2026

# Book of Business

## 2026 User Guide

### Introduction

Book of Business is your gateway to more strategic growth. It is conveniently located in Jarvis and gives you instant access to UnitedHealthcare Medicare member information, helping unlock the full potential of your business. From member data listings to in-depth reports across agency hierarchy levels, this tool helps you boost retention, optimize marketing strategies and supports you in meeting your sales goals.

This user guide walks you through the benefits of the Book of Business tool, giving you enhanced visibility into member statuses, plan enrollment, and important details. Select a topic below to navigate directly to that section or scroll through the guide at your own pace.


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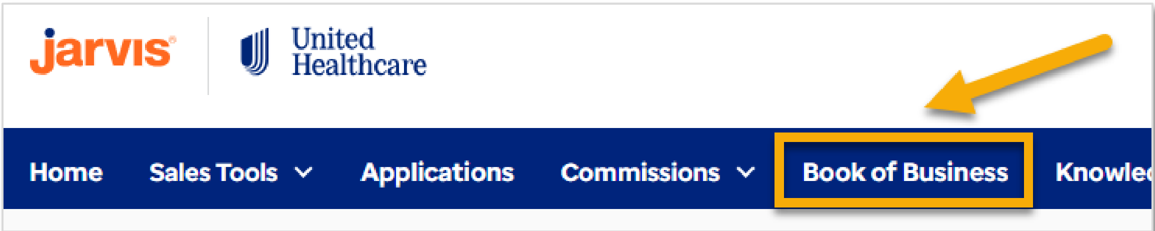
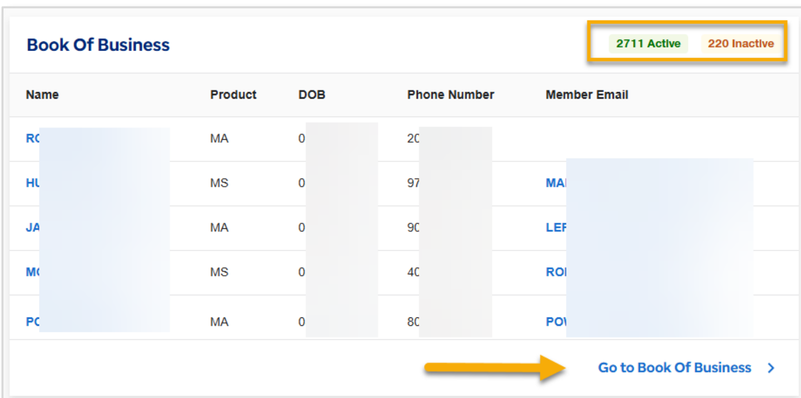
## Accessing the Book of Business

To access the Book of Business, simply log into Jarvis and look for **Book of Business** in the navigation Bar. Once clicked, you will be in your Book of Business.




You can also access the Book of Business from the Jarvis Homepage where you will have a quick view of your active and inactive members, plus a link to take you directly to the Book of Business Homepage.

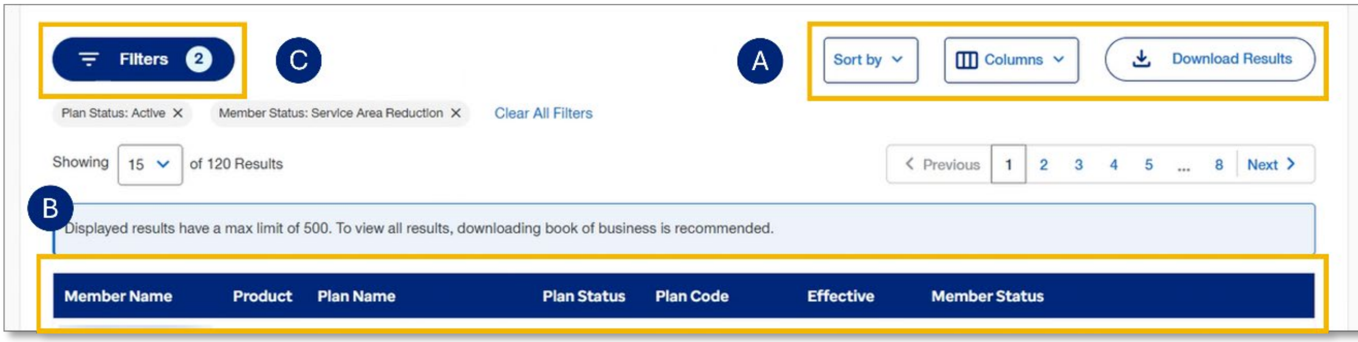



## Book of Business Specifics

- The Book of Business provides status updates for SSBCI and C-SNP verification, alerts for a Service Area Reduction (SAR), Medicare Supplement Insurance Plan payment information and plan activation.
- The Book of Business is not available to solicitors.
- The view in Jarvis will only show 500 members. To see all of your members you must download a report.
- Book of Business Reports are confidential and proprietary information of UnitedHealth Group. Do not distribute or reproduce any portion without the express permission of UnitedHealth Group.
- Only active members will show in the Book of Business. This means members will not show until their plan is effective.

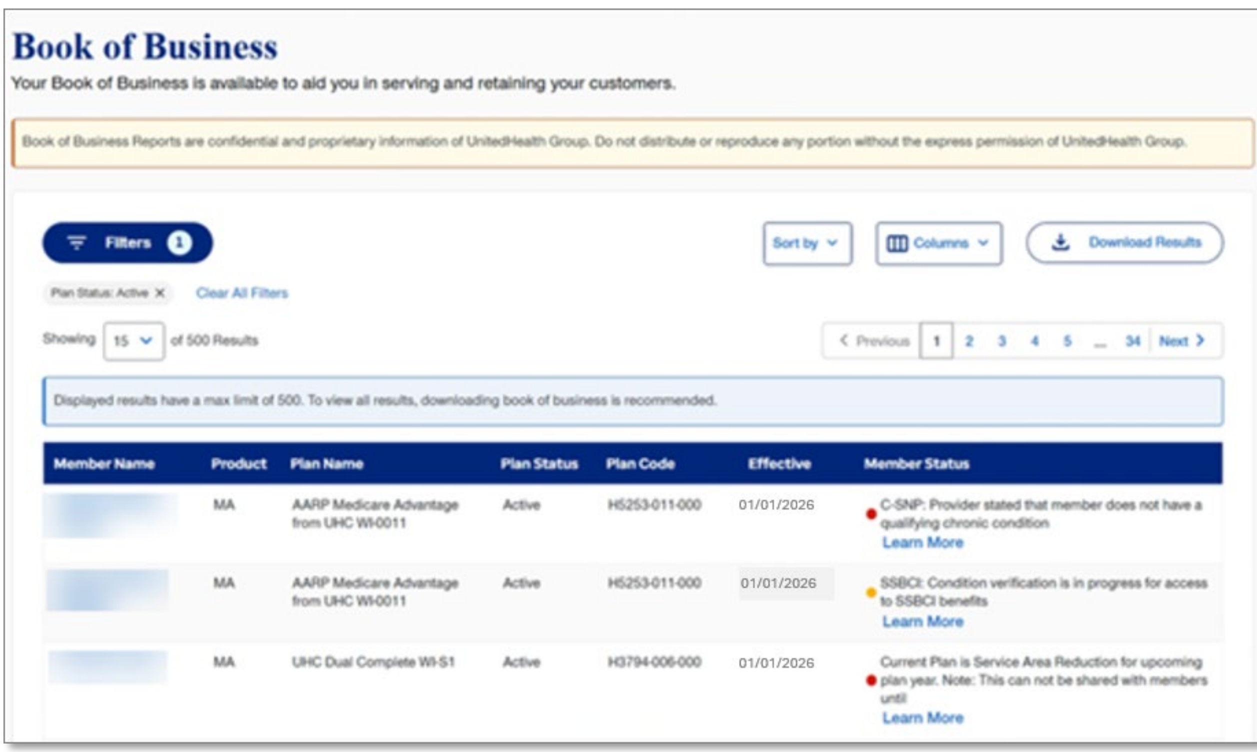
## Book of Business Homepage

When the Book of Business is selected in Jarvis, you will be taken to a Homepage that offers many selections to find the members you are looking for. Below are the specific ways you can navigate the Book of Business. Reference the letters for the corresponding information.




A. Three options that will allow you to sort your view, add columns that can be viewed, and download your entire Book.
B. Seven columns across the dark blue line. These are the default columns and cannot be unselected.
C. A filters option that will allow you to select what you want to view in the Book of Business.

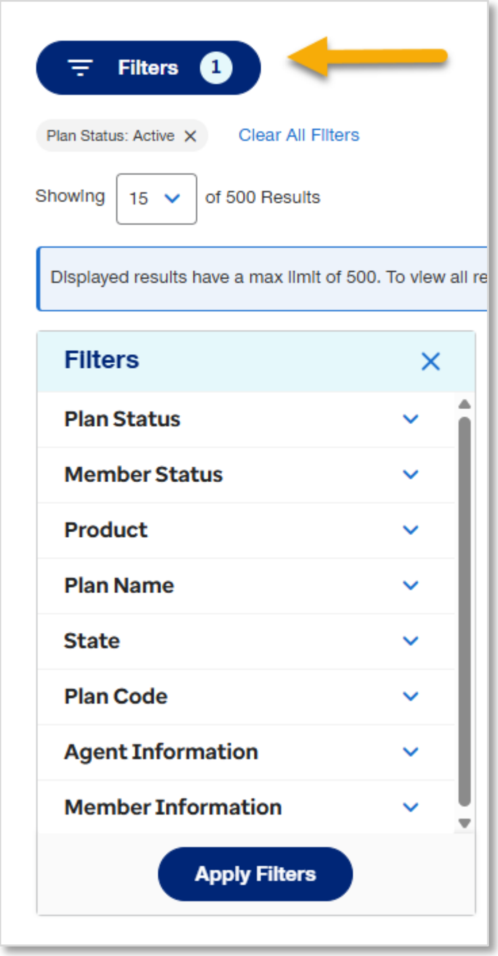
In each column, you will be able to view information on your active members.



## Filters

When creating a report, you can filter down to specifics you are searching for. Below are the available filters within the Book of Business.

- **Plan Status:** Allows you to filter to Active and Inactive members
- **Member Status:** Allows you to filter to specific C-SNP verification, SSBCI verification and SAR information
- **Product:** Allows you to filter to MA, PDP, MS, DVH and IFP
- **Plan Name:** Allows you to filter to plans available in your zip code
- **State:** Allows you to filter to a specific state
- **Plan Code:** Allows you to filter to a specific plan code
- **Agent Information:** Allows you to filter to PID, WID or name
- **Member Information:** Allows you to filter to a specific member by MBI, member ID, Last Name or First Name. *NOTE: You can search by typing Last Name, First Name, or just enter the first name or last name*




★ The filters option will search the entire book, not just the 500 members that display.

## Member Status Filter

Using the Member Status filter can help you quickly identify which members may need extra support so you can act with confidence and foster trust. When you know a member's status upfront, you're better equipped to guide the conversation, provide accurate support, and reinforce your role as a trusted resource.

By applying this filter, you gain greater visibility into members who have SSBCI and C-SNP verification, alerts for a SAR, Medicare Supplement plan payment information and plan activation.

