

BROKER RESOURCE CENTER REFERENCE GUIDE

Enrollment Services

1

TABLE OF CONTENTS

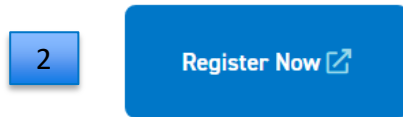
<u>Section 1: User Registration</u>	3
<u>Section 2: Navigating the Homepage</u>	10
<u>Section 3: My Employees</u>	14
<u>Section 4: My Human Resources</u>	21
<u>Section 5: My Health Plans</u>	33
<u>Section 6: Need Support or Have Questions?</u>	44

SECTION 1: USER REGISTRATION

SECTION 1: USER REGISTRATION

1. To start the registration process, go to www.bluecrossvt.org/ERC 1
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.



*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?


- 3 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.

SECTION 1: USER REGISTRATION (CONT..)

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

4

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of Vermont
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User Information

If you are an existing user of the Connect system please login. [Click here to start your session.](#)

First Name *	<input type="text" value="John"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text" value="Doe"/>
Title	<input type="text"/>
E-Mail *	<input type="text" value="JDoe123@testmail.com"/>
Confirm E-Mail *	<input type="text" value="JDoe123@testmail.com"/>
Office Phone *	<input type="text" value="800-555-1234"/> <small>Example: (555) 555-5555</small>
Extension #	<input type="text"/> <small>Example: 123456</small>
Office Fax	<input type="text"/> <small>Example: (555) 555-5555</small>
User Name *	<input type="text" value="JDoe123"/>
Password *	<input type="password" value="TestPW01!"/>
Confirm Password *	<input type="password" value="TestPW01!"/>
Security Question 1 *	<input type="text" value="Childhood Phone Number"/>
Security Answer 1 *	<input type="text" value="800-555-6789"/> <small>Your answer may not contain your username.</small>
Security Question 2 *	<input type="text" value="Third Grade Teacher's Name"/>
Security Answer 2 *	<input type="text" value="Mrs. Smith"/> <small>Your answer may not contain your username.</small>
Security Question 3 *	<input type="text" value="Favorite Sibling's First Name"/>
Security Answer 3 *	<input type="text" value="Jane"/> <small>Your answer may not contain your username.</small>
Local Admin	<input checked="" type="checkbox"/> As the primary registrant, you are automatically a local admin

SECTION 1: USER REGISTRATION (CONT..)

5. Enter your required group information and select “Next.” (Do **NOT** enter hyphens in the tax ID field.)

**BlueCross BlueShield**
of Vermont


Office Information

Enter the name and address of your office.

Organization Name *	<input type="text" value="Testing Co. Inc."/>
Tax ID	<input type="text"/>
Group Number *	<input type="text" value="ABC0123456"/>
Group Number 2	<input type="text"/>
Group Number 3	<input type="text"/>
Address *	<input type="text" value="123 Test Lane"/>
City *	<input type="text" value="Test Town"/>
State *	<input type="text" value="Vermont"/>
Zip Code *	<input type="text" value="01234"/>

SECTION 1: USER REGISTRATION (CONT..)

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

**BlueCross BlueShield**
of Vermont
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Registration Summary

Office Contact Info:
[edit]
▶ Test Co. Inc.

User Information:
[edit]
▶ Doe, John

SECTION 1: USER REGISTRATION (CONT..)

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

**BlueCross BlueShield**
of Vermont

Registration Created


Below are the users that have been created for your registration. Please take note of the User IDs since they will be needed to log into the application.

Name	User ID	User Type
John Doe	JDoe123	Employer Contact

SECTION 1: USER REGISTRATION (CONT..)

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

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



Registration Complete

Thank you. Your registration with Blue Cross and Blue Shield of Vermont is now complete.

SECTION 2:

NAVIGATING THE HOMEPAGE

SECTION 2: HOME PAGE

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

BlueCross BlueShield of Vermont
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Welcome **John Smith**
Role: Employer Office Manager

1 Home Search Employees Document Manager Eligibility Tools & Resources Log Out

2 My Employees
Current Employee
(None)
Search Employees

My Human Resources
Current Group
(None)
Search Employer Groups
Initial Enrollment

My Health Plans
Eligibility
Provider Directory
Reports
Document Manager
Tools & Resources

Administration
User Preferences
System Admin
Home

Hello, John ! Welcome to your Employer Resource Center.

