

myOhioHealthy.com

Broker & Client User Guide

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Welcome to myOhioHealthy.com

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Portal Overview

Welcome to myOhioHealthy.com!

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

Use the portal to:

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

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

General Requirements

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

Browser Requirements

• Current versions of Chrome, FireFox, and Safari

Mobile Requirements

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

Portal Sections

The portal displays tabs for various sections:

Home	Claims	Enrollment	Admin	Reporting	Messages 🔻	My Links 🔻	Family Links	My Profile 🔻
------	--------	------------	-------	-----------	------------	------------	--------------	--------------

- Home Read articles, access links to documents and resources
- Claims Claim summary and details, accumulators, and flex account balances
- Enrollment Add/update/terminate members, personal information, coverage and family summary if Real Time Eligibility has been elected
- Reporting Transfer to the client reporting system
- Messages Send and receive messages in the portal
- My Links Display links relevant to the logged in user
- Family Links Display links relevant to members of a family
- My Profile Change data in user account, register to add another client to your login, or view terms and conditions

Create Account

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

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

- First-time client users should go to myOhioHealthy.com.
- In the "Employer/Client" or "Broker" box, click on Create Your Account.



If you are an OhioHealthy Plans user, please click here. Unsure? Click here to find out.

Español



How to Set Up a User



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





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

Continue the account creation process by completing the following fields.

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

Username	
Password (See note below)	Please Select and Answer 3 Security Questions
Confirm Password	Or Enter Your Own Question
Password Strength	Enter your answer
Passwords are case-sensitive. Passwords must be 6 to 32 characters long v at least one non-alpha character. First Name	Select a security question Or Enter Your Own Question Enter your answer Inter Your Comparison Inter Your Com
Last Name	Select a security question Or Enter Your Own Question

- 1. Enter a username and password. The system will tell you immediately if the user name has already been taken. The username must be a minimum of 4 characters. Passwords are case-sensitive and must be 6 to 32 characters long with at least one non-alpha character.
- 2. Enter your first name, last name and e-mail address.
- 3. Choose and answer three security questions, or type in your own question and corresponding answer. The answers are case sensitive.
- 4. To complete request, click **Next** at the bottom of the page.

Click Clear to clear the information out of all fields.

Helpful Hints

- The username will populate on reports so you will want to use a meaningful name to know the source of the report.
- The user can create this new account with their user name from the legacy portal. If the name has already been taken you will receive an error message and can then create a new name.

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

Account Creation - The follow	wing user information has been created.
-------------------------------	---

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

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

Client Regis	stration				
Enter the clier	nt code of the cli	ient for whi	ich you are re	gistering	
Client Code:	*				
Next					

- 2. Enter the 2-character client code and 3-character library code provided to you by your Client Manager. This step connects your username to your client account.
- 3. Click **Next** to continue.

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

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

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

Complete Registration - Client

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

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

Log in	
Username	
Password	
SUBMIT	
Forgot your password?	
Forgot your username?	

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

Click "I Agree" after reviewing this page.

Complete Account - Broker

The broker users create an account by going to myOhioHealthy.com.



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

- 1. In the "Broker" box, click on Create Your Account. To ensure a secure site, the following step is needed to create a user account.
- 2. Click in the box for "I'm not a robot" and click Next to continue



Complete Account - Broker

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

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

Password	Please Select and Answer 3 Security Questions	
(See Hote below)	Select a security question	•
Confirm Password	Or Enter Your Own Question	
Password Strength	Enter your answer	
Passwords are case-sensitive. Passwords must be 6 to 32 characters la at least one non-alpha character.	ong with Or Enter Your Own Question	Y
First Name	Enter your answer	
Last Name	Select a security question Or Enter Your Own Question	T
Email	Enter your answer	
	SUBMIT	

- a. Enter a username and password. The system will tell you immediately if the username has already been taken. The username must be a minimum of 4 characters. Passwords are case-sensitive and must be 6 to 32 characters long with at least one non-alpha character.
- b. Enter first name, last name and e-mail address.
- 3. Choose and answer three security questions, or type in your own question and corresponding answer. The answers are case sensitive.
- 4. To complete request, click Submit

Click Reset to remove data from all fields.

Complete Account - Broker

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

Account Cieduon - The following user information has been cieduc	Account Creation -	The following	user information	has been created
--	--------------------	---------------	------------------	------------------

Username:	SampleUsername
First name:	SampleFirstName
Last name:	SampleLastName
E-mail:	SampleEmail@sample.com
Please re-	-enter your password to protect your security
Please re-	-enter your password to protect your security
Please re- Password	enter your password to protect your security
Please re- Password	-enter your password to protect your security
Please re-	-enter your password to protect your security

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

Client Regis	stration				
🕒 Enter the clier	nt code of the cli	ent for wl	nich you are	e registering	
Client Code:	*				
Next					

- a. The broker user enters the client code provided to the client by the Account Manager. This code contains the 2-digit client code and 3-digit library code.
- b. Click Next to continue.

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

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

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

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

How to Set Up a Member Account

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

- First-time member users should go to myOhioHealthy.com.
- In the "Participant" box click on Create Your Account.

