

eMVP user manual

June 2022

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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:

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

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.

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 *Employer* 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*, then click *Register Now* 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.

INGUIER	0	User	
+ Agenta + Claims Group/Division		Group/Division Display - BCBSM Please Inter Information	Front This Press.
Group Rates		Group/Division Search	
ID-CARDS	•	Croup ID,*	
CONTRACT	۲	Division ID:	
MEMBER	•		Correct Loss
COORDINATION OF		* All terrs marked with activities are required.	

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

+ Agents + Claims Group/Division Group Rates	Θ	User: Group/Division Display - I Please select a Group Group/Division Search	BCBSM	
D CARDS	Ð	Group ID:*		
CONTRACT	Ð	Division ID:		
MEMBER	Ð			
COORDINATION OF BENEFITS		Division Search Results :		
AUDIT TRAIL		Group ID Division ID		
BU AUDIT TRAIL		7598 0003		
DEFEDENCE	0	7598 0005		
EFERENCE	Ð	7598 0006		
.OGOUT 🔀	-	7598 0009		



- 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 ID:	Group Name:
Group Billing-Contact:	Group Physical-Contact:
Address:	Address:
Phone:	Phone:
Email:	Email:
roup Size Code:	Original Effective Date:
aid Through Date:	Claims Paid Through Date:
ID/Information:	Renewal Date:
ederal ID Number:	SIC Code:
ancel End Date:	Cancel Reason:

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

Group	Disp	lay -	BCBSM
-------	------	-------	-------

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

Group Display - BCBSM

• 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 ID:		Group	Name:			
ivision ID: Division Name : Division Name :						
Benefit Package Code	Effective Date	End Date	Line of Business	Updated Date & Time		
Benefit Package Code	Effective Date 12/01/2010	End Date 12/31/9999	Line of Business MED,VSH,DRG	Updated Date & Time 12/07/2010		

Group Display - BCBSM

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 REOUIREMENT



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.

View ID Card History	9	ID Card	Print This Page
CONTRACT C MEMBER C COORDINATION OF BENEFITS AUDIT TRAIL	9	52N x* Group 10 x* Desser 10 x* Request Effective Date x* 01/22/2018	
IBU AUDIT TRAIL REFERENCE		Request Effective Date must be greater than the Contract Effective Date: All deeps marked with subtricks are required.	Real Real

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.





INQUIRY	Ð	
ID CARDS	٠	Search Contract
CONTRACT	Θ	Please select a Contract
Contract Summary View Contract Add Contract Cancel Contract Modify Contract Reinstate Contract Transfer Contract		Search Contract Search By: Contract Number Contract/SSN :* Group ID : Division ID :
MEMBER COORDINATION OF BENEFITS	Ð	Contract Number Subscriber Name Group ID Division ID Status
AUDIT TRAIL		* All items marked with asterisks are required.
IBU AUDIT TRAIL		
REFERENCE	Ð	
LOGOUT 🔀		

- 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.

D CARDS (۲	Contract Summary - BCBSM						Back To Search	Print All
CONTRACT	0	Contract Information 🛛 🚺							
Contract Summary		Subscriber Name:	Contract ID: Cantract Type:	7513 Single	Effective Date: Change Reason	End Data:			
Add Contract Cancel Contract Modify Contract		Coverny I	Sate	-	Zip Code:				
Reinatate Contract Transfer Contract		Group Lafornadion 😢		Group Paid Through Data:					
EMBER (•	Division ID: 101000 Division Name: 000000000000000000000000000000000000	10000						
DORDINATION OF ENEFITS		Employment Information (3)							
OIT TRAIL		Employment Statua: Active Employee Effective Date: Employee Reference ID: Employee Departm	ent ID:	End Date:					
U AUDIT TRAIL		Hender Information							
	•	To view previous Member coverage, click on the Member Neme for Member detail	and history information						
		Name D06 See	der	Trate Cle	sk Benefit Pad	kage Code Effective Date	End.Oute	Record 50	laften -
					E	100 M	12/31/9999	201308	



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.

	hencek	eNVP electronic Membership Viewing and Proceeding
ID CARDS	Search Contract	Print Hins Page
CONTRACT C	Search Contriet	
View Contract Add Contract Cancel Contract Modify Contract	Search Bp: Candex(1)SBI + ¹ Subporter Ream Group ID : Dissuit ID :	
Rematate Contract Transfer Contract	* All terre marked with autorists are required.	Contract Rend

6. Select the hyperlinked contract number.

INCURY		Uwen
ID CARDS		Search Contract
CONTRACT	e i	Please select a Centract
Contract Summary		Search Centract 1
View Contract		Search Byn Constrant Number V
Add Contract		Contract/000 r*
Cancel Contract		Group ID : Division ID :
Modify Contract Reinstate Contract		Codings Read
Transfer Contract		
MEMBER		
COORDINATION OF		Contract Number Subscriber Name Group ID Evision ID Status 0077 Active Active
BENEFITS		
AUDIT TRAIL		* All Benn hurhall with allerako are required.
IBU AUDIT TRAK.		
REFERENCE	•	
LOGOUT 👩		

- 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.

	herit.	OMVP electrosic Nertbership Viewing and Processing
INGURY (+) ID CARDS (+) SCONTRACT (*)		Prist This Page.
Contract Summary View Contract Add Contract Cancel Contract Modify Contract Resistate Contract Transfer Contract	Contract Inquiry Form EXX (1 Group ID (* Destion ID (* At Earse marked with astrolia are required.	Contrary



- 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:

Aessage fr	om webpage	23
	Effective Date is based on your group's New Hire rule. Please enter Effective Date.	
	Federal Regulation requires that the waiting period for new hire or rehire, cannot exceed 90 days.	
	Coverage for an eligible employee must be given no later than the 91st day. This system reflects the day the member's benefits are effective (waiting period plus the effective day).	
	Example, waiting period of S3-30 will reflect 31 days, S3-60 will reflect 62 days and S3-90 will reflect 91 days. Please key in a compliant effective date.	L
	OK	

- Select Add Subscriber.

COVERAGE TYPE		
Contract Number: Group Dr: Ensubreet Type: * New Vire Qualifying Event: Science ~ Effective Date: * 01/01/2018	Denson 100 Dete of Here: * 01/01/2018 Request Date: 01/01/2018	
COVERAGE EMPLOYER Employment Status: * Active Employee	✓ Hime Date: * 01/01/2018 🖸	
Employer Reference ID:	Employer Department ID:	
Effective Date: * 01/01/2018	Group Paid Through Date:	



- 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.

Add Contract - BCBSM		Print This Page
COVERAGE TYPE		
Errolment Type: " Open Enrolment/Life Event V I Qualifying Event: Sector V Effective Date: * 01/01/2018 * a	vision ID: (01/01/2018)	
COVERAGE EINER OVER Engloyment Status * Engloyment Status * Engloyme Relevance ID: Engloyme Relevance ID: Effective Dates * Discloyment Status * Effective Dates *	Hive Date:	
All items marked with asteroids are required.		Add Subgroper Reset Caucel

- 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

MEMBER

•

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	CONTACT MEDICARE	Submit All Back Car
Contract Number:	Contract, Provident Contract, Provident Division TD: Contract, Division Neme:	
Last Name: *	First Name: * Middle Name: Suffix: Saffix: Saf	
All there marked with attacks are a	a de la companya de l	1
el terra marked with asterials are r ELIGIBILITY	pared.	
ELIGIBILITY dd Subscriber - BCB		
ELIGIBILITY dd Subscriber - BCB naae Enter Information	SM	Print Th
ELIGIBILITY dd Subscriber - BCB eace Enter Information	SM Contract Hedicane	Print Th
ELIGIBILITY dd Subscriber - BCB naae Enter Information	SM Contract medicane	Print Th
ELIGIBILITY dd Subscriber - BCB eace Enter Information	CONTACT MEDICARE Group Ilon Group Name:	Print Th
ELIGIBILITY dd Subscriber - BCB ease Enter Information	CONTACT MEDICARE Group ID: Division ID: V Member Type:* Benefit Factage Code: * Group Isane: Unison Name: V Member Type:* Benefit Factage Code: * Group Isane: V Member Type:*	Print Th



CONTACT

MEMBER ELIGIBILITY	CONTACT HEDICARE		Sabret All Back Cancel A
MEMBER ELGEBELTY	Group ID: Internet	Group Name:	
ddress Type:" Hailing 💌			
idress 1:*	Address 2:		
ádress 3:			
tyr"	State:* -Select-	V Zp Code:*	
	v		
imary Phone Type: -Select- 🛩	Primary Phone Number:	Edm:	
ternate Phone Type: -Select-	Abemate Phone Number:	Extra:	
imary Email Type: -Select-	Primary Email Address:		
terrate Ernal Type: -Select-	Alternate Email Address:		
fective Date: 01/01/2018	1		

 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 Subrott All Back Cancel All
MEMBER ELIGIBILITY CONTACT	HEDICARE		1
Contract Number:	Group ID:	Group Name:	
Medicare Indicator	v v		
Status Indicator: *	-Select-	Medicare ID: *	
Effective Date: *		Eligibility Reason Code: *	
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

- 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 group ID number; the division ID number is optional.
- 5. Select Continue.