Thank you for pre-registering for our new Employer Resource Center!
We are excited about offering our groups an improved portal experience and you've completed the first step towards gaining access. If you are a local admin and would like to have additional users gain access to your group account, use the Reference Guide for step-by-step instructions. In the meantime, please enjoy our current Employer Resource Center.

1 Search Employees →
Search for and view employee/member plan information.

Reports →
Employee member roster and enrollment transaction reports.

Provider Directory →
Search our wide network of providers

Payments & Invoicing →
Looking for a PDF copy of your invoice? We've moved it to our payment site so all your invoicing and payment information is in one, convenient location.

Member Maintenance →
Resources for group enrollment, including FAQs.

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.

1

[Search Employees →](#)

Search for and view employee/member plan information.

2

[Reports →](#)

Employee member roster and enrollment transaction reports.

3

[Provider Directory →](#)

Search our wide network of providers

4

[Payments & Invoicing →](#)

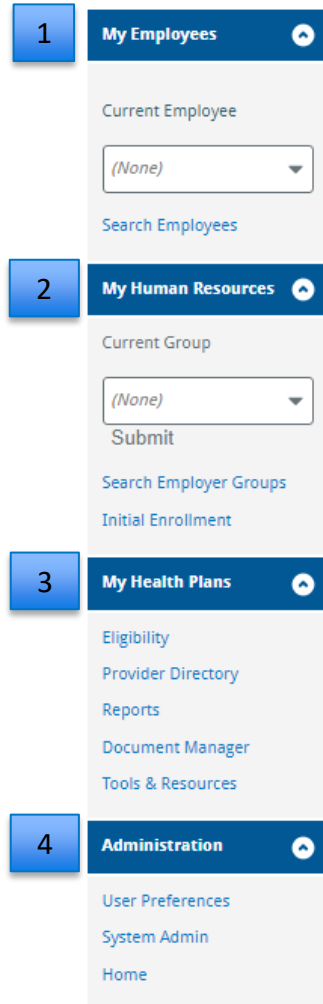
Looking for a PDF copy of your invoice? We've moved it to our payment site so all your invoicing and payment information is in one, convenient location.

5

[Member Maintenance →](#)

Resources for group enrollment, including FAQs.

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.*

My Employees

Current Employee

(None)

1 Search Employees

My Human Resources

Current Group

(None)

Search Employer Groups

Initial Enrollment

Employee Search

Conduct Employee Search

Employee ☐ Last Name ☒ Member ID

(ID Example - HP555555,HP444444)

Search Filters

As of

Search **Clear**

My Employees

Current Employee

Doe, John

Search Employees

Employee Information

Change Enrollment

Terminate Enrollment

Benefits and Eligibility

ID Card

John Doe

Member ID ZIL V87654321012301

Member Information

Date of Birth	Sex	Address
31 Jan 1977	Male	123 Test Lane, Tester, VT 01234
Phone	Email	
(802) 555-5555		

Benefits & Eligibility

Status	ACTIVE
Line of Business	Exclusive Provider Organization
Product	Test Co. EPO CDHP 1

*** To obtain a list of all employees under your plan, search by Member ID, using a value of V8.**

SECTION 3: MY EMPLOYEES

Once you have selected the employee, you can perform the following actions:

- **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, 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.

(Required fields are marked with the “*” symbol.)

Change Enrollment

* Effective Date 11/1/2022 

* Event Date 

Benefit Information

Plan Coverage

EPO CDHP 1 - VBNEDC02

Enrollment File Information

* Benefit Status Active 

* Employment Status Full-time/Full time active employee 

* Reason for Change -Select- 

The following are valid Reason's for Change:

- **Birth** – add a newborn.
**effective date should be the 1st day following the 60-day 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/1st 'Contact Number' field.
- **Change of Location** – change in address
- **Initial Enrollment** – add a new dependent
- **Marriage** – add a spouse
- **PCP Change** – change PCP

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 “*” symbol.)

