



BlueCross BlueShield of Texas

# ACA Small Group Enrollment User Guide



**Producers & General Agents**

**eSales Tools**

Effective as of : July 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

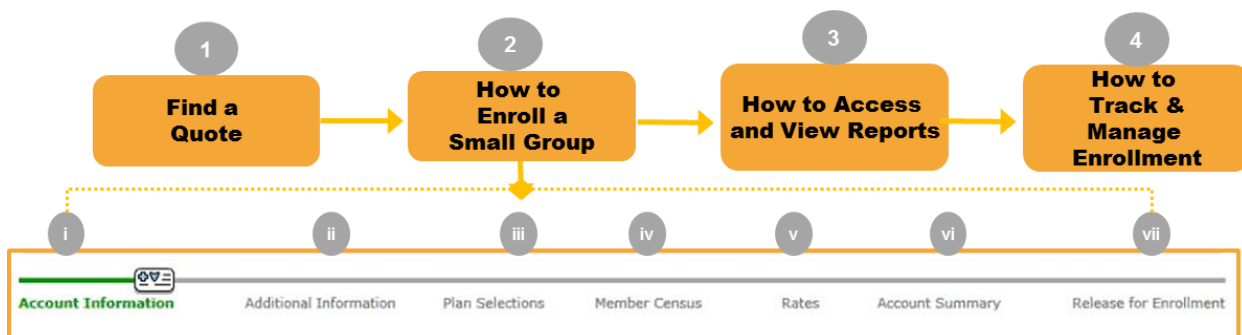
The eSales ACA Small Group Enrollment tool enables you to enroll your groups online in a user-friendly, efficient step-by-step process. You can enter the required information and upload the necessary documents to release your group for enrollment, initiating underwriter review. Within this portal, you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



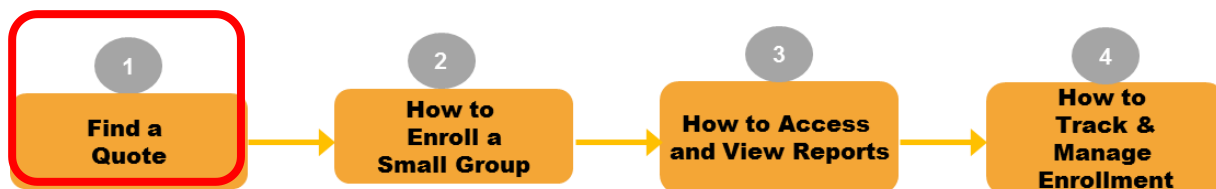
Once you have gathered the necessary information and documentation from your client, you access the eSales ACA Small Group Enrollment tool to enter all required information to release the group for enrollment. This initiates the Underwriting review process. To successfully enroll your group online, follow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

## Steps to Enroll a Small Group:

1. Find a Quote
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 Find a Quote

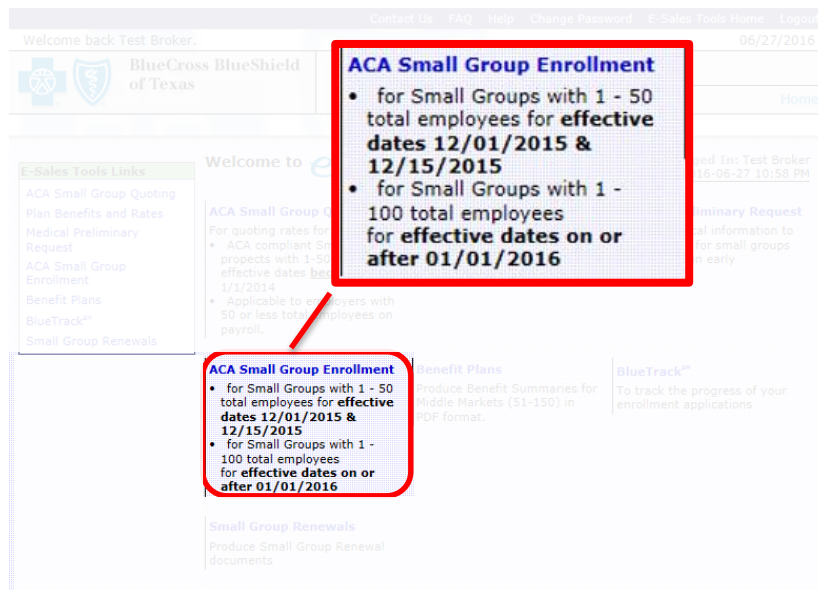


Let's begin the online enrollment process. First, you must logon to the BAP or 'Producer Portal', and navigate to the eSales Tools home page.

## Accessing the eSales ACA Small Group Enrollment Tool

A new link has been added to the eSales Tools home page.

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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## 1 Find a Quote (Contd.)

Once you have logged on to the producer portal and clicked the **ACA Small Group Enrollment** link within the eSales Tool, you can now find the quote you created for this group.

**Enrollment** Enrollment Home

**Search Existing Accounts/Quotes** ▼

Search by Quoted status to start enrolling a quoted prospect.

Account Name:  Quote Number:  Status:

Agent:  Account Number:  Effective Date:

Division: Texas Case ID:

1 - 1 of 1









Prospect	Effective Date	Agent	Sales Executive	Quote #
Start Enrollment CompanyABCD	07/01/2016	SAMUEL OMAR GUERRERO	Mid West region - Harlingen sales office	802195

1. Search for the quote using any portion of the Account Name or the Quote Number.
2. From the drop-down list, select **Quoted** as the **Status**.
3. Click **Search**.
4. After you find your required quote, click **Start Enrollment**. This will assign a Case ID and reserve an Account Number.

### Note:









- Search by **Pre-Enrollment** only if returning to a case that is already in the enrollment process.

# 1 Find a Quote (Contd.)

Recently Accessed						
Account	Effective Date	Sales Executive	Division	Status	Last Activity	
 <a href="#">View</a> TEXAS TEST	07/01/2016		TX	Enrollment Internal Action Required	06/30/2016	
 <a href="#">View</a> PRODUCER ENROLLMENT USER GUIDE	08/01/2016		TX	Release initial bill	06/29/2016	
 <a href="#">View</a> DG JOE	07/01/2016		TX	Pre-enrollment	06/29/2016	
 <a href="#">View</a> ANGELA TEST 5.20 TX	07/01/2016		TX	In Progress	06/28/2016	
 <a href="#">View</a> OPS WALKTHROUGH EXTERNAL 06272016	07/01/2016		TX	Complete Acct/Membership entry	06/28/2016	
 <a href="#">View</a> TEXAS ACA SG ENROLLMENT	06/01/2016		TX	Pending UW review	06/28/2016	
 <a href="#">View</a> OPERATIONS WALKTHROUGH EXTERNAL 06202016	08/01/2016		TX	Pending UW review	06/27/2016	
 <a href="#">View</a> APRIL 4 TEXAS DEMO	06/01/2016		TX	Pending UW review	06/27/2016	