ID CARDS 🕀	Search Contract
	Please select a Contract
Contract Summary View Contract Add Contract Cancel Contract Modify Contract Reinstate Contract Transfer Contract	Search Contract Search By: Contract Number Contract/SSN : Group ID : Division ID :
MEMBER ④	Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS	9977 Active
AUDIT TRAIL	* All items marked with asterisks are required.

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

ID CARDS	•	Cancel Contract - BCBSM Please Enter Information		Back To Search Prest This Page
Contract Summary View Contract Add Contract Cancel Contract Modity Contract		CANCEL CONTRACT Contract Number: Subscriber Name: Abarnels ID: Densen ID: Orean	une	
Reinstate Contract Transfer Contract		Contract Type: Panelly		
MEMBER COORDINATION OF BENEFITS	۲	Errollment Type: Open Enrollment/Life Event Errollment Event Gr Qualifying Event: Effective Date: 11/07/2017 Request Date:	11/08/2017	
AUDIT TRAIL		End Date: * Change Reason: *	Citier Ressons	
IBU AUDIT TRAIL		Group Paid Through Date:	Divorce of Separation. Subscriber Request	
REFERENCE	۲		Left Group Employment Military Service	Sebrut Rost Carof
LOGOUT Z		" All terms marked with estentiaks are required.	Complete Cancel & Transfer To Existing Group Complete Cancel & Transfer To Existing Group Complete Cancel & Transfer To New Group	

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

Void contract

- 1. Click CONTRACT on the left-hand side of the screen.
- 2. Click Cancel 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.





ID CARDS 🕀	Search Contract
CONTRACT O	Please select a Contract
Contract Summary View Contract Add Contract Cancel Contract Modify Contract Reinstate Contract Transfer Contract	Search Contract Search By: Contract Number Contract/SSN : Group ID : Division ID :
MEMBER	Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS	9977 Active
AUDIT TRAIL	* All items marked with asterisks are required.

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

ID CARDS	۲	Cancel Contract - BCBSM		Back In Search Print This Page
CONTRACT	Θ	Please Enter Information		
Contract Summary View Contract		CANCEL CONTRACT.		
Add Contraid		Contract Number: Subscriber Name: Contract Municipal		
Cancel Contract Modily Contract Reinstate Contract			Name Name	
Transfer Contract		Contract Type: Family		
мемвен	۲	Evrolment Type: Open Enrollment/Life Event Enrolment Event D	te: 06/05/2017	
COORDINATION OF		Qualifying Event: Effective Date: 11/07/2017 Request Date:	11/08/2017	
AUDIT TRAIL		End Date: * Change Reason: *	Cther Ressons	
IBU AUDIT TRAIL		Group Paul Through Dates	Divorce Or Separation Subscriber Request	
REFERENCE	۲		Left Group Employment Military Service Group Request	Submit Reset Cancel
		* All items marked with asterioks are required.	COBIA Ending Complete Cancel & Transfer To Existing Group Complete Cancel & Transfer To New Group	*

9. 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

- 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.

ID CARDS () CONTRACT ()	Search Contract Please enter information Search Contract	Print This Page
Contract Summary View Contract Add Contract Cancel Contract Modify Contract Remetate Contract Transfer Contract	Search By: Constant Normanian Orsep 30 : Descendent Normanian Orsep 30 : Descendent Normanian * All Rems marked with astersisks are required.	Contract Reset



ID CARDS	Search Contract	This Page Print All
CONTRACT	Please select a Contract	
Contract Summary	Search Centract	3
View Contract	Search By: Sandrane Wardood v	
Add Contract	Command/SSN (*	
Cancel Contract	Group ID : Dream ID :	
Modify Contract Reinstate Contract		Continue Reset
Transfer Contract		
MEMBER ④	Contract Number Soldstriker Name Group 10 Davison 10 Status	
COORDINATION OF DENEFITS	711 Adve	
AUDIT TRAIL	* All term marked with attentias are required.	

- 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.

ID CARDS	•	Modify Contract - BCBSM Please Enter Information			Back To Search
Contract Summary Mew Contract Add Contract Cancel Contract Modify Contract Reinstate Contract		COVERAGE INVEC COVERAGE EMPLOYER Contract Number Alternate ID:	Subscriber Name: Group ID Division ID:	Shoop Name Division Name:	and the second
Transfer Contract MEMBER COORDINATION OF BENEFITS	۲		Invert Event Date: * 02/01/2010		
AUDIT TRAIL IBU AUDIT TRAIL REFERENCE LOGOUT 2	۲	End Date: * 12/31/9999 I Oha	ge Rasson: * -Select-	E.	Reset Cancel

- 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.

ID CARDS	۲	Modify Contract - BCBSM	
CONTRACT	Θ	Please Enter Information	
Contract Summary View Contract		CONTRACT INFORMATION UPDATED SUCCESSFULLY Current Coverage Type information Ended - Must enter new Coverage Type information (not needed for Continuation Coverage members)	
Add Contract Cancel Contract Modify Contract Reinstate Contract		COVERAGE TYPE COVERAGE EMPLOYER Coveract Number: Subscriber Name:	
Transfer Contract	۲	Alternate ID: Group ID: Group Kenne: Division ID: Division Name:	
COORDINATION OF BENEFITS	U	Cercract Type: Single Enrollment Type: * Open Enrollment/Life Event Enrollment Event Date: * 02/01/2018	
AUDIT TRAIL		Qualifying Event: Select: V	
IBU AUDIT TRAIL	۲	Effective Date: * 03/03/2018 🖾 Request Date: * 03/09/2018 🖾	
LOGOUT			Submit Reset Cancel
		* All items marked with asteriaks are required.	*



- 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.

ID CARDS	۲	Modify Contract - BCBSM				Back To Search
CONTRACT	0	Please Enter Information				
Contract Summary		COVERAGE TYPE COVERAGE EMPLOYER				
View Contract Add Contract Cancel Contract Modify Contract		Contract Number: Alternate ID:	Subscriber Name: Group ID: Devaion ID:	10	Group Name: Division Name:	Constanting of
Reinstate Contract Transfer Contract MEMBER	۲	Employment Status: * Active Employee V Here Date: Employee Reference ID: Employee Reference ID:				
COORDINATION OF BENEFITS AUDIT TRAIL	Ģ	Employer Neemicol LD Employer Volgement L Effective Date: * CL/12/2018 Group Paid Through Da End Date: * 12/31/9999				
IBU AUDIT TRAIL REFERENCE	•	1			Subar	Reset Cancel

- 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.

D CARDS		Modify Contract - BCBSM			
ONTRACT	Θ	Please Enter Information			
Contract Summary		U CONTRACT INFORMATION UPDATED SUCCESSFULLY			
View Contract		Current Coverage Employer information Ended - Must enter new Coverage E	imployer information		
Add Contract Cancel Contract		COVERAGE TYPE COVERAGE EMPLOYER			
Modify Contract Reinstate Contract		Contract Number: Internet Subscriber Name:	88.		
Transfer Contract		Atternate ID: Group ID: Division ID:	Group Name: Division Name:		
EMBER	۲				
ORDINATION OF		Employment Status: *	Active Employee	Hive Date:	E3
NEFITS		Employer Reference ID:		Employer Department ID:	
DIT TRAIL		Effective Date: *	03/03/2018	Group Paid Through Date:	
JAUDIT TRAIL			Tourna tour	Group rate introgri batte	
FERENCE	۲	2 <u>0</u>			
GOUT 23					
					Sub Reset Cancel

- 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.





ID CARDS 🛞	Search Contract
	Please select a Contract
Contract Summary View Contract Add Contract Cancel Contract Modify Contract Reinstate Contract Transfer Contract	Search By: Contract Number Contract/SSN :* Group ID : Division ID :
MEMBER () COORDINATION OF BENEFITS	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.

ID CARDS @	Reinstate Contract - BCBSM Please Enter Information	Back To Search Print This Page
Contract Summary View Contract Acto Contract Cancel Contract Modify Contract Reinstate Contract	REBISTATE CONVEXACT Contract Number; Alternate ID: Dension ID: Dension ID: Dension ID: Dension Reme:	
Transfer Contract	Contract Type: Panely	
MEMBER COORDINATION OF BENEFITS	Excellment Type: Open Enrollment/Life Event V Excellment Event Date: 06/05/2017	
AUDIT TRAIL IBU AUDIT TRAIL	cmost user 11/06/2017 Reason Cancel End Date 11/06/2017 Reason Cancel End Date 11/06/2017 Reason Cancel End Date Cance	
REFERENCE	Group Pael Through Date: LAGO Ends: 12/31/9999 LAGO Ends: 12/31/9999	
	* All thems marked with astansids are required.	Salard Reart Cancel

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.