	Register	
R	Participant Find a doctor, check claim status, manage your health and more.	Broker Keep tabs on your clients' plan and access reports.
	CREATE YOUR ACCOUNT	CREATE YOUR ACCOUNT
223 223	Employer/Client Manage employee coverage and eligibility, view claims and view reports.	Provider Check the status of your patients' claims and confirm their eligibility history.
	CREATE YOUR ACCOUNT	CREATE YOUR ACCOUNT

The Activation page opens to being the account creation.

Helpful Hints

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

How to Set Up a Member Account

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

- Your Member ID or SSN
- Your Last Name
- Your Postal Code or zip code
- Your Date of Birth in mm/dd/yyyy format

The user selects Next when finished.

Activation

Let's get started!

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

	?
Your Last Name	
Sample	
Your ZIP/Postal Code	
12345	
Your Date of Birth	22
04/04/4070	

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

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

How to Set Up a Member Account

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

The members:

- Provide consent to electronic signatures and communications, and the Terms and Conditions. The Terms and Conditions may be printed from My Profile tab.
- Select 'I Agree'. If 'I Decline' is selected, the user is returned to the Log in screen and is not able to use the portal.



Next the Communication page appears. The members:

- Enter contact information. An email address is mandatory along with one phone number.
- Mobile Phone number may be used to receive text messages.
- Select the information that they would like to receive electronically.
- When finished, the members select Next.

Communication

You must enter your email address and at least one phone number.
Email Address
Mobile Phone
Alternate Phone
Select the information below that you would like to receive electronically.
Yes, request to receive my Explanation of Benefit Statements (EOBs) notifications electronically email.

How to Set Up a Member Account

A verification process is included to verify the member.

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

	Verification
۲	We will need to verify your information before continuing.
	Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.
	Email Address START
	Mobile Phone
	555-555-1212 START

- The member enters the verification code in the box.
- The member selects Verify to verify the correct code was entered.

Verification



We will need to verify your information before continuing.

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

Email Address	
email@email.com	START
Mobile Phone	
	X START

How to Set Up a Member Account

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

Verification 🛞 We will need to verify your information before continuing.

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

to your Mobile Phone	in the field below.
Email Address	
	START
Mobile Phone	
111-111-1111	START
Verification Code	
	VERIFY

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

Personalization

User Name	User name must be langer than 3 characters.
n Deserved	
At least 8 characters	2
picitador o citaractoro	
Re-enter Password	
Confirm password	
Let's keep thi	s secure — answer these 3 security questers as you will use these questions in the future if you forget you
Let's keep thi Remember your answ Select a security que	s secure — answer these 3 security quest rers as you will use these questions in the future if you forget your stion
Let's keep thi Remember your answ Select a security que Enter your answer	s secure — answer these 3 security quest ters as you will use these questions in the future if you forget your stion
Let's keep thi Remember your answ Select a security que Enter your answer Select a security que	s secure — answer these 3 security quest rers as you will use these questions in the future if you forget your stion v stion v
Let's keep thi Remember your answ Select a security que Enter your answer Select a security que Enter your answer	s secure — answer these 3 security quest rers as you will use these questions in the future if you forget your stion
Let's keep thi Remember your answ Select a security que Enter your answer Select a security que Enter your answer Select a security que	s secure — answer these 3 security questers as you will use these questions in the future if you forget your stion

Password is acceptable.

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

The member selects Next when finished.

Member Sign In

The Preferred Communications Details pop-up window asks the member to provide the current email address and a mobile or alternate phone number. Some forms of communication may be sent to them through email, while some messages may be sent as text messages to a mobile phone number.

- Enter the email address and at least one phone number.
- Select the information that they would like to receive electronically.
- Select Save.

Let's stay connected!	
B Tell us how you would like to receive communication Mandatory fields - your email address and r	itions by completing the information below. nobile phone number.
Email Address: person@email.com	
Mobile Phone:	
Alternate Phone:	
Select the information below that you would like to	o receive electronically.
man and and and and and and and and and a	
Yes, I request to receive my Explanation of Benefit	Statements (EOBs) notifications electronically via email.
To ensure your emails are not going to your SPAM Benefits (EOBs) notification emails.	'JUNK folder, please add <u>SendEmail@EchoHealthInc.com</u> to your address book for your Explanation of
Save	

Once the members are registered on this new site, they return directly to **myOhioHealthy.com** for all future visits.

The portal myOhioHealthy.com may be bookmarked for future reference.

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

Forgot Password

Resetting a password is an automated process but requires you to perform some steps to complete the process. To start the Forgot Password process from the Portal log in page, click on Forgot your password?

L	og in
Pas	sword
	sword
	SUBMIT
For	got your password?
For	got your username?

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

Forgot your password?

