

Blue Medicare Advantage Referral Program PRODUCER PARTICIPATION AGREEMENT



This form is to be completed by licensed producers who are contracted and appointed with Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Texas. If you are a subagent wanting to participate in the Producer Referral Program, the principal of your Agency **must** complete this form first and you, the subagent, must complete the participation form specifically for subagents. Your participation will not be active until the Agency principal completes this form and identifies you as a subagent.

- The Blue Medicare Advantage Producer Referral Program includes Blue Medicare Advantage HMO and Blue Medicare Advantage PPO.
- Before Producers and/or subagents (if applicable) are eligible to refer Medicare-eligible or soon-to-be-eligible clients interested in learning more about the Medicare Advantage plans, this participation agreement must be completed and submitted for approval.

Producer Information

First Name:	Middle Initial:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
HCSC Assigned ID Number:	Agency Name (if applicable):	
<input type="text"/>	<input type="text"/>	
Phone Number:	Street Address:	
<input type="text"/>	<input type="text"/>	
City:	State:	ZIP code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

I am a licensed producer and/or subagents for:

- Blue Cross and Blue Shield of Illinois (BCBSIL)
- Blue Cross and Blue Shield of New Mexico (BCBSNM)
- Blue Cross and Blue Shield of Texas (BCBSTX)

I am a principal of an Agency: Yes No

If you are the principal of an Agency and choose to allow your subagents to participate in the Blue Medicare Advantage Referral Program, you must provide the name and license number of each participant below:

Subagent Name:	<input type="text"/>	License Number:	<input type="text"/>
Subagent Name:	<input type="text"/>	License Number:	<input type="text"/>
Subagent Name:	<input type="text"/>	License Number:	<input type="text"/>

Upon receipt of your Referral Agreement and, if applicable, Referral Agreements from any participating subagents, eligibility will be confirmed. Upon approval, personalized business referral cards will be ordered (with either your name and ID number or if a subagent, their Agency name and ID number) and mailed to you.

Due to Centers for Medicare and Medicaid Services (CMS) requirements, producers participating in the Blue Medicare Advantage Producer Referral Program are **not** allowed to **sell, market, provide literature or explain/discuss any of the premiums, benefits and/or features of Blue Medicare Advantage plans**. For each referred client that remains enrolled in a Blue Medicare Advantage plan for 90 days, and subject to additional Terms and Conditions of this Producer Referral Program Participation Agreement, the referring Producer will be entitled to a one-time referral fee specified in Exhibit A.

Terms

- ☒ I will maintain an active license and appointment (if applicable) to sell health insurance in my state and I will remain contracted with Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Texas.

Neither I, nor my agents, employees or other representatives will engage in

- ☒ Any pursuit of referrals for the Blue Medicare Advantage Producer Referral Program including
 - “cold calling”
 - telemarketing
 - any form of unsolicited contact (door-to-door)
- ☒ Explaining or describing Blue Medicare Advantage plans, or any other form of sales or marketing activity related to Blue Medicare Advantage, to referral clients including an explanation of the:
 - Blue Medicare Advantage terms and conditions,
 - Blue Medicare Advantage premiums, or
 - Blue Medicare Advantage plan benefits.
- ☒ **Referring any clients to BCBSIL, BCBSNM or BCBSTX until receipt of the program materials and a supply of personalized Blue Medicare Advantage Referral cards.**

I will be entitled to receive a one-time referral fee (based on fee schedule in place at the time of the enrollment effective date) only after

- ☒ My referral enrolls in a Blue Medicare Advantage plan
- ☒ My referral’s enrollment is confirmed by CMS
- ☒ Receipt and allocation of the referral’s third month premium to Blue Medicare Advantage
- ☒ Provided the terms and conditions of this Agreement are not violated

I will not be entitled to a referral fee payment if

An enrollment request by my client is NOT approved by Blue Medicare Advantage, or if a referral client chooses not to follow the required rules for enrolling in a Blue Medicare Advantage plan.

Conditions

- ☒ This Agreement is effective upon approval by HCSC and will remain in effect until termination of my Producer Agreement with HCSC or termination of this Participation Agreement by either party for any reason at any time.
- ☒ I must sign and submit the Blue Medicare Advantage Producer Referral Participation Form through Blue Access for ProducersSM.
- ☒ HCSC reserves the right to review and update the terms and conditions of this Agreement, including the Referral Fee paid under this program, at any time and for any reason at any time.
- ☒ The HIPAA Business Associate provisions in my HCSC Producer Agreement are applicable to any Protected Health Information (PHI) and Sensitive Personal Information (SPI) handled under this program.
- ☒ This agreement will be automatically updated by HCSC at its discretion based on changes to applicable laws, regulations, and/or changes to HCSC policies and procedures.

