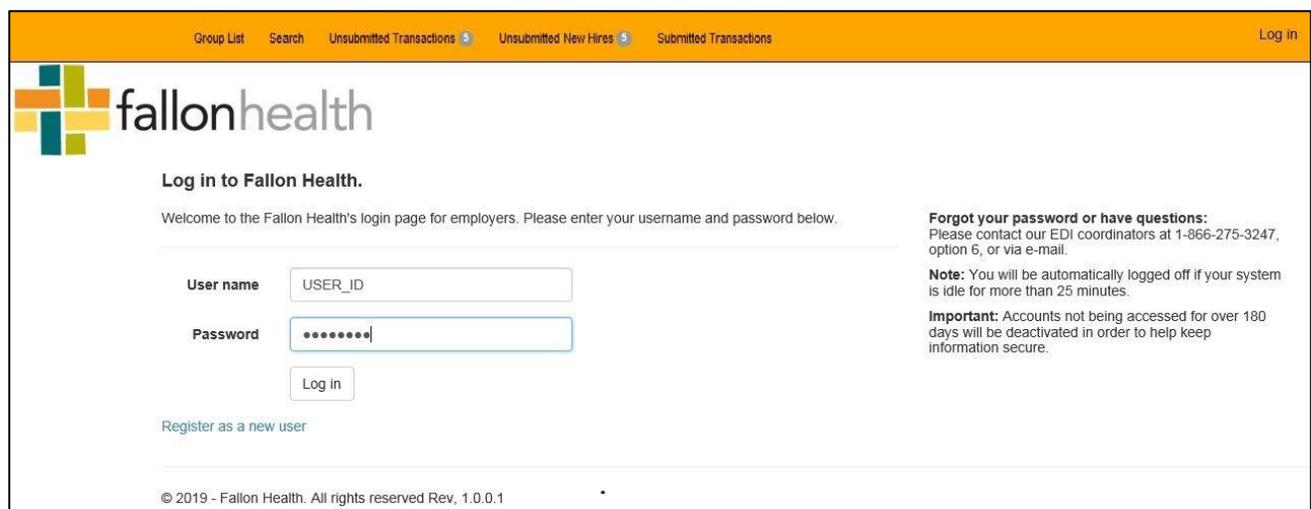


Your guide to secure online enrollment on fallonhealth.org

Section 1

Getting Started

Log in to secure online enrollment at fallonhealth.org. Enter your User name and password then click on the Log in button.



The screenshot shows the Fallon Health login page for employers. At the top, there is a navigation bar with links for Group List, Search, Unsubmitted Transactions, Unsubmitted New Hires, Submitted Transactions, and a Log in button. The main content area features the Fallon Health logo and the heading "Log in to Fallon Health." Below this, a welcome message states: "Welcome to the Fallon Health's login page for employers. Please enter your username and password below." The login form includes a "User name" field with the placeholder text "USER_ID", a "Password" field with masked characters, and a "Log in" button. To the right of the form, there are two informational sections: "Forgot your password or have questions:" which provides contact information for EDI coordinators, and a "Note:" about automatic logout after 25 minutes of inactivity. Below the form, there is a link to "Register as a new user" and a copyright notice at the bottom: "© 2019 - Fallon Health. All rights reserved Rev. 1.0.0.1".

General note for the application:

Blue buttons → save for later

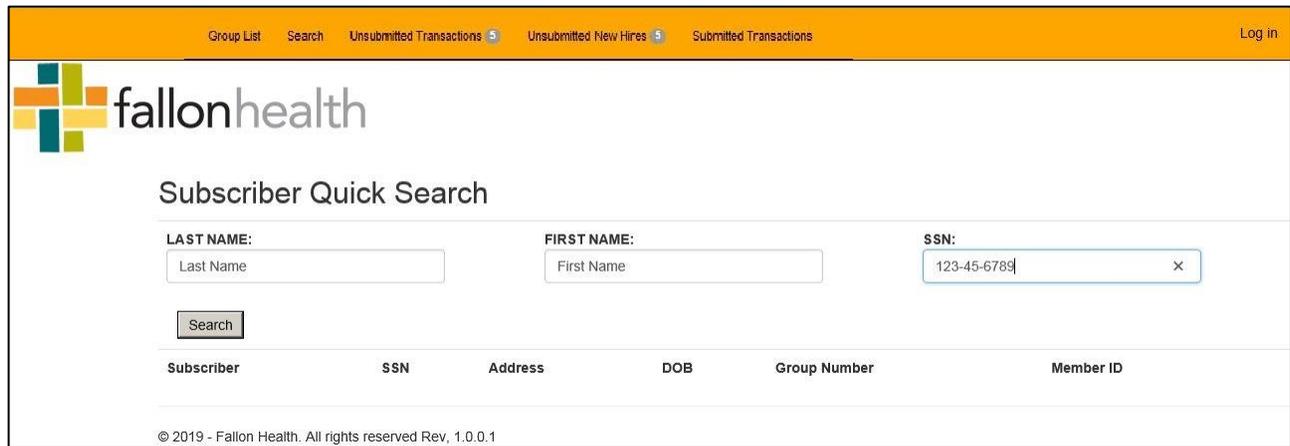
Red buttons → discard changes

Green buttons → submit changes to Fallon Health for processing

Section 2

Making Inquiries – Finding an existing Subscriber

Subscriber Quick Search - When logged in, click on **Subscriber Quick Search** at the top of the screen or the **Search** option within the top orange bar and the searching options will appear.