Please provide the following information

RESET	
	RESET

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

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

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

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

Home Page

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

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

Find a Doctor At OhioHealthy, we believe better health is always within reach. That's why we offer unique provider networks that give you options, quality and cost. Visit the OhioHealthy Provider Search to find a doctor or location. ber Dashboard	My client links Itsphilty Submission Commentation Curd for a Hember Administration Curde New Enrollment Form Change Form Term Waiver Form	Welcome to myOhloHealthy - quick and easy access to your important benefit information!
y benefits	My costs My balances Benefit year 01/01/2022 - 12/31/2022 as of today's	Welcome to myOhioHealthy Unity- quick and easy access to your important benefit information!
Hedical Covered: Bath, James Covered: Bath, James Flex Covered: Bath Vision Covered: Bath, James	date Pian Benefis: \$424.99 Hy Cost: \$211.01	

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

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

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

My balances will display a graph providing a quick view of the member's deductible and Out-of-Pocket information, the graph will display for any coverage where a deductible or Out-of-Pocket exists (See below image 1). If you hover over the icon, the corresponding text will display indicating the type of coverage (Image 2). In the last screenshot (Image 3), you can see a difference in the use of "Family" vs "Individual". When a Family deductible/OOP exists for a coverage, that is what is displayed. When a Family deductible/OOP does not exist for a coverage, the individual deductible/OOP is displayed. The graph will display in the custom color branding chosen by the client.

Benefit year 01/01/2019 - 12/31/2019 as of today's date	My costs My balances Benefit year 01/01/2019 - 12/31/2019 as of today's date	Benefit year 01/01/2019 - 12/31/2019 as of today's date
Plan Benefits: \$2,307.91 My Cost: \$105.00	Family PPO Deductible	Family Non-PPO Deductible
G	Family PPO Out Of Pocket	Family Non-PPO Out Of Pocket
Benefits: \$2,307.91	Amount Met: \$427.16 Balance: \$3,572.84	Amount Met: \$427.16 Balance: \$9,572.84
	· · ·	
View my expenses	View all of my balances	View all of my balances

What's new displays resources/updates. This scrolling tile can display up to five images that changes every ten seconds. The scrolling images can be customized or defaulted to a single image.

20.

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

Search for the Member

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

Find a Member	Advanced Search					
Member ID	SSN	First Name	Last Name	Claim Number	Find	Clear

Click Advanced Search to display the advanced search function below.

Find a Member	Advanced Search					
Member ID	SSN	First Name	Last Name	Claim Number	Find	Clear

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

- 1. Click the "Advanced Search" link.
- 2. The advanced Member Finder will display.
- 3. Enter in your search criteria:
 - a. Partial member ID or SSN
 - b. Partial First or Last Name
 - c. Just a location group
 - d. Any Combination of the above
- 4. Click the Find button
- 5. The results will display in a table with the original effective date and termination date populated if the member was once terminated and then re-instated under the same member ID number.

			м	ember Finder		
 Enter criteria Select a mer 	a to find matchin nber	g members				
Member ID:	I		Exact Mate	ch		
SSN:			Exact Mate	:h		
First Name:			Exact Mate	:h		
Last Name:	doe		Exact Mate	ch		
Location/Divis	ion:		,	~		
Find Close	2					
Member ID 🛎	Name	SSN A	Birth Date 🔺	Original Effective Date 🔺	Termination Date	Location/Division A
X29273392-01	Doe, Beth	***-**-5731	09/29/1964	01/01/2016		- LOCATION BT
X29273392-04	Doe, James	***-**-3730	03/19/1993	01/01/2016		- LOCATION BT
X29273392-03	Doe, Jennifer	***-**-6898	01/16/1990	01/01/2016	01/31/2020	- LOCATION BT
					AURTONICIA	

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

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

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

			Mei	mber Finder		8
Enter criteria Select a mer Member ID: SSN: First Name:	a to find matchin mber	g members	Exact Match Exact Match Exact Match Exact Match			
Last Name: Location/Divis	doe ion:		Exact Match]		
Member ID A	Name	SSN A	Birth Date 🔺	Original Effective Date 🔺	Termination Date A	Location/Division 🔺
X29273392-01	Doe, Beth	***-**-5731	09/29/1964	01/01/2016		- LOCATION BT
X29273392-01 X29273392-04	<u>Doe, Beth</u> <u>Doe, James</u>	***-**-5731 ***-**-3730	09/29/1964 03/19/1993	01/01/2016 01/01/2016	5	- LOCATION BT
X29273392-01 X29273392-04 X29273392-03	<u>Doe, Beth</u> <u>Doe, James</u> <u>Doe, Jennifer</u>	***-**-5731 ***-**-3730 ***-**-6898	09/29/1964 03/19/1993 01/16/1990	01/01/2016 01/01/2016 01/01/2016	01/31/2020	- LOCATION BT - LOCATION BT - LOCATION BT

Find a Member	Advanced Search					
Member ID	SSN	First Name	Last Name	Claim Number	Find	Clear
To find a member, en	nter the member's inform	ation and click "Find".				
Member Found - Mer	nber ID: X29273392-01	SSN: ***-**-5731 Nan	ne: Beth Doe Location/D	ivision: - LOCATION BT		

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

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

00 or 01 – Employee/subscriber 02 – Spouse 03 – 19 Dependent

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

Search by Claim Number

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

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

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

You will need to start the search again.

