



BlueCross BlueShield
of Texas

Request Center User Guide



November 2023

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Quick Start Summary

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

- Enroll New Group
- Enroll Association
- SG Existing Group Changes – Fully Insured Only
- Blue Balance Funded Enrollment
- COBRA
- Regulatory Data Update
- Stock Request

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

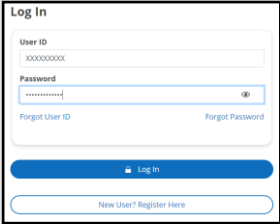

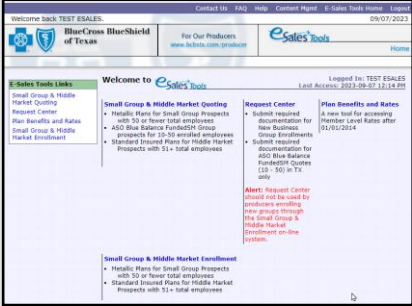

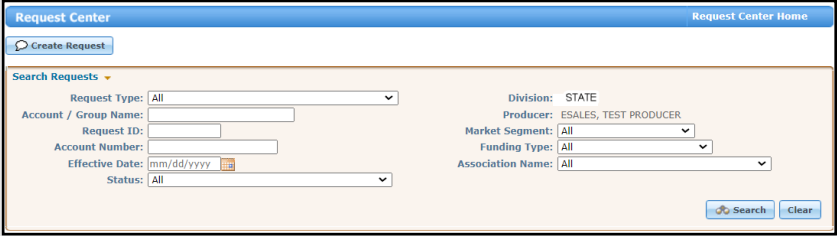
Important:

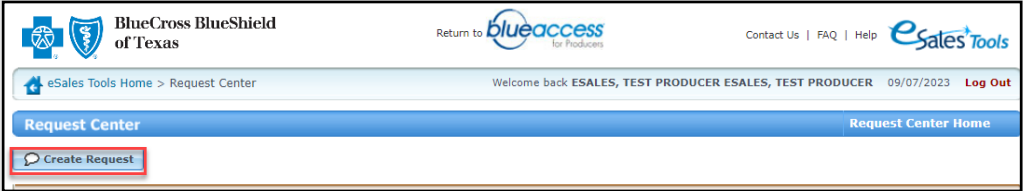


- If using the Enrollment Tool to enroll a new group, do not use Request Center
- Double-check the email you entered is where all request updates should go
- Make a note of your Request ID for easy follow-up

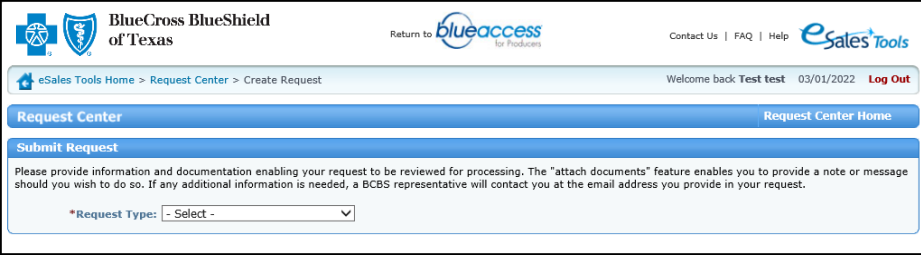
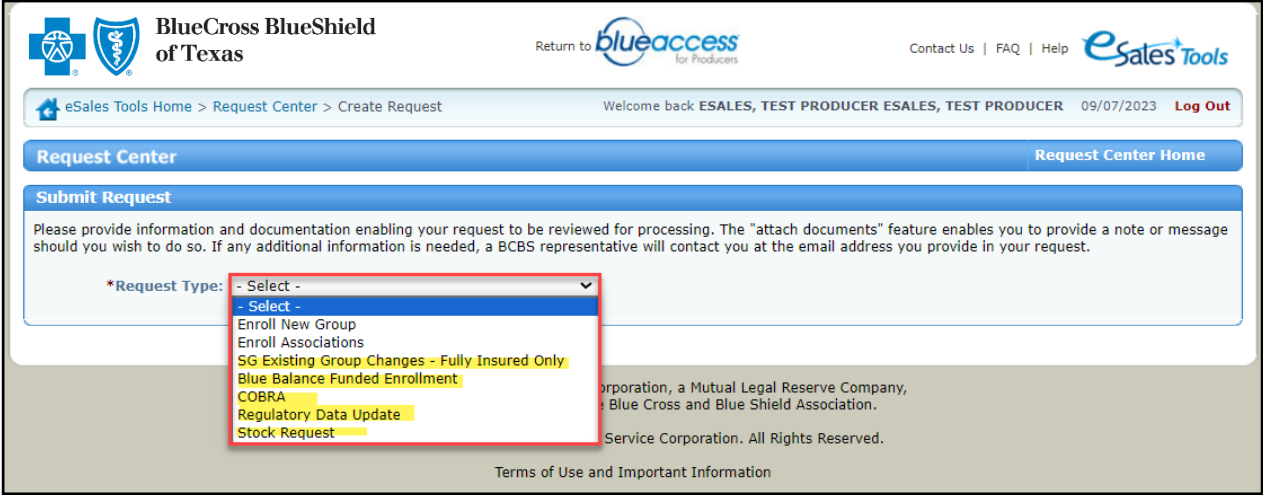
Step-by-step examples of all request types are shown below

