



BlueCross BlueShield  
of Oklahoma

# Request Center User Guide



November 2023

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## Quick Start Summary

- 1) Select the request type that matches what you want to do:
  - Enroll New Group
  - Enroll Association
  - SG Existing Group Changes – Fully Insured Only
  - Blue Balance Funded Enrollment
  - COBRA
  - Regulatory Data Update
- 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

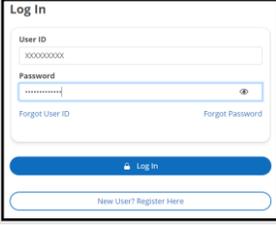
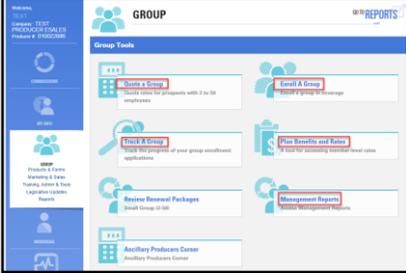
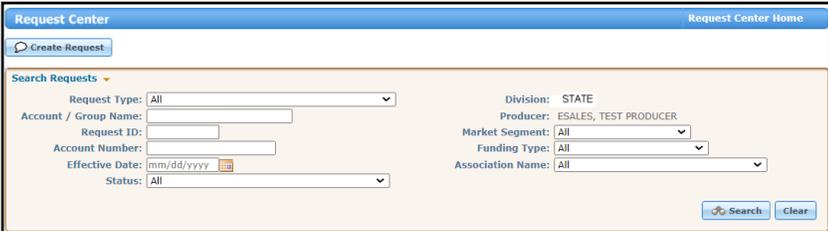
### Important:

- 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

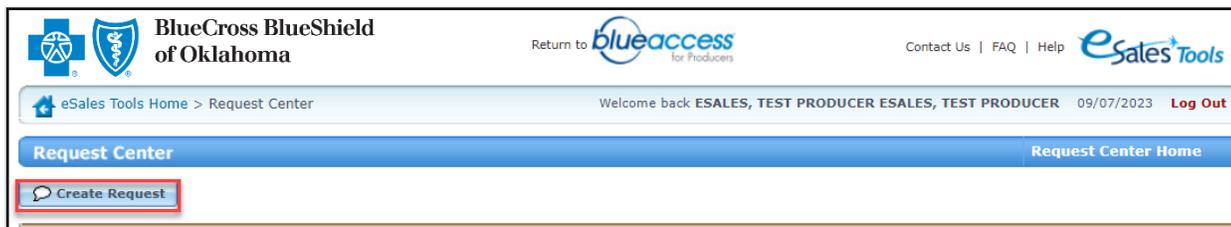
For technical support, email [SGMM\\_TechSupport@hcsc.com](mailto:SGMM_TechSupport@hcsc.com)

# Welcome to the Request Center

Step	Action
<p><b>Log In to Group Sales</b></p>	<p>Click on (or enter) this URL: <a href="https://www.bcbsok.com/producer">https://www.bcbsok.com/producer</a>. Log in to Blue Access for Producers<sup>SM</sup> (BAP<sup>SM</sup>).</p>  <p>BAP navigates to the <b>Welcome</b> page.</p>
<p><b>Group Sales Tools</b></p>	<p>Click on one of the Group Tools:</p>  <p>eSales homepage will be displayed</p> 
<p><b>Access Request Center</b></p>	<p>Click on the Request Center link:</p>  <p>The Request Center Home Page window opens.</p> 

The Request Center home page contains the following:

