



**BlueCross BlueShield  
of Texas**

# ACA Small Group Enrollment Tool User Guide



For General Agents and Producers  
**Effective August 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

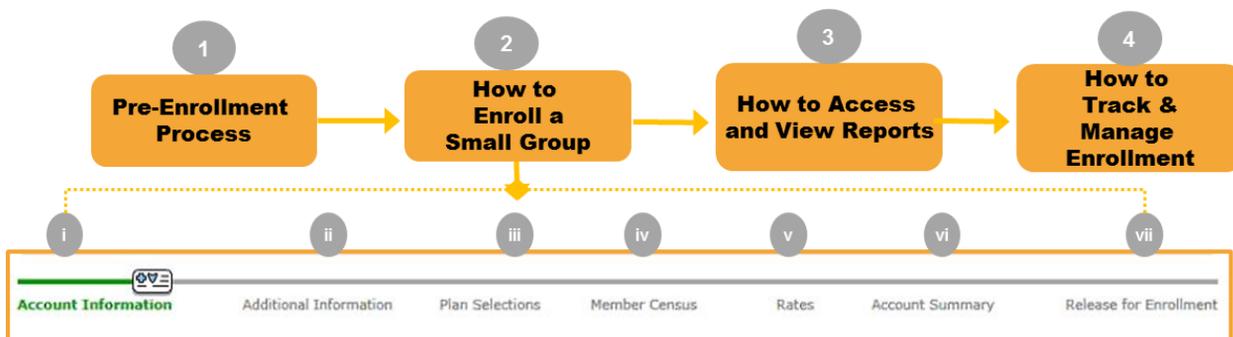
The eSales ACA Small Group Enrollment tool enables you to enroll your groups online in a user-friendly, efficient step-by-step process. You can enter the required information and upload the necessary documents to release your group for enrollment, initiating underwriter review. Within this portal, you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



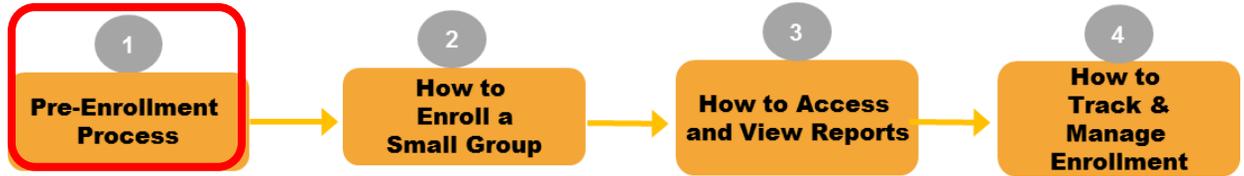
Once you have gathered the necessary information and documentation from your client, you access the eSales ACA Small Group Enrollment tool to enter all required information to release the group for enrollment. This initiates the Underwriting review process. To successfully enroll your group online, follow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

Welcome back (TBroker2 Test) 08/17/2016

BlueCross BlueShield of Texas For Our Producers www.bcbstx.com/producer eSales Tools Home

Welcome to eSales Tools Logged in: (TBroker2 Test) Last Access: 2016-08-16 04:51:00

**ACA Small Group Enrollment**

- for Small Groups with 1 - 50 total employees for effective dates 12/01/2015 & 12/15/2015
- for Small Groups with 1 - 100 total employees for effective dates on or after 01/01/2016

**ACA Small Group Enrollment**

- for Small Groups with 1 - 50 total employees for effective dates 12/01/2015 & 12/15/2015
- for Small Groups with 1 - 100 total employees for effective dates on or after 01/01/2016

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# 1 Pre-Enrollment Process (Contd.)

## I. Enrolling with a Quote

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

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

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Contact Us | FAQ | Help eSales Tools

eSales Tools Home > Enrollment Welcome back ITBroker2 Test 08/17/2016 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:  Status:

Agent:  Account Number:  Effective Date:

Division: Texas Case ID:

Search Clear

1. Start Enrollment using the quote. 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**.
4. After you find your required quote, click **Start Enrollment**.

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eSales Tools Home > Enrollment Welcome back ITG Test Broker ITG Test Broker 08/17/2016 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: 631512 Status: Quoted

Agent:  Account Number:  Effective Date:

Division: Texas Case ID:

Search Clear

1 - 1 of 1

Prospect	Effective Date	Agent	Sales Executive	Quote #
<b>Start Enrollment</b> Producer_TX_Test01	08/15/2016	ITG Test Broker1		631512

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

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# 1 Pre-Enrollment Process (Contd.)

## II. Enrolling without a Quote (contd.)

You can also start the enrollment process without a quote.

Click **Start Enrollment without a Quote**. The Account Information screen is displayed. This screen is blank and you have to enter the data on this screen.

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Contact Us | FAQ | Help eSales Tools

eSales Tools Home > Enrollment Home > Account Information

Welcome back ITG Test Broker ITG Test Broker 08/17/2016 Log Out

Enrollment Enrollment Home

Account Name: Producer: ITG Test Broker1 Market Segment: Small Group Account Number: Effective Date: Case ID: 5664  
 Status: Pre-enrollment Quote Number: NA  
 Created By: External

Reports Documents List Log History

Discontinue

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:  HMO and MOP Plans are available for the 1st of the month, only.  
 \*Case Submitted to BCBS: 08/17/2016

Blue Access for Employers (BAE)  
 Contact Name:  Contact Title:   
 Phone (numbers only):  Ext.  E-Mail Address:

Employee Retirement Income Security Act (ERISA)  
 \*ERISA Regulated Group Health Plan :  Yes  No

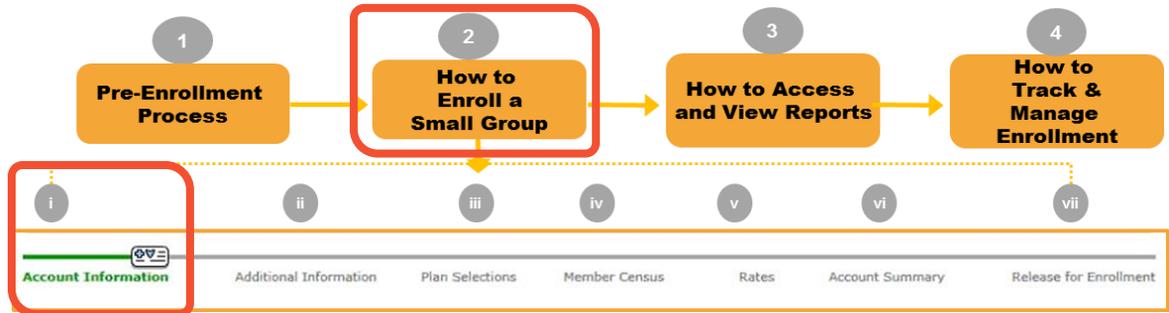
**Note:** If enrolling a group with an EIN already in our system, the tool will show you the following alert. *Alert: A group with the same EIN has been previously entered in this system. This is an informational alert only.* The tool will still allow you to enroll the case. This message will also appear on the Account Summary screen.

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

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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

##### Enrolling with a Quote

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.

The screenshot shows the 'Enrollment' screen. The account name is PRODUCER\_TX\_TEST01, the producer is ITG Test Broker1, and it was created by External. At the bottom, there are three buttons: Reports, Documents List, and Discontinue. The Reports and Documents List buttons are highlighted with a red box.