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.bcbstx.com/producer. Log in to Blue Access for ProducersSM (BAPSM).</p> <div></div> <p>Result: BAP navigates to the Welcome page.</p>
Group Sales Tools	<p>Click on one of the Group Tools:</p> <div></div> <p>eSales homepage will be displayed.</p> <div></div>
Access Request Center Home Page	<p>Click on the Request Center link:</p> <div></div> <p>The Request Center Home Page window opens.</p> <div></div>

<p>Request Center Home Page</p>	<p>The Request Center home page 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 you 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 Associations • Status: Defaults to All; use the 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 Home page, click on Create Request button.</p> 

Request Page	<p>The Submit Request page opens.</p>  <p>Note: To return to the Request Center home page, 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: Enroll New Group Enroll Associations SG Existing Group Changes – Fully Insured Only Blue Balance Funded Enrollment COBRA Regulatory Data Update Stock Request</p> <p>Note: Enroll New Group and Enroll Associations were existing request types</p>
	<p>The Submit Request window expands and contains additional required fields when the following Request Type is selected: Enroll New Group.</p>

Request Type 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: *Email Address: [Add](#)

*Group Name:

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

Quote ID: *Submitted Date: 09/07/2023

*Division: Texas *Producer: ESALES, TEST PRODUCER

*Funding Type: *Market Segment:

*Effective Date:

[Continue](#)

- **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

Once all required information is entered, click Continue.

[Continue](#)

PLEASE NOTE: This Request Type is not needed if group is being enrolled through Enrollment Tool.

Required Documents

A message populates in the Submit Request window stating that the Request saved successfully, a **Request ID** number is assigned, and the Documents Needed for Enrollment pane opens.

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)		

