



Administrative Manual

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Introduction

Blueprint for Employers is a secure, self-service site that lets you manage your group's plan with Arkansas Blue Cross and Blue Shield and Health Advantage. The site hosts an array of tools beyond those available on our public sites, which give you the ability to:

- Add employees and dependents to your group's plan.
- Print temporary ID cards and order replacement ID cards for employees and dependents.
- Submit electronic change forms.
- Track submitted applications as they move through the enrollment process.
- View a Summary of Benefits and Coverage and rates specific to your group.
- View all enrolled employees and their dependents, as well as canceled employees and employees who have been assigned future effective dates.

In addition, Blueprint for Employers offers all the forms, manuals and information currently available in the Employer section of the [Arkansas Blue Cross](#) and [Health Advantage](#) websites.

Accessing Blueprint for Employers

To log in

1. Follow the site link to access the login screen (See Fig. 1): secure.blueprintforarkansasemployers.com
2. Enter your username and password.
3. Click Sign In.

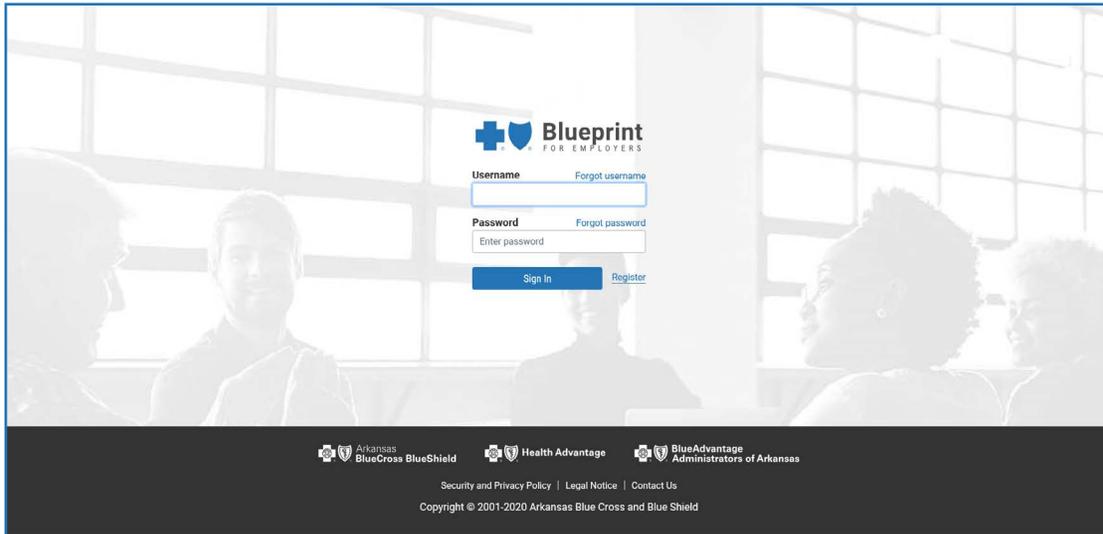


Fig. 1 – Login Screen

Bookmarking the Site

Bookmarking Blueprint for Employers lets you access the website quickly and easily. Below are instructions on how to bookmark the website for different web browsers.

Before completing the following, make sure the address field in your web browser reads secure.blueprintforarkansasemployers.com/

For Windows

Internet Explorer

Press **Control-D** or select **Add Page to Favorites** from the Favorites menu. This will add the login page to your Favorites bar, located directly below the address field. You can also drag the icon to the left of the web address directly onto the Favorites bar.

Google Chrome

Press **Control-D** or select **Bookmark this Page...** from the Bookmarks menu. This will add the login page to your Bookmarks bar, located directly below the address field. You can also drag the icon to the left of the web address directly onto the Bookmarks bar.

Firefox

Press **Control-D** or select **Bookmark this Page...** from the Bookmarks menu. This will add the login page to your Bookmarks bar, located directly below the address field. You can also drag the icon to the left of the web address directly onto the Bookmarks bar.

For Mac

Safari

Press **Command-D** or select **Add Bookmark...** from the Bookmarks menu. This will add the login page to your Favorites bar, located directly below the address field. You can also drag the icon to the left of the web address directly onto the Favorites bar.

Firefox

Press **Command-D** or select **Bookmark this Page...** from the Bookmarks menu. This will add the login page to your Bookmarks bar, located directly below the address field. You can also drag the icon to the left of the web address directly onto the Bookmarks bar.

Select a Group

Blueprint for Employers is designed to accommodate users with multiple groups.

After logging in to Blueprint for Employers, you will be directed to the Group Selection page (See Fig. 2). If you have multiple groups covered by Arkansas Blue Cross or Health Advantage, you must select which group's information you wish to view. Information on Blueprint for Employers is displayed according to which group you selected.

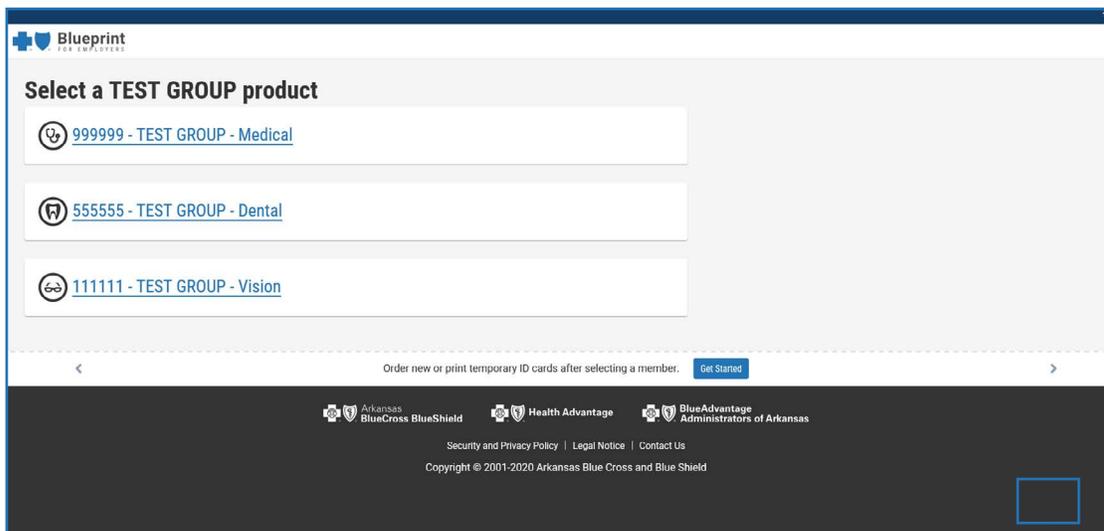


Fig. 2 – Group Selection

Users with multiple groups can switch between groups by selecting the group name link (See Fig. 3) in the top left of the page, which navigates you back to the group selection page.



Fig. 3 – Select a Group Accessing Blueprint for Employers

Smarter Access. Faster Insights. Better Support.

We're introducing new features designed to make managing your population in Blueprint for Employers **easier, faster, and more intuitive.**

Global Members Search

Find any member faster – without knowing the group number

Previously, locating a member required knowing their group number before you could even begin the search. With the new Global Members Search, you can search for any member across your population from a single search bar using **name, contract number, or SSN.** (See Fig. 4)

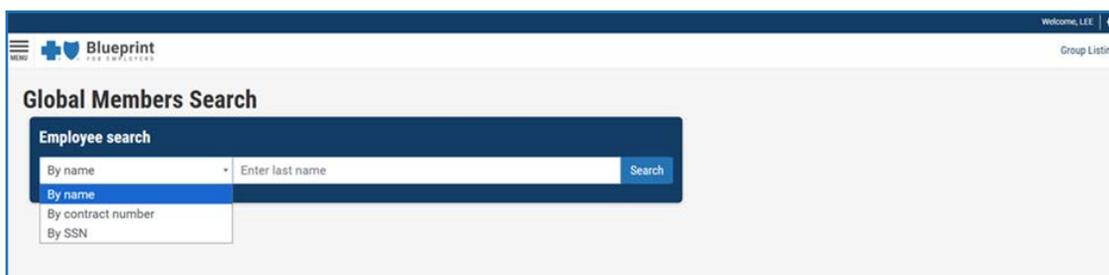


Fig. 4 – Global Members Search

Blueprint for Employers Tools

Blueprint for Employers gives you the tools necessary to regulate your group's plan. These tools allow you to perform a wide range of administrative functions, including:

- View a Member Listing.
- View Member Details.
- Initiate an Electronic Employee Application.
- Submit an Electronic Medical Application to Add a Dependent to an existing policy.
- Cancel a Medical Electronic Employee Application.
- View Contracts with Future Effective Dates.
- Submit an Electronic Change Request.
- View the status of group additions and changes.
- Replace an ID card. (Available for medical and dental coverage only. This functionality is unavailable for vision ID coverage).

Navigation Menu

The Blueprint for Employers navigation menu (See Fig. 5) displays links to the site's main features. To close the menu, click **Close** in the top-left corner.

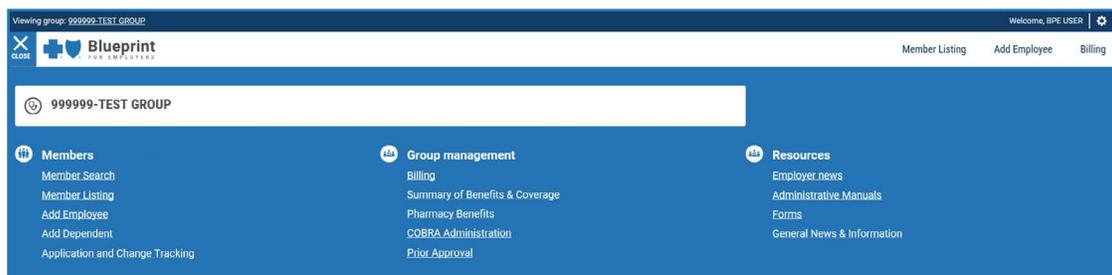


Fig. 5 – Navigation menu

Homepage

The Blueprint for Employers Homepage (See Fig. 6) defaults to Member Listing.

To return to the Homepage from any page on the site, click the Blueprint for Employers logo at the top-left corner of the page next to the menu.

To log out of Blueprint for Employers, click the settings gear in the top right corner of the page, then click **Sign-out**.

You can find links to the **Security and Privacy Policy**, **Legal Notice** and **Contact Us** pages at the bottom of the page, just below the logos.

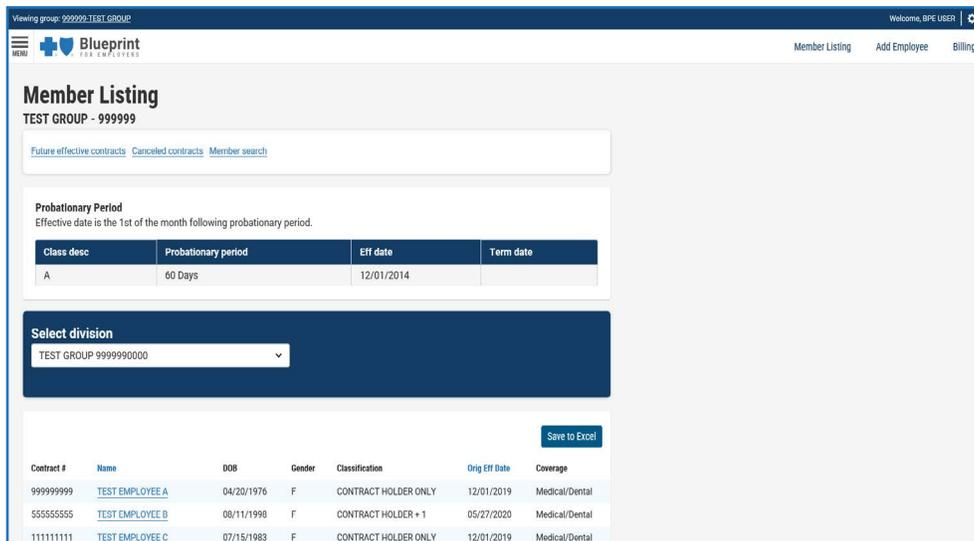


Fig. 6 – Homepage

View Member Listing

The Member Listing page displays a list of your group’s employees, their contract number, date of birth, gender, marital status, original effective date and coverage.

The Member Listing page displays by default after logging in to Blueprint for Employers.

