



EMPLOYER ONLINE SERVICES

USER GUIDE



EMPLOYER ONLINE SERVICES USER GUIDE

WHAT ARE EMPLOYER ONLINE SERVICES?

Employer Online Services are another way that The ODS Companies (ODS) are working smarter for our customers and maintaining our competitive edge. ODS has developed Employer Online Services in response to requests from our customers' group administrators for the ability to enroll members and update eligibility information via the internet.

For our customers, Employer Online Services will add great value to ODS.

- **Accuracy.** Data-checking built into the system will result in consistent data entry and better accuracy.
- **Responsiveness.** Group administrators who receive a request from a member by telephone can now make the appropriate changes immediately, without having to route the request to another department. This provides more responsive and accurate service to our members.
- **Quality Improvement.** Employer Online Services have been designed to make the process of selecting a participating primary care physician more efficient for administrators, and it significantly reduces the chances of errors by restricting the administrators' choices to active participating primary care physicians, on the specific network of the member they are enrolling.
- **ID Card Turn-Around Time.** The previous turn-around time for ordering and mailing ID cards to members was 10 business days. With administrators now able to order ID cards immediately, turn-around time has improved dramatically.

Some of the functions of the Employer Online Services user-friendly interface:

- **Eligibility search**
- **New enrollment & eligibility updates**
- **Adding and changing dependents**
- **Address changes**
- **ID Card Requests**
- **Primary care physician changes**

It all adds up to better service to our customers.



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WHAT YOU CAN DO IN EMPLOYER ONLINE SERVICES

- [Enroll a new Subscriber](#) (Page 11)
- [Find a Subscriber](#) (Page 32)
- Make changes
 - [Add a new Dependent](#) (Page 13)
 - ✓ [Add Student Dependents](#) (Page 72)
 - ✓ [Add Disabled Dependents](#) (Page 72)
 - ✓ [Add Full-time Student Status to a Dependent](#) (Page 50)
 - [Change Address & Personal Information](#) (Page 28)
 - ✓ [Enter a Foreign Address](#) (Page 30)
 - [Change Primary Care Physician \(PCP\)](#) (Page 35)
- [Request ID cards](#) (Page 42)
- [Terminate Eligibility & Coverage](#) (Page 45)
- [View a Subscriber Summary](#) (Page 51)
- [See a History of Eligibility, PCP \(18 months\)](#) (Page 55)
- [See Letters on the Subscriber's Account](#) (Page 59)
- [Complete an Incomplete Partial Enrollment](#) (Page 60)
- [See a summary of an employer's coverage.](#) (Page 89)
- [Maintain user accounts.](#) (Page 94)

NOTES ON USE OF THIS MANUAL

1. For maximum convenience, this manual is designed to be used in its online form, in which its internal links permit fast navigation from section to section.
2. Words and phrases that appear on the screen in Employer Online Services are indicated in this manual in **bold-face type**.
3. Special notes and time-savers are interspersed throughout the text, where applicable. Each note or tip is emphasized by a border around the paragraph.



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To LOG IN TO EMPLOYER ONLINE SERVICES

1. In your browser, go to The ODS Companies web site at www.odscpanies.com.
2. In the **Select your area...** menu, click **Employers**.



The ODS Home Page. Click **Employers**.

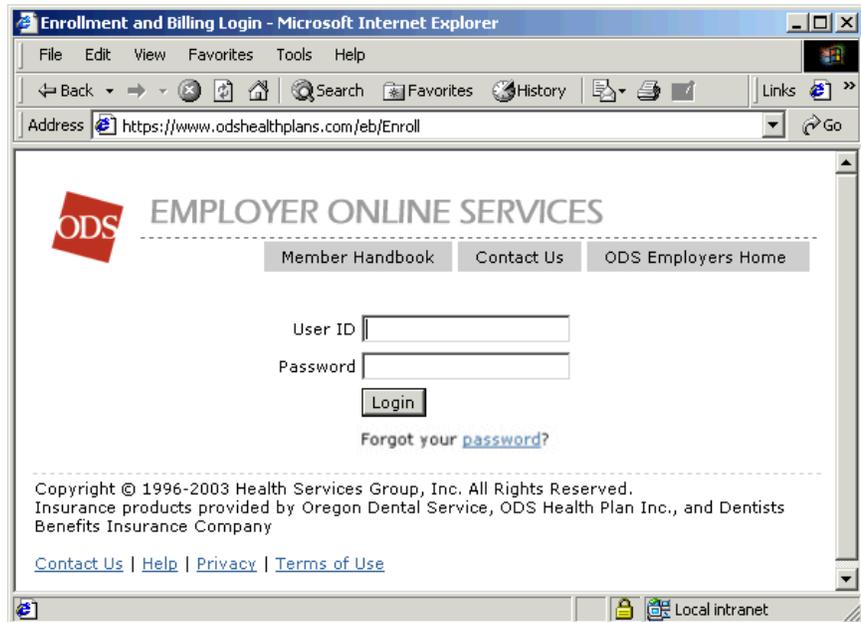
3. On the **Employers** page, click **Employer Online Services**. The Employer Online Services login page opens.



The Employers Page, Employer Online Services link



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The Employer Online Services Login Page

4. Enter your **User ID** and **Password**. Both text boxes are case-sensitive.

Note: The rest of Employer Online Services is *not* case-sensitive.

5. Click **Login**. If your **User ID** and **Password** are correct, the Employer Online Services Main Menu opens.
6. If either your User ID or password are not correct, you will receive an error message (Shown at left. Click **No** to close it.) and a new opportunity re-enter both (below).



Wrong Password or User ID message



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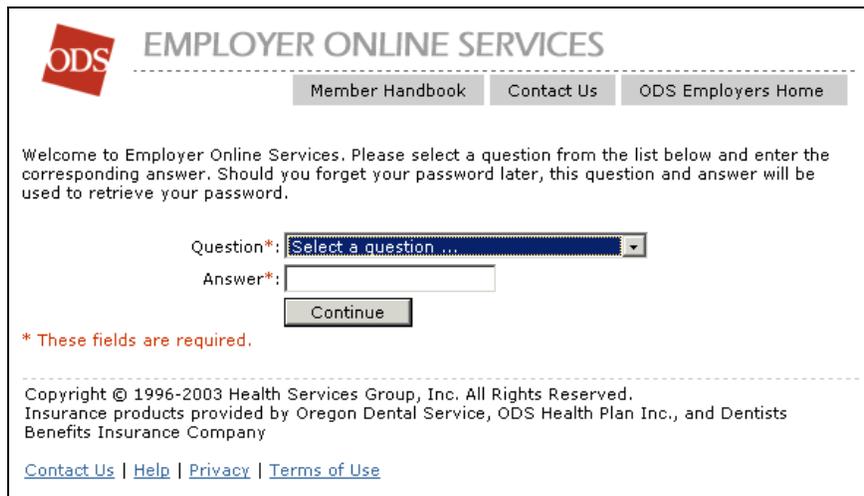
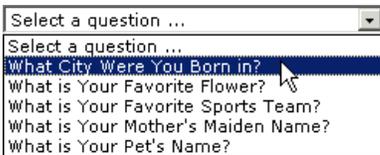
Note: As a security measure, if you try to log in unsuccessfully four times consecutively, your Employer Online Services account will be disabled until it is re-activated by ODS or your employer's Employer Online Services contact person. You can have your password reset at the same time, if you like.

- 7. If you have trouble logging in, contact your Employer Online Services contact person or the ODS B&E Web Administrator for assistance, at 503-265-5691 or 1-877-265-5691 (Toll-free).

Password Hint

The first time you log into Employer Online Services, the application will ask you to choose a personal question and provide the answer, so that if you forget your password, the application can authenticate you.

If you click the **Forget your password?** link on the login page, a new page will open to ask you your pre-selected question. If you enter the correct answer, the application will display your password, and you can use it to log in.



Password Hint Question and Answer

Note: Once you have set up your password hint, it will work to retrieve your password even if the password has been changed. There is no function for changing password hints. If you lose both your password and your password hint, your Employer Online Services contact person can reset your password, and an ODS system administrator can reset your password hint. Contact the ODS B&E Web Administrator for assistance, at 503-265-5691 or 1-877-265-5691 (Toll-free).



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Logging Off

When you have finished an Employer Online Services session, for security it is wise to log off the application. Click the **Log Off** link at the foot of any Employer Online Services web page.

Note: Employer Online Services will automatically log you off when 30 minutes pass without activity in your current session.

[Return to Main Menu](#) | [Employer Summary](#) | [Employer P184 Summary](#) | [Reports](#) | [Reset Subscriber](#)

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Insurance products provided by Oregon Dental Service, ODS Health Plan Inc., and Dentists Benefits Insurance Company

[Contact Us](#) | [Change Password](#) | [Log Off](#) | [Help](#) | [Privacy](#) | [Terms of Use](#)

**The Change Password and Log Off links are
at the foot of each Employer Online Services page.**



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To CHANGE YOUR PASSWORD

Your password will expire in 6 day(s).
You may change it by clicking [here](#).

Employer Online Services will require you to change your password no less frequently than every 90 days. You will receive an invitation to change your password each time you log in when 90 days is approaching.

If 90 days passes before you change your password, Employer Online Services will require you to choose a new one before you can log in.

You may change your password at any time.

1. Click the **Change Password** link at the foot of any Employer Online Services page, to open the **Change Password** page.

Change Password

Fill in form on the right, and click the "Change" button to change your password. Remember, valid passwords:

- Are between 6 and 12 characters.
- Have a mix of numbers and letters.
- Contain no special characters.
- Are case sensitive.
- Are not previous passwords.

User ID

Current Password

New Password

New Password (please enter again)

The Change Password page

2. Enter your **User ID**.
3. Enter your **Current Password**.
4. Enter your **New Password** (twice, to avoid errors). Note the password rules, listed on the left of the page, in choosing your new password.
5. Click **Change**.

EMPLOYER ONLINE SERVICES

Main Menu Employer Summary Member Handbook

Your password has been changed successfully.

1. Enter Subscriber ID

Subscriber ID (no dashes)
(or [search for subscriber by name](#))

2. Make selection and click Go.

A. Enrollment - *For New, Open Enrollment or Division Changes

Enroll* New Group # Division #

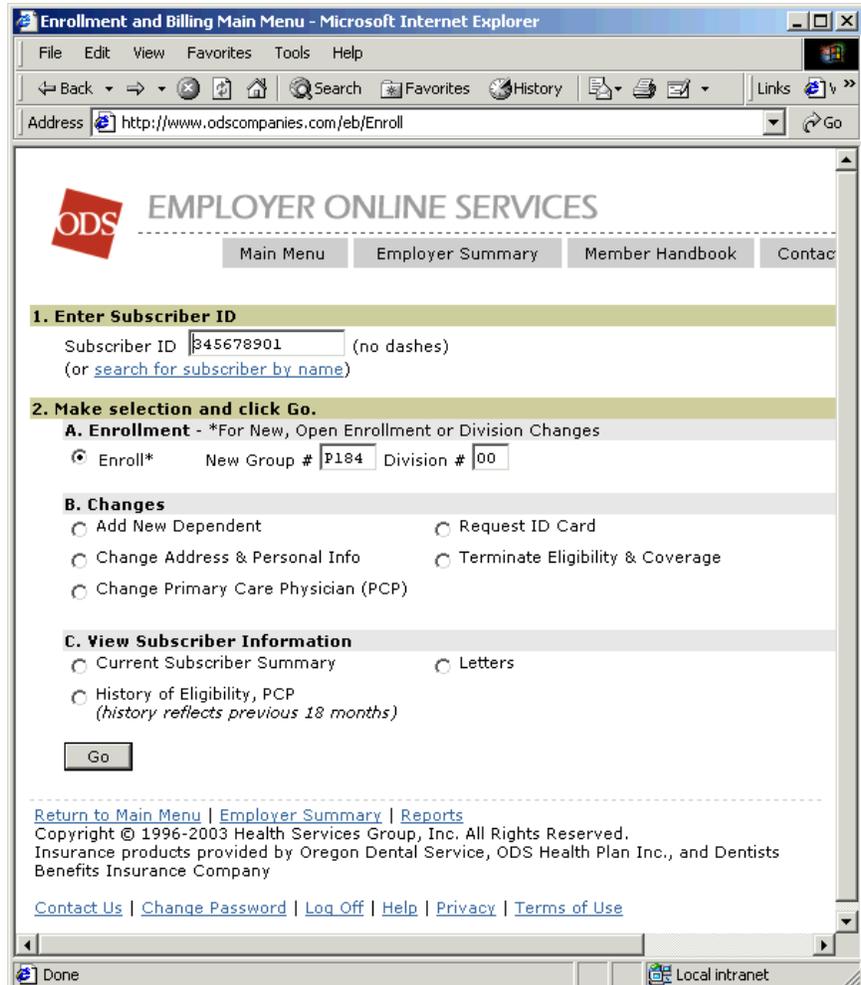
Successful Password Change Message on Main Menu



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THE MAIN MENU

The **Main Menu** is the starting place for any action you may want to take in Employer Online Services. It is the home page for the application, and each of the instructions below begins with making a selection in the **Main Menu**.



The Employer Online Services Main Menu

Note: Links to the **Main Menu** are in the header and footer of each Employer Online Services page.



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TO ENROLL A NEW SUBSCRIBER

Use the Enrollment section of the **Main Menu** for **New** enrollment, **Open Enrollment**, and **Division Changes**.

Note: To add a dependent or coverage during Open Enrollment, select the **Enroll** function, instead of **Add New Dependent**.

In addition to normal member enrollment, the **Enroll** function allows you to add a subscriber and/or dependents due to special enrollment rights. Special enrollment rights refer to a federal law allowing a subscriber and eligible dependents to enroll when coverage was declined when initially eligible because of other health coverage. They are also able to enroll when acquiring a new dependent as a result of marriage, birth, adoption, or placement pending adoption.

1. In Section 1 of the **Main Menu**, enter the subscriber's ID in the **Subscriber ID** text box.
2. Under **2. Make Selection and click Go, A. Enrollment** subsection, choose the division in the **Division #** drop-down box. The **Enroll** option button will be selected automatically.

