

# Essential StaffCare Integration

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## Essential StaffCARE Integration

Essential StaffCARE (ESC) is a health insurance and benefits package program for temporary employees within the staffing industry. Users will have the ability to incorporate ESC within HRCenter to collect health benefit information. This document will walk users through the processes and responsibilities when working with ESC as well as TempWorks.

**This article covers:**

1. [Integration Setup](#)
2. [HRCenter Setup](#)
3. [The Applicant Perspective](#)
4. [Imports/Exports](#)

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## Integration Setup

A majority of the setup process will be handled by TempWorks. This includes export/import setup, HRCenter page creation, and ESC adjustments added within administration. Users will be responsible for obtaining the user name and password from ESC and sending that information to TempWorks, adding the ESC page to the HRCenter workflow, and running the export and imports.

**\*Note\*** The initial process to begin utilizing ESC will be done by working with ESC and your TempWorks Account Manager or Project Manager.

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## HRCenter Setup

**\*Note\*** If you are unable to access the Administration Section of HRCenter, please work with your management team or contact TempWorks Support for assistance.

TempWorks will create a page within the HRCenter Administration that will include the ESC URLs and configuration information:

HRCenter		Hello tempworks\lindsey.schneider!		Log off
Tenants	<a href="#">Copy</a>			
Workflows		Default Work History	Info / Default	<a href="#">Deactivate</a>
<b>Pages</b>	<a href="#">Copy</a>			
Surveys		Education	Info	<a href="#">Deactivate</a>
Reports	<a href="#">Copy</a>			
Forms		EEO	Info	<a href="#">Deactivate</a>
Tools	<a href="#">Copy</a>			
	<a href="#">Copy</a>	Essential StaffCARE	Info	<a href="#">Deactivate</a>
	<a href="#">Copy</a>	Languages	Info	<a href="#">Deactivate</a>

This page can be assigned to an employee on an individual basis, but we recommend adding it to your onboarding workflows to ensure all employees have the chance to review and fill out the related information.

### Adding ESC Page to a Workflow

Check out [How to Create & Edit Workflows](#) if you do not have a workflow set up yet.

1. Navigate to the workflow/step you wish to add the page to
2. Select "Edit" button on the step you want the page to be included in

**Basic Application Settings**

**Name**  
The name of the workflow that will display to applicant.  
Basic Application

**Description**  
The description of the workflow that will display to applicant.  
Thank you for your interest in High Tech Staffing! We look fo

**Primary Actor Type**  
The type of user that this workflow can be assigned to. This cannot be changed once the workflow is created.  
Employee

**Public**  
Allow applicants to select this workflow during registration?  
Yes

**Branch Visibility**  
If you would like this workflow to be branch specific, please

**Steps**  
Steps are the logical parts that your workflow is broken into. For instance, you may have employees first complete an application step, and then an onboarding step.

5 Active or Inactive Steps [New](#)

Step	Pages	Actions
Application	8	<a href="#">Edit</a> <a href="#">Deactivate</a> <a href="#">Translations</a> <a href="#">Actions</a>
Onboarding Docs	4	<a href="#">Edit</a> <a href="#">Deactivate</a> <a href="#">Translations</a> <a href="#">Actions</a>

**Actions**  
Actions are additional events that occur at the end of a workflow or step.  
 [Add Action](#)

3. Select the > icon in the bottom right of the new window

## Edit Existing Step

A step is composed of any number of unique pages that ask the applicant information that you may inquire about.

### Name

### Step Introduction Text

### Step Review Text

### Step Thank You Text

### Step Rejection Text

### Auto Advance Step

Step 1 ● ● ●



4. Search for the Essential StaffCARE page under info pages

## Assign Pages

Pages are the heart beat of the application. They are the containers of questions, or data, that you wish to receive from your applicants. You can always do this later.