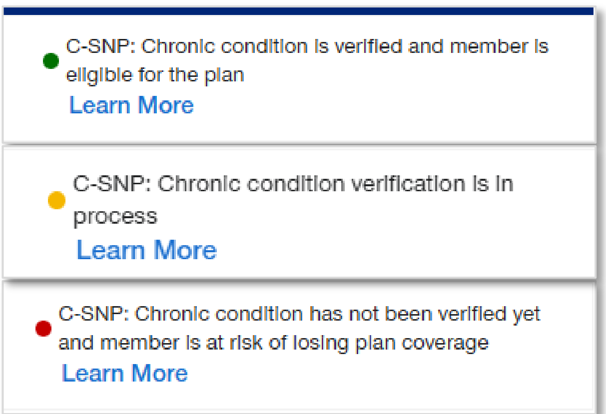
## Member Status Filter, cont.

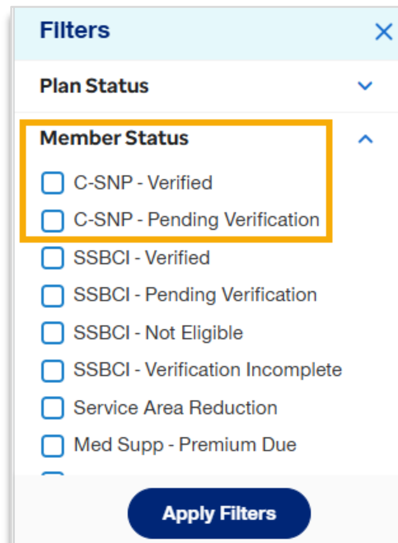
Follow the below steps to filter down to a specific member status.

C-SNP Verification

You will have two choices to filter to C-SNP verification. Members who have been verified for the chronic condition, and members who have verification still pending. Select the filter option for either **C-SNP – Verified** or **C-SNP - Pending Verification** and click **Apply Filters**.

Under the member status column, you will see either a green, yellow or red circle indicating the following:

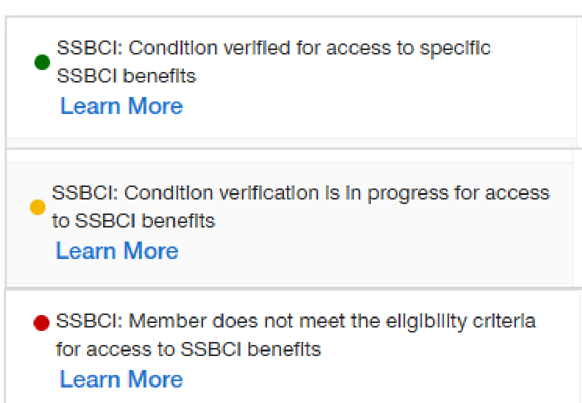


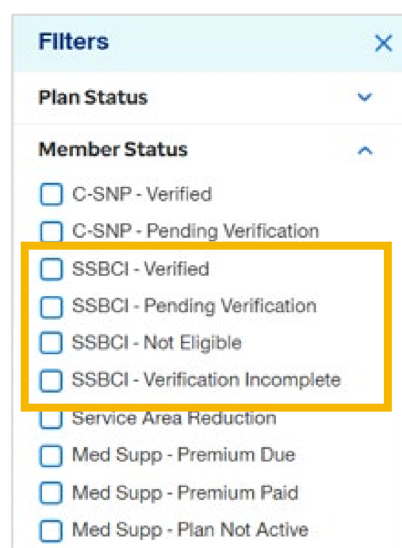




SSBCI Verification

You will have three choices to filter to SSBCI verification. Members who have been verified, members who have verification still pending, members whose verification is incomplete and members who are not eligible. Select the filter option for either **SSBCI – Verified, SSBCI - Pending Verification,** or **SSBCI – Not Eligible** and click **Apply Filters**.

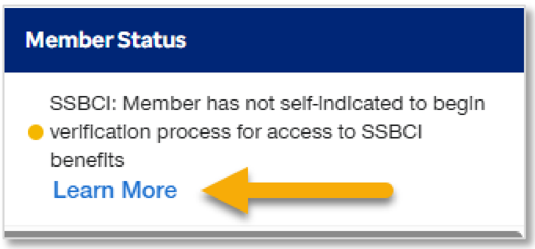
Under the member status column, you will see either a green, yellow or red circle indicating the following:

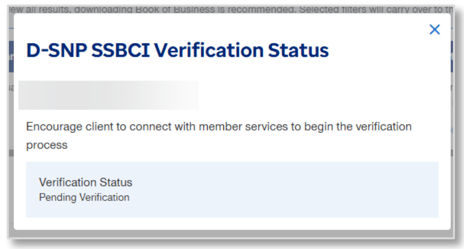


## Member Status Filter, cont.

Click on the **Learn More** in the status to see additional details in reference to what is indicated.




<u>C-SNP Possible Member Status Details</u>

For members, whose chronic condition was verified:

**Chronic condition is verified and member is eligible for the plan.** *No further action is needed and member will remain in their plan*

For members, whose chronic condition is not yet verified:

**Chronic condition verification is in process.** *We are currently reaching out to the provider to validate the member's chronic condition*

For members, whose chronic condition has not been verified and are at risk of losing the plan:

**Chronic conditions has not been verified yet and member is a risk of losing plan coverage***. Encourage the client to connect with provider about the verification or, help them find a new plan.*

<u>SSBCI Possible Member Status Details</u>

For members who have not self-indicated:

**Member has not self-indicated to begin verification process for access to SSBCI benefits.** *Encourage client to connect with member services to begin the verification process. If at that time, the member does self-identify, the status would change to one of the current messages depending on if we were quickly able to confirm status or if it is pending verification from the provider.*

For members who have self-indicated, but verification is pending:

**Condition verification is in progress for access to SSBCI benefits.** *Condition verification is in progress. Note: Member may need to take action; refer to the SSBCI Quick Reference Guide on Jarvis.*

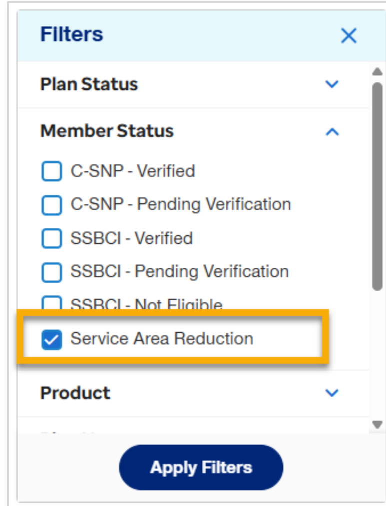
For members, whose condition was verified:

**Condition verified for access to specific SSBCI benefits.** *Condition verified for access to plan-specific SSBCI benefits.*

For members, whose condition was not verified:

**Member does not meet the eligibility criteria for access to SSBCI benefits.** *The verification period has passed and verification was not completed. Member will retain OTC benefits, but will not have access to additional SSBCI benefits.*

## Member Status Filter, cont.



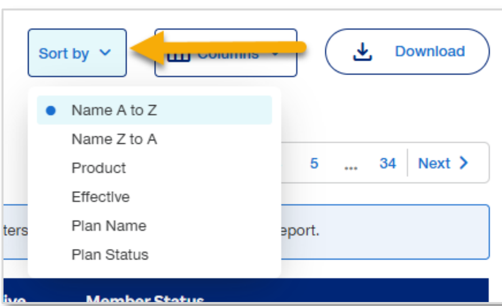

SAR Information

Select the **Service Area Reduction** filter to see if your members are impacted by a SAR and click **Apply Filters**.

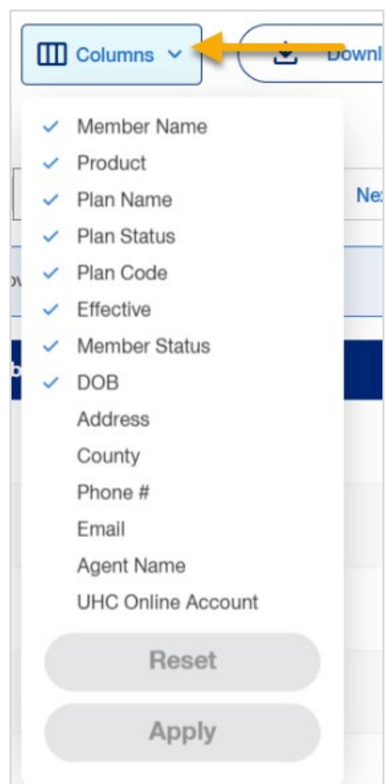
Once selected, you will see a notification stating **Service Area Reduction**. When you click on **Learn More**, you will see the member status message stating **Current Plan is a Service Area Reduction**. *Help client enroll in a new plan after 10/1.*

## Using the Sort by feature

Select the down arrow next to **Sort by** to open the sorting menu. This will allow you to sort by Name A to Z, Name Z to A, Product, Effective, Plan Name, or Plan Status. This is convenient when you have a large Book of Business and just want to view specific information.




## Selecting Columns




Select the down arrow next to **Columns** to change which columns you want to view. Columns include Member Name, Product, Plan Name, Plan Status, Plan Code, Effective, Member Status, DOB, Address, County, Phone #, Email, Agent Name, and UHC Online Account. **The items that are already selected are the default view and cannot be unselected.**

Select the column you want to add and click **Apply**. Columns selected will be saved and used on every download until unselected.

If you want to return to the default view, click **Reset**.

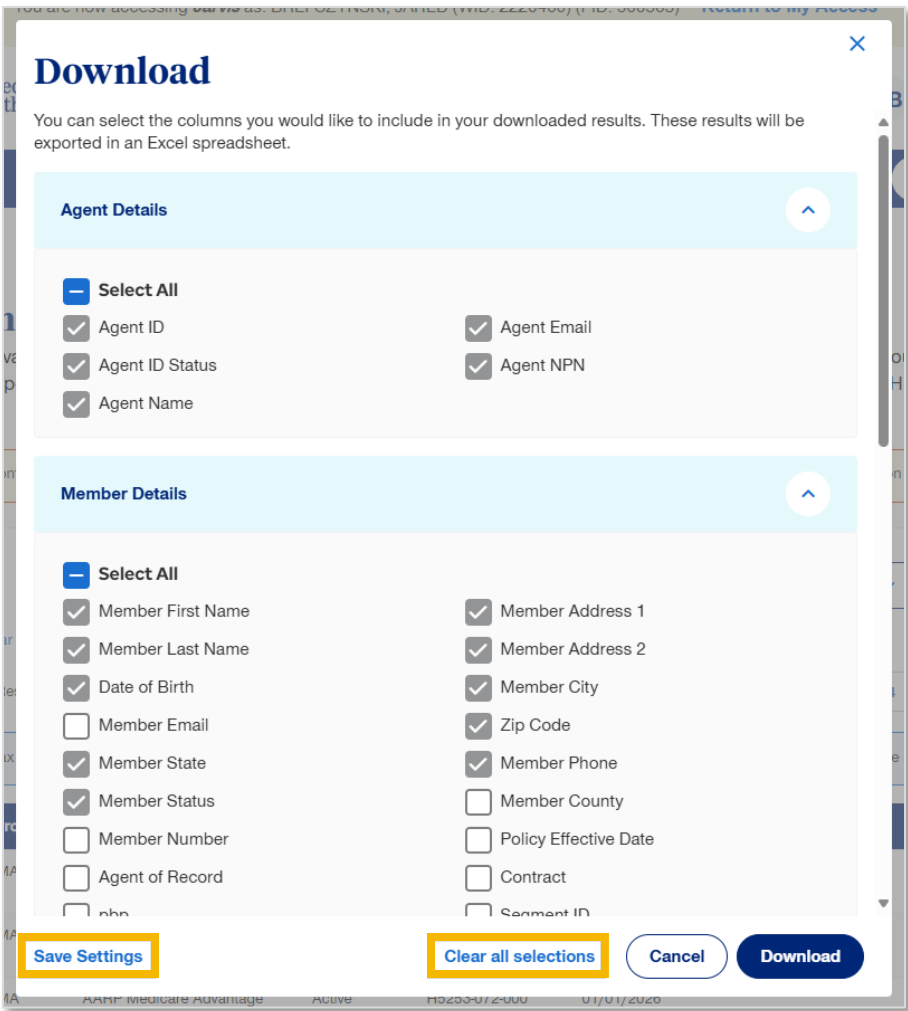
## Downloading Reports

You can download your selected filtered options onto a report. The report is an excel spreadsheet listing the Book of Business data that you will select. NOTE: The filters will transfer over to the download feature.

