



**BlueCross BlueShield  
of New Mexico**

# **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
- 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
- COBRA – HCSC Admin
- Regulatory Data Update

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

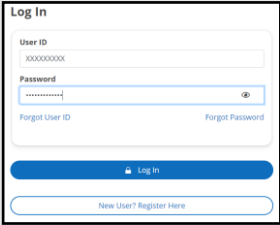
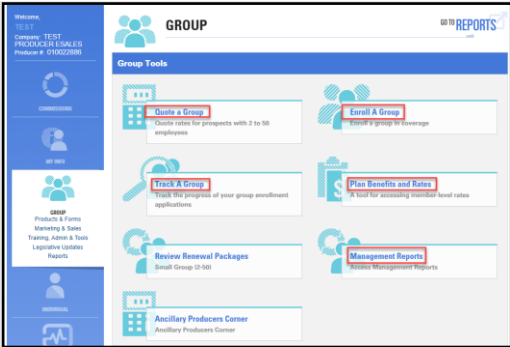
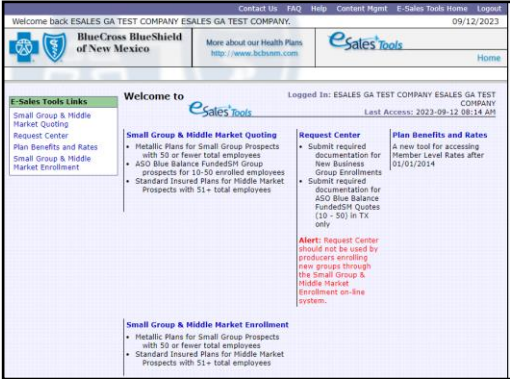

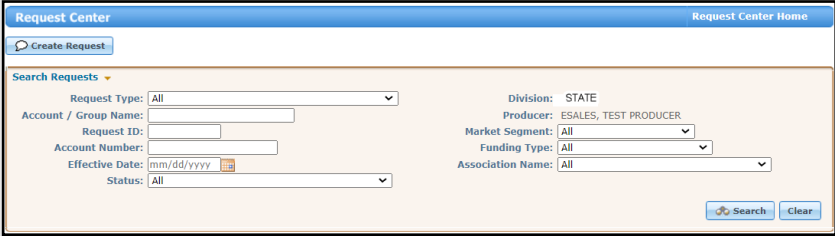
### Important:

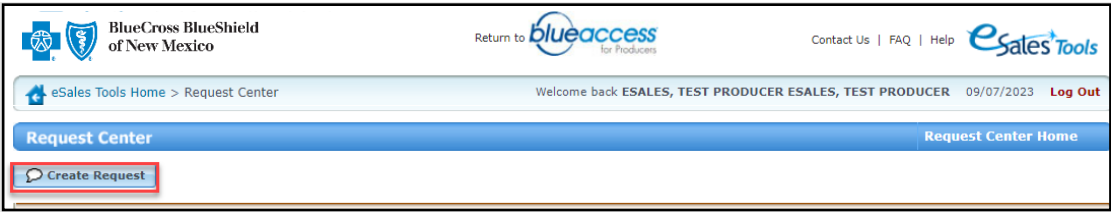

- If using the Enrollment Tool to enroll a new group, do not use Request Center
- Double-check the email you entered is where all request updates should go
- Make a note of your Request ID for easy follow-up






