



Request Center Tool User Guide

May 2024

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Quick Start Summary

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

- Enroll New Group
- SG Existing Group Changes Fully Insured Only (*Renewal Paperwork, Address Change, Grandfathered Certification, etc.*)
- Blue Balance Funded Enrollment (BBF Renewal & Existing Fully Insured to BBF)
- New Blue Balance Funded
- Existing Blue Balance Funded to Fully Insured
- COBRA or State Continuation
- COBRA HCSC Admin
- Regulatory Data Update (MSP & Average Employee Count (AEC))
- 2) Enter the requested information into the form
- 3) Add all required document attachments
- 4) Save and Submit your request
- 5) Keep an eye on your email for updates
- 6) Use Log button to view comments entered by the internal processor
- 7) Use the History button on each request to follow the group's progress

Important:

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

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

For technical support, email SGMM_TechSupport@hcsc.com

Welcome to the Request Center

Step	Action		
Log In to Group Sales	Click on (or enter) this URL: https://www.bcbsnm.com/producer. Log in to Blue Access for Producers [™] (BAP SM).		
Group Sales Tools	<complex-block></complex-block>		
Access Request Center	Click on the Request Center link:		

	The Request Center homepage contains the following: Create Request: this button is used to initiate an enrollment request. BlueCross BlueShield of New Mexico Contact Us FAQ Help Contections Contact Us FAQ Help Contection	
Request Center Homepage	Request Center Request Center Home Image: Create Request Image: Create Request Search Requests view contains the following: Image: Create Request Search Requests view contains the following: Image: Create Request Request Type: All Account / Group Name: Produce: Effective Date: Image: Create Request Image: Create Request Type: All Image: Create Request Type: All Image: Create Request Type: All Image: Create Request Type: Image: Create Request Type: Image: Create Request Type: All Image: Create Request Type: Image: Create Request Type: Request Type: All Image: Create Request Type: Create Request Image: Create Request Type:	
	 Search Request: Allows user to search by the following: Request Type: Defaults to All; use the drop-down to select different request type Division: Defaults to your state Account / Group Name: Type in name of group Producer: Defaults to your ID Request ID: Enter request ID (if applicable) Market Segment: Defaults to All; use the drop-down to select the appropriate market segment (such as ACA Small Group (2–50), Small Group (10–50) Middle Market (51+), MEWA) Account Number: Type in the group's account number Effective Date: Enter or click on calendar icon to select appropriate funding type (such as Fully Insured, ASO Blue Balance Funded³⁴⁴) Association Name: Used for Enrolling Association Status: Defaults to All; use drop-down to select appropriate status (Request Accepted for Submission, Request Discontinued for Submission, Request Info Needed, Request Initiated, Request Pending Internal Review, Std Mkts Account Processing In Progress, etc.) 	
Creating a Request	From the Request Center homepage, click on Create Request button.	

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

	Request Type: Use the drop-down and select a Request Type:		
	BlueCross BlueShield of New Mexico		
	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: Select -		
	Enroll New Group SG Existing Group Changes - Fully Insured Only		
	Blue Balance Funded Enrollment New Blue Balance Funded Cristica Balance Funded Cristica Company, Statistica Company, Statistic		
	COBRA or State Continuation		
Request Type	COBRA - HCSC Admin Regulatory Data Update		
	SG Existing Group Changes – Fully Insured Only Blue Balance Funded Enrollment New Blue Balanced Funded Existing Blue Balance Funded to Fully Insured COBRA or State Continuation COBRA – HCSC Admin Regulatory Data Update Note: Enroll New Group was an existing request type.		
	The Submit Request window expands and contains additional required fields when the following Request Type is selected: Enroll New Group		
	Submit Request		
	Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.		
	*Request Type: Enroll New Group V *Email Address: agent@bcbstxagency.com		
	*Group Name:		
	Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote.		
	Quote ID: *Submitted Date: 09/12/2023 *Division: New Mexico *Producer: ESALES, TEST PRODUCER		
Request Type	*Funding Type: - Select - *Market Segment:		
Enroll New	*Effective Date: 🗸		
Group			
	Continue		
	Request Type: Select a request type from the drop-down		
	Email Address: Enter your email address in this field Note: Additional amail addresses can be entered by clicking on the Add bytten		
	 Note: Additional email addresses can be entered by clicking on the Add button Group Name: Enter the group name listed on paperwork 		
	 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.		
	PLEASE NOTE: This Request Type is not needed if group is being enrolled through the Enrollment Tool.		
Submit Request	A lense tool: This includest type is not include in globp is define an output to the include to the set of		

