myOhioHealthy.com

Broker & Client User Guide

UPDATED 12/2023

Welcome to myOhioHealthy.com

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Portal Overview

Welcome to myOhioHealthy.com!

Get ready to experience myOhioHealthy.com, the self-service 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 out-of-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

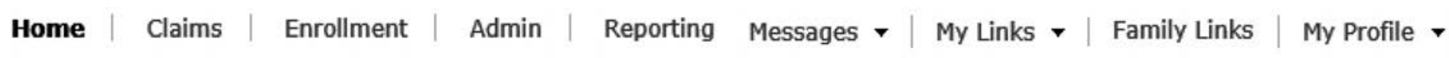
- Current versions of Chrome, FireFox, and Safari

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 –** 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

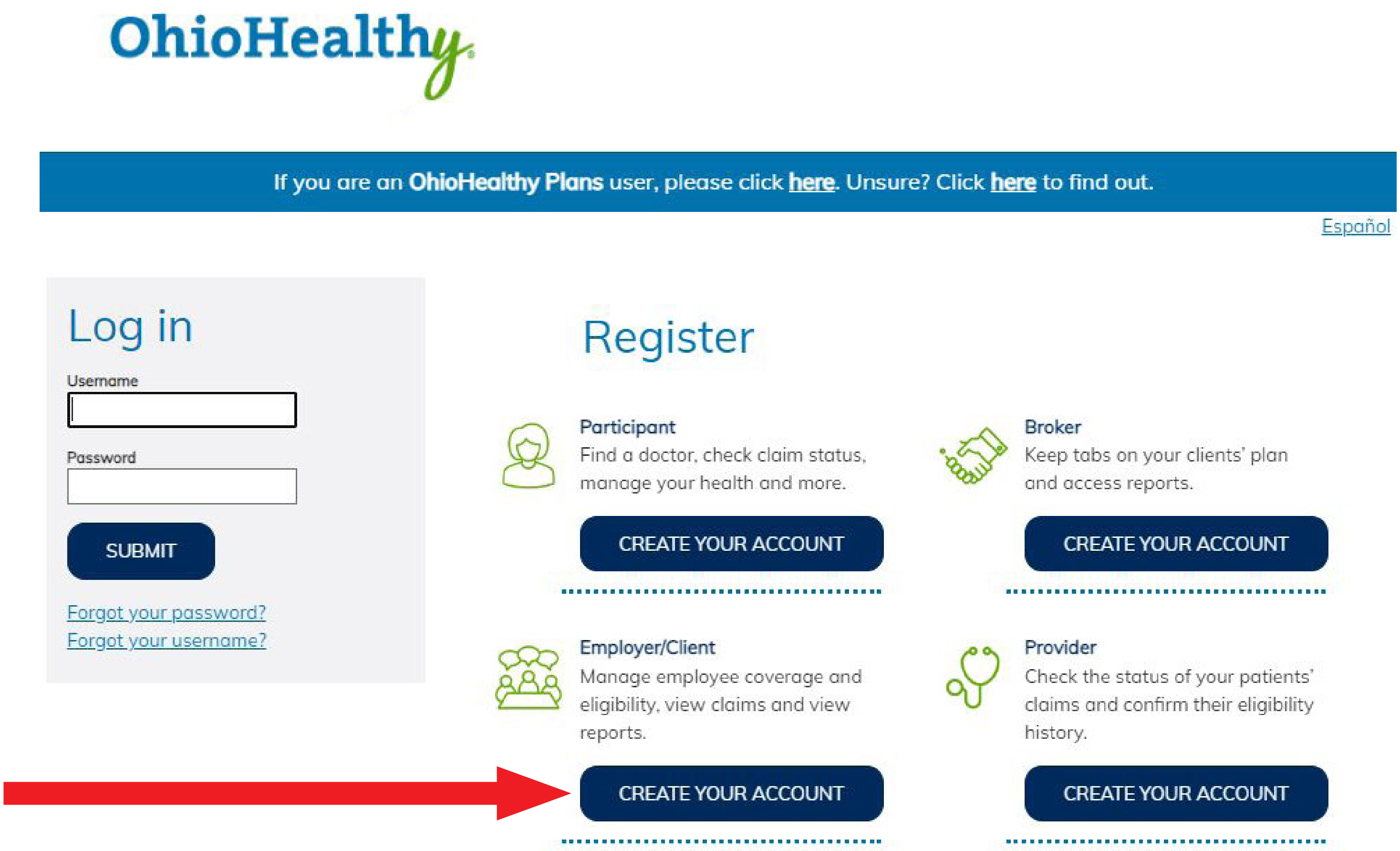
Create an Account

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**.



Create an Account

How to Set Up a User

CLIENT OR BROKER REGISTERS

- Go to **www.myOhioHealthy.com**
- In the **Employer/Client or Broker** box, click **Create Your Account**
- Complete the **Account Creation**, including **Security Questions**
- Click **Next**
- Re-enter the **Password** and click **Next**
- Enter the **Client Code** and click **Submit**
- Email the **Client Manager/Coordinator** with the **Username**

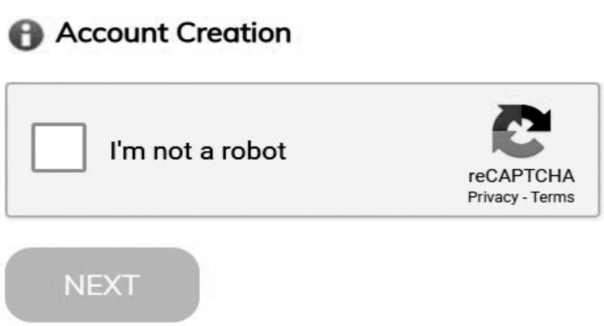
INTERNAL STAFF ACTIVATES ACCOUNT

- Log in as **Internal Staff** user. Refer to **Activate Client** registration section
- Go to **Admin tab**
- Go to **Manage Permissions**
- Search by **Client Role**, and **Inactive Status** for the client's username
- Set the **Client's Permissions**
- Set the **Client's Status** to **Active**

SUCCESSFUL LOG IN

- Client logs in at **myOhioHealthy.com**
- Successful login as user

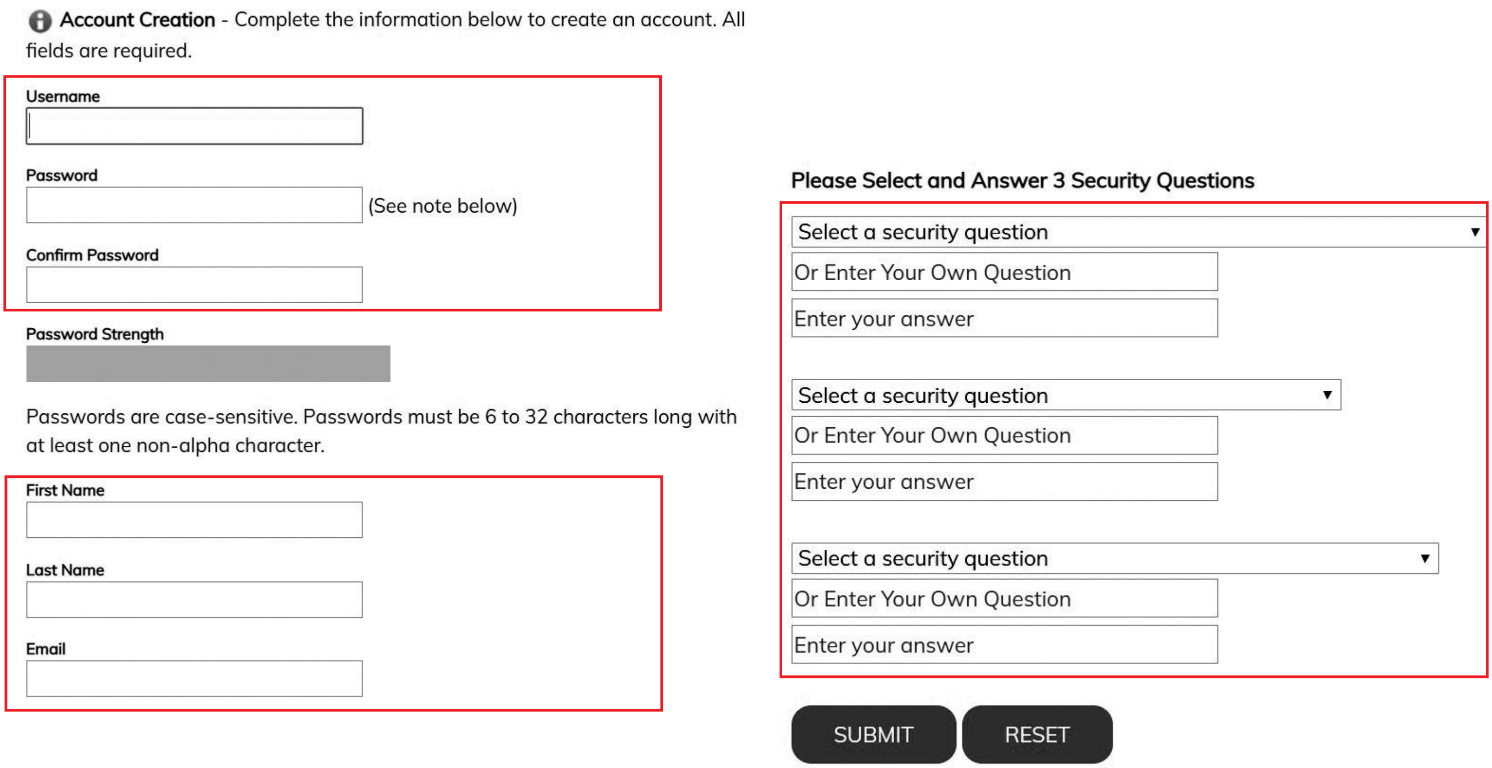
To ensure a secure site, the following step is needed to create a user account.



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

Create an Account

Continue the account creation process by completing the following fields.



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.

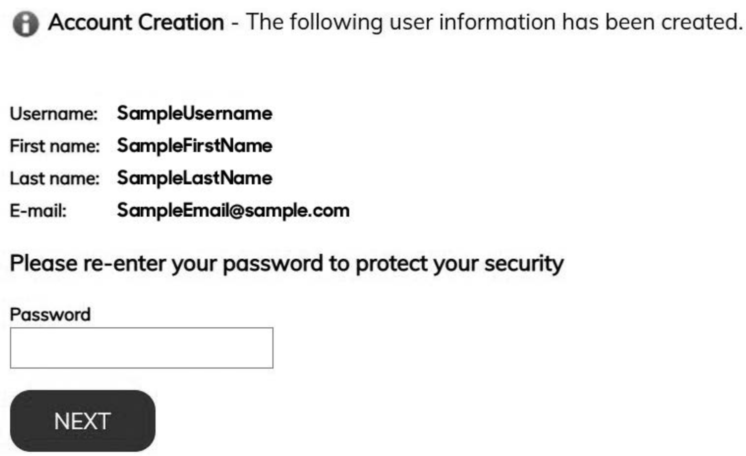
Click **Clear** to clear the information out of all fields.

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.

Create an Account

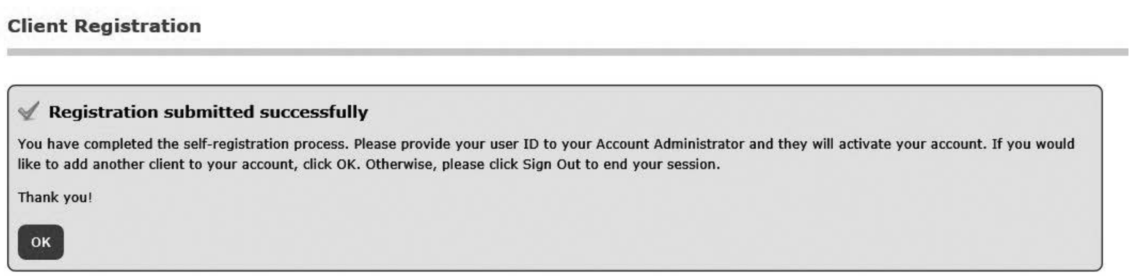
A new account for myOhioHealthy.com has now been created. Enter the password you've just created and click **Next**.