ID CARDS	\oplus	Search Contract
CONTRACT	Θ	Please select a Contract
Contract Summary View Contract Add Contract Cancel Contract Modify Contract Reinstate Contract Transfer Contract		Search Contract Search By: Contract Number Contract/SSN :* Group ID : Division ID :
MEMBER	٠	Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS		5787. 0006 Active
AUDIT TRAIL		* All items marked with asterisks are required.

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

ID CARDS 🛞	Transfer Contract - BCBSM	Back To Search Print This Page
CONTRACT O	Phase Enter Information	
Contract Summary	TRANSITIA CONTRACT	
View Contract Add Contract Cancel Contract Modify Contract	Contract Number Subscriber Namer Alternate 20: Group 30: Group Namer Division 30: C0005 Division Namer	
Reinstele Contract	Contract Type Single	
AEMBER ()	Excelment Type: * Open Enrollment/Life Event 💽 Qualifying Event: Const. 🛩 Excellment Event Data: (07/02/2017)	
COORDINATION OF	Group ID: * Divesori ID: * Doot	
BENEFITS	Effective Date: * 02/01/2018 5 End Date: 12/31/9299 Request Date: 11/14/2017	
AUDIT TRAK	Group Faid Through Cutter: 08/33/2015	
BU AUDIT TRAIL		
REFERENCE ()		Subject Reset Cancel
LOGOUT	* All items marked with asterials are required.	1

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

	Transfer Contract - BCBSM Please Enter Information	Back To Search Print Thin Page
Contract Summary View Contract Add Contract Contract Contract Modify Contract Reinstate Contract	BYD's selection list was updated for new group/div allecting, select from new list. Please pick a Servich Rackage Code in effect as of the Trender Effective Date. TRANSITE CORTANT Contrast Number: Selection Table Group Diverse: Diverse: Table Oncode Table Diverse: T	
Transfer Contract MEMBER COORDINATION OF BENEFITS AUDIT TRAIL IBU AUDIT TRAIL	Contract Type: Single Evralment Type: * Open Exerclimant/L/Ms Event/ Quelifying Event: Select Y Evralment Event	
	* Al terre mediad with asteridia are required.	Sabeet Renet Cancel

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.

CONTRACT @	Search Contract Measure enter information Search Contract	. Proof This Page
Add Member Carcel Member Modify Member Resides Member	Search By: Contract(Stor ++ Group ID : Design ID :	Control Read
Benefit History Details PCP History	* All thems marked with automitis are required.	×

ID CARDS ④	Search Contract
CONTRACT (+)	Please select a Contract
MEMBER	Search Contract
View Member Add Member Cancel Member Modify Member Reinstate Member	Search By: Contract Number Contract SSN :* Contract/SSN :* Group ID : Division ID :
Benefit History Details PCP History COORDINATION OF BENEFITS	Contract Number Subscriber Name Group ID Division ID Status 57/87 Active

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

ID CARDS (+) CONTRACT (+) MEMBER (*)	View Member -BCBSM Please select a Member View Member					
View Member Add Member Cancel Member Modify Member	Contract ID: Alternate ID:		Subscriber Name: Group ID: Division ID:		Group Name: Division Name:	
Reinstate Member Benefit History Details	Member ID	Name	Subscriber/Dependent Da	te of Birth Gender		
PCP History	01	Reagan,	Subscriber	Male		
	02	Reagan,	Spouse	Female		
COORDINATION OF	03	Reagan, 🔐 📐	Dependent	Male		
BENEFITS	04	Reagan,	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.

ED CARDS () CONTRACT () MEMOLE ()	Search Contract Please enter information Search Centract	Print This Page
View Marnber Add Member Cancel Member Modfy Member Reinstate Member Beneft History Details PCP History	Search Byt Contract Number Contra	er Erst

6. Select the hyperlinked contract number.

ID CARDS	Search Contract						
CONTRACT	Please select a Contract						
MEMBER G	Search Contract						
View Member Add Member Cancel Member Modify Member Reinstate Member Benefit History Details PCP History	Search By: Contract Number Contract/SSN :* Group ID : Division ID : Contract Number Subscriber Name Group ID Division ID Status						
COORDINATION OF BENEFITS	7513 Active						
AUDIT TRAIL	* All items marked with asterisks are required.						

7. Select Add Member.

INQUIRY ()	B Users	
ID CARDS (+) CONTRACT (+)	Add Member -BCBSM	Back To Search Print This Page
MEMBER ③ View Member Add Member Cancel Member		
Modify Member Reinstate Member Benefit History Details PCP History	Member ID Name Subscriber/Dependent Date of Birth Gender 01 Subscriber Male Male 02 Spoule Female 03 Dependent Female	
COORDINATION OF BENEFITS AUDIT TRAIL	Add Menter	Cancel
IBU AUDIT TRAIL REFERENCE () LOGOUT ()	9	



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

ONTRACT ()	Please Enter Information			Perint This Page
	Preside Entre Information			
EMBER O				Submit All Cancel All
View Member	MEMOLIA BLAGIBILITY CONTACT MEDICANE			
Add Member	Contract ID: 000000000	Subscriber Name:		
Cancel Member Modify Member	Alternate ID:	Group Ex	Group Name:	
Reinstate Member		Division ID1 IIIIIII	Division Name	
Benefit History Cetails	Last Namer* First Namer*	Midde Namei	Suffic Select- V	
PCP History	Date Of Birth .* SSN:	Genden* -Scient- v	CTTT Amounted	
CORDINATION OF	State of Intel	Caroler Caroler		
ENEFTS				Revet
JUDIT TRAIL	* All terms marked with asterialia are required.			Received and a second

ELIGIBILITY

ID CARDS	Add Member - BCBSM	Print This Page
CONTRACT .	Please faster Information	
MEMBER O		Subout All Cancel All
View Member	HENRER ELECTEDETY CONTACT HEDOCARE	
Acht Mensber	Contract ID: Subscriber Name	
Cancel Member Modily Member	Alternate DY Group Tot Group Name:	
Reinstate Member	Division Dr. Division Norme	
Benefit Hatory Details PCP History	Member Class:* -Select-	
COORDINATION OF	Billion Dates" 12/31/9999	
BENEFITS	Benefit Radage Code:* 1.400 Vision 10/01/000 V 4	
AUDIT TRAE		
IBU AUDIT TRAIL		lieset
REFERENCE (F)	All items marked with approxia are required.	

CONTACT

ONTRACT ()						Subjectal Cancel
View Member Add Member Cance Venber Modify Member Reinstate Venber	HEHRER ELIGEBILITY Contract ID: Alternates ID:	CONTACT MEDICARE	Subarriber Names Constraints	Group Name:		
Benefit History Details PCP History	Addimas Type:" Addimas L/"	Pading V	Shared Address: Address 2/	I.		
DORDINATION OF ENEFITS	Address 3: Okyr*		State:*	×.	Zg Code:*	
AUDIT TRAIL	Country: Primary Phone Type	-Intert- V	Primary Phone Numbers		Extra	
FERENCE (1)	Alternate Phone Type	-delect- V	Abenate Phone Number:		Extra	
COUT C	Primary Email Type	-Select V	Primary Email Address:			
	Altomata Email Type	-Select - Y	Alternatie Ernall Address:			
	Effective Date:					

 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.

			Sabrut All Back Cancel
MEMBER ELIGIBILITY C	CONTACT MEDICARE		74
Contract Number: International	Group ID: 1010000000000000000000000000000000000	Group Name: Division Name:	
fedcare Indicator			
tatus Indicator: *	-Select-	Medicare ID: *	
fective Date: *		Elipbility Reason Code: * ESSIECE	

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.



6. Select the hyperlinked contract number.

INQUIRY	•	
ID CARDS	•	Search Contract
CONTRACT	•	Please select a Contract
MEMBER	Θ	Search Contract
View Member Add Member		Search By: Contract Number V Contract/SSN :*
Cancel Member		Group ID : Division ID :
Modify Member		
Reinstate Member		
Benefit History Details PCP History		Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS		87/4 Active
AUDIT TRAIL		* All items marked with asterisks are required.

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

ID CARDS (+) CONTRACT (+) MEMBER (-)	Cancel Member -BCBSM Please select a Member Cancel Member						
View Member Add Member Cancel Member Modify Member	Contract ID:	-	Subscriber Name: Group ID: Division ID:		Group Name:		
Reinstate Member	Member ID N	lame Sub	scriber/Dependent	Date of Birth Gender			
Benefit History Details PCP History	01 R	eagan, Sub	scriber	Male			
POPhistory	02 R	eagan, Spo	use	Female			
COORDINATION OF	03 R	eagan, Dep	endent	Male			
BENEFITS	04 R	eagan, Dep	endent	Male			
AUDIT TRAIL	-		-				
IBU AUDIT TRAIL		-					
REFERENCE ④							
LOGOUT 🔀							



- 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.