Terminate Enrollment

Subscriber Summary

Name Doe, John

Employer Group D001 CORPORATE -

Plan Coverage EPO CDHP 1 - VBNEDEC02

Enrollment File Information

Coverage Term Date 10/31/2022

Benefit Status Active

Employment Status Full-time/Full time active employee

Reason for Change -SELECT-

1

Terminate Enrollment Coverage Options

Name	Relationship	Birth Date	Death Date
<input type="checkbox"/> Doe, John	Self	5 Oct 1967	
<input type="checkbox"/> Doe, Jane	Spouse	31 Oct 1966	

2

Submit Cancel

The following are valid Reason's for Change:

- Death
- Divorce
- Termination of employment
- Voluntary withdrawal

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.

Benefits and Eligibility as of 12 Oct 2022



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

John Doe

Address

PCP

DOB

Gender

Member ID

Phone

Request ID Card ▶

Benefit Plan Information

Hover here for a link to view your Outline of Coverage

Carrier	Blue Cross Blue Shield	Status	Active Plan
Product	Exclusive Provider Organization	Start Date	1 Dec 2021
Group	D001 [REDACTED] CORPORATE ([REDACTED])	End Date	
Division	[REDACTED] D001	Enrollment Origination Date	1 Dec 2021
Benefit Plan	VBNEC02 - [REDACTED] EPO CDHP 1	Group Benefit Effective	1 Jan 2011

Dependents

Name	Birth Date	Gender	Member ID	Relationship	PCP
Jane Doe	31 Oct 1966	[REDACTED]	V [REDACTED]	Spouse	

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.

Order an ID Card

Check the box next to the family members(s) you would like to order an ID card for, then click “Submit.” You should receive your ID card(s) within 7-10 business days.

Print Proof of Coverage

Click “Print” in the upper right-hand corner of the table. Then, click the “Print” button next to the family member(s) you wish to print a proof of coverage for.



2

Print

Request an ID Card

	Name	Member ID
1	<input checked="" type="checkbox"/> Doe, John	V8 01
2	<div>Submit</div> <div>Cancel</div>	

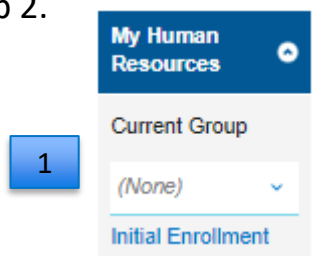
SECTION 4

MY HUMAN RESOURCES

SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT

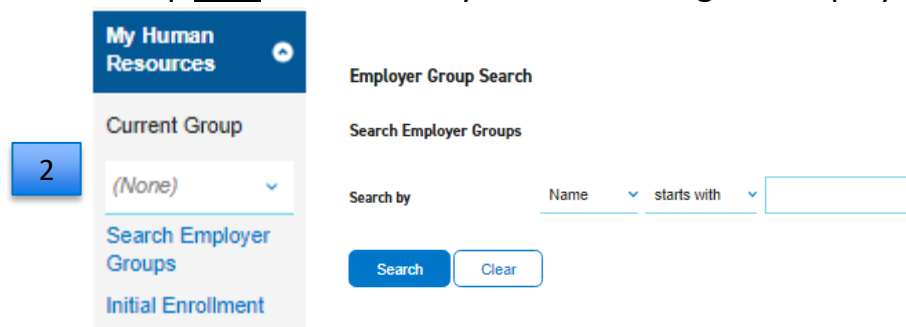
To begin your initial enrollment, you will need to select the group/division in which you enrolling your employee. There are 2 examples below how to perform this search, depending on your access. If you have more than 25 qualifying plans under your access, you will follow example 2.

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.



The screenshot shows a sidebar menu titled "My Human Resources" with a circular icon. Below the title is a "Current Group" dropdown menu. A blue box with the number "1" is positioned to the left of the dropdown. The dropdown menu is open, showing "(None)" as the selected option. Below the dropdown are links for "Initial Enrollment" and "Search Employer Groups".

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”.



The screenshot shows the "My Human Resources" sidebar menu with a blue box labeled "2" next to the "Search Employer Groups" link. The "Current Group" dropdown menu is also visible. To the right of the sidebar is the "Employer Group Search" form. The form has a "Search Employer Groups" heading and a "Search by" section with two dropdown menus: "Name" and "starts with". Below these is a text input field. At the bottom of the form are "Search" and "Clear" buttons.

