



BlueCross BlueShield
of Texas

ACA Small Group Enrollment Tool User Guide



For Producers and General Agents

Effective September 2017

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Purpose

The purpose of this user guide is to provide step-by-step instructions and guidance to Producers and General Agents (GAs) as they enroll their groups using the enhanced eSales ACA Small Group Enrollment tool.



Important: We encourage Producers to use the eSales ACA Small Group Enrollment tool. Enrolling groups through this tool and submitting clean cases eliminates some internal processing steps thus improving the turnaround time from quote to approval.

Overview of the Enrollment Process

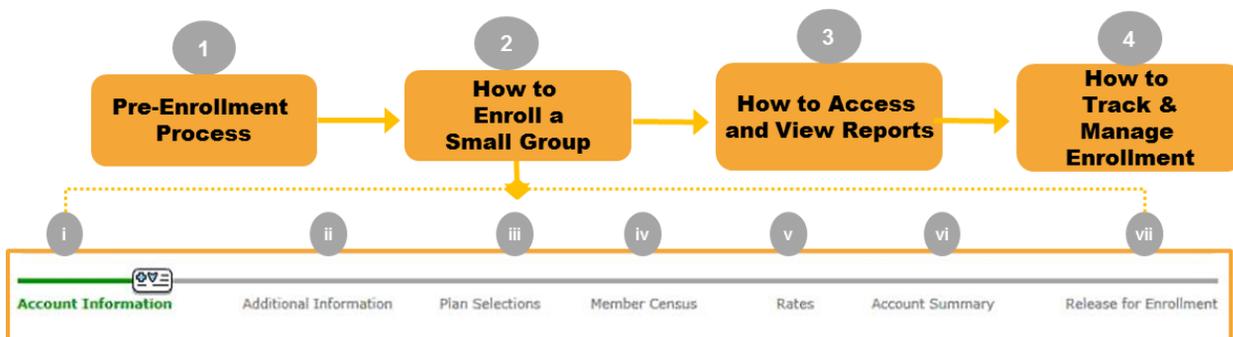
The eSales ACA Small Group Enrollment tool enables you to enroll your groups online in a user-friendly, efficient step-by-step process. You can enter the required information and upload the necessary documents to release your group for enrollment, initiating underwriter review. Within this portal, you can enter account and additional group information; select medical, dental and life plans; enter the member census; view rates; review the account summary, print and verify all information with your client; upload all required documentation to release the case for enrollment. You can also view the relevant reports.

The enhanced online tool helps to streamline and automate the enrollment process. It provides faster turnaround time for an enrollment from request to review and final decision. You can track the status of the request online and keep your clients updated on the enrollment review request.

Let's review the steps to enroll a small group (1-50 employees) using the eSales ACA Small Group Enrollment tool.

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Overview of the Enrollment Process (Contd.)



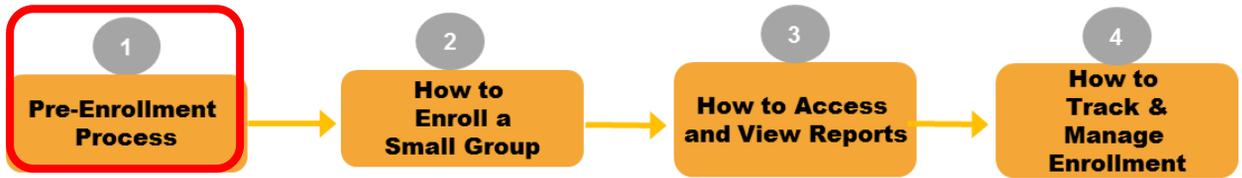
Once you have gathered the necessary information and documentation from your client, you access the eSales ACA Small Group Enrollment tool to enter all required information to release the group for enrollment. This initiates the Underwriting review process. To successfully enroll your group online, follow the steps outlined in this user guide.

Steps to Enroll a Small Group:

1. Pre-Enrollment Process
2. How to Enroll a Small Group
 - i. Account Information
 - ii. Additional Information
 - iii. Plan Selections
 - iv. Member Census
 - v. Rates
 - vi. Account Summary
 - vii. Release for Enrollment
3. How to Access and View Reports
4. How to Track and Manage Enrollment
 - i. Enrollment Status
 - ii. More Information Required
 - iii. Underwriting Approval Received
 - iv. My Enrollments

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1 Pre-Enrollment Process



Let's begin the online enrollment process. First, you must logon to the Blue Access for Producers (BAP) or the Producer Portal, and navigate to the eSales Tools home page.

Accessing the eSales ACA Small Group Enrollment Tool

A new link has been added to the eSales Tools home page. At this time, it is recommended to use Internet Explorer or Google Chrome web browsers to access the Enrollment tool.

After you create a quote using the **eSales quoting application**, you return to the eSales Tools Home page, and click **ACA Small Group Enrollment** link to begin the enrollment process.

Welcome back SMITH JOHN. 10/14/2016

BlueCross BlueShield of Texas

For Our Producers www.blubsc.com/producers

eSales Tools Home

Welcome to eSales Tools

Logged In: SMITH JOHN
Last Access: 2016-10-13 02:25 AM

ACA Small Group Enrollment

- for Small Groups with 1 - 50 eligible employees for effective dates on or after 12/01/2015

ACA Small Group Enrollment

- for Small Groups with 1 - 50 eligible employees for effective dates on or after 12/01/2015

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Enrollment with a Quote

Steps to start an enrollment process
using a quote in eSales Tools.

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1 Pre-Enrollment Process (Contd.)

Enrolling with a Quote

Once you have logged on to the producer portal and clicked the **ACA Small Group Enrollment** link within the eSales Tools, you can start the enrollment process.

From the Enrollment home page, you can now enroll a small group with a quote and without a quote.

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Contact Us | FAQ | Help eSales Tools

eSales Tools Home > Enrollment Welcome back ITBroker2 Test 10/10/2016 Log Out

Enrollment Enrollment Home

Search Existing Accounts/Quotes

Search by Quoted status to start enrolling a quoted prospect, or **Start Enrollment without a Quote**

Account Name: Quote Number: 807754 Status: Quoted

Agent: Account Number: Effective Date:

Division: Texas Case ID: EIN:

Request ID:

Search Clear

Prospect	Effective Date	Agent	Sales Executive	Quote #
Start Enrollment TX_UG	10/15/2016	ITG Test Broker2	West Texas region - ItBroker2	807754

To enroll with a quote;

1. Search for the quote using the Quote Number or any portion of the Account Name.
2. From the **Status** drop-down list, select **Quoted**.
3. Click **Search** or hit the **Enter** key on the keyboard.
4. After you find your required quote, click **Start Enrollment**.

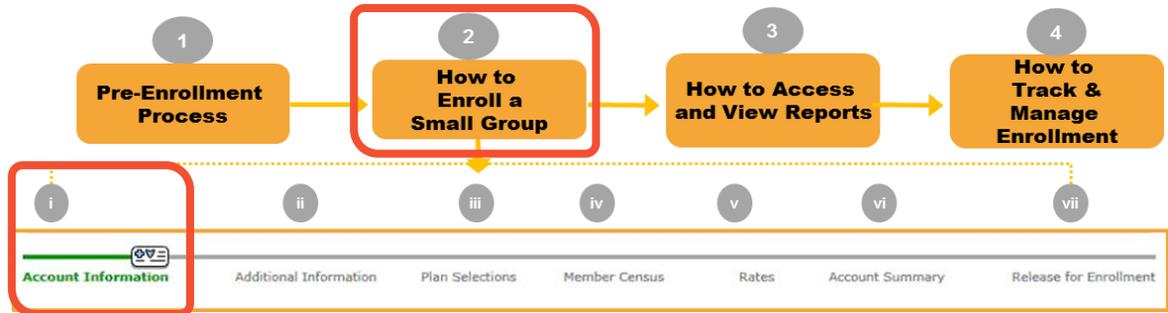
Note:

- Search by **Pre-Enrollment** only if returning to a case that is already in the enrollment process.
- Enrolling cases that have not been released for enrollment review will be auto discontinued by the system 60 days from the effective date.

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2 How to Enroll a Small Group

I. Account Information



Overview of Functionality and Navigation

On each screen of the enrollment tool, you see a progress bar that highlights the current step or screen in green. We have used the same progress bar to walk you through this user guide.



Step i: Account Information

After you search for the quote, and click **Start Enrollment**, the **Account Information** screen is displayed. At the top of each screen, you see the following buttons:

- **Reports:** Opens a list of available reports.
- **Documents List:** Opens a list of required documents.
- **Discontinue:** Allows users to discontinue a case any time throughout the enrollment process.
- **Attachments:** Allows users to attach the required documents. This functionality will be discussed in more detail later in the training.

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2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

On this screen, enter the information in the required fields. All fields marked with an asterisk (*) are required. Some data is already populated in the fields.

Account Information
Additional Information
Plan Selections
Member Census
Rates
Account Summary
Release for Enrollment

Account Information
Continue

General Information

*Employer's Legal Name: *Does this group cover domestic partners?: Yes No

*Employer ID Number (EIN):

*SIC Code: -Wheat farms *Is Group subject to COBRA?: Yes No

*Policy Effective Date: *COBRA Administration?: Yes No

*Case Submitted to BCBS:

Blue Access for Employers (BAE)

Contact Name: Contact Title:

Phone (numbers only): Ext. E-Mail Address:

Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan : Yes No

Physical Address/Contact Information

Please refer to the USPS website to confirm accurate address information. [Visit USPS](#)

*Address 1: Address 2:

*City: State: Texas

*Zip Code: *County:

*E-Mail Address of Authorized Company Official: Secondary E-Mail Address:

*Phone (numbers only): Ext. Fax (numbers only):

*Administrative Contact: Contact Title:

*Different Billing Address?: Yes No *Different Mailing Address?: Yes No

Producer Information

Primary Producer

*Primary Producer Name: Clear

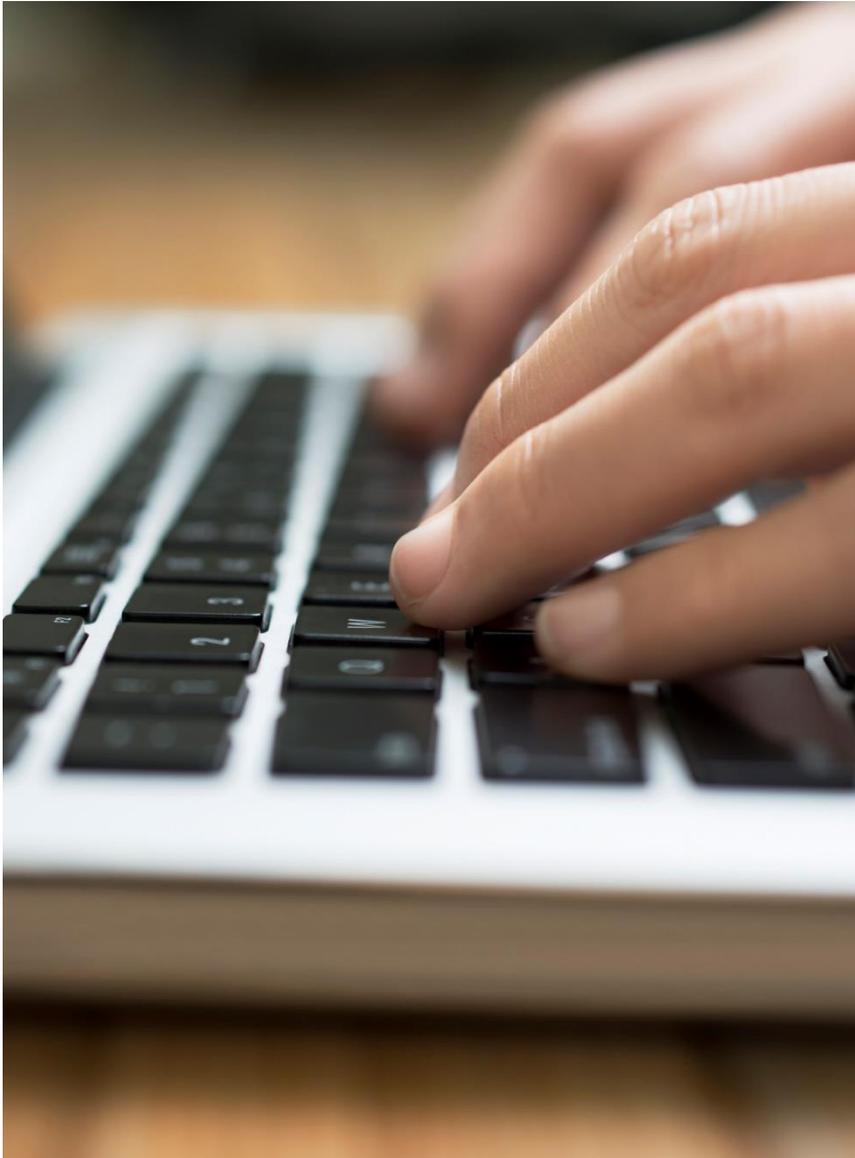
*Tax ID/SSN: *Producer #:

*E-Mail Address: *Confirm E-Mail Address:

Telephone #: Complete Address: 901 South Central Expressway Richardson TX 75080

Fax #:

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Enrollment without a Quote

Steps to start an enrollment process without a quote in eSales Tools.

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1 Pre-Enrollment Process (Contd.)

Enrolling without a Quote

You can also start the enrollment process without a quote.