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

Find	a Member	Advanced Sea	rch											
Memb	ber ID	SSN	First Na	me	Last Name	Claim Num	ber	Find	lear Enrol					
To find Memb	d a member, enter er Found - Memb I Summary	r the member's info er ID: X29273392	ormation and click	: "Find". To e	enroll a new plan participa	nt, click "Enroll". vision: - LOCATIO	ON BT							
Did clain Filter	you know you can ns data. Need to f	sort claims by clicl ind your Explanatio	king the column h n of Benefits (EO	eadings or f B)? No probl	ilter claims with our filter lem! Simply click "view de	tool? Our claims a tails" next to the	re automatical claim in questic	y sorted to s on and then o	show you the mo click to "view Ex	ost recently pr planation of B	ocessed claims on top an enefits".	d you have access t	to a rolli	ing 3 years of
Servi	ice Date From	▼ Service D	ate To	▼ Type	✓ Patient	~	Status	✔ Claim	ns Per Page 🗸	Export				
	Status #	Service Date +	Paid Date	Patient	 Relationship + 	Birth Date +	Provider #		Bill	Amount +	HRA/HSA Paid +	Patient Cost		
÷	Processed	03/22/2020	03/31/2020	Doe, Bet	h Plan Participant	09/29/1964	M Bob Jones	Md Md		\$187.00	\$0.00	\$0.00	0 3	view details
Ŧ	Processed	02/28/2020	03/09/2020	Doe, Bet	h Plan Participant	09/29/1964	R Bob Jones	Md Md		\$449.00	\$176.01	\$211.0	1,	view details
÷	Processed	12/16/2019	01/27/2020	Doe, Bet	h Plan Participant	09/29/1964	L Bob Jones	Md Md		\$679.00	\$0.00	\$47.9	5 3	riew detail <u>s</u>
im aim an P itien	Processed Details *: 0300 tarticipant: Beth tt: Beth ler: R Bo	12/16/2019 502-947-96 Doe Doe b Jones Md Md	01/27/2020 Coverage Type	Doe, Bet	h Plan Participant <u>View explanation of b</u> <u>Ask a question about</u>	09/29/1964	L Bob Jones	Md Md		\$679.00	\$0.00	\$47.9	5 3	view details
im aim an P otien ovid	Processed Details #: 0302 articipant: Beth tt: Beth ler: R Bo Service 4	12/16/2019 502-947-96 Doe Doe Service Date	01/27/2020 Coverage Type Billed A	Doe, Bet	h Plan Participant <u>View explanation of h</u> <u>Ask a question about</u>	09/29/1964 enefits this claim Other Plan Payment +	L Bob Jones	Md Md Co-Pay ≜	Deductible 4	\$679.00 Co-Ins *	\$0.00 Benefit Payment ≜	\$47.9 HRA/HSA Payment +	5 3 Reaso Codes	niew details n ≜ Stat
aim aim an P stien rovid e#	Processed Details #: 0300 articipant Beth tr: Beth ter: R Bo Service 4 99214-Office Visit	12/16/2019 502-947-96 Doe Doe b Jones Md Md Service Date 4 02/28/2020	01/27/2020 Coverage Type Billed + \$159.00	Doe, Bet Medical Discount + \$34.25	h Plan Participant	09/29/1964 enefits this claim Other Plan Payment ≜ \$0.00	L Bob Jones	Md Md Co-Pay ≜ \$35.00	Deductible + \$0.00	\$679.00 Co-Ins A \$0.00	\$0.00 Benefit Payment +	\$47.9 HRA/HSA Payment ≜ \$0.00	5 3 Reaso Codes MCY	n n A State
iim aim an P stien covid e# 1	Processed Details #: 0302 articipant: Beth tt: Beth ler: R Bo Service + 99214-Office Visit 20610-Surgery	12/16/2019 302-947-96 Doe Doe Doe Service Date 4 02/28/2020 02/28/2020	01/27/2020 Coverage Type Billed A \$159.00 \$136.00	Doe, Bet Medical Discount + \$34.25 \$44.74	h Plan Participant <u>View explanation of E</u> <u>Ask a question about</u> <u>Adjustments 4</u> \$0.00 \$0.00	09/29/1964 enefits this claim Other Plan Payment ▲ \$0.00	L Bob Jones	Md Md Co-Pay ▲ \$35.00 \$0.00	Deductible ▲ \$0.00 \$91.26	\$679.00 Co-Ins A \$0.00	\$0.00 Benefit Payment & \$89.75 \$0.00	\$47.9: HRA/HSA Payment + \$0.00 \$91.26	Reaso Codes MCY	n A State Proce Proce
im aim an P stien ovid	Processed Details #: 0302 articipant: Beth tt: Beth ler: R Bo Service 4 99214-Office Visit 20610-Surgery 73010-X-Ray	12/16/2019 502-947-96 Doe Doe Doe Service Date 02/28/2020 02/28/2020 02/28/2020	01/27/2020 Coverage Type Billed A \$159.00 \$136.00 \$54.00	Doe, Bet Medical Discount + \$34.25 \$44.74 \$17.52	h Plan Participant <u>View explanation of b</u> <u>Ask a question about</u> <u>Adjustments +</u> \$0.00 \$0.00 \$0.00	09/29/1964 enefits this claim Payment ▲ \$0.00 \$0.00 \$0.00	L Bob Jones Ineligible A \$0.00 \$0.00 \$0.00	Md Md Co-Pay ▲ \$35.00 \$0.00 \$0.00	Deductible ▲ \$0.00 \$91.26 \$36.48	\$679.00 Co-Ins A \$0.00 \$0.00	\$0.00 Benefit Payment - \$89.75 \$0.00 \$0.00	\$47.9 HRA/HSA Payment ▲ \$0.00 \$91.26 \$26.48	Reasoo Codes MCY MCY	n A Stat Proc Proc Proc
aim aim an P stien rovid 1 2 3 4	Processed	12/16/2019 502-947-96 Doe Doe Service Date 02/28/2020 02/28/2020 02/28/2020	01/27/2020 Coverage Type Billed A \$159.00 \$136.00 \$54.00 \$52.00	Doe, Bet Medical Discount + \$34.25 \$44.74 \$17.52 \$11.77	h Plan Participant <u>Miew explanation of h</u> <u>Adjustments +</u> \$0.00	09/29/1964 enefits this claim Other Plan Payment + \$0.00 \$0.00 \$0.00 \$0.00	L Bob Jones Ineligible + \$0.00 \$0.00 \$0.00 \$0.00	Md Md Co-Pay ≜ \$35.00 \$0.00 \$0.00	Deductible ▲ \$0.00 \$91.26 \$36.48 \$40.23	\$679.00 Co-Ins + \$0.00 \$0.00 \$0.00	\$0.00 Benefit Payment ▲ \$89.75 \$0.00 \$0.00	\$47.9 HRA/HSA Payment + \$0.00 \$91.26 \$36.48 \$40.23	Reaso Codes MCY MCY MCY	n A Stati Proce Proce Proce
aim laim P atien rovid 1 2 3 4 5	Processed Details #: 0300 carticipation Beth Bervice ± Bep214-Office Visit 20610-Surgery 73030-X-Ray 73030-X-Ray J3301-Injection 10400-100-100-100-100-100-100-100-100-10	12/16/2019 502-947-96 Doe Doe Service Date 02/28/2020 02/28/2020 02/28/2020 02/28/2020 02/28/2020	01/27/2020 Coverage Type Billed A \$159.00 \$136.00 \$54.00 \$52.00 \$48.00	Doe, Bet Medical Discount + \$34.25 \$44.74 \$17.52 \$11.77 \$39.96	h Plan Participant <u>View explanation of h</u> <u>Ask a question about</u> <u>Adjustments +</u> \$0.00 \$0.0	09/29/1964	L Bob Jones Ineligible + \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Md Md Co-Pay + \$35.00 \$0.00 \$0.00 \$0.00	Deductible + \$0.00 \$91.26 \$36.48 \$40.23 \$8.04	\$679.00 Co-Ins A \$0.00 \$0.00 \$0.00	\$0.00 Benefit Payment - \$89.75 \$0.00 \$0.00 \$0.00	\$47.9 HRA/HSA Payment + \$0.00 \$91.26 \$36.48 \$40.23 \$8.04	Reaso Codes MCY MCY MCY MCY	n State Proce Proce Proce