## Notes:

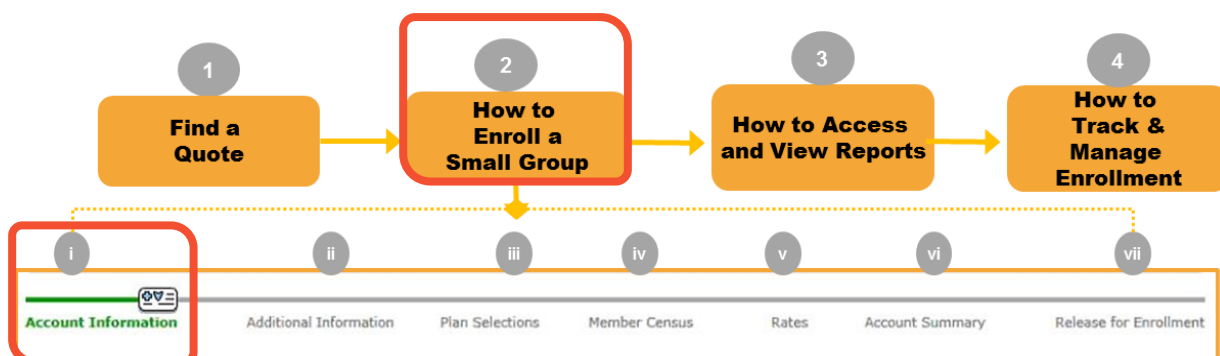
- The **Recently Accessed** section displays accounts accessed within the past 10 days.
- The **My Enrollments** section displays all your enrollments.

My Enrollments						
Account	Account #	Effective Date	Sales Executive	Division	Status	Last Activity
 <a href="#">View</a> APRIL 4 TEXAS DEMO	186176	06/01/2016		TX	Pending UW review	04/04/2016
 <a href="#">View</a> TEXAS ACA SG ENROLLMENT	186224	06/01/2016		TX	Pending UW review	06/28/2016
 <a href="#">View</a> OPERATIONS WALKTHROUGH EXTERNAL 06202016	168123	08/01/2016		TX	Pending UW review	06/21/2016
 <a href="#">View</a> OPS WALKTHROUGH EXTERNAL 06272016	176188	07/01/2016		TX	Complete Acct/Membership entry	06/27/2016
 <a href="#">View</a> TEXAS TEST	176693	07/01/2016		TX	Enrollment Internal Action Required	06/29/2016
 <a href="#">View</a> PRODUCER ENROLLMENT USER GUIDE	176419	08/01/2016		TX	Release initial bill	06/28/2016
 <a href="#">View</a> ANGELA TEST 5.20 TX	187392	07/01/2016		TX	In Progress	06/28/2016
 <a href="#">View</a> DG JOE		07/01/2016		TX	Pre-enrollment	06/29/2016

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## 2 How to Enroll a Small Group

### I. Account Information



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 three 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.

**Note:** 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 (Contd.)

### I. Account Information (contd.)

In addition to the **Reports**, **Documents List**, and **Discontinue** buttons, you will also see the **Attachments** button once the case reaches the Release for Enrollment screen, allowing you to attach documents.

Enrollment

Account Name: COMPANYABCD Market

Producer: SAMUEL OMAR GUERRERO

Reports Documents List Attachments

In the earlier step, you found the quote. Now, let's discuss the next steps to enroll a small group using the eSales ACA Small Group Enrollment tool. This entire process includes seven steps as discussed earlier.

1. On the Account Information screen, enter the information in the required fields on the **Account Information** screen using the documentation you collected for your group. All fields marked with an asterisk (\*) are required.

Account Information

Continue

**General Information**

\*Employer's Legal Name: COMPANYABCD

\*Employer ID Number (EIN):

\*SIC Code: Find 0111 -Wheat farms

\*Policy Effective Date: 07/01/2016 HMO and MOP Plans are available for the 1st of the month, only.

\*Case Submitted to BCBS: 06/30/2016

\*Does this group cover domestic partners?: ☐ Yes ☐ No

\*Is Group subject to COBRA?: ☐ Yes ☐ No

\*COBRA Administration?: ☐ Yes ☐ No

Is Group subject to TEFRA?: ☐ 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**

\*Address 1: Address 2:

\*City: State: Texas

\*Zip Code: 75080 \*County: Please Select

! Please refer to the USPS website for the appropriate county applicable to group. An incorrect county selection could result in incorrect rates. Visit USPS

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

\*Phone (numbers only): Ext.:

\*Administrative Contact: Fax (numbers only):

\*Different Billing Address?: ☐ Yes ☒ No

\*Different Mailing Address?: ☐ Yes ☒ No

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## 2 How to Enroll a Small Group (Contd.)

### I. Account Information (contd.)



**Important!** TEFRA should always be marked 'No' unless otherwise noted on the BPA.

General Information	
*Employer's Legal Name: <input type="text" value="COMPANYABCD"/>	*Does this group cover domestic partners?: <input type="radio"/> Yes <input checked="" type="radio"/> No
*Employer ID Number (EIN): <input type="text" value="777777777"/>	*Is Group subject to COBRA?: <input type="radio"/> Yes <input checked="" type="radio"/> No
*SIC Code: <input type="button" value="Find"/> <input type="text" value="0111"/> -Wheat farms	*COBRA Administration?: <input type="radio"/> Yes <input checked="" type="radio"/> No
*Policy Effective Date: <input type="text" value="07/01/2016"/> HMO and MOP Plans are available for the 1st of the month, only.	<b>Is Group subject to TEFRA?: <input type="radio"/> Yes <input checked="" type="radio"/> No</b>
*Case Submitted to BCBS: <input type="text" value="06/30/2016"/>	
<b>Blue Access for Employers (BAE)</b>	
Contact Name: <input type="text"/>	Contact Title: <input type="text"/>
Phone (numbers only): <input type="text"/> Ext. <input type="text"/>	E-Mail Address: <input type="text"/>

#### Note:

- Case Submitted to BCBS is a required field which defaults based on the current date that the user has accessed the case.
- If a Blue Access for Employers (BAE) contact name is entered, the email address will be required.

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## 2 How to Enroll a Small Group (Contd.)

### I. Account Information (contd.)

2. Answer the **Employee Retirement Income Security Act (ERISA)** question. When the **Yes** or **No** radio buttons are selected, additional fields will populate. All fields require a response.
3. Enter the **Company's Physical Address/Contact Information**. The County will default based on the zip code entered, unless it is a shared zip code (across multiple counties).

**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

\*Non-ERISA Plan Date:  01/01/2016

\*If you contend ERISA is inapplicable to your group health plan, please give legal reason for exemption:

☐ Federal Governmental Plan  
(e.g., the government of the United States or agency of the United States)

☒ Non-Federal Governmental Plan  
(e.g., the government of the State, an agency of the state, or the government of a political subdivision, such as a county or agency of the State)

☐ Church Plan

☐ Other, please specify:

**Physical Address/Contact Information**

\*Address 1:  TWAIN STREET Address 2:

\*City:  DALLAS State:  Texas

\*Zip Code:  75080 \*County:  Dallas

☐ Please refer to the USPS website for the appropriate county applicable to group. **An incorrect county selection could result in incorrect rates. [Visit USPS](#)**

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

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

\*Administrative Contact:  JAYANA TATE Contact Title:

\*Different Billing Address?: ☐ Yes ☒ No \*Different Mailing Address?: ☐ Yes ☒ No

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

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## 2 How to Enroll a Small Group (Contd.)

