# BROKER RESOURCE CENTER REFERENCE GUIDE

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## SECTION 1: USER REGISTRATION

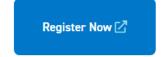


#### **SECTION 1: USER REGISTRATION**

- 1. To start the registration process, go to <a href="https://www.bluecrossvt.org/ERC">www.bluecrossvt.org/ERC</a>
- 2. Select "Register Now"

The role of Local Administrator is automatically assigned to the first individual registering for the business. The Local Administrator will add additional users within the organization.

2



Access is not immediate upon registration. Please allow up to three business days for your request to be reviewed.

An email will be sent to the address provided during registration when your request is processed.

3. Confirm you are the appropriate person for the local administrator role.

#### What is a local administrator?

If you are the first individual registering for your group you will be assigned the local administrator role. This means you will have access to all the standard features of the ERC (same access as the user role) plus the system administrator feature for setting up and overseeing all other users of the group. Typically, the local administrator role is assigned to one individual, though rights can be assigned to more than one person at the company.

\*If you are a user of the ERC but shouldn't be a local administrator, we recommend reaching out to your current portal administrator.

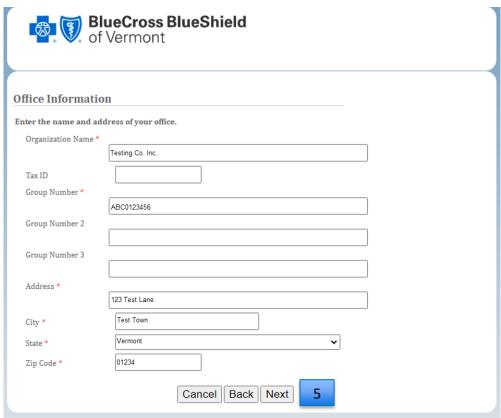


4. Enter required information. **Be sure to make note of your username and password**. Confirmation will be sent to the email address you provide.

	BlueCross BlueShield of Vermont  An Independent Licensee of the Blue Cross and Blue Shield Association.
User Information	
If you are an existing user session.	of the Connect system please login. <u>Click here to start your</u>
First Name *	John
Middle Initial	
Last Name *	Doe
Title	
E-Mail *	JDoe123@testmail.com
Confirm E-Mail *	JDoe123@testmail.com
Office Phone *	800-555-1234 Example: (55) 555-5555
Extension #	Example: 123456
Office Fax	Example: (555) 555-5555
User Name *	JDoe123
Password *	TestPW01!
Confirm Password *	TestPW01!
Security Question 1 *	Childhood Phone Number
Security Answer 1 *	800-555-6789 Your answer may not contain your username.
Security Question 2 *	Third Grade Teacher's Name
Security Answer 2 *	Mrs. Smith Your answer may not contain your username.
Security Question 3 *	Favorite Sibling's First Name
Security Answer 3 *	Jane Your answer may not contain your usemame.
Local Admin	As the primary registrant, you are automatically a local admin
	Cancel Back Next

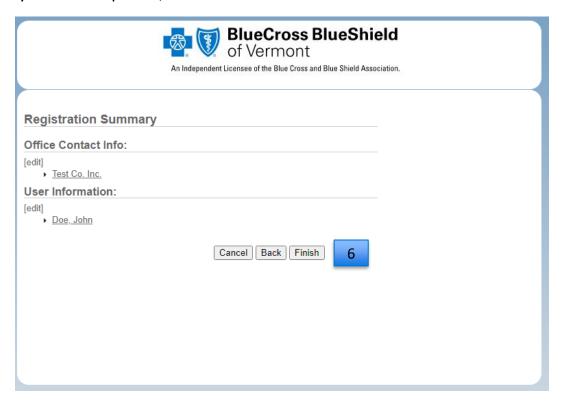


5. Enter your required group information and select "Next." (Do <u>NOT</u> enter hyphens in the tax ID field.)





6. Review your registration summary. Verify office contact and user information. Select "Back" if necessary. Once completed, select "Finish."

