



Employer Group Web User Guide

Manage Your Account at mvphealthcare.com



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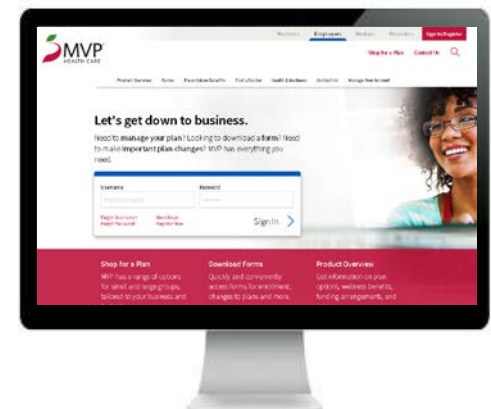
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MVP Health Care's Employer Portal

MVP Health Care® supports employers in developing a culture of health – helping to improve the overall health and performance of your workforce.

Using the Employer Portal at mvphealthcare.com, Health Benefits Administrators can quickly and easily process routine transactions, including:

- Ordering employee ID cards
- Making changes to your employees' files such as changing an employee's or dependent's name, address, other insurance/Medicare effective dates, or retiree effective dates
- Terminating or reactivating subscribers or dependents
- Adding or changing dependents
- Making plan changes such as changing an employee's subgroup, plan, class, type, department or location code



Important Phone Numbers



The **Group Personal Service Team** will support Brokers and HBAs with eligibility and enrollment-type questions.

Dedicated phone number will route directly to the Service Center:

1-844-946-8003

Email: **GPST@mvphealthcare.com**

Or to reach your local office, call **1-800-TALK-MVP (825-5687)**.

For login assistance, please call our eSupport Help Desk at **1-888-656-5695**.



Accessing the MVP Health Care Website

Navigate to the MVP Health Care website at mvphealthcare.com.

Select the **Employers** tab.

The screenshot displays the MVP Health Care website interface. At the top, a navigation bar includes links for [Members](#), [Employers](#) (circled in red), [Brokers](#), [Providers](#), and [Sign In/Register](#). Below the navigation bar, there are links for [Shop for a Plan](#), [Contact Us](#), and a search icon. The main content area is divided into two sections: "Shop for a plan" and "Manage your account".

Shop for a plan
I'm interested in plans for:

- Individuals & Families
- Employers**
- Medicare

Manage your account
Sign in below to begin

Username:

Password:

[Sign In](#)

[Forgot Username?](#) [Forgot Password?](#) [Need Help? Register Now](#)

The footer contains three icons and their corresponding actions: [Make a Payment](#), [Find a Doctor](#), and [Find a Pharmacy or Covered Drug](#).

Sign In to the MVP Employer Portal

Using the login ID that you were provided, enter your username and password and click **Sign In**.

MVP
HEALTH CARE

Members **Employers** Brokers Providers **Sign In/Register**

Shop for a Plan Contact Us

Product Overview Forms Prescription Benefits Find a Doctor Health & Wellness Contact Us Manage Your Account

Let's get down to business.

Need to **manage your plan**? Looking to download a **form**? Need to make **important plan changes**? MVP has everything you need.

Username: myusername Password: *****

[Forgot Username? Register Now](#) [Need Help? Register Now](#) [Sign In](#)

Shop for a Plan
MVP has a range of options for small and large groups, tailored to your business and budget. [Get Started](#)

Download Forms
Quickly and conveniently access forms for enrollment, changes to plans and more. [Go](#)

myVisitNow® - 24/7 Online Doctor Visits
Eligible MVP members can access care when and where it's most convenient for them! [Learn More](#)

For technical problems or login assistance, please call our eSupport Help Desk at **1-888-656-5695**.

Navigating the MVP Employer Portal

Upon successful login, a welcome message and navigation menu will appear on the left sidebar.

Members **Employers** Brokers Providers Logout

Shop for a Plan Contact Us

Product Overview Forms Prescription Benefits Find a Doctor Health & Wellness Contact Us **Manage Your Account**

Welcome

Group Number: All

Full Roster: By Employee

Sort by Name, ID Number or Group Number: Employee Last Name

Member Status: Active Members

For a specific Employee or Dependent use the ID Number, Last Name, and/or First Name Fields.

Employee/Dependent ID: []

Last Name: []

First Name: []

Find Reset Values

Text Size: [] []

EMPLOYER GROUP CONTACTS

1-800-TALK-MVP
(1-800-825-5687)

Find Your Representative
MVP Offices

Once logged in, this navigation menu only displays on the *Manage Your Account* pages. If you navigate to a different section of the website, simply choose *Manage Your Account* from the top navigation options.

Enroll Online

This form is used for a first-time enrollment only.

Select **Enroll Online** from the left navigation bar.

Enter the **Effective Date** (dd/mm/yyyy). Tab to the Product field.

Select the applicable product from the **Product** drop-down box.

Then, from the drop-down menu, **select the qualifying event associated with the enrollment.**

Click **Submit**. The online application form will be displayed.