### I. Account Information (contd.)

#### Step 3 continued:

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. Enter the required information.

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"/>



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

If **Yes** is selected for the 'different billing' and/or 'different mailing address' questions, additional fields will populate. Enter all the required information.

**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.)

In the **Producer Information** section, the Primary Producer and/or General Agent information will auto-populate from quoting, based on the Producer or GA ID used at login.

**Producer Information**

**Primary Producer**

\*Primary Producer Name: **Find** SAMUEL OMAR GUERRERO

\*Tax ID/SSN: 452599264

E-Mail Address: sguerrero1@farmersagent.com

Complete Address: 5216 N Epressway #B Brownsville TX 78526

\*Producer #: 000019906

Telephone #: 9563502900

Fax #: 9563502903

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

**General Agent**

General Agent Name: **Find**

Tax ID/SSN:

E-Mail Address:

Complete Address:

Producer #:

Telephone #:

Fax #:

**Subproducer**

Subproducer Name: **Find**

Subproducer #:

\* - Required

**Continue**

4. To add a Primary Producer or Subproducer (writing agent) click **Find**.
5. Enter any portion of the Producer's, General Agent's or Sub Producer's Name, Phone Number or Producer Number. In this scenario, we are searching a **Producer's** name.
6. On the **Find a Producer** window, click **Search**.

**Find a Producer**

Producer Name:

Phone Number:

Producer Number:

**Search**

**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.



**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.)

**Find a Producer**

Producer Name:











Phone Number:

Producer Number:

 Search

**Search Results**

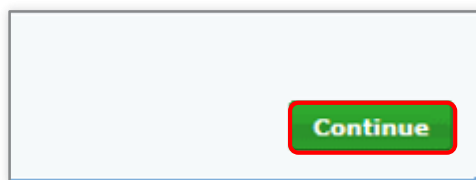
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Producer Name	Producer Number	Phone	Fax	R/D/T	Contact Name
 DWIGHT LOUIS ROGERS	000000353	8063581344	8063560371	01/04/021	Dwight Rogers
 WILLIAM GRADY ROGERS	000000672	9407230771		01/02/014	T Hutchings
 ROGERS BENEFIT GROUP INC	000018793	6028508866	6022960884	07/99/099	Marla Wilkerson
 ROBERT LEO ROGERS	000019196	9567241038	9567261174	03/26/065	
 WILLIAM C ROGERS	000020092	4697513512	8156424590	01/02/019	
 LATRUNDA SHERION ROGERS	066588000	2144054989		01/02/018	
 NOEL GENE ROGERS	000006477	2107349801	2107349813	03/26/065	Noel Rogers
 GLENDA ROGERS	082378000	3344060098		07/99/099	
 JAMES PATRICK ROGERS	000007597	9725231579	9725231579	01/02/015	JAMES ROGERS
 Shnicka Rogers	099454000	8664274830		07/99/099	

- Once the appropriate Producer is displayed, select them by clicking **Use**.
- After selecting a Producer, you are automatically re-directed to the **Account Information** screen.
- Click **Continue** to proceed to the **Additional Information** screen.

**Note:**

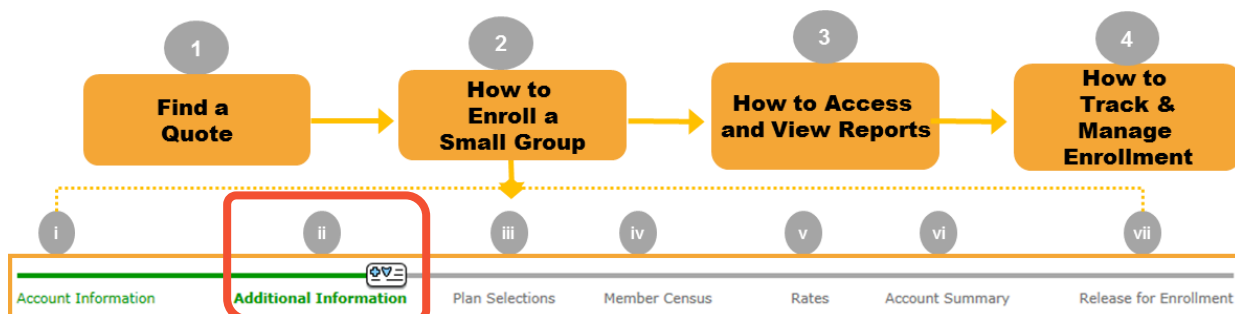
- Ensure that you enter information in all the required fields before clicking **Continue** to proceed to the next screen.
- The system will time out after several minutes of inactivity. Information is saved by clicking the green **Continue** button.



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## 2 How to Enroll a Small Group (Contd.)

### II. Additional Information



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

#### Step II: Additional Information

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

**Note:** The **Policy Anniversary Date** will default based on the group's effective date. When **Yes** is selected for questions regarding retirees, additional fields will populate and require answers.

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## 2 How to Enroll a Small Group (Contd.)

### II. Additional Information (contd.)

**Eligibility Date**

\*Waive the waiting period on initial enrollment? ☒ Yes ☐ No

The eligibility / waiting period cannot exceed 91 calendar days.  
The Eligibility Date for an employee who becomes eligible after the Effective date of the Employer's health plan is determined by:

☐ The Date of Employment
 ☐ The  day of the following  Select

☒ The  91 day of employment
 ☐ The  day of the month following date of employment

**Eligibility Date:** If **No** is selected, the **Number of Employees serving waiting period** becomes a required field. If **Yes** is selected, this field will not be visible. The waiting period cannot exceed **91 days**.

**Employer Contribution**

Enter the Percentage of the Premium that the Employer is going to contribute towards Employee and Family Coverage:

☒ 100% of the Employee Coverage Premium and an amount equal to 100% of the Employee Premium will be contributed toward the Family Coverage Premium.
 ☐ Other

☐  % of the Employee Coverage Premium,  
 % of the Employee Plus Spouse Coverage Premium,  
 % of the Employee Plus Child(ren) Coverage Premium and  
 % of the Family Coverage Premium.

**Employer Contribution information** will default to ‘**100% of the Employee Coverage Premium and an amount equal to 100% of the Employee Premium will be contributed toward the Family Coverage Premium.**’

You may elect to enter specific contribution percentages for each dependent tier, or specify **Other** and enter an amount.

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## 2 How to Enroll a Small Group (Contd.)

### II. Additional Information (contd.)

HSA Vendor Selection

If HSA is selected, a vendor may be selected from the below options. (If option A, B or C are not selected, the HSA vendor will default to other or none).

