

Employer Portal User Guide

January 1, 2023



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Introduction

Welcome to the Mass General Brigham Health Plan Employer Portal User Guide. This guide will assist you in administering benefits to your employees. Here you will find important information on using the Employer Portal, as well as a glossary of useful terms.

In this user guide, you will learn how to:

- Access the Employer Portal
- Work with the roster
- View your reports

Important Notice

The Mass General Brigham Health Plan Account Implementation team will provide the plan administrator with a username and initial login password. If any issues arise during login, or assistance is needed while using the Employer Portal, please contact Account Implementation at Healthplanimplement@mgb.org or call (866-643-8392).

2. Accessing the Employer Portal

The Employer Portal is our preferred method for submission of enrollments, changes to existing subscribers/dependents, and termination of enrollment. This user guide will provide you with the necessary information to administer these services via the Employer Portal.

In this section, you will find information on:

- Initial login instructions
- Existing user login/password retrieval
- Navigation of the Employer Portal

2.1 Initial Login Instructions

Please note, if you are an existing user, please skip to **Existing User Login/Password Retrieval**.

The first time you log into the Employer Portal, you will do so with a login and temporary password provided by Mass General Brigham Health Plan. The password must be reset, and an email must be entered to gain full access to the Employer Portal. During this initial login, you will be prompted to change the provided password. As a first-time user, if an email address is not already listed **you must also register an email address to complete your account**.

To gain full access to the Employer Portal:

- Enter your login information. **Figure 1** is the screen you will see prompting you to enter your login and password.

Figure 1

Welcome to your Employer Portal!

Contact Us
If you need help using Your Mass General Brigham Health Plan Employer Portal, please contact us at HealthPlanImplement@mgb.org or call 1-866-643-8392.

Log in to the Employer Portal

Username [Forgot Your Username?](#)

Password [Forgot Your Password?](#)

Log In

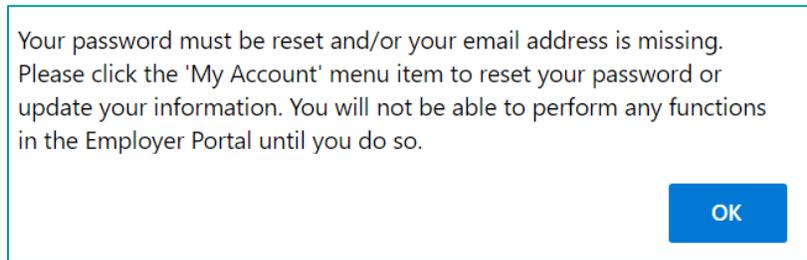
Need an Account?
If you already have a Mass General Brigham Health Plan Employer Portal account those credentials will work with the Mass General Brigham Health Plan Employer Portal.
Please contact HealthPlanImplement@mgb.org to request an Employer Portal account.
If you are a Mass General Brigham Health Plan Broker, you should log into the **Broker Portal** to access Employer Portal functionality for your clients.

CONTACT US
Customer Service - 1-866-643-8392
Email - HealthPlanImplement@mgb.org

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- Remember to change the password and register an email address during this initial login. Full access to the site will not be available until these steps are complete. Once the message below appears (see **Figure 2**), click OK to continue.

Figure 2



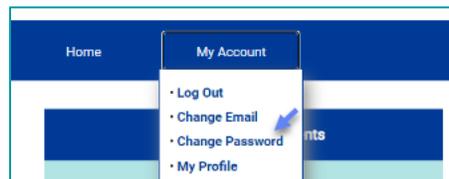
- Select the “My Account” button located at the top of the screen on the dashboard (see **Figure 3**).

Figure 3



- To reset your password and update your email address, you must perform the following steps:
- Click the “Change Password” button (see **Figure 4**).

Figure 4



- Input your current password, create a new password, and then confirm your new password. When done, click the “Submit” button (see **Figure 5** below). Your password must be between 8–20 characters long, contain at least one lower case letter, one upper case letter, and one digit. Please note: your password can not contain your login.

Figure 5

The screenshot shows the 'Change Your Password' form. At the top left is the Mass General Brigham Health Plan logo. To its right is the text 'ABC Group'. Below this is a dark blue navigation bar with 'Home' and 'My Account' links. A mouse cursor is hovering over a small icon in the navigation bar. The main content area has the title 'Change Your Password' and instructions: 'Enter your current password, new password, and re-enter your new password for confirmation.' Below this are the password requirements: 'Your password must meet the following criteria:' followed by a bulleted list: 'It must be between 8 and 20 characters long', 'It must contain at least one lower case letter, one upper case letter, and one digit', and 'Your password cannot contain your login'. The form includes three input fields: 'Current Password:', 'New Password:', and 'Confirm New Password:'. At the bottom are 'Submit' and 'Cancel' buttons.

- You will be automatically returned to the screen in **Figure 4**.
- Now click the “Change Email Address” button.
- Type in your new password and email address and click the “Submit” button (see **Figure 6**).