Other ways to access Member Listing include:

1. Click the **Member Listing** quick link, located at the top-right of the page (See Fig. 7).
2. Click the Blueprint for Employers logo at the top-left corner of the page next to the menu to return to the homepage/Member Listing page (See Fig. 7 and See Fig. 8).
3. Click **Member Listing** in the Navigation menu at the top-left of the page.



Fig. 7 – Member Listing Links

This page also has links to view Future Effective Contracts and Canceled Contracts, or search for a member. Use the navigation page numbers at the bottom left of the page to navigate through the list of members. Click on any name to view Member Details. Users have the ability to save the Member Listing information to Excel.

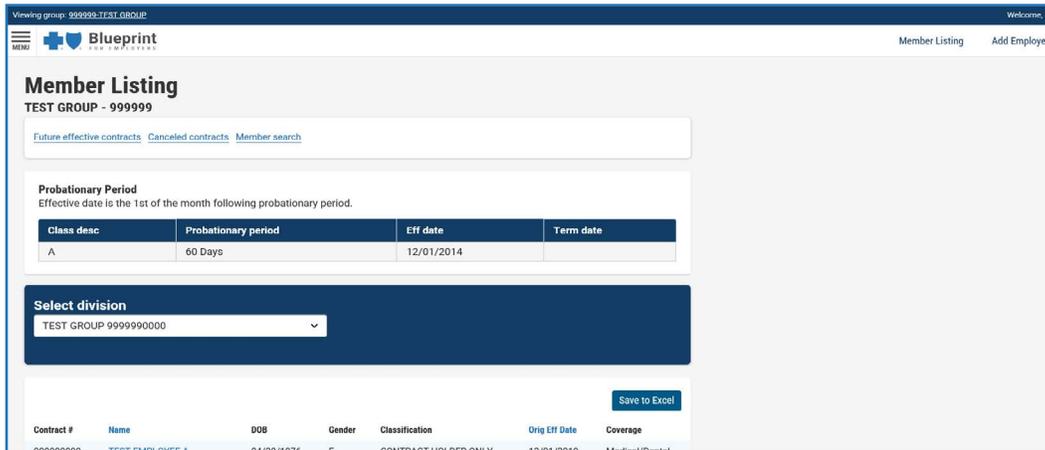


Fig. 8 – Member Listing

View Member Details

On the Member Details page, you can:

- Print a Temporary ID Card (Available for medical and dental coverage only).
- Order an ID Card (Available for medical and dental coverage only).
- Submit an Electronic Change Request.
- Add a Dependent.

Users have the ability to save the member details information to Excel.

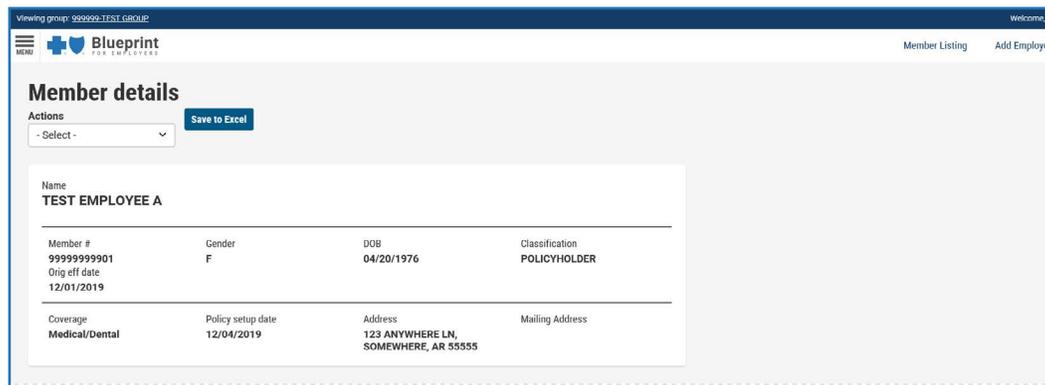


Fig. 9 – Member Details

Note: An employee's dependents are displayed on their Member Details page.

Member Search

To access member search:

1. Click **Menu** on the Member Listing Page located at the top of the page (See Fig. 10).
2. Click **Member Search** in the Navigation menu at the top-left of the page (See Fig. 11).

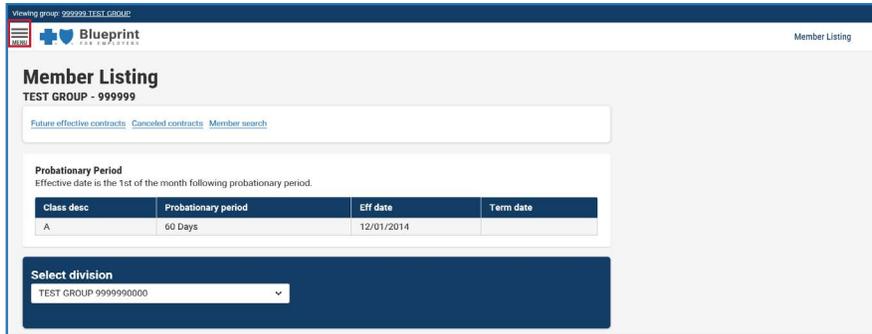


Fig. 10 – Menu

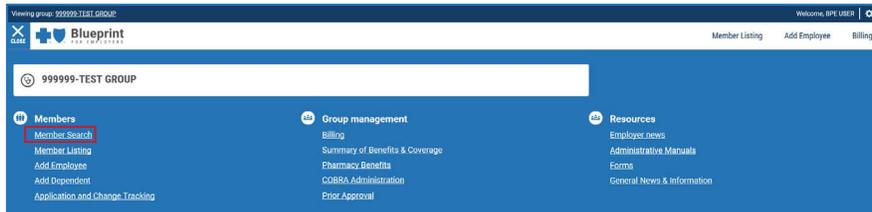


Fig. 11 – Member Search

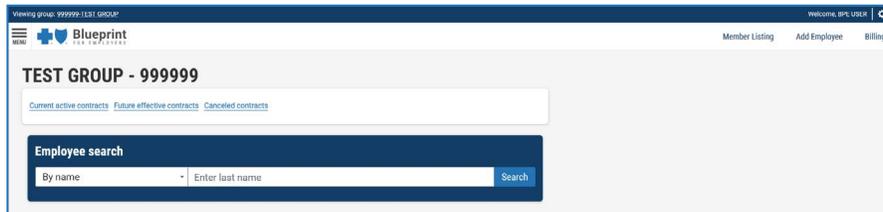


Fig. 12 – Employee Search

Search for an employee by:

- Last Name
- Social Security Number
- Contract Number

Member Global Search

A new feature has been added that allows users to perform a global search for members in Blueprint for Employers. This enhancement enables users to quickly and efficiently locate member information by utilizing key search criteria, including Name, Contract Number, or SSN.

To access member global search:

- Click on “Member search for all groups” located at the top of the page (See Fig. 13)

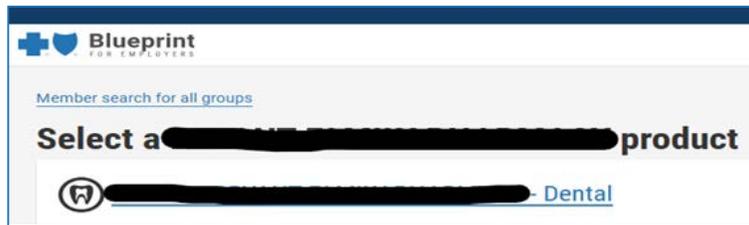


Fig. 13 – Member Global Search

- Select the Employee Search by name, contract number, or SSN and enter the value. (See Fig. 14)



Fig. 14 – Member Global Search

- Click on the search button. (See Fig. 15 and See Fig. 16)
- Review the results and select the desired member to view details. (See Fig. 16)



Fig. 15 – Member Global Search

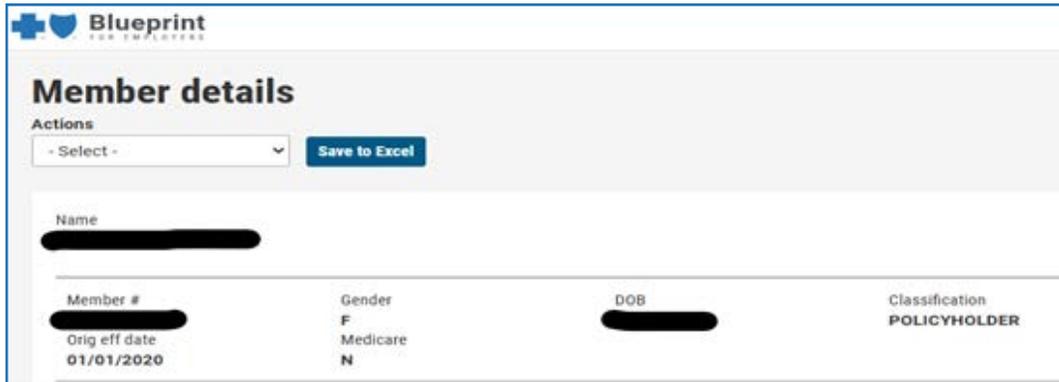


Fig. 16 – Member Global Search

User access permission

Primary web admins and benefits managers have full access to the new feature. Web assistants have limited access. Their permissions are provisioned and managed by the primary web admin.

Initiate an Electronic Employee Application

To start the application process:

1. Click the **Add Employee** quick link, at the top-right of the page or from the navigation menu (See Fig. 17). You will be redirected to the Employee Application.



Fig. 17 – Add Employee Link

2. Complete all required fields on the application (See Fig. 18), then click **Continue**. If you wish to send the application to the employee for completion, click **Send to Employee** (Skip to step 15).
3. If the employee is not a new hire, the Reason for Enrollment dropdown menu will display (See Fig. 19).



Fig. 19 – Reason for Enrollment

4. Select the qualifying life event from the Reason for Enrollment dropdown menu, then click **Continue**.

Fig. 18 – Employee Application

The site will direct you to the Who is Applying? (See Fig. 20).

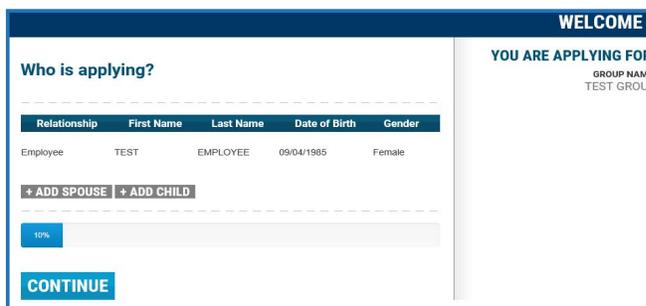


Fig. 20 – Who is Applying?

5. Click **Add Spouse** or **Add Child** to add dependents to the employee’s coverage. Enter the dependent name, birthdate and gender, then click **Continue** (See Fig. 21).

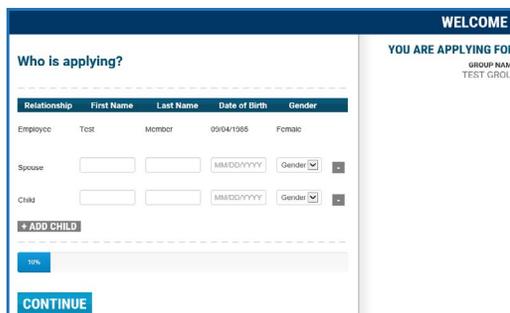


Fig. 21 – Adding Dependents

The site will direct you to the next page, where you will add additional information for each applicant (See Fig. 22).

WELCOME

We need a little more information on each applicant.

YOU ARE APPLYING FOR:
GROUP NAME
TEST GROUP

Self
First Name: TEST
M.I.: F
Last Name: EMPLOYEE
Suffix: None
DOB: 09/04/1985
Gender: Female
SSN: [REDACTED]
Relationship: Self
Marital Status: Single (including widowed or divorced) Married (including separated)
Job Title: [REDACTED]
Do you want to add a Primary Care Physician (PCP)? Search No
30%
CONTINUE

Fig. 22 – Additional Information

6. Select the employee's marital status, enter their job title, then click **Continue**.

Note: To add a primary care physician, click the search button. This will launch a pop-up window where you can search for the physician by last name, city and specialty.

The site will direct you to the Summary of Applicants page (See Fig. 23).

WELCOME

Summary of Medical Insurance Applicants

YOU ARE APPLYING FOR:
GROUP NAME
TEST GROUP

Applicant	Date of Birth	SSN	Gender
Employee: TEST F EMPLOYEE	09/04/1985	[REDACTED]	Female Change

BACK

30%

Fig. 23 – Summary of Applicants

7. Review the information for accuracy. Click Submit, and you will be directed to the Current/Previous Insurance Information page (See Fig. 24).

