



Request Center Tool User Guide

May 2024

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Quick Start Summary

1) Select the request type that matches what you want to do:

- Enroll New Group
- SG Existing Group Changes – Fully Insured Only (*Renewal Paperwork, Address Change, Grandfathered Certification, etc.*)
- Blue Balance Funded Enrollment (*BBF Renewal & Existing Fully Insured to BBF*)
- New Blue Balance Funded
- Existing Blue Balance Funded to Fully Insured
- COBRA or State Continuation
- COBRA – HCSC Admin
- Regulatory Data Update (*MSP & Average Employee Count (AEC)*)

2) Enter the requested information into the form

3) Add all required document attachments

4) Save and Submit your request

5) Keep an eye on your email for updates

6) Use Log button to view comments entered by the internal processor

7) Use the History button on each request to follow the group's progress

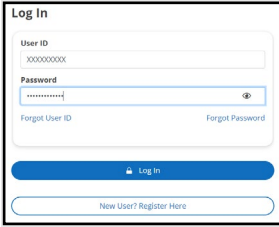
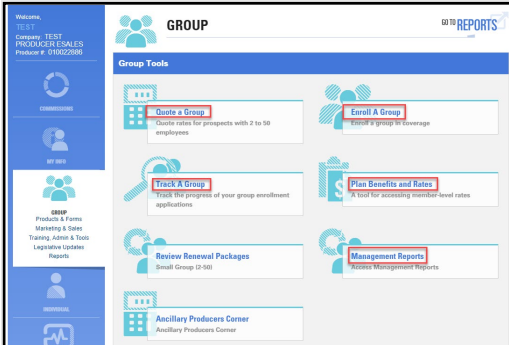
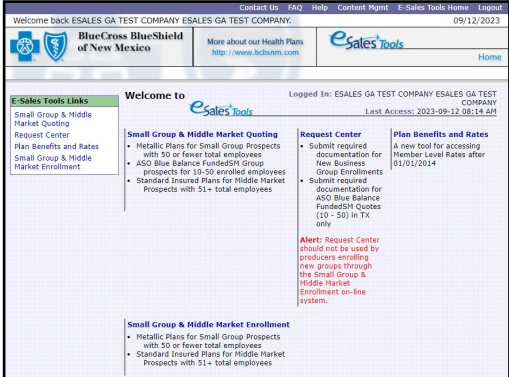

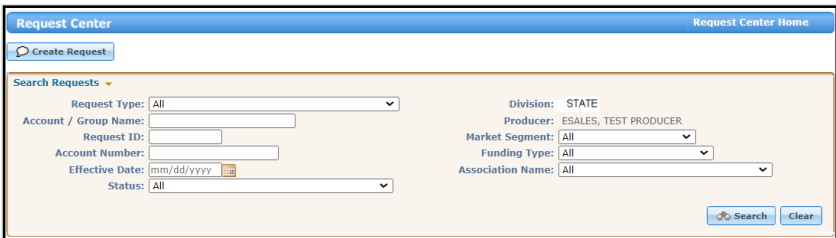
Important:

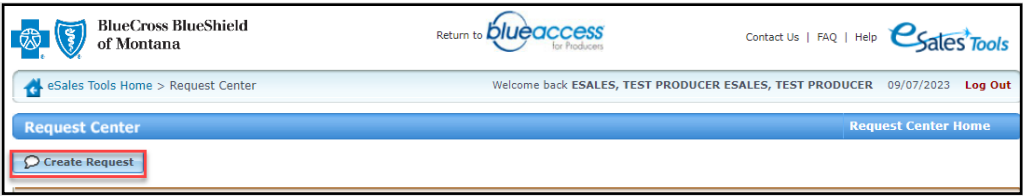

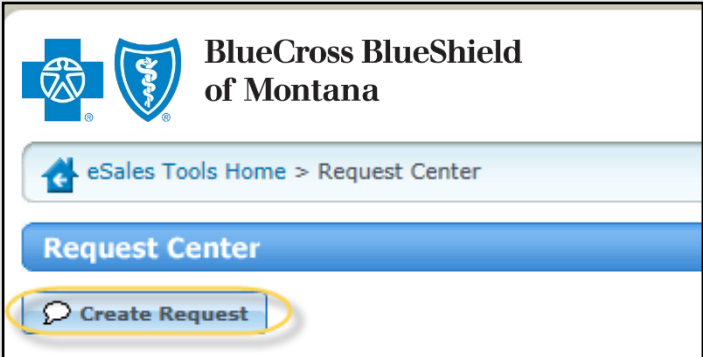
- If using the Enrollment Tool to enroll a new group, do not use Request Center
- Double-check the email you entered is where all request updates should go
- Make a note of your Request ID for easy follow-up