Note: If your company has more than one group number, choose the group number from the **New Group #** drop-down box and enter the division number in the **Division #** text box.

3. Click **Go** to proceed to the **Eligibility and Qualifying Event** page.
4. Complete the **Eligibility and Qualifying Event** page. (See [Eligibility and Qualifying Event page](#) on page 62.)
5. Click **Continue** to open the **Address & Personal Information** page.
6. Complete the **Address & Personal Information**. (See [Address & Personal Information page](#) on page 66.)
7. Click **Continue**, which will open the **Over Age Dependent** page, if it applies. If it does not apply, the **Select Coverage** page will open.
8. Complete the **Over Age Dependent** page, if it applies. (See [Over Age Dependent page](#) on page 72.)
9. Click **Continue** to open the **Select Coverage** page.
10. Complete the **Select Coverage** page. (See [Select Coverage page](#) on page 74.)
11. Click **Continue**, which will open the **Primary Care Physician** page, if it applies.
12. Complete the **Primary Care Physician** page. (See [Primary Care Physician page](#) on page 78.)
13. Click **Continue**, which will open the **Confirmation** page.



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14. Carefully review the **Confirmation** page. Correct any errors by clicking the **Edit** links for the respective sections. (See [Confirmation page](#) on page 84.)
15. Click **Submit Enrollment**. The process is finished. You are returned to the Main Menu, with a statement that your subscriber has been enrolled successfully. The **New Group #** and **Division** are already entered, in case you want to enroll another subscriber.

To enroll or change data for another subscriber, you only have to enter his or her **Subscriber ID** and **Make selection and click Go**.

The screenshot shows the ODS Employer Online Services interface. At the top left is the ODS logo. To its right is the text "EMPLOYER ONLINE SERVICES". Below this is a navigation bar with four buttons: "Main Menu", "Employer Summary", "Member Handbook", and "Contact Us". A message box displays the text: "RALPH THEOPHILUS HIGGINS and family have been enrolled successfully. (ID = 345678901)". Below the message is a section titled "1. Enter Subscriber ID" with a light green background. This section contains a text input field for "Subscriber ID" with the instruction "(no dashes)" and a link "(or [search for subscriber by name](#))".

Main Menu after Successful Enrollment



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TO ADD A NEW DEPENDENT

Main Menu

1. Under **Enter Subscriber ID**, enter the subscriber's ID in the **Subscriber ID** text box.

Note: If the subscriber ID is not known, click **search for subscriber by name**.

On the **Subscriber Search** page that opens, enter the subscriber's **Last Name** and choose his or her **First Name** or **Birth Date** in the drop-down box.

Click **Go**. On the **Subscriber Search Results** page, select the option button for the correct subscriber. (Click **More Results** to see additional pages of results, if necessary.)

Click **Go** again to return to the Main Menu, where the subscriber's ID appears in the **Subscriber ID** text box.

2. Under **Make Selection and click Go**, select the **Add New Dependent** option button in the **B. Changes** section.

Note: *During Open Enrollment periods*, enroll new dependents under **A. Enrollment**, instead of **Add New Dependent**, under **B. Changes** on the **Main Menu**.

3. Click **Go** to proceed to the **Eligibility and Qualifying Event** page. Follow the steps below to complete the addition of a dependent.

Note: The steps are different from those in the new enrollment process.

Eligibility and Qualifying Event Page

4. If more than one group number appears in the **Recent History (18 months)** section of the **Eligibility and Qualifying Event** page, select the applicable option button to select the group and division number to which you are adding the dependent.
5. For the new dependent, in the **Other Insurance / Coordination of Benefits (COB)** section select the appropriate option button, **Medical, Dental, Medical & Dental, None, or Unknown**.
6. In the **Eligibility / Qualifying Event and Dates** section, select the qualifying event that triggers the Add-Dependent process. The choices are: **Adoption, Birth, Marriage, Involuntary Coverage Loss, and Shared Permanent Residency**.
7. If the reason noted on the application is not a Qualifying Event listed above, then the dependent will have to wait to enroll during the next open enrollment period. Refer to ODS for exceptions to this rule.



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8. Enter the date the qualifying event took place in the **Event Date** text box.
9. Enter the new dependent's **Effective Date**.
10. If required, enter the signature date, found on the back of the ODS standard enrollment application, in the **Signature Date** text box.
11. Click **Continue** to open the **Address & Personal Information** page.

For more details on the [Eligibility and Qualifying Event](#) page, see page 62.

[Click to return to Table of Contents](#)

Address & Personal Information Page

12. In the **Demographics for Subscriber** section, verify the subscriber's address, phone number, and email address. Update these text boxes as needed per the enrollment application.

TIMESAVER: If all dependents have the same last name, select the **Apply subscriber's last name to all dependents** checkbox prior to enrolling any new family members.

13. For each *new* dependent, enter the **First Name**, **Middle Name**, and **Last Name** in the respective text boxes. (**Middle Name** is not a required text box.)
14. Enter the **Birth Date**, choose the **Gender**, and select the **Relationship** of the dependent to the subscriber. The choices are: **Child**, **Dependent of a minor dependent***, **Domestic partner***, **Spouse**, or **Ward***.
15. If the dependent you are adding is denoted on the enrollment application as an out-of-area child, enter the zip code where the child resides in the **Zip Code** text box. (Out-of-area status applies to all medical non-indemnity plans.)
16. Click **Add More Dependents**, if needed.
17. If the group receives ID cards, request the cards by selecting the applicable coverage in the **Request New ID card(s) for...** section.
18. Click **Continue**. If appropriate, the **Over Age Dependent** page will open.

For more details on the [Address & Personal Information](#) page, see page 66.

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Over Age Dependent Page

19. For **Full time student** status, click the **Accredited Universities: Oregon | Washington** link for the dependent's school's state, to verify that the school the dependent is attending is accredited.

Note: **Oregon** and **Washington** links are provided for convenience. If the student's institution is in another state, click **Oregon** or **Washington**, then, at the top of the **NCES** web page that opens, click **Search**. On the search page, choose the **State** or **Region** and click **Search**. For states with a great many institutions, you may need to enter other criteria, such as the **City** or the institution's **Name**, to narrow the search.

- If the college is accredited, select the **Full time student** checkbox.
 - If the college is not accredited, the dependent is not eligible to enroll in the plan. If the dependent is not disabled, click the third check-box, **Neither. This member will not be enrolled.**
20. For **Disabled** status, on the **Over Age Dependent** page, click **Disabled. Claims will not pay on this member until physician's statement has been approved by ODS.** This selection will allow the disabled dependent to enroll.

Note: A physician's statement affirming the disability must be approved by ODS before claims will be paid for this dependent.

If a physician's statement that the dependent is disabled is not available, and the dependent is not a student at an accredited university, click the **Neither. This member will not be enrolled** check-box.

For groups for whom ODS administers eligibility, at the foot of the [Confirmation](#) page (see page 84) you will select an option button to indicate whether a physician's statement affirming the disability has been submitted. (See [To Complete an Incomplete Partial Enrollment](#), page 60, for how to indicate that paperwork has been submitted later.)

21. Click **Continue** to open the **Select Coverage** page.

For more details on the [Over Age Dependent](#) page, see page 72.

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Select Coverage Page

The view of the **Select Coverage** page will vary, depending upon the group setup and plan options available, i.e., whether the group is Integrated or Standalone and whether the dependent's benefits must match the subscriber's benefits.



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Section 1, The following plan(s) are available.

This section will list the medical and/or dental plans offered for the group. They will be labeled **Medical Plan #, Dental Plan #, Vision Plan #, Rx Plan #**, etc.

22. If a drop-down box appears in Section 1, select the appropriate plan.

Section 2, “Select who will be enrolling...”

This section is for selection of the medical and/or dental plans that apply to the newly added dependent.

The view of this section will vary as noted in bullets below.

23. Do one of the following:

- If there is an option button next to a dependent’s name, select the option button to enroll the new dependent in medical and/or dental plan.
- If there is a drop-down box next to the dependent’s name, choose the appropriate plan for the new dependent.
- If there is no choice, via option buttons or drop-down boxes, this is an integrated plan, with only one plan option.

Out of Network Area

24. No action needed.

The **In-** and **Out-**of-network-area option buttons appear on any non-indemnity medical group. For any dependent children that were entered on the **Add Dependent – Address & Personal Information** page previously with a zip code in the dependent section, the system will calculate whether or not that zip code is considered out of the plan area for the group in which the dependent is enrolling. If the zip code is recognized as outside the plan area, then the **Out** option button will already be selected.

Note: The **Select Coverage** page varies according to the details of the plans it displays.

Waiting Periods (Dental Coverage), if applicable

25. Under **Select who will be enrolling** or **The following members will be enrolled in the plan(s) above**, click the drop-down box and select the appropriate plan for each member. If a waiting period applies one or more members of the subscriber’s family, select the waiting period plans for the appropriate family members. To decline dental coverage for a member, simply do not select a plan from the **Add Dental?** drop-down box; leave **Select ...** displayed in the drop-down box.

26. If the group allows credit toward the waiting period, the **Lapse in Coverage** and **Credit towards waiting period** columns appear:



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- **Lapse in Coverage:** If there has been a lapse in the member's dental coverage between his or her former coverage and the new coverage, or if there was no prior coverage, select the **Yes** option button. If there was no lapse, select **No**.
- **Credit towards waiting period:** If you selected the **No** option button, enter the number of months of the member's (consecutive) dental coverage previous to the new coverage, in the **Credit towards waiting period** text box. If you selected the **Yes** option button, credit does not apply.

The following members will be enrolled in the plan(s) above:

Name (Birth Date)	Dental	Lapse in coverage*		Credit towards waiting period
		Yes	No	
All Members	MB CMB344 6570-20			
- or -				
RALPH THEOPHILUS HIGGINS	MB CMB344 6570-20	<input type="radio"/>	<input checked="" type="radio"/>	6 (months)
BETTY JEAN SVOBODA-HIGGINS	MB CMB344 6570-20	<input type="radio"/>	<input checked="" type="radio"/>	(months)
RUPERT THEOPHILUS HIGGINS	MB CMB344 6570-20	<input type="radio"/>	<input checked="" type="radio"/>	6 (months)
BETTY JEAN HIGGINS	MB CMB344 6570-20	<input type="radio"/>	<input checked="" type="radio"/>	6 (months)

Waiting Period Choices

For more details on the [Select Coverage](#) page, see page 74.

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Primary Care Physician Page

- In Section 1 of the **Assign PCP** section, enter the PCP's Last Name.

In most cases, the PCP's last name is the search function that will be used.

TIP: If the exact spelling is unknown, try entering the first three for four characters of the last name.

- Under **Assign this PCP to:**, select the family members to whom the PCP should be assigned. You can use the **All Members** checkbox when appropriate.
- Click **Find PCP** to initiate the search for the PCP. The **Search Results** page opens.
- In the **Search Results** page, select the correct PCP.

If none of the PCP's on the **Search Results** page matches the enrollment application, check the search criteria at the top left-hand side of this page. If the information was entered incorrectly, click **Search Again** to start over.

If the search criteria are correct, and no matching PCP is found, then click **Unassigned** at the bottom of the **Search Results**



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page. The unassigned county is calculated from the subscriber's zip code.

31. Review the PCP information at the top of the page to verify the data that you just entered.
32. Click **Continue** if you have completed all of the PCP assignments for a family.

If there are additional PCP updates to complete, click **Assign Additional PCP's**. Repeat the steps to assign the additional PCPs to members.

The **Confirmation** page opens.

For more details on the [Primary Care Physician page](#), see page 78.

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Confirmation Page

33. Review each section of the **Confirmation** page to verify the data entered from the new dependent enrollment process. Compare the data to the enrollment application.
34. If corrections need to be made to the **Subscriber Address**, **Dependent Information**, or **Benefits**, click the **Edit** or **Edit PCP** links next to each section. The edit link will take you back to the indicated page, where you can make your changes and continue forward through the enrollment process.

The student status will appear for any dependents that were entered on the **Over Age Dependent** page in this section.

Note: Members of groups that administer their own eligibility are not required by ODS to submit paperwork, and they are enrolled without being considered incomplete partials. Groups that administer their own eligibility can disregard steps 33 and 34, below.

35. If a dependent relationship of **Ward** or **Dependent of a minor dependent** exists, indicate at the bottom of this page whether a court order of guardianship has been forwarded to ODS.

If you click **Yes, paperwork has been submitted**, the dependent will upload into the system overnight.

If you click **No, paperwork has not been submitted**, the family will upload into the system, *except for the Ward or Dependent of a minor dependent*. The dependent will be considered an "incomplete partial." (See [To Complete an Incomplete Partial Enrollment](#), on Page 60.)

At this point, if you realize that the dependent should not be enrolled, select the **Delete (Do not enroll)** option button.

36. If a dependent has a relationship of **Domestic partner**, indicate at the bottom of this page whether domestic partner paperwork has been forwarded to ODS.



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If you click **Yes, paperwork has been submitted**, the dependent will upload into the system overnight.

If you click **No, paperwork has not been submitted**, the family will upload into the system, *except for* the dependent who was designated as a **Domestic partner**. The dependent will be considered an "incomplete partial." (See [To Complete an Incomplete Partial Enrollment](#), on Page 60.)

At this point, if you realize that the dependent should not be enrolled, select the **Delete (Do not enroll)** option button.

37. When you have verified the **Confirmation** page, click **Submit Enrollment**.

ID cards will be generated automatically for all new dependents.



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Confirmation - Microsoft Internet Explorer
Address: http://www.odscorporates.com/eb/Enroll

EMPLOYER ONLINE SERVICES
Main Menu | Employer Summary | Member Handbook | Contact Us

Add Dependent - Confirmation
Subscriber Name: **RALPH HIGGINS** Group Name: **UNION**
Subscriber ID: **345678901** Group #: **P418-01**

Enrollment entry is almost complete.
1. Review the information entered below.
2. Click on the Edit links to make changes.
3. When finished, you **MUST** click the Submit Enrollment button at the bottom of the page.