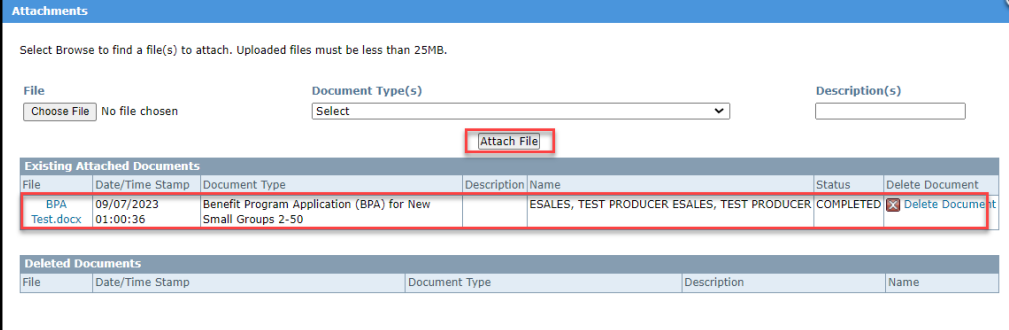
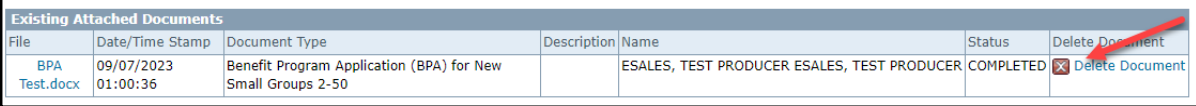
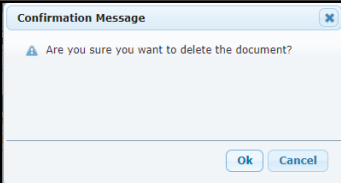
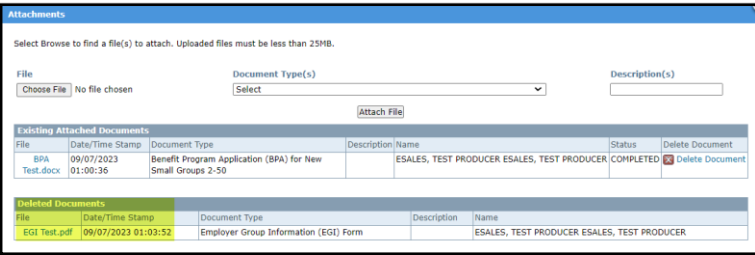
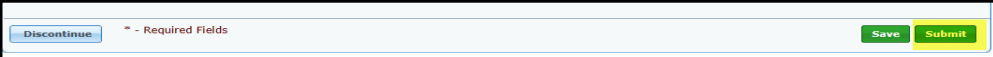
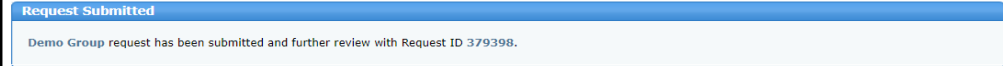
[Discontinue](#) * - Required Fields [Save](#) [Submit](#)

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

[Change](#)

IMPORTANT NOTE: If changes are needed in these fields, the change should be completed PRIOR to attaching any documents to the request.

	<p>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.</p> <div><div>Confirmation Message</div><div><div><div></div></div><div>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.</div></div><div><div>Confirm</div><div>Cancel</div></div></div>																											
Attach Required Documents	<p>In the Documents Needed for Enrollment section, all required documents will appear in RED font and have an asterisk (*) on the far-left side:</p> <div><div>Please attach the following documents. For questions, please contact your Sales representative.</div><div><div>Attach Documents</div><div><div>Documents Needed for Enrollment</div><table><tr><td>*Benefit Program Application (BPA) for New Small Groups 2-50</td><td><div></div>Missing</td><td></td></tr><tr><td>*Employer Group Information (EGI) Form</td><td><div></div>Missing</td><td></td></tr><tr><td>*Enrollment Application/Change Form</td><td><div></div>Missing</td><td></td></tr><tr><td>*Wage & Tax Statement/Proof of Wages</td><td><div></div>Missing</td><td></td></tr><tr><td>Affidavit of Domestic Partnership</td><td></td><td></td></tr><tr><td>CDHP - Employer Setup Form</td><td></td><td></td></tr><tr><td>Dependent State Continuation of Coverage Form</td><td></td><td></td></tr><tr><td>Disabled Dependent Certification Form</td><td></td><td></td></tr><tr><td>Employer Representative Authorization (ERA)</td><td></td><td></td></tr></table></div><div><div>Discontinue</div><div>* - Required Fields</div><div><div>Save</div><div>Submit</div></div></div></div></div> <p>To attach documents, click on the Attach Documents button.</p> <div><div>Please attach the following documents. For questions, please contact your Sales representative.</div><div><div>Attach Documents</div></div></div> <p>Result: The Attachments window opens.</p>	*Benefit Program Application (BPA) for New Small Groups 2-50	<div></div> Missing		*Employer Group Information (EGI) Form	<div></div> Missing		*Enrollment Application/Change Form	<div></div> Missing		*Wage & Tax Statement/Proof of Wages	<div></div> Missing		Affidavit of Domestic Partnership			CDHP - Employer Setup Form			Dependent State Continuation of Coverage Form			Disabled Dependent Certification Form			Employer Representative Authorization (ERA)		
*Benefit Program Application (BPA) for New Small Groups 2-50	<div></div> Missing																											
*Employer Group Information (EGI) Form	<div></div> Missing																											
*Enrollment Application/Change Form	<div></div> Missing																											
*Wage & Tax Statement/Proof of Wages	<div></div> Missing																											
Affidavit of Domestic Partnership																												
CDHP - Employer Setup Form																												
Dependent State Continuation of Coverage Form																												
Disabled Dependent Certification Form																												
Employer Representative Authorization (ERA)																												
Choose File	<p>Click the Choose File button; locate the drive and folder where the documents are saved and select the file to upload.</p> <div><div>File</div><div><div>Choose File</div>No file chosen</div></div> <p>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.</p>																											