WELCOME

Current/Previous Insurance Information

YOU ARE APPLYING FOR:
GROUP NAME
TEST GROUP

Do you or any family members have any previous or current health insurance coverage?
 Yes No

Which option best describes your previous or current health insurance coverage? (Check all that apply)
 Medicare
 Other Insurance (Includes coverage such as ARKids, Medicaid or other commercial carriers.)

40%

CONTINUE

Fig. 24 – Current/Previous Insurance Information

- Indicate whether the applicant had previous or current health insurance coverage. If you select **Yes**, answer the additional related questions and click **Continue**. The site will direct you to the Contact Information page (See Fig. 25).

Fig. 25 – Contact Information

- Enter the applicant’s contact information, then click **Continue**.
- Select which family member is or has been covered by the other insurance, then click **Continue** (See Fig. 26).

Fig. 26 – Contact Information

- Enter the applicant’s other insurance information, then click **Continue** (See Fig. 27).

Fig. 27 – Other Insurance Information

- Answer the additional insurance questions and click **Submit** (See Fig. 28).

Fig. 28 – Other Insurance Question

13. Enter Applicant contact information, then click **Submit** (See Fig. 29).

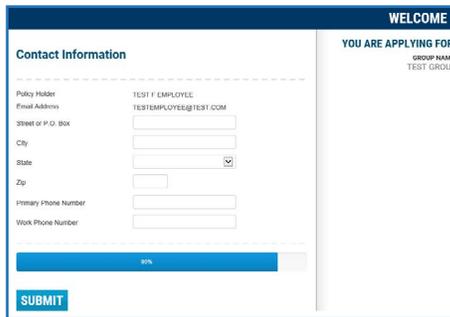


Fig. 29 – Contact Information

14. You will be redirected to a confirmation page where you can print a PDF copy of the application (See Fig. 30).

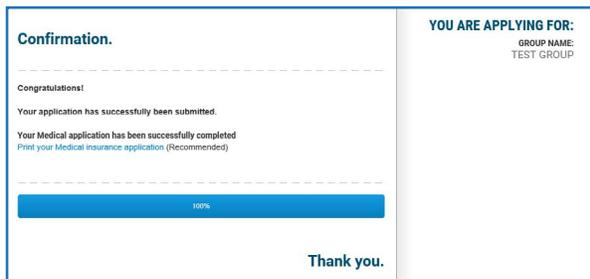


Fig. 30 – Application Confirmation

Send to Employee for Completion

15. If you selected to send to the employee, the employee will receive an email with instructions on how to complete the application (See Fig. 31).

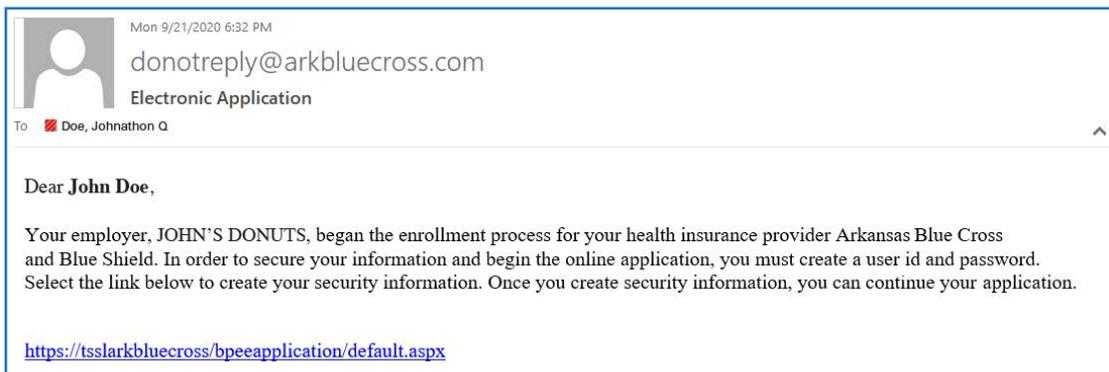


Fig. 31 – Application Confirmation

16. Once the employee has completed and submitted their application, the group administrator will receive an email asking for approval (See Fig. 32).

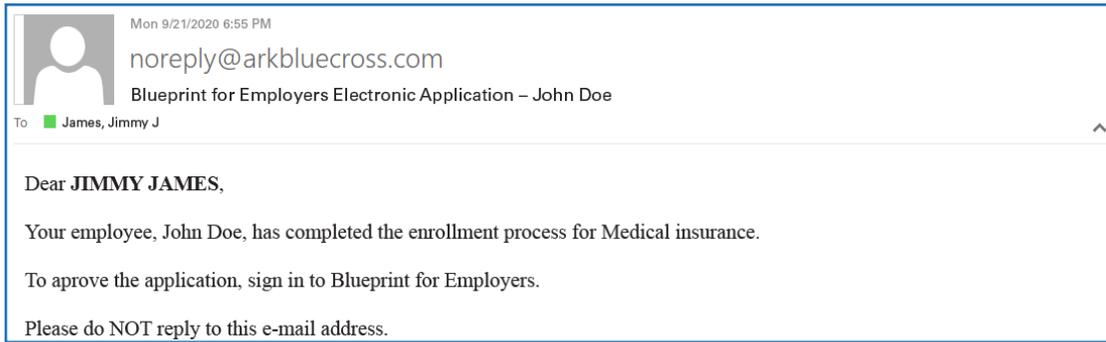


Fig. 32 – Application Confirmation

- When the employee has completed the application, log in to Blueprint for Employer and click **Application and Change Tracking** under the navigation menu. Application results can be sorted by date range, name, date received, status and status date using the dropdowns (See Fig. 33).

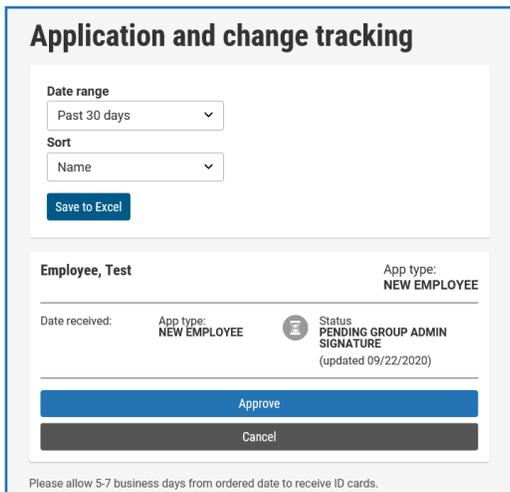


Fig. 33 – Application and Change Tracking

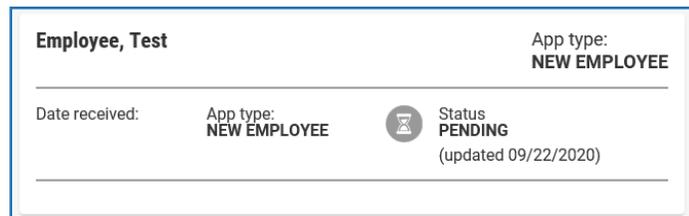


Fig. 34 – Application Tracking and Pending Status

- Locate the employee needing approval and click **Approve** (See Fig. 34). The application status will change to pending, and the application will be sent for processing (See Fig. 35).

Submit an Electronic Medical Application to Add a Dependent

To add a dependent to medical:

- Click **Add Dependent** from the navigation menu (See Fig. 35) or select **Add Dependent** on the Actions dropdown on the Member Details page (See Fig. 36).



Fig. 35 – Application and Change Tracking

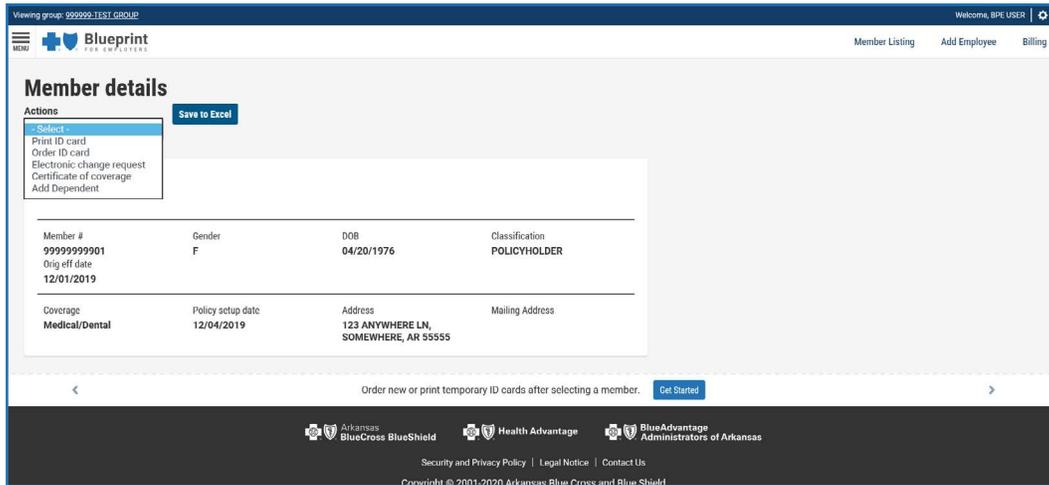


Fig. 36 – Member Detail

2. Click on the employee and you will be directed to the Add Dependent screen (See Fig. 37).
 3. Select the reason for adding a family member, enter the employee’s email address and then click **Continue Application**. If you wish to send the application to the employee for completion, click **Send to employee**.
- Note:** Depending on the reason selected, you may be asked to provide a date.
4. If you chose to **Continue Application**, the application pop-up window displays, allowing you to complete the application on the employee’s behalf. If you chose to **Send to employee**, the employee will receive an email with instructions on how to complete the application.
 5. Once the employee has completed the Add Dependent application, log in to Blueprint for Employers and click **Application and Change Tracking** under the navigation menu. Application results can be sorted by date range, name, date received, status and status date using the dropdowns.
 6. Locate the employee and click **Approve** to complete the submission process (See Fig. 38). The status will then update to pending.

Fig. 37 – Adding a Dependent Form

Fig. 38 – Application Tracking, Approve Add Dependent

Dental and Vision Electronic Employee Applications

Dental or Vision Applications can be completed by themselves or combined with the medical application.

If an employee applies for both medical and dental insurance (or vision), the group administrator only needs to initiate the medical application. The process is the same as outlined in the previous section, initiate an **Electronic Employee Application**, with the addition of a dental and/or vision section.

The process is a little different if an employee wants to enroll in dental or vision coverage only, whether they are a new employee or are currently enrolled. The steps and screenshot examples in this section show the process for dental, but the process is the same for vision groups.

To complete a Dental- or Vision-Only Application:

1. When logging in to Blueprint for Employers, select your dental or vision group (See Fig. 39).
2. Click the **Add Employee** quick link, located at the top-right of the page or from the navigation menu (See Fig. 41).
3. Enter the employee's Social Security number and click **Submit** (See Fig. 40). If the employee does not have coverage through your group, you must enter their information. If the employee already has coverage through your group, their SSN will be matched to our membership records, and their information will auto populate.



Fig. 39 – Select Dental or Vision

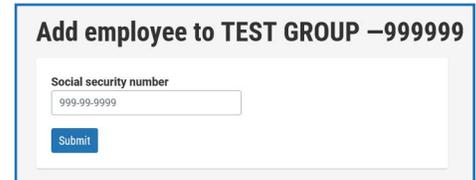


Fig. 40 – Add Employee Dental or Vision Application

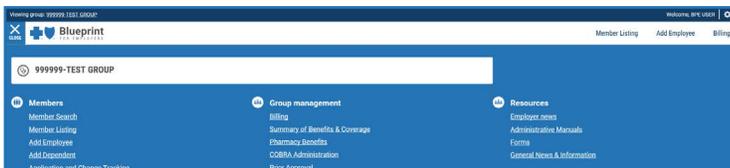


Fig. 41 – Electronic Dental or Vision Application, Add Employee

- Complete the Employee Dental or Vision Application (See Fig. 42), then click **Submit**.

Note: The group administrator completes the Dental or Vision Application and an employee signature is not required.

- If the employee is not a new hire, the Reason for Enrollment dropdown menu will display (See Fig. 43).

Fig. 43 – Reason for enrollment

- The site will direct you to the Who is applying page (See Fig. 44).

Fig. 44 – Who is applying page

- Click **Add Spouse** or **Add Child** to add dependents to the employee's dental or vision coverage. Enter the dependent name, birthdate and gender, then click **Continue** (See Fig. 45).