	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.		
	l) Attach Documents		
	Documents Needed for Enrollment		
	*Benefit Program Application (BPA) for New Small Groups 2-50	Missing	
	*Employer Group Information (EGI) Form		
	*Enrollment Application/Change Form	Missing	
Attach	*Wage & Tax Statement/Proof of Wages	Missing	
Required	Affidavit of Domestic Partnership CDHP - Employer Setup Form		
Documents	Dependent State Continuation of Coverage Form		
	Disabled Dependent Certification Form		
	Employer Representative Authorization (FRA)		
	Discontinue * - Required Fields	Save	
	To attach documents, click on the Attach Documents butt	on.	
	Please attach the following documents. For questions, please contact you	r Sales representative.	
	Attach Documents		
	The Attachments window opens.		
	Click the Choose File button; locate the drive and folder where the documents are saved and select the file to upl		
	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	e e e e e e e e e e e e e e e e e e e	
Attach	Select Browse to find a file(s) to attach. Uploaded files must be less than 25MB.		
Required	File Document Type(s)	Description(s)	
Documents	Choose File No file chosen Select	· · · · · · · · · · · · · · · · · · ·	
	Attach File		
	Existing Attached Documents File Date/Time Stamp Document Type Description Name	Status Delete Document	
	BPA 09/07/2023 Benefit Program Application (BPA) for New ESALE Test.docx 01:00:36 Small Groups 2-50 ESALE	5, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED 🛛 Delete Document	
	Deleted Documents File Date/Time Stamp Document Type	Description	
	If the wrong document was attached, click on the Delete I	Document link to remove it from the list.	
	Existing Attached Documents		
Delete		otion Name Status Delete Document	
	BPA 09/07/2023 Benefit Program Application (BPA) for New Test.docx 01:00:36 Small Groups 2-50	ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED 🔀 Delete Document	
Documents			
	A confirmation message populates asking if you are sure y	ou want to delete the document.	
	Select OK or Cancel (whichever applies).		

	Confirmation Message
	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 Choose File Document Type(s) Description(s) Existing Attached Documents File Description Name Existing Attached Document Type Description Name BRA Op/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Colspan="2">Delete Document Deleted Document Type Description Name EGI Test.pdf Document Type Description Name Description (SPA) Description (SPA) Delete Document Description
	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.
	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			
	estate Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER (9)(07/2023 Log Out			
	Request Center Request Center Home			
	Submit Request Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message			
	should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request. *Request Type: SG Existing Group Changes - Fully Insured Only			
	* Submission Type: - Select - V			
	·			
	Select a Submission Type from the drop-down:			
BlueCross BlueShield of New Vexico				
	Carter Sales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 Log Out			
	Request Center Home			
	Submit Request Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.			
	*Request Type: [SG Existing Group Changes - Fully Insured Only v] * Submission Type: - Select - N V			
	AD Change Benefit Change			
	Bill Cycle Change riporation, a Mutual Legal Reserve Company, Billing Method Change illue Cross and Blue Shield Association. Bilue Directions Renewal illue Shield Association.			
Request Type	Dental Only Service Corporation. All Rights Reserved. CF Cert Life d Important. Information Market Segment Change			
SG Existing	Miscellaneous Name Change			
SG Existing Group Changes - Fully Insured Only Feature 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 s. J. fary additional information is needed, a SLOS representative will contact you at the email address you provide in your request.				
				* Submission Type: Benefit Change
				*Account Number: *Producer: *Prod
				*Funding Type: - Select - *Account Name: *Account Name: *Account Name: *Account Name: *Account Name: ************************************
	*Effective Date: mm/dd/yyyy 📰 Submitter Email			
	Address:			
	Notes:			
	Continue			
	Account Number: Enter the account number			
	Division: Defaults to your state			
	Account Name: Populates when account number and division are entered			
	 Funding Type: Populates when account number and division are entered Market Segment: Populates when account number and division are entered 			
	 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.			