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

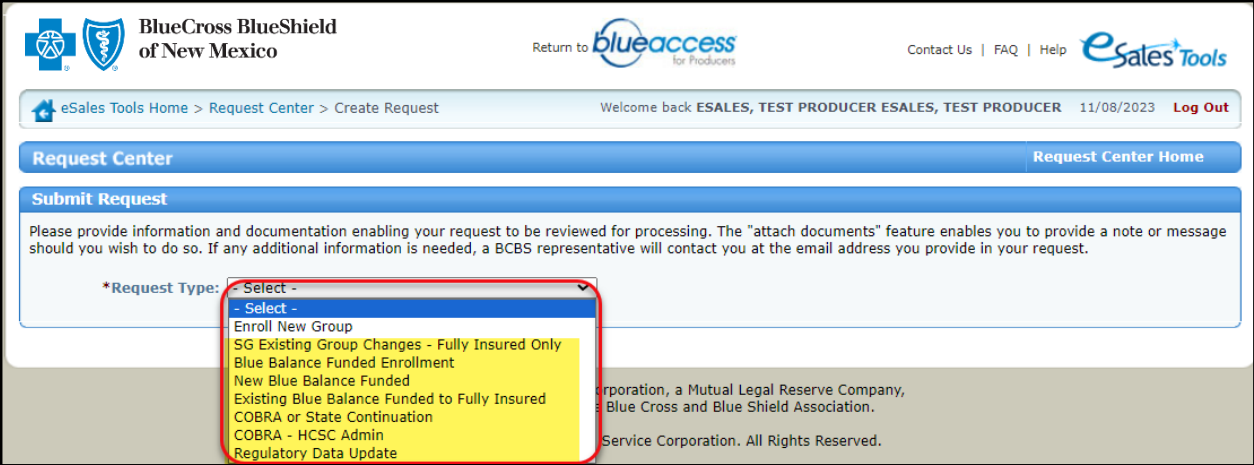
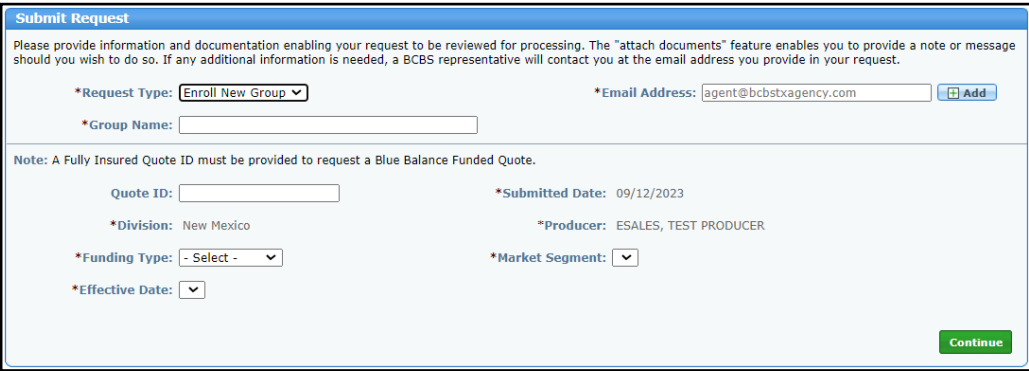
For technical support, email [SGMM\\_TechSupport@hcsc.com](mailto:SGMM_TechSupport@hcsc.com)

# Welcome to the Request Center

Step	Action
Log In to Group Sales	<p>Click on (or enter) this URL: <a href="https://www.bcbsnm.com/producer">https://www.bcbsnm.com/producer</a>. Log in to Blue Access for Producers<sup>SM</sup> (BAP<sup>SM</sup>).</p> <div></div> <p>BAP navigates to the <b>Welcome</b> 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	<p>Click on the Request Center link:</p> <div></div> <p>The Request Center homepage window opens.</p> <div></div>

Request Center Homepage	<p>The Request Center homepage contains the following:</p> <p><b>Create Request:</b> this button is used to initiate an enrollment request.</p>  <p><b>Search Requests</b> view contains the following:</p>  <ul style="list-style-type: none"> <li>• <b>Search Request:</b> Allows user to search by the following:</li> <li>• <b>Request Type:</b> Defaults to All; use the drop-down to select different request type</li> <li>• <b>Division:</b> Defaults to your state</li> <li>• <b>Account / Group Name:</b> Type in name of group</li> <li>• <b>Producer:</b> Defaults to your ID</li> <li>• <b>Request ID:</b> Enter request ID (if applicable)</li> <li>• <b>Market Segment:</b> 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)</li> <li>• <b>Account Number:</b> Type in the group’s account number</li> <li>• <b>Effective Date:</b> Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li>• <b>Funding Type:</b> Defaults to All; use the drop-down to select appropriate funding type (such as Fully Insured, ASO Blue Balance Funded<sup>SM</sup>)</li> <li>• <b>Association Name:</b> Used for Enrolling Association</li> <li>• <b>Status:</b> 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.)</li> </ul>
Creating a Request	<p>From the Request Center homepage, click on <b>Create Request</b> button.</p>

	<div><div><div>BlueCross BlueShield of New Mexico</div></div><div><div> <a href="#">eSales Tools Home</a> &gt; <a href="#">Request Center</a></div><div><div>Request Center</div><div>Create Request</div></div></div></div>
Request Page	<div><div>Result: The <b>Submit Request</b> page opens.</div><div><div><div><div><div>BlueCross BlueShield of New Mexico</div></div><div><div><a href="#">Return to blueaccess for Producers</a></div><div><a href="#">Contact Us</a>   <a href="#">FAQ</a>   <a href="#">Help</a> </div></div></div><div><div><div> <a href="#">eSales Tools Home</a> &gt; <a href="#">Request Center</a> &gt; <a href="#">Create Request</a></div><div><a href="#">Welcome back Test test</a> 03/01/2022 <a href="#">Log Out</a></div></div><div><div>Request Center</div><div>Request Center Home</div></div><div><div>Submit Request</div><div><p>Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.</p><div>*Request Type: <div>- Select -</div></div></div></div></div></div><div>Note: To return to the Request Center homepage, click the <b>Request Center Home</b> button on the right.</div></div></div>

