

# BlueBiz

## Registration Instructions



In the pursuit of health

# What is BlueBiz?

BlueBiz is an online account just for benefit administrators. Everything is at your fingertips, in one secure place, organized and easy-to-use.

With BlueBiz, you can:

- View and pay your invoices online
- Manage enrollment (if your group uses BluesEnroll)
- Request replacement Health ID cards & benefit booklets
- Print Health ID cards for employees
- Add, modify and delete benefit administrator access
- View group demographics
- View claims data and run utilization tracking reports\*
- Obtain forms and administrator guides
- Access *NewsfromBlue*, the Florida Blue newsletter for benefit administrators
- Find helpful links to the Florida Blue provider directory, Medicare, and more!

\*Special Access Required

# BlueBiz Registration Process Overview

**BlueBiz set-up can be completed in 4 easy steps!**

1

Decision-maker receives email with unique Access ID to register for BlueBiz and link to online authorization form

2

Decision-maker completes the online BlueBiz authorization form

3

Decision-maker receives email with instructions to complete BlueBiz registration

4

Decision-maker starts using BlueBiz and can add additional benefit administrators

# Step 1 – Decision-Maker Receives Email w/ Access ID

- To request BlueBiz access, contact Enrollment, Membership & Billing at 1-866-946-2583.
- The Enrollment, Membership & Billing service advocate will send an email to the group's decision-maker. The email will contain an Access ID and a link to complete the online BlueBiz authorization form.

Sample email:

**From:** Florida Blue  
**Sent:** <Date and time>  
**To:** <DM email address>  
**Subject:** Request for BlueBiz Access

Dear Decision Maker,

You're just a few steps away from submitting your request for access to BlueBiz, Florida Blue's self-service tool designed just for Group Decision Makers and Benefit Administrators. With BlueBiz, you will have access to capabilities that make it easier to manage your company's health insurance benefits.

To get started, please select the link below to access the online BlueBiz Authorization form. We have provided you with a unique ID that will allow you to securely access the form for completion.

Online Form: [Linktoform.com](http://Linktoform.com)

Access ID: <25358>

In order for your form to be submitted, you must complete all the required fields.

The link and unique ID provided above will remain active after the form has been submitted. This will allow you to view/print the completed form for your records.

If you have any questions, please contact your Membership and Billing representative at (866) 946-2583 or send an email to [BlueBizSupport@floridablue.com](mailto:BlueBizSupport@floridablue.com).


Thank you,

Your Membership & Billing Team  
Florida Blue

Please do not reply to this e-mail notification. This is an automated email that is not monitored.

# Step 2 – Decision-Maker Completes Online BlueBiz Authorization Form

- Once the decision-maker opens the link, they will be prompted to enter their 5-digit Florida Blue Group Number, the Access ID, and complete the Security Verification. Once finished, they click “Continue” to proceed.

**Florida Blue**   
In the pursuit of health<sup>®</sup>

## BlueBiz Authorization Form

Please enter the information below

Florida Blue Group Number:

Access ID:

For security purposes, please enter the letters below for verification.

Security Verification:  

"Can't read this" [Refresh](#)

# Step 2 – Decision-Maker Completes Online Authorization Form

- The decision-maker completes all required fields on the electronic BlueBiz authorization form.

**Group Decision Maker Information**

First Name:

M.I.:  (optional)

Last Name:

Suffix:  (optional)

Date of Birth:  /  /  (mm/dd/yyyy)

Social Security Number:  -  -

Re-enter Social Security Number:  -  -

Gender:  Male  Female

Language:

Work Email Address:

Re-enter Work Email Address:

Work Phone Number:  -  -

Address Type:

Address Line 1:

Address Line 2:  (optional)

City:

State:

Zip Code:

**System Access** System Access Information

BluesEnroll  MyBlueInsight  Member Assistance

**Acknowledgement**

**I have read and understand the following:**

On behalf of the group employees or designees detailed herein, by checking the "I agree" box below, I hereby request access to Florida Blue's web-based services for the purpose of administering group benefits as provided by Florida Blue and/or through agreements with its affiliates and preferred financial partners.

I understand that in requesting access I am obligated to provide truthful and complete answers to the best of my knowledge and belief. Florida Blue will rely on the answers and other information I provide in this request in deciding whether to provide electronic access.

I recognize and authorize Florida Blue to exchange certain limited information obtained from this request with its affiliates and preferred financial partner(s) for the purposes of electronic access to related systems. I understand and acknowledge that I have the right to withdraw this request at any time.

I understand and acknowledge that I can cancel access to Florida Blue web-based services as a Decision Maker by contacting my Agent or Sales Representative in writing, requesting to cancel access.

I understand and acknowledge that failure to fully complete, electronically sign and date this request by the Decision Maker will result in denial of access to Florida Blue's web-based services.

I understand that my acknowledgement will provide my Benefit Administrators access to Florida Blue's web-based services according to their assigned role and/or through agreements with its affiliates and preferred financial partners.

