2024
Online Employer Center Guide

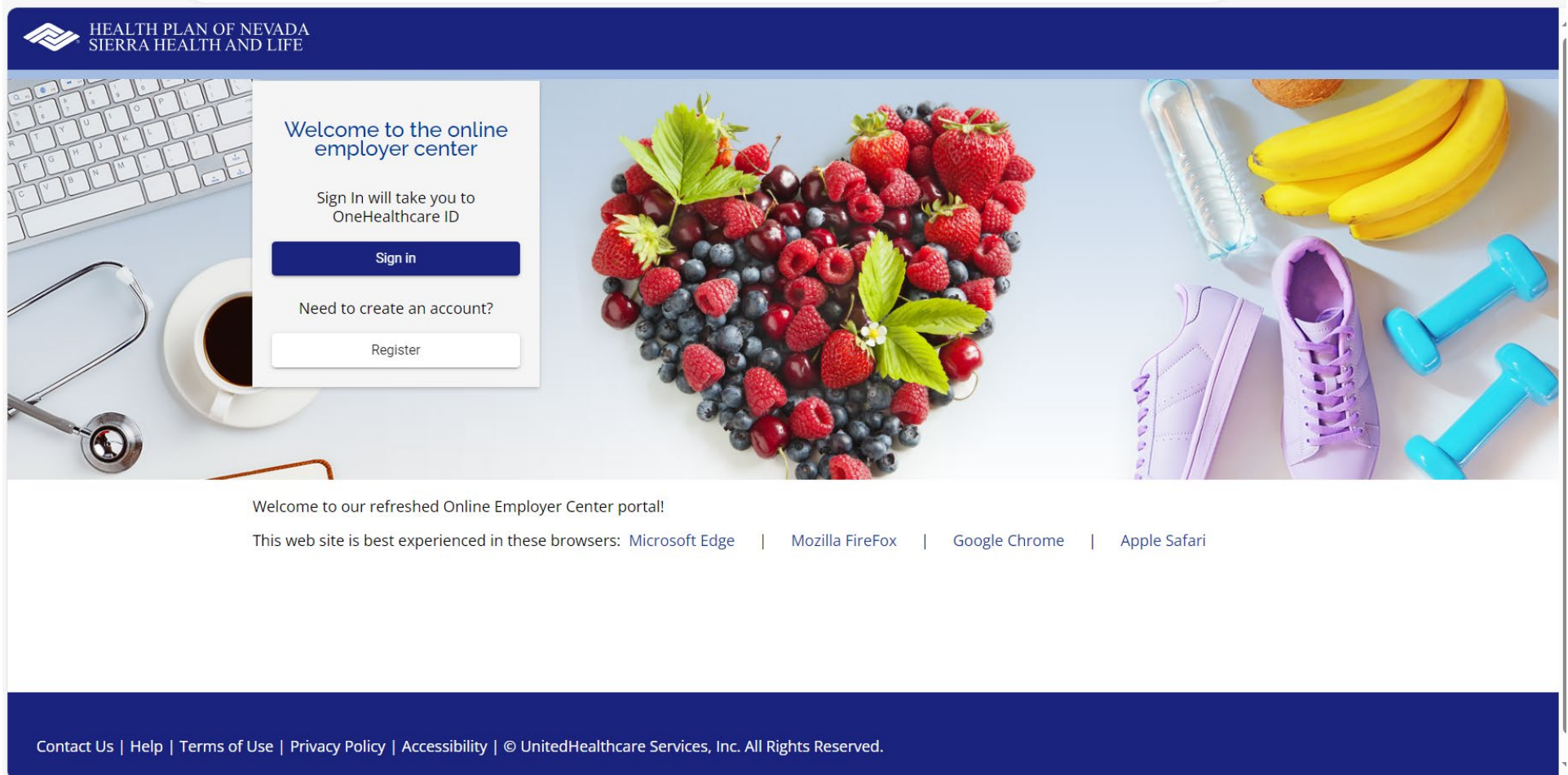## Table of Contents:

Login Screen

Visit the [Online Employer Center (OEC)](#), enter your One Healthcare ID and password, and sign in.

HEALTH PLAN OF NEVADA
SIERRA HEALTH AND LIFE

Welcome to the online employer center

Sign In will take you to OneHealthcare ID

Sign in

Need to create an account?

Register

Welcome to our refreshed Online Employer Center portal!

