

Submission history in BlueSourceSM

Updated: 7/9/19

INTRODUCTION

Providing Submission History as a resource simplifies any enrollments and renewal summary pages by placing these records in the submission history section and removing them from the summary views. Submission History contains the last 25 months of BlueSource submissions for viewing. All submissions will be in chronological order and can be searched, sorted or filtered. Each submission will include attachments and BlueSource-generated documents for future viewing.

Agencies will be able to view all submissions for the agents within their hierarchy and agents will be able to view any submissions their agency completed on their behalf.

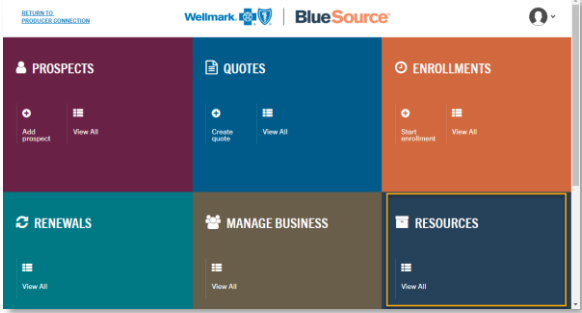
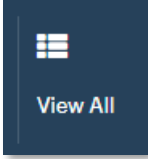
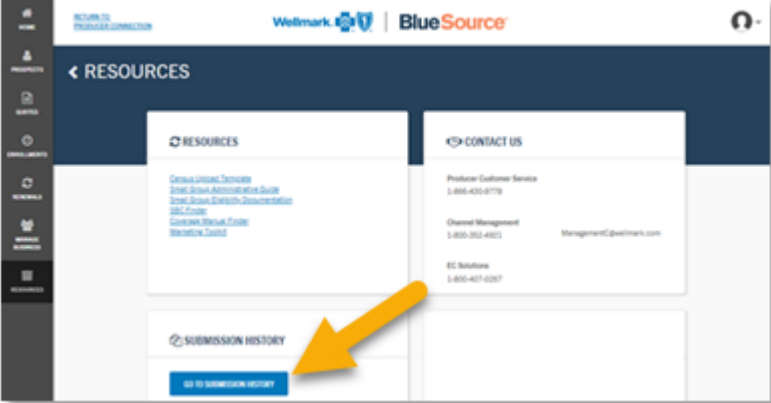
PURPOSE

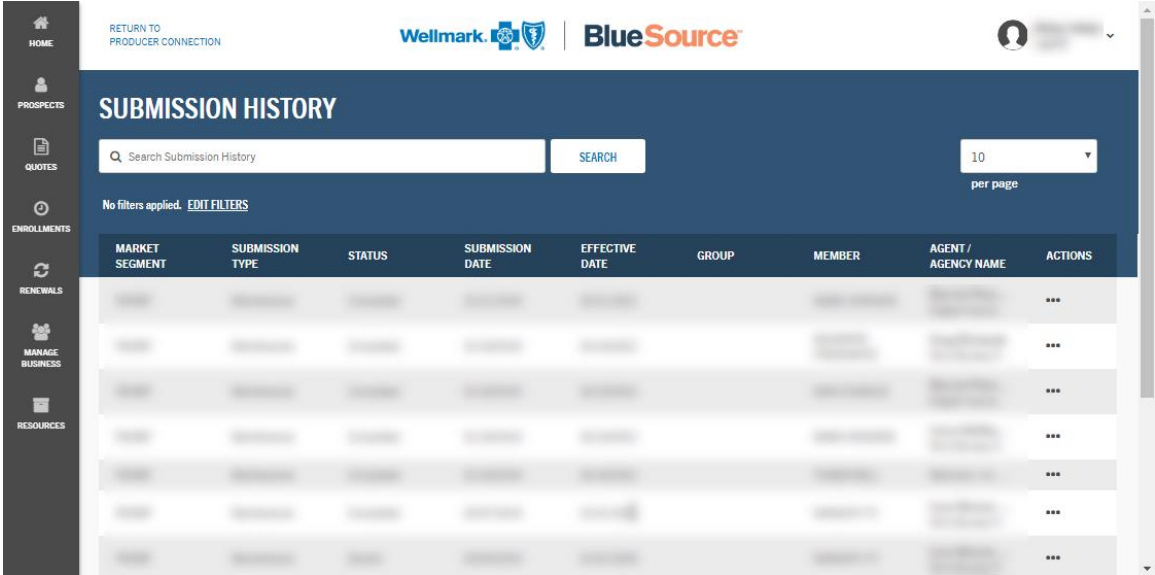
By completing the following steps you will access submission history within the Resource section of BlueSourceSM, based on your log-in access level.