The screenshot shows the MVP Health Care website interface. At the top, there is a navigation bar with tabs for 'Members', 'Employers' (which is selected), 'Brokers', 'Providers', and 'Logout'. Below this, there are links for 'Shop for a Plan', 'Contact Us', and a search icon. A secondary navigation bar includes 'Product Overview', 'Forms', 'Prescription Benefits', 'Find a Doctor', 'Health & Wellness', 'Contact Us', and 'Manage Your Account'. The main content area starts with a 'Welcome' message and a 'Text Size' adjustment icon. A prominent red 'Important' notice states: 'This form is for first time enrollment only, please [click here](#) if you would like to make changes.' Below this, a instruction reads: 'Please press the TAB key after you enter the effective date for each type of enrollment to display product information.' The form contains two sections: 'Medical Enrollment' and 'Dental Enrollment'. Each section has an 'Effective Date' field (with a format hint of 10/18/2018) and a 'Product' dropdown menu. At the bottom, there is a dropdown menu for selecting a 'qualifying event associated with this enrollment' and a 'Submit' button. On the right side of the page, there is a sidebar with the heading 'EMPLOYER GROUP CONTACTS', a phone number '1-800-TALK-MVP (1-800-825-5687)', and links for 'Find Your Representative' and 'MVP Offices'. A left-hand navigation menu lists various options: 'Enroll Online', 'Group Roster', 'Transaction History', 'RDS Submission Changes', 'ID Cards', 'Change My Information', 'Transfer Group #', 'MVP Core Analytics', 'Payment Center', 'Update Account', 'Online User Guide', and 'Log Out'.

Online Enrollment Form

Complete sections 1-5 on the enrollment form, then click **Submit**.

Section 1 – Provide employee information

Sections 2 & Section 3 – Enrollment/Change and Coverage information is pre-populated based on the selections on the prior page. If modifications are needed, select the browser's *Back* button and make the appropriate plan and qualifying event selection.

<p>HEADQUARTERS 625 State Street, P.O. Box 2207, Schenectady, NY 12301-2207 518/370-4793 1-800/777-4793</p> <p>LOCAL MARKETING OFFICE: To reach your local office, call 1-800-TALK-MVP and you will be directed to the appropriate marketing office.</p>	<p>MVP Health Plan, Inc. MVP Health Insurance Company MVP Health Services Corp.</p>	<p>Enrollment Form</p>
<p>INSTRUCTIONS TO EMPLOYEE: Please complete Sections 1 through 5</p>		
<p>1 PLEASE PROVIDE US WITH INFORMATION ABOUT YOURSELF</p>		<p>2 PLEASE INDICATE ENROLLMENT/CHANGE</p>
<p>Employee Last Name <input type="text"/> First Name <input type="text"/> Initial <input type="text"/> Suffix <input type="text"/></p> <p>Address <input type="text"/> Zip <input type="text"/> City <input type="text"/> State <input type="text"/> County <input type="text"/></p> <p>Home Phone <input type="text"/> Business Phone <input type="text"/> Email Address <input type="text"/></p> <p>Employer <input type="text"/></p> <p>Employer Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/></p> <p>Date Employed <input type="text"/> <input type="radio"/> Full Time <input type="radio"/> Part Time (At least 20 hours/week) <input type="radio"/> Retired</p> <p>Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced</p> <p>Is your spouse employed? <input type="radio"/> Yes <input type="radio"/> No If yes, by whom? <input type="text"/></p> <p>Spouse's health insurance carrier (if other than yours) <input type="text"/></p> <p>Spouse has <input type="radio"/> Individual Coverage <input type="radio"/> Family Coverage Spouse's health insurance ID <input type="text"/></p>		<p>For address or Primary Care Physician <input type="text"/></p> <p><input checked="" type="checkbox"/> New Applicant Reason: <input type="checkbox"/> New Hire <input checked="" type="checkbox"/> Open Enrollment <input type="checkbox"/> COBRA/State Continuation Qualifying Event (please describe) <input type="text"/></p>
<p>Eligible for Medicare? Employee <input type="radio"/> Yes <input type="radio"/> No Medicare ID <input type="text"/> Effective Date <input type="text"/> Effective Date <input type="text"/></p> <p>Spouse <input type="radio"/> Yes <input type="radio"/> No Medicare ID <input type="text"/> Effective Date <input type="text"/> Effective Date <input type="text"/></p>		<p>3 PLEASE CHOOSE YOUR COVERAGE</p> <p><input checked="" type="checkbox"/> HMO* <input type="checkbox"/> PPO <input type="checkbox"/> indemnity <input type="checkbox"/> POS* <input type="checkbox"/> EPO <input type="checkbox"/> Prescription I <input type="checkbox"/> HRA <input type="checkbox"/> FSA</p> <p>*Please choose a Primary Care Physician in Section 4.</p>

Online Enrollment Form

Section 4 – Provide information on the employee and the employee’s dependents. Information includes Gender, DOB, and Social Security Number for each.