**Create Request:** this button is used to initiate an enrollment request.



**Search Requests** view contains the following:



Request Center Home Page

- **Search Requests:** Allows user to search by the following
- **Request Type:** Defaults to All; use the drop-down to select different request type
- **Division:** Defaults to your state
- **Account / Group Name:** Type in name of group
- **Producer:** Defaults to your ID
- **Request ID:** Enter request ID (if applicable)
- **Market Segment:** Defaults to All; use the drop-down to select the appropriate market segment (such as ACA Small Group (2–50), Small Group (10–50) Middle Market (51+), MEWA)
- **Account Number:** Type in the group’s account number
- **Effective Date:** Enter or click on calendar icon to select effective date (mm/dd/yyyy)
- **Funding Type:** Defaults to All; use the drop-down to select appropriate funding type (such as Fully Insured, ASO Blue Balance Funded<sup>SM</sup>)
- **Association Name:** Used for Enrolling Association
- **Status:** Defaults to All; use the drop-down to select appropriate status (Request Accepted for Submission, Request Discontinued for Submission, Request Info Needed, Request Initiated, Request Pending Internal Review, Std Mkts Account Processing In Progress, etc.)

Creating a Request

From the **Request Center Home** page, click on **Create Request** button.

BlueCross BlueShield of Oklahoma

eSales Tools Home > Request Center

Request Center

Create Request

**Request Page**

The **Submit Request** page opens:

BlueCross BlueShield of Oklahoma

Return to blueaccess for Producers

Contact Us | FAQ | Help eSales Tools

eSales Tools Home > Request Center > Create Request

Welcome back Test test 03/01/2022 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 -

Note: To return to the Request Center home page, click the **Request Center Home** button on the right

**Request Type**

Use the drop-down and select a Request Type:

eSales Tools Home > Request Center > Create Request

Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/11/2023 Log Out

Request Center Request Center Home

Submit Request

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

\*Request Type: - Select -

- Select -
- Enroll New Group
- Enroll Associations
- SG Existing Group Changes - Fully Insured Only
- Blue Balance Funded Enrollment
- COBRA
- Regulatory Data Update

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

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**Request Types:**

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

**Note:** Enroll New Group and Enroll Associations were existing request types

The Submit Request window expands and contains additional required fields when the following Request Type is selected: **Enroll New Group**

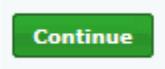
The screenshot shows the 'Submit Request' window with the following fields and options:

- Request Type:** Enroll New Group (selected in a dropdown)
- Email Address:** [Text input field] [Add]
- Group Name:** [Text input field]
- Note:** A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote.
- Quote ID:** [Text input field]
- Submitted Date:** 09/11/2023
- Division:** Oklahoma
- Producer:** ESALES, TEST PRODUCER
- Funding Type:** Select (dropdown)
- Market Segment:** (dropdown)
- Effective Date:** (dropdown)
- Continue** button

**Request Type  
Enroll New  
Group**

- **Request Type:** Select a request type from the drop-down
- **Email Address:** Enter your email address in this field  
**Note:** Additional email addresses can be entered by clicking on the Add button
- **Group Name:** Enter the group name listed on paperwork
- **Quote ID:** Enter Quote number (if applicable)
- **Submitted Date:** Defaults to today's date
- **Division:** Defaults to your state
- **Producer:** Defaults to user
- **Funding Type:** Use the drop-down and select Fully Insured
- **Market Segment:** Use the drop-down and select ACA Small Group (2–50)
- **Effective Date:** Use the drop-down to select appropriate effective date of new group

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.

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

The screenshot shows the 'Documents Needed for Enrollment' pane with the following details:

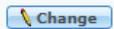
- Attach Documents** button
- Documents Needed for Enrollment** table:

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

At the bottom of the pane, there is a **Discontinue** button, a note **\* - Required Fields**, and **Save** and **Submit** buttons.

**Required  
Documents**

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



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

**Confirmation Message**

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

- Request Type
- Division
- Market Segment
- Funding Type

Click confirm to proceed.

**Confirm** **Cancel**

**Attach Required Documents**

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

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

**Attach Documents**

**Documents Needed for Enrollment**

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

**Discontinue** \* - Required Fields **Save** **Submit**

To attach documents, click on the Attach Documents button.

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

**Attach Documents**

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:  No file chosen      Document Type(s):       Description(s):

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	<input checked="" type="checkbox"/> Delete Document

Deleted Documents				
File	Date/Time Stamp	Document Type	Description	Name

**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	<input checked="" type="checkbox"/> 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?

