

Employer Group Online Account User Guide



Manage Your Account at mvphealthcare.com/employers.



Table of Contents

General

[Introduction](#)

[Important Contact Information](#)

[Signing into your MVP Account](#)

[Accessing the MVP Website](#)

[Navigating the MVP Employer Account](#)

Group Details

Overview

Member List

Overview

[Viewing a Subscriber](#)

[Viewing a Subscriber/ID Cards](#)

[Viewing a Subscriber/Edit Information](#)

[Terminate Subscriber or Dependent](#)

[Viewing a Subscriber/Dependent](#)

[Adding a Dependent](#)

[Enroll or Reactivate a Subscriber](#)

[Export Member List](#)

[Contact SBIU for Questions or Support](#)

Payment Center

Overview

[Make A Payment / Group Information](#)

[Set Up Automatic Payment \(InstaMed®\)](#)

[Manage My Wallet \(InstaMed®\)](#)

[View Billing History](#)

MVP Core Analytics

Overview

Resource Center

Overview

mvphealthcare.com



MVP Health Care® (MVP) provides quick and easy access to the information you need as a Health Benefits Administrator (HBA) to do business with MVP.

By signing into your online account at **mvphealthcare.com**, you can process routine transactions, including:

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

Important Contact Information

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

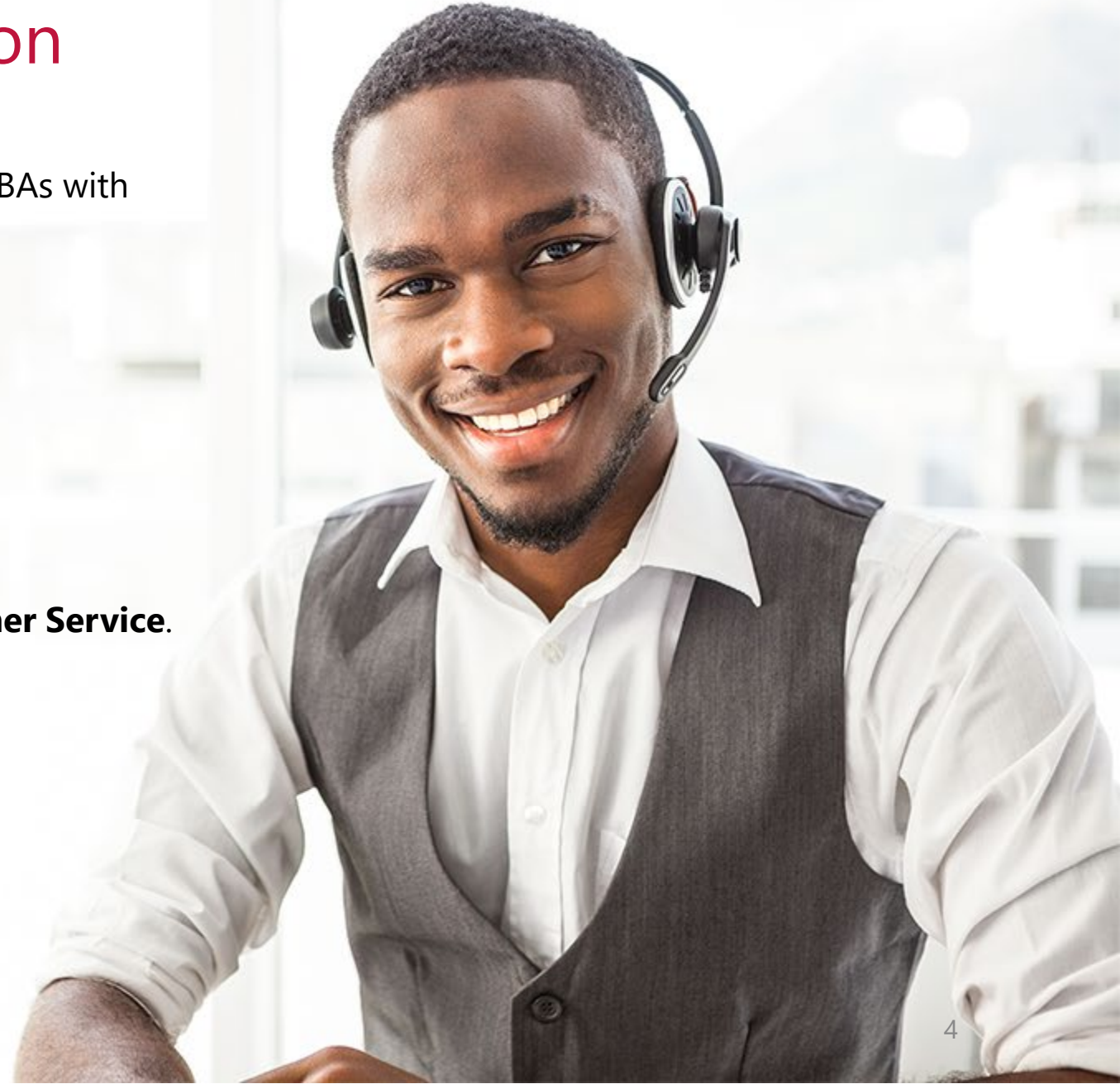
Dedicated phone number will route directly to the GPST: **1-844-946-8003**

Email: **GPST@mvphealthcare.com**

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

If Brokers need assistance, please contact **Broker Customer Service**.

Email: **BrokerCustomerService@mvphealthcare.com**
or call Broker Customer Service at **1-888-819-2132**.



Important Contact Information

Received an Error?

If you experienced an error while submitting an enrollment, adding a dependent or another area of the website. The **Group Personal Service Team** can assist here also.

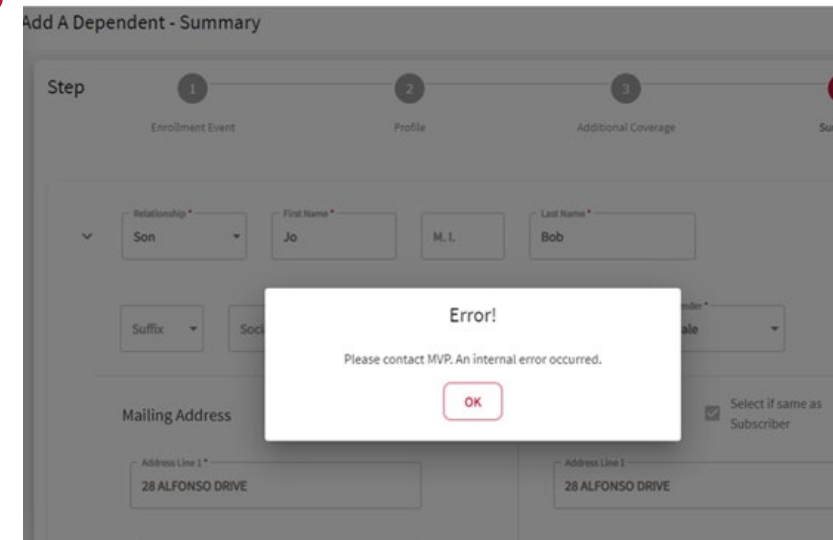
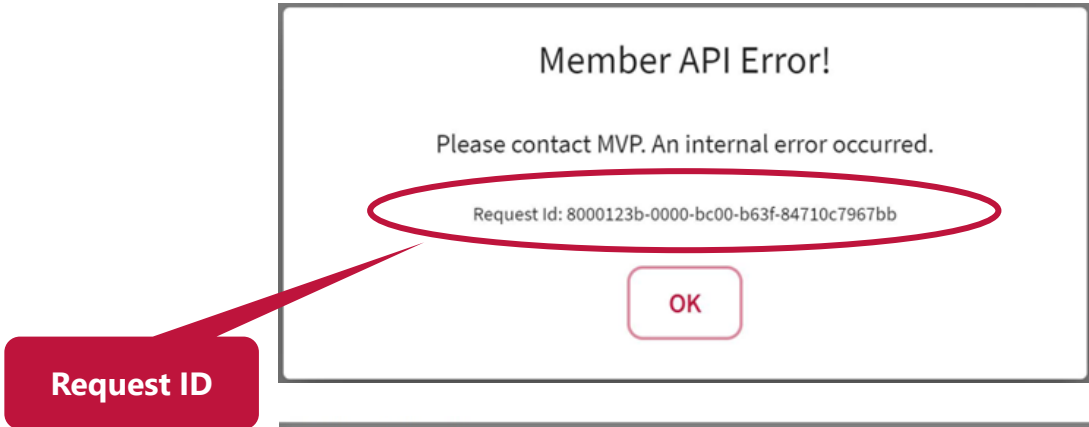
Dedicated phone number: **1-844-946-8003**

Email: **GPST@mvphealthcare.com**

If you are submitting assistance by email, we suggest that you provide a description of how you received the error along with any screenshots you can provide.

