



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

Step	Action
Log In to Group Sales	Click on (or enter) this URL: https://www.bcbsmt.com/producer. Log in to Blue Access for Producers [™] (BAP [™]).
Group Sales Tools	<complex-block></complex-block>
Access Request Center	Click on the Request Center link: *Note - Contact your internal Administrator to delegate access to appropriate personnel. *Note - Contact your internal Administrator to delegate access to appropriate personnel. The Request Center homepage window opens. Request Center homepage window opens. Search Requests Request ID: Account Number: Effective Date: Effective Date: Immidd/yyy Status:

Welcome to the Request Center

	The Request Center homepage contains the following:	
	Create Request: this button is used to initiate an enrollment request.	
	BlueCross BlueShield of Montana Return to blue occess Contact Us FAQ Help Cates Tools	
	of Montana	
	eSales Tools Home > Request Center Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 Log Out	
	Request Center Home Request Center Home	
	Create Request	
	Search Requests view contains the following:	
	Search Requests Request Type: All Division: State	
	Request Type: All Division: State Account / Group Name: Producer: ESALES, TEST PRODUCER	
	Request ID: Market Segment:	
	Account Number: Funding Type: All Effective Date: mm/dd/yyyy Association Name: All	
	Status: All	
_	🔊 Search Clear	
Request		
Center	• Search Request: Allows user to search by the following:	
Homepage		
	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 Funded™)	
	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.)	
	From the Deguast Contex homonogo, click on Create Deguast butter	
	From the Request Center homepage, click on Create Request button.	
	BlueCross BlueShield	
	of Montana	
Creating a		
Request	eSales Tools Home > Request Center	
	Request Center	

	Result: The Submit Request page opens.
	BlueCross BlueShield of Montana Return to Deccess to Produces Contact Us FAQ Help Crates Tools
	de eSales Tools Home > Request Center > Create Request Welcome back Test test 03/01/2022 Log Out
Request Page	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: - Select - V
	Note: To return to the Request Center homepage, click the Request Center Home button on the right
	Note. To return to the Request center nomepage, click the Request center nome batton on the right
	Request Type: Use the drop-down and select a Request Type.
	BlueCross BlueShield of Montana Return to blue ccess for hodices Contact Us FAQ Help Coales Tools
	Carlos Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER 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: Select -
	- Select - Enroll New Group
	SG Existing Group Changes - Fully Insured Only Blue Balance Funded Enrollment New Blue Balance Funded
	Existing Blue Balance Funded to Fully Insured COBRA or State Continuation
Request Type	COBRA - HCSC Admin Regulatory Data Update
	Request Types: 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
	Note: Enroll New Group was an existing request type.

	The Submit Request window expands and contains additional required fields when the following Request Type is selected:
	Enroll New Group
	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: Enroll New Group * Email Address: agent@bcbstxagency.com Add
	*Group Name:
	Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote.
	Quote ID: *Submitted Date: 11/10/2023 *Division: Montana "Producer: ESALES, TEST PRODUCER
	*Funding Type: - Select - V *Market Segment: V
	*Effective Date: 💌
Poquest Type	Continue
Enroll New	
Group	 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
	• Enertive Date. Use the drop-down to select appropriate enertive date of new group
	Once all required information is entered, click Continue.
	PLEASE NOTE: This Request Type is not needed if group is being enrolled through the Enrollment Tool.
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 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