This web site is best experienced in these browsers: Microsoft Edge | Mozilla FireFox | Google Chrome | Apple Safari

Contact Us | Help | Terms of Use | Privacy Policy | Accessibility | © UnitedHealthcare Services, Inc. All Rights Reserved.

Home Screen

The Online Employer Center provides secure 24/7 access to important tools and information.

My Account

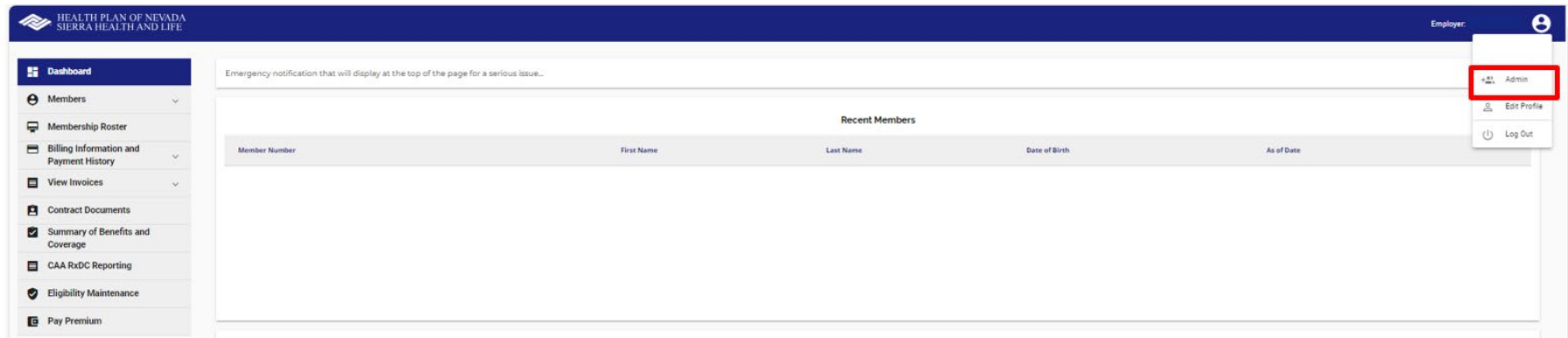To view your profile information and employer center roles, select the icon in the top right corner.
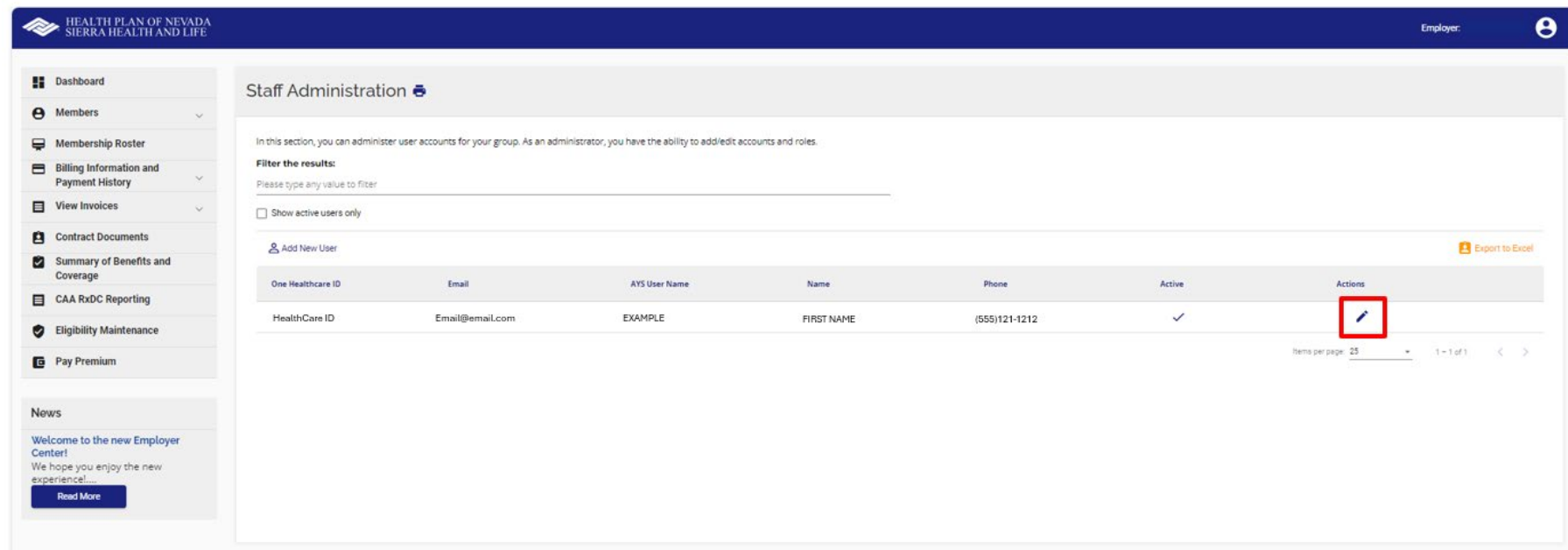
View Users and Add New Users