Contents


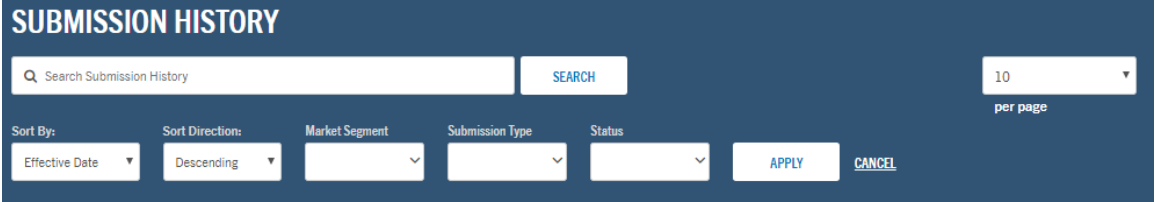


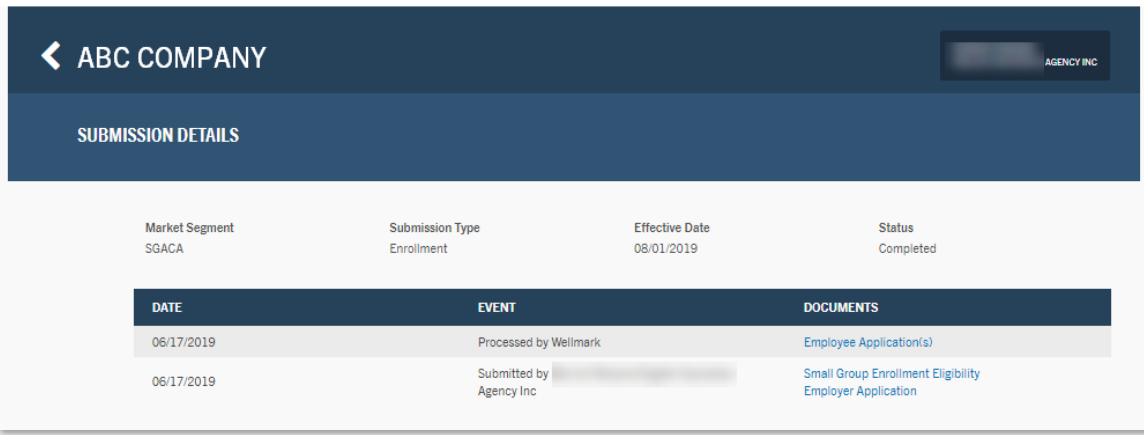
Getting started.....	2
Submission history options.....	4


Getting started

STEP	ACTION
1	<p>Open BlueSource.</p> 
2	<p>Click View All within the resource module.</p> 
3	<p>BlueSource will navigate to your resources. Click Go To Submission History.</p> 

STEP	ACTION
4	<p>Submission History contains the last 25 months of BlueSource submissions for viewing. All submissions will be in chronological order and can be searched, sorted or filtered.</p> 
UPDATE	<p>Enrollments and renewals will no longer stay on the Enrollment Summary page nor Renewal Summary page as a completed status, after submission. Once a user completes an enrollment, renewal or maintenance submission, the submission will be identified on the user’s Submission History immediately. The Enrollment Summary page and Renewal Summary page will only contain transactions that have not been submitted (not started, in progress, etc.).</p>
NOTE	<p>Standard statuses:</p> <ul style="list-style-type: none"> • Complete= Submission has moved into Wellmark’s membership system. • In Progress= Submission is currently being processed with Wellmark, not complete. • Denied= Submission transaction was cancelled. • Missing Information= Submission does not contain all required items or does not have complete information. Wellmark will notify the agent.
NOTE	<p>Agencies will be able to view all submissions for the agents within their hierarchy and agents will be able to view any submissions their agency completed on their behalf.</p>

Submission history options

OPTIONS	VIEW
<p>NAVIGATION</p>	<p>Navigation options:</p> <ul style="list-style-type: none"> • Search bar • Sorts and filters  <ul style="list-style-type: none"> • Records per page count • Page navigation (bottom of window)  <p>(At bottom of window) </p>
<p>ACTIONS MENU</p>	<p>Click on the View Details link within the ACTIONS menu to see any PDFs generated in BlueSourceSM or any documents attached/uploaded to this submission.</p>  <p>Enrollment example:</p> 

OPTIONS	VIEW																																			
LINK	<p>Click on the document hyperlink to see any PDFs generated in BlueSource or any documents attached/uploaded to this submission.</p> <div data-bbox="329 359 699 569" style="border: 1px solid gray; padding: 5px; margin-bottom: 10px;"> <p>DOCUMENTS</p> <p>Employee Application(s)</p> <p>Small Group Enrollment Eligibility Employer Application</p> </div> <p>SG ACA Employee Application example:</p> <div data-bbox="329 630 1479 1207" style="border: 1px solid gray; padding: 10px; margin-bottom: 10px;"> <p style="text-align: center;">Enrollment Application 1 / 25</p> <hr/> <div style="display: flex; justify-content: space-between;">  <div style="text-align: right;"> <p>Group Employee Application for ACA Small Business Plans (1-50)</p> </div> </div> <p><i>A. Employer Information</i></p> <hr/> <p>Employer Name Scenario 1 testing V1 Phone _____ Group Number _____ Address Line 1 (Street Address or Suite#) _____ Address Line 2 (P.O. Box, Street Address) _____ City _____ State IA ZIP _____</p> <p><i>B. Member Elections Information (If you need to list more than four dependents, please write all necessary information on a separate sheet of paper and attach to this application. Your employer determines eligibility for coverage, confirm with your employer that the dependent types listed below are eligible).</i></p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Member Type</th> <th>First Name</th> <th>Last Name</th> <th>Medical</th> <th>Blue DentalSM</th> <th>Avesis Vision¹</th> <th>Waive All Coverage</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spouse</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Dependent 1</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Dependent 2</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> </div>	Member Type	First Name	Last Name	Medical	Blue Dental SM	Avesis Vision ¹	Waive All Coverage	Employee	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent 1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent 2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Type	First Name	Last Name	Medical	Blue Dental SM	Avesis Vision ¹	Waive All Coverage																														
Employee	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
Spouse	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
Dependent 1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
Dependent 2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														