

Supported Browsers

Employer eServices can be accessed via the following browsers:

- Internet Explorer - Versions 7-10
- Google Chrome - Version 32
- Firefox – Versions 26 & 27
- Safari

Enrollment Help – Manage Employees

From the Manage Employees section of Employer eServices, you can perform:

- Inquiries (search for an employee to view or print record)
- Changes (changes to demographics and product/plan assignment). You can also make Life Even changes
- Adds – Add new employees, spouses and dependents. Records are updated in “real-time.”
- Terminations – terminate coverage on employees, spouses and dependents.
- Reinstates – Reinstates terminated employees

Enrollment Search Help

Searching for Employees and Dependents

- Search by Last Name.
- You can perform a “Wildcard” Search by entering at least two letters followed by an asterisk*

This search can be performed from the Dashboard page or from the Manage Employees section of the Employer eServices Website.

Manage Access – Frequently Asked Questions (FAQ)

A new employee needs access to Employer eServices. How do I request a new user ID?

- The Client Master Administrator has the authority to grant access to the Employer eServices site using the Add A New User actions within the Manage Access function of the site.
- A new user is granted access immediately upon completion of the Add User process

Request ID Cards – Frequently Asked Questions

How do I order an ID card replacement?

- Select the Request ID Card function from within the Main navigation menu to display the Request ID card page. If the Replace ID Card label is grayed out, this functionality is not available for your groups. Contact your representative to request a replacement ID Card.

How do I know an ID card has been generated?

There is no informational message identifying when an ID card will automatically be generated. However, the following **Enrollment** activities automatically generate a new ID card:

- New enrollee add
- Product type changes
- Enrollee name change
- Primary Care Physician (PCP) or Primary Care Clinic change
- Reinstate with a coverage lapse
- Dependent deletion (family cards only)

Note: It takes between 8 and 10 business days for an enrollee to receive their new ID card.

When are ID cards generated automatically and when would I have to request an ID Card?

There is no informational message identifying when an ID card will automatically be generated. However, the following Enrollment activities automatically generate a new ID card.

- New enrollee add
- Product type changes
- Enrollee name change
- Primary Care Physician (PCP) change
- Reinstate with a coverage lapse
- Dependent deletion (family cards only)

A replacement ID card would need to be requested using the **Request ID Card** function on the Employer eServices site or by contacting your Representative when an enrollee has lost or misplaced their card.

It takes between 8 and 10 business days for an enrollee to receive their new ID card.

Note: It is not necessary to request a new ID card when an enrollee's address has changed

Enrollment Frequently Asked Questions (FAQ)

When I add/update an enrollment record, is the Pharmacy system updated immediately?

When you add/update a member record using the Employer eServices site, the update to the pharmacy vendor system takes up to twenty-four hours. If you need the add/update to be posted to the pharmacy system immediately, please contact your Enrollment representative.

Why can't I see COB changes that I have just entered on the Other Insurance page?

The information entered on the "Other Insurance" page is received in report form by COB Processors and entered into the backend systems within 48 hours. Once this process is completed, you will be able to view the COB information via the Employer eServices site.

I get the message, "This member has not been enrolled in the group's contract currently in effect. Do you want to enroll this member in the current contract?"

The enrollee DOES currently have coverage. This prompt is asking you whether you wish for your changes to occur within the previous contract, or in the newest available contract. If you select "No," you may make changes in the earlier timeline(s). If you select "Yes," the member data is "pushed" forward into the newer contract and your changes will apply within that newer contract time frame. Once a member has been "pushed" into the new contract, changes with an effective date prior to the beginning date of the most recent contract cannot be made through Employer eServices. You must contact your Enrollment Representative to complete those transactions.

One of my subscribers has been enrolled with an incorrect Employee ID. What do I do?