Claims

Review the Status of Claims

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

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

aim Summar Did you know you claims data. Need	'Y can sort claims by clich to find your Explanatio	king the column h n of Benefits (EOI	eadings or filter B)? No problem!	claims with our filter Simply click "view d	tool? Our claims an etails" next to the c	e automatically sorted to sho laim in question and then click	v you the most recently p to "view Explanation of	rocessed claims on top a Benefits".	nd you have access to	a rolling 3 year
rent Filter: Patient:	• Doe, James (Depende	t) (X)	▼ Type 1	Doe, James (D	ependent) 🔻	Status V Claims Per	Page V Export			
Status 🛦	Service Date 🛦	Paid Date	Patient *	Relationship *	Birth Date 🔺	Provider A	Bill Amount A	HRA/HSA Paid &	Patient Cost 🔺	
Processed	09/17/2019	11/16/2019	Doe, James	Dependent	03/19/1993	Bob Jones Md	\$36.90	\$0.00	\$1.30	view detail
Processed	09/17/2019	10/09/2019	Doe, James	Dependent	03/19/1993	<u>S Bob Jones Md Md</u>	\$112.00	\$0.00	\$10.00	view detail
Processed	01/27/2019	02/12/2019	Doe, James	Dependent	03/19/1993	A Bob Jones Md Md	\$29.00	\$17.35	\$17.35	view detail
Processed	01/27/2019	02/09/2019	Doe, James	Dependent	03/19/1993	Bob Jones Md Hp	\$247.00	\$120.29	\$120.29	view details
T Me	dical		The i	cons app	earing b	efore the Sta	atus colum	n indicate	the type	of
Cov	ered: Ida, Ja	ada	claim	that wa	s receive	ed.				
De Cov	e ntal vered: Ida, Ja	ada								
> Vis	sion									

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

• Selecting a Type limits the results to medical, dental, vision.

