disability Claims Status link. This link is located on the Life & Disability page under the Reports Tab.



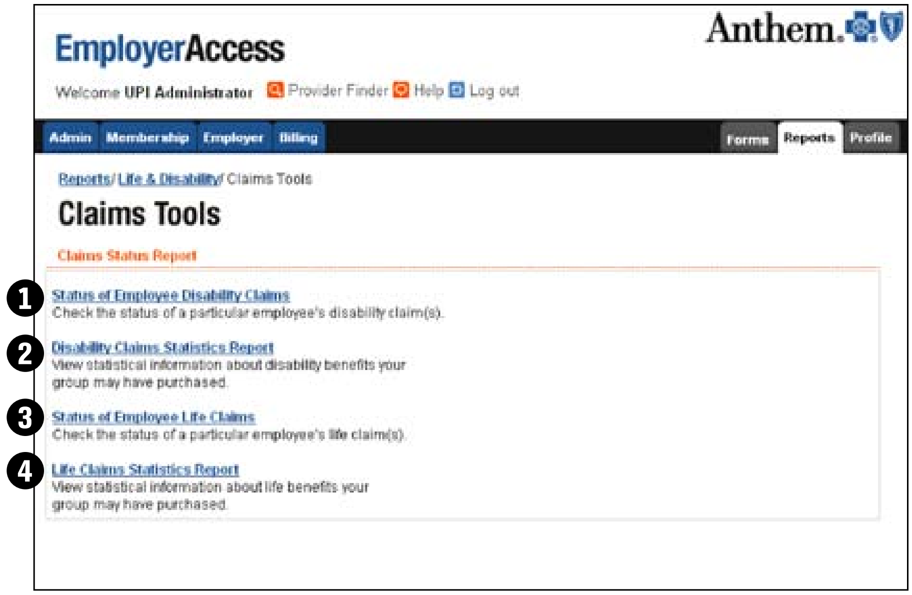
The Claims Tools page contains links to the tools available to view claims:

1. **Status of Employee Disability Claims**
   Check the status of a particular employee's disability claim(s).

2. **Disability Claims Statistics Report**
   View statistical information about your group's disability insurance program.

3. **Status of Employee Life Claims**
   Check the status of a particular employee's life claim(s).

4. **Life Claims Statistics Report**
   View statistical information about life benefits for your group's life insurance program.

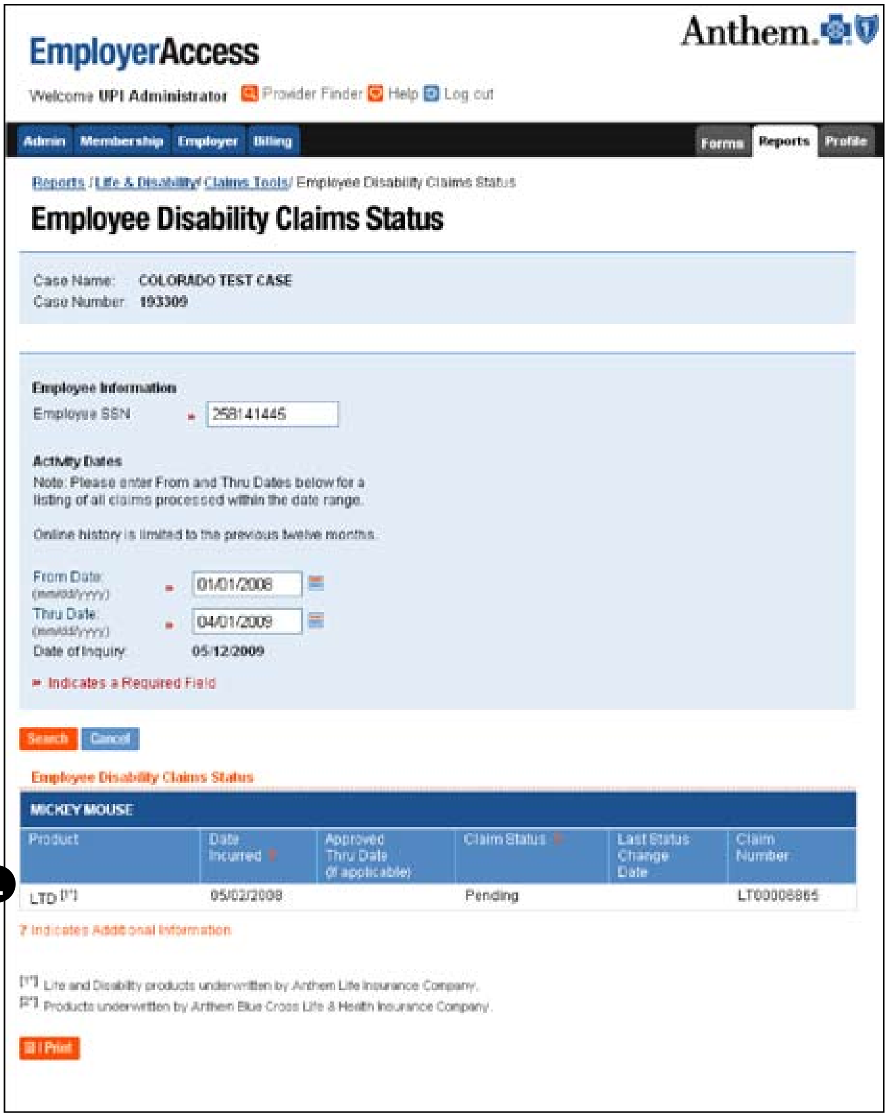


Employee Disability Claim Status

To perform a search on the Employee Disability Claims Status screen, enter the “From Date” and “Thru Date” in the appropriate fields. Click SEARCH.