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

SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT

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

The screenshot displays the user interface of the BlueCross BlueShield of Vermont portal. On the left, there is a vertical navigation bar with two main sections: 'My Employees' and 'My Human Resources'. The 'My Human Resources' section is currently active. Within this section, the 'Current Group' dropdown menu is set to 'A123 Corp Inc.', and the 'Initial Enrollment' link is highlighted with a blue box containing the number '3'. To the right of the navigation bar, the 'Information' section shows a message: 'Employer Group Selected' with an information icon, followed by the text 'Your current employer group is now: A123 Corp Inc.'

SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT

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.

Benefit Plans



EPO (PCP)

- ABCD1234

SELECT PLAN

4

SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT





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.

(Required fields are marked with the “” symbol.)

Benefit Enrollment

5	 Effective Date	<input type="text" value="4/1/2023"/>			 Hire Date	<input type="text"/>	
----------	--	---------------------------------------	---	---	---	----------------------	---

Benefit Information

Plan Coverage

[Edit](#)

SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT

6. 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.)

6

Subscriber Demographic Information

First Name

Middle Name

Last Name

Suffix

SSN

Marital Status

-Select-

Gender

-Select-

Birth Date

Subscriber Contact Information

Contact Numbers

-Select-

-Select-

-Select-

Mailing Address

Mailing Apt/Suite

Mailing City

Mailing State, Zip

SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT

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).

7. If applicable, Select “edit” within the Subscriber Provider Information Summary to add a provider selection.

Subscriber Provider Information Summary

Member

Provider

Provider Type

None

7

Edit

SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT

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

Add Provider Selection

Member Doe, Jane ▼

Select Provider ☒ Name ☐ NPI ☐ Zip

Search 8

9 Add Cancel

10. Once your ‘Current Provider List’ is populated. Click “Finish”.

Current Provider List

Remove	Member	Provider	Provider Type
Remove	Doe, Jane	IRVING S SMITH, DO	Primary Care Provider

10 Finish

* To remove your selection and elect a new PCP. Click “Remove”

SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT

11. If applicable, complete Dependent Information Summary to add dependents to the policy by clicking on “Edit”

*Dependents over 45, must have a Social Security Number to enroll

Dependent Information Summary

Name

Relationship

Birth Date

None

11

Edit

SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT

12. 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

12

Dependent Demographic Information

First Name

Middle Name

Last Name

Suffix

SSN

Relationship

-Select-

Dependent Contact Information

Contact Numbers

-Select-

-Select-

-Select-

Gender

Birth Date

Mailing Address


Mailing Apt/Suite

Mailing City

Mailing State, Zip

AA

30

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SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT

Are you apart of a managed care plan? If not, skip to step 14.

13. Select “edit” within the Subscriber Provider Information Summary to add a provider selection.

14. Select “Add or Modify Dependents” to add your dependent to the Current Dependent Roster

Dependent Provider Information Summary

Member	Provider	Provider Type
None		

13 [Edit](#)

14 [Add Or Modify Dependents](#) [Cancel](#)

Indicates required field

SECTION 4: MY HUMAN RESOURCES-INITIAL ENROLLMENT

15. Click “Return to Enrollment”

16. Once everything is complete, on “Submit”

Current Dependent Roster

Name	Relationship	Birth Date	Edit	Remove
None				

15 [Return to Enrollment](#)

16 [Submit](#) [Cancel](#)

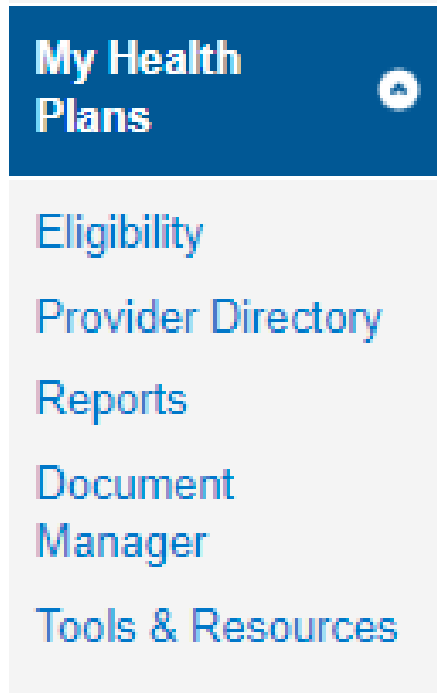
Indicates required field

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.