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

Attachments						
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	<input checked="" type="checkbox"/> Delete Document

Deleted Documents				
File	Date/Time Stamp	Document Type	Description	Name
EG1 Test.pdf	09/07/2023 01:03:52	Employer Group Information (EG1) 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**.

\* - Required Fields

Request Submitted message populates.

**Request Submitted**

Demo Group request has been submitted and further review with Request ID 379398.

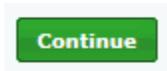
**Request Type**  
**Enroll**  
**Associations**

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

The screenshot shows a 'Submit Request' form with a blue header. Below the header is a text instruction: '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.' The form contains several fields: '\*Request Type:' with a dropdown menu set to 'Enroll Associations'; '\*Email Address:' with a text input field and an 'Add' button; '\*Group Name:' with a text input field; a note: 'Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote.'; '\*Quote ID:' with a text input field; '\*Submitted Date:' with a date field showing '09/11/2023'; '\*Division:' with a text field showing 'Oklahoma'; '\*Producer:' with a text field showing 'ESALES, TEST PRODUCER'; '\*Funding Type:' with a dropdown menu set to '- Select -'; '\*Market Segment:' with a dropdown menu; '\*Effective Date:' with a dropdown menu; and '\*Association Name:' with a dropdown menu set to '- Select -'. A green 'Continue' button is located at the bottom right of the form.

- **Email Address:** Enter your email address in this field  
**Note:** Additional email addresses can be entered by clicking on the Add button
- **Group Name:** Enter the group name listed on paperwork
- **Quote ID:** Enter Quote number (if applicable)
- **Submitted Date:** Defaults to today's date
- **Division:** Defaults to your state
- **Producer:** Defaults to user
- **Funding Type:** Use the drop-down and select Fully Insured
- **Market Segment:** Use the drop-down and select MEWA
- **Effective Date:** Use the drop-down to select appropriate effective date of group
- **Association Name:** Use the drop-down to select appropriate association

Once all required information is entered, click Continue.



**Submit Request**

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

**Submit Request**

Request saved successfully. **Request ID 379552.**

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

\*Request Type:  \* Email Address:

\*Group Name:

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

Quote ID:  \*Submitted Date: 09/11/2023

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

\*Funding Type:  \*Market Segment:

\*Effective Date:  \*Association Name:

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

*Completed Master Application	<input checked="" type="checkbox"/> Missing	
*Final Enrollment Census	<input checked="" type="checkbox"/> Missing	
*Final Quote (PDF)	<input checked="" type="checkbox"/> Missing	
*Proof of Association Membership	<input checked="" type="checkbox"/> Missing	
*Proof of Business	<input checked="" type="checkbox"/> Missing	
*Proof of Wages	<input checked="" type="checkbox"/> Missing	
*Signed AHP Employer Agreement	<input checked="" type="checkbox"/> Missing	<input type="button" value="Signature Required"/>
Supplemental Employer Verification Form		

\* - Required Fields

**Attach Required Documents**

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

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

The Attachments window opens.

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

**File**

 No file chosen

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

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

File:  No file chosen      Document Type(s):       Description(s):

Existing Attached Documents						
File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
ECMTTEST2.TIF	09/07/2023 01:31:31	Completed Master Application		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	<input checked="" type="button" value="Delete Document"/>

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

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
ECHTEST2.TIF	09/07/2023 01:31:31	Completed Master Application		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	<input checked="" type="checkbox"/> Delete Document

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

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

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

**Submit Request**

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

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

Request Submitted populates with a Request ID:

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

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

Select a Submission Type from the drop-down:

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Return to blueaccess for producers

Contact Us | FAQ | Help eSales Tools

eSales Tools Home > Request Center > Create Request

Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 Log Out

Request Center Request Center Home

Submit Request

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

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

\*Submission Type: - Select -

- AD Change
- Benefit Change
- Bill Cycle Change
- Billing Method Change
- Blue Directions Renewal
- Dental Only
- GF Cert
- Life
- Market Segment Change
- Miscellaneous
- Name Change
- Off-Cycle Change

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: SG Existing Group Changes - Fully Insured Only

\*Submission Type: Benefit Change

\*Account Number:

\*Producer: ESALES, TEST PRODUCER

\*Division: Oklahoma

Account Name:

\*Funding Type: - Select -

\*Market 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.