Please include the **Request ID** in the subject of the email, if the error message you received provided one.

A member of the GPS Team will follow up once they receive your request.

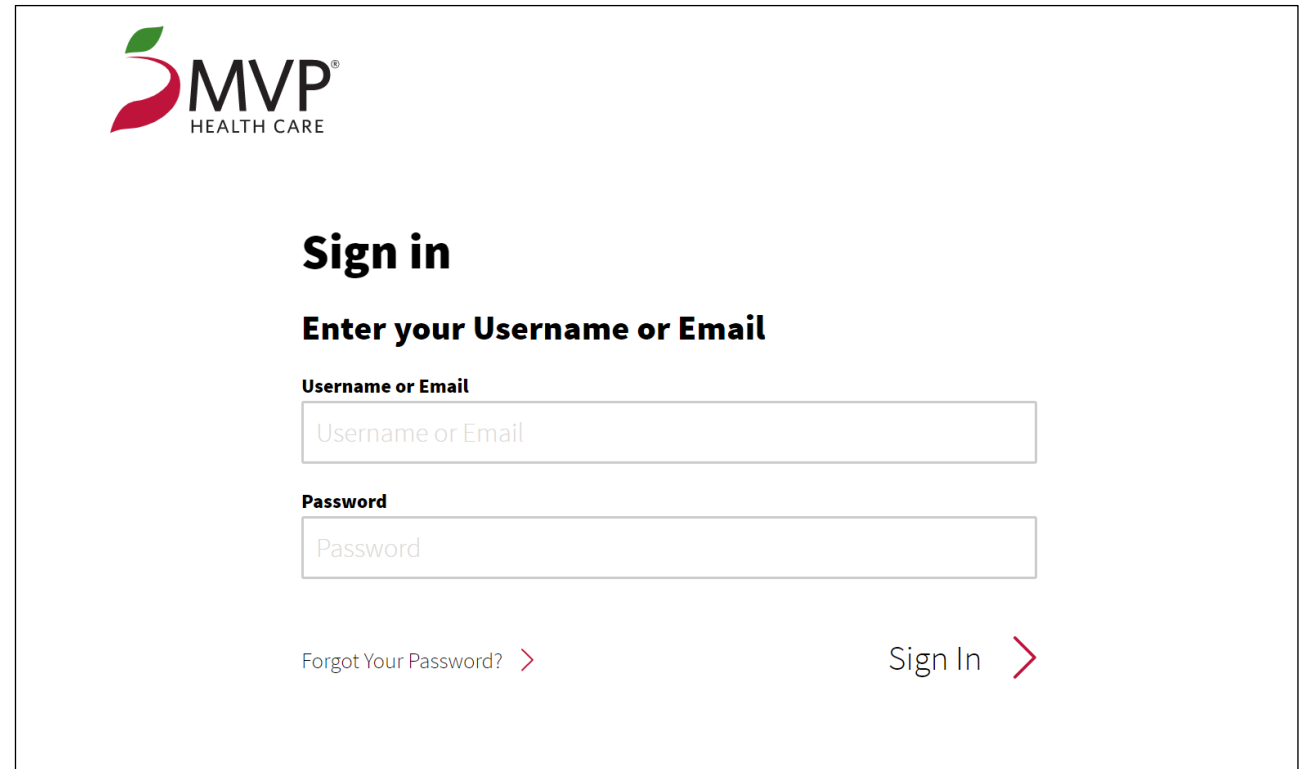


Signing Into Your MVP Account

Our new portals will include single sign-on functionality.

Your account will be accessible right from the MVP website and since it is web-based, it is compatible with any browser of your choice.

Note: For technical problems or login assistance, please call our eSupport Help Desk at **1-888-656-5695** or email us at **esupport@mvphealthcare.com**.



The screenshot shows the MVP Health Care sign-in interface. At the top left is the MVP Health Care logo, which consists of a stylized red and green leaf icon followed by the text 'MVP HEALTH CARE'. Below the logo, the heading 'Sign in' is displayed in a large, bold, black font. Underneath the heading is the instruction 'Enter your Username or Email' in a smaller, bold, black font. There are two input fields: the first is labeled 'Username or Email' and the second is labeled 'Password'. Both fields have a light gray border and a matching placeholder text. At the bottom left of the form area, there is a link that says 'Forgot Your Password?' followed by a right-pointing chevron. At the bottom right, there is a 'Sign In' button with a right-pointing chevron.

Accessing the Website

Once you have signed into the website you will be presented with this Attest screen.

Please read and acknowledge the text on this screen by clicking the red **Attest** button at the bottom of the acknowledgement.

This is the only way you can continue.

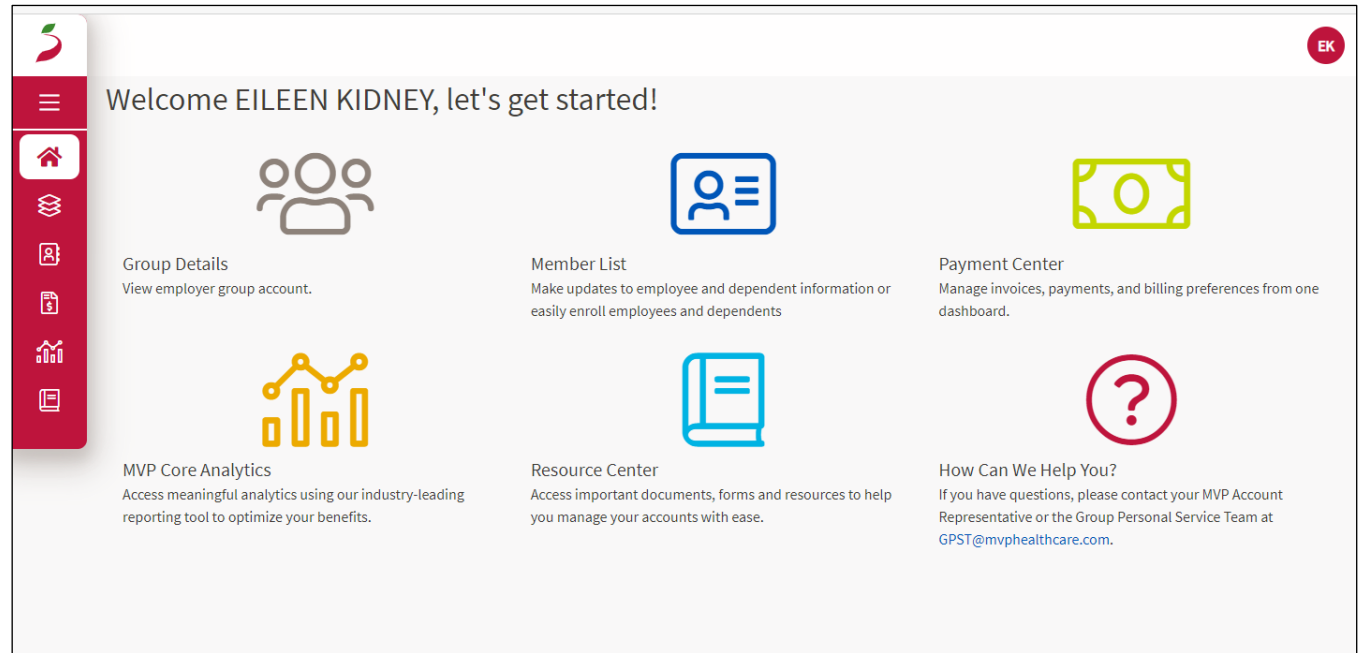
By accessing MVP Health Care's employer and broker online accounts, I attest that I have the appropriate authority for such access. I acknowledge I may have access to sensitive information within this account, including but not limited to, members' protected health information (PHI), personally identifiable information (PII), financial information, or MVP's proprietary business information. I acknowledge my duty to keep confidential any sensitive information made available to me or accessed by me through this account. I will not use or disclose sensitive information for any purpose unrelated to the administration of the employer group(s) health insurance coverage with MVP. If I breach this duty, I agree to be liable for all damages and costs arising from the breach, regardless of whether a claim or legal proceeding is brought as a result. I acknowledge my duty of confidentiality and my liability obligations extend beyond termination of my relationship with the employer group(s) and/or the termination of the employer group(s) relationship with MVP.

Attest

Accessing the Website

You can start your new portal experience from the welcome screen.

You can choose to navigate the areas of the website by either clicking on the colorful icons or using the left nav bar on the far left of the screen.