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



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.

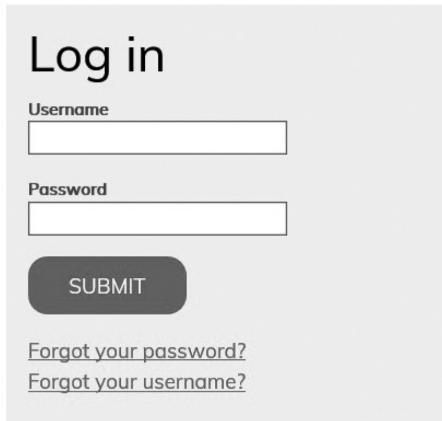
One more step to activate a client/broker account. Send the Client Manager an e-mail indicating you have completed client registration for the portal. The Client Manager can then activate the account, assign permissions, and let you know you are ready to start using the portal.

Create an Account

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.



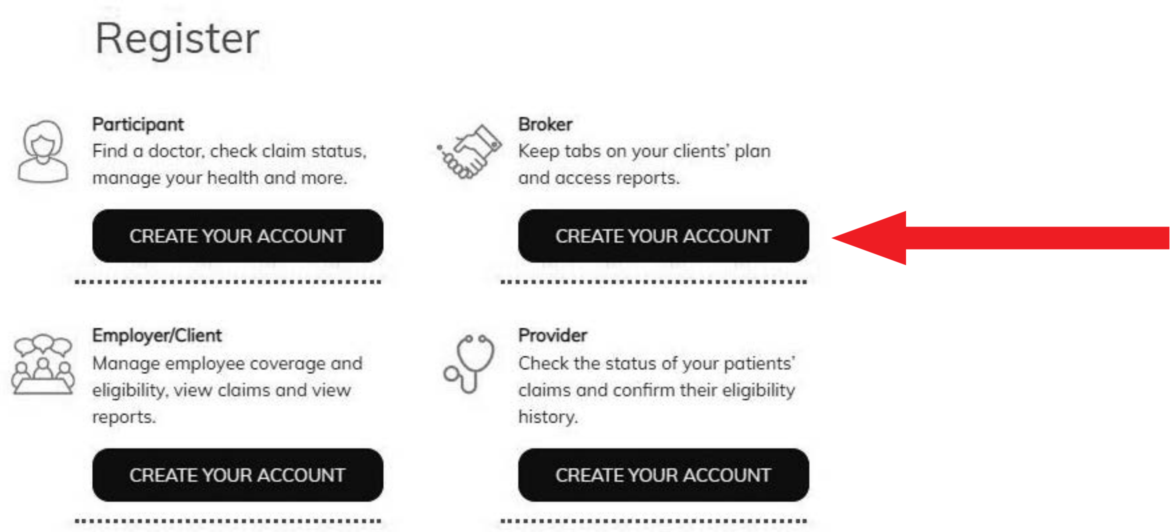
Click **Submit**. The Terms and Condition page appears the first time you sign in after being activated.

Click **"I Agree"** after reviewing this page.

Create an Account

Complete Account - Broker

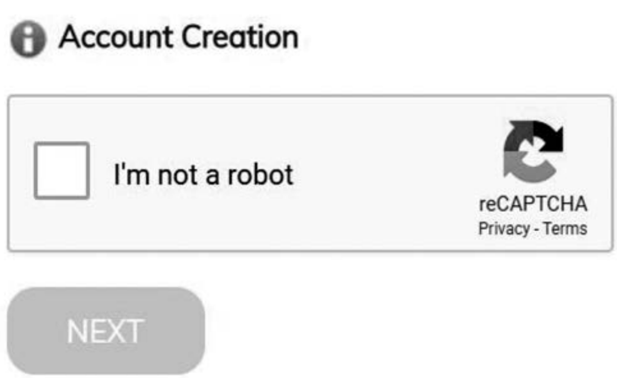
The broker users create an account by going to myOhioHealthy.com.



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.

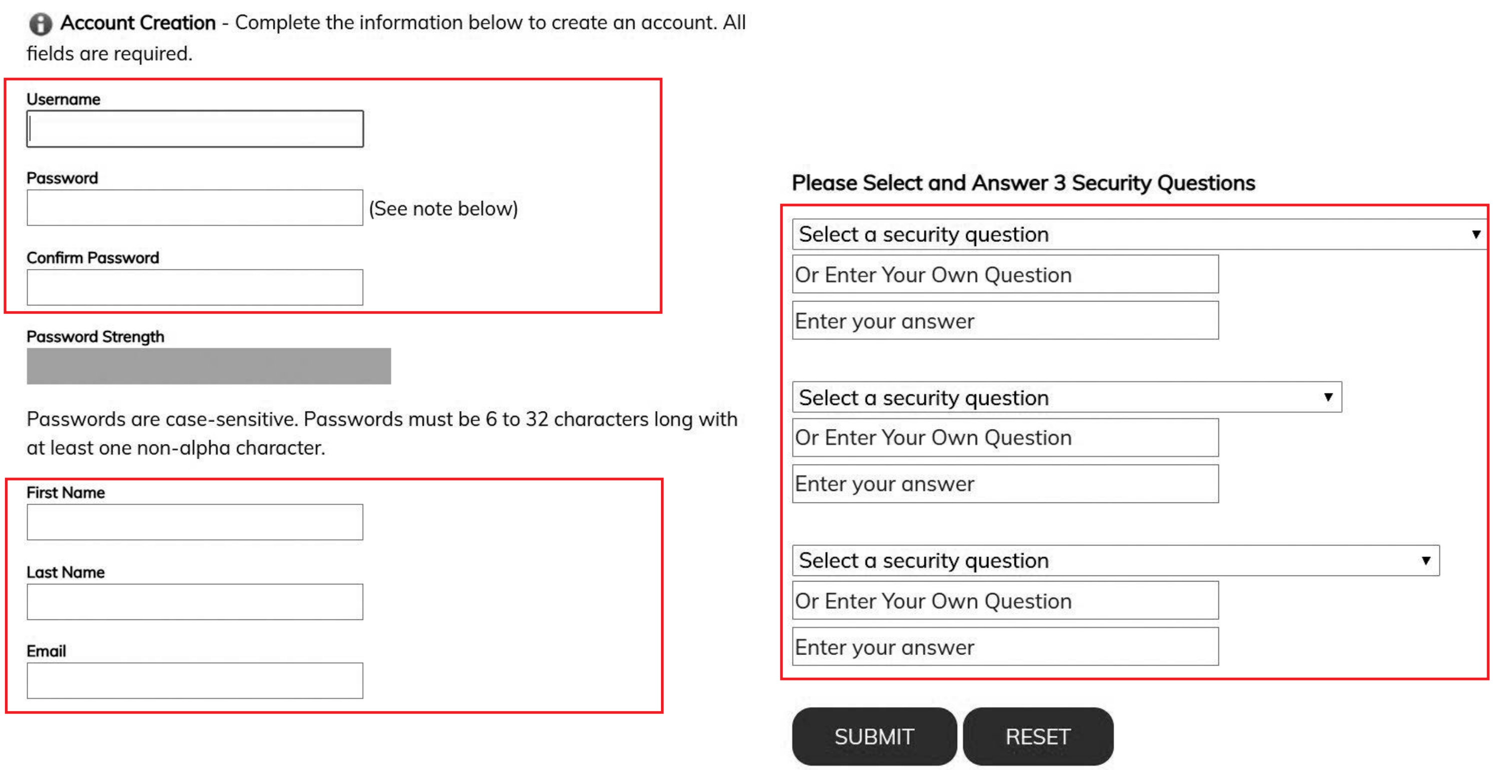
2. Click in the box for "I'm not a robot" and click Next to continue



Create an Account

Complete Account - Broker

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



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.

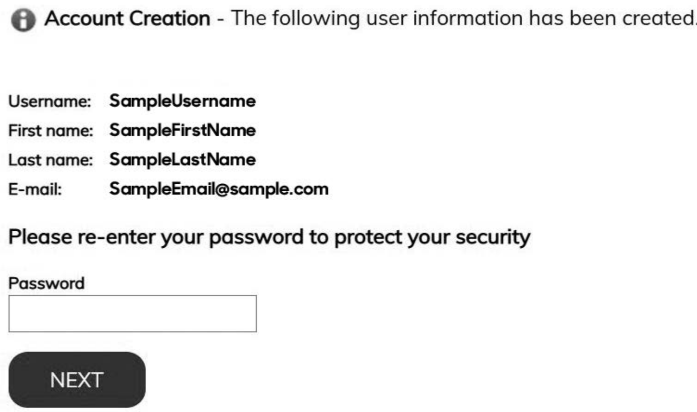
4. To complete request, click **Submit**

   Click **Reset** to remove data from all fields.

Create an Account

Complete Account - Broker

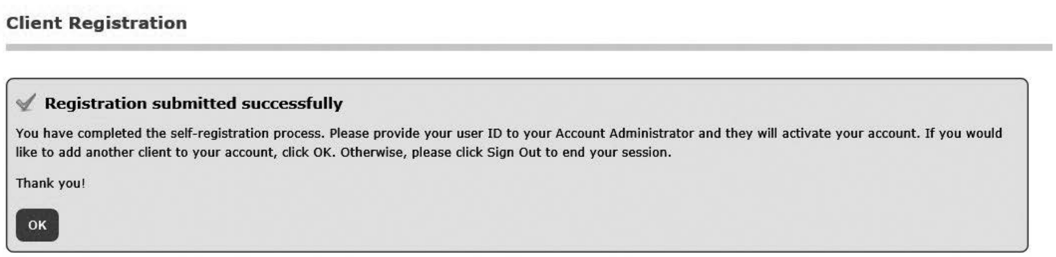
A new account for myOhioHealthy.com has now been created.



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



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.

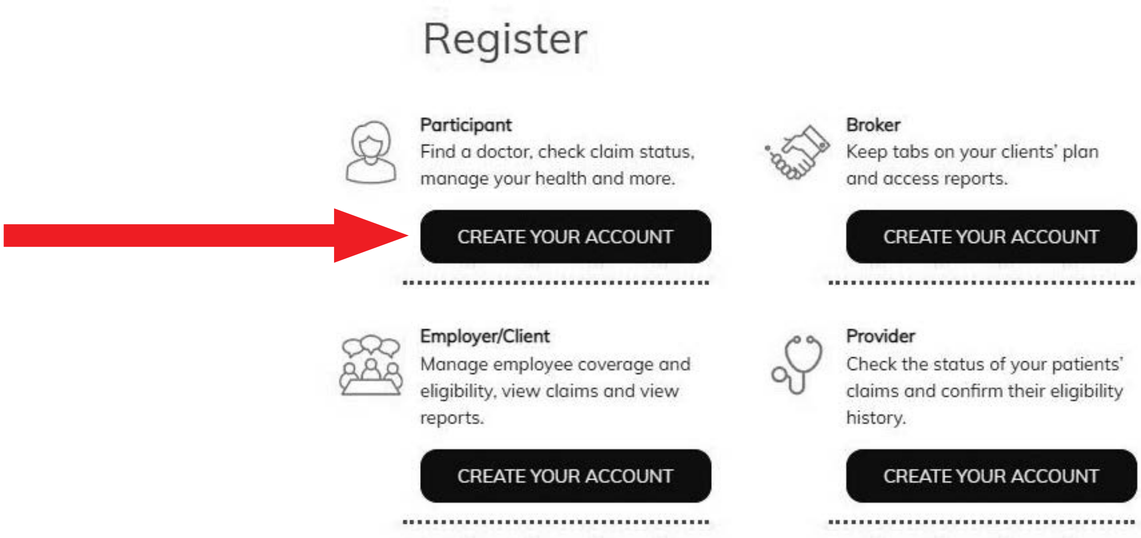
c. **One more step to activate a broker account.** The broker sends the Client Manager an e-mail indicating the broker has completed registration for the portal. The Client Manager can then activate the account, assign permissions, and let the broker know they are ready to start using the portal.

Create an Account

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**.



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.

