

Welcome to Community Care Health!

We are pleased to partner with you in administrating your healthcare benefits. With Community Care Health you can access claims, eligibility and other valuable plan information 24 hours a day, 7 days a week.

GETTING STARTED

Follow the below steps if this is your first time accessing the system.

From the internet go to: <https://abawww.ebixhealth.com/lin/faces/LinLogin.jsp?themeProfile=default> (copy and paste into your browser, save link as a favorite for future use)

A user name and password will have already been provided for you. Enter that information here:



The screenshot shows the LIN (LuminX Information Network) Sign In page. At the top, the LIN logo is displayed with the tagline "LuminX Information Network". Below the logo is a "Sign In" section with a lock icon. There are two input fields: "User ID:" and "Password:". The "User ID:" field has a person icon on the left and a yellow highlight. The "Password:" field has a lock icon on the left and a yellow highlight. Below the input fields is a blue "Login" button with a right-pointing arrow. Underneath the "Login" button is a link for "Register New User". At the bottom of the form, there are two links: "User ID Help" and "Password Help".

You may be prompted to change your password when first accessing the system. If so, enter a unique password and password hint.

You are now registered for the site. Make sure to store your password somewhere safe.



The screenshot shows the LIN user dashboard. At the top, there is a blue header with the EBIXHEALTH | LIN logo on the left and a user profile icon labeled "JACQUELINE" on the right. Below the header is a navigation menu with three items: "Status", "Enrollment", and "Reports", each with a right-pointing arrow. To the right of the menu, the text "Welcome, JACQUELINE!" is displayed, followed by a "Help" button. Below the welcome message is a small image of a computer mouse with the text "LIN on-line" and a paragraph of text: "Welcome to the LuminX Information Network (LIN). LIN provides an easy and efficient way to access your benefit information."



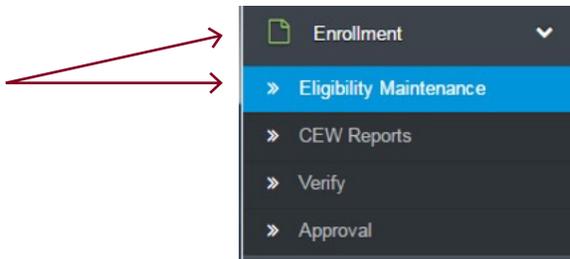
Please Note: Not all screens will appear the same for your use. Examples are designed from a test site and may appear slightly different from your screen.

HOW TO USE THE SITE

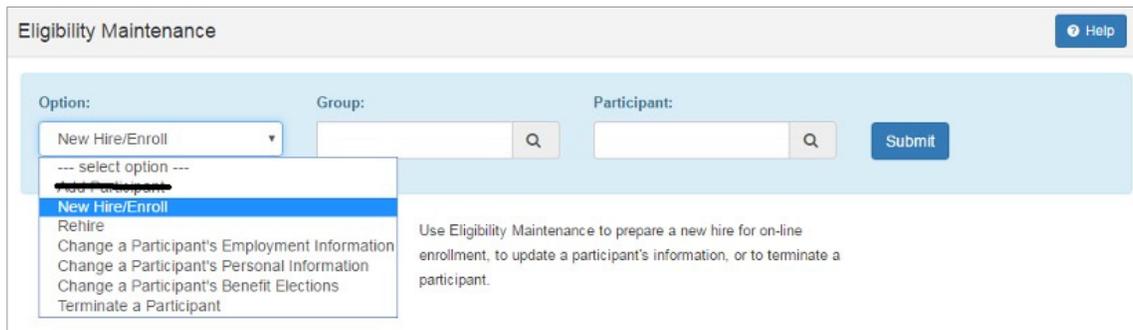
Your access may or may not include the following:



We'll look at the Enrollment tab first. Click on Enrollment, then Eligibility Maintenance:



Click on the drop-down box for your options. These are your enrollment change options. The first option is crossed out because it should not be used. You may or may not see this in your drop-down box.