- For self-funded and alternatively funded business, I understand by requesting access to PHI data and checking the box below that I am modifying the Disclosure of Protected Health Information for Plan Administration exhibit of the HIPAA-AS language, e.g. HIPAA-AS Addendum to Administrative Services Agreement, Business Associate Agreement (BAA), if self-funded, or the Representation of Compliance (ROC), if AMF/MPP alternatively funded, executed with Florida Blue and/or Florida Blue HMO regarding who may have access to PHI. Said PHI data is only available to the Group Decision Maker and Benefit Administrator(s). I acknowledge my account is a self-funded or alternatively funded group health plan, or a self-funded group health plan's employer/union sponsor that has complied with the requirements of the HIPAA-AS Security and Privacy Rules at 45 C.F.R. §§ 164.314(b) and 164.504(f).
- For a Fully Insured group health plan or a Fully Insured group health plan's employer/union sponsor requesting access to MBI, users will receive access to enrollment and dis-enrollment information. I acknowledge that access to summary health information (as defined in 45 C.F.R. § 164.504(a)) will be used solely to obtain premium bids or to modify, amend or terminate the group health plan (as allowed under 45 C.F.R. § (164.504f)(1)(ii)).

I, \_\_\_\_\_, as the Group Decision Maker, have read and understand the statements above.

Date of Birth:  /  /  (mm/dd/yyyy)

I agree.

# Step 3 – Decision-Maker Completes BlueBiz Registration

- Once Florida Blue receives and processes the online BlueBiz authorization form, the decision-maker will receive a BlueBiz welcome email with instructions on finishing BlueBiz registration.
- To begin, the decision-maker goes to [FloridaBlue.com](https://www.floridablue.com), clicks the “Employers” tab, and then clicks the “Registration” link.

The screenshot displays the Florida Blue website interface. At the top, the Florida Blue logo is on the left, and navigation links for 'Contact Us', 'Search', and 'Login / Register' are on the right. Below the logo, a horizontal menu includes 'Home', 'Shop Our Plans', 'Find a Doctor', 'Find an Agent', 'Find a Center', and 'About Us'. The 'Employers' tab is highlighted in orange. A central banner features a smiling man in a suit, with a text box on the left that reads: 'Need more time in your day? Try BluesEnroll for access to real-time enrollment info, quick reports and more.' Below this is a 'Watch Video' button. To the right of the banner is a 'Login to BlueBiz' section with input fields for 'User ID:', 'Password:', and 'Site Password:', a 'Secure Login' button, and a link for 'Forgot User ID or Password(s)?'. Below the banner, there are three columns: 'Products & Plans', 'Forms', 'Resources & Tools', and 'NewsfromBlue' on the left; 'Partner with Florida Blue' with a list of services (Health, Pharmacy, Dental, Life, Financial, And More!) in the middle; and a 'Toolbox' on the right containing links for 'Registration', 'Electronic Enrollment Support', 'BlueBiz Registration Guide', 'Group Administration Guides', 'Training Resources', and 'Compliance Resources'. An orange arrow points to the 'Registration' link in the Toolbox.

# Step 4 – Decision-Maker Adds Additional Benefit Administrators

- After completing the registration process, the group decision-maker can log into BlueBiz.
- Click “Tools & Services” on the BlueBiz homepage, then select “Manage Group BAs”.





# Step 4 – Decision-Maker Adds Additional Benefit Administrators

- Click “Add a new BA” to add additional benefit administrators.

Home / Manage Group BAs

## Search for a Benefit Administrator

Select Group: A1234001 [Add a new BA](#)

Display 15 rows per page Page 1 of 2

BA Name	Group Name	Division #
John Smith	ABC Company	001
John Smith	ABC Company	002
John Smith	ABC Company	003
Bob Jones	ABC Company	001
Bob Jones	ABC Company	002

Home / Search For BA / Group BA Detail

## Group Benefit Administrator Detail

You may add / modify Benefit Administrators (BA) to your group by completing the required information below and then select **Save and Continue**.

### Contact Information

First Name: John M.I.: A (optional)  
Last Name: Smith Suffix: (optional)  
Date of Birth: 07 / 12 / 1970 (mm/dd/yyyy)  
Gender:  Male  Female  
Social Security Number: ●●● - ●● - ●●●●

### Other Information

Work Phone: 904 - 555 - 4321  
Work Email Address: johnsmith@abccompany.com  
Re-enter Work Email: johnsmith@abccompany.com  
Language Preference: English

### Group Information

Group Number: 64247  
Contact Status:  Primary  Secondary  Not Applicable  
**Primary** - Is this person the Primary Contact who receives mailed invoices and correspondence for this group of employees?  
**Secondary** - Is this person a backup to your Primary Contact for mailed invoices and correspondence?  
Role Start Date: 01/15/2014 (mm/dd/yyyy)  
Allow Access to: [What is this?](#)  
 Select Divisions  
 CO1 BA1

# Questions?

If you have any questions regarding BlueBiz or the registration process, please contact Enrollment, Membership & Billing at 1-866-946-2583.