Click on the **Download Results** button to start the process.


You will be taken to a screen allowing you to select the columns you would like to include in your downloaded results. **Items marked in grey cannot be unselected**.

You can save any selections you make by clicking **Save Settings** and they will remain until you either uncheck them or click **Clear all selections**.

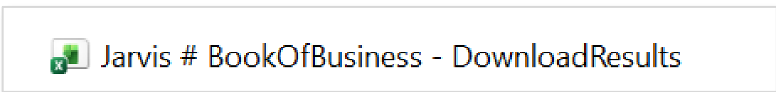


## Downloading Reports, cont.

Once you have your columns selected, simply click **Download**.

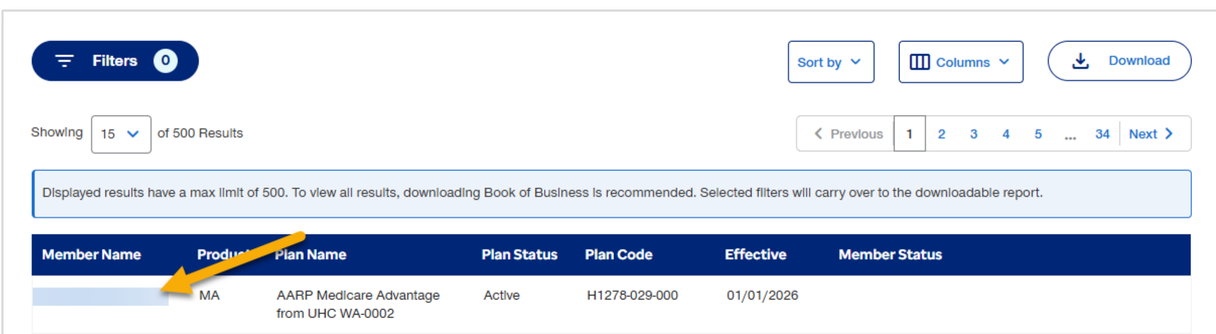

You will be taken back into your Book of Business, and the download results can be found on your device (generally in a downloads folder).

The excel spreadsheet will have a naming convention of **Jarvis BookOfBusiness – DownloadResults**

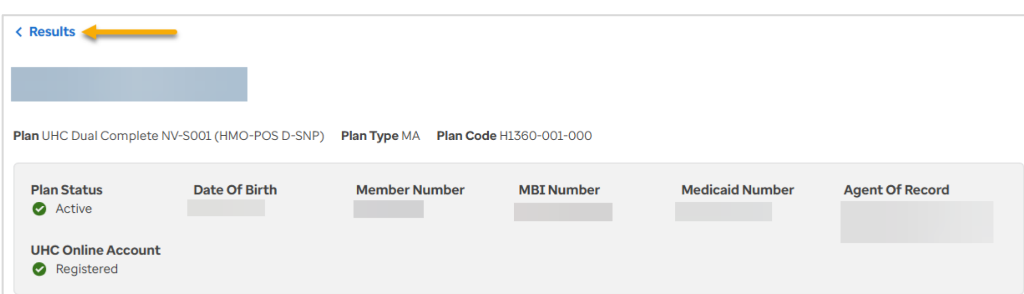



## The Member Profile

In the Book of Business, your members will be listed in a blue font. Click on the member's name to access their profile.



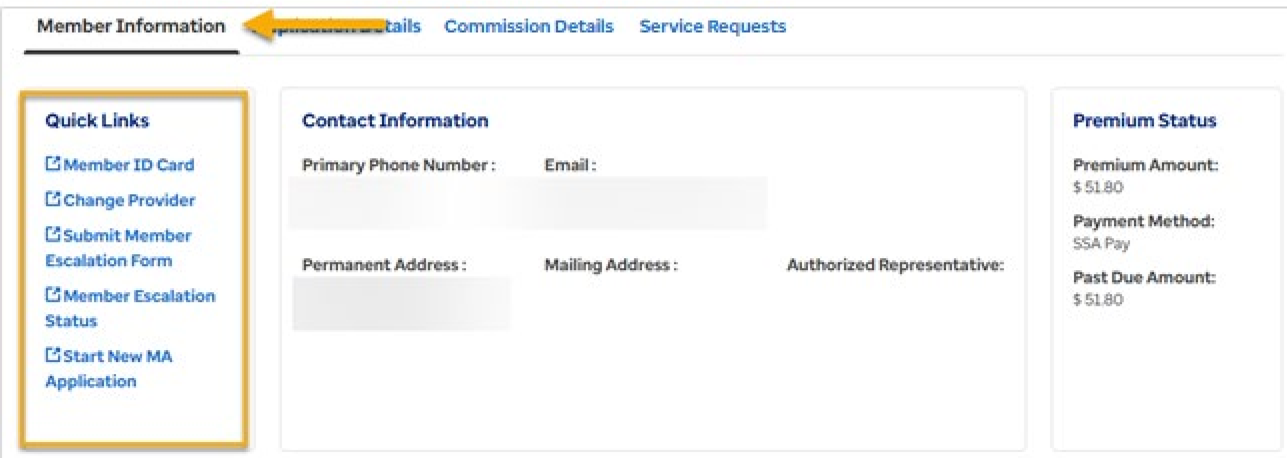

At the top of the member profile, you will see the member's name, plan they are currently enrolled in, the type of plan and plan code. You will be able to view their active status, DOB, member number, MBI, Medicaid number, agent on record (AOR) and UHC Online Account Registration status. If you want to go back to your original search, you can select **Results**.



## The Member Profile, cont.

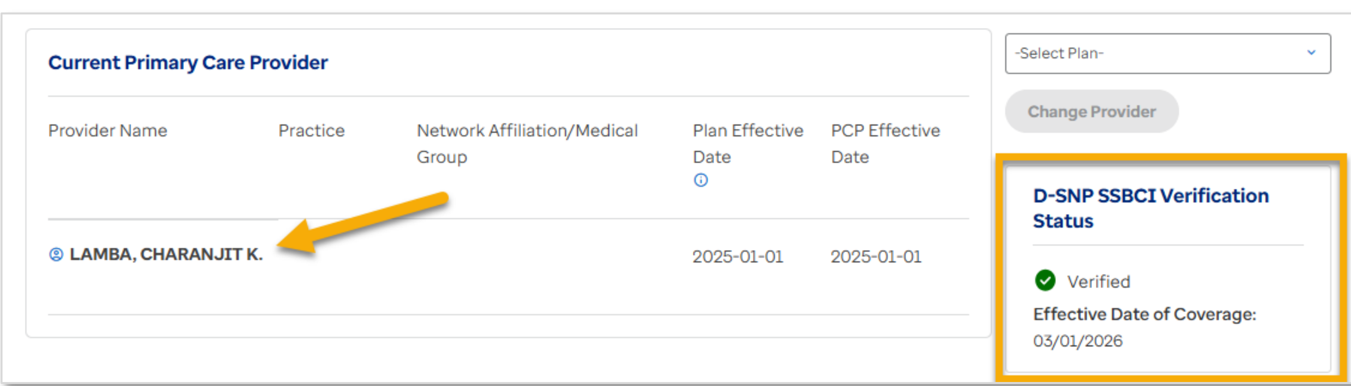
In the middle of the member profile, you will see the member details plus additional tabs. The **Member Information** tab is where the system will default. On this page you can view the contact information for the member. You can see their premium and payment history information as well.

On the left side, you will have additional links to complete tasks you may need to perform to help the member, such as ordering a new Member ID card or changing their Primary Care Provider (PCP).



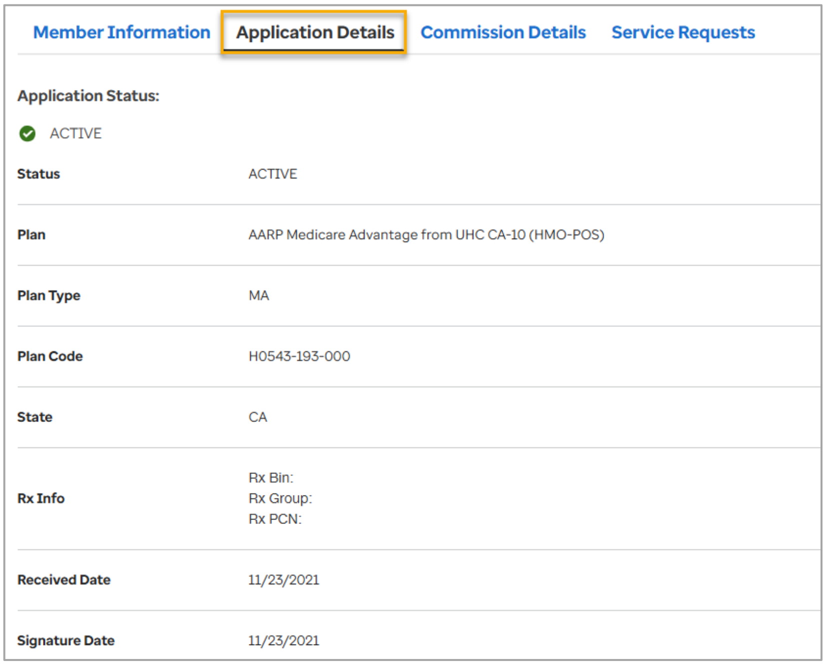

At the bottom, you will be able to view who the PCP is and network affiliations, you can change the PCP with the member's consent and view C-SNP and SSBCI verification status for the member and the SAR information.

**NOTE: For SSBCI verification status, if the member has not self-indicated, you will not see a status on the member profile.**



## The Member Profile, cont.

The **Application Details** tab will provide application status information including the plan type, plan code, Rx Info, when the application was received and the signature date.

