

In order to provide excellent service to our members, Providence Health Plan has a deadline for new small group enrollments. For new group submissions, a clean and complete set of materials must be received in our office by the 20th of the month prior to the desired effective date if not submitted via Wired Enroll, or by the 25th if submitted via Wired Enroll.

**Wired Quote/Wired Enroll** is the fastest, most secure way to submit your new small group to Providence. Wired Quote/Wired Enroll are available to Providence appointed producers at no cost. Using Wired Quote/Wired Enroll ensures the completeness and accuracy of your new small group submission and helps Providence to speed up processing time, resulting in a better experience for your group. For 2023 effective dates, we will continue to pay a \$100 bonus for each Small Group Master Contract Application that is submitted by Wired Quote/Wired Enroll. Please review the terms of our Producer Compensation Plan for Small and Large Groups on the [Producer Compensation Program](#) page of our website. You can find additional information about getting a small group quote, including how to access Wired Quote and Wired Enroll, on the [Get a Quote](#) page on our website.

## Small Group Submission Checklist

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. The following checklist is a helpful reference of what is required for each submission.

### 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 [Enrollment Spreadsheet](#) - Quoted census from Wired Quote can be transferred directly into spreadsheet enrollment -- see instructions in Wired Quote. This is not the same as Wired Enroll and submitting a spreadsheet enrollment in this format will not earn the Wired Enroll bonus.

- 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

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

- Use Connect/Choice 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 - Visit <https://healthequity.tfaforms.net/43> to complete and submit online New Business Form if electing integrated HSA, HRA and/or FSA.

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

## Deadlines for New Small Group Enrollment

For new groups, a clean and complete set of materials must be received in our office by the 20th of the prior month, or by the 25th if submitted via Wired Enroll. If you are submitting enrollment materials within 5 days of the enrollment deadline, we strongly recommend that you send your submission electronically.

## Where to send Small Group Enrollments

**Portland Office Mailing Address:**

Providence Health Plan, Attn: Sales Small Group, PO BOX 4327, Portland, OR 97208

or

Email to: [Sales.ServiceA@providence.org](mailto:Sales.ServiceA@providence.org) or [PDXSalesandServiceB@providence.org](mailto:PDXSalesandServiceB@providence.org) or [Sales.ServiceC@providence.org](mailto:Sales.ServiceC@providence.org) (depending on your team assignment, reach out to your Account Executive if you do not know). If you are submitting a manual application/enrollment to the Portland office via UPS, FedEx or a Courier, please direct it to 4400 NE Halsey, Suite 690, Portland, OR 97213. Please note that this address does not accept US Postal mail and is for courier and hand deliveries only.

**Eugene Office Mailing Address:**

Providence Health Plan, 1500 Valley River Dr. STE 240, Eugene, OR 97401

or

Email to: [PHPEugeneSGSales@providence.org](mailto:PHPEugeneSGSales@providence.org)