<p><b>Request Type</b></p>	<p><b>Request Type:</b> Use the drop-down and select a Request Type:</p>  <p><b>Request Types:</b></p> <ul style="list-style-type: none"> <li>Enroll New Group</li> <li>SG Existing Group Changes – Fully Insured Only</li> <li>Blue Balance Funded Enrollment</li> <li>New Blue Balanced Funded</li> <li>Existing Blue Balance Funded to Fully Insured</li> <li>COBRA or State Continuation</li> <li>COBRA – HCSC Admin</li> <li>Regulatory Data Update</li> </ul> <p><b>Note:</b> Enroll New Group was an existing request type.</p>
<p><b>Request Type</b> <b>Enroll New Group</b></p>	<p>The Submit Request window expands and contains additional required fields when the following Request Type is selected:</p> <p><b>Enroll New Group</b></p>  <ul style="list-style-type: none"> <li>• <b>Request Type:</b> Select a request type from the drop-down</li> <li>• <b>Email Address:</b> Enter your email address in this field <b>Note:</b> Additional email addresses can be entered by clicking on the Add button</li> <li>• <b>Group Name:</b> Enter the group name listed on paperwork</li> <li>• <b>Quote ID:</b> Enter Quote number (if applicable)</li> <li>• <b>Submitted Date:</b> Defaults to today's date</li> </ul>

- **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 the Enrollment Tool.

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 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 11308.

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

\*Request Type: Enroll New Group

\*Email Address: test@bcbsnm.com

\*Group Name: AMATEST NM RC

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

Quote ID:

\*Submitted Date: 11/08/2023

\*Division: New Mexico

\*Producer: ESALES, TEST PRODUCER

\*Funding Type: Fully Insured

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

\*Effective Date: 12/01/2023

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

Attach Documents

Documents Needed for Enrollment

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

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

**Change**

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

**Submit  
Request**



Confirmation Message

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

Request Type

Division

Market Segment

Funding Type

Click confirm to proceed.

Confirm

Cancel

Attach Required Documents

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

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 (FRA)		

Discontinue

\* - Required Fields

Save

Submit

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

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

Attach Documents

The Attachments window opens.

Attach Required Documents

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

File

Choose File

No file chosen

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

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

Attachments

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

File

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 Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50	ESALES, TEST PRODUCER	COMPLETED	<div>Delete Document</div>

Deleted Documents


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

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## Delete Documents


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

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

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

Select OK or Cancel (whichever applies).

Confirmation Message

 Are you sure you want to delete the document?

Ok

Cancel

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 Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	 Delete Document

Deleted Documents

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

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

## Submit Request

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

Discontinue

\* - Required Fields

Save

Submit

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**

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)

**Continue**

Once all required information is entered, click Continue.

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

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: **SG Existing Group Changes – Fully Insured Only**. Follow the Attach Document step above to attach any documents and click on save and submit the request.

**Request Center** [Request Center Home](#)

**Submit Request**

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 11310.

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: Benefit Change

\*Account Number:

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

\*Division: New Mexico

\*Funding Type: Fully Insured

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

\*Effective Date: 01/01/2024

\*Submitter Email Address: test@bcbsnm.com

Notes:

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

[Attach Documents](#)

**Documents Needed for Request**

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

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

The request is now submitted for review.

Review  
Request

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

**Search Requests** ▼

Request Type: All ▼

Account / Group Name:

Request ID: 379577

Account Number:

Effective Date: mm/dd/yyyy

Status: All ▼

Division: New Mexico

Producer: [Find](#) ESALES GA TEST COMPANY

Market Segment: All ▼

Funding Type: All ▼

Association Name: All ▼

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

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
<a href="#">View</a>	Demo Group	105230	Std Mkts Request Pending Internal Review	379577	SG Existing Group Changes - Fully	New Mexico	10/01/23

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

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

**BlueCross BlueShield of New Mexico** [blueaccess](#) [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 a Submission Type from the drop-down:

**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 Fully Insured to Blue Balance Funded

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: 105230

\*Division: New Mexico

\*Funding Type: ASO Blue Balance FundedSM ▼

\*Effective Date: 10/01/2023 ▼

\*Submitter Email Address: test@bcbs.com

\*Producer:

Account Name: Demo Group

\*Market Segment: Middle Market (51+) ▼

Notes: Optional Notes here.

