



FirstView

Inquiry User Guide

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Security

CHANGE PASSWORD

Purpose

You use the Change Password menu option for any of the following reasons:

- You have received your password in the mail after first-time registration and want to change it to something you can more easily remember.
- You believe that someone may have discovered your password and want to protect your information.
- Some other circumstance has arisen that leads you to believe it is a good time to do this.

Password Rules

Your password must meet these requirements:

- You can use numbers and/or upper or lower case letters.
- Use a minimum of six and a maximum of ten characters and/or numbers.
Examples: sister, Flower51, FEATHERS, 09GLASS
- Your password cannot be the same as your user ID.
- Use a word, number, or combination that is easy for you to remember.
- Don't use a password that's easy to guess.
Example: Do not use your birth date or anniversary date.
- Do not use any spaces or unusual characters.
Example 1: Do not use a slash (/) or asterisk (*).
Example 2: You can use an underscore, such as 123_4567.

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Change Password

NEW
PASSWORD:

CONFIRM NEW PASSWORD:

Password must be at least 6 characters

Reminder

Warning: The next time you log on, you must use this new password. The old password will no longer work.

MAINTAIN USERS

Purpose

To maintain information for FirstView registered users.

- To maintain user passwords;
- To add new users;
- To change existing user's profiles; and
- To terminate an existing user's privileges to access the system.

Maintain Users Search Page

Purpose

To find a specific user type (or types) for maintenance. The Maintain Users Search page displays immediately after clicking on Maintain Users in the left-hand frame of the page.

Parts of the Maintain Users Search Page

The Maintain Users Search page is divided into two parts:

- **Search By User Type.** This section allows you to determine the user types on which you want to display a search list. You can choose as many of these types as are available to you.
- **Additional Filter Criteria.** Once you have made your user type selections, you can further narrow the search results by selecting additional filtering options.

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Maintain Users Search

Please enter your search criteria below.

Search By User Type

<input checked="" type="checkbox"/> Employee	GBAS CaseID: <input style="width: 60px;" type="text" value="00000"/>
<input type="checkbox"/> Dependent	GBAS CaseID: <input style="width: 60px;" type="text"/>

Display Active Users
 Display Inactive Users

Additional Filter Criteria



Show all
 UserName
 Last Name
 SSN

Search for Text:

Procedure: Searching for Users


Step	Action										
1	In the Search By User Type section, select all user types you want to search on.										
2	<p>If you are searching on an Employee or Dependent, do you have a specific Case ID you want to enter on any or all of the users?</p> <ul style="list-style-type: none"> ▪ If yes, enter the Group # in the GBAS CaselID field(s) to the right of the user type. ▪ If no, go to the next step. 										
3	<p>Is there any additional filter criteria you want to use for the search?</p> <ul style="list-style-type: none"> ▪ If yes, refer to the Use with the Search for Text Field table below. ▪ If no, go to the next step. 										
	<table border="1"> <thead> <tr> <th data-bbox="280 625 516 678">Option</th> <th data-bbox="524 625 1464 678">Use with the Search for Text Field?</th> </tr> </thead> <tbody> <tr> <td data-bbox="280 682 516 720">Show all</td> <td data-bbox="524 682 1464 720">No.</td> </tr> <tr> <td data-bbox="280 724 516 793">UserName</td> <td data-bbox="524 724 1464 793">Yes. Enter the exact UserName or partial UserName in the Search for Text field.</td> </tr> <tr> <td data-bbox="280 798 516 867">Last Name</td> <td data-bbox="524 798 1464 867">Yes. Enter the entire Last name or portion of the Last name of the Employee or Dependent.</td> </tr> <tr> <td data-bbox="280 871 516 909">SSN</td> <td data-bbox="524 871 1464 909">Yes. Enter the exact SSN or partial SSN of the Employee or Dependent.</td> </tr> </tbody> </table>	Option	Use with the Search for Text Field?	Show all	No.	UserName	Yes. Enter the exact UserName or partial UserName in the Search for Text field.	Last Name	Yes. Enter the entire Last name or portion of the Last name of the Employee or Dependent.	SSN	Yes. Enter the exact SSN or partial SSN of the Employee or Dependent.
	Option	Use with the Search for Text Field?									
	Show all	No.									
	UserName	Yes. Enter the exact UserName or partial UserName in the Search for Text field.									
Last Name	Yes. Enter the entire Last name or portion of the Last name of the Employee or Dependent.										
SSN	Yes. Enter the exact SSN or partial SSN of the Employee or Dependent.										
Show all	No.										
UserName	Yes. Enter the exact UserName or partial UserName in the Search for Text field.										
Last Name	Yes. Enter the entire Last name or portion of the Last name of the Employee or Dependent.										
SSN	Yes. Enter the exact SSN or partial SSN of the Employee or Dependent.										
4	<p>Click on Search.</p> <p><u>Result:</u> The Maintain User Search Results page displays.</p>										

