

Materials for new groups must be received in our office by the 20th of the month.

Remember Wired Enroll! Enroll and submit your group electronically through Wired Enroll/Wired Quote. From Wired Quote, while viewing the proposal, simply click "To enroll this group, click here!" and you will be directed to Wired Enroll. From there you can simply complete the Master Contract Application, Group Size Determination Form, Spreadsheet Enrollment (using the exact quote you processed in Wired Quote, so your quote always matches your enrollment), and sign/submit the documents securely to Providence Health Plan.

Master Contract Application

- Verify you are using the current Oregon Master Contract Application
- Group name, physical address, and county
 - If the group name is different than the DBA, indicate both; if the address on the check is different than on the Master Contract Application, indicate why
- NAICS Code
- Effective date
- Business Federal Tax ID# (10 digits)
- CMS group size
- Subject to COBRA or State Continuation indicated
- Minimum hours
- Number of Benefit Eligible Employees
- Probationary period
- Waiving probationary period at initial enrollment
- Previous carrier (mark N/A if none)
- Products selected
- Producer name and signature
- Authorized group signature

Remember: If group materials are submitted without a check for first month's premium, group will be invoiced upon enrollment. **Note:** New group approval will be contingent upon payment received and posted.

Group Size Determination Form (GSD)

- Authorized producer name or group signature (back page)
 - Questions to determine group size and eligibility
 - Employee and eligible employee count
- Note:** Be sure to read the explanatory text on the first page before calculating FTEs. A link is provided to the federal FTE calculator.

Enrollment/Change of Status/Waiver Forms or [Spreadsheet](#)

Quoted census from WiredQuote can be transferred directly into spreadsheet enrollment -- see instructions in WiredQuote

- Date of hire
- Plan selection
- Deductible and copay
- If selecting HSA integrated account with HealthEquity, must be noted
- Dates of birth for employees and dependents
- Employee SSN# (SSN# for all enrollees required if electing an HSA plan)
- Employee name
- Home address is physical address
- Dependent/spouse name(s)
- Signature (not needed for spreadsheet enrollment)
- Date

Waiver information required for eligible employees not enrolling:

- Type of coverage (group or individual)
- Current insurance company and plan policy number
- Eligible employee signature
- Date

Connect Plan Enrollment Form + Medical Home Selection Form - forms only needed if enrolling in Connect plan

- Use Connect Plan Enrollment form + Medical Home form, completing information as indicated above
- Complete in or out of area dependent enrollment in appropriate sections
- Subscriber name and medical home selection
- Dependent name(s) and medical home selection(s)

General / Miscellaneous

- Enrolling eligibles and their birthdates must match the quote (if not, Producer will need to requote)
- Copy of quote included
- Enrolling employees meet probationary period, or indicate "waive probationary period at initial enrollment"
- 75% employee participation requirement met
- Any / All employees working out-of-area must be identified

Optional Services

- HealthEquity new group notification form completed if electing integrated HSA, HRA and/or FSA - remit to onboarding@healthequity.com

Providence Health Plan Underwriting Department reserves the right to request additional documents.

Deadlines for New Small Group Enrollment

In order to provide excellent service to our members, Providence Health Plan has a deadline for new small group enrollment.

For **NEW GROUPS**, materials must be received in our office by the **20th of the month** for first of the month effective dates. For **Wired Enroll groups**, materials must be received in our office by the **25th of the month** for first of the month effective dates. (Groups effective January 1, 2020 must be received by December 16, 2019.)

Prior to submission, please review all new group enrollment materials for accuracy and completeness. Incomplete enrollment materials will be returned to the Producer for completion, and will delay the group's enrollment.

Portland Office Mailing Address: Providence Health Plan
attn: Sales Small Group
PO BOX 4327
Portland, OR
97208

For Producers serviced by the Portland office: New Small Group enrollment materials submitted within 5 days of the enrollment deadline should be sent via courier, UPS, or FedEx directly to our Portland office address:

4400 NE Halsey Suite 690, Portland, OR 97213.

This address does not receive US postal mail and is for courier and hand deliveries only.

Eugene Office Mailing Address: Providence Health Plan
1500 Valley River Dr. STE 200
Eugene, OR
97401

Please remember that achieving deadlines does not guarantee group coverage. Providence Health Plans Underwriting Department must review group's enrollment materials to ensure all underwriting criteria are met.

The document needed to enroll a group using Spreadsheet Enrollment (in lieu of enrollment forms) can be downloaded at <https://healthplans.providence.org/~media/Files/Providence%20HP/pdfs/producers/Documents/Enrollment%20Spreadsheet.zip>

As noted on pg.1, a quoted census can also be transferred directly from WiredQuote into the PHP spreadsheet template. Simply follow the instructions in Wired Quote to transfer your quoted census to the enrollment spreadsheet, complete the remaining columns in the spreadsheet and submit securely to Providence with the other needed enrollment materials.