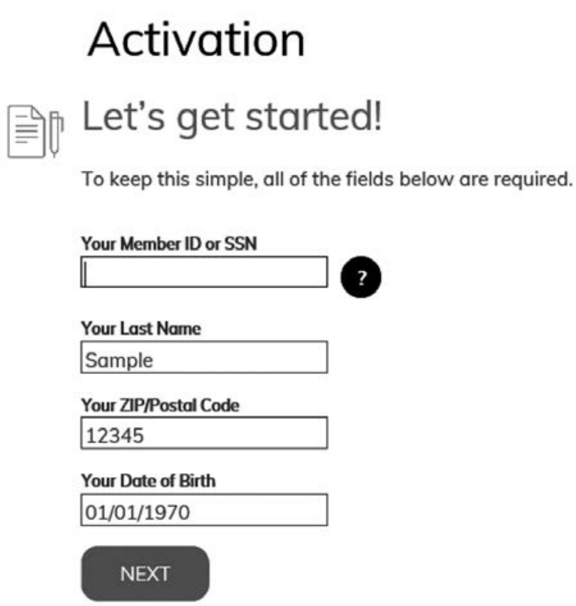
Create an Account

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.



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."

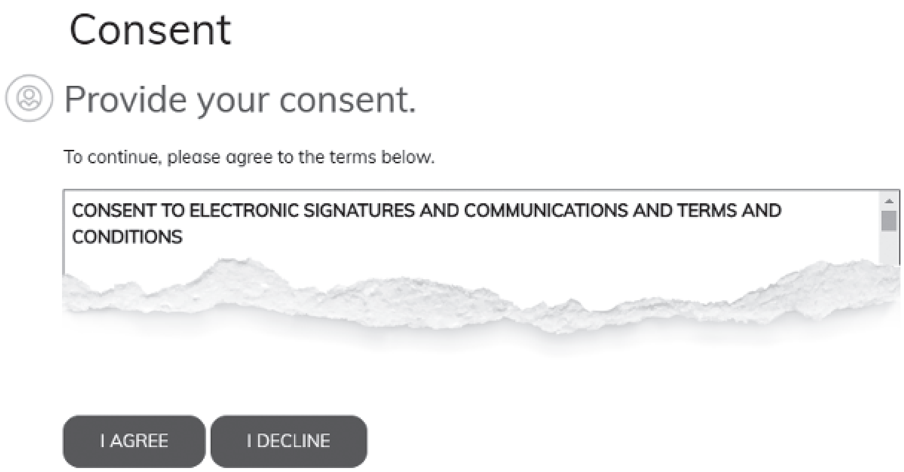
Create an Account

How to Set Up a Member Account

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

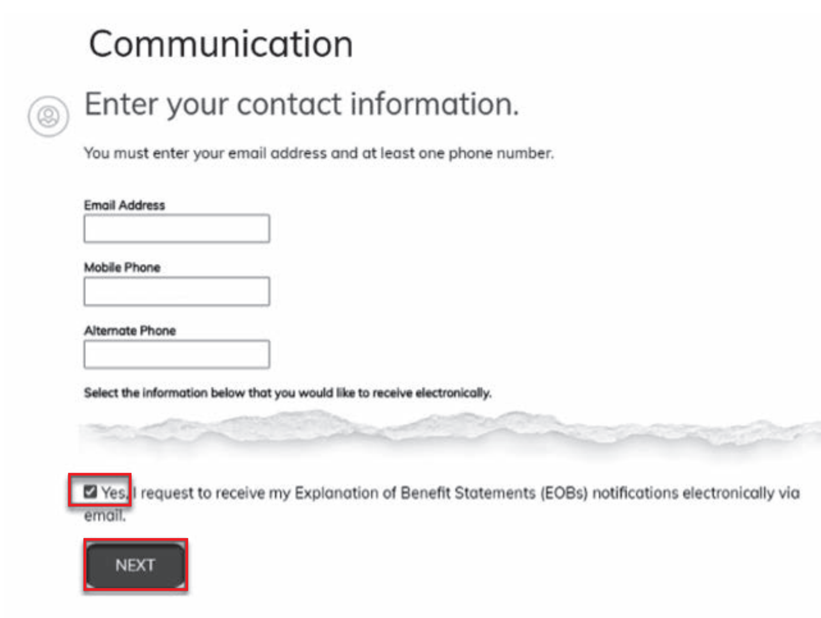
The members:

- 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**.

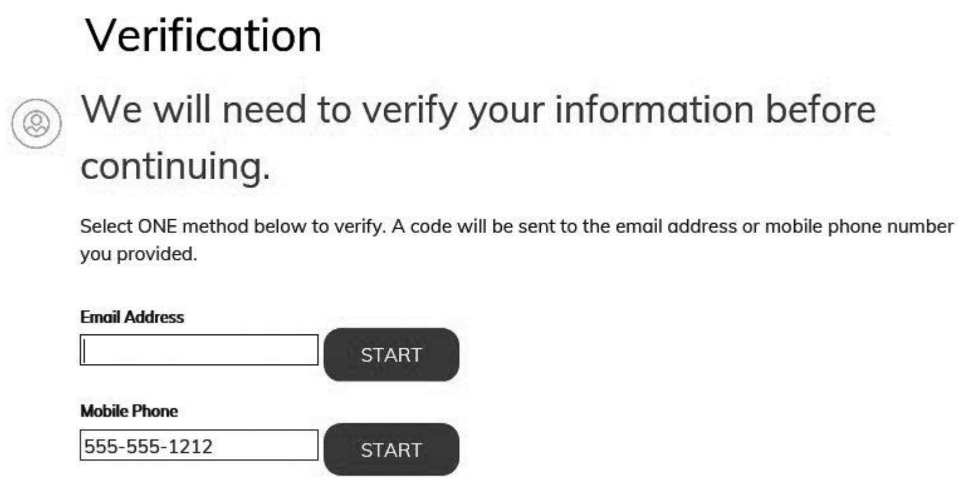


Create an Account

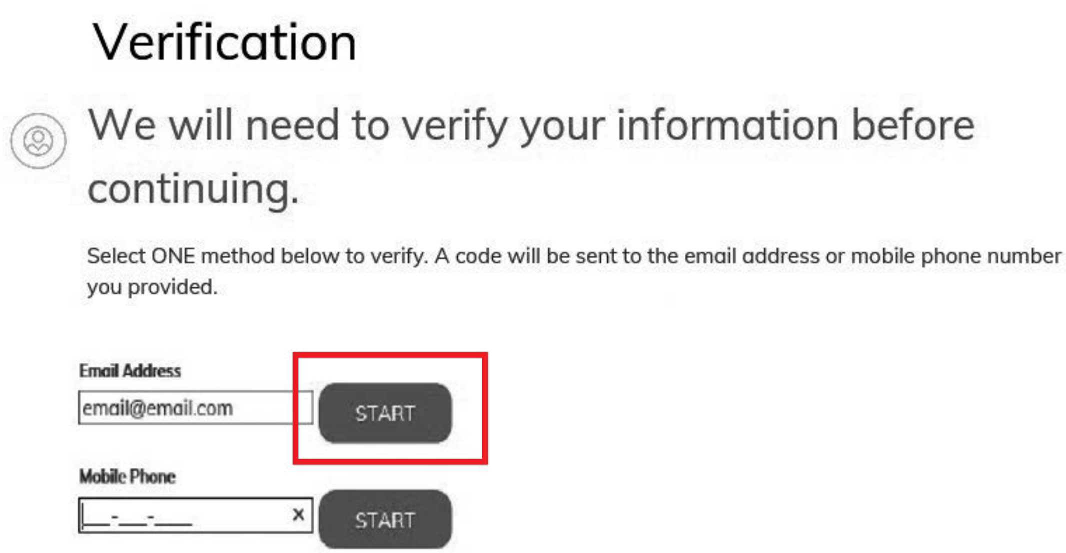
How to Set Up a Member Account

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**.



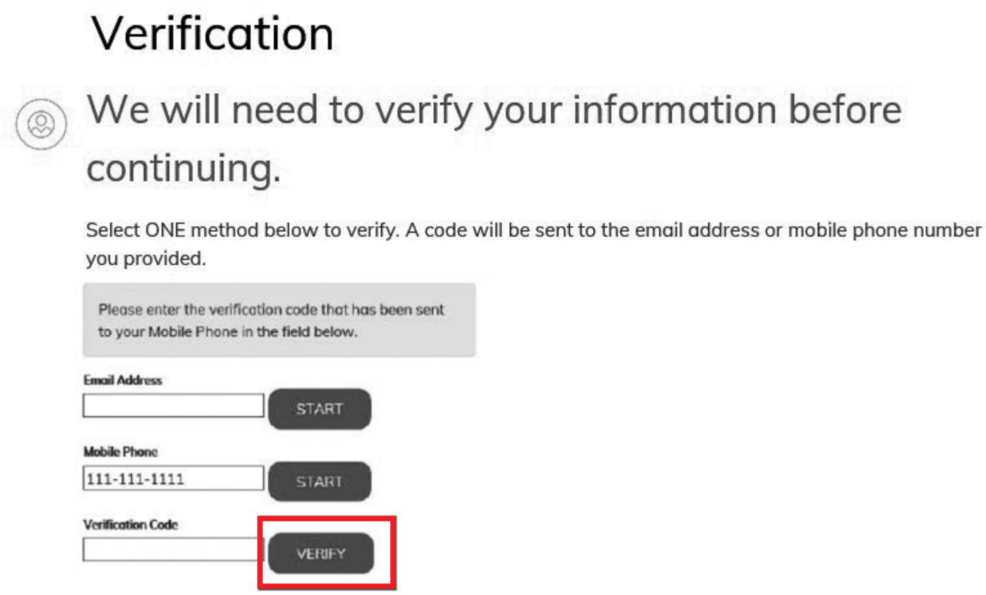
- The member enters the verification code in the box.
- The member selects **Verify** to verify the correct code was entered.



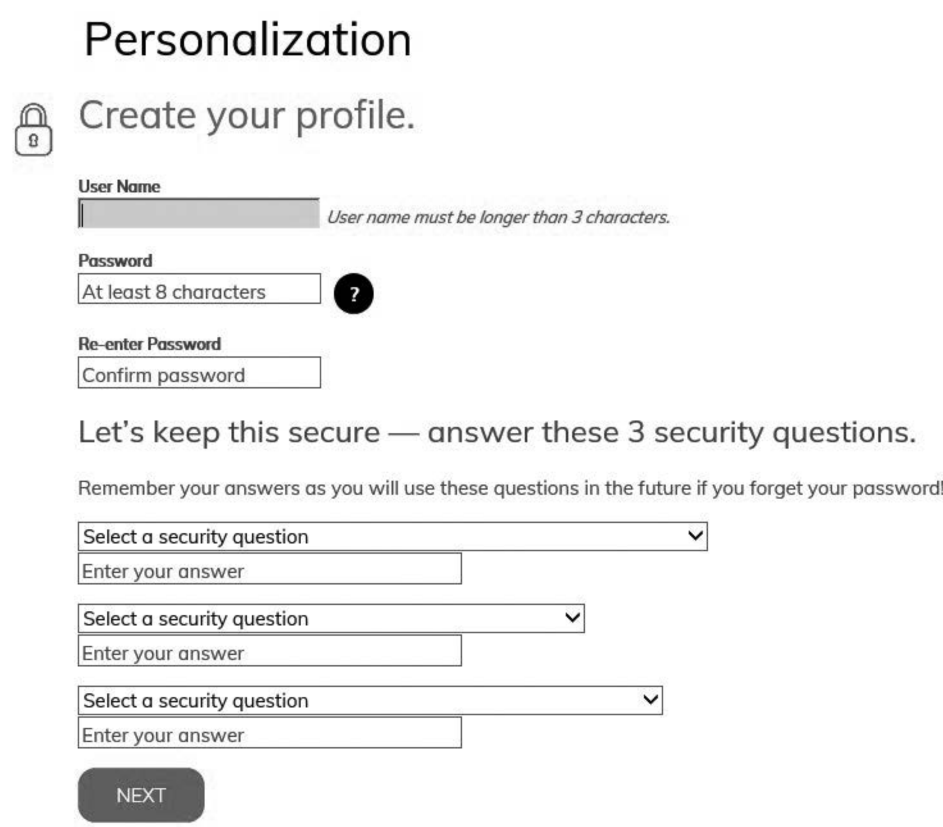
Create an Account

How to Set Up a Member Account

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



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



The member may select ? to review the password rules. The system informs them if the Username is available and the Password is acceptable.