Fig. 45 – Add Dependents

- The site will direct you to another page, where you will add information for each applicant. Enter the dependent's information and click **Continue** (See Fig. 46).

Fig. 46 – Additional Dependent Information

Fig. 42 – Employee Dental or Vision Application

- The site will direct you to the Summary of Dental Applicants page (See Fig. 47).

Fig. 47 – Summary of Applicants

- Review the information and click **Submit**. You will be directed to the Continuing Coverage page (See Fig. 48).

Fig. 48 – Continuing Coverage

- Indicate whether the employee or their dependent(s) have other dental or vision insurance, and provide the insurance company's name and the employee's policy number.

Click **Submit** and the site will direct you to the Contact Information page (see Fig. 49).

Fig. 49 – Contact Information

- Enter the policyholder's contact information and click **Submit**.
- You will be directed to a confirmation page, where you can print a copy of the application (see Fig. 50).

Fig. 50 – Confirmation

Submit an Electronic Dental or Vision Application to Add a Dependent

To add a dependent to dental or vision:

1. When logging in to Blueprint for Employers, select your dental or vision group (See Fig. 51).

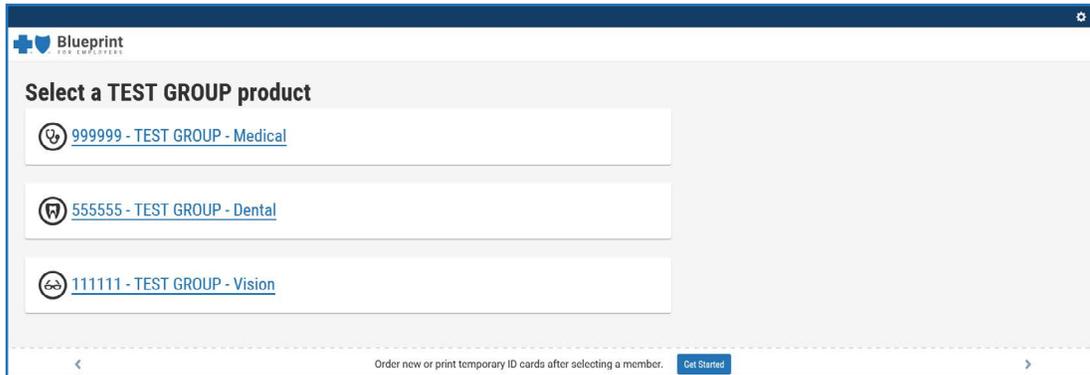


Fig. 51 – Group Selection

2. Click Add Dependent from the navigation menu (See Fig. 52) which will redirect you to the Member Listing page or select Add Dependent on the Actions dropdown on the Member Details page (See Fig. 52).

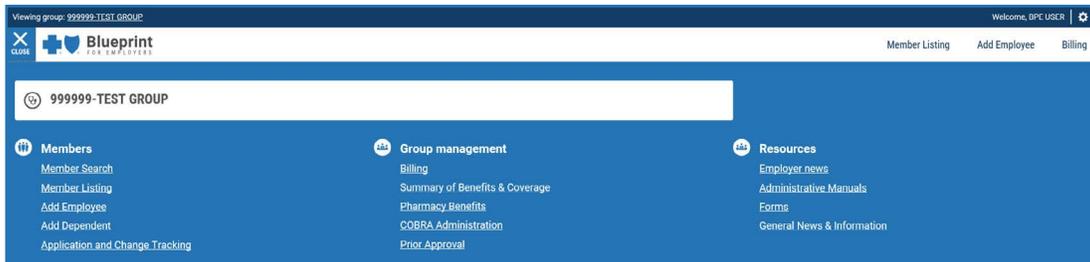


Fig. 52 – Add Dependent

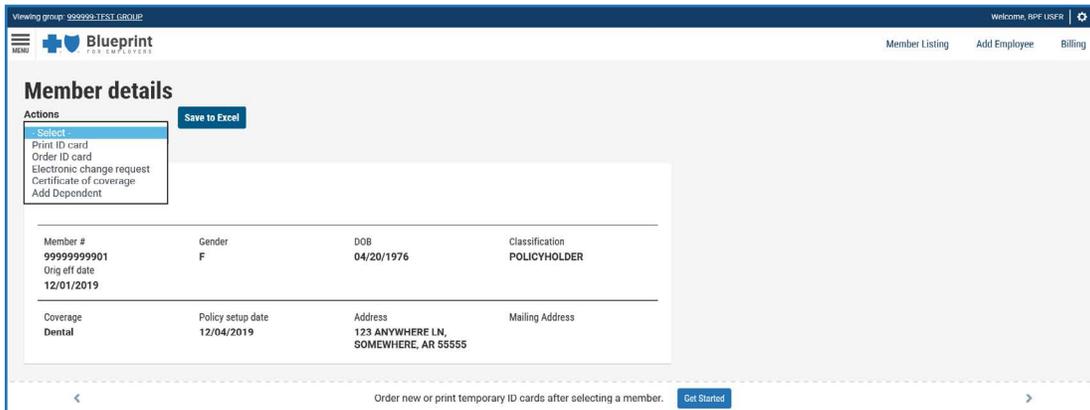


Fig. 53 – Member Detail

3. Click on the employee you want to add a dependent to, and you will be directed to the Add Dependent screen (See Fig. 54).

Dependent Dental application

Contract Number
999999999

Contract Holder Name
EMPLOYEE TEST F

Adding family member due to

Fig. 54 – Member Detail

- Select the reason for adding a dependent and click **Submit**.
Note: Depending on the reason selected, you may be asked to provide a date.
- The site will direct you to the Who is applying page (See Fig. 55).

The screenshot shows a web interface with a blue header containing 'WELCOME'. Below the header, the page is split into two columns. The left column is titled 'Who is applying?' and contains a table with the following data:

Relationship	First Name	Last Name	Date of Birth	Gender
Employee	TEST	EMPLOYEE	09/04/1985	Female

Below the table are two buttons: '+ ADD SPOUSE' and '+ ADD CHILD'. At the bottom of the left column is a 'CONTINUE' button. The right column is titled 'YOU ARE APPLYING FOR:' and contains the text 'GROUP NAME TEST GROUP'.

Fig. 55 – Who is Applying

- Click **Add Spouse** or **Add Child** to add dependents to the employee's dental or vision coverage. Enter the dependent name, birthdate and gender, then click **Continue** (See Fig. 56).

The screenshot shows the same web interface as Fig. 55. The table now has two rows:

Relationship	First Name	Last Name	Date of Birth	Gender
Employee	Test	Member	09/04/1985	Female
Spouse	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Gender"/>
Child	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Gender"/>

The '+ ADD CHILD' button is now highlighted. The 'CONTINUE' button is at the bottom of the left column.

Fig. 56 – Add Dependent Information

- The site will direct you to another page, where you will add information for each applicant. Enter the dependent's information and click Continue (See Fig. 57).

The screenshot shows a web interface with a blue header containing 'WELCOME'. Below the header, the page is split into two columns. The left column is titled 'We need a little more information on each applicant.' and contains the following form fields:

Spouse
 First Name: Test
 M. I.:
 Last Name: Spouse
 Suffix:
 DOB: 01/22/1983
 Gender: Male
 SSN:
 Relationship: Spouse

At the bottom of the left column is a 'CONTINUE' button. The right column is titled 'YOU ARE APPLYING FOR:' and contains the text 'GROUP NAME TEST GROUP'.

Fig. 57 – Additional Dependent Information

8. The site will direct you to the Summary of Dental Applicants page (See Fig. 58).

Applicant	Date of Birth	SSN	Gender
Employee Test User	01/04/1985		Female
Spouse Test Spouse	01/22/1983		Male

Fig. 58 – Summary of Applicants

9. Review the information and click Submit. You will be directed to the Continuing Coverage page (See Fig. 59).

Do you or any family members have any dental insurance coverage that will continue once this policy goes into effect?

YES NO

Fig. 59 – Continuing Coverage

10. Indicate whether the employee or their dependent(s) have other dental or vision insurance, and provide the insurance company's name and the employee's policy number.

Click Submit and the site will direct you to the Contact Information page (See Fig. 60).

Policy Holder: TEST F EMPLOYEE
Email Address: TESTEMPLOYEE@TEST.COM
Street or P.O. Box:
City:
State:
Zip:
Primary Phone Number:
Work Phone Number:

Fig. 60 – Contact Information

11. Enter the policyholder's contact information and click Submit.
12. You will be directed to a confirmation page, where you can print a PDF copy of the application (see Fig. 61).

Confirmation.

Congratulations!
Your application has successfully been submitted.
Your dental application has been successfully completed
[Print your Dental Insurance application](#) (Recommended)

100%

Thank you.

Fig. 61 – Confirmation

Cancel a Medical Electronic Employee Application

A medical application sent to the employee for completion can be canceled prior to it being submitted to our office at any point in the process before approval by the group administrator.

Follow the steps below to cancel an application that was sent to an employee for completion:

1. Click **Application and Change Tracking** under the navigation menu. The site will display a list of employee applications and changes submitted within the past 30 days. Application results can be sorted by date range, name, date received, status and status date using the dropdowns (See Fig. 62).
- Note:** If the status is **Pending Group Admin Signature**, you can skip ahead to **page 30**.
2. To cancel an application, click on an Employee name that has an Employee Notified status (See Fig. 63).
3. The site will display their name and email address, along with links to resend an application email to the employee or cancel the application (See Fig. 64).
4. Click **Cancel Application Request**, and you will be directed to the Cancel Pending Application Page (See Fig. 64.5).

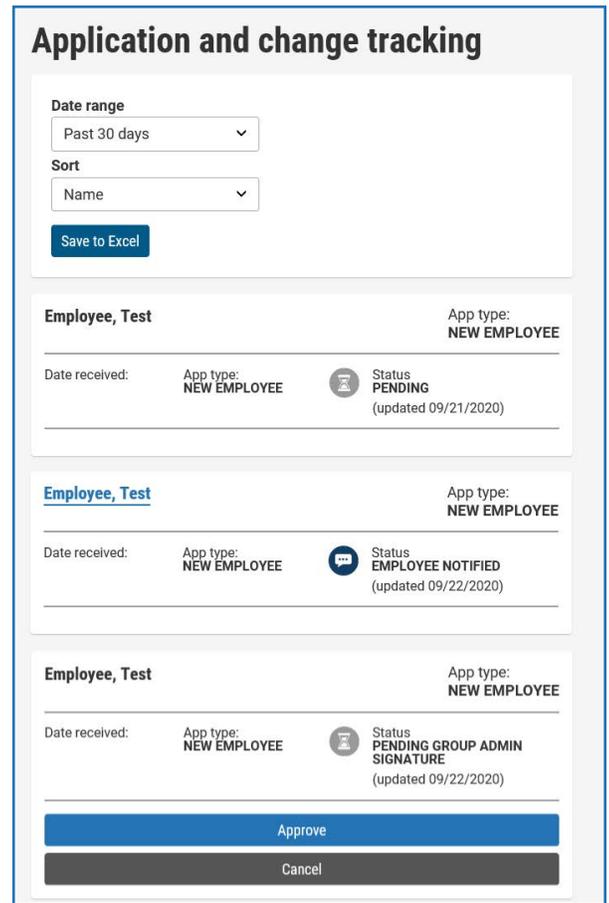


Fig. 62 – Application and Change Tracking

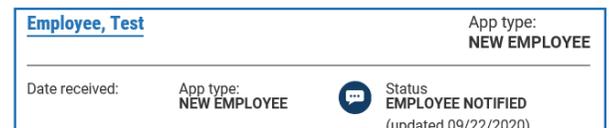


Fig. 63 – Employee Notified, Select Employee

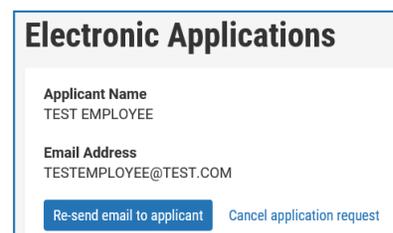


Fig. 64 – Cancel Application

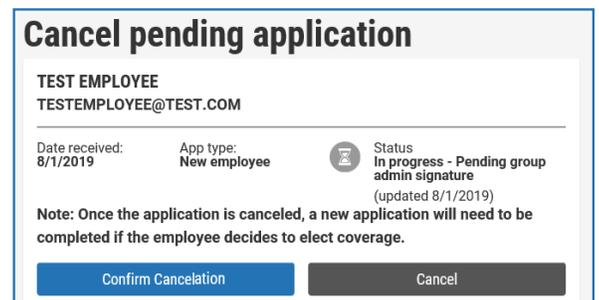


Fig. 64.5 - Cancel Application, Submit

5. Click **Confirm Cancellation**, and a pop-up window will display, asking you to confirm the cancellation request (See Fig. 65).
6. Click **OK**, and the site will display a Confirmation page (See Fig. 66). Once the application is canceled, a new application needs to be filed if the employee decides to elect coverage.