Continue

**Submit Request**

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

Documents Needed for Request	
9 Month State Continuation	
Articles of Incorporation /EIN Form: for New Businesses	
Benefit Plan Selection (BPS)	
Benefit/Wallet HSA Employer Set Up Form	
Billing Cycle Request Change Form	

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**.

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
<a href="#">View</a>	Oklahoma Test Account	123456	Std Mixts Request Pending Internal Review	379558	SG Existing Group Changes - Fully	Oklahoma	12/01/2023

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

**Request Type Blue Balance Funded Enrollment**

**Blue Balance Funded Enrollment**

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

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

Once all required information is entered, click Continue.

[Continue](#)

Request saved successfully message and a Request ID populates at the top of the screen, along with attached documents section for request type: **Blue Balance Funded Enrollment**.

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

**Submit Request**

### Submit Request

Request saved successfully. Request ID 379563.

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: 123456 \*Producer: ESALES, TEST PRODUCER [Change](#)  
\*Division: Oklahoma Account Name: Oklahoma Test Account  
\*Funding Type: ASO Blue Balance FundedSM \*Market Segment: Small Group (10-50)  
\*Effective Date: 12/01/2023  
\*Submitter Email: testid@bcbs.com  
Address:  
Notes: Optional notes field here

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

[Attach Documents](#)

Documents Needed for Request	
*Administrative Service Agreement (ASA)	Missing
*Business Associate Agreement (BAA)	Missing
*Stop Loss Application	Missing
*ASO BPA	Missing
*Addendum	Missing
*Blue Balance Funded Quote/Renewal	Missing

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

### Request Submitted

Oklahoma Test Account Request has been submitted and further review with Request ID 379563.

**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: Oklahoma Test Account  
Request ID:  
Account Number:  
Effective Date: mm/dd/yyyy  
Status: All

Division: Oklahoma  
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>	Oklahoma Test Account	123456	Std Mkts Request Pending Internal Review	379563	Blue Balance Funded Enrollment	Oklahoma	12/01/2023

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

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

The screenshot shows the top navigation bar with the BlueCross BlueShield of Oklahoma logo, 'Return to blueaccess for Producers', and 'eSales Tools'. Below the navigation is a breadcrumb trail: 'eSales Tools Home > Request Center > Create Request'. A welcome message reads: 'Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/08/2023 Log Out'. The main heading is 'Request Center' with a 'Request Center Home' link. The 'Submit Request' section contains the following fields:

- \*Request Type: **COBRA** (dropdown menu)
- \* Submission Type: **- Select -** (dropdown menu)

Select a Submission Type from the drop-down:

This screenshot shows the 'Submission Type' dropdown menu expanded. The options listed are:

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

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

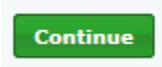
The screenshot shows the 'Submit Request' form with the following fields populated:

- \*Request Type: **COBRA**
- \* Submission Type: **COBRA - HCSC Admin**
- \*Account Number: [text input]
- \*Division: **Oklahoma**
- \*Producer: **ESALES, TEST PRODUCER**
- \*Funding Type: **- Select -**
- Account Name: [text input]
- \*Effective Date: [calendar icon]
- \*Market Segment: [dropdown menu]
- \*Submitter Email Address: [text input]
- Notes: [text area]

**Request Type  
COBRA**

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

Once all required information is entered, click Continue.



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

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

**Submit Request**

**Submit Request**

Request saved successfully. Request ID 379565.