From the home screen, select **Admin** in the dropdown options. This option allows you to view, edit and add new users.

Staff Administration

To view and edit current users, select the **Actions** icon

To add a new user, select **Add New User**.

Populate the required fields. Make sure you check the box for any **Roles** you would like the new user to have access to in the Online Employer Center. Once complete, click **Add**.

Roles:

OEM – Online Eligibility Maintenance allows the user to process Adds, Terms & Changes to your membership.

Create Admin Access – Allows the user the ability to add users with admin access to the Online Employer Center. Note that users with admin access is limited to three.

Employer Invoices – Provides access to view and download monthly premium invoice

Member Search

From the home page, select the **Members** dropdown. Then search for a member to see their overview as well as benefits, coverage and copay information.

Steps to Search for a Member

From the home page, select the **Members** dropdown. You can search using their member ID, member name or their social security number. The effective date defaults to current date. To view employees with future effective dates be sure to change the effective date to the date their coverage begins.

Member Number Option

If you would like to search for a **subscriber only**, enter the **9 digits plus the suffix 00**. To search for a **dependent only**, enter the **9 digits plus the suffix** (01, 02, etc.). To display the **subscriber and all dependents** underneath that subscriber, just enter the **9 digits**.

Member Name Option

You are required to enter the member's first and last name. The date of birth is optional. This search option only populates the member you are searching; it will **not** include any dependents if applicable.

Member Social Security Number Option

Populate the 9-digit social security number. This search option only populates the member you are searching; it will **not** include any dependents if applicable.

Member Roster

From the home page, select the **Member Roster**. This feature will display your entire group roster or if your group has multiple subgroups, you can access each individually.

The effective date defaults to current date. To view employees with future effective dates, change the effective date to the date their coverage begins.

In this screen you can also pull up a single member using either first and last name; date of birth is optional or the member ID.

From the Membership Roster, you can expand on the subscriber to gain a quick view of covered members, class, benefits description, contact information and ID card by clicking ∧

On the Membership Roster, each member's ID is hyperlinked. Click on it to view the member summary, eligibility summary, deductible/accumulators, cost share, ID card and plan documents. Each category can be navigated on the menu located on the lefthand side of the screen.

HEALTH PLAN OF NEVADA SIERRA HEALTH AND LIFE				Employer:	👤

Name	Member Number	As of Date	Gender	Date of Birth	Example Group
Subscriber Name	123456789	08/20/2024	M	05/12/1986	

Dashboard

Members ⌃
- Member Search
- Member Summary
- Eligibility Summary
- Deductible/Accumulators
- **Cost Share**
- ID Card
- Plan Documents

Membership Roster

Billing Information and Payment History ⌄

View Invoices ⌄

Contract Documents

Summary of Benefits and Coverage

CAA RxDC Reporting

Eligibility Maintenance

Member Copay Information 🖨

Medical Copay	Pharmacy Copay

◉ Display as a list   ○ Display by category

As of Date *
8/20/2024   📅

Search

Care Options ↑	HMO Plan Provider	PPO Plan Provider	Non Plan Provider
24/7 Advice Nurse	$0	$0	$0
24/7 Virtual Visits	$0	Not Covered	Not Covered
24/7 Virtual Visits	$0	Not Covered	Not Covered
Ambulance	$250	$250	$250
Ambulatory Surgical Facility Services	$200	20% After CYD*	50% After CYD*
Anesthesia	$150	20% After CYD*	50% After CYD*
Anesthesia, Inpatient	$150	20% After CYD*	50% After CYD*
Anti-Cancer Therapy	$25	20% After CYD*	50% After CYD*
Applied Behavioral Analysis (ABA) for treatment of Autism for Members up to age 22	$25	$0	$0

Billing and Payment History

Select the **Billing Information and Payment History** to view up to 36 months of invoices and payment history.