1. Click **Start Enrollment without a Quote**.

The screenshot shows the 'Enrollment Home' interface. At the top, there is a blue header with 'Enrollment' on the left and 'Enrollment Home' on the right. Below the header, there is a search section titled 'Search Existing Accounts/Quotes'. The search criteria include 'Search by Quoted status to start enrolling a quoted prospect' and 'or Start Enrollment without a Quote', which is highlighted with a red box and a circled '1'. The search form contains several input fields: 'Account Name', 'Agent', 'Division: Texas', 'Quote Number', 'Account Number', 'Case ID', 'Request ID', 'Status' (a dropdown menu), 'Effective Date', and 'EIN'. There are 'Search' and 'Clear' buttons at the bottom right of the search area.

Note: In this User Guide, we will continue to use the **Start Enrollment without a Quote** option to explain the ACA Small Group Enrollment process.

2 How to Enroll a Small Group (Contd.)

I. Account Information

Account Name:	Market Segment: Small Group	Account Number:	Effective Date:
Producer: ITG Test Broker2	Status: Pre-enrollment	Quote Number: NA	Case ID: 13466
Created By: External	EFT Status: Not Processed		
Reports	Documents List	Attachments	Log History
Discontinue			

When an enrollment is started **without a quote**, some of the information on the page header will remain blank until the data is manually entered on the **Account Information** screen.

Other information will pre-populate for you:

- **Account Name:** blank
- **Market Segment: Small Group**
- Account Number: blank
- Effective Date: blank
- **Producer: Producer name, unless General Agent is enrolling the case.** In this example, ITG Test Broker2.
- **Status: Pre-Enrollment**
- Quote Number: NA
- **Case ID: Unique number assigned to case.** In this example, 13466.
- **Created By: External**
- **EFT Status– Payment Status.**

An Account Number will be reserved when you advance to the **Release for Enrollment** screen. The report links in the **Reports** button will also become active on this screen.

2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

The screenshot shows the 'Account Information' form with the following sections and fields:

- Account Information** (Navigation tabs: Account Information, Additional Information, Plan Selections, Member Census, Rates, Account Summary, Release for Enrollment)
- General Information**
 - *Employer's Legal Name: [Text Field]
 - *Employer ID Number (EIN): [Text Field]
 - *SIC Code: [Text Field] with a 'Find' button
 - *Policy Effective Date: [Please Select dropdown]
 - *Case Submitted to BCBS: [10/14/2016]
 - *Does this group cover domestic partners?: Yes No
 - *Is Group subject to COBRA?: Yes No
 - *COBRA Administration?: Yes No
- Blue Access for Employers (BAE)**
 - Contact Name: [Text Field]
 - Contact Title: [Text Field]
 - Phone (numbers only): [Text Field] Ext. [Text Field]
 - E-Mail Address: [Text Field]
- Employee Retirement Income Security Act (ERISA)**
 - *ERISA Regulated Group Health Plan: Yes No
- Physical Address/Contact Information**
 - ⚠ Please refer to the USPS website to confirm accurate address information. [Visit USPS](#)**
 - *Address 1: [Text Field]
 - *City: [Text Field]
 - *Zip Code: [Text Field]
 - *E-Mail Address of Authorized Company Official: [Text Field]
 - *Phone (numbers only): [Text Field] Ext. [Text Field]
 - *Administrative Contact: [Text Field]
 - *Different Billing Address?: Yes No
 - Address 2: [Text Field]
 - State: Texas
 - *County: [Please Select dropdown]
 - Secondary E-Mail Address: [Text Field]
 - Fax (numbers only): [Text Field]
 - Contact Title: [Text Field]
 - *Different Mailing Address?: Yes No
- Producer Information**
 - Primary Producer**
 - *Primary Producer Name: [Find button] ITG Test Broker2 [Clear button]
 - *Tax ID/SSN: ITBROKER2
 - *E-Mail Address: [Text Field]
 - Telephone #: 8003995831
 - Fax #: [Text Field]
 - *Producer #: ITBROKER2
 - *Confirm E-Mail Address: [Text Field]
 - Complete Address: 901 South Central Expressway

When you start enrollment without a quote, the **Account Information** screen will be blank. You have to manually enter the data in all the required fields.

Note: The system will time out after several minutes of inactivity. Information is saved by clicking the green **Continue** button.

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2 How to Enroll a Small Group (Contd.)

1. Account Information (contd.)

2. Enter the required information under the General Information section. The required fields are marked with an asterisk (*).

Alert: A group with the same EIN has been previously entered in this system. This is an informational alert only.

Account Information

General Information

*Employer's Legal Name:

*Employer ID Number (EIN):

*SIC Code: Wheat farms

*Policy Effective Date:

*Case Submitted to BCBS:

*Does this group cover domestic partners?: Yes No

*Is Group subject to COBRA?: Yes No

*COBRA Administration?: Yes No

Blue Access for Employers (BAE)

Contact Name:

Contact Title:

Phone (numbers only): Ext.

E-Mail Address:

Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan : Yes No

Note: If enrolling a group with an EIN already in our system, the tool will display the following alert. “Alert: A group with the same EIN has been previously entered in this system. This is an informational alert only.” However, the tool will still allow you to enroll the case.

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2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

3. Answer the **Employee Retirement Income Security Act (ERISA)** question. When the **Yes** radio button is selected, additional fields will populate. In this example, we select ERISA as **No**.

Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan : Yes No

*ERISA Plan Year - Beginning Date: *ERISA Plan Sponsor:

*ERISA Plan Year - End Date:

Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan : Yes No 3

4. Enter the **Company's Physical Address/Contact** Information. When entering the group's address in the **Physical Address** section, the tool will automatically check that the information is valid. If prompted, you need to enter a correct and accurate address to continue to the next required screen. If you encounter any issues while entering the address, visit the USPS link on the screen to confirm the appropriate address information.

Physical Address/Contact Information

! Please refer to the USPS website to confirm accurate address information. [Visit USPS](#)

*Address 1: Address 2:

*City: State: Texas

*Zip Code: *County:

*E-Mail Address of Authorized Company Official: Secondary E-Mail Address:

*Phone (numbers only): Ext. Fax (numbers only):

*Administrative Contact: Contact Title:

*Different Billing Address?: Yes No *Different Mailing Address?: Yes No

Note: When the zip code does not default, the user must select the county from the drop-down list. Please click the [USPS](#) link to check for the appropriate county. Incorrect county selection could result in incorrect rates.

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2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

Billing Address/Contact Information	
Address 1: <input type="text"/>	Address 2: <input type="text"/>
*City: <input type="text"/>	*State: <input type="text" value="Please Select"/>
*Zip Code: <input type="text"/>	*County: <input type="text" value="Please Select"/>
*E-Mail Address of Authorized Company Official: <input type="text"/>	Secondary E-Mail Address: <input type="text"/>
*Phone (numbers only): <input type="text"/> Ext. <input type="text"/>	Fax (numbers only): <input type="text"/>
*Administrative Contact: <input type="text"/>	Contact Title: <input type="text"/>
Mailing Address/Contact Information	
Address 1: <input type="text"/>	Address 2: <input type="text"/>
*City: <input type="text"/>	*State: <input type="text" value="Please Select"/>
*Zip Code: <input type="text"/>	*County: <input type="text" value="Please Select"/>
*E-Mail Address of Authorized Company Official: <input type="text"/>	Secondary E-Mail Address: <input type="text"/>
*Phone (numbers only): <input type="text"/> Ext. <input type="text"/>	Fax (numbers only): <input type="text"/>
*Administrative Contact: <input type="text"/>	Contact Title: <input type="text"/>

Optional Step:

If there are separate physical and mailing addresses, select the **Yes** radio button for billing address and **No** radio button for the mailing address to populate the additional mailing address fields. If **Yes** is selected for the 'different billing' and/or 'different mailing address' questions, additional fields will populate. Enter all required information.



Important! Until further notice, if a group has multiple addresses, for the physical address, select **Yes** for billing address, and **No** for mailing address.

Note: Out of state addresses are acceptable in the billing and mailing address sections.

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2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

Producer Information

Primary Producer

*Primary Producer Name: 

*Tax ID/SSN: ITBROKER2 *Producer #: ITBROKER2

*E-Mail Address: *Confirm E-Mail Address:

Telephone #: Complete Address: 901 South Central Expressway

Fax #:

Find a Producer

Producer Name:

Phone Number:

Producer Number:



Search Results

1 - 10 of 24

	Producer Name	Producer Number	Phone	Fax	R/D/T	Contact Name
	WIGHT LOUIS ROGERS	000000353	8063581344	8063560371	01/04/021	Dwight Rogers
	WILLIAM GRADY ROGERS	000000672	9407230771		01/02/014	T Hutchings
	NOEL GENE ROGERS	000006477	2107349801	2107349813	03/26/065	Noel Rogers
	JAMES PATRICK ROGERS	000007597	9725231579	9725231579	01/02/015	JAMES ROGERS
	RICHARD WADE ROGERS	000014130	9369336899	8776778660	02/16/049	RICHARD ROGERS
	MATTHEW WILLIAM ROGERS	000016255	2149247479	9726448355	01/02/018	
	BETTYE ANN SIDMONS ROGERS	000018222	5126190805	5127322885	03/29/074	BETTYE ROGERS
	ROBERT JOSEPH ROGERS Jr.	000018288	2815960432		02/16/044	
	ROGERS BENEFIT GROUP INC	000018793	6028508866	6022960884	07/99/099	Marla Wilkerson
	ROBERT LEO ROGERS	000019196	9567241038	9567261174	03/26/065	

Optional Step: In the **Producer Information** section, the Primary Producer and/or General Agent (GA) information will appear blank. If you want to update the Primary Producer or Subproducer (writing agent) click **Find**. Enter any portion of the Producer's, General Agent's or Sub Producer's Name, Phone Number or Producer Number.

In this example, we search by the **Producer's** name. Click **Search**. Once the appropriate Producer is displayed, select the name by clicking **Use**. After selecting a Producer, you are automatically re-directed to the **Account Information** screen.

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2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

Producer Information

Primary Producer

*Primary Producer Name: ITG Test Broker2 5

*Tax ID/SSN: ITBROKER2 *Producer #: ITBROKER2

*E-Mail Address: *Confirm E-Mail Address:

Telephone #: Complete Address: 901 South Central Expressway

Fax #:

Please reach out to your Sales Representative if there are multiple producers involved and commissions need to be split.

General Agent

General Agent Name:

Tax ID/SSN: _____ Producer #: _____

E-Mail Address: Confirm E-Mail Address:

Telephone #: Complete Address: _____

Fax #:

Subproducer

Subproducer Name:

Subproducer #: _____

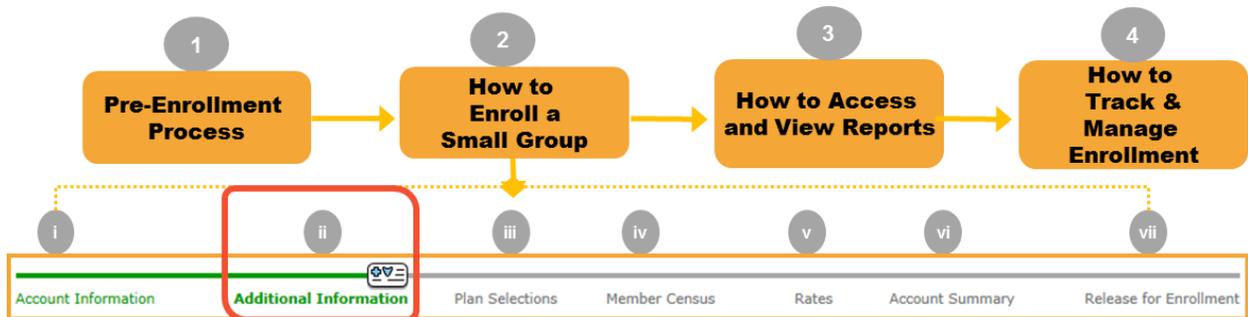
* - Required 6

5. In the **Producer Information** section, you will be required to re-enter the email address to validate it. The tool will confirm that both the email addresses match. The tool will not allow you to copy the first instance of the email address into the second field. If the entries do not match, then you will view an error message: *"The email addresses do not match"*. Enter the email address. Renter the email address to validate it.
6. Once all required fields are complete, click the green **Continue** button to save and move to the next screen. Once saved, the data entered will populate the fields in the header.

Note: Ensure that the email address is accurate. All the notifications and communications regarding your case will be sent to this email address. During the Underwriter Review, in case the Underwriter needs more information or any additional information, then all relevant emails will be sent to this email address.

2 How to Enroll a Small Group (Contd.)

II. Additional Information



In the earlier step, you have entered the required account information for your group. Next you will enter additional group level information.

Step ii: Additional Information

1. Enter the group level information in the required fields using the documentation provided. All fields marked with an asterisk (*) are required. Use **Previous** and **Continue** to move backward and forward in the tool. Depending on your selection **Yes or No**, different additional fields will be displayed.

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2 How to Enroll a Small Group (Contd.)

II. Additional Information (contd.)

1. On the **Additional Information** screen, select the relevant Health Carrier.

The screenshot displays the 'Additional Information' screen. At the top, there is a navigation bar with the following tabs: Account Information, **Additional Information**, Plan Selections, Member Census, Rates, Account Summary, and Release for Enrollment. Below the navigation bar, the 'Additional Information' section is highlighted in blue. It contains a 'Previous' button on the left and a 'Continue' button on the right. The main content area is divided into three sections:

- Current Health Carrier:** A dropdown menu showing 'Cigna Life Insurance Co.' is selected. This section is highlighted with a red box and a circled '1'.
- Eligibility*:** A section with a radio button for 'Yes' selected and a radio button for 'No' unselected. This section is highlighted with a red box and a circled '2'. Below this, there is a text field for 'The Eligibility Date for an employee who becomes eligible after the Effective date of the Group's Health Insurance Plan is determined by the 15th day of the month following 60 days of employment.' The number '60' is in a dropdown menu.
- HSA Vendor Selection:** A section with three radio buttons: 'A. Benefit Wallet', 'B. HSA Bank', and 'Other/None'. The 'Other/None' option is selected. This section is highlighted with a red box and a circled '3'.