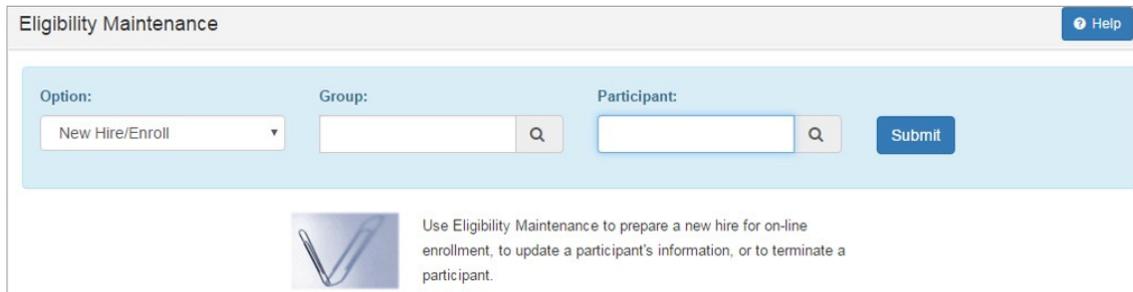


The 'Eligibility Maintenance' form is shown. It has a title bar with a 'Help' button. Below the title bar are three input fields: 'Option:', 'Group:', and 'Participant:'. The 'Option:' dropdown menu is open, showing a list of options: 'New Hire/Enroll' (crossed out), '--- select option ---', 'New Hire/Enroll', 'Rehire', 'Change a Participant's Employment Information', 'Change a Participant's Personal Information', 'Change a Participant's Benefit Elections', and 'Terminate a Participant'. To the right of the 'Group:' and 'Participant:' fields are search icons. A 'Submit' button is located to the right of the 'Participant:' field. Below the form is a descriptive text block: 'Use Eligibility Maintenance to prepare a new hire for on-line enrollment, to update a participant's information, or to terminate a participant.'

For this exercise, we will be adding a new enrollment. Select New Hire/Enroll.

NEW HIRE ENROLLMENT

The system will automatically enter your group number. There is no need to put an ID in the Participant field, the system will auto-assign.



The 'Eligibility Maintenance' form is shown. The 'Option:' dropdown menu is now closed and shows 'New Hire/Enroll'. The 'Group:' and 'Participant:' fields are empty. The 'Submit' button is visible. Below the form is a descriptive text block: 'Use Eligibility Maintenance to prepare a new hire for on-line enrollment, to update a participant's information, or to terminate a participant.'

Adding Employee

All fields with a red * are mandatory fields. Enter as follows: * Use All Caps

First Section: Division; Name; Date of Birth; *Gender, Social security number; Marital status	Middle Section: Address, City, State, Zip Enter phone number if available	Last Section: Status, **Date of employment If all info is correct, click Next
---	--	--

↓
↓
↓

Add a Participant	Contact Information	Professional Information
<p>Please provide the following information for the participant.</p> <p>Participant Information</p> <p>Participant ID: CCXXXXXX</p> <p>Group ID: H300</p> <p>Division ID: GRPA - GROUP - ACTIVE *</p> <p>Participant Name: <input type="text" value="JOHN"/> <input type="text" value="SMITH"/> * <small>first middle last</small> </p> <p>Date of Birth: 05/05/1955 *</p> <p>Gender: * <input type="radio"/> Female <input checked="" type="radio"/> Male </p> <p>Social Security Number: <input type="text" value="XXX"/> <input type="text" value="XX"/> <input type="text" value="XXXX"/> * </p> <p>Marital Status: <input type="text" value="MARRIED"/> * </p> <p>Divorce Date: <input type="text"/> </p> <p>Marriage Date: <input type="text"/> </p>	<p>Contact Information</p> <p>Address: <input type="text" value="910 W 11TH AVE"/> * </p> <p>Address Line 2: <input type="text"/> </p> <p>City: <input type="text" value="FRESNO"/> * </p> <p>State/Province: <input type="text" value="CALIFORNIA"/> * </p> <p>ZIP code/Postal Code: <input type="text" value="93711"/> * </p> <p>Home Phone Number: <input type="text" value="(559) 555-5555"/> </p> <p>Work Phone Number: <input type="text"/> </p>	<p>Professional Information</p> <p>Status: <input type="text" value="Active"/> * </p> <p>Date of Employment <input type="text" value="01/15/2018"/> * </p> <p>Other Information</p> <p>Date of Death: <input type="text"/> </p> <p>Completed by: HR Representative: JCHAVEZ JACQUELINE CHAVEZ Date: 02/06/2018 </p> <p style="text-align: right;"> <input type="button" value="Cancel"/> <input type="button" value="Next"/> </p>