The screenshot shows the Fallon Health web application interface. At the top, there is an orange navigation bar with links for "Group List", "Search", "Unsubmitted Transactions 5", "Unsubmitted New Hires 5", "Submitted Transactions", and "Log in". Below the navigation bar is the Fallon Health logo. The main content area is titled "Subscriber Quick Search" and contains three input fields: "LAST NAME:" with a placeholder "Last Name", "FIRST NAME:" with a placeholder "First Name", and "SSN:" with the value "123-45-6789" and a clear button "x". A "Search" button is located below the input fields. Below the search form is a table with the following headers: "Subscriber", "SSN", "Address", "DOB", "Group Number", and "Member ID". At the bottom of the page, there is a copyright notice: "© 2019 - Fallon Health. All rights reserved Rev. 1.0.0.1".

- **Last Name search** – This search allows you to enter as much of the last name as you have and click on the Search button. All subscribers matching the characters entered in the last name field will appear.
 - From the search results, user can click on the name of a subscriber to navigate to that record.

- **First Name search** - This search allows you to enter as much of the first name as you have and click on the Search button. All subscribers matching the characters entered in the first name field will appear.
 - From the search results, user can click on the name of a subscriber to navigate to that record.
- **SSN search** – This search allows you to enter a Subscriber’s full SSN and click on the Search button. Subscriber matching this SSN will appear and only the SSN’s last 4 digits will be displayed.

Group List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions Log in

 **fallonhealth**

Subscriber Quick Search

LAST NAME: FIRST NAME: SSN: x

Subscriber	SSN	Address	DOB	Group Number	Member ID
------------	-----	---------	-----	--------------	-----------

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- From the search results, user can click on the name of a subscriber to navigate to that record.

Section 3

Group and Employees View

Group View - All Group's numbers associated with your secure login will be presented along with the corresponding Plan and Company.

Group List Search Unsubmitted Transactions Unsubmitted New Hires Submitted Transactions Log in

fallonhealth

Subscriber Quick Search

Group	Plan	Company	
0123456	DIRECT CARE	CUSTOMER	Add Employee
0123457	SELECT CARE	CUSTOMER	Add Employee
0123458	DIRECT CARE	SUBSIDIARY	Add Employee
0123459	SELECT CARE	SUBSIDIARY	Add Employee
0123460	DIRECT CARE CHOICE QHD	CUSTOMER	Add Employee
0123461	SELECT CARE CHOICE QHD	CUSTOMER	Add Employee
0123462	PPO	CUSTOMER	Add Employee

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View Employees in the Group – Click on the Group number link to view all Employees for the selected group. User has an ability to add a new employee to the group

Group List Search Unsubmitted Transactions Unsubmitted New Hires Submitted Transactions Log in

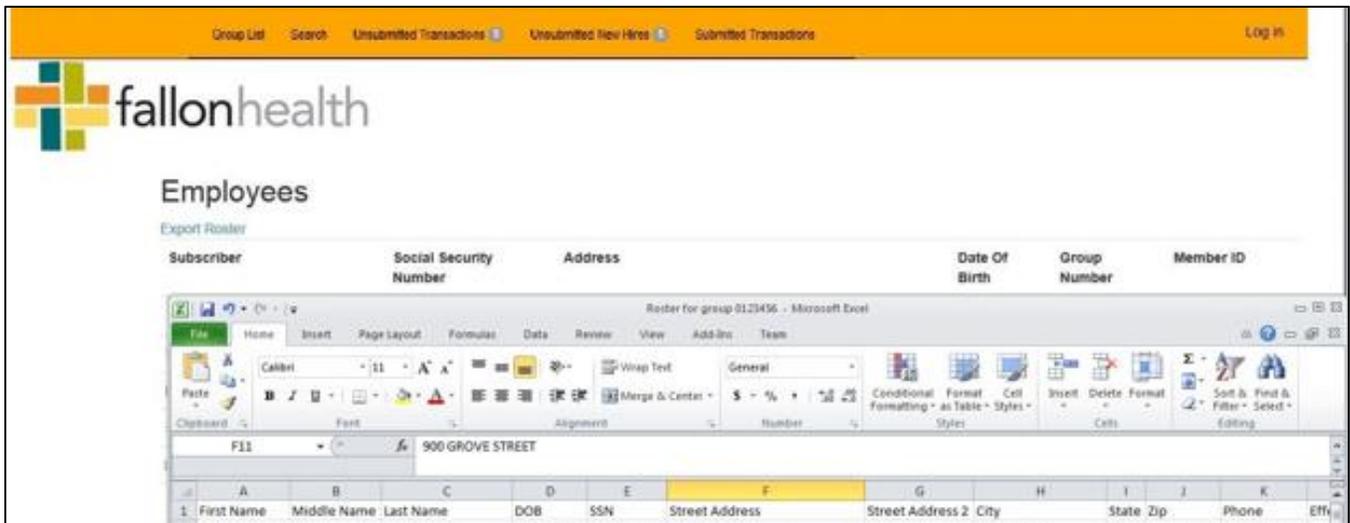
fallonhealth

Employees

[Export Roster](#)