Maintain Users Search Results Page

Maintain Users Search Results									
Modify Filter									
Page 1 of 1									
[1]									
Records: 16									
	User Type	UserName	Name	SSN	GBAS CaseID	GBAS CertID	Employee Div	Status	Locked
	EMPLOYEE	testgirl	david, john	000-00-0666	00000			A	N
	EMPLOYEE	johndoe	DOE, JOHN	985-67-1234	00000	0002	001	A	N

Items and Descriptions - Maintain Users Search Results Page

This table lists and describes the items on the Maintain Users Search Results page.

Item	Description						
	Click the button next to the desired User to view their Profile.						
User Type	The type of User this profile pertains to. <ul style="list-style-type: none"> Which types of Users you can see depends on your permissions that have been granted by the System Administrator. <table border="1"> <thead> <tr> <th>Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>Employees enrolled on the Web.</td> </tr> <tr> <td>Dependent</td> <td>Dependents registered on the Web.</td> </tr> </tbody> </table>	Type	Description	Employee	Employees enrolled on the Web.	Dependent	Dependents registered on the Web.
Type	Description						
Employee	Employees enrolled on the Web.						
Dependent	Dependents registered on the Web.						
UserName	The User ID used to log on to the Web.						
Name	The name of the Individual in the format Last Name, First Name.						
SSN	The Social Security Number of the Individual.						
GBAS CaseID	The Case number from GBAS.						
Status	The status of the particular user. <table border="1"> <thead> <tr> <th>Status</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Active</td> </tr> <tr> <td>I</td> <td>Inactive</td> </tr> </tbody> </table>	Status	Description	A	Active	I	Inactive
Status	Description						
A	Active						
I	Inactive						

Maintain Users Page

Maintain Users

USER TYPE: Employee
 USER ID: 8749
 ◆ USERNAME: SARAZTEST
 ◆ PASSWORD:
 ◆ CONFIRM PASSWORD:
 ◆ FIRST NAME:
 ◆ LAST NAME:
 DATE OF BIRTH:
 GENDER:
 SSN:
 I.D. Number:
 GBAS CERTID: 3415
 Address Line 1:
 Address Line 2:
 CITY:
 STATE:
 ZIP CODE:
 ◆ GROUP:
 CASE: 00000 - FIRSTVIEW TEST COMPANY
 Daytime Phone Number () - Ext.
 ◆ USER STATUS:
 ◆ EMAIL ADDRESS:

The following items may affect a user's ability to log into the online benefit system:

USER STATUS	Drop-down menu to indicate the employee's status as related to ability to make changes or view their information on the web. This is not an indication of their status in FAI CLAIMS SYSTEM. <u>Options:</u> Active or Inactive
User Locked Out	<i>(Conditional)</i> This checkbox only displays when a User's account password has been locked due to six unsuccessful login attempts with an incorrect password. Remove the checkmark from the checkbox to allow the User access to their account.

Adding a New User

Purpose

Use when you need to add a new user.

Required Information

Some of the information in the pages that you are about to fill out is required. A blue diamond to the left of the field means that you must enter the requested information. (Note the exception to the SSN field.)

Maintain Users

USER TYPE:	UNSPECIFIED (0)		
◆ USERNAME:	<input type="text"/>		
◆ PASSWORD:	<input type="text"/>		
◆ CONFIRM PASSWORD:	<input type="text"/>		
◆ FIRST NAME:	<input type="text"/>		
◆ LAST NAME:	<input type="text"/>		
DATE OF BIRTH:	<input type="text"/>		
GENDER:	<input type="text" value="Select One"/>		
SSN:	<input type="text"/>		
I.D. Number:	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
CITY:	<input type="text"/>		
STATE:	<input type="text" value="Select One"/>		
ZIP CODE:	<input type="text"/>		
◆ GROUP:	<input type="text" value="Please select a group"/>		
CASE:	<input type="text" value="*"/>		<i>Press Enter to lookup Case (Use * as wildcard)</i>
	<i>select Case below...</i>		
	<input type="text" value="Select a case"/>		
AGENT NUMBER:	<input type="text" value="A0001"/>		
Daytime Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>		
◆ USER STATUS:	<input type="text" value="Active"/>		