At the bottom of the form, there is a 'Previous' button on the left and a 'Continue' button on the right, both highlighted with red boxes. A note at the bottom left of the form reads '* - Required'.

2. Under the Eligibility section, if the **No** radio button is selected, additional fields will be displayed. In this example, we select **Yes**.

Note: Under the **Eligibility** section, you can enter the number from “1-60” for employees who have become eligible after the **Effective Date** of their health plan.

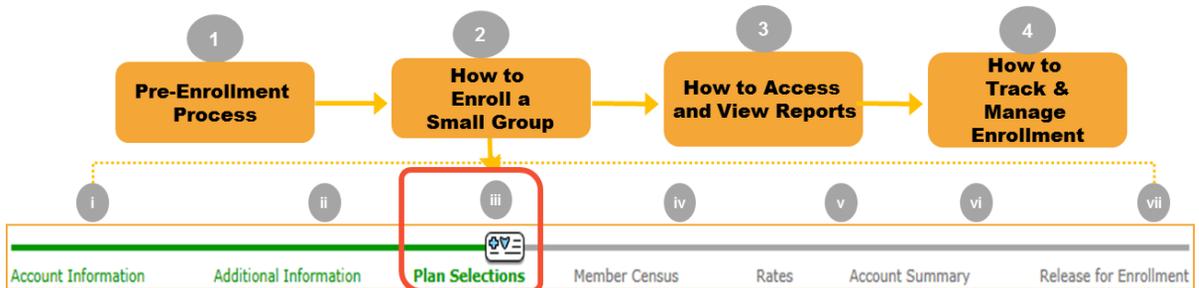
Under the HSA Vendor selection section, if a HSA is selected on the paperwork, a vendor may be selected here from the available options.

3. Click **Continue** to proceed to the **Plan Selections** screen.

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2 How to Enroll a Small Group (Contd.)

III. Plan Selections



Step iii: Plan Selections: Now that you’ve entered additional information, you can select the appropriate medical, dental and life plans for your group using the documentation provided. All fields marked with an asterisk (*) are required.

Account Information Additional Information **Plan Selections** Member Census Rates Account Summary Release for Enrollment

Plan Selections

[Previous](#) [Continue](#)

Health Yes No

In-Vitro Coverage: Yes No

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay* ³ /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Rx **
Blue Choice PPO Network									
PPO Plans									
Blue Platinum Plans									
<input checked="" type="checkbox"/> P600CHC	\$250/\$500	\$25/\$45	80%/60%	\$1250/\$2500	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$0/\$10/\$35/\$75/\$150
<input checked="" type="checkbox"/> P601CHC	\$1250/\$2500	\$25/\$45	100%/100%	\$1250/\$2500	\$300/100%	\$150/\$250	\$100/\$200	70%/70%	\$0/\$10/\$35/\$75/\$150
Blue Gold Plans									
<input type="checkbox"/> G620CHC	\$1000/\$2000	\$20/\$40	80%/60%	\$3900/\$7800	\$400/80%	NA/NA	NA/NA	70%/70%	\$15/\$40/\$55
<input type="checkbox"/> G623CHC	\$1250/\$2500	\$20/\$60	100%/80%	\$4500/\$9000	\$300/100%	\$150/\$250	\$100/\$200	70%/70%	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> G622CHC	\$1250/\$2500	\$30/\$50	80%/60%	\$3500/\$7000	\$400/80%	NA/NA	NA/NA	70%/70%	\$15/\$30/\$45
<input type="checkbox"/> G621CHC	\$3125/\$6250	\$25/\$50	100%/100%	\$3125/\$6250	\$400/100%	NA/NA	NA/NA	100%/100%	\$10/\$40/\$60
<input type="checkbox"/> G617CHC	\$3000/\$6000	\$30/\$50	100%/100%	\$3000/\$6000	\$400/100%	\$200/\$300	\$150/\$250	100%/100%	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> G616CHC	\$1500/\$3000	\$10/\$60	80%/60%	\$3500/\$7000	\$400/80%	\$200/\$300	\$150/\$250	70%/70%	\$0/\$10/\$35/\$75/\$150
Blue Silver Plans									
<input type="checkbox"/> S610CHC *1	\$2000/\$4000	\$40/\$70	70%/50%	\$6850/\$13700	\$500/70%	\$250/\$350	\$200/\$300	70%/70%	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> S611CHC *1	\$2500/\$5000	\$40/\$60	80%/60%	\$6600/\$13200	\$500/80%	\$250/\$350	\$200/\$300	70%/70%	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> S607CHC	\$3000/\$6000	\$30/\$50	80%/60%	\$6350/\$12700	\$500/80%	\$250/\$350	\$200/\$300	70%/70%	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> S608CHC	\$3000/\$6000	\$40/\$60	70%/50%	\$6000/\$12000	\$500/70%	NA/NA	NA/NA	70%/70%	\$20/\$40/\$60
<input type="checkbox"/> S606CHC	\$6000/\$12000	\$20/\$40	100%/100%	\$6000/\$12000	\$500/100%	\$250/\$350	\$200/\$300	100%/100%	\$0/\$10/\$50/\$100/\$150
<input type="checkbox"/> S600CHC	\$6000/\$12000	\$20/\$40	100%/100%	\$6000/\$12000	NA/100%	NA/NA	NA/NA	100%/100%	\$0/\$10/\$35/\$75/\$150
Blue Bronze Plans									
<input type="checkbox"/> B600CHC	\$6850/\$13700	NA/NA	100%/100%	\$6850/\$13700	NA/100%	NA/NA	NA/NA	100%/100%	100%

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2 How to Enroll a Small Group (Contd.)

III. Plan Selections (contd.)

1. On the **Plan Selections** screen, for Health, the **Yes** option will default. If the group has not elected a health plan (i.e. Dental or Life only plans), you must manually select **No**. In this example, we keep the default selection of **Yes** and select the health plans.

Health Yes No 1

In-Vitro Coverage: Yes No

Blue Choice PPO Network										
Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay ³ /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Rx **	
PPO Plans										
Blue Platinum Plans										
<input checked="" type="checkbox"/>	P600CHC	\$250/\$500	\$25/\$45	80%/60%	\$1250/\$2500	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$0/\$10/\$35/\$75/\$150
<input checked="" type="checkbox"/>	P601CHC	\$1250/\$2500	\$25/\$45	100%/100%	\$1250/\$2500	\$300/100%	\$150/\$250	\$100/\$200	70%/70%	\$0/\$10/\$35/\$75/\$150

2. The **No** option will default for In-Vitro Coverage. If In-Vitro is covered, you must manually select **Yes**. If you select **Yes**, you can compare the with In-Vitro and without In-Vitro plans and make an informed decision. In this example, we select **No**.

Account Information Additional Information **Plan Selections** Member Census Rates Account Summary Release for Enrollment

Plan Selections

Previous Continue

Health Yes No

In-Vitro Coverage: Yes No 2

All Plans shown below are In-Vitro eligible.
Texas Department of Insurance mandates that the option to purchase In-Vitro Fertilization (IVF) be made available to applying groups. Employers have the option of accepting or declining the IVF benefits. If the IVF benefit is elected, significant rating impacts will apply.

Blue Choice PPO Network										
In-Vitro Plan #	Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay ³ /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Rx **

In-Vitro Coverage: Yes No 2

Important! Selecting In-Vitro Coverage will significantly increase rates and change the plans.

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2 How to Enroll a Small Group (Contd.)

III. Plan Selections (contd.)

Ancillary Products - Dental Yes No **3**

If Dental is purchased, select from the following Dental plans.

Plan #	Plan Type	Deductible In/Out *2	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance		Orthodontia Lifetime Max	
					In Network	Out Of Network		
True Group								
High Allocation								
<input checked="" type="checkbox"/>	DTXHR01	Passive	\$25/\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/>	DTXHR02	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/>	DTXHR03	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/>	DTXHR04	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/>	DTXHM09 *1	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA
<input type="checkbox"/>	DTXHM11 *3	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA
Low Allocation								
<input type="checkbox"/>	DTXLR05	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
<input type="checkbox"/>	DTXLR06	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
<input type="checkbox"/>	DTXLR07	Passive	\$75/\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA
<input type="checkbox"/>	DTXLM08	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/>	DTXLM10 *1	Passive	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	NA
Voluntary Group								
High Allocation								
<input type="checkbox"/>	DTXHR12 *1	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/>	DTXHM13 *1	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA
<input type="checkbox"/>	DTXHM15 *3	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA
Low Allocation								
<input type="checkbox"/>	DTXLM14 *1	Passive	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	NA

3. The Ancillary Products- Dental radio button will default to **No**. In this example, we select **Yes** and select the relevant dental plans.

Attention

 The number of plans selected exceeds the maximum selection allowed (6 plans).

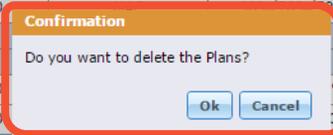
You can only select a specified number of medical, dental or life plans. You will receive the attention message above if the number of plans you select exceeds that number.

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2 How to Enroll a Small Group (Contd.)

III. Plan Selections (contd.)

Low Allocation								
<input type="checkbox"/>	DTXLR05	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
<input type="checkbox"/>	DTXLR06	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
<input type="checkbox"/>	DTXLR07	Passive	\$75/\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA
<input type="checkbox"/>	DTXLM08	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/>	DTXLM10 *1	Passive	\$75/\$75	\$1000		100%/80%/50%/NA	90%/70%/50%/NA	NA
Voluntary Group								
High Allocation								
<input type="checkbox"/>	DTXHR12 *1	Passive	\$50/\$50	\$1500		100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/>	DTXHM13 *1	Passive	\$50/\$50	\$1500		100%/80%/50%/NA	100%/80%/50%/NA	NA
<input type="checkbox"/>	DTXHM15 *3	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA



For any of the plans, if you have selected the **Yes** radio button and then change your selection to No, you see a confirmation pop-up asking **Do you want to delete the plans?** Click **OK** if no products are wanted in this category. This action does not remove any benefits, it only collapses the section.

2 How to Enroll a Small Group (Contd.)

III. Plan Selections (contd.)

Life Yes No 4

Select from the following Life plans.

Group Life and AD&D Short Term Disability Dependent Life

Life and STD Benefit Selections

Employer Life Contribution

Enter the Percentage of the Premium that the Employer is going to contribute towards Life Coverage. 100% participation is required if contribution is 100%. The minimum contribution is 25% for Term Life and STD.

*Term Life Premium 5

Life/STD Classes

Define up to 3 classes of employees. For each class, select a multiple of earnings or a flat amount. If a multiple of earnings is selected, an annual salary will be required on the next page. Uncheck classes to remove them from use.

Class Description	Life			Short Term Disability		
	Flat	Salary	Max	Flat	Salary	Max
<input checked="" type="checkbox"/> 1 All Active Full Time	<input type="radio"/> \$30000	<input type="radio"/>	<input type="radio"/> 30000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Term Life Options

Age Reduction Factors:
35% at 65yrs and 50% at 70yrs, 75% at 75yrs, 85% at 80yrs

6

[Previous](#) [Continue](#)

4. The Life radio button will default to **No**. When the **Yes** radio button is selected, the Life plan options will populate. In this example, we select **Yes**. Click the '**Life and STD Benefit Selections**' link to populate the additional required fields. Only those fields applicable to the selected ancillary products will populate. Now, the Life Selection option will default to 0-9 employees.
5. Enter the Term Life Premium amount. In this example, it is \$100.
6. Click **Continue** to proceed to the **Member Census** screen.

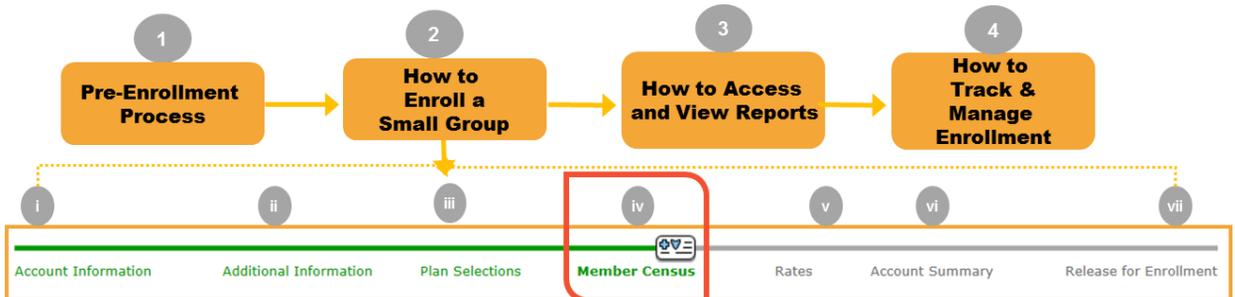


IMPORTANT! You must enter the percentage of the premium that the employer is going to contribute towards Life Coverage.

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2 How to Enroll a Small Group (Contd.)

IV. Member Census



Step iv: Member Census:

You have entered the appropriate plans for your group. Next, you will enter the Member Census either manually or via a file import method using the provided documentation.

View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
Enrollment Totals * # of Employees On Payroll <input type="text"/> + # of New Hires <input type="text"/> - # of Temporary Employees <input type="text"/> - # of Part Time Employees <input type="text"/> - # of Seasonal Employees <input type="text"/> - # of Terminated Employees <input type="text"/> - # of Employees Serving An Eligibility Waiting Period <input type="text"/> = Total Eligible Employees <input type="text"/>						Health Coverage # of Employees Enrolling In Health <input type="text" value="0"/> # of Employees Waiving With Other Health Coverage <input type="text" value="0"/> # of Employees Waiving Without Other Health Coverage <input type="text" value="0"/>				
						Dental Coverage # of Employees Enrolling In Dental <input type="text" value="0"/> # of Employees Waiving With Other Dental Coverage <input type="text" value="0"/> # of Employees Waiving Without Other Dental Coverage <input type="text" value="0"/>				

Note: BCBS may restrict open enrollment for those accounts not meeting 75 percent participation.

