Employer eServices®
Your Suite of Administrative Services

Frequently Asked Questions (FAQs)

Access to the System, Policy Numbers, and Reports

What are the minimum requirements to use eServices Customer Reporting?

- **Hardware**: Pentium class processor or equivalent with 64 MB RAM.
- **Browsers**: IE 6.0 and Netscape 7.2.
- **Browser Settings**: Cookies and 128-bit encryption enabled. DHTML recommended for optimal performance.
- **Internet Connection**: High-speed LAN/T1, cable, or DSL connection with support for SSL.

What level of access do I have?

You can determine your access level by answering the following questions based upon content visible on the **Reports Home** screen:

1. Do you see a section labeled **Run Custom Reports**?
   - If this section appears, click the **Medical** folder under **Run Custom Reports** and go to Question 2.
   - If the section does not appear, you have **Standard** access.
2. Which report is listed first under the **Medical** folder?
   - If “Claim Experience Report” is listed first, you have **Select** access.
   - If “Bill Count by Month” is listed first, you have **Expanded** access.

How do I change my access level?

Contact your representative for more information about buy-ups to higher levels of reporting or switching your security level (i.e. confidential vs. non-confidential).

What should I do if I have access to the wrong policy?

Please contact eServices Customer Reporting End User Support immediately if you have unauthorized access to a policy.

All individuals using the eServices Customer Reporting application are legally obligated to refrain from using the reporting application for abusive, fraudulent or otherwise illegal purposes—including, but not limited to, viewing information obtained via unauthorized access to a customer policy.

Continued on next page

Access to the System, Policy Numbers, and Reports, Continued

Why do I have access to multiple policies?

There are a few legitimate reasons why you would have access to multiple policies. First, your role may require you to access information for different customers. Brokers are a common example.

Second, a parent company may identify its distinct business divisions by assigning each to a different policy. By doing so, the parent company is able to perform a company-wide analysis by selecting all the policy numbers, or perform a targeted-study by selecting the number of specific division. UnitedHealth Group is a real world example of a parent company. It is comprised of several divisions including UnitedHealthcare, Uniprise, Ingenix, among others. To simplify reporting, UnitedHealth Group assigns a separate policy number to each of these divisions.

Finally, a company may identify the different products within its plan design by assigning each to a different policy. For example, you could have one policy number assigned to your Definity® health care plan and another to your PPO.

Can I pick and choose which reports I get?

No. The reports contained at each of the 3 main service levels (Standard, Select and Expanded) were identified in conjunction with representatives from the business community. If the information found in your set of reports does not address a specific need, please contact your representative for other reporting options.

Continued on next page

Access to the System, Policy Numbers, and Reports, Continued

Why don't I have access to confidential reports?

First, only self-funded (ASO) customers have access to confidential reports. Customers with a fully insured funding arrangement are legally barred from viewing the Protected Health Information (PHI) contained in confidential reports.

Second, ASO customers must request confidential access; so, if you are an ASO customer and do not have access to confidential reports, you or someone else in your group has not requested confidential access.

Contact your representative for more information about your security level.

Where can I get a census report?

Please contact your representative for assistance in obtaining the information you need.

Where can I find membership/eligibility information?

eServices Customer Reporting contains three reports that summarize your membership within a selected time frame. Membership reports are not the same as the eligibility reports available through Employer eServices. Membership reports do not provide information regarding a particular member's eligibility status.

Eligibility information is available via the **Enrollment** portion of the Employer eServices site. Enrollment services let you add new, term or reinstate enrollees, as well as view and modify an individual's existing enrollment information.

Who should I contact if the report I need is not available to me?

Contact your representative and inform him/her of your need, including the topic and conditions you want to investigate.

Timing/Availability of Data and Reports

When is the latest data available?

Typically, all data from the prior month is added to the reporting system by the 10th workday of the current month. For example, May's data is added in June, June's is added in July, and so on. Once a new month of data is available, you can use it to run your custom reports.

Note: Weekends and holidays are not working days; therefore, the 10th workday can come as early as the 12th or as late as the 15th day of the month.

When are my automated reports delivered?

Each report in your automated reporting package is delivered in a batch process that begins shortly after the latest data is added and ends on or before the 20th workday of the month. Since reports are systematically produced and delivered over several days, you are encouraged to routinely check the Automated Reports section of the Reports Home screen for delivery updates throughout this time period.