Figure 6

The screenshot shows the 'Change My Email Address' form. It has the title 'Change My Email Address' and instructions: 'Enter your new email address. This address can be used to send your login and password if you forget it. Please be sure it is accurate and up to date.' The form includes two input fields: 'Current Password:' and 'New Email Address:'. At the bottom are 'Submit' and 'Cancel' buttons.

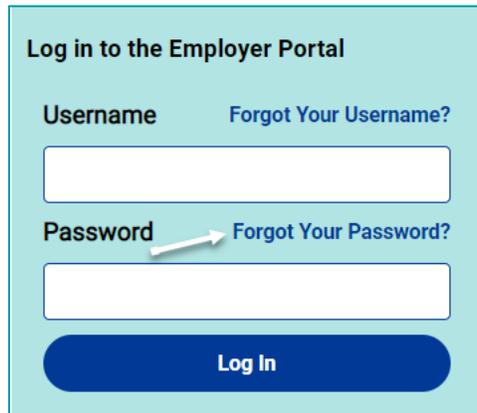
Once the password has been reset and you register an email, you will have full access to the Employer Portal. If you want to change your password or update your email address in the future, simply go to “My Account” (see **Figure 3**).

2.2 Existing User Login/Password Retrieval

If you should forget your password, the following process will provide you with a new password via your registered email address. Existing users with no email on file will need to register an email in order to gain full access to the Employer Portal.

- Please click the “Forgot Your Password?” link in the login button (see **Figure 7**).

Figure 7



Log in to the Employer Portal

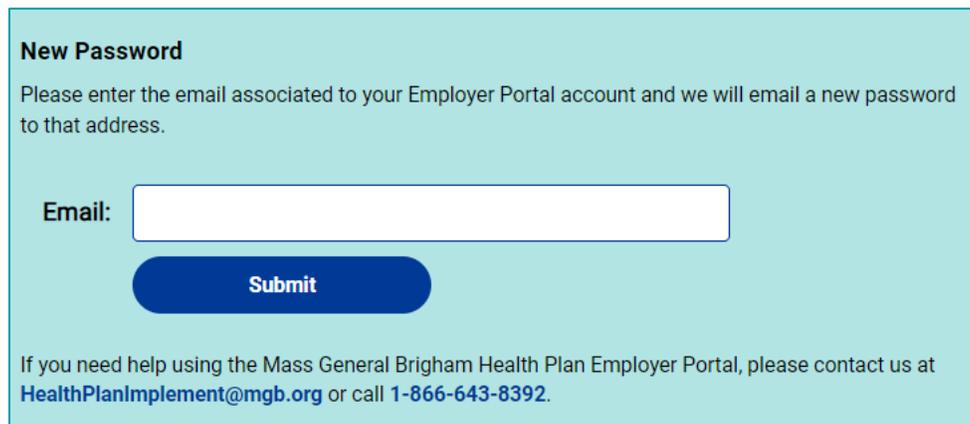
Username [Forgot Your Username?](#)

Password [Forgot Your Password?](#)

Log In

1. You will be automatically directed to the screen as seen in **Figure 8** below.
2. From there, enter your email address and select the “Submit” button.
3. A temporary password will be emailed to the email address on file.

Figure 8



New Password

Please enter the email associated to your Employer Portal account and we will email a new password to that address.

Email:

Submit

If you need help using the Mass General Brigham Health Plan Employer Portal, please contact us at HealthPlanImplement@mgb.org or call 1-866-643-8392.

If you attempt to login and input the incorrect password the login error in **Figure 9** will appear.

Figure 9

Log in to the Employer Portal

Invalid Login and/or Password.

Username [Forgot Your Username?](#)

Password [Forgot Your Password?](#)

Log In

2.3 Navigation of the Employer Portal

Once logged into the Employer Portal, you will see the dashboard (**Figure 10**). The top of the screen will feature your company name and your name. The buttons (Home, Roster, Resources, Reports, My Account, and User Guide) are called the “dashboard”.

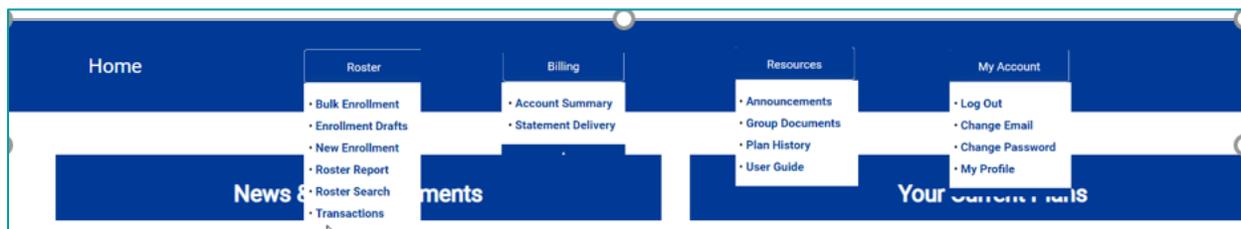
The dashboard allows easy access to all the features of the Employer Portal with drop-down hyperlinks.

Figure 10



Figure 11 illustrates each button with its drop-down menu of options.