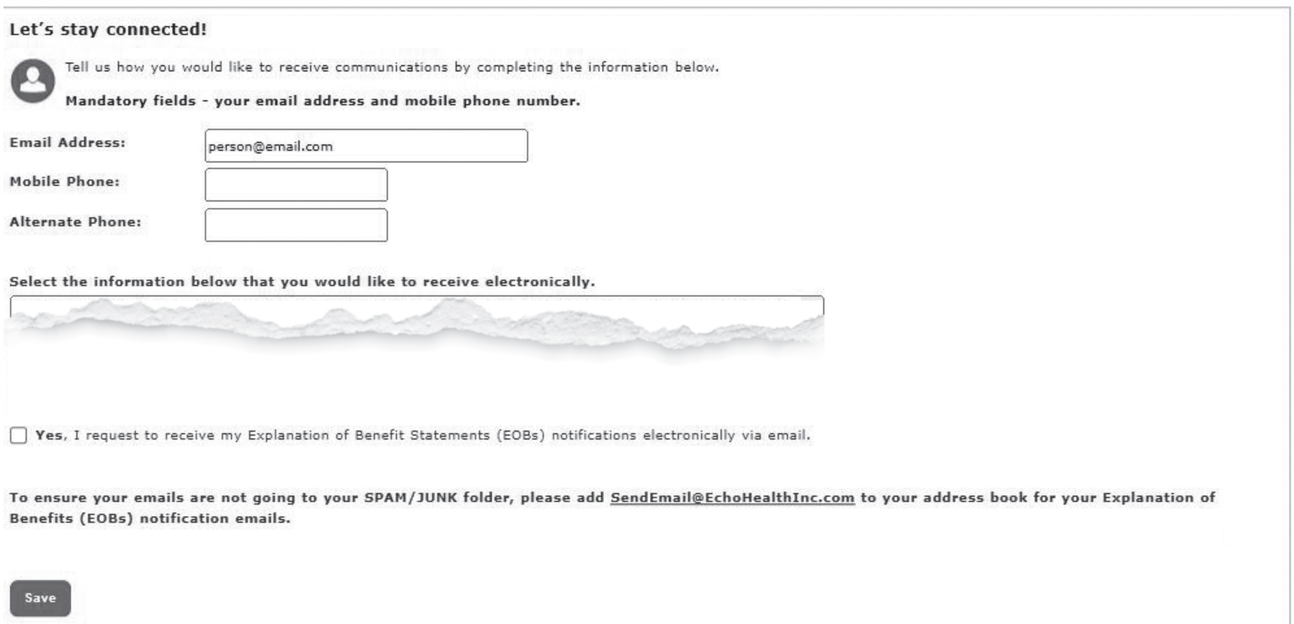
The member selects **Next** when finished.

Create an Account

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**.



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

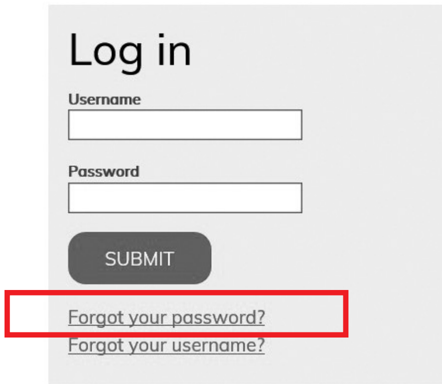
The portal **myOhioHealthy.com** may be bookmarked for future reference.

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.

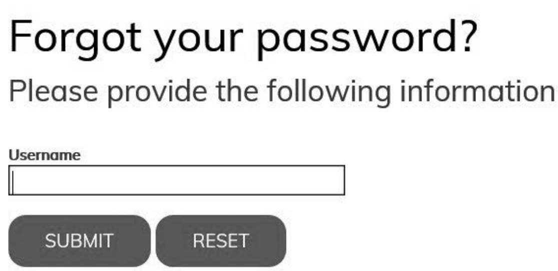
Forgot Password

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?**



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



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.

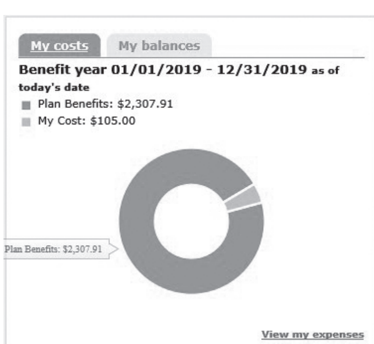
The **Client Dashboard** appears as you land on the Home Page. The **Member Dashboard** appears once a member has been found using the **Find a Member** search feature.

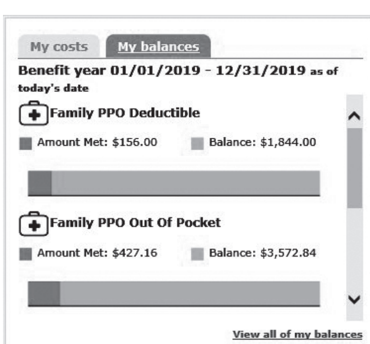
My benefits for the Member Dashboard reflects current eligibility for active members, listing the types of coverage enrolled and the dependents enrolled in that coverage. Selecting **View my benefits** takes you to the **Coverage** page.

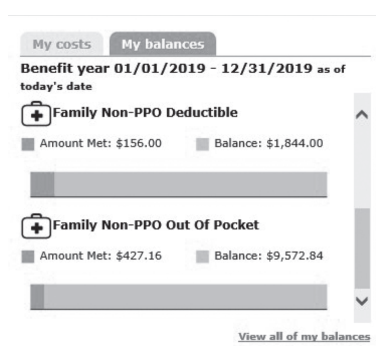
My costs displays a summary of the member's expenses for the current year, including the plan's payments and the member's responsibility for deductible, coinsurance, and copays. Selecting **View my expenses** takes you to the member's claim history.

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.







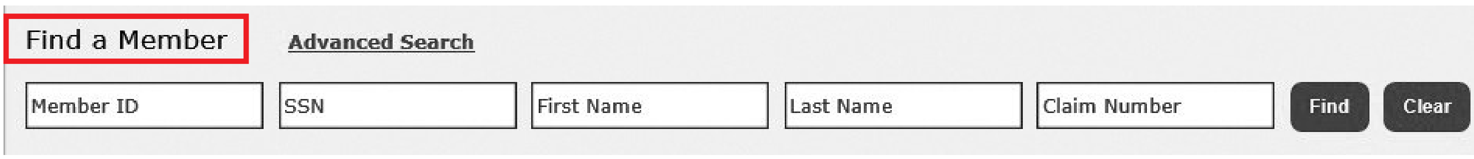
What's new displays resources/updates. This scrolling tile can display up to five images that changes every ten seconds. The scrolling images can be customized or defaulted to a single image.

Find A Member

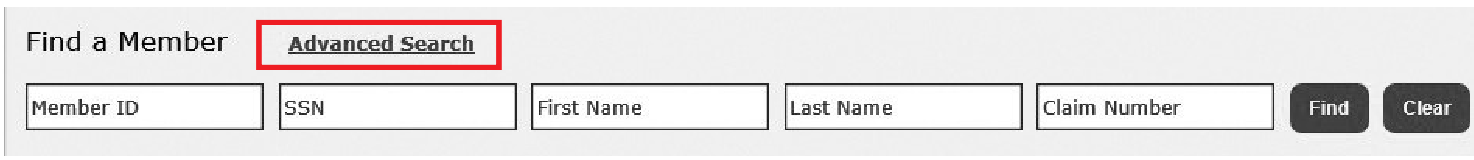
The Home, Claims, Enrollment and Messages tabs contain a "Member Finder" tool that allows you to quickly and easily search for members of groups you are authorized to review. In addition, the **Claim Number** search field is available to Client and Internal Staff users.

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**.



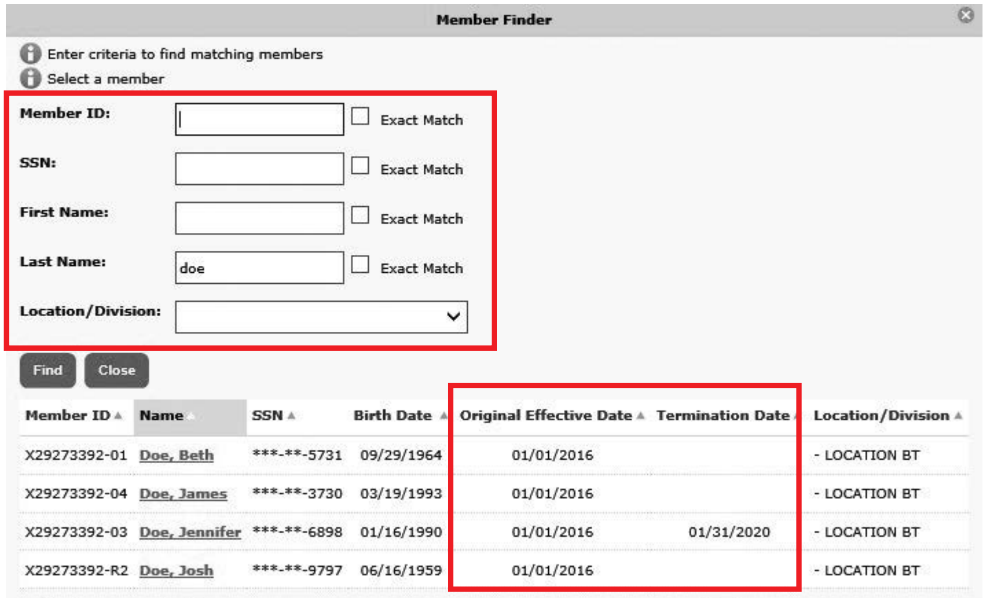
Click **Advanced Search** to display the advanced search function below.



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.

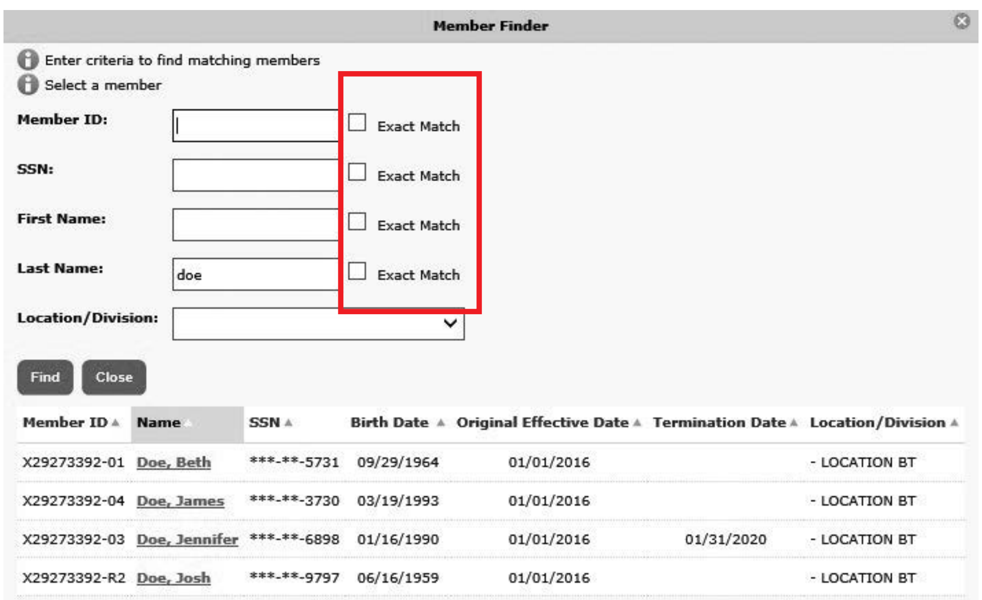
Find A Member



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.