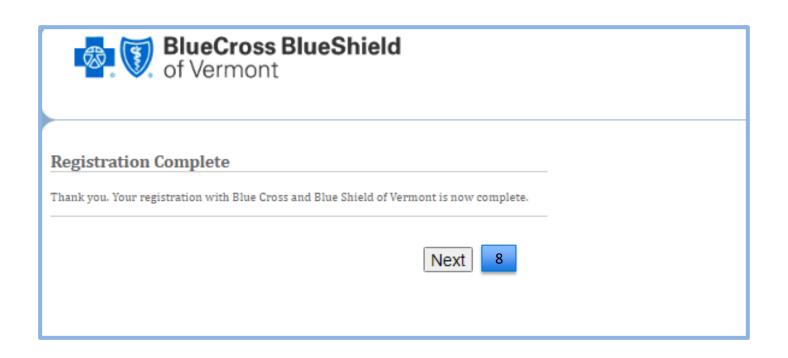


7. Make a note of your username and password. You will **NOT** be able to return to this page once you select "Next."



8. You have completed your registration! Once your application is processed, you will receive an email whether it has been approved or denied.

<sup>\*</sup>Access is not immediate upon registration. Please allow up to three business days for your request to be reviewed.

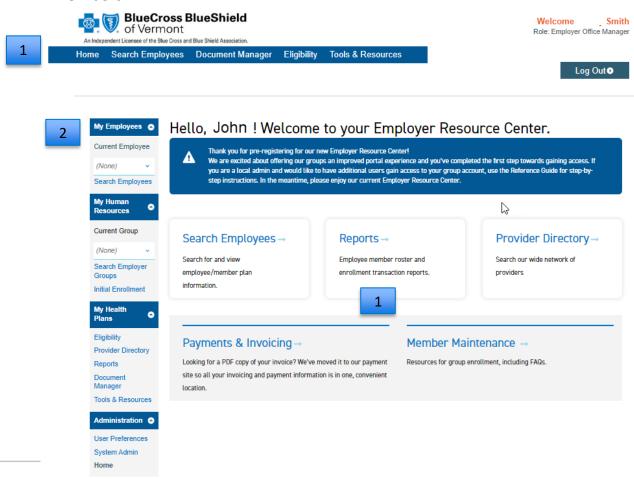


### SECTION 2: NAVIGATING THE HOMEPAGE



#### **SECTION 2: HOME PAGE**

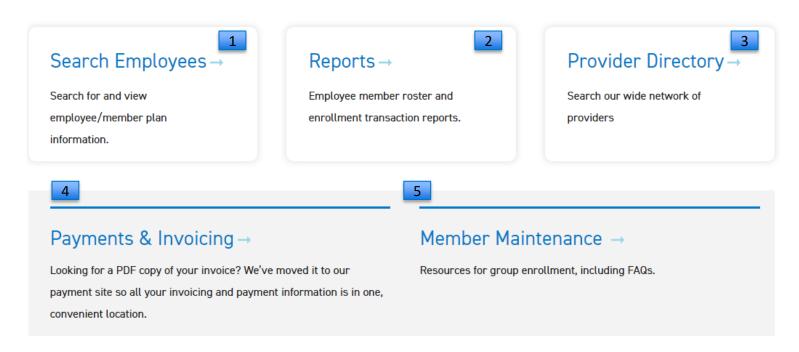
- 1. The top ribbon and center points are quick links to commonly used functions.
- Left-hand navigation- all the functionality available to help manage your employees and members.





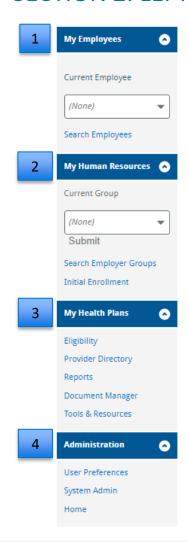
#### **SECTION 2: HOME PAGE OPTIONS**

- 1. Choose Search Employees to access information for a specific employee.
- 2. Generate PDF or Excel documents for employee rosters and transaction reports.
- 3. Locate a Blue Cross Network provider.
- 4. Access to M&T bill pay portal to view and pay your invoice.
- 5. Member Maintenance links you to our Membership-at-a-Glance resource and frequently used member forms.





#### **SECTION 2: LEFT-HAND NAVIGATION**



- 1. My Employees- Search for employees by last name or member ID to initiate any changes, and/or review benefit and eligibility.
- 2. My Human Resources search between your group/divisions to elect benefit plan in order to initiate initial enrollments for new subscribers.
- 3. My Health Plans review member eligibility as well as reports and tools to help manage your group plan.
- 4. Administration –review/edit your user profile and managing additional users.