Figure 11



The “Roster”, “Reports” and “Billing” buttons will be discussed in greater detail in other sections of this guide. The “Resources” button allows you to read recent Mass General Brigham Health Plan news and announcements or view your plan history and documents. The “My Account” and “User Guide” buttons do not have drop-down

links. The “My Account” button will take you to your profile where you can review your profile information and change your password and/or email address. Follow the instructions outlined in section 2.0 of this guide to perform these changes.

The “User Guide” button will allow you to download a PDF version of this Employer Portal guide. The dashboard of the Employer Portal also includes three main boxes in the middle of the page:

- **News and Announcements** (allows you to read the latest news from Mass General Brigham Health Plan)
- 4. **Roster Search** (search for subscribers and dependents)
- 5. **Your Current Plans** (download your health plan member handbook, Schedule of Benefits, Summary of Benefits, and any amendments to your plan)

2.4 Logging Out

To log out, click the “My Account” button on the dashboard and select “Log Out” from the drop-down menu.

3. Working with the Roster

Within this section, you will find helpful information on how to:

- Create a New Enrollment
- Add a Dependent to a New Enrollment
- View/change Enrollment, which includes:
 - Change Subscriber/Dependent Identifying Information (name, date of birth, social security number)
 - Change Address and Phone Information
 - Print Temporary ID Card
 - Submit a Plan Change
 - Terminate Coverage
- Adding a Dependent to an Existing Enrollment
- View Recent Transactions

As described in section 2.2, the Roster is one of several buttons found at the top of the Employer Portal's dashboard and serves as a way for you to change many parts of the subscriber/dependent enrollment information. This will be described in greater detail throughout this guide.

As a plan administrator, you can enter subscriber/dependent enrollment information on their behalf. Please note that the Employer Portal refers to employees as subscribers, therefore we refer to employees as subscribers in this guide.

3.1. Creating a New Enrollment

To enroll a new member, click the "Roster" tab at the top of the screen and then select the "Create New Enrollment" link (see **Figure 12**). Please complete as many of the fields as possible; required information will be marked with an **orange dot**.

Please note that anytime you enroll a subscriber or dependent, there must be a "qualifying event" outside of your open enrollment period. A qualifying event is the prerequisite for such a transaction. In addition to hiring a new employee, other qualifying events include marriage, birth/adoption, involuntary loss of spouse's or child's prior group health insurance, and death of a subscriber. The effective dates of enrollment transactions must fall within your retroactive period.

Figure 12

Home Roster Billing Resources My Account

New Enrollment Form

Fields marked with ● are required.

Subscriber Information

Qualifying Event: Choose... ●

Coverage Start Date: ● Date of Employment:

Plan: Choose... ●

* Subscriber coverage/tier will be automatically calculated based on the number of dependents.

Plan Details

Last Name: ●

First Name: ●

Middle Initial: Date of Birth: ●

SSN: ● Sex: Choose... ●

If you do not wish to provide a Social Security Number please fill out a paper application and submit it to Mass General Brigham Health Plan.

Gender Identity: Choose... ● Personal Pronoun: Choose... ●

Sexual Orientation: Choose... ●

Home Phone: ● Mobile Phone:

Mailing Address: ●

Mailing Address (Line 2):

Mailing Address City: ●

Mailing Address State: Choose... ● Mailing Address Zip Code: ●

Language Spoken Most Often: Choose... ● Ethnicity: Choose... ●

Primary Care Provider: None

Has Other Health Plan?:

Eligible for Medicare?:

Searching for a Primary Care Provider (PCP)

All HMO members are required to have a PCP upon enrollment. The PCP is responsible for providing or arranging most of the member's medical care. Therefore, if a PCP is not selected, Mass General Brigham Health Plan will assign one for the subscriber/dependent. You are able to search for a specific PCP by name, zip code, or site (see **Figure 13**), or choose to have Mass General Brigham Health Plan assign a PCP for you.

If you want Mass General Brigham Health Plan to select a PCP for you, leave the Primary Care Provider field blank.

Please note that PPO subscribers/dependents are not required to elect a PCP during the enrollment process.

Figure 13

PCP Search

You can access the Mass General Brigham Health Plan Provider Directory at <https://allways.sapphirecareselect.com/> if you need help deciding on a Primary Care Provider or need additional information on a Primary Care Provider.

You can search by either provider name, site name, zip code, or a combination of those values.

Provider Name (Example: smith, c):

Location Name (Example: harvard vanguard):

Zip Code (5 digit):

Upon entering a search into the field, you will receive search results with PCP details (see **Figure 14**).

Figure 14

PCP Search

You can access the Mass General Brigham Health Plan Provider Directory at <https://allways.sapphirecareselect.com/> if you need help deciding on a Primary Care Provider or need additional information on a Primary Care Provider.

You can search by either provider name, site name, zip code, or a combination of those values.

Provider Name (Example: smith, c):

Location Name (Example: harvard vanguard):

Zip Code (5 digit):

Provider	Location	Accepting Patients	
JONES, ALEXANDER M.	ELLIOT PHYSICIANS (FAMILY MEDICINE AT MANCHESTER) 4 Elliot Way, Ste 105 Manchester, NH 03103 603-626-5113	Yes	<input type="button" value="Select"/>
JONES, ALEXANDER M.	ELLIOT PHYSICIANS (FAMILY MEDICINE AT MANCHESTER) 4 Elliot Way, Ste 105 Manchester, NH 03103 603-626-5113	Yes	<input type="button" value="Select"/>

Coverage by another Health Plan/Eligible for Medicare

Once you have completed the PCP information, continue to the next question which asks, “Has Other Health Plan?” If you check the box for this subscriber, you will be prompted to answer the additional fields as seen in **Figure 15**, below.