ID CARDS 🛞	Cancel M	ember - BCBSM			Back To Search Print This Page
CONTRACT (B)					
NEMBER 3	CANC	IL MEMBER			
View Member	Contract ID: 1		Subscriber Name: Intelligence Intelligence		
Add Member	Alternate ID:		Group 10:	Group Name:	
Cancel Member			Division ID:	Division Name:	
Modify Member			Member ID: IIII	Member Name :	
Reinstate Member	-				
Benefit History Details	Last Name	Suffect	First Name:	Ndde Nane:	
PCP History	Date Of Birth:	20112000 SSN 1000000	Gender: mmm		
COORDINATION OF	and the second				
BENEFITS	Henter Class	Dependent		gular	
AUDIT TRAIL	Effective Date:	11/67/3017	End Date:"	2/01/2018	
and a second	Change Resort	-Select- the Reasons	Benefit Package Code: L		
BU AUDIT TRAIL		Divorce Or Separation		Second and a second	
IEFERENCE (Subscriber Reguest Left Group Employment			provide and a second second second
LOGOUT		Military Service			Solenit Reset Cancel
	* All Berts marks	d e Group Request			
		Complete Cancel & Transfer To Existing Group			14
		Complete Cancel & Transfer To New Group		Servert (1-866-626-4858)	

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.

INQUIRY (1)	
ID CARDS 🕕	Search Contract
CONTRACT ④	Please select a Contract
MEMBER G	Search Contract
View Member Add Member Cancel Member Modfly Member Reinstate Member	Search By: Contract Number Contract/SSN :* Group ID : Division ID :
Benefit History Details PCP History	Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS	8744 Active
AUDIT TRAIL	* All items marked with asterisks are required.



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

ID CARDS CONTRACT	Cancel M Please selec	t a Member			
MEMBER View Member Add Member Cancel Member Modify Member	Contract ID: Alternate ID:	ber	Subscriber Name: Group ID: Division ID:		Group Name:
Reinstate Member	Member ID	Name	Subscriber/Dependent	Date of Birth Gender	
Benefit History Details PCP History	01	Reagan,	Subscriber	Male	
r or matory	02	Reagan,	Spouse	Female	
COORDINATION OF	03	Reagan,	Dependent	Male	
BENEFITS	04	Reagan,	Dependent	Male	
AUDIT TRAIL IBU AUDIT TRAIL REFERENCE ④			N		
LOGOUT 🔀					

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

ID CARDS (CONTRACT (CONTRACT)	9	Cancel Member - BCE	SM			Back To Search. Print This Page
MEMBER G	5]	CANCEL MEMBER				
View Mamber Add Member Cancel Member Modify Member		Contract ID: 101		Division ID: Division	e Name:	
Reinstate Member Benefit History Details PCP History		Let Name Date Of Bethy Distance	547% 55%	Pest Name: Middle Name: Gender:		
COORDINATION OF BENEFITS		Hamber Classe Dependent		Maniber Type: Regular		
AUDIT TRAIL		Effective Date: 41/62/2017		End Date:" 02/01/2018		
IBU AUDIT TRAIL		Change Reasons* Cither Reasons Divorce Or Sep	arMon	Benefit Package Code: LABO		
REFERENCE		Subscriber Reg Left Group Emp Military Service	uest ployment			Salmat Reset Cancel
		AB Items marked * COBRA Ending Complete Cano	el & Transfer To Existing Group el & Transfer To New Group	Have Constron 2 Coll 495/9 Surgert (1-496-67	- 48581	N

- 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.

ID CARDS (1)	Search Contract
CONTRACT 🕒	Please enter information
MEMDER O	Search Confract
View Member Add Member Cancel Member	Search Dp: Centerate Name Contract/2004 / 5 (Sedecriter Name George 20 (Descent 20)
Modify Member Reinstate Vember	Compare Read
Senett History Details PCP History	* All terms marked with asterials are required.



ID CARDS 🕀	Search Contract
CONTRACT 🕀	Please select a Contract
MEMBER	Search Contract
View Member Add Member Cancel Member Modify Member Reinstate Member	Search By: Contract Number Contract/SSN :* Group ID : Division ID :
Benefit History Details PCP History	Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS	874- Active

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

ID CARDS ⊕ CONTRACT ⊕ MEMBER ⊖	Modify Member -BCBSM Please select a Member Modify Member			
View Member Add Member Cancel Member Modify Member	Contract ID: Alternate ID:	Subscriber Name:	Group Name: Division Name:	
Reinstate Member Benefit History Details	Member ID Name	Subscriber/Dependent Date of Birth	Gender Male	
PCP History	02 GIBBS,	k pendent	Female	
COORDINATION OF	03 FORNELL,	Dependent	Female	

8. Click the *ELIGIBILITY* tab.

ID CARDS () CONTRACT ()	Modify Member - BCBSM Pleges Ester Information	Back To Snarsh Print This Page
MCMOLE (0)	MIMIER ELECTRICITY CONTACT OTHER CONTACT MEDICARE BEINETIT HISTORY	
View Member Add Member Carcel Member Modify Member	Contract ID: Subcriber Name: Contract ID: Sub	
Remetate Member Benefit History Details POP History	Hender Class* Turburifier Mender Type* Tep/ar V Mender Date* Curror/2015 Benefit Relage Coder* L/2017/0000 V M	
COORDINATION OF BENEFITS	End Date:* 12/32/9999 C Change Resource C Separation	
AUDIT TRAIL IBU AUDIT TRAIL REFERENCE	Subcombine Request Left Group Enablishement Wilders Service Wilders Service Wilders Service Group Request Concor Request	Sabert Reset Canod
LOGOUT	COBRA Ending Complete Cancel & Transfer To Existing Orsup Complete Cancel & Transfer To New Group	

- 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.

ID CARDS	Modify Member - BCBSM Please Enter Information U ELIGERITY SYNONATION UPDATES SUCCESSFULY			Rack To Search Print This Page
View Member Add Wember Cancel Member Modify Member Renatate Member Benefit Hatory Detaile PCP Hatory	Current Eligibility Ended - Hease Enter New Eligibility Enformation (not neede NEMERA ELIGENERTY CONTACT OTHER CONTACT PERSON Context ID: Substitution Alternate ID: Group ID: Member ID: Group New Context ID: Context ID: Con	AR BENEFTT HERTORY	Division ID:	
COORDINATION OF BENEFITS AUDIT TRAIL IIIU AUDIT TRAIL REFERENCE LOGOUT C	Effective Dates* (02/04/2018 C Benefit Package Codes*	Stelast Repuire Sponsored Dependents Dornetic Patther Repuire Dependent Herdurn Network Pamily Continues Step Child Phrocoal Support Working Aged Derigible For Melicare	v(); 864-676-4898)	Submit Broot Count

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.

ID CARDS () CONTRACT () MEMBER ()	Search Contract Please enter information Search Contract
View Member Add Member Cancel Member Wodly Member Resentate Member	Search By: Contract Hards Group 10 : * All hans marked with attandes are required.

5. Click Continue.

INQUIRY	
ID CARDS	Search Contract
CONTRACT	
MEMBER G	Search Contract
View Member Add Member Cancel Member Modify Member Reinstate Member Benefit History Details PCP History	Search By: Contract Number Contract/SSN :* Group ID : Division ID :
COORDINATION OF BENEFITS	Contract Number Subscriber Name Group ID Division ID Status 8744 Image: Subscriber Name Active
AUDIT TRAIL	 All items marked with asterisks are required.



ID CARDS (*) CONTRACT (*) MEMBLE (*)	Reinstate Member - BCBSM Prot like Page Please select a Member Reinstate Person
View Merober Add Merober Cancel Member Modity Member Reinstate Member Benefit Hatory Cetails	Contract DD: Subscriber Name: Group DD: Group Name: Contract DD: Device Name: Contract DD: Devic
PCP History COORDINATION OF BENEFITS AUDIT TRAIL	01 C025, Soborther Main 03 FORML Dependent Pennale Cancel

- 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.

ID CARDS ④ CONTRACT ④	Reinstate Member - BCBSM	Back To Search	Print This Page
MEMBER 🔿	REINSTATE MEMBER		
View Member Add Member Cancel Member Modify Member	Contract ID: Subscriber Name: Alternate ID: Group ID: Group Name: Division ID: Division Name: Member ID: Member Name:		
Reinstate Member Benefit History Details PCP History	Last Name: Suffix: First Name: Middle Name: Date Of Birth: SSN: Gender: Male		
COORDINATION OF BENEFITS AUDIT TRAIL IBU AUDIT TRAIL	Member Class: Spouse: Member Type: Regular Effective Date:* 02/03/2018 Benefit Package Code: Selects July End Date:* 12/31/9999 Index: 12/31/9999 July July		
REFERENCE 🕀	* All items marked with asterisks are required.	Submit	teset Cancel

- 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.

