Group Overview: Add Subscriber
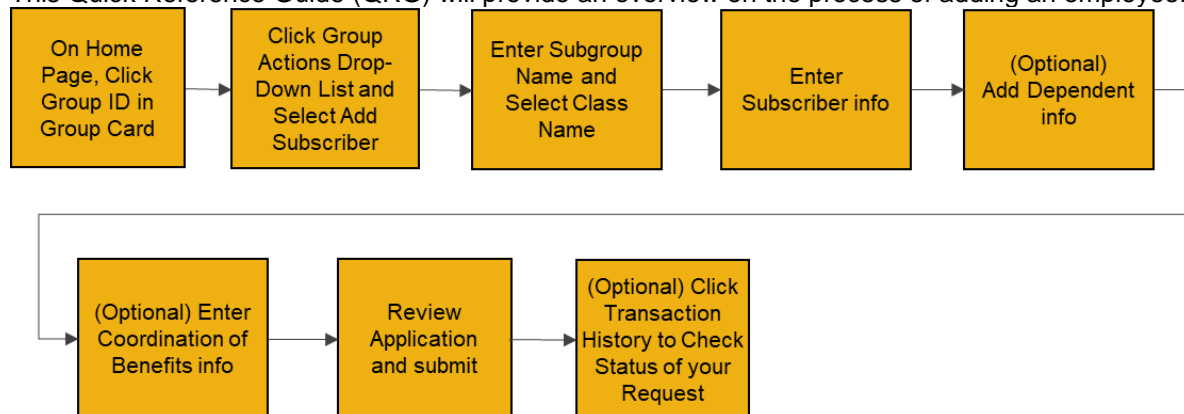
Quick Reference Guide (QRG)

This Quick Reference Guide (QRG) will provide an overview on the process of adding an employee.

```
┌──────────────┐   ┌──────────────┐   ┌──────────────┐   ┌──────────────┐   ┌──────────────┐
│  On Home     │   │ Click Group  │   │ Enter Subgroup│  │              │   │ (Optional)   │
│  Page, Click │──▶│ Actions Drop-│──▶│ Name and     │──▶│   Enter      │──▶│ Add Dependent│
│  Group ID in │   │ Down List and│   │ Select Class │   │ Subscriber info│ │ info         │
│  Group Card  │   │ Select Add   │   │ Name         │   │              │   │              │
│              │   │ Subscriber   │   │              │   │              │   │              │
└──────────────┘   └──────────────┘   └──────────────┘   └──────────────┘   └──────────────┘
```

```
┌──────────────┐   ┌──────────────┐   ┌──────────────┐
│ (Optional) Enter│ │   Review     │   │(Optional) Click│
│ Coordination of │▶│ Application   │──▶│ Transaction   │
│ Benefits info   │ │ and submit    │   │ History to Check│
│                 │ │              │   │ Status of your │
│                 │ │              │   │ Request        │
└──────────────┘   └──────────────┘   └──────────────┘
```

Let us look at the steps in detail for adding an employee.

Purpose: To add an employee.

Step 1:	1. From the EmblemHealth **Home** page, click the relevant **Group ID**.

Step 2:

The Group Summary screen displays.
1. Click **Add Subscriber** from the Group Actions drop-down menu.

Home > Group Summary

- GROUP 2773

Group Summary

Group Actions ∨
Add Subscriber
Export Member Roster
Update Group Contact Info

Group Address	Tax Id	Monthly Premium	Enrolled Subscribers*
10 RESEARCH PARKWAY SUITE 200 New York, New York, 10004	260076477	$43,242.16	36

Enrolled Dependents*	New Hire Waiting Period	Original Effective Date	Coverage Start Date*
17	0	01/01/2019	01/01/2019

Coverage End Date	Term Date	Status	
-	-	Active	

* - Dynamically Updated Field

Step 3:

The Add Subscriber screen displays.
1. Enter the **Subgroup Name**.
2. Enter **Class Name*** in the type-ahead field.
3. Select the **Class Name** from the drop-down menu.
4. Click **Next**.

Home > Add Subscriber

Group Information

Group Information

Group Name*
Group 2773

Subgroup Name*
1001 - Group 2773

Class Name*

*Required information

Next

Cancel

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Group Overview – Add Subscriber

Step 4:	The Employer Census screen displays. 1. Enter the employee's information in the appropriate fields. **Note**: An asterisk (*) indicates a required field. When a Zip code of New York, Connecticut or Massachusetts is entered, the State and County fields are auto-populated. 2. Select the **Include Dependent(s)** checkbox if there are any dependents. 3. Click **Next**.

Home > Add Subscriber

Employer Census

Employer Census

Subscriber Info

First Name*

Last Name*

Gender
Other

Date of Birth*

Marital Status

Relationship*
Employee

SSN*

Street Address*

Zip Code*

City*

State*

County*

Home Phone Number

Mobile Phone Number

Email

Race

Ethnicity

Language

Medical Plans

Status
Active

Coverage Start Date*

Hire Date*

☐ Include Dependent(s)

*Required information

I understand that the phone numbers and/or email I provided on this application may be used by EmblemHealth or any of its contracted parties to contact me about my account, my health benefit plan or related programs, or services provided to me.

Next

Cancel

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Step 5:	The Coordination of Benefit (COB) Information screen displays.
	1. Click **Yes** or **No** based on the details available.
	Note: In this example, we are choosing **Yes.**
	2. Click **Edit** from the drop-down menu.