	Submit Request	
	Your request has been initiated but has not yet been submitted for processing. Please ensure all information is this Request ID to easily check the status on the progress of the case. Request ID 11420.	added to the request and submit for further processing. Save
	Please provide information and documentation enabling your request to be reviewed for processing. The "attac should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the	
	*Request Type: Enroll New Group * Email A	ddress: test@bcbsmt.com
	*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: ESAL	ES, TEST PRODUCER
	*Funding Type: Fully Insured V *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	ing
	*Employer Group Information (EGI) Form	ing
	*Small Group Enrollment Application/Change Form	ing
	*Wage & Tax Statement/Proof of Wages	ing
	Affidavit of Domestic Partnership	
	Note: If a change is needed for Effective Date field click on the Chang	e button. <u>(Change</u>)
	IMPORTANT NOTE: If changes are needed in these fields, the change	should be completed PRIOR to attaching a
	documents to the request. Once the Change button is selected, a con	firmation message populates letting you ki
	that changes made to specific fields will result in the loss of any attac	
	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	
ch uired uments	In the Documents Needed for Enrollment section, all required docum asterisk (*) on the far-left side.	nents will appear in RED font and have an

	Please attach the following documents. For questions, please contact your Sales repre-	esentative.	
	l 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 (FRA)		
	Discontinue - Required Fields	Save	
	To attach documents, click on the Attach Document	s button.	
	Please attach the following documents. For questions, please cont	tact your Sales representative.	
	Attach Documents		
	Result: The Attachments window opens.		
	Click the Choose File button; locate the drive and fo	lder where the documents are saved and select the file to uploa	ad.
	File		
	Choose File No file chosen		
	Select from the Document Type(s) drop-down and c	lick on the Attach File button	
	The attached document will show in the Existing Attached Documents field. Attachments		
	Attachinents		
	Select Browse to find a file(s) to attach. Uploaded files must be less than 25MB.		
	File Document Type(5)	Description(s)	
Attach	Choose File No file chosen Select	▼	
Required	Existing Attached Documents	th File	
Documents	File Date/Time Stamp Document Type Descript	tion Name Status Delete Document	
Documents	BPA 09/07/2023 Benefit Program Application (BPA) for New Test.docx 01:00:36 Small Groups 2-50	ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Docume It	
	Deleted Documents		
	File Date/Time Stamp Document Type	Description Name	
	If the wrong document was attached, click on the De	elete Document link to remove it from the list.	
	Existing Attached Documents		
	File Date/Time Stamp Document Type BPA 09/07/2023 Benefit Program Application (BPA) for New	Description Name Status Delete Document ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document	
	BPA 09/07/2023 Benefit Program Application (BPA) for New Test.docx 01:00:36 Small Groups 2-50	ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Docum	enc
	A confirmation massage negulates aching if you are	aura you want ta dalata tha dagumant	
Delete	A confirmation message populates asking if you are	sure you want to delete the document.	
Documents	Select OK or Cancel (whichever applies).		
	Confirmation Message		
	A Are you sure you want to delete the document?		
	Ok Cancel		

	Result: The deleted document will then show in the Deleted Documents section.
	Attachments
	Select Browse to find a file(s) to attach. Uploaded files must be less than 25MB.
	File Document Type(s) Description(s)
	Choose File No file chosen Select Attach File
	Existing Attached Documents
	File Date/Time Stamp Document Type Description Name Status Delete Document BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document Test-docx 01:00:36 Small Groups 2-50 Small Groups 2-50 Delete Document
	rest.dock 01.00.30 Small Ordup 2-30
	Deleted Documents 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.
	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.
.	Discontinue * - Required Fields Save Submit
Submit	
Request	
	Result: Request Submitted message populates.
	Request Submitted
	Demo Group request has been submitted and further review with Request ID 379398.
	The Submit Request window expands and contains additional required fields when the following request type is
	selected: SG Existing Group Changes – Fully Insured Only
	BlueCross BlueShield of Montana Return to Due access to Fadates Tools
	Control of the sequest Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 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: SG Existing Group Changes – Fully Insured Only v
Request Type	* Submission Type: Select · · · ·
SG Existing	
Group	Select a Submission Type from the drop-down:
Changes –	BlueCross BlueShield of Montana Return to Due occess to Foodcam Contact Us FAQ Help Cotates Tools
Fully Insured	Sales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 Log Out
Only	Request Center Home 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: SG Existing Group Changes - Fully Insured Only * Submission Type: - Select -
	A D Change Benefit Change
	Bill Cycle Change crporation, a Mutual Legial Reserve Company, Billing Method Change crporation, a Mutual Legial Reserve Company, Blue Directions Renewal Blue Cross and Blue Shield Association.
	Dental Only Service Corporation. All Rights Reserved. GF Cert Life d Important Information
	Market Segment Change Miscellaneous Name Change
	Off-Cyde Change