Figure 15

Has Other Health Plan?

Other Plan Effective Date:

Other Plan Employer:

Eligible for Medicare?:

Other Plan Policy Number:

Other Plan Insurer:

The next question asks, “Eligible for Medicare?” If the answer is **No**, select the Next Section arrow. If you answer **Yes**, additional fields will appear, as seen in **Figure 16**. Input your responses and move to the next section.

Figure 16

Eligible for Medicare?

Medicare Part A:

Medicare Part B:

Medicare Part D:

Medicare Number:

At this stage, you can also add any dependents to the Subscribers coverage by clicking the “Add Dependent” button, and **Figure 17** will appear. If you are not adding any dependents, proceed to Section 3.3 on the following page.

Figure 17

Eligible for Medicare?

Medicare Part A:

Medicare Part B:

Medicare Part D:

Medicare Number:

Dependent Information

[Add A Dependent](#)

3.2 Adding a Dependent to a New Enrollment

Once a subscriber is enrolled, eligible dependents may be added to their plan. Each dependent will need to be entered individually in the portal. To enroll a dependent, select the “Add A Dependent” button as seen above in **Figure 17**. If enrolling more than one dependent, simply click the button again and another form will appear.

Similar to enrolling the subscriber, required fields are marked with an **orange dot** (see **Figure 18**). When finished, click the Next Section arrow.

Figure 18

The screenshot shows a 'Dependent Details' form with the following fields and controls:

- Dependent Type:** A dropdown menu with 'Choose...' selected. An orange dot is next to it.
- Disabled Dependent:** A checkbox.
- Remove This Dependent:** A blue button in the top right corner.
- Last Name:** A text input field with an orange dot.
- First Name:** A text input field with an orange dot.
- Middle Initial:** A text input field.
- Date of Birth:** A date input field with an orange dot.
- SSN:** A text input field with an orange dot.
- Sex:** A dropdown menu with 'Choose...' selected and an orange dot.
- Gender Identity:** A dropdown menu with 'Choose...' selected.
- Personal Pronoun:** A dropdown menu with 'Choose...' selected.
- Sexual Orientation:** A dropdown menu with 'Choose...' selected.
- Home Phone:** A text input field.
- Mobile Phone:** A text input field.
- Mailing Address Same as Subscriber?:** A checkbox.
- Mailing Address:** A text input field with an orange dot.
- Mailing Address (Line 2):** A text input field.
- Mailing Address City:** A text input field with an orange dot.
- Mailing Address State:** A dropdown menu with 'Choose...' selected and an orange dot.
- Mailing Address Zip Code:** A text input field with an orange dot.
- Language Spoken Most Often:** A dropdown menu with 'Choose...' selected and an orange dot.
- Ethnicity:** A dropdown menu with 'Choose...' selected.
- Primary Care Provider:** A dropdown menu with 'None' selected and a blue 'Select a PCP' button.
- Has Other Health Plan?:** A checkbox.
- Eligible for Medicare?:** A checkbox.

3.3 Acknowledgement

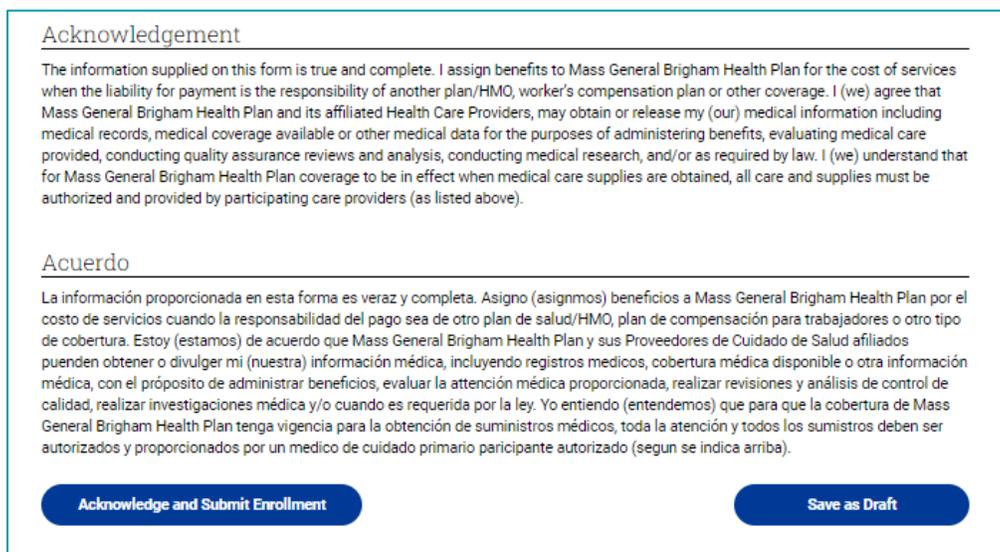
Prior to finishing the enrollment application process and submitting the form, remember to read the Acknowledgement language. If necessary, you can save a draft of your application and complete the form later. If you decide to do this, select the “Save as Draft” button seen in **Figure 19**.