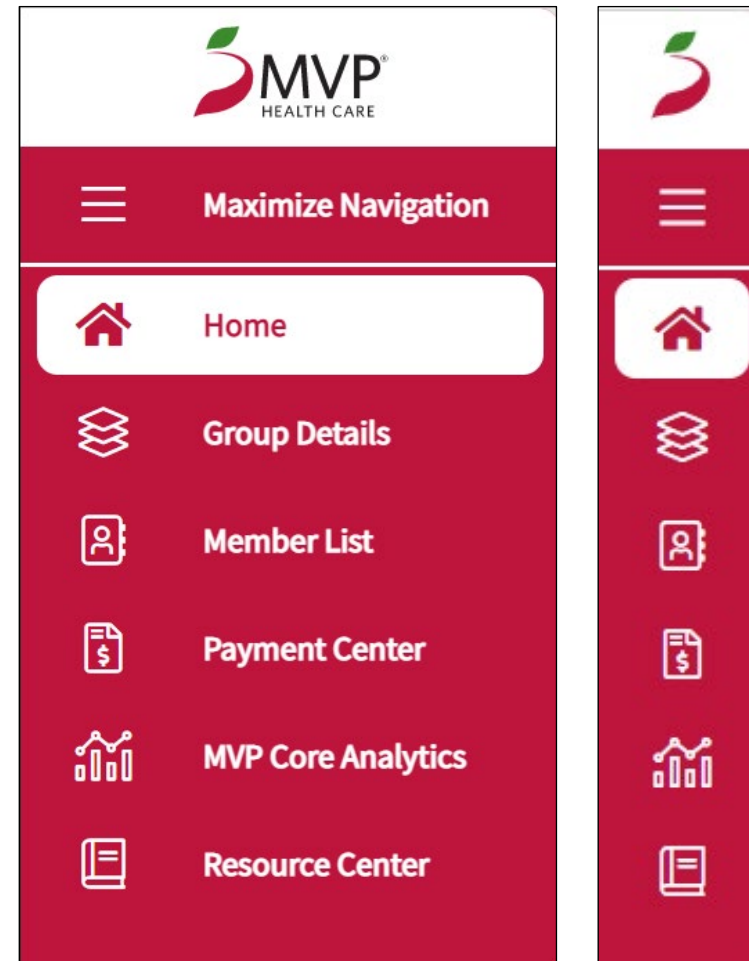


Navigating Your MVP Employer Account

The navigation menus can be maximized or minimized.

When maximized, you will see the icon along with supporting text for each menu option. When the navigation is minimized, you will only see the icons.

You will notice that the navigation for each area will become inverted to show where you are currently on the website. In this example the **Home** is white with a red icon and text.



Group Details

The **Group Details** section provides you with:

Plan Offerings – you can click the dropdown to **Select A Plan Year**. By default, it will display for the current year.

Group Information – Gives you the ability to view the information pertaining to the specific group such as Name, Tax ID, Group Number, Type, Renewal Date and number of Full Time Employees.

Health Benefits Admin – Will provide any HBA information associated with the group.

The screenshots illustrate the WLMC LLC Group Details interface. The top screenshot shows the Plan Offerings section with a 'Select A Plan Year' callout pointing to a dropdown menu set to 2020. The middle screenshot shows the Group Information section with fields for Group Name, Tax ID, Group Number, Type, Agency of Record, Renewal Date, and Total Number of Full Time Employees. The bottom screenshot shows the Health Benefits Admin section with a 'Health Benefits Admin.' callout.

Plan Offering	Employee	Employee + Spouse	Employee + Child(ren)	Family
MVP EPO Bronze 2	\$665.41 /month	\$1330.82 /month	\$1131.20 /month	\$1896.42 /month
MVP EPO Silver 1	\$858.20 /month	\$1716.40 /month	\$1458.94 /month	\$2445.87 /month
MVP EPO Gold 3	\$992.32 /month	\$1984.64 /month	\$1686.94 /month	\$2828.11 /month

Member List

Member List—Gives you a quick view of the members in a specific group. If you wish to have a deeper look into a specific member's information, just click on the subscriber's name in blue.

You can also **search** and **filter by** using the tools in the top right corner of the interface.

The three navigation buttons under the Member List will allow you to:

- Enroll or reactivate a subscriber
- Export the member list to CSV format
- Call or email your Sales Rep with questions

WLMC LLC

Member List

Active

MVP Member ID	Subscriber Name	Suffix	Tier	Subgroup	Subscriber Status	Coverage Effective Date
			Subscriber Only	WLMC LLC (WLMC LLC)	Active	2020-07-01
			Subscriber Only	WLMC LLC (WLMC LLC)	Active	2020-07-01
			Subscriber and Spouse	WLMC LLC (WLMC LLC)	Active	2020-07-01
			Subscriber Only	WLMC LLC (WLMC LLC)	Active	2020-07-01
			Subscriber Only	WLMC LLC (WLMC LLC)	Active	2020-07-01

Rows per page: 10 1-5 of 5

Enroll or Reactivate a Subscriber

Export Member List
Download a complete list of subscriber and dependent details.

Questions?
SMALL BUSINESS AND INDIVIDUAL SERVICE UNIT
(844) 865-0250
sbiu@mvphealthcare.com

Enroll or Reactivate

Export the Member List to CSV format

Contact Sales Rep for support

Member List > Viewing a Subscriber

If you choose to view a subscriber here are the details you will be allowed to view.

Coverage – This will show an overview of this subscriber’s current plan with the ability to view additional plan details within the Slick, SBC or Benefits Display buttons.

ID Cards – This will allow you to download or reorder ID cards if needed.

Subscriber Information – View and edit subscriber details such as Name, Address, Marital Status, etc.

Dependents – Add dependents or edit existing dependents information.

MVP Member ID	Subscriber Name	Suffix	Tier
[REDACTED]	[REDACTED]		Subscriber Only
[REDACTED]	[REDACTED]		Subscriber Only

MEGAN MONTENARO (WLMC LLC)

Class: ACTIVE ACA (AC01)

MVP EPO Gold 3

OVERVIEW

Employee	\$992.32 /month
Employee + Spouse	\$1984.64 /month
Employee + Child(ren)	\$1686.94 /month
Family	\$2828.11 /month

View Slick View SBC

Member List > Viewing a Subscriber > ID Cards

ID Cards—Allows you to download or order replacement ID cards.

The ID Cards will download in a PDF format.

If you would prefer to reorder ID cards, then click on the **Reorder ID Cards** button and fill out the form to begin the process.

The screenshot shows a web application interface for a subscriber named MEGAN MONTENARO (WLMC LLC). On the left is a vertical navigation menu with icons for home, settings, ID cards (highlighted), account, and documents. The main content area is titled 'MEGAN MONTENARO (WLMC LLC)' and contains a sidebar menu with 'Coverage', 'ID Cards' (highlighted), 'Subscriber', and 'Dependents'. The 'ID Cards' section displays a description: 'Our MVP Member ID card is designed to provide members with the information they need most to use their MVP health plan, including plan type information, pharmacy benefits, cost-shares, and more!'. Below this are two buttons: a red 'DOWNLOAD ID CARDS' button and a grey 'REORDER ID CARDS' button. Two callout boxes point to these buttons: one pointing to the red button says 'Click here to download ID Cards in a PDF format.' and another pointing to the grey button says 'Click here to have physical ID Cards mailed to you.'

Member List > Viewing a Subscriber > Subscriber > Edit Info

Subscriber Information—View and edit subscriber details such as Name, Address, Marital Status, etc.

Dependents – Add dependents or edit existing dependents information.

MEGAN MONTENARO (WLMC LLC) EK

Coverage

ID Cards

Subscriber

Dependents

Subscriber Information

Member ID: [REDACTED] First Name: [REDACTED] M. I.: E Last Name: [REDACTED] Suffix: [REDACTED]

Date of Birth: [REDACTED] Social Security Number: [REDACTED] Gender: Female Marital Status: [REDACTED]

Subgroup/Class/Tier

Subgroup: [REDACTED] Class: [REDACTED]

Tier: Subscriber Only

Mailing Address **Home Address** Select if different than Mailing

Address Line 1: 35 MAPLE AVENUE

Address Line 1: 35 MAPLE AVENUE

Click "Edit Info" to make changes to the Subscriber Information.

EDIT INFO

Member List > Subscriber > Terminate Subscriber / Dependent

To terminate a subscriber ensure you are in the **Subscriber** tab, then at the bottom of the screen click on the **Terminate Subscriber** button.

To terminate a dependent ensure you are in the **Dependents** tab, then at the bottom of the screen click on the **Terminate Dependent** button.

CRYSTAL SPUHLER (WLMC LLC) EK

CoverageSubscriber Information EDIT INFO

Subscriber

ID Cards

Member ID: [REDACTED] First Name: [REDACTED] M. I.: [REDACTED] Last Name: [REDACTED] Suffix: [REDACTED]

Date of Birth: [REDACTED] Social Security Number: [REDACTED] Gender: Female Marital Status: [REDACTED]

Subgroup/Class/Tier

Subgroup: [REDACTED] Class: [REDACTED]

Tier: Family

City: CALLICOON State: NY Zip Code: 12723

City: CALLICOON State: NY Zip Code: 12723

TERMINATE SUBSCRIBER

Member List > Subscriber > Terminate Subscriber / Dependent

Continue the process by selecting a **Termination Reason** from the dropdown menu.