Request Center Area 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: SG Existing Group Changes - Fully Insured Only V
* Submission Type: Benefit Change
*Account Number: *Producer: ESALES, TEST PRODUCER
*Division: Montana Account Name:
*Funding Type: - Select - *Market Segment: * Harket Segment:
*Submitter Email
Address:
Notes:
Continue
Division: Defaults to your state
Account Name: Populates when account number and division are entered
 Account Name: Populates when account number and division are entered Funding Type: Populates when account number and division are entered
Funding Type: 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
 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)
 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
 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)
 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
 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)
 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)
 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.
 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. A message populates in the Submit Request window stating Your request has been initiated but has not yet been and the submit and the

	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 *Division: Montana	ſ
	*Funding Type: Fully Insured V	
	*Market Segment: ACA Small Group (2-50) V *Effective Date: 12/01/2023	
	*Submitter Email	
	Notes: TEST	
	Please attach the following documents. For questions, please contact your Sales representative.	
	B Attach Documents	
	Documents Needed for Request	
	9 Month State Continuation	6
	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	-
	Descedent Chete Continuation	_
	Discontinue * - Required Fields 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.	
	Search Requests •	
	Request Type: All Division: Montana Account / Group Name: Producer: ESALES, TEST PRODUCER	
	Request ID: 11387 Market Segment: All	
	Account Number: Funding Type: Effective Date: mm/dd/yyyy Association Name: All	
	Status: All	
	Clear	
	Account / Croup Name Account Number Status Request Dequest Time Division Effective	
	ID Request type Division Date	
	View AMATEST_TEST MT SG X4B489 Std Mkts Request Pending Internal 11387 SG Existing Group Changes - Fully Montana 12/01/2	
	To view information, you can select the View button next to the account.	

Request Type Blue Balance Funded Enrollment	The Submit Request window expands and contains additional required fields when the following request types are selected: Blue Balance Funded Enrollment Image: 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: Request Center Type: Blue Balance Funded Enrollment
	 Submitter Email Address: Type in notes if needed (optional) 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: Blue Balance Funded Enrollement Follow the attach document step above to attach any documents and click on save and submit the request. Submit Request type: Blue Balance Funded Enrollement Please provide information and documents there abains the progressing. The sense rears all information is added to the request and submit for further processing. Save the Securit Dis easily check the abains on the progress of the case. Request ID 11308. Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a rote or message should you wink to do so. If any additional information is needed. BCBS representative will contact you at the email address you provide in your request. *Request Type: Blue Balance Funded Enrollment *Submits Treating Blue Balance Funded Enrollment *Submits to do so. If any additional information is needed. BCBS representative will contact you at the email address you provide in your request. *Request Type: Type: Blue Balance Funded Enrollment *Submits Terraling Type: AOD Blue Balance Funded Enrollment *Submits Terraling Submits For questions, please contact your Sales representative. Metses Electro Date: T207/2023 *Submits Terraling Source Agreement (AAA) *Step Loss Application *Statched Beenfinyalet HSA Employer Set Up Form Census or Hember Happing 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 V Division: Montana
	Account / Group Name: Producer: ESALES, TEST PRODUCER
	Request ID: 11388 Market Segment: All
	Account Number: Funding Type: All
	Effective Date: mm/dd/yyyy Association Name: All
	Status: All
	Clear
	Account / Group Name Account Number Status Request ID Request Type Division Effective
	View AMATEST_MT BBF X6A450 Request Initiated 11388 Blue Balance Funded Montana 12/01/2
	Encolment
	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
	Request rype. They blue balance runded
	Account Number:
	*Producer: ESALES, TEST PRODUCER
	*Division: Montana Account Name:
	*Funding Type: - Select -
	*Market Segment: V
	*Effective Date:
	*Submitter Email
	Address:
Request Type	
	Notes:
New Blue	
Balance	
Funded	
	Continue
	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.
	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
Submit	easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane
Request	
• •	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 *Producer: ESALES, TEST PRODUCER *Division: Montana Account Name: AMATEST_MT New BBF *Funding Type: ASO Blue Balance FundedSM V *Market Segment: Small Group (10-50) V *Effective Date: 12/01/2023 V *Market Segment: Small Group (10-50) V *Submitter Email Address: Address: Notes: TEST TEST
	Please attach the following dociments. For questions, please contact your Sales representative.
	Documents Needed for Request *Administrative Service Agreement (ASA) *Business Associate Agreement (BAA) *Stop Loss Application *Addendum *Addendum *Buse Balance Funded Quote/Renewal
	*Blue Balance Funded Quote/Renewal
	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 • Division: Montana Request Type: New Blue Balance Funded Producer: Account / Group Name: Producer: ESALES, TEST PRODUCER Request ID: 11389 Market Segment: All Account Number: Funding Type: All All Status: All Image: Clear 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 11389 New Blue Balance Montana 12/01/2