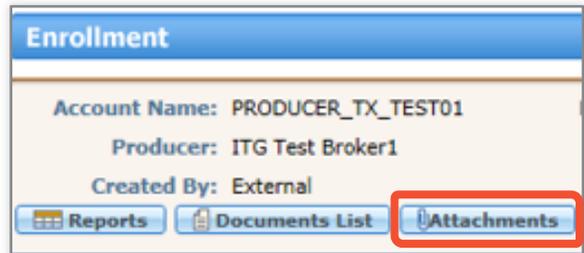
**Note:** Enrolling cases that have not been released for enrollment review will be auto discontinued by the system 60 days from the effective date.

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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 view the attached documents.



Now, let's discuss the next steps to complete the Account Information details and move to the next step in the process.

1. On the Account Information screen, enter the information in the required fields. All fields marked with an asterisk (\*) are required. Some data is already populated in the fields. Once you enter the Policy Effective Date, some more required fields are displayed.

**Note:** We have discussed the Account Information screens that are displayed when you enroll with a quote and without a quote. The key fields and differences have been called out on the specific screens.

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

### I. Account Information

Enrollment

SCREEN IF ENROLLED  
WITHOUT A QUOTE

---

<b>Account Name:</b>	<b>Market Segment:</b> Small Group	<b>Account Number:</b>	<b>Effective Date:</b>
<b>Producer:</b> ITG Test Broker1	<b>Status:</b> Pre-enrollment	<b>Quote Number:</b> NA	<b>Case ID:</b> 5664
<b>Created By:</b> External			

Reports
 Documents List

Log
 History

Discontinue

### Enrolling without a Quote

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
- **Status – Pre-Enrollment**
- **Case ID – unique number assigned to case**
- Quote # - NA
- **Created By – External**

You must complete all required fields and click the green **Continue** button to save the information entered on the Account Information screen. Once saved, the information will be available in the case header.

An Account Number will be reserved when the user advances to the **Release for Enrollment** screen.

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

### I. Account Information (contd.)

#### Enrolling without a Quote

The following **Account Information** screen is displayed, if you are enrolling the case without a quote. You enter the required fields before moving to the next screen.

Account Information

SCREEN IF ENROLLED  
WITHOUT A QUOTE

---

General Information

\*Employer's Legal Name:

\*Employer ID Number (EIN):

\*SIC Code:

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

\*Case Submitted to BCBS:

\*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

\*Non-ERISA Plan Date:

\*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:

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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   Acco

SCREEN IF ENROLLED WITH A QUOTE

Account Information

[Continue](#)

General Information

\*Employer's Legal Name:

\*Employer ID Number (EIN):

\*SIC Code:  [Find](#) -Wheat farms

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

\*Case Submitted to BCBS:

\*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:

#### 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.
- **Is Group subject to TEFRA** is an optional field.

Account Information

SCREEN IF ENROLLED WITHOUT A QUOTE

Account Information

General Information

\*Employer's Legal Name:

\*Employer ID Number (EIN):

\*SIC Code:  [Find](#) Wheat farms

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

\*Case Submitted to BCBS:

\*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:

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

### I. Account Information (contd.)

Answer the **Employee Retirement Income Security Act (ERISA)** question. When the **Yes** or **No** radio buttons are selected, additional fields will populate. This is now an **optional** field.

**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:

\*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:

- 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).

**Physical Address/Contact Information**

Address 1:  Address 2:

\*City:  State:

\*Zip Code:  \*County:

**!** 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:  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 2 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.

The screenshot displays two identical forms side-by-side. The top form is titled 'Billing Address/Contact Information' and the bottom form is titled 'Mailing Address/Contact Information'. Both forms have the following fields:

- Address 1: [Text Input]
- Address 2: [Text Input]
- \*City: [Text Input]
- \*State: [Please Select v]
- \*Zip Code: [Text Input]
- \*County: [Please Select v]
- \*E-Mail Address of Authorized Company Official: [Text Input]
- Secondary E-Mail Address: [Text Input]
- \*Phone (numbers only): [Text Input] Ext. [Text Input]
- Fax (numbers only): [Text Input]
- \*Administrative Contact: [Text Input]
- Contact Title: [Text Input]



**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 not be auto-populated from the Quote. **You have to manually enter the email address.**

**Producer Information**

**Primary Producer**

\*Primary Producer Name:

\*Tax ID/SSN:

\*E-Mail Address:

Complete Address:

\*Producer #:

Telephone #:

Fax #:

**General Agent**

General Agent Name:

Tax ID/SSN:

E-Mail Address:

Complete Address:

Producer #:

Telephone #:

Fax #:

**Subproducer**

Subproducer Name:

Subproducer #:

\* - Required

- 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 scenario, we are searching a **Producer's** name.
- On the **Find a Producer** window, click **Search**.

**Note: All the notifications and communications regarding your case will be sent to this email address. Ensure that the email address is accurate. 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.**

**Find a Producer**

Producer Name:

Phone Number:

Producer Number:



**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**

 1 - 10 of 109

	Producer Name	Producer Number	Phone	Fax	R/D/T	Contact Name
<b>Use</b>	DWIGHT LOUIS ROGERS	000000353	8063581344	8063560371	01/04/021	Dwight Rogers
<b>Use</b>	WILLIAM GRADY ROGERS	000000672	9407230771		01/02/014	T Hutchings
<b>Use</b>	ROGER DALE GIBBS	000002577	3256927333	3254370952	01/06/027	Gibbs D
<b>Use</b>	ROGER EARL HOLLAND II	000002770	2815509910	2815509915	02/16/049	Holland Insurance
<b>Use</b>	ROGER H YUAN	000005798	9728819988	8885194339	01/02/018	ROGER YUAN
<b>Use</b>	CARLIN ROGER KLEIN	000006269	7134635020	7134818425	02/16/048	Carlin Klein
<b>Use</b>	NOEL GENE ROGERS	000006477	2107349801	2107349813	03/26/065	Noel Rogers
<b>Use</b>	JAMES PATRICK ROGERS	000007597	9725231579	9725231579	01/02/015	JAMES ROGERS
<b>Use</b>	WILLIAM ROGER MARTIN Jr.	000008576	2103665094	2103669549	03/26/065	Grona Ins. Agency Inc.
<b>Use</b>	TIMOTHY ROGER SMITH	000008725	7136656900	7136656900	02/16/048	

7. Once the appropriate Producer is displayed, select them by clicking **Use**.
8. After selecting a Producer, you are automatically re-directed to the **Account Information** screen.
9. Enter the producer email ID.
10. Click **Continue** to proceed to the **Additional Information** screen.