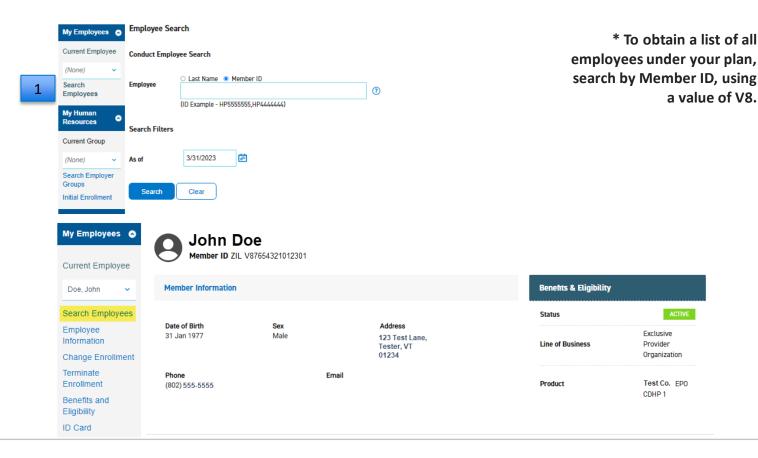
## SECTION 3: MY EMPLOYEES



#### **SECTION 3: MY EMPLOYEES**

1. Under "My Employees," select the employee that you are updating by clicking on "Search Employees."

\*'Current Employee' drop down will contain a list of the last 25 employee searches.



#### **SECTION 3: MY EMPLOYEES**

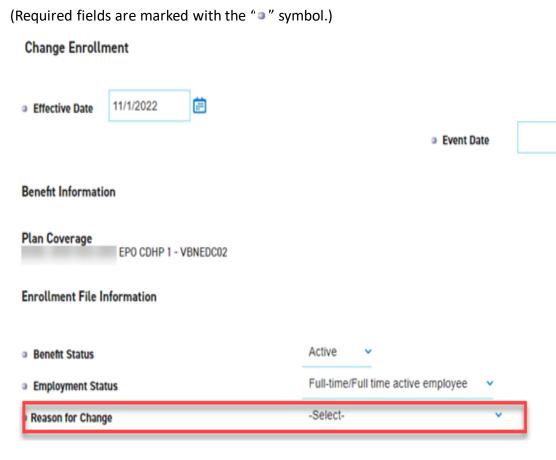
Once you have selected the employee, you can perform the following actions located in the left-hand navigation bar:

- **Employee Information-** this is high level summary of your employees' demographics and benefit information.
- ➤ Change Enrollment- this option allows you to change contact information, update demographics, change a PCP, move to COBRA coverage, and add/modify dependent information.
- ➤ **Terminate Enrollment-** this option allows you to terminate the subscriber or one or more dependents. You must select a reason for the change such as death, divorce, termination of employment and voluntary cancel.
- > Benefits and Eligibility- you can view the employee's eligibility, as well as access the Outline of Coverage for their benefits.
- > ID card If you need to order an ID card or print a proof of coverage for a member.



#### SECTION 3: MY EMPLOYEES-CHANGE ENROLLMENT

**Change Enrollment** – this option allows you to make demographic changes for your employees as well as manage life events.



The following are valid Reason's for Change:

- Birth add a newborn. \*effective date should be the 1st day following the 60day grace period. You can verify this date by searching for the newborn under Eligibility.
- Change in Identifying Data Elements change in name, gender, DOB, e-mail, contact phone number.
  - \*value is required in the top/1<sup>st</sup>
     'Contact Number' field.
  - Change of Location change in address
  - Initial Enrollment add a new dependent
  - Marriage add a spouse
  - PCP Change change PCP
  - COBRA Use to move employee coverage from Active to COBRA status.
     \*If employee is still active, select change enrollment and indicate COBRA in Reason for Change. If employee is termed refer to page 22.