	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 V
	* Submission Type: Benefit Change
	*Account Number: 1002.10 *Producer: ESALES, TEST PRODUCER
	*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
mit	Address:
mit	Notes:
uest	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

	Search Requests -			
	Request Type: All V Division: New Mexico			
	Account / Group Name: Producer: Image: SALES GA TEST COMPANY Request ID: 379577 Market Segment: All			
	Account Number: Funding Type: All			
	Effective Date: mm/dd/yyyy and Association Name: All			
	Search Clear			
	Account / Group Name Account Number Status Request Request Type Division Effective			
	View Demo Group 105230 Std Mkts Request Pending Internal 379577 SG Existing Group New Mexico 10/01/. *			
	u			
	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 to Gueractus FAQ Heb Cates Tools			
	Sales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER (0)(07/2022 Leg Out			
	Request Center Request Center Home			
	Submit Request			
	Please provide information and documentation enabling your request to be reviewed for processing. The "stach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a CEOS representative will contact you at the email address you provide in your request.			
	*Request type: [Bue Balance Instel for climent v * Subhiston type: [Select - v			
	Colort o Cubrainsion Turo from the dren down:			
	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			
Request Type	E E E E E E E E E E E E E E E E E E E			
	Following selection of Submission Type, the following fields will be displayed:			
Blue Balance	Submit Request			
Funded	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 be a destanded, a BCBS representative will contact you at the email address you provide in your request.			
Enrollment	*Request Type: Blue Balance Funded Enrollment			
	* Submission Type: Existing Blue Balance Funded Renewal			
	*Account Numbe <mark>r: [05230 </mark> *Producer:			
	*Division: New Mexico			
	Account Name: Demo Group *Funding Type: ASO Blue Balance Funded			
	*Market Segment: Middle Market (51+) ✓			
	*Effective Date: 10/01/2023 V			
	*Submitter Email [test@bcbs.com			
	*Submitter Email [test@bcbs.com Address:			
	*Submitter Email [test@bcbs.com			
	*Submitter Email [test@bcbs.com Address:			
	*Submitter Email [test@bcbs.com Address:			
	*Submitter Email [test@bcbs.com Address:			
	*Submitter Email [test@bcbs.com Address: Notes: Optional Notes here.			
	*Submitter Email [test@bcbs.com Address: Notes: Optional Notes here.			
	*Submitter Email Test@bcbs.com Address: Notes: Optional Notes here. Continue • Account Number: Enter the Account Number			
	 *Submitter Email [test@bcbs.com] Address: Notes: Optional Notes here. Optional Notes here. Continue Account Number: Enter the Account Number Division: Defaults to your state 			
	*Submitter Email Test@bcbs.com Address: Notes: Optional Notes here. Continue • Account Number: Enter the Account Number			
	 *Submitter Email [test@bcbs.com] Address: Notes: Optional Notes here. Optional Notes here. Continue Account Number: Enter the Account Number Division: Defaults to your state 			

	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		
	once un required information is entered, ener continue.	Continue	
	A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing.		
	Save this Request ID to easily check the status on the progr	ress of the case. A Request ID number is assigned, and the	
	Documents Needed pane opens for Request type: Blue Bal		
	Follow the Attach Document step above to attach any doc		
		unients and click of save and submit the request.	
	Submit Request		
	Your request has been initiated but has not yet been submitted for processing. Please this Request ID to easily check the status on the progress of the case. Request ID 11	ensure all information is added to the request and submit for further processing. Save 1386.	
	Please provide information and documentation enabling your request to be reviewed fi	or 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 representation	ive will contact you at the email address you provide in your request.	
	*Request Type: Blue Balance Funded Enrollment V		
	* Submission Type: Existing Fully Insured to Blue Balance Funded 🗸		
	*Account Number: 105242	Change	
	*Division: New Mexico	*Producer: ESALES, TEST PRODUCER	
		Account Name: TEST	
*Funding Type: Fully Insured *Market Segment: Middle Market (51+)		larket Segment: Middle Market (51+) V	
	*Effective Date: 01/01/2024 ✓ *Submitter Email testid@bcbsnm.com		
Submit	Address:		
Request	Nature Onlineal		
nequest	Notes: Optional		
		<i>h</i>	
	Please attach the following documents. For questions, please contact your Sales represen	tative.	
	Ref. 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			
	ODPRA Administration Sequest For Small Group		
	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.
	Request Center Home Request Center Home
	Create Request
	Search Requests -
	Request Type: All Division: New Mexico Account / Group Name: Demo Group Producer: ESALES GA TEST COMPANY
Review	Request ID: Market Segment: All Account Number: Funding Type: All
Request	Effective Date: 10/01/2023 Association Name: All
nequeor	Sarch Clear
	Account / Group Name Account Number Status Request ID Request Type Division Date
	View Demo Group Std Mkts Request Pending Internal 379579 Blue Balance Funded Enrollment Enrollment
	View Demo Group 105230 Staffkts Request Pending Internal 379577 SG Existing Group Chances - Fully Chances - Fully
	To view information, you can called the View button payt to the account
	To view information, you can select the View button next to the account. The Submit Request window expands and contains additional required fields when the following request type is
	selected: New Blue Balance Funded
	Submit Request
	Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.
	*Request Type: New Blue Balance Funded
	Account Number: *Producer: ESALES, TEST PRODUCER
	*Division: New Mexico
	*Funding Type: - Select -
	*Market Segment: V
	*Submitter Email Address:
	Notes:
Request Type	
New Blue	
Balance	Continue
Funded	
	Account Number: Enter the Account Number (If applicable)
	Division: Defaults to your state
	Account Name: Recommended but not required to enter
	Funding Type: Select from drop-down
	Market Segment: Select from drop-down
	Effective Date: Select from drop-down
	• Submitter Email Address: Type in the email address of the person submitting the form
	(Please note: this person will receive all communication on the progress of the submission)
	 Notes: Type in notes if needed (optional)
	Once all required information is entered, click Continue
	Once all required information is entered, click Continue.
Cubmit	A massage populator in the Submit Poquert window stating Your request has been initiated but has not use have submitted
Submit	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
Request	for processing, riease ensure an information is added to the request and submit for further processing, save this Request ID to