ID CARDS	Search Contract	Print This Page
CONTRACT		
MEMOER O	Search Custrad	
View Member Add Member Cancel Member Modify Member	Sauch Spr. Contracts Revelope ContractStrip (* Coldscorber Alaine Grane (1) St. Parkets, 10 :	
Modify Member Reinstate Member		Configure Reset
Element History Details	* All items marked with asterolisk are required.	11



ID CARDS 🕀	Search Contract
CONTRACT 🕀	Please select a Contract
MEMBER \ominus	Search Contract
View Member Add Member Cancel Member Modify Member Reinstate Member Benefit History Details	Search By: Contract Number Contract/SSN :* Group ID : Division ID :
PCP History	Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS	9977 Terminated
AUDIT TRAIL	 All items marked with asterisks are required.

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

ID CARDS	۲	Please select a Member						
CONTRACT (+)		Contract ID:		Subscriber Name:				
View Member Add Member		Alternate ID:		Group ID: Division ID:			Group Name: Division Name:	
Cancel Member		Member ID	Name	Subscriber/Dependent	Date of Birth	Gender		
Modify Member Reinstate Member		01	Reagan,	Subscriber		Male		
Benefit History Deta	sils	02	Reagan,	Spouse		Female		
PCP History		03	Reagan	Dependent		Male		
20.02478		04	Reagan,	Dependent		Male		

- 8. On the Benefit History BCBSM screen:
 - Click the hyperlinked column headers for explanations of what the columns contain.

net ID:		Subscriber A Group 10: Deletion 10: Member 10:	-	Group Name: Division Name: Member Name:			
ute ID:		Division ID:		Divolon Names			
		Member 10:	100	Member Name:	and the second se		
der Class Besefit Packa	ge Code Effective Date	t tel Date 1	ast Changed Date & Tim	e Group and Division			Next
LADO	02/04/2058	12/31/9999 0	2/15/2018 08:30	0000			
LADO	80,02/2008	02/03/2008 0	2/15/2018 06:09	0000			
LADO	09/04/2017	02/01/2018 0	2/13/2018-06:43	0000			
LADO	08/01/2057	09/03/2017 1	0/13/2017 10:33	0000			
LADO	07/23/2017	07/24/2017 0	9/01/2017 07:55	0000			
	LADO LADO LADO LADO	LA00 02/04/2008 LA00 02/02/2008 LA00 09/04/2007 LA00 09/04/2007	LAGO 02/94/2509 12/31/9999 0 LAGO 05/02/2508 02/35/2508 LAGO 09/94/2507 02/81/2508 0 LAGO 09/91/2507 02/91/2508 0 LAGO 09/91/2507 02/93/2507 1	LA00 02/04/2019 52/31/0499 02/31/3215 08:00 LA00 05/02/2018 05/03/2018 02/31/3215 06:00 LA00 05/04/2017 02/31/2018 06/31/2018 <	LAGO G2/02/2018 G2/03/2018 G2/13/2018 96/40 0000 0000 0000 0000 0000 0000 0000	LA00 60,04/2008 12/71/999 00/15/2018 96:00 9000 LA00 60,00/2008 60/15/2018 96:00 9000 9000 LA00 69,90/2007 60/15/2016 90/15/2018 96:00 9000 LA00 69,90/2007 60/15/2016 90/15/2018 96:00 9000 LA00 69,90/2007 60/15/2016 90/15/2017 9000	LACO 62/04/2018 12/31/0999 62/31/32/218 0000 LACO 65/02/2018 62/03/2018 60/03/2018 60/03/2018 LACO 66/02/2018 62/03/2018 60/03/2018 60/03/2018 LACO 66/03/2017 69/03/2017 69/03/2017 60/03/2018 LACO 66/03/2017 69/03/2017 10/01/2018/12/13/3 0000

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

ontract 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.

ID CARDS	۲	Search Contract
CONTRACT	۲	Please enter information
MEMBER	•	Search Contract
COORDINATION OF BENEFITS	-	Search By: Contract Number Subscriber Name
AUDIT TRAIL		Group ID : Division ID :
IBU AUDIT TRAIL		Contract Reset
REFERENCE	۲	* All items marked with asteriska are required.
LOGOUT 🔁		

5. Select the hyperlinked contract number.

ID CARDS		Search Contract
CONTRACT	Ð	Please select a Contract
MEMBER	Ð	Search Contract
COORDINATION OF BENEFITS		Search By: Contract Number
AUDIT TRAIL		Group ID : Division ID :
IBU AUDIT TRAIL		
REFERENCE		7
LOGOUT 🔀		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.

ID CARDS	۲	COB - BCBSM
CONTRACT	۲	Please Enter Information
MEMBER	٠	CO8 Information
COORDINATION OF BENEFITS		Contract No: Group ID : Division ID : Subscriber Last Name: Subscriber Birth Date:
AUDIT TRAIL		Spouse Name: Spouse Birth Date: Street Address: Ofty: State:
IBU AUDIT TRAIL		Zip: OtherCoverage: * NO
REFERENCE	٠	Other Coverage Information
LOGOUT		Carrier Name: -Select- V Other Policy Holder: 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

ID CARDS	Print This P						
	COB Information						
COORDINATION OF BENETITS AUDIT TRAL IBU AUDIT TRAL REFERENCE	Orderact No: Group D: Desiso: 10 / Subcrobler Last Name: Subcrobler First Name: Subcrobler Subt Name: Source Marine: Boown Sim Date: Subcrobler Subt Name: Struct Address Other Coverage Information Subcrobler Subt Name: Other Coverage Information Image: The Subtrue						
	Other Public Holder Mennetitie Policy Number * Find Kanee, * Find Kanee, * Gender, * Effective Date, * Effective Date, * Employer Nome:						
	Other Canier Information (1) Dense Name: Canier Code: * Strett Address: On: State: Zori Coverof Heathers: (1)						
	Name Berli Date Addrianalig is Other Polacy Holder Delete Add Member	Sulary Reset Cancel					

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.

INQUIRY	Œ	
ID CARDS	\oplus	
CONTRACT	Ð	View Audit Trail
MEMBER	Ð	Please Enter Information
COORDINATION OF BENEFITS		Audit Trail Inquiry
AUDIT TRAIL		Group ID*: Division ID*:
IBU AUDIT TRAIL		Contract Updated Date:
REFERENCE	Ð	Continue Reset
LOGOUT 🔀		
		* 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.



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

ID CARDS	۲		Print Tele Page.	
CONTRACT	۲	View Audit Trail	Prest Day Page P	Send All
MEMBER	۲	Please select an Audit Trail		
COORDINATION OF		Audit Trail Inquiry		
BENEFITS		Group ID*1 Delater ID*1		
AUDIT TRAL				
IBU AUDIT TRAE		Contract Updated Deba		
REFERENCE	۲	Continue Reset		
LOGOUT 2		Audit Troil Summary		
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		Group ID: Costru	tract Number: Updated Date:	
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		Contract Humber Subscriber Hume Updated By Updated Date & Time Operation Typ	pe Change Description Dect. Terminale Conflict Coverage Type	-
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		Terrinata Henb	der Termoule Nenber Opbilty	
		* All tares marked with asterisks are required.		

Group Di ID: Di	Division ID: CLOSE Print This Page			
Contract Number:				
	pdated By:			
	pdated me:			
Field Name	Old Value	New Value		
Coverage Type-Contract Type	Subscriber and Dependents	Subscriber and Dependents		
Coverage Type-Enrollment Typ	e Continuation Coverage	Continuation Coverage		
Coverage Type-Enrollment Eve Date	nt 08/01/2017	08/01/2017		
Coverage Type-Qualifying Ever	t 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.





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

ID CARDS			Print This Page.
Contract Summary Vew Contract Cancel Contract Modify Contract Reinstele Contract Transfer Contract		COVESA/2 TYPE Contrast Number: Coverage Type: Cover	
COORDINATION OF BENEFITS AUOIT TRAIL IBU AUDIT TRAIL REFERENCE LOGOUT	۲	COREMAL LINE OFFICE Employment: Datas: *	Add Scheroher Breet Cancel

- 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.

						Submit All Back C
MEMBER	ELIGIBILITY	ONTACT MEDICARE				
Contract Number:		Group ID: Division ID: 2000		Group Name: Division Name: Division Name:		
Meniber Classi * 5	subscriber	V Hender Type!"	-Select-	v		
CONCESS NO. CONCESS	1/01/2018	Benefit Package Co	de * Sninct-	✓ Ψ		
End Date: 1	2/31/9999					

- 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.

ID CARDS (B) CONTRACT (B)				
MEMDER	Search Opt Contract Number			
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ID CARDS 🕀	Search Contract
CONTRACT (+)	Please select a Contract
MEMBER	Search Contract
View Member Add Member Cancel Member Modify Member Reinstate Member	Search By: Contract Number Contract/SSN :* Con
Benefit History Details PCP History	Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS	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.

ID CARDS	Search Contract
CONTRACT	Please select a Contract
MEMBER G	Search Contract
View Member Add Member Cancel Member Modify Member Reinstate Member	Search By: Contract Number Contract/SSN :* Group ID : Division ID :
Benefit History Details PCP History	Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS	8744 Active

- 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.