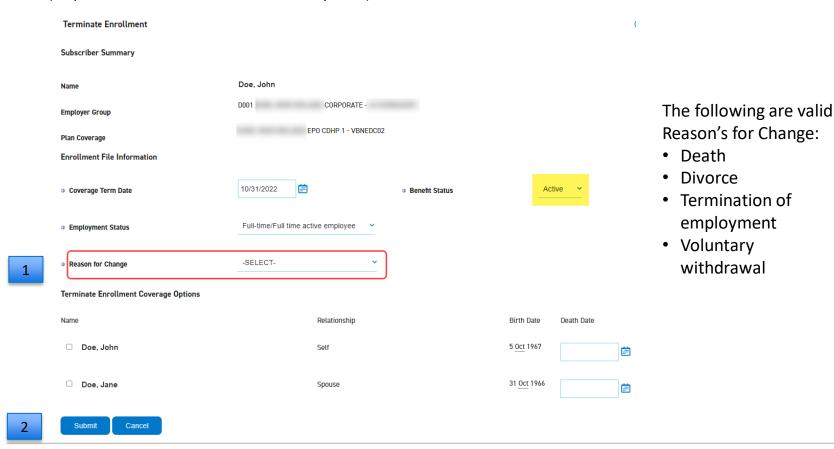


#### SECTION 3: MY EMPLOYEES-TERMINATE ENROLLMENT

**Terminate Enrollment** – this option allows you to terminate the subscriber or one or more dependents.

- 1. You must select a reason for the change
- 2. Click "Submit"

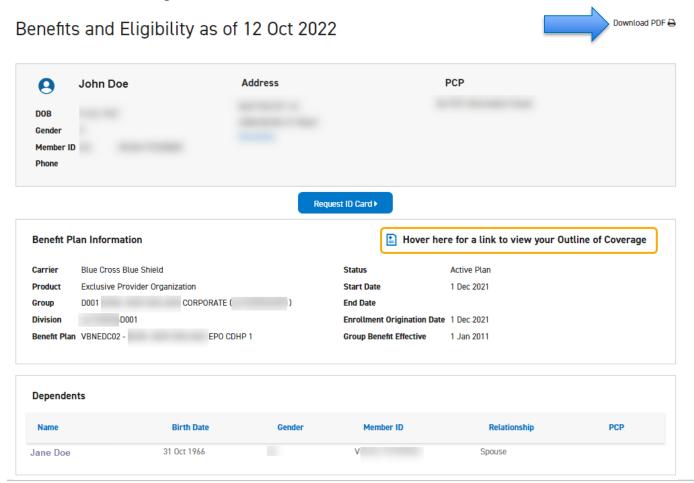
(Required fields are marked with the "a" symbol.)





#### SECTION 3: MY EMPLOYEES-BENEFITS AND ELIGIBILITY

**Benefits and Eligibility** – you can view the subscriber's eligibility and benefits, request ID cards, as well as access the Outline of Coverage.



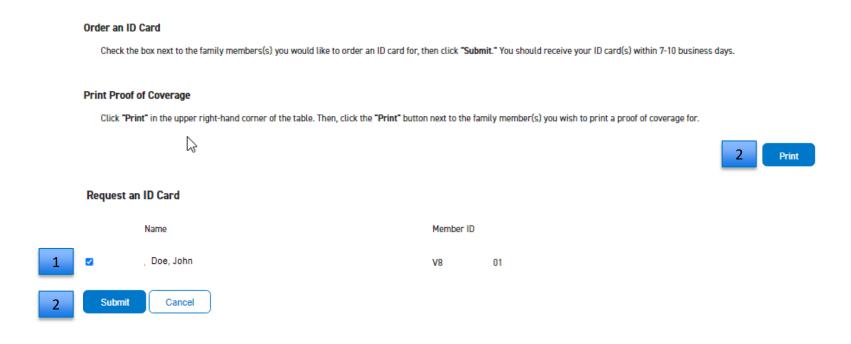
\*you can download this page to a PDF for your records.



#### **SECTION 3: MY EMPLOYEES-ID CARD**

**ID Card-** If you need to order an ID card or print a proof of coverage.

- 1. Under "Request an ID Card" check the member you would like to order an ID Card or print proof of coverage for.
  - 2. Click "Submit" for ID Cards and "Print" for Proof of Coverage
- \*An ID card will be ordered and mailed to member in approximately 7-10 business days.