* a field has been added under Gender – "U" for unknown

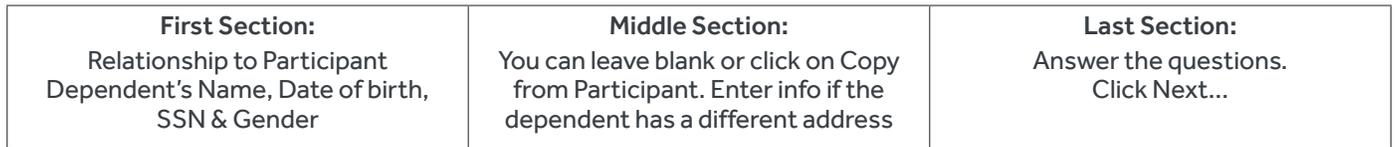
** if date of employment is retro further than 90 days, you may get an enrollment error. Add with a more current date and put the correct date of hire in the Remarks section. We will manually update upon approval on our side.

Next you will review what you have entered so far. If you need to make any changes, click the Back button. Otherwise, the only thing you need to complete in this section is if the employee has dependents to add. If so, check the Yes box, otherwise check No. Click Next...

For this exercise, we're going to check the Yes box.

<p>Participant Information</p> <p>Participant ID: CCXXXXXX</p> <p>Participant Name: JOHN SMITH</p> <p>Date of Birth: 05/05/1955</p> <p>Gender: <input checked="" type="radio"/> Female <input type="radio"/> Male</p> <p>Marital Status: MARRIED</p> <p>Marriage Date:</p> <p>Divorce Date:</p>	<p>Contact Information</p> <p>Address: 910 W 11TH AVE</p> <p>Address Line 2:</p> <p>City: FRESNO</p> <p>State/Province: CALIFORNIA</p> <p>Home Phone Number: (559) 555-5555</p> <p>Work Phone Number:</p> <p>ZIP code/Postal Code: 93711</p> <p>If we can contact you via email, please supply the participant's complete email address:</p>	<p>Dependent Enrollment</p> <p>Do you have any dependents (including your spouse) that are, or will be, enrolled in your employer's group benefit plan? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Back Next Exit</p>
--	---	---

Adding Dependents



<p>Dependent Information</p> <p>Please provide the following information for the dependent(s) you are adding.</p> <p>Dependent Information</p> <p>Participant Name: JOHN SMITH</p> <p>Participant ID: CCXXXXXX</p> <p>Relationship to Participant: Spouse</p> <p>Dependent's Name: RIVER SONG</p> <p>Date of Birth: 02/01/1993</p> <p>Social Security Number:</p> <p>Gender: <input checked="" type="radio"/> Female <input type="radio"/> Male</p>	<p>Contact Information</p> <p>Dependent's Address: Copy From Participant</p> <p>Address:</p> <p>Address Line 2:</p> <p>City:</p> <p>State:</p> <p>Zipcode/Postal Code:</p> <p>Home Phone Number:</p>	<p>Dependent Disability Information</p> <p>Is this dependent handicapped? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Date of Handicapped Status: mm/dd/yyyy</p> <p>Is this dependent disabled? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Date of Disability: mm/dd/yyyy</p> <p>Back Next Exit</p>
---	---	---

This is your listing of dependents. If you need to make a change, click on the dependent name and you will be taken back to the above screens.