Subscriber	Social Security Number	Address	Date Of Birth	Group Number	Member ID
------------	------------------------	---------	---------------	--------------	-----------

Exporting the Roster – User has the ability to select employee record by clicking on the name. Depending on the number of members in a group page numbers will be available at the bottom of the displayed list. Clicking on the Export Roster link, will export a group roster which will open in an Excel format (*.csv) as follows:

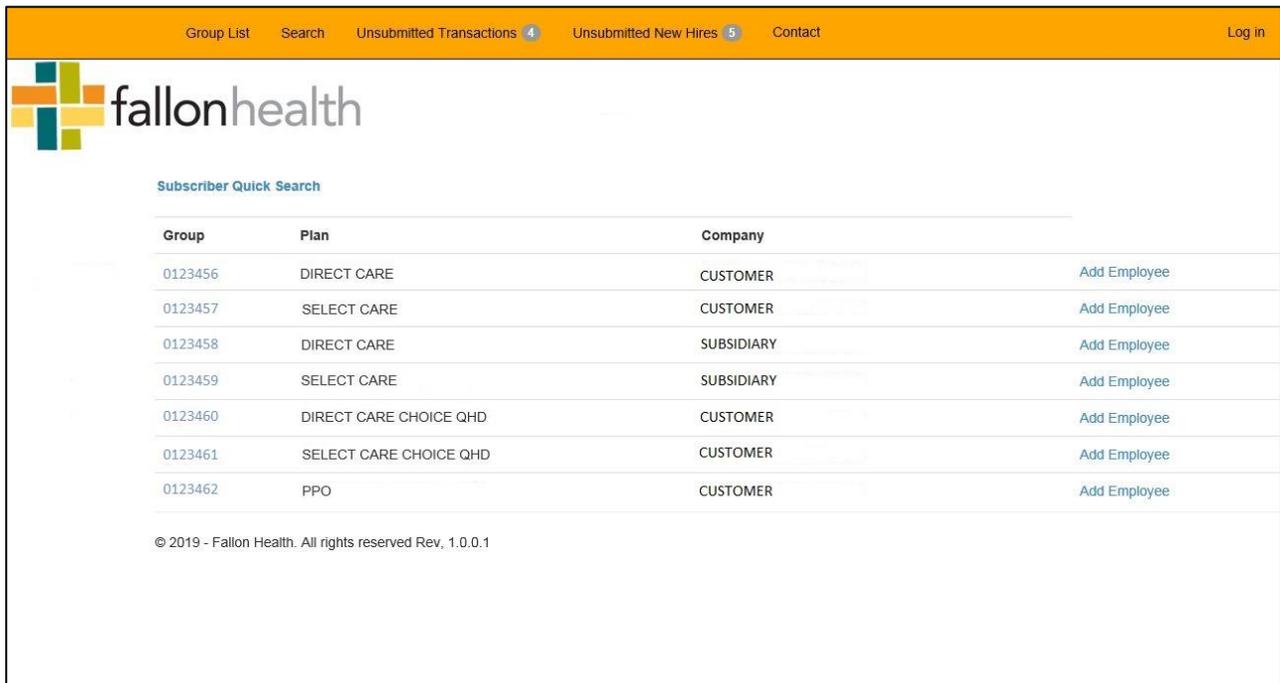


Once the file has opened in Excel (or other spreadsheet program) some columns may require formatting (Member ID will need to be formatted as a number, date fields should be formatted to date data type and zip fields can be formatted as custom data type 00000 to display all 5 digits.) In order to get this accomplished, select the column that needs formatting, right click and select Format Cells. Choose either a number, date or custom category for the corresponding field. These changes will make the file more readable.

Section 4

Adding Employees and Dependents

Add Employee – Add Employee link is located when user logs in and the Group List is presented. Clicking on the Group List tab at the top Orange bar, will also allow user to see the Group List and Add an Employee to that particular Group.