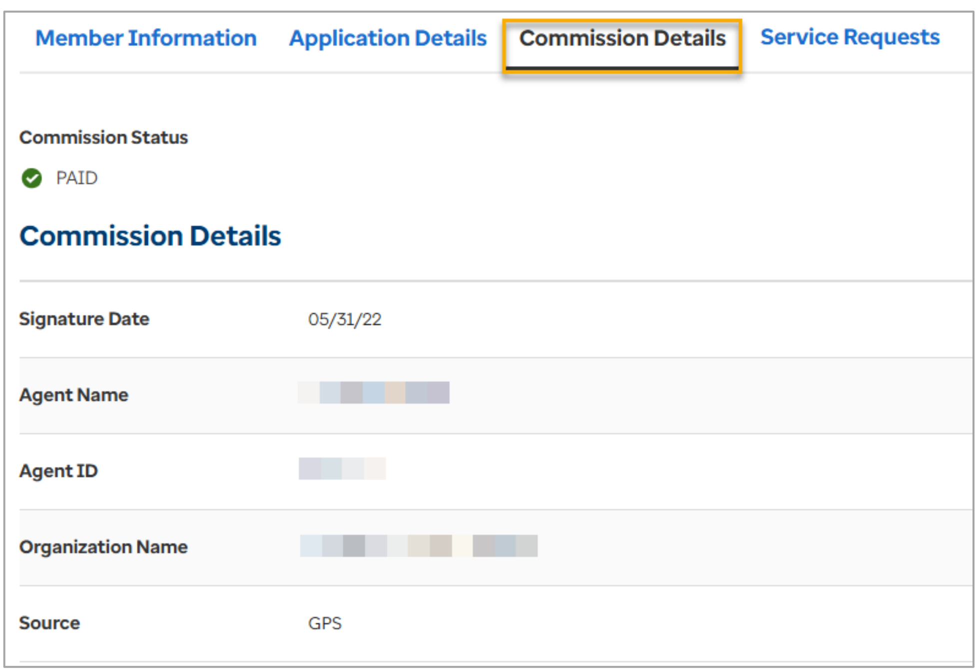

Member Information | Application Details | Commission Details | Service Requests

Application Status:

ACTIVE

| | |
|---|---|
| Status | ACTIVE |
| Plan | AARP Medicare Advantage from UHC CA-10 (HMO-POS) |
| Plan Type | MA |
| Plan Code | H0543-193-000 |
| State | CA |
| Rx Info | Rx Bin:<br>Rx Group:<br>Rx PCN: |
| Received Date | 11/23/2021 |
| Signature Date | 11/23/2021 |

The **Commission Details** tab will provide you with information in reference to that member.


Member Information | Application Details | Commission Details | Service Requests

Commission Status

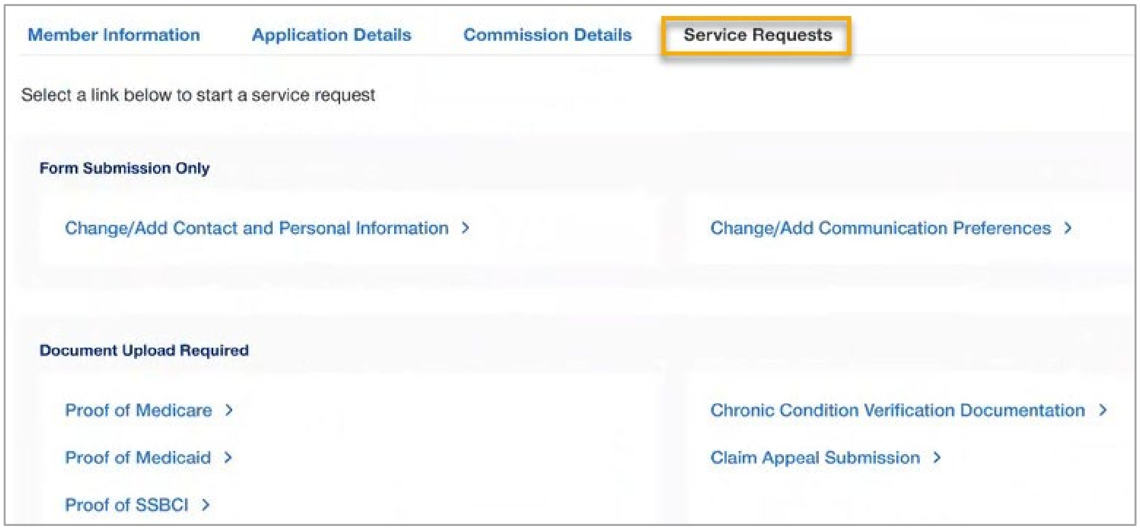
PAID

Commission Details

| | |
|---|---|
| Signature Date | 05/31/22 |
| Agent Name | |
| Agent ID | |
| Organization Name | |
| Source | GPS |

## The Member Profile, cont.

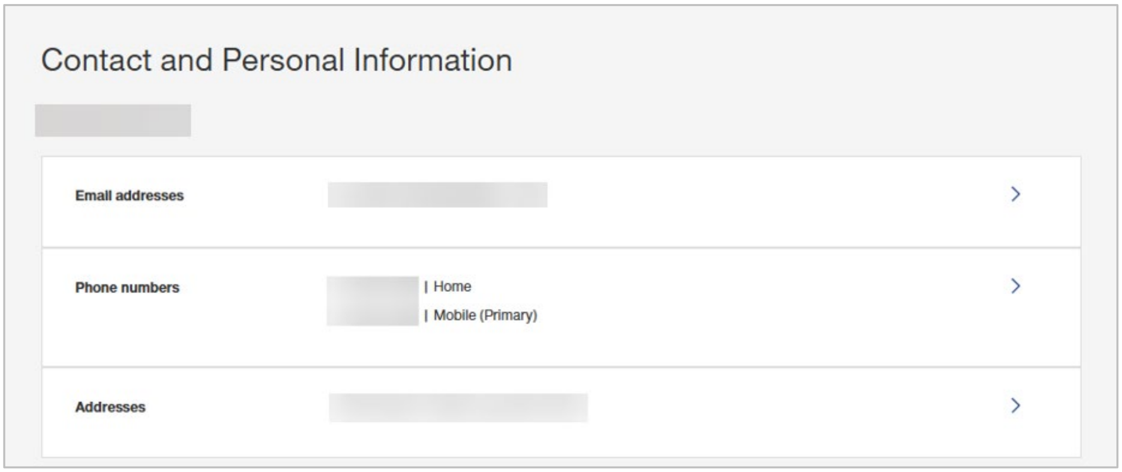
**Service Requests** will allow you to support your active members directly by submitting service requests. You can update information and submit supporting documents on behalf of your members.




With this new tab, you can assist your members and help reduce the need for customer service calls. This can: save time, by offering quicker resolutions, create a better member experience by helping the member in one conversation with you – allowing you to guide the conversation and reduce barriers to member retention.

### <u>These service requests include</u>:

- **Change/Add Contact and Personal Information**: Click the arrows to add/edit the member phone numbers, email addresses, and addresses, allowing your members to spend less time on the phone or self-serving.



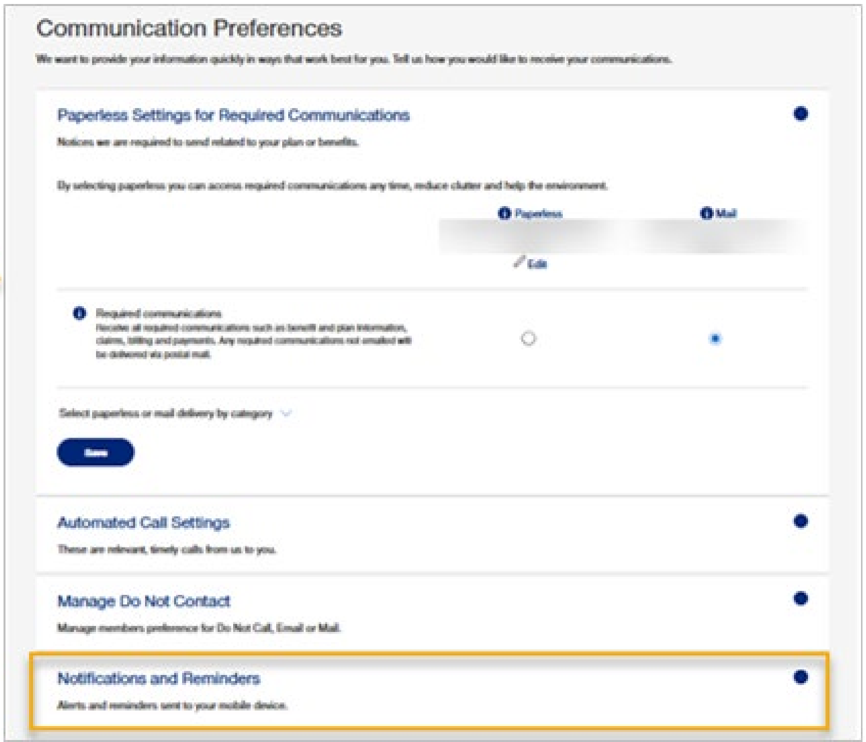
## The Member Profile, cont.

- **Change/Add Communication Preferences:** You can assist members in managing their communication preferences. Options such as paperless delivery, do not call settings, notifications, personalized emails, and language preferences can be reviewed and updated within this section. for plan or benefit communication.

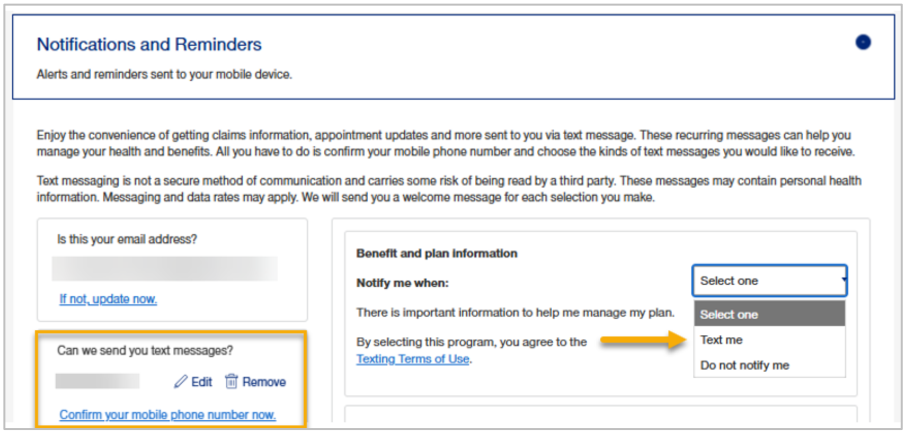
If a member wants to opt-out of receiving plan or benefit communications via mail or vice versa, you can easily choose Paperless or Mail delivery of plan communication, reducing tasks for the member.

Note: The agent must receive permission from the member to change their preferences.

*Click on a section* to open the page and indicate how the member would like to receive different types of plan or benefit communications.




In the **Notifications and Reminders** section, members can opt in to receive text or email communications related to benefit information, claims billing updates, health reminders and more. To enroll, simply confirm the member's email address and/or phone number, then select the dropdown options to select the types of messages they would like to receive.