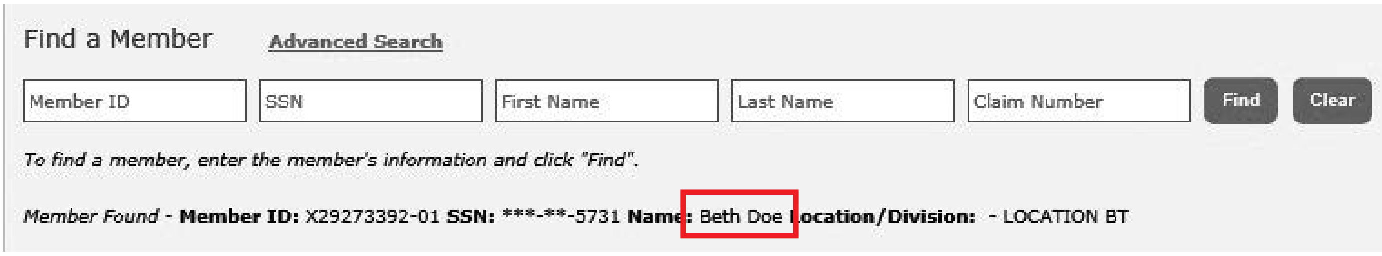
To display the exact match of your search, click **Exact Match**.

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.



Find A Member

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".

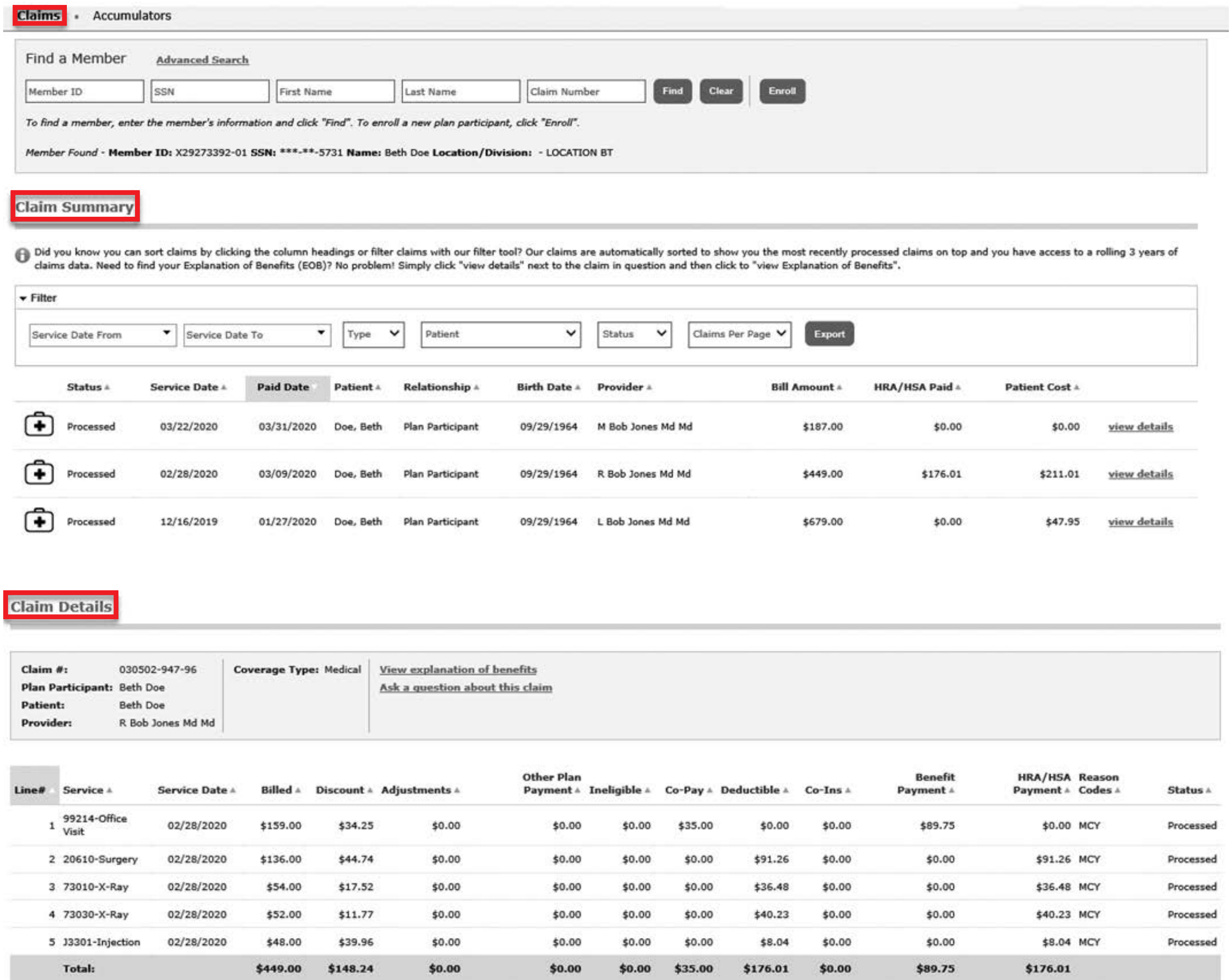
- The full claim number must be entered, with or without dashes.
- Once the claim number is entered in the Claim Number field, click **Find**. The member is found and the member's name is displayed but the claim number disappears.
- The claim numbers for prescriptions or Flex, HRA, or HSA cannot be used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

Find A Member

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.**



Claims · Accumulators

Find a Member   Advanced Search

Member ID | SSN | First Name | Last Name | Claim Number | Find | Clear | Enroll

To find a member, enter the member's information and click "Find". To enroll a new plan participant, click "Enroll".

Member Found - **Member ID:** X29273392-01 **SSN:** ***-**-5731 **Name:** Beth Doe **Location/Division:** - LOCATION BT

Claim Summary

Did you know you can sort claims by clicking the column headings or filter claims with our filter tool? Our claims are automatically sorted to show you the most recently processed claims on top and you have access to a rolling 3 years of claims data. Need to find your Explanation of Benefits (EOB)? No problem! Simply click "view details" next to the claim in question and then click to "view Explanation of Benefits".

Filter

Service Date From | Service Date To | Type | Patient | Status | Claims 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, Beth	Plan Participant	09/29/1964	M Bob Jones Md Md	$187.00	$0.00	$0.00	view details
	Processed	02/28/2020	03/09/2020	Doe, Beth	Plan Participant	09/29/1964	R Bob Jones Md Md	$449.00	$176.01	$211.01	view details
	Processed	12/16/2019	01/27/2020	Doe, Beth	Plan Participant	09/29/1964	L Bob Jones Md Md	$679.00	$0.00	$47.95	view details

Claim Details

Claim #: 030502-947-96
Plan Participant: Beth Doe
Patient: Beth Doe
Provider: R Bob Jones Md Md

Coverage Type: Medical

View explanation of benefits
Ask a question about this claim

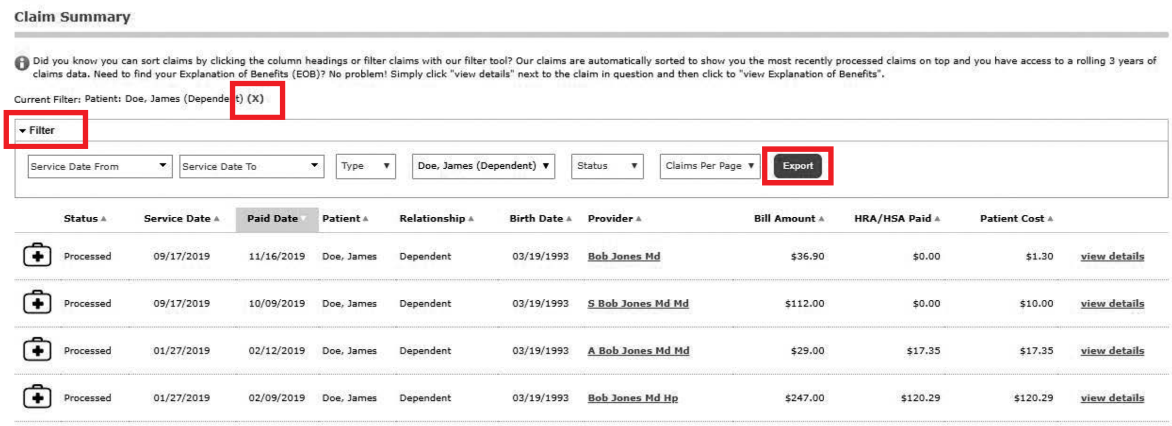
Line#	Service	Service Date	Billed	Discount	Adjustments	Other Plan Payment	Ineligible	Co-Pay	Deductible	Co-Ins	Benefit Payment	HRA/HSA Payment	Reason Codes	Status
1	99214-Office Visit	02/28/2020	$159.00	$34.25	$0.00	$0.00	$0.00	$35.00	$0.00	$0.00	$89.75	$0.00	MCY	Processed
2	20610-Surgery	02/28/2020	$136.00	$44.74	$0.00	$0.00	$0.00	$0.00	$91.26	$0.00	$0.00	$91.26	MCY	Processed
3	73010-X-Ray	02/28/2020	$54.00	$17.52	$0.00	$0.00	$0.00	$0.00	$36.48	$0.00	$0.00	$36.48	MCY	Processed
4	73030-X-Ray	02/28/2020	$52.00	$11.77	$0.00	$0.00	$0.00	$0.00	$40.23	$0.00	$0.00	$40.23	MCY	Processed
5	J3301-Injection	02/28/2020	$48.00	$39.96	$0.00	$0.00	$0.00	$0.00	$8.04	$0.00	$0.00	$8.04	MCY	Processed
	Total:		**$449.00**	**$148.24**	**$0.00**	**$0.00**	**$0.00**	**$35.00**	**$176.01**	**$0.00**	**$89.75**	**$176.01**		

Claims

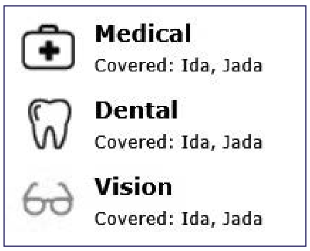
Review the Status of Claims

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.



Status	Service Date	Paid Date	Patient	Relationship	Birth Date	Provider	Bill Amount	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 details
Processed	09/17/2019	10/09/2019	Doe, James	Dependent	03/19/1993	S Bob Jones Md Md	$112.00	$0.00	$10.00	view details
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 details
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



The icons appearing before the **Status** column indicate the type of claim that was received.

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.
- **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.

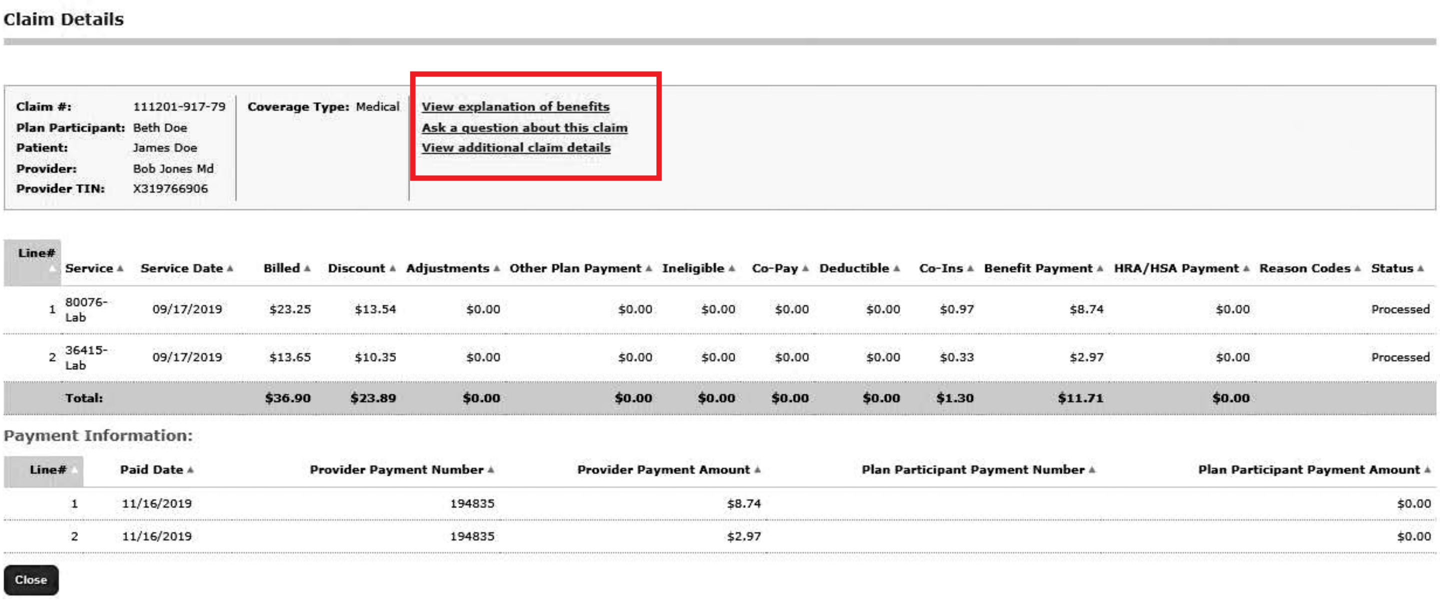
Claims

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

Claim #: 111201-917-79
Plan Participant: Beth Doe
Patient: James Doe
Provider: Bob Jones Md
Provider TIN: X319766906

Coverage Type: Medical

View explanation of benefits
Ask a question about this claim
View additional claim details

Line#	Service	Service Date	Billed	Discount	Adjustments	Other Plan Payment	Ineligible	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**		

Payment Information:

Line#	Paid Date	Provider Payment Number	Provider Payment Amount	Plan Participant Payment Number	Plan Participant Payment Amount
1	11/16/2019	194835	$8.74		$0.00
2	11/16/2019	194835	$2.97		$0.00

Close

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: Current: 01/01/2019 - 12/31/2019

Year to Date Deductibles

Use the arrows in the column headings to sort the information contained in the specific column.