Group List Search Unsubmitted Transactions 4 Unsubmitted New Hires 5 Contact Log in

 **fallonhealth**

Subscriber Quick Search

Group	Plan	Company	
0123456	DIRECT CARE	CUSTOMER	Add Employee
0123457	SELECT CARE	CUSTOMER	Add Employee
0123458	DIRECT CARE	SUBSIDIARY	Add Employee
0123459	SELECT CARE	SUBSIDIARY	Add Employee
0123460	DIRECT CARE CHOICE QHD	CUSTOMER	Add Employee
0123461	SELECT CARE CHOICE QHD	CUSTOMER	Add Employee
0123462	PPO	CUSTOMER	Add Employee

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User is able to click on the **Add Employee** link to perform the following functions:

- Add a New Hire
- Add an employee during Open Enrollment
- Add employee's mailing address
- Add employee for any Other reason that can be specified in the remarks section

Group List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions Log in

fallonhealth

Add Employee Coverage

Group: 0123456 - Direct Care

Check all that apply

New Hire Open Enrollment Other

Remarks

Enrollment Effective Date Primary Care Provider Is This Your Current PCP Spouse Has Health Insurance

First Name Middle Name Last Name Maiden Name

Social Security Number Date Of Birth Gender Primary Language

Street Address Street Address 2 City State Zip Code Is Mailing Address Different

Phone Number Mobile Phone Number Email

Date Of Hire Average Hours Worked Department Number Employee Number Work Phone Number

Save and Add Dependent Discard Submit

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If the user selects “Is Mailing Address Different?” checkbox, mailing address fields will appear below street address.



If new hire has NO dependents:

Save and Add Dependent → Saves for additional updates

Discard → discards all changes

Submit → forwards new hire transaction to Fallon Health for processing

The changes for **SUBSCRIBER NAME** have been submitted.

Transaction Number: xxxxxxxxxxxxxx

Transaction Effective Date: mm/dd/yyyy

Changes will be available in the roster within 72 business hours.

If new hire has dependents:

Save and Add Dependent → Saves the new hire and allows user to add dependents.

Group ListSearchUnsubmitted Transactions 3Unsubmitted New Hires 5Submitted TransactionsLog in



Transaction: 201919990679
Company: Company
Group: 0123456 DIRECT CARE

Check all that apply

New Hire Open Enrollment Other

Remarks
New Hire for testing

Enrollment Effective Date: 2/1/2019 Primary Care Provider: DR JOHN SMITH Is This Your Current PCP: YES Spouse Has Health Insurance: NO

First Name: NEW Middle Name: Last Name: HIRE Maiden Name: Social Security Number: 000*00*0000 Date Of Birth: 2/12/1982 Gender: MALE Primary Language: ENGLISH

Street Address: 10 MAIN ST Street Address 2: City: WORCESTER State: MA Zip Code: 01609 Is Mailing Address Different:

Phone Number: Mobile Phone Number: Email: Date Of Hire: 2/1/2019 Average Hours Worked: .36 Department Number: Employee Number: Work Phone Number:

[Save](#) [Add Dependent](#) [Submit To Fallon](#) [Discard](#) [Delete Transaction](#)

Name	Relationship	DOB	Action
HIRE, MRS	SPOUSE	6/15/1983 12:00:00 AM	Edit
HIRE, JR, NEW	DEPENDENT	12/2/2015 12:00:00 AM	Edit

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User clicks on Add Dependent and the following screen allows user to enter dependent's data:

Group List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions Log in



Add New Dependent

Subscriber: NEW HIRE

Remarks

Enrollment Effective Date: 2/1/2019 Primary Care Provider: Is This Your Current PCP: Relationship: DEPENDENT

First Name: NEW Middle Name: Last Name: HIRE, JR

Social Security Number: 333-33-3333 Date Of Birth: 12/02/2015 Gender: MALE

Street Address: 10 MAIN ST Street Address 2: City: WORCESTER State: MA Zip Code: 01609

Mailing Address: Mailing Address 2: Mailing City: Mailing State: Mailing Zip Code:

Phone Number: Mobile Phone Number: Work Phone Number: Email:

Save Discard

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User clicks Save to return to New Hire page and see dependent added (bottom of page)

Group List
Search
Unsubmitted Transactions 5
Unsubmitted New Hires 5
Submitted Transactions
Log in



Transaction: 201919990679
Company: Company
Group: 0123456 DIRECT CARE

Check all that apply

New Hire Open Enrollment Other

Remarks

Enrollment Effective Date: Primary Care Provider: Is This Your Current PCP: YES Spouse Has Health Insurance: NO

First Name: Middle Name: Last Name: Maiden Name:

Social Security Number: Date Of Birth: Gender: MALE Primary Language: ENGLISH

Street Address: Street Address 2: City: State: Zip Code: Is Mailing Address Different:

Phone Number: Mobile Phone Number: Email:

Date Of Hire: Average Hours Worked: Department Number: Employee Number: Work Phone Number:

Name	Relationship	DOB	Action
HIRE, MRS	SPOUSE	6/15/1983 12:00:00 AM	Edit
HIRE, JR, NEW	DEPENDENT	12/2/2015 12:00:00 AM	Edit

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For each additional dependent, user clicks Add Dependent

