



**BlueCross BlueShield
of Texas**

ACA Small Group Enrollment Tool User Guide



For Producers and General Agents

Effective October 2016

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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

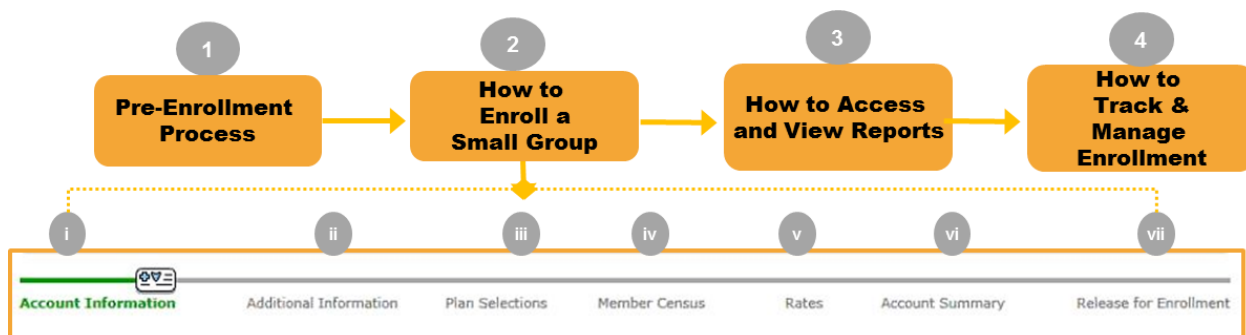
The eSales ACA Small Group Enrollment tool enables you to enroll your groups online in a user-friendly, efficient step-by-step process. You can enter the required information and upload the necessary documents to release your group for enrollment, initiating underwriter review. Within this portal, you 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.)



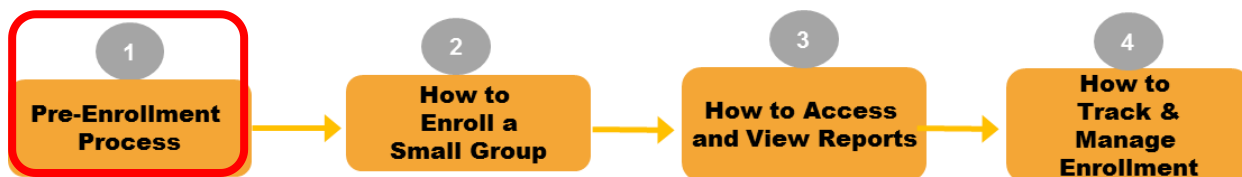
Once you have gathered the necessary information and documentation from your client, you access the eSales ACA Small Group Enrollment tool to enter all required information to release the group for enrollment. This initiates the Underwriting review process. To successfully enroll your group online, follow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

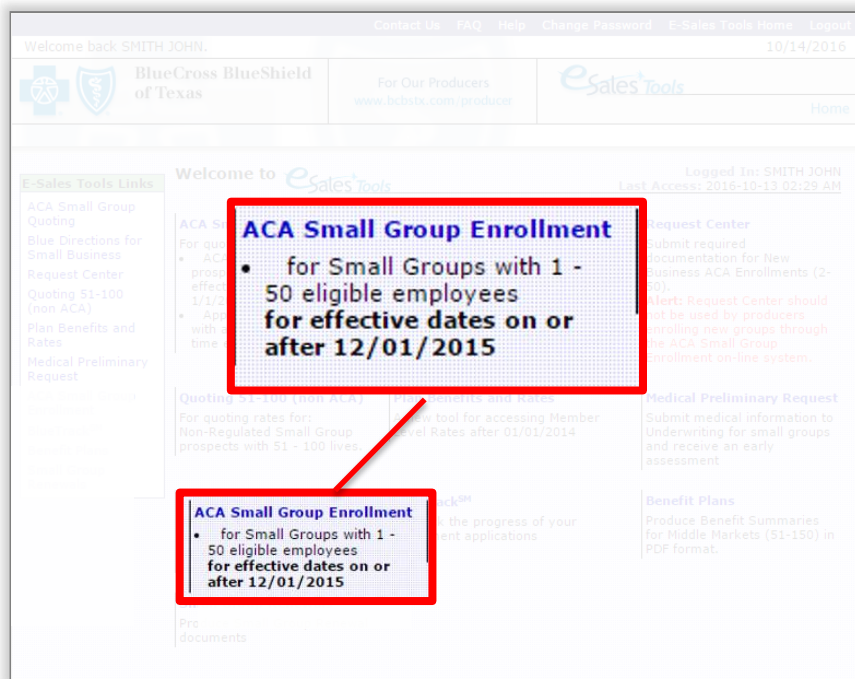


Let's begin the online enrollment process. First, you must logon to the Blue Access for Producers (BAP) or the Producer Portal, and navigate to the eSales Tools home page.

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.



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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.

BlueCross BlueShield of Texas

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**.