ID CARDS	•	Modify Contract - BCBSM Please Enter Information			Back To Search
Contract Summary View Contract Add Contract Cancel Contract Modify Contract		COVERAGE FIVE COVERAGE EMPLOYER Context Number: Abernate ID:	Subscriber Name: Group ID: Division ID:	Group Name: Division Name:	and the second
Reinstate Contract Transfer Contract MEMBER	۲	Employment Status: * Active Employee 😒	Him Date: Employer Department ID:		
COORDINATION OF BENEFITS AUDIT TRAIL		Effective Date: * 03/01/2018 End Date: * 12/31/9999	Group Paid Through Date:		
IBU AUDIT TRAIL	۲	1		Subre	Reset Cancel



- 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.





6. Select the hyperlinked contract number.

ID CARDS 🕒	Search Contract
CONTRACT \ominus	Please select a Contract
Contract Summary View Contract Add Contract Cencel Contract Modify Contract Reinstate Contract Transfer Contract	Search Contract Search By: Contract Number Contract/SSN :* Group ID : Division ID :
MEMBER (*) COORDINATION OF BENEFITS AUDIT TRAIL	Contract Number Subscriber Name Group ID Division ID Status 7513 Terminated All items marked with asterisks are required.

- 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.

ID CARDS 🕘	Reinstate Contract - BCBSM	Back To Search Print This Page
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Contract Summary View Contract Add Contract Cancel Contract Modify Contract Reinstate Contract	AltivistAte Confrance: Contract Number: Subscribe Name: Disson ID: Disson	
Transfer Contract	Contract Type: Panely	
MEMBER ()	Excellment Type: Open: Enrollment/Life Event (2) Burgliment Event Date: (06/05/2017)	
COORDINATION OF BENEFITS AUDIT TRAE. IBU AUDIT TRAIL	Qualifying Event: Image: Concell for Date: 11/07/2017 Effective Date: 11/07/2017 Rescent Date: 11/07/2017 Cencell for Date: 11/07/2017 Rescent Date: 11/07/2017 Mod Date: 11/07/2017 Rescent Date: 11/07/2017	
REFERENCE ()	Group Faid Through Date: U/00 Ender: 12/31/19999 U/00 Ender: 12/31/19999 * All bents marked with activities are required.	Sitest Reat Court

- 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.

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INGURY (*) ID CARDS (*) <u>CONTRACT</u> (*)	Correct - BCBSM Please Later Information Contract Logist Form	Pred This Page.
Contract Summary View Contract Add Contract Cencel Contract Modify Contract Reinibile Contract Treneter Contract	SDR (*	

- 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.

CARDS		Add Contract - BCBSM			Proof Thes Page
ONTRACT	Θ	Please Enter Information			
Contract Summary View Contract Add Contract Gencel Contract Modify Contract Reinstale Contract Transfer Contract		Evolvent Type * Continuation Coverage 😿 Event Di Qualifying Event: *	ID:		
EMBER DORDINATION OF	•	CONTRAGE CHIPLOYER			
ENEFITS		Employment Status: * Laid Off/GRP EXT/COBRA V	Hire Calm	3	
UDIT TRAIL		Employer Reference ID:	Employer Department ID:		
U AUDIT TRAIL		Effective Date: * 01/01/2018	Group Paid Through Date:		
EFERENCE	۲	and and and and and and	strange cana converge antes		
DEOUT C					Add Subjection Reset Cancel

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

ID CARDS	Add Subscriber - BCBSM	Proof This Page
CONTRACT O	Please Enter Information	Submit All Back Cancel All
Contract Summary View Contract	HEMILER ELIKINELITY CONTACT HEDICARE	
Add Contract	Cartest Number Group ID: Group Name	
Cancel Contract Modify Contract	Design 12:1000 Design Name	
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Transfer Contract	And all all and all all all all all all all all all al	
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COORDINATION OF BENEFITS		Reset
AUDIT TRAIL	* All items marked with astersiks are required.	

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

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 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.

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Both Part A and Part	t B					
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Subscriber - BCBSM						Print This
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MEMBER ELIGIBILITY CO	INTACT HEDICARE				1	
itract Number:	Group ID:		lame:			
	Division ID:	Division	Name:			
dicare Indicator	Part A only					
tus Indicator: *	Select		Medicare ID: *			
ective Date: *	Primary Secondary		Eligibility Reason Code:	* -Select-		
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See Enter Information	ONTACT MEDICARE Group ID: Division ID: Part A only		Name:	-Select-	And a state of the	Print This

- 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.

ED CARDS () CONTRACT () MEMBLES ()	Search Contract Please enter information South Central South Central	Print This Page
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6. Select the hyperlinked contract number.

ID CARDS 🕒	Search Contract				
CONTRACT	Please select a Contract				
MEMBER \ominus	Search Contract				
View Member Add Member Cancel Member Modify Member Reinstate Member Benefit History Details PCP History	Search By: Contract Number ▼ Contract/SSN :* Group ID : Division ID : Contract Number Subscriber Name Group ID Division ID Status				
COORDINATION OF BENEFITS AUDIT TRAIL	7513 Active Active Active				

7. Select Add Member.

INQUIRY ()	e bar internet	
ID CARDS 🕒	Add Member -BCBSM	arch Print This Page
CONTRACT 🕒	Add Hember	3
MEMBER ()		
View Member	Alternate ID: Group ID: Group Name:	
Add Member	Division 20: Division Name:	
Cancel Member Modify Member Reinstate Member Benefit History Details PCP History	Homber ID Name Subscribes/Dependent Date of Nich Gender 01 Subscriber Male Male 02 Sposse Female 03 Dependent Female	
COORDINATION OF BENEFITS	Add Mander	Cancel
AUDIT TRAIL		
IBU AUDIT TRAIL		
REFERENCE	9	
LOGOUT 🔄		

- 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.



6. Select the hyperlinked contract number.

ID CARDS (+	Search Contract
CONTRACT C	Please select a Contract
Contract Summary View Contract Add Contract Cancel Contract Modify Contract Reinstate Contract Trensfer Contract	Search By: Contract Number Contract/SSN :* Group ID : Division ID :
MEMBER (+) COORDINATION OF BENEFITS	Contract Number Subscriber Name Group ID Division ID Status 5512 Active
AUDIT TRAIL	* All items marked with asterisks are required.

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.

ID CARDS	۲	Cancel Contract - BCBSM			Back To Search Print This Page
CONTRACT	Θ	Please Enter Information			
Contract Summary View Contract		CANCEL CONTRACT			
Add Contract Cancel Contract Modify Contract Reinstate Contract		Contract Number: Subscriber Name: Alternate ID: Group ID: Division ID:	-	Group Name: Division Name:	
Transfer Contract		Contract Type: Subscriber and one Dependent			
MEMBER	۲		Event Date:	12/31/2017	
COORDINATION OF BENEFITS			Request Date:	02/21/2018	
AUDIT TRAIL		End Date: * 01/31/2018	Change Reason:	Select Other Reasons	
IBU AUDIT TRAIL		Group Paid Through Date:		Divorce Or Separation Subscriber Request	
REFERENCE	۲			Left Group Employment Hilitary Service	Submit Reset Cancel
LOGOUT 🔀				Group Request COBRA Ending	
		* All items marked with asterisks are required.		Complete Cancel & Transfer To Existing Group Complete Cancel & Transfer To New Group	A.

- 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.

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

	⊕ ⊕	Modify M		CBSM		
MEMBER	Θ	Modify Memb				
View Member Add Member Cancel Member Modify Member		Contract ID: Alternate ID:				Group Name: Division Name:
Reinstate Member Benefit History Details PCP History		Member ID 01 02	Name GIBBS, GIBBS,	Subscriber/Dependent Subscriber	Date of Birth Gender Male Female	
COORDINATION OF BENEFITS		03	FORNELL,	Dependent	Female	



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

INQUIRY ID CARDS	Modify Member - BCBSM Please Enter Information
CONTRACT (+)	MEMBER INFORMATION UPDATED SUCCESSFULLY
	MEMBER ELIGIBILITY CONTACT PCP OTHER CONTACT MEDICARE BENEFIT HISTORY
View Member Add Member Cancel Member Modify Member Reinstate Member Benefit History Details PCP History	Contract ID: Subscriber Name: Alternate ID: Group ID: Division ID: Division Name:
COORDINATION OF BENEFITS AUDIT TRAIL IBU AUDIT TRAIL	* All items marked with asterisks are required.

Reinstate COBRA 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 the group ID number; the division ID number is optional.
- 5. Select Continue.

ID CARDS ③	Search Contract	Print This Page
CONTRACT O	Please enter information	
	Search Contract	
Contract Summary View Contract	Search By: Incentrace Resember	
Add Contract	Contract/SSN 1*	
Cancel Contract Modify Contract	Group ID : Division ID :	
Reinstate Contract		Continue Reset
Transfer Contract	* All items marked with asterisks are required.	N.