Covered: Ida, Jada

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

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

Helpful Hints

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

Claims

Review the Status of Claims

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

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

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

Claim Details

Close

Claim : Plan Pa Patient Provide Provide	#: articipant: t: er: er TIN:	111201-917-79 Beth Doe James Doe Bob Jones Md X319766906	Coverage 1	Type: Medical	<u>View explana</u> Ask a questic <u>View addition</u>	tion of benefits n about this claim nal claim details								
Line#	Service 🔺	Service Date 🔺	Billed ▲	Discount 🔺	Adjustments 🛦	Other Plan Payment 🛦	Ineligible 4	Co-Pay ≜	Deductible 🔺	Co-Ins ≜	Benefit Payment 🔺	HRA/HSA Payment #	Reason Codes 🛦	Status 🔺
1	80076- Lab	09/17/2019	\$23.25	\$13.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.97	\$8.74	\$0.00		Processed
2	36415- Lab	09/17/2019	\$13.65	\$10.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.33	\$2.97	\$0.00		Processed
	Total:		\$36.90	\$23.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.30	\$11.71	\$0.00	5	
ayme	nt Infor	mation:												
Line	# i P	aid Date 🔺	P	rovider Payn	nent Number 🔺	Provider Pa	yment Amoun	t ≜	Plan Pa	rticipant P	ayment Number 🛦	Plan Par	ticipant Payment	t Amount
	1 1	1/16/2019			194835		\$8	.74						\$0.0
	2 1	1/16/2019			194835		\$2	.97						\$0.0

View Accumulators

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

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

My Balances						
Benefit Year: Curre	nt: 01/01/2019 - 12/31/2019 🗸					
Year to Date Ded	uctibles					
Use the arrows in th	column headings to sort the informa	tion contained in the spec	ific column.			
Benefit Year: 01/01/20	19 - 12/31/2019					
➡ Filter						
Coverage: () Med	cal					
Patient Name *	Begin Date 🔺	End Date A	Description A	Maximum Amount 🔺	Met Amount 🔺	Balance A
Doe, Beth	01/01/2019	12/31/2019	Domestic Deductible	\$1,200.00	\$176.01	\$1,023.99
Doe, Beth	01/01/2019	12/31/2019	Network Deductible	\$2,000.00	\$176.01	\$1,823.99
Doe, Beth	01/01/2019	12/31/2019	Non-Network Deductible	\$5,000.00	\$0.00	\$5,000.00
Family	01/01/2019	12/31/2019	Domestic Deductible	\$2,400.00	\$176.01	\$2,223.99
Family	01/01/2019	12/31/2019	Network Deductible	\$4,000.00	\$176.01	\$3,823.99
Family	01/01/2019	12/31/2019	Non-Network Deductible	\$10,000.00	\$0.00	\$10,000.00
Out of Pocket Ex	penses					
O Use the arrows in th	e column headings to sort the informa	tion contained in the spec	ific column.			
Benefit Year: 01/01/20	19 - 12/31/2019					
Coverage: () Med	cal					
Patient Name *	Begin Date ≜	End Date 🔺	Description 🔺	Maximum Amount 🗚	Met Amount *	Balance *
Doe, Beth	01/01/2019	12/31/2019	Domestic Out Of Pocket	\$3,000.00	\$211.01	\$2,788.99
Doe, Beth	01/01/2019	12/31/2019	Network Out Of Pocket	\$5,000.00	\$211.01	\$4,788.99
Family	01/01/2019	12/31/2019	Domestic Out Of Pocket	\$6,000.00	\$211.01	\$5,788.99
Family	01/01/2019	12/31/2019	Network Out Of Pocket	\$10,000,00	\$211.01	to 799 00

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

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

Enrollment

View Member Enrollment Information

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

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

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

and a Marrie								
Ind a Membe	Cr <u>Advanced Search</u>							
Member ID	SSN	First Name	Last Name	Claim Number	Find Clear	Enroll		
rollment	1							
Members	tional information for a membe	r, click their name in the list b	elow.					
Members To access addit	tional information for a membe Family Member A	r, click their name in the list b	elow. Rela	tionshīp≜⊺		Date of Birth &	Remove	
Members	tional information for a membe Family Member A Sample, Jane	r, click their name in the list b	elow. Rela Plan	tionship ▲ Participant		Date of Birth ▲ 08/02/1977	Remove	
Members To access addit Member ID A X29407062-01 X29407062-03	tional information for a membe Family Member A <u>Sample, Jane</u> <u>Sample, John</u>	r, click their name in the list b	elow. Rela Plan Depe	tionship ▲ Participant Indent		Date of Birth ▲ 08/02/1977 05/03/1999	Remove	
Members To access addi Member ID A X29407062-01 X29407062-03 X29407062-04	tional Information for a membe Family Member A Sample, Jane Sample, John Sample, Julie	r, click their name in the list b	elow. Rela Plan Depe Depe	tionship ▲ Participant Indent		Date of Birth ▲ 08/02/1977 05/03/1999 05/02/2001	Remove	