Then enter the Effective Date for the Subscriber or Dependent to be terminated.

Click on the **Next** button to proceed.

Subscriber Termination - Reason

Terminate Subscriber

To terminate this subscriber, please select the appropriate *Termination Reason* and *Coverage Termination Date* below.

Important: By terminating this subscriber, you will also terminate coverage for all active dependents under this subscriber.

Select Termination Reason

- Termination of Employment
- Opt for other healthcare insurance by group
- Termination - No Longer Eligible
- COBRA Termination
- Enrollment in Medicare/Medicaid/CHP
- Retirement
- Deceased
- Termination - Moved from Area
- Incarceration

Effective Date *

CANCEL

BACK

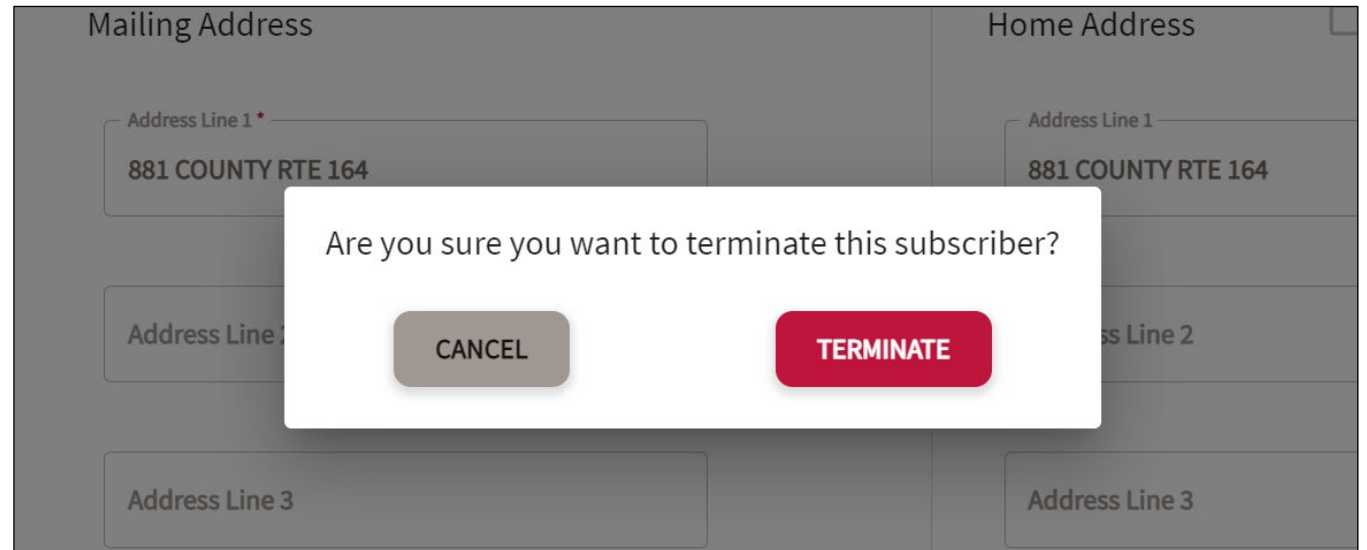
NEXT

NEXT

Member List > Subscriber > Terminate Subscriber / Dependent

Once you have clicked **Terminate Subscriber** or **Terminate Dependent** you will be brought to this screen to cancel or confirm your action.

If you want to confirm the termination, then click on the **Terminate** button.



The screenshot shows a web form with two columns: "Mailing Address" and "Home Address". Both columns have three input fields labeled "Address Line 1", "Address Line 2", and "Address Line 3". The "Address Line 1" fields contain the text "881 COUNTY RTE 164". A white modal dialog box is centered over the form, containing the text "Are you sure you want to terminate this subscriber?". Below the text are two buttons: a grey "CANCEL" button and a red "TERMINATE" button.

Member List > Viewing a Subscriber > Dependents

In the **Dependents** tab you can view or edit Dependents Information. If there are no dependents this area will be blank.

You can also choose to edit the dependent information by clicking the **Edit Info** button or add a dependent from this screen by clicking the **Add Dependent** button at the bottom of the screen.

EDWARD SYKES (WLMC LLC) EK

Coverage

ID Cards

Subscriber

Dependents

Dependents Information

Active Dependent(s)

Relationship *	First Name *	M. I.	Last Name *	Member Id
Wife	CVB		FG	82079698401
Son	FG		DHF	82079698402

Edit Dependent Information

EDIT INFO

Add Dependent button here

ADD DEPENDENT

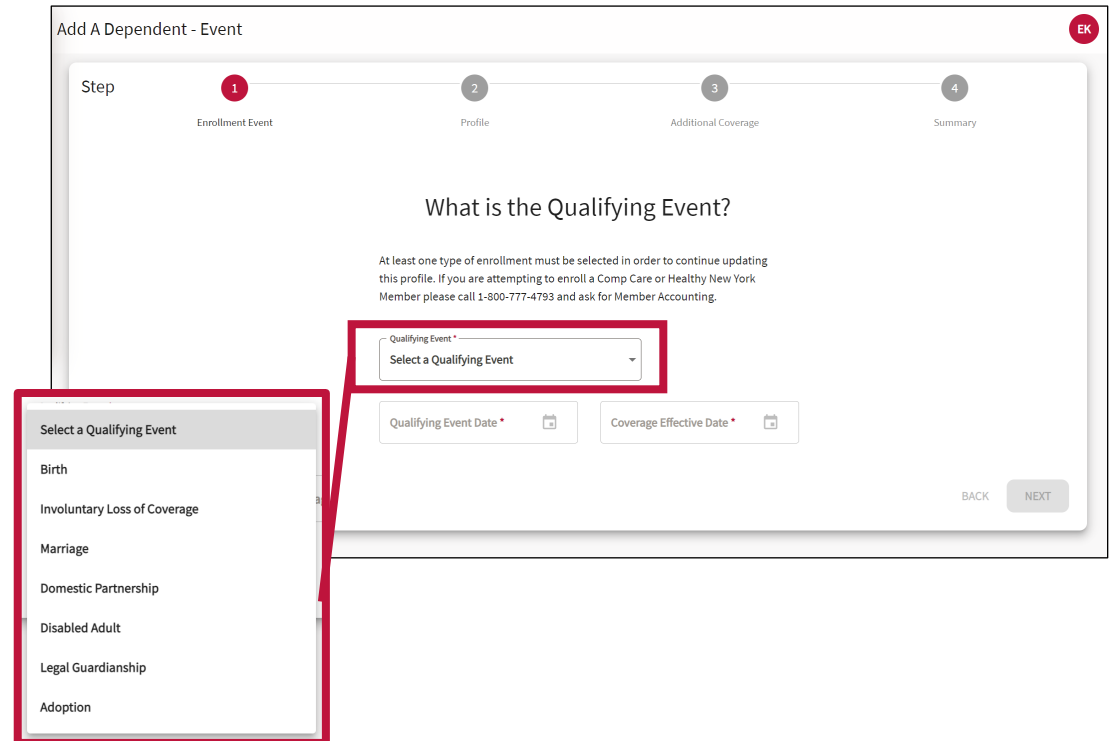
Member List > Viewing a Subscriber > Dependents

Add A Dependent–Event

When selecting a Qualifying Event, Qualifying Event Date and Effective Date.

Please be aware of the time limits outlined in the chart below.

Qualifying Event	Qualifying Event Date	Coverage Effective Date
Birth	Equal or Greater than (NY-30 / VT-60) days in the past	Date of Birth
Involuntary Loss of Coverage	Equal or Greater than 30 days in the past	Equal or Greater than the Event Date up to 30 days in the future
Marriage	Equal or Greater than 30 days in the past	First of the following month of the event
Domestic Partner	Equal or Greater than 30 days in the past	First of the following month of the event
Disabled Adult	Equal or Greater than 31 days in the past	Equal or Greater than the Event Date up to 31 days in the future
Legal Guardianship	Equal or Greater than (NY-30 / VT-60) days in the past	Date of Legal Guardianship
Adoption	Equal or Greater than (NY-30 / VT-60) days in the past	Date of Adoption



Member List > Viewing a Subscriber > Dependents

Add A Dependent–Qualifying Event

On this screen be sure to include the **Qualifying Event Date** and **Coverage Effective Date** before you continue.

Please use the chart on the previous screen as a reference to determine what those dates should be.

Then click the **Next** button to proceed.

1 Enrollment Event 2 Profile 3 Additional Coverage 4 Summary

What is the Qualifying Event?