6. Select the hyperlinked contract number.

ID CARDS ④	Search Contract	Print This Page Print All
CONTRACT O	Please select a Contract	
Contract Concerns	Search Contract	
Contract Summary View Contract Add Contract	Search By: Contract/SN r*	
Cancel Contract Modify Contract	Group ID : Division ID :	
Reinstate Contract Transfer Contract		Continue Reset
MEMBER ④	Contract Number Subscriber Name Group ID Division ID Status	
COORDINATION OF BENEFITS	5512 Terminated	

- 7. Select the Enrollment Type ('Continuation Coverage').
- 8. 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).

ID CARDS	۲	Reinstate Contr	act - BCBSM			Back To Search Pr	vint This Page
CONTRACT	Θ	Please Enter Informat	tion				
Contract Summary		REINSTATE CONTI	RACT				
View Contract Add Contract Cancel Contract Modify Contract Reinstate Contract	1.500	Contract Number:		Group	kame:		
Transfer Contract		Contract Type:	Subscriber and one Dependent		/		
MEMBER	۲	Enrollment Type:	Continuation Coverage	Event Date:	12/31/2017		
COORDINATION OF BENEFITS		Qualifying Event: Effective Date: *	COBRA 18 COBRA 29	Request Date:	02/21/2018		
AUDIT TRAIL		Cancel End Date:	COBRA 36 01/31/2018	Reason:	Other Reasons		
IBU AUDIT TRAIL		End Date: *	12/31/9999		LA00		
REFERENCE	۲	Group Paid Through Date:		1011010000000000	1		
LOGOUT							
						Subreak Rese	THE OWNER WHEN

- 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.

ID CARDS	Search Contract	Print This Page Print All
CONTRACT	Please select a Contract	
The second second second	Search Contract	4
Contract Summary View Contract Add Contract Cancel Contract	Search By: Contract Number V Contract/SSN :*	
Modify Contract	Group ID 1 Division ID 1	
Reinstate Contract		Continue Reset
Transfer Contract		
MEMBER ④	Contract Number Subscriber Name Group ID Division ID Status	
COORDINATION OF BENEFITS	All items maning with asteroks are required.	
AUDIT TRAIL	* All items marked with asterisks are required.	

- 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.

ID CARDS	۲	Transfer Contract - BCBSM	Back To Search Print This Page
CONTRACT	Θ	Please Enter Information	
Contract Summary View Contract Add Contract Cancel Contract Modify Contract		TRANSFER CONTINUCT Contract Number: Subscriber Name: Alternate ID: Group ID: Group Name: Division ID: Division Name: Division Name:	
Reinstate Contract Transfer Contract	۲	Contract Type: Single Enrollment Type: Continuation Coverage V Qualifying Event: COBRA 18 Group ID: Cortinuation Coverage Division ID: COBRA 29 COBRA 20 COBRA 29 COBRA 20 COBRA 29 COBRA 20 COBRA 20 COB	
UDIT TRAIL		Effective Date: * End Date: * 12/31/9996 Request Date: 09/08/2017 Group Paid Through Date: 08/31/2015	
BU AUDIT TRAIL REFERENCE LOGOUT 23	۲	* All dems marked with asterisks are required.	Submit Reset Cancel

- 13. Select the appropriate Benefit Package Code.
- 14. Select Submit again.

ID CARDS	۲	Transfer Contract - BCBSM	Back To Search Print This Pag
CONTRACT	Θ	Please Enter Information	
Contract Summary		BPID's selection list was updated for new group/div selection, select from new list. Please pick a Benefit Package Code in effect as of the Transfer Effective Date.	
View Contract		TRANSFER CONTRACT	
Add Contract		Contract Number: Subscriber Name:	
Cancel Contract Modify Contract		Alternate ID: Group ID: Group Name:	
Reinstate Contract		Division ID: 0006 Division Name:	
Transfer Contract			
MEMBER	•	Contract Type: Single	
COORDINATION OF		Enrollment Type: * Continuation Coverage 文 Qualifying Event: COBRA 18 🗸 Event Date: 08/31/2017 🖪	
BENEFITS		Group ID: * Division ID: * 0005 Benefit Package Code: * Select	
AUDIT TRAIL		Effective Date: * 02/01/2018 End Date: * 02/28/2019 Request Date: LA00 Ends: 12/31/9999	
BU AUDIT TRAIL		Group Paid Through Date: 08/31/2015	
REFERENCE	œ		
REFERENCE	0		Sec. Reset Cance
LOGOUT C			

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

- 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.

	ent.	IDMVP electronic Membership Verving and Processing
ID CARDS	Add Contract - BCBSM Please Enter Information	proof this Poor.
Contract Summary View Contract Add Contract Concel Contract Modify Contract Reinsteine Contract	Centract Departy Form SD(1) Group 10 1* Deletion 10 1*	Conjuga 2001
Transfer Contract	* All items marked with asterials are required.	

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

	_	Add Contract - BCBSM	Print This Page
CONTRACT	Θ	Please Enter Information	
Contract Summary View Contract Add Contract Cancel Contract Modify Contract Reinstate Contract Transfer Contract		COVERAGE TYPE Contract Number: Group ID: Enrollment/Life Event v Enrollment Event Date: O2/01/2018 Effective Date: O2/01/2018 Perfective Date: O2/22/2018	
MEMBER	۲	COVERAGE ENVLOYER	
BENEFITS		Employment Status: * Active Employee V Hire Date:	
AUDIT TRAIL		Employer Reference ID: Employer Department ID:	
IBU AUDIT TRAIL		Effective Date: * 02/01/2018 I Group Paid Through Date:	
REFERENCE	۲		
LOGOUT		Add Subjector T	teset Cancel

- 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			
Mos	Please enter Contract Number, Group Number, Division and Company			
Log out	Contract Information			
	Contract Number"			
	"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.			

12. Enter the goal amounts.

	Modify Goal Amounts
Mos	Enter CDH Product Information
Log out	Contract Number: Group/Section-Package: Subscriber Name: Birthdate:
	Healthy Blue Choices Options - Current Benefit-Renewal Year
	
	Group/Section-Package: 0070305810021
	Healthy Blue Choices Options - Future Benefit-Renewal Year
	
	Submit All Charges

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.



5. Select the hyperlinked contract number.

CONTRACT ①	Please select a Contract
MEMBER O	Search Contract
View Member Add Member Cancel Member Modify Member Reinstate Member	Search By: Contract Number V Contract/SSN :* Group ID : Division ID :
Benefit History Details PCP History	Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS	4871 Active
AUDIT TRAIL	* All items marked with asterisks are required.

6. Select the *ELIGIBILITY* tab.

ID CARDS	View Member - BCBSM			
CONTRACT 🛞	MEMBER ELIGIBILITY CONTAC	T OTHER CONTACT MEDICARE	BENEFIT HISTORY	
MEMBER Θ	Contract ID:	Subscriber Names		
View Member Add Member Gancel Member	Alternate ID:		Group Name: Division Name: Member Name:	
Modify Member Reinstate Member Benefit History Details PCP History	Member Class: Billion	Member Type: Benefit Package Code:	Regular LA00	
COORDINATION OF BENEFITS AUDIT TRAIL IBU AUDIT TRAIL REFERENCE ①	End Date: CDH OPTIONS Product Indicator: 0010 PSA MEDICAL PSA DEPENDENT CARE	Reason Code:		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.

ID CARDS () CONTRACT ()	31	Search Contract Please entre information	Print This Page
MEMOLE	8	Search Centrad	
View Member Add Member Carcel Member	1	See 0 01 Construction of Subscription of Subscription (Construction) of Construction of Construction of Construction (Construction) of Construction (Constr	
Modify Member Reinstate Member			Continue Reset
Benefit History Details PCP History		 All items marked with asterials are required. 	N



5. Select the hyperlinked contract number.

ID CARDS		Search Contract
CONTRACT		Please select a Contract
MEMBER	Θ	Search Contract
View Member Add Member Cancel Member Modify Member Reinstate Member		Search By: Contract Number Contract/SSN : Group ID : Division ID :
Benefit History Deta PCP History	ils	Contract Number Subscriber Name Group ID Division ID Status
COORDINATION OF BENEFITS		4871 Active
AUDIT TRAIL		* All items marked with asterisks are required.

6. Select the hyperlinked member name.

ID CARDS (*) CONTRACT (*) MEMBER (*)	Modify Member -BCBSM Please select a Member Modify Member			
View Member Add Member Cancel Member Modify Member	Contract ID: Subscriber Name Alternate ID: Group ID: Group Name: Division ID: Division Name:			
Reinstate Member Benefit History Details PCP History	Member ID Name Subscriber/Dependent Date of Birth Gender 01 SPEEDLE Subscriber Male			

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.

