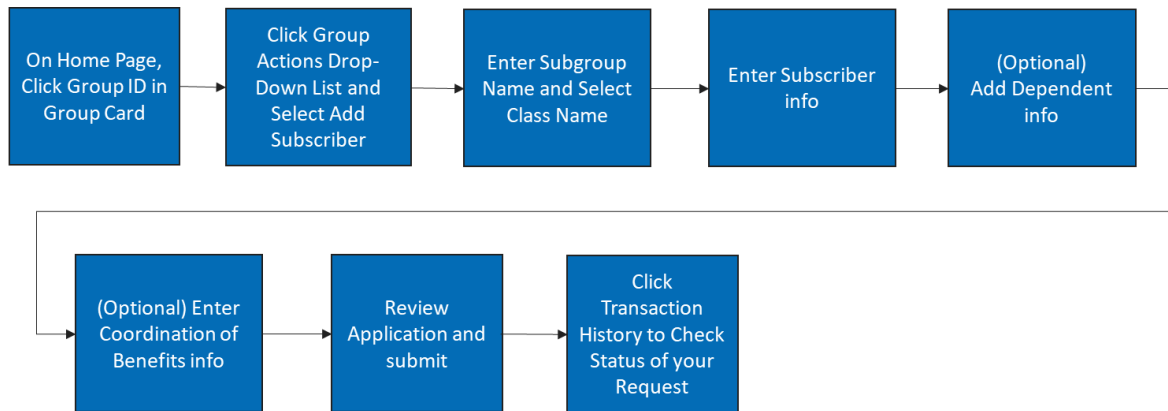


Group Overview: Add Subscriber

Quick Reference Guide (QRG)



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



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

Purpose: To add an employee.



Step 1:

Signing into the portal, the **Home Page (Dashboard)** displays.

1. Scroll Down.
2. Click the **Group ID**.

ConnectiCare

Viji Saby

Home

Roster Management

Billing

Transaction History

Find Care

Secure Messaging

User Management

More

- CCI LG Test Group

Welcome

CCI LG Test Group

ConnectiCare Launches "Episodes of Care" Program With Signify Health

ConnectiCare, a leading health plan in Connecticut for over 40 years, announced...

ConnectiCare Supports 51 Non-Profit and Municipal Organizations across Connecticut

ConnectiCare, a leading health plan based in Farmington, recently announced donations ...

ConnectiCare Hosts 4th Annual Gran Fondo

ConnectiCare, a leading health plan in Connecticut, hosted its 4th annual Gran...

Group

Group ID	Group Name	Monthly Premium	Subscriber Count	Dependent Count	Original Effective Date	Group Renewal Date
	CCI LG Test Group	\$0.00	18	20	01/01/2020	10/01/2022

TOTAL RECORDS: 1

2



Step 2:

The Group Summary screen displays.

1. Click **Add Subscriber** option from the Group Actions drop-down menu.

Home > Group Details

CCI LG TEST GROUP

Group Summary

Group Address 23 Catherine Road Farmington, Connecticut, 06034	Tax Id 574357934	Monthly Premium \$26,137.54	Enrolled Subscribers* 18
Enrolled Dependents* 20	New Hire Waiting Period 0	Original Effective Date 01/01/2020	Coverage Start Date* 01/01/2020
Coverage End Date -	Term Date -	Status Active	

* - Dynamically Updated Field

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



Step 3:

The Add Subscriber screen displays.

1. Enter the **Subgroup Name**.
2. Select the **Class Name** from the drop-down menu.
3. Click **Next**.

Home > Add Subscriber

Group Information

Group Information

Group Name*
CCI LG Test Group

Subgroup Name*
1001 - CCI LG TEST SUBGROUP

Class Name*
▾

*Required information

Next

[Cancel](#)



Step 4:

The Employer Census screen displays.

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

✓ ○ ● ● ● ●
 Employer Census

<

Employer Census

Subscriber Info
▼

First Name* Audrey	Last Name* Hepburn	Gender Female ▼	Date of Birth* 05-04-1981
Marital Status Unmarried ▼	Relationship* Employee ▼	SSN* XXX-XX-9349	
Street Address* 201 Bloomfield Street			
Zip Code* 06034	City* Farmington	State* CT	County* Hartford
Home Phone Number (860) 757-5555	Mobile Phone Number	Email audrey.hepburn@cci.com	
Race Some Other Race ▼			
Ethnicity		Language	
Medical Plans MS030006 - FLEXPOS HSA \$3000/\$6000 CNT 07 ▼			
Status Active	Coverage Start Date* 04-01-2022	Hire Date* 03-23-2022	

☐ Include Dependent(s)

*Required information

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

Next

[Cancel](#)



Step 5:

The Coordination of Benefit (COB) Information screen displays.