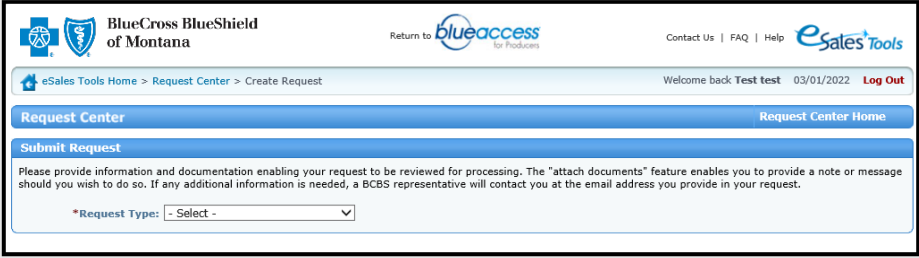
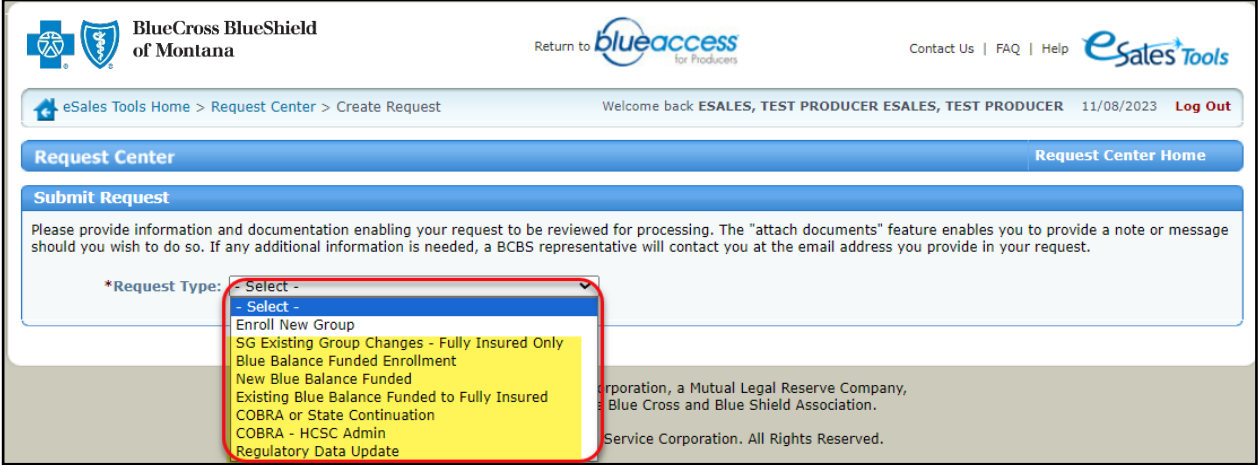
Step-by-step examples of all request types are shown below

For technical support, email SGMM_TechSupport@hcsc.com

Welcome to the Request Center

Step	Action
Log In to Group Sales	<p>Click on (or enter) this URL: https://www.bcbsmt.com/producer. Log in to Blue Access for ProducersSM (BAPSM).</p>  <p>Result: BAP navigates to the Welcome page.</p>
Group Sales Tools	<p>Click on one of the Group Tools</p>  <p>eSales homepage will be displayed</p> 
Access Request Center	<p>Click on the Request Center link:</p>  <p>*Note – Contact your internal Administrator to delegate access to appropriate personnel.</p> <p>The Request Center homepage window opens.</p> 

<p>Request Center Homepage</p>	<p>The Request Center homepage contains the following:</p> <p>Create Request: this button is used to initiate an enrollment request.</p>  <p>Search Requests view contains the following:</p>  <ul style="list-style-type: none"> • Search Request: Allows user to search by the following: • Request Type: Defaults to All; use the drop-down to select different request type • Division: Defaults to your state • Account / Group Name: Type in name of group • Producer: Defaults to your ID • Request ID: Enter request ID (if applicable) • Market Segment: Defaults to All; use the drop-down to select the appropriate market segment (such as ACA Small Group (2–50), Small Group (10–50) Middle Market (51+), MEWA) • Account Number: Type in the group’s account number • Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy) • Funding Type: Defaults to All; use the drop-down to select appropriate funding type (such as Fully Insured, ASO Blue Balance FundedSM) • Association Name: Used for Enrolling Association • Status: Defaults to All; use drop-down to select appropriate status (Request Accepted for Submission, Request Discontinued for Submission, Request Info Needed, Request Initiated, Request Pending Internal Review, Std Mkts Account Processing In Progress, etc.)
<p>Creating a Request</p>	<p>From the Request Center homepage, click on Create Request button.</p> 

Request Page	<p>Result: The Submit Request page opens.</p>  <p>Note: To return to the Request Center homepage, click the Request Center Home button on the right</p>
Request Type	<p>Request Type: Use the drop-down and select a Request Type.</p>  <p>Request Types:</p> <ul style="list-style-type: none"> Enroll New Group SG Existing Group Changes – Fully Insured Only Blue Balance Funded Enrollment New Blue Balanced Funded Existing Blue Balance Funded to Fully Insured COBRA or State Continuation COBRA – HCSC Admin Regulatory Data Update <p>Note: Enroll New Group was an existing request type.</p>

<p>Request Type</p> <p>Enroll New Group</p>	<p>The Submit Request window expands and contains additional required fields when the following Request Type is selected:</p> <p>Enroll New Group</p> <div data-bbox="316 336 1453 741"> <p>Submit Request</p> <p>Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.</p> <p>*Request Type: <input type="text" value="Enroll New Group"/> *Email Address: <input type="text" value="agent@bcbstxagency.com"/> <input type="button" value="Add"/></p> <p>*Group Name: <input type="text"/></p> <hr/> <p>Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote.</p> <p>Quote ID: <input type="text"/> *Submitted Date: 11/10/2023</p> <p>*Division: Montana *Producer: ESALES, TEST PRODUCER</p> <p>*Funding Type: <input type="text" value="- Select -"/> *Market Segment: <input type="text"/></p> <p>*Effective Date: <input type="text"/></p> <p><input type="button" value="Continue"/></p> </div> <ul style="list-style-type: none"> • Request Type: Select a request type from the drop-down • Email Address: Enter your email address in this field Note: Additional email addresses can be entered by clicking on the Add button • Group Name: Enter the group name listed on paperwork • Quote ID: Enter Quote number (if applicable) • Submitted Date: Defaults to today's date • Division: Defaults to your state • Producer: Defaults to user • Funding Type: Use the drop-down and select Fully Insured • Market Segment: Use the drop-down and select ACA Small Group (2–50) • Effective Date: Use the drop-down to select appropriate effective date of new group <p>Once all required information is entered, click Continue. <input type="button" value="Continue"/></p> <p>PLEASE NOTE: This Request Type is not needed if group is being enrolled through the Enrollment Tool.</p>
<p>Submit Request</p>	<p>A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submitted for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed for Enrollment pane opens for Request Type: Enroll New Group</p>