Benefit Year: 01/01/2019 - 12/31/2019

▾ Filter

Coverage: ◉ **Medical**

Patient Name	Begin Date	End Date	Description	Maximum Amount	Met Amount	Balance
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 Expenses

Use the arrows in the column headings to sort the information contained in the specific column.

Benefit Year: 01/01/2019 - 12/31/2019

▾ Filter

Coverage: ◉ **Medical**

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**	**$9,788.99**

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.

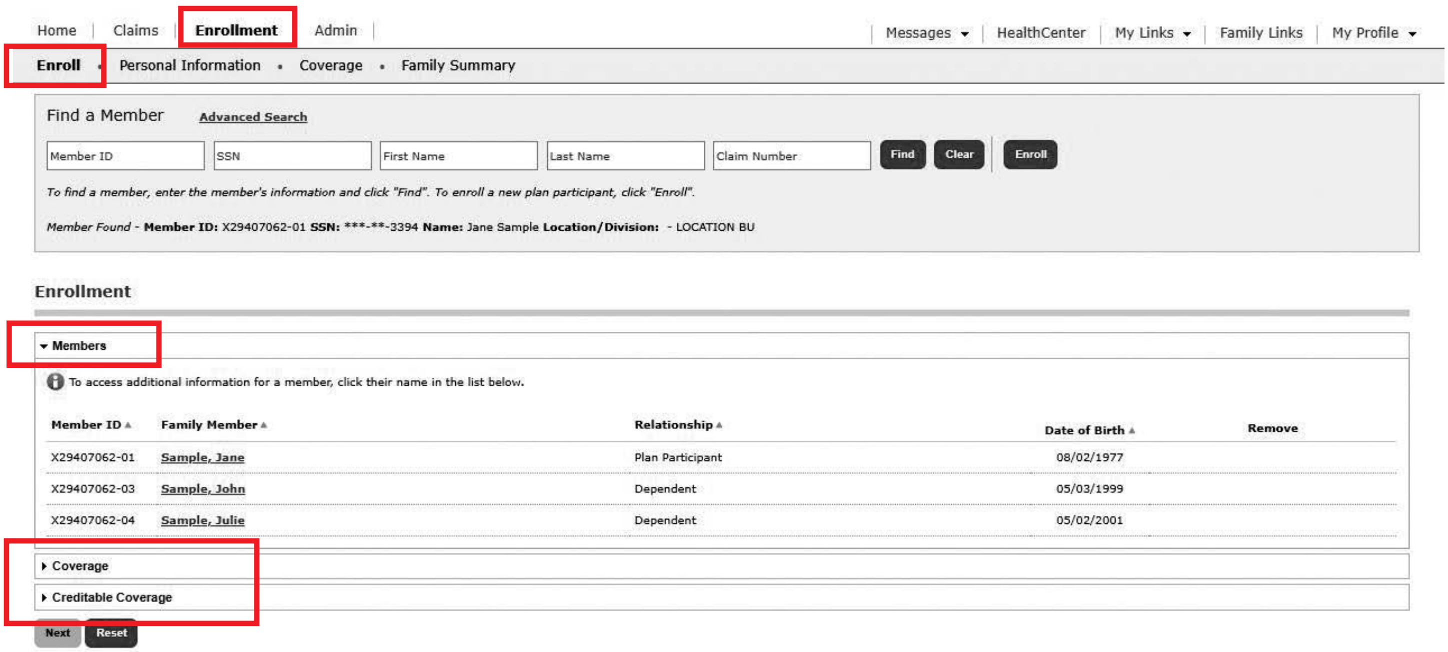
Enrollment

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.

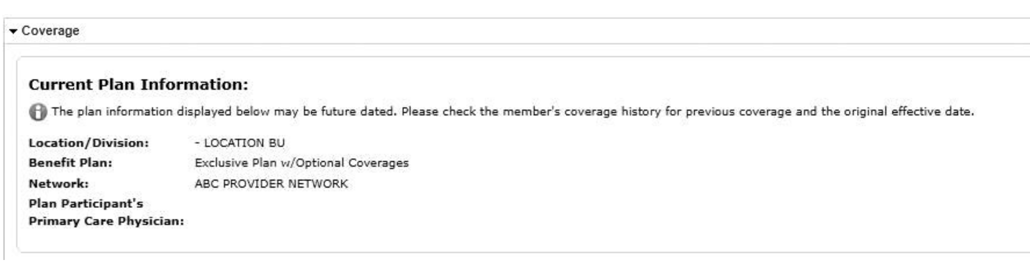
The **Registration Code** is a unique code generated by the system as an extra security layer that each member must use when they register for the portal if you (the client) require the code. Clicking **'Show Registration Codes'** creates system-generated registration codes, regardless of whether you 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.



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

	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.
	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.

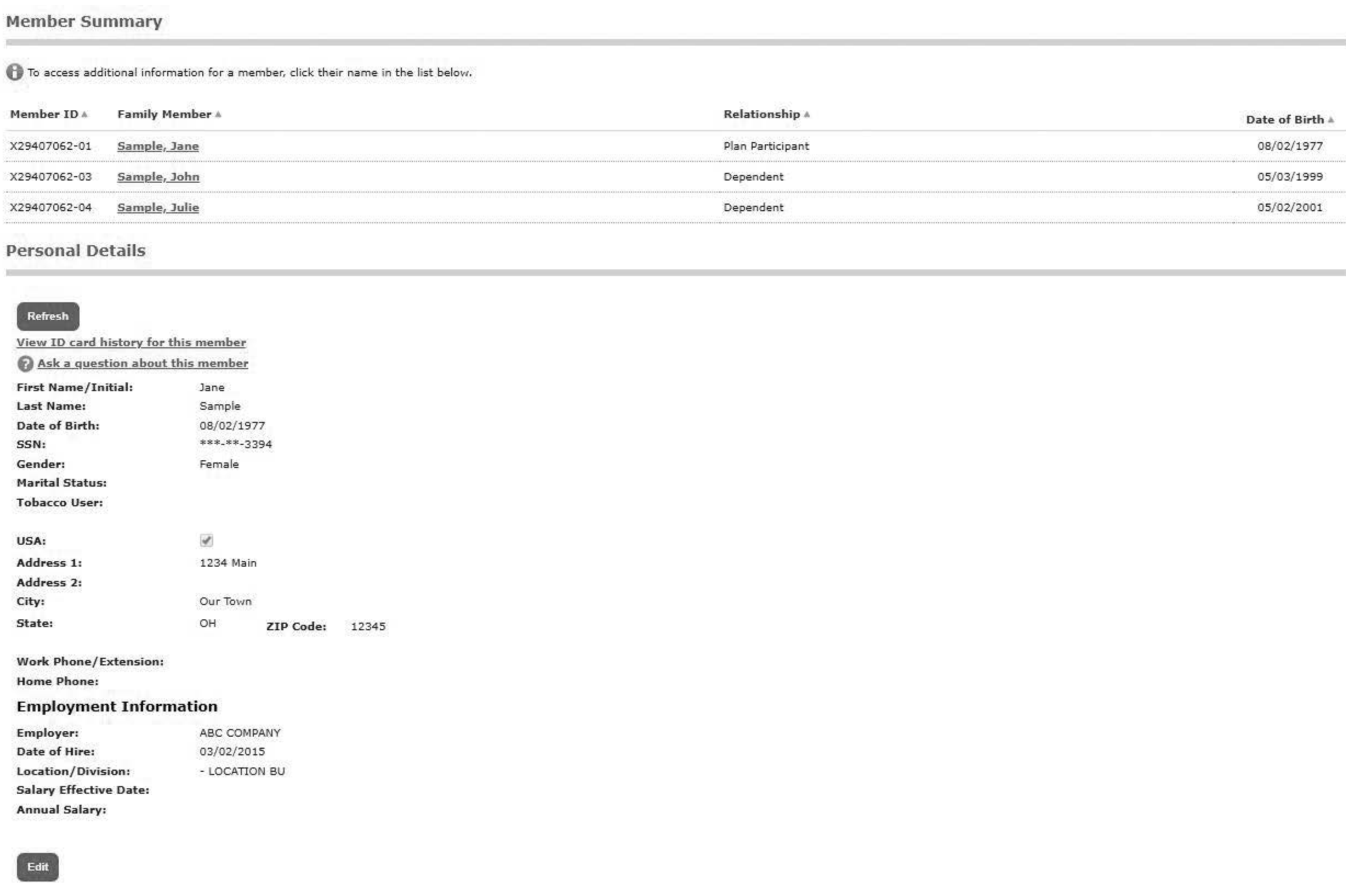


View Personal Information

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

Located under the **Enrollment** → **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 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 Details

Refresh

View ID card history for this member

Ask a question about this member

First Name/Initial: Jane
Last Name: Sample
Date of Birth: 08/02/1977
SSN: ***-**-3394
Gender: Female
Marital Status:
Tobacco User:

USA:
Address 1: 1234 Main
Address 2:
City: Our Town
State: OH ZIP Code: 12345

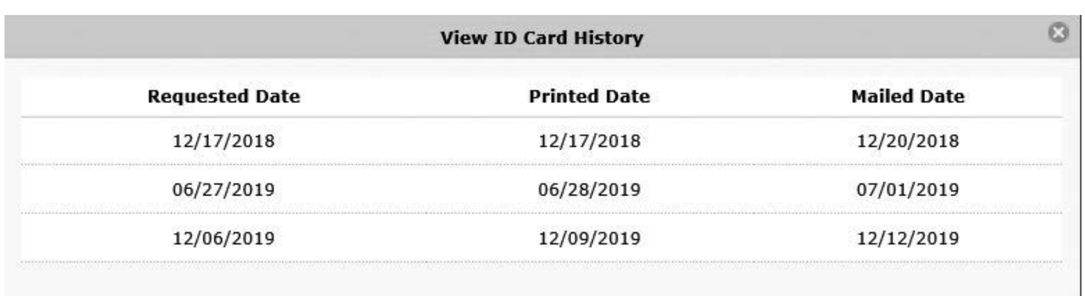
Work Phone/Extension:
Home Phone:

Employment Information

Employer: ABC COMPANY
Date of Hire: 03/02/2015
Location/Division: - LOCATION BU
Salary Effective Date:
Annual Salary:

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.

Click on the link to **View HIPAA privacy authorization**.