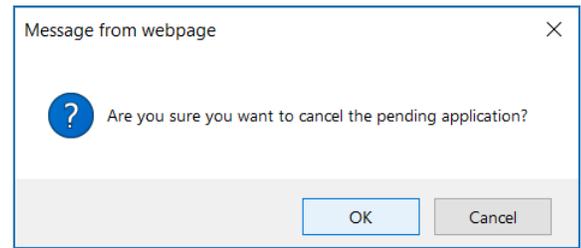


Fig. 65 – Cancel Application Confirmation

Pending Group Admin Signature

1. Click the **Cancel** button below the employee whose application you want to cancel (See Fig. 67).
2. Enter the reason for canceling, and click **Confirm Cancellation** (See Fig. 68). You will be redirected back to the Application and Change Tracking page.
3. The status in Application and Change Tracking will temporarily show as pending until the application has been canceled by underwriting department (See Fig. 69).

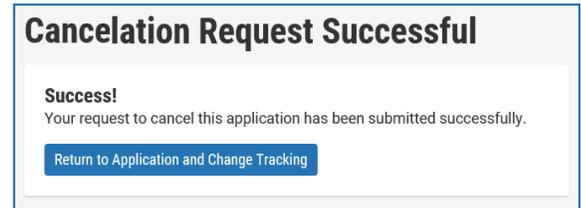


Fig. 66 – Cancellation Confirmation

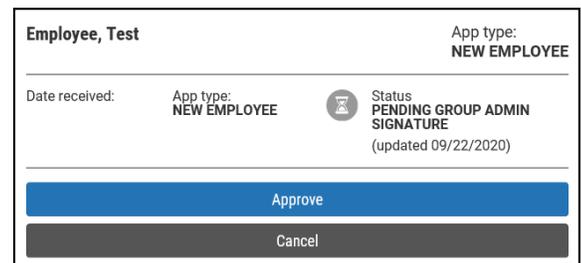


Fig. 67 – Cancel Application Confirmation

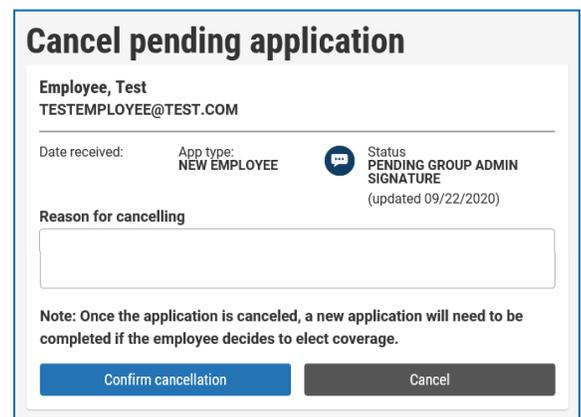


Fig. 68 – Cancellation Confirmation



Fig. 69 – Application Tracking, Pending

View Canceled Contracts

1. Click the **Member Listing** quick link, located at the top-right of the page (See Fig. 70).

Viewing group: 999999-TEST GROUP | Welcome, BPE User

Member Listing | Add Employee | Billing

Member Listing

TEST GROUP - 999999

[Future effective contracts](#) [Canceled contracts](#) [Member search](#)

Probationary Period
Effective date is the 1st of the month following probationary period.

Class desc	Probationary period	Eff date	Term date
A	60 Days	12/01/2014	

Select division
TEST GROUP 9999990000

[Save to Excel](#)

Contract #	Name	DOB	Gender	Classification	Orig Eff Date	Coverage
999999999	TEST EMPLOYEE A	04/20/1976	F	CONTRACT HOLDER ONLY	12/01/2019	Medical/Dental
555555555	TEST EMPLOYEE B	08/11/1990	F	CONTRACT HOLDER + 1	05/27/2020	Medical/Dental
111111111	TEST EMPLOYEE C	07/15/1983	F	CONTRACT HOLDER ONLY	12/01/2019	Medical/Dental

Fig. 70 – Member Listing

2. Click **Canceled Contracts** and the site will display a list of contracts canceled within the past 24 months (See Fig. 71).

Canceled contracts (past 24 months)

[Current active contracts](#) [Future effective contracts](#) [Member search](#)

Canceled contracts (past 24 months)
TEST GROUP 9999990000

[Save to Excel](#)

Contract #	Name	DOB	Gender	Classification	Original Eff Dt	Term Date	Type of Coverage
999999999	EMPLOYEE TEST F	03/17/1992	F	CONTRACT HOLDER + 1	12/01/2018	08/31/2019	Medical
555555555	EMPLOYEE TEST F	02/26/1986	M	CONTRACT HOLDER + 2	02/01/2019	09/30/2019	Medical

Fig. 71 – Canceled Contracts

View Contracts with Future Effective Dates

1. Click the **Member Listing** quick link, located at the top-right of the page (See Fig. 72)

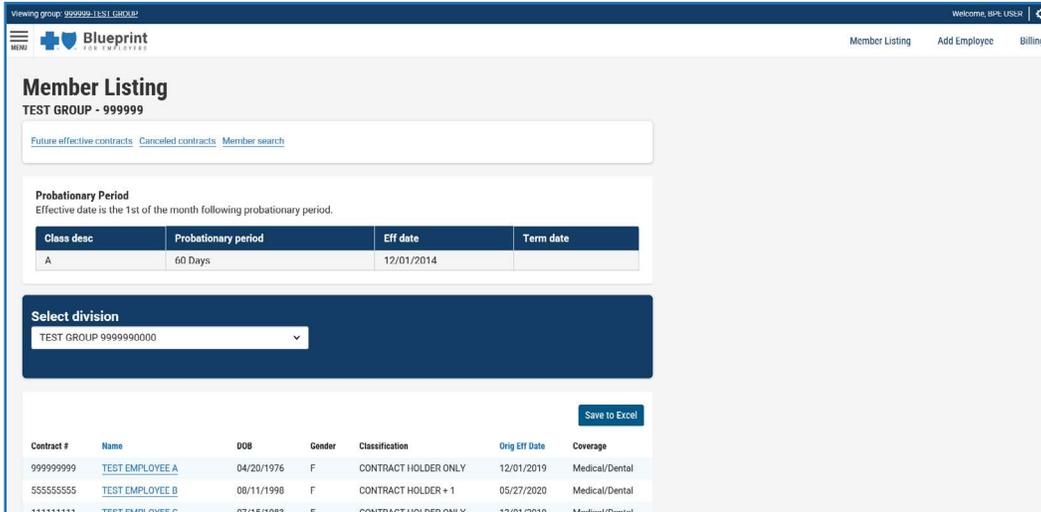


Fig. 72 – Member Listing

2. Click the **Future Effective Contracts** link on the Member Listing page. The site will display a list of employees with future effective dates (See Fig. 73).

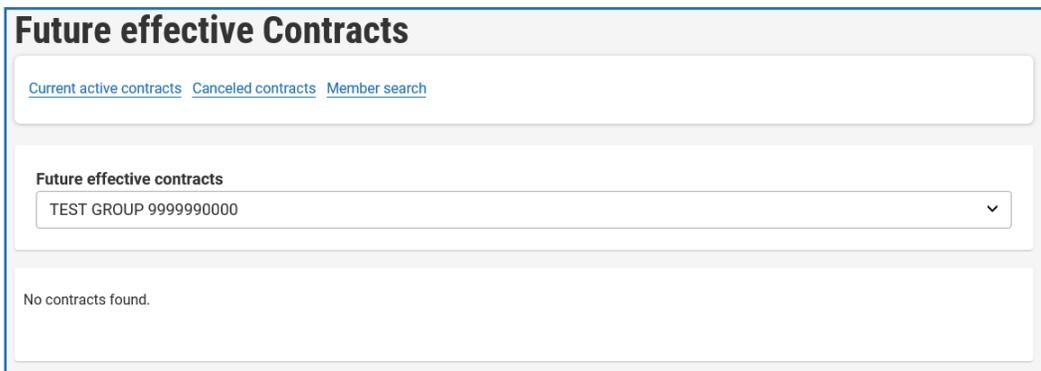


Fig. 73 – Future Effective Contracts

View Status of Group Additions and Changes

1. Click **Application and Change Tracking** under the navigation menu (See Fig. 74).

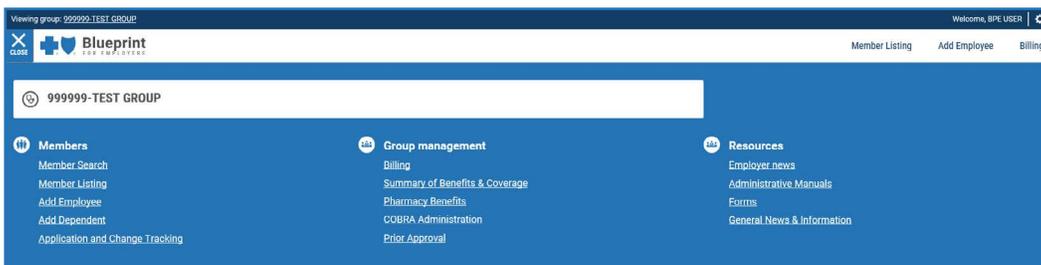


Fig. 74 – Application and Change Tracking-Navigation Menu

- The site will display a list of employee applications and changes submitted within the past 30 days. Application results can be sorted by date range, name, date received, status and status date using the dropdowns (See Fig. 75).
- For members with a pending application, click their name, (See Fig. 76) and you will be directed to the Applicant Detail page (See Fig. 77).

Employee, Test App type: **New Enrollee**

Date received: **08/27/2020** App type: **New Enrollee** Status: **PENDING: IN REGION - TO BE SENT BACK TO GROUP WITH REQUIREMENTS** (updated 09/24/2020)

Fig. 76 – Pending Application

- Click the **requirement** link to see the member’s Requirement Details (See Fig. 78).

Applicant / Dependent detail
Contact regional office group additions with any questions regarding application or requirements.

Employee, Test
SSN: 999-99-9999 Effective Date: Relationship Self Decision type:

Employee, Test
SSN: Relationship Child - Adopted

Requirements:

Requirement	Action Dt	Action By	Received Dt	Received By
Legal adoption court document				

Employee, Test

Requirement	Action Dt	Action By	Received Dt	Received By
Certificate of creditable coverage				

[Back](#)

Fig. 77 – Applicant Detail

Application and change tracking

Date range: Past 30 days
Sort: Name
[Save to Excel](#)

Employee, Test App type: **NEW EMPLOYEE**

Date received: App type: **NEW EMPLOYEE** Status: **PENDING** (updated 09/21/2020)

Employee, Test App type: **NEW EMPLOYEE**

Date received: App type: **NEW EMPLOYEE** Status: **EMPLOYEE NOTIFIED** (updated 09/22/2020)

Employee, Test App type: **New Enrollee**

Date received: 08/27/2020 App type: **New Enrollee** Status: **PENDING: IN REGION - TO BE SENT BACK TO GROUP WITH REQUIREMENTS** (updated 09/24/2020)

Fig. 75 – Application and Change Tracking

Replace an ID Card

To order a replacement ID card for medical and dental coverage:

- Click Order ID card from the Actions dropdown on the Member details page (See Fig. 78). You will be directed to the Order Replacement ID card page (See Fig. 79).

Member details

Actions
- Select -
Print ID card
Order ID card
Electronic change request
Certificate of coverage
Add Dependent

[Save to Excel](#)

Member #	Gender	DOB
9999999901	F	04/20/1976

Fig. 78 – Member Details

- Select the member you wish to order a replacement ID for in the dropdown, then click **Submit**.

Order Replacement ID Card

Contract number: 999999999
Member name: EMPLOYEE TEST F
Mailing address:
Select a member:
-- Select a member --
[Submit](#)

Fig. 79 – Replacement ID Card Page

3. A confirmation message displays letting you know that your order has been submitted successfully (See Fig. 80).

Order Replacement ID Card

Contract number: 999999999

Member name: EMPLOYEE TEST F

Mailing address:

Select a member

EMPLOYEE TEST F

Submit

Your order has been submitted successfully. You should receive your replacement ID card(s) within 5 to 7 business days via the U.S. Postal Service at your address on file with us.