Subscriber Information
Name: **RALPH THEOPHILUS HIGGINS** Birth Date: **05/04/1950** Gender: **MALE**
Relationship: **SELF** Social Security #: **987654321**
PCP: **THOMAS LEARY MD** [Edit PCP](#)

Subscriber Address [Edit](#)
Address: **17500 SE QUALLEY RD.** Telephone: **503-657-0099**
Address 2: Subscriber E-mail: **HIGGINS@AOL.COM**
City: **CLACKAMAS** Country: **UNITED STATES (US)**
State: **OR**
Zip Code: **97015**

Dates
Effective Date: **06/21/2003** Adoption: **06/21/2003** Signature Date: **06/21/2003**

Dependent Information [Edit](#)

Name: **BETTY JEAN SVOBODA-HIGGINS** Birth **02/03/1955** Gender: **FEMALE**
Date:
Relationship: **SPOUSE** Zip Code:
PCP: **TIMOTHY STRAW MD** [Edit PCP](#)

Name: **RUPERT THEOPHILUS HIGGINS** Birth **03/10/1982** Gender: **MALE** Student: **Yes**
Date:
Relationship: **CHILD** Zip Code: **97401**
PCP: **JOHN SCOTT MD** [Edit PCP](#)

Name: **BETTY JEAN HIGGINS** Birth **06/22/1990** Gender: **FEMALE**
Date:
Relationship: **CHILD** Zip Code:
PCP: **THOMAS LEARY MD** [Edit PCP](#)

Name: **WILLIAM HEARST HIGGINS** Birth **03/12/2002** Gender: **MALE**
Date:
Relationship: **WARD** Zip Code:
PCP: **THOMAS LEARY MD** [Edit PCP](#)

Benefits as of 06/21/2003
Members are enrolled in the plans listed:

	Medical	Dental
RALPH THEOPHILUS HIGGINS (05/04/1950 - Subscriber)	P418-01	5351-00
BETTY JEAN SVOBODA-HIGGINS (02/03/1955)	P418-01	5351-00
RUPERT THEOPHILUS HIGGINS (03/10/1982)	P418-01	5351-00
BETTY JEAN HIGGINS (06/22/1990)	P418-01	5351-00
WILLIAM HEARST HIGGINS (03/12/2002)	P418-01	

Other Insurance / Coordination of Benefits (COB)

	Other Medical	Other Dental
RALPH THEOPHILUS HIGGINS	No	No
BETTY JEAN SVOBODA-HIGGINS	No	No
RUPERT THEOPHILUS HIGGINS	No	No
BETTY JEAN HIGGINS	No	No
WILLIAM HEARST HIGGINS	No	No

Has a court order of guardianship been forwarded to ODS for WILLIAM HEARST HIGGINS?
 Yes, paperwork has been submitted
 No, paperwork has not been submitted
 Delete (Do not enroll)

[Submit Enrollment](#)

[Return to Main Menu](#) | [Employer Summary](#) | [Employer P418 Summary](#) | [Reports](#) | [Reset Subscriber](#)
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Add Dependent Confirmation page, with paperwork question

For more details on the [Confirmation](#) page, see page 84.

[Click to return to the Table of Contents](#)



EMPLOYER ONLINE SERVICES USER GUIDE

TO START OVER OR CANCEL AN ENROLLMENT OR NEW DEPENDENT

If you realize that you made a mistake during the enrollment process on the **New Enrollment** and **Add Dependent** pages, you can start over. The **Reset Subscriber** function allows you to delete the data in the suspense database the same day that the error occurred. You then have to start over to enter the corrected data. Keep in mind that *all data for the day for the particular subscriber will be erased.* (See [Reset Subscriber Function](#), below, for directions.)

Reset Subscriber Function

Once the **Submit** button has been clicked on the **Eligibility and Qualifying Event** page for either New Enrollment or Add Dependent, the data is saved temporarily in a “suspense” database. If you realize that you made a mistake during the enrollment process on the **New Enrollment** or **Add Dependent** pages, you can start over. The **Reset Subscriber** function allows you to delete the data in the suspense database the same day that the error occurred, *provided that an ODS internal user has not also made changes on the same day.* After resetting the subscriber, to enter the corrected data, you have to start over. All data for the day for the particular subscriber that was entered before resetting is erased. See the process below.

If you and an ODS internal user have made changes on the same day, when you click **Reset Subscriber**, you will receive the message **Changes cannot be undone. More than one user has made changes to this family's data. Please click 'Cancel' to return to the main menu.** When you return to the Main Menu, it will display another message: **Data has been kept for the requested subscriber. (ID=XXXXXXXX).** You may be able to correct the error or errors by making changes through Main Menu functions or through the **edit** links on the **Confirmation** page.

If you make an error and cannot eliminate it, by using **Reset Subscriber**, or correct it, call your B&E Specialist for assistance.

In the footer of each page between the Eligibility and Qualifying Event page and the **Confirmation** page, is a **Reset Subscriber** link.

[Return to Main Menu](#) | [Employer Summary](#) | [Employer P418 Summary](#) | [Reports](#) | [Reset Subscriber](#)
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The Reset Subscriber link at the foot of most pages

1. Click **Reset Subscriber**. The **Reset Subscriber** page opens.



EMPLOYER ONLINE SERVICES USER GUIDE

Reset Subscriber - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Print Links Web

Address http://www.odscompanies.com/eb/Enroll Go

ODS EMPLOYER ONLINE SERVICES

Main Menu Employer Summary Member Handbook Contact Us

The following pages have changed and have not been written to the main frame. If you wish to undo all changes made on these pages, click the "Reset Subscriber" button on the bottom of the page. **Resetting a subscriber cannot be undone.**

Subscriber ID: **345678901**

User ID	Page	Date	Group Number	Status	Passed Edits
holderj2	CARD	08/14/2003 3:51 PM	P418-01	Add Dependent	Yes
holderj2	TERM	08/14/2003 3:51 PM	P418-01	Add Dependent	Yes
holderj2	OVERAGE	08/14/2003 10:00 AM	P418-01	Add Dependent	Yes
holderj2	DEMOG	08/14/2003 9:58 AM	P418-01	Add Dependent	Yes
holderj2	ELIG	08/14/2003 9:45 AM	P418-01	Add Dependent	Yes
holderj2	ELIG	08/14/2003 9:43 AM	P418-01	Add Dependent	Yes

Reset Subscriber Cancel

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Done Local intranet

The Reset Subscriber page

If you click **Reset Subscriber**, *all* of the data listed will be erased, and *the deletion cannot be undone*. This is an all-or-nothing function.

Note: You can correct individual errors you find in the **Confirmation** page by clicking the **Edit** links to return to the pages where the errors occurred.

2. Verify that you do want to delete all changes you have made for the subscriber that day. If not, click **Cancel**.
3. If you are certain you do want to delete all changes you have made for the subscriber that day, click **Reset Subscriber**.

If you are the only user to have made changes that day, you will be returned to the Main Menu. A message will state **Data has been reset for the requested subscriber**. You can begin again if you wish.



EMPLOYER ONLINE SERVICES USER GUIDE

**EMPLOYER ONLINE SERVICES**

[Main Menu](#) [Employer Summary](#) [Member Handbook](#)

Data has been reset for the requested subscriber. (ID = 345678901)

1. Enter Subscriber ID

Subscriber ID (no dashes)
(or [search for subscriber by name](#))

Reset Subscriber confirmation message

[Return to Table of Contents](#)



EMPLOYER ONLINE SERVICES USER GUIDE

TO CHANGE AN ADDRESS AND/OR SUBSCRIBER DEMOGRAPHICS

Main Menu

1. In Section One, enter the **Subscriber ID**.
2. Select the **Change Address & Personal Information** option button in the **Changes** section.
3. Click **Go** to open the **Address & Personal Information** page

Address & Personal Information Page

Any address changes or updates to the subscriber's telephone number or email address can be made on the **Address & Personal Information** page.

Address updates should only be made to electronic file groups who do not send addresses. To identify whether a group is an electronic file group, at the top of the **Address & Personal Information** page is a shaded header with the subscriber's name, ID number, and group number. Below the subscriber information there are five different statements, depending upon the group setup.

Statement	Effect
"ODS Administers Eligibility Rules"	Ok to update address and PCP changes
"Group Administers Eligibility Rules"	Ok to update address and PCP changes
"Group Administers Eligibility Rules. Electronic File Group, changes will be overwritten by next file."	Do not update address or PCP changes
"Group Administers Eligibility Rules. Electronic File Group, changes will be overwritten by next file with the exception of address changes."	Ok to update address only .
"Group Administers Eligibility Rules. Electronic File Group, changes will be overwritten by next file with the exception of PCP changes."	Ok to update PCP changes only .



EMPLOYER ONLINE SERVICES USER GUIDE

Subscriber Section

In the **Subscriber** section of the **Enroll Members** page, you can update the following data:

- Subscriber's first name
- Subscriber's middle name
- Subscriber's last name
- Subscriber's date of birth
- Subscriber's gender

Note: Social Security number changes or corrections are made manually by ODS.

Demographics for Subscriber Section

In the **Demographics for Subscriber** section of the **Enroll Members** page, you can update the following data:

- Address line 1
- Address line 2
- City
- State
- Zip Code
- Country
- Subscriber's telephone number
- Subscriber's email address

Foreign Addresses Section

Enter the Address; then complete the following listed below.

- In the **City** text box, enter the subscriber's foreign city.
- In the **State** drop-down box, click **Outside of the US or Canada**. If the address is in Canada, select the correct Province from the drop-down box.
- In the **Zip Code** text box, enter the foreign zip code. If the country does not use zip codes, enter the two-digit country code found in the **Country** drop-down box, in parentheses.
- In the **Country** text box, select the appropriate country.
- When the foreign address has been entered, continue with the enrollment.

Military Addresses Section

- Enter the Address; then complete the following listed below.
- In the **City** text box, enter the city listed (usually "APO").
- In the **State** drop-down box, click the correct Armed Forces PO.

Americas — AA
Africa, Canada, or Europe — AE
Pacific — AP



EMPLOYER ONLINE SERVICES USER GUIDE

- In the Zip Code text box, enter the zip code. Military addresses have their own zip codes.
- In the Country text box, select "United States."
- When the military address has been entered, continue with the enrollment. Enter the two-digit country code found in the Country drop-down box, in parentheses.

Dependents Section

In the **Dependents** section of the **Enroll Members** page, you can update the following data:

Note: It is important to remember that this is for updating *existing* dependent information only.

- Dependent's middle name
- Dependent's last name
- Dependent's Student Status (if eligibility is administered by the employer)

Any changes to correct the dependent's first name, gender, or relationship must be done manually by ODS.

Ordering an ID card

To order a card on the **Enroll Members** page, select the appropriate check box for medical and/or dental in the **Request New ID Card(s)** section.

When Finished

1. Click **Submit Changes** at the bottom of the page.

[Click to return to Table of Contents](#)



EMPLOYER ONLINE SERVICES USER GUIDE

TO FIND A SUBSCRIBER

1. On the **Main Menu**, click the **Search for Subscriber by Name** link, in the upper right-hand corner. The **Subscriber Search** page opens.

Subscriber Search - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address http://www.odscorporates.com/eb/Enroll

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Subscriber Search

Enter search information and press Go.

Last Name*:

First Name*:

Birth Date (Birth date format is mm/dd/yyyy)

Go

*required field

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Local intranet

Subscriber Search page

2. In the **Last Name** text box, enter the subscriber's last name.
3. In the drop-down box, choose **First Name** or **Birth Date** and then enter the appropriate name or date in the text box.
4. Click **Go**. The **Subscriber Search Results** page opens.



EMPLOYER ONLINE SERVICES USER GUIDE

Name	Birth Date	Subscriber ID	City	Zip	Group #	Division Name
<input type="radio"/> PETE HIGGINS	05/25/1952	546832776	PORTLAND	97224	9046 00	POETS CO-OP
<input checked="" type="radio"/> RALPH HIGGINS	01/12/1970	234567890	CLACKAMAS	97015	P418 01	UNION
<input type="radio"/> RON HIGGINS	02/01/1954	003422598	PORTLAND	97321	0505 08	PERSIANS INC
<input type="radio"/> SCOTT HIGGINS	10/03/1969	540158793	CHESTER	97214	9380 03	REPRO INC
<input type="radio"/> SEAN HIGGINS	05/06/1950	544344126	MILL CREEK	98012	9300 00	US BASIC
<input type="radio"/> SEAN HIGGINS	07/20/1934	030264682	ALBANY	97203	2601 03	PACIFIC INC
<input type="radio"/> SHANNON HIGGINS	05/20/1979	491503259	PORTLAND	05143	P109 01	PACIFIC NORTH

Subscriber Search Results page

5. If a number of subscribers are listed, review the search criteria in the upper left of the page. If there are more than 50 subscribers listed, click **More Results** to see the next page. If the search criteria are correct, find the correct subscriber by verifying the **Name, Birth Date, Subscriber ID, City, Zip, Group #, and Division Name**.
6. Select the option button for the correct subscriber.
7. Click **Go**. This will return you to the Main Menu.

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EMPLOYER ONLINE SERVICES USER GUIDE

TO ASSIGN OR CHANGE A PRIMARY CARE PHYSICIAN (PCP), IF APPLICABLE TO YOUR PLAN

Main Menu

1. In Section 1, enter the subscriber's ID in the **Subscriber ID** text box.
2. In Section 2, select the **Change Primary Care Physician (PCP)** option button in the **Changes** section.
3. Click **Go** to open the **Primary Care Physician** page.

Primary Care Physician Page

Note: For ppoNEXT PCP assignment, refer to [To Assign a ppoNEXT Provider](#), on page 36.

1. Review the PCP history at the top of the page to verify the data that you are updating/changing.
2. In section one of the **Assign PCP** section, enter the PCP's Last Name.
3. Commonly the PCP Last Name will be entered.

TIP: If the exact spelling is unknown, try entering the first three for four characters of the last name.