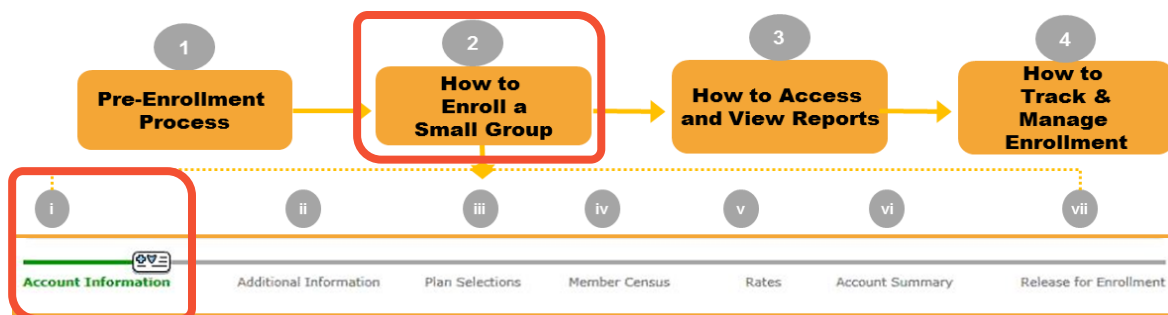
Note:

- 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: TX_UG

*Employer ID Number (EIN):

*SIC Code: Find 0111 -Wheat farms

*Policy Effective Date: 10/15/2016

*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:

Phone (numbers only): Ext.:

Contact Title:

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:

*City:

*Zip Code: 75080

*E-Mail Address of Authorized Company Official:

*Phone (numbers only): Ext.:

*Administrative Contact:

*Different Billing Address?: ☐ Yes ☒ No

Address 2:

State: Texas

*County: Please Select

Secondary E-Mail Address:

Fax (numbers only):

Contact Title:

*Different Mailing Address?: ☐ Yes ☒ No

Producer Information

Primary Producer

*Primary Producer Name: Find ITG Test Broker2

*Tax ID/SSN: ITBROKER2

*E-Mail Address:

Telephone #: 8003995831

Fax #:

*Producer #: ITBROKER2

*Confirm E-Mail Address:

Complete Address: 901 South Central Expressway Richardson TX 75080

Clear

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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' tab in the ACA Small Group Enrollment system. The interface includes a search bar with the text 'Search Existing Accounts/Quotes' and a dropdown arrow. Below the search bar, there is a prompt: 'Search by Quoted status to start enrolling a quoted prospect or **Start Enrollment without a Quote**'. The text 'Start Enrollment without a Quote' is highlighted with a red box and a circled '1'. To the right of the search bar, there is a 'Status' dropdown menu. Below the search bar, there are several input fields: 'Account Name', 'Agent', 'Division: Texas', 'Quote Number', 'Account Number', 'Case ID', 'Request ID', 'Effective Date', and 'EIN'. At the bottom right, there are 'Search' and 'Clear' buttons.

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			
Reports	Documents List	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**

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.

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2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

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

Account Information [Continue](#)

General Information

*Employer's Legal Name:

*Employer ID Number (EIN):

*SIC Code: [Find](#)

*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:

Phone (numbers only): Ext.

Contact Title:

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:

*City:

*Zip Code:

*E-Mail Address of Authorized Company Official:

*Phone (numbers only): Ext.

*Administrative Contact:

*Different Billing Address?: ☐ Yes ☒ No

Address 2:

State:

*County:

Secondary E-Mail Address:

Fax (numbers only):

Contact Title:

*Different Mailing Address?: ☐ Yes ☒ No

Producer Information

Primary Producer

*Primary Producer Name: [Find](#) ITG Test Broker2 [Clear](#)

*Tax ID/SSN:

*E-Mail Address:

Telephone #:

Fax #:

*Producer #:

*Confirm E-Mail Address:

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 (*).

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

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:

Phone (numbers only): Ext.

Contact Title:

E-Mail Address:

Employee Retirement Income Security Act (ERISA)

*ERISA Regulated Group Health Plan: ☐ Yes ☒ No

Continue

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:

*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

4

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:  **Find** ITG Test Broker2 **Clear**

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

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

Telephone #: 8003995831 Complete Address: 901 South Central Expressway


Fax #:

Find a Producer











Producer Name:

Phone Number:

Producer Number:

 **Search**

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 SIDDONS 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: <input type="text" value="ITG Test Broker2"/> <input type="button" value="Find"/>	
*Tax ID/SSN: <input type="text" value="ITBROKER2"/>	*Producer #: <input type="text" value="ITBROKER2"/>
*E-Mail Address: <input type="text" value="testingbroker2016@gmail.com"/>	*Confirm E-Mail Address: <input type="text" value="testingbroker2016@gmail.com"/>
Telephone #: <input type="text" value="8003995831"/>	Complete Address: <input type="text" value="901 South Central Expressway"/>
Fax #: <input type="text"/>	
 Please reach out to your Sales Representative if there are multiple producers involved and commissions need to be split.	
General Agent	
General Agent Name: <input type="text"/> <input type="button" value="Find"/>	
Tax ID/SSN: <input type="text"/>	Producer #: <input type="text"/>
E-Mail Address: <input type="text"/>	Confirm E-Mail Address: <input type="text"/>
Telephone #: <input type="text"/>	Complete Address: <input type="text"/>
Fax #: <input type="text"/>	
Subproducer	
Subproducer Name: <input type="text"/> <input type="button" value="Find"/>	
Subproducer #: <input type="text"/>	
* - Required	
<input type="button" value="Continue"/>	

Optional Step (contd.): In this example, you have searched and updated the Producer's name. If you want to change the Primary Producer / General Agent / Subproducer's name, you can click **Clear** to remove the name in the fields and enter the desired value directly.



Important! If there are split commissions, contact your Sales Representative.

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2 How to Enroll a Small Group (Contd.)