If you need to add more dependents, click on Add another Dependent.

If you're done, click Next:

Participant Name: JOHN SMITH Participant ID: CCXXXXXX

Search:

SSN	First Name	Last Name	Middle	Sex	DOB	Relationship	Student?	Disabled?	Status	Termination Date	Delete
	RIVER	SONG		Female	02/01/1993	Spouse		No	Active		X

Add Another Dependent Back Next Exit

Next are the benefit screens.

Effective Date of Coverage

It is **VERY** important that you change the date in the Effective Date of Coverage box. If you don't, the date that is in there will be the date you make the employee effective.

Elect/Decline Coverage

Check Elect

Enroll in a plan

Select the Enrollment level for this benefit

Dependents

If you are enrolling dependents under this benefit, click the box.

Click Next...

Benefit Enrollment help?

JOHN SMITH
CCXXXXXX

Pharmacy
Effective Date of Coverage:

Elect/Decline Coverage

Elect Decline

Enroll in a plan

Plan Name	Enrollment Level
Pharmacy	PARTICIPANT+SPOUSE ▼

Dependents

Click the elect option for each dependent that you would like to include in this coverage.

Elect Soc. Sec.	Name	Gender	Birthdate	Relationship
<input checked="" type="checkbox"/>	RIVER SONG	Female	02/01/1993	Spouse

Back Next Exit

This is the summary of everything you just did.

Review all information. Double check effective dates.

If you need to make changes, click the Back button.

If correct, click Next.

Enrollment Summary

Group ID: H300 **Enrollment Number:** H300CCXXXXXXXX20180206181827
Division ID: GRPA **Electronic Submission:** 02/06/2018 6:18 pm
Enrollment Type: HRAE

Personal Information

Participant: JOHN SMITH **Participant ID:** CCXXXXXXXX
Address: 910 W 11TH AVE
FRESNO, CA 93711
e-mail:
Home Phone: (559) 555-5555 **Work Phone:**
Date of Birth: 05/05/1955 **Gender:** Male
Marital Status: MARRIED **Marriage Date:**

Employment Information

Status: Active
Date of Employment: 01/15/2018
Date of Death:

Dependents

SSN Last	First	Middle	Sex	Birthdate (mm/dd/yyyy)	Relationship	Student?	Handicapped?	Disabled?
SONG	RIVER		F	02/01/1993	Spouse	N	N	N

Voluntary Benefits

Benefit	Plan	Enrollment Level
Medical Effective Date: 02/01/2018 Dependents Covered under this plan	Signature Platinum HMO	PARTICIPANT+SPOUSE
Pharmacy Effective Date: 02/01/2018 Dependents Covered under this plan	Pharmacy	PARTICIPANT+SPOUSE

Name	SSN	Relation
RIVER SONG		Spouse

Name	SSN	Relation
RIVER SONG		Spouse

Back **Next**

This is the final page.

Enter information in the Remarks section. You should always include something here. It doesn't have to be long or too detailed.

You must also include the name of the primary care physician the member has elected for himself and his dependents.

Click Approve.

Enrollment Verification

NOTE: This change was made outside the allowable timely period. Some benefit elections may be affected.

