This document explains Exhibits A and B in the Independent Physician & Provider Agreement and the Allied & Ancillary Provider Agreement (fee for service), so that you understand Blue Shield networks and benefit programs as they are referenced in the contract, and how they are compensated.
Definitions

- **Benefits** are covered healthcare services provided according to the terms of the member’s health services contract.

- Blue Shield maintains several **benefit programs** that offer a variety of benefit and network options designed to meet the various healthcare needs and budgets for subscribers of both group and individual plans – e.g., health maintenance organization (HMO), point-of-service (POS), exclusive provider organization (EPO), preferred provider organization (PPO), Medicare HMO.

- Blue Shield establishes **networks** of contracted facilities, providers, and suppliers to provide the healthcare services that fall within specific benefit plans and programs. The reimbursement rates paid by Blue Shield can vary among its networks.

- The term “**provider allowances**” is used to describe Blue Shield’s compensation schedules specific to certain networks or benefit plans/programs.
Exhibit A: Provider Information

Opting in to all Blue Shield networks and benefit programs means that you agree to participate in all Blue Shield networks and benefit programs, and to accept the applicable Blue Shield provider allowances as payment in full for covered services.

Page 1 of Exhibit A asks you to opt in to all Blue Shield networks and benefit programs, or, opt out of specific networks and/or specific benefit programs as desired.

Here is where you opt in to all Blue Shield networks and benefit programs.

Here is where you opt out of provider allowances attached to these specific networks.

Here is where you opt out of provider allowances attached to these specific benefit programs.
Exhibit B: Provider compensation

Exhibit B describes the provider allowances or compensation rates for Blue Shield networks and benefit programs.

- Reimbursement at 100% of Blue Shield provider allowances.
- Reimbursement at 90% of Blue Shield provider allowances if opting in to Network A.
- Reimbursement at 80% of Blue Shield provider allowances if opting in to Network B.
- Reimbursement at 70% of Blue Shield provider allowances if opting in to Network C.
- Reimbursement at 100% of Blue Shield provider allowances for Direct Contract HMO networks or when Blue Shield is at risk for payment according to the IPA agreement.

- Reimbursement at 95% of Medicare for any Medicare Advantage product, Direct Contract HMO or when Blue Shield is at risk for payment per the IPA agreement.
How to complete Exhibit A – page 1

Blue Shield recommends that you opt in to all networks and benefit programs. This allows the largest number of members to access your services.

To complete page 1:

Enter information about your practice or organization.

- Note, License Number and License Type are not applicable if this is a group application.

Check this box to participate in all networks and benefit programs, that is, to accept all applicable levels of reimbursement that fall under the agreement.

OR

Opt out of a specific network or benefit program (i.e., specific reimbursement level) by checking the associated box.

- For example, if you check the box next to Commercial PPO/EPO (Blue Shield Network C), you are opting out of plans that fall under the Network C reimbursement level. These plans typically serve Covered California and IFP members.
How to complete Exhibit A – pages 2 and 3

The final two pages in Exhibit A are where you provide your official contact information and identify all locations where you will provide care.

**Page 2**

Enter the address to which Blue Shield should send all contractual correspondence and mandated communications.

Use these addresses to inform Blue Shield of contract-related issues and other notices.

**Page 3**

Enter the address for any location(s) (practice site) where you see patients. Leave the Blue Shield ID column blank if you are not yet contracted. You may also attach a list with the required information in place of this form.

Note, you must inform Blue Shield of any changes to practice sites per Section 4.4 of the agreement.
Resources to help you

<table>
<thead>
<tr>
<th>Resources for prospective providers</th>
<th>Learn about joining our network, get an application, and sign up for an account.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Shield Independent Physician and Provider Manual</td>
<td>Review this manual, which describes administrative guidelines, policies, and procedures for direct-contact Blue Shield network providers of healthcare services for members of our health plans.</td>
</tr>
<tr>
<td>Provider Information &amp; Enrollment</td>
<td>Submit your provider agreement to this department by fax, email, or postal mail.</td>
</tr>
<tr>
<td>Blue Shield of California</td>
<td>If you have questions related to your agreement, contact this department via email or by telephone at (800) 258-3091.</td>
</tr>
<tr>
<td>Attn: PIE</td>
<td></td>
</tr>
<tr>
<td>P.O. Box 629017</td>
<td></td>
</tr>
<tr>
<td>El Dorado Hills, CA 95762-9010</td>
<td></td>
</tr>
<tr>
<td>Fax: (916) 350-8860</td>
<td></td>
</tr>
<tr>
<td>Credentialing Department</td>
<td>Submit your credentialing application to this department by email or postal mail.</td>
</tr>
<tr>
<td>Blue Shield of California</td>
<td>For general inquiries related to the application including status updates, email <a href="mailto:BSCCCredentialingInquiry@blueshieldca.com">BSCCCredentialingInquiry@blueshieldca.com</a>.</td>
</tr>
<tr>
<td>Attn: Credentialing Department</td>
<td></td>
</tr>
<tr>
<td>P.O. Box 7168</td>
<td></td>
</tr>
<tr>
<td>San Francisco, CA 94105</td>
<td></td>
</tr>
</tbody>
</table>