	The Submit Request window expands and contains additional required fields when the following request type is selected: Existing Blue Balance Funded to Fully Insured					
	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: Existing Blue Balance Funded to Fully Insured					
	*Account Number: *Producer: ESALES, TEST PRODUCER					
	*Funding Type: - Select -					
	*Effective Date:					
	*Submitter Email Address:					
	Notes:					
Request Type	Continue					
Existing Blue	Account Number: Enter the Account Number					
Balance Funded to	Division: Defaults to your state					
Fully Insured	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)					
	Once all required information is entered, click Continue.					
	A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted					
Submit	for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to					
Request	easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane					
nequest	opens for Request type: Existing Blue Balance Funded to Fully Insured					
	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 this Request ID to easily check the status on the progress of the case. Request ID 11390.	further processi	ng. Save
	Disco annula information and documentation combling your powert to be reviewed for processing. The ""attack documents" forture comblex you to	provido o poto v	
	Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to 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 re		or message
	*Request Type: Existing Blue Balance Funded to Fully Insured		
	*Account Number: X6A450 *Producer: ESALES, TEST PRODUCER	C	Change
	*Division: Montana Account Name: AMATEST_EX FI		
	*Funding Type: Fully Insured *Market Segment: Small Group (10-50) *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		
	*Benefit Plan Selection Form/ Small Group Benefit Program Application (IL- BPS/ ALL-	_	
	BPA) *EGI		
	*Renewal Exhibit with fully insured rates		
	Census or Membership Mapping Instructions		
	Email Other		
	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 o	click Search	
	Search Requests -		
	Request Type: All Division: Montana Account / Group Name: Producer: ESALES, TEST PRODUCER		
	Request ID: 11390 Market Segment: All		
	Account Number: Funding Type: All Effective Date: mm/dd/yyyy Association Name: All	<u>~</u>	
Review	Status: All		
Request		🐟 Search	Clear
	Account / Group Name Account Number Status Request ID Request Type	Division	Effectiv Date
	View AMATEST_EX FI X6A450 Std Mkts Request Pending Internal 11390 Existing Blue I	Montana	12/01/2
	To view information, you can select the View button next to the account.		
1			