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. **Request ID 11420.**

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Enroll New Group

*Email Address: test@bcbsmt.com Add

*Group Name: TEST MT New

Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote. Change

Quote ID:

*Submitted Date: 11/10/2023

*Division: Montana

*Producer: ESALES, TEST PRODUCER

*Funding Type: Fully Insured

*Market Segment: ACA Small Group (2-50)

*Effective Date: 12/01/2023

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Enrollment

*Benefit Program Application (BPA) for New Small Groups 2-50	Missing	
*Employer Group Information (EGI) Form	Missing	
*Small Group Enrollment Application/Change Form	Missing	
*Wage & Tax Statement/Proof of Wages	Missing	
Affidavit of Domestic Partnership		
COBRA Administration Services Request for Small Group		

Note: If a change is needed for Effective Date field click on the **Change** button.

Change

IMPORTANT NOTE: If changes are needed in these fields, the change should be completed PRIOR to attaching any documents to the request. Once the Change button is selected, a confirmation message populates letting you know that changes made to specific fields will result in the loss of any attachments.

Confirmation Message

Please note that changes to the following fields will result in the loss of any attachments:

Request Type
Division
Market Segment
Funding Type

Click confirm to proceed.

Confirm
Cancel

Attach Required Documents

In the **Documents Needed for Enrollment** section, all required documents will appear in RED font and have an asterisk (*) on the far-left side.

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Please attach the following documents. For questions, please contact your Sales representative.

[Attach Documents](#)

Documents Needed for Enrollment

*Benefit Program Application (BPA) for New Small Groups 2-50	Missing	
*Employer Group Information (EGI) Form	Missing	
*Enrollment Application/Change Form	Missing	
*Wage & Tax Statement/Proof of Wages	Missing	
Affidavit of Domestic Partnership		
CDHP - Employer Setup Form		
Dependent State Continuation of Coverage Form		
Disabled Dependent Certification Form		
Employer Representative Authorization (ERA)		

[Discontinue](#) * - Required Fields [Save](#) [Submit](#)

To attach documents, click on the **Attach Documents** button.

Please attach the following documents. For questions, please contact your Sales representative.

[Attach Documents](#)

Result: The Attachments window opens.

Click the **Choose File** button; locate the drive and folder where the documents are saved and select the file to upload.

File

[Choose File](#) No file chosen

Select from the Document Type(s) drop-down and click on the **Attach File** button.

The attached document will show in the **Existing Attached Documents** field.

Attachments

Select Browse to find a file(s) to attach. Uploaded files must be less than 25MB.

File [Choose File](#) No file chosen Document Type(s) Select Description(s)

[Attach File](#)

Existing Attached Documents						
File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	Delete Document

Deleted Documents				
File	Date/Time Stamp	Document Type	Description	Name

If the wrong document was attached, click on the **Delete Document** link to remove it from the list.

Existing Attached Documents						
File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	Delete Document

A confirmation message populates asking if you are sure you want to delete the document.

Select OK or Cancel (whichever applies).

Confirmation Message

Are you sure you want to delete the document?

[OK](#) [Cancel](#)

Result: The deleted document will then show in the **Deleted Documents** section.

The Attachments window displays a form for uploading files and a table of existing documents. Below the table, a section titled 'Deleted Documents' shows a document that has been removed.

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	Delete Document

File	Date/Time Stamp	Document Type	Description	Name
EGI Test.pdf	09/07/2023 01:03:52	Employer Group Information (EGI) Form		ESALES, TEST PRODUCER ESALES, TEST PRODUCER

Note: Deleted documents will not transfer from Request Center to enrollment, however they will be retained in Request Center for audit purposes. If paperwork for another group was accidentally attached, you must discontinue the request and start over. Deleted documents can still be viewed.

Submit Request

Once documents have been attached, click on the (X) in the top right-hand corner of the Attachments window to close. Click the **Save** button to verify all information is entered correctly and click **Submit** button to move the case to **Request Review**.

The Submit Request window features a 'Discontinue' button on the left and 'Save' and 'Submit' buttons on the right. A red asterisk indicates required fields.

Result: Request Submitted message populates.

A blue banner displays the message: 'Request Submitted. Demo Group request has been submitted and further review with Request ID 379398.'

Request Type SG Existing Group Changes – Fully Insured Only

The Submit Request window expands and contains additional required fields when the following request type is selected: **SG Existing Group Changes – Fully Insured Only**

The Submit Request window shows the 'Request Type' dropdown menu expanded, displaying 'SG Existing Group Changes - Fully Insured Only' as the selected option. The 'Submission Type' dropdown is also visible.

Select a Submission Type from the drop-down:

The Submission Type dropdown menu is open, showing a list of options including AD Change, Benefit Change, Bill Cycle Change, Billing Method Change, Blue Directions Renewal, Dental Only, GP Cert, Life, Market Segment Change, Miscellaneous, Name Change, and Off-Cycle Change.

	<p>Following selection of Submission Type, the following fields will be displayed:</p> <div><div><div>Request Center</div><div>Request Center Home</div></div><div><div>Submit Request</div><div>Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.</div></div><div><div>*Request Type: SG Existing Group Changes - Fully Insured Only</div><div>*Submission Type: Benefit Change</div></div><div><div>*Account Number:</div><div>*Division: Montana</div><div>*Funding Type: - Select -</div><div>*Effective Date: mm/dd/yyyy</div><div>*Submitter Email Address:</div><div>Notes:</div><div>*Producer: ESALES, TEST PRODUCER</div><div>Account Name:</div><div>*Market Segment:</div></div><div>Continue</div></div> <ul style="list-style-type: none">• Account Number: Enter the account number• Division: Defaults to your state• Account Name: Populates when account number and division are entered• Funding Type: Populates when account number and division are entered• Market Segment: Populates when account number and division are entered• Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy)• Submitter Email Address: Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)• Notes: Type in notes if needed (optional) <p>Once all required information is entered, click Continue.</p> <div>Continue</div>
Submit Request	<p>A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: SG Existing Group Changes – Fully Insured Only</p>

Follow the attach document step above to attach any documents and click on save and submit the request.