☐ A. Benefit Wallet

☐ B. HSA Bank

☐ C. FlexHSA Plan

☐ Other/None

Previous

\* - Required

Continue

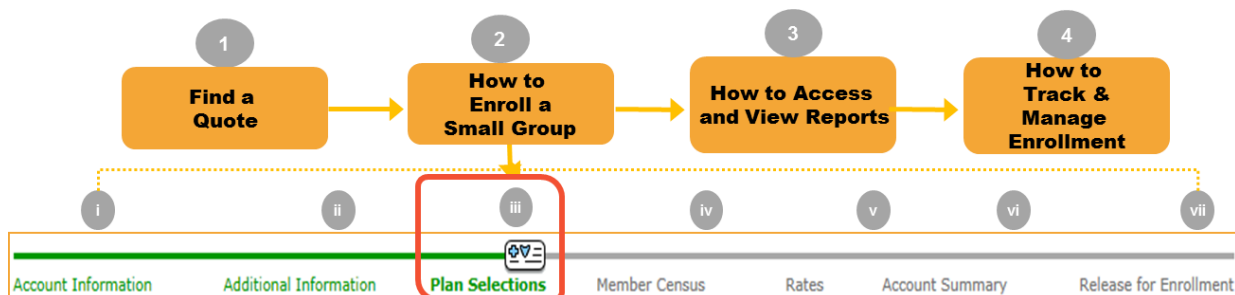
If a HSA is selected on the paperwork, a vendor may be selected here from the available options. If no option is selected, the HSA vendor will default to **‘Other/None.’**

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

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## 2 How to Enroll a Small Group (Contd.)

### 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.

#### Step III: Plan Selections

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**.
2. The **No** option will default for In-Vitro Coverage. If In-Vitro is covered, you must manually select **Yes**.

Plan Selections										
<a href="#">Previous</a>										<a href="#">Continue</a>
Health <input checked="" type="radio"/> Yes <input type="radio"/> No In-Vitro Coverage: <input type="radio"/> Yes <input checked="" type="radio"/> No										
Blue Choice PPO Network										
Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay**/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Rx **	
PPO Plans										
Blue Platinum Plans										
<input 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 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	

#### Attention

The number of plans benefit designs selected exceeds the maximum selection of benefit designs allowed (3 benefit designs).

**Note:** You can only select a specified number of medical, dental or life plans. You will receive the attention message as shown 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.)

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.



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

\* Ancillary Products - Dental ☒ Yes ☐ No

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

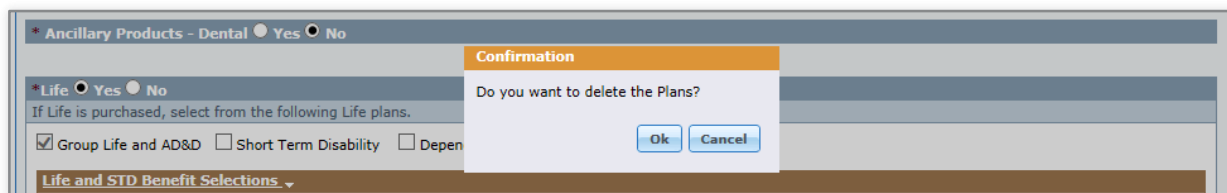
Plan #	Plan Type	Deductible In/Out **	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance		Orthodontia Lifetime Max
					In Network	Out Of Network	
True Group							
High Allocation							
<input type="checkbox"/> DTXHR01	Passive	\$25/\$25	\$3000	90UC	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DTXHR02	Passive	\$50/\$50	\$2000	90UC	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
<input type="checkbox"/> DTXHR03	Passive	\$50/\$50	\$1500	90UC	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
<input type="checkbox"/> DTXHR04	Passive	\$50/\$50	\$1000	90UC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
<input type="checkbox"/> DTXHM09 **	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA
<input type="checkbox"/> DTXHM11 **	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA

2. The Ancillary Products- Dental radio button will default to **No**. When the **Yes** radio button is selected, the product selection fields will populate. Select the applicable dental plan.

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## 2 How to Enroll a Small Group (Contd.)

### III. Plan Selections (contd.)



The screenshot shows a web interface for selecting ancillary products. At the top, there is a section for "Ancillary Products - Dental" with radio buttons for "Yes" and "No". Below this, there is a section for "Life" with radio buttons for "Yes" and "No". A message states: "If Life is purchased, select from the following Life plans." Below this message are three checkboxes: "Group Life and AD&D" (checked), "Short Term Disability", and "Dependent Life". A confirmation dialog box is overlaid on the interface, asking "Do you want to delete the Plans?" with "Ok" and "Cancel" buttons.

On the Ancillary Products section, if the **Yes** radio button is selected and you want to change the answer to **No**, a message will appear asking “**Do you want to delete the plans?**” Select **OK** if no products are wanted in this category. This does not remove any benefits in any other category, it only collapses the section where **No** was selected.

## 2 How to Enroll a Small Group (Contd.)

### III. Plan Selections (contd.)

**\*Life** ☒ Yes ☐ No

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

**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"/>	80000	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> 2		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> 3		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	

**Term Life Options**

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

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

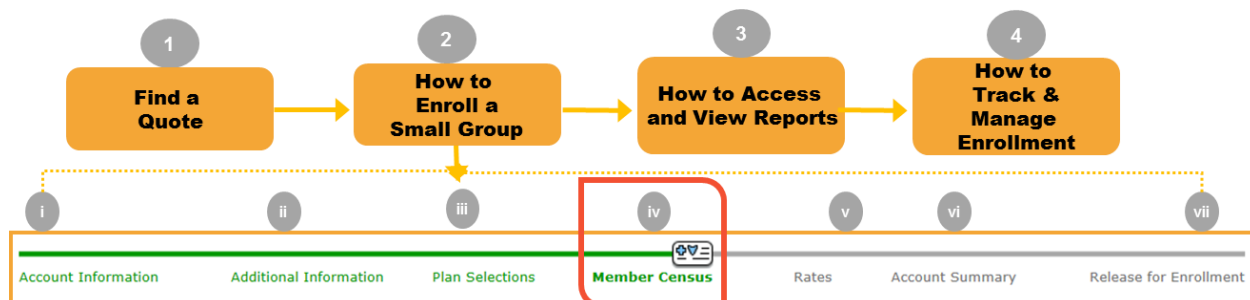
- The Life radio button will default to **No**. When the **Yes** radio button is selected, the Life plan options will populate. Select the applicable Life Products, and click the '**Life and STD Benefit Selections**' link to populate the additional required fields. Only those fields applicable to the selected ancillary products will populate.
- Click **Continue** to proceed to the **Member Census** screen.

[Continue](#)

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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. **Note:** The census does NOT carry over from the quote.