Note: Weekends and holidays are not working days; therefore, the 20th workday can come as early as the 26th or as late as the 31st day of the month.

How often are my automated reports delivered?

Two factors dictate how often you will receive automated reports:

- your funding arrangement, and
- the number of subscribers in your plan

Funding Arrangement	Subscriber Count	Frequency
ASO	Any Number	Monthly
Mixed*		
Fully Insured	200 or more	Quarterly
	100—199	Annually*

* Frequency may increase for customers affiliated with broker incentive programs.

Note: Frequency does not change with periodic fluctuation to your subscriber count.

Continued on next page

Timing/Availability of Data and Reports, Continued

Can I have my automated reported delivered more often?	The frequency with which automated reports are delivered is pre-defined based on a combination of customer size and funding. These pre-defined standards were established with input from members of the business community. However, if you need these reports produced on a more regular basis, please contact your representative for other reporting options.

Report Results

Why are some results negative dollar amounts?	Typically, negative dollar amounts reflect adjustments made for claims paid during a prior period. If you have questions about the negative dollar amounts that appear on your report, contact your representative for more information.
Why is there a Subscriber Number of "99999999999"?	A Subscriber Number of "99999999999" is the default value for all "unknown" subscribers , and is typically used when a transaction is processed for multiple subscribers. Examples of situations where this might occur are bulk adjustments and recoveries, capitated payments, and NYHCRA surcharges.
Why do I see claims with structure I don't have?	There are occasions when a financial report may contain an unfamiliar structure value. These values may appear when manual adjustments are made to the claim. Manual adjustments occur outside the normal controls set in place for financial accounting. If you are unfamiliar with the business structure applied to your organization, please contact your representative for more information.

Continued on next page

Report Results, Continued

Why do the results of financial reports differ from medical and managed pharmacy reports?

The results of financial reports differ from medical and managed pharmacy reports for two predominant reasons:

1. Dates – there is an average delay of 2.5 days between the date a claim is processed for payment and the date the processed claim is booked to the financial accounting system.
2. Data – there are different sets of information used to produce a financial report versus a medical or managed pharmacy report.

Why do the results of financial reports differ from billing and banking reports?

Billing reports do not include information for self-funded (ASO) customers. Therefore, if your benefit program includes an ASO portion, those dollars appear in your financial reports, but do not appear in your billing reports.

The results of your banking reports are subject to the time lapses typical of the check clearing process. Therefore, funds that have yet to clear may not show-up on your banking report, but those same dollars would appear in your financial reports regardless of whether the check cleared or not.

Billing reports are available via the "Billing" portion of Employer eServices. Financial reports are available via the "Reporting" portion of Employer eServices.

Continued on next page

Report Results, Continued

Why do the results of my report differ from the one my representative gave me?

There are a number of valid reasons why your report's results might not match the ones your representative gave you. Before you contact your representative about the discrepancy, please ask yourself the following questions:

1. Were identical parameters used to create the reports? If any of the parameters (e.g., population, dates, etc.) used to create one of the reports differ from the other, it is more than likely the results of those reports will also differ.
2. Was data added to the reporting system between the times the two reports were run? Each month, all 36-months inpatient and outpatient event data is refreshed, along with the past 12-months of membership, 11-months of COSMOS, and 6-months of UNet capitation data. Therefore, even if the parameters are identical, the results of one of your reports may reflect more current information than the other report.

If you are unable to determine the cause of the disparity, please contact the representative that supplied you with the report for assistance.

Data

How many months of data are available?

eServices Customer Reporting maintains a rolling 36-months of book, process and membership data. As the most recent month of data becomes available, the oldest month of data is removed from the system. For example, when January's data was added during February 2006, the data for January 2003 was removed.

Since a claim can be booked or processed one or more months after a service was provided, the list of service dates will include months that precede the 36-months of book and process dates. For example, if the current 36-months of book dates extend back to February 2003, the data from that timeframe will likely contain claims for services provided during January 2003 and prior.

Why are there more than 36-months of service dates?

