

# InTouch for Employers Tutorial: Add/Update Dependent

## Common terms:

**Subscriber:** The employee, or the primary person on the record.

**Member:** Dependents, or a secondary person on the record.

**Subscriber ID:** The number assigned to the record at PacificSource for the Subscriber.

**Suffix:** The two digit extension after the Subscriber ID number. This is specific to each member entered on the record.

**Task function:** This is the area where you will enroll new dependents to an existing Subscriber record; terminate coverage for dependents on existing records; and update addresses or other personal information for existing dependents.

1. From your group home page, click the “Add/Update Dependent” link.

The screenshot shows the PacificSource InTouch for Employers web application. The user is logged in as 'E' for 'Inc'. The main content area is titled 'Employer Home: Inc' and displays an 'Employer Group Snapshot' with details for 'Inc has: 6 Subgroups, 6 Active Subgroups'. A 'Contact Us' section provides membership services and InTouch for Employers contact information. On the right side, a 'Manage Employees' sidebar contains a list of links, with 'Add/Update Dependent' highlighted by a red box. Other sidebar links include 'Order ID Cards', 'Update Address', 'Member Search', 'Enrollment' (New Enrollment, Terminate Subscriber, Reinstatement Subscriber), and 'Administration' (Census Report, Contracts, Preferred CoDeduct, Preferred Copay, Member Benefit Handbooks). A 'Log Out' link is visible in the top right corner.

2. The page titled “Member Search” will appear. A minimum of one of the following fields is required:
  - Last name (minimum first two letters)
  - Social Security Number (SSN)
  - Subscriber ID
  - Type in the search criteria and click the Search button.

The search results will appear. Click the ID number for the appropriate Subscriber or perform a new search.

1	- 00	James		1	4	Inactive
1	- 02	C		1	3	Active
1	- 02	C				Active
1	- 00		4	0	2	Active

**Search Options**  
*A minimum of one of the following fields is required: Last name, Subscriber ID or SSN.*

Group ID:

Last Name:  Min. first 2 letters

**Limit the Search by**

First Name:

Subscriber ID:

Birth Date:  MM/DD/YYYY

SSN:  xxx-xx-xxxx  
will only return results if SSN on file

Effective Date:  MM/DD/YYYY

City:

State / Zip:

Limit the search to Subscribers only

You will see the Subscriber ID (each dependent suffix will also show), the Subscriber/Member name, their SSN, their DOB and their current Status (whether they have current active coverage or if they are showing as Inactive).

You are logged in as: f | [Log Out](#)

**Update Dependents** [Print this page](#)

**Dependents**

These are the dependents for the subscriber. Add, Edit, or Remove dependents here.

Name	Relationship	Date of Birth	Status	
<input type="text" value="S"/>	Wife	(	Active	<input type="button" value="Remove"/>
<input type="text" value="h"/>	Daughter	C 4	Inactive	<input type="button" value="Reinstate"/>

You will use this section to perform one of the following actions:

- Add Dependent (click on Add Dependent box) – See Step 3
- Update a Dependent that is currently enrolled (click on the Member’s name) - See Step 6
- Remove a Dependent from coverage (click on the Remove button) – See Step 7
- Reinstate a Dependent that is not currently covered but who has had coverage in the past (click on the Reinstate button) – See Step 8.

Let’s review each of these actions separately.

3. Add Dependent – to add an additional dependent to an existing Subscriber record.

Click on the Add Dependent button.

You are logged in as: E | [Log Out](#)

[Update Dependents](#) [Print this page](#)

### Add Dependent

For help with Qualifying Event Date and Coverage Reasons click on [Update Dependent Guidelines](#).

\* Indicates required information

\* Date of Qualifying Event:

\* Coverage Reason:

- Select..
- FHIAP
- Late Enrollee
- Newborn
- Adoption
- Domestic Partner
- Marriage
- Loss of Coverage
- Full Time Student
- Court Order
- Disabled

- Enter the date of the Qualifying Event (the date the event occurred (i.e., date of marriage)) in the format of DD/MM/YYYY. You may also click on the calendar to the right of this field to pull up a calendar to choose the date.
- Click on the pull-down button to the right of the Coverage Reason to see the choices available. These are the most common reasons for enrollment of dependents. **If your reason for enrolling the dependent is not on this list, you will need to send the application to your Membership Representative for entry instead of entering the dependent through InTouch for Employers.**
- Click on the Continue button.

You are logged in as: E | [Log Out](#)

[Update Dependents](#) [Print this page](#)

### Dependent Information

\* Indicates required information

\* First M.I. \* Last Suffix

Name:

\* Birth Date:

MM/DD/YYYY

\* SSN:  xxx-xx-xxxx

Marital Status:   This field does not impact dependent coverage

\* Gender:  Female  
 Male

\* Relation to Subscriber:

- Select..
- Daughter
- Domestic Partner
- Husband
- Son
- Wife

You will then be prompted to complete the required fields for adding a new dependent (required fields are indicated by a red asterisk).

