

Independent Provider Agreement: Exhibits A and B explained


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EXHIBIT A
Independent Provider Agreement
PROVIDER INFORMATION

Provider Name (or if group practice, group practice name) _____ License Number _____ License Type _____
Type of Service Provided _____ IRS (TIN/EIN) or Social Security Number _____

Check One: Individual Group

For this Section, complete either 1 or 2 but not both.

1.
 All Products. Provider agrees to participate in, and this Agreement shall apply to, all Benefit Programs under which Blue Shield compensates Provider for Covered Services pursuant to the compensation described in Section 3.1 of this Agreement, subject to Section 2.7 of this Agreement.

OR

2.
Opt Out. Provider agrees to participate in, and this Agreement shall apply to, Blue Shield's Commercial PPO/EPO (Blue Shield Standard Network) Benefit Programs and all other Benefit Programs under which Blue Shield compensates Provider for Covered Services pursuant to the compensation described in Section 3.1 of this Agreement, except as follows: Provider does not agree to participate in, and this Agreement shall not apply to, the following Benefit Programs (Check the box for each product):

- Commercial PPO/EPO (Blue Shield Network A)
- Commercial PPO/EPO (Blue Shield Network B)
- Commercial PPO/EPO (Blue Shield Network C)
- Medicare Advantage PPO
- Commercial HMO
- Medicare Advantage HMO

EXHIBIT B
Independent Provider Agreement
COMPENSATION RATES

1. Compensation. Blue Shield shall reimburse Provider for Covered Services provided to Members enrolled in Benefit Programs in which Provider has agreed to participate and to which this Agreement applies, as follows:

- (a) **Commercial PPO/EPO (Blue Shield Standard Network):**
One hundred percent (100%) of the rates set forth in the Blue Shield Provider Allowances.
- (b) **Commercial PPO/EPO (Blue Shield Network A):**
For services other than drugs and immunizations, ninety percent (90%) of the rates set forth in the Blue Shield Provider Allowances. For drugs and immunizations, one hundred percent (100%) of the rates set forth in the Blue Shield Provider Allowances.
- (c) **Commercial PPO/EPO (Blue Shield Network B):**
For services other than drugs and immunizations, eighty percent (80%) of the rates set forth in the Blue Shield Provider Allowances. For drugs and immunizations, one hundred percent (100%) of the rates set forth in the Blue Shield Provider Allowances.
- (d) **Commercial PPO/EPO (Blue Shield Network C):**
For services other than drugs and immunizations, seventy percent (70%) of the rates set forth in the Blue Shield Provider Allowances. For drugs and immunizations, one hundred percent (100%) of the rates set forth in the Blue Shield Provider Allowances.
- (e) **Commercial HMO:**
One hundred percent (100%) of the rates set forth in the Blue Shield Provider Allowances.
- (f) **Medicare Advantage:**
Ninety-five percent (95%) of the reimbursement established by the Medicare program for such services.

This document explains Exhibits A and B in the [Independent 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.

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EXHIBIT A
Independent Provider Agreement

PROVIDER INFORMATION

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Type of Service Provided IRS (TIN/EIN) or Social Security Number

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For this Section, complete either 1 or 2 but not both.

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2.
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- Commercial PPO/EPO (Blue Shield Network B)
- Commercial PPO/EPO (Blue Shield Network C)
- Medicare Advantage PPO
- Commercial HMO
- Medicare Advantage HMO

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.

EXHIBIT B Independent Provider Agreement COMPENSATION RATES

1. **Compensation.** Blue Shield shall reimburse Provider for Covered Services provided to Members enrolled in Benefit Programs in which Provider has agreed to participate and to which this Agreement applies, as follows:
 - (a) Commercial PPO/EPO (Blue Shield Standard Network):
One hundred percent (100%) of the rates set forth in the Blue Shield Provider Allowances.
 - (b) Commercial PPO/EPO (Blue Shield Network A):
For services other than drugs and immunizations, ninety percent (90%) of the rates set forth in the Blue Shield Provider Allowances. For drugs and immunizations, one hundred percent (100%) of the rates set forth in the Blue Shield Provider Allowances.
 - (c) Commercial PPO/EPO (Blue Shield Network B):
For services other than drugs and immunizations, eighty percent (80%) of the rates set forth in the Blue Shield Provider Allowances. For drugs and immunizations, one hundred percent (100%) of the rates set forth in the Blue Shield Provider Allowances.
 - (d) Commercial PPO/EPO (Blue Shield Network C):
For services other than drugs and immunizations, seventy percent (70%) of the rates set forth in the Blue Shield Provider Allowances. For drugs and immunizations, one hundred percent (100%) of the rates set forth in the Blue Shield Provider Allowances.
 - (e) Commercial HMO:
One hundred percent (100%) of the rates set forth in the Blue Shield Provider Allowances.
 - (f) Medicare Advantage:
Ninety-five percent (95%) of the reimbursement established by the Medicare program for such services.

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.

Page 1


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EXHIBIT A
Independent Provider Agreement

PROVIDER INFORMATION

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OR

2. Opt Out. Provider agrees to participate in, and this Agreement shall apply to, Blue Shield's Commercial PPO/EPO (Blue Shield Standard Network) Benefit Programs and all other Benefit Programs under which Blue Shield compensates Provider for Covered Services pursuant to the compensation described in Section 3.1 of this Agreement, except as follows: Provider does not agree to participate in, and this Agreement shall not apply to, the following Benefit Programs (Check the box for each product):

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- Commercial HMO
- Medicare Advantage HMO

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

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Addresses for Notice:

If to Provider:

PROVIDER	
Name of Provider	
Address Line 1	
Address Line 2	
City, State, Zip	
Title	
Phone Number	Fax Number
Practice E-mail Address	

If to Blue Shield:

NOTICE OF BREACH OR TERMINATION PURSUANT TO ARTICLE VII	ALL OTHER NOTICES
Blue Shield of California	Blue Shield of California
6300 Canoga Avenue, 7th Floor	P.O. Box 629017
Woodland Hills, CA 91367	El Dorado Hills, CA 95762-9017
Attn.: Vice President, Provider Network Management, Care1st and Specialty Networks	Attn.: Provider Services
Fax No.: 818-228-5101	Fax No.: 916-350-8860


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.

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.

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**Attachment 1
To EXHIBIT A
Independent Provider Agreement**

PRACTICE SITES

As of the effective date, Provider provides Covered Services at the site(s) listed in the table below. Provider shall notify Blue Shield of changes to the information below pursuant to Section 4.4 of this Agreement.

Site Name	Site Address	Site Suite	Site City	Site State	Site Zip	Blue Shield ID	Tax ID/SSN	NPI



Resources to help you

[Resources for prospective providers](#)

Learn about joining our network, get an application, and sign up for an account.

[Blue Shield Independent Physician and Provider Manual](#)

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.

Provider Information & Enrollment

Blue Shield of California
Attn: Provider Information & Enrollment
P.O. Box 629017
El Dorado Hills, CA 95762-9010
Fax: (916) 350-8860

Submit your provider agreement to this department by fax, [email](#), or postal mail.

If you have questions related to your agreement, contact this department via [email](#) or by telephone at **(800) 258-3091**.

Credentialing Department

Blue Shield of California
Attn: Credentialing Department
601 12th Street, 21st Floor
Oakland, CA 94607

Submit your credentialing application to this department by [email](#) or postal mail.

For general inquiries related to the application including status updates, email BSCCredentialingInquiry@blueshieldca.com.