Figure 19



To go back to a previously saved draft click the “Roster” tab at the top of the screen and then select the “Enrollment Drafts” link. To complete enrolling the subscriber and/or dependent (s), click the “Acknowledge and Submit Enrollment” button that appears at the bottom of the screen (see **Figure 20**).

Figure 20



3.4 Viewing/Changing Enrollment

Under the Roster tab, click the “Search Roster” hyperlink to view and make changes to subscriber’s and dependent’s enrollment records. You can:

- Change Subscriber/Dependent Identifying Information (name, date of birth, social security number)
- Change Address /Phone Information
- Print a Temporary ID Card
- Submit a Plan Change
- Add or Terminate a Dependent
- Terminate Coverage

To make changes to an enrollment, you must first search for the individual subscriber and/or their dependents. Please note that subscribers/dependents who wish to change their PCP can log in to the Member Portal and complete this change. The following three steps are how you would find an individual subscriber or their dependent on the Employer Portal.

- **Step 1:** On the Employer Portal dashboard, click the “Roster” button and then select “Search Roster”.

- **Step 2:** Enter the name of the subscriber. After entering the name, click the “Search” button (see **Figure 21**).

Figure 21

Roster Search

You can search your roster by last and/or first name. Partial name searches are supported.

* It may take up to 24 hours for new enrollments to appear in the roster. Consult [Recent Transactions](#) to see any processing roster additions.

Last Name:

First Name:

Show Me:

- Only Subscribers
- Only Dependents & Spouses
- Both Subscribers & Dependents/Spouses

Search

Your search results will appear; see **Figure 22**.

Figure 22

Roster Search

You can search your roster by last and/or first name. Partial name searches are supported.

* It may take up to 24 hours for new enrollments to appear in the roster. Consult [Recent Transactions](#) to see any processing roster additions.

Last Name:

First Name:

Show Me:

- Only Subscribers
- Only Dependents & Spouses
- Both Subscribers & Dependents/Spouses

Search

2 Result(s)

Name	Type	Date Of Birth	Sex	Status
------	------	---------------	-----	--------

- **Step 3:** Select the “Manage” button. In the case above we will use “Sample Subscriber” as an example. **Figure 23** (next page) will appear.

Figure 23

Manage Member - SUBSCRIBER, SAMPLE

Coverage | Member Information | Dependents | Recent Transactions

Coverage Details

Member ID: COM 123456X **Current Status:** Active
Policy: 123XX **Enrollment Type:** Subscriber
Plan: Complete HMO 500 25/45/350
Effective: 09/01/2022 **Termination:**

Request New ID Card Get Digital ID Card
 Terminate Coverage

Coverage History

Policy Number	Plan	Coverage	Effective Date	Termination Date
123XX	Complete HMO 500 25/45/350	Individual	09/01/2022	

Now that you have found the subscriber’s enrollment record, the next set of steps are instructions on how to make specific changes. Remember, you must proceed through Step 3 in section 3.3 to make any of the changes listed below.

Changing Subscriber/Dependent Identifying Information

Remember, you must proceed through Step 3 in section 3.3 to make the change listed below.

- **Step 4:** Click the “Member Information” tab. You will now see **Figure 24** and you should click the “Change Identifiers” button.

Figure 24

Manage Member - SUBSCRIBER, SAMPLE

Coverage | Member Information | Dependents | Recent Transactions

Member Information

Last Name: SAMPLE **First Name:** SUBSCRIBER
Middle Initial: **Date of Birth:** 1/1/1980
SSN: **Sex:** M
Address: 399 REVOLUTION DR
Address (Line 2): **State:** MA
City: SOMERVILLE
Zip Code: 02145
Home Phone: **Mobile Phone:**
Primary Care Provider: CHIANG, DAVID
 SOUTH SHORE MEDICAL CENTER - EAST WEYMOUTH (PCP)
 90 Libbey Industrial Pkwy.
 East Weymouth, MA 02189
 781-682-5900

Change Identifiers Change Address/Phone

- **Step 5:** Figure 25 will appear. Now simply type in the new information and then click “Submit.”

Figure 25

Fields marked with ● are required.

Last Name: ●

First Name: ●

Middle Initial:

Date of Birth: ●

SSN: ●

Sex: ●

- **Step 6:** After you click “Submit” you will be returned to the Member Information tab section, and now you will find a sentence that reads, “A transaction has been submitted for this member that has not completed yet.” See Figure 26.

Figure 26

Manage Member - **SUBSCRIBER, SAMPLE**

*** NOTE – A transaction has been submitted for this member that has not completed yet. You can check the member's recent transactions for more details and check the status of transactions.

Next click on the “Recent Transactions” tab, to view the transaction you just submitted. Figure 27 illustrates the change in process.