- Enter the dependent's First and Last Name, Birth Date, SSN, Gender and the relationship to the Subscriber. Marital Status is an optional field. NOTE: Grandchildren are to be entered as Son or Daughter.
- Click on the Continue button.

- You will then be asked to choose the type of coverage requested for the dependent and to indicate whether the dependent has had other coverage, whether they are enrolled in Medicare, or if they have had any prior coverage.

**Update Dependents**

[Print this page](#)

**Plan Selection**

Use the drop down list to select a plan for each member. Then answer the questions for each member where applicable:

- Enrolled in Medicare:** Is the member currently enrolled in Medicare?
- Other Coverage:** Is the member eligible for coverage under another plan (excluding Medicare)?
- Prior Coverage:** Has the member been previously covered under another plan? (You will be asked to supply a "Certificate of Creditable Coverage" after enrollment.)

\* Indicates required information

**1. Medical Insurance**

Hide Medical Insurance Coverage Help

Select a plan name to apply the same plan to all members.

* Plan Name	Plan Details
<input type="radio"/> Waiver Medical	<a href="#">Waiver Form</a>
<input checked="" type="radio"/> <b>PREFERRED 25/200D VAR - PSN</b>	<a href="#">Rx</a> <a href="#">Medical</a>

Member	Relationship	Date of Birth	Other Coverage	Enrolled in Medicare	Prior coverage
I	Subscriber	0 / 3	No	No	No
\$	Wife		Yes	No	No
t	Daughter	0 / 4	No	No	No
<b>Martha Smith</b>	Daughter	08/02/2010	No	No	No

- You will click on the bubble next to the medical plan chosen (this will auto-populate if you only have one plan choice).
- Use the pull-down option next to the Other Coverage, Enrolled in Medicare and Prior Coverage fields to enter a Yes or No response. The system will default to No answers for each of these fields.
- If you choose Yes for Prior Coverage, you will then go to a screen that allows you to enter the information relevant to the Prior Coverage.
- Click on the Continue button.

**Prior Coverage (Martha Smith)**

- You may provide evidence of prior coverage to reduce your medical pre-existing condition exclusion period (Refer to Disclosures Section)

If yes, please provide proof of prior coverage (certificate of coverage or other proof with dates of coverage below)

**Insurance Carrier 1**

Name:

PhoneNumber:

Policy Number

Type of Coverage  Medical  Dental  Vision  Retiree

The Medicare section of prior coverage will be located at the bottom of the page:

### Medicare Information

If prior coverage was Medicare, please complete below:

Type of Coverage:  Part A  Part B

Original Effective Date:    
mm/dd/yyyy

[Cancel](#)

[< Back](#)

[Continue >](#)

- Click on the Continue button.

5. Finally, you will be directed to the Summary screen. You have the option of downloading this page as a .pdf file or you can Print This Page in case you would like to keep a copy of it for your records.


- Review the information in each section to insure that the data is correct.
- Click on the Edit button in each field if there is information to be corrected.

You are logged in as: E : | [Log Out](#)

### Update Dependents


 [Print this page](#)

### Summary

 This is a summary of the enrollment options you have selected. Please take a moment to review this information and correct any inaccuracies by selecting the corresponding "Edit" link. If this is correct, you can complete your enrollment.

Your coverage effective date is an estimated date based on current selections. This is not a guarantee of true coverage until complete processing has occurred.

#### Summary

 [Download as PDF](#)



#### Eligibility Event

 [Edit](#)

Date: 08/26/2010

Reason: Newborn

#### Dependent Information

 [Edit](#)

Full Name: Martha J Smith

Short Name: Martha

Social Security #: 123-45-6789

Marital Status:

Gender: Female

Birth Date: 08/02/2010

Relation to Subscriber: Daughter

#### Plan Coverage

[Edit](#)

#### Medical Insurance

Member: Martha Smith

Plan name: PREFERRED 25/200D VAR - PSN

At the bottom of the Summary Page, you will see the Privacy Notice and an area where you will be allowed to upload files up to 2MB in size. This will be helpful if you have a copy of an ID card from prior/other coverage, a Certificate of Creditable Coverage for proof of prior coverage, adoption papers or National Medical Support Notices, etc.

**Privacy Notice**

I acknowledge and understand that my health plan may request or disclose health information about me or my dependents (persons who are listed for benefits coverage on this enrollment form) from time to time for the purpose of facilitating health care treatment, payment, or for business operations necessary to administer health care benefits; or as required by law.

- Health information requested or disclosed may be related to treatment or services performed by:
  - A physician, dentist, pharmacist, or other physical or behavioral healthcare practitioner;
  - A clinic, hospital, long term care, or other medical facility;
  - Any other institution providing care, treatment, consultation, pharmaceuticals or supplies, or;
  - An insurance carrier or group health plan.

Health information requested or disclosed may include, but is not limited to: claims records, correspondence, medical records, billing statements, diagnostic imaging reports, laboratory reports, dental records, or hospital records (including nursing records and progress notes).