Searches will display results for the past 12 months. Fields with red arrows (>>) beside them indicate required information.

❶ **Example:** This screen below displays the LTD claim status for Mickey Mouse.



❶

Disability Claims Statistics

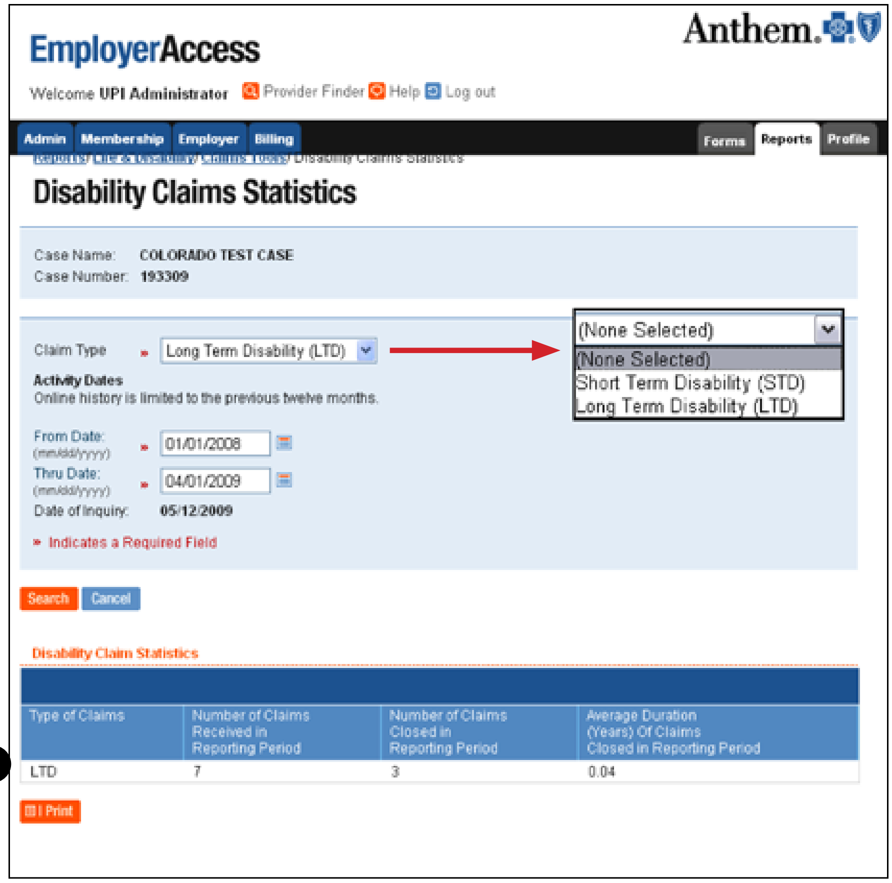
Select one of the 3 claim type searches available from the CLAIM TYPE drop down box:

- None Selected
- Short Term Disability
- Long Term Disability

Enter the "From Date" and "Thru Date" in the appropriate fields. Click SEARCH.

Searches will display results for the past 12 months. Fields with red arrows (>>) beside them indicate required information.

1 **Example:** This screen displays 7 LTD claims; 3 of the claims are closed in the reporting period.