Select Billing Information

You can view up to 36 months invoices and payment history.

- Use the **Select a group** dropdown to select your group.
- Then use the **Select a subgroup** dropdown to choose your subgroup.
- Enter **From/To Date**.
- Click **Search**.

Group Billing & Payment Information 🖶

Billing Information	Payment Information

Group Name *
123456789 - EXAMPLE GROUP

Subgroup *
1003 - EXAMPLE SUBGROUP

From Date *
8/1/2023

To Date *
8/23/2024

[Search] [Reset]

⚠ The grid displays the invoices submitted within the last year. To see older invoices, change the search dates and click Search.

Invoice Number	Due Date	End Date	Total Billed Amount	Total Received	Payment Status
12345678901	09/01/2024	09/30/2024	$2,554.44	$0.00	Unpaid
12345678902	08/01/2024	08/31/2024	$2,554.44	$2,554.44	Paid In Full
12345678903	07/01/2024	07/31/2024	$2,554.44	$2,554.44	Paid In Full
12345678904	06/01/2024	06/30/2024	$2,554.44	$2,554.44	Paid In Full

Select Payment Information

You can view up to 36 months of payment history.

- Use the **Select a group** dropdown to select your group.
- Then use the **Select a subgroup** dropdown to choose your subgroup.
- Enter **From/To Date**.
- Click **Search**.

Group Billing & Payment Information 🖶

Billing Information	Payment Information

Group Name *
123456789 - EXAMPLE GROUP

Subgroup *
1003 - EXAMPLE SUBGROUP

From Date *
8/1/2023

To Date *
8/23/2024

[Search]   [Reset]

⚠ The grid displays the invoices submitted within the last year. To see older invoices, change the search dates and click Search.

Received Date	Check No./Trans Type	Payment Method	Receipt Amount
08/01/2023	RS_ECHCK	Bank Draft (EFT)	$27,223.88
09/05/2023	RS_ECHCK	Bank Draft (EFT)	$26,163.94
10/04/2023	RS_ECHCK	Bank Draft (EFT)	$26,220.79
11/07/2023	RS_ECHCK	Bank Draft (EFT)	$26,154.53
12/05/2023	RS_ECHCK	Bank Draft (EFT)	$26,809.70

View Invoices

View Invoices allows you to download your monthly premium invoice. You have your choice of a PDF or CSV format.

A history by subgroup is available. Select the month you would like to download in the **Invoice** dropdown.

Group Invoices 🖶

Group Name *
12345678 – EXAMPLE GROUP

Subgroup *
1234 – EXAMPLE SUBGROUP

Invoices *

| 08/01/2024 |
| 07/01/2024 |
| 06/01/2024 |
| 05/01/2024 |
| 04/01/2024 |
| 03/01/2024 |

Select an **Invoice Format** (PDF or a comma-separated values (CSV) Excel file). Both format can be saved, attached to an email or printed.
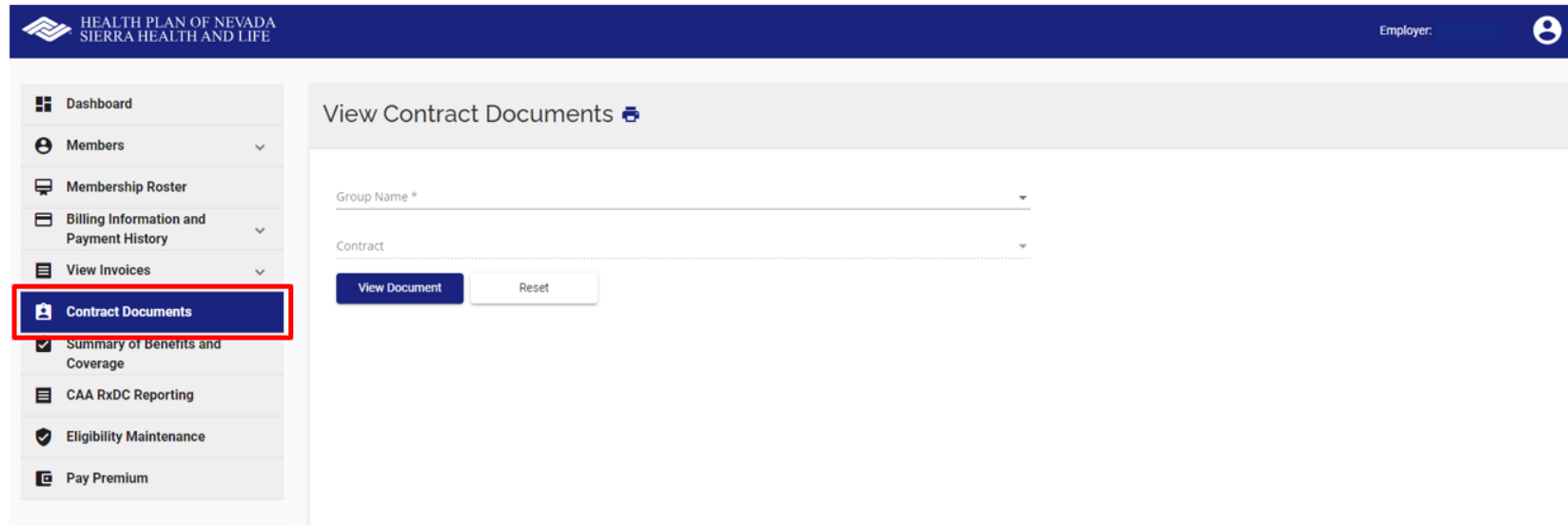
Contract Documents