4. Under **Assign this PCP to:** select which family members the provider will be assigned to. You can select the **All Members** checkbox when appropriate.
5. Under **Fill in the begin date**, enter the effective date for the new provider. (Normally the effective date will be first of the following month)
6. The Medical ID card request box will be selected automatically to order a new ID card. If you do not want a new card, uncheck the checkbox.
7. Click **Find PCP**. The **PCP Search Results** page opens.

PCP Search Results Page

1. Select the correct provider.
2. If none of the PCP's on the **Search Results** page match the PCP name in the enrollment application, check the search criteria at the top left hand side of the page. If the information was entered incorrectly, click **Search Again** to start over.
3. If the Search criteria are correct and still no providers are found to match the application, then select the **Unassigned** button at the bottom of the **Search Results** page. Click **OK** to return to the **Primary Care Physician** page.



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For more details on the [PCP Search Results](#) page, see page 81.

On Return to the Primary Care Physician Page

1. Review the new PCP history at the top of the page to verify the updated PCP data that you entered.
2. Click **Return to Main Menu**, if you have completed all of the PCP assignments for a family. If there are additional PCP updates still to complete, click **Assign Additional PCP's**. Repeat the steps above for each PCP.

For more details on the [Primary Care Physician](#) page, see page 78

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To Assign a ppoNEXT Provider

Assigning PCP's for ppoNEXT is different from other PCP assignment because of the large number of providers who access the ppoNEXT web site nationwide and the difficulty of loading, searching, and maintaining a database of this size. The intent of the page is to allow the user the ability to find a ppoNEXT provider and to submit the provider's information to the appropriate ODS departments.

Once the data is submitted, an email is generated to the Web Administrator to verify whether or not the PCP exists. If the provider exists in ClaimFacts, the Web Administrator will assign the PCP manually, as well as order cards if they are requested. If the provider does not exist, then Professional Relations is notified for Tax ID assignment, and the Web Administrator will manually assign and order cards if they are requested. The process can take as little as one business day if submitted prior to 3 pm.



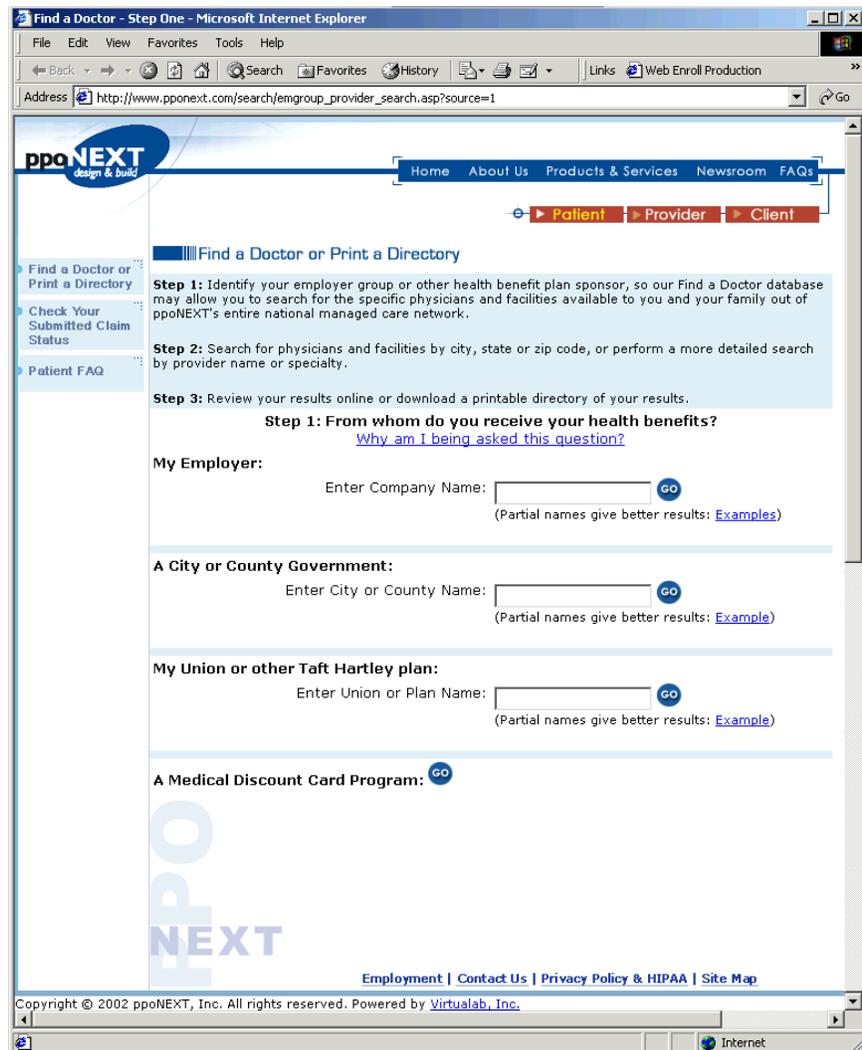
EMPLOYER ONLINE SERVICES USER GUIDE

Special PCP Page for assigning a ppoNEXT Provider

1. Review the PCP history at the top of the page, if any, to verify the data you entered.
2. Click the **ppoNEXT web site** link to view the external web site. (This opens a new browser page.)



EMPLOYER ONLINE SERVICES USER GUIDE



ppoNEXT Web Page

3. Answer the questions and follow the instructions to search for a provider. You will need to know the Group Name of the group in which the subscriber is currently active, as well as the state in which the subscriber lives.
4. Once you find the PCP, go back to the Employer Online Services page and, in Section 1, enter the first and last name of the provider, the street address, city, and state.
5. Under **Select who to assign this PCP to**, select which family members are to be assigned to this ppoNEXT provider. You can select the **All Members** checkbox when appropriate.
6. Under **Fill in the Dates**, enter the effective date of the new ppoNEXT provider in the **Begin Date** text box.



EMPLOYER ONLINE SERVICES USER GUIDE

7. The Medical ID card request box will be selected by default to order a new ID card. If a card is not needed, uncheck the checkbox.
8. Click **Submit**.

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EMPLOYER ONLINE SERVICES USER GUIDE

To REQUEST ID CARD(S)

The identification card is very important to members. It identifies them and their family members as having coverage through ODS.

Main Menu

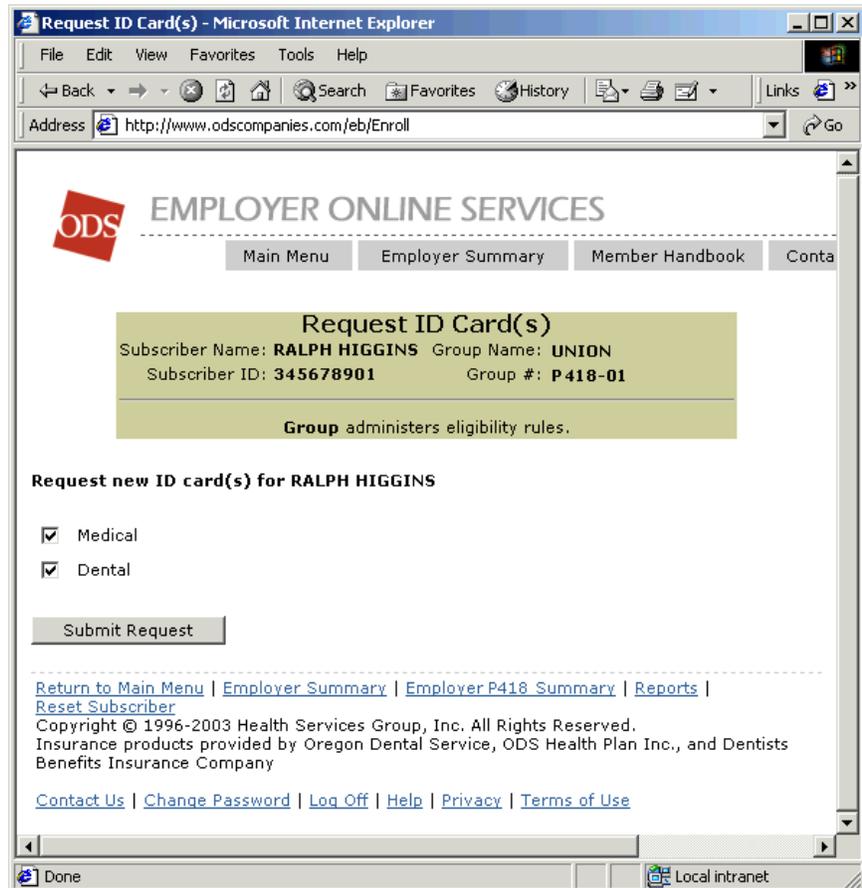
1. In Section 1, enter the subscriber's ID number in the **Subscriber ID** text box.
2. In Section 2, select the **Request ID Card** option button in the **Changes** section.
3. Click **Go** to open the **Request ID Card(s)** page.

Request ID Card(s) Page

1. Click the applicable selection, to order the subscriber's ID cards.
2. Click **Submit Request**.



EMPLOYER ONLINE SERVICES USER GUIDE



Request ID Cards Page

Canceling an ID Card Request

1. In Section 1, enter the subscriber's ID number in the **Subscriber ID** text box.
2. In Section 2, select the **Request ID Card** option button in the **Changes** section.
3. Click **Go** to open the **Request ID Card(s)** page.
4. On the **Request ID Card(s)** page, deselect the option button for medical and/or dental, whichever applies.
5. Click **Submit Request**.

Requesting multiple ID cards (more than one set)

Upon enrollment, each employee will receive two ID cards. One is for the employee; the second is for any covered dependents. If extra cards are needed, contact your Billing and Eligibility Specialist.

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EMPLOYER ONLINE SERVICES USER GUIDE

TO TERMINATE ELIGIBILITY AND COVERAGE

Main Menu

1. In Section 1, enter the subscriber's ID number in the **Subscriber ID** text box.
2. In Section 2, select the **Terminate Eligibility & Coverage** option button in the **Changes** section.
3. Click **Go** to open the **Terminate Eligibility and Coverage** page.

Terminate Eligibility & Coverage - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Links Web Enroll Prod

Address http://www.odscorporation.com/eb/Enroll

ODS

EMPLOYER ONLINE SERVICES

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Terminate Eligibility & Coverage

Subscriber Name: **RALPH HIGGINS** Group Name: **UNION**
Subscriber ID: **345678901** Group #: **P 418-01**

Group administers eligibility rules.

To terminate coverage for an individual, fill in the date next to his/her name and check which coverage(s) to terminate. To terminate coverage for an entire family, complete only the information in the "All Members" row. All fields marked with * are required.

1. New Carrier / Other Coverage * and event date: 10/15/2003 * (Date should be after 06/01/2003)

2. Select who to terminate:*

	Medical	Dental
All Members	<input type="checkbox"/>	<input type="checkbox"/>
- or -		
RALPH THEOPHILUS HIGGINS (05/04/1950 - Subscriber)	<input type="checkbox"/>	<input type="checkbox"/>
BETTY JEAN SVOBODA-HIGGINS (02/03/1955)	<input type="checkbox"/>	<input type="checkbox"/>
RUPERT THEOPHILUS HIGGINS (03/10/1982)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BETTY JEAN HIGGINS (06/22/1990)	<input type="checkbox"/>	<input type="checkbox"/>
WILLIAM HEARST HIGGINS (03/12/2002)	<input type="checkbox"/>	<input type="checkbox"/>

3. Please verify if an ID card is needed:

Medical

Dental

Submit Changes

* Required field

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Done Local intranet

The Terminate Eligibility and Coverage Page

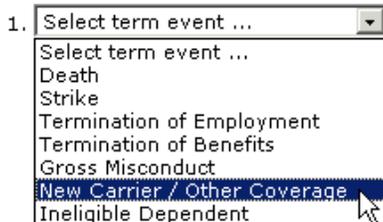


EMPLOYER ONLINE SERVICES USER GUIDE

Terminate Eligibility and Coverage Page

4. In Section 1 of the **Terminate Eligibility and Coverage** page, select a termination event from the drop-down box. The choices are:

- **Death**
- **Strike**
- **Termination of Employment**
- **Termination of Benefits**
- **Gross Misconduct**
- **New Carrier / Other Coverage**
- **Ineligible Dependent**



5. Enter the event date in the **Event Date** text box.
6. Under **Select who to terminate**, click **All Members**, if terminating the entire family. If terminating a member of the family, select the **Medical** and/or **Dental** checkbox next to his or her name.
7. Under **Please verify if an ID card is needed**, if you would like a new card, leave the checkboxes checked. If you do not want an ID card, simply deselect the checkbox for medical and/or dental.
8. Click **Submit Changes**.
9. A warning message will appear, indicating that **“The requested person(s) will be termed MM/DD/YY.”** Click **OK** if the termination date is correct. If the termination date is incorrect, click **Cancel** and correct the date in the **Event Date** text box.

Ending Coverage

1. In Section 1 of the **Terminate Eligibility & Coverage** page, select **Termination of Benefits** from the drop-down box as the termination event.

2. Enter the event date in the **Event Date** text box.

3. Under **Select who to terminate**, select either the **Medical** or the **Dental** checkbox, or both, next to the family member whose coverage is to be terminated. If terminating all members' medical or dental coverage, select the **All Members** checkbox for the coverage that will be ending.

2. Select who to terminate:*

	Select coverage to terminate:	
	Medical	Dental
All Members	<input type="checkbox"/>	<input type="checkbox"/>
- or -		
RALPH THEOPHILUS HIGGINS (05/04/1950 - Subscriber)	<input type="checkbox"/>	<input type="checkbox"/>
BETTY JEAN SVOBODA-HIGGINS (02/03/1955)	<input type="checkbox"/>	<input type="checkbox"/>
RUPERT THEOPHILUS HIGGINS (03/10/1982)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BETTY JEAN HIGGINS (06/22/1990)	<input type="checkbox"/>	<input type="checkbox"/>
WILLIAM HEARST HIGGINS (03/12/2002)	<input type="checkbox"/>	<input type="checkbox"/>

4. Under **Please verify if an ID card is needed**, if you would like a new card, leave the checkboxes checked. If you do not want an ID card, simply deselect the applicable checkbox.