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

\*Request Type: COBRA  
 \*Submission Type: COBRA - HCSC Admin

\*Account Number: 654321      \*Producer: ESALES, TEST PRODUCER Change  
 \*Division: Oklahoma      Account Name: Test Account  
 \*Funding Type: Fully Insured      \*Market Segment: ACA Small Group (2-50)  
 \*Effective Date: 10/01/2023  
 \*Submitter Email: testid@bcbs.com  
 Address:

Notes: Notes field optional

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

Attach Documents

**Documents Needed for Request**

*HCSC COBRA Agreement	Missing
*HealthEquity COBRA New Client Application	Missing
9 Month State Continuation	
COBRA Continuation Coverage Application	
Current Census Including COBRA and State Continuation	
Current Rates	
Email	
Other	

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

**Request Submitted**

**Test Account** Request has been submitted and further review with Request ID 379565.

**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      Division: Oklahoma  
 Account / Group Name:      Producer: ESALES, TEST PRODUCER  
 Request ID:      Market Segment: All  
 Account Number: 654321      Funding Type: All  
 Effective Date: mm/dd/yyyy      Association Name: All  
 Status: All

Search    Clear

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
<a href="#">View</a> Test Account	654321	Std Mlt's Request Pending Internal Review	379565	COBRA	Oklahoma	10/01/2023

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

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

The screenshot shows the 'Submit Request' form in the eSales Tools interface. The 'Request Type' dropdown is set to 'Regulatory Data Update'. The 'Submission Type' dropdown is currently set to '- Select -'. The form includes a header with the BlueCross BlueShield of Oklahoma logo and navigation links, and a breadcrumb trail: 'eSales Tools Home > Request Center > Create Request'.

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.

This screenshot shows the 'Submission Type' dropdown menu expanded. The options listed are: '- Select -', 'Average Employee Count (AEC)', 'MSP Exception Approval - HCSC Only', 'MSP Exception Denial - HCSC Only', 'MSP Standard', and 'Non-ERISA Non-Governmental (NENG)'. The 'MSP Exception Approval - HCSC Only' option is highlighted in red, indicating it is not selectable.

**Request Type  
Regulatory Data  
Update**

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

The screenshot shows the 'Submit Request' form with the following fields populated: 'Request Type' is 'Regulatory Data Update', 'Submission Type' is 'Average Employee Count (AEC)', 'Account Number' is a yellowed-out field, 'Division' is 'Oklahoma', 'Producer' is 'ESALES, TEST PRODUCER', 'Account Name' is a yellowed-out field, 'Funding Type' is '- Select -', 'Market Segment' is a dropdown menu, 'Effective Date' is a calendar icon, and 'Submitter Email Address' is a yellowed-out field. A 'Notes' text area is also present at the bottom.

- **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**

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

**Submit Request**

Request saved successfully. Request ID 379594.

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:

\*Submission Type:

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

\*Division: Oklahoma Account Name:

\*Funding Type:  \*Market Segment:

\*Effective Date:

\*Submitter Email Address:

Notes:

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

[Attach Documents](#)

**Documents Needed for Request**

Email		
Employer Group Information (EG1)		
Medical Loss Ratio Assurance Form		
Medicare Secondary Payer(MSP) Employer Acknowledgement		
Other		
Average Employee Count Form		

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

**Request Submitted**

**Test Account** Request has been submitted and further review with Request ID **379594**.

**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:  Division: Oklahoma

Account / Group Name:  Producers: ESALES, TEST PRODUCER

Request ID:  Market Segment:

Account Number:  Funding Type:

Effective Date:  Association Name:

Status:  [Search](#) [Clear](#)

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
<a href="#">View</a>	Test Account	654321	Std Mkts Request Pending Internal Review	379594	Regulatory Data Update	Oklahoma	11/01/2
<a href="#">View</a>	Oklahoma Test Account	123456	Std Mkts Request info needed by Operations	379558	SG Existing Group Changes - Fully	Oklahoma	12/01/2
<a href="#">View</a>	Test Account	654321	Std Mkts Request Pending Internal Review	379565	COBRA	Oklahoma	10/01/2
<a href="#">View</a>	Oklahoma Test Account	123456	Std Mkts Request Pending Internal Review	379553	SG Existing Group Changes - Fully	Oklahoma	12/01/2