Submit R	equest				
		ed but has not yet been submitted for p ck the status on the progress of the case		ation is added to the request and sub	omit for further proces
Please provi should you	de information av wish to do so. If :	nd documentation enabling your request any additional information is needed, a B	to be reviewed for processing. Th SCBS representative will contact yo	e "attach documents" feature enables ou at the email address you provide ir	s you to provide a note n your request.
*	Request Type:	New Blue Balance Funded	~		
Acc	count Number:		*Producer	: ESALES, TEST PRODUCER	
	*Division:	New Mexico	Account Name		
*	Funding Type:	ASO Blue Balance Funded M \checkmark		Middle Market (51+) 🗸	
		01/01/2024 ✓			
*St	ubmitter Email Address:	test@bcbsnm.com			
	Notes:	Optional			
	notes.	optional			
				1	
				æ	
Please atta	:h the following o	documents. For questions, please contact	t your Sales representative.		
		documents. For questions, please contac	t your Sales representative.	~	
Attach	Documents		t your Sales representative.		
Documen	Documents ts Needed for R	Request	t your Sales representative.	∠ Attached	
Attach Documen *Adminis	Documents ts Needed for R	Request Agreement (ASA)	t your Sales representative.	Attached	
 Attach Documen *Adminis *Busines 	Documents ts Needed for R strative Service	Request Agreement (ASA)	t your Sales representative.		
 Attach Documen *Adminis *Busines 	Documents ts Needed for R strative Service is Associate Agu ss Application	Request Agreement (ASA)	t your Sales representative.	Attached	
Attach Documen *Adminis *Busines *Stop Lo	Documents ts Needed for R strative Service ss Associate Agu ss Application A	Request Agreement (ASA)	t your Sales representative.	Attached	
Attach Documen *Adminis *Busines *Stop Lo *ASO BP. *Addend	Documents ts Needed for R strative Service ss Associate Agu ss Application A	Request Agreement (ASA) reement (BAA)	t your Sales representative.	Attached Attached Attached Attached	
Attach Documen *Adminis *Busines *Stop Lo *ASO BP. *Addend	Documents ts Needed for R strative Service as Associate Age ss Application A um lance Funded Q	Request Agreement (ASA) reement (BAA)	t your Sales representative.	Attached Attached Attached Attached Attached Attached Attached	
Attach Documen *Adminis *Busines *Stop Lo *ASO BP *Addend *Blue Ba *Proof of	Documents ts Needed for R strative Service as Associate Age ss Application A um lance Funded Q	Request Agreement (ASA) reement (BAA)	t your Sales representative.	Attached Attached Attached Attached Attached Attached Attached Attached	
Attach Documen *Adminis *Busines *Stop Lo *ASO BP *Addend *Blue Ba *Proof of	Documents ts Needed for R strative Service is Associate Agu ss Application A um lance Funded Q f Wages f Business	Request Agreement (ASA) reement (BAA)	t your Sales representative.	Attached Attached Attached Attached Attached Attached Attached Attached Attached	Save