### SECTION 4 MY HUMAN RESOURCES



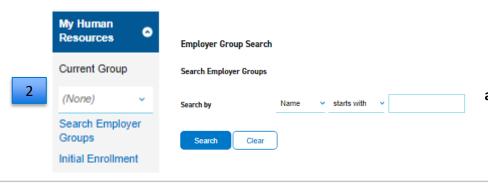
To begin your initial enrollment, you will need to select the group/division in which you're enrolling your employee. There are two examples below of how to perform this search, depending on your access. If you have more then 25 qualifying plans under your access, you will follow example 2.

1. Under "My Human Resources," use the 'Current Group' drop down. This will have a list of all your eligible Group/Division that you've recently interacted with. To search for a Group not showing on the drop down, proceed to step 2.



\*If you have a separate COBRA group or your group offers COBRA Benefit Plans, and your employee is currently termed; you will want to select the COBRA specific group/plan when electing COBRA as your reason for change.

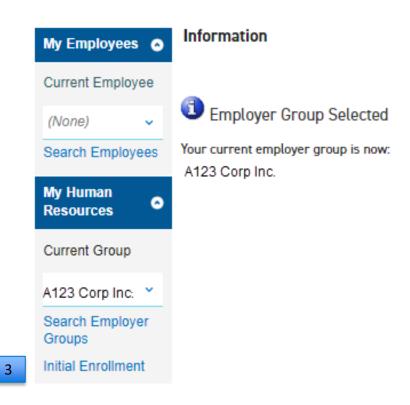
2. Under "My Human Resources," 'Search Employer Groups'. You will then be prompted to enter the name or number of the Group and Division that you are enrolling the employee in. Then hit "select".



\* To search multiple groups tied to your access list, Search by 'Number' and enter the first three characters of the group number.



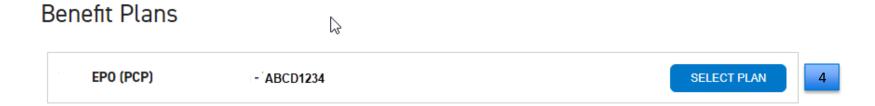
3. Once your "Current Group" is selected click on "Initial Enrollment" in the left-hand navigation bar.





4. Click "Select Plan" next to the benefit option in which you are enrolling the employee.

Below are the available plan options. Click 'select plan' next to the benefit plan the employee is enrolling in, then proceed with the initial enrollment process.



**Initial Enrollment**— this option allows you to enroll new employees, as well as re-enroll terminated employees on COBRA continuation of coverage.

(Required fields are marked with the " " symbol.)



5. Effective dates must align with our membership guidelines. Our membership at a glance reference guide can be found here.

Once you select "submit", your transaction will be confirmed and submitted to Blue Cross of Vermont for processing. By submitting this transaction, you are authorizing the following:

- •You, the employer, are attesting that you have an application or electronic enrollment election signed by the employee on or before the requested effective date and agree to its accuracy.
- •The enrollment transaction adheres to the Group Benefits Policy for your Employer Group.





- 6. The following are valid Reason's for Change:
- Initial Enrollment add a new employee to your group plan along with their dependents.
- **COBRA** Use to move employee coverage from Active to COBRA status. \*If employee is still active, select change enrollment and indicate COBRA in Reason for Change.





- 7. You will be required to provide the following fields:
- Subscriber Demographic information-First Name, Last Name, SSN, Martial Status, Gender and Birth Date.
- Subscriber Contact Information- Contact Numbers, Mailing Address, and Mailing City, State and Zip.

(Required fields are marked with the "a" symbol.)	Subscriber Demographic Information						
7	⇒ First Name			э б	ender	-Select-	~
_	Middle Name			э В	irth Date		iii
	□ Last Name						
	Suffix						
	⇒ SSN						
	Marital Status	-Select-					
	Subscriber Contact Information						
	Contact Numbers	_	-Select-				
		-	-Select-				
		-	-Select-	,			
	Mailing Address						
	Mailing Apt/Suite						
	■ Mailing City						
	<ul><li>Mailing State, Zip</li></ul>	-					



Are you apart of a managed care plan?

#### **Managed Care Plans Must Select a Primary Care Provider**

As part of a managed care plan, you must select a primary care provider (PCP) from our network. This is important because some health care services are only eligible for the highest benefits when your primary care provider does them.