* - Required



IMPORTANT! Information for all eligible employees waiving coverage must be included in order to calculate the participation percentage.

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2 How to Enroll a Small Group (Contd.)

IV. Member Census

Manual Entry

The steps below will walk you through how to manually enter member census.

The screenshot shows the 'Member Census' interface. At the top left is a 'Previous' button and a large '1' in a circle. At the top right is a 'Continue' button. Below this is a 'Census Count: 0' and a red-bordered 'Add Member' button. To the right of 'Add Member' is an 'Import Census' button with a question mark. Below the buttons is a table with columns: View Member, Name, Relationship Code, Gender, Date of Birth, Age, Health Coverage Type, Dental Coverage Type, State, Health Plan Selected, and Dental Plan Selected. The table currently has no data rows.

1. On the Member Census screen, click **Add Member** to manually add the Member Census information.
2. Click **Continue** to go through the Employee Information, Coverage Elections, Dependent Information, Other Coverage, and Employee Application Complete Screens. As members are added, the census count will auto-populate the appropriate number of rows. Let's begin with the Employee Information screen.
 - o **2a: Employee Information:** General census information regarding the employee.

The screenshot shows the 'Enrollment for New Member' screen with the 'Employee Information' tab selected and highlighted in red. A large '2a' in a circle is overlaid on the screen. Below the tab is a 'Waive All Coverage' section with 'Yes' and 'No' radio buttons. The 'General Information' section includes fields for Last Name (Black), First Name (Joe), SSN (55555555), Gender (M), Date of Birth (08/08/1980), Address 1 (409 Arborcrest Dr), City (Richardson), State (Texas), Zip Code (75080), Home/Cell Phone, and Email Address. The 'Employment Information' section includes Marital Status (Please Select), Employment Status (Active), Job Title, Hire Date (05/05/2015), Hrs/Week, and Employee Signature Date (06/10/2015). A 'Continue' button is at the bottom right.

This is a close-up of the 'Employment Information' section. It shows the following fields: Marital Status (Please Select), Job Title (text input), Hrs/Week (text input), Employment Status (Active), Hire Date (05/05/2015), and Employee Signature Date (06/10/2015).

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Manual Entry (contd.)

Step 2 continued: Add Member: Enrollment for New Member

- **Employee Information:** The Waiver information is also included in this section. You will have minimal data entry if a member waives all coverage. You are required to select the Waive Reason Code and Name.

The screenshot shows the 'Enrollment for New Member' form with the 'Employee Information' tab selected. A red box highlights the following fields:

- *Waive All Coverage: Yes No
- *Waive Reason Code:
- Waive Reason Description:

- **2b: Coverage Elections:** Enter Health, Dental and Life product option selection at the member level.

The screenshot shows the 'Enrollment for New Member' form with the 'Coverage Elections' tab selected. A red box highlights the 'Coverage Elections' tab label. A '2b' callout is present next to the tab. The form contains the following sections:

- Health Coverage:**
 - *Health Coverage: Yes No
 - *Dental Coverage: Yes No
 - *Life Coverage: Yes No
 - Coverage Type:
 - Type of Coverage: Blue Choice PPO Network - P600CHC Blue Choice PPO Network - P601CHC
- Dental Coverage:**
 - Coverage Type:
 - Type of Coverage: Dental Plans - DTXHR01
- Life Coverage:**
 - *Term Life:

At the bottom, there are 'Previous' and 'Continue' buttons, and a legend: *

- Required fields
- † - Required when BlueCare DHMO has been selected as the Dental Plan

2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Manual Entry (contd.)

Step 2 continued: Add Member: Enrollment for New Member

- **2c: Dependent Information:** General census information regarding covered dependents is entered here. If Dependents are covered, click **Add Dependent** and the applicable fields will populate.

Enrollment for New Member

Employee Information Coverage Elections **Dependent Information** 2c Other Coverage

Select Dependents
Add Dependent

Dependent Information for New Dependent

*Last Name: *First Name: MI:
 *Date of Birth: (mm/dd/yyyy) SSN:
 *Relationship: *Gender:

Save Clear

Previous * - Required fields
 † - Required when HMO has been selected as the Health Plan
 ‡ - Required when CPO has been selected as the Health Plan **Continue**

Enter the dependent information click **Save** and then click **Continue**.

2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Manual Entry (contd.)

Step 2 continued: Add Member: Enrollment for New Member

- **2d: Other Coverage:** Any applicable Medicare information for both the employee and dependent are entered here. When the name is selected, additional Medicare information fields will populate. Enter the information and then click **Save** and **Close**.

Enrollment for New Member

Employee Information Coverage Elections Dependent Information **2d** **Other Coverage**

Select Member
Black, Joe

Medicare Information for Black Joe

Medicare HIC Number:

Medicare Eligible (Y/N/U):

Medicare Reason:

Medicare Primary or Secondary:

Plan	Start Date	End Date
Medicare A	<input type="text" value="(mm/dd/yyyy)"/>	<input type="text" value="(mm/dd/yyyy)"/>
Medicare B	<input type="text" value="(mm/dd/yyyy)"/>	<input type="text" value="(mm/dd/yyyy)"/>

* - Required fields
 † - Required when HMO has been selected as the Health Plan
 ‡ - Required when CPO has been selected as the Health Plan

Note: When HMO coverage is elected, additional fields will become visible to enter the Medical Group and PCP information. If no Medical Group IPA # is entered **597** will default. If the medical group defaults to **597**, the member will not receive or be able to print an ID card and may have difficulty accessing benefits until a medical group is selected. Please be sure to inform the member.



IMPORTANT! PCP and Medical Group information is required. Users may select the Provider Help link to access the provider finder portal.

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Manual Entry (contd.)

The screenshot shows the 'Member Census' form with the following sections:

- Account Information:** Member Census (highlighted), Rates, Account Summary, Release for Enrollment.
- Member Census:** Previous, Continue.
- Census Count:** 2, Add Member, Export Census, Import Census.
- Table:** 1 - 2 of 2

View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
 	Joe Black	Employee	M	08/08/1980	36	EO	EO	TX	P600CHC	DTXHR01
	Matt Brown	Employee	M	04/14/1970	46	EO	EO	TX	P600CHC	DTXHR01
- Enrollment Totals:**
 - * # of Employees On Payroll: 2 (highlighted with a red circle and '3')
 - + # of New Hires: []
 - # of Temporary Employees: []
 - # of Part Time Employees: []
 - # of Seasonal Employees: []
 - # of Terminated Employees: []
 - # of Employees Serving An Eligibility Waiting Period: []
 - = Total Eligible Employees: 2
- Health Coverage:**
 - # of Employees Enrolling In Health: 2
 - # of Employees Waiving With Other Health Coverage: 0
 - # of Employees Waiving Without Other Health Coverage: 0
- Dental Coverage:**
 - # of Employees Enrolling In Dental: 2
 - # of Employees Waiving With Other Dental Coverage: 0
 - # of Employees Waiving Without Other Dental Coverage: 0
- Note:** BCBS may restrict open enrollment for those accounts not meeting 75 percent participation.
- * - Required**
- Buttons:** Previous, Continue (highlighted with a red circle and '4')

Step iv: Member Census continued.

- In this example, we have added two members. Next, enter the total # of Employees on Payroll. This is a required field. The fields which follow must also be completed if applicable. The census totals for health and dental coverage will default based on the census information entered.
- After manually entering the information, you can click **Continue** to proceed to the **Rates** screen.

The screenshot shows the 'Member Census' form with a confirmation dialog box:

- Account Information:** Member Census (highlighted), Rates, Account Summary, Release for Enrollment.
- Member Census:** Previous, Continue.
- Census Count:** 2, Add Member, Export Census, Import Census.
- Table:**

View Member	Name	Relationship Code	Gender	Coverage type	State	Health Plan Selected	Dental Plan Selected
 	Joe Black	Employee	M	EO	TX	P600CHC	DTXHR01
	Matt Brown	Employee	M	EO	TX	P600CHC	DTXHR01
- Confirmation Dialog:**

Are you sure you want to delete the Member?

Buttons: Ok, Cancel

Note: Members can be deleted by clicking the red 'x' next to their name.

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Account Information Additional Information Plan Selections **Member Census** Rates Account Summary Release for Enrollment

Member Census Continue

Previous Continue

Census Count: **2** Add Member Export Census **Import Census** ?

	View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
1		Joe Black	Employee	M	05/05/1975	41	EO	EO	IL	CS&PPO	DILHR01
2		Matt Brown	Employee	M	02/28/1970	46	EO				DILHR01

Enrollment Totals

*# of Employees On Payroll

+ # of New Hires

- # of Temporary Employees

- # of Part Time Employees

- # of Seasonal Employees

- # of Terminated Employees

- # of Employees Serving An Eligibility Waiting Period

= Total Eligible Employees

Health Coverage:

of Employees Enrolling In Health

of Employees Waiving With Other Health Coverage

of Employees Waiving Without Other Health Coverage

Dental Coverage:

of Employees Enrolling In Dental

of Employees Waiving With Other Dental Coverage

of Employees Waiving Without Other Dental Coverage

Note: BCBS may restrict open enrollment for those accounts not meeting 70 percent participation.

* - Required

Previous Continue

HOW TO ENROLL A SMALL GROUP (CONTD.)

IV. MEMBER CENSUS (CONTD.)

Import Census

2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Import Census

Step iv: Member Census (Import Census)

1. To use the Import Census option, click **Import Census**.
2. If you don't have the latest template, click the **Census Import Template** link.

Member Census

Previous 1 Continue

Census Count: 2 Add Member Export Census **Import Census** ?

Import Census

Note: Please download the **dated** template for TX division.

Download the **Census Import Template** or view an **example** of a formatted import file. Please refer to the **Help file** for additional details regarding the Import Census spreadsheet.

Steps to save the Import Census Template:

1. Click on the Census Import Template link and Save the file on your desktop.
2. Open saved Census Import Template, from the saved location, and select the appropriate Division from the drop down options. Click Continue.
3. Save to your desktop.
4. The Census Import Template is now ready to input the census information.

Select File to upload: Choose File No file chosen Load File

A census already exists. Do you wish to overwrite or append to the existing census?

Overwrite - This option will replace previously entered census information.

Append - This option will add to existing census information

- A new **Help** file is available to review and download. This file includes information on proper formatting and expected values that may be needed in each column.
- Steps to properly download and save the import file.
- Clear definitions for the **Overwrite** or **Append** import file function.

2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Import Census (contd.)

A	B	C	D	E	F
General Information					
Relationship Code	Waive All Coverage	Waive Reason Code	First Name	Mid Init	Last Name

HCSC Census Data Entry ✕

Please select the HCSC Division relevant to Census Information you will be entering.

▼ Continue

3

- Save the file on your local drive. When you open the file it asks your region. Select the region, and click **Continue**. The system will ask where to save the template, please DO NOT give a file name. Select a folder location only and click **OK**. **The import file will not load into eSales if the file extension name is changed. The extension must be .xslm.** Now you can use this file for data entry and importing.

2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Import Census (contd.)

Import Census

Note: Please download the [updated](#) template for TX division.

Download the [Census Import Template](#) or view an [example](#) of a formatted import file. Please refer to the [Help](#) file for additional details regarding the Import Census spreadsheet.

Steps to save the Import Census Template:

1. Click on the Census Import Template link and Save the file on your desktop.
2. Open saved Census Import Template, from the saved location, and select the appropriate Division from the drop down options. Click Continue.
3. Save to your desktop.
4. The Census Import Template is now ready to input the census information.

Select File to upload: Census Impor...-11-18.xlsm **4**

A census already exists. Do you wish to overwrite or append to the existing census?

Overwrite - This option will replace previously entered census information.

Append - This option will add to existing census information

5

4. Click **Choose File** and select the appropriate file.
5. Click **Load File**.

Import Census

Download the [Census Import Template](#) or view an [example](#) of a formatted import file. Please refer to the [Help](#) file for additional details regarding the Import Census spreadsheet.

Steps to save the Import Census Template:

1. Click on the Census Import Template link and Save the file on your desktop.
2. Open saved Census Import Template, from the saved location, and select the appropriate Division from the drop down options. Click Continue.
3. Save to your desktop.
4. The Census Import Template is now ready to input the census information.

Select File to upload: Census Impor...-11-18.xlsm

A census already exists. Do you wish to overwrite or append to the existing census?

Overwrite - This option will replace previously entered census information.

Append - This option will add to existing census information

Note: "Override and Import" will upload the census ignoring the warning messages.

Attention



 indicates Error Message

 indicates Warning Message

Note: The Import Census pop-up will also include the following:

- A clarification for **Override** and **Import** upload option.
- A legend key for warning and error symbols

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Import Census (contd.)

Import Census

Download the Census Import Template or view an example of a formatted import file. Please refer to the Help file for additional details regarding the Import Census spreadsheet.

Steps to save the Import Census Template:

1. Click on the Census Import Template link and Save the file on your desktop.
2. Open saved Census Import Template, from the saved location, and select the appropriate Division from the drop down options. Click Continue.
3. Save to your desktop.
4. The Census Import Template is now ready to input the census information.

Select File to upload: Census Impor...-11-18.xlsm

A census already exists. Do you wish to overwrite or append to the existing census?

Overwrite - This option will replace previously entered census information.

Append - This option will add to existing census information

Note: "Override and Import" will upload the census ignoring the warning messages.