**Note:**

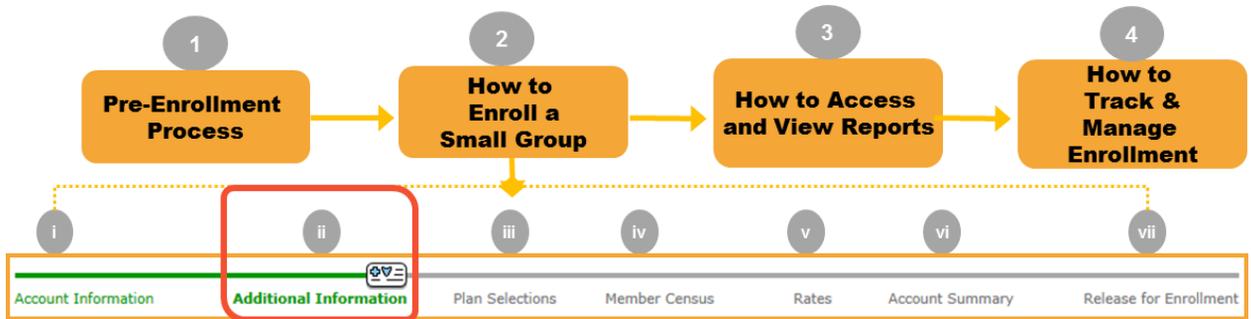
- Ensure that you enter information in all the required fields before clicking **Continue** to proceed to the next screen.
- The system will time out after several minutes of inactivity. Information is saved by clicking the green **Continue** button.



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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.

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

### II. Additional Information (contd.)

Is the company headquarters in Texas?:  Yes  No

Is this an independent school district that is a large employer electing to participate as a small employer?:  Yes  No

Do all employees reside in Texas?:  Yes  No

Is this a Public Entity Group?:  Yes  No

Will you have been without group coverage (uninsured) for at least two months prior to the requested Contract(s)/Policy(ies) effective date of coverage?:  Yes  No

Electronic Receipt of Certificate Booklets and Contracts?:  Yes  No

Some fields on the Additional Information page are now optional.

- Is the company headquarters in Texas?
- Is this an independent school district that is a large employer electing to participate as a small employer?
- Do all employees reside in Texas?:
- Is this a Public Entity Group?
- Will you have been uninsured for at least 2 months prior to the requested Effective Date of this coverage?:
- Electronic Receipt of Certificate Booklets and Contracts?

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

### II. Additional Information (contd.)

**Eligibility\***

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

The Eligibility Date for an employee who becomes eligible after the Effective date of the Group's Health Insurance Plan is determined by the 15th day of the month following  days of employment.

**Complete If Group Currently Has Health Care Coverage**

Current Health Carrier:

Paid-to-date with current carrier:

Calendar year medical deductible amount: \$  Individual  
 \$  Family

**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
\* - Required
Continue

Optional Fields:

#### Complete If Group Currently Has Health Care Coverage

- Current Health Carrier:
- Paid-to-date with current carrier:
- Calendar year medical deductible amount:
- \$ Family

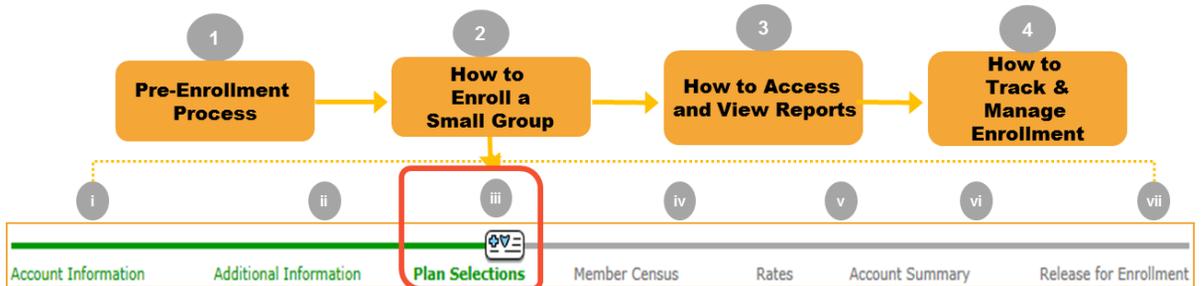
#### HSA Vendor Selection

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.

## 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 #	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 **
<b>PPO Plans</b>									
<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	100%/100%	\$0/\$10/\$35/\$75/\$150
<b>Blue Gold Plans</b>									
<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.)

**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**

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay <sup>3</sup> /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Rx **
<b>PPO Plans</b>									

**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 <sup>3</sup> /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Rx **	
<b>PPO Plans</b>										
<b>Blue Platinum Plans</b>										
<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	100%/100%	\$0/\$10/\$35/\$75/\$150
<b>Blue Gold Plans</b>										
<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
<b>Blue Silver Plans</b>										

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

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.

**\* Ancillary Products - Dental**  Yes  No

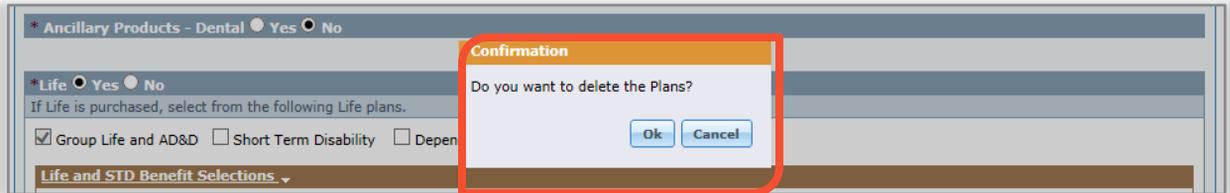
If Dental is purchased, select from the following Dental plans.

Plan #	Plan Type	Deductible In/Out *2	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance		Orthodontia Lifetime Max	
					In Network	Out Of Network		
<b>True Group</b>								
<b>High Affiliation</b>								
<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

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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, there are three checkboxes: "Group Life and AD&D" (checked), "Short Term Disability", and "Dependent Life". At the bottom of the section, there is a dropdown menu labeled "Life and STD Benefit Selections". A red-bordered dialog box titled "Confirmation" 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

If Life is purchased, 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	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="radio"/> ▾	<input type="text"/>
<input type="checkbox"/> 2	<input type="text"/>	<input type="radio"/> ▾	<input type="radio"/> ▾	<input type="text"/>	<input type="radio"/> ▾	<input type="radio"/> ▾	<input type="text"/>
<input type="checkbox"/> 3	<input type="text"/>	<input type="radio"/> ▾	<input type="radio"/> ▾	<input type="text"/>	<input type="radio"/> ▾	<input type="radio"/> ▾	<input type="text"/>

**Term Life Options**

Age Reduction Factors:  
 ▾

Previous
Continue

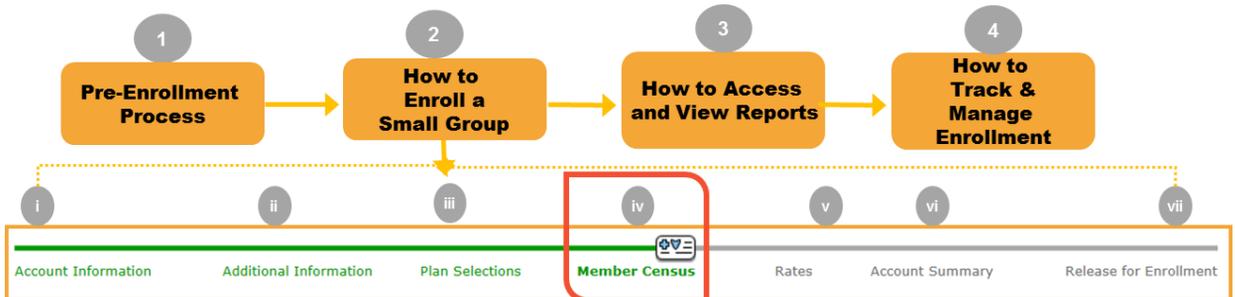
3. The Life radio button will default to **No**. When the **Yes** radio button is selected, the Life plan options will populate. Select the applicable Life Products, and click the '**Life and STD Benefit Selections**' link to populate the additional required fields. Only those fields applicable to the selected ancillary products will populate. Now, the Life Selection option will default to 0-9 employees.
4. Enter the Term Life Premium amount. Click **Continue** to proceed to the **Member Census** screen.