✕ Clear search

<b>Info</b> Survey Form Saved Pages <span style="background-color: #0070c0; color: white; border-radius: 50%; padding: 2px 5px; font-weight: bold;">5</span>	<div style="background-color: #e6f2ff; padding: 5px; display: flex; align-items: center; justify-content: space-between;"> <span>Essential Staffcare</span> <span style="font-size: 1.2em;">✎</span> </div> <div style="text-align: right; padding-top: 5px;"> <span style="color: green; font-weight: bold; font-size: 1.2em;">✔</span> Essential Staffcare  <span style="color: green; font-weight: bold; font-size: 0.9em;">Added to step</span> </div>
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Step 2 ● ● ●

◀ ▶

- Click on the page and the green checkmark will appear letting you know it was added to the workflow

5. Select the > to continue

6. Use the move up/down options that appear when you hover over a page name to rearrange the order of the pages

## Step Details

Now that you've completed putting together your step, take a look at the result to ensure it's what you were wanting.

### Onboarding Docs

- Federal I9 2020 - Default
- Dynamic State W4 - Default
- Electronic W-2 Enrollment - Default
- Federal W-4 2020 Mobile Friendly - Default
- Essential Staffcare

Step     
3

[Move Up](#)

< Save

7. Select Save to save your changes

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## Applicant Perspective

Once ESC has been added within the step of a workflow, every new hire that is assigned the workflow will have access to the link to complete the survey and opt into which benefits package will work best for them:

**Pages**

**Essential StaffCARE**  
Step Review

### Essential StaffCARE

Save and Exit >< Previous   Save and Continue >

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Essential Staffcare      Click [here](#) to take the Essential Staffcare survey.

Save and Exit >< Previous   Save and Continue >

The Essential StaffCARE electronic enrollment form consists of two screens: The Enrollment Screen and the Confirmation Screen.

### The Enrollment Screen

The Enrollment screen will populate with the employee's personal information (pulled from the previous screens they completed in the TempWorks system). From there, employees can provide their personal email address, confirm their SSN, and make their benefit selection using a drop-down selection menu. (One drop down for the Fixed Indemnity plan and another for the MEC plan.)



## ENROLLMENT FORM

Benefit Guide provides a summary of the benefit choices available to you.  
It is very important that you click and view this information prior to completing the enrollment form.

[VIEW BENEFIT GUIDE](#)

THE FIXED INDEMNITY MEDICAL PLAN IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED UNDER THE AFFORDABLE CARE ACT (ACA).

The MEC Wellness/Preventive Plan is an employer-sponsored, self-funded plan that has been deemed to be in compliance with ACA rules and regulations. More information about Preventive Services may be found on the government website at: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>. Enrolling in the Optional MEC Wellness/Preventive Benefit may DISQUALIFY you from receiving a subsidy from the health insurance exchange. The MEC Wellness/Preventive Benefit is NOT underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer.

### EMPLOYEE INFORMATION

(\* This denotes a required field)

TODAY'S DATE (MM/DD/YYYY)

02/10/2020

EMPLOYEE SOCIAL SECURITY NUMBER (NO DASHES) \*

EMPLOYEE FIRST NAME\*

MI

EMPLOYEE LAST NAME\*

At the bottom of the Enrollment Screen is a check box that employees must select. It states, "I certify that I read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time. This serves as my electronic signature for the above election."

ADDRESS1 \*

ADDRESS2

CITY \*      State \*      ZIP CODE \*  
           

GENDER      DATE OF BIRTH (MM/DD/YYYY)\*  
     

TELEPHONE NUMBER (NO DASHES)

GROUP      ARE YOU COVERED BY MEDICARE?  
     

EMAIL ADDRESS

If you enter your email address, you will receive an email with your confirmation number and a copy of the Benefit Guide. Your employer may be copied on this notification.