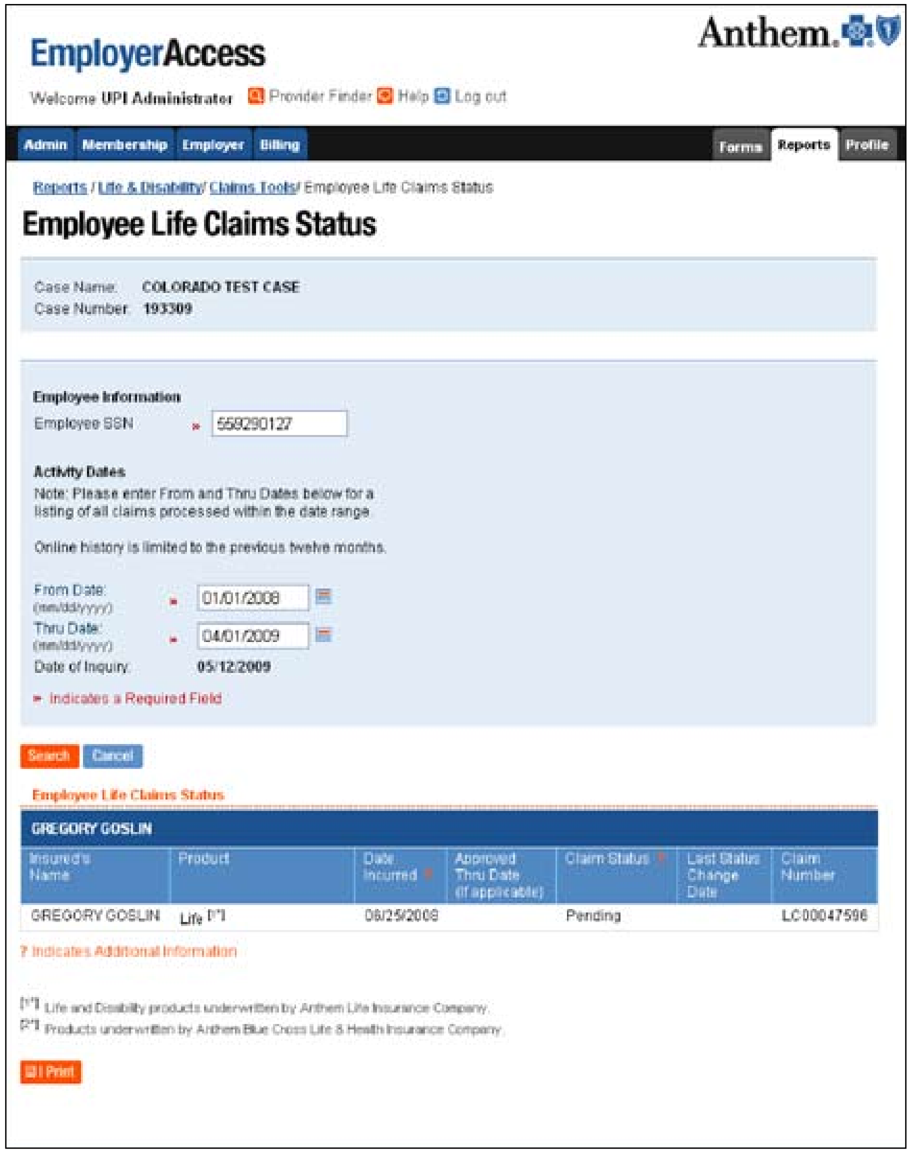


Employee Life Claim Status

To perform a search on the Employee Life Claims Status screen, enter the "From Date" and "Thru Date" in the appropriate fields. Click SEARCH.

Click the RED question mark next to an indicated category to receive additional information regarding this category.

❶ **Example:** This screen displays Claims Status for an employee's Life Products.

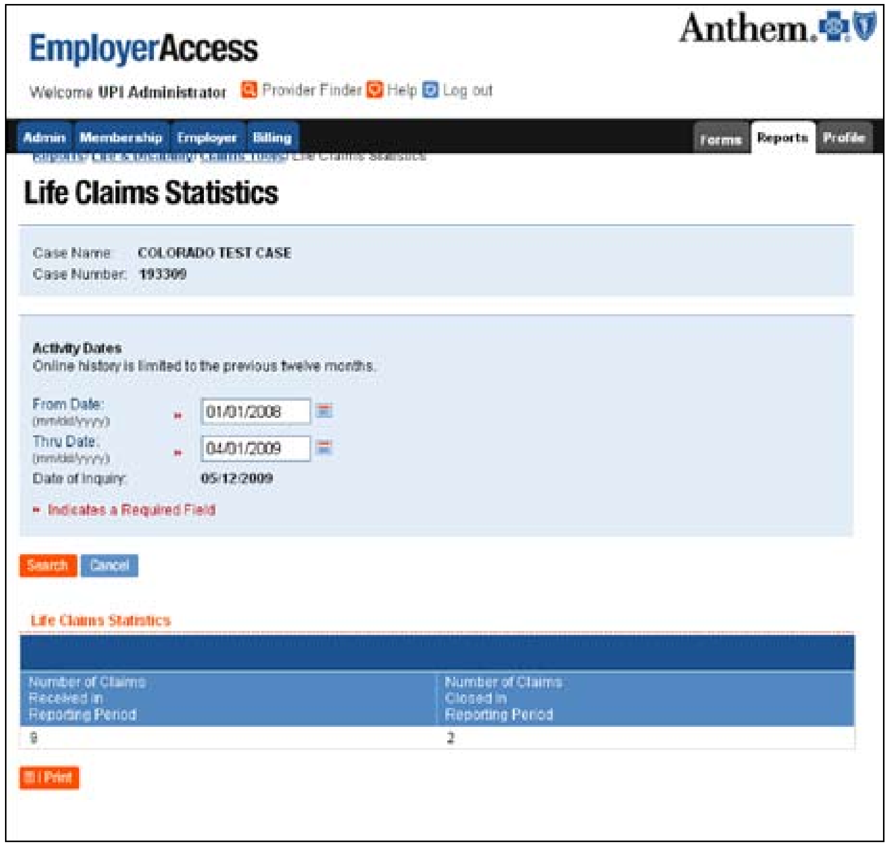


Life Claim Statistics

To perform a search on the Life Claims Status screen, enter the “From Date” and “Thru Date” in the appropriate fields. Click SEARCH.

Searches will display results for the past 12 months. Fields with red arrows (>>) beside them indicate required information.

1 **Example:** This screen displays 9 claims received during the reporting period; 2 claims are closed during the reporting period.