4 PLEASE PROVIDE IMPORTANT INFORMATION FOR ALL FAMILY MEMBERS											
If you are applying for HMO, POS or Healthy NY coverage, you and each of your dependents must designate your choice of Primary Care Physician in order for MVP to initiate coverage											
Relationship to Employee	Name First, MI, Last			Gender	Date of Birth MM/DD/YYYY	Social Security Number	Check if Disabled	PCP Number	Primary Care Physician (PCP) Last and First Name		Check Box if Current Patient
Self				<input type="radio"/> M <input type="radio"/> F							<input type="checkbox"/>
*Relationship to Employee ▼				<input type="radio"/> M <input type="radio"/> F							<input type="checkbox"/>
*Relationship to Employee ▼				<input type="radio"/> M <input type="radio"/> F			<input type="checkbox"/>				<input type="checkbox"/>
*Relationship to Employee ▼				<input type="radio"/> M <input type="radio"/> F			<input type="checkbox"/>				<input type="checkbox"/>
*Relationship to Employee ▼				<input type="radio"/> M <input type="radio"/> F			<input type="checkbox"/>				<input type="checkbox"/>
*Relationship to Employee ▼				<input type="radio"/> M <input type="radio"/> F			<input type="checkbox"/>				<input type="checkbox"/>
*Relationship to Employee ▼				<input type="radio"/> M <input type="radio"/> F			<input type="checkbox"/>				<input type="checkbox"/>
*Relationship to Employee ▼				<input type="radio"/> M <input type="radio"/> F			<input type="checkbox"/>				<input type="checkbox"/>

NOTE: With the exception of your spouse, each dependent must be under 27 years of age, unless a disability waiver is attached or a rider has been purchased to extend coverage.
To obtain a waiver, call MVP.

Note: the PCP section is not required or displayed for every plan option.

Online Enrollment Form

Selecting a PCP

PCP Number	Primary Care Physician (PCP) Last and First Name	Check Box if Current Patient
		<input type="checkbox"/>
		<input type="checkbox"/>

Online help is available for plans that require the selection of a PCP.

Select the magnifying glass icon to open the PCP search screen.

Select whether or not the employee is a current patient.

Enter the provider's name, or zip and radius, then select **Find**.

PCP Search - Internet Explorer
https://swp.mvphealthcare.com/cfx/employer_cf/enrollment/enroll_pcp_search.cfm?function=form&search_type=1&si

PCP Search

For which of the following two scenarios are you searching for a PCP:

- [Employee is a current patient that is searching for their PCP](#)
- [Employee currently does not have a PCP, or wants to change their PCP *](#)

*Only physicians accepting new patients will be returned in the search results.

CLOSE

PCP Search - Internet Explorer
https://swp.mvphealthcare.com/cfx/employer_cf/enrollment/enroll_pcp_search.cfm?function=form&search_type=1&si

PCP Search

Please use this search form to find your PCP.

Tip: Please enter at least the provider's last name, or the zip/radius and click find. If you're not sure how to spell the name, type the first few letters.

Last Name:

First Name:

Zip:

Radius (miles):

Find Reset Values

CLOSE

Online Enrollment Form

Selecting a PCP

The screen shown on the right is a result of a provider search using the last name "Smith."

Click *Select* next to the name of the employee's PCP to pre-fill your selection in section four of the enrollment form.

The screenshot shows a web browser window titled "Matching Records - Internet Explorer". The address bar contains the URL: https://swp.mvphcare.com/cfx/employer_cf/enrollment/enroll_pcp_search.cfm?function=list&search_code=1&search. The page content is titled "PCP Search - Results" and includes the following text:

There are 29 matching records.
Please make your selection by clicking on the word "SELECT"
or to perform a new search [click here](#).

Displaying matches 1 through 10.

	Last Name	First Name	Specialty	Address
SELECT	Smith	Aimee	Family Practice	213 BROADWAY PORT EWEN, NY 12466
SELECT	Smith	Amy	Obstetrics and Gynecology	1630 EMPIRE BLVD WEBSTER, NY 14580
SELECT	Smith	Amy	Obstetrics and Gynecology	1815 CLINTON AVE S STE 610 ROCHESTER, NY 14618
SELECT	Smith	Amy	Obstetrics and Gynecology	103 CANAL LANDING BLVD STE ROCHESTER, NY 14626
SELECT	Smith	Brian	Family Practice	8324 OSWEGO RD STE D LIVERPOOL, NY 13090
SELECT	Smith	Cynthia	Internal Medicine	14 N MAIN ST STE 4002 BARRE, VT 05641
SELECT	Smith	David	Family Practice	9 ELM ST PERU, NY 12972
SELECT	Smith	Emily	Pediatrics	80 E MAIN ST CANTON, NY 13617
SELECT	Smith	Glennell	Endocrinology	135 GRANT ST BUFFALO, NY 14213
SELECT	Smith	Heidi	Pediatrics	1455 E RIDGE RD ROCHESTER, NY 14621

Below the table is a button labeled "Next 10 Matches" and a "CLOSE" button in the bottom right corner.

Online Enrollment Form

Section 5 – Signature authorization will be auto-populated when you enter employee and dependent information in Section 4.