LIMITED BENEFITS ENROLLMENT STATUS \*      MEC ENROLLMENT STATUS \*  
     

[Click here](#) to view the Summary of Benefits and Coverage (SBC); an important benefits document provided as required by the Affordable Care Act. For more information please visit [www.healthcare.gov](http://www.healthcare.gov)

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CONFIRM YOUR SOCIAL SECURITY NUMBER (NO DASHES)\*

\* I certify that I read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time. This serves as my electronic signature for the above election.

Employees may view the benefit guide by clicking the “View Benefit Guide” button at the top of the Enrollment Screen. Clicking this button will result in a separate window popping up which provides a PDF copy of the company’s enrollment form and benefit guide. This guide is customized with the plans/pricing specific to the company, and it provides employees with the benefit summary, as well as the exclusions/limitations, and Member Services contact information.

*Example Benefit Guide:*

## **Limited Benefit & Self-Funded Minimum Essential Coverage (MEC) Enrollment Guide**

Complete the Enrollment Form to Elect or Decline Coverage

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**IMPORTANT PLAN INFORMATION:** You have two medical plan options. You may enroll in one or both. Additional benefits are available to add if you enroll in the Fixed Indemnity Medical Plan.

1. You **MUST** complete the Enrollment Form as part of your New Hire Process.
  2. Elect or decline all benefits on the Enrollment Form.
  3. You **MUST** Sign and Date the bottom of the form, even if you decline coverage.
  4. Return the Enrollment Form to your Branch Manager.
  5. Keep the Benefits at a Glance page for your records.
- 

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Enrollees of California employer policies: In order to enroll in the Fixed Indemnity Medical Benefit, you must be enrolled in major medical coverage.

**THE FIXED INDEMNITY MEDICAL PLAN IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED UNDER THE AFFORDABLE CARE ACT (ACA).**

The Essential StaffCARE Fixed Indemnity Medical, Prescription Drug, Accidental Loss of Life, Limb & Sight, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.1204, 26.1214, 26.212, and 26.213. The Term Life and Short-Term Disability Plans are underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

**The MEC Wellness/Preventive Plan is an employer-sponsored, self-funded plan that has been deemed to be in compliance with ACA rules and regulations. More information about Preventive Services may be found on the government website at: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>. For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.**

**Voluntary Electronic Availability of Summary Health Information for MEC/Wellness Preventive Plan**

Copies of the Summary of Benefits and Coverage ("SBC") and Summary Plan Description ("SPD") from Essential StaffCARE ("ESC") are available at the following link: [www.essentialstaffcare.com/mec-sbc-spd](http://www.essentialstaffcare.com/mec-sbc-spd)

While you may have other health plans, this is the link for your MEC plan SPD with ESC. These important documents explain the terms and conditions of your Health Plan, including eligibility, coverage amounts and exclusions along with your rights and responsibilities. At any time, you may request paper copies or revoke your consent to electronic delivery, free of charge, by calling 1-866-798-0803.

For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.