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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.



**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
-------------	------	-------------------	--------	---------------	-----	----------------------	----------------------	-------	----------------------	----------------------

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

**Employee Information**

\* Last Name:  Name Suffix:

\* SSN:  \* Gender:

\* Address 1:  \* City:  \* Zip Code:

Home/Cell Phone:  Email Address:

\* First Name:  Mid Init:

\* Date of Birth:  (mm/dd/yyyy)

Address 2:  \* State:

Business Phone:

**Employment Information**

Marital Status:  \* Employment Status:

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

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

\* - Required Continue

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

### IV. Member Census (contd.)

#### Member Census (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

\*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 - P601CHC

**Dental Coverage**  
 \*Coverage Type: EO  
 \*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**

- **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**  
 \*Coverage Type: EO  
 \*Type of Coverage:  Blue Choice PPO Network - P600CHC  
 Blue Choice PPO Network - P601CHC

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

**Life Coverage**  
 \*Term Life: Y

\*Job Class Type: All Active Full Time  
 Salary:   
 Salary Period: Select

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

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

### IV. Member Census (contd.)

#### Member Census (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**      Other Coverage

Select Dependents  
Add Dependent

**Dependent Information for New Dependent**

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

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

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

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

### IV. Member Census (contd.)

#### Member Census (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**.

The screenshot shows the 'Enrollment for New Member' interface. The 'Other Coverage' tab is active, displaying 'Medicare Information for Norman Noble'. The form includes the following fields:

- Medicare HIC Number:
- Medicare Eligible (Y/N/U):
- Medicare Reason:
- Medicare Primary or Secondary:

Below these fields is a table for plan details:

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)"/>

At the bottom right of the form is a 'Save' button. A red box highlights the 'Save and Close' button at the bottom right of the entire page. A legend at the bottom left explains the symbols used in the form:

- \* - 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.)

The screenshot shows the 'Member Census' interface. At the top, there are 'Previous' and 'Continue' buttons. Below that, the 'Census Count' is 2, with an 'Add Member' button and 'Export Census' and 'Import Census' options. A table lists two members:

	View Member	Name	Relationship Code	Gender	Date of Birth	Age	Health Coverage Type	Dental Coverage Type	State	Health Plan Selected	Dental Plan Selected
1		Noble Norman	Employee	M	04/14/1975	41	EO	EO	TX	P600CHC	DTXHR01
2		Joe Dean	Employee	M	08/10/1970	46	EO	EO	TX	P600CHC	DTXHR01

Below the table are sections for 'Enrollment Totals', 'Health Coverage', and 'Dental Coverage'. The 'Enrollment Totals' section includes fields for '# 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', and '= Total Eligible Employees' (2). The 'Health Coverage' section includes '# of Employees Enrolling In Health' (2), '# of Employees Waiving With Other Health Coverage' (0), and '# of Employees Waiving Without Other Health Coverage' (0). The 'Dental Coverage' section includes '# of Employees Enrolling In Dental' (2), '# of Employees Waiving With Other Dental Coverage' (0), and '# of Employees Waiving Without Other Dental Coverage' (0). A note states: 'Note: BCBS may restrict open enrollment for those accounts not meeting 75 percent participation.' At the bottom, there is a '\* - Required' note and 'Previous' and 'Continue' buttons.

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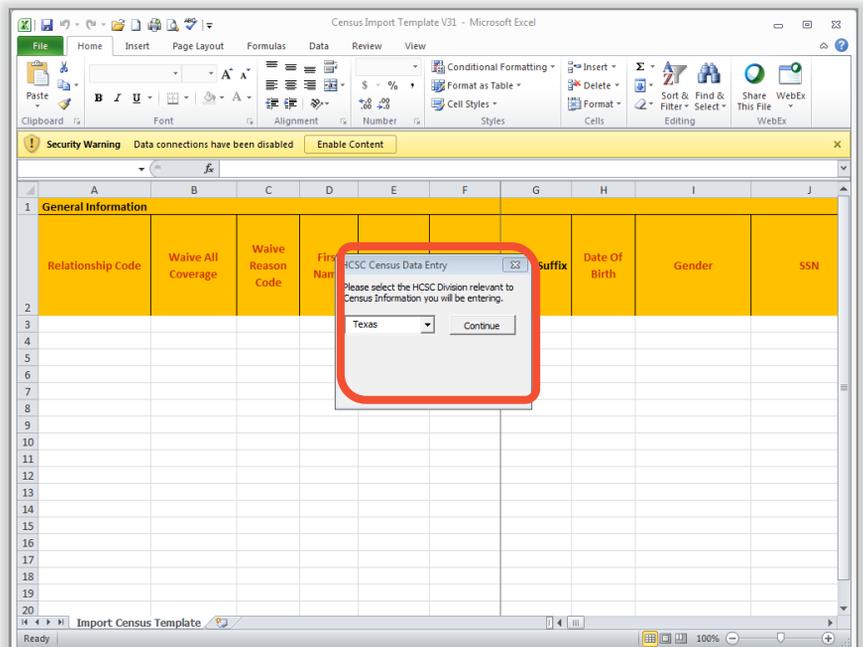
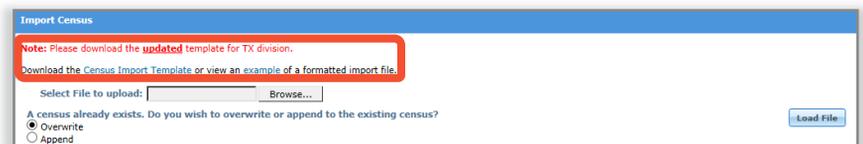
## 2 How to Enroll a Small Group (Contd.)

### 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**.



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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: C:\Users\U355777\Doc 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.)

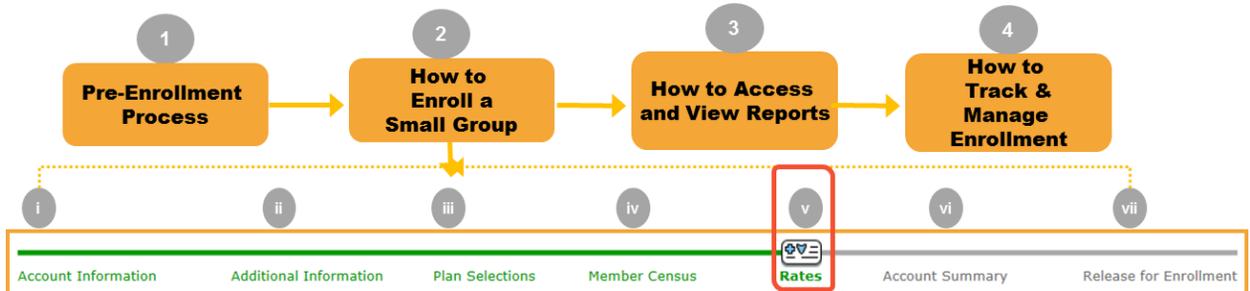


#### Helpful Tips

- 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.