5. Click **Submit Changes**.

6. A warning message will appear indicating that **“The requested person(s) will be termed MM/DD/YY.”** If the termination date is correct, click **OK**. If the term date is incorrect, click **Cancel** and correct the date in the event date box.



EMPLOYER ONLINE SERVICES USER GUIDE

- When the termination is completed, Employer Online Services returns you to the Main Menu, with a message, **Termination Request Completed Successfully.**



Termination Warning Message

EMPLOYER ONLINE SERVICES

Main Menu Employer Summary Member Handbook

Termination request completed successfully. (ID = 345678901)

1. Enter Subscriber ID

Subscriber ID (no dashes)
(or [search for subscriber by name](#))

2. Make selection and click Go.

A. Enrollment - *For New, Open Enrollment or Division Changes

Termination Request Completed Successfully

[Click to return to Table of Contents](#)



EMPLOYER ONLINE SERVICES USER GUIDE

To Add Full-Time Student Status

For groups that administer their own eligibility and have different age maximums (“stop ages”) for full-time students, there is an additional student status function. When a dependent passes the normal maximum age, two things occur:

1. The system generates a letter to the subscriber notifying him or her that the dependent will soon exceed the age limit for a dependent, and that, unless the dependent is a Full-Time Student or is Disabled, the dependent’s coverage will be terminated at the end of his or her month of birth. The letter tells the subscriber how to certify either status for the dependent.
2. A **Student Certification** link appears next to the dependent’s name on the **Change Address and Personal Information** page in Employer Online Services. When the subscriber provides the dependent’s student information, click **Student Certification** to open the **Student Certification** form. Enter your own **Name**, **Title**, and **Email Address**. Based on the information provided by the subscriber, enter the data requested by the text boxes of the form:
 - **Date the dependent became a full time student**
 - **Name of the College**
 - **City of the College**
 - **State of the College**
 - **Zip Code of the College**
3. Click **Submit**. This sends an email from the user to the ODS B&E Specialist with the data on the college.

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EMPLOYER ONLINE SERVICES USER GUIDE

To See the Current Subscriber Summary

The **Current Subscriber Summary** page contains all of a subscriber's basic information and resembles the **Confirmation** page of New Enrollment. However, the information displayed on this page is for the current date only. With the exception of the **Same day pharmacy** check-box, this page is view-only; changes cannot be made here. (Sample page on the following page.)

Main Menu

1. In Section 1, enter the subscriber's ID number in the **Subscriber ID** text box.
2. In Section 2, select the **Current Subscriber Summary of Account** option button in the **View Subscriber Information** section.
3. Click **Go** to open the **Eligibility and Qualifying Event** page or the **Current Summary** page, as appropriate (see 4., below).

Eligibility and Qualifying Event Page

4. If more than one group number appears, select the record that you wish to view by selecting the appropriate option button. If there is only one choice, this page will not appear.

Current Summary Page

5. You can review the current account summary for the subscriber and any active family members. The following sections are viewable: **Subscriber Information**, **Subscriber Address**, **Dates** (effective date, date of employment, and the signature date), **Dependent Information**, **Benefits** and **Other Insurance / Coordination of Benefits (COB)**. It is important to remember that only benefits and dependents for the current date will appear on this page. Any terminated or future records will not be displayed.
6. Like the **Confirmation** page of new enrollment, this page will show student and disabled status for any dependents that are indicated as such.
7. If you are viewing the **Current Summary** page the same day as a member was enrolled or added, and if a newly enrolled member needs a prescription from a pharmacy immediately (before the following day), check the **Same day pharmacy** check-box and click **Go**. This activates a special email notification to the pharmacy system of the new coverage.

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Current Summary As Of 08/14/2003
Subscriber Name: **RALPH HIGGINS** Group Name: **UNION**
Subscriber ID: **345678901** Group #: **P418-01**

Subscriber Information
Name: **RALPH THEOPHILUS HIGGINS** Birth Date: **05/04/1950** Gender: **MALE**
Relationship: **SELF** Social Security #: **987654321**
PCP: **THOMAS LEARY MD**

Subscriber Address
Address: **17500 SE QUALLEY RD.** Telephone: **503-657-0099**
Address 2: Subscriber E-mail: **HIGGINS@AOL.COM**
City: **CLACKAMAS** Country: **UNITED STATES (US)**
State: **OR**
Zip Code: **97015**

Dates
Effective Date: **06/01/2003** : **06/21/2003** Signature Date: **06/21/2003**

Dependent Information

Name: **BETTY JEAN SVOBODA-HIGGINS** Birth **02/03/1955** Gender: **FEMALE**
Date:
Relationship: **SPOUSE** Zip
Code:
PCP: **TIMOTHY STRAW MD**

Name: **RUPERT THEOPHILUS HIGGINS** Birth **03/10/1982** Gender: **MALE** Student: **Yes**
Date:
Relationship: **CHILD** Zip **97401**
Code:
PCP: **JOHN SCOTT MD**

Name: **BETTY JEAN HIGGINS** Birth **06/22/1990** Gender: **FEMALE**
Date:
Relationship: **CHILD** Zip
Code:
PCP: **THOMAS LEARY MD**

Name: **WILLIAM HEARST HIGGINS** Birth **03/12/2002** Gender: **MALE**
Date:
Relationship: **WARD** Zip
Code:
PCP: **THOMAS LEARY MD**

Benefits as of 08/14/2003
Members are enrolled in the plans listed:

	Medical	Dental
RALPH THEOPHILUS HIGGINS (05/04/1950 - Subscriber)	P418-01	5351-00
BETTY JEAN SVOBODA-HIGGINS (02/03/1955)	P418-01	5351-00
RUPERT THEOPHILUS HIGGINS (03/10/1982)	P418-01	5351-00
BETTY JEAN HIGGINS (06/22/1990)	P418-01	5351-00
WILLIAM HEARST HIGGINS (03/12/2002)	P418-01	5351-00

Other Insurance / Coordination of Benefits (COB)

	Other Medical	Other Dental
RALPH THEOPHILUS HIGGINS	No	No
BETTY JEAN SVOBODA-HIGGINS	No	No
RUPERT THEOPHILUS HIGGINS	No	No
BETTY JEAN HIGGINS	No	No
WILLIAM HEARST HIGGINS	No	No

Same day pharmacy
Our pharmacy system updates overnight Monday - Friday.
 Check box only if pharmacy services are needed today.

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The Current Subscriber Summary As Of (date) page



EMPLOYER ONLINE SERVICES USER GUIDE

TO SEE THE HISTORY OF ELIGIBILITY, PCP

No changes can be made on this page, as it is an inquiry-only page.

Note: It is very important when viewing this page to bear in mind that the *history of a subscriber is for the past 18 months only*. The dates on this page will not always reflect “true” effective dates.

History of Eligibility, PCP as of 08/14/2003
Subscriber Name: **RALPH HIGGINS** Group Name: **UNION**
Subscriber ID: **345678901** Group #: **P 418-01**

Group and Division History *

Group	Division	Name	From Date *	End Date	Term Reason
P418	01	UNION	06/01/2003		

Medical **Dental**

Benefit History for Division*

Name (Birth Date)	Begin Date	End Date	Plan #	Coverage	Relationship	ODA
RALPH THEOPHILUS HIGGINS (05/04/1950)	06/01/2003		P418-01	YES	SELF	No
BETTY JEAN SVOBODA-HIGGINS (02/03/1955)	06/01/2003		P418-01	YES	SPOUSE	No
RUPERT THEOPHILUS HIGGINS (03/10/1982)	06/01/2003		P418-01	YES - STUDENT	CHILD	Yes
BETTY JEAN HIGGINS (06/22/1990)	06/01/2003		P418-01	YES	CHILD	Yes
WILLIAM HEARST HIGGINS (03/12/2002)	06/21/2003		P418-01	YES	WARD	Yes

PCP History

Name	Begin Date	End Date	PCP
RALPH HIGGINS	06/01/2003		THOMAS LEARY MD
BETTY SVOBODA-HIGGINS	06/01/2003		TIMOTHY STRAW MD
RUPERT HIGGINS	06/01/2003		JOHN SCOTT MD
BETTY HIGGINS	06/01/2003		THOMAS LEARY MD
WILLIAM HIGGINS	06/21/2003		THOMAS LEARY MD

* history is limited to the last 18 months

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The History of Eligibility page

Main Menu

1. In Section 1, enter the subscriber's ID number in the **Subscriber ID** text box.
2. In Section 2, select the **History of Eligibility, PCP** option button in the **View Subscriber Information** section.



EMPLOYER ONLINE SERVICES USER GUIDE

3. Click **Go** to go to the **History of Eligibility & PCP** page.

History of Eligibility & PCP

- The **Group and Division History** is at the top of this page. If the subscriber has been enrolled within the past 18 months with any group or division, each record appears in this section. The group/division with **displayed** next to the Group number will be the view of the page. To view history for a different group or division, click the blue **change view** link for to the appropriate group and division record. The **Begin Date**, **End Date**, and **Term Reason** will be next to each group and division record.

Note: The **Begin Date** is not always the true effective date, as history is limited to the past 18 months. Example: Today's date is 9/15/03; if the subscriber's original effective date were 01/01/1990, the date appearing in the **Begin Date** column would be 4/1/02 (today's date less 18 months).

- Below the **Group and Division History** are tabs that depend on what coverage the subscriber has. You can view the benefit history by clicking the appropriate coverage tab.
- On each coverage tab
 - The **Name** column lists the subscriber and any dependents (active and terminated). Each member's birth date is in parentheses next to the member's name.
 - The **Begin Date** column displays the effective date of coverage.
 - The **End Date** column lists the termination date, if any, for each member.
 - The **Coverage** column displays **Yes**, **Yes – Student**, **Yes – Disabled**, **No**, and **Future** in green, red, and blue type, respectively. This column calculates as of today's date.
 - The **Relationship** column displays the relationship description.
 - The **OOA** (Out Of network Area.) column displays **Yes** or **No** to indicate whether the member is out of the network area.
- The **PCP History** appears on all groups that have PCP requirements.
 - The name of the subscriber and all dependents (active and terminated) are in the **Name** column.
 - **Begin Date** is the effective date of the PCP.
 - The **End Date** column lists the termination date of the PCP record, when applicable.
 - The **PCP** column displays the Provider's full name.

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TO VIEW LETTERS

Main Menu

1. In Section 1 of the Main Menu, enter the subscriber's ID number in the **Subscriber ID** text box.
2. In Section 2, select the **Letters** option button in the **View Account Information** section.
3. Click **Go** to open the **Eligibility and Qualifying Event** page (see 4., below).

Eligibility and Qualifying Event Page

4. If more than one group number appears, select the record that you wish to view by selecting the appropriate option button. If there is only one choice, this page will not appear.

Letters Sent (view only, no action needed.)

If any letters have been mailed, for example, if a student letter was generated, a note will appear here.

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TO COMPLETE AN INCOMPLETE PARTIAL ENROLLMENT

An “Incomplete Partial” is an enrollment where some family members, but not all, are processed and enrolled in GroupFacts. One or more dependents are NOT enrolled until required paperwork is received and noted. When an enrollment is an incomplete partial, this is noted on the Main Menu after the enrollment has been submitted.

Note: Members of groups that administer their own eligibility are not required by ODS to submit paperwork, and they are enrolled without being considered incomplete partials. Groups that administer their own eligibility can disregard this section, including the *Paperwork Required* section, below.

Paperwork Required

Domestic partner

From most groups, ODS requires an “Affidavit of Domestic Partnership.” ODS provides these forms to groups that have Domestic Partner options.

Ward

ODS requires a copy of Guardianship papers.

Disabled Dependent

ODS requires a completed “Medical Consultation Form.”

Process

When a Group Administrator submits an Incomplete Partial enrollment, he or she requests the subscriber to submit the paperwork required to complete it. The ODS Web Administrator receives a report listing Incomplete Partial. The B&E Specialist checks in with the Group Administrator in five days or less to ask the status of the paperwork request.

When the Group Administrator receives the proper paperwork, he or she proceeds in Employer Online Services via the same Main Menu selection and subsequent sequence used when originally enrolling the subscriber or other member. Using the same path triggers the proper options. In going through the Employer Online Services pages again, the information will not have to be re-entered, although it can be edited if appropriate; clicking **Continue** at the foot of each page will lead to the opportunity to select **Yes, paperwork has been submitted**. This permits the member to be enrolled without delay.



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Has a court order of guardianship been forwarded to ODS for WILLIAM HEARST HIGGINS?

- Yes, paperwork has been submitted
- No, paperwork has not been submitted
- Delete (Do not enroll)

Yes, paperwork has been submitted option button

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PRINCIPAL PAGES AND FUNCTIONS

Eligibility and Qualifying Event page

The view of the **Eligibility and Qualifying Event** page will vary based on the enrollment scenario and whether or not the subscriber has been active with an ODS group within the past 18 months.

Eligibility and Qualifying Event - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Links W »

Address http://www.odscorporates.com/eb/Enroll Go

ODS EMPLOYER ONLINE SERVICES

Main Menu Employer Summary Member Handbook Contact

Eligibility and Qualifying Event

Subscriber Name: Group Name: **UNION**
Subscriber ID: **345678901** Group #: **P418-01**

Group administers eligibility rules.

All fields marked with * are required.

Other Insurance / Coordination of Benefits (COB)

Will subscriber or any dependent(s) have other medical or dental insurance?*

Medical Dental Medical & Dental None Unknown

Eligibility / Qualifying Event and Dates

Eligibility / Qualifying Event*: Employment

Date of Employment*: 05/01/2003 (mm/dd/yyyy)

Event Date*: 05/01/2003 (mm/dd/yyyy)

Effective Date*: 06/01/2003 (mm/dd/yyyy)

Signature Date*: 05/01/2003 (mm/dd/yyyy)

Continue

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Done Local intranet

The Eligibility and Qualifying Event page

Other Insurance / Coordination of Benefits (COB) Section

Select the appropriate option button describing what type of **other** insurance is applicable, **Medical**, **Dental**, or **Medical and**



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Dental. Select **None** only if it is noted as such on the application. Select **Unknown** if COB is unclear or left blank on the application.

