



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every
card.®

eMVP user manual

July 2024

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About eMVP

The electronic Membership Viewing and Processing system, or eMVP, is a web-based resource that makes it easy for group administrators to process membership and eligibility updates to Blue Cross Blue Shield of Michigan health plans, such as Blue Managed Traditional, Blue Preferred PPO and Community Blue PPO.

eMVP provides access to membership and product information that allows users to electronically control common plan changes, such as:

- Add members and contracts.
- Modify members and contracts.
- Terminate members and contracts.
- Reinstate members and contracts.
- Transfer contracts.
- Request ID cards.
- Access membership data and eligibility history to provide immediate answers to member inquiries.

For eMVP support, call 1-866-676-4858, Monday – Friday from 8 AM – 4:30 PM.

You may also need support with:

- The electronic Membership Collection System, or eMCS, for managing Blue Care Network health plans.
Reference the eMCS user guide within the system application or call 1-800-970-6684.
- Coordination of Benefits
Contact your Blue Cross account manager or Account Services at 1-877-722-6030.
- Consumer-directed health plans
Email cdhadministration@bcbsm.com
- Medicare Advantage
Contact Account Services at 1-877-722-6030 or your Medicare Advantage Account Representative
Users of the eMVP system have the ability to stage retirees eligible for a Medicare Advantage group plan (if applicable), as well as view-only access for Medicare Advantage retirees once successfully enrolled. For questions extending beyond eMVP navigation and utilization, please contact your Medicare Advantage Account Representative team for additional support.

Note: While Internet Explorer is our officially supported browser, it will be retired by Microsoft effective June 15, 2022. Internet Explorer compatibility options exist for both Microsoft Edge and Google Chrome.

Access eMVP

Step 1: Request access

If you already have an employer account on bcbsm.com but haven't requested access to the system:

1. Go to bcbsm.com, click *LOGIN*, click *Employers*, and then log in.
2. Click *Portal Access* on the top of the screen. Click *Request Access*, choose the name of the Membership and Eligibility system and click *request access*.

If you're the Principal Administrator and haven't registered your employer account yet, click *LOGIN*, click *Employers*, and then click *Registration* and follow the prompts. You'll be automatically granted access to the system once you register.

Step 2: Access the system

1. Go to bcbsm.com and log in to your account.
2. Click the *Membership and Group Tools* tab.
3. Select *Membership & Eligibility*.
4. Select *BCBSM* to enter eMVP.

Enrollment and member processing

Note: Updates resulting from a **group-wide change** or involving **COBRA continuation coverage**, **consumer-directed health plans** and **Physician Choice PPO health plans** may require special processing. Please refer to those respective sections of this manual for details.

View group, division and division benefit information

1. Click *INQUIRY* on the left-hand side of the screen.
2. Click *Group/Division*.
3. Key in the group ID number; the division ID number is optional.
4. Click *Continue*.

INQUIRY

+ Claims

Group/Division

Group Rates

ID CARDS

CONTRACT

MEMBER

COORDINATION OF BENEFITS

User:

Group/Division Display - BCBSM

Please Enter Information

Group/Division Search

Group ID:*

Division ID:

Continue

Reset

* All items marked with asterisks are required.

5. Click the hyperlinked group ID number next to the division you would like to view.

INQUIRY

+ Claims

Group/Division

Group Rates

ID CARDS

CONTRACT

MEMBER

COORDINATION OF BENEFITS

AUDIT TRAIL

IBU AUDIT TRAIL

REFERENCE

LOGOUT

User:

Group/Division Display - BCBSM

Please select a Group

Group/Division Search

Group ID:* 375

Division ID:

Continue

Reset

Division Search Results :

Group ID	Division ID
375	0000
375	0001
375	0002
375	0003
375	0004

Next

* All items marked with asterisks are required.

6. *The Group/Division Display - BCBSM* page shows the following tabs. **Note:** If any information within these tabs requires an update, please contact your Blue Cross account manager or Account Services at 1-877-722-6030.

- *GROUP INFORMATION* – displays the demographic details of the group

Group Display - BCBSM

GROUP INFORMATION	DIVISION INFORMATION	DIVISION BENEFIT INFORMATION
Group ID: [REDACTED]		Group Name: [REDACTED]
Group Billing-Contact:		Group Physical-Contact:
Address: [REDACTED]		Address: [REDACTED]
Phone: [REDACTED]		Phone: [REDACTED]
Email: [REDACTED]		Email: [REDACTED]
Group Size Code: [REDACTED]		Original Effective Date: [REDACTED]
Paid Through Date: [REDACTED]		Claims Paid Through Date: [REDACTED]
CID/Information: [REDACTED]		Renewal Date: [REDACTED]
Federal ID Number: [REDACTED]		SIC Code: [REDACTED]
Cancel End Date: [REDACTED]		Cancel Reason: [REDACTED]

- *DIVISION INFORMATION* – displays detailed billing information and the New Hire Agreement

Group Display - BCBSM

GROUP INFORMATION	DIVISION INFORMATION	DIVISION BENEFIT INFORMATION
Group ID: [REDACTED]		Group Name: [REDACTED]
Division ID: [REDACTED]		Division Name: [REDACTED]
Paid Through Date: [REDACTED]		Billing Status: Normal
Billed From Date: [REDACTED]		Billed Through Date: [REDACTED]
Division Billing-Contact:		Division Physical-Contact:
Address: [REDACTED]		Address: [REDACTED]
Phone: [REDACTED]		Phone: [REDACTED]
Email: [REDACTED]		Email: [REDACTED]
Billing Cycle Day: [REDACTED]		Max Student Age: 26
Dependent Age: [REDACTED]		ID Card Recipient: Send all to group regular address
Dependent/Student Age Rule: Terminate at end of year		Original Effective Date: 08/01/1988
Renewal Date: [REDACTED]		Cancel Reason: [REDACTED]
Cancel End Date: 12/31/9999		
Claims Paid Through Date: [REDACTED]		
New Hire Agreements		
New Hire:	First of the Month Following	
Probationary Period Unit Count:	30	

- **DIVISION BENEFIT INFORMATION** – displays detailed Benefit Package Code information. Click on the hyperlinked Benefit Package Code and the *Benefit Explainer* pop-up window will open.

Note: Under the Form Abbreviation column, a rider with “816” represents Medicare Primary and is linked to a COMP Benefit Package Code. A rider without “816” is BCBSM Primary and is linked to a REGULAR Benefit Package Code.

Group Display - BCBSM

GROUP INFORMATION

DIVISION INFORMATION

DIVISION BENEFIT INFORMATION

Group ID:
Group Name:

Division ID:
Division Name:

Benefit Package Code	Effective Date	End Date	Line of Business	Updated Date & Time
LA000	12/01/2010	12/31/9999	MED,VSH,DRG	12/07/2010
LA000	12/01/2010	12/31/9999	MED,VSH,DRG	12/07/2010

Benefit Explainer - Windows Internet Explorer provided by Blue Cross Blue Shield of MI

Form Number	Form Abbreviation	Description
2017	BC-COMP	GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE
0738	65 OPTION 1	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1)
2014	GCP-D	RIDER GCP-D
472B	GPC-SAT-MHP-2	RIDER GPC-SAT-MHP-2 - GROUP COMPLEMENTARY SUBSTANCE ABUSE TREATMENT MENTAL HEALTH PARITY
509E	HCR-MS-WCB-ECS	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS
4087	GPC-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM BENEFITS
A902	ADM MOS816 MED	ADMINISTRATIVE RIDER COMP BENEFITS - MEDICAL
312D	HCR MS PCB	RIDER HCR-MS-PCB - HEALTH CARE REFORM - MEDICARE SUPPLEMENTAL - PREVENTIVE CARE BENEFITS
6633	PD-XED	RIDER PD-XED - PRESCRIPTION DRUG EXCLUDES ELECTIVE DRUGS
2138	MOPD-2X	RIDER MOPD-2X - MAIL ORDER PRESCRIPTION DRUGS OPTION 2X
404B	PD-PT	RIDER PD-PT PRESCRIPTION DRUG PREFERRED THERAPY
506E	HCR-PDCM-BC	RIDER HCR-PD-CM-BC HEALTH CARE REFORM - PRESCRIPTION DRUG CONTRACEPTIVE MEDICATION - BRAND NAME COPAYMENT
A903	ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG
6937	RX-\$10/\$60	RIDER PD-GB \$10/\$60 - PRESCRIPTION DRUG GENERIC/BRAND COPAYMENT REQUIREMENT
505E	HCR-PDCM-GC\$0	RIDER HCR-PD-CM-GC\$0 HEALTH CARE REFORM - PRESCRIPTION

100%

Request ID cards

1. Select *ID CARDS* on the left-hand side of the screen.
2. Select *Request ID Card*.
3. Key in the following information:
 - Social security number
 - Group ID number
 - Division ID number
4. The *Request Effective Date* field will auto-populate to the date you submit the request.
5. Select *Submit*.

6. Verify the information you entered then you'll see a confirmation message on the page: "ID CARD REQUEST SUBMITTED SUCCESSFULLY."

Note: There is a maximum allowable entry of one ID card request, per contract, per day. Single member contracts will generate one ID card, while family contracts will generate two.

Contract processing

View contract summary

1. Select *CONTRACT* on the left-hand side of the screen.
2. Select *Contract Summary*.
3. Key in the contract number or SSN or enter the subscriber name.
4. Key in the group ID number; the division ID number is optional.
5. Select *Continue*.