1

My Health Plans

Eligibility

Provider Directory

Reports

Document Manager

Tools & Resources

Eligibility Search

Conduct Eligibility Search

2

Member

☐ Last Name

☒ Member ID

(ID Example - HP5555555,HP4444444)

?

Search Filters

As of

4/6/2023

Search

Clear

*** To obtain a list of all employees under your plan, search by Member ID, using a value of V8.**

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.

1

My Health Plans
Eligibility
Provider Directory
Reports
Document Manager
Tools & Resources

2

Provider Search

☒ Name ☐ ID ☐ UPIN ☐ NPI

(Last Name Example - Smith, John)

Type

Any Type

Search By Distance

No Preference

Street address or zip code required for distance search.

☒ Name ☐ ID ☐ NPI

Role / Specialty

☐ PCP and/or
Any Specialty
ACUPUNCTURIST

Street

City

State

-Select-

From

OR

Zip

Advanced Search Options

Search

Clear

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.

Report List

Legacy Reports

My Health Plans

Eligibility

Provider Directory

1 Reports

Document Manager

Tools & Resources

Available Reports

Help

Report Name	Report Description
Employer Member Roster	Displays a list of members based on the selected employer group.

Report List

Legacy Reports

Available Reports

Help

Report Name	Report Description
Enrollment Transaction Report	get a list of enrollment transactions

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

1. Click on “Employer Member Roster.”

Report List

Legacy Reports

Available Reports

Help

	Report Name	Report Description
1	Employer Member Roster	Displays a list of members based on the selected employer group.

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


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

Employer Member Roster

2

Member Selection

If a date is not selected it will default to the current date.

Active Members ▾ As of ▾ 04/06/2023 

3

Employer Group Selection

Please select only one employer group to narrow down the search. If an employer group is not selected no results will be returned.

Employer Group ID
Select Employer Group

Subscriber Section

A check in the box means the member is the primary subscriber.

Filter By
☐ Subscribers Only

4

Continue


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

5



Back

Member Roster by Employer

Employer Group Name:

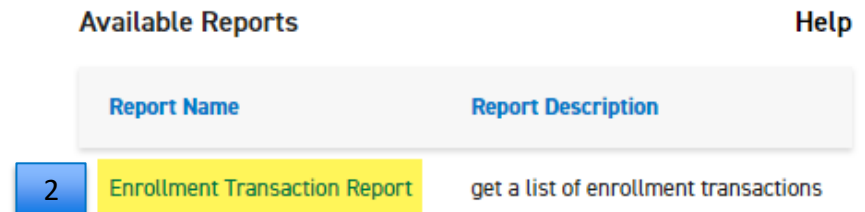
Count of 2
Active Members
As of: April 06, 2023

SECTION 5 MY HEALTH PLAN-REPORTS – ENROLLMENT TRANSACTION REPORT

1. Click on “Legacy Reports”



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**”, “**Column 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 Selection

- Indicate if you want the report as a .pdf or a .csv (Excel) within Report Results

- Click Submit

Enrollment Transaction Report ?

4

Employer Group

☒ All Employer Groups — or —

☐ Employer Group Name

☐ Employer Group ID

Confirmation Start Date

Confirmation End Date

Transaction Type

☒ Initial Enrollment

☒ Open Enrollment

☒ Change Enrollment

☒ Terminate Enrollment

Selection Criteria

Employee

☐ Last Name

☐ ID Number

☐ Social Security Number

Search

Effective Start Date

Effective End Date

Plan Coverage

All Coverages

5

Available Columns

Member Name
Street Address
City
State
Zip Code
Home Phone
Birth Date
Sex

Add

Remove

Column Selection

Move up

Move down

6

Report Results

Display Results

Order By

Choose to sort

Group by

Choose to group

Report Criteria

Header

☐ Include Selection Criteria

☐ Include Date

Footer

☐ Include Selection Criteria

☐ Include Date

Lines Per Page


20

7

Submit

Clear

42


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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

My Health Plans

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Payor Admin Report of Confirmed Users created from 01-01-2013 to 05-31-2016.csv	Blue Cross And Blue Shield Of Vermont

SECTION 6:

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: asinbox@bcbsvt.com