I. Account Information (contd.)

Producer Information

Primary Producer

*Primary Producer Name: 5

*Tax ID/SSN: *Producer #:

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

Telephone #: Complete Address:

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 #:

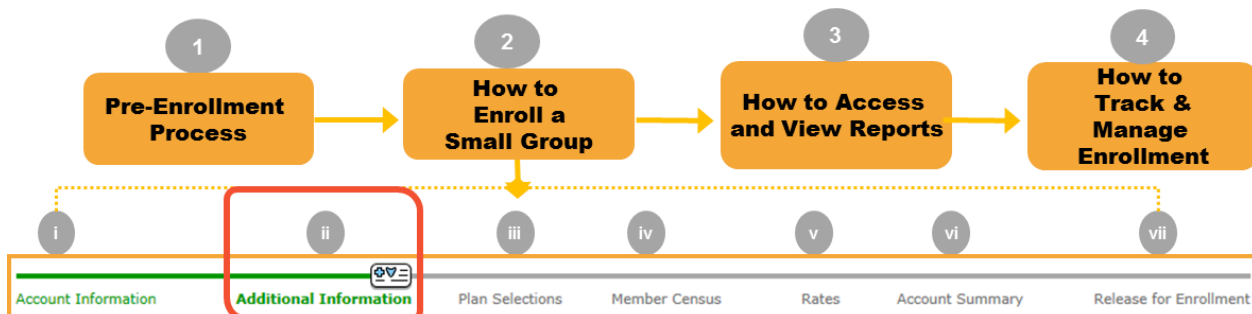
* - Required 6

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.

The screenshot shows the 'Additional Information' form with the following sections:

- Account Information:** Account Information, **Additional Information** (highlighted), Plan Selections, Member Census, Rates, Account Summary, Release for Enrollment.
- Additional Information:**
 - Previous** (button) **Continue** (button)
 - *Current Health Carrier: Cigna Life Insurance Co. (dropdown)
 - Eligibility***
 - *Waive the waiting period on initial enrollment? ☐ Yes ☒ No
 - *Number of Employees serving waiting period:
 - The Eligibility Date for an employee who becomes eligible after the Effective date of the Group's Health Insurance Plan is determined by the day of the month following days of employment.
 - HSA Vendor Selection**
 - If HSA is selected, a vendor may be selected from the below options. (If option A, B are not selected, the HSA vendor will default to other or none).
 - ☐ A. Benefit Wallet
 - ☐ B. HSA Bank
 - ☐ Other/None
 - Previous** (button) * - Required **Continue** (button)

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.

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 the their health plan.

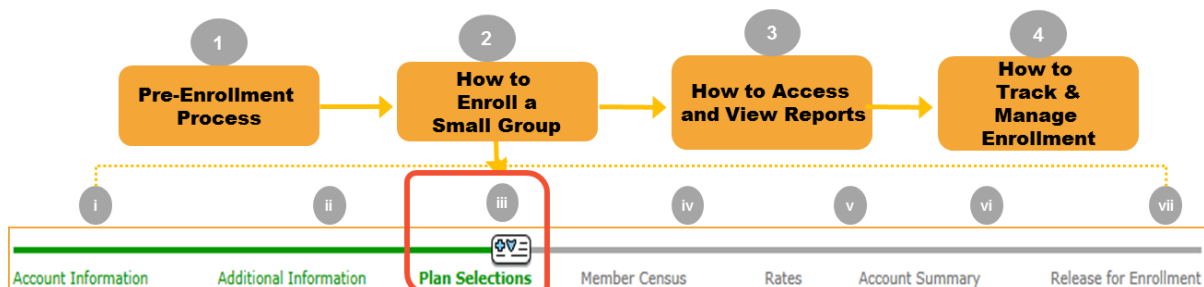
Under the HSA Vendor selection section, if a HSA is selected on the paperwork, a vendor may be selected here from the available options.

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

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
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

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 **
<p>In-Vitro Coverage: <input type="radio"/> Yes <input checked="" type="radio"/> No 2</p>										



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"/> DTXMLR05	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
<input type="checkbox"/> DTXMLR06	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
<input type="checkbox"/> DTXMLR07	Passive	\$75/\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA
<input type="checkbox"/> DTXMLM08	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DTXMLM10 *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"/> DTXMLM14 *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

Confirmation

Do you want to delete the Plans?

Ok

Cancel

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.

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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 checked="" type="radio"/> \$30000	<input type="radio"/>	<input type="text" value="30000"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 2	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 3	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

Term Life Options

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

Previous 6 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.

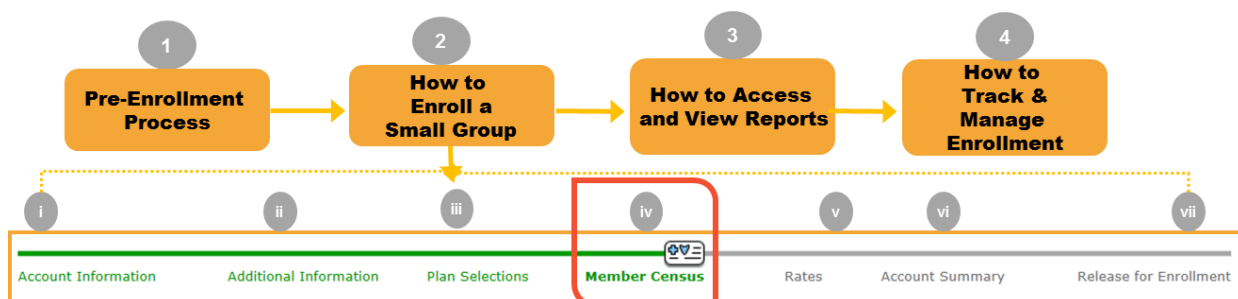


IMPORTANT! You must enter the percentage of the premium that the employer is going to contribute towards Life Coverage.

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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.



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.

View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
0 - 0 of 0										

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.

Enrollment for New Member

Employee Information (2a)

*Waive All Coverage: ☐ Yes ☒ No

General Information

*Last Name: Black *First Name: Joe Mid Init:

Name Suffix:

*SSN: 555555555 *Date of Birth: 08/08/1980 (mm/dd/yyyy)

*Gender: M *Address 1: 409 Arborcrest Dr Address 2:

*City: Richardson *State: Texas

*Zip Code: 75080 Home/Cell Phone: Business Phone:

Email Address:

Employment Information

*Marital Status: Please Select *Employment Status: Please Select

* - Required

Employment Information

Marital Status: Please Select *Employment Status: Active

Job Title: *Hire Date: 05/05/2015 (mm/dd/yyyy)

Hrs/Week: Employee Signature Date: 06/10/2015 (mm/dd/yyyy)

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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.