Since a claim can be booked or processed months after a service was provided, the list of service dates will include months that precede the 36-months of book and process dates. For example, if the current 36-months of book dates extend back to February 2003, the data from that timeframe will likely contain claims for services provided during January 2003 and prior.

What are the various date parameter definitions?

- **Membership Dates** – a point in time in which an individual participated in a given benefit.
- **Service Dates** – a point in time in which a benefit was used (i.e., a service was rendered/claim was incurred).
- **Process Dates** – a point in time in which information derived from a claim was entered into the claim payment system.
- **Book Dates** – a point in time in which a carrier's payment for a claim was registered to the financial accounting system.
- **Bill Dates** – a point in time in which an invoice was distributed to a customer for payment of an insurance premium.

Continued on next page

Data, Continued

How do I view information about a specific claimant?	UnitedHealth Group values customer/patient confidentiality; therefore, health care and benefit information for specific claimants is not readily available via eServices Customer Reporting. While the "confidential" versions of the Detail Payment and Large Loss Claim Payment reports do contain Protected Health Information (PHI), the information conveyed in these reports is primarily tied to payment details – not diagnosis related information. And, because they do contain PHI, security requirements make these two reports available to self-funded (ASO) customers only. If you have questions about PHI or the need for claimant-specific benefit information, please contact your representative.
How do I get a copy of business structure used in eServices Customer Reporting?	Contact your representative and ask for a copy of your plan design. This information is not readily available via the eServices Customer Reporting application.

Known Issues

What if I have trouble exporting my report?	If you are having trouble exporting, it is likely your report contains too many rows to export at one time. Try exporting your report in smaller chunks by exporting one page of results at a time. If you are unable to work around this issue, please contact Customer Reporting End User Support at 1-800-651-5465.
Why did I receive an error message "exceeds row limitation" when I ran my report?	This error message appears if your report contains more than 60,000 rows. Your report will not run unless you break it into smaller segments that will bring back less data, such as limiting it on structure. For example, instead of running one report for Suffixes A, B, C, D; run one report for Suffixes A & B and another for C & D. If you are unable to work around this issue, please contact Customer Reporting End User Support at 1-800-651-5465.

Training, Help and "How To" Steps

What types of training are available?

Several types of training are available. Employer eServices' online tutorials let you watch, learn and participate in self-guided training exercises that explore various facets of the reporting application.

If you are looking for a little guidance to help you along the way, download and print the Quick Reference Guides. These guides provide a step-by-step walk through for many of the most common reporting tasks.

Finally, do not forget to consult Online Help at any time for a full and detailed explanation of the terminology, procedures, and reports when using the eServices Customer Reporting application.

How do I run a custom report?

Custom reports are run interactively via the eServices Customer Reporting application. This interactive process lets you set the conditions you want to investigate. These conditions are established via the answers you supply to a series of questions.

Options vary by report, but there are at least two conditions that must be set for all reports—t**he population, and time period** you want to investigate.

Task	Step	Action
Select a Report	1	Locate the **Run Custom Reports** section of the "Reports Home" screen.
	2	Click the **Report Category** folder containing the report you want to run.
	3	Click the **link to the report** you want to run.

Continued on next page

Training, Help and "How To" Steps, Continued

How do I run a custom report? (continued)

Task	Step	Action
Select a Population (Full)	1	From the options screen, select **Customer Segment Number.**
	2	Follow the onscreen instructions for any remaining options.
	3	Click the **Next** button.
	4	Select **your CSN** from the "Available" field.
	5	Follow the onscreen instructions for any remaining options.
	6	Click the **Next** button.
Investigate a predefined segment of your population	1	From the options screen ,select a **Group Segment Filter** from the "Available" box.
	2	Select the time period you want to base your analysis on.
	3	Follow the onscreen instructions for any remaining options.
	4	Click the **Next** button.
Select a Time Period	1	From the options screen , select a population.
	2	Click the **radio button** for the type of activity you want to investigate.
	3	Follow the onscreen instructions for any remaining options.
	4	Click the **Next** button.
	5	On the next screen, select the **dates** you want to investigate.
	6	Follow the onscreen instructions for any remaining prompts.
	7	Click the **Next** button.

Continued on next page

Training, Help and "How To" Steps, Continued

What is a compound report and how does it differ from other reports?