Figure 27

Coverage | Member Information | Dependents | **Recent Transactions**

Recent Transactions

Status definitions:

- **Completed:** The transaction has been completed.
- **Processing:** The transaction is in the process of being completed. Transactions should complete within 24 hours. View the transaction detail to view any messages relating to the processing of the transaction.
- **Voided:** Mass General Brigham Health Plan has declined to process the transaction. View the transaction detail to view any messages relating to the voiding of the transaction.

Transaction Number	Type	Status	Created	
174144	Identity Information Change	Processing	01/18/2023 02:09 PM	<input type="button" value="View"/>

Changing the address/phone information is very similar to the steps involved to change Subscriber/Dependent Identifying Information. Remember, you must proceed through Step 3 in section 3.3 to make the change listed below.

- **Step 4:** Click the “Member Information” tab. You will now see Figure 24. Click the “Change Address/Phone Information” tab as seen in Figure 26. Figure 28 will now appear. Now simply type in

the new information and then click “Submit.” For illustrative purposes we have changed the city to Somerville.

Figure 28

Fields marked with ● are required.

Address: ●

Address (Line 2):

City: ●

State: ●

Zip Code: ●

Home Phone: ●

Mobile Phone:

Apply these changes to all dependents?

- **Step 5:** After you click “Submit” you will be returned to the Member Information tab section, and now you will find a sentence that reads “A transaction has been submitted for this member that has not completed yet”. See **Figure 29**.

Figure 29

Home Roster Billing Resources My Account

Manage Member - SUBSCRIBER, SAMPLE

*** NOTE – A transaction has been submitted for this member that has not completed yet. You can check the member’s recent transactions for more details and check the status of transactions.

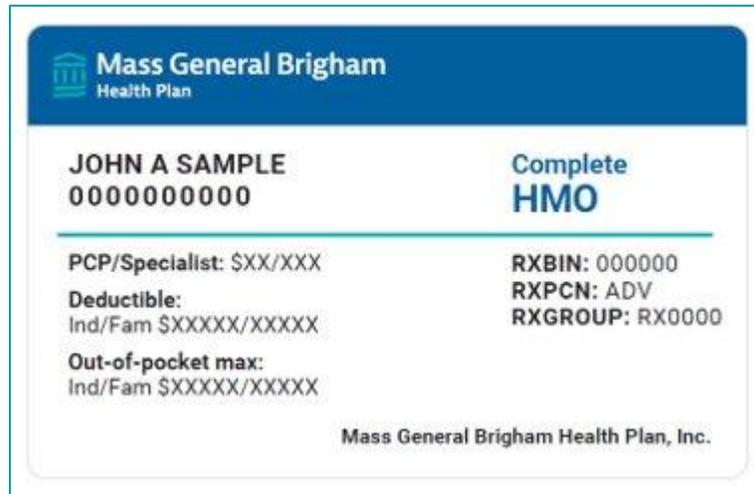
Coverage Member Information Dependents Recent Transactions

Obtaining a Digital ID Card

Remember, you must proceed through Step 3 in section 3.3 in order to make the change listed below.

- **Step 4:** Select the “Get Digital ID Card” button. **Figure 30** will appear in a new window. To print the Digital ID Card; use the print function on your browser to print the card.

Figure 30



Submitting a Plan Change

Employers who offer more than one benefit plan may process plan changes either at the time of their annual open enrollment or when the subscriber has an applicable qualifying event. Remember, you must proceed through Step 3 in section 3.3 in order to make the change listed below.

- **Step 4:** Under the “Coverage” tab select the blue “Change Plan” button. **Figure 31** will appear.
- **Step 5:** Select the New Plan
- **Step 6:** Select the Effective Date
- **Step 7:** Click the “Submit” button

Figure 31

Fields marked with ● are required.

Effective Date:

New Plan:

Plan Details ?

Adding a Dependent to an Existing Enrollment

To add a dependent to an existing enrollment, you must first begin by finding the subscriber's enrollment record. To find the subscriber's enrollment record, you must proceed through Step 3 in section 3.3.

Follow the remaining steps outlined below to add a dependent to an existing enrollment.

- **Step 4:** Select the "Dependent Information" tab as found in **Figure 24**. **Figure 32** will appear.

Figure 32

Manage Member - **SUBSCRIBER, SAMPLE**

Coverage Member Information **Dependents** Recent Transactions

Dependents

Add Dependent

Name	Type	Date of Birth	Current Enrollment Status
No Dependents			

- **Step 5:** Click the "Add Dependent" button. **Figure 33** will appear.
- **Step 6:** Fill out the Add Dependent form making sure to answer all the questions with the **orange dot**. Since you are adding a dependent to an existing subscriber's plan, you will be asked to pick a qualifying event. A selection of these options will appear in a drop-down menu and is listed within **Figure 33** (next page).

Figure 33

Add Dependent - SUBSCRIBER, SAMPLE

Fields marked with * are required.