	BlueCross of Monta	s BlueShield na	Return to bue occess	Contact Us FAC	
	eSales Tools Home > R	equest Center > Create Request	Welcome back ESALES, T	TEST PRODUCER ESALES, TEST PRO	DUCER 11/08/2023 Log Ou
	Request Center				Request Center Home
	Submit Request Please provide information a	and documentation enabling your requ	uest to be reviewed for processing. The "at	ttach documents" feature enables yo	u to provide a note or message
		any additional information is needed,	, a BCBS representative will contact you at	the email address you provide in yo	our request.
	* Submission Type:		~		
Se	elect a Submission	Type from the drop-do	own:		
	BlueCross of Monta	s BlueShield na	Return to blue access	Contact Us FAG	Q Help Coates Tool
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	Request Center				Request Center Home
	Submit Request				
			uest to be reviewed for processing. The "a , a BCBS representative will contact you at		
	*Request Type:	COBRA or State Continuation	~		
e	* Submission Type	- Select -	~		
		- Select -			
		COBRA - Group Admin			
		State Continuation – Group Admin State Continuation – HCSC Admin	such a Mutual Leg	al Reserve Company	
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n Fo	Submit Request Please provide information	State Continuation - Group Admin State Continuation - HCSC Admin 6-month continuation (OK & NM on an independent of Submission Type CO	DBRA or State Continuation request to be reviewed for processing. T ded, a BCBS representative will contact	n, the following fields v	nables you to provide a note o
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	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.
	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
	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
	*Division: Montana Account Name: AMATEST_MT COBRA
	*Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)
	*Effective Date: 12/01/2023
Submit	*Submitter Email
	Address:
Request	
	Notes: TEST
	Please attach the following documents. For questions, please contact your Sales representative.
	0 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.

	To review your request, searc	h for it on the Requ	est Center homepage usi	ing criteri	ia available and	click Searc	h.
	Search Requests 🔻						
	Request Type: All			vision: Mont			
	Account / Group Name: Request ID: 11391		Pro Market Seg		ES, TEST PRODUCER	7	
	Account Number:		Funding		•		
	Effective Date: mm/dd/yyyy		Association I			~	
Review	Status: All		~				
Request	13					search	Clear
	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective
	View AMATEST_MT COBRA	X4B489	Std Mkts Request Pending Internal	11391	COBRA or State	Montana	12/01/2
			Review		Continuation		
	To view information, you can	select the View but	ton next to the account.				
	The Submit Request window	-	ns additional required fie	lds when	the following r	equest type	e is
	selected: COBRA – HCSC Adn	nin					
	Submit Request						
	Please provide information and documenta should you wish to do so. If any additional						or message
	*Request Type <mark>: (COBRA - HC</mark>	SC Admin	▼				
	*Account Number:		*Producer: ESAL	ES, TEST PRO	DUCER		
	*Division: Montana		Account Name:	20, 1201 110			
	*Funding Type: - Select -	~	*Market Segment: 🗸				
	*Effective Date: mm/dd/yyyy						
	*Submitter Email Address:						
	Address.						
	Notes:						
				/;			
Request Type					2		Continue
COBRA –					2		
HCSC Admin							
	Account Number: Er	ter the Account Nu	mher				
	 Division: Defaults to 						
				4			
	-		t number and division are		1		
	 Funding Type: Popul 	ates when account	number and division are	entered			
	 Market Segment: Po 	pulates when accou	int number and division a	are enter	ed		
	 Effective Date: Enter 	or click on calenda	r icon to select effective of	date (mm	n/dd/yyyy)		
			nail address of the perso				
			-		-	n)	
			communication on the pi	rogress o		n)	
	Notes: Type in notes	ii needed (optional	1				
	Once all required information	is entered, click Co	ntinue. 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 – HCSC Admin
	Follow the attach document step above to attach any documents and click on save and submit the 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 *Producer: ESALES, TEST PRODUCER
	*Division: Montana Account Name: AMATEST_MT_COB
	*Market Segment: ACA Small Group (2-50) V
Submit	*Submitter Email
Request	Address:
	Please attach the following documents. For guestions, please contact your Sales representative.
	Attach Documents
	Documents Needed for Request
	*HCSC COBRA Agreement
	*HealthEquity COBRA New Client Application
	*HealthEquity COBRA Additional Carrier and Plan Information Form
	Email
	Other
	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 .
	Search Requests Request Type: COBRA - HCSC Admin V Division: Montana
	Account / Group Name: ESALES, TEST PRODUCER
	Account Number: Funding Type: All
Review	Effective Date: mm/dd/yyyy Association Name: All Status: All Image: Status
Request	Clear
	Account / Group Name Account Number Status Request ID Request Type Division Effective Date
	View AMATEST_MT COB X4B489 Std Mkts Request Pending Internal 11392 COBRA - HCSC Admin Admin 12/01/2
	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
	BlueCross BlueShield of Montana
	Asales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/08/2023 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: <u>Regulatory Data Update</u>
	* Submission Type: - Select - V
	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.
	BlueCross BlueShield of Montana Return to bucccess to hodices Contact Us FAQ Help Cates Tools
	eSales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/08/2023 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: Regulatory Data Update
	* Submission Type: - Select
	MSP Exception Approval - HCSC Only MSP Exception Denial - HCSC Only MSP Standard orporation, a Mutual Legal Reserve Company,
De marcet Toma	Non-ERISA Non-Governmental (NENG) e Blue Cross and Blue Shield Association.
Request Type Regulatory Data	Result: Following selection of Submission Type, the following fields will be displayed:
Update	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
	*Account Number: *Producer: ESALES, TEST PRODUCER
	*Division: Montana Account Name:
	*Market Segment:
	*Submitter Email Address:
	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
	 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.