At least one type of enrollment must be selected in order to continue updating this profile. If you are attempting to enroll a Comp Care or Healthy New York Member please call 1-800-777-4793 and ask for Member Accounting.

Qualifying Event *
Birth

Qualifying Event Date *
01/08/2021

Coverage Effective Date *
01/08/2021

BACK NEXT

Member List > Viewing a Subscriber > Dependents

Add A Dependent–Profile

On the Profile screen, Relationship, First Name, Last Name, Date of Birth, Gender, and Address (City, State and Zip Code) are all required fields to continue the process of adding a dependent.

For the Mailing and Home Address by checking the box **Same as Subscriber** will auto-populate the Subscriber's address to the dependents fields and make the fields non-editable.

Once of the required fields have been filled out click the **Next** button to proceed.

Add A Dependent - Profile

Step 1 Enrollment Event 2 Profile 3 Additional Coverage 4 Summary

Relationship * Son First Name * Jake M. I. Last Name * Smith

Suffix Social Security Number ***** Date of Birth * 01/01/2021 Gender * Male

Mailing Address Select if same as Subscriber

Address Line 1 * 282 DEARCOP DR

Address Line 2

Address Line 3

City * ROCHESTER State * NY Zip Code * 14624

Home Address Select if same as Subscriber

Address Line 1 * 282 DEARCOP DR

Address Line 2

Address Line 3

City * ROCHESTER State * NY Zip Code * 14624

CANCEL BACK NEXT

Member List > Viewing a Subscriber > Dependents

Add A Dependent–Profile

This screen is adding a dependent from the **Viewing a Subscriber** screen.

We cover adding a dependent when enrolling or reactivating a subscriber later in this guide.

However, the screens for adding dependents may look similar.

Simply click the **Add Additional Dependent** button, then **Next** to continue.

Add A Dependent - Profile

Step 1 Enrollment Event 2 Profile 3 Additional Coverage 4 Summary

Add Dependent(s)

Relationship * Son First Name * Jake M. I. Last Name * Smith REMOVE

+ Add Additional Dependent

CANCEL BACK NEXT

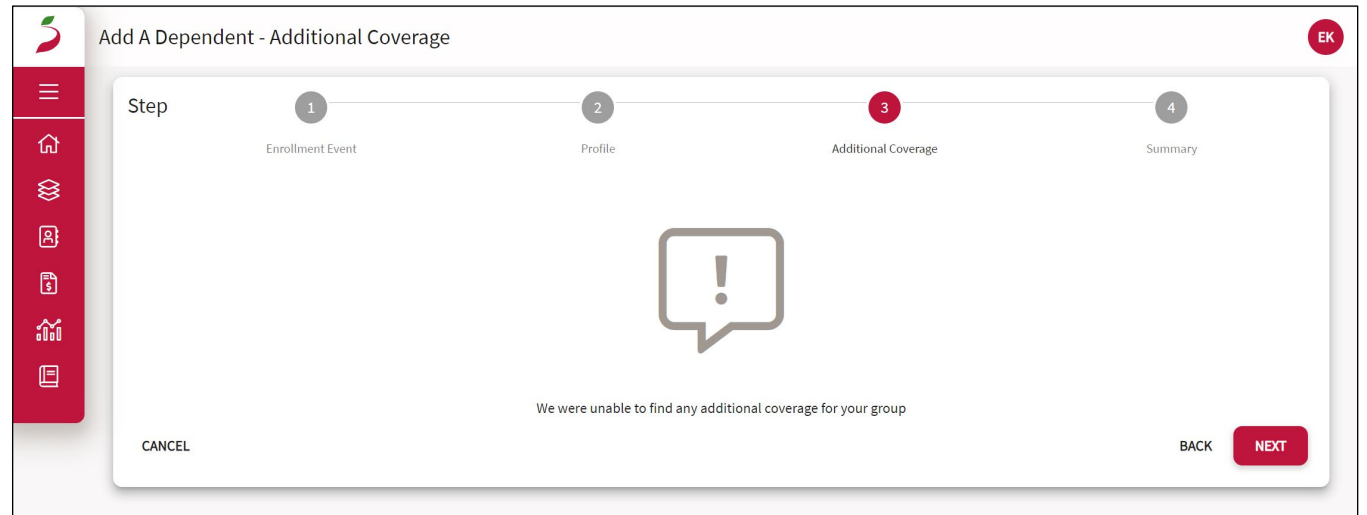
+ Add Additional Dependent

Member List > Viewing a Subscriber > Dependents

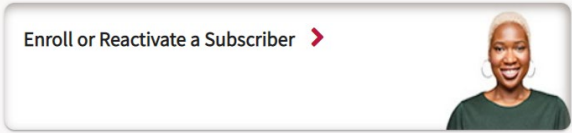
Add A Dependent–Additional Coverage

This screen shows any additional coverage options available such as dental coverage.

In this specific example no additional coverage is available for the group so this screen shows an alert that no additional coverage is available for this group.



Member List > Enroll or Reactivate a Subscriber



Enrollment–Event

When selecting a Qualifying Event, Qualifying Event Date and Effective Date. Please be aware of the time limits outlined in the chart below.

Qualifying Event	Qualifying Event Date	Coverage Effective Date
New Hire	Equal or Greater than 90 days in the past	Equal or Greater than Qualifying Event Date up to 90 days in the future.
Exhaustion of COBRA	Equal or Greater than 30 days in the past	Equal or Greater than Qualifying Event Date up to 30 days in the future.
Involuntary Loss of Coverage	Equal or Greater than 30 days in the past	Equal or Greater than Qualifying Event Date up to 30 days in the future.

Step 1 Event 2 Profile 3 Dependents 4 Coverage Selection 5 Additional Coverage 6 Employee Information Optional 7 Summary

What is the Enrollment Event?

Select the appropriate enrollment event below to continue with updating this profile. *Open Enrollment* is only available when you are making changes for the upcoming plan year. Otherwise, select *Qualifying Event* and indicate the appropriate event to continue with changes for the current plan year.

Is this a Medicare Group Enrollment? If so, please stop here. Medicare Group enrollments and profile updates cannot be made through your online account. Please contact the [Gold Enrollment Team](#).

Qualifying Event *

Select a Qualifying Event

Qualifying Event Date *

Coverage Effective Date *

CANCEL BACK NEXT

Enter Qualifying Event Date

Enter Coverage Effective Date

Click "Next" to continue.

Member List > Enroll or Reactivate a Subscriber

Enrollment–Subscriber Information

Enter the First Name, Last Name and Social Security Number of the Subscriber.

The Middle Initial and Suffix fields are optional.

You can also show or hide the Social Security Number by toggling the eye icon inside that field.

Once all the fields have been properly filled out, move to step three by clicking the clicking the red **Next** button in the lower right of the screen.

Enrollment - Enrollment Event

Step 1 2 3 4 5 6 7
Event Profile Dependents Coverage Selection Additional Coverage Employee Information Optional Summary

Enter Subscriber Information

First Name * YY M. I. Last Name * ZZZZ Suffix Social Security Number * [eye icon]

CANCEL BACK NEXT

Click "Next" to continue.

Member List > Enroll or Reactivate a Subscriber

Enrollment–Add Dependent(s)

This page is based on the **Profile** input fields, if a matching SSN is found within the same group ID, this page will alert the user if they want to **reactivate** the member.

However, if the member is already active, it will inform the user that the member with matching SSN is already active and to try again.

They cannot go past this stage until they enter in a new SSN at the previous stage.

The screenshot shows a multi-step enrollment process. Step 2, 'Profile', is the current stage. A message informs the user that the provided Social Security Number matches an existing subscriber. A table lists subscriber details, and a 'REACTIVATE' button is highlighted with a red box. A 'BACK' button is also visible at the bottom right.

Subscriber Id	First Name	Middle Initial	Last Name	Suffix	Date of Birth	Gender	Social Security Number
*****	***		****		MM/DD/YY	M	***-**-****

Click "Back" to return to the previous stage to enter a new SSN.

Member List > Enroll or Reactivate a Subscriber

Enrollment—Add Dependent(s)

If you choose to reactivate the subscriber from the previous screen, the additional information will populate based on the SSN associated with that account.

Enrollment - Confirm Subscriber Information JB

Step 1 Event 2 Profile 3 Dependents 4 Coverage Selection 5 Additional Coverage 6 Employee Information Optional 7 Summary

Member ID First Name * M. I. Last Name * Suffix

Date of Birth * Social Security Number * Gender * Marital Status

Mailing Address

Address Line 1 * 34th Ave

Address Line 2

Address Line 3

Home Address Select if different than Mailing

Address Line 1 34th Ave

Address Line 2

Address Line 3

Is the subscriber covered by another health insurance plan?

CANCEL BACK **NEXT**

Click "Next" to continue.