	Request Center Request Center Home
	Create Request
	Search Requests 🗸
	Request Type: New Blue Balance Funded
	Account / Group Name: Test Producer: ESALES, TEST PRODUCER Request ID: Market Segment: All ✓
	Account Number: Funding Type: All
	Effective Date: 01/01/2024 Status: All
	Status. An
	Search Clear
	Account / Group Name Account Number Status Request ID Request Type Division Effective Date
	View TEST Std Mkts Request Pending Internal 11314 New Blue Balance New Mexico 01/01/: 4
	Review
	The Submit Request window expands and contains additional required fields when the following request type is
	selected: Existing Blue Balance Funded to Fully Insured
	Submit Request Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message
	should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.
	*Request Type: Existing Blue Balance Funded to Fully Insured
	*Account Number: *Producer: ESALES, TEST PRODUCER
	*Division: New Mexico Account Name:
	*Funding Type: - Select - *Market Segment:
	*Effective Date: 💌
	*Submitter Email
	Address:
	Notes:
Request Type	
Existing Blue	
Balance	Continue
Funded to	
Fully Insured	
	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
	<u> </u>

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.
	Email Other Discontinue * - Required Fields
Review Request	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 .

	Request Center Request Center Home
	♀ Create Request
	Search Requests 👻
	Request Type: All V Division: New Mexico
	Account / Group Name: Producer: ESALES, TEST PRODUCER Request ID: 11315 Market Segment: All
	Account Number: Funding Type: All
	Effective Date: mm/dd/yyyy Association Name: All Status: All Image: Status and Status an
	Clear
	Account / Group Name Account Number Status Request ID Request Type Division Effective Date
	View TEST L05246 Request Initiated 11315 Existing Blue Balance Funded to
	To view information, you can select the View button next to the account.
	The Submit Request window expands and contains additional required fields when the following request type is
	selected: COBRA or State Continuation
	BlueCross BlueShield of New Mexico
	Sales 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 - V
Request Type	Select a Submission Type from the drop-down:
COBRA or	
State Continuation	BlueCross BlueShield of New Mexico Return to Due occess for Producers Contact Us FAQ Help Cates 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 -
	COBRA - Group Admin State Continuation - Group Admin
	State Continuation – Group Admin State Continuation – HCSC Admin 6-month continuation (OK & NM only) prporation, a Mutual Legal Reserve Company,
	an movement crease or the Blue Cross and Blue Shield Association.
	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 or State Continuation
* Submission Type: COBRA - Group Admin
*Account Number:
*Division: New Mexico
*Funding Type: Select -
*Market Segment: V *Effective Date: mm/dd/yyyy
*Submitter Email
Address:
Notes:
Continue
Account Number: Enter the account number
Division: Defaults to your state
Division: Defaults to your state Account Name: Populates when account number and division are entered
Account Name: Populates when account number and division are entered
 Account Name: Populates when account number and division are entered Funding Type: Populates when account number and division are entered or
 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
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 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
 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)
 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)
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 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.

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 *Division: New Mexico
*Funding Type: Fully Insured
*Market Segment: ACA Small Group (2-50) V
*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
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 Sear
Request Center Home Request Center Home
Create Request
Search Requests V
Request Type: All Division: New Mexico Account / Group Name: Producer: Image: Im
Request ID: Market Segment: All Account Number: 60324 Funding Type: All
Effective Date: mm/dd/yyyy Association Name: All
Clear Clear
Account / Crown Name Account Number Status Request Type Division Effective
View Demo Group L05324 Std Mkts Request Pending Internal 379581 COBRA New Mexico 10/01/2
Review
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 - HCSC Admin Image: Sales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 11/09/2023
	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 - HCSC Admin
	*Account Number: *Producer: ESALES, TEST PRODUCER *Division: New Mexico Account Name: *Funding Type: -Select -
Request Type COBRA – HCSC Admin	Address:
	 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 A message populates in the Submit Request window stating Your request has been initiated but has not yet been
Submit Request	submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: COBRA – HCSC Admin