## 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 Texas?**”.

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 **	Rates
<b>PPO Plans</b>										
<b>Blue Platinum Plans</b>										
P600CHC	\$250/\$500	\$25/\$45	80%/60%	\$1250/ \$2500	\$300/80%	\$150/ \$250	\$100/\$200	70%/70%	\$0/\$10/\$35/\$75/ \$150	
P601CHC	\$1250/ \$2500	\$25/\$45	100%/100%	\$1250/ \$2500	\$300/100%	\$150/ \$250	\$100/\$200	100%/100%	\$0/\$10/\$35/\$75/ \$150	

\*\* The drug option mentioned are the preferred drug card option but if the member goes to a non-preferred pharmacy then an additional cost will be applied.  
 \*\* ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.  
 All plans except those which are HSA-eligible have a \$75 urgent care copay  
 All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

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

### V. Rates (contd.)

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 Account Number on the Account Summary page will be masked, except for the last four digits. 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.*”

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

Rates

Previous
Continue

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

**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"/>
Country: <input type="text" value="USA"/>	*Zip Code: <input type="text"/>
*Payment Amount: <input type="text"/>	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.

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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.

**Rates**

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

**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:  \*Bank Account Number Confirmation:

\*Bank Routing Number:  \*Bank Routing Number Confirmation:

\*Bank Name:  \*Account Holder Name:

**Billing Address/Contact Information**

\*Address 1:  Address 2:

\*City:  \*State:

Country:  \*Zip Code:

\*Payment Amount:

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.

The sub-section under Electronic Payment Information is Payment Amount. This required field 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.

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.

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## 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.

The screenshot shows a web form titled "Rates" with two main sections: "Electronic Payment Information" and "Billing Address/Contact Information".

**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
- \*Bank Account Number Confirmation: 123456789
- \*Bank Routing Number Confirmation: 567891045
- \*Account Holder Name: Test

**Billing Address/Contact Information:**

- \*Address 1: Riverside
- \*City: Cedar Hill
- Country: USA
- \*Payment Amount: 1000.00
- Transaction Number:
- Address 2:
- \*State: Texas
- \*Zip Code: 75080

At the bottom of the form, the "Payment Status" field is highlighted with a red box and contains the text "Not Processed".

Below the form, there is a note: "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."

At the bottom of the page, there is a note: "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."

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.*

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

### V. Rates (contd.)

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.

#### NOTE:

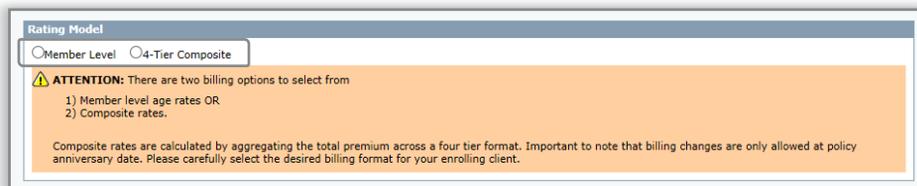
- The EFT draw will occur after the case is approved and the Welcome Letter becomes available. The EFT will usually happen within 24-48 hours of approval. Please notify the group of the expediency of this transaction.

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

### V. Rates (contd.)

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

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



The screenshot shows a web interface titled "Rating Model". At the top, there are two radio buttons: "Member Level" and "4-Tier Composite". Below this is a yellow warning box with a triangle icon and the text: "ATTENTION: There are two billing options to select from". Underneath the warning, there is a numbered list: "1) Member level age rates OR" and "2) Composite rates.". At the bottom of the warning box, there is a 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."

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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

Member Level Rates											
Employer Name: Test_Texas				Plan: P600CHC				Case ID: 5664			<a href="#">Print</a>
Effective Date: 08/15/2016				Employer Zip Code: 75080				Employer County: Dallas			
Member Rates											
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
<21	\$305.81	28	\$523.49	36	\$592.36	44	\$672.78	52	\$940.07	60	\$1,307.04
21	\$481.59	29	\$538.90	37	\$596.21	45	\$695.42	53	\$982.45	61	\$1,353.27
22	\$481.59	30	\$546.61	38	\$600.06	46	\$722.39	54	\$1,028.20	62	\$1,383.61
23	\$481.59	31	\$558.16	39	\$607.77	47	\$752.73	55	\$1,073.95	63	\$1,421.66
24	\$481.59	32	\$569.72	40	\$615.47	48	\$787.40	56	\$1,123.55	64	\$1,444.77
25	\$483.52	33	\$576.95	41	\$627.03	49	\$821.60	57	\$1,173.64	65+	\$1,444.77
26	\$493.15	34	\$584.65	42	\$638.11	50	\$860.12	58	\$1,227.10		
27	\$504.71	35	\$588.50	43	\$653.52	51	\$898.17	59	\$1,253.58		
* - 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 Noble Norman	Employee	04/14/1975	41	EO	TX	\$627.03					
2 Joe Dean	Employee	08/10/1970	46	EO	TX	\$722.39					
						Total:	\$1,349.42				
* - 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 = \$35.79											
<a href="#">Print</a>											

#### Composite Rates Example

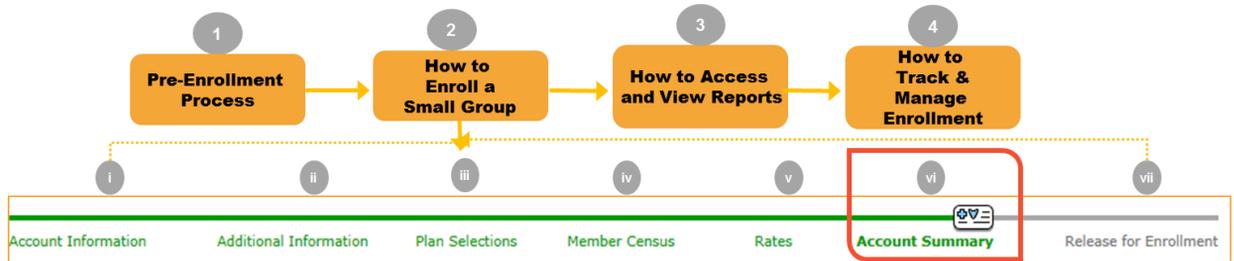
Composite Rates								
Employer Name: Test_Texas				Plan: P600CHC		Case ID: 5664		<a href="#">Print</a>
Effective Date: 08/15/2016				Employer Zip Code: 75080		Employer County: Dallas		
Rate Table								
4-Tier Rates								
Employee Only		Employee + Spouse *		Employee + Child *		Employee + Family *		
\$674.71		\$1,349.42		\$1,349.42		\$2,024.13		
* 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 Noble Norman	Employee	04/14/1975	41	EO	TX	\$674.71		
2 Joe Dean	Employee	08/10/1970	46	EO	TX	\$674.71		
						Total:	\$1,349.42	
* - 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 = \$35.80								
<a href="#">Print</a>								

**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.

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

### VI. Account Summary



### Step VI: Account Summary:

The **Account Summary** screen allows you to review all of the input data by section. Review the information you have entered and revise if needed.

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

The screenshot shows the Account Summary screen with two main sections: General Information and Additional Information. The General Information section includes fields for Employer's Legal Name (TEST\_TEXAS), Employer ID Number (EIN) (123456789), SIC Code (0111-Wheat farms), Policy Effective Date (08/15/2016), Case Submitted to BCBS (08/17/2016), and Blue Access for Employers (BAE). The Additional Information section includes questions about company headquarters in Texas, independent school district participation, employee residence in Texas, public entity group status, and uninsured status.