For Groups beginning with three alpha characters:	For all other Groups
1. Change that subscriber's name to "Entered N Error"	If a subscriber is enrolled with an incorrect Employee ID, you must contact your Representative in order to correct it.
2. Terminate that enrollee record with a termination date equal to the effective date of enrollment	
3. Re-add the enrollee	

Note: If the subscriber has been enrolled under an incorrect Employee ID for a substantial length of time, it is possible claims were paid under the incorrect Employee ID. In this situation, rather than perform the steps listed above, contact your Enrollment Representative. Your Enrollment Representative will correct the record for you including making system adjustments to associate previously paid claims to the correct number.

An enrollee is in the system with an incorrect effective date. What do I do?

If an enrollee or dependent is in the system with an incorrect effective date, this cannot be corrected using Employer eServices. Contact your Representative so that a manual correction can be made in our host eligibility systems.

How do I move an enrollee to a new group?

An enrollee must be terminated under their current group number and re-enrolled under their new group number. To enroll a member in a different group number, perform the following steps:

1. Select the **Terminate** from within the **Enrollment** function.
2. Search for the enrollee under the current group number. (It may be helpful to select the Print button to generate an Enrollee Detail Report to reference during the re-enrollment process.).
3. Enter the termination information and select the Terminate button to save your changes. (In general, the termination date should be one day earlier than the effective date of the new group number).
4. Select the Add Employee or Add Dependent action, as applicable from within the enrollment function. (A dependent record cannot be added unless an employee record exists).
5. Select the new group number and complete the Add process.

Note: In general, the effective date would be one day greater than the termination date entered under the previous policy. You will need to re-enter all information under the new group number for each employee and dependent involved in the group number change.

How do I change an enrollee from one plan to another?

If the new plan effective date is greater than the original effective date, on the "products page" add a new line of coverage indicating the effective date of the new plan by choosing the proper plan code combination from the coverage field drop down box.

If the change is effective on or prior to the original effective date, contact your Representative to make this change.

What do I do if I receive a "panel closed - call support" error message?

This message means the Physician selected is no longer accepting new patients. Review the enrollment form to determine if the member is an existing patient. If yes, check the box that says "existing patient" and then save the record.

If the member is not an existing patient, select the Physician using the randomize method.

What do I do if I receive a "contracts not active - call support" error message?

The physician or primary care clinic assigned may not yet be active, or may no longer be active. Save the record without assigning a Physician or clinic. If you receive the edit message "claims may be denied if a PCP/clinic is not entered," just click on OK in the message window. Contact your

representative to verify that the Physician/Clinic is in their provider database and get directions on how to assign a Physician for the enrollee.

What do I do if I receive an "eligibility status required field - call support" error message.

This message indicates that the "Late Enrollee" field on the demographic information page is blank. Select the "New Hire" from the drop down box in order to save the record successfully.

What do I do if I receive a Missing PCP/Primary Care Clinic: Claims will be denied unless PCP/Clinic is entered" error message?

If a physician or primary care clinic has not been assigned but the benefit plan requires the assignment of a physician/clinic, complete the process of assigning a physician or primary care clinic for the enrollee.

eServices Customer Reporting - Frequently Asked Questions (FAQ)

Access to the System, Policy Numbers, and Reports:

What are the minimum requirements to use eServices Customer Reporting?

- **Hardware:** Pentium class processor or equivalent with 2 GB RAM
- **Browsers:** Internet Explorer 7.0
- **Browser Settings:** Cookies and 128-bit encryption enabled. DHTML recommended for optimal performance
- **Internet Connection:** High-speed LAN/T1, cable, or DSL connection with support for SSL.

What level of access do I have?

1. Do you see a section labeled Run Custom Reports?
 - If this section appears, click the **Medical** folder under **Run Custom Reports** and go to Question 2
 - If the section does not appear, you have **Standard Access**.
2. Which report is listed first under the **Medical** folder?
 - If "Claim Experience Report" is listed first, you have Select access.
 - If "Bill Count by Month" is listed first, you have Expanded access.

How do I change my access level?