Enrollment for New Member

Employee Information Coverage Elections Dependent Information Other Coverage

*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.

Enrollment for New Member

Employee Information **Coverage Elections** Dependent Information Other Coverage

*Health Coverage: ☐ Yes ☐ No

*Dental Coverage: ☐ Yes ☐ No

*Life Coverage: ☒ Yes ☐ No

Health Coverage

Coverage Type: Select

Type of Coverage: ☐ Blue Choice PPO Network - P600CHC
☐ Blue Choice PPO Network - P601CHC

Dental Coverage

Coverage Type: Select

Type of Coverage: ☐ Dental Plans - DTXHR01

Life Coverage

*Term Life: Y

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

- **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: Please Select
*Gender: Please Select

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**: Additional Information, Plan Selections, **Member Census**, 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	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: 2 (labeled 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**
- Previous** (labeled 4) **Continue**

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:

Confirmation
Are you sure you want to delete the Member?

Buttons: **Ok**, **Cancel**

The table below the dialog shows the members:

	View Member	Name	Relationship Code	Gender	Coverage type	State	Health Plan Selected	Dental Plan Selected
1		Joe Black	Employee	M	EO	TX	P600CHC	DTXHR01
2		Matt Brown	Employee	M	EO	TX	P600CHC	DTXHR01

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

[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	View	Joe Black	Employee	M	05/05/1975	41	EO	EO	IL	CS&UPO	DILHR01
2	View	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 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.

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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.

Texas

Continue

3

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 .xlsm.** Now you can use this file for data entry and importing.

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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: Choose File Census Import...-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

Load File

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: Choose File Census Import...-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


Load File


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

Override and Import Cancel

Attention

 indicates Warning Message

 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 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	<input type="text" value="2"/>
+ # of New Hires	<input type="text" value="0"/>
- # of Temporary Employees	<input type="text" value="0"/>
- # of Part Time Employees	<input type="text" value="0"/>
- # of Seasonal Employees	<input type="text" value="0"/>
- # of Terminated Employees	<input type="text" value="0"/>
- # of Employees Serving An Eligibility Waiting Period	<input type="text" value="0"/>
= Total Eligible Employees	<input type="text" value="2"/>

Health Coverage

# of Employees Enrolling In Health	<input type="text" value="2"/>
# 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="2"/>
# 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

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2 How to Enroll a Small Group (Contd.)

IV. Member Census (contd.)

Import Census (contd.)



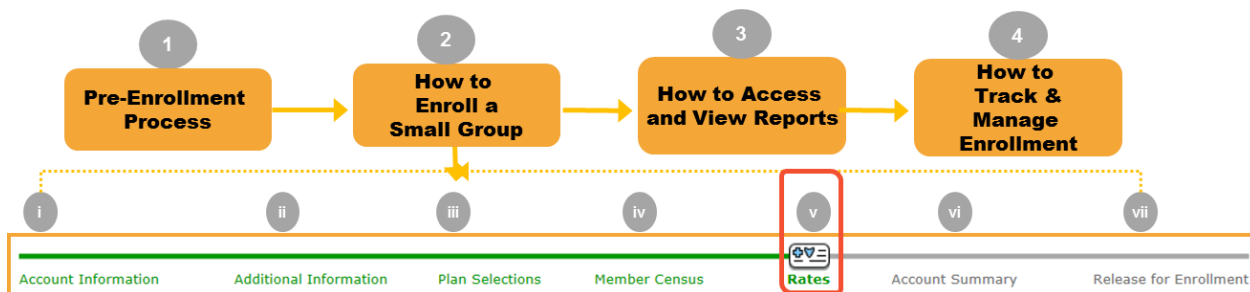
Helpful Tips

- 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.

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2 How to Enroll a Small Group (Contd.)

V. Rates



You have entered the Member Census. Next, you will view rates for your group. **No data entry is required on this screen.**

Step v: Rates

On this screen, the option to submit the binder premium using Electronic Funds Transfer (EFT) is now available. Select **Yes** or **No** to confirm “**Is Electronic Funds Transfer (EFT) used to transfer the amount to Blue Cross and Blue Shield of TX?**”.

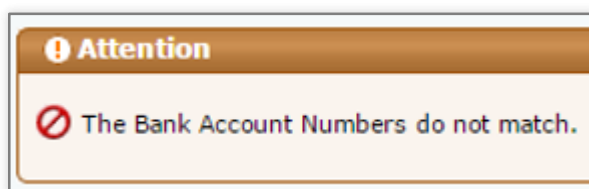
Note: The EFT draw will occur after the case is approved and the Welcome Letter becomes available. The EFT will usually happen within 24-48 hours of approval. Please notify the group of the expediency of this transaction.

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2 How to Enroll a Small Group (Contd.)

V. Rates (contd.)

- For the EFT option, if you select **Yes**, 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."*



Electronic Payment Information	
Is Electronic Funds Transfer (EFT) used to transfer the amount to Blue Cross and Blue Shield of TX: <input checked="" type="radio"/> Yes <input type="radio"/> No 1	
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="567891045"/>	*Bank Routing Number Confirmation: <input type="text" value="567891045"/>
*Bank Name: <input type="text" value="Testing Texas"/>	*Account Holder Name: <input type="text" value="Test Texas"/>
Billing Address/Contact Information	
*Address 1: <input type="text" value="409 Arborcrest Dr"/>	Address 2: <input type="text"/>
*City: <input type="text" value="Richardson"/>	*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"/>	
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.	