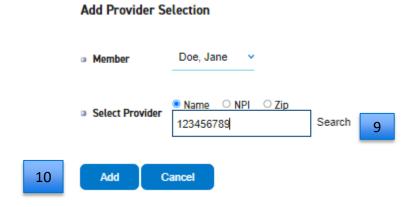
If your plan requires a primary care provider (PCP) a PCP must assigned to each member. A PCP must be assigned for each covered family member in order to enroll—unless subscriber or dependent resides outside of the Blue Cross VT network area (Vermont and contiguous counties).

8. If applicable, Select "edit" within the Subscriber Provider Information Summary to add a provider selection.

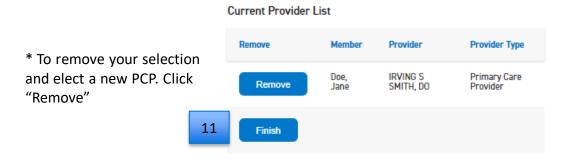




- 9. To select a provider add a value for the search criteria using, name, NPI or zip. Click "Search"
- 10. Once you have selected the provider. Click "add"



11. Once your 'Current Provider List' is populated. Click "Finish".





12. If applicable, complete Dependent Information Summary to add dependents to the policy by clicking on "Edit"





<sup>\*</sup>Dependents over 45, must have a Social Security Number to enroll

- 13. You will be required to provide the following fields:
- Subscriber Demographic information-First Name, Last Name, SSN, Martial Status, Gender and Birth Date.
- Subscriber Contact Information- Contact Numbers, Mailing Address, and Mailing City, State and
   Zip.

(Required fields are marked with the " ' symbol.)

Add Or Modify Dependents 13			December Control Information						
Dependent Contact Information  Dependent Demographic Information									
■ First Name	□ Gender	Contact Numbers	-Select-	~					
		Gender		-Select-	•				
Middle Name				-Select-	v				
		Birth Date							
□ Last Name			Mailing Address						
			Mailing Apt/Suite						
Suffix									
SSN			Mailing City						
			Mailing State, Zip	AA v					
Relationship	-Select- V								



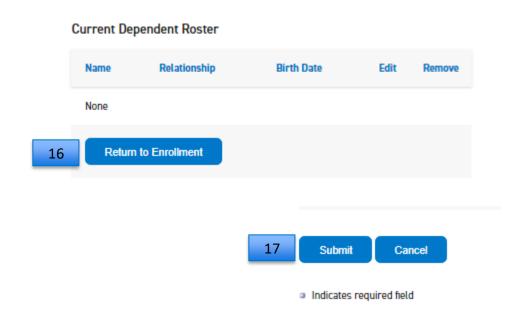
Are you apart of a managed care plan? If not, skip to step 15.

- 14. Select "edit" within the Subscriber Provider Information Summary to add a provider selection.
- 15. Select "Add or Modify Dependents" to add your dependent to the Current Dependent Roster





- 16. Click "Return to Enrollment"
- 17. Once everything is complete, on "Submit"

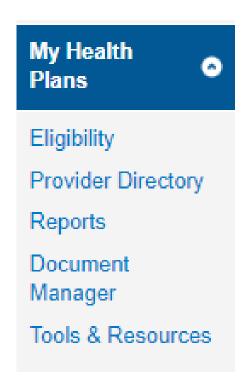




# SECTION 5: MY HEALTH PLANS

#### **SECTION 5: MY HEALTH PLANS**

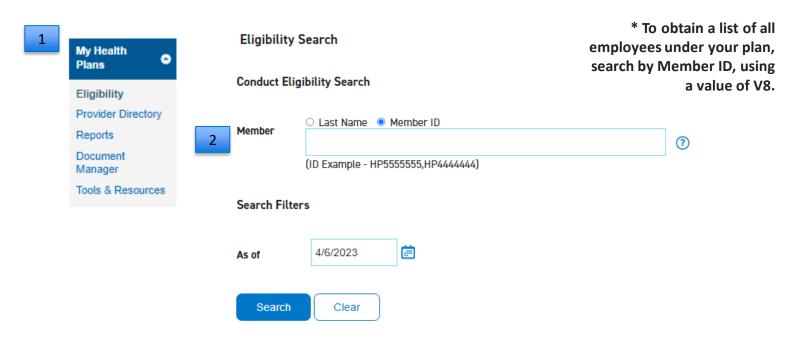
Within 'My Health Plans' you can perform the following actions:



- **Eligibility** search for all members, employees and their dependents
- Provider Directory find a network provider
- Reports run a membership roster or transaction report
- Document Manager store your historical reports
- Tools and Resources provides quick and easy access to frequently used links and information.

