



TIPS: FOR SUBMITTING NEW SMALL GROUPS GROUPS WITH 2-150 ELIGIBLE EMPLOYEES

Blue Cross and Blue Shield of Illinois is committed to providing excellent service. The following information provides helpful tips as you prepare to submit enrollment information for new small groups.

Please remember that your group enrollment forms are due to Blue Cross and Blue Shield of Illinois (BCBSIL) no later than the first of the month for the group applying for coverage. Submitting documentation is an important step in the enrollment process. Incomplete documents can result in processing delays, and can also delay the receipt of member ID cards. BCBSIL forms can be downloaded from www.bcbsil.com. The checklist below will help start the process correctly. Note: This list of tips may not be exhaustive. In some instances, additional information or documentation may be required. If you have any questions or if voluntary life or dental coverage is being purchased, please contact your General Agent or BCBSIL sales executive.

Please review all documents to ensure they are complete prior to submitting them to BCBSIL.

1 Benefit Program Application (BPA)

- Is the account, as designated on the BPA, located in Illinois?
- Is a complete street address provided?
- Do the name and address on the BPA match those on the binder check?
- If applicable, are affiliated companies covered? (If yes, is a controlled Affiliate Certification included?)
- Has the effective date been completed?
- Has the eligibility information been included?
- Is the BPA signed and dated?

2 Benefit Plan Summary (BPS)

- Does the account name and effective date match the BPA?
- Have the plan and product choices been completed?
- Is the BPS signed and dated?

3 Group Information Form

Section A:

- Does the account name match the BPA?
- Has the Type of Business question been answered?
- Has the number of employees section been completed?
- Has the Prior Group Coverage question been completed?

Section B:

- Has the medical questionnaire been completed*?

Section C:

- Has the insurance company history been included?
- Has the form been signed and dated? (2-150 enrolled)

* This applies to both 2-50 and 51-150 new group submissions.

4 Wage and Tax Form

- Has an alternative tax document been submitted for the employees that are enrolling or waiving coverage, but are not on the Wage and Tax form?
- Is the submitted form from the most recent quarter?
- Are all employees designated as full-time, part-time, terminated/seasonal, union, COBRA or new hire?
- Have salaries been included?
- Is there an employee application or waiver for each eligible individual on the Wage and Tax form?
- Did we receive employee applications or waivers for individuals not on the Wage and Tax form? (If yes, was an explanation given?)
- Do the name and address match the BPA?
- If this is a newly formed company, are the following documents included?
 - Articles of Incorporation
 - Reconciled payroll
 - Letter from the employer verifying the payroll represents all employees
 - Federal Tax Document for officers regarding the company income

5 Prior Carrier Bill

- Has the Prior Carrier Bill been reconciled to Wage and Tax form?

6 Employee Application

- Have the name and address of residence been completed?
- Has the date of birth been completed?
- Has the date of hire been completed?
- Has gender been completed?
- Has the dependent tier information been provided?
- Has the dependent information been added?
- Has the product or plan election been completed?

- When applicable, has the Medical Group/Independent Practice Association (IPA) been completed?
- If the employee is waiving coverage, has the reason been provided?
- Has the form been signed and dated?

7 Medical Questionnaire

- Is there a medical application for each enrollee (2-50 lives)*?
- Does the name on the medical application match the employee application?
- Has the Social Security Number been provided?
- Has medical information been provided for all members?
- Has the employee signed and dated the form within 60 days of the effective date?
- Has the spouse (if enrolled) signed and dated the form within 60 days of the effective date?

8 Medicare Secondary Payer Forms (MSP):

- Annual Medicare Secondary Payer Employer Acknowledgement Form collects employer size information required to make MSP order of payment determination. The client must complete and return this form to BCBSIL within 90 days of the coverage effective date. If this information is not provided, the Centers for Medicare & Medicaid Services (CMS) regulations require that the client's group health plan coverage be considered primary to Medicare.
- The instructions for completing the MSP Employer Acknowledgement Form provides guidance in completing the Employer Acknowledgement Form.
- The information regarding the Medicare as Secondary Payer Statute provides general information about the MSP statute, employer obligations and the MSP data match process.

Common Submission Errors to Avoid

- Application signatures are either missing or outdated. The most common signature error is a missing signature from the spouse on the medical application if the spouse is enrolling.
- Submitting medical applications after 60 days. Late applications are considered invalid.
- Waiver of coverage forms (if waiving coverage) are missing or incomplete (e.g. no reason given for waiving).
- The Employer Group Information (EGI) form is incomplete or inaccurate.
- The BPA is incomplete or inaccurate.
- The BPS is incomplete or inaccurate. The drug card section must match for two or more plans.
- The Wage and Tax form is incomplete or inaccurate, or the payroll information (if Wage and Tax form is not available) is missing or not reconciled.
- If owner or officer is not on the Wage and Tax form, you must submit a document showing their income and that they are working a minimum of 30 hours per week. BCBSIL has an Owner or Officer form available upon request if needed.

The following information is required for new group enrollments: the employer check for the first month's estimated premium, the BlueAdvantage Entrepreneur/BluePrint proposal and the most recent Quarterly Wage and Tax statement (indicating any changes to current statement).

- For start-up companies without a Wage and Tax statement, BCBSIL requires a copy of the Articles of Incorporation and a copy of the first payroll listing for all eligible employees. Please ensure that all full-time, part-time and recently terminated employees are included, and new hires are added to the list.

- It is important that this information is current and provided in the proper format. If a Wage and Tax statement is not available on a company in business for more than three months, consult your General Agent or BCBSIL sales executive for the proper documentation. The individuals included on the Wage and Tax statement, billing statement and application must be reconciled in order to account for every person.

If the employer group had prior coverage, the following documents will also be required: prior carrier's renewal notification and the most recent billing (indicating any changes to current statement).

- Enrollment could be delayed if the most recent bill is not supplied or if the bill and renewal notification letter are missing.

Employee Application, Medical Questionnaire and Waiver of Coverage Forms

The Employee Enrollment Application is used to enroll in medical, dental and life/AD&D/short-term disability products. If the employee is waiving any coverage being offered, the Waiver of Coverage form should be completed and signed. Spousal and/or other coverage information is required, including the policy number and carrier name for other coverage.

If FDL is paid in full by the employer, the employee cannot waive this coverage. The Medical Questionnaire should be completed, signed and dated by each employee (and spouse, if applicable) for groups with 2-50 enrollees. Please note: Enrollment could be delayed if the Date of Employment, Family Coverage Information (when applicable) and Medical Group/IPA Name and number (for HMO) sections of the Application are not completed properly. This also includes the Personal Data/Health Questions sections of the Medical Questionnaire (when applicable).

IMPORTANT: PLEASE CHECK ALL DOCUMENTS TO ENSURE THAT REQUIRED SIGNATURES AND DATES ARE INCLUDED.