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

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

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

overage	
Current Plan Info	ormation:
🕜 The plan information	displayed below may be future dated. Please check the member's coverage history for previous coverage and the original effective date.
Location/Division:	- LOCATION BU
Benefit Plan:	Exclusive Plan w/Optional Coverages
Network:	ABC PROVIDER NETWORK
Plan Participant's	
Primary Care Physicia	in:

View Personal Information

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

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

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

Member Su	Member Summary				
To access additional information for a member, click their name in the list below.					
Member ID &	Family Member +	Relationship 🛦	Date of Birth &		
X29407062-01	Sample, Jane	Plan Participant	08/02/1977		
X29407062-03	Sample, John	Dependent	05/03/1999		
X29407062-04	Sample, Julie	Dependent	05/02/2001		
Personal D	etails				

view to care history to	r uns memoe	<u>r</u>		
Ask a question abou	it this membe	<u>er</u>		
First Name/Initial:	Jane			
Last Name:	Sample			
Date of Birth:	08/02/:	08/02/1977		
SSN:	***_**	***-**-3394		
Gender:	Female			
Marital Status:				
Tobacco User:				
USA:	×.			
Address 1:	1234 M	ain		
Address 2:				
City:	Our Tov	vn		
State:	OH	ZIP Code:	12345	
Work Phone/Extension	:			
Home Phone:				
Employment Info	rmation			
Employer:	ABC CC	MPANY		
Date of Hire:	03/02/3	2015		
Location/Division:	- LOCA	TION BU		
Salary Effective Date:				

Edit

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

	View ID Card History	
Requested Date	Printed Date	Mailed Date
12/17/2018	12/17/2018	12/20/2018
06/27/2019	06/28/2019	07/01/2019
12/06/2019	12/09/2019	12/12/2019

View Personal Information

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

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

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

Click on the link to View HIPAA privacy authorization.

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

HIPAA Privacy Authorizations 3

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

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

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

View Coverage History

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

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

🖯 To access additio	nal information for a member, click their name	e in the list below.								
Member ID 🛦	Family Member 🔺			Relationship 🔺						Date of Birth
X29407062-01	Sample, Jane			Plan Participant						08/02/1977
X29407062-03	3 <u>Sample, John</u>			Dependent						05/03/1999
X29407062-04	Sample, Julie			Dependent						05/02/2001
Coverage										
Use the arrows i Member ID:	n the column headings to sort the information X29407062-01	contained in the specific column.								
Use the arrows i Member ID: Name:	n the column headings to sort the information X29407062-01 Jane Sample	contained in the specific column.								
Use the arrows i Member ID: Name: Coverage Histo	n the column headings to sort the information X29407062-01 Jane Sample	contained in the specific column.								
Use the arrows i Member ID: Name: Coverage Histo > Filter	n the column headings to sort the information X29407062-01 Jane Sample ry:	contained in the specific column.								
Use the arrows i Member ID: Name: Coverage Histo > Filter Location/Division	n the column headings to sort the information X29407062-01 Jane Sample TY: A Benefit Plan A	contained in the specific column.	Effective Date	Termination Date 4	Medical	Dental	Flex Health Care	HRA	Vision	Termination Reason A
Use the arrows in Member ID: Name: Coverage Histo > Filter Location/Division - LOCATION BU	n the column headings to sort the information X29407062-01 Jane Sample YY: Benefit Plan A Exclusive Plan w/Optional Coverages	contained in the specific column.	Effective Date 01/01/2019	Termination Date + 02/28/2019	Medical	Dental	Flex Health Care	HRA	Vision	Termination Reason A Termination Involuntary

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

Filter								
Effective Date:	▼ to:	 Termination Date:	•	to:		Coverage:	•	

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

View Family Summary

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

Family Summary				
Plan Participant Information				
Name: Jane Sample	Date of Birth: 08/02/1977	SSN: ***-**-3394	Member ID: X29407062-01	View Details Edit
Family Information				
Name: John Sample (Dependent)	Date of Birth: 05/03/1999	SSN: ***-**-1085	Member ID: X29407062-03	View Details Edit
Name: Julie Sample (Dependent)	Date of Birth: 05/02/2001	SSN: ***-**-5160	Member ID: X29407062-04	View Details Edit
Coverage Information				
Location/Division: - LOCATION BU Benefit	Plan: Exclusive Plan w/Optional Coverages	letwork: ABC PROVIDER NE	TWORK	View Details Edit
Effective Date: 01/01/2020 Termination I	Date: 02/28/2020			
Creditable Coverage Information				
No Creditable Coverage Information				

- 1. To expand information, click View Details. When a visually impaired user with a screen reader clicks on View Details the system identifies the member associated with those details.
- 2. Selecting View Details next to Coverage Information provides a coverage breakdown for each member of the policy, including Primary Care Physician if applicable.
- 3. Refer to the appropriate section in this manual to Update Personal Information, Update Coverage, Update Flexible Spending Account, or Update Creditable Coverage.