Fig. 80 – Replacement ID Card Confirmation

Print a Temporary ID Card

You can print a temporary ID card for a member or dependent for their medical and/or dental coverage while waiting for the replacement ID card to be processed and received.

To print a temporary ID card:

1. Click **Print ID card** from the Actions dropdown on the Member details page (See Fig. 81). You will be directed to the Print Temporary ID card page (See Fig. 81).
2. Select the member in the dropdown and select the type of ID card that you wish to print, then click **Submit** (See Fig. 82).
3. The temporary ID card displays in a separate window (See Fig. 83).
4. Click **Print** (See Fig. 83).

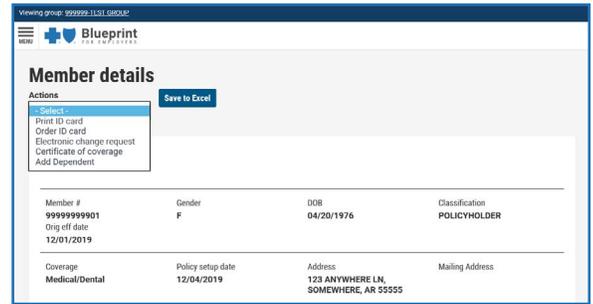


Fig. 81 – Member Details

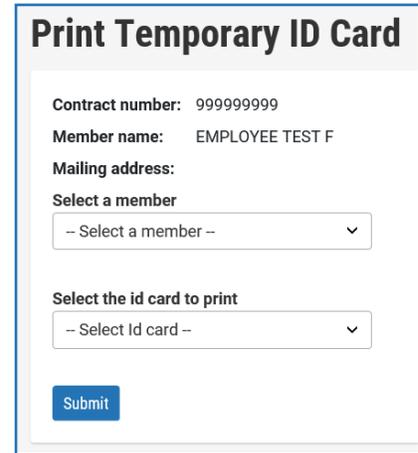


Fig. 82 – Print Temporary ID Card

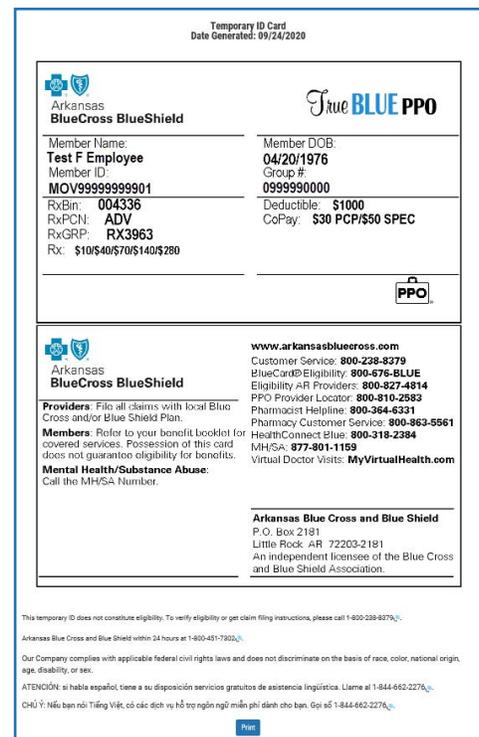


Fig. 83 – Print Temporary ID Card

Submit an Electronic Change Request

Employers may submit an electronic change request for name changes, changes to contact information, termination of coverage or addition/change of a member's primary care provider (PCP).

To submit an electronic change request:

1. Click **Electronic change request** from the Actions dropdown on the Member details page (See Fig. 84). You will be directed to the Policy Summary page (See Fig. 85).
2. Make any applicable changes to employee name, contact information, termination of coverage or addition/change of a member's primary care provider (PCP), then click **Continue** (See Fig. 85).
3. A confirmation message displays letting you know that your policy change request has been submitted successfully (See Fig. 86).

Policyholder Name Change

To change the name of a policyholder from the Policy Summary page:

1. Click the **Change Name** button from the Select an Option to Make a Change section (See Fig. 87). The site will direct you to the Change Name page (See Fig. 88).
2. Make applicable changes to the policyholder's name, then click **Continue** (See Fig. 88). You will be redirected to the policy summary page (See Fig. 85).
3. Review the updated information (See Fig. 85), and click **Continue**.
4. A confirmation message displays letting you know that your policy change request has been submitted successfully (See Fig. 86).

Member #	Gender	DOB	Classification
99999999901	F	04/20/1976	POLICYHOLDER
Org off date			
12/01/2019			
Coverage	Policy setup date	Address	Mailing Address
Medical/Dental	12/04/2019	123 ANYWHERE LN, SOMEWHERE, AR 55555	

Fig. 84 – Electronic Change Request

POLICY SUMMARY
Select 'Continue' after making your changes.

Group Name: TEST GROUP
Contract Number: 999999999

ON YOUR POLICY
TEST F EMPLOYEE
SELF
04/20/1976
Female

SELECT AN OPTION TO MAKE A CHANGE

REMOVE MEMBER CHANGE NAME CHANGE PCP

CONTACT INFORMATION EDIT

HOME ADDRESS: 123 ANYWHERE LN, SOMEWHERE, AR 55555
MAILING ADDRESS: 123 ANYWHERE LN, SOMEWHERE, AR 55555
PHONE: Primary Phone: (555) 555-5555

CONTINUE

Fig. 85 – Policy Summary Page

CONFIRMATION

Thanks! Your request for policy changes has been submitted successfully.
Please allow up to 5 days for your request to process.

[Print your Change form insurance application \(Recommended\)](#)

Thank you for the opportunity to serve you!

Fig. 86 – Policy Change Confirmation

SELECT AN OPTION TO MAKE A CHANGE

REMOVE MEMBER CHANGE NAME CHANGE PCP

Fig. 87 – Select Change Name

CHANGE NAME
Select the edit link below to change a name.

TEST EMPLOYEE

*Indicates required field

First Name*
TEST

M.I.
F

Last Name*
EMPLOYEE

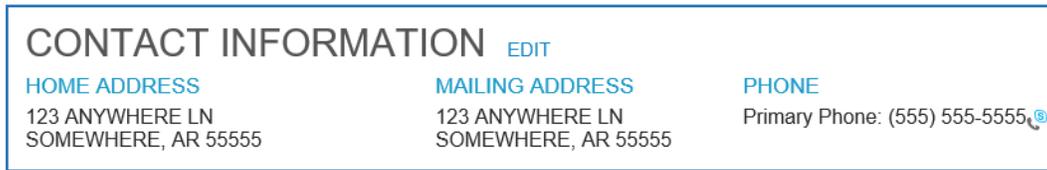
Suffix
Suffix

Fig. 88 – Change Name

Contact Information Change

To change the address or phone number of a policyholder:

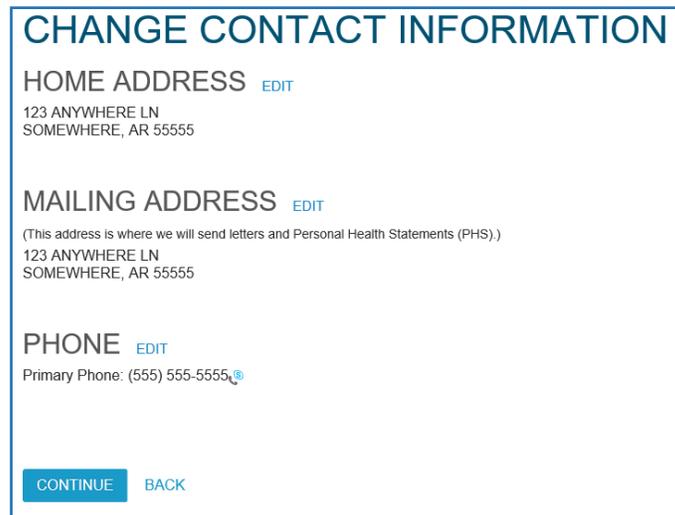
1. Click **Edit** next to Contact Information (See Fig. 89), and you will be directed to the Change Contact Information page (See Fig. 90).



CONTACT INFORMATION [EDIT](#)

HOME ADDRESS 123 ANYWHERE LN SOMEWHERE, AR 55555	MAILING ADDRESS 123 ANYWHERE LN SOMEWHERE, AR 55555	PHONE Primary Phone: (555) 555-5555 [®]
---	--	--

Fig. 89 – Contact Information Section



CHANGE CONTACT INFORMATION

HOME ADDRESS [EDIT](#)
123 ANYWHERE LN
SOMEWHERE, AR 55555

MAILING ADDRESS [EDIT](#)
(This address is where we will send letters and Personal Health Statements (PHS).)
123 ANYWHERE LN
SOMEWHERE, AR 55555

PHONE [EDIT](#)
Primary Phone: (555) 555-5555[®]

[CONTINUE](#) [BACK](#)

Fig. 90 – Change Contact Information

2. Click the appropriate **Edit** button to update the policyholder’s home address, mailing address or phone number. The site will enable the associated fields for editing.
3. Enter any necessary changes to the contact information and click **Continue**.
4. Review the updated contact information and click **Continue**.
5. A confirmation message displays letting you know that your policy change request has been submitted successfully.

Terminate Coverage

To terminate coverage for an employee or dependent:

1. Click the **Remove Member** button from the Select an Option to Make a Change section (See Fig. 91). The site will direct you to the Remove Member(s) page, which displays the employee and their dependents (See Fig. 92).
2. Click the check box next to each person you wish to terminate coverage, then click **Continue** (See Fig. 92).
The site will display and enable the Date of termination and Last premium paid date fields for editing (See Fig. 93).
3. Select the termination date from the Date of termination dropdown and enter the last premium paid date, then click Continue. You will be directed to the Policy Summary page (See Fig. 94).
4. Review that the member(s) you wish to terminate show Remove-Pending message, then click **Continue** (See Fig. 94).
5. A confirmation message displays letting you know that your policy change request has been submitted successfully.



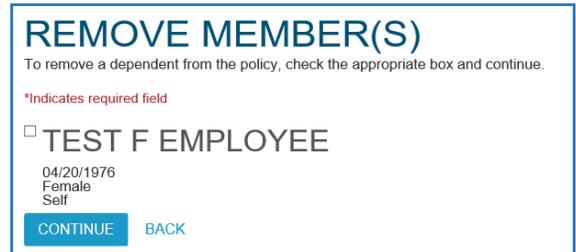
SELECT AN OPTION TO MAKE A CHANGE

- REMOVE MEMBER

CHANGE NAME

CHANGE PCP

Fig. 91 – Select Remove Member



REMOVE MEMBER(S)

To remove a dependent from the policy, check the appropriate box and continue.

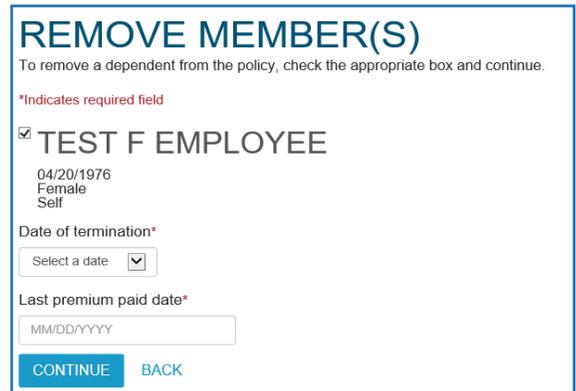
*Indicates required field

TEST F EMPLOYEE

04/20/1976
Female
Self

CONTINUE BACK

Fig. 92 – Remove Member(s)



REMOVE MEMBER(S)

To remove a dependent from the policy, check the appropriate box and continue.

*Indicates required field

TEST F EMPLOYEE

04/20/1976
Female
Self

Date of termination*

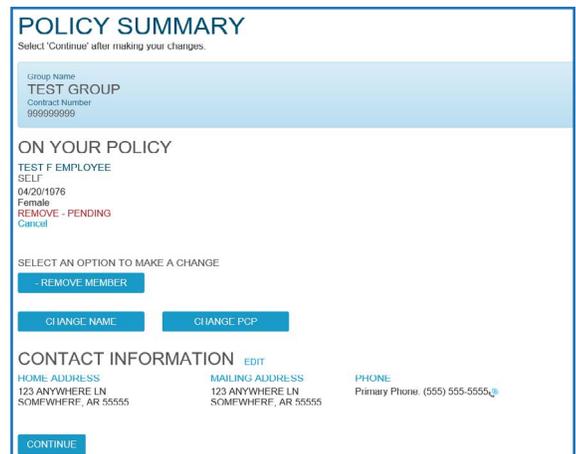
Select a date

Last premium paid date*

MM/DD/YYYY

CONTINUE BACK

Fig. 93 – Date of Termination, Last Premium Paid Date



POLICY SUMMARY

Select "Continue" after making your changes.

