

# Blue Medicare Advantage Referral Program SUBAGENT PARTICIPATION AGREEMENT

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

## Subagent Information

First Name:

Middle Initial: Last Name:

HCSC Assigned ID Number:

Agency:

Phone Number:

Street Address:

City

State:

ZIP code:

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)

Upon receipt of your Blue MedicareRx Referral Participation Agreement and the completed Blue Medicare Advantage form from your agency principal, your form will be reviewed for eligibility. Once approved, cards will be ordered with the Agency name and Agency ID number and mailed to you.

Due to the Centers for Medicare and Medicaid Services (CMS) requirements, subagents 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 MedicareRx plan for 90 days, the referring subagent's agency will be entitled to the referral payment, *subject to additional Terms and Conditions of this Producer Referral Program Participation Agreement and CMS guidance.*

## Terms

### I will:

- Maintain an active license and appointment (if required) to sell health insurance in my state
- Not refer any clients to BCBSIL, BCBSNM, or BCBSTX until I receive Blue Medicare Advantage Producer Referral Program materials and a supply of Blue Referral cards\*\*
- Not 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)
- Not attempt to explain or describe 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.

**I understand my Agency 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’s enrollment in a Blue Medicare Advantage plan,
- My referral is confirmed by CMS,
- Receipt and allocation of the referral’s third month premium to Blue Medicare Advantage, and
- Provided the terms and conditions of this Agreement are not violated.

### I understand my Agency 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 referred client chooses **not to follow** the required program rules for enrolling in a Blue Medicare Advantage plan.

## Conditions

- I must sign and submit the Blue Medicare Advantage Producer Referral Participation Form for Subagents electronically to validate my agreement to participate in this Referral program.
- My agency must also sign and submit a Blue Medicare Advantage Producer Referral Participation Form.
- This Agreement is effective upon approval by HCSC and will remain in effect until termination of my Agency’s Producer Agreement with HCSC or termination of this Agreement by either party at any time.
- 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, and may terminate this Agreement at any time for any reason.

## Conditions *(cont.)*

### 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.

**I will comply with the HIPAA Business Associate provisions in my Agency's HCSC Producer Agreement that is applicable to any Protected Health Information (PHI) or Sensitive Personal Information (SPI) handled under this program.**

## 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, Special Enrollment Period, or an Initial 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, defined as someone who is not an active Blue Medicare Advantage member. Additionally, the referral has not previously contacted Blue Medicare Advantage by phone to request information or an enrollment kit.
- Has accepted a Blue Medicare Advantage Referral Card\*\* personalized with
  - the dedicated 800#
  - my agency name
  - my agency assigned number, and
- Follows required process to obtain information and enroll in Blue Medicare Advantage.

\*\* A packet will be mailed to your agency shortly containing Blue Medicare Advantage Producer Referral Program Materials and a supply of personalized 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 Referral Program Participation Agreement.
- ☑ I understand that violation of any part of the Participation Agreement may result in termination from the program.

Subagent E-Signature:

Date:

Subagent 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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<sup>SM</sup> Service Mark of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

<sup>®</sup> Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

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

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