Attention

indicates Warning Message

indicates Error Message

indicates Warning Message

6. Click **Override and Import**. The census information will automatically populate into the **Member Census** page.
7. Enter the total # of Employees on Payroll.
8. Click **Continue** to proceed to the **Rates** screen.

Account Information Additional Information Plan Selections **Member Census** Rates Account Summary Release for Enrollment

Member Census

Census Count: 2

	View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
1		Joe Black	Employee	M	08/08/1980	36	EO	EO	TX	P600CHC	DTXHR01
2		Matt Brown	Employee	M	04/14/1970	46	EO	EO	TX	P600CHC	DTXHR01

Enrollment Totals

*# of Employees On Payroll **7**

+ # of New Hires

- # of Temporary Employees

- # of Part Time Employees

- # of Seasonal Employees

- # of Terminated Employees

- # of Employees Serving An Eligibility Waiting Period

= Total Eligible Employees

Health Coverage

of Employees Enrolling In Health

of Employees Waiving With Other Health Coverage

of Employees Waiving Without Other Health Coverage

Dental Coverage

of Employees Enrolling In Dental

of Employees Waiving With Other Dental Coverage

of Employees Waiving Without Other Dental Coverage

Note: BCBS may restrict open enrollment for those accounts not meeting 75 percent participation.

* - Required

8

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Import Census (contd.)

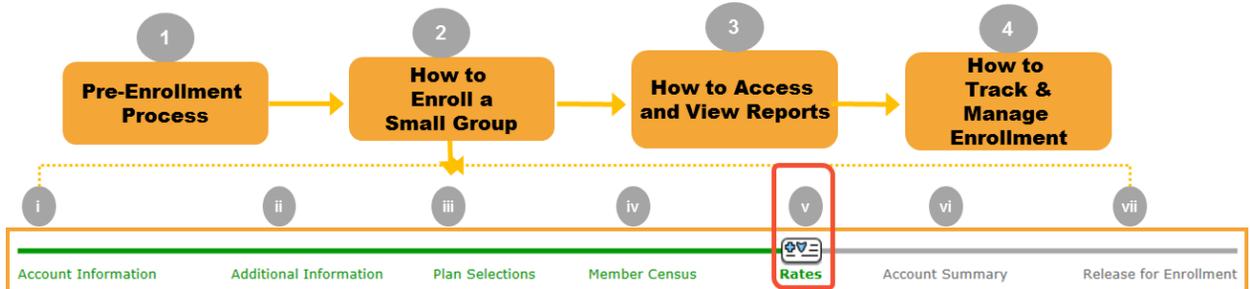


Helpful Tips

- Each time you open the template, a new template will open. **Save** will not override the information. You must click **Save As** and give the template a new name to make a copy of the template which can be edited and saved separately for each group. Be sure to keep the file extension .xlsm.
- If macros are not enabled when the template is opened, a yellow message box will appear notifying users that macros must be enabled. Click **enable content** at the top.
- Once the document is opened, select **Division** and hit **Continue**. It is suggested that you **Save As** at this time and name your spreadsheet to identify the group and state.
- Validation rules have been put in place to make the template user friendly, and State specific. **It is important to use the correct template for your state to avoid data entry issues.**
- When the document is saved without the appropriate fields populated, the fields will highlight yellow indicating cells where information is required. There are also validation rules in those cells to assist users with entering correct information in the acceptable format.
- The **Employee** section of the template which is shaded in orange is mandatory. All other fields are grouped together by shaded colors. Red fonts are used to indicate conditional mandatory information is required based on previous entries.

2 How to Enroll a Small Group (Contd.)

V. Rates



Step v: Rates

Electronic Funds Transfer (EFT) is required for Initial premium payment. **On the Rates screen, enter the payment information. Electronic Funds Transfer (EFT) is used to transfer the amount to Blue Cross and Blue Shield of TX”.**

Rates

[Previous](#) [Continue](#)

Electronic Payment Information

Electronic Funds Transfer (EFT) will be used to transfer the amount to Blue Cross and Blue Shield of TX.

The Electronic Funds Transfer (EFT) binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT.

*Bank Account Number: <input type="text"/>	*Bank Account Number Confirmation: <input type="text"/>
*Bank Routing Number: <input type="text"/>	*Bank Routing Number Confirmation: <input type="text"/>
*Bank Name: <input type="text"/>	*Account Holder Name: <input type="text"/>

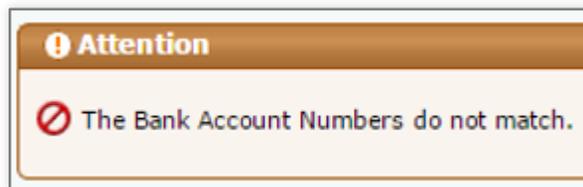
Note: The EFT draw will occur after the case is approved and the Welcome Letter becomes available. The EFT will usually happen within 24-48 hours of approval. Please notify the group of the expediency of this transaction.

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

1. You will need to complete your Bank Account Number and your Bank Routing Number information. These are required fields. The Bank Routing Number will only accept numerical values and should be equal to 9 digits. The tool will confirm that these critical required fields are entered correctly. If there is a mismatch, an error message will be displayed for example: “*The Bank Account Numbers do not match.*”



The screenshot shows the "Rates" page in the ACA Small Group Enrollment system. The page has a navigation bar with tabs: Account Information, Additional Information, Plan Selections, Member Census, Rates (selected), Account Summary, and Release for Enrollment. Below the navigation bar, there are "Previous" and "Continue" buttons. The main content area is titled "Electronic Payment Information" and includes a note: "Electronic Funds Transfer (EFT) will be used to transfer the amount to Blue Cross and Blue Shield of TX." Below this, a warning message states: "The Electronic Funds Transfer (EFT) binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT." The form contains several fields: *Bank Account Number, *Bank Account Number Confirmation, *Bank Routing Number, *Bank Routing Number Confirmation, *Bank Name, *Account Holder Name, *Address 1, *Address 2, *City, *State (Please Select), *Zip Code, *Payment Amount, and *Payment Amount Confirmation. The *Payment Amount Confirmation field is highlighted with a red box. At the bottom, there is a "Transaction Number" field and a "Payment Status" field showing "Not Processed". A note at the bottom states: "A minimum of 90% of the estimated first month's premium is required before processing can continue. If less than 90% of the estimated first month's premium is remitted, the case will be returned. In order to secure coverage with BCBS, a binder payment is required. The information entered on this page will be used to debit the employer's account only AFTER underwriting has approved the case. This is a one-time payment to secure coverage. All payments for monthly bills must be arranged in BlueAccess for Employer's EFT or paid via check."

Note: The EFT binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT.

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

- Next, you are required to edit the Bank Name and populate the Account Holder Name which are also mandatory fields.

[View XML Request/Response XML](#)

Electronic Payment Information

Electronic Funds Transfer (EFT) will be used to transfer the amount to Blue Cross and Blue Shield of TX.

The Electronic Funds Transfer (EFT) binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT.

*Bank Account Number:	<input type="text" value="123456789"/>	*Bank Account Number Confirmation:	<input type="text" value="123456789"/>
*Bank Routing Number:	<input type="text" value="01000013"/>	*Bank Routing Number Confirmation:	<input type="text" value="01000013"/>
*Bank Name:	<input type="text" value="Texas Test"/>	*Account Holder Name:	<input type="text" value="Fred Texas Test"/>

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

- The sub-section under Electronic Payment Information is the Billing Information. This section includes the following required fields: Address1, Address 2, City, State, Country, and Zip Code. Enter all the details in the required fields.

Electronic Payment Information

Electronic Funds Transfer (EFT) will be used to transfer the amount to Blue Cross and Blue Shield of TX.

The Electronic Funds Transfer (EFT) binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT.

*Bank Routing Number: <input type="text" value="010000013"/>	*Bank Routing Number Confirmation: <input type="text" value="010000013"/>
*Bank Name: <input type="text" value="Texas Test"/>	*Account Holder Name: <input type="text" value="Fred Texas Test"/>

Billing Address/Contact Information

*Address 1: <input type="text" value="1 Hill"/>	Address 2: <input type="text"/>
*City: <input type="text" value="Austin"/>	*State: <input type="text" value="Texas"/>
Country: <input type="text" value="USA"/>	*Zip Code: <input type="text" value="75080"/>
*Payment Amount: <input type="text" value="1000.00"/>	*Payment Amount Confirmation: <input type="text" value="1000.00"/>
Transaction Number: <input type="text"/>	Payment Status: Not Processed

A minimum of 90% of the estimated first month's premium is required before processing can continue. If less than 90% of the estimated first month's premium is remitted, the case will be returned.

In order to secure coverage with BCBS, a binder payment is required. The information entered on this page will be used to debit the employer's account only AFTER underwriting has approved the case. This is a one-time payment to secure coverage. All payments for monthly bills must be arranged in BlueAccess for Employer's EFT or paid via check.

Let's discuss the **Billing Address/Contact Information** section. The Payment Amount is a required field and accepts value in dollars with decimal. For example: \$1000.00. You can also view the following notification on the screen. The Payment Amount must be input a second time to verify accuracy. *"A minimum of 90% of the estimated first month's premium is required before processing can continue. If less than 90% of the estimated first month's premium is remitted, the case will be returned"* message on the screen.

Another required field is the **Transaction Number**. This field will remain blank before case is released for enrollment. This field will be populated once the Underwriting approves the case and the tool sends the payment details for processing.

Note: When filling in the billing address/ contact information, enter the address and contact details for the specific group.

2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

The Payment Status field has the following statuses:

- **Not Processed:** Is displayed, until the payment is processed at the vendor and success/fail message is returned.
- **Success:** Is displayed once the EFT payment details are transferred to Alacrity.
- **Fail:** Is displayed only if the Bank Routing Number, entered into the system and transferred to our payment vendor, is not valid.

Transaction Number:

Payment Status: Not Processed

A notification is displayed when you access this screen: *In order to secure coverage with BCBS, a binder payment is required. The information entered on this page will be used to debit the employer's account only AFTER underwriting has approved the case. This is a one-time payment to secure coverage. All payments for monthly bills must be arranged in Blue Access for Employer's EFT or paid via check.*

A minimum of 90% of the estimated first month's premium is required before processing can continue. If less than 90% of the estimated first month's premium is remitted, the case will be returned.

In order to secure coverage with BCBS, a binder payment is required. The information entered on this page will be used to debit the employer's account only AFTER underwriting has approved the case. This is a one-time payment to secure coverage. All payments for monthly bills must be arranged in BlueAccess for Employer's EFT or paid via check.

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

4. The Rating Model is displayed. You need to select the Rating Model either Member Level or 4-Tier Composite. In this example, we select **Member Level**. After making your selection, you can click **Print** to print the rates.

Rating Model

Member Level
 4-Tier Composite
 4

⚠ ATTENTION: There are two billing options to select from

- 1) Member level age rates OR
- 2) Composite rates.

Composite rates are calculated by aggregating the total premium across a four tier format. Important to note that billing changes are only allowed at policy anniversary date. Please carefully select the desired billing format for your enrolling client.

Member Level Rates									
Employer Name: TEST_TX_UG			Plan: P600CHC			Case ID: 13466			
Effective Date: 10/15/2016			Employer Zip Code: 75080			Employer County: Dallas			
Member Rates									
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
<21	\$311.40	28	\$533.05	36	\$603.18	44	\$685.07	52	\$957.24
21	\$490.39	29	\$548.75	37	\$607.10	45	\$708.12	53	\$1,000.39
22	\$490.39	30	\$556.59	38	\$611.03	46	\$735.58	54	\$1,046.98
23	\$490.39	31	\$568.36	39	\$618.87	47	\$766.48	55	\$1,093.57
24	\$490.39	32	\$580.13	40	\$626.72	48	\$801.79	56	\$1,144.08
25	\$492.35	33	\$587.49	41	\$638.49	49	\$836.60	57	\$1,195.08
26	\$502.16	34	\$595.33	42	\$649.77	50	\$875.84	58	\$1,249.51
27	\$513.93	35	\$599.26	43	\$665.46	51	\$914.58	59	\$1,276.48
* - Total Monthly Health Cost includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.									
Census									
Name	Relationship Code	Date of Birth	Age	Coverage Type	State	Total Monthly Health Cost*			
1 Joe Black	Employee	08/08/1980	36	EO	TX	\$603.18			
2 Matt Brown	Employee	04/14/1970	46	EO	TX	\$735.58			
						Total:	\$1,338.76		
* - Total Monthly Health Cost includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees. Estimated Health Insurer & Reinsurance Fees = \$36.00									

ATTENTION: There are two billing options to select from
 1) Member level age rates OR 2) Composite rates.
 Select a rating model, and click the magnifying glass in the **Rates** column next to the product to view rates and Census information.

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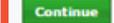
2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

Composite Rates Example

Composite Rates							
Employer Name: TEST_TX_UG		Plan: P600CHC		Case ID: 13466			
Effective Date: 10/15/2016		Employer Zip Code: 75080		Employer County: Dallas			
Rate Table							
4-Tier Rates							
Employee Only	Employee + Spouse *	Employee + Child *	Employee + Family *				
\$669.38	\$1,338.76	\$1,338.76	\$2,008.14				
* The Composite Rates shown in the above 4Tier Rates table are specific to the plan shown in the header section and based on the census entered AND includes the effects of Health insurer and Reinsurance Fees,plus any Federal and State taxes applicable to these fees.							
Census							
	Name	Relationship Code	Date of Birth	Age	Coverage Type	State	Total Monthly Health Cost*
1	Joe Black	Employee	08/08/1980	36	EO	TX	\$669.38
2	Matt Brown	Employee	04/14/1970	46	EO	TX	\$669.38
Total:							\$1,338.76
* - Total Monthly Health Cost includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees. Estimated Health Insurer & Reinsurance Fees = \$36.00							
							

Note: Composite rates are calculated by aggregating the total premium across a four tier format. Important to note that billing changes are only allowed at policy anniversary date. Please carefully select the desired billing format for your enrolling client.