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

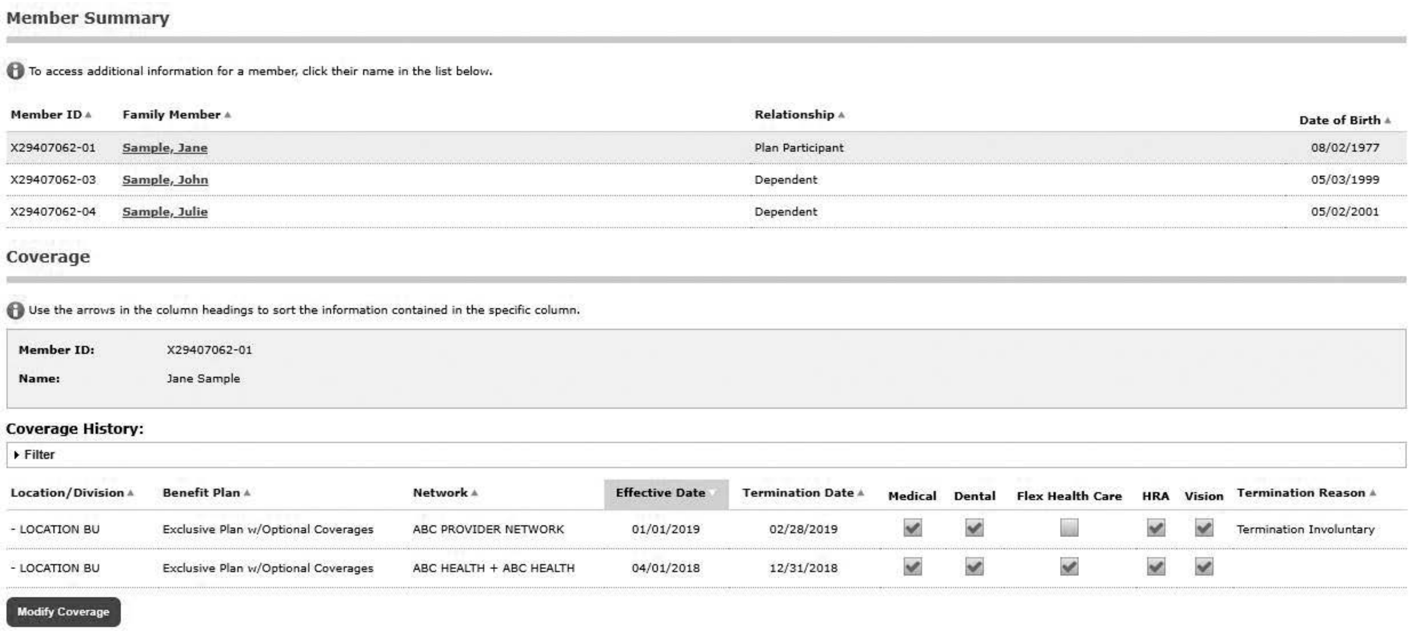
When a **HIPAA Privacy Authorization** exists, a pop up window appears:

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** → **Coverage** tab, click on a member's name to display the **Coverage History** details for that member.


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

Coverage

Use the arrows in the column headings to sort the information contained in the specific column.

Member ID: X29407062-01

Name: Jane Sample

Coverage History:

Filter

Location/Division	Benefit Plan	Network	Effective Date	Termination Date	Medical	Dental	Flex Health Care	HRA	Vision	Termination Reason
- LOCATION BU	Exclusive Plan w/Optional Coverages	ABC PROVIDER NETWORK	01/01/2019	02/28/2019	✓	✓		✓	✓	Termination Involuntary
- LOCATION BU	Exclusive Plan w/Optional Coverages	ABC HEALTH + ABC HEALTH	04/01/2018	12/31/2018	✓	✓	✓	✓	✓	

Modify Coverage

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

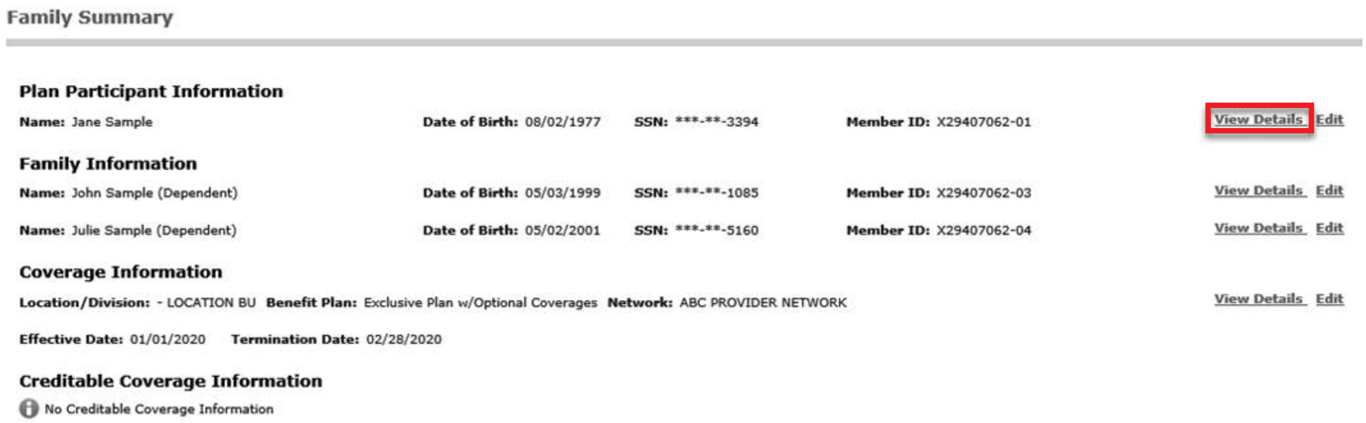

Filter

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** → **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

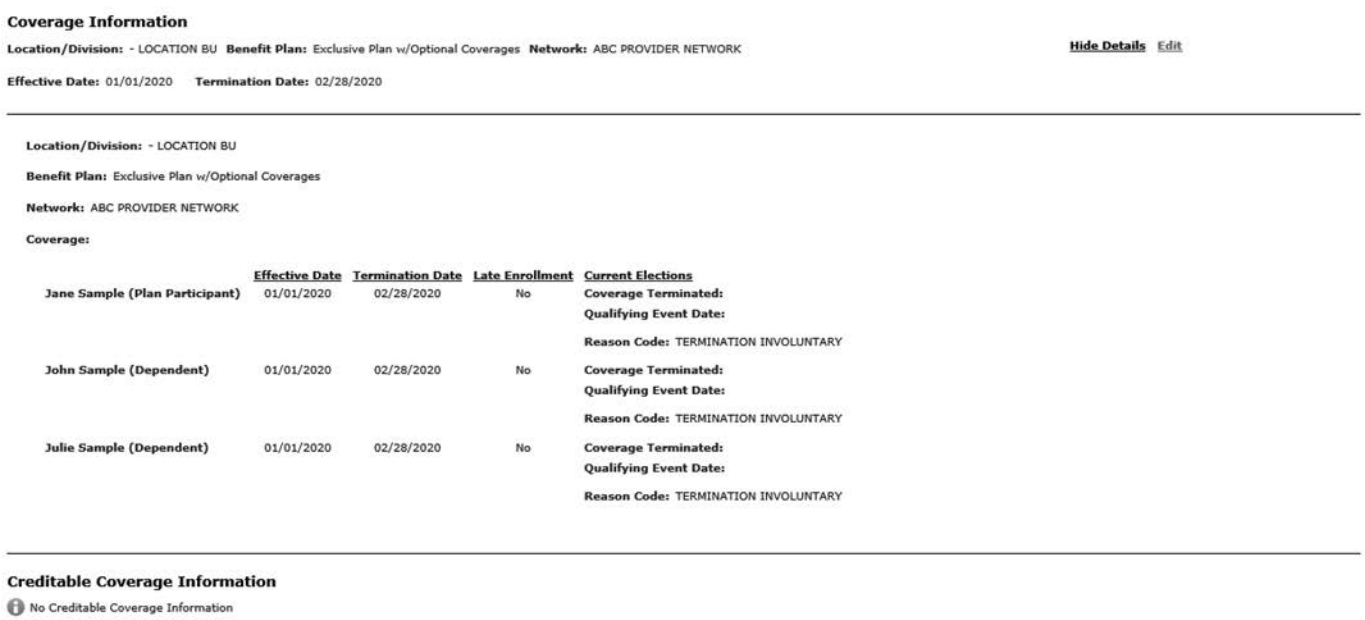
Location/Division: - LOCATION BU **Benefit Plan:** Exclusive Plan w/Optional Coverages **Network:** ABC PROVIDER NETWORK View Details Edit

Effective Date: 01/01/2020 **Termination 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**.


Coverage Information

Location/Division: - LOCATION BU **Benefit Plan:** Exclusive Plan w/Optional Coverages **Network:** ABC PROVIDER NETWORK Hide Details Edit

Effective Date: 01/01/2020 **Termination Date:** 02/28/2020

Location/Division: - LOCATION BU

Benefit Plan: Exclusive Plan w/Optional Coverages

Network: ABC PROVIDER NETWORK

Coverage:

	Effective Date	Termination Date	Late Enrollment	Current Elections
Jane Sample (Plan Participant)	01/01/2020	02/28/2020	No	Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY
John Sample (Dependent)	01/01/2020	02/28/2020	No	Coverage Terminated: Qualifying Event Date: Reason Code: TERMINATION INVOLUNTARY
Julie Sample (Dependent)	01/01/2020	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.

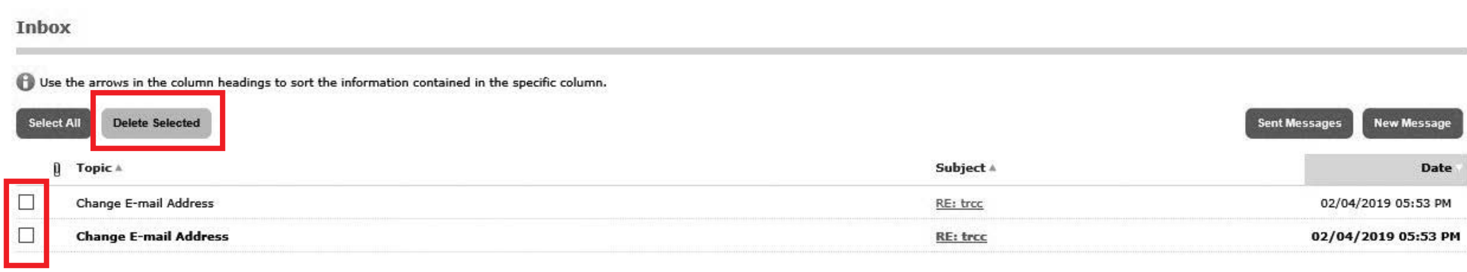
Through the **Messages** tab, you and your members can send a message to various departments for information. For example, you can send a message asking why a member is not showing as active after being enrolled. Or, you can contact the Billing Department for answers to billing questions. Employees with 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**.

Select **Inbox, Sent Messages** or **New 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.



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

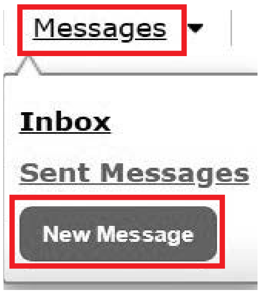
You will receive an email when a new message is available in the portal.

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

Messages

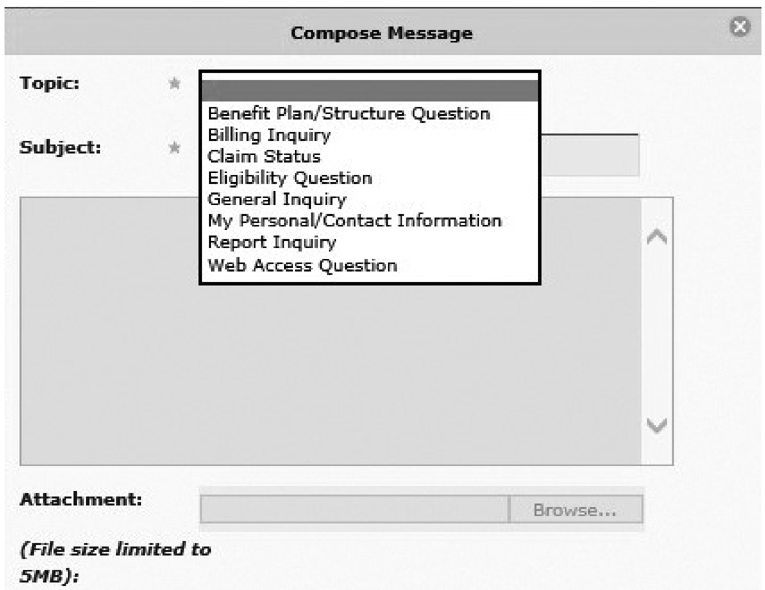
Send a Message

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.