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11387.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: SG Existing Group Changes - Fully Insured Only

*Submission Type: Name Change

*Account Number: X4B489

*Producer: ESALES, TEST PRODUCER [Change](#)

*Division: Montana

Account Name: AMATEST_TEST MT SG

*Funding Type: Fully Insured

*Market Segment: ACA Small Group (2-50)

*Effective Date: 12/01/2023

*Submitter Email Address:

Notes: TEST

Please attach the following documents. For questions, please contact your Sales representative.

[Attach Documents](#)

Documents Needed for Request

9 Month State Continuation		
Articles of Incorporation / EIN Form: for New Businesses		
Benefit Plan Selection (BPS)		
BenefitWallet HSA Employer Set Up Form		
Billing Cycle Request Change Form		
Census or Member Mapping Instructions		
COBRA Administration Services Request For Small Group		
COBRA Application		
COBRA Continuation Coverage Application		
Dependent State Continuation		

[Discontinue](#) * - Required Fields [Save](#) [Submit](#)

The request is now submitted for review.

To review your request, search for it on the Request Center homepage using criteria available and click **Search**.

Review Request

Search Requests

Request Type: All

Account / Group Name:

Request ID: 11387

Account Number:

Effective Date: mm/dd/yyyy

Status: All

Division: Montana

Producer: ESALES, TEST PRODUCER

Market Segment: All

Funding Type: All

Association Name: All

[Search](#) [Clear](#)

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	AMATEST_TEST MT SG	X4B489	Std Mkts Request Pending Internal Review	11387	SG Existing Group Changes - Fully	Montana	12/01/2023

To view information, you can select the **View** button next to the account.

The Submit Request window expands and contains additional required fields when the following request types are selected: **Blue Balance Funded Enrollment**

Select a Submission Type from the drop-down:

Following selection of Submission Type, the following fields will be displayed:

- **Account Number:** Enter the Account Number
- **Division:** Defaults to your state
- **Account Name:** Populates when account number and division are entered or can be manually entered
- **Funding Type:** Populates when account number and division are entered or can be selected from drop-down
- **Market Segment:** Populates when account number and division are entered or can be selected from drop-down
- **Effective Date:** Use the drop-down to select appropriate effective date of the group
- **Submitter Email Address:** Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)
- **Notes:** Type in notes if needed (optional)

Once all required information is entered, click Continue.

Continue

**Request Type
Blue Balance
Funded
Enrollment**

Submit Request

A message populates in the Submit Request window stating [Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.](#) A Request ID number is assigned, and the Documents Needed pane opens for Request type: **Blue Balance Funded Enrollment**

Follow the attach document step above to attach any documents and click on save and submit the request.

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11388.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Blue Balance Funded Enrollment

*Submission Type: Existing Blue Balance Funded Renewal

*Account Number: X6A450

*Division: Montana

*Funding Type: ASO Blue Balance FundedSM

*Effective Date: 12/01/2023

*Submitter Email Address:

*Producer: ESALES, TEST PRODUCER

Account Name: AMATEST_MT BBF

*Market Segment: Small Group (10-50)

Notes: TEST

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Request

*Administrative Service Agreement (ASA)	Attached
*Business Associate Agreement (BAA)	Attached
*Stop Loss Application	Attached
*ASO BPA	Attached
*Addendum	Attached
*Blue Balance Funded Quote/Renewal	Attached
Benefitwallet HSA Employer Set Up Form	
Census or Member Mapping Instructions	

Discontinue * - Required Fields

Save Submit

The request is now submitted for review.



Review Request


To review your request, search for it on the Request Center homepage using criteria available and click **Search**.

Search Requests

Request Type: All
 Account / Group Name:
 Request ID: 11388
 Account Number:
 Effective Date: mm/dd/yyyy
 Status: All

Division: Montana
 Producer: ESALES, TEST PRODUCER
 Market Segment: All
 Funding Type: All
 Association Name: All

 Search 

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
	AMATEST_MT BBF	X6A450	Request Initiated	11388	Blue Balance Funded Enrollment	Montana	12/01/20

To view information, you can select the **View** button next to the account.

The Submit Request window expands and contains additional required fields when the following request type is selected: **New Blue Balance Funded**

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: New Blue Balance Funded

Account Number:

*Division: Montana

*Funding Type: - Select -

*Effective Date:


*Submitter Email Address:

*Producer: ESALES, TEST PRODUCER

Account Name:

*Market Segment:

Notes:



Request Type
New Blue
Balance
Funded

- **Account Number:** Enter the Account Number (If applicable)
- **Division:** Defaults to your state
- **Account Name:** Recommended but not required to enter
- **Funding Type:** Select from drop-down
- **Market Segment:** Select from drop-down
- **Effective Date:** Select from drop-down
- **Submitter Email Address:** Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)
- **Notes:** Type in notes if needed (optional)

Once all required information is entered, click Continue.



Submit
Request

A message populates in the Submit Request window stating [Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.](#) A Request ID number is assigned, and the Documents Needed pane opens for Request type: **New Blue Balance Funded**

Follow the attach document step above to attach any documents and click on save and submit the request.

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case, Request ID 11389.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: New Blue Balance Funded

Account Number: X6A450

*Division: Montana

*Funding Type: ASO Blue Balance FundedSM

*Effective Date: 12/01/2023

*Submitter Email Address:

*Producer: ESALES, TEST PRODUCER

Account Name: AMATEST_MT New BBF

*Market Segment: Small Group (10-50)

Notes: TEST

Please attach the following documents. For questions, please contact your Sales representative.