Group List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions Log in



Add New Dependent

Subscriber: NEW HIRE

Remarks

Enrollment Effective Date: 2/1/2019 Primary Care Provider: Is This Your Current PCP: Relationship: DEPENDENT

First Name: NEW Middle Name: Last Name: HIRE, JR

Social Security Number: 333-33-3333 Date Of Birth: 12/02/2015 Gender: MALE

Street Address: 10 MAIN ST Street Address 2: City: WORCESTER State: MA Zip Code: 01609

Mailing Address: Mailing Address 2: Mailing City: Mailing State: Mailing Zip Code:

Phone Number: Mobile Phone Number: Work Phone Number: Email:

Save Discard

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User clicks Save when additional dependent information is complete

Group List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions Log in

Transaction: 201919990679
Company: Company
Group: 0123456 DIRECT CARE

Check all that apply

New Hire Open Enrollment Other

Remarks
New Hire for testing

Enrollment Effective Date: 2/1/2019
Primary Care Provider: DR JOHN SMITH
Is This Your Current PCP: YES
Spouse Has Health Insurance: NO

First Name: NEW Middle Name: Last Name: HIRE Maiden Name:

Social Security Number: 000*00*0000 Date Of Birth: 2/12/1982 Gender: MALE Primary Language: ENGLISH

Street Address: 10 MAIN ST Street Address 2: City: WORCESTER State: MA Zip Code: 01609 Is Mailing Address Different:

Phone Number: Mobile Phone Number: Email:

Date Of Hire: 2/1/2019 Average Hours Worked: 36 Department Number: Employee Number: Work Phone Number:

[Save](#) [Add Dependent](#) [Submit To Fallon](#) [Discard](#) [Delete Transaction](#)

Name	Relationship	DOB	Action
HIRE, MRS	SPOUSE	6/15/1983 12:00:00 AM	Edit
HIRE, JR, NEW	DEPENDENT	12/2/2015 12:00:00 AM	Edit

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Once all dependents have been added, user clicks Submit to Fallon button, the following message will appear:

The changes for **SUBSCRIBER NAME have been submitted.**

Transaction Number: xxxxxxxxxxxxxxxx

Transaction Effective Date: mm/dd/yyyy

Changes will be available in the roster within 72 business hours.

Section 5

Editing Employee and Dependent information

Editing Employee – An employee can have changes that can be Edited and are as follows:

- Demographic Change - Selecting a 'Demographic Change' checkbox will allow user to change, demographic related information, such as First Name, Middle Name, Last Name, Maiden Name, Address related fields, phone number and email. Change Effective Date and Marriage Date can also be changed.
- Plan Change – Selecting a 'Plan Change' checkbox will allow user to edit Plan information by selecting New Group Number and Product available in the dropdown.
- Open Enrollment – Selecting an 'Open Enrollment' checkbox allows user to enter a new Effective Date and or a Marriage Date.
- Other – Selecting an 'Other' checkbox, allows the user to edit Social Security Number, Date of Birth, Gender, Primary Language, Work Phone Number, Employee Number, Department Number, Date of Hire and Average Hours Worked.
- Apply Changes to Dependents – Selecting 'Apply Changes to Dependents' option will allow all the changes made to propagate to all the dependents that are associated with this member id.
- Is Mailing Address Different – a checkbox to allow user to enter the mailing address is located on the Street Address line and if selected, provides an ability to enter or edit the Mailing Address information.

Search and Select an employee that needs to be Edited. Click on the Edit link corresponding to that Employee.

Group List Search Unsubmitted Transactions Unsubmitted New Hires Submitted Transactions Log in

fallonhealth

Subscriber - CUSTOMER
Customer - CUSTOMER

Member ID: 8177123456701 Plan Design: DIRECT CARE Group Number: 0123456

Name: LAST NAME, FIRST NAME Social Security Number: 111-22-3333 Date Of Birth: 01/01/1993 Gender: f

Street Address: 1 MAIN ST City: WORCESTER State: MA Zip: 01608

Home Phone: 508-123-1234 Employee Number: Department Number:

[Add Dependent](#) [Submit To Fallon](#)

Name	Relationship	Date Of Birth	Member ID	Effective Date	Term Date	Action	Action
LAST NAME, FIRST NAME	SUBSCRIBER	01/01/1993	8177123456701	6/1/2018	12/31/2078	Edit	End Coverage

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Enrollment Change Form will open and display the member id, group number, product and date of hire for the member whose data is being Edited. Each option will open up the fields that can be edited.