Member Census

Previous

Continue

Census Count: 0

Add Member

0 - 0 of 0

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
<b>Enrollment Totals</b>						<b>Health Coverage</b>				
*# of Employees On Payroll						# of Employees Enrolling In Health				
+ # of New Hires						# of Employees Waiving With Other Health Coverage				
- # of Temporary Employees						# of Employees Waiving Without Other Health Coverage				
- # of Part Time Employees										
- # of Seasonal Employees										
- # of Terminated Employees										
- # of Employees Serving An Eligibility Waiting Period										
= Total Eligible Employees										
Note: BCBS may restrict open enrollment for those accounts not meeting 75 percent participation.										
* - Required										
Previous						Continue				



**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										

- On the Member Census screen, click **Add Member** to manually add the Member Census information.
- 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.
  - 2a: Employee Information:** General census information regarding the employee. The **Employee Signature Date** field is in this section.

**Employee Information**

\*Waive All Coverage: ☐ Yes ☒ No

**General Information**

\*Last Name: Darcy \*First Name: Mark Mid Init:

Name Suffix:

\*SSN: 666666666 \*Date of Birth: 05/05/1975 (mm/dd/yyyy)

\*Gender: M \*Address 1: Austen Villa

\*Address 2:

\*City: Allen \*State: Texas

\*Zip Code: 75002 \*Home/Cell Phone:

\*Email Address:

\*Business Phone:

**Employment Information**

Marital Status: Please Select \*Employment Status: Active

Job Title:

Hrs/Week:

\*Hire Date: 05/05/2005 (mm/dd/yyyy)

**Employee Signature Date:**  (mm/dd/yyyy)

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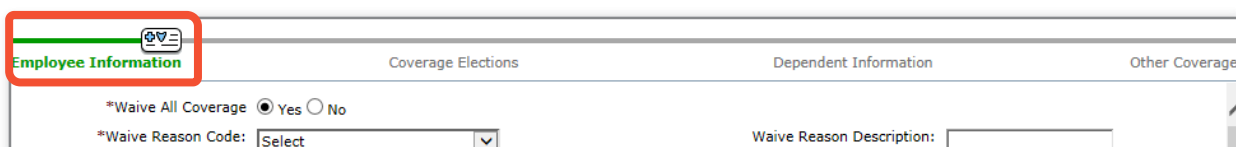
## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census

#### Manual Entry

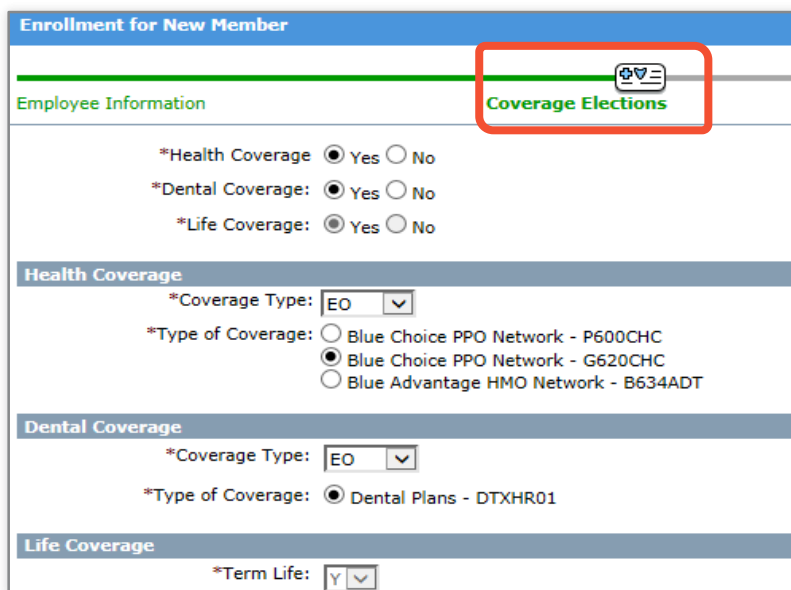
#### Step 2 continued: Add Member: Enrollment for New Member

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



The screenshot shows the 'Enrollment for New Member' form with the 'Employee Information' tab selected. The form includes fields for '\*Waive All Coverage' (radio buttons for Yes/No), '\*Waive Reason Code' (a dropdown menu), and 'Waive Reason Description' (a text input field).

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



The screenshot shows the 'Enrollment for New Member' form with the 'Coverage Elections' tab selected. The form includes sections for Health, Dental, and Life coverage with various options and dropdown menus.

**Health Coverage**

- \*Health Coverage: ☒ Yes ☐ No
- \*Dental Coverage: ☒ Yes ☐ No
- \*Life Coverage: ☒ Yes ☐ No

**Health Coverage**

- \*Coverage Type: EO
- \*Type of Coverage:
  - ☐ Blue Choice PPO Network - P600CHC
  - ☒ Blue Choice PPO Network - G620CHC
  - ☐ Blue Advantage HMO Network - B634ADT

**Dental Coverage**

- \*Coverage Type: EO
- \*Type of Coverage: ☒ Dental Plans - DTXHR01

**Life Coverage**

- \*Term Life: Y

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## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census

#### Manual Entry

#### 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**      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**.

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## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census

#### Manual Entry

#### 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      **Other Coverage**

**Select Member**  
Dean, John

**Medicare Information for Dean John**

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 be able to access 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.)

**Member Census**

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

Previous Continue

Census Count: 2 Add Member Export Census Import Census ?

« 1 - 2 of 2 »

	View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
		John Dean	Employee	M	04/14/1978	38	EO	EO	TX	P600CHC	DTXHR01
		Lily Doe	Employee	F	06/06/1976	40	EO	EO	TX	S610CHC	DTXHR01

**Enrollment Totals**

# of Employees On Payroll	2
+ # of New Hires	
- # of Temporary Employees	
- # of Part Time Employees	
- # of Seasonal Employees	
- # of Terminated Employees	
- # of Employees Serving An Eligibility Waiting Period	
<b>= Total Eligible Employees</b>	<b>2</b>

**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 Continue

### Step III: Member Census continued.

- On the Member Census screen, 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.

#### Notes:

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

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## 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, on the Member Census screen, click **Import Census**.
2. If you don't have the latest template, click the **Census Import Template** link.
3. Save the file on your local drive.
4. When you open the file it asks your region. Select the region, and click **Continue**.

General Information					If HMO Plan is	
Relationship Code	First Name	Mid Init	Last Name	Health Waive Description	Medical Group/IPA #	

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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.

Select File to upload:  [Browse...](#)

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

☒ Overwrite  
☐ Append

[Load File](#)

#### Census Import File Instructions continued:

In the previous step, after you have selected the region, it will ask where to save it, please **DO NOT** give a file name only select a folder location 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.

5. Click **Browse** and select the appropriate file.
6. Click **Load File**. The census information will automatically populate into the **Member Census** page.
7. Once you have completed the file import steps, click **Continue** to proceed to the **Rates** screen.