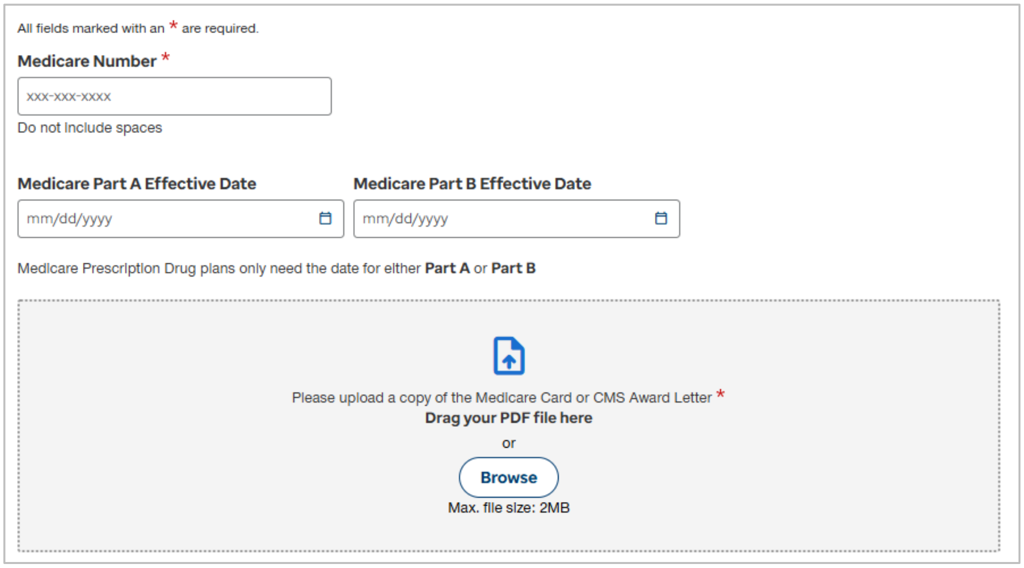



Click **Enroll** at the bottom of the page once selections are made.

Enroll

## The Member Profile, cont.

- **Submit Proof of Medicare:** Enter the member's Medicare number and upload a copy of their Medicare Card or CMS Award Letter. This allows you to make the process simpler for your members, so they do not have to figure out where to send documents or worry about doing it incorrectly.


All fields marked with an * are required.

**Medicare Number** *

xxx-xxx-xxxx

Do not include spaces

**Medicare Part A Effective Date**

mm/dd/yyyy

**Medicare Part B Effective Date**

mm/dd/yyyy

Medicare Prescription Drug plans only need the date for either **Part A** or **Part B**

Please upload a copy of the Medicare Card or CMS Award Letter *

**Drag your PDF file here**

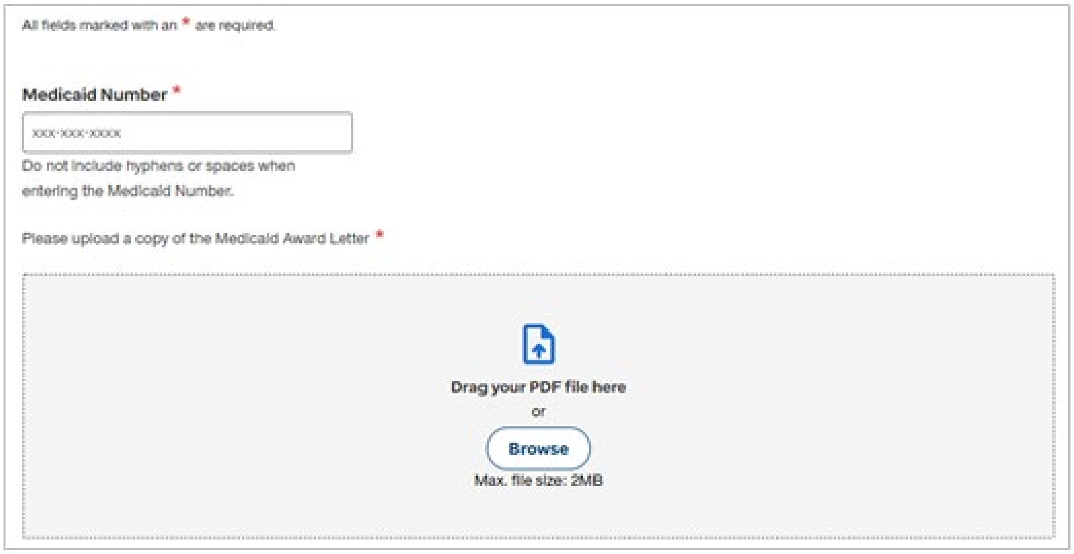
or

Browse

Max. file size: 2MB

**Note:** When uploading documents, only PDF files are accepted.

- **Submit Proof of Medicaid:** Provide the member's Medicaid number and upload a copy of the Medicaid Award Letter. This allows you to keep the interaction in one conversation and the member doesn't have to worry about uploading the wrong document or missing a step.


All fields marked with an * are required.

**Medicaid Number** *

xxx-xxx-xxxx

Do not include hyphens or spaces when entering the Medicaid Number.

Please upload a copy of the Medicaid Award Letter *

**Drag your PDF file here**

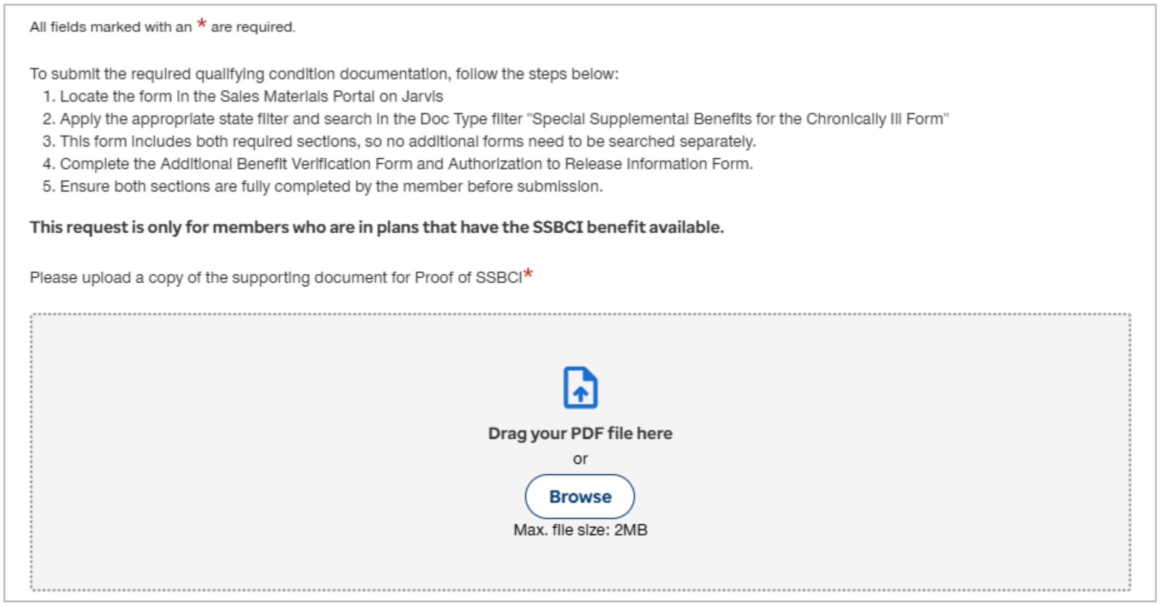
or

Browse

Max. file size: 2MB

## The Member Profile, cont.

- **Submit Proof of SSBCI: You can help members who** did not self-indicate a qualifying condition during the enrollment process or has not yet been verified for SSBCI by easily uploading the completed Additional Benefits Verification Form and Authorization to Release Information Form.


All fields marked with an * are required.

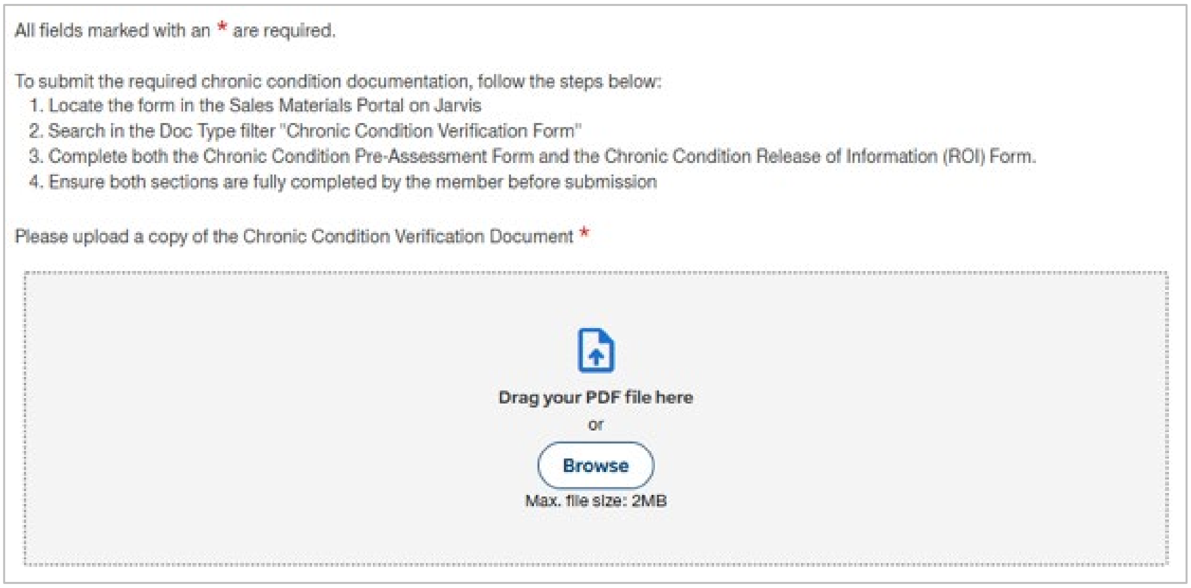
To submit the required qualifying condition documentation, follow the steps below:
1. Locate the form in the Sales Materials Portal on Jarvis
2. Apply the appropriate state filter and search in the Doc Type filter "Special Supplemental Benefits for the Chronically Ill Form"
3. This form includes both required sections, so no additional forms need to be searched separately.
4. Complete the Additional Benefit Verification Form and Authorization to Release Information Form.
5. Ensure both sections are fully completed by the member before submission.

**This request is only for members who are in plans that have the SSBCI benefit available.**

Please upload a copy of the supporting document for Proof of SSBCI*

Drag your PDF file here
or
Browse
Max. file size: 2MB

- **Submit Chronic Condition Verification Documentation:** You can help a member by easily uploading the completed Chronic Condition Verification Form (completed by the provider). This allows you to upload the completed Chronic Condition Verification form with the Release of Information if it was missed with the original application submission.


All fields marked with an * are required.