Within this section, you will be required to complete the *Approved By* and *Subgroup Number* (where applicable) fields.

5 PLEASE SIGN (Employee, spouse, and all dependents 18 years of age or older must sign.)	
I HAVE READ AND AGREE TO THE AUTHORIZATION ON THIS FORM.	
Employee's Signature x	Date
Spouse's Signature x	Date
Dependent's Signature x	Date
Dependent's Signature x	Date
Dependent's Signature x	Date
Dependent's Signature x	Date
Dependent's Signature x	Date
Dependent's Signature x	Date

TO BE COMPLETED BY EMPLOYER			
Group Number	01234	Approved By	
Medical Product	S2500120	Effective Date	10/01/2018
Subgroup Number			
Employee Class	A001 - COVERED CLASS		
Employee Dept. (if applicable)			
Employee Type		Location	
FOR MVP USE ONLY			
ID Number		Processor	

Online Enrollment Form

Authorize and Submit

When the entire online enrollment form is complete, please review the disclaimer and authorization statements, and click **Submit**.

AUTHORIZATION	
<p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and in New York shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p> <p>On behalf of myself and any listed dependents, I (we) hereby apply for membership in MVP. I understand that benefits provided under MVP's Healthy NY, HMO, Indemnity, PPO, and EPO plans may be subject to preexisting condition limitations. If applicable, a medical questionnaire will be forwarded to you for your completion.</p>	<p>I authorize my employer to deduct from my earnings the necessary contribution, if any, required of me.</p> <p>I hereby authorize any licensed physician, hospital or other health care provider to furnish MVP with such medical information about myself and my minor eligible dependents listed on the application that may be required to allow MVP to administer my benefits. This authorization EXCLUDES the release of any information about previously administered tests for HIV antibodies, T-cell counts, AIDS, or ARC.</p> <p>I hereby certify that the statements made are true and complete to the best of my knowledge and belief.</p>
<input type="button" value="SUBMIT"/>	

Group Roster

The **Group Roster** allows a complete view of all employees on the plan. The roster can be sorted by employee last name, ID number, or subgroup group number. Select the sort choice from the **Sort by** drop-down box. You can also filter by **Member Status** – Active, Terminated, All.

To search the roster:

1. Enter the employee or dependent's ID number; **or**
2. Employee's last name
3. Click **Find**

For a **full roster of all employees**, leave all fields blank, and click **Find**.

Members Employers Brokers Providers Logout

MVP[®] HEALTH CARE

Shop for a Plan Contact Us

Product Overview Forms Prescription Benefits Find a Doctor Health & Wellness Contact Us Manage Your Account

Welcome

Group Number: All

Full Roster: By Employee

Sort by Name, ID Number or Group Number: Employee Last Name

Member Status: Active Members

For a specific Employee or Dependent use the ID Number, Last Name, and/or First Name Fields.

Employee/Dependent ID:

Last Name:

First Name:

Find Reset Values

Enroll Online
Group Roster
Transaction History
RDS Submission Changes
ID Cards
Change My Information
Transfer Group #
MVP Core Analytics
Payment Center
Update Account
Online User Guide
Log Out

Text Size:

EMPLOYER GROUP CONTACTS

1-800-TALK-MVP
(1-800-825-5687)

Find Your Representative
MVP Offices

Group Roster Search

An example of a roster is displayed below. The **member's last name** is a selectable field.

Members **Employers** Brokers Providers Logout

MVP[®] HEALTH CARE

Shop for a Plan Contact Us

Product Overview Forms Prescription Benefits Find a Doctor Health & Wellness Contact Us Manage Your Account

Welcome

Text Size: [icon]

Enroll Online
Group Roster
Transaction History
RDS Submission Changes
ID Cards
Change My Information
Transfer Group #
MVP Core Analytics
Payment Center
Update Account
Online User Guide
Log Out

Current Benefits as of today **10/18/2018**

To view covered dependents click on member's last name. Group Number: 211941

Member ID	Last Name	First Name	Gender	Plan Type	Sub Group	Active	Effective Date	Member Count
800123400	<u>SMITH</u>	JOHN	M	HMO	0001	Yes	01/01/2016	1
800246800	<u>SMITH</u>	JACK	M	HMO	0003	Yes	01/01/2016	1
800135700	<u>SMITH</u>	JANE	F	HMO	0002	Yes	01/01/2016	6
800432100	<u>SMITH</u>	JAMES	M	HMO	0006	Yes	01/01/2016	2

Download Roster Next 15 Matches

New Search

EMPLOYER GROUP CONTACTS
1-800-TALK-MVP (1-800-825-5687)
Find Your Representative
MVP Offices

You can also select *Download Roster* to export a **full member roster** in Excel that provides more robust information than the basic search.

Group Roster Search

Once the roster is retrieved, select the **last name** of the member to view specific information about that member or to perform other functions as shown here.