Qualifying Event: Choose... *

Dependent Type: Choose... *

Coverage Start Date: * Disabled Dependent:

Last Name: *

First Name: *

Middle Initial: Date of Birth: *

SSN: * Sex: Choose... *

Gender Identity: Choose... * Personal Pronoun: Choose... *

Sexual Orientation: Choose... *

Home Phone: Mobile Phone:

Mailing Address Same as Subscriber?:

Mailing Address: *

Mailing Address (Line 2):

Mailing Address City: *

Mailing Address State: Choose... * Mailing Address Zip Code: *

Language Spoken Most Often: Choose... * Ethnicity: Choose... *

Primary Care Provider: None

Has Other Health Plan?:

Eligible for Medicare?:

- **Step 5:** Click the “Submit” button when finished filling out the form. You will then be sent to a screen that shows the enrollment status as pending. See **Figure 34** as an example. Please note that pending transactions are processed within two business days.

Figure 34

*** NOTE – A transaction has been submitted for this member that has not completed yet. You can check the member's recent transactions for more details and check the status of transactions.

Coverage Member Information Dependents **Recent Transactions**

Recent Transactions

Status definitions:

- **Completed:** The transaction has been completed.
- **Processing:** The transaction is in the process of being completed. Transactions should complete within 24 hours. View the transaction detail to view any messages relating to the processing of the transaction.
- **Voided:** Mass General Brigham Health Plan has declined to process the transaction. View the transaction detail to view any messages relating to the voiding of the transaction.

Transaction Number	Type	Status	Created	
174147	Add Dependent	Processing	01/18/2023 03:23 PM	<input type="button" value="View"/>

Terminating Coverage

To terminate subscriber or dependent coverage, you must first proceed through Step 3 in section 3.3. If you want to terminate only dependent coverage select the “Only Dependents & Spouses” button as shown in **Figure 21** and click the search button. When terminating a dependent from the plan, the coverage level will change automatically, when applicable. Once you find the record, follow the steps below to complete the termination of coverage. It is important to note that if you terminate subscriber coverage, it automatically terminates all dependent coverage associated with that subscriber.

- **Step 4:** Select the “Terminate Coverage” button. A pop-up window asking for the last day of coverage for the subscriber and a termination reason will appear (see **Figure 35**).
- **Step 5:** Select a last date of coverage using the calendar provided in the window. Coverage will end at 11:59 PM on this date. Please note that the effective dates of terminations must fall within your retroactive period.

Figure 35

Terminate Enrollment - SUBSCRIBER, SAMPLE

Fields marked with ● are required.

Terminating a subscriber's coverage will automatically terminate all active dependents. The dependent's last day of coverage will be the same as the subscriber's last day of coverage.

Last Day of Coverage: ●

Coverage will end at 11:59 PM on this date.

Termination Reason: ●

Submit

Cancel

- **Step 6:** Select a Termination Reason using the drop-down menu (see **Figure 36**). Please select the “Submit” button and the transaction will be submitted for processing.

Figure 36

Terminate Enrollment - SUBSCRIBER, SAMPLE

Fields marked with ● are required.

Terminating a subscriber's coverage will automatically terminate all active dependents. The dependent's last day of coverage will be the same as the subscriber's last day of coverage.

Last Day of Coverage: ●

Coverage will end at 11:59 PM on this date.

Termination Reason: ●

- Choose...
- Death
- Left Employment
- Moved out of service area
- Other
- Retirement
- Termination of Benefits
- Termination of Employment

If you receive the message pictured in **Figure 37** it means the subscriber/dependent has a future dated coverage period with your account. If you wish to terminate the subscriber/dependent’s future coverage with your account click the Submit button, otherwise check the Keep Future Coverage box (**Figure 38**), and then click the Submit button. At this point, you will be taken back to the screen you saw in **Figure 23**.

Figure 37

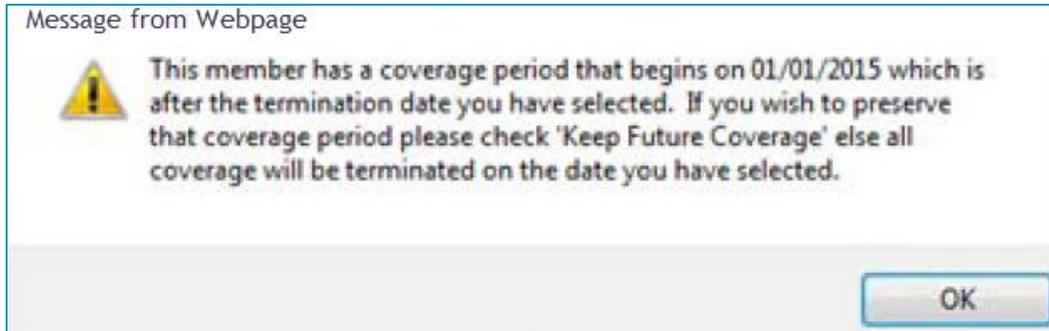


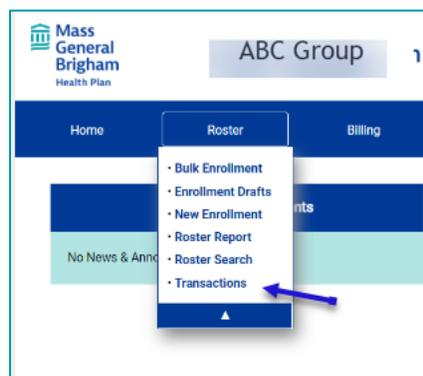
Figure 38

A screenshot of a web form for terminating coverage. At the top, it says "Fields marked with ● are required." The form includes: "Last Day of Coverage:" with a date input field containing "12/20/2014" and a red dot; "Termination Reason:" with a dropdown menu set to "Retirement" and a red dot; and "Keep Future Coverage:" with an unchecked checkbox. Below the form are "Submit" and "Cancel" buttons. A note below the date field says "Coverage will end at 11:59 PM on this date."