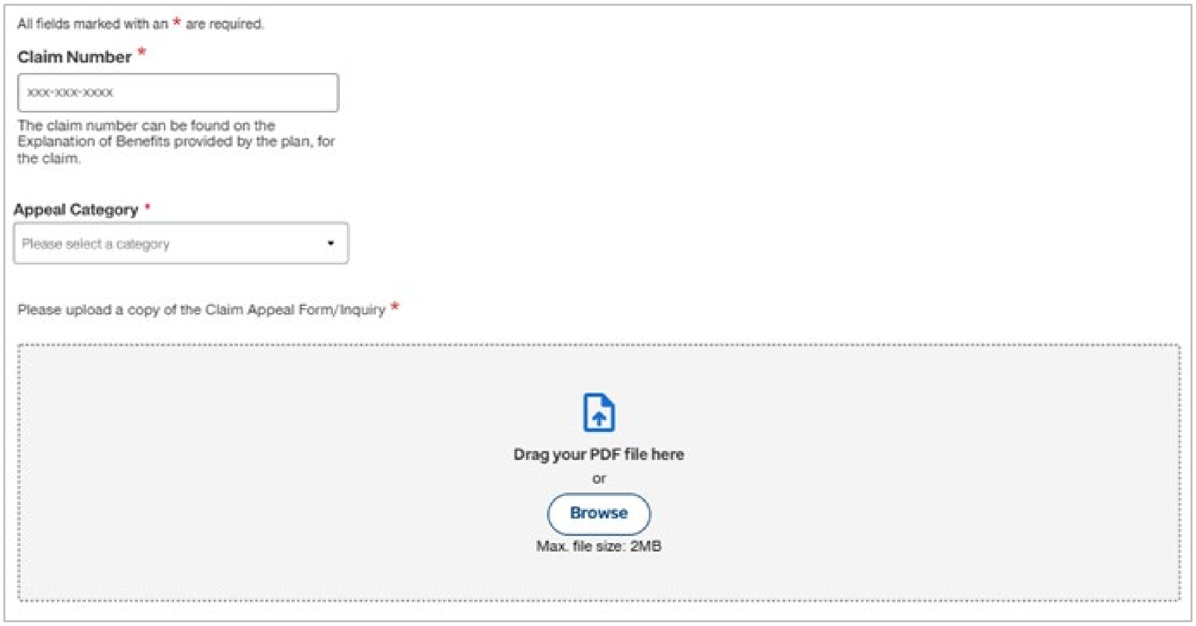
To submit the required chronic condition documentation, follow the steps below:
1. Locate the form in the Sales Materials Portal on Jarvis
2. Search in the Doc Type filter "Chronic Condition Verification Form"
3. Complete both the Chronic Condition Pre-Assessment Form and the Chronic Condition Release of Information (ROI) Form.
4. Ensure both sections are fully completed by the member before submission

Please upload a copy of the Chronic Condition Verification Document *

Drag your PDF file here
or
Browse
Max. file size: 2MB

## The Member Profile, cont.

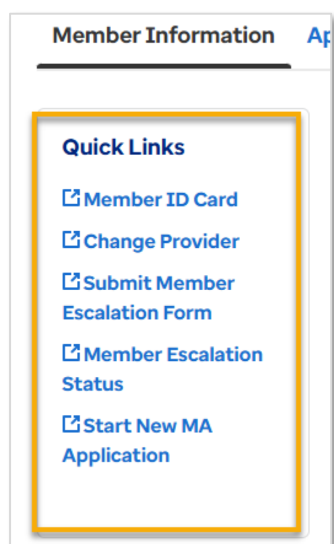
- **Submit a Claim Appeal Submission on behalf of a member:** Provide the claim number, select the appeal category, and upload a copy of the claim appeal inquiry. This gives the agent an opportunity to start the process, helping take stress off the member.




**To access the appeal form, navigate to the applicable Medicare plan website**: *About > Member Resources > Member Forms > Appeals and grievance medical and prescription drug request forms section*

## Quick Links - Member Profile

The **Quick Links** are found on the left side of the member profile page. These links provide tasks you can perform on behalf of the member.




**Member ID Card:** Order a new member ID card for the member.

**Change Provider:** Change the provider for the member with the member's consent.

**Submit Member Escalation Form:** Escalate an issue on behalf of the member.

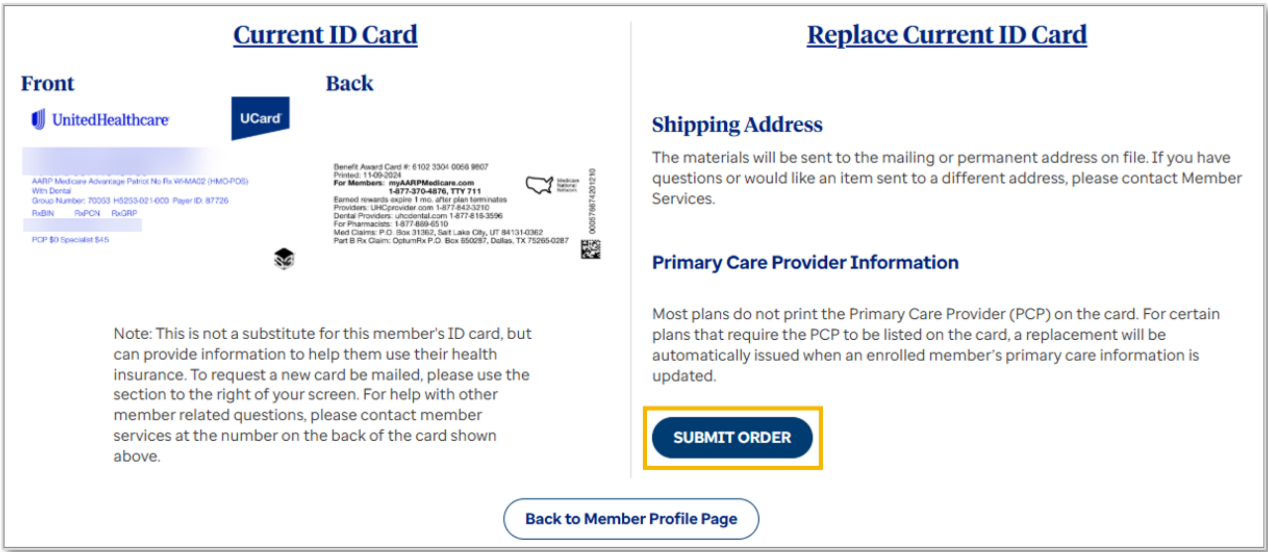
**Member Escalation Status:** View the status of escalations you have submitted for that member.

**Start New MA Application:** Start a Medicare Advantage application for the member.

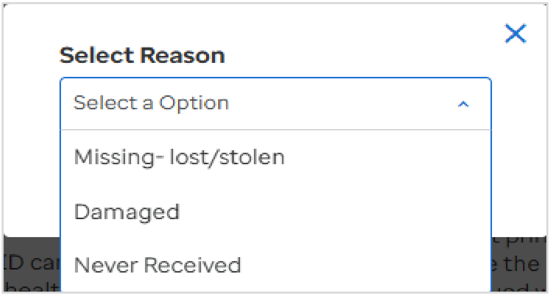
## Ordering a Member ID Card

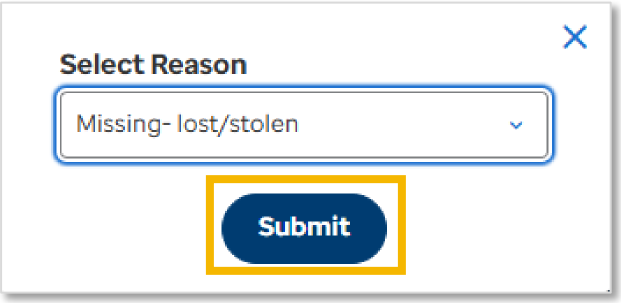
Easily order a Member ID Card on behalf of your member-no customer service call needed. Simply click on **Member ID Card** in the Quick Links.

You will be able to view the front and back of the Member ID card. On the right side of the screen, you will see a **Submit Order** which will start the process to order the Member ID card.



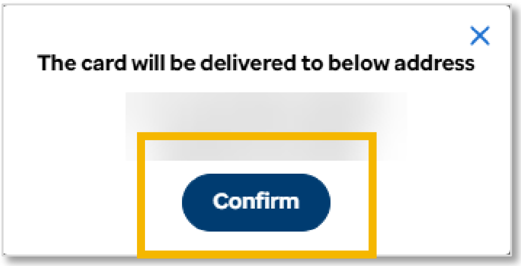

A window will open where you can click the arrow next to **Select an Option** to open a menu. Click your selection from the menu items for why the member needs a new card. Click **Submit.**



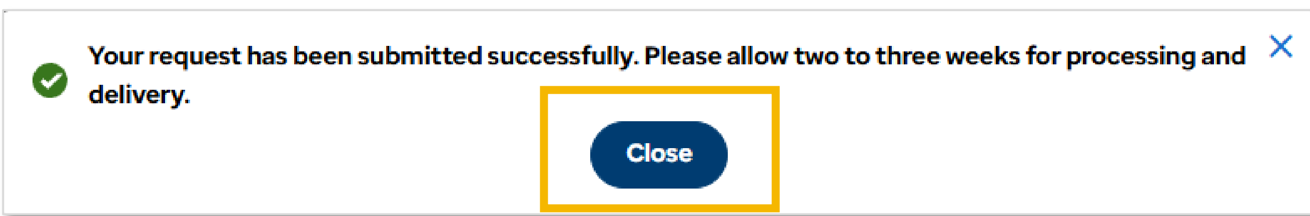



## Ordering a Member ID Card, cont.

You will see a screen with the address listed that is on file. If the address is correct, click **Confirm**. If the address is not correct, the member will need to contact customer service to change their address and order the Member ID card.



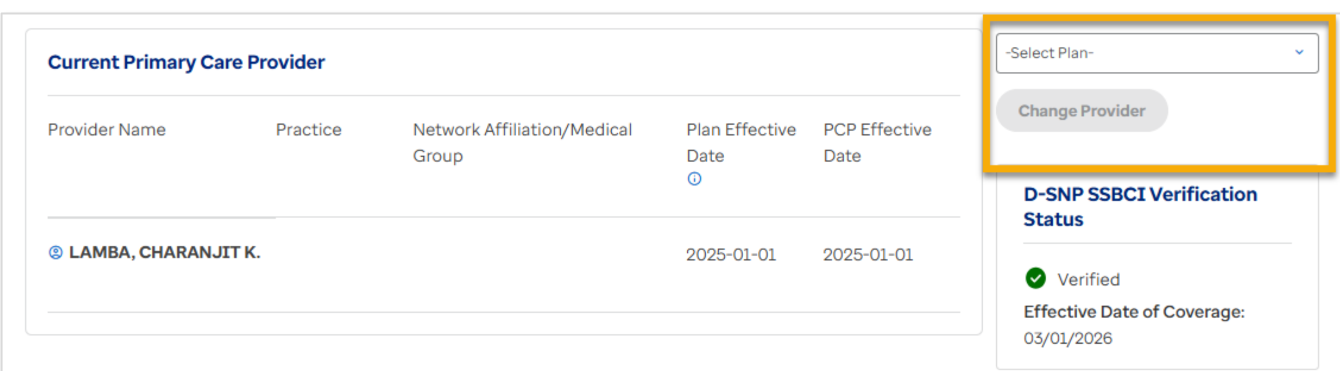

Click **Close**. The new card will be sent to the member at the address you approved. The member should allow two to three weeks for processing and delivery.




## Changing the Primary Care Provider (PCP)

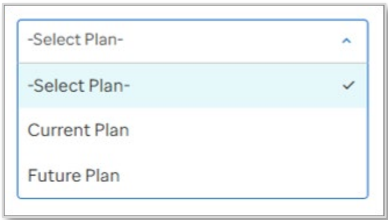
You can also help members change their PCP without them needing to call customer service.

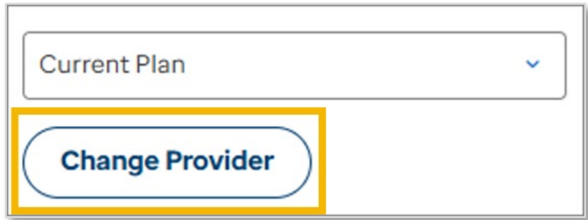
Click on **Change Provider** in the Quick Links to navigate down the page to the **Current Primary Care Provider**. In the box labeled **Select Plan**, click the down arrow to open the Plan status options.