Members **Employers** Brokers Providers Logout

MVP[®] HEALTH CARE

Shop for a Plan Contact Us

Product Overview Forms Prescription Benefits Find a Doctor Health & Wellness Contact Us Manage Your Account

Welcome

Text Size: [icon] [icon]

Group Roster

[Change Health Care Plan](#) [Add Dependents](#)
[Change Employee's Personal Information](#) [Reactivate Dependents](#)
[Change Primary Care Provider](#) [Terminate Subscriber or Dependents](#)
[Order ID Card](#)

EMPLOYER GROUP CONTACTS

1-800-TALK-MVP
(1-800-825-5687)

Find Your Representative

MVP Offices

Current Benefits as of today **11/19/2018**

For eligibility information for each member, click on member's last name. Group Number:

Member ID	Last Name	First Name	Gender	Plan Type	Sub Group	Active	Effective Date	Member Count
800123400	SMITH	JOHN	M	HMO	0001	Yes	01/01/2016	1

Relationship Code (*) - M = Subscriber, H = Husband, W = Wife, D = Daughter, S = Son, O = Other

There is 1 matching record.

New Search Return to List

[Enroll Online](#)
[Group Roster](#)
[Transaction History](#)
[RDS Submission](#)
[Changes](#)
[ID Cards](#)
[Change My Information](#)
[Transfer Group #](#)
[MVP Core Analytics](#)
[Payment Center](#)
[Update Account](#)
[Online User Guide](#)
[Log Out](#)

Note: online changes for members or subscribers cannot be made until AFTER the plan effective date.

Plan Changes

The **Change Health Care Plan** function is used to move members from one plan to another.

The **Plan Change** page can be accessed multiple ways from the main navigation menu:

1. *Changes > Plan Changes*
2. *Transfer Group #*
3. *Group Roster > Search for a Member > Change Health Care Plan*

Plan Change

The following change may prompt a new ID Card to be mailed to your employee.

If you would like to change a subscriber's existing employer information, please fill in the appropriate fields below. You must enter a reason and an effective date for the change.

Group Information

Note: You can change the group email address for plan transfer email confirmations. To permanently change your group email address please use the group profile change application.

ID	Name	Phone
01234	Group XYZ	

Email

Subscriber Information

Note: Please fill in the appropriate fields below to change the subscriber product and plan information. A reason code and an effective date are required prior to submitting the change.

Member ID	Name
800123400	JOHN SMITH

Screen continued on the next page...

Plan Changes

A new effective date and reason for the change must be entered.

Complete all appropriate fields and press **Submit** to save the changes.

Plan Change From:		
		Medical
Subgroup	Class	Product
0001	A001	H2500AGW
Employee	Employee	
Department	Location	
Plan Change To:		
		Medical
Subgroup	Class	Product
<input type="text" value="0001"/>	<input type="text" value="A003"/>	<input type="text" value="H3050ALO"/>
	Effective Date	
	<input type="text"/>	
Reason for Change		
<input type="text"/>		
<input type="button" value="Submit"/>		

Note: These fields must be consistent with the information in MVP's system. Otherwise, any changes could result in the member being incorrectly termed in our system as a result of any discrepancies. For a detailed group structure, please reach out to your MVP Sales Representative.

Change Employee's Personal Information

Use this function to change employee or dependent information.

Current employee information is pre-filled in each field. Make necessary edits, and select **Change Employee Info** to submit the changes.

Notes: You must enter a Subscriber ID or SSN to access this page. Changes made online will take approximately one business day to process. If you would like to check the status of or have questions about your transaction, call the Group Personal Service Team at **1-844-946-8003**

Change Employee's Personal Information

If you would like to change your employee's or their dependent's information, please fill in any applicable fields below.

Please Note: Converting a dependent to COBRA requires the individual to be enrolled as a new enrollee. Please [click here](#) to begin the enrollment process. Upon enrollment, the member will receive their own ID number on a single COBRA policy. The qualifying event will be "Now Eligible For COBRA".

Group No. 01234
Group Name Group XYZ
Email Address
Group Phone No.
Subscriber ID 800123400
Subscriber Name JOHN SMITH

All fields with "*" are required.

Member's Number	<input type="text" value="800123400"/>
First Name	<input type="text" value="JOHN"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text" value="SMITH"/>
Suffix	<input type="text"/>
Gender	<input type="text" value="Male"/>
Subscriber Relationship	<input type="text" value="Self"/>
Mailing Address 1	<input type="text" value="123 MY STREET"/>
Mailing Address 2	<input type="text" value="APT 1"/>
City	<input type="text" value="MY CITY"/>
State	<input type="text" value="NY"/>
Zip	<input type="text" value="MY ZIP"/>

Home Phone Number	<input type="text"/>
Work Phone Number	<input type="text"/>
Spouse's Health Insurance	<input type="text"/>
Spouse's Member ID	<input type="text"/>
Subscriber's Enrolled Medicare ID	<input type="text"/>
Effective Dates:	A <input type="text"/> B <input type="text"/>
Spouse's Enrolled Medicare ID	<input type="text"/>
Effective Dates:	A <input type="text"/> B <input type="text"/>
Date to convert to Cobra:	<input type="text"/>
Retiree Effective Date:	<input type="text"/>
Employee's Email Address:	<input type="text"/>

Terminate Subscriber or Dependents

To terminate a member's coverage, click the check box next to the member to be terminated. The entire family's products can be terminated by clicking on the **checkbox** located next to the member ID.