Procedure: Adding a New User

This table shows the possible steps to add a new user:

Step	Action
1	Select Maintain Users on the menu at the left. <u>Result:</u> The Maintain Users Search page displays.
2	Select the User Type for the user you want to add and select Search. <u>Result:</u> The Maintain Users Search Results page displays.
3	Click Add at the bottom of Maintain Users Search Results page. <u>Result:</u> The Maintain Users page displays.
4	Complete the items on this page.
5	In the User Status field, click the field and select ACTIVE.
6	Click Submit at the bottom of the page. <ul style="list-style-type: none"> ▪ Did the Maintain Users page display again with red text under any of the items? If yes, go to Correcting Problems ▪ Did the Maintain Users page display again, but without any red text under any of the items? If yes, the process of adding this user is complete. <u>Result:</u> The Maintain Users Search Results page displays.
7	Remember that you must manually send notification to the new user of their User ID and password.

Changes to Current User's Information

Purpose

Use when you need to change a user's information or status.

Procedure: Changing a User's Password

Follow these steps to change a user's password through the Maintain Users option, using up to 8 characters/numbers:

Step	Action
1	Select Maintain Users on the menu at the left. <u>Result:</u> The Maintain Users Search page displays.
2	Enter the criteria for the user whose password you want to change and select Search. <u>Result:</u> The Maintain Users Search Results page displays.
3	Select the user whose password you want to change by clicking on the glasses icon in the left-hand column next to that user's information. <u>Result:</u> The Maintain Users page displays with that user's profile information filled in.
4	Type the new password in the PASSWORD field. <u>Viewing:</u> To protect the new password, your entry displays as asterisks.
5	Retype the new password in the CONFIRM PASSWORD field.
6	Click Submit at the bottom of the page. <u>Result:</u> The page displays again with the change.

Procedure: Terminating Employee or Dependent Account Privileges

Step	Action
1	Select Maintain Users from the menu on the left-hand side of the page. <u>Result:</u> The Maintain Users Search page displays.
2	Enter the criteria to search for this user and click Search. <u>Result:</u> The Maintain Users Search Results page displays.
3	Select a user from the Maintain Users Search Results list. <u>Result:</u> The page displays the information for the selected user.
4	Change the USER STATUS field to Inactive. <u>Result:</u> The user cannot access his/her account.
5	Click Submit.

Handling a Forgotten Password

Purpose

When an employee has forgotten their password, they can reset their password through “Forgot my password” at the log-in screen. If unable to reset their password themselves or they have forgotten their user name, they can call their HR representative. After verifying their identity, you change their password and either give it to them or email it to them, depending on the security requirements.

Procedure: Resetting a Forgotten Password

Follow these steps to reset a user password through the “Forgot my password” link at the log-in screen:

Step	Action
1	Go to http://firstview.firstadministrators.com and click on the Forgot my password link . <u>Result:</u> Reset Password page displays.
2	Enter the User ID and click Next. <u>Result:</u> Security Questions to reset the password displays.
3	Answer the security questions set in My Profile. Click Next. <u>Result:</u> Password Reset page displays.
4	Type the new password in the New Password and Repeat New Password fields. Click Submit. <u>Result:</u> Your password was successfully reset.

Correcting Problems

Purpose

To correct errors. If you do not provide information that is required, or if you provide a piece of incorrect information in any of the pages, the page displays again with red text to indicate what you must change.

Procedure: Correcting Problems

Step	Action
1	Look for the first red text on the page.
2	Read the text and correct the information above the red text as requested. <u>Example:</u> Please enter a valid Social Security number. You type the correct social security number in the SSN field.
3	Do you see another field with red text under it? <ul style="list-style-type: none"> ▪ If yes, repeat step 2. ▪ If no, scroll down and click Submit at the bottom of the page.
4	Does the page display again with red text under any of the items? <ul style="list-style-type: none"> ▪ If yes, repeat steps 1-3. ▪ If no, the process is complete.

MY PROFILE

Purpose

Each registered user of the GBAS Web Product has a basic profile stored in the system. Use this option to check and make changes to your profile. The fields in **My Profile** are identical to the fields in **Maintain Users**.

My Profile

Please fill in the form below.

- ◆ Required Information
- ◆ USER ID: Enter a user id you're likely to remember
- ◆ PASSWORD: Password must be at least 6 characters
- ◆ CONFIRM PASSWORD:
- SSN:
- I.D. Number:
- ◆ FIRST NAME:
- ◆ LAST NAME:
- Address Line 1:
- Address Line 2:
- CITY:
- STATE: ▼
- ZIP CODE:
- EMAIL ADDRESS:
- I do not have an email address. Please use my HR manager's email address.
- Daytime Phone Number: () - ext.