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. this Request ID to easily check the status on the progress of the case. Request ID 11379.	ing. Save
Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or a 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.	or messag
*Request Type: COBRA - HCSC Admin	
*Account Number: 05277 *Producer: ESALES, TEST PRODUCER	\ Change
*Division: New Mexico Account Name: TEST	
*Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)	
*Effective Date: 11/09/2023	
*Submitter Email testid@bcbsnm.com	
Address:	
Notes:	
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	
*HealthEquity COBRA Additional Carrier and Plan Information Form Email	
*HealthEquity COBRA Additional Carrier and Plan Information Form Email	
*HealthEquity COBRA Additional Carrier and Plan Information Form Email	
*HealthEquity COBRA Additional Carrier and Plan Information Form Email	
*HealthEquity COBRA Additional Carrier and Plan Information Form Email	
*HealthEquity COBRA Additional Carrier and Plan Information Form Email Other	Submit
*HealthEquity COBRA Additional Carrier and Plan Information Form Email Other	Submit
*HealthEquity COBRA Additional Carrier and Plan Information Form Email Other Discontinue * - Required Fields	
*HealthEquity COBRA Additional Carrier and Plan Information Form Email Other Discontinue * - Required Fields The request is now submitted for review.	
 *HealthEquity COBRA Additional Carrier and Plan Information Form Email Other Discontinue * - Required Fields The request is now submitted for review. To review your request, search for it on the Request Center homepage using criteria available and click S	
 *HealthEquity COBRA Additional Carrier and Plan Information Form Attached Email Other Other Image: State of the state of	
 *HealthEquity COBRA Additional Carrier and Plan Information Form Email Other Discontinue * - Required Fields Save S The request is now submitted for review. To review your request, search for it on the Request Center homepage using criteria available and click S Request Center Save Save Save Division: New Mexico Producer: Example: Example: Producer: Example: Example: Producer: Example: Example: Producer: EXALPS.TET PRODUCER	
 *HealthEquity COBRA Additional Carrier and Plan Information Form Email Other Discontinue * - Required Fields Save The request is now submitted for review. To review your request, search for it on the Request Center homepage using criteria available and click S Request Center Request Center Save Save Division: New Medice Division: New Medice	
 *HealthEquity COBRA Additional Carrier and Plan Information Form Image: Attached Email Other Other Other Discontinue * - Required Fields The request is now submitted for review. Save s To review your request, search for it on the Request Center homepage using criteria available and click S Request S Request Center Request S Division: New Mexico Produer: ESALES, TEST PRODUCER Request Topic Request Conter Nordson: Netwiston: New Mexico Produer: ESALES, TEST PRODUCER	
 *HealthEquity COBRA Additional Carrier and Plan Information Form Attached Email Other Discontinue *- Required Fields Save S The request is now submitted for review. To review your request, search for it on the Request Center homepage using criteria available and click S Request Center Request Center Homepage isearch Request Division: Here Mexico Producer: Estation Enditional Center Producer: Endit Division: Here Mexico Forguest 10:: Request 10:: Account / Group Harme: Request 10:: Account / Market Segment: Attached	
HealthEquity COBRA Additional Carrier and Plan Information Form Email Other Discontinue *- Required Fields Save s The request is now submitted for review. To review your request, search for it on the Request Center homepage using criteria available and click S Fequest is now submitted for review. To review your request, search for it on the Request Center homepage using criteria available and click S Fequest Center Fequest Search Type Division Feduest Type Division Feduest F	
HealthEquity COBRA Additional Carrier and Plan Information Form Email Other The request is now submitted for review. To review your request, search for it on the Request Center homepage using criteria available and click S Trequest is now submitted for review. To review your request, search for it on the Request Center homepage using criteria available and click S Trequest Request View Manie	
*HealthEquity COBRA Additional Carrier and Plan Information Form Image: Attached Email Other Discontine *- Required Fields See S The request is now submitted for review. To review your request, search for it on the Request Center homepage using criteria available and click S Request Seguest Image: Status Ima	
*HealthEquity COBRA Additional Carrier and Plan Information Form Image: Content in the second se	
 Image: Status Image: Status<	