I understand

- ☒ The terms of this agreement are subject to change upon written notice to my Agency by HCSC, and may be terminated at any time and for any reason by either my Agency or HCSC.
- ☒ This agreement will be automatically updated by HCSC at its discretion based on changes to applicable laws, regulation, and/or changes to HCSC policies and procedures.

Prospect Eligibility Terms

I understand that eligibility for referral under the Blue Medicare Advantage Referral Program is an individual who

- ☑ Is eligible to enroll during an Annual Enrollment Period, Initial Enrollment Period, or a Special Enrollment Period
- ☑ Lives, or will be living, in the Blue Medicare Advantage service area on the effective date of coverage
- ☑ Is a “new” client for Blue Medicare Advantage, which is an individual who is not an active Blue Medicare Advantage member. Additionally, the referral has not previously contacted Blue Medicare Advantage by phone to request
 - information,
 - an enrollment kit
- ☑ Has accepted a Blue Medicare Advantage Referral Card** personalized with
 - the dedicated 800#
 - my name or Agency name
 - my assigned number or Agency assigned number, and
- ☑ Follows the required process to obtain information and enroll in Blue Medicare Advantage.

**A packet will be mailed to you shortly containing Blue Medicare Advantage Producer Referral materials and a supply of referral cards. This packet will serve as our acknowledgement of your participation.

Attestation

- ☑ I understand that a referral expressing interest in a Blue Medicare Advantage plan has choices and that not all referrals provided will result in an enrollment.
- ☑ I agree to comply with the Terms and Conditions of the Blue Medicare Advantage Producer Referral Program.
- ☑ I understand that violation of any part of the Participation Agreement may result in termination from the program.

Producer E-Signature:

Date:

Producer Email Address:

After filling out this Participation Form, please click on the Submit button below.
[This will automatically send your completed Participation Form to:
Medicare_Marketing@bcbstx.com]

Submit

Thank you for your participation. Please retain a copy of this form for your records.

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Blue Medicare Advantage refers to Blue Medicare Advantage (HMO), a Medicare Advantage HMO offered in Illinois and New Mexico by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) and Blue Medicare Advantage (PPO), a Medicare Advantage PPO offered in Texas by HCSC Insurance Services Company (HISC), a wholly-owned subsidiary of HCSC. Both HCSC and HISC are Independent Licensees of the Blue Cross and Blue Shield Association and offer Medicare Advantage plans under Contracts H3822 (Illinois and New Mexico) and H1666 (Texas) with the Centers for Medicare and Medicaid Services.

Both HCSC and HISC are Medicare Advantage organizations with a Medicare contract

Blue Medicare Advantage 2013 Producer Referral Program EXHIBIT A – Referral Fee Schedule

- Payment is a one-time fee, for each referred and CMS-approved Blue Medicare Advantage member for which an enrollment application is received by the state indicated above
- Payment of fee will be made after receipt and allocation of an approved Member's 3rd month's premium and the member stays enrolled for 90 days
- There will be no charge backs resulting from a Member's disenrollment after 90 days
- All fees due the Agency/Producer under this Schedule shall be contingent upon the Agency's/Producer's, and its employees or subcontractors (if applicable) compliance with the Blue Medicare Advantage Producer Referral Program rules and
- This fee schedule and terms will apply until a new fee schedule is issued by HCSC

The payment fee schedule is in accordance with the guidelines of the Blue Medicare Advantage Producer Referral Program and is Exhibit A to the Producer Referral Agreement entered into between Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Texas and Agent/Producer.

Because this program does not involve the Producer's sale or marketing of the Blue Medicare Advantage plans, this Referral Fee is not a commission and is established and paid at the sole discretion of Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Texas. This Referral Fee is subject to change and cancellation at any time. This referral fee is considered compensation as this term is defined by CMS and must comply with all CMS guidance and regulations regarding Medicare Advantage compensation.

This one-time Referral Fee is applicable to eligible client referrals that result in Blue Medicare Advantage enrollments that occur on or after the date above (subject to the receipt and approval of the Blue Medicare Advantage Producer Referral Participation Agreement and subject to the eligibility requirements outlined in such Agreement), and shall continue to be applicable to eligible referrals until the termination of the Producer Referral Program Participation Agreement or a new Blue Medicare Advantage Producer Referral Fee Schedule is issued by Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Texas.

Product Name	Payment Fee
Blue Medicare Advantage One time Referral Fee	\$176

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