Note: This section does not concern the new coverage for which the subscriber is enrolling; it concerns *other insurance* the subscriber will *also* have.

Note: There is no COB for Vision or Rx plans.

Eligibility / Qualifying Event and Dates Section

1. Select the qualifying event that applies to the subscriber in the **Eligibility / Qualifying Event** dropdown box. The qualifying event is the “trigger” for the enrollment process to begin. The choices are:
 - **Employment**
 - **Rehire from layoff**
 - **Rehire not from layoff**
 - **Involuntary Coverage Loss**
 - **Return from military leave**
 - **Open Enrollment**
 - **Return from Strike**

Note: For new business, select **Open Enrollment** as the Qualifying Event.

If the reason noted on the application is not a Qualifying Event listed above, the subscriber will have to wait to enroll during the next open enrollment period. Refer to ODS for exceptions to this rule. After selecting the appropriate qualifying event, enter the date the qualifying event took place in the **Event Date** text box. Enter the subscriber's date of hire in the **Date of Employment** text box. For the qualifying events **Employment** and **Rehire**, the date will be pre-populated in the **Date of Employment** text box.

2. Enter the new enrollment effective date in the **Effective Date** text box.

Note: If the group requires a waiting period after the qualifying event before coverage becomes effective, an error message will be generated if you enter a date that is before the end of the waiting period.

3. Enter the **Signature Date**. This can be found on the back of the ODS standard enrollment application in the “Signature Date” box.



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Timesaver: In entering dates, you can enter only the six digits for the month (two digits), the day (two digits), and the year (last two digits). When you move to another text box, the system will convert dates in this form into its standard format (mm/dd/yyyy), adding the slashes and the first two digits of the millennium automatically.

In addition, you can use the **Tab** key to move from one text box to the next, thereby reducing switching from mouse to keyboard and back.

4. Click **Continue** to open the [Address & Personal Information page](#) (see next page).
5. To return to the New Enrollment sequence, on page 11, click [here](#).

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Address & Personal Information Page

Address & Personal Information - Microsoft Internet Explorer
Address: http://www.odscompanies.com/eb/Enroll

EMPLOYER ONLINE SERVICES
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Address & Personal Information
Subscriber Name: _____ Group Name: **UNION**
Subscriber ID: **345678901** Group #: **P418-01**

Group administers eligibility rules.

Please fill out the form below. Only list dependents who will be receiving coverage. All fields marked with * are required.

Subscriber

First Name*: Middle Name: Last Name*:
Birth Date*: (mm/dd/yyyy) Gender*:
Relationship: **Self** Social Security#*: (no dashes)

Demographics for Subscriber

Address 1*:
Address 2:
City*: State*:
Zip Code*: Country*:
Telephone: (xxx-xxx-xxxx) E-mail:

Dependents

Apply subscriber's last name to all dependents.

First Name*: Middle Name: Last Name*:
Birth Date*: (mm/dd/yyyy) Gender*:
Relationship*:
Zip Code: (if not permanently residing with subscriber)

First Name*: Middle Name: Last Name*:
Birth Date*: (mm/dd/yyyy) Gender*:
Relationship*:
Zip Code: (if not permanently residing with subscriber)

First Name*: Middle Name: Last Name*:
Birth Date*: (mm/dd/yyyy) Gender*:
Relationship*:
Zip Code: (if not permanently residing with subscriber)

* Required field

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Address & Personal Information Page



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Subscriber Section

1. Are the text boxes blank?
 - If Yes, proceed to 2, below.
 - If No, skip to 3.
2. Enter the subscriber's first name in the **First Name, Middle Name, Last Name, Birth Date** text boxes. Choose a gender from the **Gender** drop-down box (or just enter the first letter).
3. In the **Social Security #** text box, enter the subscriber's social security number. Go to the **Demographics for Subscriber** section. For new enrollments, skip step 4.

Note: If the subscriber has a unique ID number, you still enter the subscriber's true social security number in this text box. Do not include dashes in the social security number.

4. Verify the subscriber's first, middle, and last names. Verify the birth date, gender, and social security #. Update these text boxes as needed, per the enrollment application.

Demographics for Subscriber Section

1. Are the text boxes blank?
 - If Yes, proceed to 2, below.
 - If No, skip to 3.
2. Enter the first line of the address in the **Address 1** text box. If the subscriber has a two-line address, enter the second line in the **Address 2** text box. Enter the city in the **City** text box. Choose the state in the **State** drop-down box. Enter the five-digit zip code in the **Zip Code** text box. The **Country** text box defaults to **United States (US)**. Enter the ten-digit telephone number and the subscriber's email address, when supplied, in the **Telephone** and **Email** text boxes.

Helpful Hint: To quickly select the state in the **State** drop-down box, click in the drop-down box to select the current contents; then press the key for the first letter of the state name. Press it again until the state you want is selected. Tab to move to the next text box, or click in another text box, to choose the new state.

3. Verify the subscriber's address, telephone, and email. Update these text boxes, as needed, per the enrollment application.

Foreign Addresses

1. Enter the address in the **Address Line 1** and **Address Line 2** text boxes, as applicable; then complete the following listed below.
2. In the **City** text box, enter the subscriber's foreign city.



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3. In the **State** drop-down box, choose **Outside of the US or Canada**. If the address is in Canada, choose the correct Province.
4. In the **Zip Code** text box, enter the foreign zip code. If the country does not use zip codes, enter the two-digit country code found in the **Country** drop-down box in parentheses next to the country's name.
5. In the **Country** drop-down box, select the appropriate country.
6. When the foreign address has been entered, continue with new enrollment.

Military Addresses Section

1. Enter the Address; then complete the following listed below.
2. In the **City** text box, enter the city listed (usually "APO").
3. In the **State** drop-down box, click the correct Armed Forces PO.
Americas — AA
Africa, Canada, or Europe — AE
Pacific — AP
4. In the Zip Code text box, enter the zip code. Military addresses have their own zip codes.
5. In the Country text box, select "United States."
6. When the military address has been entered, continue with the enrollment. Enter the two-digit country code found in the Country drop-down box, in parentheses.

Dependents Section

1. Are the text boxes blank?
 - If Yes, proceed to 2, below.
 - If No, skip to 4.

TIMESAVER: If all dependents have the same last name, click the **Apply subscriber's last name to all dependents** checkbox prior to enrolling any family member(s). If a family member has a different last name, you can then uncheck the checkbox and change that name only.

2. For each dependent, enter the **First Name** and the **Middle Name**. If it is different from the subscriber's, enter the dependent's **Last Name**. Enter the dependent's **Birth Date**. Choose the dependent's **Gender**.



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Select...
Select...
CHILD
DEPENDENT OF A MINOR DEPENDENT
LIFE PARTNER
SPOUSE
WARD

3. Choose the **Relationship** of the dependent to the subscriber. The choices are: **Child**, **Dependent of a Minor Dependent***, **Domestic partner***, **Spouse**, or **Ward***.

* If the relationships **Dependent of a Minor Dependent**, **Domestic partner**, or **Ward** are selected, note on the **Confirmation** page whether or not paperwork has been submitted to support those relationships. See the [Confirmation](#) page, on page 84 for further details.

Note: Groups that administer their own eligibility are not required to submit paperwork to ODS to support these relationships.

4. If a dependent is an out-of-area child, enter the zip code where the dependent resides in the **Zip Code** text box. (Out-of-area status applies to all medical non-indemnity plans.) For New Enrollment, skip to 6 or 7, below.
5. Verify the current dependent information, including dates of birth. If a dependent is not on the enrollment application but is listed on this page, select the **Don't enroll the above dependent** check box for the dependent who should not have coverage.
6. If the subscriber has more than three dependents, click **Add More Dependents** to extend the form to enter additional dependents. Do this as many times as you need to.
7. Click **Continue**, which will open the [Over Age Dependent](#) page, (see below and page 72) if it applies. If it does not apply, the [Select Coverage](#) page (see page 74) will open.
8. To return to the New Enrollment sequence, on page 11, click [here](#).

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Over Age Dependent Page

**EMPLOYER ONLINE SERVICES**
[Main Menu](#) [Employer Summary](#) [Member Handbook](#) [Contact Us](#)

Over Age Dependent
Subscriber Name: **RALPH HIGGINS** Group Name: **UNION**
Subscriber ID: **345678901** Group #: **P 418-01**

Group administers eligibility rules.

The dependent(s) listed below have reached the dependent age maximum. If the over age dependent is disabled, physician statement must be submitted to ODS.

Name: RUPERT HIGGINS	Check all that apply:
Birth Date: 03/10/1982	<input checked="" type="checkbox"/> Full time student.
Age: 21	<input type="checkbox"/> Disabled. Claims will not pay on this member until physician's statement has been approved by ODS.
Zip Code: 97401	<input type="checkbox"/> Neither. This member will not be enrolled.

The Over Age Dependent Page

1. Click **Full time student** if the dependent is attending an accredited school.

If the school is not accredited, the dependent is not eligible to enroll in the plan. If the dependent is not disabled (see Disabled status, below), click the third check-box, **Neither. This member will not be enrolled.**

2. For Disabled status, on the **Over Age Dependent** page, click **Disabled. Claims will not pay on this member until physician's statement has been approved by ODS.** This selection will allow the disabled dependent to enroll.

Note: For groups for whom ODS administers eligibility, a physician's statement affirming the disability must be approved by ODS before claims will be paid for a disabled over-age dependent.

For groups for whom ODS administers eligibility, at the foot of the [Confirmation](#) page (see page 84) you will select an option button to indicate whether a physician's statement affirming the disability has been submitted. (See [To Complete an Incomplete Partial Enrollment](#), page 60, for how to indicate that paperwork has been submitted later.)

3. If a physician's statement that the dependent is disabled is not available, and the dependent is not a student at an accredited university, click the **Neither. This member will not be enrolled** check-box.



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4. Click **Continue** to open the **Select Coverage** page. (See below, page 74.)
5. To return to the New Enrollment sequence, page 12, click [here](#).

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Select Coverage Page

If your group has a single plan, this page will not appear.

The view of this page will vary depending upon the following group setup:

- Plan options available
- Whether the group is Integrated or Standalone
- Whether the dependents' medical and / or dental benefits must match the subscriber's medical and / or dental benefits.

Select Coverage - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Links Web Enroll P

Address http://www.odscorporates.com/eb/Enroll Go

ODS EMPLOYER ONLINE SERVICES

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Select Coverage

Subscriber Name: **RALPH HIGGINS** Group Name: **UNION**
Subscriber ID: **345678901** Group #: **P418-01**

Group administers eligibility rules.

Select Coverage

All fields marked with * are required.

1. The following plan(s) are available. Please select a plan:*

- Medical Plan # P418-01
- Dental Plan #

2. Select who will be enrolling.* Dependents can enroll only if the subscriber is enrolled.

Name (Birth Date)	Medical	Dental
All Members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
- or -		
RALPH THEOPHILUS HIGGINS (05/04/1950 - Subscriber)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BETTY JEAN SVOBODA-HIGGINS (02/03/1955)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RUPERT THEOPHILUS HIGGINS (03/10/1982)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BETTY JEAN HIGGINS (06/22/1990)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

* Required field

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Select Coverage Page



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Section 1, “The following plan(s) are available.”

This section will list the plans that are offered to the members. They will be labeled **Medical Plan #, Dental Plan #, Vision Plan #, Rx Plan #, etc.**

1. If a drop-down box appears for either or both of the plans in this section, choose the appropriate plan.

Section 2, “Select who will be enrolling...”

This section is for selection of the medical and/or dental plans that apply to each member of the enrolled family. *The view of this section will vary as noted in bullets below.*

- If there are check boxes for a member, click the button to enroll the member in the medical and/or dental plan. If the entire family has the same benefit, then select the check box for **All Members**.
- If there are drop-down boxes for a member, click the drop-down box to view the plan options and select the appropriate plan for each member. If the entire family has the same benefit, then select the check box for **All Members**.
- If there is no choice via check boxes or drop-down boxes, then this is an integrated plan, with only one plan option.

Note: The **Select Coverage** page varies according to the details of the plans it displays.

Waiting Periods (Dental Coverage), if applicable

2. Under **Select who will be enrolling** or **The following members will be enrolled in the plan(s) above**, click the drop-down box and select the appropriate plan for each member. If a waiting period applies one or more members of the subscriber’s family, select the waiting period plans for the appropriate family members. To decline dental coverage for a member, simply do not select a plan from the **Add Dental?** drop-down box; leave **Select ...** displayed in the drop-down box.
3. If the group allows credit toward the waiting period, the **Lapse in Coverage** and **Credit towards waiting period** columns appear:
 - **Lapse in Coverage:** If there has been a lapse in the member’s dental coverage between his or her former coverage and the new coverage, or if there was no prior coverage, select the **Yes** option button. If there was no lapse, select **No**.
 - **Credit towards waiting period:** If you selected the **No** option button, enter the number of months of the member’s (consecutive) dental coverage previous to the new coverage, in the **Credit towards waiting period** text box. If you selected the **Yes** option button, credit does not apply.



EMPLOYER ONLINE SERVICES USER GUIDE

The following members will be enrolled in the plan(s) above:

Name (Birth Date)	Dental	Lapse in coverage*		Credit towards waiting period
		Yes	No	
All Members	MB CMB344 6570-20			
- or -				
RALPH THEOPHILUS HIGGINS	MB CMB344 6570-20	<input type="radio"/>	<input checked="" type="radio"/>	6 (months)
BETTY JEAN SYOBODA-HIGGINS	MB CMB344 6570-20	<input type="radio"/>	<input checked="" type="radio"/>	(months)
RUPERT THEOPHILUS HIGGINS	MB CMB344 6570-20	<input type="radio"/>	<input checked="" type="radio"/>	6 (months)
BETTY JEAN HIGGINS	MB CMB344 6570-20	<input type="radio"/>	<input checked="" type="radio"/>	6 (months)

Waiting Period Choices

Click **Continue** to open the **Primary Care Physician** page, if it applies.