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

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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.

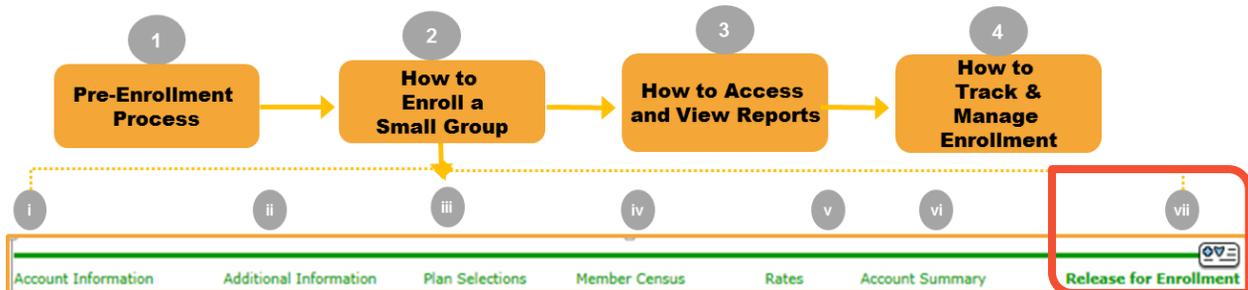
Click **Continue** to move to the **Release for Enrollment** screen.

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

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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.

The screenshot shows the 'Release for Enrollment' screen. The top navigation bar includes: Account Information, Additional Information, Plan Selections, Member Census, Rates, Account Summary, and Release for Enrollment. The main content area is titled 'Release for Enrollment' and contains a 'Previous' button, a message: 'Please attach the following documents. If you have questions regarding required documents, call Sales Support at 1-800-399-5831.', and a 'View / Attach Documents' button. Below this is a table of 'Documents Needed for Enrollment':

Document Name	Status	Requirement
* Benefit Program Application (BPA) for New Small Groups 2-50	Missing	Signature Required
* Employer Group Information (EGI) Form	Missing	Signature Required
* Enrollment Application/Change Form	Missing	Signature Required
* State Filed Proof of Business	Missing	Signature Required
* Wage & Tax Statement/Proof of Wages	Missing	Signature Required
Affidavit of Domestic Partnership		Signature Required
Benefit/Wallet Discovery Form		
Binder Check & Check Routing Sheet		
Composite Rate Billing Method Declaration Form		Signature Required
Dependent State Continuation of Coverage Form		Signature Required

At the bottom, there is a checkbox for 'I confirm that all uploaded documents requiring a signature have been signed.' and a 'Release' button.

**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.)

The **Documents Needed for Enrollment** section now 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 XX?" field has been selected as **Yes** on the **Rates** screen.

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

**Release for Enrollment**

**Previous**

Please attach the following documents. If you have questions regarding required documents, call Sales Support at 1-800-399-5831.

[View / Attach Documents](#)

Documents Needed for Enrollment		
* <b>Benefit Program Application (BPA) for New Small Groups 2-50</b>	Missing	Signature Required
* <b>Employer Group Information (EGI) Form</b>	Missing	Signature Required
* <b>Enrollment Application/Change Form</b>	Missing	Signature Required
* <b>State Filed Proof of Business</b>	Missing	
* <b>Wage &amp; Tax Statement/Proof of Wages</b>	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](#)

**Previous**

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

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

While uploading documents, if you select the **Document Type** inaccurately, you now have an option to change the Document Type instead of having to delete and upload the same document again with the correct Document Type.

You can also upload multiple documents, if required. When uploading multiple documents you have the ability 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.

**Reports**

Welcome Letter

Binder Check Routing Sheet

Account Summary

NB Alternate Plans Report

**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
<input type="button" value="Save"/>					

**Deleted Documents**

File	Date/Time Stamp	Document Type	Description	Name
------	-----------------	---------------	-------------	------

**Attachments**

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

File:  Browse... Document Type: TEXAS NINE (9) MONTH STATE CONTINUATION OF INSURANCE APPLICATION FORM Description:

**Existing Attached Documents**

File	Date/Time Stamp	Document Type	Description	Name	Status
sp-bpa-2-50-amendment-tx-2015.doc	08/17/2016 11:11:29	BENEFITWALLET DISCOVERY FORM			ITBF
2840_hmo_cpo_provider_selection_form.pdf	08/17/2016 11:10:53	ENROLLMENT APPLICATION/CHANGE FORM			ITBF
il_bpa_2_50.doc	08/17/2016 11:11:05	EMPLOYER GROUP INFORMATION (EGI) FORM			ITBF
group_info_form.pdf	08/17/2016 11:11:40	EMPLOYER GROUP INFORMATION (EGI) FORM			ITBF
Binder Check.pdf	08/17/2016 11:11:53	BINDER CHECK & CHECK ROUTING SHEET			ITBF
Binder Routing Sheet.pdf	08/17/2016 11:12:04	BINDER CHECK & CHECK ROUTING SHEET			ITBF

**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.)

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

**Release for Enrollment**

[Previous](#)

Please attach the following documents. If you have questions regarding required documents, call Sales Support at 1-800-399-5831.

[View / Attach Documents](#)

Documents Needed for Enrollment	Attachment Status	Signature Required
* <b>Benefit Program Application (BPA) for New Small Groups 2-50</b>	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Signature Required
* <b>Wage &amp; Tax Statement/Proof of Wages</b>	<input checked="" type="checkbox"/> Attached	
* <b>Employer Group Information (EGI) Form</b>	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Signature Required
* <b>Enrollment Application/Change Form</b>	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Signature Required
Affidavit of Domestic Partnership		<input type="checkbox"/> Signature Required
BenefitWallet Discovery Form	<input checked="" type="checkbox"/> Attached	
Binder Check & Check Routing Sheet	<input checked="" type="checkbox"/> Attached	
Composite Rate Billing Method Declaration Form	<input checked="" type="checkbox"/> Attached	
Dependent State Continuation of Coverage Form		<input type="checkbox"/> Signature Required

\* - Required

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

[Previous](#)

**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,P601CHC,DTXHR01

I have selected the effective date 08/15/2016 for the group.

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

[Confirm](#) [Cancel](#)

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.

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, the Effective Date, and the Payment Method for the group.

Ensure that the dollar amount shown on this pop-up is the same as it appears on the **Rates** screen, under Payment Amount. This is only applicable if the EFT has been selected as the payment method.

Click **Confirm**.

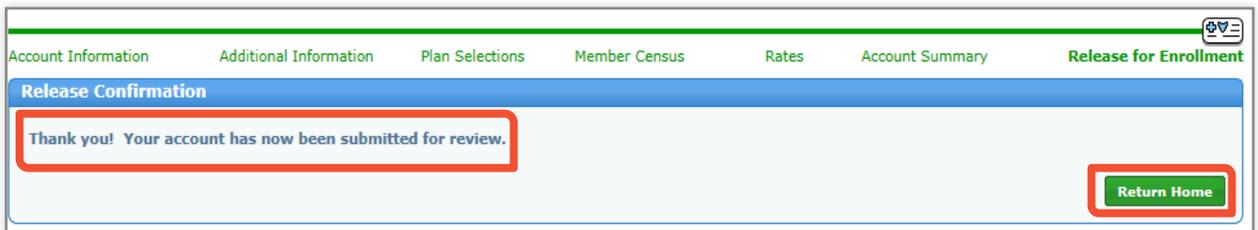
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## 2 How to Enroll a Small Group (Contd.)