	
Delete Documents	<p>If the wrong document was attached, click on the Delete Document link to remove it from the list.</p>  <p>A confirmation message populates asking if you are sure you want to delete the document. Select OK or Cancel (whichever applies).</p>  <p>The deleted document will then show in the Deleted Documents section.</p>  <p>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.</p>
Submit Request	<p>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.</p>  <p>Result: Request Submitted message populates.</p> 

The Submit Request window expands and contains additional required fields when the following request type is selected: **Enroll Associations**.

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 Associations

*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: 09/07/2023

*Division: Texas

*Producer: ESALES, TEST PRODUCER

*Funding Type: - Select -

*Market Segment:

*Effective Date:

*Association Name: - Select -

Continue

- **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 MEWA
- **Effective Date:** Use the drop-down to select appropriate effective date of group
- **Association Name:** Use the drop-down to select appropriate association

Once all required information is entered, click Continue.

Continue

Request Type
Enroll
Associations

Submit Request

Request saved successfully message and Request ID populate at the top of the screen, along with attached documents section for request type: **Enroll Associations**.

Submit Request

Request saved successfully. Request ID 379403.

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 Associations ***Email Address:** agent@bcbstxagency.com + Add

***Group Name:** Test

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

Quote ID: ***Submitted Date:** 09/07/2023

***Division:** Texas ***Producer:** ESALES, TEST PRODUCER

***Funding Type:** Fully Insured ***Market Segment:** MEWA

***Effective Date:** 10/01/2023 ***Association Name:** Texas Association of Business

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

Attach Documents

*Completed Master Application		Missing
*Final Enrollment Census		Missing
*Final Quote (PDF)		Missing
*Proof of Association Membership		Missing
*Proof of Business		Missing
*Proof of Wages		Missing
*Signed AHP Employer Agreement		Missing Signature Required
Supplemental Employer Verification Form		

Discontinue * - Required Fields Save Submit

Attach Required Document

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.

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
ECMTEST2.TIF	09/07/2023 01:31:31	Completed Master Application		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	Delete Document

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

Attach Required Document

A confirmation message populates asking if you are sure you want to delete the document. Select OK or Cancel (whichever applies).

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

Note: Deleted documents will not transfer from Request Center to enrollment; however, they will be retained in Request Center for audit purposes.

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 **Submit** button to move the case to **Request Review**.

NOTE: Clicking on the Save button will only save the request in Request Center but will not Submit the request for review.

Request Submitted populates with a Request ID:

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**.

**Request Type
SG Existing
Group
Changes –
Fully Insured
Only**

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
- **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

Request saved successfully message and Request ID populate at the top of the screen, along with attached documents section for request type: **SG Existing Group Changes – Fully Insured Only**. Follow the attach document step above to attach any documents and submit the request.

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**.

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 type is selected: **Blue Balance Funded Enrollment**.

Request Type Blue Balance Funded Enrollment

Select a Submission Type from the drop-down:

BlueCross BlueShield of Texas

Return to [blueaccess](#) for Producers

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

eSales Tools Home > Request 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: Blue Balance Funded Enrollment

*Submission Type: **Select**

- Select
- Existing Blue Balance Funded Renewal
- Existing Blue Balance Funded to Fully Insured Funded
- Existing FI to Blue Balance Funded
- New Blue Balance Funded

tion, a Mutual Legal Reserve Company, Cross and Blue Shield Association.