Group Name: COMMUNITY CARE HEALTH **Group ID:** H300
Division ID: GRP-A
Enrollment Number: H300CCXXXXXXXX20180206181827 **Electronic Submission:** 20180206181827
Enrollment Type: HRAE
Participant Name: JOHN SMITH **Participant ID:** CCXXXXXXXX

Remark:

ADDING NEW EMPLOYEE EFFECTIVE 2/1/2018 PCP FOR JOHN - RICHARD BERQUIST MD PCP FOR RIVER - ERICA DELSMAN MD
--

Completed by:
HR Representative: JCHAVEZ
JACQUELINE CHAVEZ **Date:** 02/06/2018

Back **Cancel** **Print** **Hold** **Approve**

You're done with enrolling a new employee and his/her dependents.

ELIGIBILITY MAINTENANCE

Change a Participant's Employment Information



The only thing you can change from this section is the Employee's Division. You wouldn't use this for a rehire or termination.

Division ID

Click on the drop down box, select the division you are changing the employee to.

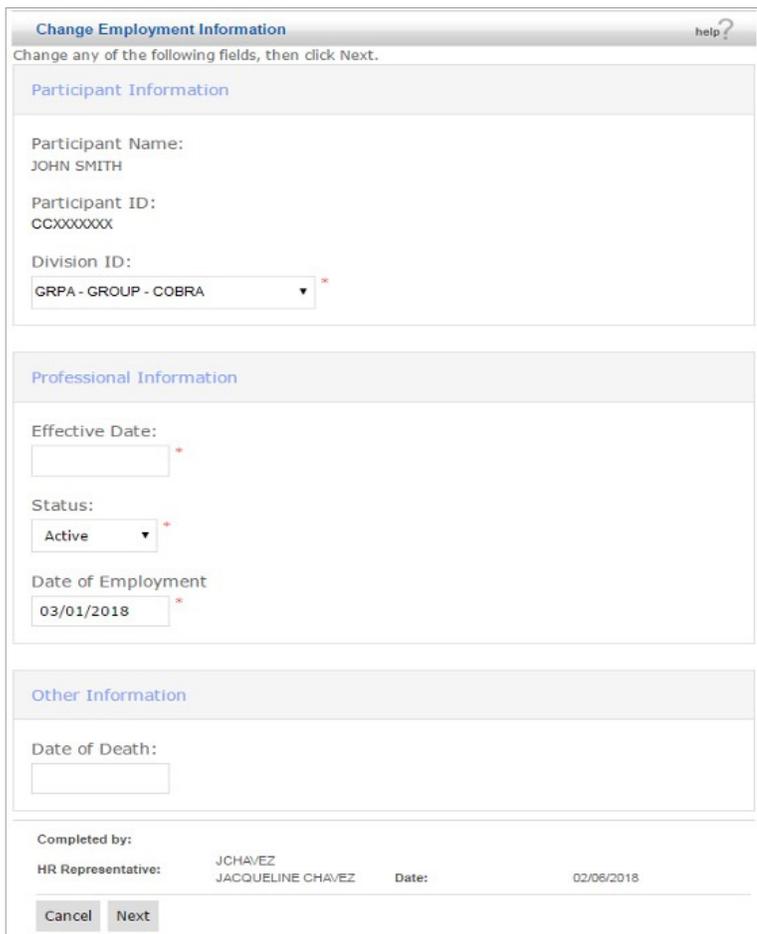
Effective Date

Enter the date the new division is effective.

Click Next...

(The next screen is the Enrollment Verification screen from above)

Enter your comments and Approve.



TERMINATE AN EMPLOYEE

The next set of screens will show you how to terminate an employee.

Select the Terminate a Participant option. Enter participant ID and the Termination Date:



Click the drop down box under Qualifying Event. Select the reason the Employee is terminating employment. You have several options. Choose the one that best describes the termination.

Participant Termination help?

The following is a list of this participant's benefit coverages and their end dates. If you are extending any coverage, please enter a Revised Coverage End Date.

