AccessBlue Portal Employer Account Registration and Change Form

AccessBlue is Blue Cross' online self-service portal where employers can manage employee benefits, view coverage and eligibility, create reports, print forms and materials, and view and pay invoices.

Complete this form to remove access or make changes to account information for any of the following roles: **Group Point of Contact, Group Superuser or Subgroup Superuser** at your group and return to one of the following email addresses:

NOLAHoumaEBTeam@bcbsla.com (New Orleans/Houma)
LafLCEBTeam@bcbsla.com (Lafayette/Lake Charles)
ShrevMonAlexEBTeam@bcbsla.com (Shreveport/Monroe/Alexandria)
BatonRougeEBTeam@bcbsla.com (Baton Rouge)
BBSENROLLMENT@BCBSLA.COM (BBS Enrollment - ASO Self funded groups)

Changes to account information for Roles; Group Leader and Group Contact, can be completed in AccessBlue.

Blue Cross will make the changes to the designated AccessBlue user accounts. If changes are required to your Multi-Function Authentication (MFA) account, you will need to log on to your account to change those preferences.

GROUP NAME	GROUP NUMBER

ADDRESSEE

- An Addressee is the group contact to whose attention all correspondence is mailed to

An Addressee will not have an AccessBlue Portal account unless they are also identified as a Group Superuser or Subgroup Superuser or The Group Superuser creates a delegate account for this user.

❑ Add   ❑ Remove   ❑ Information Change

Group Level Addressee Name   Attn: _____
If different:
SubGroup ID _____   Addressee Name: _____

SubGroup ID _____   Addressee Name: _____

GROUP POINT OF CONTACT ACCOUNT

- This user is required to review the list of users on an annual basis and remove access as needed.
- This user will not have access to the AccessBlue Portal unless they are also identified as a Group Superuser OR the Group Superuser creates a delegate account for this user.

❑ Add ❑ Remove ❑ Information Change Current Name	❑ Add ❑ Remove ❑ Information Change Name
Primary Email Address	Primary Email Address
Preferred Phone Number	Preferred Phone Number

GROUP SUPERUSER ACCOUNT

- This user will receive access to all enrollment, billing, coverage, eligibility and reporting tools.
- This user will receive access to all current or future subgroups.
- This user is responsible for creating and managing additional delegate user accounts in the portal.
- This user has the ability to select which tools each delegate user can access.

❏ Add ❏ Remove ❏ Information Change Name	❏ Add ❏ Remove ❏ Information Change Name
Primary Email Address	Primary Email Address
Preferred Phone Number	Preferred Phone Number

SUBGROUP SUPERUSER ACCOUNT

- This user will receive access to all enrollment, billing, coverage, eligibility and reporting tools for their subgroup.
- This user will only receive access to the subgroup listed below. Any future subgroup access will be managed by the Group Superuser.

This user is responsible for creating and managing additional delegate user accounts in the portal for their assigned subgroup only.

❏ Add ❏ Remove ❏ Information Change Name	❏ Add ❏ Remove ❏ Information Change Name
Primary Email Address	Primary Email Address
Preferred Phone Number	Preferred Phone Number

SIGNATURE

I hereby certify the changes to the above account information is accurate.

_____   _____
Group Contact Signature (Required)   Date