6. Select the hyperlinked contract number.

Search Contract
Please select a Contract

Search By: Contract Number
Contract/SSN :
Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
9977				Active

* All items marked with asterisks are required.

7. The *Contract Summary - BCBSM* page displays four sections:

- *Contract Information* – displays the demographics of the subscriber
 - Click *Contract ID* to go to the *View Contract* screen.
- *Group Information*
- *Employment Information*
- *Member Information* – displays the member name and Benefit Package Code associated with the active or terminated contract
 - Click on a hyperlinked member's name for more information about that member.
 - Click on the hyperlinked Benefit Package Code and the *Benefit Explainer* pop-up window will open.

Contract Summary - BCBSM

Contract Information

Subscriber Name: Contract ID: Effective Date: End Date:
 Address 1: Contract Type: **Single** Change Reason: Zip Code:
 City: State:

Group Information

Group ID: Group Name: Group Paid Through Date:
 Division ID: Division Name:

Employment Information

Employment Status: **Active Employee** Effective Date: End Date:
 Employee Reference ID: Employer Department ID:

Member Information

To view previous Member coverage, click on the Member Name for Member details and history information.

Name	DOB	Gender	Type	Class	Benefit Package Code	Effective Date	End Date	Record Status
CA							12/31/9999	Active

View contract

1. Select **CONTRACT** on the left-hand side of the screen.
2. Select **View Contract**.
3. Key in the contract number or SSN, or enter the subscriber name.
4. Key in the group ID number; the division ID number is optional.
5. Select **Continue**.

The screenshot shows the 'Search Contract' page. On the left, the 'CONTRACT' menu is expanded, and 'View Contract' is selected. The main content area has a search form with the following fields: 'Search By' (dropdown), 'Contract/SSN' (text), 'Subscriber Name' (text), 'Group ID' (text), and 'Division ID' (text). There are 'Continue' and 'Reset' buttons at the bottom right. A note at the bottom states: '* All items marked with asterisk are required.'

6. Select the hyperlinked contract number.

This screenshot shows the search results for the contract. A table is displayed with the following columns: 'Contract Number', 'Subscriber Name', 'Group ID', 'Division ID', and 'Status'. The first row contains the value '0077' under 'Contract Number', which is hyperlinked. A mouse cursor is clicking on this link. The other columns are empty. A note at the bottom states: '* All items marked with asterisk are required.'

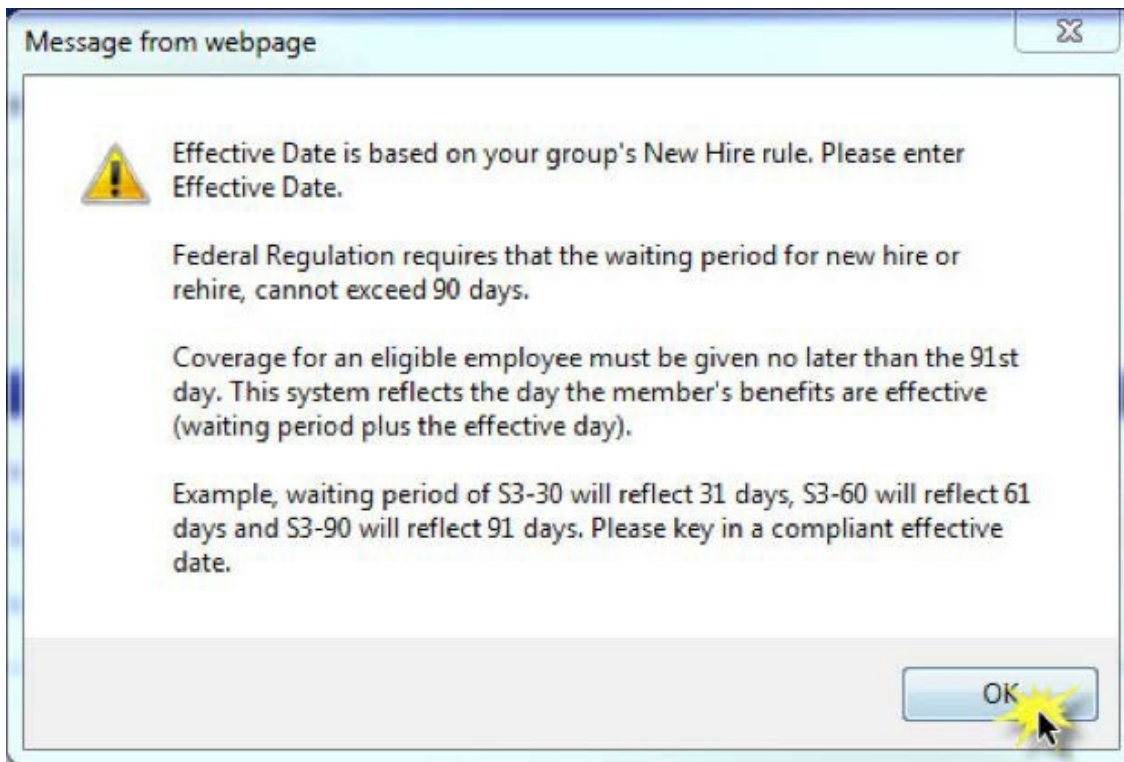
7. The **View Contract - BCBSM** page has two tabs:
 - **COVERAGE TYPE** - displays the contract information
 - **COVERAGE EMPLOYER** - displays the employment information

Add contract

1. Select **CONTRACT** on the left-hand side of the screen.
2. Select **Add Contract**.
3. Key in the SSN, group ID number and division ID number.
4. Select **Continue**.

The screenshot shows the 'Add Contract - BCBSM' page. On the left, the 'CONTRACT' menu is expanded, and 'Add Contract' is selected. The main content area has a form titled 'Contract Inquiry Form' with input fields for 'SSN', 'Group ID', and 'Division ID'. There are 'Continue' and 'Reset' buttons at the bottom right. A note at the bottom states: '* All items marked with asterisk are required.'

5. The contract you're adding may be associated with various types of enrollment, including:
 - New hire
 - Open enrollment or a life event
 - COBRA continuation coverage
 - Group-wide changes, including adding a subscriber to a prior Benefit Package Code
6. If the enrollment is related to a new hire:
 - Input the date of hire.
 - Choose the appropriate employment status.
 - Input an effective date. **Note:** If your group has a waiting period tied to its new hire rule, this pop-up will appear:



- Select *Add Subscriber*.

Add Contract - BCBSM

Please Enter Information

Print This Page

COVERAGE TYPE

Contract Number:

Group ID: Division ID:

Enrollment Type: Date of Hire:

Qualifying Event:

Effective Date: Request Date:

COVERAGE EMPLOYER

Employment Status: Hire Date:

Employer Reference ID: Employer Department ID:

Effective Date: Group Paid Through Date:

* All items marked with asterisks are required.

7. If the enrollment is related to open enrollment or a life event:
 - Select the enrollment date.
 - Choose the appropriate employment status.
 - Select *Add Subscriber*.

8. If the enrollment is related to COBRA continuation coverage, refer to the [COBRA continuation coverage processing section](#) of this manual.
9. If the enrollment is related to group-wide changes, including adding a subscriber to a prior Benefit Package Code, refer to the [Group-wide changes](#) section of this manual.

Add subscriber to contract

1. Once you've added a contract, the *Add Subscriber - BCBSM* page shows four tabs. Enter the required information in each of these tabs:

- **MEMBER**

- **ELIGIBILITY**

CONTACT

Add Subscriber - BCBSM
Please Enter Information

Print This Page

Submit All Back Cancel All

MEMBER ELIGIBILITY **CONTACT** MEDICARE

Contract Number: Group ID: Group Name: Division ID: Division Name:

Address Type: Mailing Address 1: Address 2: Address 3: City: State: Zip Code: Country: Primary Phone Type: Alternate Phone Type: Primary Email Type: Alternate Email Type: Effective Date: 01/01/2018

Primary Phone Number: Alternate Phone Number: Primary Email Address: Alternate Email Address:

Reset

MEDICARE – filling out this tab is optional. **Note:** If a member has Medicare Part A only or Medicare Part B only, select a regular Benefit Package Code. If a member has both Medicare Parts A and B as primary, select a complimentary or “comp” Benefit Package Code. Please refer to your group account control sheet for the appropriate Benefit Package Code.

Add Subscriber - BCBSM
Please Enter Information

Print This Page

Submit All Back Cancel All

MEMBER ELIGIBILITY CONTACT **MEDICARE**

Contract Number: Group ID: Group Name: Division ID: Division Name:

Medicare Indicator: Status Indicator: Medicare ID: Eligibility Reason Code: Effective Date:

* All items marked with asterisks are required.

Reset

- Click *Submit All* and you will see a confirmation message on the screen: “CONTRACT AND SUBSCRIBER HAVE BEEN CREATED SUCCESSFULLY. CLICK HERE TO ADD ADDITIONAL MEMBERS.”

Cancel contract

- Select *CONTRACT* on the left-hand side of the screen.
- Select *Cancel Contract*.
- Key in the SSN or contract number, or the subscriber name.
- Key in group ID number; the division ID number is optional.
- Select *Continue*.

ID CARDS

CONTRACT

Contract Summary
View Contract
Add Contract
Cancel Contract
Modify Contract
Renew Contract
Transfer Contract

Search Contract
Please enter information

Search Contract

Search By: Contract Number Contract/SSN or Subscriber Name

Group ID: Division ID:

Continue Reset

* All items marked with asterisks are required.

- Click the hyperlinked contract number.

Search Contract
Please select a Contract

Search By: Contract Number

Contract/SSN :

Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
9977				Active

* All items marked with asterisks are required.