### 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.



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

**Release Confirmation**

Thank you! Your account has now been submitted for review.

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.

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

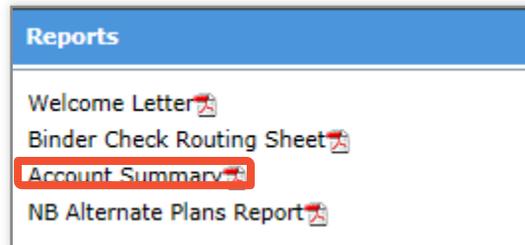
### VI. Account Summary Report

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	
August 17, 2016 ITG Test Broker1 901 South Central Expressway Richardson, TX 75080  RE: PRODUCER_TX_TEST01 Account #: 177159 Effective Date: 08/15/2016			
<b>General Information:</b>			
Legal Name of Company: PRODUCER_TX_TEST01	Employer Identification Number (EIN): 89877777		
Standard Industry Code (SIC): 0111	Description of SIC (Nature of Business): Wheat farms		
Policy Effective Date: 08/15/2016	County: Dallas		
Domestic Partner: N	TEFRA: N		
ERISA: N	Waiting Period: 60		
COBRA: N	COBRA Admin: N		
Public Entity: N	In-Vitro: N		
<b>Health Benefit Summary:</b>			
Blue Choice PPO Network - PPO Plans - P800CHC: 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% Fed Dental In/Out Blue Choice PPO Network - PPO Plans - P801CHC: 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: 100%/100% Fed 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.

The list displayed will include the Required and the Optional documents.

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> .	
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	
Benefit/Wallet 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	
Supplemental Employment Verification Form	

Stock # / Date	Enrollment Forms and Change Forms	Texas Form #
11/2012	Affidavit of Domestic Partnership	N/A
NA	State Filed Proof of Business Membership Association - for HMO members	N/A
TXBPANC-OPP-EX 01 16	2016 Benefit Program Application (BPA) for New Small Groups 2-50 - for new accounts effective on or after 1/1/2016	N/A
TXBPANC-OPP-EX 01 16	2016 Benefit Program Application (BPA) amendment for Small Groups 2-50 - for renewing accounts with anniversary dates on or after 11/1/2015. Use this form to amend the original BPA.	N/A

**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 Texas?" field is **Yes**.

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

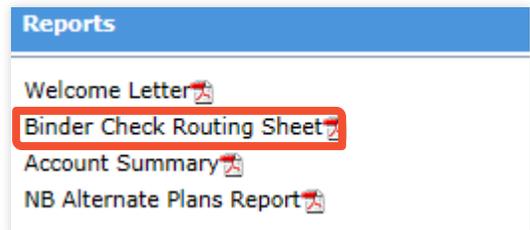
### VII. Release for Enrollment (contd.)



**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.



BlueCross BlueShield  
of Texas

---



**Routing Sheet**  
**Small Group Enrollment - Binder Check**

Account Number: 177159  
Account Name: PRODUCER TX TEST01  
Effective Date: 08/15/2016

Check Number: \_\_\_\_\_  
Check Amount: \_\_\_\_\_

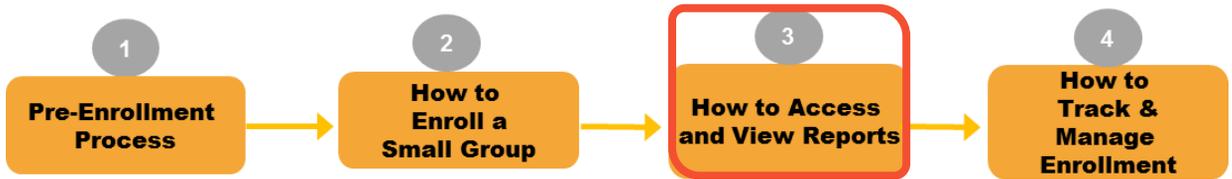
**APPLY CHECK AS FOLLOWS:**  
\$ \_\_\_\_\_ TO BCBS FOR HEALTH/DENTAL COVERAGE(S)  
\$ \_\_\_\_\_ TO DEARBORN NATIONAL FOR LIFE PRODUCTS

**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 the following details:

- Account Name: PRODUCER\_TX\_TEST01
- Market Segment: Small Group
- Producer: ITG Test Broker1
- Status: Pending UW review
- 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 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:**

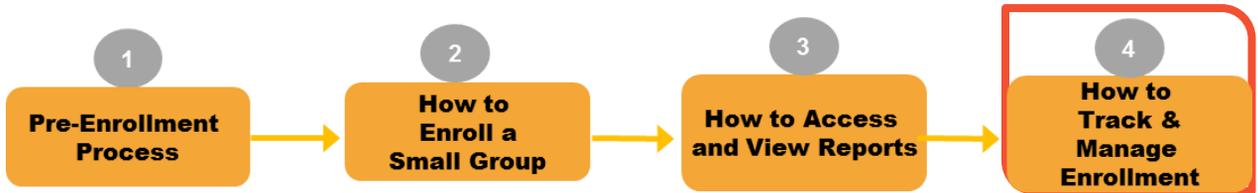
The Binder Check Routing Sheet is the document that must be physically mailed in to the Blue Cross Blue Shield office before a case can be approved.

**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.

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**.

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.



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.	

**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 (Contd.)

### I. Enrollment Status (contd.)

Enrollment Home

**Effective Date:** 07/01/2016

**Case ID:** 10793

Log
History

Log Entries

**Date:** 08/17/2016 21:52:52  
**Type:** Internal  
**Subject:** Pending UW Review  
**Added By:**

**Entry:** Thank you! Your account has now been submitted for review.

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** and will be visible for your review. This will be the same information that would have been included in the email notification. You will still need to attach a separate document to provide additional clarifications 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

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

A sample email notification requesting more information is below.

Blue Cross Blue Shield of Texas (BCBSTX) requires additional information to continue reviewing the small employer group coverage enrollment for PRODUCER\_TX\_TEST01 Case ID #5665. The following information needs to be updated or provided:

Missing/Incorrect/Incomplete Document (s)

**Missing/Incorrect/Incomplete Document (s):**

Benefit Program Application (BPA) for New Small Groups 2-50 - Incomplete  
Wage & Tax Statement/Proof of Wages - Incomplete

**Additional Notes:**

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 contact your sales representative

HCSC Company Disclaimer

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at (312) 653-6000 in Illinois; (800) 447-7828 in Montana; (800)835-8699 in New Mexico; (918)560-3500 in Oklahoma; or (972)766-6900 in Texas.

## 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 tool.

If the 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 case you need to provide a written explanation to the Underwriting team for some additional information, you can provide it as a note on a document and then upload the document in the tool.

For example, if you need to add updated documents, you can move to the **Release for Enrollment** screen and add the requested documents. Then, on this screen, you can click **Send to BCBS** and then **OK**.