***This acknowledgement does not apply to obtaining information regarding psychotherapy notes. A separate authorization will be used for this information.***

I affirm that the answers given in this on line application are complete and correct.

It is the employer's responsibility to distribute the Summary page, Notice of Privacy and [Disclosure Section](#) to the employee. These pages will not be available once Complete Enrollment has been selected.

**Attachments**

Attachment supports only doc, xls, tif, pdf, dtf, txt, jpg files with the size up to 2 MB

Attach a file:

- Once you have confirmed the information, click on Complete Enrollment button.

6. To update a dependent that is currently enrolled, click on the Member's name.

- You will see the following screen:

You are logged in as: [Log Out](#)

**Update Dependents**

[Print this page](#)

**Dependent Information**

\* Indicates required information

Name: \* First:  M.I.:  \* Last:  Suffix:

\* Birth Date:   
 If incorrect, please contact PacificSource Customer Service at (800) 624-6052.

\* SSN:  xxx-xx-xxxx

Marital Status:  This field does not impact dependent coverage

\* Gender:  Female  
 Male

\* Relation to Subscriber:

- You can then enter data for changing Name, SSN, Gender, and Relationship to Subscriber.
- Click Continue to proceed to the Summary Page.
- Verify information on the Summary Page, then Click Complete Enrollment to proceed to the Confirmation Page.

7. To remove a dependent from coverage, click on the Remove button to the right of the dependent that you would like to remove.

**Update Dependents** [Print this page](#)

**Dependents**

These are the dependents for the subscriber. Add, Edit, or Remove dependents here.

Add Dependent

Name	Relationship	Date of Birth	Status	
M. Smith	Wife	0 2	Active	<input type="button" value="Remove"/>
C. Smith	Daughter	1 8	Active	<input type="button" value="Remove"/>

- You will then be asked to enter the Effective Date (the date you want the coverage to stop), and the reason for terminating the coverage.

**Update Dependents** [Print this page](#)

**Terminate Dependent: M. Smith**

For help with Qualifying Event Date and Coverage Reasons click on [Update Dependent Guidelines](#).

\* Indicates required information

\* Effective Date:

\* Terminate Reason: 

- Select..
- Divorce
- Other
- Separated
- Death
- Overage
- No longer Student

- These are currently the only reasons available through InTouch for termination of coverage. If you are terminating coverage for some other reason, you will need to send the information to your Membership Representative so that they can process the termination of coverage on your behalf. You can only process terminations of dependents with these reasons.

**NOTE: If you are removing a dependent that is enrolled due to a Court Order, you will need to submit a copy of the release as part of the termination of coverage.**

- Click on the Continue button to proceed to the Summary Page.
- Verify information on the Summary Page, then Click Complete Enrollment to proceed to the Confirmation Page.

8. To reinstate a dependent that was previously removed from coverage, click on the Reinstate button to the right of the dependent that you would like to remove.

## Dependents



These are the dependents for the subscriber. Add, Edit, or Remove dependents here.

Name	Relationship	Date of Birth	Status	
<a href="#">Smith</a>	Wife		Active	<input type="button" value="Remove"/>
<a href="#">Smith</a>	Daughter		Inactive	<input type="button" value="Reinstate"/>
<a href="#">Smith</a>	Daughter		Pending	<input type="button" value="Delete"/>

- You will then be asked to enter the Date of Qualifying Event (the date the event happened that is causing you to want to reinstate coverage), and the reason for Reinstating the coverage.

## Reinstate Dependent: Halie Smith

For help with Qualifying Event Date and Coverage Reasons click on [Update Dependent Guidelines](#).

\* Indicates required information

\* Date of Qualifying Event:

\* Reinstate Reason: 

- Select..
- FHIAP
- Loss of Coverage
- Full Time Student
- Court Order
- Disabled

- These are currently the only reasons available through InTouch for Reinstating coverage. If you are reinstating coverage for some other reason, you will need to send the information to your Membership Representative so that they can process the Reinstatement on your behalf. You can only process Reinstatements of dependents with these reasons.
  - Click on the Continue button to proceed to the Summary Page.
  - Verify information on the Summary Page, then Click Complete Enrollment to proceed to the Confirmation Page.
9. You will then be provided with a Confirmation page. ***Please keep in mind that this simply means that the request has been transmitted to PacificSource. It does not mean that coverage has been approved.*** You may wish to note the Reference Number shown on this page for future reference.
- Click on the Return to Main Page prompt. This will take you back to your Group Home Page.

PacificSource has a dedicated InTouch for Employers phone line and e-mail address to more efficiently serve your online needs. You may contact us directly by these methods and someone from our InTouch for Employers Team will get back to you as quickly as possible. Note that this is specifically for InTouch for Employers online issues; please continue to contact your Membership Representative for all other questions:

***InTouch for Employers assistance:***

541.225.3742

Fax: 541.225.3642

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