Contract Documents provides you with access to a PDF of your groups contractual documents so you can easily access them when needed.

Use the **Contract** dropdown to choose the **Contract Document** you would like to view.

Summary of Benefits and Coverage

Summary of Benefits and Coverage will display the current Summary of Benefits & Coverage (SBC) for each benefit available to your employees.

CAA RxDC Reporting

Under the Consolidated Appropriations Act (CAA), health insurers offering fully insured group health plans are required to report data annually regarding prescription drugs and health care spending to the Departments of Health and Human Services, Labor, and Treasury (Tri-Agencies). This information must be submitted to CMS through a web portal set up by the Centers for Medicare & Medicaid Services (CMS). This page will assist in collecting the required data HPN/SHL must submit on behalf of the employer group.

Eligibility Maintenance

To manage your group's adds, terms and changes, select **Eligibility Maintenance**.

HEALTH PLAN OF NEVADA
SIERRA HEALTH AND LIFE

Employer:

Dashboard

Members ⌄

Membership Roster

Billing Information and Payment History ⌄

View Invoices ⌄

Contract Documents

Summary of Benefits and Coverage

CAA RxDC Reporting

Eligibility Maintenance

Pay Premium

News

Welcome to the new Employer Center!
We hope you enjoy the new experience!.....

Read More

Emergency notification that will display at the top of the page for a serious issue...

Recent Members

Member Number	First Name	Last Name	Date of Birth	As of Date
12345678901	FIRST NAME	LAST NAME	01/11/2000	08/07/2024
12345678902	FIRST NAME	LAST NAME	08/23/1982	08/05/2024
12345678903	FIRST NAME	LAST NAME	03/19/1982	08/05/2024
12345678904	FIRST NAME	LAST NAME	08/08/1982	08/05/2024
12345678905	FIRST NAME	LAST NAME	03/04/1972	08/05/2024

Special notices and announcements will be posted here for any important communications.

Additional news items will be available from the links below the left navigation.

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A new window will appear and display your options located on the left of the screen.

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

Add Subscriber/Family

Add Dependent

Reinstate

Term Member

Change

Member Language Race Ethnicity

History Log

Log Out

Online Enrollment

For Employers

Use this online service for your enrollment needs.

If you experience any issues during your transaction, please contact your Group Services representative for assistance.

Add Subscriber/Family

Add Subscriber/Family allows you to add a new member by entering the requested information. Make sure all the required fields marked with an asterisk (*) are filled out. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**.

A confirmation page will display with the member's ID number and option to view and print a PDF of the health plan ID card.

	HEALTH PLAN OF NEVADA A UnitedHealthcare Company SIERRA HEALTH AND LIFE A UnitedHealthcare Company	**Confirmation Add/EXAMPLE TEST**

Employee Information

Name: TEST, EXAMPLE	Group: Example Group
	Subgroup: - 1003
	Class: 1004 - PPO SILVER 7000 KEY EMPLOYEES ADMIN AND

* Indicates Required Field
Please do not use the Browser 'Back' button to navigate within this application.