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

**Request  
Needing  
Attention**

**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.

The screenshot shows the Request Center interface. At the top, there is a navigation bar with 'eSales Tools Home > Request Center' and a user welcome message. Below this is a 'Request Center' header with a 'Request Center Home' link and a 'Create Request' button. The main area contains a 'Search Requests' section with various filters: Request Type (All), Account / Group Name, Request ID, Account Number, Effective Date (mm/dd/yyyy), Status (All), Division (Oklahoma), Producer (ESALES, TEST PRODUCER), Market Segment (All), Funding Type (All), and Association Name (All). There are 'Search' and 'Clear' buttons. Below the search filters is a section titled 'Requests Needing Attention' which contains a table with the following data:

Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
<a href="#">View</a> Oklahoma Test Account	379558	SG Existing Group Changes - Fully	Oklahoma	12/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
<a href="#">View</a> Oklahoma Test Account	379563	Blue Balance Funded Enrollment	Oklahoma	12/01/2023	ASO Blue Balance Funded <sup>SM</sup>	Small Group (10-50)	Std Mkts Request info needed by

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

This is a close-up of the 'Requests Needing Attention' table. A red arrow points to the 'View' button in the first row of the table. The table data is as follows:

Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
<a href="#">View</a> Oklahoma Test Account	379558	SG Existing Group Changes - Fully	Oklahoma	12/01/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by
<a href="#">View</a> Oklahoma Test Account	379563	Blue Balance Funded Enrollment	Oklahoma	12/01/2023	ASO Blue Balance Funded <sup>SM</sup>	Small Group (10-50)	Std Mkts Request info needed by

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

## Log Button

eSales Tools Home > Request Center > Request More Info Needed      Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER    09/12/2023    Log Out

**Request Center** Request Center Home

[Resubmit](#)       Information Received

Request ID : 379558    Request Type : SG Existing Group Changes - Fully Insured Only    Status : Std Mkts Request info needed by Operations

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

**Request Details**

*Account Number: 123456	*Producer: ESALES, TEST PRODUCER
*Division: Oklahoma	Account Name: Oklahoma Test Account
*Funding Type: Fully Insured	*Market Segment: ACA Small Group (2-50)
*Effective Date: 12/01/2023	
*Submitter Email Address:	
*Submission Type: Benefit Change	

Notes: Optional notes field 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

**Entry** : Decision on the request by the Internal user BATEST57

**More Information Needed**

- Missing/Incorrect/Incomplete Document(s)

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

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

**Additional Notes:**

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

[Send](#)

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

**Attachment  
Button**

eSales Tools Home > Request Center > Request More Info Needed      Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER    09/12/2023    Log Out

**Request Center** Request Center Home

[Resubmit](#)       Information Received

Request ID : 379558    Request Type : SG Existing Group Changes - Fully Insured Only    Status : Std Mkts Request info needed by Operations

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

**Request Details**

*Account Number: 123456	*Producer: ESALES, TEST PRODUCER
*Division: Oklahoma	Account Name: Oklahoma Test Account
*Funding Type: Fully Insured	*Market Segment: ACA Small Group (2-50)
*Effective Date: 12/01/2023	
*Submitter Email Address:	
*Submission Type: Benefit Change	

Notes: Optional notes field here

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

eSales Tools Home > Request Center > Request More Info Needed      Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER    09/12/2023    Log Out

**Request Center** Request Center Home

[Resubmit](#)       Information Received

- Notes -

Request ID : 379558    Request Type : SG Existing Group Changes - Fully Insured Only    Status : Std Mkts Request info needed by Operations

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

**Request Details**

*Account Number: 123456	*Producer: ESALES, TEST PRODUCER
*Division: Oklahoma	Account Name: Oklahoma Test Account
*Funding Type: Fully Insured	*Market Segment: ACA Small Group (2-50)
*Effective Date: 12/01/2023	
*Submitter Email Address:	
*Submission Type: Benefit Change	

Notes: Optional notes field here

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

**Request  
Completion**

**Request Completion**

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

You can also verify on 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: 379558  
Account Number:   
Effective Date: mm/dd/yyyy   
Status: All

Division: Oklahoma  
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>	Oklahoma Test Account	123456	Std Mkts Request Completed	379558	SG Existing Group Changes - Fully	Oklahoma	12/01/2020