Inquiry

REIMBURSEMENT PLAN ACCOUNTS

Purpose

Allows you to view the Reimbursement Plan Account summary information for enrolled employees. This includes annual election, YTD contribution, YTD payments, the current balance, and the remaining unused election for the current year and the prior year.

Permissions

You may or may not be able to use Reimbursement Plan Accounts, depending upon how the System Administrator sets the privileges for your company. If you have the appropriate permissions, you will be able to review the Reimbursement Plan Account summary information for enrolled employees.

Procedure: Inquiring About Reimbursement Plan Accounts Information

Step	Action
1	Select Reimbursement Plan Accounts at the left of the page. <u>Result:</u> The initial Reimbursement Plan Accounts Balance Inquiry page displays.

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Security Change Password Maintain Users My Profile
Enrollment Enrollment Management Terminate Employee
Inquiry Reimbursement Plan Accounts Claims Inquiry Coverage Inquiry Links
Review Review Transfer
Help About Contact Us Contents

Reimbursement Plan Accounts Balance Inquiry

Select a Search Option :

Case / Cert

Case / Alternate Key

Case / Name

Name

SSN

Please Enter:

Social Security Number:
(xxx-xx-xxxx)

2	There are five possible methods by which to choose the Individual's Reimbursement Plan Account information you want to view. Which of these options is available to you for use in locating this information depends on which has been made available by your system administrator.	
	Method of Search	Info to Enter
	Case/Cert ID (This is the identifier used in the FAI Claims System)	For HR users, the Case/Group is already displayed and cannot be changed. <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Cert ID in the text box next to Certificate ID#. ▪ Click Submit.

Case ID/Alternate Key	<p>HR users, the Case/Group is already displayed and cannot be changed.</p> <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the I.D. Number in the text box next to I.D. Number (alternative to printing SSN on member ID cards). ▪ Click Submit.
Case/Name	<p>HR users, the Case/Group is already displayed and cannot be changed.</p> <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Last Name in the text box next to Last Name. ▪ Enter the First Name in the text box next to First Name. ▪ Click Submit. <p>Note: You can search by Group#/Last Name only. First Name is not required.</p>
Name	<ul style="list-style-type: none"> ▪ Enter the Last Name in the text box next to Last Name. ▪ Enter the First Name in the text box next to First Name. ▪ Click Submit. <p>Note: You can search by Last Name only; First Name is not required.</p>
Social Security Number	<ul style="list-style-type: none"> ▪ Enter the Social Security Number of the Individual in the text box next to Social Security Number (xxx-xx-xxxx) ▪ Click Submit

Reimbursement Plan Accounts Balance Inquiry - Choose Individual


Social Security Number: xxx-xx-x234
 I.D. Number: 00000JD0002F

:
 SELECT A NAME: JOHN DOE ▾

Back
Submit

3	<p>Does the Claim involve an insured person other than the employee (policyholder)?</p> <ul style="list-style-type: none"> ▪ If yes, click the employee’s (policyholder’s) name next to SELECT A NAME: and select the person’s name from the list that displays. ▪ If no, click Submit to continue to next step. <p><u>Result:</u> The Reimbursement Plan Accounts Balance Inquiry – Balance Report Displays.</p>
---	---

4 Review the desired information. Do you want to view more detail about any Reimbursement Plan Accounts information listed?

- If **yes**, click the View Detail button  to the left of the Benefit Description.



Result: The Claim Detail page displays; showing Payments and Contributions.

- If **no**, go to step 5.

Reimbursement Plan Account Balance Inquiry - Balance Report

Group #: 00000 FIRSTVIEW TEST COMPANY
Certificate ID #: 0002 JOHN DOE
I.D. Number: 00000JD0002F
Social Security Number: xxx-xx-x234

To view claims detail, click on the glasses.

	Benefit Description	Annual Election	YTD Contribution	YTD Payments	Current Balance	Remaining Unused Election
Plan Year: 01/01/2008-12/31/2008						
No records						
Plan Year: 01/01/2007-12/31/2007						
	DEPENDENT CARE	2,500.00	0.00	0.00	0.00	0.00
	MEDICAL CARE REIMBURSEMENT	2,000.00	0.00	0.00	0.00	2,000.00

Please be aware that the "Remaining Unused Election" balance(s) represent the unpaid portion of your total election as of 1/21/2008. You will have until January 01, 2009 in which to incur eligible expenses for reimbursement. You will have 91 days after that to submit your claims. (If you are no longer employed by the company, submitted expenses must be incurred within your dates of employment to qualify for reimbursement.)