	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
	IT TO A THE ALCO
	Request Center Request Submit Request Image: Center Home
	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 V Submission Type: - Select - V
	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 to blue access Contact Us FAQ Help Cates Tools
	esales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/08/2023 Log Out
	Request Center 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
	Average Employee Count (AEC) MSP Exception Approval - HCSC Only MSP Exception Denial - HCSC Only
	MSP Standard orporation, a Mutual Legal Reserve Company, Non-ERISA Non-Governmental (NENG) P Blue Cross and Blue Shield Association.
	Result: Following selection of Submission Type, the following fields will be displayed:
Request Type	Request Center Request Center Home
Regulatory Data	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.
Update	*Request Type: Regulatory Data Update
	* Submission Type: MSP Standard
	*Account Number: *Producer: cb Find ESALES GA TEST COMPANY *Division: New Mexico
	*Funding Type: - Select - + Harket Segment:
	*Effective Date: mm/dd/yyyy Submitter Email
	Address:
	Notes:
	Continue
	Account Number: Enter the account number
	Division: Defaults to your state
	Account Name: Populates when account number and division are entered
	Funding Type: Populates when account number and division are entered
	Market Segment: Populates when account number and division are entered
	Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy)
	Submitter Email Address: Type in the email address of the person submitting the form
	(Please note: this person will receive all communication on the progress of the submission)
	Notes: Type in notes if needed (optional)
	Once all required information is entered, click Continue.

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 10 to easily check the status on the progress of the case. A Request 10 number is assigned, and the Documents Needed pane opens for Request type: Regulatory Data Update Follow the Attach Document step above to attach any documents and click on save and submit the request. Submitted for processing. Request to to easily check the status on the progress of the case. A Request 10 number is assigned, and the Documents Needed pane opens for Request type: Regulatory Data Update Follow the Attach Document step above to attach any documents and click on save and submit the request. Submitted for basicy dock the status of the prosessing. Rease experts all information is added to the request and submit for further processing. Save this see specific information and documentation measing your request to be reviewed for processing. The "attach documents" feature makes you to provide a note or measage thool you with to do so. If any addeenal information in needed. a ECE representative will contact you at the anall address you provide in your request. **Request Type: Regulatory Data Update **Request Type: Regulatory Data Update **Request Type: Regulatory Data Update **Request Type: Regulatory Data Update **Request Type: Regulatory Data Update **Request Type: Regulatory Data Update **Request Type: Regulatory Data Update **Request Type: Regulatory Data Update **Request Type: Regulatory Data Update **Request Type: Regulatory Data Update </th
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
	Search Requests Request Type: All V Division: New Mexico
	Account / Group Name: Producer: ESALES, TEST PRODUCER
	Request ID: Market Segment: ACA Small Group (2-50) ✓ Account Number: Funding Type: Fully Insured
	Effective Date: mm/dd/yyyy Status: All
	Status, Par
	Account / Group Name Account Number Status Request ID Request Type Division Effectiv Date
	View TEST Std Mkts Request Pending Internal 11385 Regulatory Data New Mexico 01/01/. ^
	View TEST Std Mkts Request Pending Internal 11379 COBRA - HCSC New Mexico 11/09/: Review
	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 Return to blue cross for headwares Contact Us FAQ Help Crates Tools
	Sales Tools Home > Request Center Welcome back ESALES GA TEST COMPANY ESALES GA TEST COMPANY 09/12/2023 Log Out
	Request Center Home Request Center Home
	C Create Request
Request	Search Requests 👻
Needing Attention	Request Type: All Division: New Mexico Account / Group Name: Producer: ESALES GA TEST COMPANY
Attention	Request ID: Market Segment: All Account Number: Funding Type: All
	Effective Date: mm/dd/yyyy iii Association Name: All
	Clear
	Requests Needing Attention
	Group Name Request Type Division Effective Date Funding Type Market Segment Status /
	View 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
	View 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 View Demo Group 379581 COBRA New Mexico 10/01/2023 Fully Insured ACA Small Group (2-50) Std Mkts Request
	View Demo Group 379582 Regulatory Data New Mexico 10/01/2023 Fully Insured ACA Small Group (2-50) Std Mkts Request
	Update info needed by
	Click on the View button next to the request needing updates.
	Requests Needing Attention
	Group Rame Request Type Division Effective Date Funding Type Market Segment Status
Request	View Demo Group 379577 SG Existing Group New Mexico 10/01/2023 Fully Insured ACA Small Group (2-50) Std Mkts Request
Needing	Chances - Fully Chance
Attention	View Demo Group 379581 COBRA New Mexico 10/01/2023 Fully Insured ACA Small Group (2-50) Std Mkts Request info needed by
	View Demo Group 379582 Regulatory Data Vew Mexico 10/01/2023 Fully Insured ACA Small Group (2-50) Std Mtts Request info needed by
	You will be able to view notes and comments of processors in the Log.
	To a win be able to view notes and comments of processors in the Log.