3.5 Viewing Recent Transactions

Recent Transactions for all subscribers and dependents in the plan are viewable by the Administrator in the Employer Portal. To view recent transactions, select the “Transactions” hyperlink as seen in **Figure 39** on the following page.

Figure 39



As illustrated in **Figure 40**, you can view transactions created within the last 10 days and can select “view” button to review individual subscriber records. Also, definitions are provided to help you better understand the status. You can also check the “Only Show Processing Transactions” to filter your search results.

Figure 40

Recent Transactions

This view will show member transactions created within the past 10 days. Status definitions:

- Completed:** The transaction has been completed.
- Processing:** The transaction is in the process of being completed. Transactions should complete within 24 hours. View the transaction detail to view any messages relating to the processing of the transaction.
- Voided:** Mass General Brigham Health Plan has declined to process the transaction. View the transaction detail to view any messages relating to the voiding of the transaction.

Only Show Processing Transactions

Transaction Number	Type	Status	Name	Created	Updated	
174150	Terminate Subscriber	Processing	SUBSCRIBER, SAMPLE	01/18/2023 03:45 PM	01/18/2023 03:45 PM	View
174149	Terminate Subscriber	Processing	SUBSCRIBER, SAMPLE	01/18/2023 03:45 PM	01/18/2023 03:45 PM	View

4. Viewing Your Reports

4.1 Viewing Reports

As the plan administrator you can view, download, and print your full roster in the Employer Portal. The two types of reports available in this section are the Active Member Roster and the Inactive Member Roster. You also have the option to view the reports on-screen or download them. Please note, when exporting your report to CSV format there will be a column header row at the end of your report, please disregard that row. To access the reports, select “Roster” in the navigation menu and select which report to run (see **Figure 41**).

Figure 41



When you click on the Roster Report hyper link it will open a report of your active membership as of current date. You can then choose to view either your active or inactive membership report as of a specific date either in the past, present, or future. Once you have chosen the report type and as of date, click the “View Report” button and a new report will be generated based on the parameters you have chosen. See **Figure 42** as an example.

Figure 42

The screenshot shows the "Member Roster Report" page for the Mass General Brigham Health Plan. At the top left is the logo and name. The main heading is "Member Roster Report". Below this is a "Return To Home Page" link. A search area contains "Start Date" (12/1/2022), "End Date" (1/18/2023), and a "View Report" button. A "Status Indicator" dropdown is set to "Active". Below the search area is a pagination bar showing "1 of 1" and a "Find | Next" button. The main content area displays "Mass General Brigham Health Plan Active Roster". At the bottom left, it shows "Data between: 12/1/2022 and 1/18/2023" and "Run Date : 1/18/2023". A table header is visible at the bottom with columns: Subscriber Name, Member ID, Member Last Name, Member First Name, Member Middle Initial, Member Type, Member Date of Birth, Member Gender, Address Line1, Address Line2, City, State, Zip Code, Coverage, Policy, Plan Name, and Effective Date.

5. Glossary

Active Roster	This provides a list of all enrollments currently active in the Mass General Brigham Health Plan system for your employer group.
Dashboard	The Employer Portal webpage which includes the following hyperlinks: Home, Roster, Resources, Reports, My Account, and User Guide
Dependent	A member of the subscriber's family who meets the eligibility requirements for coverage as outlined in the Administrative Guide.
Effective Date	This is the effective date of the subscriber's coverage.
Employer Portal	Preferred method of quick and secure transmission for new enrollments, changes to enrollment and termination of enrollment.
Inactive Roster	This provides a list of all terminated enrollments currently in the system for your employer group.
Account Executive	Your account executive is your primary contact once you have purchased an Mass General Brigham Health Plan' plan. They will work with you throughout the year and upon renewal of the plan.
Primary Care Physician (PCP)	A physician in internal medicine, family practice, adolescent, pediatrics, or geriatrics who is under contract with Mass General Brigham Health Plan to provide and authorize a member's care.
Qualifying Event	An event when an eligible employee may be added to a group plan. Such events include open enrollment, date of hire, completion of a probationary period, start or increase or required working hours, involuntary loss of prior group health insurance or the occurrence of a life event. Such life events include marriage, birth of a child, and adoption of a child, or legal guardianship of a child. Please see the Administrative Guide for more details or contact your Account Executive.
Retroactivity Period	The maximum number of calendar days back from the current date that an enrollment transaction may become effective. This timeframe is specified in the Administrative Guide, or you can contact your Account Executive.
Roster	This is a current list of all active participants.
Subscriber	The individual who meets the employee eligibility requirements as outlined in the employer agreement.