Reimbursement Plan Account - Claim Detail

Group #: 00000 FIRSTVIEW TEST COMPANY
Certificate ID #: 0002 JOHN DOE
I.D. Number: 00000JD0002F
Plan Year: 01/01/2007-12/31/2007
Benefit: MEDI MEDICAL CARE REIMBURSEMENT

Payments

Claim Number	Seq	Service Dates	Description	Requested Amount	Paid Amount	Not Paid Amount	Msg	Payee Name	Check Number	Print Date	Clear Date	Status
--------------	-----	---------------	-------------	------------------	-------------	-----------------	-----	------------	--------------	------------	------------	--------

Contributions

Contribution Amount	Date
---------------------	------

[Back](#)

5 Click Back at the bottom of the screen.

Result: The Balance Report page displays.

Procedure: Inquiring About a Claim continued

2	<p>There are five possible methods by which to choose the Individual who's Claims you want to view. Which of these options is available to you for use in locating this information depends on which has been made available by your system administrator.</p>	
	Method of Search	Info to Enter
	<p>Case/Cert ID (This is the identifier used in the FAI Claims System)</p>	<p>For HR users, the Case/Group is already displayed and cannot be changed.</p> <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Cert ID in the text box next to Certificate ID#. ▪ Click Submit.
	<p>Case ID/Alternate Key</p>	<p>HR users, the Case/Group is already displayed and cannot be changed.</p> <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the I.D. Number in the text box next to I.D. Number (alternative to printing SSN on member ID cards). ▪ Click Submit.
	<p>Case/Name</p>	<p>HR users, the Case/Group is already displayed and cannot be changed.</p> <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Last Name in the text box next to Last Name. ▪ Enter the First Name in the text box next to First Name. ▪ Click Submit. <p>Note: You can search by Group#/Last Name only. First Name is not required.</p>
	<p>Name</p>	<ul style="list-style-type: none"> ▪ Enter the Last Name in the text box next to Last Name. ▪ Enter the First Name in the text box next to First Name. ▪ Click Submit. <p>Note: You can search by Last Name only; First Name is not required.</p>
	<p>Social Security Number</p>	<ul style="list-style-type: none"> ▪ Enter the Social Security Number of the Individual in the text box next to Social Security Number (xxx-xx-xxxx) ▪ Click Submit

Claims Inquiry

Group #/Name: 00000 /
Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE
Social Security Number: xxx-xx-x234
Certificate ID #: 0002
I.D. Number: 000003D0002F

SELECT A NAME:

ENTER THE DATE OF SERVICE RANGE. TO ACCEPT THE DEFAULT RANGE, PRESS SUBMIT.

FROM: THRU:
MM/DD/YYYY MM/DD/YYYY




3	<p>Does the Claim involve an insured person other than the employee (policyholder)?</p> <ul style="list-style-type: none"> ▪ If yes, click the employee's (policyholder's) name next to SELECT A NAME: and select the person's name from the list that displays. ▪ If no, go to the next step.
4	<p>Type the date or range of dates in which the treatment took place for the Claim you are seeking in the ENTER THE DATE OF SERVICE RANGE item. Note that the dates entered as FROM and TO are not included in the result.</p> <p><u>Displayed dates:</u> Dates covering the last three months are automatically displayed. The dates displayed are not included in the results.</p>
5	<p>Click Submit at the bottom of the page.</p> <p><u>Result:</u> The Claims Summary page displays.</p>

Claims Summary

Group #/Name: 00000 / FIRSTVIEW TEST COMPANY
Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE
Patient Name: JOHN DOE
Date of Service Range: 08/29/2003 - 11/27/2007 [Modify](#)
Primary SSN: xxx-xx-x234
Certificate ID #
 : 0002
I.D. Number: 00000JD0002F

Claims:

To view claims detail, click on the glasses.