- 1. Click **Yes** or **No** based on the details available.

Note: In this example, we are choosing **Yes**.

- 2. Click **Edit** from the drop-down menu.

Coordination of Benefit
(COB) Information

Coordination of Benefit (COB) Information

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

Yes

No

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

Yes

No

Member Name	Relationship	First Name of the Policy Holder *	Last Name of the Policy Holder *	Type of Coverage *	Other insurance carrier name	Insurance Policy Number *	Start Date *	End Date	Insurance Order *
Audrey Hepburn	Employee	Audrey	Hepburn				04-01-2022		<div>Edit</div>

Edit one or more members*

Next

[Cancel](#)



Step 6:

The Coordination of Benefit (COB) Information edit screen displays.

1. Select **Type of Coverage** and **Insurance Order** from the drop-down menu.
2. Enter **Other insurance** and **Insurance Policy Number**.
3. Select the **End Date**.
4. Click **Save**.



Step 7:

The updated Coordination of Benefit (COB) Information screen displays.

1. Click **Next**.

Member Name	Relationship	First Name of the Policy Holder *	Last Name of the Policy Holder *	Type of Coverage *	Other insurance carrier name	Insurance Policy Number *	Start Date *	End Date	Insurance Order *
Audrey Hepburn	Employee	Audrey	Hepburn	C-Commercial	AETNA	104659290939	04-01-2022		Secondary



Step 8:

Depending on the plan you have selected, the Add Your Provider screen may display.

1. For the question, “Do you already have a participating Primary Care Provider, or do you wish to find one now?” select **Yes** or **No**.

Note: For this example, we will choose **Yes**.

2. Click **Edit**.

Home > Add Subscriber

Progress: 1. Add Your Provider

Add Your Provider

Please add your Primary Care Provider.

Primary Care Provider Information

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

Yes

Select member(s) to add or change PCP.

Member Name	Relationship	PCP First Name	PCP Last Name	PCP ID	PCP Effective Date	Add/Change PCP
Audrey Hepburn	Employee					<input type="checkbox"/> Edit

*Required information

Next

Cancel



Step 9:

The “Select member(s) to add or change PCP.” screen displays.

1. Select the **Update PCP** checkbox.
2. Click **Save**.

ConnectiCare

Home Roster Management

Home > Add Subscriber

Member Name: Audrey Hepburn Relationship: Employee

PCP First Name: PCP Last Name:

PCP ID: PCP Effective Date:

☒ Update PCP

Cancel Save

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

Yes

Select member(s) to add or change PCP.

Member Name	Relationship	PCP First Name	PCP Last Name	PCP ID	PCP Effective Date	Add/Change PCP
Audrey Hepburn	Employee					<input type="checkbox"/> Edit

*Required information

Next



Step 10:

The Add Your Provider screen displays again.

1. Click **Next**.

[Home > Add Subscriber](#)



Add Your Provider

Please add your Primary Care Provider.

Primary Care Provider Information

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

Yes



Select member(s) to add or change PCP.

Member Name	Relationship	PCP First Name	PCP Last Name	PCP ID	PCP Effective Date	Add/Change PCP
Audrey Hepburn	Employee					<input checked="" type="checkbox"/> Edit

*Required information

Next

[Cancel](#)



Step 11:

The Service Type screen displays.

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



Service Type

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

Network & Plan Name Information

Network

FQHC-CCI Commercial Choice - Large Group

Plan Name

FLEXPOS HSA COPAY \$1500/\$3000

Choose Service Type

ServiceType

Primary Care Provider

Next

[Cancel](#)



Step 12:

The Choose Specialties screen displays.

1. Select **Specialty** from the drop-down menu.
2. Click **Next**.



Choose Specialties

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

Specialty*
All Specialties

Provider First Name

Provider Last Name

*Required information

Next

[Cancel](#)



Step 13:

Location and Distance screen displays.

1. Enter the **zipcode**.
2. Select the distance within which you want the list of providers, from the **Distance From** drop-down menu.
3. Click **Next**.

[Home](#) > [Group Details](#) > [Add Subscriber](#)




Location and Distance

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

Zipcode*
08830

Distance From
30 Miles

 Use my Location

*Required information

Next

[Cancel](#)

Depending on the chosen specifications, Provider Search Results screen displays.