## 2 How to Enroll a Small Group (Contd.)

### IV. Member Census (contd.)

#### Import Census (contd.)



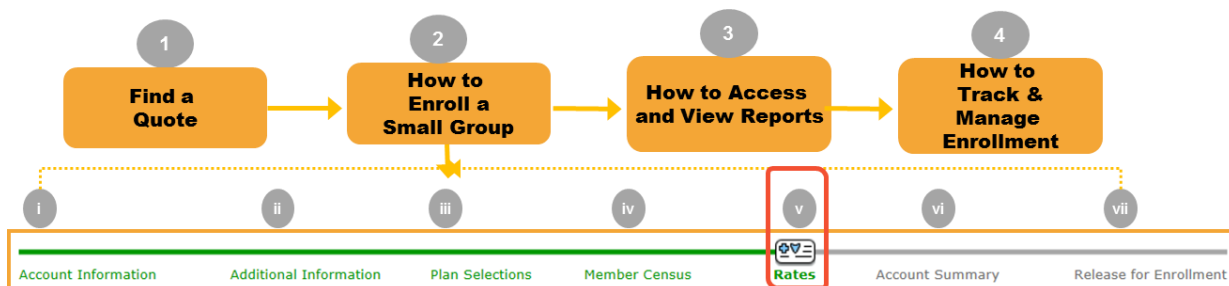
#### Helpful Tips

- 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

1. The Rating Model is displayed. You need to select the Rating Model either Member Level or 4-Tier Composite.



**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.)

Examples of both options are provided here.

- After making your selection, you can click **Print** to print the rates.
- Click **Continue** to proceed to the **Account Summary** screen.

#### Member Level Age Rates Example

**Rating Model**

☒ Member Level ☐ 4-Tier Composite


**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: COMPANYABCD Plan: P600CHC Case ID: 10793 

Effective Date: 07/01/2016 Employer Zip Code: 75080 Employer County: Dallas


Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
<21	\$305.81	28	\$523.49	36	\$592.36	44	\$672.78
21	\$481.59	29	\$538.90	37	\$596.21	45	\$695.42
22	\$481.59	30	\$546.61	38	\$600.06	46	\$722.39
23	\$481.59	31	\$558.16	39	\$607.77	47	\$752.73
24	\$481.59	32	\$569.72	40	\$615.47	48	\$787.40
25	\$483.52	33	\$576.95	41	\$627.03	49	\$821.60
26	\$493.15	34	\$584.65	42	\$638.11	50	\$860.12
27	\$504.71	35	\$588.50	43	\$653.52	51	\$898.17
						52	\$940.07
						53	\$982.45
						54	\$1,028.20
						55	\$1,073.95
						56	\$1,123.55
						57	\$1,173.64
						58	\$1,227.10
						59	\$1,253.58
						60	\$1,307.04
						61	\$1,353.27
						62	\$1,383.61
						63	\$1,421.66
						64	\$1,444.77
						65+	\$1,444.77

\* - 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 John Dean	Employee	04/14/1978	38	EO	TX	\$600.06
					Total:	\$600.06

\* - 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 = \$15.92



#### Composite Rates Example

**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.

**Rating Model**

☐ Member Level ☒ 4-Tier Composite


**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.

---

**Composite Rates**

Employer Name: COMPANYABCD Plan: P600CHC Case ID: 10793 

Effective Date: 07/01/2016 Employer Zip Code: 75080 Employer County: Dallas

**Rate Table**

4-Tier Rates


Employee Only	Employee + Spouse *	Employee + Child *	Employee + Family *
\$607.76	\$1,215.53	\$1,215.53	\$1,823.29

\* The Composite Rates shown in the above 4Tier Rates table are specific to the plan shown in the header section and based on the census entered AND includes the effects of Health insurer and Reinsurance Fees, plus any Federal and State taxes applicable to these fees.

**Census**

Name	Relationship Code	Date of Birth	Age	Coverage Type	State	Total Monthly Health Cost*
1 John Dean	Employee	04/14/1978	38	EO	TX	\$607.76
					Total:	\$607.76

\* - 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 = \$16.12

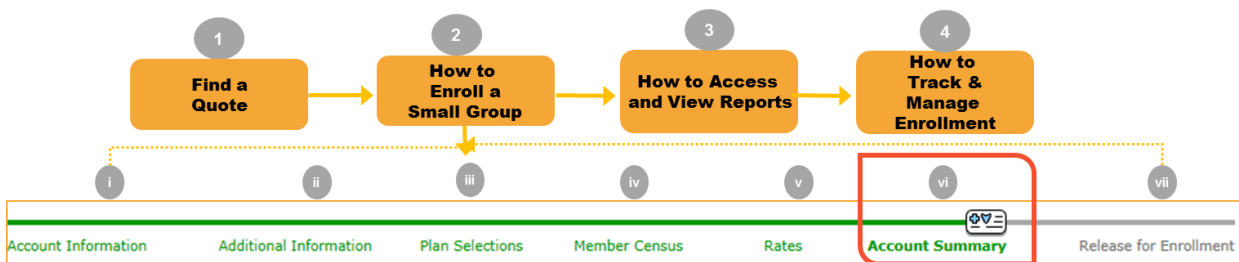


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## 2 How to Enroll a Small Group (Contd.)

### 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.

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

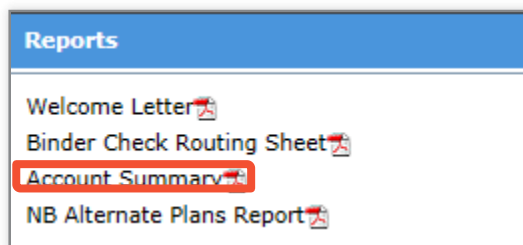
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## 2 How to Enroll a Small Group (Contd.)

### VI. Account Summary Report

Before moving to the **Enrollment for Release** step, let's discuss the Account Summary Report.

An **Account Summary Report** is available in the **Reports** list after you click **Continue** on the **Account Summary** screen. This report should display the **Producer's** name.



Before the case is released, select the Account Summary document from the Reports list by clicking **Reports** at the top of the screen. 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.

 A screenshot of the 'Account Summary' report form. The form has a header with the title 'Account Summary' and the BlueCross BlueShield of Texas logo. Below the header, there is a section for client information with a red box around the address: 'June 30, 2016', 'SAMUEL OMAR GUERRERO', '3216 N Expressway #B', 'Brownsville, TX 78526'. Below this, there is a section for 'General Information' with a table containing various fields and values.
 