Confirmation #: 349021

The following new addition request was requested:

Name	Member ID	Requested Effective Date	Relationship	Date of Birth	Reason for Application	PCP	OBGYN	Benefits	ID Cards
TEST, EXAMPLE	123456789	8/1/2024	Subscriber	12/25/2020	New Hire			M P 1 D V	ID Card

Date and Time Stamp: 8/20/2024 3:14:06 PM   Updated by EMPLOYER:

To review member eligibility, visit the Online Member Center and select Member Search. Cobra transactions will be processed within 4 business days. The ID Card links display a temporary ID Card image. Physical ID Cards will be mailed in 7 - 10 business days.

Submission of this request does not guarantee coverage. It may be subject to review, audit and request for additional information before the requested transaction is approved or denied.

Please print this page for your records.

Print   Main Menu

Navigation buttons:
Add Subscriber/Family
Add Dependent
Reinstate
Term Member
Change
Member Language Race Ethnicity
History Log
Log Out

Add Dependent

Add Dependent allows you to add a new dependent to an existing member by entering the requested information. Make sure all the required fields marked with an asterisk (*) are filled out. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**.

A confirmation page will display with the dependent's member ID number and option to view and print a PDF of the health plan ID card.

Confirmation Dependent Add

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

Add Subscriber/Family

Add Dependent

Reinstate

Term Member

Change

Member Language Race Ethnicity

History Log

Log Out

Employee Information

Name: TEST, EXAMPLE

Group: Example Group
Subgroup: - 1003
Class: 1004 - PPO SILVER 7000 KEY EMPLOYEES ADMIN AND

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TEST, EXAMPLE	123456789	8/1/2024	Subscriber	12/25/2020	Newborn			M P 1 D V	ID Card

Date and Time Stamp: 8/20/2024 3:14:06 PM   Updated by EMPLOYER:

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Please print this page for your records.

Print   Main Menu

Reinstate

Reinstate allows you to reinstate coverage for an employee or dependent who previously had coverage by entering the requested information. Make sure all the required fields marked with an asterisk (*) are filled out. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**.

A confirmation page will display with the member ID number and option to view and print a PDF of the health plan ID card.

Termination of a Member

If you selected **Term Member**, complete a search to locate the member (dependent or subscriber). Then enter in the **Termination Date** and choose the **Termination Reason** from the dropdown menu. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**.

Change a Member's Information

If you selected **Change**, you'll be able to edit the **Subgroup**, **Class**, **Employee Demographic**, **Dependent Demographic** and **Coverage Selection** information as needed. When each page is complete, click **Next** to continue. On the final page, select **Submit Changes**. Class changes are only available during open enrollment.

Member Language Race Ethnicity

This option will allow you to update **Language**, **Race** & **Ethnicity** for members and dependents.

History Log

The **history log** will provide you with a history of transactions that were completed in the Online Eligibility Maintenance portal. You'll be able to view the user ID that completed the transaction, date, time, type of transaction along with the confirmation ID. There is an option to export this table to excel.

Pay Premium

From the homepage, select the **Pay Premium** tab. If you only have one subgroup, you'll automatically be directed to the payment page. You'll be able to set up a single payment or auto payment using your checking, debit or credit card account. Please contact your Group Services representative for credit card limitations. Currently, we do not take Discover credit cards. If you have more than one subgroup, you'll be directed to another screen to select a subgroup.

Choose one Subgroup:

Pay Premium will be direct you to this page. Select the desired **Subgroup** to be directed to the payment screen to make your payment.

Payment Options Screen:

Select the desired **payment option.** You can set up a single payment or auto payment using your checking, debit or credit card account. Please contact your Group Services representative for credit card limitations. Currently, we do not take Discover credit cards. You can also update your communication preferences, review your payment history and account activity.

Autopay Setup:

Select the **Setup automatic payments** button.

Autopay Setup Continued:
Select the **day of the month** you want the payment to draft. The click **Next**.

Autopay Setup Continued:

Select **Credit or Debit Card** or **E-Check (ACH)**.