< BACK

Member List > Enroll or Reactivate a Subscriber

Enrollment–Add Dependent(s)

On this screen you can either reactivate dependents, add additional dependents or terminate active dependents. To terminate active dependents a

Terminate Dependent button will appear on the screen

If you add a dependent it will also give you the option to remove it before you proceed to the next screen.

Enrollment - Add/Reactivate Dependent(s) JB

Step 1 Event 2 Profile 3 Dependents 4 Coverage Selection 5 Additional Coverage 6 Employee Information Optional 7 Summary

Add Dependent(s)

Relationship *	First Name *	M. I.	Last Name *	REACTIVATE
▼ Son ▼	██████	M. I.	██████	
Relationship *	First Name *	M. I.	Last Name *	REMOVE
▼ Son ▼	██████	M. I.	██████	

+ Add Additional Dependent

CANCEL BACK NEXT

REACTIVATE DEPENDENT ADD DEPENDENT

Member List > Enroll or Reactivate a Subscriber

Enrollment–Coverage Selection

This page shows the available plans per the group's configuration of subgroups and subsequent class selections.

Change the **Subgroup** and **Class** selections to enroll the subscriber into the correct plan.

When selecting Class choose from the drop-down menu then click the **Select** button at the bottom of the plan.

Once you have selected the plan you will be able to click the **Next** button to continue.

Step 1 Event 2 Profile 3 Dependents 4 Coverage Selection 5 Additional Coverage 6 Employee Information Optional 7 Summary

Please choose Subscriber Medical Coverage

Subgroup * WLMC LLC (0001) Class * ACTIVE (AC03)

CANCEL

ACTIVE ACA (AC01)
ACTIVE ACA (AC02)
ACTIVE (AC03)
COBRA ACA (CC01)
COBRA ACA (CC02)
COBRA (CC03)

MVP EPO Silver 1
OVERVIEW

Employee	\$858.20 /month
Employee + Spouse	\$1716.40 /month
Employee + Child(ren)	\$1458.94 /month
Family	\$2445.87 /month

View Slick View SBC

Select

BACK NEXT

Next

Member List > Enroll or Reactivate a Subscriber

Enrollment–Additional Coverage

In this example we are adding additional dental coverage.

Select **MVP Dental PPO for Adults** for **Coverage** and **Subscriber** for the **Tier**.

Then click the **Next** button to continue.

Enrollment - Additional Coverage

Step 1 2 3 4 5 6 7
Event Profile Dependents Coverage Selection Additional Coverage Employee Information Optional Summary

Please choose Additional Coverage

Subscriber

Member ID First Name * M.I. Last Name * Suffix

Kibbles N Bits

Medical Coverage

MVP EPO Bronze 2

Dental Coverage

Select Coverage * Select Tier *

MVP Dental PPO for Adults Subscriber

Opt Out

CANCEL BACK NEXT

Member List > Enroll or Reactivate a Subscriber

Enrollment–Submit Enrollment

Once you have reviewed the employee information, you are brought to a summary page. In order to confirm your enrollment or reactivation, you will need to click on the **Submit Enrollment** button at the bottom of the screen.

The screenshot shows a multi-step enrollment process. The progress bar at the top indicates seven steps: 1. Event, 2. Profile, 3. Dependents, 4. Coverage Selection, 5. Additional Coverage, 6. Employee Information Optional, and 7. Summary. Step 7 is currently active. The form contains the following fields:

- Member ID
- First Name
- M. I.
- Last Name
- Suffix
- Date of Birth
- Social Security Number
- Gender (Male)
- Marital Status (Single)
- Plan Selection: MVP EPO Silver 1
- Mailing Address (Address Line 1, Address Line 2)
- Home Address (Address Line 1, Address Line 2) with a checkbox for "Select if different than Mailing"
- Is the subscriber covered by another health insurance plan? (checkbox)

At the bottom of the form, there are three buttons: "CANCEL", "BACK", and "SUBMIT ENROLLMENT". The "SUBMIT ENROLLMENT" button is highlighted with a red box and a callout bubble.

Member List > Enroll or Reactivate a Subscriber

Enrollment–Confirmation

Once the enrollment is complete, you will be provided with the confirmation screen.

The **Confirmation Number** is available at the top right of the confirmation screen along with the **Date** and who **Submitted** the enrollment.

Subscriber, Coverage and Family Member Information are detailed here as well.

From here, you can return to the **Member List** or **Subscriber Details**.

Enrollment - Confirmation JB

Enrollment Has Been Submitted

Confirmation Number	Today's Date	Submitted By
3ced3413-5ed9-4c88-b866-ddd083f4c5b6	01/21/2021	JACKIE BRITT

Subscriber Information

First Name	Middle Initial	Last Name	Suffix	Date of Birth	Gender	Member ID
KIBBLES	N	BITS		07/20/1990	Female	80073004700
Address Line 1	Address Line 2	Address Line 3	City	State	Zip	
123 Nothin			Cohoes	NY	12047	
But Treats Ln.						

Coverage Information

Plan Name	Status	Effective Date	Ancillary Coverage	
MVP EPO Bronze 2	Pending	12/01/2020		
Group Name	Group Number	Coverage Tier	Subgroup	Class
NYSG_1116_MVPDental_01	431833	Subscriber Only	NYSG_1116_MVPDental_01 (0001)	Active (AC01)

Family Member Information

Relationship	First Name	Middle Initial	Last Name	Suffix	Status	Date of Birth	Gender	Dental Coverage?
Subscriber	KIBBLES	N	BITS		Active	07/20/1990	Female	Opt In

[RETURN TO MEMBER LIST](#) [VIEW SUBSCRIBER DETAILS](#)

Member List > Export Member List


Enrollment–Summary

You can export the Member List by clicking **Export** in the Export Member List button. The list will export into a CSV file and open in Microsoft Excel.

Please save the file in a location that is easily accessible for future reference.

Export Member List

Download a complete list of subscriber and dependent details.



Export >

	A	B	C	D	E	F	G	H	I	J	K	L
1	Coverage	Last Name	First Name	Middle Ini	Name Suffix	Relationship	Coverage	MVP Subs	MVP Mem	DOB	Gender	Mailing A
2	ACTIVE					EMPLOYEE	EMPLOYEE				F	
3	INACTIVE			L		EMPLOYEE	EMPLOYEE				F	
4	INACTIVE			E		EMPLOYEE	EMPLOYEE				F	
5	ACTIVE			E		EMPLOYEE	EMPLOYEE				F	
6	ACTIVE			A		EMPLOYEE	EMPLOYEE				F	
7	INACTIVE			J		HUSBAND	EMPLOYEE				M	
8	INACTIVE					SON	FAMILY				M	
9	INACTIVE					DAUGHTER	FAMILY				F	
10	INACTIVE			E		EMPLOYEE	EMPLOYEE				M	
11	ACTIVE					EMPLOYEE	EMPLOYEE				F	
12	INACTIVE			A		EMPLOYEE	EMPLOYEE				M	
13	ACTIVE			R		EMPLOYEE	EMPLOYEE				M	
14	INACTIVE					EMPLOYEE	EMPLOYEE				M	
15												

Member List > Questions (Support)

Enrollment–Questions

You can contact the SBIU by calling:

1-844-865-0250.

They can also be reached by email at:

sbiu@mvphealthcare.com

Questions?

SMALL BUSINESS AND INDIVIDUAL SERVICE UNIT

(844) 865-0250

sbiu@mvphealthcare.com



Payment Center

Payment Center–Overview

This feature allows you to Make a Payment, Set Up Auto Pay or Manage Your Wallet.

All options are available through InstaMed®.

Prior to clicking any of the links in the Payment Center, you will receive a notification that you are for being redirected to InstaMed and away from the MVP website.

WLMC LLC

Payment Center

BEAVERKILL 01

Make A Payment

Subgroup Name: BEAVERKILL 01
Subgroup Number: 001
Last Payment: \$500.00 posted on 07/11/2020

Current Balance (as of 01/11/2021): \$1,000.00
 Other Amount

Enter Amount
Input Amount

Continue

Set-Up Auto Pay

Manage Wallet

This link takes you away from MVP's website to a third party who is contracted with MVP for payment processing.

Billing Summary as of 01/11/2021

Invoice Number - 123456789

Previous Balance	\$1,000.00
Premium for Coverage 01/14/2021 - 01/15/2021	\$250.00
Prior Billing Period Adjustments	\$500.00
Payment Due 01/01/1	\$1,750.00

View Billing History

Payment Center

Make A Payment—InstaMed®

Follow the on-screen prompts to complete the transaction.

Please remember you are no longer on the MVP website when the transaction happens.