[Attach Documents](#)

Documents Needed for Request

*Administrative Service Agreement (ASA)	<input checked="" type="checkbox"/> Attached
*Business Associate Agreement (BAA)	<input checked="" type="checkbox"/> Attached
*Stop Loss Application	<input checked="" type="checkbox"/> Attached
*ASO BPA	<input checked="" type="checkbox"/> Attached
*Addendum	<input checked="" type="checkbox"/> Attached
*Blue Balance Funded Quote/Renewal	<input checked="" type="checkbox"/> Attached
*Proof of Wages	<input checked="" type="checkbox"/> Attached
*Proof of Business	<input checked="" type="checkbox"/> Attached

[Discontinue](#) * - Required Fields [Save](#) [Submit](#)

The request is now submitted for review.

To review your request, search for it on the Request Center homepage using criteria available and click **Search**.

Review Request

Search Requests

Request Type: New Blue Balance Funded

Account / Group Name:

Request ID: 11389

Account Number:

Effective Date: 12/01/2023

Status: All

Division: Montana

Producer: ESALES, TEST PRODUCER

Market Segment: All

Funding Type: All

Association Name: All

[Search](#) [Clear](#)

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	AMATEST_MT New BBF	X6A450	Std Mkts Request Pending Internal Review	11389	New Blue Balance Funded	Montana	12/01/2023

<p>Request Type Existing Blue Balance Funded to Fully Insured</p>	<p>The Submit Request window expands and contains additional required fields when the following request type is selected: Existing Blue Balance Funded to Fully Insured</p> <div data-bbox="316 268 1583 829"> <p>The screenshot shows a 'Submit Request' form with a blue header. Below the header is a text box with instructions: 'Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.' Below this is a dropdown menu for '*Request Type:' with 'Existing Blue Balance Funded to Fully Insured' selected. The form contains several fields: '*Account Number:' (text box), '*Division:' (text box with 'Montana'), '*Funding Type:' (dropdown menu with '- Select -'), '*Effective Date:' (dropdown menu), '*Submitter Email Address:' (text box), '*Producer:' (text box with 'ESALES, TEST PRODUCER'), 'Account Name:' (text box), '*Market Segment:' (dropdown menu), and 'Notes:' (text area). A 'Continue' button is at the bottom right.</p> </div> <ul style="list-style-type: none"> • Account Number: Enter the Account Number • Division: Defaults to your state • Account Name: Populates when account number and division are entered • Funding Type: Populates when account number and division are entered • Market Segment: Populates when account number and division are entered • Effective Date: Select from the drop-down • Submitter Email Address: Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission) • Notes: Type in notes if needed (optional) <p>Once all required information is entered, click Continue.</p> <div data-bbox="938 1186 1101 1249"> </div>
<p>Submit Request</p>	<p>A message populates in the Submit Request window stating <i>Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.</i> A Request ID number is assigned, and the Documents Needed pane opens for Request type: Existing Blue Balance Funded to Fully Insured</p> <p>Follow the attach document step above to attach any documents and click on save and submit the request.</p>

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11390.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Existing Blue Balance Funded to Fully Insured

*Account Number: X6A450

*Division: Montana

*Funding Type: Fully Insured

*Effective Date: 12/01/2023

*Submitter Email Address:

*Producer: ESALES, TEST PRODUCER

Account Name: AMATEST_EX FI

*Market Segment: Small Group (10-50)

Notes: TEST

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Request

*Benefit Plan Selection Form/ Small Group Benefit Program Application (IL- BPS/ ALL-BPA)	Attached
*EGI	Attached
*Renewal Exhibit with fully insured rates	Attached
Census or Membership Mapping Instructions	
Email	
Other	

Discontinue * - Required Fields

Save Submit

The request is now submitted for review.

Review Request

To review your request, search for it on the Request Center homepage using criteria available and click **Search**.

Search Requests

Request Type: All
Account / Group Name:
Request ID: 11390
Account Number:
Effective Date: mm/dd/yyyy
Status: All

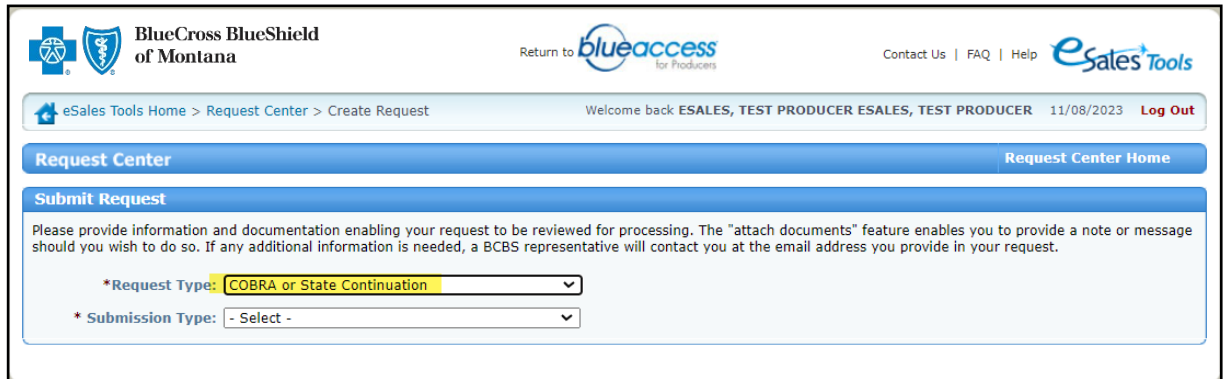
Division: Montana
Producer: ESALES, TEST PRODUCER
Market Segment: All
Funding Type: All
Association Name: All

Search Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	AMATEST_EX FI	X6A450	Std Mkts Request Pending Internal	11390	Existing Blue	Montana	12/01/2023

To view information, you can select the **View** button next to the account.