#### SECTION 5: MY HEALTH PLANS – ELIGIBILITY

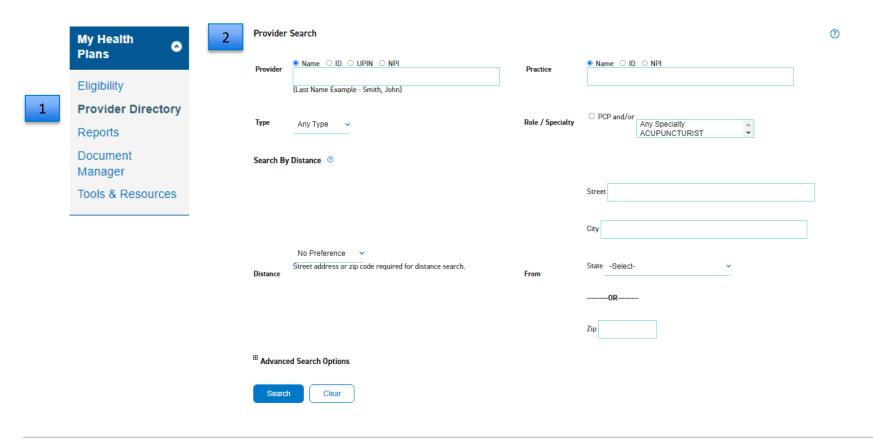
- 1. Click on "Eligibility", which allows you to search all members; both subscribers and dependents active and termed up to 18 months.
- 2. Use Eligibility Search to search by Last Name or Member ID. Include the "as of date" to narrow your results.





#### SECTION 5: MY HEALTH PLANS - PROVIDER DIRECTORY

- 1. Click on "Provider Directory", to find a network provider or PCP.
- 2. Use any of the search options within Provider Search to narrow down your results.

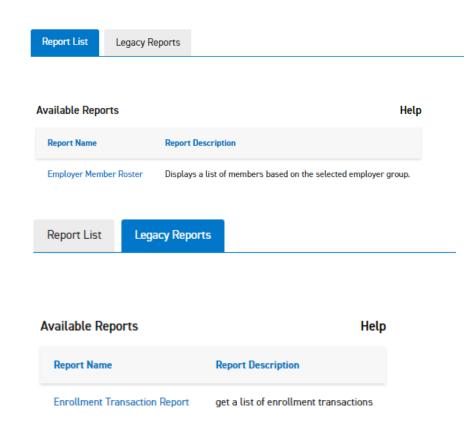




#### SECTION 5: MY HEALTH PLANS —REPORTS

1. Selecting "Reports" under My Health Plans will give you access to your Employer Member Roster and your Enrollment Transaction Report.







#### SECTION 5: MY HEALTH PLANS-REPORTS – EMPLOYER MEMBER ROSTER

1. Click on "Employer Member Roster."

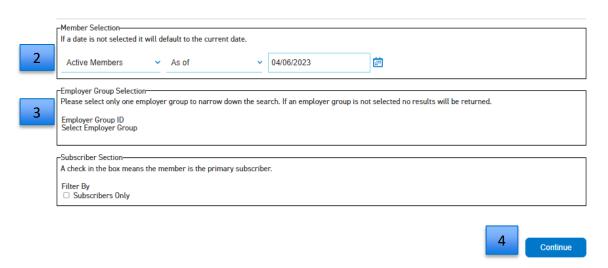




#### SECTION 5: MY HEALTH PLANS-REPORTS – EMPLOYER MEMBER ROSTER (CONT.)

- Set the parameters, (e.g. only 'Active Members' as of today's date or 'all members' as of 18 months in the past)
- You can select all divisions under your Group ID or for a specific division. 3.
- Once parameters are filled in, click continue 4.