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.

Electronic Payment Information

Is Electronic Funds Transfer (EFT) used to transfer the amount to Blue Cross and Blue Shield of TX? ☒ Yes ☐ No

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: 123456789

*Bank Routing Number: 567891045

*Bank Name: Testing Texas

2

*Bank Account Number Confirmation: 123456789

*Bank Routing Number Confirmation: 567891045

*Account Holder Name: Test Texas

Billing Address/Contact Information

*Address 1: 409 Arborcrest Dr

*City: Richardson

Country: USA

*Payment Amount: 1000

Address 2:

*State: Texas

*Zip Code: 75080

Transaction Number:

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.

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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.

Billing Address/Contact Information

*Address 1: 409 Arborcrest Dr Address 2:

*City: Richardson *State: Texas ▼

Country: USA *Zip Code: 75080

*Payment Amount: 1000

Transaction Number: 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: \$3004.69. You can also view the following notification on the screen *"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

Effective Date: 10/15/2016

Plan: P600CHC

Employer Zip Code: 75080

Case ID: 13466

Employer County: Dallas

Print

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*	Age	Total Monthly Health Cost*
<21	\$311.40	28	\$533.05	36	\$603.18	44	\$685.07	52	\$957.24	60	\$1,330.92
21	\$490.39	29	\$548.75	37	\$607.10	45	\$708.12	53	\$1,000.39	61	\$1,377.99
22	\$490.39	30	\$556.59	38	\$611.03	46	\$735.58	54	\$1,046.98	62	\$1,408.89
23	\$490.39	31	\$568.36	39	\$618.87	47	\$766.48	55	\$1,093.57	63	\$1,447.63
24	\$490.39	32	\$580.13	40	\$626.72	48	\$801.79	56	\$1,144.08	64	\$1,471.17
25	\$492.35	33	\$587.49	41	\$638.49	49	\$836.60	57	\$1,195.08	65+	\$1,471.17
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

Print





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				
<p>* 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.</p>							
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
<p>* - 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</p>							
							

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.

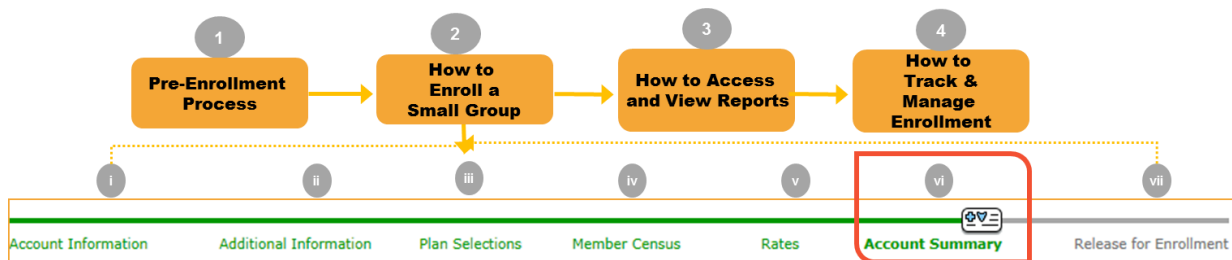
Account Information	Additional Information	Plan Selections	Member Census	Rates	Account Summary	Release for Enrollment
<div> <div>Previous</div> <div>5</div> <div>Continue</div> </div>						

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.

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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** 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.

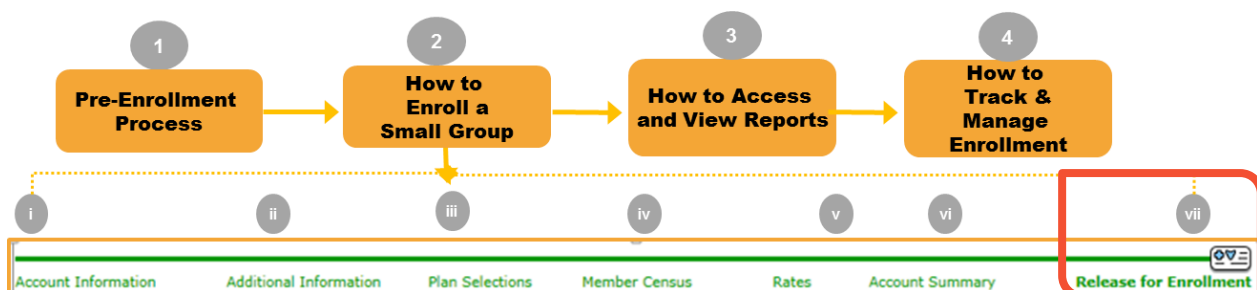
Electronic Payment Information		Change
Is Electronic Funds Transfer (EFT) used to transfer the amount to Blue Cross and Blue Shield of TX? Yes		
Bank Account Number: 123456789	Bank Account Number: 123456789	
	Confirmation:	
Bank Routing Number: 567891045	Bank Routing Number: 567891045	
	Confirmation:	
Bank Name: Testing Texas	Account Holder Name: Test Texas	
Billing Address/Contact Information		
Address 1: 409 Arborcrest Dr	Address 2:	
City: Richardson	State: Texas	
Country: USA	Zip Code: 75080	
Payment Amount: 1000.00		
Transaction Number:	Payment Status: Not Processed	1
Previous		Continue

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.

Documents Needed for Enrollment	Status	Action
* 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		
Binder Check & Check Routing Sheet		
Composite Rate Billing Method Declaration Form		
Dependent State Continuation of Coverage 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.

The Binder Check Routing Sheet and Binder Check will not be required if the "Is Electronic Funds Transfer (EFT) used to transfer the amount to Blue Cross and Blue Shield of TX?" field has been selected as **Yes** on the **Rates** screen.