Participant Name: JOHN SMITH Participant ID: CCXXXXXX
 Employer: H300 Termination Date: 02/22/2018

Qualifying Event: **--- select option ---**

Benefits / Termination Dates

Benefit	Coverage End Date	Revised Coverage End Date
Medical	02/22/2018	
Pharmacy	02/22/2018	

Completed by:
 HR Representative: JCHAVEZ Date: 02/06/2018

Cancel Next

If your group terms end of month you would enter the end of month date in the Revised Coverage End Date.

Click Next.

Participant Termination help?

The following is a list of this participant's benefit coverages and their end dates. If you are extending any coverage, please enter a Revised Coverage End Date.

Participant Name: JOHN SMITH Participant ID: CCXXXXXX
 Employer: H300 Termination Date: 02/22/2018

Qualifying Event: **END OF EMPLOYMENT**

Benefits / Termination Dates

Benefit	Coverage End Date	Revised Coverage End Date
Medical	02/22/2018	02/28/2018
Pharmacy	02/22/2018	02/28/2018

Completed by:
 HR Representative: JCHAVEZ Date: 02/06/2018

Cancel Next

Enter your notes in the Remark section.

Click Approve.

Participant Termination help?

Group Name: COMMUNITY CARE HEALTH Group ID: H300
 Division ID: GRP-A
 Enrollment Number: H300CCXXXXXX20180206181827 Electronic Submission: 20180206200628
 Enrollment Type: HRTR
 Participant Name: JOHN SMITH Participant ID: CCXXXXXX

Remark:

Completed by:
 HR Representative: JCHAVEZ Date: 02/06/2018

Back Cancel Print Hold Approve

REHIRE

You would use the Rehire option when an employee has been rehired with your company or was previously enrolled, cancelled coverage and is now being reinstated. **This is a 2-step process.** First you will reinstate the Employee:

Click on Option – Rehire

You must have the employee's old ID number. If you don't know it, click on the magnifying glass next to the Participant field. Enter the Employee's Name (Last and First) and Date of Birth. Click Submit.

Search Results

Participant Name	Participant ID	Date of Birth	Group ID
SMITH, JOHN	CC0008365	05/05/1955	H300

If Employee was never enrolled you'll see this:

Unable to retrieve participant search results from server.

Once you have all the information, click Submit:

Verify that the information we have in our system is still correct. If not, update with current information. Enter the Employee's Rehire date and click Next...

Enter your notes in the Remarks section and Approve.

You can either email the eligibility department to update the member or wait until it's done. Once the transaction has been updated in our system you can add the benefits.

ADDING BENEFITS (PART 2 TO REHIRE)



Please Note: You would also use the below steps to change benefits or add or remove a dependent.

After step 1 has been approved and updated in our system, you can add the benefits. Under Eligibility Maintenance select Change a Participant's Benefit Elections, enter the Employee's ID number:

Eligibility Maintenance

Option: Change a Participant's Benefit Elections Group: H300 Participant: CCXXXXXXXX

Verify the information in these fields. Update where necessary. Enter if you are enrolling dependents:

This on-line enrollment process will lead you through a series of screens that display personal, dependent and benefit information. Review the information on each screen. Enroll in the benefits that make sense for you and your family and complete the appropriate forms.

Participant Information

Participant ID: CCXXXXXXXX

Participant Name: JOHN SMITH
first middle last

Date of Birth: 05/05/1955

Gender: Female Male

Marital Status: MARRIED

Marriage Date:

Divorce Date:

Contact Information

Address: 910 W 11TH AVE

Address Line 2:

City: FRESNO

State/Province: CALIFORNIA

Home Phone Number: (559) 555-5555

Work Phone Number:

ZIP code/Postal Code: 93711

If we can contact you via email, please supply the participant's complete email address:

Dependent Enrollment

Do you have any dependents (including your spouse) that are, or will be, enrolled in your employer's group benefit plan? *

Yes No

Next Exit

If enrolling or removing a dependent, go to the dependent screen and make your changes (see page 4 above). If we administer your COBRA, you will need to put in the Remarks section why the dependent is being termed so we know if we need to offer COBRA.