Frequently Asked Questions

Life Insurance and Life Waiver of Premium Claims

The information you find in these Frequently Asked Questions will help you understand how to assist your employees in submitting claims. It will also help you understand how claims are processed.

Life Claims

Can the claim be processed using a copy of the death certificate?

- No, we must always have an original, certified death certificate to process the claim.

Does your company accept funeral home assignments of the insurance proceeds?

- Yes, if the beneficiary is not a minor child. We do not accept assignments when the beneficiary is a minor child. For all other assignments, our company's name, the policy number and exact amount being assigned should be listed on the assignment. The assignment must be signed by the beneficiary.

Can a claim be filed if the death certificate lists the cause of death as "pending"?

- The claim can be filed but we are unable to make payment until the final manner and cause of death are determined.

There is more than one named beneficiary. Do I have to submit all of the beneficiary forms at the same time to file a claim?

- No, we can process each beneficiary's claim separately as the beneficiary claim forms are received.

Are there additional requirements when the cause of death is ruled accidental?

- The requirements may vary depending on the circumstances. Processing of a life claim can begin while we identify and evaluate the requirements for the AD&D claim.

Is a life insurance benefit taxable?

- Generally, life insurance benefits are not taxable. If interest is paid on the claim, the interest is considered as taxable income.

My life claim status is 'closed'. What does this mean and where would I find an explanation?

- A closed status on a life claim typically means that the claim has been paid. However in some situations, it may mean the claim has been denied. If you have questions about the status of a life claim, please contact the Claims Examiner assigned to your claim.

Waiver of Premium Claims

Is there a time limit to file a waiver of premium claim?

- Yes, all claims must be filed within 12 months of the last day at work due to disability.

Is there an age limit to file a waiver of premium claim?

- Typically you must be under age 60 at the time of disability. Please check your contract for the specific limits of your coverage.

Is there a waiting period before you can file a waiver of premium claim?

- Most waiting periods are 6 to 9 months. Please check your contract for specifics on the waiting period of your coverage.

What happens if the insured dies before meeting the waiver of premium waiting period?

- If the insured would have been considered totally disabled, he would still be covered under the group life contract and a life claim should be filed by the beneficiary.

How is an employee who has been approved for waiver of premium removed from the billing statement?

- Please contact the premium department to notify them of the approved employee. They will make the changes to employee's coverage and handle any applicable premium adjustments.

My waiver of premium claim status is 'closed'. What does this mean and where would I find an explanation?

- A closed status on a waiver of premium claim typically means that the claim has been terminated. The reason for the closed status is included in the letter of explanation received from our claims department. If you need additional explanation, please contact the Claims Examiner assigned to your claim.

Group Function

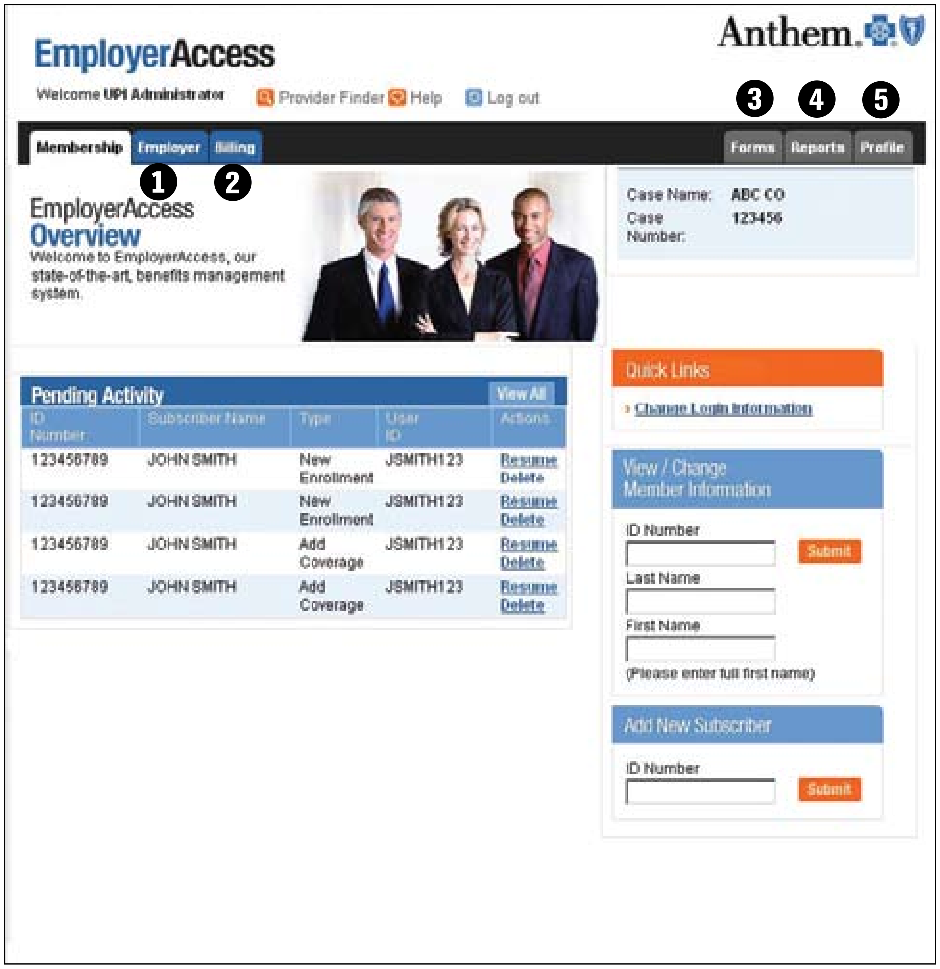
❶ **Employer**
Review preferences, group benefits and other general group information with this tab.