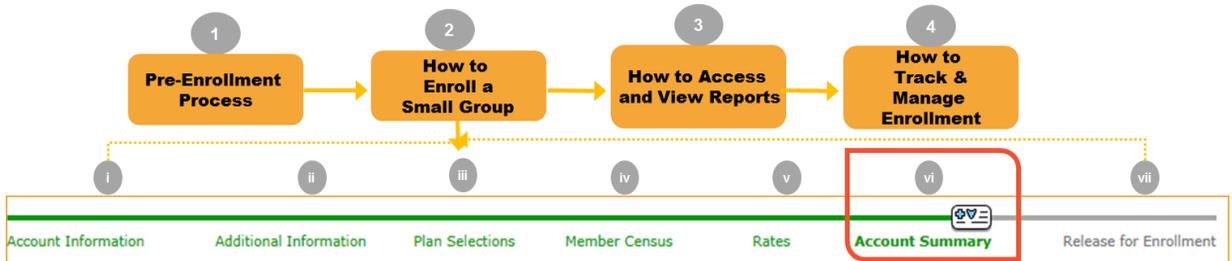
Account Information	Additional Information	Plan Selections	Member Census	Rates	Account Summary	Release for Enrollment	
Rates							
						5	

5. Click **Continue** to proceed to the **Account Summary** screen.

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2 How to Enroll a Small Group (Contd.)

VI. Account Summary



Step vi: Account Summary:

The **Account Summary** screen allows you to review all of the input data by section. Review the information you have entered and revise if needed. Separate panels with scroll bars display key information from previous screens. Click **Change** in each panel to view the relevant page if you want to make any edits. If changes are made, click **Continue** to go back to the **Account Summary** screen. This ensures that all edits have been saved and rates have been adjusted if necessary.

The screenshot shows the 'Account Summary' screen. At the top, there is a navigation bar with tabs for Account Information, Additional Information, Plan Selections, Member Census, Rates, Account Summary (selected), and Release for Enrollment. Below the navigation bar, there are 'Previous' and 'Continue' buttons. An alert message states: 'Alert: A group with the same EIN has been previously entered in this system. This is an informational alert only.' The main content area is divided into sections: 'Account Information' (with a 'Change' button highlighted in a red box), 'Employee Retirement Income Security Act (ERISA)', 'Additional Information' (with a 'Change' button), 'Eligibility', and 'HSA Vendor Selection'. The 'Account Information' section includes fields for General Information (Employer's Legal Name, Employer ID Number, SIC Code, Policy Effective Date, Case Submitted to BCBS) and Blue Access for Employers (BAE) (Contact Name, Phone, Contact Title, E-Mail Address).

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2 How to Enroll a Small Group (Contd.)

VI. Account Summary (contd.)

The **Electronic Payment Information** is now displayed under the **Plan Selections** and Header section. Under this section, all the data that was entered on the **Rates** screen will be displayed.

1. Click **Continue** to move to the **Release for Enrollment** screen.

Previous Continue

[View URE Request/Response XML](#)

Electronic Payment Information

Electronic Funds Transfer (EFT) will be used to transfer the amount to Blue Cross and Blue Shield of TX.

The Electronic Funds Transfer (EFT) binder premium payment will only apply to the health and dental plans selected. The initial premium for life products, if purchased, will be requested on the first bill from Dearborn National. Do not include a binder premium payment for life products as part of the EFT.

*Bank Account Number: <input type="text" value="123456789"/>	*Bank Account Number Confirmation: <input type="text" value="123456789"/>
*Bank Routing Number: <input type="text" value="010000133"/>	*Bank Routing Number Confirmation: <input type="text" value="010000133"/>
*Bank Name: <input type="text" value="Texas Test"/>	*Account Holder Name: <input type="text" value="Fred Test"/>

Billing Address/Contact Information

*Address 1: <input type="text" value="11 Jan Street"/>	Address 2: <input type="text"/>
*City: <input type="text" value="Austin"/>	*State: <input type="text" value="Texas"/>
Country: <input type="text" value="USA"/>	*Zip Code: <input type="text" value="73301"/>
*Payment Amount: <input type="text" value="100.00"/>	*Payment Amount Confirmation: <input type="text" value="100.00"/>

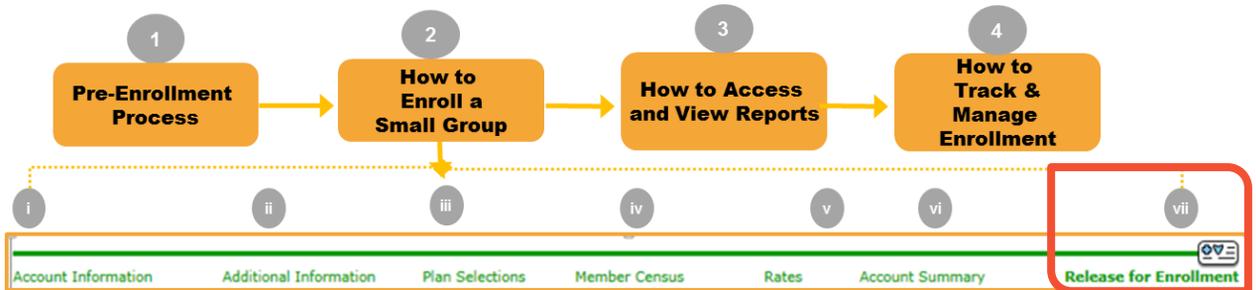
Transaction Number: Payment Status: Not Processed

Note: You should be able to view the Electronic Funds Transfer (EFT) Payment Details document under the **Reports** tab on the **Account Summary** screen. You should also be able to view it irrespective of the status of the case.

You should be able to view the fields and their values in this document without been masked except for the Bank Account Number and the Bank Routing Number.

2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment



Step vii: Release for Enrollment

Based on the default required documents, under the **Documents Needed for Enrollment** section, the list will populate. Additional documents may be required based on the selections made during the data entry process. In order to release the case for enrollment successfully, these documents must be attached.

Document Name	Status	Requirement
* Benefit Program Application (BPA) for New Small Groups 2-50	Missing	Signature Required
* Employer Group Information (EGI) Form	Missing	Signature Required
* Enrollment Application/Change Form	Missing	Signature Required
* State filed proof of business	Missing	
* Wage & Tax Statement/Proof of Wages	Missing	
Affidavit of Domestic Partnership		Signature Required
BenefitWallet Discovery Form		
Dependent State Continuation of Coverage Form		Signature Required
Disabled Dependent Certification Form		Signature Required

*- Required

I confirm that all uploaded documents requiring a signature have been signed. [Release](#)

1. Click **View/Attach Documents**. This will populate a pop-up window, allowing the user to search system files to find the appropriate document.

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2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)

Before proceeding to the next steps, let's discuss the **Documents Needed for Enrollment** section. This section easily identifies Required and Optional Documents. Required documents are identified by **bolded red font** and asterisks.

The “*Missing*” or “*Attached*” indicator will only appear for the required documents.

Documents Needed for Enrollment		
* Benefit Program Application (BPA) for New Small Groups 2-50	✓ Attached	Signature Required
* Employer Group Information (EGI) Form	✓ Attached	Signature Required
* Enrollment Application/Change Form	✓ Attached	Signature Required
* Wage & Tax Statement/Proof of Wages	✓ Attached	Signature Required
Affidavit of Domestic Partnership		Signature Required
BenefitWallet Discovery Form		
Dependent State Continuation of Coverage Form		Signature Required
Disabled Dependent Certification Form		Signature Required
Employer Representative Authorization (ERA)		
HSA Bank Discovery Form		

Note: Beginning with January 2017 Effective Dates, the **Composite Rate Billing Method Declaration Form** will no longer be a required document to submit when you select 4-Tier Composite Billing as your Rating Method. This information will be captured on the new BPS.

2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)

2. Click **Browse** and locate the appropriate system folder and file.
3. Select the document type from the **Document Type** drop-down list.
4. Click **Attach File**. The document shows in the **Existing Attached Documents** section. If the wrong document has been attached, use **Delete Document** to remove the document.

Attachments

Attachments

Select Browse to find a file(s) to attach. Uploaded files must be less than 50MB.

File	Document Type	Description
<input type="button" value="Choose Files"/> No file chosen Please Select	<input type="button" value="Attach File"/>	

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description
il_bpa_2_50.doc	09/06/2017 08:24:08	BENEFIT PROGRAM APPLICATION (BPA) FOR NEW SMALL GROUPS 2-50	
22997_small_group_standard_health_application (1).pdf	09/06/2017 08:24:07	EMPLOYER GROUP INFORMATION (EGI) FORM	
il-small-group-extension-form-v4.pdf	09/06/2017 08:24:07	WAGE & TAX STATEMENT/PROOF OF WAGES	
group_info_form.pdf	09/06/2017 08:24:07	ENROLLMENT APPLICATION/CHANGE FORM	

2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)

Attachments

Select Browse to find a file(s) to attach. Uploaded files must be less than 50MB.

File	Document Type	Description
<input type="button" value="Choose Files"/> No file chosen	<input type="text" value="Please Select"/>	
<input type="button" value="Attach File"/>		

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description
il_bpa_2_50.doc	09/06/2017 08:24:08	BENEFIT PROGRAM APPLICATION (BPA) FOR NEW SMALL GROUPS 2-50	▼
22997_small_group_standard_health_application (1).pdf	09/06/2017 08:24:07	EMPLOYER GROUP INFORMATION (EGI) FORM	▼
il-small-group-extension-form-v4.pdf	09/06/2017 08:24:07	WAGE & TAX STATEMENT/PROOF OF WAGES	▼
group_info_form.pdf	09/06/2017 08:24:07	ENROLLMENT APPLICATION/CHANGE FORM	▼

You can also upload multiple documents, if required. When uploading multiple documents you can to assign multiple Document Types to the documents.

Important information about attaching multiple documents

- You must select one Document Type in order to attach the selected documents. This document type will be applied to all the attachments. Click **Attach**.
- Use the drop-down arrows next to the specific document to change the type
- After changing the necessary document types, click **Save** When done, click **X** to return to the **Release for Enrollment** screen.

Note: The tool is compatible to support Zip files. A zip file may be uploaded and the applicable doc type selected. (i.e. employee applications) However, keep in mind that all required documents must be attached and document type selected, in order to release the group.

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2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)

5. Once you close the Attachments window, you are re-directed to the **Release for Enrollment** screen. Select the '***I confirm that all uploaded documents requiring a signature have been signed***' check box.
6. Click **Release** to release the group to Underwriting for review.
7. Confirm your selections. These include: Rating Model, Plans, Payment Method and payment amount, and the Effective Date for the group. Click **Confirm**.

5 I confirm that all uploaded documents requiring a signature have been signed. 6 **Release**

Confirm Release for Enrollment

I confirm that,

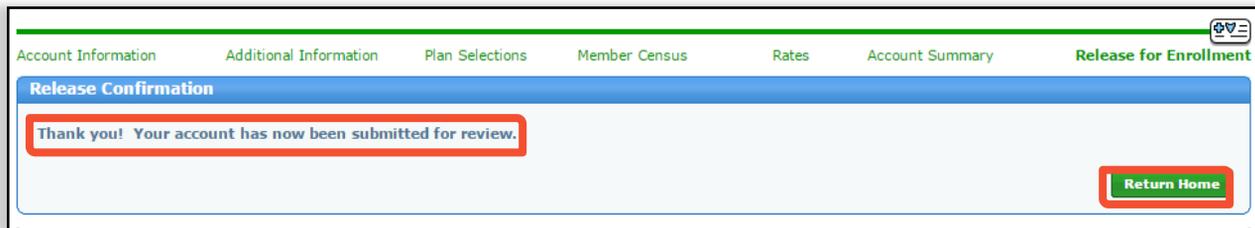
- I have selected Member Level Rating model.
- I have selected the below plan(s) for the group.
P600CHC
- I have selected the effective date 10/01/2017 for the group.
- Electronic Funds Transfer (EFT) will be used to transfer the dollar amount of 10.00 to Blue Cross and Blue Shield of TX.

Confirm

2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)

After confirming, you receive a message saying “**Thank you! Your account has been submitted for review.**” At this point you can click **Return Home** to return to the home page.



Once you click **Release**, the group is in a read-only status. No additional changes can be made until after the Underwriter has reviewed the case. If the Underwriter requires additional information, an email will be sent to the address entered in the Producer section during the enrollment process. The case will then be open to you to go back in to the tool and enter/upload missing information or documents. Please add, edit or attach the requested data, then return the case to BCBS. If you require changes, prior to review or approval, please contact your sales representative as soon as possible.

Note:

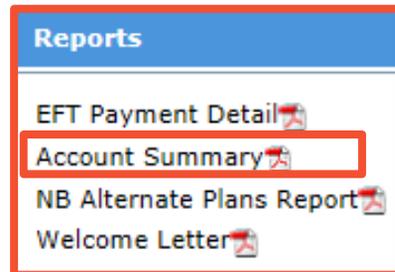
- You need to ensure that all information is correct before submitting to BCBS. The only way to correct information entered into the system is if the Underwriter returns the case to the user for **More Info Required** with the reason code of **Data Change Needed**. Once submitted, you cannot edit data.
- The EFT draw will occur after the case is approved and the Welcome Letter becomes available. The EFT will usually happen within 24-48 hours of approval. Please notify the group of the expediency of this transaction.

2 How to Enroll a Small Group (Contd.)

VI. Account Summary Report

Let's discuss the Account Summary Report.

Now, the **Account Summary Report** is available on the Release for Enrollment screen. Click **Reports** to view the report.