Terminate Employee/Dependent

Group Information

ID	Name	Phone
01234	Group XYZ	

Subscriber Information

Note: You can terminate the entire family by clicking on the checkbox located next to the member ID. You can also terminate an individual product by entering the termination date in the corresponding field.

Member ID	Name	Medical Product
<input type="checkbox"/> 800123400	SMITH, JOHN Self	H2500AGW <input type="text"/>

Subscriber Termination Reason

Note: You must enter a Subscriber ID or SSN to access this page.

You can also terminate an individual product by entering the termination date in the corresponding field. Please use the last day of the month that the coverage is effective.

Select a termination reason code from the drop down box and click **Next**.

Screen continued on the next page...

Terminate Subscriber or Dependents

A confirmation screen appears. If all changes are correct, select **Terminate**.

Terminate Employee/Dependent

CONFIRM TERMINATION BEFORE PROCEEDING

Group Information

ID	Name	Phone
01234	Group XYZ	

Subscriber Information

Member ID	Name
	SMITH, JOHN

The following members/products will be terminated:

Note: If you are terminating a product, the termination date will be highlighted in red. If you are terminating a subscriber and/or dependent all the fields will be highlighted in red. After reviewing your selections, please click on the terminate button below or click the back button to make changes.

Member ID	Name	Relationship	Medical Product	Termination Date
800123400	SMITH, JOHN	Self	H2500AGW	01/31/2017

Subscriber Termination Reason

Termination of Employment

Terminate

Transaction History

You can view **Transaction History** by choosing the activity type(s) that search all of the web transactions submitted.

The screenshot displays the MVP Health Care website interface. At the top, there is a navigation bar with tabs for "Members", "Employers" (which is selected), "Brokers", "Providers", and "Logout". Below this, there are links for "Shop for a Plan", "Contact Us", and a search icon. A secondary navigation bar includes "Product Overview", "Forms", "Prescription Benefits", "Find a Doctor", "Health & Wellness", "Contact Us", and "Manage Your Account".

The main content area is titled "Welcome" and features a "Text Size" control. On the left, a vertical menu lists various services: "Enroll Online", "Group Roster", "Transaction History" (highlighted in red), "RDS Submission", "Changes", "ID Cards", "Change My Information", "Transfer Group #", "MVP Core Analytics", "Payment Center", "Update Account", "Online User Guide", and "Log Out".

The central search area includes the following fields and options:

- From Date:** A date input field with a calendar icon.
- To Date:** A date input field with a calendar icon.
- Users:** A dropdown menu currently set to "All Users".
- Activity Type:** A series of checkboxes for "Adds", "Changes", "Terminations", "ID Cards", "Reactivations", and "Plan Changes".
- Run Activity Inquiry:** A button to execute the search.

On the right side, there is a section titled "EMPLOYER GROUP CONTACTS" with the phone number "1-800-TALK-MVP (1-800-825-5687)" and links for "Find Your Representative" and "MVP Offices".

Transaction History

This example of a **Transaction History report** shows the transaction date, contract name and number, status, who created the activity, and the activity type.

Activity Type is a selectable field that you can select for more specific information.

Members **Employers** Brokers Providers Logout

MVP HEALTH CARE

Shop for a Plan Contact Us

Product Overview Forms Prescription Benefits Find a Doctor Health & Wellness Contact Us Manage Your Account

Welcome

Text Size: [icon] [icon]

Enroll Online
Group Roster
Transaction History
RDS Submission
Changes
ID Cards
Change My
Information
Transfer Group #
MVP Core Analytics
Payment Center
Update Account
Online User Guide
Log Out

From Date: 03/01/2018
To Date: 11/19/2018
Users: All Users
Activity Type: Adds Changes Terminations ID Cards Reactivations Plan Changes
Run Activity Inquiry

Transaction Date	Contract Number	Contract Holder	Current Status	Activity Created By	Activity Type
Mar-26-2018			Processed		Enrollment
Apr-18-2018			Processed		Dependent Add
June-04-2018			Processed		Dependent Add
Nov-01-2018			Pending		Termination

EMPLOYER GROUP CONTACTS
1-800-TALK-MVP
(1-800-825-5687)
Find Your Representative
MVP Offices

Submitting Retiree Drug Subsidy (RDS) Files

The **RDS Submission** function allows you to electronically upload a Retiree Drug Subsidy file. The group must be registered with MVP's EAS EDI coordinators to use this function.

Information regarding file format and submission instructions is available from the EAS EDI coordinators.