The screenshot shows the 'Enrollment' tool interface. At the top, there's a header with 'Enrollment' and 'Enrollment Home'. Below that, account details are displayed: Account Name: PRODUCER\_TX\_TEST01, Market Segment: Small Group, Account Number: 177159, Effective Date: 08/15/2016, Producer: ITG Test Broker1, Status: Enrollment More Info Required, Quote Number: 631512, Case ID: 5665, and Created By: External. There are buttons for Reports, Documents List, Attachments, Log, and History. A red box highlights the 'Send to BCBS' button.

The main section is titled 'Release for Enrollment'. It has a 'Previous' button and a message: 'Please attach the following documents. If you have questions, click on the question mark icon.' Below this is a 'View / Attach Documents' button. A table lists 'Documents Needed for Enrollment':

Document Name	Status	Requirement
* Benefit Program Application (BPA) for New Small Group	Attached	Signature Required
* Wage & Tax Statement/Proof of Wages	Attached	Signature Required
* Employer Group Information (EGI) Form	Attached	Signature Required
* Enrollment Application/Change Form	Attached	Signature Required
Affidavit of Domestic Partnership	Attached	Signature Required
BenefitWallet Discovery Form	Attached	
Binder Check & Check Routing Sheet	Attached	
Composite Rate Billing Method Declaration Form	Attached	
Dependent State Continuation of Coverage Form	Attached	Signature Required

A modal dialog box is open in the center, titled 'Message from webpage', with the question 'Are you sure you wish to send this to BCBS?'. It has 'OK' and 'Cancel' buttons. The 'OK' button is highlighted with a red box.

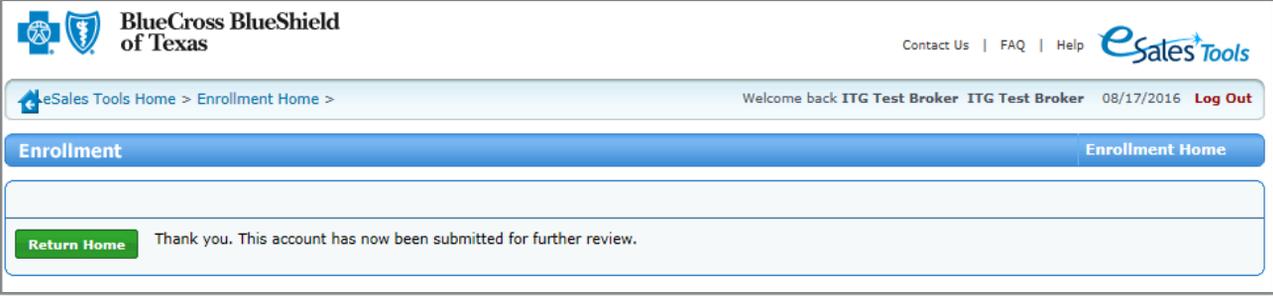
**Note:** You will have to navigate to the **Account Summary** screen to activate the **Send to BCBS** button. In this example, since we have to upload documents, we have moved to the **Release for Enrollment** screen.

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## 4 How to Track and Manage Enrollment (Contd.)

### II. More Information Required (contd.)

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 BlueCross BlueShield of Texas eSales Tools interface. At the top left, the BlueCross BlueShield of Texas logo is visible. To the right, there are links for "Contact Us", "FAQ", and "Help", along with the "eSales Tools" logo. Below the header, a breadcrumb trail shows "eSales Tools Home > Enrollment Home >". A welcome message reads "Welcome back ITG Test Broker ITG Test Broker" followed by the date "08/17/2016" and a "Log Out" link. A blue navigation bar contains the word "Enrollment" on the left and "Enrollment Home" on the right. The main content area features a green "Return Home" button and a message: "Thank you. This account has now been submitted for further review."

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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 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		 Blue Cross BlueShield of Texas	
August 17, 2016			
ITG Test Broker1 901 South Central Expressway Richardson, TX 75080			
RE: PRODUCER_TX_TEST01 Account #: 177159 Effective Date: 08/15/2016			
PRODUCER_TX_TEST01 has been approved and your rates are indicated below. These rates are effective 08/15/2016.			
Enrollment information, including member applications, is being processed. Member ID cards will be mailed shortly. Thank you for your continued business.			
General Information:			
Waiting Period: 90	COBRA: N	COBRA Admin: N	TEFRA: N
Public Entity: N	County: Dallas	In/Vitro: N	Domestic Partner: N
Benefit Summary:			
Blue Choice PPO Network - PPO Plans - P900CHC: 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% Fed Dental In/Out			
Blue Choice PPO Network - PPO Plans - P901CHC: 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; 100%/100% Fed Dental In/Out			

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

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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 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.

**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.

## 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.

The screenshot displays the 'Account Information' page in the eSales Tools system. The page header includes the breadcrumb 'eSales Tools Home > Enrollment Home > Account Information', a welcome message for 'ITG Test Broker', the date '08/17/2016', and a 'Log Out' button. The main content area is titled 'Enrollment' and contains the following details:

- Account Name: PRODUCER\_TX\_TEST01
- Market Segment: Small Group
- Account Number: 177159
- Effective Date: 08/15/2016
- Producer: ITG Test Broker1
- Status: Enrollment Completed (highlighted with a red box)
- Quote Number: 631512
- Case ID: 5665
- Created By: External

Below the details are buttons for 'Reports', 'Documents List', and 'Attachments'. On the right side, there are 'Log' and 'History' buttons. At the bottom, a navigation bar shows 'Account Information' as the active tab, with other options: 'Additional Information', 'Plan Selections', 'Member Census', 'Rates', 'Account Summary', and 'Release for Enrollment'.

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## 4 How to Track and Manage Enrollment (Contd.)

### 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.

Recently Accessed						
Account	Effective Date	Sales Executive	Divison	Status	Last Activity	
 <a href="#">View</a> PRODUCER_TX_TEST01	08/15/2016		TX	Enrollment Completed	08/17/2016	
 <a href="#">View</a> TEST_TEXAS	08/15/2016		TX	Pre-enrollment	08/17/2016	
 <a href="#">View</a> JPM TEST2 08152016	09/01/2016		TX	Pre-enrollment	08/16/2016	
 <a href="#">View</a> ROCIO TEST	10/01/2016		TX	Enrollment More Info Required	08/16/2016	
 <a href="#">View</a> AMATEST FSE EXT ADV 0804	08/01/2016		TX	Release ID Cards	08/04/2016	

My Enrollments						
Account	Account #	Effective Date	Sales Executive	Divison	Status	Last Activity
 <a href="#">View</a> ROCIO TEST	177139	10/01/2016		TX	Enrollment More Info Required	08/16/2016
 <a href="#">View</a> PRODUCER_TX_TEST01	177159	08/15/2016		TX	Enrollment Completed	08/17/2016
 <a href="#">View</a> AMATEST FSE EXT ADV 0804	177047	08/01/2016		TX	Release ID Cards	08/04/2016
 <a href="#">View</a> JPM TEST2 08152016		09/01/2016		TX	Pre-enrollment	08/16/2016
 <a href="#">View</a> TEST_TEXAS		08/15/2016		TX	Pre-enrollment	08/17/2016

#### Notes:

- **Recently Accessed** is a list of all the enrollments that you have searched and viewed. This could be a combination of cases enrolled yourself or by BCBS.
- **My Enrollments** is a list of all the enrollments that you have enrolled using the tool yourself.

## 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)