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

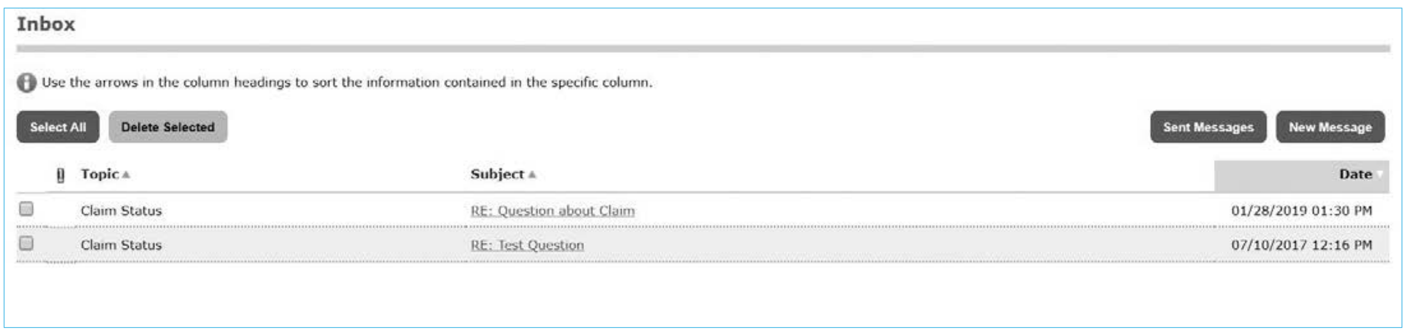
Respond to a Message

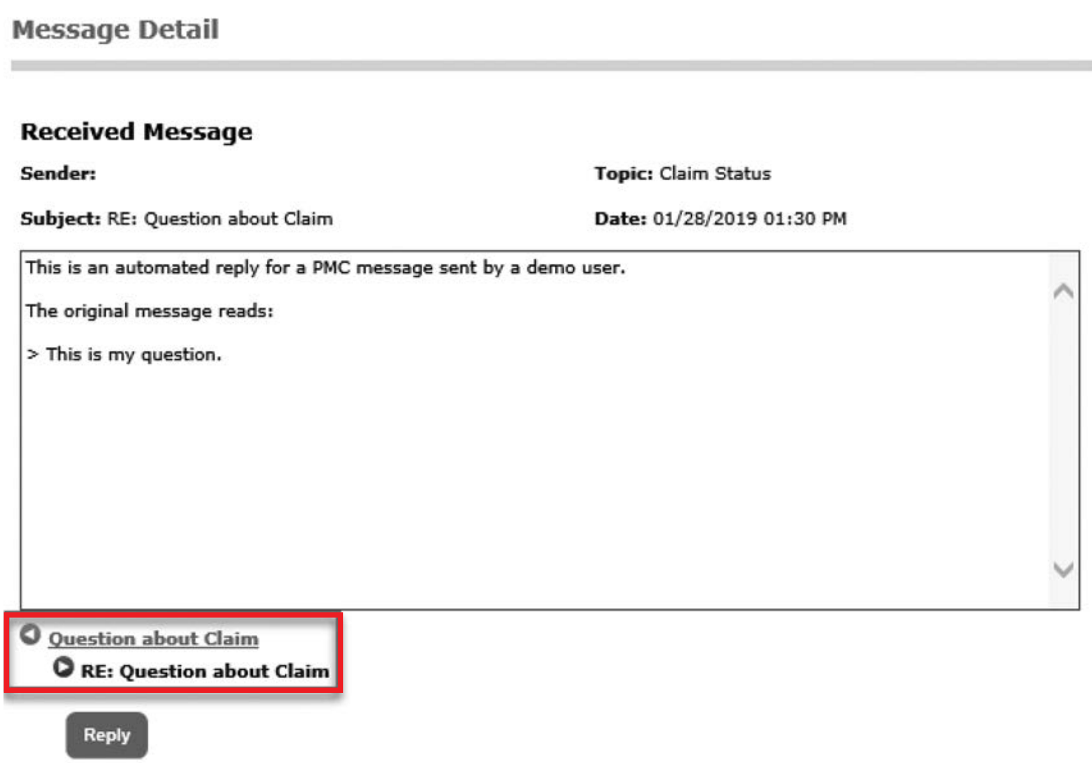
The Portal user has the option of responding to an incoming message in the Portal. The Portal user receives an email notification that a new message exists in the Portal. The Portal user logs in to **myOhioHealthy.com**, clicks on **Messages** and reviews the messages. If messages have been received, 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.



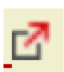


My Links

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).

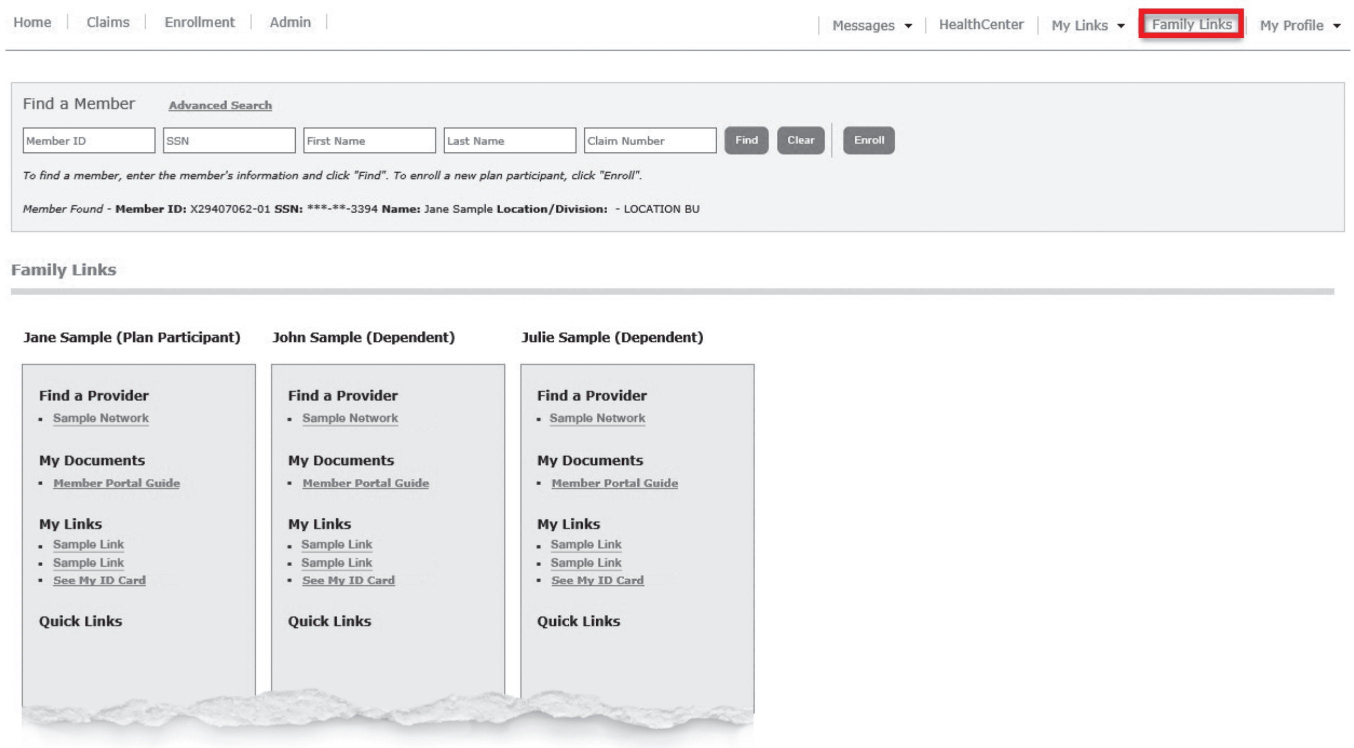
This icon is read by a screen reader used by visually impaired individuals and will indicate that they are leaving the current website. This feature is available for any client who has requested it and requires that the icon is added to the external links for the client. Contact the Client Coordinator 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.

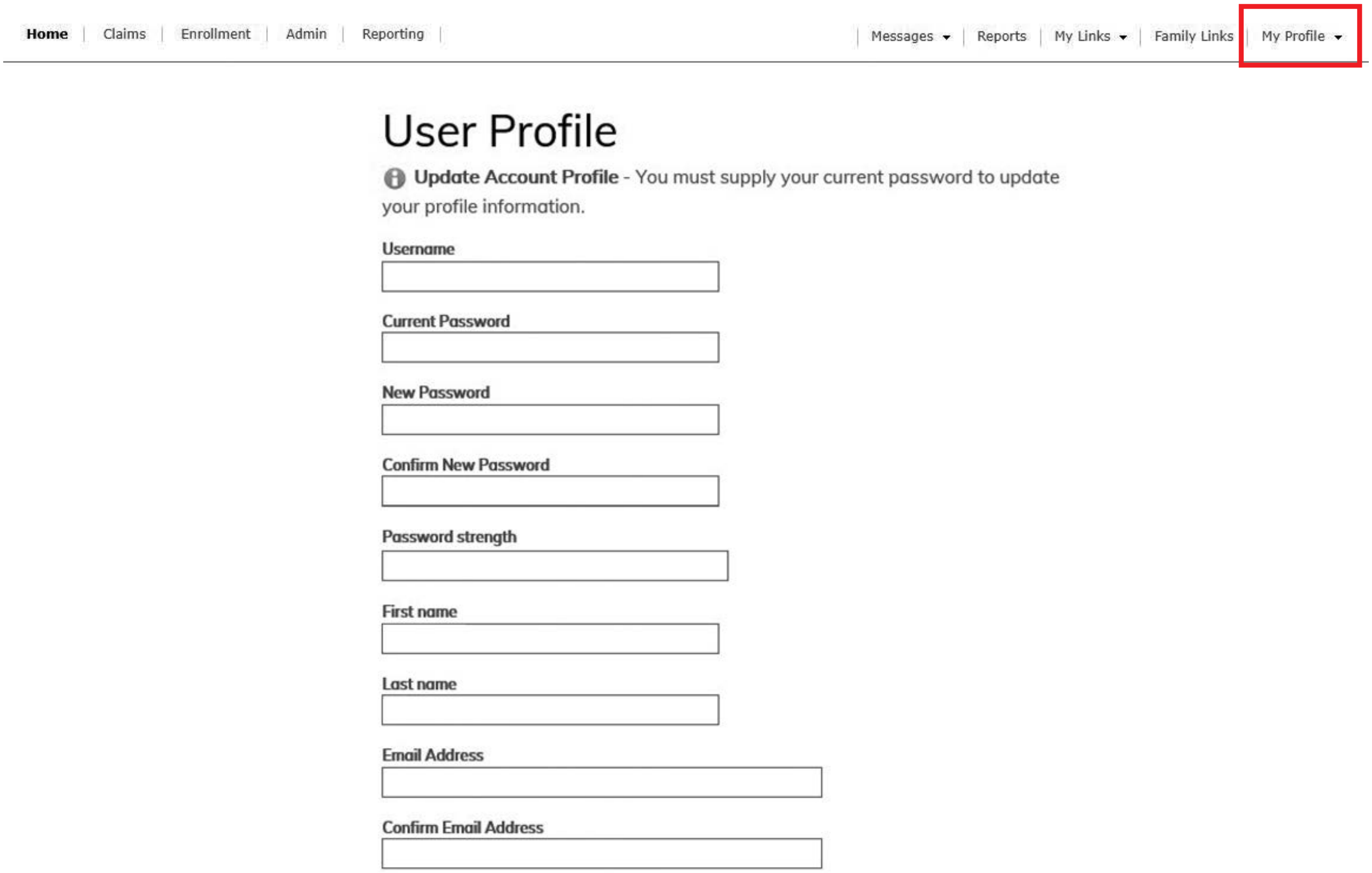
The portal displays the links available to a member user as of their last active coverage.

- 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.



- 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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