Group List Search Unsubmitted Transactions **2** Unsubmitted New Hires **0** Submitted Transactions
Log in



Enrollment Change Form

Member ID: 555555555555 Group Number: 55555
 Product: SELECT CARE Date of Hire: 3/20/2013

Change Effective Date
01/30/2019

Marriage Date
01/29/2019

Check all that apply

Demographic Change
Plan Change
Open Enrollment
Other
Apply Changes to Dependents

New Group Number & Product

Remarks

First Name
HELLO

Middle Name

Last Name
TODAYNAME

Maiden Name

Social Security Number
555-55-5555

Date Of Birth
8/15/1969

Gender
MALE

Primary Language
ENGLISH

Street Address

Street Address 2

City
WORCESTER

State
MA

Zip Code
01605

Is Mailing Address Different

Mailing Address
125 MAILING STREET

Mailing Address 2

Mailing City
WORCESTER

Mailing State
MA

Mailing Zip Code
01605

Phone Number
555-123-5555

Mobile Phone Number

Email

Work Phone Number

Employee Number

Department Number
NURSING

Date Of Hire
3/20/2013

Average Hours Worked
40

Save
Discard

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Clicking on the Save button, will apply all the edits made to this Member's record.

Editing Dependent Information – Search and Select an Employee whose dependent information needs to be Edited. Click on the Edit link corresponding to that dependent, see the link below.

Group List Search Unsubmitted Transactions Unsubmitted New Lines Submitted Transactions Log In

fallonhealth

Transaction: 201919990679
Company: Company
Group: 0123456 DIRECT CARE

Check all that apply

New Hire Open Enrollment Other

Remarks
New Hire for testing

Enrollment Effective Date: 2/1/2019
Primary Care Provider: DR. JOHN SMITH
Is This Your Current PCP: YES
Spouse Has Health Insurance: NO

First Name: NEW Middle Name: Last Name: HIRE Maiden Name:

Social Security Number: 000000000 Date Of Birth: 2/12/1982 Gender: MALE Primary Language: ENGLISH

Street Address: 10 MAIN ST Street Address 2: City: WORCESTER State: MA Zip Code: 01609 Is Mailing Address Different:

Phone Number: Mobile Phone Number: Email:

Date Of Hire: 2/1/2019 Average Hours Worked: 35 Department Number: Employee Number: Work Phone Number:

Save Add Dependents Submit To Fallon Discard Delete Transaction

Name	Relationship	DOB	Action
HIRE, MRS	SPOUSE	6/15/1983 12:00:00 AM	Edit
HIRE, JR, NEW	DEPENDENT	12/2/2015 12:00:00 AM	Edit

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After user clicks on the Edit link, the Enrollment Change presents once again and allows edits to be made and Saved.

Section 6

Ending Coverage

End Coverage – An employee's coverage can end for the following reasons:

- Termination Of Employment
- Change to Other Insurance
- Other Termination Reason

In order to end coverage for an employee, navigate to the corresponding employee and click on the End Coverage button

Group List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions Log in



Subscriber - CUSTOMER
Customer - CUSTOMER

Member ID: 8177123456701 Plan Design: DIRECT CARE Group Number: 0123456

Name: LAST NAME, FIRST NAME Social Security Number: 111-22-3333 Date Of Birth: 01/01/1993 Gender: f

Street Address: 1 MAIN ST City: WORCESTER State: MA Zip: 01608

Home Phone: 508-123-1234 Employee Number: Department Number:

[Add Dependent](#) [Submit To Fallon](#)

Name	Relationship	Date Of Birth	Member ID	Effective Date	Term Date	Action	Action
LAST NAME, FIRST NAME	SUBSCRIBER	01/01/1993	8177123456701	6/1/2018	12/31/2078	Edit	End Coverage

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User is then presented with the following screen, where the selection of the type Termination can be made:

Group List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions Log in

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Please select reason coverage is ending

Termination Effective Date	Termination Of employment	Change To Other Insurance	Other Termination Reason
<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Click to edit member information

First Name: FIRST NAME Middle Name: Last Name: LAST NAME

SSN: 111-22-3333 DOB: 01/01/1993 Relationship: SUBSCRIBER

Primary Address: 1 MAIN ST Primary Address 2: City: WORCESTER State: MA Zip Code: 01602

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- **Termination of Employment selection** – User is asked to select a reason coverage is ending. If the 'Termination of employment' checkbox is selected, user is presented with the 'Remarks Termination of Employee' text box to fill in the corresponding reason for this selection.

Group List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions Log in

fallonhealth

Please select reason coverage is ending

Termination Effective Date	Termination Of employment	Change To Other Insurance	Other Termination Reason
<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks Termination Of Employee:

Click to edit member information

First Name: FIRST NAME Middle Name: Last Name: LAST NAME

SSN: 111-22-3333 DOB: 01/01/1993 Relationship: SUBSCRIBER

Primary Address: 1 MAIN ST Primary Address 2: City: WORCESTER State: MA Zip Code: 01602

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After the user fills in relevant information and clicks on Continue, the following message will be received:

x

By terminating this subscriber, you will also terminate ALL members on the contract. This transaction may not be undone. If you are sure you want to terminate this subscriber click "OK To Terminate"

Close OK To Terminate

Clicking on OK to Terminate will remove this employee from the Roster.

- **Change to other Insurance selection** - If the 'Change to Other Insurance' option is selected, 'Name of other insurance' text box appears to allow for this information to be tracked.