Request Center			Request Center Ho
Resubmit	\bigcirc Information Received		
Request ID : 379579 R	tequest Type : Blue Balance Funded Enro	ollment Status : Std Mkts Request info need	ded by Operations
Request Details			
Account Number:		*Producer: ESAI	LES GA TEST COMPANY
*Division: N	lew Mexico	Account Name: Demo	o Group
*Funding Type: A	SO Blue Balance Funded™	*Market Segment: Small	ll Group (10-50)
*Effective Date: 1	0/01/2023		
*Submitter Email to Address:	est@bcbs.com		
	lew Blue Balance Funded		
notes. (Optional Notes Here		
When Log button i		the reason for the request i	info needed per the log
	s selected, you can view	the reason for the request i	info needed per the log
When Log button i	BATEST57 Added By : Test to Entry : Decision on the Internal user BATEST57 More Information Ne • Missing/Incorrect/Int	test e request by the zeeded complete Incomplete	

	Request Center Request Center Home
	Resubmit O Information Received
	Canoning Contraction Received
	Request ID : 379579 Request Type : Blue Balance Funded Enrollment Status : Std Mkts Request of a needed by Operations
	Attachments U Log Attachments
	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 all data is attached, click Information Received radio button, enter any Notes and click Resubmit .
	Request Center Home
	Resubmit 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 SM *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 Home Request Center Home
	Request Center Request Center Home Create Request Create Request
quest	
	Create Request
	Create Request Search Request Request Type: All Account / Group Name: Producer: Total ESALES GA TEST COMPANY
	Create Request Search Requests Request Type: All Division: New Mexico
	Create Request Search Requests ~ Request Type: All Account / Group Name: Producer: Request ID: 379582 Account Number: Funding Type: All ~
	Create Request Search Requests • Request Type: All Account / Group Name: Producer: Request ID: 379582 Account Number: Funding Type: Effective Date: mm/dd/yyyy Status: All
	Create Request Search Requests ~ Request Type: All Account / Group Name: Producer: Request ID: 379582 Account Number: Funding Type: All ~
quest mpletion	Create Request Search Requests • Request Type: All Account / Group Name: Producer: Create Request ID: 379582 Account Number: Find Effective Date: mm/dd/yyyy Status: All
	Create Request Search Requests • Request Type: All Account / Group Name: Producer: Effective Date: mm/dd/yyyy Status: All V Search Clear Clear Effective Account Number: Status: Account Number: Composition Status: Account / Group Name Account Number: Effective Division: Request Request Request Division Effective Division

	Std Mkts Account Processing in Progress (Request was submitted and is being reviewed internally)
Status Definitions	 internally) Std Mkts Financial Account Setup (BBF Billing) (Only for Blue Balance Funded requests, where the request is with our internal financial team before sending to UW)
	• Std Mkts Information Received from Submitter (<i>Missing information has been received by internal personnel and will continue to be reviewed and processed</i>)
	• Std Mkts More Information Required (Request has been sent back to external submitter for more information)
	• Std Mkts Request Approved by UW (UW has approved the account and will be sent to internal user to review approved changes)
	• Std Mkts Request Completed (Request has been completed, no further action required.)
	• Std Mkts Request Discontinued (Request has been discontinued per request or due to account inactivity from external user (ex: More Information Required was not received) and a new request will need to be created)
	• Std Mkts Request Info needed by Operations (Request has been reviewed by internal Operations user and requires more information from the producer)
	• Std Mkts Request Pending Internal Review (Request has been submitted and is awaiting internal review)
	• Std Mkts Request Pending UW Review (Internal Operations review has been completed and has been sent to UW for their review)
	• Std Mkts Request Pending UW Re-Review (Initial request was sent back for more information, but is now back to the UW for their re-review)
Emails to be received	• Std Mkts Request Initiated (Email that is sent with initiation of request) (soon to be eliminated and replaced when Pending Internal Review)
	• Std Mkts Request info needed by Operations (Email indicating that more information is required, producer must log into Request Center to view details using the Log)
	• Std Mkts Request Completed (Email notifying the producer that request is complete with no further action needed)
	• Std Mkts Request Discontinued (Email notifying the producer that request has been discontinued with Reason Code description, and any additional notes are provided in the Log)