The screenshot displays the MVP Health Care website interface. At the top, there is a navigation bar with tabs for 'Members', 'Employers' (which is selected), 'Brokers', 'Providers', and 'Logout'. Below this, there are links for 'Shop for a Plan', 'Contact Us', and a search icon. A secondary navigation bar includes 'Product Overview', 'Forms', 'Prescription Benefits', 'Find a Doctor', 'Health & Wellness', 'Contact Us', and 'Manage Your Account'. The main content area is titled 'Welcome' and contains instructions for submitting a CMS Response file. It features a 'Choose File' button, a 'No file chosen' status, and 'Submit' and 'Reset' buttons. A note at the bottom of the instructions says, 'If you have questions regarding Online RDS Submission, please e-mail the EAS EDI Coordinators.' On the left side of the main content area, there is a vertical list of links: 'Enroll Online', 'Group Roster', 'Transaction History', 'RDS Submission', 'Changes', 'ID Cards', 'Change My Information', 'Transfer Group #', 'MVP Core Analytics', 'Payment Center', 'Update Account', 'Online User Guide', and 'Log Out'. On the right side, there is a 'Text Size' control and a section titled 'EMPLOYER GROUP CONTACTS' with the phone number '1-800-TALK-MVP (1-800-825-5687)', a link to 'Find Your Representative', and a link to 'MVP Offices'.

Changes

The **Changes** function allows you to perform a variety of maintenance functions for members such as:

Address and plan changes

Add or change dependent information

Reactivate or terminate subscribers or dependents

Order ID cards

The screenshot displays the MVP Health Care website interface. At the top, there is a navigation bar with tabs for 'Members', 'Employers' (which is selected and highlighted), 'Brokers', 'Providers', and 'Logout'. Below the navigation bar, the MVP Health Care logo is on the left, and 'Shop for a Plan' and 'Contact Us' links are on the right. A search icon is also present. Below the logo, there is a secondary navigation bar with links for 'Product Overview', 'Forms', 'Prescription Benefits', 'Find a Doctor', 'Health & Wellness', 'Contact Us', and 'Manage Your Account'. The main content area is titled 'Welcome' and contains a list of links for 'Enroll Online', 'Group Roster', 'Transaction History', 'RDS Submission', 'Changes', 'ID Cards', 'Change My Information', 'Transfer Group #', 'MVP Core Analytics', 'Payment Center', 'Update Account', 'Online User Guide', and 'Log Out'. A central section titled 'Secure and state-of-the-art, this section makes it simple for you to:' lists several actions: 'Order I.D. Cards', 'Make changes to your employees' member files' (with a sub-note about changing names, addresses, insurance, Medicare, COBRA, or retiree effective dates), 'Employee PCP change', 'Terminate subscribers or dependents', 'Add dependents', 'Change dependents', 'Reactivate subscribers', 'Reactivate dependents', and 'Plan Changes' (with a sub-note about changing subgroups, plans, classes, types, departments, or location codes). A 'Text Size' control is visible in the top right of the main content area. On the right side of the page, there is a section titled 'EMPLOYER GROUP CONTACTS' with the phone number '1-800-TALK-MVP (1-800-825-5687)', a link to 'Find Your Representative', and a link to 'MVP Offices'.

ID Cards

To order ID Cards, enter the subscriber's ID or social security number and select **Find Subscriber**.

The screenshot displays the MVP Health Care website interface. At the top, there is a navigation bar with tabs for 'Members', 'Employers' (which is selected), 'Brokers', 'Providers', and 'Logout'. Below this, there are links for 'Shop for a Plan', 'Contact Us', and a search icon. A secondary navigation bar includes 'Product Overview', 'Forms', 'Prescription Benefits', 'Find a Doctor', 'Health & Wellness', 'Contact Us', and 'Manage Your Account'. The main content area features a 'Welcome' message and a form to find a subscriber. The form has two input fields: 'Subscriber ID' and 'Social Security Number'. Below the 'Social Security Number' field is a 'Find Subscriber' button, which is circled in red. A note states: 'If you do not have the subscriber ID number, you can use [Group Roster](#) to look it up or you can just enter the Social Security Number below.' To the left of the form is a vertical list of links: 'Enroll Online', 'Group Roster', 'Transaction History', 'RDS Submission Changes', 'ID Cards', 'Change My Information', 'Transfer Group #', 'MVP Core Analytics', 'Payment Center', 'Update Account', 'Online User Guide', and 'Log Out'. To the right of the form, there is a 'Text Size' control and a section titled 'EMPLOYER GROUP CONTACTS' with the phone number '1-800-TALK-MVP (1-800-825-5687)', a link to 'Find Your Representative', and 'MVP Offices'.

Ordering ID Cards and Temporary ID Cards

Verify that the address displayed is correct, and select **Order**.

Note: This screen is also used to view and print a temporary ID card.

A temporary ID card is displayed on the next page.

