



Process to Complete the Secure Mail Transmittal Form

Complete the Secure Mail Transmittal Form SFN 51653 as directed below and send via Secure Mail to enrollment.changes@bcbs.com.

- Complete all areas in the "From" section; *Women's Way* Staff Contact Information each time you send the form.
 - *Women's Way* Group Number is the number assigned to you by BCBS.
 - Name is the person completing the Secure Mail Transmittal form and the name of the Local Coordinating Unit.

When is the Secure Mail Transmittal used?

Client is a new enrollment and has insurance coverage.

- Complete following areas in Client Information:
 - Check box for New Enrollment
 - *Women's Way* UMI Number
 - Client enrollment date
 - Client Name
 - Date of Birth
- Complete all areas in the section for Client Insurance Information. BCBS Coordination of Benefits (BCBS COB) will complete process for entry of insurance information.
- Go to the BCBS portal two days after the Secure Mail Transmittal form was sent to check if insurance information is available in the portal.
 - In the Subscriber Information – Other Insurance should be "yes". If listed as unknown, insurance information has not been entered by BCBS COB. Refer to Picture 1.
 - Other Insurance section in the BCBS portal will include, Name of Insurance carrier, which is sometimes blank, Group Number, Effective Coverage Date, Policy Holder, Policy Holder Birthdate. Refer to Picture 2.
 - *Women's Way* information is found in Medical. Refer to Picture 3.
- If information is not in the BCBS portal, contact BCBS member services at 844-363-8457 to research.

Client has no social security number or refuses to provide her social security number.

- Complete all areas in Client Information, and Client Insurance if applicable. BCBS COB will complete process for entry of insurance information.
- Go to the BCBS portal the day after the Secure Mail Transmittal form was sent to check if client is listed in the portal and has a 12-digit UMI number. If information is not in portal, contact BCBS member services at 844-363-8457 to research.
- If client has insurance, check the portal 2 days after the Secure Mail Transmittal was sent to see if insurance information is available in the BCBS portal.

- In the Subscriber Information – Other Insurance should be “yes”. If listed as unknown, insurance information has not been entered by BCBS COB. Refer to Picture 1.
 - Other Insurance section in the BCBS portal will include, Name of Insurance carrier, which is sometimes blank, Group Number, Effective Coverage Date, Policy Holder, Policy Holder Birthdate. Refer to Picture 2.
 - *Women’s Way* information is found in Medical. Refer to Picture 3.
- If information is not in the BCBS portal, contact BCBS member services at 844-363-8457 to research.

Client re-enrolls and there is a change in the insurance status - client no longer has insurance.

- Complete following areas in Client Information
 - Check box for Re-enrollment
 - *Women’s Way* UMI Number
 - Client Name
 - Date of Birth
- Complete following areas in the section for Client Insurance Information
 - Check box for No longer has health insurance
 - Name of Policy Holder, Policy Holder Date of Birth, Name of Insurance Company, Benefit Plan Number
 - In Comments state “Client no longer has the health insurance that is listed below”. BCBS COB will complete process for entry of insurance information.
- Go to the BCBS portal two days after the Secure Mail Transmittal form was sent, to check if insurance information was updated in the portal.
 - In the Subscriber Information – Other Insurance should be “NO”. If listed as yes, insurance information has not been updated by BCBS COB. Refer to Picture 1. (It should say “No” instead of “Yes”).
 - *Women’s Way* information is found in Medical. Refer to Picture 3.
- If updated insurance information is not in the BCBS portal, contact BCBS member services at 844-363-8457 to research.

Client re-enrolls and there is a change in the insurance status - client has a change in Insurance Carrier or Insurance ID.

- Complete following areas in Client Information
 - Check box for Re-enrollment
 - *Women’s Way* UMI Number
 - Client Name
 - Date of Birth
- Complete the following areas in the section for Client Insurance Information
 - Check box for Change in Insurance
 - Name of Policy Holder, Policy Holder Date of Birth, Name of Insurance Company, Benefit Plan Number
 - In Comments state “Client has new insurance coverage or new Insurance ID as listed below”. BCBS COB will complete process for entry of insurance information.

- Go to the BCBS portal two days after the Secure Mail Transmittal form was sent to check if Insurance information was updated in the portal.
 - Other Insurance Section in the BCBS portal will include, Name of Insurance Carrier which is sometimes blank, Group Number, Effective Coverage Date, Policy Holder, Policy Holder Birthdate. Refer to Picture 2.
 - *Women's Way* information is found in Medical. Refer to Picture 3.
- If updated insurance information is not in the BCBS portal, contact BCBS member services at 844-363-8457 to research.

You are unable to cancel coverage in the BCBS Portal.

- Complete the following areas in Client information
 - *Women's Way* UMI Number
 - Client Name
 - Date of Birth
 - Check box for Cancel Coverage
 - In Comments state "Cancel date is month/date/year"
- Go to the BCBS portal the day after the Secure Mail Transmittal form was sent to check if client's coverage was cancelled. If coverage was not cancelled in portal, contact BCBS member services at 844-363-8457 to research.

Client has had a name change and you are not able to change in the portal,

- Complete following areas in Client Information.
 - *Women's Way* UMI Number
 - Client previous name before name change
 - Date of Birth
 - Check box for Name Change
 - In Comments state "Please change last name to ____"
- Go to the BCBS portal the day after the Secure Mail Transmittal form was sent to check if client's name has been updated. If name change is not in portal, contact BCBS member services at 844-363-8457 to research.

Client has an address change and you are not able to change it in the portal

- Complete following areas in Client Information.
 - *Women's Way* UMI Number
 - Client's new address
 - Date of Birth
 - Check box for Address
 - In Comments state "New address is listed above"
- Go to the BCBS portal the day after the Secure Mail Transmittal form was sent to check if client's address has been updated. If new address is not in portal, contact BCBS member services at 844-363-8457 to research.

Picture 1

Subscriber Information		
Subscriber Legal Name	Member ID	Employer Name WOMENS WAY
SSN ◀	Agreement Number L049645780	Hire Date
Sex Female	Home Phone	Work Phone
Birth Date	Mobile Phone 888-888-8888	Work Fax
Address	Other Insurance? yes	Work Email
	Medicare Eligible? unknown	

Picture 2

Other Insurance
Name of Insurance Carrier BOON GROUP
Group Number
Effective Coverage Date 08/01/2018
Effective Cancel Date
Policy Holder Legal Name
Policy Number
Policy Holder Relation to Employee Self
Policy Holder Birth Date
Policy Holder Employment Status

Picture 3

Medical
Plan 10280386
Effective Date 03/27/2019
Coverage Category Code IND
✓