#### Employer Member Roster



<sup>\*</sup>Search Employer Groups\* Refine your search results by indicating only a division number under Group ID; this will bring up only the division you are looking for. OR to run the report by group number, add the first 4 digits of the group name under Name.



### SECTION 5: MY HEALTH PLANS-REPORTS – EMPLOYER MEMBER ROSTER (CONT.)

5. You can download the report in .pdf or a .csv (Excel).

Report - Employer Member Roster



Member Roster by Employer

**Employer Group Name:** 

Count of 2 Active Members

As of: April 06, 2023

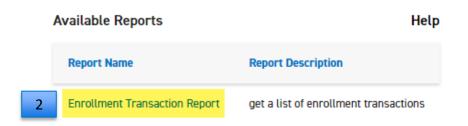


### SECTION 5 MY HEALTH PLAN-REPORTS — ENROLLMENT TRANSACTION REPORT

1. Click on "Legacy Reports"

Report List Legacy Reports 1

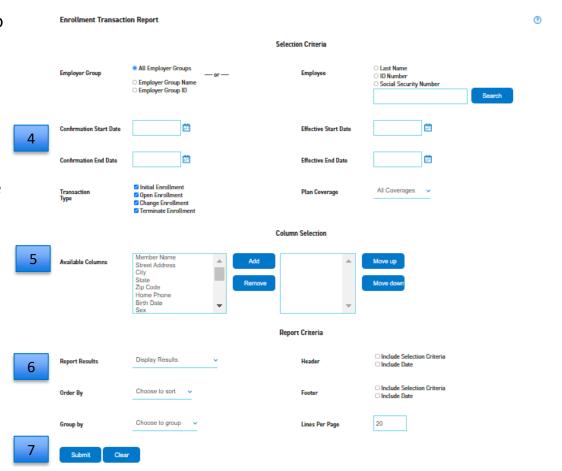
2. Click on "Enrollment Transaction Report"





### SECTION 5: MY HEALTH PLANS-REPORTS – ENROLLMENT TRANSACTION REPORT (CONT.)

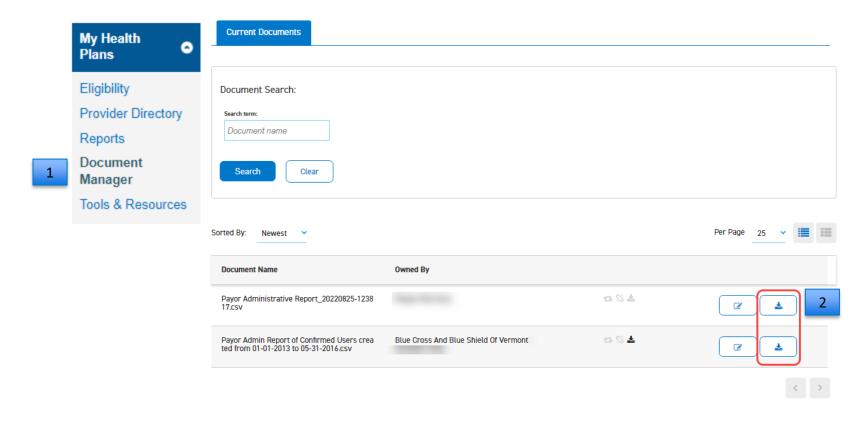
- Use the "Selection Criteria" to set your own filters. Set your search filters under "Search Criteria", "Colum Selection" and "Report Criteria"
- Set date filters by confirmation date or effective date within Search Criteria
- Select the columns you want to display within Column Selections
- 6. Indicate if you want the report as a .pdf or a .csv (Excel) within Report Results
- 7. Click Submit





#### SECTION 5: MY HEALTH PLANS- DOCUMENT MANAGER

- 1. Click on "Document Manager" in the left-hand navigation
- 2. Click on the download icon to view any your current documents





# NEED SUPPORT OR HAVE QUESTIONS?

#### SECTION 6: NEED SUPPORT OR HAVE QUESTIONS?

- For assistance, contact Blue Cross's Enrollment Services Department:
  - By phone: (888) 320-9798; Option 2 for Large Group, and Option 3 for Small Group.
  - By Email: <u>asinbox@bcbsvt.com</u>