View Detail	Date of Service	Provider Name	Ttl. Chg.	Ttl. Amt. Pd.	Last Prmf. Date	Status	Document#
	6/9/2004 - 6/9/2004	46-0218851 RAPID CITY MEDICAL CENTER	\$285.00	\$0.00		In Progress	0416102507
	6/9/2004 - 6/9/2004	46-0319070 RAPID CITY REGIONAL HOSPITAL	\$1,560.00	\$1,076.00		In Progress	0416102518
	4/15/2007 - 4/15/2007	46-0224743 AVERA MCKENNAN HOSPITAL	\$100.00	\$0.00		In Progress	0712303799

Procedure: Reviewing the Claim Detail page

Claim Detail

Group #/Name: 00000 / FIRSTVIEW TEST COMPANY
Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE
Patient Name: JOHN DOE Contact Us about This Claim

Date of Service Range: 8/29/2003 - 11/27/2007 [Return to Claim Summary](#)

Primary SSN: xxx-xx-x234 EOB/Checks

Certificate ID # 0002
 :
I.D. Number: 00000JD0002F [Click here to download Adobe Acrobat Reader](#)

Date of Service	Provider Name	Ttl. Chg.	Ttl. Amt. Pd.	Last Pmt. Date	Status	Document#
6/9/2004 - 6/9/2004	RAPID CITY REGIONAL HOSPITAL	\$1,560.00	\$1,076.00		In Progress	0416102518

Status	Date of Service	Chg. Amt.	Inelg. Amt.	Message	Contract Discount	Ded. Amt.	Co-Pay Amt.	Patient Coins.	Paid Amt.
In Progress	6/9/2004	\$1,560.00	\$0.00	No	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CLAIMS PAYMENTS/EOBs

Date	Amt.	Payee	Ck.#	EOB#	Check Clear Date

Step	Action
1	<p>Review the desired information. Do you want to view more detail about any Claim listed?</p> <ul style="list-style-type: none"> ▪ If yes, click the View Detail button to the left of the Claim. <p><u>Result:</u> The Claim Detail page displays.</p> <ul style="list-style-type: none"> ▪ If no, go to step 4.
2	<p>Review the information. Do you see a code in the Message column?</p> <ul style="list-style-type: none"> ▪ If yes, click the code in the Message column. <p><u>Result:</u> A new window opens that displays the message code and an explanation. If there was an asterisk next to the text in the Message column, there are multiple messages related to this Claim. All of the message codes and explanations related to this Claim display.</p> <ul style="list-style-type: none"> ▪ If no, go to the next step.
3	<p>Click Close when you have read the explanation.</p> <p><u>Result:</u> The message explanation closes and leaves the Claim Detail page in view.</p>
4	<p>Do you want to view an electronic copy of the EOB?</p> <ul style="list-style-type: none"> ▪ If yes, click the EOB/Checks button to the right of the SSN. EOB/Checks <p><u>Result:</u> The EOB will display in PDF format. Electronic EOBs are only available for claims with dates of service after 1/1/06 and after the claim has been funded.</p>
5	<p>Do you have a question about this particular claim?</p> <ul style="list-style-type: none"> ▪ If yes, click the Contact Us about This Claim button to the right of the patient name.

	<p style="text-align: center;">Contact Us about This Claim</p> <p><u>Result:</u> The Contact Us Screen displays. Contact information is available and an online inquiry can be submitted to First Administrators.</p>
6	<p>Click Return to Claim Summary at the top of the page.</p> <p><u>Result:</u> The Claims Summary page displays.</p>
7	<p>Do you want to view the detail about any other claim listed?</p> <ul style="list-style-type: none"> ▪ If yes, repeat steps 1-4. ▪ If no, go to the next step.
8	<p>Do you want to change the dates for the time period that covers the claim you are checking on?</p> <ul style="list-style-type: none"> ▪ If yes, click Modify at the left of Date of Service in blue text. <p><u>Result:</u> The Claims Inquiry page displays again.</p> <ul style="list-style-type: none"> ▪ If no, you have completed the procedure.

COVERAGE INQUIRY

Purpose

Allows you to verify the status of coverage for enrolled employees.

Eligibility	
Case Number/Name:	00000 / FIRSTVIEW TEST COMPANY
Division Number/Name:	001 / FIRSTVIEW TEST COMPANY-ACTIVE
Certificate ID #:	0002
I.D. Number:	00000JD0002F
Individual Policy/Plan:	00000/
Requested Date of Service:	11/27/2007

Home
Welcome
Security
Change Password
Maintain Users
My Profile
Inquiry
Cafeteria Plan
Claims Inquiry
Coverage Inquiry
Links
View Reports

Items and Descriptions - Eligibility Page

This table lists and describes the items for the Eligibility page.

Item	Description
Case Number/Name	The number and the name of the company or group to which the employee belongs.
Division Number/Name	The division the employee is currently listed under.
Certificate ID#	The individual identifier in FAI's claims system.
Insured Policy/Plan	The Policy and Plan number separated by a slash.
Requested Date of Service	The date the service was provided for which coverage inquiry is sought.