ID CARDS	Modify Member - BCBSM	Bank To Search Print This Page
CONTRACT (Please Later Edumation	
MEMBER C	U ELIGEBUTY DPORMATION UPDATED SUCCESSFULLY	
View Member	🥼 Group/Divasier has CDH products available. Rease verify member's benefits before selecting CDH options	
Add Member	Current Eligibility Ended - Please Enter New Eligibility Information (not needed for Continuation Coverage members)	
Cancel Member Modely Member	PERMIT TISSUITIFY CONTACT OTHER CONTACT PEOPLEARE BENEFIT HERITORY	
Reinstate Member	Contract ID: Subscriber Nerve:	
Benefit History Details PCP History	Alternate 201 Decision ED1	
A STATISTICS	Member 12: III Group Name: Division Name: Division Name:	
COORDINATION OF BENEFITS		
AUDIT TRAIL	Menter Class* Subscriber V Menter Type:* Select- V	
	Effective Date:* 02/15/2018 🔃 Benefit Package Code:* [LAD] Ends: 12/31/9999 💗 🖖	
ISU AUDIT TRAIL		
REFERENCE	CDH OPTIONS	CDH Financial Information
LOGOUT	Product Indicator	CDH Pelancial Information
	HSA-HEALTHY BLIE HEALTH SAUTING ACCOUNT	
	FSA MEDICAL	
	PSA DEPENDENT CARE	
	To make modifications to CDH elections for COBIA contracts, please contact ePVP Support (1-866-676-8858) for assistance.	
		Submity Reset Cancel
		- A.

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.

ID CARDS	Modify Member - BCBSM Place Information	
CONTRACT ®	The second and second secon	
View Werster Add Mexiter Const Meriter Molify Weister Painste Monter	Network Construct Construct Reserved Construct UX Substrative frame Substrative frame Allement EX Drouge EX Drouge EX Number EX Brouge EX Drouge EX	
Exect Healpy Details PGP Heapy CODEDIMINATION OF EXPERTS ABOUT TEAM	Nerviser Class.** Dutters for W Mendeer Taple.** Dutters for W Officities basis.** Docs/schints Dutters for W Ord Desit* TaxTat reverse W Desite Researcher Selector W	
REALISE TANK	CON OFTIMES Index 2 Index 5007 FGN-FGA.THY DUC FIDE.TH SAVENIS ACCOUNT FGN-FGA.THY DUC FIDE.TH SAVENIS ACCOUNT FGN-FGD-FGT-FGTGT FIDE.TH To make modifications to CON electrons for CONNA contracts, please carted eTMP Support (1-856-875-8558) for assistance.	Cite Description in Information

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

	Access MOS Financial Information			
Mos	Please enter Contract Number, Group Number, Division and Company			
Log out	Contract Information			
	Contract Number" Group" Division" Company" Mos			
	"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.	lear		

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.

	Modify Goal Amounts
Mos	Enter CDH Product Information
Log out	Contract Number: Group/Section-Package: Birthdate:
	Healthy Blue Choices Options - Current Benefit-Renewal Year
	 ✓ Please type goal amount (include employee + employee as appropriate). ✓ PSA MEDICAL Effective Date 02/01/2018 End Date 12/31/9999 Goal Amount: 0.00
	Group/Section-Package: 0070305810021
	Healthy Blue Choices Options - Future Benefit-Renewal Year
	 ✓ Please type goal amount (include employer + employee as appropriate). ✓ PSA MEDICAL Effective Date 01/01/2019 End Date 12/31/9999 Goal Amount: 0.00
	Submit All Charges

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.

INQUIRY	۲	Add Contract - BCBSM	Print This Page
ID CARDS	۲	Please Enter Information	
CONTRACT	Θ	Calck mark to sho for to the population.	
Contract Summary View Contract		CLICK HERE TO ADD ADDITIONAL MEMBERS. Contract Inquiry Form	
Add Contract Cancel Contract		55N : *	
Modify Contract		Group ID : * Division ID : *	
Reinstate Contract Transfer Contract			Continue Reset

<u>OR</u>

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

INQUIRY	۲	Search Contract
ID CARDS	۲	Please enter information
CONTRACT	۲	Search Contract
MEMBER View Member Add Member Cancel Member Modify Member	Θ	Search By: Contract: Number Contract: Number Contract; SSN :* Group ID : Division ID : Continue: Reset
Reinstate Member Benefit History Details PCP History		* All items marked with asterisks are required.

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

INQUIRY	Search Contract	
ID CARDS	Please select a Contract	
CONTRACT	⊕ Search Contract	
MEMBER	Search By: Contract Number	
View Member Add Member Cancel Member Modify Member	Contract/SSN :* Group ID : Division ID :	
Reinstate Member Benefit History Details PCP History	Contract Number Subscriber Name Group ID Division ID Status 8064 Active	
COORDINATION OF BENEFITS	All items marked with asterisks are required.	



7. Select the hyperlinked name.

INQUIRY ①	Modify Member -B Please select a Member	CBSM		Back To Search	Print This Page
CONTRACT ①	Modify Hember				
MEMBER 😑	Contract ID:	Subscriber Name:			
View Member	Alternate ID:	Group ID:	Group Name:		
Add Member		Division ID:	Division Name:		
Cancel Member	-				
Modify Member	Member ID Name	Subscriber/Dependent Date of Birth Gende			
Reinstate Member	01 COLEMAN,	Subscriber 03/18/1993 Female			
Benefit History Details					
PCP History	14				Cancel
COORDINATION OF					and south the

- 8. Select the PCP tab.
- 9. Use the calendar feature to select the end date.
- 10. Select Submit.

INQUIRY	Modify Member - BCBSM	Basik Ya Search Print This Page
ID CARDS	Please Enter Information	
CONTRACT	B MEMBER ELISIBELITY CONTACT CONTACT MEDICARE BEMETSTHISTORY	
MEMOLE	Contract ID: Subscriber Name:	
View Member	Alternate ID: Group ID: Division ID: Division ID:	
Add Member	Member ID: III Drog Name: Division Name:	
Cancel Member Modify Member		
Reinstate Member	National Provider Industors [17:11274601]	
Benefit History Details	Effective Date: E2/04/2018	
PCP History	End Date: 02/05/2018	
COORDINATION OF		
BENEFITS		Submit Revet Cancel
AUDIT TRAIL		
IRII AND T TO AN	* All barra marked with asteroids are required.	A

- 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.

INQUIRY	۲	Search Contract
ID CARDS	۲	Please enter information
CONTRACT	۲	Search Contract
MEMDER View Member Add Member Cancel Member	Θ	Search By: Contract: Number C Contract/SSN :* Group ID : Division ID : Continue
Modify Member Reinstate Member Benefit History Deta PCP History	b	* All items marked with asterisks are required.



4. Select the hyperlinked contract number.

INQUIRY	۲	Search Contract Print This Page Print All
ID CARDS	۲	Please select a Contract
CONTRACT	۲	Search Contract
MEMBER View Member	Θ	Search By: Contract #thinks of a contract State of the contract St
Add Member Cancel Member Modify Member		Group ID : Division ID : Continue Reset
Reinstate Member Benefit History Details PCP History	2	Contract Number Subscriber Name Group ID Division ID Status 77133
COORDINATION OF BENEFITS		* All term marked with asteriaks are required.

5. Select the hyperlinked name.

INQUIRY	œ	PCP History - BCBS	м				Back To Search	Print This Page
ID CARDS	۲	Please select a Member						
CONTRACT	۲	PCP History						
MEMBER	Θ	Contract ID:	Subscriber Nam		3			
View Member Add Member Cancel Member		Alternate ID:	Group ID: Division ID:	-		Group Name:		
Modify Member Reinstate Member Benefit History Deta	N)	and the second se	subscriber/Dependen Jubscriber		Gender Nale			
PCP History								Cancel

6. View member PCP history.

۲	Member PCP History -	BCBSM			Back To Search	Print This Page
۲	Contract ID:	Subscriber Name :				
۲	Alternate ID :	Group ID 1	Second Street Stre	Group Name :		
O		Division ID :	ALC: NOT	Division Name : Description		
	-					
		and the second se		me		
		31/2016 12/31/9999	02/22/2018 11:04			
6) (B						Cancel
	۲	Contract ID: Alternate ID : Kathenal Provider Indicator ITH 17102 01/	Contract ID: Subscriber Name Abernate ID : Group ID : Division ID : Member ID : Noticent Provider Indicator Effective Date End Date 17102 01/31/2018 12/31/9999	Contract ID: Subscriber Name : Abernate ID : Group ID : Division ID : Member ID : Netbonal Provider Endicator Effective Date End Date Last Changed Date & Te 17102 01/31/2018 12/31/9999 02/22/2018 11:04	Contract ID: Subscriber Name : Group Name : Division Table : Division Table : Division Table : Division Table : Division Name : Member ID : Member ID : Member Name : Memb	Contract ID: Subsorber Name : Alternate ID : Group ID : Group Name : Division ID : Division ID : Division ID : Member ID : Member Name : Member ID : Member Name : Member ID : Member Name : Member Name : Member Name : Member Name : Member ID : Member Name : Member ID :

Customer support

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



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