Member Information

Reference #
54321

First Name Last Name
Jake Group Name

Invoice #
12346789

Email Address
jake.smith@myemail.com

Client ID
01234

Payment Type
PREMIUM

CLOSE NEXT

HTML Disclaimer: Please close the browser window once payment is submitted.

Payment Information

Balance - \$1,000.00

Payment Type
BANK ACCOUNT ****0901

First Last
ABCDEF

Account Type
Checking

Routing Number
05100017

Account Number
*****0901

State
New York

Save Payment Method to My Wallet BANK ACCOUNT ****0901

BACK NEXT

HTML Disclaimer: Please close the browser window once payment is submitted.

Payment Center

Set Up Auto Pay—InstaMed®

Follow the on-screen prompts to complete the transaction.


Please remember you are no longer on the MVP website while you are setting up Auto Pay on the InstaMed website.

Automatic Payment




Automatic Payments is a feature that automatically pays future statements or balances using your preferred payment method.

Member ID
54321

First Last
GROUPNAME

Birth Date 

Automatic Payment Limit

Payment Method
 BANK ACCOUNT ****0901  

[CLOSE](#) [NEXT](#)

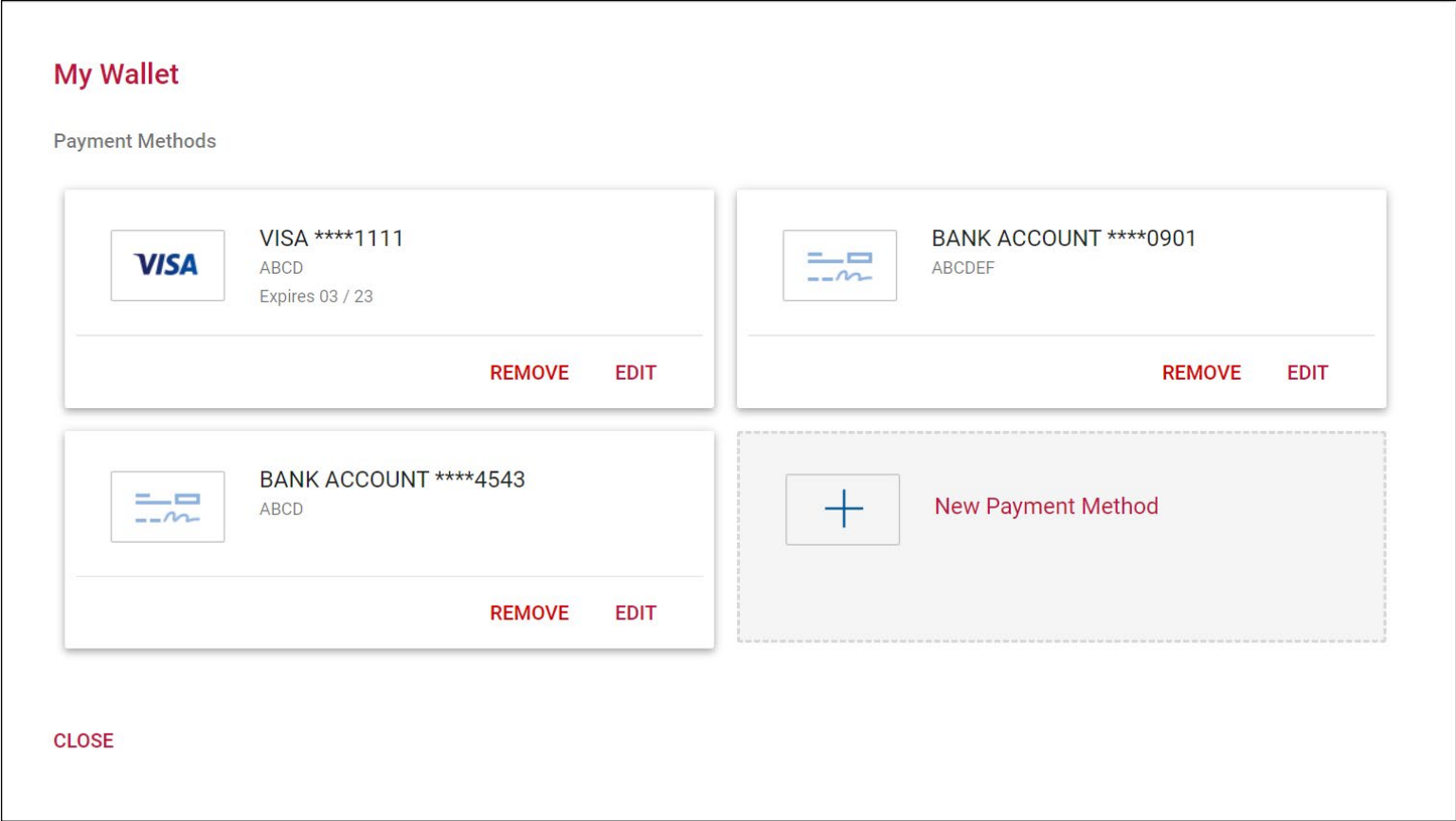
HTML Disclaimer: Please close the browser window once payment is submitted.

Payment Center

Manage My Wallet—InstaMed®

Follow the on-screen prompts to complete the transaction.

Please remember you are no longer on the MVP website while you are in the My Wallet section on the InstaMed website.





Payment Center

Billing Summary/View Billing History

Your Billing Summary will show as of the current date and provide you with a breakdown of the invoice.

Click on the invoice number or the PDF or CSV icons, as shown in the adjacent screenshot, to view billing history or download invoices.

You can also view dates, amounts, and print the page.

Billing Summary as of 01/11/2021
Invoice Number - 123456789  

Previous Balance	\$1,000.00
Premium for Coverage 01/14/2021 - 01/15/2021	\$250.00
Prior Billing Period Adjustments	\$500.00
Payment Due 01/01/1	\$1,750.00



















[View Billing History >](#)

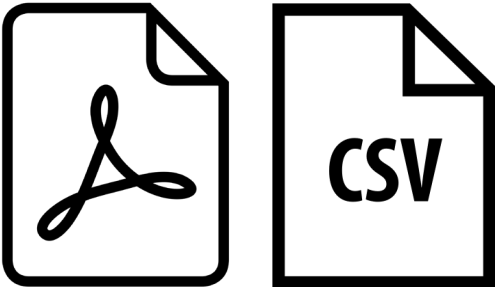
Payment Center

[Return to BEAVERKILL 01 Payment Center](#)

Billing History for Past 18 Months

Subgroup Name: BEAVERKILL 01
Subgroup Number: 001 [Print This Page](#)

Invoice Number		Date	Amount
100000-0	 	01/11/2021	\$500.00
100000-1	 	12/11/2020	\$500.00
100000-2	 	11/11/2020	\$500.00
100000-3	 	10/11/2020	\$500.00
100000-4	 	09/11/2020	\$500.00
100000-5	 	08/11/2020	\$500.00
100000-6	 	07/11/2020	\$500.00
100000-7	 	06/11/2020	\$500.00
100000-8	 	05/11/2020	\$500.00



Payment Center

Communication Preferences

You can choose to change your communication preferences by scrolling to the bottom of the Payment Center options until you see **Edit Preferences**.

Click the **Edit Preferences** option. Then choose either the **mail** or **email** option for your preferences.

Follow the agreement option, then click **Update**. Follow these steps to changes Payment Center-Communication preferences.

Make A Payment
Subgroup Name: FLOORING ENVIRONMENT INC.
Subgroup Number: 0001
Last Payment: \$6,851.91 posted on 06/23/2020

Current Balance (as of 05/18/2021): \$34,259.55
 Other Amount
Enter Amount
Input Amount
Continue

Set-Up Auto Pay
Manage Wallet

Billing Summary as of 11/10/2020
Invoice Number - 000014298571

Previous Balance	\$27,407.64
Premium for Coverage 12/01/2020 - 12/31/2020	\$6,851.91
Prior Billing Period Adjustments	\$0.00
Payment Due 12/01/2020	\$34,259.55

View Billing History >

Paperless Preferences
You are currently set up to receive your premium invoice via mail at:
MARTHA TYLER
FLOORING ENVIRONMENT INC.
200 FILLPOINT DR.
MECHANICVILLE, NY 12118

Edit Preferences >

Paperless Preferences
FLOORING ENVIRONMENT INC. 0001

Mailing Address
200 FILLPOINT DR.
MECHANICVILLE, NY 12118

Email
mtyler@flooringenv.com

Need to update your billing address or email?
Contact your MVP Account Representative or the Group Personal Service Team at GPST@mvphealthcare.com.

By checking this box, unless otherwise prohibited by law, I consent to the receipt of electronic communications related to my MVP contract at the email address I provided. I understand that I am entitled to receive paper documents, and that I can set and change my communication preferences at any time by signing in at mvphealthcare.com and clicking [Update Paperless Preferences](#) within the Payment Center. I have read and agree to the details outlined in [MVP's Electronic Disclosure](#). Please contact MVP at 1-800-TALK-MVP (1-800-825-5687) if you have questions.