A compound report is comprised of two or more sections. Each section is actually an individual report that can be opened separately via a link located below it. When you open a section, the system automatically reproduces the report that was used to create it -- a copy of which is accessible via your list of "Recent Reports."

The full compound report only offers a limited set of reporting features. However, once a section is opened, it can be formatted and manipulated like any other report.

Feature	Reports	Compound Reports
Small Icon		
Large Icon		
Sections of Output	One	Two or more
Menus	File, View, Data, and Format	File
Toolbar	Numerous items appear in the toolbar.	
Attribute Forms	Yes	No
Banding	Yes	No
Drill*	Yes	No
Export	Yes, with exporting options	Yes, without exporting options
Filter on Selections*	Yes	No
Graph	Yes	No
Grid and Graph	Yes	No
Lock Headers	Yes	No
Merge Headers	Yes	No
Move	Yes	No
Outline	Yes	No
Page-by	Yes	No
PDF	Yes	No
Pivot	Yes	No

Continued on next page

Training, Help and "How To" Steps, Continued

What is a compound report and how does it differ from other reports? (continued)

Feature	Reports	Compound Reports
Print	Yes, with printing options	Yes, without printing options
Report Filter	Yes	No
Save as Template	Yes	No
Sort	Yes	No
Style	Yes	No
Toggle Thresholds	Yes	No
Totals	Yes	No

* Only available to customers with Expanded services

Where are my automated reports?

Automated reports are sorted into folders and housed on a separate page within eServices Customer Reporting. This page is accessible via a link toward the upper-left of the Summary screen.

For most customers, automated reports are placed in a folder that corresponds to the month in which the reports were produced. However, if you have access to multiple groups, a separate folder exists for each group. Within each group's folder are the monthly folders, and within the monthly folders – your automated reports.

Continued on next page

Training, Help and "How To" Steps, Continued

How do I define a specific segment of my population?

In cases where you need to run reports on targeted segments of your organization, you can leverage the business units you defined during case installation to create a Group Segment Filter that identifies one or more of those business units. You can then use the filters to create the focused reports you need.

For example, suppose you want to run two sets of reports—one for salaried and another for hourly employees. The only way to identify these two distinct business segments is to assign a code to individuals in one group, and another code to those in the other. This coding takes place during your case installation in consult with your representative. (Contact your representative for more details about your business structure.)

How do I add more details to my custom report?

Adding details to your report lets you distribute results into new and meaningful areas of study. Attributes are added to reports via the Report On prompt. The “Report On” prompt is optional, and each report contains a different set of attributes to pick from.

From the prompt screen:

1. Click the attribute you want to add to your investigation.
2. Click [Move to Selected arrow].
3. Click the Next button.

Continued on next page

How do I limit the information in my custom report?

In addition to setting limits on the population and the time period you want to investigate, each report contains a set of attributes from which you can further refine your results. This prompt is optional.

To filter a value of a simple attribute, like gender, go to a report's prompt screen:

1. Click the **attribute** containing the values you want to investigate.
2. Click [**Move to Selected** arrow].
3. Click the **Next** button.

From the next set of prompts:

1. Click the **values** you want to investigate.
2. Click [**Move to Selected** arrow].

Can I save a report and re-run it for a different timeframe (or some other parameter)?

Yes. From the report results screen, click [Save] in the toolbar to open the Save As… dialogue box.

Type a name for the report into the Save As field, and click the Save button. By default, the report is saved to do the following when accessed:

- The prompt screen will appear.
- Your original selections are retained for all prompts.

To access your saved report, click Tools from the navigation bar, and then click Manage Your Report Templates.

Continued on next page

Training, Help and "How To" Steps, Continued

Can I save or change the system's default export and print settings?

The system's default export and print settings can be adjusted from the "Preferences" screen. To view the "Preferences" screen, click Tools from the main navigation bar, and then click Preferences link.

The left side of the "Preferences" screen contains links to the various topics you can edit, including "Export" and "Print." Each topic contains several settings you can adjust to your liking.

Remember to click Apply to finalize your settings for each topic you modify.

Where can I get more information about a specific report?

Online Help contains details of each report, including a sample report. To get help with a specific report while working within the reporting application:

1. Click the Help link in the Navigation menu.
2. Click the Reports tab.
3. Select the link for the report you want to learn more about.