- Select the end date of the contract. The contract will terminate at 11:59 p.m. on the end date that you select.
- Select the change reason.

Cancel Contract - BCBSM
Please enter information

Contract Number: Subscriber Name:

Alternate ID: Group ID: Group Name:

Division ID: Division Name:

Contract Type: **Family**

Enrollment Type: **Open Enrollment/Life Event** Enrollment Event Date: **06/05/2017**

Qualifying Event:

Effective Date: **11/07/2017** Request Date: **11/08/2017**

End Date: Change Reason: Other Reasons

Group Paid Through Date:

Other Reasons
Divorce Or Separation
Subscriber Request
Left Group Employment
Military Service
Group Request
COBRA Ending
Complete Cancel & Transfer To Existing Group
Complete Cancel & Transfer To New Group

* All items marked with asterisks are required.

- Select *Submit*. Click *OK* on both pop-ups and then you'll see a confirmation message on the page: "CONTRACT CANCELLED SUCCESSFULLY."

Void contract

- Click *CONTRACT* on the left-hand side of the screen.
- Click *Cancel Contract*.
- Key in the SSN or contract number, or the subscriber name.
- Key in group ID number; the division ID number is optional.
- Click *Continue*.

Search Contract
Please enter information

Search By: Contract Number

Contract/SSN :

Group ID : Division ID :

* All items marked with asterisks are required.

- Click the hyperlinked contract number.

Search Contract
Please select a Contract

Search By: Contract Number

Contract/SSN :

Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
9977				Active

* All items marked with asterisks are required.

- After you click the hyperlinked contract number, set the end date equal to the effective date.
- Select the change reason.

Cancel Contract - BCBSM
Please Enter Information

CANCEL CONTRACT

Contract Number: Subscriber Name: Group ID: Group Name:

Alternate ID: Division ID: Division Name:

Contract Type: Family

Enrollment Type: Open Enrollment/Life Event Enrollment Event Date: 06/05/2017

Qualifying Event:

Effective Date: End Date: Request Date: Change Reason:

Group Paid Through Date:

* All items marked with asterisks are required.

Submit Reset Cancel

- Select *Submit*. Click *OK* on the three subsequent pop-ups and then you'll see a confirmation message on the page: "CONTRACT CANCELLED SUCCESSFULLY."

Modify contract

- Click *CONTRACT* on the left-hand side of the screen.
- Click *Modify Contract*.
- Key in the SSN or contract number, or the subscriber name.
- Key in group ID number; the division ID number is optional.
- Click *Continue*.

Search Contract
Please enter information

Search By: Contract Number

Contract/SSN :

Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
9977				Active

* All items marked with asterisks are required.

6. Select the hyperlinked contract number.

7. You will need to complete both the *Coverage Type* and *Coverage Employer* tabs and the effective and end dates must match at the end of this process.

8. Click the *Coverage Type* tab.

9. Select the appropriate enrollment type.

10. Select the end date.

11. Select the change reason.

12. Select *Submit*.

13. Click *OK* on the two subsequent pop-ups.

14. You will see the message highlighted in red below and the effective date will auto-populate.

15. Select *Submit*.

16. Click *OK* on the subsequent pop-ups and you will see a confirmation message on the page:
“CONTRACT INFORMATION UPDATED SUCCESSFULLY.”

17. Select the *Coverage Employer* tab.

18. Select the end date.

19. Select *Submit* and click *OK* on the subsequent pop-up.

20. You will see the message highlighted in red below and the effective date will auto-populate.

21. Select *Submit*.

22. Verify the information you entered and then you'll see a confirmation message on the page:
“CONTRACT INFORMATION UPDATED SUCCESSFULLY.”

Reinstate contract

Note: Only contracts with a terminated status can be reinstated.

1. Select *CONTRACT* on the left-hand side of the screen.
2. Select *Reinstate Contract*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.

6. Select the hyperlinked contract number.

Search Contract
Please select a Contract

Search By:

Contract/SSN :

Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
7513				Terminated

* All items marked with asterisks are required.

7. Use the calendar feature to select the reinstate date for the contract. **Note:** If the contract has a future end date, you cannot reinstate the contract until the end date has passed.
8. Select *Submit*.
9. Select the appropriate Benefit Package Code.

Reinstate Contract - BCBSM
Please Enter Information

Contract Number: Subscriber Name:

Alternate ID: Group ID: Group Name:

Division ID: Division Name:

Contract Type:

Enrollment Type: Enrollment Event Date:

Qualifying Event:

Effective Date:

Cancel End Date:

End Date:

Request Date:

Reason:

Benefit Package Code:

Group Paid Through Date:

* All items marked with asterisks are required.

10. Select *Submit* again. Verify the information you entered then you'll see a confirmation message on the page: "CONTRACT REINSTATED SUCCESSFULLY."

Transfer contract

Note: Contracts can only be transferred within the same group, from one division to another.

1. Select *CONTRACT* on the left-hand side of the screen.
2. Select *Transfer Contract*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.

Search Contract
Please enter information

Search By:

Contract/SSN :

Group ID : Division ID :

* All items marked with asterisks are required.

6. Select the hyperlinked contract number.

Search Contract
Please select a Contract

Search By: **Contract Number**

Contract/SSN :

Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
5787			0006	Active

* All items marked with asterisks are required.

7. Use the calendar feature to select the date the contract transfer is effective.

Transfer Contract - BCBSM
Please Enter Information

Contract Number: Subscriber Name: Group Name:

Alternate ID: Group ID: Division ID:

Contract Type: **Single**

Enrollment Type: Qualifying Event: Enrollment Event Date:

Group ID: Division ID: Benefit Package Code:

Effective Date: End Date: Request Date:

Group Paid Through Date:

* All items marked with asterisks are required.

8. Enter the new division ID number.
9. Select *Submit*.
10. Select the appropriate Benefit Package Code.

Transfer Contract - BCBSM
Please Enter Information

Contract Number: Subscriber Name: Group Name:

Alternate ID: Group ID: Division ID:

Contract Type: **Single**

Enrollment Type: Qualifying Event: Enrollment Event Date:

Group ID: Division ID: Benefit Package Code:

Effective Date: End Date: Request Date:

Group Paid Through Date:

* All items marked with asterisks are required.

11. Select *Submit* again. You will see a confirmation message on the page: “CONTRACT SUCCESSFULLY TRANSFERRED.”

Member processing

View member

1. Select *MEMBER* on the left-hand side of the screen.
2. Select *View Member*.

3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.

6. Select the hyperlinked contract number.

Contract Number	Subscriber Name	Group ID	Division ID	Status
5787				Active

7. Select the hyperlinked name you would like to view.

Member ID	Name	Subscriber/Dependent	Date of Birth	Gender
01	Reagan, [redacted]	Subscriber		Male
02	Reagan, [redacted]	Spouse		Female
03	Reagan, [redacted]	Dependent		Male
04	Reagan, [redacted]	Dependent		Male

8. The *View Member - BCBSM* page has the following tabs:
 - *MEMBER* – displays personal information about the member
 - *ELIGIBILITY* – displays eligibility information
 - *CONTACT* – displays member demographic information
 - *OTHER CONTACT* – displays custodial parent demographic information, per the Qualified Medical Child Support Order
 - *MEDICARE* – displays Medicare information.
 - *BENEFIT HISTORY* – displays benefit history. Click the hyperlinked Benefit Package Code to open the *Benefit Explainer* screen.
 - *PCP* – tab will only display if your group offers Physician Choice PPO health plans to its employees. Refer to the [Physician Choice PPO health plans](#) section of this manual for more information.

Add member

1. Select *MEMBER* on the left-hand side of the screen.
2. Select *Add Member*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.

ID CARDS

CONTRACT

MEMBER

View Member

Add Member

Cancel Member

Modify Member

Reinstate Member

Benefit History Details

PCP History

Search Contract

Please enter information

Search By:

Contract Number

Contract/SSN (*)

Subscriber Name

Group ID :

Division ID :

Continue

Reset

6. Select the hyperlinked contract number.

ID CARDS

CONTRACT

MEMBER

View Member

Add Member

Cancel Member

Modify Member

Reinstate Member

Benefit History Details

PCP History

COORDINATION OF BENEFITS

AUDIT TRAIL

Search Contract

Please select a Contract

Search Contract

Search By:

Contract Number

Contract/SSN : *

Group ID :

Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
7513				Active

* All items marked with asterisks are required.

7. Select *Add Member*.

INQUIRY

ID CARDS

CONTRACT

MEMBER

View Member

Add Member

Cancel Member

Modify Member

Reinstate Member

Benefit History Details

PCP History

COORDINATION OF BENEFITS

AUDIT TRAIL

IBU AUDIT TRAIL

REFERENCE

LOGOUT

User:

Add Member - BCBSM

Back To Search

Print This Page

Add Member

Contract ID:

Subscriber Name:

Group Name:

Alternate ID:

Group ID:

Division ID:

Division Name:

Member ID	Name	Subscriber/Dependent	Date of Birth	Gender
01		Subscriber		Male
02		Spouse		Female
03		Dependent		Female

Add Member

Cancel

8. Enter the required information within each of these tabs:

MEMBER

Add Member - BCBSM
Please Enter Information

MEMBER ELIGIBILITY CONTACT MEDICARE

Contract ID: [] Alternate ID: [] Subscriber Name: [] Group ID: [] Group Name: [] Division ID: [] Division Name: []

Last Name: [] First Name: [] Middle Name: [] Suffix: [Select-]
Date of Birth: [] SSN: [] Gender: [Select-]

Submit All **Cancel All**

* All items marked with asterisks are required.