Individual:
Individual SSN: xxx-xx-x234
Name: JOHN DOE
Address Line 1 512 MAIN STREET
RAPID CITY, SD 57701
Birth Date: 01/01/1955
Effective Date: 01/01/2003
Term Date:
Home Phone: 605-399-7344

Individual Section	
Individual SSN	The social security number of the primary insured.
Name	Name of the primary insured on the group insurance.
Address	The address of the primary insured.
Birth Date	The birth date of the primary insured.
Effective Date	The date on which the primary insured became effective in the system.

Items and Descriptions – continued

Term Date	The date on which the primary insured was terminated in the system.
Home Phone	The home telephone number of the primary insured.

Claimant:
Claimant Name: JOHN DOE Birth Date: 01/01/1955 Effective Date: 01/01/2003 Term Date:

Claimant Section	
Patient Name	Name of the insured whose coverage you are verifying.
Birth Date	The birth date of the insured whose coverage you are verifying.
Effective Date	The effective date of coverage of the insured whose coverage you are verifying.
Term Date	The termination date of coverage of the insured whose coverage you are verifying.

Documents:	
Document	Effective Date
FirstView SPD.pdf	06/01/2004

Plan Documents Section	
Document	The title of the document.
Effective Date	The effective date of the document.

The document opens in PDF format, allowing the user to search, save, etc. Amendments are delineated by a red box with a description within the box. To view the amendment, click within the red box. The amendment will open in PDF format.

Benefit Codes:

Benefit	Abbreviation	Description 1	Description 2	Effective Date	Term Date
21	FAM HLTH	HEALTH	FAMILY	05-01-2007	
DF	FAM DENT	DENTAL	FAM DENT	05-01-2007	

Benefit Codes

Benefit	The name of the Benefit Code.
Abbreviation	The abbreviation of the Benefit Code as defined in GBAS.
Description 1	The first line of the description of the Benefit Code from the Benefit Parameter file in GBAS. (Limit of ten characters)
Description 2	The second line of the description of the Benefit Code from the Benefit Parameter file in GBAS. (Limit ten characters)
Term Date	The date the Benefit was terminated for this Individual or Claimant. If this field is blank, the Benefit has not been terminated.

Accumulators:

Accumulator	Individual Max	Individual Met	Family Max	Family Met
DEDUCTIBLE	500.00	500.00	1000.00	500.00
COINSURANCE	2500.00	162.27	5000.00	162.27
LIFETIME	2000000.00	17964.66		

Accumulators

Note: The Accumulators section only displays if accumulators have been properly set up in GBAS for the individual selected.

Accumulator	The name of the deductible, out-of-pocket expense, co-pay, or lifetime maximum being detailed on this line.
Individual Max	The maximum amount that this Individual can be required to pay out-of-pocket toward this accumulator for the year.
Individual Met	The amount that the Individual has already paid out-of-pocket toward that maximum amount for this accumulator for the year.
Family Max	The maximum amount that the Individual's family can be required to pay out-of-pocket toward this accumulator for the year.
Family Met	The amount of the Family Max that the Individual's family has already paid out-of-pocket for this accumulator for the year.
Click here to download Adobe Acrobat Reader	Your Benefit Plan documents may be published in a format known as PDF, which requires a program that can read this format. This link is to a free downloadable PDF reader known as Acrobat Reader