RE: COMPANYABCD	
Account #:	
Effective Date: 07/01/2016	
<b>General Information:</b>	
Legal Name of Company: COMPANYABCD	Employer Identification Number (EIN): 77777777
Standard Industry Code (SIC): 0111	Description of SIC (Nature of Business): Wheat farms
Policy Effective Date: 07/01/2016	County: Dallas
Domestic Partner: N	TEFRA: N
ERISA: N	Waiting Period: 30
COBRA: N	COBRA Admin: N
Public Entity: N	In Vitro: N

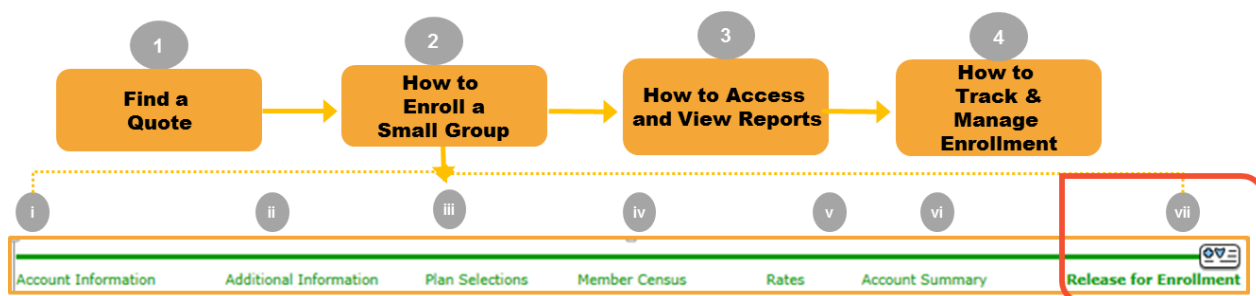
**Note:** Make sure that you review the data for accuracy prior to releasing the case. Once the case is released, no changes can be made. If additional information is required, you will be notified and your case will be opened to you to add the missing or requested information.

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

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## 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.

1. Click **View/Attach Documents**.
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.

Documents Needed for Enrollment	Status	Signature Required
*Composite Rate Declaration Form	Attached	
9 Month State Continuation	Missing	Signature Required
BENEFITWALLET DISCOVERY FORM	Missing	
COBRA Application	Missing	Signature Required
COBRA Transmittal Form	Missing	
Dependent State Continuation	Missing	Signature Required
Disabled Dependent Form	Missing	Signature Required
Disclosure Notice/HMO Consumer Choice Benefit Plans	Missing	Signature Required
Domestic Partner Affidavit	Missing	Signature Required

\*. Required ☐ I confirm that all uploaded documents requiring a signature have been signed. **Release**

**NOTE:** ONLY those items with a red asterisk are required. If items that do not have a red asterisk still read “missing” users will be able to continue and release. The **Release** button will remain grayed out until all **required** documents are attached.

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## 2 How to Enroll a Small Group (Contd.)

### VII. Release for Enrollment (contd.)

As each document is attached, the **Documents Needed for Enrollment** list updates to show **Attached**. The **Release** button remains grayed out until all **required** documents are attached.

**Attachments**

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

File:  Browse... Document Type:  Please Select Description:

Existing Attached Documents					
File	Date/Time Stamp	Document Type	Description	Name	Status
sut.quicklogin_TLM.htm	05/24/2016 11:12:03	BINDER CHECK		000019906	COMPLETED
sut.quicklogin_TLM.htm	05/24/2016 11:12:09	BINDER CHECK ROUTING SHEET		000019906	COMPLETED
sut.quicklogin_TLM.htm	05/24/2016 11:12:17	COMPOSITE RATE DECLARATION FORM		000019906	COMPLETED
sut.quicklogin_TLM.htm	05/24/2016 11:12:25	EMPLOYEE ENROLLMENT APPLICATION		000019906	COMPLETED
sut.quicklogin_TLM.htm	05/24/2016 11:12:32	SMALL EMPLOYER BENEFIT PROGRAM APPLICATION (BPA)		000019906	COMPLETED
sut.quicklogin_TLM.htm	05/24/2016 11:12:42	WAGE & TAX STATEMENT/PROOF OF WAGES		000019906	COMPLETED
sut.quicklogin_TLM.htm	05/24/2016 11:14:04	EMPLOYER GROUP INFORMATION (EGI)		000019906	COMPLETED

Deleted Documents					
File	Date/Time Stamp	Document Type	Description	Name	Status

5. 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, and the Effective Date for the group. Click **Confirm**.

☒ I confirm that all uploaded documents requiring a signature have been signed.

**Confirm Release for Enrollment**

I confirm that,

☒ I have selected Member Level Rating model.

☒ I have selected the below plan(s) for the group.  
P600CHC,G620CHC,B634ADT,DTXHR01

☒ I have selected the effective date for the group.

**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.

## 2 How to Enroll a Small Group (Contd.)

### VII. Release for Enrollment (contd.)

8. After confirming, you receive a message saying “**Thank you! Your account has been submitted for review.**”

9. At this point you can click **Return Home** to return to the home page.

The screenshot displays a web interface with a green navigation bar at the top containing the following links: Account Information, Additional Information, Plan Selections, Member Census, Rates, Account Summary, and Release for Enrollment. The 'Release for Enrollment' link is highlighted. Below the navigation bar is a blue header for the 'Release Confirmation' section. The main content area is light blue and contains a message box with a red border that reads: 'Thank you! Your account has now been submitted for review.' In the bottom right corner of the main content area, there is a green button with a red border labeled 'Return Home'.

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 more information, they send you an email notification requesting more information and allowing you to go back into tool and enter/upload missing information or documents. If you require changes, prior to approval, please contact your sales representative as soon as possible.


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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 <a href="#">here</a> .
9 Month State Continuation
BENEFITWALLET DISCOVERY FORM
Binder Check
Binder Check Routing Sheet
COBRA Application
COBRA Transmittal Form
Composite Rate Declaration Form
Dependent State Continuation
Disabled Dependent Form
Disclosure Notice/HMO Consumer Choice Benefit Plans
Domestic Partner Affidavit
Employee Enrollment Application
Employer Group Information (EGI)
Employer Representative Authorization (ERA)
HSA Bank Discovery Form
Other



BlueCross BlueShield

of Texas



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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 Producers](#). 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®](#).

SMALL GROUP FORMS (Groups of 2-50)

Stock # / Date	Enrollment Forms and Change Forms	Texas Form #
11/2012	<a href="#">Affidavit of Domestic Partnership</a>	N/A
N/A	<a href="#">Away From Home Care Guest Membership Application</a> – for HMO members	N/A
TXBPASG-OFF-EX 01.16	<a href="#">2016 Benefit Program Application (BPA) for New Small Groups 2-50</a> – for new accounts effective on or after 1/1/2016	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** must be mailed in to the Blue Cross Blue Shield office **before** a case will be approved. Otherwise, your membership may not be activated.