❷ **Billing**
This tab allows you to view summary information for all open invoices. Additionally, this functionality provides details on monthly activity, invoice number and total amount due.

❸ **Forms**
This tab includes some of the commonly requested forms that can be printed, completed and sent to Anthem to assist with processing an application, providing additional information, or setting up new users on the web tool.

❹ **Reports**
You can use this tab to generate a number of reports, including the Pending Activity, Subscriber/Dependent Listing and Activity reports. You can also access the Life and Disability tools and help employees find physicians, using our Provider Finder link.

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

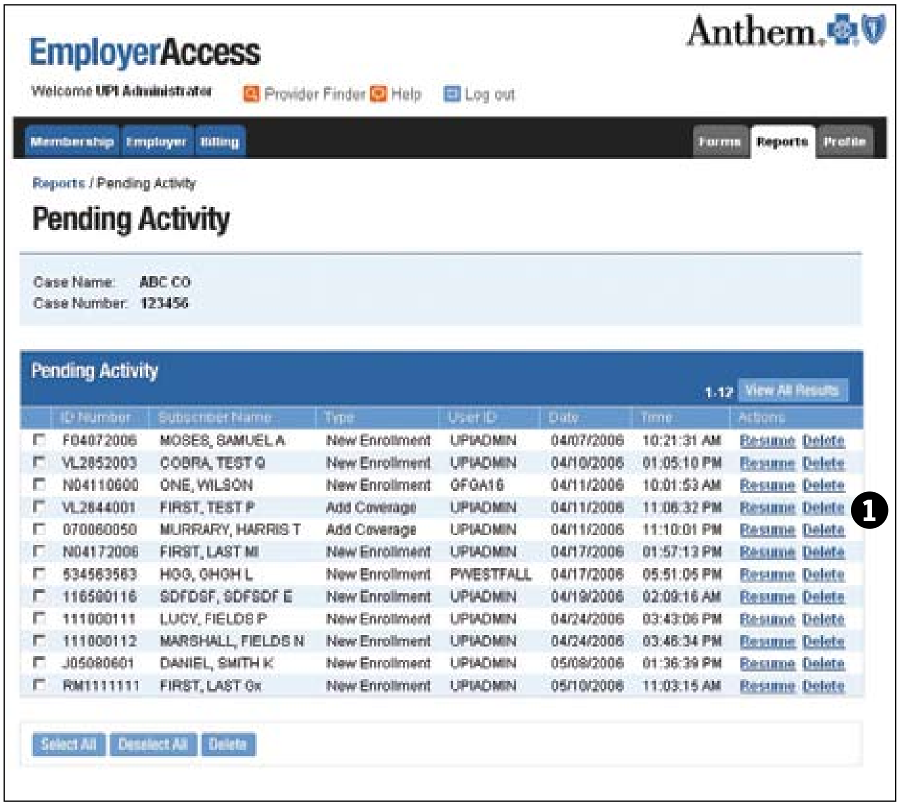


Pending Activity

This example shows how your Pending Activity folder might look.

❶ 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 pended transactions in a timely manner.



	ID Number	Subscriber Name	Type	User ID	Date	Time	Actions
	F04072006	MOSES, SAMUEL A	New Enrollment	UPIADMIN	04/07/2006	10:21:31 AM	Resume Delete
	VL2852003	COBRA, TEST G	New Enrollment	UPIADMIN	04/10/2006	01:05:10 PM	Resume Delete
	N04110600	ONE, WILSON	New Enrollment	GFGA16	04/11/2006	10:01:53 AM	Resume Delete
	VL2844001	FIRST, TEST P	Add Coverage	UPIADMIN	04/11/2006	11:06:32 PM	Resume Delete ❶
	070060050	MURRARY, HARRIS T	Add Coverage	UPIADMIN	04/11/2006	11:10:01 PM	Resume Delete
	N04172006	FIRST, LAST MI	New Enrollment	UPIADMIN	04/17/2006	01:57:13 PM	Resume Delete
	534563563	HGG, GHGH L	New Enrollment	PWESTFALL	04/17/2006	05:51:05 PM	Resume Delete
	116590116	SDFDSF, SDFSDF E	New Enrollment	UPIADMIN	04/19/2006	02:09:16 AM	Resume Delete
	111000111	LUCY, FIELDS P	New Enrollment	UPIADMIN	04/24/2006	03:43:06 PM	Resume Delete
	111000112	MARSHALL, FIELDS N	New Enrollment	UPIADMIN	04/24/2006	03:46:34 PM	Resume Delete
	J05080601	DANIEL, SMITH K	New Enrollment	UPIADMIN	05/08/2006	01:36:39 PM	Resume Delete
	RM1111111	FIRST, LAST Gx	New Enrollment	UPIADMIN	05/10/2006	11:03:15 AM	Resume Delete