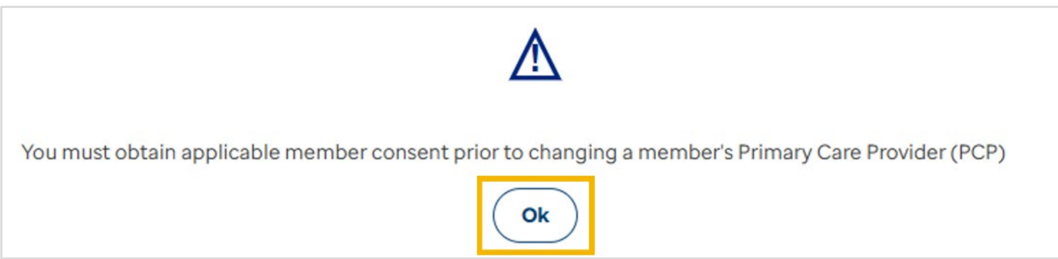
## Changing the Primary Care Provider (PCP), cont.

You will be able to select either the Current Plan or Future Plan. Once you have selected the plan status, click **Change Provider**.

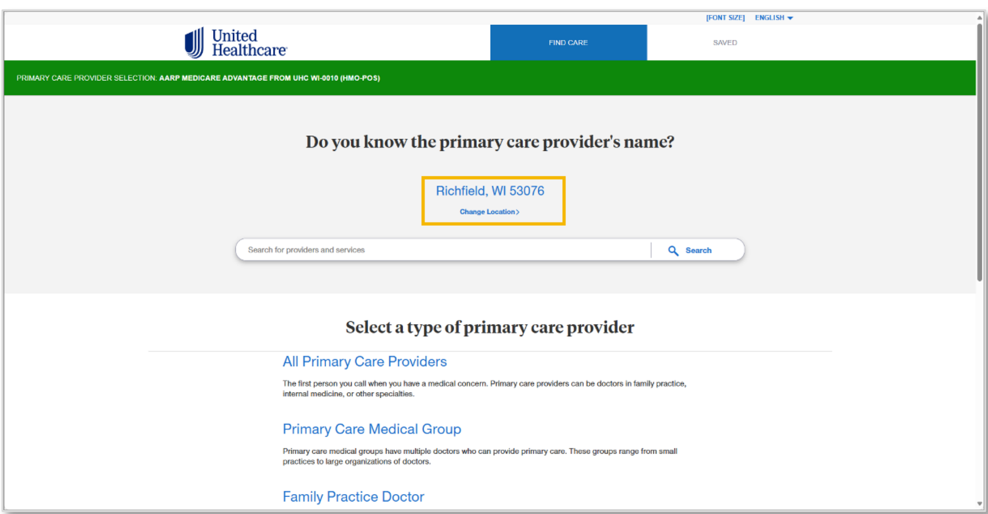



A window will open reminding you that you must have the member's consent to change their Primary Care Provider (PCP). Once you have the member's consent. Click **Ok**.




You will be redirected to the Provider Search to select the PCP. Note: the search perimeters are pulled from what address the member has on the member profile.

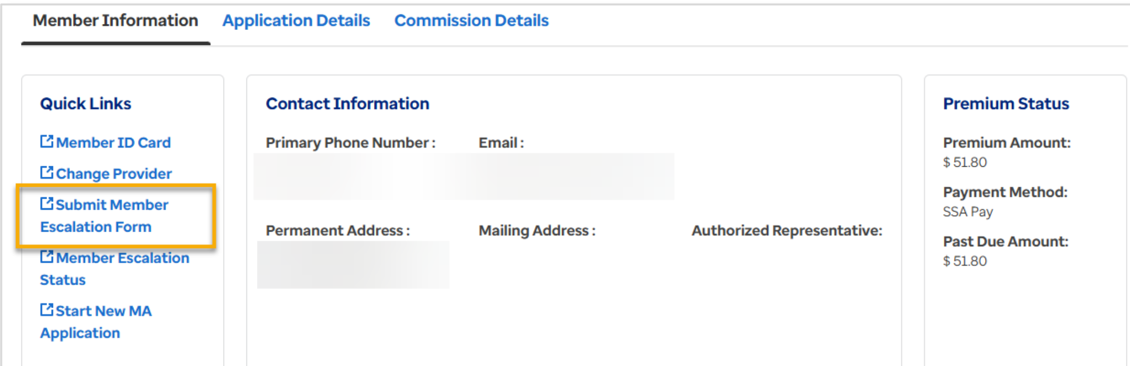



NOTE: When updating a PCP, it will take 24 hours for the new PCP information to appear under the future PCP section. PCP changes made by mid-month become effective the 1st of the following month. PCP changes cannot be made more than one month in advance (e.g., a PCP change effective 1/1/2026 cannot be submitted in November).

## Submitting a Member Escalation Form

When you or the member have not been able to resolve an issue through member services, you can submit an escalation for dedicated teams to work in the issue.

Begin by clicking **Submit Member Escalation Form** on the left side of the member profile page under the Quik Links.

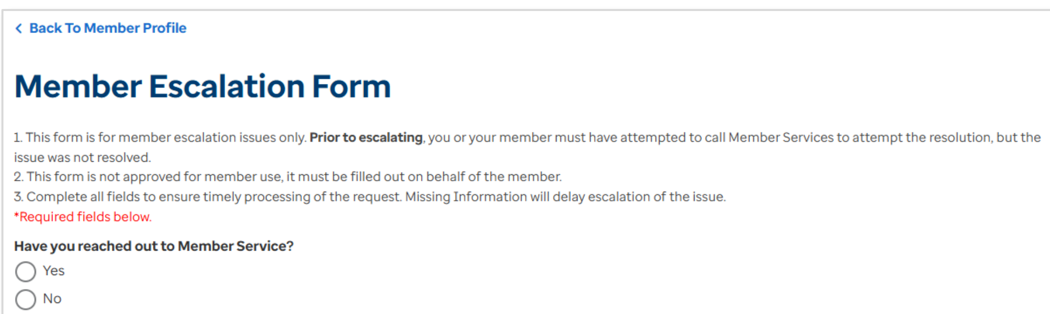



On the next screen you will see three statements. Read each carefully.

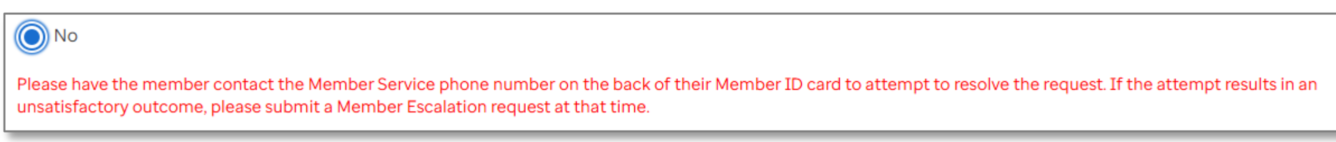
The question under the three statements will ask you if you have reached out to Member Services.

Select **Yes**, if you or the member has reached out to Member Services.

Select **No** if you or the member has not reached out to Member Services.




If you select **No**, the following warning will appear, and you will be instructed to have the member contact the Member Service phone number on the back of their Member ID card.




If their attempt results in an unsatisfactory outcome, then you may submit a Member Escalation request.

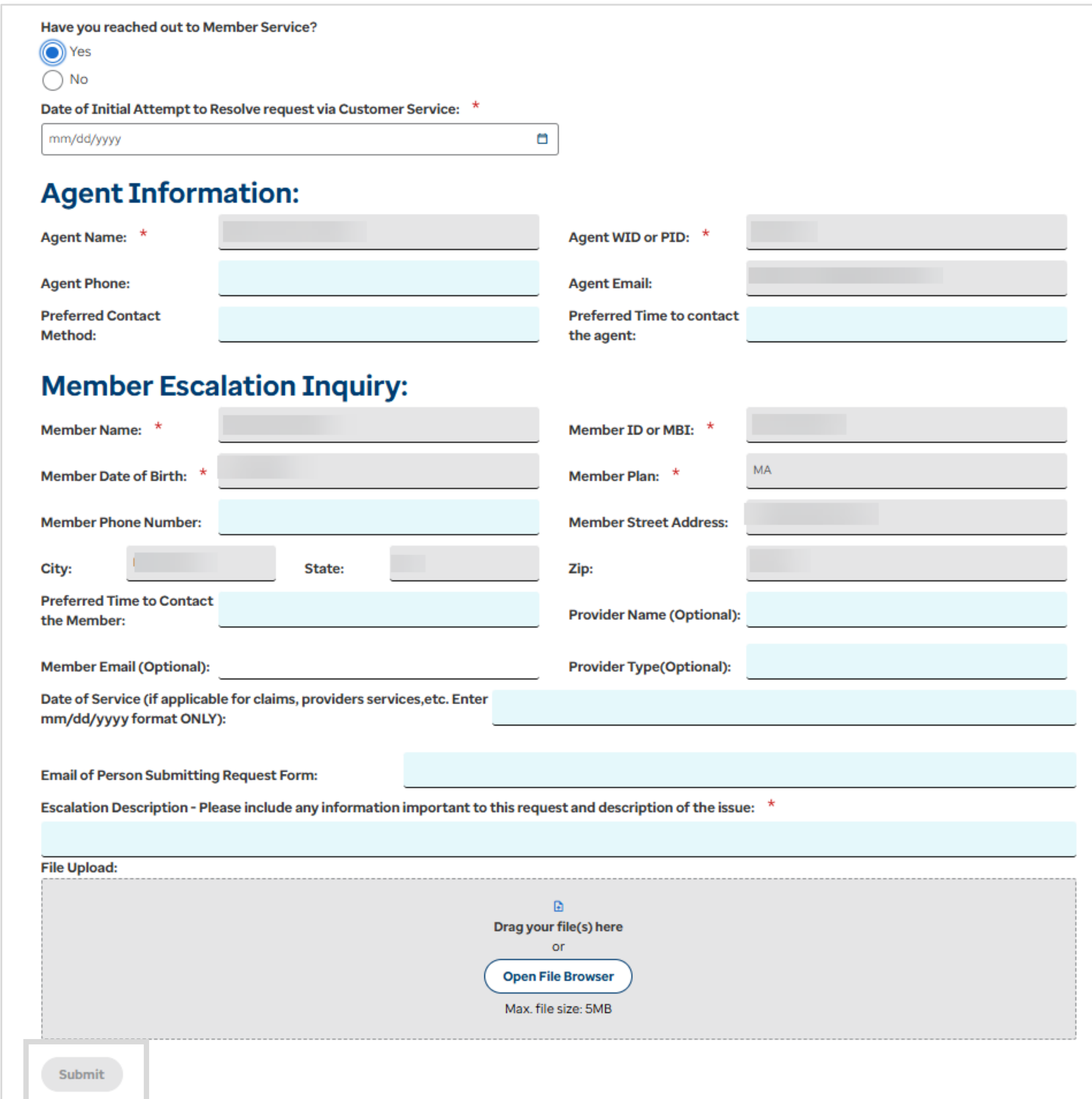
## Submitting a Member Escalation Form, cont.

If you answered “yes” to the question, the Member Escalation form will appear.

