

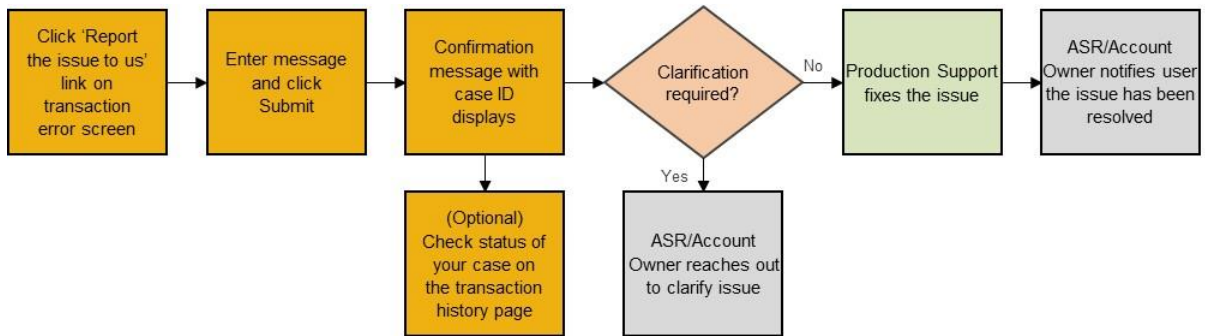
# Secure Messaging – Report an Issue (Post Sign-in)

Quick Reference Guide (QRG)



# Secure Messaging – Report an Issue (Post-Sign-in)

This Quick Reference Guide (QRG) will provide an overview of the Report an Issue (Post Sign-in) process.



Let us look at the steps in detail to report an issue post sign-in.

## Purpose: Report an issue post sign-in.



### Step 1:

A technical error can occur when attempting to submit a transaction in the Employer Portal. This example will show a failed Change Name transaction.

1. Attempt to resubmit the transaction.

**Note:** It is recommended that when attempting to submit the same transaction for a second time, you take screenshots of the information so that they can be used as attachments in the event that the transaction fails to submit a second time.

2. Click **report the issue to us**.

**Note:** The list of transactions which generate a **report the issue to us** link when they fail to submit are mentioned at the end of this document.

The screenshot shows the EmblemHealth Employer Portal interface. The top navigation bar includes Home, Roster Management, Billing, Transaction History, Find Care, Secure Messaging, User Management, Resources, and More. The breadcrumb trail is Home > Member Roster > Subscriber Details > Change Subscriber Name. The main content area displays an error message: "Error" with a back arrow icon. Below the error title, it states: "An Error occurred in processing your request. Please **report the issue to us** so we can help or click the Ok button to resume your work." The text "report the issue to us" is highlighted with a red box. At the bottom of the error message is a yellow "OK" button.



## Step 2:

The Report an Issue screen displays.

1. Enter the details of the error in the **Message** box.  
**Note:** It is important to include specific and detailed information about the transaction that failed to submit in your message.
2. (Optional) Click **Upload Files** to attach any relevant documents.
3. Click **Next**.

[Home](#) > [Member Roster](#) > [Subscriber Details](#) > [Change Subscriber Name](#)



## Report an Issue

If you experienced difficulties accessing or using our site, we want to know about it. Please tell us what went wrong.

Issue Type

Transaction Issue ▼

Group ID\*

Subgroup ID

1001

Message\*

I am unable to submit a change name transaction for Subscriber with Member ID: K8047060801; Subscriber Name: EDDIE CHRISTY. New Subscriber name should be EDIE CHRISTY. I will attach a copy of his driver's license for identification.

Contact Name\*

glenn renewal

Username

glenn@renewal.com

Email Address\*

s\_vanaraj@emblemhealth.com

Mobile Phone Number


1234567899

Phone Number

9876543211

Ext.

Attach Documents:

 Upload Files

Or drop files

You can upload files that are .csv, .bmp, .doc, .docx, .gif, .jpg, .png, .pptx, .ppt, .svg, .tiff, .txt, .xls and .xlsx. Files must be less than 3 MB in size.

Instructions: If you have any examples or screenshots of this error, you can share them with us here.

Next

[Cancel](#)



## Step 3:

A confirmation message with a case number displays.

1. Click **OK**.

**Note:** You can check the status of your case on the transaction history page. If clarification is needed on your issue, your ASR/Account Owner may reach out to you.

[Home](#) > [Member Roster](#) > [Subscriber Details](#) > [Change Subscriber Name](#)

### Confirmation

Thank you for your submission. We will resolve your query within 3 Business days. Your case number is 02428334

OK

# Secure Messaging – Report an Issue (Post-Sign-in)



List of transactions which trigger a report an issue link:

<i>Transaction</i>	<i>Information to include in Report an Issue message</i>
Add Dependent(s)	Subscriber Member ID and First and Last Name, QLE type, any QLE supporting documents (i.e. birth certificate), Dependent First and Last Name, Dependent DOB, Relationship, Dependent Coordination of Benefit information (COB)
Change Subscriber Name	Member ID of Subscriber and First and Last Name, and at least one of the following documents: Birth Certificate, Driver's License/State ID, Marriage Certificate, U.S. Passport (identification page)
Change Dependent Name	Member ID, Dependent First and Last Name, and at least one of the following documents: Birth Certificate, Driver's License/State ID, Marriage Certificate, U.S. Passport (identification page)
Change Subscriber Address	Subscriber Member ID and First and Last Name, Address type (Home, Mailing or Both addresses), the new address(es)
Change Race/ Ethnicity/ Language	Subscriber or Dependent Member ID, First and Last Name, Race, Ethnicity, or Language
Change DOB	Member ID, First and Last Name, Date of Birth
Change Marital Status	Subscriber First and Last Name, Zip Code, City, County, State, QLE type, QLE date, Coverage Start Date, any QLE supporting documents,
Change Plan	Subscriber First and Last Name, Zip Code, City, County, State, QLE or Transfer, QLE type and date, Coverage Start Date, new medical plan name
Reinstate Subscriber	Subscriber Member ID and First and Last Name, Address, Coverage Start Date, Medical Plan
Terminate Subscriber	Subscriber First and Last Name, Termination Date, Reason for Cancellation
Change PCP	Member ID, Plan Name, Specialty, Effective Date, new Primary Care Provider First and Last Name,
Change Relationship	Subscriber and Dependent Member ID, Subscriber and Dependent First and Last Name, Dependent Relationship
Terminate Dependent(s)	Dependent Member ID, First and Last Name, Cancellation Date, Reason for Cancellation
Terminate Coverage	Coverage type, Subscriber Member ID and First and Last Name, Termination Date, Reason for Cancellation
Add Subscriber	Class Name, Subscriber First and Last Name, Date of Birth, Relationship, SSN, Street Address, Medical Plan, Coverage Start Date, Hire Date
Reinstate Dependents	Subscriber and Dependent Member ID, Subscriber and Dependent First and Last Name, Dependent Address, Coverage Start Date, Medical Plan
Request Updated Bill	Billing Account Number, Billing Level, Invoice Number, Invoice Due Date, Total Amount due, Reason for Updated Bill request, for add/term dependent reasons provide the Member ID, for new enrollments provide the Member First and Last Name and SSN (last 4 digits)



Thank  
You