t Plan: Exclusi n Date: 02/28/	ive Plan w/Optional C /2020	Coverages Network	11 ABC PROVIDER NETWORK	Hide Details Edit
Coverages				
fective Date 01/01/2020	Termination Date 02/28/2020	<u>Late Enrollment</u> No	<u>Current Elections</u> Coverage Terminated: Qualifying Event Date:	
01/01/2020	02/28/2020	No	Reason Code: TERMINATION INVOLUNTARY Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY	
01/01/2020	02/28/2020	No	Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY	
	Plan: Exclusi Date: 02/28, werages http://werages 1/01/2020 1/01/2020	Plan: Exclusive Plan w/Optional (Date: 02/28/2020 werages sctive Date 1/01/2020 02/28/2020 1/01/2020 02/28/2020 1/01/2020 02/28/2020	Plan: Exclusive Plan w/Optional Coverages Network Date: 02/28/2020 No No werages 02/28/2020 No No 1/01/2020 02/28/2020 No No 1/01/2020 02/28/2020 No No	Plan: Exclusive Plan tv/Optional Coverages Network: ABC PROVIDER NETWORK Date: 02/28/2020 Vorages Vorage Vorage tv/01/2020 02/28/2020 No Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY 1/01/2020 02/28/2020 No Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY 1/01/2020 02/28/2020 No Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY 1/01/2020 02/28/2020 No Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY

Creditable Coverage Information

No Creditable Coverage Information

Messages

Use Messages

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

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

To access the Messages click the Messages tab.

Home Claims Enrollment Admin Reporting	Messages → Reports My Links → Family Links My Profile →
Select Inbox, Sent Messages or New Message.	
Me	ssages 🔻
Inb	<u>ox</u>
Sen	t Messages
Ne	w Message

To view a message, click on the message subject.

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

Inbox		
O Use the arrows in the column headings to sort the information contained in the specific column.		
Select All Delete Selected		Sent Messages New Message
Ĵ) Topic≜	Subject 🔺	Date
Change E-mail Address	RE: trcc	02/04/2019 05:53 PM
Change E-mail Address	RE: trcc	02/04/2019 05:53 PM

To send a new message or view your sent messages, click New Messages.

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

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

Messages

Send a Message

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



- 1. When the Messages drop-down tab is selected, click on New Message.
- 2. The Compose Message box opens.

	Compose Message	
Topic: Subject:	* Benefit Plan/Structure Question Billing Inquiry Claim Status Eligibility Question General Inquiry My Personal/Contact Informatio	n Don
	Report Inquiry Web Access Question	
		~
Attachment		Browse
(File size lii 5MB):	nited to	

- 3. Select your topic and subject and enter your message. The topic directs the system to route the message to the appropriate department.
- 4. Enter your message.
- 5. If applicable, documentation can be included with the message. To include documentation, select **Browse** to the right of Attachment. A file explorer pop-up window will appear. Navigate to the desired file, select it and then select **Open**. The maximum file size is 5 MB.
- 6. Click **Send** to submit your question. Based on the topic, the message will route to the appropriate department for handling.

Click Cancel to cancel and return to the previous page.

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

Messages

Respond to a Message

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

- 1. To read the incoming message, click on the Subject.
- 2. Below the message text previous messages related to that same string appear. Click on those previous messages to follow a message from the beginning. The original message will include the member details along with the PMC error message. If the error occurs on a new member, the SSN appears in the original message instead of a member ID.
- 3. You have the option of responding to an incoming message in the portal. To continue the discussion (or message thread) click on **Reply**. This generates another message.

Inbox								
🖯 Use	the arrows in the column headings to se	ort the information contained in the specific column.						
Select	All Delete Selected	Sent Messages New Message						
9	Topic 🛦	Subject #	Date					
	Claim Status	RE: Question about Claim	01/28/2019 01:30 PM					
	Claim Status	RE: Test Ouestion	07/10/2017 12:16 PM					

Message Detail



My Links

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



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

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



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

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

Helpful Hints

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

Family Links

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



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

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

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

- If coverage becomes effective in the future, the links display for the member based on the future date.
- If coverage is termed or cancelled, the links display as of the last coverage date. Example: Members of a family terminate on 01/31/2020. When the members access the portal in March, the links they see will be based on the coverage they had prior to termination. If the benefit plan changed in March 2020 they would not see the links tied to the new benefit plan.
- Family members with different coverage will see different links. For example, if the subscriber and children have dental coverage but the spouse does not, the spouse will not have a link to 'Find a Dentist' but the rest of the family will display that link.

My Profile Update Your Profile

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

Home	Claims Enrollment	Admin	Reporting	Messages 👻 Reports My Links 👻 Family Links	My Profile 👻
nome	Cidinis Enronnent	Admin	Reporting	Messages Reports My Links Family Links	My Profile

User Profile

O Update Account Profile - You must supply your current password to update your profile information.

Username	
Current Password	
New Password	
Confirm New Password	
Password strength	
First name	
Last name	
Email Address	

- Click Update to save your changes.
- Click Close to leave the page without any changes.

NOTES		

OhioHealthy is the trade name of OhioHealthy Medical Plans, Inc. Self-funded employer benefit plans are administered by OhioHealthy Plans, LLC. Stop loss insurance is provided by Trustmark Life Insurance Company. Other insurance products are underwritten by OhioHealthy Health Insuring Corporation and OhioHealthy Insurance Company.

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