Procedure: Using Coverage Inquiry

Step	Action												
1	Select Coverage Inquiry at the left of the page. <u>Result:</u> The Coverage Inquiry page displays.												
2	<p>There are five possible methods by which to choose the Individual who's Coverage you want to verify. You will see only those options that have been established for your Case by the system administrator.</p> <p><u>Note:</u> The labels on the Coverage Inquiry page are user customizable. The labels represented in this chart may not appear on your Coverage Inquiry page. They represent what type of information must be entered in this box.</p> <table border="1" data-bbox="282 516 1464 1535"> <thead> <tr> <th data-bbox="282 516 659 558">Method of Search</th> <th data-bbox="659 516 1464 558">Info to Enter</th> </tr> </thead> <tbody> <tr> <td data-bbox="282 558 659 772"> Case/Cert ID (This is the identifier used in the FAI Claims System) </td> <td data-bbox="659 558 1464 772"> For HR users, the Case/Group is already displayed and cannot be changed. <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Cert ID in the text box next to Certificate ID#. ▪ Click Submit. </td> </tr> <tr> <td data-bbox="282 772 659 1003"> Case ID/Alternate Key </td> <td data-bbox="659 772 1464 1003"> HR users, the Case/Group is already displayed and cannot be changed. <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the I.D. Number in the text box next to I.D. Number (alternative to printing SSN on member ID cards). ▪ Click Submit. </td> </tr> <tr> <td data-bbox="282 1003 659 1276"> Case/Name </td> <td data-bbox="659 1003 1464 1276"> HR users, the Case/Group is already displayed and cannot be changed. <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Last Name in the text box next to Last Name. ▪ Enter the First Name in the text box next to First Name. ▪ Click Submit. Note: You can search by Group#/Last Name only. First Name is not required. </td> </tr> <tr> <td data-bbox="282 1276 659 1465"> Name </td> <td data-bbox="659 1276 1464 1465"> <ul style="list-style-type: none"> ▪ Enter the Last Name in the text box next to Last Name. ▪ Enter the First Name in the text box next to First Name. ▪ Click Submit. Note: You can search by Last Name only; First Name is not required. </td> </tr> <tr> <td data-bbox="282 1465 659 1535"> Social Security Number </td> <td data-bbox="659 1465 1464 1535"> Enter the SSN of the Individual in this box in the format xxx-xx-xxxx. </td> </tr> </tbody> </table>	Method of Search	Info to Enter	Case/Cert ID (This is the identifier used in the FAI Claims System)	For HR users, the Case/Group is already displayed and cannot be changed. <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Cert ID in the text box next to Certificate ID#. ▪ Click Submit. 	Case ID/Alternate Key	HR users, the Case/Group is already displayed and cannot be changed. <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the I.D. Number in the text box next to I.D. Number (alternative to printing SSN on member ID cards). ▪ Click Submit. 	Case/Name	HR users, the Case/Group is already displayed and cannot be changed. <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Last Name in the text box next to Last Name. ▪ Enter the First Name in the text box next to First Name. ▪ Click Submit. Note: You can search by Group#/Last Name only. First Name is not required.	Name	<ul style="list-style-type: none"> ▪ Enter the Last Name in the text box next to Last Name. ▪ Enter the First Name in the text box next to First Name. ▪ Click Submit. Note: You can search by Last Name only; First Name is not required.	Social Security Number	Enter the SSN of the Individual in this box in the format xxx-xx-xxxx.
Method of Search	Info to Enter												
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Social Security Number	Enter the SSN of the Individual in this box in the format xxx-xx-xxxx.												
3	Do you want to verify coverage for a date other than today? <ul style="list-style-type: none"> ▪ If yes, enter the date for which to verify coverage in the ENTER DATE FOR WHICH TO VERIFY COVERAGE text box. ▪ If no, leave today's date in the ENTER DATE FOR WHICH TO VERIFY COVERAGE text box. 												
4	Select the Claimant for whom you want to verify coverage from the SELECT A CLAIMANT drop-down menu.												
5	Click on the Submit button. <u>Result:</u> The Eligibility page displays.												
6	Review the desired information.												

7	<p>Do you want to view any of the documents listed in the Documents section?</p> <ul style="list-style-type: none"> ▪ If yes, click on the document title and the document displays in a new window. Amendments to the plan document can be viewed by clicking within the Red Box; the corresponding amendment will open. ▪ When you are finished viewing the document, click the 'X' in the upper right corner of the window to close the document. ▪ If no, skip this step and the next one. <ul style="list-style-type: none"> ▪ Some of the documents listed may be in a format known as PDF. If so, you must have a PDF viewer installed on your computer in order to view these documents. There is a link at the bottom of the page to a location where you can download a PDF viewer at no charge.
8	<p>Do you want to print the information that displays in the new window?</p> <ul style="list-style-type: none"> ▪ If yes, click File in the upper left corner of the window. A drop-down menu displays under it. Select Print. ▪ If no, you have completed the procedure. You can close the document by clicking the 'X' in the upper right corner of the window.
9	<p>When finished, click on the Coverage Inquiry link from the menu on the left. <u>Result:</u> The Eligibility page closes and the Coverage Inquiry page displays.</p>

LINKS

Purpose

The Links menu option takes you to a page where links to sites and documents that may be of interest or assistance to you in using FirstView are.

Links

First Administrators, Inc.

Medical Reference Websites:

[Medline Plus](#)

[MedicineNet](#)

PPO Networks

[SelectFirst™ \(formerly Wellmark Select\)](#)

[Beech Street](#)

Pharmacy Benefit Manager

[Medco Health](#)

Notes