1. Click **View Profile** of the provider.

10



Step 15:

The Provider Details screen displays.

1. Click **Choose as PCP**.
2. Click **Next**.

Provider Details

Please Review the Details of Provider's Before Proceeding Ahead

Print Details

Provider Information

Name	Provider ID	Gender	Specialty
Heywood-Gregory, Kamilah, NP	100001583917	Female	Nurse Practitioner

Choose as PCP

Education	Language Spoken (Other than English)	Network Status	Preferred
COLLEGE OF NEW ROCHELLE	-	Active	No

Board Certifications	ACPNY	Virtual Care Provider
-	No	No

In order to check provider Board Certification status, please access one of the listed websites, <https://www.abms.org> American Board of Medical Specialties (ABMS) or <https://osteopathic.org> American Osteopathic Association (AOA).

Hospital Affiliations

Hospital Name

No active hospital affiliations found for this provider.

Location Information

Address	Phone Number	Plan Accepted	Hours
257 Lafayette Ave, Ste 360 Suffern, NY 10901	914-493-8558	FLEXPOS HSA COPAY \$1500/\$3000 CNT 06	Monday Closed Tuesday Closed Wednesday Closed Thursday Closed Friday Closed Saturday Closed Sunday Closed

[Get Directions](#)

Wheelchair Accessible	Accepting New Patients	Center of Excellence
No	Yes	No

Plans Accepted

Search

Networks Accepted

Search

Next

Cancel



Step 16:

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

Review Changes

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

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

Effective Date for Change

Effective Date

Subscriber Primary Care Provider Details

Name	Current Primary Care	New Primary Care Provider
Audrey Hepburn	Provider Name	Name

Confirm

[Cancel](#)



Step 17:

The Review Application screen displays.

1. Review Employer Census details and Coordination of Benefits.

Note: Click the back button to make any changes.

2. Click **Submit**.

[Home](#) > [Add Subscriber](#)



Review Application

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

Employer Census

Subscriber Information

Group

CCI LG Test Group

Subgroup Name

1001 - CCI LG TEST SUBGROUP

Class

First Name	Last Name	Gender	Date of Birth
Audrey	Hepburn	Female	05-04-1981
Marital Status	Relationship	Street Address	Zipcode
Unmarried	Employee	201 Bloomfield Street	06034
City	State	County	Home Phone Number
Farmington	CT	Hartford	(860) 757-5555
Mobile Phone Number	Email	SSN	
	audrey.hepburn@ccl.com	xxx-xx-9349	
Race	Some Other Race		
Ethnicity	Language		
Medical Plans	Status	Coverage Start Date	
MS030006 - FLEXPOS HSA \$3000/\$6000 CNT 07	Active	04-01-2022	
Hire Date			
03-23-2022			

Coordination of Benefits

Add Your Provider

DISCLOSURE OF MEDICAL LOSS RATIO

The medical loss ratio is defined as the ratio of incurred claims to earned premium for the prior calendar year for managed care plans issued in Connecticut. Claims shall be limited to medical expenses for services and supplies provided to enrollees and shall not include expenses for stop loss, reinsurance, enrollee educational programs, or other cost containment programs or features.

The Federal medical loss ratio has the same meaning as provided in and calculated in accordance with PPACA, PL 111-148, as amended from time to time, and regulations adopted thereunder.

- State Medical Loss Ratio for calendar year 2020 for ConnectiCare, Inc. (CCI): 79.0%
- Federal Medical Loss Ratio for calendar year 2020 for ConnectiCare, Inc. (CCI):
 - Individual 91.5%
 - Small-Group N/A
 - Large-Group 86.7%
- State Medical Loss Ratio for calendar year 2020 for ConnectiCare Insurance Company, Inc. (CICI): 85.8%
- Federal Medical Loss Ratio for calendar year 2020 for ConnectiCare Insurance Company, Inc. (CICI):
 - Individual 78.4%
 - Small-Group 81.1%
 - Large-Group 87.9%

Submit

[Cancel](#)



Step 18:

The Confirmation screen displays.

1. Click **Done**.

[Home](#) > [Group Details](#) > [Add Subscriber](#)

Confirmation

Thank you for your submission. Your case number is 02425052. You can check the status of your request in the [Transaction History](#). It may take up to three (3) business days for your request to be reflected online.

Done

Next

[Cancel](#)