The Submit Request window expands and contains additional required fields when the following request type is selected: **COBRA or State Continuation**



BlueCross BlueShield of Montana

Return to [blueaccess for Producers](#)

Contact Us | FAQ | Help [eSales Tools](#)

[eSales Tools Home](#) > [Request Center](#) > Create Request

Welcome back **ESALES, TEST PRODUCER** 11/08/2023 [Log Out](#)

Request Center [Request Center Home](#)

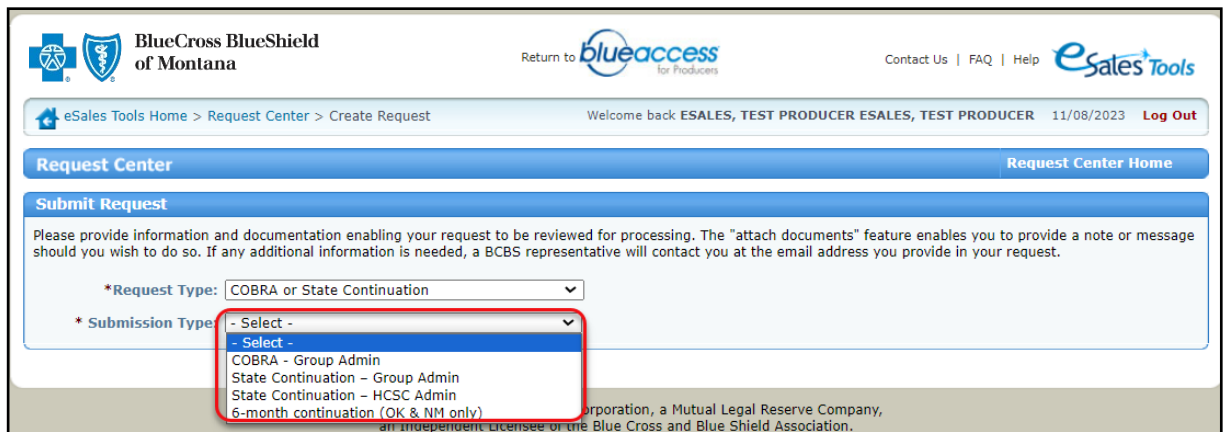
Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: **COBRA or State Continuation**

*Submission Type: **- Select -**

Select a Submission Type from the drop-down:



BlueCross BlueShield of Montana

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[eSales Tools Home](#) > [Request Center](#) > Create Request

Welcome back **ESALES, TEST PRODUCER** 11/08/2023 [Log Out](#)

Request Center [Request Center Home](#)

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

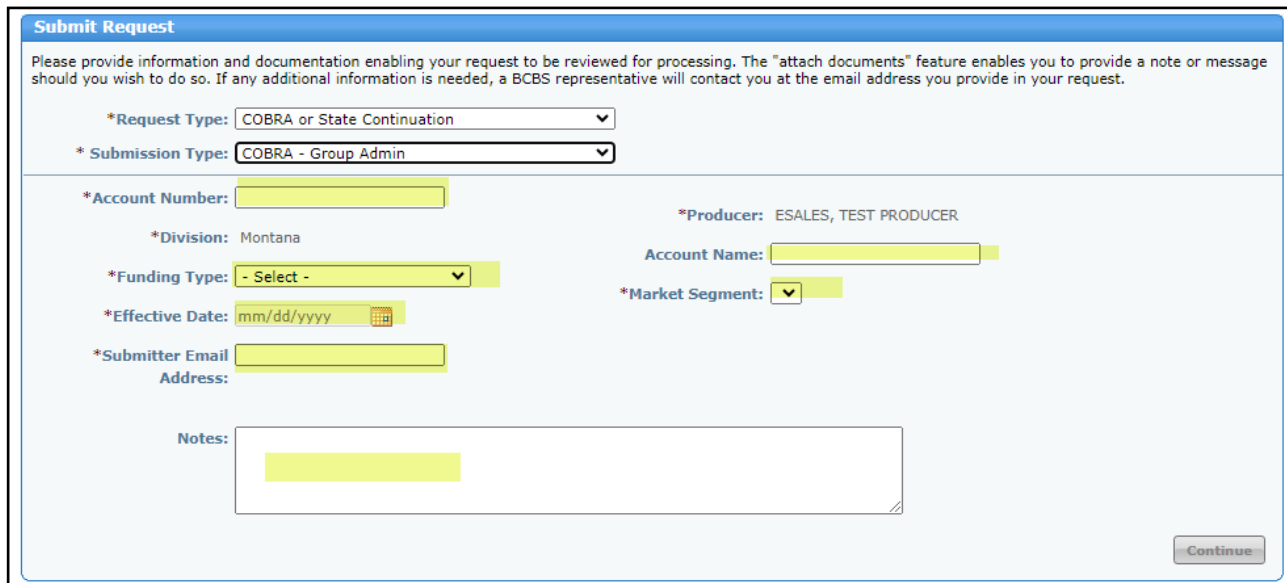
*Request Type: **COBRA or State Continuation**

*Submission Type: **- Select -**

- Select -
- COBRA - Group Admin
- State Continuation - Group Admin
- State Continuation - HCSC Admin
- 6-month continuation (OK & NM only)

**Request Type
COBRA or
State
Continuation**

Following selection of Submission Type COBRA or State Continuation, the following fields will be displayed:



Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: **COBRA or State Continuation**

*Submission Type: **COBRA - Group Admin**

*Account Number:

*Division: **Montana**

*Funding Type: **- Select -**

*Effective Date:

*Submitter Email Address:

*Producer: **ESALES, TEST PRODUCER**

Account Name:

*Market Segment:

Notes:

[Continue](#)

- **Account Number:** Enter the account number
- **Division:** Defaults to your state
- **Account Name:** Populates when account number and division are entered
- **Funding Type:** Populates when account number and division are entered or can be selected from drop-down
- **Market Segment:** Populates when account number and division are entered
- **Effective Date:** Enter or click on calendar icon to select effective date (mm/dd/yyyy)
- **Submitter Email Address:** Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)
- **Notes:** Type in notes if needed (optional)

Once all required information is entered, click Continue.