ELIGIBILITY

Add Member - BCBSM
Please Enter Information

MEMBER ELIGIBILITY CONTACT MEDICARE

Contract ID: [] Alternate ID: [] Subscriber Name: [] Group ID: [] Group Name: [] Division ID: [] Division Name: []

Member Class: [Select-] Member Type: [Select-]
Effective Date: [] End Date: [12/31/9999]
Benefit Package Code: [Add New - End: 12/31/9999]

Submit All **Cancel All**

* All items marked with asterisks are required.

CONTACT

Add Member - BCBSM
Please Enter Information

MEMBER ELIGIBILITY CONTACT MEDICARE

Contract ID: [] Alternate ID: [] Subscriber Name: [] Group ID: [] Group Name: [] Division ID: [] Division Name: []

Address Type: [Select-] Address 1: [] Address 2: [] City: [] State: [] Zip Code: [] Country: [Select-]
Primary Phone Type: [Select-] Primary Phone Number: [] Ext: []
Alternate Phone Type: [Select-] Alternate Phone Number: [] Ext: []
Primary Email Type: [Select-] Primary Email Address: []
Alternate Email Type: [Select-] Alternate Email Address: []
Effective Date: []

Submit All **Cancel All**

* All items marked with asterisks are required.

MEDICARE – filling out this tab is optional. **Note:** If a member has Medicare Part A only or Medicare Part B only, select a regular Benefit Package Code. If a member has both Medicare Parts A and B as primary, select a complimentary or “comp” Benefit Package Code. Please refer to your group account control sheet for the appropriate Benefit Package Code.

Add Subscriber - BCBSM
Please Enter Information

MEMBER ELIGIBILITY CONTACT MEDICARE

Contract Number: [] Group ID: [] Group Name: [] Division ID: [] Division Name: []

Medicare Indicator: [Select-] Status Indicator: [Select-] Effective Date: [] Medicare ID: [] Eligibility Reason Code: [Select-]

Submit All **Back** **Cancel All**

* All items marked with asterisks are required.

9. Select *Submit All*.

10. Verify the information you entered then you'll see a confirmation message on the page: "THE MEMBER HAS BEEN ADDED SUCCESSFULLY."

Cancel member

Note: This section applies to spouse or dependent cancellations. If you would like to cancel the subscriber, refer to the [Cancel contract](#) section of this manual.

1. Select *MEMBER* on the left-hand side of the screen.
2. Select *Cancel Member*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.

ID CARDS
CONTRACT
MEMBER
View Member
Add Member
Cancel Member
Modify Member
Reinstate Member
Benefit History Details
PCP History

Search Contract

Please enter information

Search By:

Contract Number
Subscriber Name

Contract/SSN *

Group ID :

Division ID :

Continue

Reset

Print This Page

6. Select the hyperlinked contract number.

INQUIRY
ID CARDS
CONTRACT
MEMBER
View Member
Add Member
Cancel Member
Modify Member
Reinstate Member
Benefit History Details
PCP History
COORDINATION OF BENEFITS
AUDIT TRAIL

Search Contract

Please select a Contract

Search By:

Contract Number

Contract/SSN *

Group ID :

Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
8744				Active

All items marked with asterisks are required.

7. Select the hyperlinked name of the member you would like to cancel.

ID CARDS
CONTRACT
MEMBER
View Member
Add Member
Cancel Member
Modify Member
Reinstate Member
Benefit History Details
PCP History
COORDINATION OF BENEFITS
AUDIT TRAIL
IBU AUDIT TRAIL
REFERENCE
LOGOUT

Cancel Member - BCBSM

Please select a Member

Cancel Member

Contract ID:

Subscriber Name:

Alternate ID:

Group ID:

Group Name:

Division ID:

Division Name:

Member ID	Name	Subscriber/Dependent	Date of Birth	Gender
01	Reagan,	Subscriber		Male
02	Reagan,	Spouse		Female
03	Reagan,	Dependent		Male
04	Reagan,	Dependent		Male

8. Select the change reason.
9. Use the calendar feature to select the end date for the member. The member's coverage will end at 11:59 p.m. on the end date that you select.
10. Select *Submit*.

11. Verify the information you entered then you'll see a message on the page confirming you submitted your request successfully: "MEMBER CANCELLED SUCCESSFULLY."

Void member

1. Select *MEMBER* on the left-hand side of the screen.
2. Select *Cancel Member*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.

6. Select the hyperlinked contract number.

7. Select the hyperlinked name of the member you would like to void.

Cancel Member - BCBSM
Please select a Member

Cancel Member

Contract ID: Subscriber Name:
 Alternate ID: Group ID: Group Name:
 Division ID: Division Name:

Member ID	Name	Subscriber/Dependent	Date of Birth	Gender
01	Reagan, ' hyperlinked	Subscriber		Male
02	Reagan, ' hyperlinked	Spouse		Female
03	Reagan, ' hyperlinked	Dependent		Male
04	Reagan, ' hyperlinked	Dependent		Male

8. Select the change reason.
9. Set the end date equal to the effective date.

Cancel Member - BCBSM

CANCEL MEMBER

Contract ID: Subscriber Name: Group Name:
 Alternate ID: Group ID: Division Name:
 Division ID: Member ID:

Last Name: Suffix: First Name: Middle Name:
 Date Of Birth: SSN: Gender:

Member Class: **Dependent** Member Type: **Regular**
 Effective Date: End Date:
 Change Reason: **Divorce Or Separation** Benefit Package Code: **LA00**

10. Click *Submit*.
11. Click *OK* on the two subsequent pop-ups and you will see a confirmation message on the page:
"MEMBER CANCELLED SUCCESSFULLY."

Modify member

1. Click *MEMBER* on the left-hand side of the screen.
2. Select *Modify Member*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.

Search Contract
Please enter information

Search Contract

Search By: Contract Number Subscriber Name
 Contract/SSN: Group ID: Division ID:

6. Select the hyperlinked contract number.

Search Contract
Please select a Contract

Search By:

Contract/SSN :

Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
8744				Active

7. Select the hyperlinked member name you would like to modify.

Modify Member - BCBSM
Please select a Member

Contract ID: Subscriber Name:

Alternate ID: Group ID: Group Name:

Division ID: Division Name:

Member ID	Name	Subscriber/Dependent	Date of Birth	Gender
01	GIBBS, J	Subscriber		Male
02	GIBBS, J	Dependent		Female
03	FORNELL, J	Dependent		Female

8. Click the *ELIGIBILITY* tab.

Modify Member - BCBSM
Please Enter Information

Contract ID: Subscriber Name: Division ID:

Alternate ID: Group ID: Group Name: Division Name:

Member ID:

Member Class: Member Type:

Effective Date: Benefit Package Code: End: 12/31/9999

End Date: Change Reason:

Submit **Reset** **Cancel**

9. Set the end date.
10. Select the change reason.
11. Click *Submit*.
12. Click *OK* on the two subsequent pop-ups.
13. Select the member class and member type; the effective date auto-populates.

14. Select the Benefit Package Code.

Modify Member - BCBSM

Please Enter Information

ELIGIBILITY INFORMATION UPDATED SUCCESSFULLY

Current Eligibility Ended - Please Enter New Eligibility Information (not needed for Continuation Coverage members)

MEMBER ELIGIBILITY CONTACT OTHER CONTACT MEDICARE BENEFIT HISTORY

Contract ID: Subscriber Name: Division ID: Group ID: Group Name: Division Name:

Member Class: Member Type: Benefit Package Code:

Effective Date: 02/04/2018

* All items marked with asterisks are required.

Submit Reset Cancel

15. Select Submit then click *OK* on the pop-up and you'll see a confirmation message on the screen: "ELIGIBILITY INFORMATION UPDATED SUCCESSFULLY."

Reinstate member

Note: Only terminated members (non-subscribers) can be reinstated under this transaction.

1. Select *MEMBER* on the left-hand side of the screen.
2. Select *Reinstate Member*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.

Search Contract

Please enter information

Search By: Contract Number Subscriber Name Contract/SSN *

Group ID : Division ID :

* All items marked with asterisks are required.

Continue Reset

5. Click *Continue*.

Search Contract

Please select a Contract

Search By: Contract Number Subscriber Name Contract/SSN *

Group ID : Division ID :

* All items marked with asterisks are required.

Contract Number	Subscriber Name	Group ID	Division ID	Status
3744				Active

6. Select the hyperlinked contract number.

7. Select the hyperlinked member name.

8. Use the calendar feature to select the effective date for the contract.

9. Change the end date to 12/31/9999 to keep the member active.

10. Click *Submit* and then click *OK* on the subsequent pop-up.

11. Select the appropriate Benefit Package Code.

12. Select *Submit* again.

13. Verify the information you entered and then you will see a confirmation message on the page:
“MEMBER REINSTATED SUCCESSFULLY.”

View benefit history details

1. Select *MEMBER* on the left-hand side of the screen.

2. Select *Benefit History Details*.

3. Key in the SSN or contract number, or the subscriber name.

4. Key in group ID number; the division ID number is optional.

5. Click *Continue*.

6. Select the hyperlinked contract number.

Search Contract
Please select a Contract

Search By: **Contract Number**

Contract/SSN : *

Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
9977				Terminated

* All items marked with asterisks are required.