To elect benefits click the Elect bubble, make sure the effective date is correct.

Click on Next.

Update the same way for all elected benefits.

Benefit Enrollment

JOHN SMITH
CCXXXXXXXX

Medical
Effective Date of Coverage: 03/01/2018

Coverages available in this division.

Elect/Decline Coverage

Elect Decline

Enroll in a plan

Plan Name	Enrollment Level
Signature Platinum HMO	PARTICIPANT ONLY

Back Next Exit

Review screen, click the Back button if you notice any errors.

Click Next.

Enter Remarks, PCP information if you've missed it previously and approve.

On-line Change help?

You have provided the following information and made the following changes using the on-line Enrollment system. This information will now be processed by your employer. **Please note**, the benefit selections that you have made are not guaranteed to you. All elections are subject to the terms and conditions of your benefit plan.

Group ID:	H300	Enrollment Number:	H300CCXXXXXXXX20180206181827
Division ID:	GRPA	Electronic Submission:	02/06/2018 6:18 pm
Enrollment Type:	UPDT		

Personal Information

Participant:	JOHN SMITH	Participant ID:	CCXXXXXXXX
Address:	910 W 11TH AVE FRESNO, CA 93711		
e-mail:			
Home Phone:	(559) 555-5555	Work Phone:	
Date of Birth:	05/05/1955	Gender:	Male
Marital Status:	MARRIED	Marriage Date:	

Voluntary Benefits

Benefit	Plan	Enrollment Level
Medical	Signature Platinum HMO	PARTICIPANT ONLY
	Effective Date: 03/01/2018	
Pharmacy	Pharmacy	PARTICIPANT ONLY
	Effective Date: 03/01/2018	

Back **Next**

CHANGE A PARTICIPANT'S PERSONAL INFORMATION

Use this option to change personal information for a Member or Dependent:

Eligibility Maintenance help?

Option: Change a Participant's Personal Information Group: H300 Participant: CCXXXXXXXX

Submit

Here are the screens you will be updating. If you are changing a dependent's information, click Yes to be taken to the dependent screens:

<p>Personal Info help?</p> <p><small>This on-line enrollment process will lead you through a series of screens that display personal, dependent and benefit information. Review the information on each screen. Enroll in the benefits that make sense for you and your family and complete the appropriate forms.</small></p> <p>Participant Information</p> <p>Participant ID: CCXXXXXXXX</p> <p>Participant Name: <input type="text" value="JOHN"/> <input type="text" value="SMITH"/></p> <p>Date of Birth: <input type="text" value="05/05/1955"/></p> <p>Gender: <input checked="" type="radio"/> Female <input checked="" type="radio"/> Male</p> <p>Marital Status: <input type="text" value="MARRIED"/></p> <p>Marriage Date: <input type="text"/></p> <p>Divorce Date: <input type="text"/></p>	<p>Contact Information</p> <p>Address: <input type="text" value="1112 W 13th St"/></p> <p>Address Line 2: <input type="text"/></p> <p>City: <input type="text" value="FRESNO"/></p> <p>State/Province: <input type="text" value="CALIFORNIA"/></p> <p>Home Phone Number: <input type="text" value="(559) 555-5555"/></p> <p>Work Phone Number: <input type="text"/></p> <p>ZIP code/Postal Code: <input type="text" value="93705"/></p> <p><small>If we can contact you via email, please supply the participant's complete email address:</small></p> <p><input type="text"/></p>	<p>Dependent Enrollment</p> <p>Do you have any dependents (including your spouse) that are, or will be, enrolled in your employer's group benefit plan? *</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p style="text-align: right;">Next Exit</p>
--	---	---

Confirm information on the Enrollment Verification screen, click Next, add Remarks and Approve.

Additional Information:

Eligibility Contact

Direct: (559) 228-2923 | Fax: (559) 228-4501

Eligibility Email: eligibility@communitycarehealth.org