- Contact your representative about more information about buy-ups to higher levels of reporting or switching your security level (i.e. confidential vs. non-confidential)

What should I do if I have access to the wrong policy?

- Please contact eServices Customer Reporting End User Support immediately if you have unauthorized access to a policy.
- All individuals using the eServices Customer Reporting application are legally obligated to refrain from using the reporting application for abusive, fraudulent or otherwise illegal purposes -- including, but not limited to, viewing information obtained via unauthorized access to a customer policy

Why do I have access to multiple policies?

- There are a few legitimate reasons why you would have access to multiple policies. First, your role may require you to access information for different customers. Brokers are a common example.

Second, a parent company may identify its distinct business divisions by assigning each to a different policy. By doing so the parent company is able to perform a company-wide analysis by selecting all the policy numbers, or perform a targeted study by selecting the number of the specific division. UnitedHealth Group is a real world example of a parent company. It is comprised of several divisions including UnitedHealthcare, Optum, Optum Insight among others. To simplify reporting, UnitedHealth Group assigns a separate policy number to each of these divisions.

Finally, a company may identify the different products within its plan design by assigning each to a different policy. For example, you could have one policy number assigned to your Health Spending Account (HSA) and another for your PPO.

Can I pick and choose which reports I get?

- No. The reports contained at each of the 3 main service levels (Standard, Select and Expanded) were identified in conjunction with representatives from the business community. If the information found in your set of reports does not address a specific need, please contact your representative for other reporting options.

Why don't I have access to confidential reports?

- First, only self-funded (ASO) customers have access to confidential reports. Customers with a fully insured funding arrangement are legally barred from viewing the Protected Health Information (PHI) contained in confidential reports
- Second, ASO customers must request confidential access; so, if you are an ASO customer and do not have access to confidential reports, you or someone else in your group has not requested confidential access.
- Contact your representative for more information about your security level.

Where can I get a census report?

- Please contact your representative for assistance in obtaining the information you need.

Where can I find membership/eligibility information?

- eServices Customer Reporting contains three reports that summarize your membership within a selected time frame. Membership reports are not the same as the eligibility reports available through Employer eServices. Membership reports do not provide information regarding a particular member's eligibility status.

Eligibility information is available via the Enrollment portion of the Employer eServices site. Enrollment services let you add new, term or reinstate enrollees, as well as view and modify an individual's existing enrollment information.

Who should I contact if the report I need is not available to me?

- Contact your representative and inform him/her of your need, including the topic and conditions you want to investigate.

Timing/Availability of Data and Reports

When is the latest data available?

- Typically, all data from the prior month is added to the reporting system by the 10th workday of the current month. For example, May's data is added in June; June's is added in July, and so on. Once a new month of data is available, you can use it to run your custom reports

Note: Weekends and holidays are not working days; therefore, the 10th workday can come as early as the 12th or as late as the 15th day of the month.

When are my automated reports delivered?

- Each report in your automated reporting package is delivered in a batch process that begins shortly after the latest data is added and ends on or before the 20th workday of the month. Since reports are systematically produced and delivered over several days, you are encouraged to routinely check the **Automated Reports** section of the **Reports Home** screen for delivery updates throughout this time period.

Note: Weekends and holidays are not working days; therefore the 20th workday can come as early as the 26th or as late as the 31st day of the month.

How often are my automated reports delivered?

- Two factors dictate how often you will receive automated reports: you funding arrangement and the number of subscriber in your plan.

Funding Arrangement	Subscriber Count	Frequency
ASO/Mixed*	Any Number	Monthly
Full Insured	200 or more	Quarterly
Fully Insured	100-199	Annually

*Frequency may increase for customers affiliated with broker incentive programs

Note: Frequency does not change with periodic fluctuation to your subscriber count.

Can I have my automated reported delivered more often?

- The frequency with which automated reports are delivered is pre-defined based on a combination of customer size and funding. These pre-defined standards were established with input from members of the business community. However, if you need these reports produced on a more regular basis, please contact your representative for other reporting options.