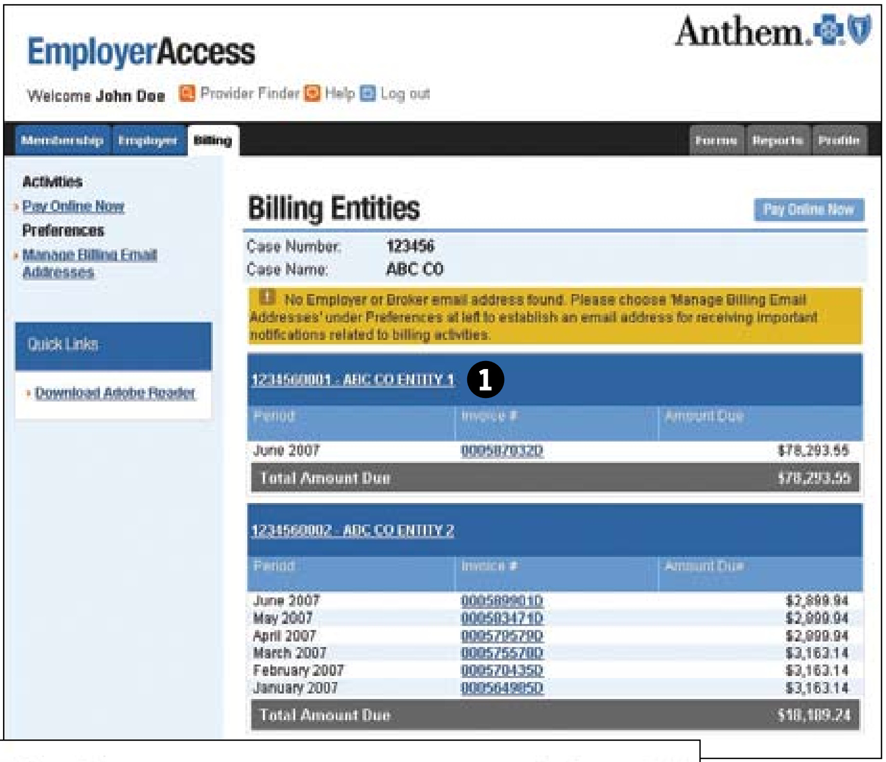
Group Billing

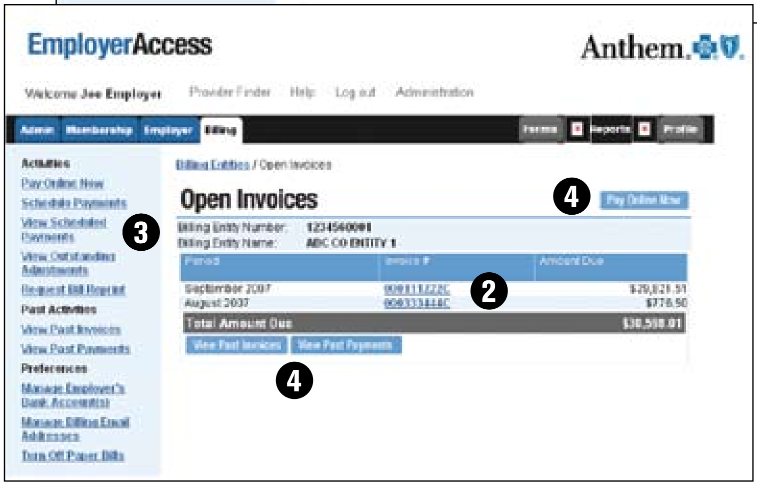
TIP:

Billing Entities also provides access to invoices and their details.