It is recommended that this document be reviewed and approved by the client for accuracy and to ensure that all plans, rates, and census information are accurate **BEFORE** the case is released. You can also view and print the report after the case has been approved.

The Account Summary Report is **not** emailed. Please access it through **Reports** on the online tool.

Account Summary		BlueCross BlueShield of Texas	
October 10, 2016 ITG Test Broker2 901 South Central Expressway Richardson, TX 75080 RE: TEST_TX_UG Account #:190797 Effective Date:10/15/2016			
General Information:			
Legal Name of Company:	TEST_TX_UG	Employer Identification Number (EIN):	655555555
Standard Industry Code (SIC):	0111	Description of SIC (Nature of Business):	Wheat farms
Policy Effective Date:	10/15/2016	County:	Dallas
Domestic Partner:	N	TEFRA:	
ERISA:	N	Waiting Period:	60
COBRA:	N	COBRA Admin:	N
Public Entity:		In-Vitro:	N
Health Benefit Summary:			
Blue Choice PPO Network - PPO Plans - P600CHC; PLATINUM Plan; \$25/\$45 Office Copay/Specialist; \$250/\$500 DED In/Out; 80%/60% Coins In/Out; NA Coins Stoploss In/Out; \$0/\$10/\$35/\$75/\$150 Pharmacy; \$300/80% ER Copay/ER Coins; \$75 Urgent Care Copay; \$150/\$250 IP In/Out; \$100/\$200 OP Surg In/Out; 70%/70% Ped Dental In/Out Blue Choice PPO Network - PPO Plans - P601CHC; PLATINUM Plan; \$25/\$45 Office Copay/Specialist; \$1250/\$2500 DED In/Out; 100%/100% Coins In/Out; NA Coins Stoploss In/Out; \$0/\$10/\$35/\$75/\$150 Pharmacy; \$300/100% ER Copay/ER Coins; \$75 Urgent Care Copay; \$150/\$250 IP In/Out; \$100/\$200 OP Surg In/Out; 70%/70% Ped Dental In/Out			

Note: Make sure that you review the data for accuracy prior to releasing the case. Once the case is released, no changes can be made. If additional information is required, you will be notified and your case will be opened to you to add the missing or requested information.

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2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)

The **Documents List** button in the header provides access to the list of required and optional documents required for enrollment. You can click where it says “Some of these forms are available for download [here](#)”. The BAP Downloadable Forms for Small Group Products will open in a new browser. From this browser, forms may be opened and saved for attachment in enrollment.

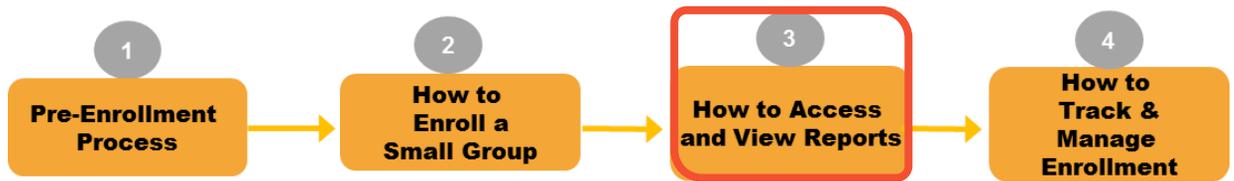
Documents List
Please remember to gather these documents to attach at the end of the enrollment process. Some of these forms are available for download here .
Required Documents
Benefit Program Application (BPA) for New Small Groups 2-50
Employer Group Information (EGI) Form
Enrollment Application/Change Form
State filed proof of business
Wage & Tax Statement/Proof of Wages
Optional Documents
Affidavit of Domestic Partnership
BenefitWallet Discovery Form
Dependent State Continuation of Coverage Form
Disabled Dependent Certification Form
Employer Representative Authorization (ERA)
HSA Bank Discovery Form
Other
Small Group Certificate of Common Ownership
Supplemental Employment Verification Form
Texas Nine (9) Month State Continuation of Insurance Application Form

The screenshot shows the BlueCross BlueShield of Texas website. The main content area is titled "Downloadable Forms for Small Group Products". Below the title, there is a table listing various forms for small groups (Groups of 2-50). The table has three columns: "Stock # / Date", "Enrollment Forms and Change Forms", and "Texas Form #".

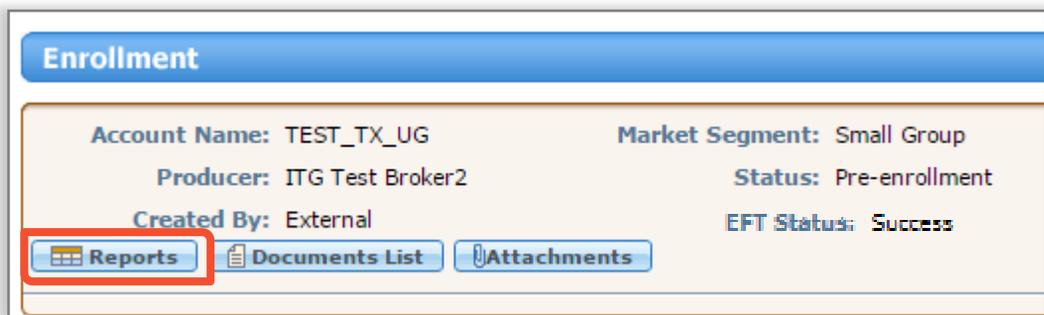
Stock # / Date	Enrollment Forms and Change Forms	Texas Form #
45331 0716	Affidavit of Domestic Partnership	N/A
45331 0716sp	Affidavit of Domestic Partnership – Spanish	N/A
N/A	Away From Home Care Guest Membership Application – for HMO members	N/A
N/A	Away From Home Care Guest Membership Application – Spanish – for HMO members	N/A
TXBPASG-OFF-EX 01.17	2017 Benefit Program Application (BPA) for New Small Groups 2-50 – for new accounts effective on or after 1/1/2017	N/A

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3 How to Access and View Reports



You can access and view reports by clicking **Reports** in the upper left-hand corner of each screen.



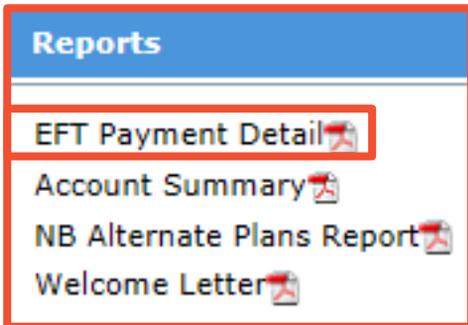
Types of documents accessible in the **Reports** tab include:

Welcome Letter:

The Welcome Letter is available after Underwriting approves the case. An email advising that the group has been approved will be sent to the producer or GA. You can then go into **Reports** to retrieve the Welcome Letter. The Welcome Letter itself will **NOT** be sent within the email.

Account Summary: The Account Summary Report will become available in the Reports List after **Continue** is clicked on the Account Summary screen.

3 How to Access and View Reports (Contd.)





BlueCross BlueShield
of Texas



Electronic Funds Transfer Payment Details

Employer Details:

Employer's Legal Name: TEST_TX_UG	Account Number: 190797
Employer ID: 555555555	Policy Effective Date: 10/15/2016
E-Mail Address of Authorized Company Official: joe.young@company.com	Administrative Contact: Joe Young
Address 1: 409 Arborcrest Dr	Address 2:
City/Town/Village: Richardson	State: Texas
Zip Code: 75080	Telephone#: 9722710001

Payment Details:

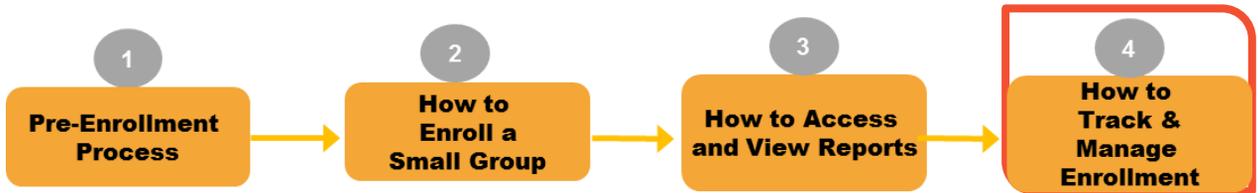
Bank Name: Testing Texas	Account Holder Name: Test Texas
Bank Account Number: XXXXX6789	Bank Routing Number: XXXXX1045
Payment Ammount: 1000.00	Transaction Number:
Address 1: 409 Arborcrest Dr	Address 2:
City/Town/Village: Richardson	State: Texas
Zip Code: 75080	Date: 10/10/2016

EFT Payment Details

The Electronic Funds Transfer (EFT) Detail report is available in the **Reports** tab. This report will capture the EFT information entered into the enrollment tool. This report is informational only and is not required to be submitted as part of the enrollment process.

4 How to Track and Manage Enrollment

I. Enrollment Status



Once enrollment has been released, you can track the status of the case by searching the group from the **Enrollment** home page.

Enter information in any of the descriptor fields, or select the case from the “**Recently Accessed**” or “**My Enrollments**” section on the enrollment home screen. Once the group is selected, click **History**.

Enrollment Home	
Account Number: 190797	Effective Date: 10/15/2016
Quote Number: NA	Case ID: 13466
Log	History
Send to BCBS	

On the **Activity History** window, activities, along with activity date, status, and duration of activity are displayed. A list of activity and status definitions is also displayed.

Note: Quick status information can also be found in the header next to **Status**.

Activity History			
Activity Date	Activity	Status	Duration
10/10/2016	Enrollment More Info Required		0 Day(s)
10/10/2016	Underwriter Review	Completed	0 Day(s)
10/10/2016	Enrollment Data Entry	Completed	0 Day(s)
10/10/2016	Start	Completed	0 Day(s)

Activity	Status	Definition
Enrollment Data Entry	Pre-enrollment	Pre-enrollment status is defined as one of the following. 1. A producer or General Agent has initiated the enrollment process but has not submitted the case to BCBS yet. 2. BCBS has received enrollment paperwork and is reviewing for completeness. The case has not been submitted to Underwriting yet.
Pre-Enrollment More Info Needed	Pre-Enrollment More Info Needed	BCBS has requested additional information and the submitter is in the process of obtaining requested information.
Underwriter Review	Pending UW review or Subsequent UW review	Enrollment documentation has been submitted to Underwriting for review
Submitter Review	Not approved or Enrollment More Info Required	UW has completed review of submission and has returned the enrollment to the submitter either not approving the submission or requesting additional information in order to complete the review

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4 How to Track and Manage Enrollment (Contd.)

I. Enrollment Status (contd.)

Enrollment Home	
Account Number: 190797	Effective Date: 10/15/2016
Quote Number: NA	Case ID: 13466
<input type="button" value="Log"/> <input type="button" value="History"/>	
<input type="button" value="Send to BCBS"/>	

Account Log	
Account Name: TEST_TX_UG	Account Number: 190797
Log Entries	
<p>Date: 10/10/2016 01:36:16 Type: Internal Subject: Claimed Case Added By: System</p> <p>Entry: The Case was claimed by batest35.</p>	
<p>Date: 10/10/2016 01:35:05 Type: Internal Subject: AlacritiPaymentError Added By: System</p> <p>Entry: The Routing Number you have entered is not valid. Please check the details and try again or contact us for assistance if you think this message is being shown in error (486)</p>	

Once the enrollment starts, details pertaining to the case are entered using the **Log** button.

For Example:

- If Underwriting indicates more information is required, a copy of the notes and reason codes will be added to the **Log** for your review. This will be the same information that would have been included in the email notification. Or you can also attach a separate document to provide additional clarification to the underwriter as needed.
- If the EFT transaction status is **Fail**, then you should view the **Log** for the reason and description as received from the payment vendor.

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4 How to Track and Manage Enrollment (Contd.)

II. More Information Required

In this example, once you have released the group for enrollment, the Underwriter reviews the case and sends an email notification requesting for more information.

The email notification includes the information that is required to complete the enrollment review. In this example, the underwriter requires completed documents from the Producer.

Sample “More Information Required” email notification is below.

Blue Cross Blue Shield of Texas (BCBSTX) requires additional information to continue reviewing the small employer group coverage enrollment for TEST_TX_UG Case ID #13425. The following information needs to be updated or provided:

- Missing/Incorrect/Incomplete Document (s)

Missing/Incorrect/Incomplete Document (s):

State filed proof of business - Incomplete

Wage & Tax Statement/Proof of Wages - Incomplete

Additional Notes: Incomplete Documents

Please return to eSales ACA Small Group Enrollment to search for this Case ID and make the necessary updates.

Please do not reply to this email. For questions, please call our Service Center at 800-399-5831 to coordinate resolution.

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4 How to Track and Manage Enrollment (Contd.)

II. More Information Required (contd.)

You will receive automated email notifications from the tool for cases that have been aging in the “*Enrollment More Info Required*” status. These emails will be sent to the email address that was provided on the Account Information screen during the initial data entry. A reminder email will be sent on the 3rd, 5th and 7th day if the case has not been returned to Underwriting. The case will be auto-discontinued 60 days after the Effective Date if the case is not returned to BCBS.

Sample of the Aging Alert email is below.

Blue Cross Blue Shield of Texas (BCBSTX) requires additional information to continue reviewing the small employer group coverage enrollment for TEST_TX_UG Case ID #13466. The case has been pended for 3 days and it needs your immediate attention in order to process it further. The following information needs to be updated or provided:

- Missing/Incorrect/Incomplete Document (s)

State filed proof of business - Incomplete
Wage & Tax Statement/Proof of Wages - Incomplete

Additional Notes: Incomplete Documents.

Please return to eSales ACA Small Group Enrollment to search for this Case ID and make the necessary updates.