XXX ESC/MEC 4S P1M v21.0

<input type="checkbox"/>	VSI <b>XXXXXX-XXX</b>	OFFICE USE ONLY    LOCATION _____	Rehire Date ____/____/____
<b>ENROLLMENT FORM</b>			ESC/MEC 4S P1M v21.0
<b>A. REQUIRED EMPLOYEE INFORMATION</b>		<b>B. MEDICARE INFORMATION</b>	
<b>PRINT USING BLACK or BLUE INK (Must Be Filled Out)</b>			
Name _____		Home Phone _____	
Social Security # _____		Date of Birth ____/____/____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address _____		Apt. # _____	Medicare Effective Date _____
City _____		Zip _____	State _____
		Name of Covered Person(s): 1. _____ 2. _____	
<b>C. LIMITED BENEFIT PLAN SELECTION</b>		<b>Payroll Deducted Weekly Rates</b>	
You <b>MUST</b> enroll in the <b>Fixed Indemnity Medical Insurance Plan</b> before adding any additional benefits in Section C. Your coverage level for the additional benefits in Section C will be identical to your fixed indemnity medical plan selection. These plans are underwritten by BCS Insurance Company and 4 Ever Life Insurance Company.			
	<b>FIXED INDEMNITY MEDICAL <sup>1</sup></b>	<b>DENTAL</b>	<b>VISION</b>
Employee Only	<input type="checkbox"/> <b>\$19.98</b>	<input type="checkbox"/> <b>\$5.40</b>	<input type="checkbox"/> <b>\$2.42</b>
Employee + Child(ren)	<input type="checkbox"/> <b>\$33.17</b>	<input type="checkbox"/> <b>\$14.58</b>	<input type="checkbox"/> <b>\$6.54</b>
Employee + Spouse	<input type="checkbox"/> <b>\$37.96</b>	<input type="checkbox"/> <b>\$10.80</b>	<input type="checkbox"/> <b>\$4.84</b>
Employee + Family	<input type="checkbox"/> <b>\$50.55</b>	<input type="checkbox"/> <b>\$20.52</b>	<input type="checkbox"/> <b>\$9.20</b>
	<input type="checkbox"/> <b>NO to ALL Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<sup>1</sup> This coverage is not available to residents of NH, HI, or PR. <sup>2</sup> STD is not available to persons who work in CA, HI, NJ, NY, or RI.			
<b>For Term Life / Accidental Loss of Life, Limb &amp; Sight, please write in your beneficiary information. Accidental Loss of Life, Limb &amp; Sight is part of the Fixed Indemnity Medical Benefit.</b>			
Name _____		Relationship _____	
<b>D. REQUIRED DEPENDENT INFORMATION</b>			
Name _____	Social Security # _____	Date of Birth ____/____/____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner			
Name _____	Social Security # _____	Date of Birth ____/____/____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner			
Name _____	Social Security # _____	Date of Birth ____/____/____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner			
<b>E. OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION</b>		<b>XXXXXXX-M-XXX    Direct Payment Monthly Rates</b>	
Enrolling in the <b>Optional MEC Wellness/Preventive Benefit</b> may <b>DISQUALIFY</b> you from receiving a subsidy from the health insurance exchange. The MEC Wellness/Preventive Benefit is <b>NOT</b> underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer. Note: The Federal Affordable Care Act (ACA) individual mandate no longer imposes a penalty; however, please check your state for any individual mandate requirements or penalties. Rates for the MEC Wellness/Preventive Benefit are billed monthly.			
<input type="checkbox"/> <b>\$58.19</b> Employee Only <input type="checkbox"/> <b>\$65.79</b> Employee + Child(ren) <input type="checkbox"/> <b>\$71.00</b> Employee + Spouse <input type="checkbox"/> <b>\$80.87</b> Employee + Family			
<input type="checkbox"/> <b>NO to MEC Wellness/Preventive</b>			
<b>F. REQUIRED SIGNATURE</b>		<b>YOU MUST SIGN AND DATE EVEN IF YOU DECLINE COVERAGE</b>	
I have read the Benefits Summary and the Limitations and Exclusions for the Fixed Indemnity Medical Plan. I understand that I have been offered ACA compliant coverage (MEC Wellness/Preventive), and open enrollment is only available for a limited time. I understand that making no benefit selection is a declaration of coverage. I affirmatively consent to the voluntary receipt of the plan documents elections, via email or website.			
DATE ____/____/____		▶ SIGNATURE _____	

Once the employees complete the Enrollment Screen and click "Submit", they are taken to the Confirmation Screen.

### The Confirmation Screen

The Confirmation Screen provides a copy of the employee's personal data, their benefit selection, and their confirmation number. If employees wish to print their confirmation page they may do so by clicking "Print Enrollment Form".