Following selection of Submission Type, 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: Blue Balance Funded Enrollment

*Submission Type: Existing Blue Balance Funded Renewal

*Account Number: 025114

*Division: Texas

*Funding Type: ASO Blue Balance FundedSM

*Effective Date: 10/01/2023

*Submitter Email: test@bcbs.com

Address:

Notes: Enter Notes Here

*Producer: ESALES, TEST PRODUCER

Account Name: Demo Group

*Market Segment: Small Group (10-50)

[Continue](#)

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: Blue Balance Funded Enrollment

*Submission Type: New Blue Balance Funded

Account Number:

*Division: Texas

*Funding Type: Select

*Effective Date:

*Submitter Email:

Address:

Notes:

*Producer: ESALES, TEST PRODUCER

Account Name:

*Market Segment:

[Continue](#)

- **Account Number:** Enter the account number (if applicable)
- **Division:** Defaults to your state
- **Account Name:** Populate 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 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 saved successfully message and Request ID # populate at the top of the screen, along with attached documents section for request type: **Blue Balance Funded Enrollment**.

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

Submit Request

Submit Request

Request saved successfully. Request ID 379414.

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: 025114
*Division: Texas
*Funding Type: ASO Blue Balance FundedSM
*Effective Date: 10/01/2023
*Submitter Email: test@bcbs.com
Address:

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

Notes: Enter Notes Here.

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

[Attach Documents](#)

Documents Needed for Request	
*Administrative Service Agreement (ASA)	Missing
*Business Associate Agreement (BAA)	Missing
*Stop Loss Application	Missing
*ASO BPA	Missing
*Addendum	Missing

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

Request Submitted

Group Demo Request has been submitted and further review with Request ID 379414.

Review Request

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

Request Center [Request Center Home](#)

[Create Request](#)

Search Requests

Request Type: All
Account / Group Name: Group Demo
Request ID:
Account Number:
Effective Date: 10/01/2023
Status: All

Division: Texas
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	Group Demo	025114	Std Mkts Request Pending Internal Review	379414	Blue Balance Funded Enrollment	Texas	10/01/2023

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**.

BlueCross BlueShield of Texas

Return to blueaccess for Producers

Contact Us | FAQ | Help eSales 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: COBRA

*Submission Type: - Select -

Select a Submission Type from the drop-down:

BlueCross BlueShield of Texas

Return to blueaccess for Producers

Contact Us | FAQ | Help eSales 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: COBRA

*Submission Type: - Select -

- COBRA - HCSC Admin
- COBRA - Group Admin
- COBRA State Continuation - Group Admin
- COBRA State Continuation - HCSC Admin
- Oklahoma 6 month continuation (OK only)

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

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

*Submission Type: COBRA - HCSC Admin

*Account Number: [Text Field]

*Division: Texas

*Funding Type: - Select -

*Effective Date: mm/dd/yyyy [Calendar Icon]

*Submitter Email Address: [Text Field]

*Producer: ESALES, TEST PRODUCER

Account Name: [Text Field]

*Market Segment: [Dropdown]

Notes: [Text Area]

Continue

**Request Type
COBRA**

- **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

Submit Request

Request saved successfully message and Request ID # populate at the top of the screen, along with attached documents section for request type: **COBRA**.

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

Submit Request

Request saved successfully. Request ID 379472.

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

*Submission Type: COBRA - HCSC Admin

*Account Number: 025611

*Division: Texas

*Funding Type: Fully Insured

*Effective Date: 10/01/2023

*Submitter Email: test@bcbs.com

*Producer: ESALES, TEST PRODUCER

Account Name: Demo Group

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

Notes: Optional

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

Attach Documents

Documents Needed for Request

*HCSC COBRA Agreement	Missing
*HealthEquity COBRA New Client Application	Missing
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	

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 379472.