Please do not reply to this email. For questions, please call our service center at 800-399-5831 to coordinate resolution.

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4 How to Track and Manage Enrollment (Contd.)

II. More Information Required (contd.)

Once you receive an email notification from the Underwriting team, you logon to the eSales Tools.

If Underwriting needs more information you may need to add or update information in one of the fields within the tool, as well as add some missing documentation.

In this example, you need to upload completed documents. You move to the **Release for Enrollment** screen and add the requested documents. Then, on this screen, you click **Send to BCBS** and then **OK**. The case will be returned to Underwriting for approval. The status of the case will be updated to “Pending UW Review”.

The screenshot displays the 'Release for Enrollment' interface. At the top, the BlueCross BlueShield of Texas logo and 'eSales Tools' are visible. The main header shows 'Enrollment Home' and 'Release for Enrollment'. Account details include: Account Name: TEST_TX_UG, Market Segment: Small Group, Account Number: 190797, Effective Date: 10/15/2016, Producer: ITG Test Broker2, Status: Enrollment More Info Required, Quote Number: NA, Case ID: 13466, and EFT Status: Success. A 'Send to BCBS' button is highlighted in red. Below, a modal dialog box asks 'Are you sure you wish to send this to BCBS?' with 'OK' and 'Cancel' buttons. The 'OK' button is also highlighted in red. A list of documents needed for enrollment is shown, including Employer Group Information, Enrollment Application, Wage & Tax Statement/Proof of Wages, and Benefit Program Application (BPA) for New Small Groups 2-50, all marked as 'Attached'.

Note: You will have to navigate to the **Account Summary** screen to activate the **Send to BCBS** button. In this example, since we have to upload documents, we have moved to the **Release for Enrollment** screen.

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4 How to Track and Manage Enrollment (Contd.)

II. More Information Required (contd.)

You can add a log entry for this activity. Click **Log**, and **Add Entry** to communicate directly with the assigned Underwriter. Use the log entry to provide additional details pertaining to your case.

Once you click the **Send back to BCBS** button in the "*More Info Required*" activity, a system log entry is created.

Account Log

Account Name: TEST_TX_UG Account Number: 190797

Add Entry

Subject :
Completed Documents Submitted

Body :
As per the email received, submitted the completed documents.

Save

Log Entries

Account Log

Account Name: TEST_TX_UG Account Number: 190797

Add Entry

Log Entries

Date: 10/10/2016 01:29:59
Type: Internal
Subject: Completed Documents Submitted
Added By: ITBroker2 Test

Entry: As per the email received, submitted the completed documents

4 How to Track and Manage Enrollment (Contd.)

III. Underwriting Approval Received

An email notification will be sent to the General Agent (if applicable) or the Producer once the case has been approved by Underwriting.

Sample 'Enrollment Approved' email below.

Blue Cross and Blue Shield of Texas (BCBSTX) has approved TEST_TX_UG for small group employer coverage with an effective date of 10/15/2016.

BCBSTX is in the process of finalizing your group's enrollment. You will receive another email notification after Identification Cards have been requested.

To access the Welcome Letter for this account's enrollment, log into eSales using the below link and instructions:

<https://producers.hcsc.net/producers/login>

1. Select **ACA Small Group Enrollment** from eSales Home Page
2. Search for your account in enrollment, once found, select the  option next to the account name
3. From the account information page select 
4. Select **Welcome Letter** 

Thank you for your business.

Please do not reply to this e-mail. This e-mail box is designated for outgoing messages only.

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4 How to Track and Manage Enrollment (Contd.)

III. Underwriting Approval Received (contd.)

The Welcome Letter is available after Underwriting approves the group. An email advising that the group has been approved is sent to the producer or GA. You can then click **Reports** in the tool and retrieve the Welcome Letter. The Welcome Letter itself is **NOT** sent within the email. An email is also sent once membership is complete.

Sample “Welcome Letter” below.

Welcome Letter				BlueCross BlueShield of Texas			
October 10, 2016 ITG Test Broker2 901 South Central Expressway Richardson, TX 75080							
RE: TEST_TX_UG Account #:190797 Effective Date:10/15/2016							
TEST_TX_UG has been approved and your rates are indicated below. These rates are effective 10/15/2016.							
Enrollment information, including member applications, is being processed. Member ID cards will be mailed shortly. Thank you for your continued business.							
General Information:							
<u>Waiting Period:</u> 60	<u>COBRA:</u> N	<u>COBRA Admin:</u> N	<u>TEFRA:</u>	<u>Public Entity:</u>	<u>County:</u> Dallas	<u>In-Vitro:</u> N	<u>Domestic Partner:</u> N
Benefit Summary:							
Blue Choice PPO Network - PPO Plans - P600CHC: PLATINUM Plan; \$25/\$45 Office Copay/Specialist; \$250/\$500 DED In/Out; 80%/60% Coins In/Out; NA Coins Stoploss In/Out; \$0/\$10/\$35/\$75/\$150 Pharmacy; \$300/80% ER Copay/ER Coins; \$75 Urgent Care Copay; \$150/\$250 IP In/Out; \$100/\$200 OP Surg In/Out; 70%/70% Ped Dental In/Out							
Blue Choice PPO Network - PPO Plans - P601CHC: PLATINUM Plan; \$25/\$45 Office Copay/Specialist; \$1250/\$2500 DED In/Out; 100%/100% Coins In/Out; NA Coins Stoploss In/Out; \$0/\$10/\$35/\$75/\$150 Pharmacy; \$300/100% ER Copay/ER Coins; \$75 Urgent Care Copay; \$150/\$250 IP In/Out; \$100/\$200 OP Surg In/Out; 70%/70% Ped Dental In/Out							

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4 How to Track and Manage Enrollment (Contd.)

III. Underwriting Approval Received (contd.)

Temporary ID Cards: An email notification is sent to the General Agent (if applicable) or the Producer when ID cards are released, indicating that temporary ID cards are available as of the effective date of the group.

Sample 'ID Cards Released' email below.

Membership processing for TEST_TX_UG (Account # 190797) is complete and member ID cards have been requested. Temporary ID cards will be available as of the effective date of the account. To access temporary IDs for members of this account, follow these steps:

1. Log into Blue Access for Producers (BAP) using the following link: <https://producers.hcsc.net/producers/login>
2. From the BAP homepage, click the Blue Access for Employers (BAE) icon to access the BAE Account Search screen.
3. Select an account name from the listing. A maximum of 200 accounts will be listed.
4. If the account name is not listed, enter the name in the search fields and click **Find**.
5. Find the employee or dependent by using one of two search methods:
Search Option 1:
 - a. On the BAE homepage, select the **Request/Print ID Card** option from the "I want to" menu.
 - b. Select the **Employee** or **Dependent** radio button as appropriate.
 - c. Enter the employee or dependent's SSN/ID Number or Last Name.
 - d. Click the **Find** button.
 Search Option 2:
 - a. On the BAE homepage, click **Employee Maintenance** then **View/Update Employee** in the left-hand menu bar.
 - b. Select the **Employee** or **Dependent** radio button as appropriate.
 - c. Enter the employee or dependent's SSN/ID Number or Last Name.
 - d. Select **Request/Print ID Card** from the "I want to" menu.
 - e. Click the **Find** button.
6. Click on the employee or dependent's name in the Search Results table to be taken to the Request/Print ID Card screen.
7. To print a temporary ID card, click on the **Print a temporary ID card** link.
8. To email a temporary ID card, click on the **Email a temporary ID card** link.
9. Follow the instructions on the screen.
10. Click the **Confirm** button

Thank you for your business.

Please do not reply to this e-mail. For questions, please call our Service Center at 800-399-5831 to coordinate resolution.

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4 How to Track and Manage Enrollment (Contd.)

III. Underwriting Approval Received (contd.)

Once your case completes the ID Cards Released and Release Initial Bill activities, your case enrollment is complete.

Enrollment		Enrollment Home	
Account Name: TEST_TX_UG	Market Segment: Small Group	Account Number: 190797	Effective Date: 10/15/2016
Producer: ITG Test Broker2	Status: Enrollment Completed	Quote Number: NA	Case ID: 13466
Created By: External			
Reports	Documents List	Attachments	EFT Status: Success
		Log	History

Note: If the case is not approved for enrollment by Underwriting, a **Not Approved** email notification is sent to the Producer or GAs with the reason code(s). Contact our Service Center at 1-800-399-5831 if you have questions regarding a case that is not approved.

4 How to Track and Manage Enrollment (Contd.)

Search Functionality

- From the Enrollment Home screen, you can now press the Enter key, on your keyboard, to submit your search request in addition to clicking the **Search** button on the screen.
- You can now search “In Process” or “Completed” enrollments by the account's nine-digit Employer Identification Number (EIN).
- You can now search “In Process” or “Completed” enrollment cases by Request ID (if applicable)

The screenshot displays the 'Enrollment' search interface. At the top, there is a blue header with 'Enrollment' on the left and 'Enrollment Home' on the right. Below the header, the main search area is titled 'Search Existing Accounts/Quotes' with a dropdown arrow. Underneath, there is a prompt: 'Search by Quoted status to start enrolling a quoted prospect, or **Start Enrollment without a Quote**'. The search form includes several input fields: 'Account Name', 'Agent', 'Division: Texas', 'Quote Number', 'Account Number', 'Case ID', 'Request ID', 'Status' (a dropdown menu), 'Effective Date', and 'EIN'. The 'Request ID' and 'EIN' fields are highlighted with red boxes. At the bottom right of the form, there are two buttons: 'Search' (with a magnifying glass icon) and 'Clear'.

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4 How to Track and Manage Enrollment (Contd.)

IV. My Enrollments

During enrollment, if you want to view the status of the case, you can check the **My Enrollments** section of the enrollment tool. This section lists all cases currently in the enrollment process. The section will list the enrollments that you have enrolled using the tool yourself. You may sort columns for easy tracking.

My Enrollments							
Account	Account #	Effective Date	Sales Executive	Division	Status	Last Activity	
 ANGELA TEST 3	003531	12/01/2015		TX	Enrollment More Info Required	10/05/2015	
 AMATEST TX 0928 AGING	177522	10/01/2016		TX	Enrollment More Info Required	09/29/2016	
 TX EXT TEST TI 07052016	176873	08/01/2016		TX	Enrollment More Info Required	08/03/2016	
 TEST_TX_UG	190790	10/15/2016		TX	Enrollment More Info Required	10/10/2016	
 AMATEST TX 1009 EXT	190795	11/01/2016		TX	Pending UW review	10/09/2016	
 AMATEST TX 1007 RC EXT	190785	11/01/2016		TX	Pending UW review	10/07/2016	
 AMATEST TX 1006 EXT	177572	11/01/2016		TX	Pending UW review	10/06/2016	
 EXT RPTS TEST TI 08032016	177034	09/01/2016		TX	Pending UW review	08/03/2016	
 TEST TX BROKER DEMO	187385	01/01/2016		TX	Pending UW review	05/19/2016	
 NATEST_TXEXT0310	184892	04/01/2016		TX	Pending UW review	04/04/2016	
 AMATEST FSE ADV TX EXT 1	177547	11/01/2016		TX	Pending UW review	10/04/2016	
 AMATEST_TX_1_1005	177568	11/01/2016		TX	Complete Acct/Membership entry	10/05/2016	
 LAURA TX HMO ONLY	186243	06/01/2016		TX	Complete Acct/Membership entry	04/19/2016	
 LAURA 092315 TEST EXTERNAL	003351	12/01/2015		TX	Complete Acct/Membership entry	10/02/2015	
 TX_UG	177549	10/15/2016		TX	Enrollment Internal Action Required	10/05/2016	

Note: Those cases that have aged after 2 days of inactivity in the “*Enrollment More Info Required*” status, the enrollment tool will highlight them in an Orange color, within the *Recently Accessed* and *My Enrollment* sections of the Enrollment home page, for awareness.

4 How to Track and Manage Enrollment (Contd.)

IV. My Enrollments (contd.)

The **Recently Accessed** section lists all the enrollments that you have searched and viewed. This could be a combination of cases enrolled by yourself or by BCBS.

Recently Accessed						
Account	Effective Date	Sales Executive	Division	Status	Last Activity	
 View TEST_TX_UG	10/15/2016		TX	Enrollment Completed	10/10/2016	
 View TEST_TX_UG	10/15/2016		TX	Enrollment More Info Required	10/10/2016	
 View TX_UG	10/15/2016		TX	Pre-enrollment	10/10/2016	
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/10/2016	
 View AMATEST TX 1009 EXT	11/01/2016		TX	Pending UW review	10/09/2016	
 View JPM R4 TOUCHPOINT AGING AND EMAILS	01/01/2017		TX	In Progress	10/07/2016	
 View AMATEST TX 1007 RC EXT	11/01/2016		TX	Pending UW review	10/07/2016	
 View TEST_TX_UG	10/01/2016		TX	Pre-enrollment	10/07/2016	
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/07/2016	
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/07/2016	
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/07/2016	
 View TEXT_TX_UG	10/15/2016		TX	Pre-enrollment	10/07/2016	
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/07/2016	
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/07/2016	
 View AMATEST TX 1006 EXT	11/01/2016		TX	Pending UW review	10/06/2016	
 View AMATEST SS 1006	01/01/2017		TX	Pre-enrollment	10/06/2016	
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/05/2016	
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/05/2016	
 View AMATEST_TX_1_1005	11/01/2016		TX	Complete Acct/Membership entry	10/05/2016	
 View SYS Account Name Place Holder	-		TX	Pre-enrollment	10/05/2016	

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Resources and Help

For technical issues with the eSales enrollment tool, please contact our ITG Service Center at **1-888-706-0583**.

If there are any questions regarding any of the information within the user manual or the enrollment process, please feel free to email us at:

ACASmallGroupEnrollmentSupport@bcbsil.com