Documents Needed for Enrollment		
* Employer Group Information (EGI) Form	✓ Attached	Signature Required
* Enrollment Application/Change Form	✓ Attached	Signature Required
* Wage & Tax Statement/Proof of Wages	✓ Attached	
* Benefit Program Application (BPA) for New Small Groups 2-50	✓ Attached	Signature Required
Affidavit of Domestic Partnership		Signature Required
BenefitWallet Discovery Form		
Binder Check & Check Routing Sheet	✓ Attached	
Composite Rate Billing Method Declaration Form		Signature Required
Dependent State Continuation of Coverage 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.

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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

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

File: Choose Files No file chosen **2**

Document Type **3**
Please Select

Attach File **4**

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description	Name	Status	
Binder Check.pdf	10/09/2016 22:56:00	BINDER CHECK		TESTBROK4	COMPLETED	Delete
Routing Sheet.pdf	10/09/2016 22:57:15	BINDER CHECK ROUTING SHEET		TESTBROK4	COMPLETED	Delete
BPA.pdf	10/09/2016 22:57:24	BENEFIT PROGRAM APPLICATION (BPA) SG 2-50		TESTBROK4	COMPLETED	Delete
EGI.pdf	10/09/2016 22:57:48	EMPLOYER GROUP INFORMATION (EGI) AND MEDICARE SECONDARY PAYER (MSP)		TESTBROK4	COMPLETED	Delete
BPS.pdf	10/09/2016 22:58:12	BENEFIT PLAN SELECTION (BPS) SG 2-50		TESTBROK4	COMPLETED	Delete
Enrollment.pdf	10/09/2016 22:58:23	EMPLOYEE APPLICATION OR CENSUS ENROLLMENT		TESTBROK4	COMPLETED	Delete

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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: No file chosen

Document Type:

Description:

Existing Attached Documents

file	Date/Time Stamp	Document Type	Description	Name	Status	
BPA.pdf	10/10/2016 01:03:57	BENEFIT PROGRAM APPLICATION (BPA) FOR NEW SMALL GROUPS 2-50		ITBROKER2	COMPLETED	<input type="button" value="Delete"/>
Binder Check & Routing Sheet.pdf	10/10/2016 01:04:24	BINDER CHECK & CHECK ROUTING SHEET		ITBROKER2	COMPLETED	<input type="button" value="Delete"/>
EGI.pdf	10/10/2016 01:05:13	EMPLOYER GROUP INFORMATION (EGI) FORM		ITBROKER2	COMPLETED	<input type="button" value="Delete"/>
Change.pdf	10/10/2016 01:05:25	ENROLLMENT APPLICATION/CHANGE FORM		ITBROKER2	COMPLETED	<input type="button" value="Delete"/>
Wage.pdf	10/10/2016 01:05:37	WAGE & TAX STATEMENT/PROOF OF WAGES		ITBROKER2	COMPLETED	<input type="button" value="Delete"/>

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 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.
DTXHR01,P600CHC,P601CHC

☒ I have selected the effective date 10/15/2016 for the group.

☒ I have selected EFT as the Payment Method and entered the dollar amount of 1000.00 to be deducted.

7 **Confirm** Cancel

Note: If EFT is selected as the Payment Method, after clicking the **Release** button, a checkbox will display, stating, "I have selected EFT as the Payment Method and entered the dollar amount of "XXXXX" to be deducted. " You are required to populate the dollar amount from the **Rates** screen which is the same as the Payment Amount.

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.

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2 How to Enroll a Small Group (Contd.)

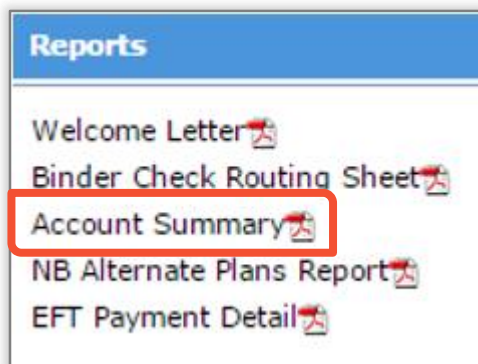
VI. Account Summary Report

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): 555555555	
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%/80% 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	
Composite Rate Billing Method Declaration Form	
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	
Binder Check & Check Routing Sheet	
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	

Note: The **Binder Check Routing** is now an optional document. This is only applicable in the case when selection to "Is Electronic Funds Transfer (EFT) used to transfer the amount to Blue Cross and Blue Shield of TX?" field is **Yes**.

BlueCross BlueShield
of Texas

blueaccess
for Provider

Company Information

Home

Get a Quote

Pharmacy

Forms

Provider
Finder®

Contact Us

Log In

Downloadable Forms

Forms for Individual Products
(Under Age 65)

Forms for Small Group Products
(2-50)

Forms for Mid-Market Group
Products (51-150)

Forms for Large Group Products
(151+)

Forms for Medicare Products

Downloadable Forms for Small Group Products

Here are some commonly used forms for conducting business with Blue Cross and Blue Shield of Texas (BCBSTX). To access more downloadable forms, please log in to [Blue Access for Providers](#). The forms below are in portable document format (PDF). To view these files, you may need to install a PDF reader program. Most PDF readers are a free download. One option is [Adobe® Reader®](#) or

FormFINDER

Quickly search for or browse
forms.

[Find](#)

[Advanced Search](#)
[View All Forms](#)

SMALL GROUP FORMS (Groups of 2-50)

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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2 How to Enroll a Small Group (Contd.)

VII. Release for Enrollment (contd.)



Important! If Composite Rates are selected, the 4-Tier Composite Declaration form must be attached.