Home > Add Subscriber

Coordination of Benefit (COB) Information

< **Coordination of Benefit (COB) Information**

Does this employee or employee's family have coverage through another health plan?

Yes	No

·Will the employee or the employee's family remain enrolled in the other health plan?

Yes	No

Member Name	Relationship	First Name of the Policy Holder *	Last Name of the Policy Holder *	Type of Coverage *	Other insurance carrier name	Insurance Policy Number *	Start Date *	End Date	Insurance Order *
Katharine Hepburn	Employee	Katharine	Hepburn				05-01-2022		Edit

⚠ Edit one or more members*

Next

Cancel

Step 6:	The Coordination of Benefit (COB) Information edit screen displays.
	1. Select **Type of Coverage** and **Insurance Order** from the drop-down menu.
	2. Enter **Other insurance** and **Insurance Policy Number**.
	3. Select the **End Date**.
	4. Click **Save**.

Step 7:	The updated Coordination of Benefit (COB) Information screen displays.
	1. Click **Next**.

Group Overview – Add Subscriber

Step 8:	Depending on the plan you have selected, the Add Your Provider screen may display. 1. For the question, "Do you already have a participating Primary Care Provider, or do you wish to find one now?" select **Yes** or **No**. **Note**: For this example, we will choose **Yes**. 2. Click **Edit**.

Step 9:	The "Select member(s) to add or change PCP." screen displays. 1. Select the **Update PCP** checkbox. 2. Click **Save**.

Step 10:

The Add Your Provider screen displays again.
1. Click **Next**.

Home > Add Subscriber

Add Your Provider

Add Your Provider

Please add your Primary Care Provider.

Primary Care Provider Information

Do you already have a participating Primary Care Provider or do you wish to find one now?*
Yes

Select member(s) to add or change PCP.

Member Name	Relationship	PCP First Name	PCP Last Name	PCP ID	PCP Effective Date	Add/Change PCP	
Katharine Hepburn	Employee					☑	Edit

*Required information

Next

Cancel

Step 11:

The Service Type screen displays.
1. Review the details and click **Next**.

Home > Change PCP

Service Type

Select an option below to begin your search for providers and facilities in your network

Network & Plan Name Information

Network
HMO Prime Network Tiered Product Risk -- Pl

Plan Name
EMBLEMHEALTH HMO PREFERRED Pl

Choose Service Type

Service Type
Primary Care Provider

Next

Cancel

Step 12:	The Choose Specialties screen displays. 1. Select **Specialty** from the drop-down menu. 2. Click **Next**.

Home > Change PCP

Choose Specialties

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Specialty*
All Specialties ▼

Provider First Name   Provider Last Name

*Required information

Next

Cancel

Step 13:	Location and Distance screen displays. 1. Enter the **ZIP code**. 2. Select the distance within which you want the list of providers, from the **Distance From** drop-down menu. 3. Click **Next**.

Home > Change PCP

Location and Distance

Enter a zip code below, or click 'Use my location' to search for providers near you

Zipcode*   **Distance From**
10001   5 Miles ⌄

⦿   Use my Location

*Required information

Next

Cancel

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Step 14:	Depending on the chosen specifications, Provider Search Results screen displays. 1. Click **Choose as PCP** for the preferred provider.

Step 15:	The Select Effective Date of Change screen displays. 1. Review the details and click **Next**.

Step 16:

The Review Changes screen displays.
1. Review the details and click **Confirm**.

Review Changes

Review your PCP request and click Submit to make these changes.

If you need to edit this information, use the Previous button to go back.

Effective Date for Change

Effective Date
01/11/2022

Subscriber Primary Care Provider Details

Name	Current Primary Care Provider Name	New Primary Care Provider Name
Katharine Hepburn		Bonaker, Laura

[Confirm]

Cancel

Step 17:

The Review Application screen displays.

1. Review the details and click **Submit**.

   Note: Click the back button to make any changes.

Home > Add Subscriber

Review Application

Please review and confirm the details of your application below. You can click on a step in the progress bar to make any changes.

Employer Census

Subscriber Information

Group
Group 2773

Subgroup Name
1001 - Group 2773

Class

First Name	Last Name	Gender	Date of Birth
Katharine	Hepburn	Female	05-12-1987

Marital Status	Relationship	Street Address	Zipcode
Unmarried	Employee	201 Bloomfield Street	10001

City	State	County	Home Phone Number
New York	NY	New York	(860) 757-5555

Mobile Phone Number	Email	SSN	
	katharine.hepburn@cci.	xxx-xx-9288	

Race
Two or More Races

Ethnicity | **Language**

Medical Plans	Status	Coverage Start Date
MH000001 - EMBLEMHEALTH HMO PREFERRED PLU	Active	05-01-2022

Hire Date
04-20-2022

Coordination of Benefits

Add Your Provider

Submit

Cancel

![icon] **Step 18:**	The Confirmation screen displays. 1. Click **Done**.

Home > Add Subscriber

Confirmation

Thank you for your submission. Your case number is 07528892. You can check the status of your request in your Transaction History. It may take up to three (3) business days for your request to be reflected online.

There may be times when technical issues could prevent tasks from being completed. We thank you for your patience in these instances. Please see the transaction history page to confirm the initiation and status of your portal transactions. EmblemHealth is not responsible for the portal being temporarily unavailable due to technical issues.

Thank You