7. Select the hyperlinked name you would like to view.

Please select a Member

Contract ID: Subscriber Name:

Alternate ID: Group ID: Group Name:

Division ID: Division Name:

Member ID	Name	Subscriber/Dependent	Date of Birth	Gender
01	Reagan,	Subscriber		Male
02	Reagan,	Spouse		Female
03	Reagan,	Dependent		Male
04	Reagan,	Dependent		Male

8. On the *Benefit History - BCBSM* screen:

- Click the hyperlinked column headers for explanations of what the columns contain.

Benefit History - BCBSM

Contract ID: Subscriber Name:

Alternate ID: Group ID: Group Name:

Division ID: Division Name:

Member ID: Member Name:

Member Class	Benefit Package Code	Effective Date	End Date	Last Changed Date & Time	Group and Division
SUB	LA00	02/04/2018	12/31/9999	02/15/2018 08:36	0000
SUB	LA00	02/02/2018	02/03/2018	02/15/2018 06:09	0000
SUB	LA00	06/04/2017	02/01/2018	02/13/2018 06:43	0000
SUB	LA00	06/01/2017	06/03/2017	10/13/2017 10:33	0000
SUB	LA00	07/23/2017	07/24/2017	09/01/2017 07:55	0000

- Click the hyperlinked group and division numbers to view the benefit history.

BenefitHistoryExplainer - Windows Internet Explorer provided by Blue Cross Blue Shield of MI

Subscriber Name :

Member Name :

Contract No	Effective Date	End Date	Group	Division
7513	02/04/2018	12/31/9999		

Coordination of Benefits

1. Select *COORDINATION OF BENEFITS* on the left-hand side of the screen.
2. Key in the SSN or contract number, or the subscriber name.
3. Key in group ID number; the division ID number is optional.
4. Click *Continue*.

Search Contract
Please enter information

Search By: Contract Number
Contract/SSN : Subscriber Name
Group ID : Division ID :

* All items marked with asterisks are required.

[Continue](#) [Reset](#)

5. Select the hyperlinked contract number.

Search Contract
Please select a Contract

Search By: Contract Number
Contract/SSN :
Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
7513				Active

* All items marked with asterisks are required.

6. The *COB - BCBSM* screen has three options: *View*, *Modify* and *Add*.
 - Select the name of a carrier from the drop-down then click the action you'd like to complete. If there are no carrier options, there is no COB information associated with the contract number.

COB - BCBSM
Please Enter Information

COB Information

Contract No: Group ID : Division ID :
 Subscriber Last Name: Subscriber First Name: Subscriber Birth Date:
 Spouse Name: Spouse Birth Date:
 Street Address: City: State:
 Zip: Other Coverages : NO

Other Coverage Information

Carrier Name: Other Policy Holders:

[View](#) [Modify](#) [Add](#)

7. The COB summary has five sections:
 - *COB Information* - displays demographics of the subscriber and spouse
 - *Other Coverage Information* - displays carrier names and options to add, modify or view the other policy holder

- *Other Policy Holder Information* – enter the appropriate information in the required fields including the line of business, relationship to Blue Cross subscriber and whether a court order is in place
- *Other Carrier Information* – displays demographics of the other carrier
- *Covered Members* – displays the covered members

The screenshot shows the 'COB - BCBSM' form with a left-hand navigation menu. The menu items are: ID CARDS, CONTRACT, MEMBER, COORDINATION OF BENEFITS (highlighted with a red box), AUDIT TRAIL, IBU AUDIT TRAIL, REFERENCE, and LOGOUT. The main form area is titled 'Please Enter Information' and contains several sections: 'COB Information' with fields for Contract No., Subscriber Last Name, Spouse Name, Street Address, Zip, Group ID, Subscriber First Name, Spouse Birth Date, City, State, and Division ID; 'Other Coverage Information' with a Carrier Name dropdown and 'Other Policy Holder' buttons (View, Modify, Add); 'Other Policy Holder Information' with fields for Policy Number, First Name, Last Name, Birth Date, Gender, LOB, Effective Date, End Date, Relationship To BCBSH Subscriber, and Court Order; 'Other Carrier Information' with fields for Carrier Name, Street Address, City, State, Zip, and Carrier Code; and 'Covered Members' with a table for Name, Birth Date, Relationship to Other Policy Holder, and an 'Add Member' button. At the bottom right are 'Submit', 'Reset', and 'Cancel' buttons.

Audit trail

1. Select *AUDIT TRAIL* on the left-hand side of the screen.
2. Key in the group ID and division ID number. Enter the contract number to help minimize the search criteria.
3. Select *Continue*.

The screenshot shows the 'View Audit Trail' form. The left-hand navigation menu is the same as the previous screenshot, with 'AUDIT TRAIL' highlighted with a red box. The main form area is titled 'View Audit Trail' and 'Please Enter Information'. It contains the 'Audit Trail Inquiry' section with fields for Group ID*, Division ID*, Contract Number, and Updated Date. Below these fields are 'Continue' and 'Reset' buttons. A yellow starburst points to the 'Continue' button. At the bottom, a note states: '* All items marked with asterisks are required.'

4. To view the change description, select a hyperlinked change description and the *Audit Trail Field Details* pop-up will open.

- Click *Next* on the right-hand side of the *View Audit Trail* screen to see additional changes.

Field Name	Old Value	New Value
Coverage Type-Contract Type	Subscriber and Dependents	Subscriber and Dependents
Coverage Type-Enrollment Type	Continuation Coverage	Continuation Coverage
Coverage Type-Enrollment Event Date	08/01/2017	08/01/2017
Coverage Type-Qualifying Event	COBRA 18	COBRA 18
Coverage Type-Effective Date		01/03/2018
Coverage Type-Request Date	10/13/2017	10/13/2017
Coverage Type-End Date	02/01/2019	12/31/9999
Coverage Type-Reason	Other Reasons	

Enrollment and member processing specific to group-wide changes

Some enrollment and member updates resulting from a group-wide change require special processing. Follow the guidance within this section of the manual to make these updates:

- Add contract
- Add member
- Cancel contract
- Void contract
- Reinstate member
- Reinstate contract

However, to make the following updates, please contact eMVP support at 1-866-676-4858 for assistance:

- COBRA processing
- Change Benefit Package Code
- Cancel member
- Update member type
- Update member class

Add contract

1. Select *CONTRACT* on the left-hand side of the screen.
2. Select *Add Contract*.
3. Key in the SSN, group ID number and the division ID number.
4. Select *Continue*.

The screenshot shows the eMVP web application interface. On the left, there is a sidebar with a menu. The 'CONTRACT' menu item is highlighted, and the 'Add Contract' option is selected. The main content area displays the 'Add Contract - BCBSM' form. The form has a header 'Contract Inquiry Form' and a sub-header 'Please Enter Information'. There are three input fields: 'SSN', 'Group ID', and 'Division ID'. The 'Add Contract' button is highlighted in the sidebar. The 'Continue' button is visible at the bottom right of the form.

5. Enter the required information in the *Coverage Type* tab and *Coverage Employer* sections.

6. Click *Add Subscriber*.

7. Select the *MEMBER* tab and enter the required information.

8. Select the *ELIGIBILITY* tab.

9. Select the member class and member type.

10. Select the prior Benefit Package Code for the selected eligibility period.

11. Set the end date equal to the end date of Package A.

Example: A new employee is hired prior to a group-wide change. The member is being added effective Feb. 1, 2022. Package A is effective Jan. 1, 2022 through May 31, 2022, and package B is effective June 1, 2022 through December 31, 9999. In this situation, set the end date to May 31, 2022.

12. Select the *CONTACT* tab and enter the required information.

13. Click *Submit All*.

14. Select the *MEDICARE* tab and enter the requested information; this tab is optional.

15. Click *Submit All*.

16. Click *OK* on the pop-up that verifies that the eligibility end date is not the system high date.

17. A confirmation message will appear on the page: "CONTRACT AND SUBSCRIBER HAVE BEEN CREATED SUCCESSFULLY. CLICK HERE TO ADD ADDITIONAL MEMBERS."

18. Click *OK*.

19. Click *MEMBER* on the left-hand side of the screen.
20. Select *Modify Member*.
21. Key in the SSN or contract number, or the subscriber name.
22. Key in group ID number; the division ID number is optional.
23. Click *Continue*.

24. Select the hyperlinked contract number.

Contract Number	Subscriber Name	Group ID	Division ID	Status
874				Active

25. Select the hyperlinked member name you would like to modify.
26. Click the *ELIGIBILITY* tab.
27. Select the member class and member type; the effective date auto-populates.
28. Select the new Benefit Package Code.
29. Click *Submit*.
30. Click *OK*.

Add member

1. Select *MEMBER* on the left-hand side of the screen.
2. Select *Add member*.
3. Enter the SSN, group ID number and division ID number.
4. Select *Continue*.
5. Select the hyperlinked contract number.
6. Select *Add member*.

7. Select the *MEMBER* tab and enter the required information.
8. Select the *ELIGIBILITY* tab.
9. Select the member class and member type; the effective date auto-populates.
10. Select the prior Benefit Package Code for the selected eligibility period.
11. Set the end date equal to the end date of Package A.

Example: A new employee is hired prior to a group-wide change. The member is being added effective Feb. 1, 2022. Package A is effective Jan. 1, 2022 through May 31, 2022, and package B is effective June 1, 2022 through December 31, 9999. In this situation, set the end date to May 31, 2022.

12. Select *Submit All*.
13. You will see a confirmation message on the page: "MEMBER HAS BEEN ADDED SUCCESSFULLY."
14. Click *MEMBER* on the left-hand side of the screen.
15. Select *Modify Member*.
16. Key in the SSN or contract number, or the subscriber name.
17. Key in group ID number; the division ID number is optional.
18. Click *Continue*.