[Continue](#)

- **Account Number:** Enter the Account Number
- **Division:** Defaults to your state
- **Account Name:** Populates when account number and division are entered or can be manually entered
- **Funding Type:** Populates when account number and division are entered or can be selected from drop-down

**Request Type  
Blue Balance  
Funded  
Enrollment**

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

Once all required information is entered, click Continue.

Continue

Submit Request

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

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

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11386.

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 Fully Insured to Blue Balance Funded

\*Account Number:

105242

\*Producer:

ESALES, TEST PRODUCER

Change

\*Division:

New Mexico

Account Name:

TEST

\*Funding Type:

Fully Insured

\*Market Segment:

Middle Market (51+)

\*Effective Date:

01/01/2024

\*Submitter Email Address:

testid@bcbsnm.com

Notes:

Optional

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

Attach Documents

Documents Needed for Request

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

Discontinue

\* - Required Fields

Save

Submit

The request is now submitted for review.

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

Division: New Mexico  
 Producer: ESALES GA TEST COMPANY  
 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		Std Mkts Request Pending Internal Review	379579	Blue Balance Funded Enrollment	New Mexico	10/01/2023
View	Demo Group	105230	Std Mkts Request Pending Internal Review	379577	SG Existing Group Changes - Fully	New Mexico	10/01/2023

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

## Request Type New Blue Balance Funded

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

### New Blue Balance Funded

**Submit Request**

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

\*Request Type: New Blue Balance Funded

Account Number:

\*Division: New Mexico

\*Funding Type: - Select -

\*Effective Date:

\*Submitter Email Address:

\*Producer: ESALES, TEST PRODUCER

Account Name:

\*Market Segment:

Notes:

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.

Continue

**Submit  
Request**

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

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

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11314.

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

\*Request Type: New Blue Balance Funded

Account Number:

\*Division: New Mexico

\*Funding Type: ASO Blue Balance FundedSM

\*Effective Date: 01/01/2024

\*Submitter Email Address: test@bcbsnm.com

\*Producer: ESALES, TEST PRODUCER

Account Name: TEST

\*Market Segment: Middle Market (51+)

Notes: Optional

Change

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

Attach Documents

Documents Needed for Request

*Administrative Service Agreement (ASA)	Attached
*Business Associate Agreement (BAA)	Attached
*Stop Loss Application	Attached
*ASO BPA	Attached
*Addendum	Attached
*Blue Balance Funded Quote/Renewal	Attached
*Proof of Wages	Attached
*Proof of Business	Attached

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**.

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Request Center

Request Center Home

Create Request

Search Requests

Request Type: New Blue Balance Funded

Account / Group Name: Test

Request ID:

Account Number:

Effective Date: 01/01/2024

Status: All

Division: New Mexico

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	TEST		Std Mkts Request Pending Internal Review	11314	New Blue Balance Funded	New Mexico	01/01/2024

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:

\*Division: New Mexico

\*Funding Type: - Select -

\*Effective Date:

\*Submitter Email Address:

\*Producer: ESALES, TEST PRODUCER

Account Name:

\*Market Segment:

Notes:

Continue

- Account Number:** Enter the Account Number
- Division:** Defaults to your state
- Account Name:** Populates when account number and division are entered
- Funding Type:** Populates when account number and division are entered
- 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.

Continue

Request Type  
Existing Blue  
Balance  
Funded to  
Fully Insured

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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: **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 further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11315.

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:

\*Division: New Mexico

\*Funding Type: Fully Insured

\*Effective Date: 01/01/2024

\*Submitter Email Address: testid@bcbsnm.com

Notes: Optional Field

\*Producer: ESALES, TEST PRODUCER

Account Name: TEST

\*Market Segment: Middle Market (51+)

Change

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

Attach Documents

Documents Needed for Request

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

Discontinue

\* - Required Fields

Save Submit

The request is now submitted for review.

Review  
Request

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

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**Request Center** [Request Center Home](#)

[Create Request](#)

**Search Requests**

Request Type: All  
 Account / Group Name:   
 Request ID: 11315  
 Account Number:   
 Effective Date: mm/dd/yyyy  
 Status: All

Division: New Mexico  
 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
<a href="#">View</a>	TEST	L05246	Request Initiated	11315	Existing Blue Balance Funded to	New Mexico	01/01/

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

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

### COBRA or State Continuation

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[eSales Tools 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: COBRA or State Continuation  
 \*Submission Type: - Select -

Select a Submission Type from the drop-down:

**BlueCross BlueShield of New Mexico** [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 11/08/2023 [Log Out](#)

**Request Center** [Request Center Home](#)

**Submit Request**

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

\*Request Type: COBRA or State Continuation  
 \*Submission Type: - Select -  
 - Select -  
 COBRA - Group Admin  
 State Continuation - Group Admin  
 State Continuation - HCSC Admin  
 6-month continuation (OK & NM only)