Autopay Setup Continued:

Scroll down and select **Email** or **Phone**. Enter the email address or cell phone number for your payment related notifications.
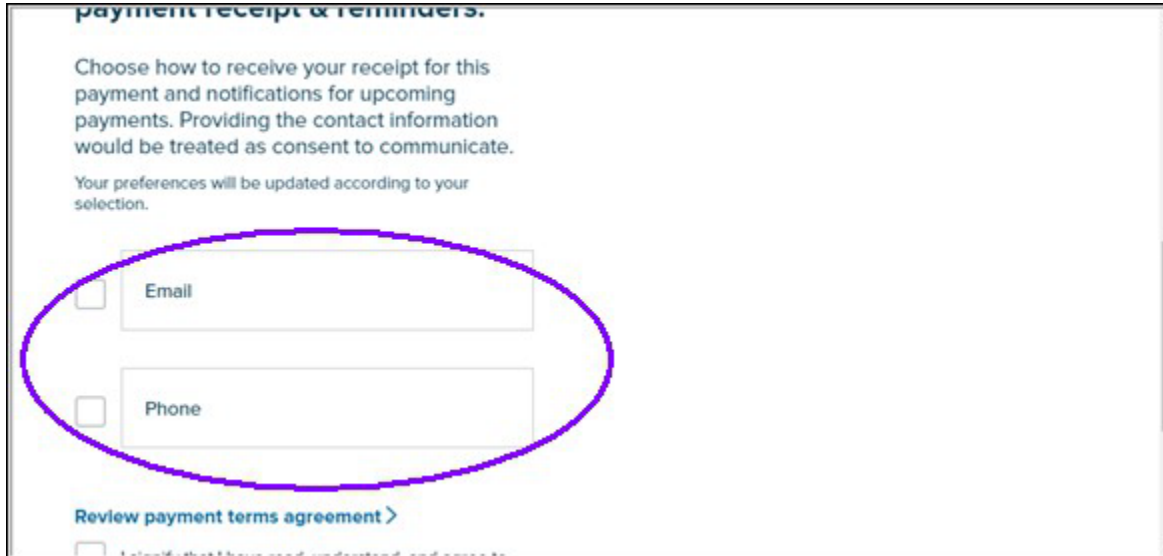
Autopay Setup Continued:

Scroll down and check the box under **Review payment terms agreement**.

The **Terms and Conditions** will open.

Autopay Setup Continued:

Scroll all the way down and click **Agree**.

The **Terms and Conditions** box will close and bring you back to the Autopay screen. Click **Next**.

Note: Please note that you must scroll all the way to the bottom of the Terms and Conditions to be able to click Agree.

Autopay Setup Continued:

When the payment method box opens, enter your payment information. Then click **Confirm payment** button.
Optional: You can click the box to save the payment information for future use.
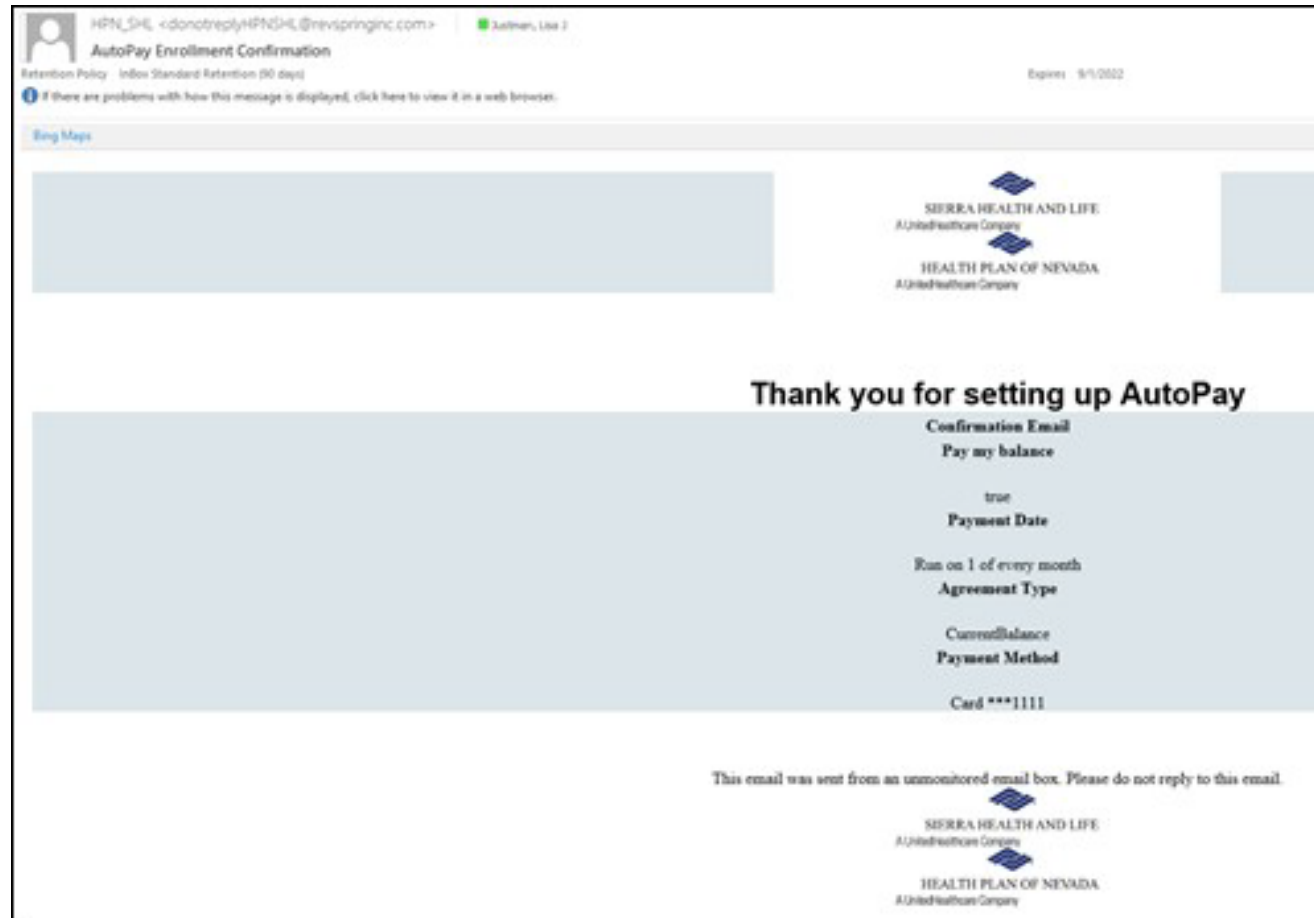
Autopay Setup Confirmation:

The confirmation screen will display. You can **Print, Email** or **Text** the confirmation. Note: If you opt-in for text and/or email notifications, you'll receive the following message.

Your autopay is confirmed. Thank you!

Your account will be charged on the scheduled date.

Current Balance Agreement Type: **CurrentBalance**
Payment Amount: **Total amount due on my account**
Starting Date: **Pay on the same day: 1st of every month**

Your receipt

✉ Email   ☐ Text   🔲 Print

Autopay Setup Confirmation – Email Notification Example:

Autopay Setup Confirmation – Text Notification Example:
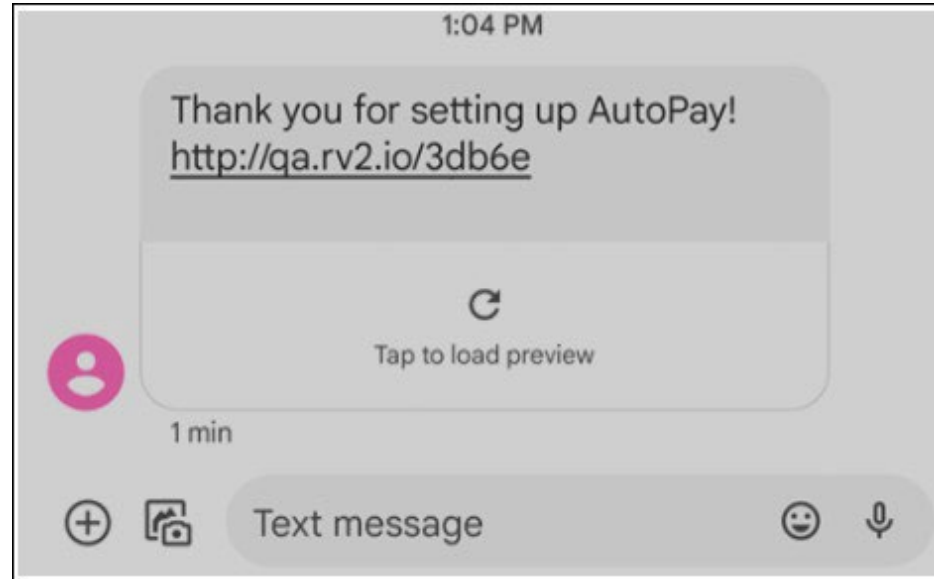
Thank you for reading and using this guide. We hope you have found it informative and useful.