19. Select the hyperlinked member name you would like to modify.
20. Click the *ELIGIBILITY* tab.
21. Select the member class and member type; the effective date auto-populates.
22. Select the new Benefit Package Code.
23. Click *Submit*.
24. Click *OK*.

Canceling a contract that has future Benefit Package Codes

If a group displays future Benefit Package Codes after a group-wide change, check the contract coverage effective dates to determine how to cancel the contract properly:

1. Click **CONTRACT** on the left-hand side of the screen.
2. Click *Contract Summary*.
3. Key in the contract number or SSN or enter the subscriber name.
4. Key in the group ID number; the division ID number is optional.
5. Click *Continue*.
6. This screen contains three effective dates: the contract effective date, the employment effective date and the member Benefit Package Code effective date.
7. Review the effective dates to see if the contract information effective date and employment information effective dates are the same or different.

If the contract information effective date and employment information effective dates match, cancel the contract normally. For details, refer to the [Cancel contract](#) section of this manual.

If the contract information effective date and the employment information effective date differ:

1. Click **CONTRACT** on the left-hand side of the screen.
2. Click *Modify Contract*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.
6. Select the hyperlinked contract number.
7. Select the **COVERAGE EMPLOYER** tab.

8. Set the end date equal to the day before the effective date on the *COVERAGE TYPE* tab.
9. Select *Submit* then click *OK* on the subsequent pop-ups.
10. You will see a message prompting you to enter a new coverage employer and the effective date will auto-populate.
11. Select *Submit* again.
12. You will see a confirmation that the contract information has been updated successfully.
13. Click *CONTRACT* on the left-hand side of the screen.
14. Click *Cancel Contract*.
15. Key in the SSN or contract number, or the subscriber name.
16. Key in group ID number; the division ID number is optional.
17. Click *Continue*.
18. Click the hyperlinked contract number.
19. To cancel the contract, select the end date of the contract. The contract will terminate at 11:59 p.m. on the end date that you select.
20. Select the change reason.
21. Select *Submit*.
22. Click *OK* on both pop-ups and then you'll see a confirmation message on the page: "CONTRACT CANCELLED SUCCESSFULLY."

Reinstate contract

1. Select *CONTRACT* on the left-hand side of the screen.
2. Select *Reinstate Contract*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.

The screenshot shows a web application interface for managing contracts. On the left, a sidebar menu has 'CONTRACT' selected, and 'Reinstate Contract' is highlighted. The main content area is titled 'Search Contract' and contains a search form. The form has a 'Search By:' dropdown menu with 'Contract/SSN' selected. Below this are input fields for 'Contract/SSN', 'Subscriber Name', 'Group ID', and 'Division ID'. A 'Continue' button is located at the bottom right of the form. A note at the bottom of the page states: '* All items marked with asterisks are required.'

6. Select the hyperlinked contract number.

Search Contract
Please select a Contract

Search By: Contract Number

Contract/SSN :

Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
7513				Terminated

* All items marked with asterisks are required.

7. Use the calendar feature to select the effective reinstatement date and the end date of the prior Benefit Package Code. **Note:** If the contract has a future end date, you cannot reinstate the contract until the end date has passed.
8. Select the appropriate Benefit Package Code.
9. Click *Submit*.
10. Select *OK* on the pop-up verifying that the eligibility end date is not the system high date.

Reinstate Contract - BCBSM
Please Enter Information

Contract Number: Subscriber Name: Group Name:

Alternate ID: Group ID: Division ID:

Contract Type: Family

Enrollment Type: Open Enrollment/Life Event Enrollment Event Date: 06/05/2017

Qualifying Event:

Effective Date: 11/06/2017

Cancel End Date: 12/31/9999

End Date: 12/31/9999

Group Paid Through Date:

Request Date: 11/07/2017

Reason:

Benefit Package Code:

Code	Description	End Date
LA00	LA00	12/31/9999
LA00	LA00	12/31/9999

* All items marked with asterisks are required.

11. Select *Submit* again. Verify the information you entered then you'll see a message confirming that the contract was reinstated successfully.
12. Select *Modify Contract* on the left-hand side of the screen.
13. The contract number auto-populates or you may key in the SSN or subscriber name.
14. Key in the group ID number; the division ID number is optional.
15. Click *Continue*.
16. Select the hyperlinked contract number.
17. Select *Submit*.
18. The effective date auto-populates.
19. Click *OK* on the pop-up stating, "If this contract needs to be moved to another division Click Cancel and use Contract Transfer."
20. You'll see a confirmation message on the screen: "CONTRACT REINSTATED SUCCESSFULLY."

Reinstate member when reinstating a contract

1. Click *MEMBER* on the left-hand side of the screen.
2. Select *Modify Member*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.
6. Select the hyperlinked contract number.
7. Select the hyperlinked member name.
8. Click the *ELIGIBILITY* tab.
9. The effective date auto-populates.
10. Select the member type.
11. Select the appropriate Benefit Package Code.
12. Click *Submit*.
13. Verify the information you entered and then you will see a confirmation message on the page:
“MEMBER REINSTATED SUCCESSFULLY.”

COBRA continuation coverage processing

Add COBRA contract and subscriber

1. Select *CONTRACT* on the left-hand side of the screen.
2. Select *Add Contract*.
3. Key in the SSN, group ID number and division ID number.
4. Click *Continue*.

The screenshot shows the Blue Cross Blue Shield of Michigan eMVP interface. On the left, a sidebar menu has 'CONTRACT' selected, and 'Add Contract' is highlighted. The main content area is titled 'Add Contract - BCBSM' and contains a 'Contract Inquiry Form'. This form has input fields for 'SSN', 'Group ID', and 'Division ID'. A 'Continue' button is located at the bottom right of the form area. The top right of the page displays 'eMVP electronic Membership Viewing and Processing'.

5. Select the enrollment type.
6. Set the event date to the last day of active coverage. The effective date will default to the day after the event date.

7. Select the Qualifying Event.
8. Set the employment status to Laid OFF/GRP EXT/COBRA.
9. Select *Add Subscriber*.

Add Contract - BCBSM

Please Enter Information

COVERAGE TYPE

Contract Number: Division ID:

Group ID:

Enrollment Type: Event Date:

Qualifying Event: **COBRA 18**

Effective Date: Request Date:

COVERAGE EMPLOYER

Employment Status: Hire Date:

Employer Reference ID: Employer Department ID:

Effective Date: Group Paid Through Date:

Add Subscriber **Reset** **Cancel**

10. The *Add Subscriber - BCBSM* page shows the four tabs below. Enter the required information in each of these tabs:

MEMBER

Add Subscriber - BCBSM

Please Enter Information

MEMBER **ELIGIBILITY** **CONTACT** **MEDICARE**

Contract Number: Group ID: Group Name:

Division ID: Division Name:

Last Name: First Name: Middle Name: Suffix:

Date of Birth: SSN: Gender:

Reset

- **ELIGIBILITY** – ensure the end date matches the end date of the contract.

Add Subscriber - BCBSM

Please Enter Information

MEMBER **ELIGIBILITY** **CONTACT** **MEDICARE**

Contract Number: Group ID: Group Name:

Division ID: Division Name:

Member Class: Member Type:

Effective Date: End Date:

Benefit Package Code:

Reset

CONTACT

Add Subscriber - BCBSM

Please Enter Information

MEMBER **ELIGIBILITY** **CONTACT** **MEDICARE**

Contract Number: Group ID: Group Name:

Division ID: Division Name:

Address Type: Address 1: Address 2:

Address 3: City: State: Zip Code:

Country:

Primary Phone Type: Primary Phone Number: Bdr:

Alternate Phone Type: Alternate Phone Number: Bdr:

Primary Email Type: Primary Email Address:

Alternate Email Type: Alternate Email Address:

Effective Date:

Reset

- **MEDICARE** – filling out this tab is optional. Note: If a member has Medicare Part A only or Medicare Part B only, select a regular Benefit Package Code. If a member has both Medicare Parts A and B as primary, select a complimentary or “comp” Benefit Package Code. Please refer to your group account control sheet for the appropriate Benefit Package Code.

Add Subscriber - BCBSM

[Print This Page](#)

Please Enter Information

[Submit All](#) [Back](#) [Cancel All](#)

MEMBER	ELIGIBILITY	CONTACT	MEDICARE
Contract Number: <input type="text"/> Group ID: <input type="text"/> Group Name: <input type="text"/> Division ID: <input type="text"/> Division Name: <input type="text"/>			
Medicare Indicator: <div style="border: 1px solid red; padding: 2px;"> -Select- Part A only Part B only Both Part A and Part B </div>			
Reset			

* All items marked with asterisks are required.

Add Subscriber - BCBSM

[Print This Page](#)

Please Enter Information

[Submit All](#) [Back](#) [Cancel All](#)

MEMBER	ELIGIBILITY	CONTACT	MEDICARE
Contract Number: <input type="text"/> Group ID: <input type="text"/> Group Name: <input type="text"/> Division ID: <input type="text"/> Division Name: <input type="text"/>			
Medicare Indicator: <input type="text" value="Part A only"/>			
Status Indicator: * <div style="border: 1px solid red; padding: 2px;"> -Select- Primary Secondary Tertiary Unknown </div>		Medicare ID: * <input type="text"/>	
Effective Date: * <input type="text"/>		Eligibility Reason Code: * <input type="text" value="-Select-"/>	
Reset			

* All items marked with asterisks are required.