Request Request Needing Attention If there are any requests that may need users to complete additional steps (for example, due to Missi Incorrect/Incomplete documents), an email to the person in the Submitter email address field will be Those requests can be found on the bottom section of the Request Center homepage. Request Needing Attention Site Cross BlueShield Image: Site Cross BlueShield Image: Site Cross BlueShield Image: Site Site Cross BlueShield Image: Site Site Site Site											
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SG Existing Group Changes - Fully Request Montane 99/01/2023 Fully Insured Pully Insured ACA Small Group (2-50) ACA Small Group (2-50) Std Mits Request info needed by Click on the View button next to the request needing updates. O Requests Needing Attention Group No Request O Requests Needing Attention Group No Request Type Division Effective Date Funding Type Market Segment Status		nail address field will be mepage.	n the Submitter ema Request Center hom Corract UI FAQ HIO Conter hom SALES, TEST PRODUCER 0/(1)/2023 Lo Request Center Hom , TEST PRODUCER	the person ction of the SS SALES, TEST PRODUCER I Division: Monta Producer: ESALE Larket Segment: All	n email to bottom s m to fuecce Welcome back	ents), an on the b	ests that docume e found eshield	y reque mplete s can be Cross Blue ontana quest Conter	ere are any prrect/inco se request: erequest: for the second seco	If t Inc The C	eeding
Request Needing Attention Group Not Request Type Division Effective Date Funding Type Market Segment Status A			CA Small Group (2-50) Std Micts Request info needed by CA Small Group (2-50) Std Micts Request	Fully Insured A	Date 10/01/202	oup Montana	SG Existing Gro Changes - Fully	Request	iew (B		
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		*	all Group (2-50) Std Mkts Request	y Insured ACA Sr		Montana	G Existing Group	SG		Vie	eeding
Attention			all Group (2-50) Std Mkts Request info needed by	y Insured ACA Sr	09/01/2023 F	Montana	tegulatory Data Jpdate	Re		Vie	tention
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Request ID - 379538 Reque	st Type: - NO Toloting Group Charages - Folig I	award they wanted to be far
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When Log button is sele	ected, you can view the reason	for the request info needed per the log ent
Account Log		
Display Entries From	BATEST57	09/12/2023 12:00:49
🗹 🤱 Operations	Added By : Test test	
Cperations	Entry : Decision on the request by the Internal user BATEST57	
	More Information Needed	
Log Entries (Sorted By Most	 Missing/Incorrect/Incomplete Documents(s) 	
Recent)	_	
👗 Test test	Missing/Incorrect/Incomplete Document(s):	
	ASO BPA - Incomplete	
	Additional Notes:	
	Missing Signature	
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The request will open a	nd allow you to attach correct o	locument(s) via the Attachments button ar
nstructions as above.		
Request Center		Request Center I
Request Center		Request Center i
Resubmit	\bigcirc Information Received	
Request ID : 379510 Request T	Type : SG Existing Group Changes - Fully Insured	I Only Status : Std Mkts Request info needed by Operations
		🛛 🕹 🕄 Attachments
Request Details		*Producer: ESALES, TEST PRODUCER
Request Details *Account Number:		
		Account Name:
*Account Number: *Division: Montana	ed	
*Account Number: *Division: Montana *Funding Type: Fully Insur		Account Name: *Market Segment: ACA Small Group (2-50)
*Account Number: *Division: Montana		
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*Account Number: *Division: Montana *Funding Type: Fully Insur *Effective Date: 10/01/202	13	