The Binder Check for the initial months premium & Binder Check Routing Sheet can be mailed to the Blue Cross Blue Shield office before a case will be approved.

Before the group is released, you can print the **Binder Check Routing Sheet** from the reports list by clicking **Reports**. This is an optional document.

A dollar amount is required in two places on the form for all enrolling groups:

- To identify premium for health/dental coverage
- To identify premium for Dearborn National
- If the group is not enrolling in any Dearborn National products, indicate zero "0." This space should not be left blank; blank spaces are unacceptable.
- The check accompanying the form must be an exact match to the amounts indicated on the form.

Reports

- Welcome Letter
- Binder Check Routing Sheet**
- Account Summary
- NB Alternate Plans Report
- EFT Payment Detail

BlueCross BlueShield of Texas
 eSales Tools

Routing Sheet
Small Group Enrollment - Binder Check

Account Number: 190797
 Account Name: TEST_TX_UG
 Effective Date: 10/15/2016

Check Number: _____
 Check Amount: _____

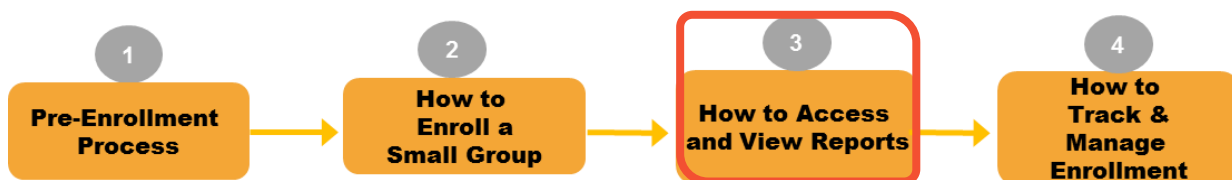
APPLY CHECK AS FOLLOWS:
 \$ _____ TO BCBS FOR HEALTH/DENTAL COVERAGE(S)
 \$ _____ TO DEARBORN NATIONAL FOR LIFE PRODUCTS

Submit Binder Check along with this form to:
 Blue Cross Blue Shield
 Western Service Center
 1001 E. Lookout Dr.
 Building B, 12th Floor
 Richardson, TX 75082

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
 an Independent Licensee of the Blue Cross and Blue Shield Association

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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.

The screenshot shows the 'Enrollment' screen with a blue header. Below the header, there are fields for 'Account Name: TEST_TX_UG', 'Market Segment: Small Group', 'Producer: ITG Test Broker2', 'Status: Pre-enrollment', and 'Created By: External'. At the bottom, there are three buttons: 'Reports' (highlighted with a red box), 'Documents List', and 'Attachments'.

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.

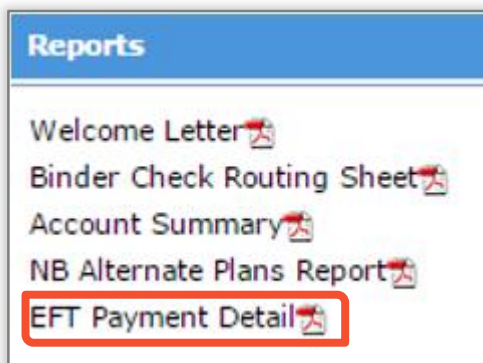
Binder Check Routing Sheet:

The Binder Check Routing Sheet is the document that must be physically mailed in to the Blue Cross Blue Shield office before a case can be approved.

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

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3 How to Access and View Reports (Contd.)



A screenshot of the 'Electronic Funds Transfer Payment Details' report. The report features the BlueCross BlueShield of Texas logo at the top, followed by the 'eSales Tools' logo. The title 'Electronic Funds Transfer Payment Details' is centered. Below the title, there are two sections: 'Employer Details' and 'Payment Details', each followed by a table of information.

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:

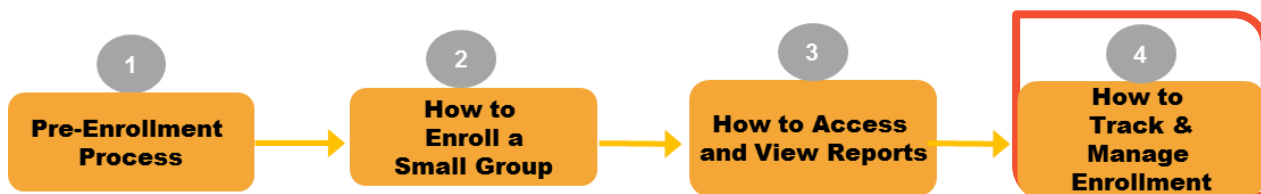
Bank Name: Testing Texas	Account Holder Name: Test Texas
Bank Account Number: XXXXX6789	Bank Routing Number: XXXXX1045
Payment Ammount: 1000.00	Transaction Number:
Address 1: 409 Arborcrest Dr	Address 2:
City/Town/Village: Richardson	State: Texas
Zip Code: 75080	Date: 10/10/2016

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, if EFT was selected as the Binder Payment option. 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.)

The screenshot displays two web interface components. The top component, titled "Enrollment Home", shows account details: Account Number: 190797, Effective Date: 10/15/2016, Quote Number: NA, and Case ID: 13466. It includes buttons for "Log" (with a document icon), "History" (with a clock icon), and "Send to BCBS". The bottom component, titled "Account Log", shows details for Account Name: TEST_TX_UG and Account Number: 190797. It lists two log entries. The first entry, dated 10/10/2016 01:36:16, is an internal system message about a claimed case. The second entry, dated 10/10/2016 01:35:05, is an internal system message about a payment error (486).