## ENROLLMENT SUMMARY

INFORMATION SUBMITTED, [CLICK HERE TO CLOSE THIS WINDOW](#)

This is a summary of your benefit elections including your confirmation number. Final determination of benefits, exact terms and exclusions of coverage for each plan will be provided in your certificate of coverage. Indemnity plan coverage will become effective the Monday following your first payroll deduction of premiums. MEC plan coverage begins on the 1st of the month (after any waiting period selected by your employer) following the first payment of the premium.

### EMPLOYEE INFORMATION

(\* This denotes a required field)

TODAY'S DATE (MM/DD/YYYY)  
02/10/2020

EMPLOYEE SOCIAL SECURITY NUMBER (NO DASHES) \*  
999999999

EMPLOYEE FIRST NAME \*      MI      EMPLOYEE LAST NAME \*  
JANE           TESTER

ADDRESS1 \*  
7777 HWY 14

ADDRESS2

CITY \*      State: \*      ZIP CODE \*  
CITY2      SC      77040

GENDER \*      DATE OF BIRTH (MM/DD/YYYY) \*  
.....

TELEPHONE NUMBER (NO DASHES)

GROUP      ARE YOU COVERED BY MEDICARE?  
999999

EMAIL ADDRESS

If you enter your email address, you will receive an email with your confirmation number and a copy of the Benefit Guide. Your employer may be copied on this notification.

LIMITED BENEFITS ENROLLMENT STATUS \*      MEC ENROLLMENT STATUS \*  
**Decline All Benefits**      **ENROLL IN MEC Employee Only**

CONFIRM YOUR SOCIAL SECURITY NUMBER (NO DASHES) \*  
999999999

\* I certify that I read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time. This serves as my electronic signature for the above election.

Your confirmation number is **200411450052400**.

**For questions or assistance, call Essential StaffCARE customer service at 1-866-798-0803.**

To print a copy of this Enrollment Form, please click the "Print" button.

[PRINT ENROLLMENT FORM](#)

If an employee provides their email address in the "Email" field on the Enrollment Screen, they will receive a confirmation email indicating that they have successfully completed the e-form. Their confirmation email will include a confirmation number.

If an employer provides their company's email to the vendor, email notifications can be set up so that the employer would receive a similar confirmation email each time one of their employees completes an e-form.

For more information on how employees fill out the enrollment forms, etc. check out ESC's video:

https://paisc.webex.com/recording/service/sites/paisc/recording/play/2f62d3dcef024ac880d7d2870b97e68e

## Viewing Submitted Information

Simultaneously when the employee submits the information, a message will be logged to their record:

Date	Action	Message	Rep	Contact
4/4/2016	Essential Staffcare	Essential Staffcare Complete. Enrollment Status Tag Name: DECLINED, Medical Tag Name: EO, Dental Tag Name: NO, Life Tag Name: NO, Short Term Disability Tag Name: NO, Vision Tag N...		twapi-user