Log inGroup List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions

Please select reason coverage is ending

Termination Effective Date	Termination Of employment	Change To Other Insurance	Other Termination Reason
<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Name of other insurance:

Click to edit member information

<small>First Name</small> <input type="text" value="FIRST NAME"/>	<small>Middle Name</small> <input type="text"/>	<small>Last Name</small> <input type="text" value="LAST NAME"/>		
<small>SSN</small> <input type="text" value="111-22-3333"/>	<small>DOB</small> <input type="text" value="01/01/1993"/>	<small>Relationship</small> <input type="text" value="SUBSCRIBER"/>		
<small>Primary Address</small> <input type="text" value="1 MAIN ST"/>	<small>Primary Address 2</small> <input type="text"/>	<small>City</small> <input type="text" value="WORCESTER"/>	<small>State</small> <input type="text" value="MA"/>	<small>Zip Code</small> <input type="text" value="01602"/>

Continue Discard

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After the 'Continue' button is clicked, user is given a warning and this subscriber or member will be removed from the Roster.

- **Other Termination Reason selection** – If the 'Other Termination Reason' option is selected, 'Remarks for Termination Other' text box appears so that the 'other' termination reason can be recorded:

Group List Search Unsubmitted Transactions 3 Unsubmitted New Hires 5 Submitted Transactions Log in

fallonhealth

Please select reason coverage is ending

Termination Effective Date	Termination Of employment	Change To Other Insurance	Other Termination Reason
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks For Termination Other:

Click to edit member information

First Name: FIRST NAME Middle Name: Last Name: LAST NAME

SSN: 111-22-3333 DOB: 01/01/1993 Relationship: SUBSCRIBER

Primary Address: 1 MAIN ST Primary Address 2: City: WORCESTER State: MA Zip Code: 01602

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After the 'Continue' button is clicked, user is given a warning and this subscriber or member will be removed from the Roster.

Section 7

Submitting to Fallon

When a transaction is created by adding information for existing subscriber or editing any existing data, it will display as a Transaction number on the subscriber's page. It will also appear in the Unsubmitted Transactions Tab at the top of the screen. As transactions get added, the Unsubmitted Transactions number is incremented. Once transactions are Submitted to Fallon, the number of Unsubmitted Transactions is decreased. Subscriber's screen below shows a **Submit to Fallon** button and a Transaction number.

Group List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions Log in

 **fallonhealth**

Subscriber - CUSTOMER
Customer - CUSTOMER
Transaction Number = 20199999999

Member ID: 8177123456701 Plan Design: DIRECT CARE Group Number: 0123456

Name: LAST NAME, FIRST NAME Social Security Number: 111-22-3333 Date Of Birth: 01/01/1993 Gender: f

Street Address: 1 MAIN ST City: WORCESTER State: MA Zip: 01608

Home Phone: 508-123-1234 Employee Number: Department Number:

Name	Relationship	Date Of Birth	Member ID	Effective Date	Term Date	Action	Action
LAST NAME, FIRST NAME	SUBSCRIBER	01/01/1993	8177123456701	6/1/2018	12/31/2078	Edit	End Coverage

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User is able to view all Submitted Transactions by clicking on Submitted Transactions within the Orange bar.

User is able to Export Transactions by clicking on the Export Transaction link on the screen.

Group List Search Unsubmitted Transactions 5 Unsubmitted New Hires 5 Submitted Transactions Login



Showing all transactions that have been submitted for the past 30 days

[Export Transactions](#)

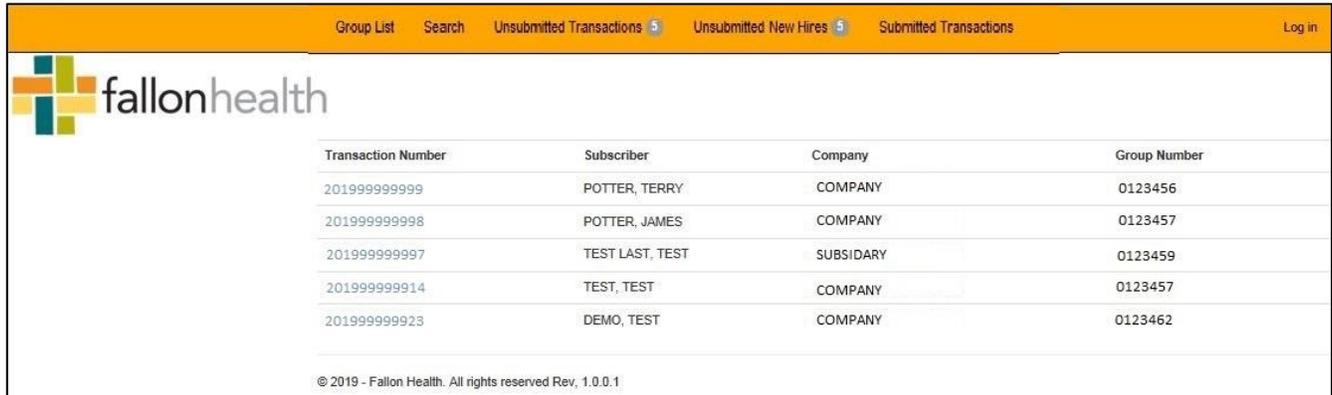
Transaction Number	Transaction For	Company	Group Number	Date Submitted	Date Accepted
236547896547	SMITH, ANN	COMPANY	555555	29/2019	
321456987456	MCDON, JOE	COMPANY	666666	1/29/2019	
122235469874	STALIN, MIA	COMPANY	888888	1/28/2019	
879654569874	ROSE, BERNE	COMPANY	585858	1/28/2019	