**Before** the group is released, print the **Binder Check Routing Sheet** from the reports list by clicking **Reports**. Select Binder Check Routing Sheet, print, and fill the following:

- Check number
- Check Amount
- Dollar amounts to be applied

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

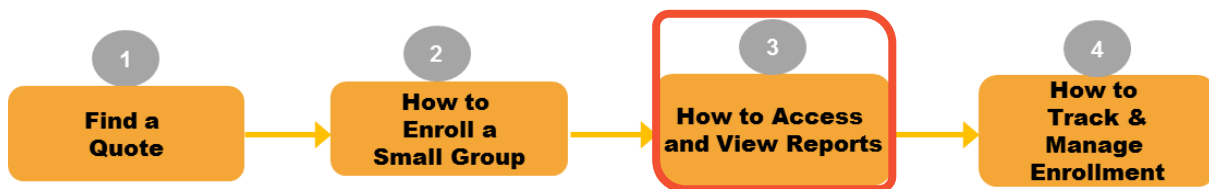
- To identify premium for health/dental coverage
- To identify premium for Dearborn National
- If the group is **not** enrolling in any Dearborn National products, indicate zero "0." This space should **not** be left blank; blank spaces are unacceptable.
- The check accompanying the form must be an exact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

Reports
Welcome Letter
<b>Binder Check Routing Sheet </b>
Account Summary
NB Alternate Plans Report

 <b>BlueCross BlueShield of Texas</b>
 <b>eSales Tools</b>
<b>Routing Sheet</b> <b>Small Group Enrollment - Binder Check</b>
Account Number: Account Name: <u>COMPANYABCD</u> Effective Date: <u>07/01/2016</u>
Check Number: _____ Check Amount: _____
<b>APPLY CHECK AS FOLLOWS:</b> \$ _____ TO BCBS FOR HEALTH/DENTAL COVERAGE(S) \$ _____ TO DEARBORN NATIONAL FOR LIFE PRODUCTS
<b>Submit Binder Check along with this form to:</b> Blue Cross Blue Shield Western Service Center 1001 E. Lookout Dr. Building B, 12th Floor Richardson, TX 75082
<small>A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,            an independent licensee of the Blue Cross and Blue Shield Association</small>

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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 the following details:

- Account Name: CompanyABCD
- Producer: SAMUEL OMAR GUERRERO
- Buttons: **Reports** (highlighted with a red border), Documents List, and Discontinue.

Types of documents accessible in the Reports list 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.

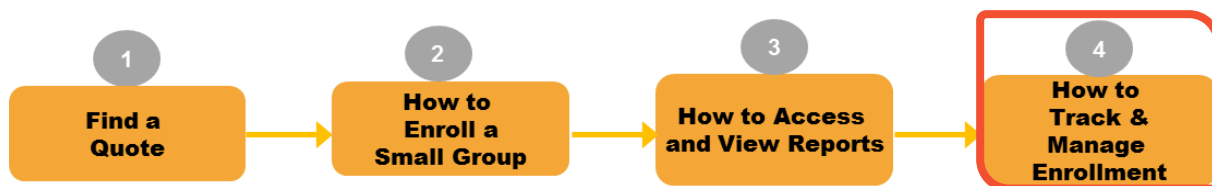
**Account Summary:** The Account Summary Report will become available in the Reports List after **Continue** is clicked on the Account Summary screen.

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## 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.

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

Activity History			
Activity Date	Activity	Status	Duration
06/30/2016	Underwriter Review		0 Day(s)
06/30/2016	Enrollment Data Entry	Completed	0 Day(s)
06/30/2016	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."	
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	
Enrollment More Info Required	Enrollment More Info Required	UW has requested additional information and the submitter is in the process of obtaining requested information.	

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**.

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## 4 How to Track and Manage Enrollment

### II. More Information Required

Once you have released the group for enrollment, the Underwriter reviews the case and sends an email notification if more information is required.

If you receive an email notification that more information is required to complete the enrollment review, you can go back into the eSales ACA Small Group Enrollment tool to enter the missing information and/or uploaded missing documents. The email notification specifies the type of information/document that is missing.

A sample email notification requesting more information is below.

**To:** GA or Producer contact email address

**CC:** Sales Rep email address

**From:** Blue Cross Blue Shield of <full state name>

**Subject:** <Employer's Name> Case ID # 12345 – More Information Required

Blue Cross Blue Shield of <full state name> (BCBSXX) requires additional information to continue reviewing the small employer group coverage enrollment for <Employer's Name> Case ID # 12345. The following information needs to be updated or provided:

*Include the appropriate reason code(s) selected by the underwriter. Reason Codes include:*

- Missing/Incorrect/Incomplete Document(s) - *Please see the notes below related to this reason code.*
- Request for Clarification
- Effective Date
- Data Change Needed
- Other

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## 4 How to Track and Manage Enrollment

### III. Underwriting Approval Received




An email notification will be sent to 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 COMPANYABCD for small group employer coverage with an effective date of 08/01/2016. 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 Welcome Letter for this accounts 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.

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.

Welcome Letter		 BlueCross BlueShield of Texas	
June 28, 2016			
June 30, 2016 SAMUEL OMAR GUERRERO 5216 N Epressway #B Brownsville, TX 78526			
RE: COMPANYABCD Account #: 176188 Effective Date: 07/01/2016			
COMPANYABCD has been approved and your rates are indicated below. These rates are effective 07/01/2016.			
Enrollment information, including member applications, is being processed. Member ID cards will be mailed shortly. Thank you for your continued business.			
<b>General Information:</b>			
Waiting Period: 0	COBRA: N	COBRA Admin: N	TEFRA: N
Public Entity: N	County: Dallas	In-Vitro: N	Domestic Partner: N

**Note:** The Welcome Letter should display the **Producer's** name.

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## 4 How to Track and Manage Enrollment

### III. Underwriting Approval Received (contd.)

**ID Cards:** An email notification is sent to the Producer when ID cards are released, indicating that temporary ID cards are available. Sample 'ID Cards Released' email below.

Membership processing for COMPANYABCD (Account # 176419) 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.



**Important!** Ensure that you as Producers confirm the composite rates with the group before releasing the enrollment case to BCBS.









**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 your Sales Representative if you have questions regarding a case that is not approved.

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## 4 How to Track and Manage Enrollment

### IV. My Enrollments

After enrollment has begun, you can view the case in the **My Enrollments** section of the enrollment. This section lists all cases currently in the enrollment process. You may sort columns for easy tracking.

My Enrollments						
Account	Account #	Effective Date	Sales Executive	Division	Status	Last Activity
 <a href="#">View</a> APRIL 4 TEXAS DEMO	186176	06/01/2016		TX	Pending UW review	04/04/2016
 <a href="#">View</a> TEXAS ACA SG ENROLLMENT	186224	06/01/2016		TX	Pending UW review	06/28/2016
 <a href="#">View</a> OPERATIONS WALKTHROUGH EXTERNAL 06202016	168123	08/01/2016		TX	Pending UW review	06/21/2016
 <a href="#">View</a> TEXAS TEST	176693	07/01/2016		TX	Pending UW review	06/29/2016
 <a href="#">View</a> OPS WALKTHROUGH EXTERNAL 06272016	176188	07/01/2016		TX	Complete Acct/Membership entry	06/27/2016
 <a href="#">View</a> PRODUCER ENROLLMENT USER GUIDE	176419	08/01/2016		TX	Release initial bill	06/28/2016
 <a href="#">View</a> ANGELA TEST 5.20 TX	187392	07/01/2016		TX	In Progress	06/28/2016
 <a href="#">View</a> DG JOE		07/01/2016		TX	Pre-enrollment	06/29/2016

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## Resources and Help

For technical issues with the eSales enrollment tool, please contact our ITG Service Center at **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](mailto:ACASmallGroupEnrollmentSupport@bcbsil.com)

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