Cancel X **Update >**

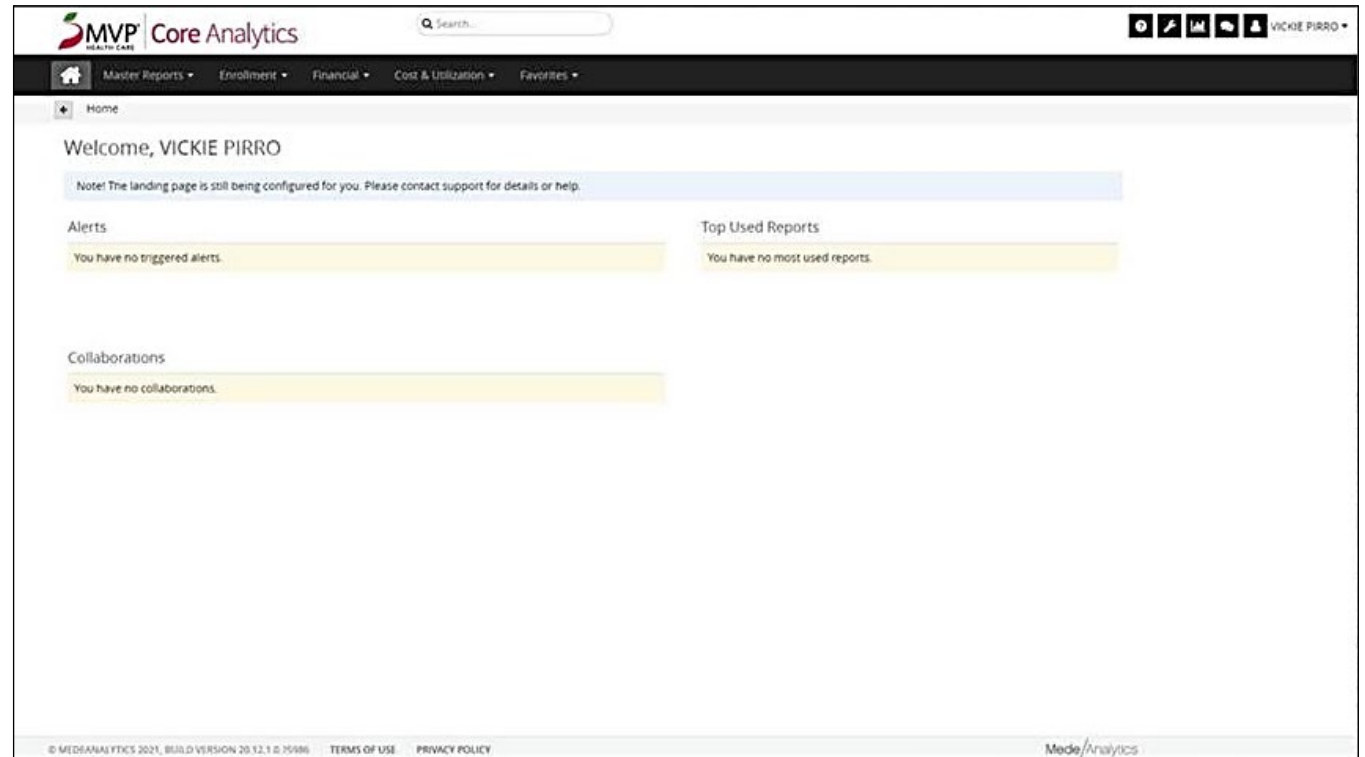
Note:

HBA1 through HBA9 can update the paperless preference. Whoever last updates the preference, sets it for the entire group. Invoice notifications will be sent to HBA1. If the group is setup for paper, MVP will mail to the distinct mailing addresses at the sub-group level.

MVP Core Analytics



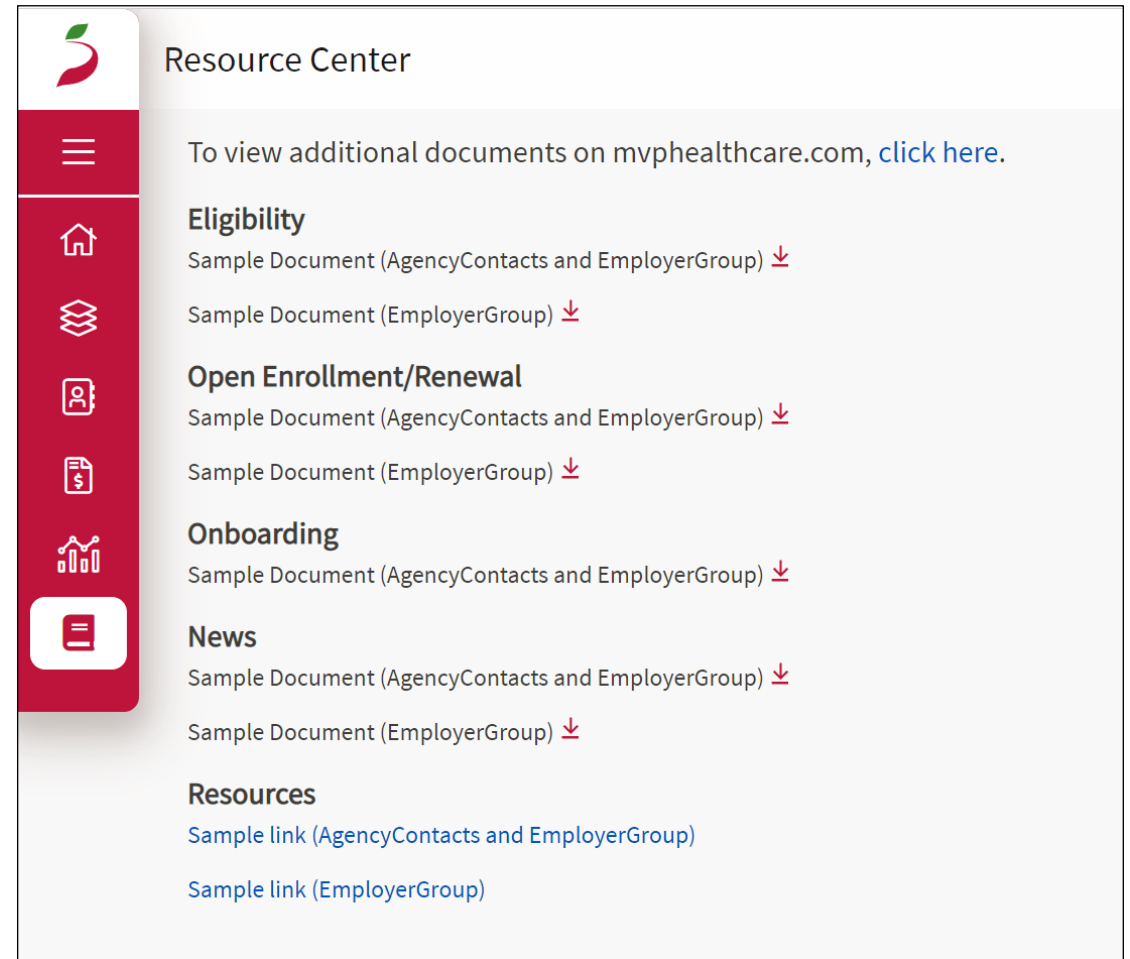
MVP Core Analytics is only accessible to users with specific credentials. If you have been set up for MVP Core Analytics you will be automatically redirected to the Mede/Analytics website to start using the tool.



Resource Center

In the Resource Center you will find videos, materials, and user guides to help you do business with MVP.

Please check back frequently to ensure you are receiving up-to-date information.



The screenshot displays the 'Resource Center' interface. On the left is a vertical sidebar with a red background and white icons: a home icon, a stack of papers icon, a person icon, a document with a dollar sign icon, a bar chart icon, and a document icon with a red bar. The main content area has a light gray background and is titled 'Resource Center'. It contains the following text and links:

- To view additional documents on [mvphealthcare.com](#), [click here](#).
- Eligibility**
 - Sample Document (AgencyContacts and EmployerGroup) [↓](#)
 - Sample Document (EmployerGroup) [↓](#)
- Open Enrollment/Renewal**
 - Sample Document (AgencyContacts and EmployerGroup) [↓](#)
 - Sample Document (EmployerGroup) [↓](#)
- Onboarding**
 - Sample Document (AgencyContacts and EmployerGroup) [↓](#)
- News**
 - Sample Document (AgencyContacts and EmployerGroup) [↓](#)
 - Sample Document (EmployerGroup) [↓](#)
- Resources**
 - [Sample link \(AgencyContacts and EmployerGroup\)](#)
 - [Sample link \(EmployerGroup\)](#)