Continue

A message populates in the Submit Request window stating [Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.](#) A Request ID number is assigned, and the Documents Needed pane opens for Request type: **COBRA or State Continuation**

Follow the attach document step above to attach any documents and click on save and submit the request.

Submit Request

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11391.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type:

COBRA or State Continuation

*Submission Type:

COBRA - Group Admin

*Account Number:

X4B489

*Producer:

ESALES, TEST PRODUCER

Change

*Division:

Montana

Account Name:

AMATEST_MT COBRA

*Funding Type:

Fully Insured

*Market Segment:

ACA Small Group (2-50)

*Effective Date:

12/01/2023

*Submitter Email Address:

Notes:

TEST

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Request

9 Month State Continuation		
COBRA Continuation Coverage Application		
Current Census Including COBRA and State Continuation		
Current Rates		
Email		
Other		
Texas Nine(9) Month State Continuation of Insurance Application Form		

Discontinue

* - Required Fields

Save

Submit

The request is now submitted for review.

Review Request

To review your request, search for it on the Request Center homepage using criteria available and click **Search**.

Search Requests

Request Type: All
 Account / Group Name:
 Request ID: 11391
 Account Number:
 Effective Date: mm/dd/yyyy
 Status: All

Division: Montana
 Producer: ESALES, TEST PRODUCER
 Market Segment: All
 Funding Type: All
 Association Name: All

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
<input type="button" value="View"/>	AMATEST_MT COBRA	X4B489	Std Mkts Request Pending Internal Review	11391	COBRA or State Continuation	Montana	12/01/2020

To view information, you can select the **View** button next to the account.

Request Type COBRA – HCSC Admin

The Submit Request window expands and contains additional required fields when the following request type is selected: **COBRA – HCSC Admin**

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: COBRA - HCSC Admin

*Account Number:
 *Division: Montana
 *Funding Type: - Select -
 *Effective Date: mm/dd/yyyy
 *Submitter Email Address:
 Notes:

- **Account Number:** Enter the Account Number
- **Division:** Defaults to your state
- **Account Name:** Populates when account number and division are entered
- **Funding Type:** Populates when account number and division are entered
- **Market Segment:** Populates when account number and division are entered
- **Effective Date:** Enter or click on calendar icon to select effective date (mm/dd/yyyy)
- **Submitter Email Address:** Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)
- **Notes:** Type in notes if needed (optional)

Once all required information is entered, click Continue.

Continue

Submit Request

A message populates in the Submit Request window stating **Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.** A Request ID number is assigned, and the Documents Needed pane opens for Request type: **COBRA – HCSC Admin**

Follow the attach document step above to attach any documents and click on save and submit the request.

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. **Request ID 11392.**

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: COBRA - HCSC Admin

*Account Number: X4B489

*Division: Montana

*Funding Type: Fully Insured

*Effective Date: 12/01/2023

*Submitter Email Address:

*Producer: ESALES, TEST PRODUCER

Account Name: AMATEST_MT COB

*Market Segment: ACA Small Group (2-50)

[Change](#)

Please attach the following documents. For questions, please contact your Sales representative.

[Attach Documents](#)

Documents Needed for Request

*HCSC COBRA Agreement	Attached
*HealthEquity COBRA New Client Application	Attached
*HealthEquity COBRA Additional Carrier and Plan Information Form	Attached
Email	
Other	

[Discontinue](#) * - Required Fields

[Save](#) [Submit](#)

The request is now submitted for review.

Review Request

To review your request, search for it on the Request Center homepage using criteria available and click **Search**.

Search Requests

Request Type: COBRA - HCSC Admin

Account / Group Name:

Request ID: 11392

Account Number:

Effective Date: mm/dd/yyyy

Status: All

Division: Montana

Producer: ESALES, TEST PRODUCER

Market Segment: All

Funding Type: All

Association Name: All

[Search](#) [Clear](#)

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	AMATEST_MT COB	X4B489	Std Mkts Request Pending Internal Review	11392	COBRA - HCSC Admin	Montana	12/01/2023

To view information, you can select the **View** button next to the account.

The Submit Request window expands and contains additional required fields when the following request type is selected: **Regulatory Data Update**

Select a Submission Type from the drop-down.

Note: HCSC Only Submission cannot be selected. You will receive an error message if you try to save.

Request Type Regulatory Data Update

Result: Following selection of Submission Type, the following fields will be displayed:

- **Account Number:** Enter the account number
- **Division:** Defaults to your state
- **Account Name:** Populates when account number and division are entered
- **Funding Type:** Populates when account number and division are entered
- **Market Segment:** Populates when account number and division are entered
- **Effective Date:** Enter or click on calendar icon to select effective date (mm/dd/yyyy)
- **Submitter Email Address:** Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)
- **Notes:** Type in notes if needed (optional)

Once all required information is entered, click Continue.

Continue

Submit Request

A message populates in the Submit Request window stating [Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.](#) A Request ID number is assigned, and the Documents Needed pane opens for Request type: **Regulatory Data Update**

Follow the attach document step above to attach any documents and click on save and submit the request.

Request Center
Request Center Home

Submit Request

Request saved successfully. Request ID 379542.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Regulatory Data Update

* Submission Type: Average Employee Count (AEC)

*Account Number: X6B238

*Division: Montana

*Funding Type: Fully Insured

*Effective Date: 09/01/2023

*Submitter Email Address:

*Producer: ESALES, TEST PRODUCER

Account Name:

*Market Segment: ACA, Small Group (2-50)

Change

Notes: Note regarding request can be entered here.