Request Center Request Center H	
Resubmit Difformation Received	
Request ID : 379579 Request Type : Blue Balance Funded Enrollment	Status : Std Mkts Request info needed by Operations
Request Details	
Account Number:	*Producer: ESALES GA TEST COMPANY
*Division: New Mexico Account Name: Demo Group	
*Funding Type: ASO Blue Balance FundedSM *Market Segment: Small Group (10-50)	
*Effective Date: 10/01/2023	
*Submitter Email test@bcbs.com Address:	
*Submission Type: New Blue Balance Funded	
Notes: Optional Notes Here	

	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				
Request Completion	Search Requests Request Type: All Account / Group Name: Request ID: 379542 Account Number: Effective Date: mm/dd/yyyy Status: All	 ✓ Division: Mont Producer: ESAL Market Segment: All Funding Type: All Association Name: All 	ana LES, TEST PRODUCER V V V Clear		
	Account / Group Name Account Number	Status Request ID	Request Type Division Effective Date		
	View X6B238 St	td Mkts Request Completed 379542	Regulatory Data Montana 09/01/2 *		
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	• Std Mkts Account Processing in Progress (Request was submitted and is being reviewed internally)
	• Std Mkts Financial Account Setup (BBF Billing) (Only for Blue Balance Funded requests, where the request is with our internal financial team before sending to UW)
	• 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 (Request has been sent back to external submitter for more information)
	• Std Mkts Request Approved by UW (UW has approved the account and will be sent to internal user to review approved changes)
	• Std Mkts Request Completed (Request has been completed, no further action required.)
Status Definitions	• Std Mkts Request Discontinued (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)
	• Std Mkts Request Info needed by Operations (Request has been reviewed by internal Operations user and requires more information from the producer)
	• Std Mkts Request Pending Internal Review (Request has been submitted and is awaiting internal review)
	• Std Mkts Request Pending UW Review (Internal Operations review has been completed and has been sent to UW for their review)
	• Std Mkts Request Pending UW Re-Review (Initial request was sent back for more information, but is now back to the UW for their re-review)
	• Std Mkts Request Initiated (<i>Email that is sent with initiation of request</i>) (soon to be eliminated and replaced when Pending Internal Review)
Emails to	• Std Mkts Request info needed by Operations (Email indicating that more information is required, producer must log into Request Center to view details using the Log)
be received	• Std Mkts Request Completed (Email notifying the producer that request is complete with no further action needed)
	• Std Mkts Request Discontinued (Email notifying the producer that request has been discontinued with Reason Code description, and any additional notes are provided in the Log)