Group Name
TEST GROUP
Contract Number
999999999

ON YOUR POLICY

TEST F EMPLOYEE
SELF
04/20/1076
Female
REMOVE - PENDING
Cancel

SELECT AN OPTION TO MAKE A CHANGE

- REMOVE MEMBER

CHANGE NAME

CHANGE PCP

CONTACT INFORMATION

HOME ADDRESS: 123 ANYWHERE LN, SOMFWHERE, AR 55555

MAILING ADDRESS: 123 ANYWHERE LN, SOMFWHERE, AR 55555

PHONE: Primary Phone: (555) 555-5555

CONTINUE

Fig. 94 – Policy Summary Page-Remove Pending

Change Primary Care Physician (PCP)

To change an employee or dependent's PCP:

1. Click the **Change PCP** button from the Select an Option to Make a Change section (See Fig. 95). The site will direct you to the Change PCP page, which displays the employee and their dependents (See Fig. 96).
2. Click **Add PCP** or **Edit PCP** next to the member you wish to add/edit their PCP. The Physician Search will display in a separate window (See Fig. 97).
3. Enter the physician's last name select the city where they are located, then click **Search** (See Fig. 97).
4. Select the PCP from the list (See Fig. 98).
5. The selected physician is now shown on the Change PCP page (See Fig. 99). Repeat these steps for any other members who need PCP updates, then click **Continue**. You will be redirected to the Policy Summary page (See Fig. 100).
6. If there are no additional changes, click **Continue** (See Fig. 100).
7. A confirmation message displays letting you know that your policy change request has been submitted successfully.



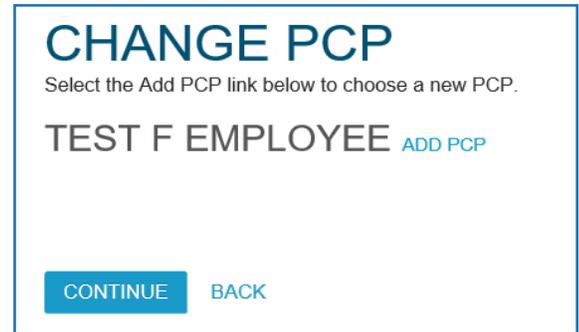
SELECT AN OPTION TO MAKE A CHANGE

- REMOVE MEMBER

CHANGE NAME

CHANGE PCP

Fig. 95 – Select Change PCP



CHANGE PCP

Select the Add PCP link below to choose a new PCP.

TEST F EMPLOYEE [ADD PCP](#)

CONTINUE BACK

Fig. 96 – Change PCP Page



PHYSICIAN SEARCH

Physician Last Name

City

Select a city

SEARCH

Fig. 97 – Physician Search

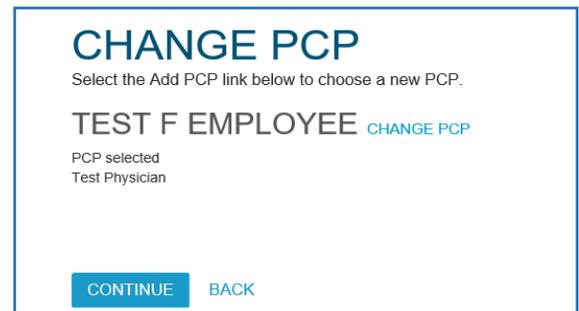


WHO'S YOUR PHYSICIAN?

Test Physician
123 Anywhere Lane Ste 100
Somewhere, AR 55555
Phone number - (555)555-5555

Search Again

Fig. 98 – Physician Selection



CHANGE PCP

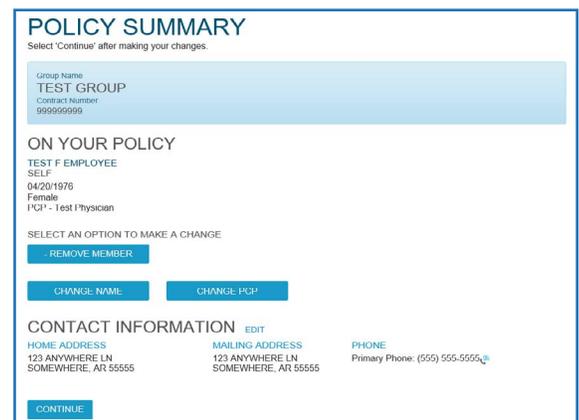
Select the Add PCP link below to choose a new PCP.

TEST F EMPLOYEE [CHANGE PCP](#)

PCP selected
Test Physician

CONTINUE BACK

Fig. 99 – Review PCP Change



POLICY SUMMARY

Select "Continue" after making your changes.

Group Name
TEST GROUP
Contract Number
999999999

ON YOUR POLICY

TEST F EMPLOYEE
SELF
04/20/1976
Female
PCP - Test Physician

SELECT AN OPTION TO MAKE A CHANGE

- REMOVE MEMBER

CHANGE NAME

CHANGE PCP

CONTACT INFORMATION

HOME ADDRESS
123 ANYWHERE LN
SOMEWHERE, AR 55555

MAILING ADDRESS
123 ANYWHERE LN
SOMEWHERE, AR 55555

PHONE
Primary Phone: (555) 555-5555

CONTINUE

Fig. 100 – Policy Summary-Review PCP Change

Bill Payment

There are two different payment methods for groups, eBill manager and the Arkansas Blue Cross payment portal.

Access eBill Manager

Group administrators who use eBill Manager can access their eBill Manager account through Blueprint for Employers once they have a login ID and password.

1. Log in to Blueprint for Employers.
2. Click the **Billing** quick link located at the top-right of the page or click **Billing** under Group management on the navigation menu (See Fig. 101). You will be redirected to the Current Bill page (See Fig. 102).

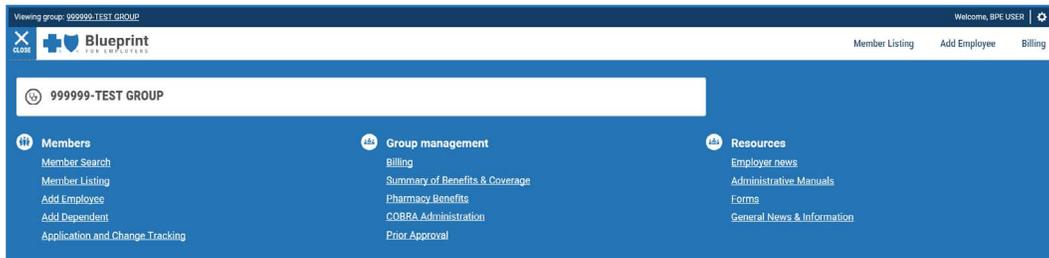


Fig. 101 – Navigation Menu-Billing Link

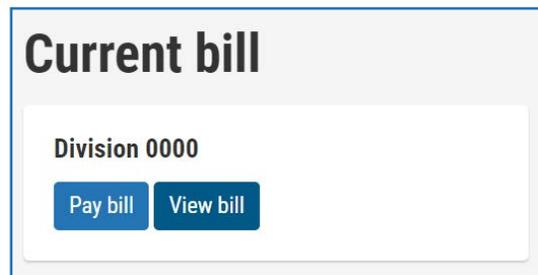


Fig. 102 – Current Bill Page

3. Select **View Bill** to display a PDF of the current bill. Click **Pay Bill** to be directed to the Benefitfocus eBilling login page (See Fig. 103).

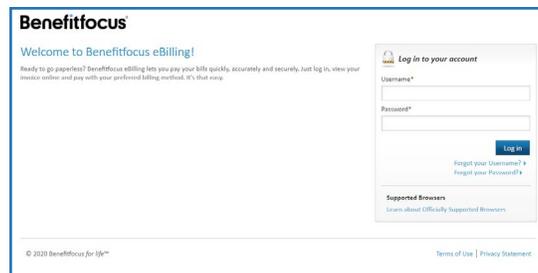


Fig. 103 – Terms and Conditions Page

4. Log in using your eBill Manager username and password.

Note: The website is a separate system from *Blueprint for Employers* and requires a different user ID and password.

Pay Bill

The bill payment portal is available to small groups, and allows group administrators to:

- Make payments as billed using credit card or ACH.
- Set up auto payments.
- View past electronic payments made via the payment portal.

1. Log in to Blueprint for Employers.
2. Click the **Billing** quick link located at the top-right of the page or click **Billing** under Group management on the navigation menu (see Fig. 104). You will be redirected to the Current Bill page (see Fig. 105).

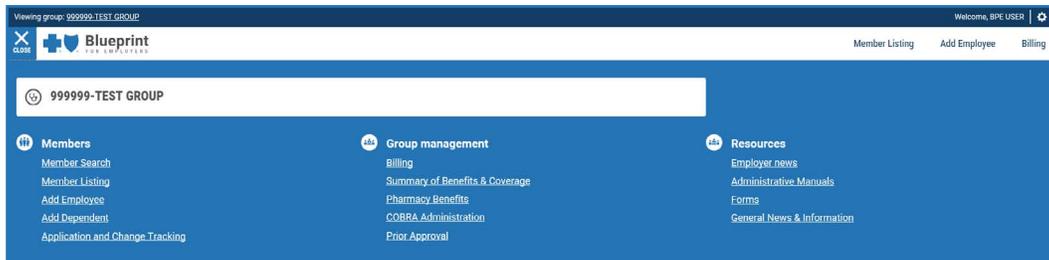


Fig. 104 – Navigation Menu-Billing Link

3. Select **View Bill** to display a PDF of the current bill. Click **Pay Bill** to be directed to the Terms and Conditions Page (see Fig. 106).

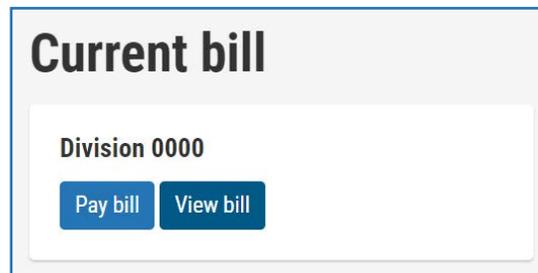


Fig. 105 – Current Bill Page

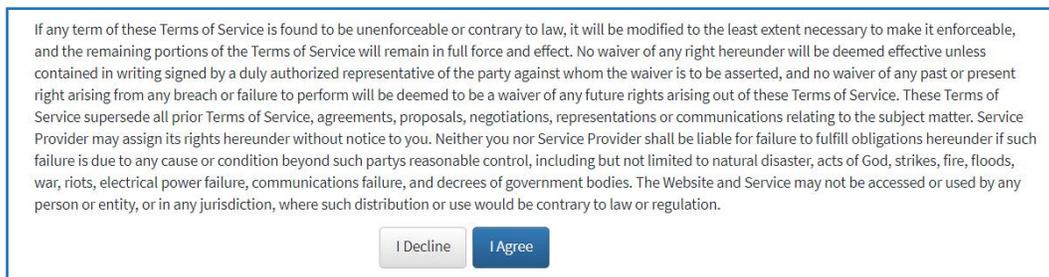


Fig. 106 – Current Bill Page

4. Click **I Agree** and you will be directed to the Account Summary page on the Arkansas Blue Cross payment portal (see Fig. 107).

The screenshot shows the 'Account Summary' page for a user with Member ID TEST GROUP 999990000. The page header includes the logos for Arkansas BlueCross BlueShield and Health Advantage, along with a 'Sign Out' button. The main navigation bar has tabs for 'Account Summary', 'Payments', and 'Alerts'. Below the navigation, there are links for 'My Profile', 'Link Additional Accounts', and 'Cancel Online Bill Pay'. A message states: 'Your current bill is below. Specific billing statements can be viewed in My Blueprint. Select Payments above to view payment options.' A red 'Please note' indicates that payments may take two to three business days to reflect. The current bill for Member ID TEST GROUP 999990000 is displayed with a Total Amount Due of \$ 0.00 and a Due Date of 09/01/2020. There is an 'Enroll Into AutoPay' button. Below this, three sections are shown: 'Scheduled Payments' (You do not have any scheduled payments), 'Processed Payments' (You do not have any processed payments), and 'Automated Payment Enrollments' (You do not have any payments).