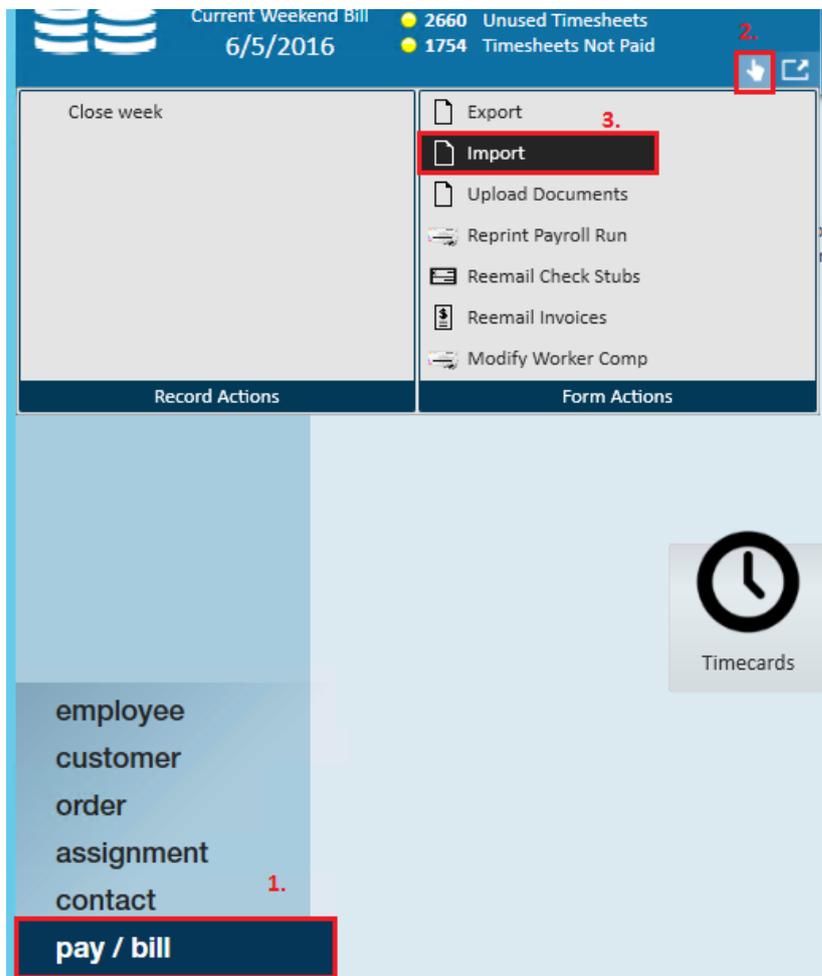
**\*Note\*** If you don't see your messages logging with an Essential Staffcare specific message action code, make sure you have a message action code in your system labeled as Essential Staffcare. Check out [Enterprise - How to Create Message Action Codes](#)

## Imports/Exports

Once a week before payroll is processed, ESC will send an import file to users that contains new adjustments and changes. The import will automatically add the allocated adjustments to the correct employee records.

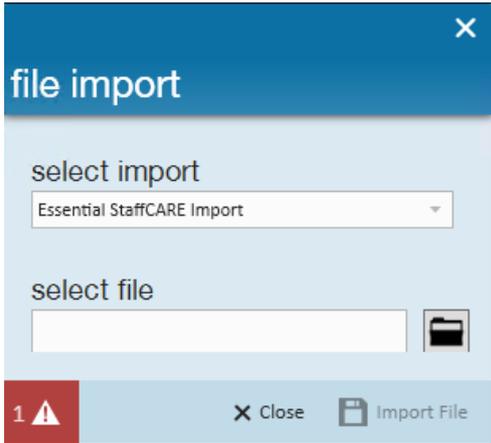
To Run the Import:

1. Navigate to pay/bill, expand the actions menu, and select import:



2. Select Essential StaffCARE import

3. Use the file icon to pick the file that ESC has sent



4. Click Import File

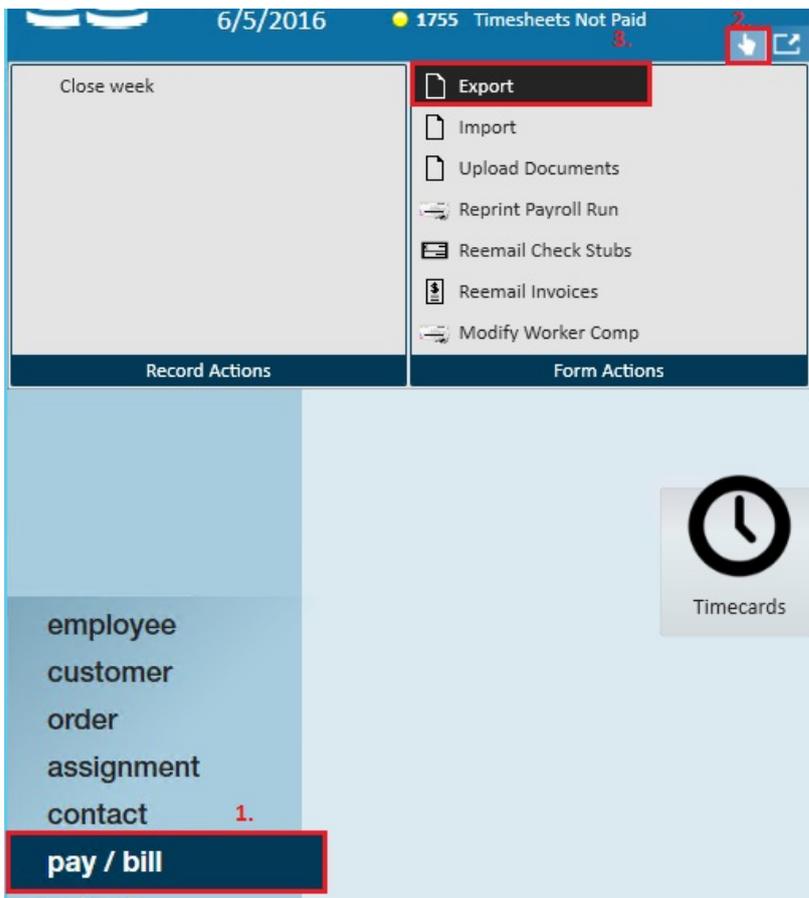
- When the import is completed, the file import window will close indicating the import was successful.
- Users may run the 'Employee Adjustment Setup Change Log' report to review all updates to the setup adjustments

Once the file is imported users will now be able to run payroll. A helpful report to verify the adjustments were deducted correctly is the '[Employee Adjustments](#)' report. This will list out all adjustments processed on employee checks.

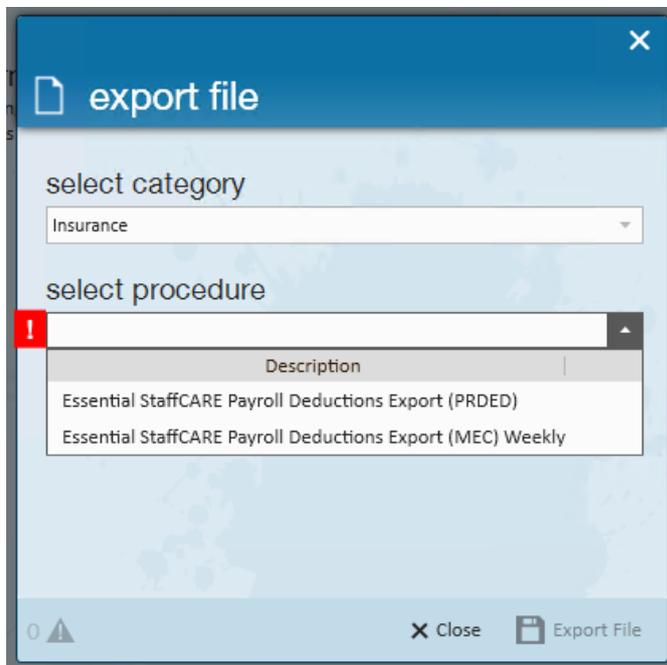
**To Run the Export:**

After payroll has been completed, users will need to run the ESC export using weekend bill date and send the file to ESC. The export file will include pay history data and indicate how many adjustments were taken on each employee's check as well as amounts.

1. Navigate to pay/bill, expand the actions menu, and select export:



2. From the export file window select "Insurance" from the "Select Category" drop-down and the appropriate "Essential StaffCARE Payroll Deductions Export" as the procedure.



3. Enter the start and end date parameters (weekend bill)

export file

select category

Insurance

select procedure

Essential StaffCARE Payroll Deductions Export (PRDED)

parameters

Start Date

End Date

EINC

Close Export File

4. Once this information is entered, select "Export File". This file will need to be sent back to ESC.

## Related Articles