The screenshot shows the MVP Health Care website interface. At the top, there are navigation tabs for 'Members', 'Employers' (which is selected), 'Brokers', 'Providers', and 'Logout'. Below these are links for 'Shop for a Plan', 'Contact Us', and a search icon. A secondary navigation bar includes 'Product Overview', 'Forms', 'Prescription Benefits', 'Find a Doctor', 'Health & Wellness', 'Contact Us', and 'Manage Your Account'. The main content area is titled 'Welcome' and contains a message: 'Verify the member's address displayed below, then click the order button. Within two weeks, the member will receive (by mail) one set of 2 ID Cards.' A red note states: 'NOTE: As of April 1, 2006, all covered family members will be listed on one card.' On the left, there is a vertical menu with links such as 'Enroll Online', 'Group Roster', 'Transaction History', 'RDS Submission', 'Changes', 'ID Cards', 'Change My Information', 'Transfer Group #', 'MVP Core Analytics', 'Payment Center', 'Update Account', 'Online User Guide', and 'Log Out'. The central form displays member information: 'Group Number', 'Group Name', 'Email Address' (with a text input field containing 'email@address.com' and a '* Required' label), 'Group Phone Number', 'Member Number' (800123400), 'First Name' (JOHN), 'Middle Initial', 'Last Name' (SMITH), 'Street Address 1' (123 MY STREET), 'Street Address 2' (APT 1), 'City' (MY CITY), 'State' (MY STATE), and 'Zip' (MY ZIP). Below this information is a 'Send All Cards' button. A section titled 'The checked cards will be sent:' includes a sub-section 'Current ID Cards, Effective Date and Product' with a radio button selected for 'Medical (07/01/2018 E003065F) - ID Card'. At the bottom of this section is the 'Order' button, which is circled in red. To the right of the main content area, there is a 'Text Size' control and a section titled 'EMPLOYER GROUP CONTACTS' with the phone number '1-800-TALK-MVP (1-800-825-5687)', a link to 'Find Your Representative', and 'MVP Offices'.

Viewing & Printing Temporary ID Cards

To view and print a temporary ID Card, select **Click here to display a Temporary ID Card** on the Order ID Cards page.

An example of a temporary ID card is displayed below. This card is valid for 10 days. Use the print function in your Web browser to print a copy of the ID card.



Here is your MVP Temporary ID Card
This Temporary Card expires in 10 days from: 11/19/2018

NOTE to Health Care Providers: For details on this member(s) MVP plan, please visit the MVP website address, or call the telephone number, both listed below.

Subscriber ID	800123400
JOHN SMITH	
Member #	Member Name
800123400	JOHN SMITH
Group #:	01234
Effective Date:	07/01/2018
MVP Member Services:	(888) 887-8277
	MVP Website: www.mvphealthcare.com

The information reflects the eligibility in the MVP system as of the date printed. When you receive your permanent card, please destroy this temporary ID card.

Change My Information

The **Change My Information** function is used to change your contact information in your web profile only. *This function does not appear in the navigation menu for ASO groups.*

Note: Changing the address, phone and email address on this page does **NOT** change it in our billing system. Please contact your MVP sales representative for these changes. Your representative will complete the proper paperwork to submit the change to the system.

The screenshot shows the MVP Health Care website interface. At the top, there is a navigation bar with tabs for 'Members', 'Employers' (which is active), 'Brokers', 'Providers', and 'Logout'. Below this, there are links for 'Shop for a Plan', 'Contact Us', and a search icon. A secondary navigation bar contains links for 'Product Overview', 'Forms', 'Prescription Benefits', 'Find a Doctor', 'Health & Wellness', 'Contact Us', and 'Manage Your Account'. The main content area is titled 'Welcome' and includes a red warning message: 'The information gathered here is for Web Site purposes ONLY. If you need to change any contact information (e.g. address or phone number) for your company, please e-mail or call your MVP Marketing Representative at 1-800-TALK-MVP.' Below this, there is a 'Note: Click here to change your e-mail address' and a section titled 'Change your profile' with a form. The form fields include: Group Name, Contact Last Name, Contact First Name, Street Address 1, Street Address 2, City, State, Zip Code, and Phone Number (123-456-7890). There are radio buttons for 'Are you an EDI (Electronic Data Interchange) group' with 'Yes' and 'No' options. A 'Submit' button is at the bottom of the form. On the right side of the page, there is a 'Text Size' control and a section titled 'EMPLOYER GROUP CONTACTS' with the phone number '1-800-TALK-MVP (1-800-825-5687)' and a link to 'Find Your Representative MVP Offices'.

Update Account

The **Update Account** function is used to maintain the web account email address, password, and security question.

You must have a valid email address and completed security question on file to use our online *Forgot Username* and *Forgot Password* functions.

Note: Changing the email address on the Updated Profile page does **NOT** change it in our billing system. Please contact your sales representative for these changes. Your representative will complete the proper paperwork to submit the change to the system.

Members **Employers** Brokers Providers **Logout**

MVP
HEALTH CARE

Shop for a Plan Contact Us

Update Account Return to Manage Your Account >

Update Account

Email Address: **UPDATE EMAIL ADDRESS**

Password: ***** **UPDATE PASSWORD**

Security Question: Where did you first meet your spouse? **UPDATE SECURITY QUESTION**

Need Help?

Other Important Information

Changes to Enrollment

A member can be added online up to 30 days after the members' effective date.

A member can be retro-terminated up to 60 days after the term date.

Logout

To maintain security and privacy, please be sure to Logout when you are not using the online Employer Portal.