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Section 8

Unsubmitted Transactions tab.

As described in Section 7, this tab shows all transactions that have not yet been submitted to Fallon. As Transactions are submitted the number next to 'Unsubmitted Transactions' decreases and as new transactions are added, that number is increments.



Transaction Number	Subscriber	Company	Group Number
201999999999	POTTER, TERRY	COMPANY	0123456
201999999998	POTTER, JAMES	COMPANY	0123457
201999999997	TEST LAST, TEST	SUBSIDIARY	0123459
201999999914	TEST, TEST	COMPANY	0123457
201999999923	DEMO, TEST	COMPANY	0123462

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The user can complete a previously saved transaction by clicking on the transaction number. The user should update all data entered. User must click Submit to Fallon to forward the transaction to Fallon for processing.

Section 9

Unsubmitted New Hires

Unsubmitted New Hires keeps count of all New Hires that have been created but not yet Submitted to Fallon. As new hires are added, the number next to Unsubmitted New Hires increments. As these transactions get submitted, the number next to Unsubmitted New Hires decreases.

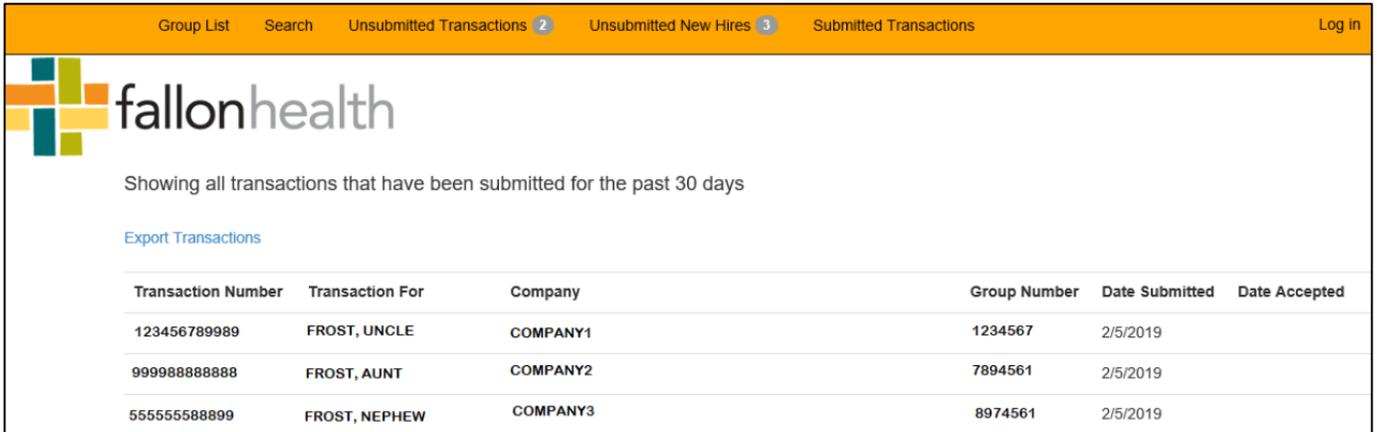
Transaction Number	Subscriber	Company	Group Number
201986532101	LAST NAME, FIRST NAME	COMPANY	0123456
201986532098	ALAST NAME, FIRST	SUBSIDIARY	0123459
201986532054	ANAME LAST, FIRST	SUBSIDIARY	0123459
2019865532032	ANOTHER, FIRST NAME	COMPANY	0123462

The user can complete a previously saved new hire transaction by clicking on the transaction number. The user should update all data entered. User must click Submit to Fallon to forward the transaction to Fallon for processing.

Section 10

Submitted Transactions

Submitted Transactions tab contains all transactions that have been Submitted to Fallon within the past 30 days. User clicks on the tab for Submitted Transactions and all Submitted transactions present as follows:



Transaction Number	Transaction For	Company	Group Number	Date Submitted	Date Accepted
123456789989	FROST, UNCLE	COMPANY1	1234567	2/5/2019	
999988888888	FROST, AUNT	COMPANY2	7894561	2/5/2019	
555555888899	FROST, NEPHEW	COMPANY3	8974561	2/5/2019	