Add Subscriber - BCBSM

[Print This Page](#)

Please Enter Information

[Submit All](#) [Back](#) [Cancel All](#)

MEMBER	ELIGIBILITY	CONTACT	MEDICARE
Contract Number: <input type="text"/> Group ID: <input type="text"/> Group Name: <input type="text"/> Division ID: <input type="text"/> Division Name: <input type="text"/>			
Medicare Indicator: <input type="text" value="Part A only"/>			
Status Indicator: * <input type="text" value="Primary"/>		Medicare ID: * <input type="text"/>	
Effective Date: * <input type="text"/>		Eligibility Reason Code: * <div style="border: 1px solid red; padding: 2px;"> -Select- Age Disability Unknown Beneficiary is Working Aged </div>	
Reset			

* All items marked with asterisks are required.

11. Select *Submit All*.

12. Click *OK* on the two subsequent pop-ups and you will see a confirmation message on the page:
 “CONTRACT AND SUBSCRIBER HAVE BEEN CREATED SUCCESSFULLY. CLICK HERE TO ADD ADDITIONAL MEMBERS.”

Add COBRA member

1. Select *MEMBER* on the left-hand side of the screen.
2. Select *Add Member*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.

Search Contract
Please enter information

Search By: Contract Number
Contract/SSN : Subscriber Name
Group ID : Division ID :

* All items marked with asterisks are required.

[Continue](#) [Reset](#)

6. Select the hyperlinked contract number.

Search Contract
Please select a Contract

Search By: Contract Number
Contract/SSN :
Group ID : Division ID :

Contract Number	Subscriber Name	Group ID	Division ID	Status
7513				Active

* All items marked with asterisks are required.

7. Select *Add Member*.

Add Member - BCBSM

Contract ID: Subscriber Name:
Alternate ID: Group ID: Division ID:
Group Name: Division Name:

Member ID	Name	Subscriber/Dependent	Date of Birth	Gender
01		Subscriber		Male
02		Spouse		Female
03		Dependent		Female

[Add Member](#) [Cancel](#)

8. The *Add Member – BCBSM* page has four tabs. Enter the required information in each of these tabs:
 - *MEMBER*
 - *ELIGIBILITY* – ensure the end date matches the end date of the contract.
 - *CONTACT*
 - *MEDICARE* – filling out this tab is optional. **Note:** If a member has Medicare Part A only or Medicare Part B only, select a regular Benefit Package Code. If a member has both Medicare Parts A and B as primary, select a complimentary or “comp” Benefit Package Code. Please refer to your group account control sheet for the appropriate Benefit Package Code.
9. Click *Submit All*.
10. Click *OK* on the two subsequent pop-ups and you will see a confirmation message on the page: “THE MEMBER HAS BEEN ADDED SUCCESSFULLY.”

Cancel COBRA contract

1. Select *CONTRACT* on the left-hand side of the screen.
2. Select *Cancel Contract*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in the group ID number; the division ID number is optional.
5. Click *Continue*.

The screenshot shows the 'Search Contract' interface. On the left, a sidebar contains a 'CONTRACT' tab (active) and a 'MEMBER' tab. Under 'CONTRACT', the 'Cancel Contract' option is highlighted with a red box. The main content area is titled 'Search Contract' and includes a search bar with a dropdown menu set to 'Contract Number'. Below the search bar are input fields for 'Contract/SSN', 'Group ID', and 'Division ID'. At the bottom right, there are 'Continue' and 'Cancel' buttons. A small note at the bottom states: '* All items marked with asterisks are required.'

6. Select the hyperlinked contract number.

This screenshot shows the 'Search Contract' page after a search. The left sidebar remains the same. The main area now displays a table of search results. The first row is highlighted with a yellow mouse cursor pointing to the 'Contract Number' '5512'. The table has columns for 'Contract Number', 'Subscriber Name', 'Group ID', 'Division ID', and 'Status'. The status for the first row is 'Active'. The same note '* All items marked with asterisks are required.' is at the bottom.

Contract Number	Subscriber Name	Group ID	Division ID	Status
5512				Active

7. Use the calendar feature to select the end date. **Note:** The contract can only be canceled with an end date greater than the displayed contract effective date.

8. Select the change reason.

9. Select *Submit*.

10. Click *OK* on the two subsequent pop-ups and you will see a confirmation message on the page: “CONTRACT CANCELLED SUCCESSFULLY.”

Void COBRA contract, cancel COBRA member or modify COBRA contract, including dollar amount goals for flexible spending accounts

Please contact eMVP support at 1-866-676-4858 for help with these requests.

Modify COBRA member

1. Select *MEMBER* on the left-hand side of the screen.
2. Select *Modify Member*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in group ID number; the division ID number is optional.
5. Click *Continue*.

6. Select the hyperlinked member name you would like to modify.

Member ID	Name	Subscriber/Dependent	Date of Birth	Gender
01	GIBBS,	Subscriber		Male
02	GIBBS,	Dependent		Female
03	FORNELL,	Dependent		Female

- Make updates as needed within the *MEMBER*, *CONTACT*, *PCP* and *OTHER CONTACT* tabs.

Reinstate COBRA contract

- Select *CONTRACT* on the left-hand side of the screen.
- Select *Reinstate Contract*.
- Key in the SSN or contract number, or the subscriber name.
- Key in the group ID number; the division ID number is optional.
- Select *Continue*.

- Select the hyperlinked contract number.

- Select the Enrollment Type ('Continuation Coverage').
- Use the calendar feature to select the Event Date of the contract. Set the Event Date to one day prior to the desired reinstatement Effective Date. **Note:** If the contract has a future end date, you will not be able to reinstate the contract until the end date has passed.

9. Select the Qualifying Event (i.e. COBRA 18, 29, 36).

10. Use the calendar feature to set the Effective Date to the day after the Event Date.

Note: End Date will be automatically calculated after the Event Date and Qualifying Event fields are populated.

11. Select the appropriate Benefit Package Code.

12. Select *Submit*.

13. Click *OK* on the two subsequent pop-ups and you will see a confirmation message on the page:
“CONTRACT REINSTATED SUCCESSFULLY.”

Transfer COBRA contract

Note: You may only transfer a contract within the same group, from one division to another.

1. Select *CONTRACT* on the left-hand side of the screen.
2. Select *Transfer Contract*.
3. Key in the SSN or contract number, or the subscriber name.
4. Key in the group ID number; the division ID number is optional.
5. Select *Continue*.

6. Select the hyperlinked contract number.

7. Select *Continuation Coverage* as the enrollment type.

8. Select the appropriate Qualifying Event (i.e. Cobra 18, 29, 36).

9. Use the calendar feature to select the Event Date of the contract. Set the Event Date to one day prior to the desired transfer date for the contract.

10. Key the new division ID number.

11. Select the appropriate effective date. Use the calendar feature to select the Effective Date to the day after the Event Date.

12. Select *Submit*.

13. Select the appropriate Benefit Package Code.

14. Select *Submit* again.

15. Verify the information you entered then you will see a confirmation message on the page:
"CONTRACT TRANSFERRED SUCCESSFULLY."

Consumer-directed health plans

Add contract with CDH options, including entering dollar amount goals for flexible spending accounts **Note:** As of May 1, 2024, BCBSM no longer offers CDH options from vendor HSA Bank. eMVP functionality will remain for those customers that have not yet went through renewal and still retain a legacy product.

1. Select *CONTRACT* on the left-hand side of the screen.
2. Select *Add Contract*.
3. Enter the SSN, group ID number and division ID number.
4. Select *Continue*.

The screenshot shows the 'Add Contract - BCBSM' form. On the left, a sidebar menu has 'CONTRACT' highlighted. The main content area is titled 'Add Contract - BCBSM' and 'Please Enter Information'. It contains a 'Contract Inquiry Form' with input fields for 'SSN', 'Group ID', and 'Division ID'. At the bottom right, there are 'Continue' and 'Reset' buttons. A 'Print This Page' link is also visible.

5. Enter the required information within the *COVERAGE TYPE* and *COVERAGE EMPLOYER* sections.
6. Click *Add Subscriber*.

This screenshot shows the 'Add Contract - BCBSM' form with the 'COVERAGE TYPE' and 'COVERAGE EMPLOYER' sections expanded. The left sidebar still has 'CONTRACT' selected. The 'COVERAGE TYPE' section includes fields for 'Contract Number', 'Group ID', 'Division ID', 'Enrollment Type' (a dropdown menu), 'Enrollment Event Date', 'Qualifying Event' (a dropdown menu), 'Effective Date', and 'Request Date'. The 'COVERAGE EMPLOYER' section includes fields for 'Employment Status' (a dropdown menu), 'Hire Date', 'Employer Reference ID', 'Employer Department ID', 'Effective Date', and 'Group Paid Through Date'. At the bottom right, there are 'Add Subscriber', 'Reset', and 'Cancel' buttons. A 'Print This Page' link is also present.

7. Enter the required information within each of these tabs on the *Add Subscriber - BCBSM* page:
 - **MEMBER**
 - **ELIGIBILITY** – be sure to select the appropriate CDH option. Flexible spending account options may vary. **Please note:** If the CDH vendor is HSA Bank, you will need to first make a Benefit Package Code selection in order to have the CDH Options display.
 - **CONTACT**
 - **Please note:** If the CDH vendor is HSA Bank, a physical mailing address (no PO Boxes) is required to create an FSA funding account. PO Boxes can be added one week after the FSA funding account has been created by HSA Bank.
 - **MEDICARE** – filling out this tab is optional.