Review Request

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

Request Center

Create Request

Search Requests

Request Type: All

Account / Group Name:

Request ID:

Account Number: 025611

Effective Date: mm/dd/yyyy

Status: All

Division: Texas

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 Demo Group	025611	Std Mltis Request Pending Internal Review	379472	COBRA	Texas	10/01/2023

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**.

BlueCross BlueShield of Texas | eSales Tools

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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 -**

Select a Submission Type from the drop-down.

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

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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 -**

- Select -
- Average Employee Count (AEC)
- MSP Exception Approval - HCSC Only
- MSP Exception Denial - HCSC Only
- MSP Standard
- Non-ERISA Non-Governmental (NENG)

**Request Type
Regulatory Data
Update**

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

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: **Average Employee Count (AEC)**

*Account Number: [Text Field]

*Division: **Texas**

*Funding Type: **- Select -**

*Effective Date: **mm/dd/yyyy** [Calendar Icon]

*Submitter Email Address: [Text Field]

*Notes: [Text Area]

*Producer: **ESALES, TEST PRODUCER**

Account Name: [Text Field]

*Market Segment: [Dropdown]

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
- **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

Request saved successfully message and Request ID # populate at the top of the screen, along with attached documents section for request type: **Regulatory Data Update**.
Follow the attach document step above to attach any documents and submit the request.

Submit Request

Request saved successfully. Request ID 379474.

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:** 029311
***Division:** Texas
***Funding Type:** Fully Insured
***Effective Date:** 09/08/2023
***Submitter Email Address:** test@bcbs.com

***Producer:** ESALES, TEST PRODUCER
Account Name: DEMO GROUP
***Market Segment:** ACA Small Group (2-50)

Notes: Optional Notes can be entered here. With any useful information.

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

[Attach Documents](#)

Documents Needed for Request

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

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 379474.

Review Request

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

Request Center

[Create Request](#)

Search Requests

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

Division: Texas
Producer: ESALES, TEST PRODUCER
Market Segment: ACA Small Group (2-50)
Funding Type: Fully Insured
Association Name: All

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

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	DEMO GROUP	029311	Std Mkts Request Pending Internal Review	379474	Regulatory Data Update	Texas	09/08/2
View	Demo Group	025611	Std Mkts Request Pending Internal Review	379472	COBRA	Texas	10/01/2

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: **Stock Request**.

The screenshot shows the 'Request Center' page with the 'Submit Request' section. The 'Request Type' dropdown is set to 'Stock Request'. The 'Submission Type' dropdown is currently set to '- Select -'.

Select a Submission Type from the drop-down:

The screenshot shows the 'Request Center' page with the 'Submit Request' section. The 'Request Type' dropdown is set to 'Stock Request'. The 'Submission Type' dropdown menu is open, showing options: '- Select -', 'Certificate Booklets', 'Custom Enrollment Booklets', 'Custom Enrollment Booklets PDF', and 'Generic Enrollment Booklets'.

Request Type
Stock
Request

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

The screenshot shows the 'Request Center' page with the 'Submit Request' section. The 'Request Type' dropdown is set to 'Stock Request' and the 'Submission Type' dropdown is set to 'Certificate Booklets'. The form fields displayed are: Account Number, Division (Texas), Account Name, Funding Type (Select), Effective Date (dropdown), Market Segment (dropdown), Submitter Email Address, and Notes.

- **Account Number:** Enter the account number (if applicable)
- **Division:** Defaults to your state
- **Account Name:** Enter the account name (if applicable)
- **Funding Type:** Use the drop-down and select Fully Insured
- **Market Segment:** Use the drop-down and select one of the values available
- **Effective Date:** Use the drop-down to select appropriate effective date of 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.



Request saved successfully message and Request ID # populate at the top of the screen, along with attached documents section for request type: **Stock Request**.

Submit Request

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

Submit Request

Request saved successfully. Request ID 379478.

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:** Stock Request
***Submission Type:** Custom Enrollment Booklets

Account Number: 029311
***Division:** Texas
***Funding Type:** Fully Insured
***Effective Date:** 10/01/2023
***Submitter Email Address:** test@bcbs.com

***Producer:** ESALES, TEST PRODUCER
Account Name: Demo Group
***Market Segment:** Middle Market (51+)

Notes: Use to specify anything with this Request Type.