Enrollment Home	
Account Number: 190797	Effective Date: 10/15/2016
Quote Number: NA	Case ID: 13466
Log	History
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 Entry: The Case was claimed by batest35.</p>	
<p>Date: 10/10/2016 01:35:05 Type: Internal Subject: AlacritiPaymentError Added By: System 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' screen in the eSales Tools interface. At the top, the BlueCross BlueShield of Texas logo is visible. The page header includes 'Contact Us | FAQ | Help' and 'eSales Tools'. The breadcrumb trail shows 'eSales Tools Home > Enrollment Home > Release for Enrollment'. The user is logged in as 'ITBroker2 Test' on 10/10/2016. The main content area shows account information for 'TEST_TX_UG' with a status of 'Enrollment More Info Required'. A 'Send to BCBS' button is highlighted with a red box. A modal dialog box is open, asking 'Are you sure you wish to send this to BCBS?' with 'OK' and 'Cancel' buttons. The 'OK' button is highlighted with a red box. Below the dialog, a table lists documents needed for enrollment, including 'Employer Group Information', 'Wage & Tax Statement/Proof of Wages', 'Benefit Program Application (BPA) for New Small Groups 2-50', 'Affidavit of Domestic Partnership', 'Benefit/Waiter Discovery Form', 'Binder Check & Check Routing Sheet', 'Composite Rate Billing Method Declaration Form', and 'Dependent State Continuation of Coverage Form'. The 'OK' button is highlighted with a red box.

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.

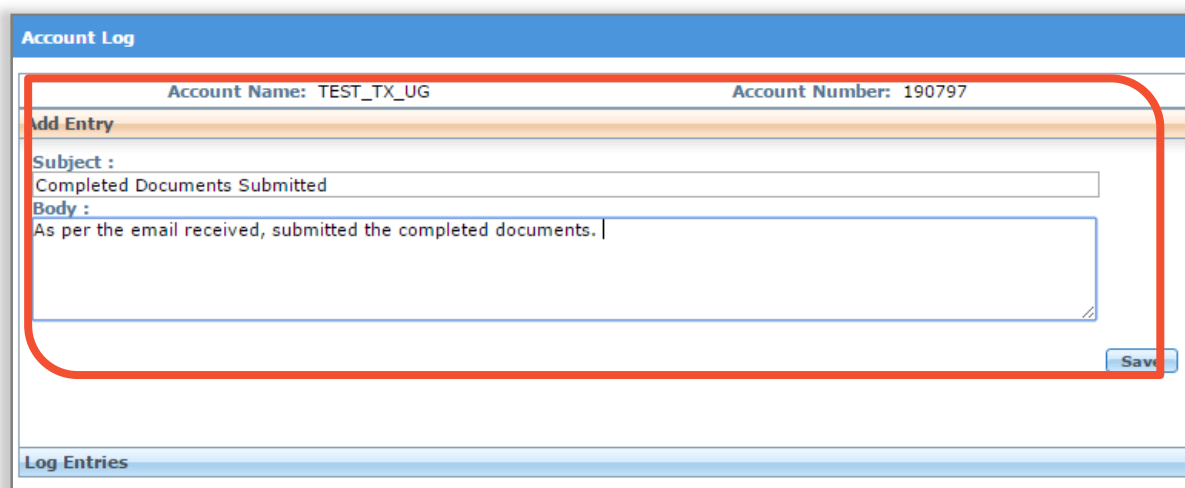
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4 How to Track and Manage Enrollment (Contd.)

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

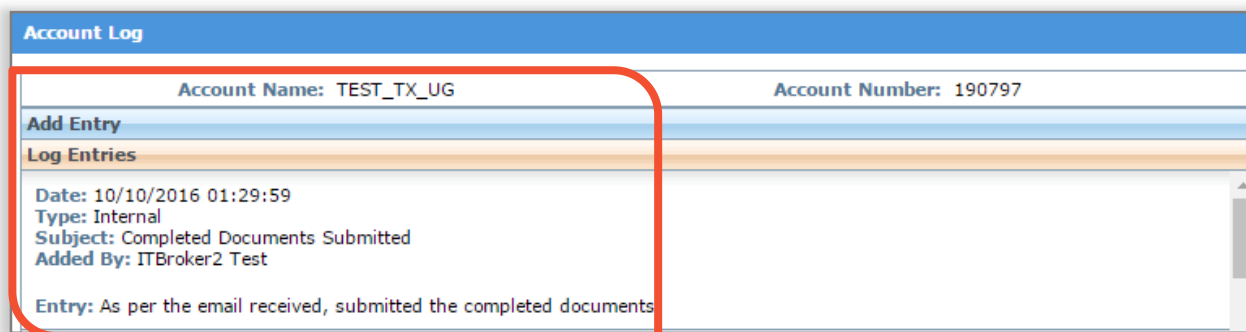
Add Entry

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

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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  **View** option next to the account name
3. From the account information page select  **Reports**
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	Log History	
Attachments			

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 shows the 'Enrollment Home' interface. At the top, there is a blue header bar with 'Enrollment' on the left and 'Enrollment Home' on the right. Below the header, there is a section titled 'Search Existing Accounts/Quotes' with a dropdown arrow. Under this section, there is a prompt: 'Search by Quoted status to start enrolling a quoted prospect, or **Start Enrollment without a Quote**'. The search form contains several input fields: 'Account Name:', 'Agent:', 'Division: Texas', 'Quote Number:', 'Account Number:', 'Case ID:', 'Status:', 'Effective Date:', and 'EIN:'. The 'Request ID:' field is highlighted with a red box. The 'EIN:' field is also highlighted with a red box. At the bottom right of the form, there is a 'Search' button with a magnifying glass icon and a 'Clear' button. Both the 'Request ID:' field and the 'Search' button are highlighted with red boxes.

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

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