- To return to the New Enrollment sequence on page 12, click [here](#).

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Primary Care Physician Page

1. If any family members have had prior coverage with a group that required PCP's (within the past 18 months), a brief history will be displayed at the top of this page. Review the history to see whether any provider updates must be made.

Primary Care Physician (PCP)
Subscriber Name: **RALPH HIGGINS** Group Name: **UNION**
Subscriber ID: **345678901** Group #: **P 418-01**

Group administers eligibility rules.

Enter information in the Search for PCP section, then click 'Find PCP' to proceed with PCP search. Once all members have PCPs, click 'Continue' to go to the confirmation page.

PCP History			
Name	PCP	Begin Date	End Date
RALPH HIGGINS	THOMAS LEARY MD	14/01/2002	
	MICHEL CHAN MD	01/01/2001	03/31/2002
BETTY SVOBODA-HIGGINS	JUNE MELZER MD	01/01/2001	
RUPERT HIGGINS	THOMAS LEARY MD	01/01/2001	
BETTY HIGGINS	JUNE MELZER MD	01/01/2001	

Assign PCP

1. Enter the following to find the PCP.
PCP Last Name:
2. Assign this PCP to:
 All members.
- or -
 RALPH THEOPHILUS HIGGINS (05/04/1950 - Subscriber)
 BETTY JEAN SVOBODA-HIGGINS (02/03/1955)
 RUPERT THEOPHILUS HIGGINS (03/10/1982)
 BETTY JEAN HIGGINS (06/22/1990)

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The Primary Care Physician Page



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2. In the **Assign PCP** section, enter the PCP's Last Name.
Usually, the PCP's last name is the search function that will be used.

TIP: If the exact spelling is unknown, try entering the first three for four characters of the last name. Then find the name in the search results.

3. Under **Assign this PCP to:**, select the family members to whom the provider should be assigned. You can use the **All Members** checkbox, when appropriate.
4. Click **Find PCP**.

PCP Search Results Page

PCP Search Results - Microsoft Internet Explorer

Address: <http://www.odscompanies.com/eb/Enroll>

ODS EMPLOYER ONLINE SERVICES

Main Menu | Employer Summary | Member Handbook | Contact Us

PCP Search Results
Subscriber Name: **RALPH HIGGINS** Group Name: **UNION**
Subscriber ID: **345678901** Group #: **P418-01**

Group administers eligibility rules.

Click on a name below to select PCP for RALPH HIGGINS, BETTY HIGGINS. Click 'unassigned' button if the provider was left off of the enrollment application or if you cannot find the appropriate physician. Members without PCPs will have coverage limited to emergency care (as defined by ODS).

Network: **ODS PPO/POS Network incl. Providence Preferred**

Search for Name: **LEARY**
Professionals found: **3**

Name	Address & Phone	Speciality
BRUCE LEARY MD *Established patients only	3680 NW Samaritan Dr Vancouver, WA 98663 360-694-4733	Family Practice
BRUCE LEARY MD	5050 NE Hoyt #454 Corvallis, OR 97330 541-754-6405	Family Practice
THOMAS LEARY MD	3305 Main St #301 Portland, OR 97213 503-215-1150	Internal Medicine
UNASSIGNED TRI-COUNTY		

* Established patients only. Member must be an established patient to select this PCP. If member is not established, click 'not-selected' button or search again.

[SEARCH AGAIN](#)

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Done Local intranet

PCP Search Results Page



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1. Select the correct provider.
2. If none of the PCP's on the **Search Results** page match the enrollment application, check the search criteria at the top left of the page. If the information was entered incorrectly, click **Search Again** to start over.
3. If the Search criteria are correct, and no providers match the application, then select the **Unassigned** button at the bottom of the **Search Results** page.

Note: Under plans that require PCPs, a member can elect not to assign a PCP, but benefits will be reduced. The subscriber will receive a notice of this with the ID cards.

Primary Care Physician Page (from the PCP Search Results Page)



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Primary Care Physician (PCP)

Subscriber Name: **RALPH HIGGINS** Group Name: **UNION**
 Subscriber ID: **345678901** Group #: **P 418-01**

Group administers eligibility rules.

All members have PCPs. Click 'Continue' to go to the confirmation page.

PCP History			
Name	PCP	Begin Date	End Date
RALPH HIGGINS	THOMAS LEARY MD	06/01/2003	
BETTY SVOBODA-HIGGINS	TIMOTHY STRAW MD	06/01/2003	
RUPERT HIGGINS	JOHN SCOTT MD	06/01/2003	
BETTY HIGGINS	THOMAS LEARY MD	06/01/2003	

[Assign Additional PCPs](#)

Primary Care Physician Page with assignments made

1. Review the **PCP history** section at the top of the page to verify the data that you just entered.
2. If you have completed all of the PCP assignments for a family, click **Continue**.
3. If there are additional PCP assignments to complete, click the **Assign Additional PCP's** link. Repeat the steps above.
4. To return to the New Enrollment sequence, on page 12, click [here](#).

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Confirmation Page

1. Review each section of the **Confirmation** page to verify the data entered from the enrollment process. Compare the data on the **Confirmation** page to the data on the enrollment application.
2. If corrections must be made to the **Subscriber Information**, **Subscriber Address**, **Dependent Information**, or **PCPs**, click the **Edit** or **Edit PCP** links next to each section. The **Edit** link will take you back to the indicated page, where you can make your changes and continue forward through the enrollment process.
3. The student status will appear for any dependents that were entered on the **Over Age Dependent** page in this section.
4. When the **Confirmation** page has been verified, click **Submit Enrollment**.
5. ID cards will automatically be generated for all new enrollments.

Note: Members of groups that administer their own eligibility are not required by ODS to submit paperwork, and they are enrolled without being considered incomplete partials. Groups that administer their own eligibility can disregard steps 6 and 8, below.

6. If a dependent relationship of “ward” or “dependent of a minor dependent” exists, you will need to indicate at the bottom of this page whether a court order of guardianship has been forwarded to ODS. If you select **Yes, paperwork has been submitted**, the dependent will upload into the system overnight. Selecting **No, paperwork has not been submitted** will allow the family to upload into the system but not the “ward” or “dependent of a minor dependent.” The child will be considered an “incomplete partial.”
7. If you realize that the dependent should not be enrolled, select the **Delete (Do not enroll)** option button.
8. If a dependent has a relationship of **Domestic partner**, indicate at the bottom of this page whether domestic partner paperwork has been forwarded to ODS. If you select **Yes, paperwork has been submitted**, the dependent will upload into the system overnight. Selecting **No, paperwork has not been submitted** allows the family to upload into system but not the dependent who was denoted “domestic partner.” The dependent will be considered a “partial incomplete.”
9. If you realize that the dependent should not be enrolled, select the **Delete (Do not enroll)** option button.



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Confirmation
 Subscriber Name: **RALPH HIGGINS** Group Name: **UNION**
 Subscriber ID: **345678901** Group #: **P 418-01**

Enrollment entry is almost complete.
 1. Review the information entered below.
 2. Click on the Edit links to make changes.
 3. When finished, you **MUST** click the Submit Enrollment button at the bottom of the page.

Subscriber Information [Edit](#)
 Name: **RALPH THEOPHILUS HIGGINS** Birth Date: **05/04/1950** Gender: **MALE**
 Relationship: **SELF** Social Security #: **987654321**
 PCP: **THOMAS LEARY MD** [Edit PCP](#)

Subscriber Address [Edit](#)
 Address: **17500 SE QUALLEY RD.** Telephone: **503-657-0099**
 Address 2: Subscriber E-mail: **HIGGINS@AOL.COM**
 City: **CLACKAMAS** Country: **UNITED STATES (US)**
 State: **OR**
 Zip Code: **97015**

Dates
 Effective Date: **06/01/2003** Employment: **05/01/2003** Signature Date: **05/01/2003**

Dependent Information [Edit](#)

Name: **BETTY JEAN SYOBODA-HIGGINS** Birth **02/03/1955** Gender: **FEMALE**
 Date:
 Relationship: **SPOUSE** Zip Code:
 PCP: **TIMOTHY STRAW MD** [Edit PCP](#)

Name: **RUPERT THEOPHILUS HIGGINS** Birth **03/10/1982** Gender: **MALE** Student: **Yes**
 Date:
 Relationship: **CHILD** Zip Code: **97401**
 PCP: **JOHN SCOTT MD** [Edit PCP](#)

Name: **BETTY JEAN HIGGINS** Birth **06/22/1990** Gender: **FEMALE**
 Date:
 Relationship: **CHILD** Zip Code:
 PCP: **THOMAS LEARY MD** [Edit PCP](#)

Benefits as of 06/01/2003

Members are enrolled in the plans listed:	Medical	Dental
RALPH THEOPHILUS HIGGINS (05/04/1950 - Subscriber)	P418-01	5351-00
BETTY JEAN SYOBODA-HIGGINS (02/03/1955)	P418-01	5351-00
RUPERT THEOPHILUS HIGGINS (03/10/1982)	P418-01	5351-00
BETTY JEAN HIGGINS (06/22/1990)	P418-01	5351-00

Other Insurance / Coordination of Benefits (COB)

	Other Medical	Other Dental
RALPH THEOPHILUS HIGGINS	No	No
BETTY JEAN SYOBODA-HIGGINS	No	No
RUPERT THEOPHILUS HIGGINS	No	No
BETTY JEAN HIGGINS	No	No

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The Confirmation Page



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10. To return to the New Enrollment sequence, on page 12, click [here](#).

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Search Functions

The online enrollment system has a search function available on the Main Menu, **Search for Subscriber by Name** (a link in the upper right corner of the Main Menu). The **Search for Subscriber by Name** function is helpful when you need to locate the ID number of a subscriber who is currently in the system.

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Reset Subscriber Function

Once the **Submit** button has been clicked on the **Eligibility and Qualifying Event** page for both a New Enrollment and Add Dependent, the data entered is saved temporarily in a “suspense” database. If you realize that you made a mistake during the enrollment process on the New Enrollment or Add Dependent pages, you can start over. The **Reset Subscriber** function allows you to delete the data in the suspense database on the same day that the error occurred, *provided that an ODS internal user has not also made changes on the same day*. You then have to start over to enter the corrected data.

Note: The important thing to keep in mind is that all data for the day for the particular subscriber will be erased.

The [Reset Subscriber](#) process is described on page 24.

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EMPLOYER ONLINE SERVICES USER GUIDE

To See a Summary of Employer Group Properties

At the foot of each Employer Online Services page is an **Employer (Group Number) Summary** link that enables you to see details, including the following, of the group coverage of any given employer customer:

- **Group Information**
- **Division Information**
- **Eligibility Information**
- **Plan Details**

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Employer Summary and Employer XXXX Summary Links

To See the Employer (Group #) Summary

The **Employer (Group #) Summary** link, which appears on each page after a subscriber has been selected in the Main Menu, permits you to see the information for the group and division with which you are currently working.

1. Click **Employer (Group #) Summary**.
2. Review the information.
3. Select other divisions within the group, if desired, from the **View division details for:** drop-down box.
4. To send an email to the Eligibility/Billing Specialist with changes to the current information, click **Update contact information via e-mail**, (or send an email independently to the Eligibility/Billing Specialist's email address).
5. Click **Close This Window** when you are finished.



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Employer Summary Page

To Use the Employer Summary Link

The **Employer Summary** link, without the group number, only has a function when an employer has more than one group and the user has



EMPLOYER ONLINE SERVICES USER GUIDE

access rights to more than one of them. In that case, clicking **Employer Summary** opens the **Group Contact Search** page.

1. Choose the group whose properties you want to see from the **Group** drop-down box.
2. If you would like to see the properties for the group at a certain date, enter that date in the **As of date** text-box. (This feature is useful if you want to identify changes between two dates. You can go back up to 18 months.) If you leave this text-box blank, the current properties are displayed.
3. Click **Go**.

The screenshot shows a Microsoft Internet Explorer browser window titled "Employer Summary - Microsoft Internet Explorer". The address bar is empty. The page content includes the ODS logo, the heading "EMPLOYER ONLINE SERVICES", and navigation links: "Member Handbook", "Contact Us", and "ODS Employers Home". The main section is titled "Group Contact Search" and contains the instruction "Select a group and press Go." Below this is a form with a "Group*" dropdown menu (currently showing "Select a group ..."), an "As Of Date:" text input field, and a "Go" button. A red asterisk and the text "* Required Field" are positioned below the "Group*" dropdown. At the bottom of the form area is a "Close This Window" button. The footer of the page contains the text "Employer Summary", "Copyright © 1996-2003 Health Services Group, Inc. All Rights Reserved.", "Insurance products provided by Oregon Dental Service, ODS Health Plan Inc., and Dentists Benefits Insurance Company", and links for "Contact Us", "Help", "Privacy", and "Terms of Use". The browser's status bar at the bottom indicates "Local intranet".

The Group Contact Search page

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EMPLOYER ONLINE SERVICES SYSTEMS TIMING ISSUES

Due to the easily accessible nature of the Employer Online Services system, it is possible for information to get confused in the ODS Systems. Because multiple users can interface with ODS' systems at essentially the same time, it is critical that people understand a few important timing issues.

Eligibility Information

The ODS system will always reflect the most recently received and processed information, *unless* conflicting information is processed on the same day. In that case, since Employer Online Services downloads into ODS' records after the electronic file downloads, the Employer Online Services information will overwrite the data from the electronic file.

Note: Generally, if a group submits a change via Employer Online Services but does not change its own system to match, its next electronic file will overwrite that change.

Billing and Payment

It is important to recognize the impact that changing subscribers' eligibility has on the employer group's bill. If changes are made after the bill is printed or after a group's eligibility cutoff date, they will not be reflected on that bill.

An employer group bill reflects subscriber eligibility and payment due at a specific time during the monthly billing cycle. Both ODS Billing and Eligibility Specialists and Employer Group Administrators should know the exact date each month when the bill prints. Groups that do not receive an ODS bill should know their eligibility cut-off date.