Group Billing Transaction Selection

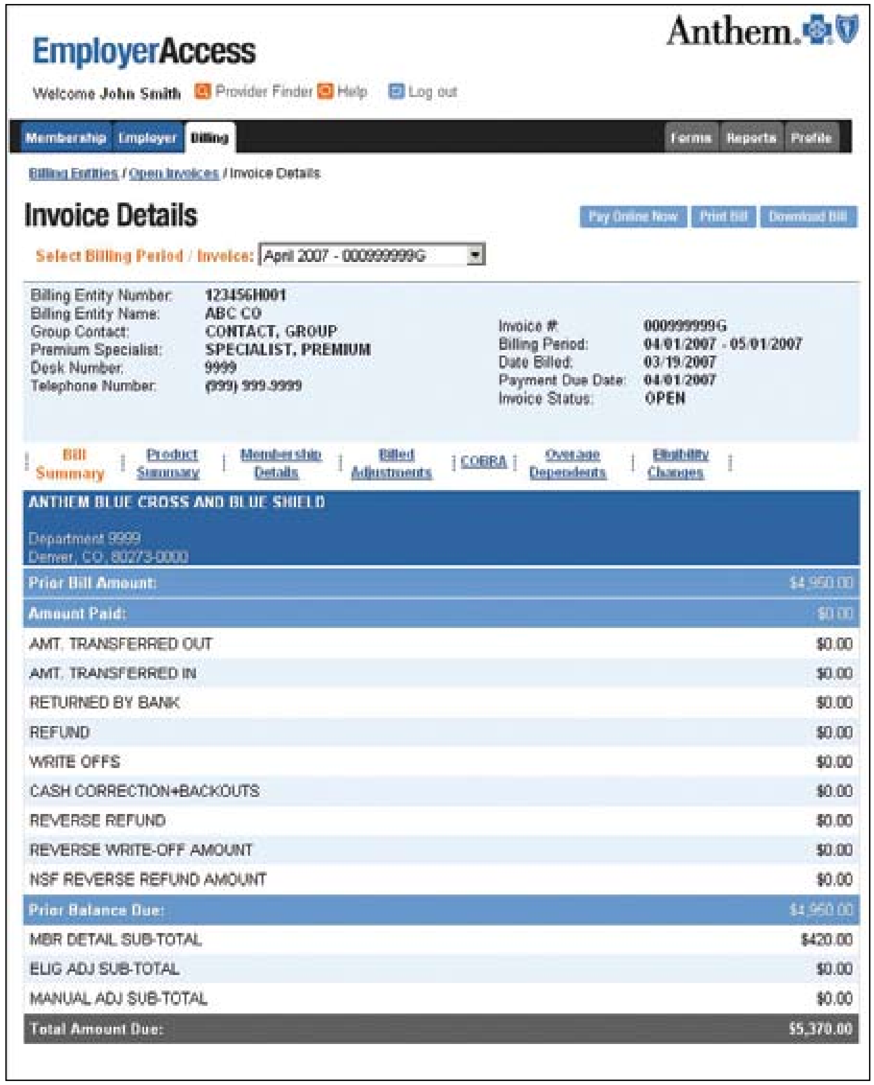
1. Select the group number from the Billing Entities page (Billing home page) to access a number of transactions on the Open Invoices page.
2. Click on an invoice number to view details.
3. Using the links on the left side of the screen, you can pay your bills online, schedule payments, view past invoices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





Invoice Details

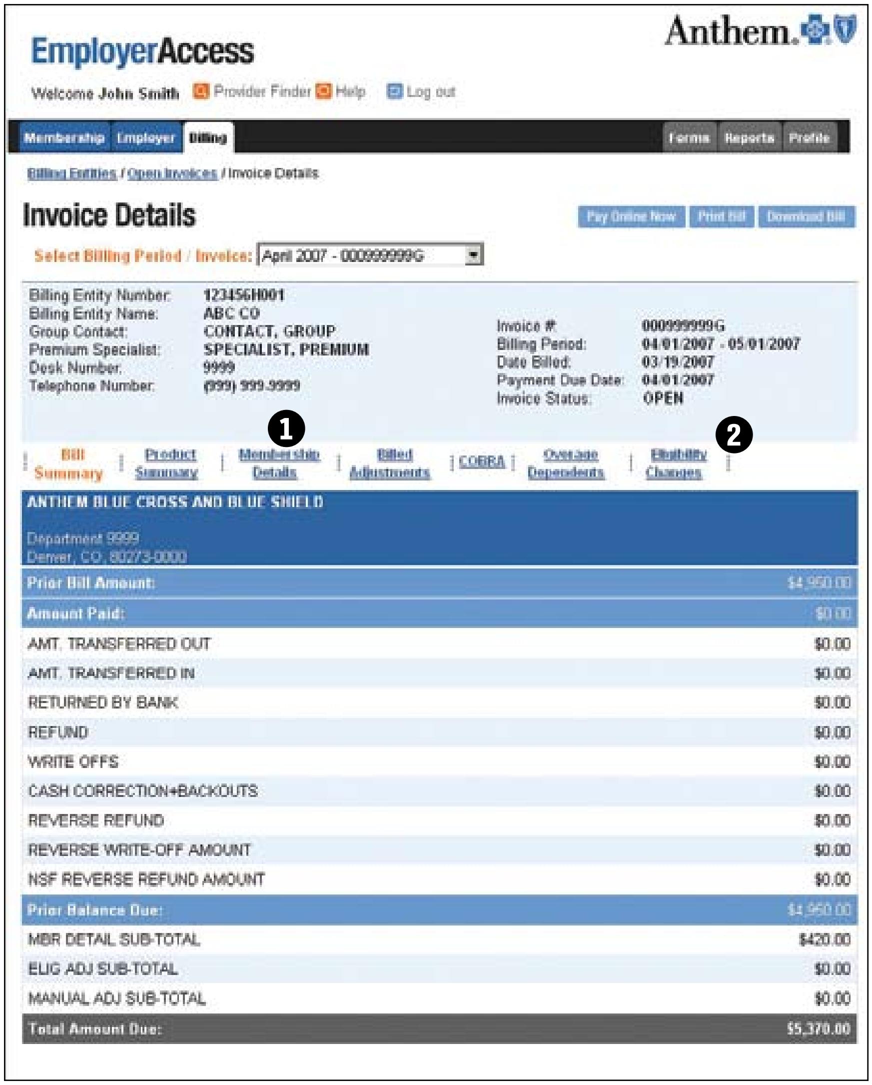
After selecting an invoice number to review, a number of options are available. This screen displays your current invoices and the total amount due. All the information on this page appears on your statement.