8. Click *Submit All* and you will see a confirmation message on the page: "CONTRACT AND SUBSCRIBER HAVE BEEN CREATED SUCCESSFULLY. CLICK HERE TO ADD ADDITIONAL MEMBERS."

9. If you selected a flexible spending account, you will see a pop-up prompting you to add goal amounts. Click *OK*.
10. Enter the required information on the *Access MOS Financial Information* page.
11. Select *Submit*.



Access MOS Financial Information

Please enter Contract Number, Group Number, Division and Company

Contract Information

Contract Number*

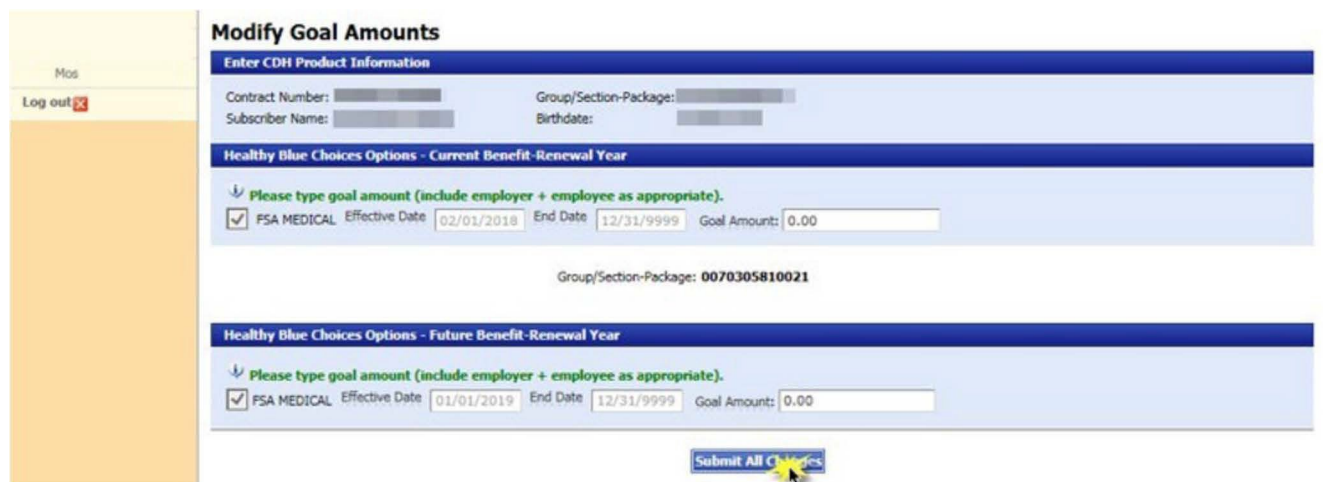
Group* Division*

Company*

Important Administrator Message
In order to return to eMVP, please select the "Back to Secured Home" link in the navigation menu on the left of your screen. From the Secured Home page, eMVP will need to be launched again.

Submit **Clear**

12. Enter the goal amounts.



Modify Goal Amounts

Enter CDH Product Information

Contract Number: Group/Section-Package:

Subscriber Name: Birthdate:

Healthy Blue Choices Options - Current Benefit-Renewal Year

Please type goal amount (include employer + employee as appropriate).

Effective Date	End Date	Goal Amount	
<input checked="" type="checkbox"/> FSA MEDICAL	02/01/2018	12/31/9999	0.00

Group/Section-Package: 0070305810021

Healthy Blue Choices Options - Future Benefit-Renewal Year

Please type goal amount (include employer + employee as appropriate).

Effective Date	End Date	Goal Amount	
<input checked="" type="checkbox"/> FSA MEDICAL	01/01/2019	12/31/9999	0.00

Submit All Changes

13. Select *Submit All Changes*.

View member and verify CDH options

1. Select **MEMBER** on the left-hand side of the screen.
2. Select *View Member*.
3. Key in the SSN or subscriber name.
4. Select *Continue*.

Search Contract

Please enter information

Search By: Contract/SSN Subscriber Name

Group ID: Division ID:

[Continue](#) [Reset](#)

* All items marked with asterisks are required.

5. Select the hyperlinked contract number.

Search Contract

Please select a Contract

Search By: Contract Number

Contract/SSN: Subscriber Name:

Group ID: Division ID:

Contract Number	Subscriber Name	Group ID	Division ID	Status
4871				Active

* All items marked with asterisks are required.

6. Select the **ELIGIBILITY** tab.

View Member - BCBSM

MEMBER **ELIGIBILITY** CONTACT OTHER CONTACT MEDICARE BENEFIT HISTORY

Contract ID: Subscriber Name:

Alternate ID: Group ID: Group Name:

Division ID: Division Name:

Member ID: Member Name:

Member Class: Member Type: Regular

Effective Date: Benefit Package Code: LA00

End Date: Reason Code:

CDH OPTIONS

Product Indicator: 0010

☒ PSA MEDICAL

☐ PSA DEPENDENT CARE

CDH Financial Information

Modify member CDH account options, including dollar amount goals for flexible spending accounts

1. Select **MEMBER** on the left-hand side of the screen
2. Select *Modify Member*.
3. Key in the SSN or subscriber name.
4. Select *Continue*.

Search Contract

Please enter information

Search By: Contract Number Subscriber Name

Contract/SSN: Subscriber Name:

Group ID: Division ID:

[Continue](#) [Reset](#)

* All items marked with asterisks are required.

5. Select the hyperlinked contract number.

6. Select the hyperlinked member name.

7. Go to the *ELIGIBILITY* tab.

Enter the end date and change reason. **Note:** If the contract is already enrolled without CDH benefits and you would like to enroll in CDH benefits effective the same date, enter an end date that matches the effective date of the contract to void the current segment. This will ensure that the new segment has CDH benefits effective from day one.

8. Click *Submit*.
9. Click *OK* on the two subsequent pop-ups.
10. You will see a message on the page confirming your eligibility updates and another prompting you to verify your member's benefits.

11. Enter the required information on the page, including selecting the appropriate CDH option. The effective date will auto-populate. **Note:** If the CDH vendor is HSA Bank, you will need to first make a Benefit Package Code selection in order to have the CDH Options display.

12. Select *Submit* then click *OK* on the pop-up.
13. If you selected a flexible spending account option, you'll see a pop-up prompting you to add goal amounts. Click *OK*. **Note:** Health Savings Account and Health Reimbursement Account goal amounts are not maintained in eMVP/eFAD, please contact your CDH vendor for assistance.
14. Click *CDH Financial Information* on the right-hand side of the *Modify Member - BCBSM* page. This is where you can modify dollar amount goals for flexible spending accounts. **Note:** For COBRA contracts, please contact eMVP Support at 1-866-676-4858 for assistance with this process.

15. Enter the required information on the *Access MOS Financial Information* page.
16. Select *Submit*.

Note: There may be a 36-48 hour delay upon CDH product election, prior to being able to view/modify CDH goal amount dollars. If you encounter any issues with retrieving the desired contract, please contact eMVP Support at 1-866-676-4858.

17. Enter the goal amounts. **Note:** Goal amounts should contain the coverage period plan year amount and should be entered with a decimal, no commas.
18. Select *Submit All Changes*.

Physician Choice PPO health plans

Add or modify member PCP

1. If you've just added a contract and the contract is eligible for adding a Physician Choice PPO health plan, select [Click Here](#) to add a PCP health plan to the subscriber and skip to step four.

OR

2. Select **MEMBER** on the left-hand side of the screen.
3. Select **Modify Member**.

4. Key in the SSN or subscriber name.
5. Select *Continue*.
6. Select the hyperlinked contract number.

Contract Number	Subscriber Name	Group ID	Division ID	Status
8064				Active

7. Select the hyperlinked name.

8. Select the *PCP* tab.

9. Use the calendar feature to select the end date.

10. Select *Submit*.

11. Verify the information you entered.

12. Enter the updated National Provider Indicator.

13. Use the calendar feature to select the effective date.

14. Select *Submit*.

15. Verify the information you entered and you will see a confirmation message on the page.

View member PCP history

1. Select *MEMBER* on the left-hand side of the screen.

2. Key in the SSN or subscriber name.

3. Select *Continue*.

4. Select the hyperlinked contract number.

INQUIRY

ID CARDS

CONTRACT

MEMBER

COORDINATION OF BENEFITS

Search Contract

Please select a Contract

Search By:

Contract Number

Contract/SSN *

Group ID :

Division ID :

Continue

Reset

Contract Number	Subscriber Name	Group ID	Division ID	Status
7138				Active

* All items marked with asterisks are required.

5. Select the hyperlinked name.

INQUIRY

ID CARDS

CONTRACT

MEMBER

COORDINATION OF BENEFITS

PCP History - BCBSM

Please select a Member

Contract ID:

Subscriber Name:

Group ID:

Group Name:

Alternate ID:

Division ID:

Division Name:

Member ID	Name	Subscriber/Dependent	Date of Birth	Gender
01	RITTER	Subscriber		Male

Cancel

6. View member PCP history.

INQUIRY

ID CARDS

CONTRACT

MEMBER

COORDINATION OF BENEFITS

Member PCP History - BCBSM

Contract ID:

Subscriber Name :

Group ID :

Group Name :

Alternate ID :

Division ID :

Division Name :

Member ID :

Member Name :

National Provider Indicator	Effective Date	End Date	Last Changed Date & Time
17102	01/31/2018	12/31/9999	02/22/2018 11:04

Cancel

Customer support

If you need assistance, call 1-866-676-4858
Monday through Friday 8 a.m. to 4:30 p.m. EST



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

bcbsm.com