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

Request Type  
COBRA or  
State  
Continuation

	<div data-bbox="316 193 1539 793"> <div>Request Center<span>Request Center Home</span></div> <div>Submit Request</div> <p>Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.</p> <div> <div>*Request Type: COBRA or State Continuation</div> <div>*Submission Type: COBRA - Group Admin</div> </div> <div> <div>*Account Number:</div> <div>*Producer: ESALES, TEST PRODUCER</div> </div> <div> <div>*Division: New Mexico</div> <div>Account Name:</div> </div> <div> <div>*Funding Type: - Select -</div> <div>*Market Segment:</div> </div> <div> <div>*Effective Date: mm/dd/yyyy</div> </div> <div> <div>*Submitter Email Address:</div> </div> <div> <div>Notes:</div> </div> <div>Continue</div> </div> <div> <ul style="list-style-type: none"> <li><b>Account Number:</b> Enter the account number</li> <li><b>Division:</b> Defaults to your state</li> <li><b>Account Name:</b> Populates when account number and division are entered</li> <li><b>Funding Type:</b> Populates when account number and division are entered or can be selected from drop-down</li> <li><b>Market Segment:</b> Populates when account number and division are entered</li> <li><b>Effective Date:</b> Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li><b>Submitter Email Address:</b> 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)</li> <li><b>Notes:</b> Type in notes if needed (optional)</li> </ul> <div>Continue</div> <p>Once all required information is entered, click Continue.</p> </div>
Submit Request	<p>A message populates in the Submit Request window stating <a href="#">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> A Request ID number is assigned, and the Documents Needed pane opens for Request type: <b>COBRA or State Continuation</b>.</p>

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

**Submit Request**

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11317.

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:

105242

\*Producer:

ESALES, TEST PRODUCER

Change

\*Division:

New Mexico

Account Name:

TEST

\*Funding Type:

Fully Insured

\*Market Segment:

ACA Small Group (2-50)

\*Effective Date:

01/01/2024

\*Submitter Email:

test@bcbsnm.com

Address:

Notes:

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

Attach Documents

Documents Needed for Request

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

Discontinue

\* - Required Fields

Save

Submit

The request is now submitted for review.

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

## Review Request

**Request Center**

Request Center Home

Create Request

Search Requests

Request Type:

All

Account / Group Name:

Request ID:

Account Number:

105324

Effective Date:

mm/dd/yyyy

Status:

All

Division:

New Mexico

Producer:

Find

ESALES GA TEST COMPANY

Market Segment:

All

Funding Type:

All

Association Name:

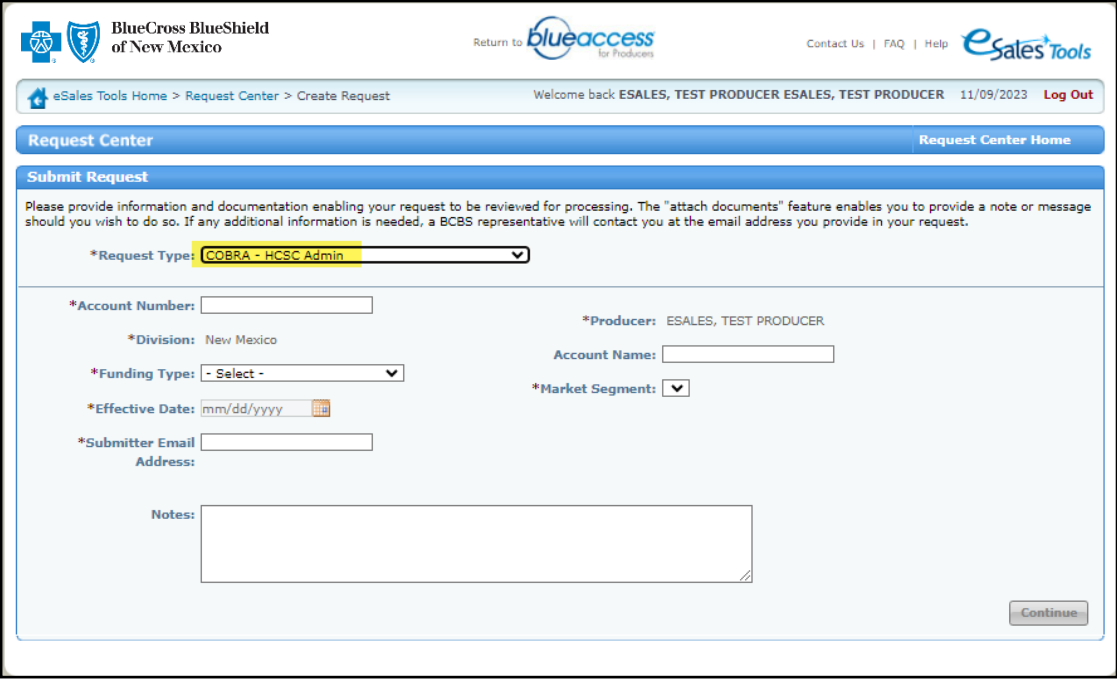

All

Search

Clear

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
<div>View</div> Demo Group	L05324	Std Mkts Request Pending Internal Review	379581	COBRA	New Mexico	10/01/2024

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

<p>Request Type COBRA – HCSC Admin</p>	<p>The Submit Request window expands and contains additional required fields when the following request type is selected:</p> <p><b>COBRA – HCSC Admin</b></p>  <ul style="list-style-type: none"> <li>• <b>Account Number:</b> Enter the Account Number</li> <li>• <b>Division:</b> Defaults to your state</li> <li>• <b>Account Name:</b> Populates when account number and division are entered</li> <li>• <b>Funding Type:</b> Populates when account number and division are entered</li> <li>• <b>Market Segment:</b> Populates when account number and division are entered</li> <li>• <b>Effective Date:</b> Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li>• <b>Submitter Email Address:</b> 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)</li> <li>• <b>Notes:</b> Type in notes if needed (optional)</li> </ul> <p>Once all required information is entered, click Continue. </p>
<p><b>Submit Request</b></p>	<p>A message populates in the Submit Request window stating <a href="#">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> A Request ID number is assigned, and the Documents Needed pane opens for Request type: <b>COBRA – HCSC Admin</b>.</p>

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

**Submit Request**

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11379.

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:** 05277

**\*Division:** New Mexico

**\*Funding Type:** Fully Insured

**\*Effective Date:** 11/09/2023

**\*Submitter Email:** testid@bcbsnm.com

**Address:**

**Notes:**

**\*Producer:** ESALES, TEST PRODUCER

**Account Name:** TEST

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

**Change**

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

**Attach Documents**

**Documents Needed for Request**

**\*HCSC COBRA Agreement**

**\*HealthEquity COBRA New Client Application**

**\*HealthEquity COBRA Additional Carrier and Plan Information Form**

Email

Other

Attached

Attached

Attached

**Discontinue**

\* - Required Fields

**Save**

**Submit**

The request is now submitted for review.

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

## Review Request

**Request Center** Request Center Home

Create Request

**Search Requests**

**Request Type:** COBRA - HCSC Admin

**Account / Group Name:**

**Request ID:**

**Account Number:**

**Effective Date:** mm/dd/yyyy

**Status:** All

**Division:** New Mexico

**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
<b>View</b>	TEST	1	Std Mkts Request Pending Internal Review	11379	COBRA - HCSC Admin	New Mexico	11/09/2023
<b>View</b>		1	Std Mkts Request Pending Internal Review	11323	COBRA - HCSC Admin	New Mexico	11/01/2023
<b>View</b>		1	Request Initiated	11318	COBRA - HCSC Admin	New Mexico	11/08/2023
<b>View</b>		1	Std Mkts Request Pending Internal Review	11040	COBRA - HCSC Admin	New Mexico	11/01/2023
<b>View</b>		1	Std Mkts Request Pending Internal Review	11016	COBRA - HCSC Admin	New Mexico	11/01/2023
<b>View</b>		1	Std Mkts Request Pending Internal Review	811	COBRA - HCSC Admin	New Mexico	11/01/2023

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 New Mexico

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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 -**

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.

BlueCross BlueShield of New Mexico

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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)

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

Result: 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: **MSP Standard**

\*Account Number:

\*Division: **New Mexico**

\*Funding Type: **- Select -**

\*Effective Date:

\*Submitter Email Address:

\*Producer: [Find](#) **ESALES GA TEST COMPANY**

Account Name:

\*Market Segment:


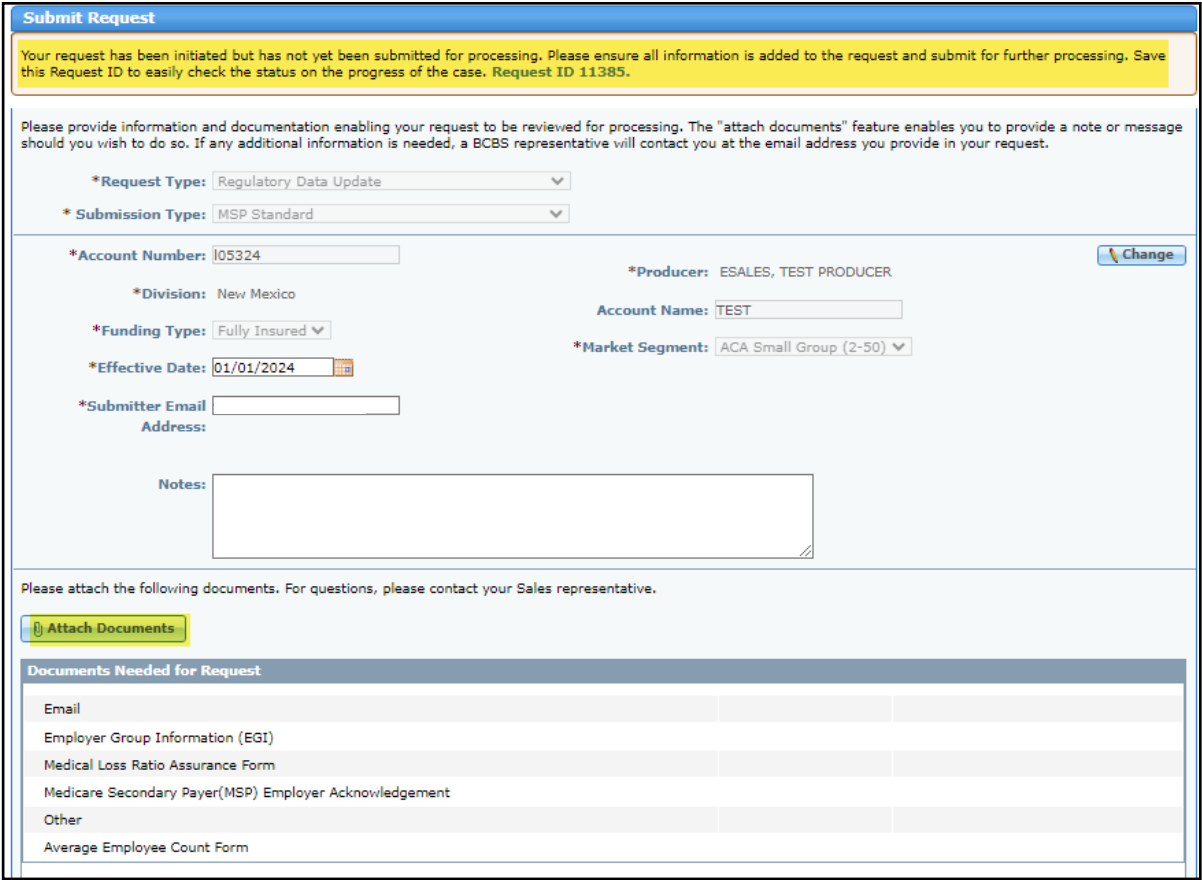
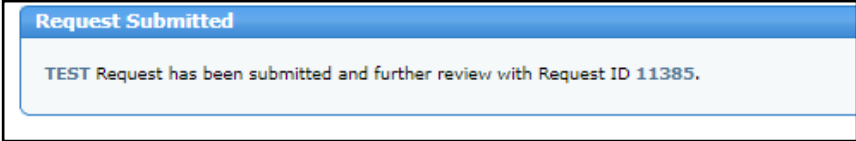
Notes:

[Continue](#)

- **Account Number:** Enter the account number
- **Division:** Defaults to your state
- **Account Name:** Populates when account number and division are entered
- **Funding Type:** Populates when account number and division are entered
- **Market Segment:** Populates when account number and division are entered

**Request Type  
Regulatory Data  
Update**



	<ul style="list-style-type: none"> <li>• <b>Effective Date:</b> Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li>• <b>Submitter Email Address:</b> 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)</li> <li>• <b>Notes:</b> Type in notes if needed (optional)</li> </ul> <p>Once all required information is entered, click Continue. </p>
Submit Request	<p>A message populates in the Submit Request window stating <b>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.</b> A Request ID number is assigned, and the Documents Needed pane opens for Request type: <b>Regulatory Data Update</b>. Follow the Attach Document step above to attach any documents and click on save and submit the request.</p>  <p>Click on the <b>Submit</b> button to submit the request for further review.</p> 
Review Request	<p>To review your request, search for it on the Request Center homepage using criteria available and click <b>Search</b>.</p>

Request Center

Request Center Home

Create Request

Search Requests

Request Type: All

Account / Group Name:

Request ID:

Account Number:

Effective Date: mm/dd/yyyy

Status: All

Division: New Mexico

Producer: ESALES, TEST PRODUCER

Market Segment: ACA Small Group (2-50)

Funding Type: Fully Insured

Association Name: All

SearchClear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
<a href="#">View</a>	TEST		Std Mkts Request Pending Internal Review	11385	Regulatory Data Update	New Mexico	01/01/
<a href="#">View</a>	TEST		Std Mkts Request Pending Internal Review	11379	COBRA - HCSC Admin	New Mexico	11/09/

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.