Invoice/Membership Details

❶ 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.

❷ To view any billed adjustments for your group, click "Eligibility Changes."



TIP:

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

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.

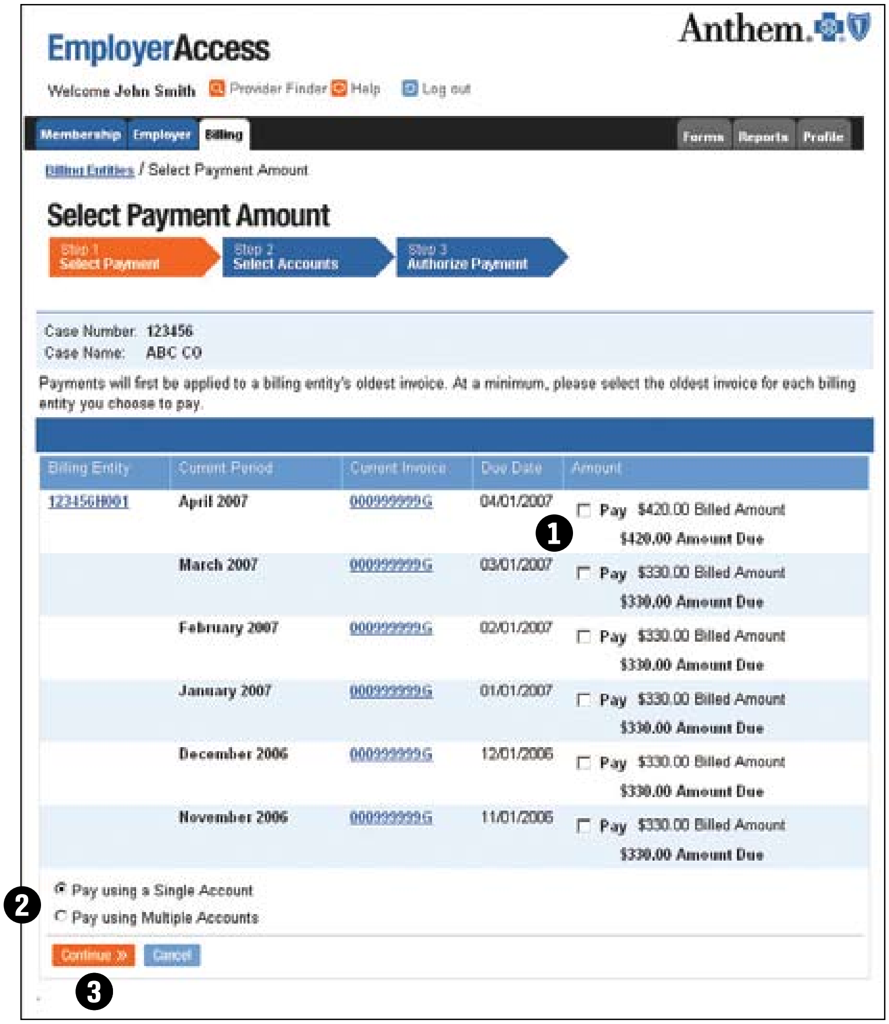
❶ Check the box marked "Pay" for each invoice you choose.

❷ Choose to pay using a single account or multiple accounts.

❸ 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.



Frequently Asked Questions

Can there be more than one administrator in a group who can process eligibility on EmployerAccess?

- Yes. Each administrator requesting access to EmployerAccess needs to complete the Login ID Policy and Usage Agreement. They each will receive their own User ID and password, allowing them access to EmployerAccess.

Can a group's third-party administrator process the eligibility?

- Yes. He or she will need to complete the Login ID Policy and Usage Agreement. It must be signed by the group administrator.

If a case has multiple groups, can the administrator process eligibility for all groups?

- Yes. Anthem Blue Cross and Blue Shield's system is set up at the case level. The administrator/users will have access to all groups under a case. A user's capabilities can be limited to view-only access, via the Login ID Policy and Usage Agreement form.

What is the turnaround time once a group administrator has processed activity through EmployerAccess?

- Once the group administrator receives the message that the requested action was "successfully completed," the information is in the Anthem System. Transactions are real time!

Are groups required to submit membership forms (i.e., enrollment, change, etc.) once activities are processed through EmployerAccess?

- No. The group is responsible for maintaining the eligibility documentation. This is noted in the Internet Eligibility Agreement, under Section IV, Part A – Establishment and Retention of Membership Information.

Does Anthem Blue Cross and Blue Shield have a minimum browser requirement?

- Yes, Internet Explorer 6.0 or higher.

Does Anthem Blue Cross and Blue Shield use passwords?

- Yes. A User ID and password are assigned for each of our customers as they register to use the website.

What is your encryption process?

- Anthem Blue Cross and Blue Shield uses 128-bit encryption starting at the login page. This means that no usernames or passwords pass across the Internet in clear text.

Do you use Secure Socket Layer (SSL)?

- Yes. 128-bit SSL certificates are installed on the server supporting the website, ensuring an encrypted channel is established between a customer's browser and our website. The vendor we use is VeriSign.

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