Your information and the member’s information are prepopulated. If not, you may enter the missing information. Fill in as much detailed information as possible. All blocks with a red asterisk are required. You can upload files that pertain to the escalation by dragging them to the grey box or selecting **Open File Browser.**

Once all information has been entered, click **Submit**.

NOTE: The submit button will remain greyed out until all required boxes have been filled out.


Have you reached out to Member Service?

Yes

No

Date of Initial Attempt to Resolve request via Customer Service: *

mm/dd/yyyy

Agent Information:

Agent Name: *

Agent WID or PID: *

Agent Phone:

Agent Email:

Preferred Contact Method:

Preferred Time to contact the agent:

Member Escalation Inquiry:

Member Name: *

Member ID or MBI: *

Member Date of Birth: *

Member Plan: * MA

Member Phone Number:

Member Street Address:

City:

State:

Zip:

Preferred Time to Contact the Member:

Provider Name (Optional):

Member Email (Optional):

Provider Type(Optional):

Date of Service (if applicable for claims, providers services,etc. Enter mm/dd/yyyy format ONLY):

Email of Person Submitting Request Form:

Escalation Description - Please include any information important to this request and description of the issue: *

File Upload:

Drag your file(s) here

or

Open File Browser

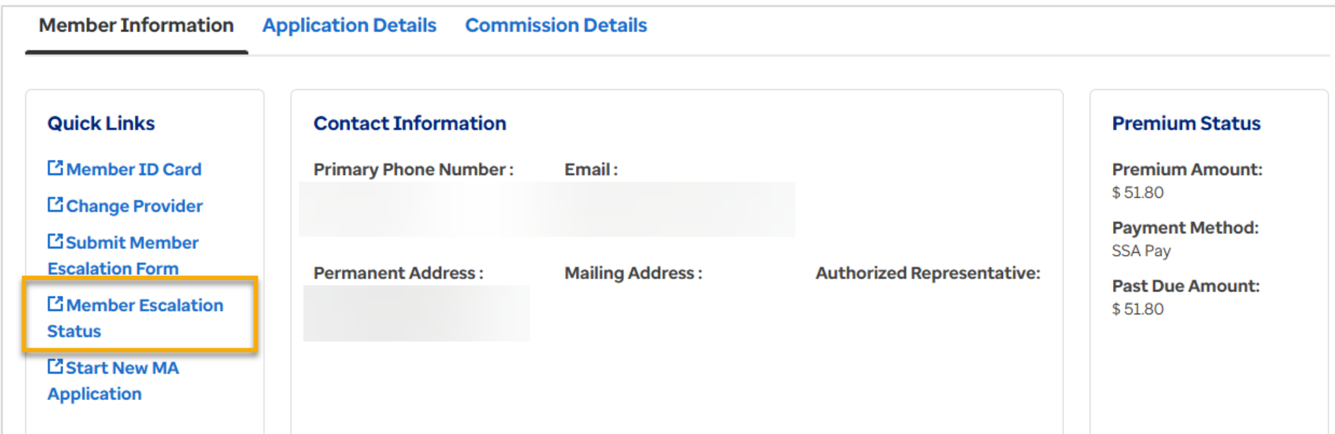
Max. file size: 5MB

Submit

## Member Escalation Status

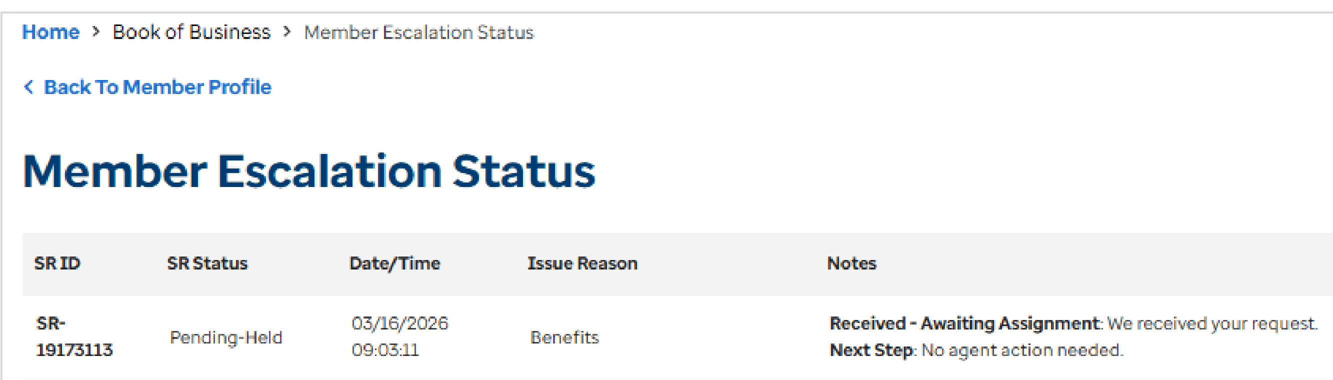
You can track pending and escalated member issues after you have submitted a Member Escalation Form.

By selecting the **Member Escalation Status** link on the member's profile, you can view the status of escalations you have submitted for that member. This helps reduce the need to contact PHD for service request updates.




The **Member Escalation Status** page will show the following:

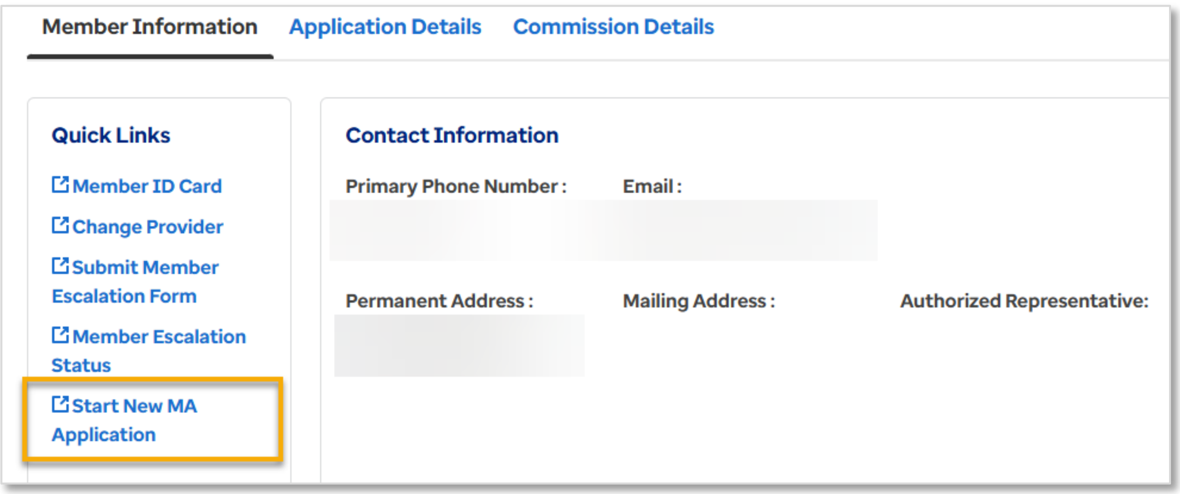
- **SR ID:** The service request (SR) identifier
- **SR Status:** The status of the request
- **Date/Time:** The date and time the request was submitted
- **Issue Reason:** Additional details of request/category
- **Notes:** Updates regarding the request



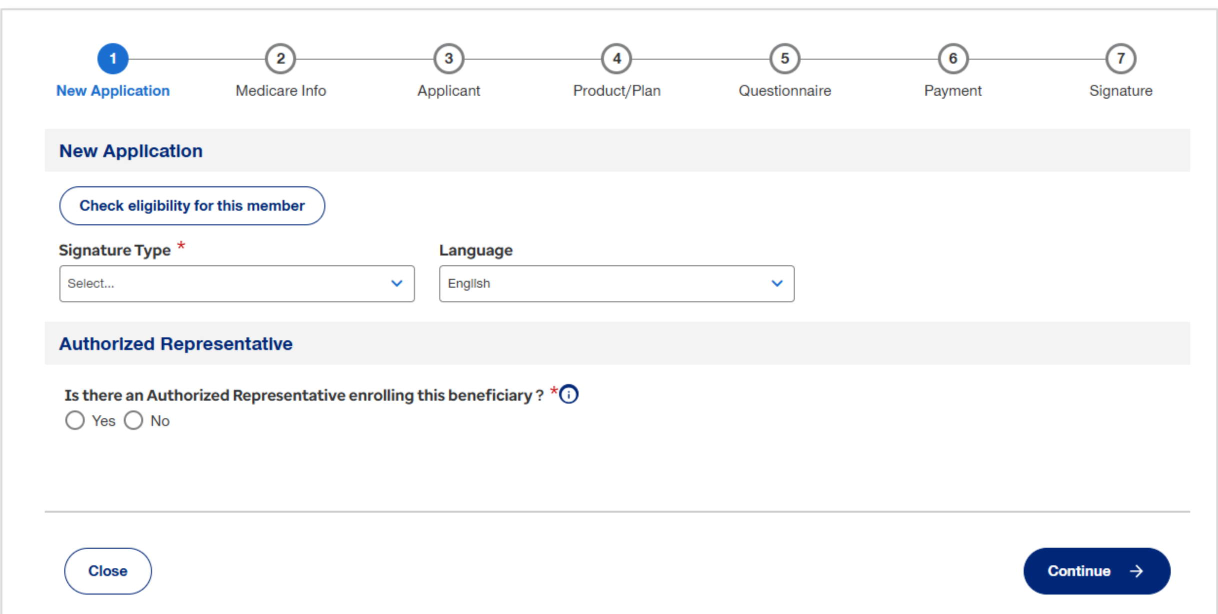
## Start New MA Application feature

If a member wants to enroll into a Medicare Advantage (MA) plan, you can quickly access JarvisEnroll by using the **Start New MA Application** link built into the Member Profile page under the Quick Links. This will give you an advantage to have the members information prefill on the application saving you and the member time.

Click **Start New MA Application**.

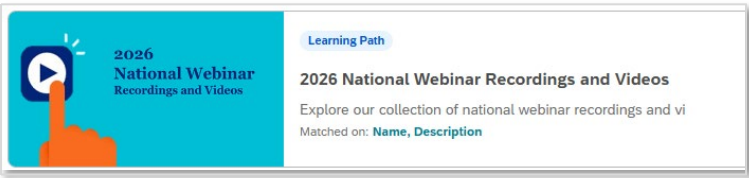



JarvisEnroll will open with the option to start the Medicare Advantage application process.

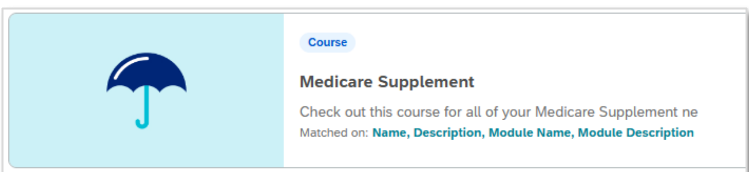


## Additional Resources to explore

### Explore the Jarvis Book of Business How-To Videos
Path: Learning Lab > Content Library > 2026 National Webinar Recordings and Videos




### Check out the Medicare Supplement Ease of Business
Path: Learning Lab > Content Library > Medicare Supplement




### Access the Book of Business QRG
Path: Jarvis > Knowledge Center > Reference Guides > Sales Tools Guides