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Request

Email		
Employer Group Information (EGI)		
Medical Loss Ratio Assurance Form		
Medicare Secondary Payer(MSP) Employer Acknowledgement		
Other		
Average Employee Count Form		

Discontinue * - Required Fields

Save Submit

Click on the **Submit** button to submit the request for further review.

Request Submitted

Demo Group Request has been submitted and further review with Request ID 379582.

Review Request

To review your request, search for it on the Request Center homepage using criteria available and click **Search**.

To view information, you can select the **View** button next to the account.

If there are any requests that may need users to complete additional steps (for example, due to Missing/Incorrect/Incomplete documents), an email to the person in the Submitter email address field will be sent. Those requests can be found on the bottom section of the Request Center homepage.

Click on the **View** button next to the request needing updates.

You will be able to view notes and comments of processors in the Log.

Request Center Request Center Home

Resubmit ☐ Information Received

Request ID : 379510 Request Type : SG Existing Group Changes - Fully Insured Only Status : Std Mkts Request info needed by Operations

[Attachments](#) [Log](#) [History](#)

Request Details

*Account Number:	*Producer: ESALES, TEST PRODUCER
*Division: Montana	Account Name:
*Funding Type: Fully Insured	*Market Segment: ACA Small Group (2-50)
*Effective Date: 10/01/2023	
*Submitter Email Address:	
*Submission Type: Benefit Change	

Status: Pending request needed

When **Log** button is selected, you can view the reason for the request info needed per the log entry.

Account Log

Display Entries From

☒ Operations

Log Entries (Sorted By Most Recent)

Test test

BATEST57
Added By : Test test

Entry : Decision on the request by the Internal user BATEST57

More Information Needed

- Missing/Incorrect/Incomplete Document(s)

Missing/Incorrect/Incomplete Document(s):

- ASO BPA - Incomplete

Additional Notes:
Missing Signature

[Send](#)

09/12/2023 12:00:49

The request will open and allow you to attach correct document(s) via the Attachments button and same instructions as above.

Request Center Request Center Home

Resubmit ☐ Information Received

Request ID : 379510 Request Type : SG Existing Group Changes - Fully Insured Only Status : Std Mkts Request info needed by Operations

[Attachments](#) [Log](#) [History](#)

Request Details

*Account Number:	*Producer: ESALES, TEST PRODUCER
*Division: Montana	Account Name:
*Funding Type: Fully Insured	*Market Segment: ACA Small Group (2-50)
*Effective Date: 10/01/2023	
*Submitter Email Address:	
*Submission Type: Benefit Change	

When all data is attached, click the **Information Received** radio button, enter any Notes and click **Resubmit**.

Request Center
Request Center Home

Resubmit
Information Received
Enter Optional Notes

Request ID : 379579 Request Type : Blue Balance Funded Enrollment Status : Std Mkts Request info needed by Operations
Attachments Log History

Request Details

Account Number:

*Division: New Mexico

*Funding Type: ASO Blue Balance FundedSM

*Effective Date: 10/01/2023

*Submitter Email test@bcbs.com
Address:

*Submission Type: New Blue Balance Funded

Notes: Optional Notes Here

*Producer: ESALES GA TEST COMPANY
Account Name: Demo Group
*Market Segment: Small Group (10-50)

The request will go back to the processor with proper documentation.

Request Completion

Request Completion

After your Request has been worked, you will receive email confirmation that the Request is now complete.

You can also verify on Request Center homepage that Status is updated to Std Mkts Request Completed for your request.

Request Center
Request Center Home

Create Request

Search Requests

Request Type: All

Account / Group Name:

Request ID: 379542

Account Number:

Effective Date: mm/dd/yyyy

Status: All

Division: Montana
Producer: ESALES, TEST PRODUCER
Market Segment: All
Funding Type: All
Association Name: All

Search Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View		X6B238	Std Mkts Request Completed	379542	Regulatory Data Update	Montana	09/01/2023

Status Definitions	<ul style="list-style-type: none"> • Std Mkts Account Processing in Progress <i>(Request was submitted and is being reviewed internally)</i> • Std Mkts Financial Account Setup (BBF Billing) <i>(Only for Blue Balance Funded requests, where the request is with our internal financial team before sending to UW)</i> • Std Mkts Information Received from Submitter <i>(Missing information has been received by internal personnel and will continue to be reviewed and processed)</i> • Std Mkts More Information Required <i>(Request has been sent back to external submitter for more information)</i> • Std Mkts Request Approved by UW <i>(UW has approved the account and will be sent to internal user to review approved changes)</i> • Std Mkts Request Completed <i>(Request has been completed, no further action required.)</i> • Std Mkts Request Discontinued <i>(Request has been discontinued per request or due to account inactivity from external user (ex: More Information Required was not received) and a new request will need to be created)</i> • Std Mkts Request Info needed by Operations <i>(Request has been reviewed by internal Operations user and requires more information from the producer)</i> • Std Mkts Request Pending Internal Review <i>(Request has been submitted and is awaiting internal review)</i> • Std Mkts Request Pending UW Review <i>(Internal Operations review has been completed and has been sent to UW for their review)</i> • Std Mkts Request Pending UW Re-Review <i>(Initial request was sent back for more information, but is now back to the UW for their re-review)</i>
Emails to be received	<ul style="list-style-type: none"> • Std Mkts Request Initiated <i>(Email that is sent with initiation of request)</i> (soon to be eliminated and replaced when Pending Internal Review) • Std Mkts Request info needed by Operations <i>(Email indicating that more information is required, producer must log into Request Center to view details using the Log)</i> • Std Mkts Request Completed <i>(Email notifying the producer that request is complete with no further action needed)</i> • Std Mkts Request Discontinued <i>(Email notifying the producer that request has been discontinued with Reason Code description, and any additional notes are provided in the Log)</i>