BlueCross BlueShield of New Mexico

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eSales Tools Home > Request Center

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Request Center

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Create Request

Search Requests

Request Type: All

Account / Group Name:

Request ID:

Account Number:

Effective Date: mm/dd/yyyy

Status: All

Division: New Mexico

Producer: ESALES GA TEST COMPANY

Market Segment: All

Funding Type: All

Association Name: All

SearchClear

Requests Needing Attention

	Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
<a href="#">View</a>	Demo Group	379577	SG Existing Group Changes - Fully	New Mexico	10/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
<a href="#">View</a>	Demo Group	379579	Blue Balance Funded Enrollment	New Mexico	10/01/2023	ASO Blue Balance FundedSM	Small Group (10-50)	Std Mkts Request info needed by
<a href="#">View</a>	Demo Group	379581	COBRA	New Mexico	10/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
<a href="#">View</a>	Demo Group	379582	Regulatory Data Update	New Mexico	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.

Requests Needing Attention

	Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
<a href="#">View</a>	Demo Group	379577	SG Existing Group Changes - Fully	New Mexico	10/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
<a href="#">View</a>	Demo Group	379579	Blue Balance Funded Enrollment	New Mexico	10/01/2023	ASO Blue Balance FundedSM	Small Group (10-50)	Std Mkts Request info needed by
<a href="#">View</a>	Demo Group	379581	COBRA	New Mexico	10/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
<a href="#">View</a>	Demo Group	379582	Regulatory Data Update	New Mexico	10/01/2023	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.

BlueCross BlueShield of New Mexico

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eSales Tools Home > Request Center > Request More Info Needed Welcome back ESALES GA TEST COMPANY ESALES GA TEST COMPANY 09/12/2023 [Log Out](#)

**Request Center** [Request Center Home](#)

[Resubmit](#) ☐ Information Received

Request ID : 379579 Request Type : Blue Balance Funded Enrollment Status : Std Mkts Request info needed by Operations [Attachments](#) [Log](#) [History](#)

**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

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

**Account Log**

Display Entries From

☒ Operations

Log Entries (Sorted By Most Recent)

[Test test](#)

**BATEST57**  
Added By : Test test

Entry : Decision on the request by the Internal user BATEST57

**More Information Needed**

- Missing/Incorrect/Incomplete Document(s)

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

- ASO BPA - Incomplete

**Additional Notes:**  
Missing Signature

09/12/2023 12:00:49

[Send](#)

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

**Request Center** Request Center Home

[Resubmit](#) ☐ Information Received

Request ID : 379579 Request Type : Blue Balance Funded Enrollment Status : Std Mkts Request info needed by Operations [Attachments](#) [Log](#) [History](#)

**Request Details**

Account Number: \*Producer: ESALES GA TEST COMPANY  
 \*Division: New Mexico Account Name: Demo Group  
 \*Funding Type: ASO Blue Balance Funded<sup>SM</sup> \*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

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

**Request Center** Request Center Home

[Resubmit](#) ☒ Information Received  
 Enter Optional Notes

Request ID : 379579 Request Type : Blue Balance Funded Enrollment Status : Std Mkts Request info needed by Operations [Attachments](#) [Log](#) [History](#)

**Request Details**

Account Number: \*Producer: ESALES GA TEST COMPANY  
 \*Division: New Mexico Account Name: Demo Group  
 \*Funding Type: ASO Blue Balance Funded<sup>SM</sup> \*Market Segment: Small Group (10-50)  
 \*Effective Date: 10/01/2023  
 \*Submitter Email test@bcbs.com  
 Address:  
 \*Submission Type: New Blue Balance Funded

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

### Request Completion

After your Request has been worked, you will receive 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.

**Request Center** Request Center Home

[Create Request](#)

**Search Requests**

Request Type: All  
 Account / Group Name:   
 Request ID: 379582  
 Account Number:   
 Effective Date: mm/dd/yyyy  
 Status: All

Division: New Mexico  
 Producer: [Find](#) ESALES GA TEST COMPANY  
 Market Segment: All  
 Funding Type: All  
 Association Name: All

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

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
<a href="#">View</a>	Demo Group	L05324	Std Mkts Request Completed	379582	Regulatory Data Update	New Mexico	10/01/2023

**Request Completion**