Fig. 107 – Account Summary Tab

Additional Information

Blueprint for Employers hosts additional links to groups forms, rates and benefits, administrative manuals, pharmacy benefits and information on COBRA and prior approval programs.

Security

Blueprint for Employers is a secure website. Access to the website requires a valid username and password. To create a username and password, a group’s Chief Administrator must appoint an Administrator Assistant, then email them an activation code.

- Only the Chief Administrator can appoint an Administrator Assistant.
- The company owner establishes the Chief Administrator.
- The company owner must sign a registration form designating the company’s Chief Administrator.

Registering a New Account

After the group’s Chief Administrator designates an Administrator Assistant, the Blueprint for Employers support team sends them an activation email containing a link to activate the account.

During activation, the administrator is asked to set up a username, password and secret question, as well as accept the terms and conditions for website use (See Fig. 108).

Register

Username

The username can be a combination of five to ten letters or numbers.

New password

Retype new password

Your password must be between 8 and 20 characters in length and contain all four of the following:

- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- At least 1 special character

-- Select a secret question --

Your secret question will be used if you forget your password

Answer to the secret question

Retype answer to the secret question

I agree to these [Terms and Conditions.](#)

Fig. 108 – Account Summary Tab

Forgot Login ID or Password

Blueprint for Employers is designed for self-service. You can recover your username and password by following the link from the Blueprint for Employers login page.

Forgot Username

1. Click the **Forgot username** link on the login page (See Fig. 109). You will be directed to the Forgot Your Username page (See Fig. 110).

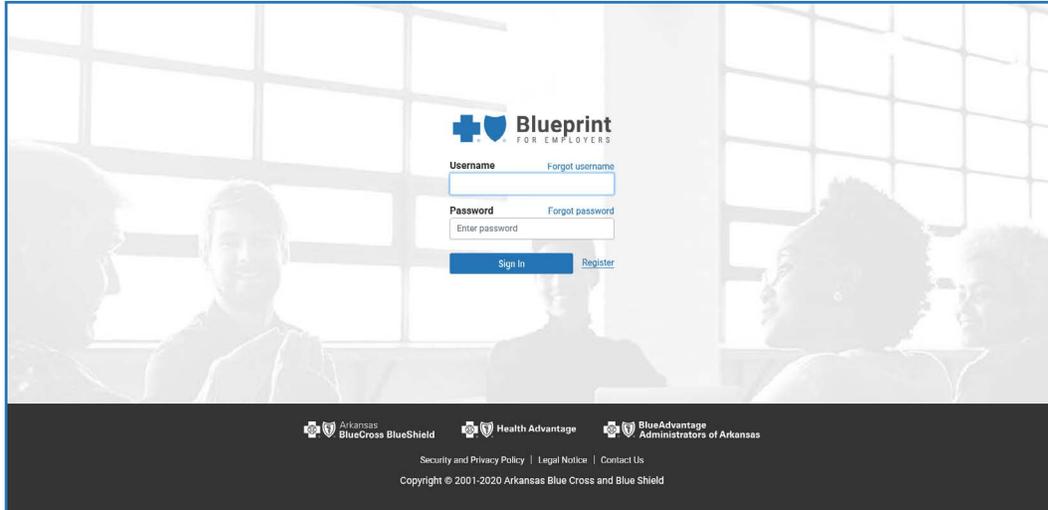


Fig. 109 – Login Page

2. Enter your group tax ID, your first and last name, then click **Submit**. You will receive an email with your username.

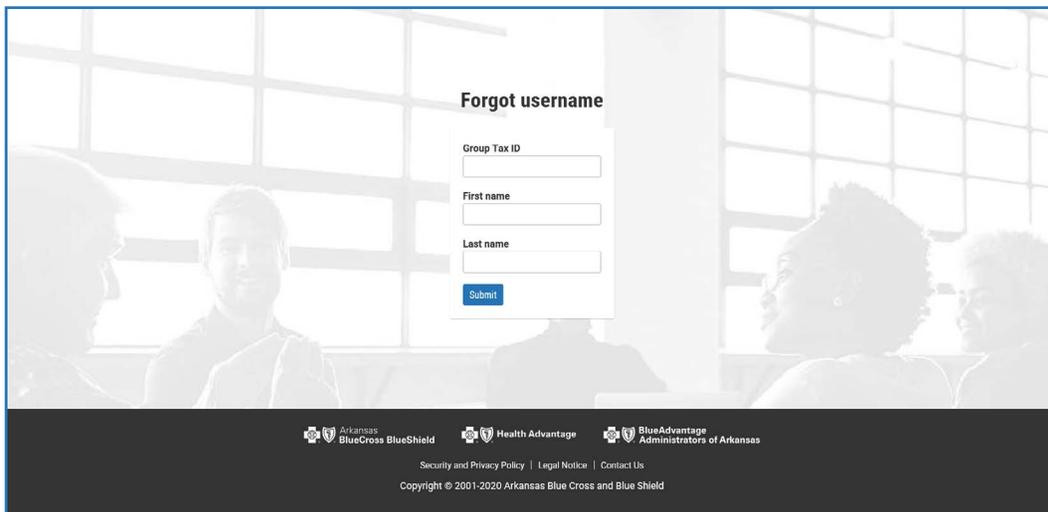
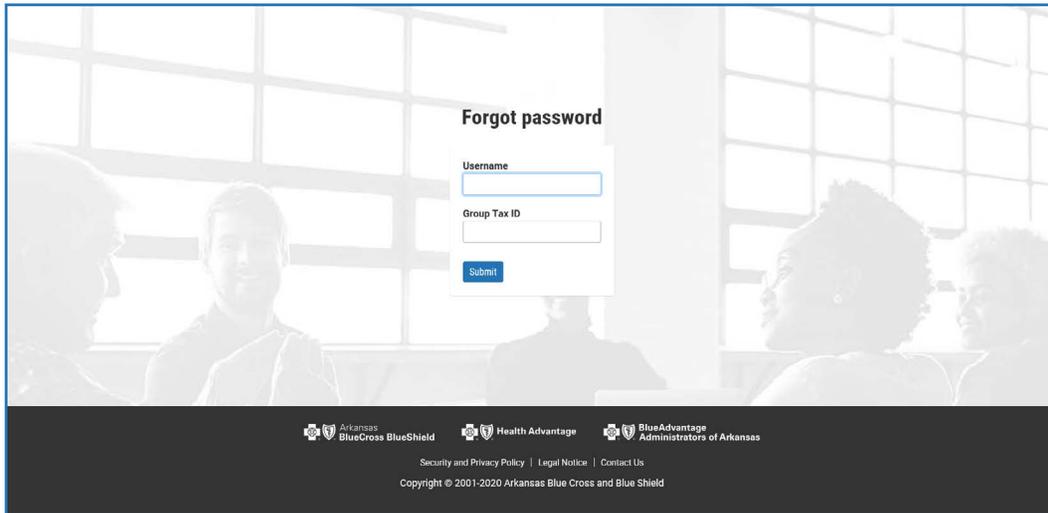


Fig. 110 – Forgot Username Page

Forgot Password

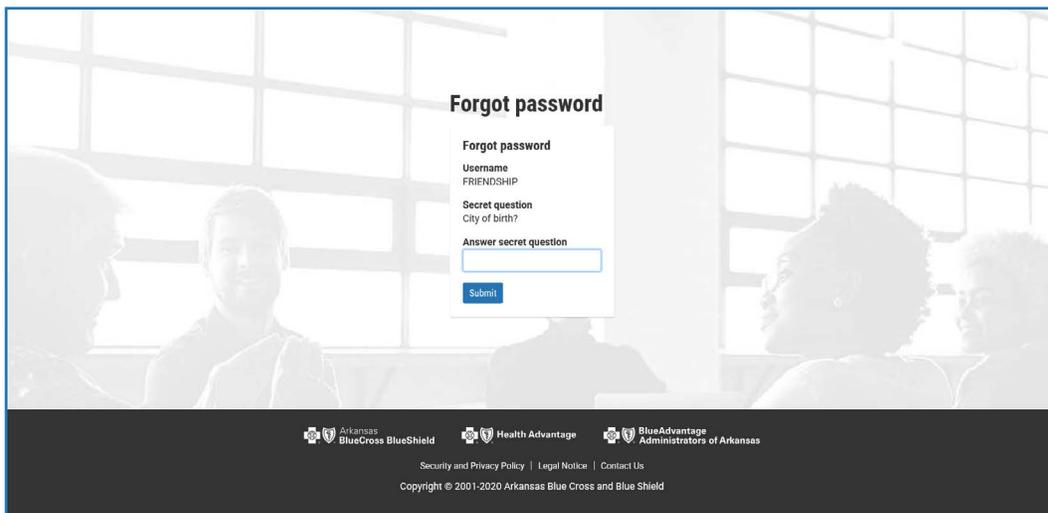
1. Click the **Forgot password** link on the login page (See Fig. 108). You will be directed to the forgot password page (See Fig. 111).
2. Enter your username and Group Tax ID, then click **Submit**.



The screenshot shows a web form titled "Forgot password" overlaid on a background image of people in an office. The form contains two input fields: "Username" and "Group Tax ID". Below these fields is a blue "Submit" button. At the bottom of the page, there are logos for "Arkansas BlueCross BlueShield", "Health Advantage", and "Blue Advantage Administrators of Arkansas", along with links for "Security and Privacy Policy", "Legal Notice", and "Contact Us", and a copyright notice for "Copyright © 2001-2020 Arkansas Blue Cross and Blue Shield".

Fig. 111 – Forgot Password Page

3. Answer your secret question and click **Submit** (See Fig. 112). If answered correctly, you will be prompted to reset your password.



The screenshot shows the same "Forgot password" form, but now it has advanced to the secret question step. The "Username" field is filled with "FRIENDSHIP". Below it, the "Secret question" is "City of birth?". There is an input field for the "Answer secret question" and a blue "Submit" button. The footer of the page is identical to the previous screenshot, showing the logos and links for Arkansas Blue Cross and Blue Shield.

Fig. 112 – Forgot Password-Secret Question

Administrator Assistants

A group's Chief Administrator can add additional Administrator Assistants or delete them as needed. The Chief Administrator has an additional link on the homepage labeled Account Management. In this section, the Chief Administrator can appoint or delete an Assistant.

Chief Administrators can also limit an Assistant's access or give them full access to all Blueprint for Employers features. The Assistant's security is established during the setup process.

Add Assistant

To create an Administrator Assistant account:

1. Click the Account Management gear on the top right of the page, then click Add Assistant. The site will direct you to the Add assistant page (*See Fig. 113*).
2. Enter the Assistant's first name, last name and email address.
3. Select which site features the Assistant can access.
4. Click Submit. The Assistant will receive an email containing an activation link within 24 hours.

Delete Assistant

1. Click Delete Assistant.
2. Select the Assistant's name from the dropdown menu.
3. Click Delete, and the Assistant will no longer have access to Blueprint for Employers.

The screenshot shows a web form titled "Add assistant". It contains three input fields: "First name", "Last name", and "Email". Below these fields is a section titled "Assistant security" with the text "All assistants will be given access to:" followed by a list of features with checkboxes: "Member listing", "Application Tracking", "Administrative manuals", "Group forms", "Pharmacy benefits", "COBRA administration", and "Provider directory". Below this is a section titled "Security features" with a "Select all" checkbox and a list of features with checkboxes: "Replace ID Cards", "Order Certificate of Creditable Coverage", "Submit Electronic Change Requests", "View Submitted Electronic Change Request", "View or Print Plan Benefits", "View or Print Rate Schedule", "Add Employee", "Add Dependent", and "Access Bill Payment". At the bottom of the form is a blue "Submit" button.

Fig. 113 – Add Assistant

Change the Chief Administrator

Situations may occur when you need to change the Blueprint for Employers Chief Administrator for your group. Changing the Chief Administrator requires owner approval.

The Blueprint for Employers Chief Administrator Change Form is located under **Forms** on the Blueprint for Employers website or under **Forms and group administrator manual** at www.arkbluecross.com/employers or www.healthadvantage-hmo.com/employers.

If your Chief Administrator leaves your employment, complete the Change Chief Administrator Form and notify us at once by either:

- Mailing to the address on the form.
- Faxing to the number on the form.
- Emailing the form to BPESupport@arkbluecross.com.
- Having your agent submit it.