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EMPLOYER ACCOUNTS

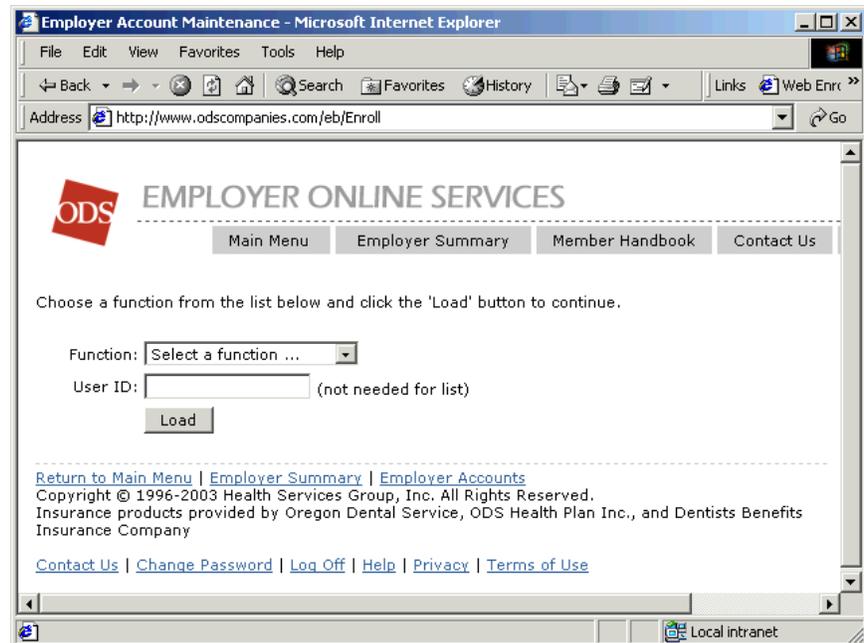
Each employer has at least one Employer Online Services group administrator, referred to as the “contact person,” with the ability to create new user accounts, reset passwords, revise user data, and disable or activate existing accounts. The contact person can also give users the ability to create additional accounts and administer them as their contact person.

Each contact person has user rights, as well as administrator rights, for his or her group. The footer of each contact person’s Employer Online Services page contains an **Employer Accounts** link.



The **Employer Accounts** link in the footer of each page

Click **Employer Accounts** to open the **Employer Account Maintenance** page.



The **Employer Account Maintenance** page

The **Function** drop-down box provides access to the four functions available:

- **List all accounts**



EMPLOYER ONLINE SERVICES USER GUIDE

- **Add a new account**
- **Edit an existing account**
- **Reset password**

As indicated, after choosing a function, you must enter a User ID to proceed with the function, except in the case of viewing a list of accounts.

To Open a Current List of Accounts

1. Click **Employer Accounts** to open the **Employer Account Maintenance** page.
2. Select **List all accounts** from the **Function** drop-down box.
3. Click **Load**. The current list of accounts opens.
4. Click a **User ID** link to edit a user's account, or click **Employer Accounts** or the browser's **Back** button to return to the function-selection page.

User ID	Last Used	Status	Name	Can Create Accounts
bakerp	08/26/2003	Disabled after 90 days inactivity	Philip Baker	No
goldb	08/26/2003	Active	Bonnie Gold	Yes
millert	08/26/2003	Disabled after 4 bad logins	Tom Miller	No
wilsoni	08/26/2003	Disabled by administrator	Leonard Wilson	Yes

List of Current Accounts for the Employer

The list of employer accounts includes the following data about each account:

- **User ID:** The User ID listed is also a link to the user's detailed data.
- **Last Used:** The date the user last logged in



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- **Status:** The status of the user's account, basically active or disabled
- **Name:** The user's name
- **Can Create Accounts:** Whether or not the user has the right to create additional accounts (users).

To Create a new User Account

1. Click **Employer Accounts** to open the **Employer Account Maintenance** page.
2. Select **Add a new account** from the **Function** drop-down box.
3. Enter the User ID of the user whose account you wish to create in the **User ID** text box.

Note: Employer Online Services will not accept a user ID that is in use anywhere else in the system, including all users in all employers and in ODS itself. When you enter a new user ID, an error message may tell you that the user ID is already taken. Use another user ID for the account.

4. Click **Load**. The page for entering new user account data opens.
5. Enter at least the required (red-asterisked) data.
6. Click **Add**. A message on the function-selection page confirms the account has been created.

The following data is required to create a new account:

- **User ID:** Use your own system to assign user IDs.
- **Password:** Use your own system to generate the initial password. Users can change their passwords whenever they wish.
- **First Name**
- **Last Name**
- **Status:** Choose **Active** for immediate use of the account, or **Disabled by Administrator** if the account will not be used right away. (You can change it to **Active** at any time.)
- **Can Create Accounts:** If you choose **Yes**, the new user can also create new users. The **Employer Accounts** link will be available in the footer of the user's pages. If you choose **No**, the **Employer Accounts** link will not appear.



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Employer Account Maintenance - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites History Links Web Enroll

Address http://www.odscorporates.com/eb/Enroll

ODS EMPLOYER ONLINE SERVICES

Main Menu Employer Summary Member Handbook Contact Us

Add a new account by filling in the fields below. * These fields are required.

User ID: **goldb**

Password*: goldb1

First Name*: Bonnie

Last Name*: Gold

Email Address: goldb@multnoco.com

Phone Number: 503-456-7890

Status*: Active

Can Create Accounts*: Yes No

Add

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Local intranet

Creating a New Account

To Edit a User's Account Data

1. Open the current list of accounts.
 2. In the **User ID** column, click the hyperlinked user ID of the user whose account you wish to edit. The page for editing user account data opens.
 3. Make the required changes, including changes to the status of the user's account and whether or not the user can create accounts.
 4. Click **Update**.
- Or...**
1. Click **Employer Accounts** to open the **Employer Account Maintenance** page.
 2. Select **Edit an existing account** from the **Function** drop-down box.
 3. Enter the user ID of the user whose account you wish to edit in the **User ID** text box.
 4. Click **Load**. The page for editing user account data opens.



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5. Make the required changes, including changes to the status of the user's account and to whether the user can create accounts. Add or change optional account information.

Note: The only data originally entered that you cannot change through this page is the user's password.

6. Click **Update**. A message on the function-selection page confirms the account has been updated.

Employer Account Maintenance - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Links Web Encr

Address http://www.odscorporates.com/eb/Enroll Go

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Update the account by changing the values in the fields below. * These fields are required.

User ID: **bakerp**
Last Login: **08/26/2003**

First Name*: Philip
Last Name*: Baker
Email Address: bakerp@multnoco.com
Phone Number: 503-456-9012
Status*: Disabled after 90 days inactivity
Can Create Accounts*: Yes No

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Local intranet

Editing an Account

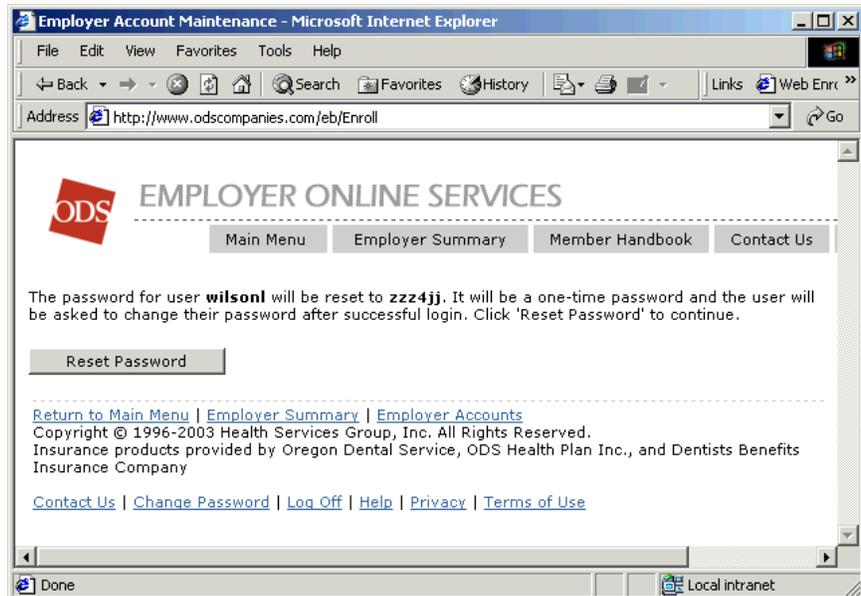
To Reset a User's Password

1. Click **Employer Accounts** to open the **Employer Account Maintenance** page.
2. Select **Reset Password** from the **Function** drop-down box.
3. Enter the User ID of the user whose password you wish to reset in the **User ID** text box.
4. Click **Load**. The password resetting page opens.
5. Make a note of the new temporary password to give to the user.
6. Click **Reset Password** to change to the new password. A message on the function-selection page confirms the password has been changed and displays the new one-time password.



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This function does not allow you to choose a new password or reinstate an old one; it only provides a single-use password to permit the user to log in. The user will be required to change the password to a new one of his choosing before he can resume work in Employer Online Services. This function is intended for use when not only the password has been lost, but also the answer to the password hint question that was entered when the user first logged in.



Resetting a Password

To Maintain the Status of an Account

Employer Online Services has safeguards against use of the system by unauthorized users. Two of these safeguards entail disabling user accounts under the following circumstances:

- If someone with a valid user ID tries unsuccessfully to log into Employer Online Services four times in a row, the account is disabled. An error message appears on the login page, **Your account has been temporarily suspended due to too many consecutive failed login attempts.**
When this occurs, Employer Online Services sets the status of the account to **Disabled after 4 bad logins.** The employer's contact person can set it back to **Active**, if appropriate. The correct password will not be affected.
- If an account is not used for more than 90 days, it is disabled, and a message informs the user.
When this occurs, Employer Online Services sets the status of the account to **Disabled after 90 days inactivity.** The employer's contact person can set it back to **Active**, if appropriate, by editing the account as described above.



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An employer's contact person has the ability to manually disable an account when appropriate, by editing the account and setting the status to **Disabled by Administrator**. The contact person can re-activate the account simply by setting the status to **Active** again.



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BASICS AND TERMINOLOGY

Back / Forward

Browser buttons. **Back** returns you to the web page previously viewed. **Forward** goes to the next web page, after you have gone back one or more pages. The **Back / Forward** buttons work well when you are browsing the Internet. However, in web applications it is best to use other navigation to go back—for example, links to the home page or main menu.

Checkbox

CheckBox1

Option button

OptionButton1

Text Box

Dropdown Box

Subscriber, Employee, and Member

The subscriber is the primary member eligible to enroll for benefits. There is only one subscriber in an enrolled family. Often, Employer Group Administrators refer to them as employees. The subscriber and his or her dependents are all considered members. ODS has chosen to follow HIPAA guidelines and use the terms “subscriber” and “member” in this manual as well as in other ODS documentation.

Billing and Eligibility Specialist

The ODS employee with Billing & Eligibility responsibility for the user’s company. The user’s contact at ODS.

Electronic File

Any group that sends ODS electronic files for eligibility is referred to as an electronic file group.

Red *

Red-asterisked text boxes and drop-down boxes indicate required information in Employer Online Services. These text boxes must be completed to proceed. An error message will appear if one is left blank.



EMPLOYER ONLINE SERVICES USER GUIDE

Error Messages

Error messages indicate that required data must be entered. The user cannot proceed until the data has been entered.

History

Data in Employer Online Services is limited to 18 months in the past. This is important to keep in mind when viewing the history pages.

ODS Security

All of the ODS web applications have a logout period of half an hour. If the system is idle for longer than half an hour, it will require you to log in again.

Passwords

Employer Online Services requires users to change their passwords no less frequently than every 90 days. As the 90th day approaches, each time you log in you will receive a notice that you must change your password soon. If you exceed 90 days without changing passwords, Employer Online Services will require you to choose a new one before you can log in again.

Case Sensitivity

Except in logging in, text in Employer Online Services is not case-sensitive. (Capitals, initial capitals, and lowercase letters are treated as the same.) In logging in, User IDs and passwords are case-sensitive.

Eligibility Waiting Period

The amount time an eligible employee must wait to enroll for medical and/or dental coverage—previously known as a probationary period.

Benefit Waiting Period

A benefit assigned to a subscriber or a member of their family that limits the type of medical and or dental coverage they would have under the same plan. Commonly, there are benefit waiting periods for orthodontia and major services. The periods can range from six months to two years. Previously known as a waiting period.

Administration of Eligibility Rules

To administer eligibility rules is to monitor and enforce all of the plan's eligibility rules, as indicated in the Group's contract and handbook. Examples of eligibility rules include the eligibility waiting period rule, monitoring qualifying events, and enrollment of eligible dependents. The ODS Billing and Eligibility Department generally administers the eligibility rules. However, some groups that are over 100 employees administer their own eligibility rules.

Group Number vs. Plan Number

The GroupFacts (GF) group number is the six-digit number that is used when loading a subscriber's enrollment into Employer Online Services. Group numbers are used primarily for enrollment and billing purposes.



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The group will receive a bill that has the group number on it and will not list the plan numbers. Claims are processed at the plan level. Plan numbers indicate a type of coverage or benefit for the subscriber. Frequently the group number matches the plan number, but this is not always the case if there are multiple options like medical, dental, and vision. The group and plan number will be the same when there is only one benefit option.

Integrated Plan-

A plan is integrated when multiple coverages are offered but the subscriber has to choose certain coverages together. An example would be where medical, dental, and vision are offered, but the dental is integrated with the vision. If the subscriber chooses dental, he also gets vision coverage.

Stand alone Plan-

A plan is considered stand alone when the benefits can be selected by the subscriber separately. For example, in the above scenario, the medical plan is a stand alone plan, because the subscriber can choose it with or without choosing dental and vision.

Title IV Eligible

Institution is eligible to participate in Title IV federal financial aid programs (i.e. Pell Grants, SEOG, Stafford Loans, Perkins Loans etc.) For an institution to be eligible to participate in Title IV financial aid programs it must offer a program of at least 300 clock hours in length, have accreditation recognized by the U.S. Department of Education, have been in business for at least 2 years, and have signed a participation agreement with the Department.

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