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

Attach Documents

Documents Needed for Request	
*Stock Request Order Form	Missing
Email	
Other	
Summary of Benefits and Coverage (SBCs)	
Dental Highlight Sheets	
Flyers	

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 379478.

Review Request

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

Request Center

[Request Center Home](#)

[Create Request](#)

Search Requests

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

Division: Texas
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	Demo Group	029311	Std Mkts Request Pending Internal Review	379478	Stock Request	Texas	10/01/2
View			Request Initiated	379438	Stock Request	Texas	10/01/2

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

Request Needing Attention

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.

Request Needing Attention

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eSales Tools Home > Request Center

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Request Center [Request Center Home](#)

[Create Request](#)

Search Requests

Request Type:

Account / Group Name:

Request ID:

Account Number:

Effective Date:

Status:

Division: Texas

Producer: ESALES, TEST PRODUCER

Market Segment:

Funding Type:

Association Name:

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

Requests Needing Attention

Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
View	378988	SG Existing Group Changes - Fully	Texas	09/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
View	378989	SG Existing Group Changes - Fully	Texas	08/16/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
View	379096	SG New Group Changes - Fully	Texas	09/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
View	379114	SG Existing Group Changes - Fully	Texas	08/24/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
View	379246	SG Existing Group Changes - Fully	Texas	09/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
View	379302	SG Existing Group Changes - Fully	Texas	10/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
View	379481	SG Existing Group Changes - Fully	Texas	10/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by

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

View Button

Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
View	378988	SG Existing Group Changes - Fully	Texas	09/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
View	378989	SG Existing Group Changes - Fully	Texas	08/16/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
View	379096	SG New Group Changes - Fully	Texas	09/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
View	379114	SG Existing Group Changes - Fully	Texas	08/24/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by

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

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[eSales Tools Home](#) > [Request Center](#) > [Request More Info Needed](#) Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/11/2023 [Log Out](#)

Request Center [Request Center Home](#)

[Resubmit](#) ☐ Information Received

Request ID : 379543 Request Type : SG Existing Group Changes - Fully Insured Only Status : Std Mkts Request info needed by Operations

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

Request Details

*Account Number: 025046 *Producer: ESALES, TEST PRODUCER

*Division: Texas Account Name: Demo Group

*Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)

*Effective Date: 10/01/2023

*Submitter Email: test@bcbs.com Address:

*Submission Type: Benefit Change

Notes:

Log Button

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

Entry : Decision on the request by the Internal user BATEST57

More Information Needed

- Missing/Incorrect/Incomplete Document(s)

Missing/Incorrect/Incomplete Document(s):

- Small Employer Benefit Program Application (BPA) - Incomplete
- Employer Group Information (EGI) - Incorrect

Additional Notes:

The EGI does not have member who is enrolling
Signature Missing on BPA

[Send](#)

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

Attachment and Resubmit Buttons

The screenshot shows the 'Request Center' interface. At the top, there is a 'Resubmit' button and a radio button for 'Information Received'. Below this, a status bar shows 'Request ID: 378988', 'Request Type: SG Existing Group Changes - Fully Insured Only', and 'Status: Std Mkts Request Info needed by Operations'. A red arrow points to the 'Attachments' button. The 'Request Details' section below contains fields for Account Number (036082), Division (Texas), Funding Type (Fully Insured), Effective Date (09/01/2023), Submitter Email (@bcbsil.com), and Submission Type (Billing Method Change).

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

This screenshot shows the 'Request Center' interface after the 'Information Received' radio button has been selected. A red arrow points to the 'Resubmit' button. The 'Notes' field is now visible and highlighted in yellow. The status bar and request details remain the same as in the previous screenshot.

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

Request Completion

Request Completion

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

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

The screenshot shows the 'Request Center' homepage with a search bar and a table of requests. The table has columns for Account / Group Name, Account Number, Status, Request ID, Request Type, Division, and Effective Date. The 'Status' column for the first row is highlighted with a red box, showing 'Std Mkts Request Completed'.

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
Demo Group	025046	Std Mkts Request Completed	379543	SG Existing Group Changes - Fully	Texas	10/01/...