

Referral Program

PRODUCER PARTICIPATION AGREEMENT



This form should be submitted by agency principles and producers who are Contracted and Appointed (where required) with Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas, and wish to participate in the **Blue Cross Medicare Products Referral Program**.

- **Please Note: Contracted and Appointed (where required) agencies** wishing to participate in the Blue Cross Medicare Products Referral Program must have a Principle, Owner or Designated Official of the agency, submit this agreement for approval. All sub-producers must submit referral business under the agency's participation agreement and assigned HCSC producer number as all referral fees are paid to the agency.
- The Blue Cross Medicare Products Referral Program includes Blue Cross MedicareRx (PDP)SM, Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM plans.
- This participation agreement must be submitted by interested producers and approved by HISC/HCSC prior to producers engaging Medicare-eligible or soon-to-be-eligible clients interested in learning more about Blue Cross MedicareRxSM and Blue Cross Medicare AdvantageSM plans.

1. Producer Information

First Name:

Middle Initial:

Last Name:

HCSC Assigned ID Number:

Producer National Producer Number (NPN)

Phone Number:

Street Address:

City:

State:

ZIP code:

Are you the Principle, Owner or Designated Official of an Agency? Yes No

If Yes, please provide the following information:

Agency Name (if applicable)

HCSC Assigned Agency/Producer Number

Agency/Producer National Producer Number (NPN)

Phone Number

(Business) Street Address:

City:

State:

ZIP code:

2. Participating States

Please check all which apply to where either you or your agency is contracted and wishes to participate in the referral program:

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

3. Participation Eligibility

Your Blue Cross Medicare Products Referral Program Participation Agreement will be reviewed when submitted. Upon HISC/HCSC approval, you will receive an email with instructions regarding your responsibilities – as well as your clients' responsibilities - in order to receive credit for any referrals. **Receipt of this email will serve as our acknowledgement of your participation at which time you may begin to refer clients to the Blue Cross MedicareRx (PDP) or Blue Cross Medicare Advantage (MAPD) plans.**

Approved Referral Producers in the Blue Cross Medicare Products Referral Program are strictly prohibited from selling, marketing, providing literature or discussing with prospective clients any premiums, benefits or other features of Blue Cross MedicareRx (PDP) or Blue Cross Medicare Advantage (MAPD) plans – in accordance with the marketing guidelines established by the Centers for Medicare and Medicaid Services (CMS) and HISC.

As a Referral Producer, you should provide the client with:

- ✉ Your name or your agency's name
- ✉ Your or your agency's HCSC assigned ID number
- ✉ The dedicated enrollment phone number

Additionally, once you are approved you may download (when available) personalized Referral Program identification cards from the producer supply portal (www.yourcmsupplyportal.com) which provides the information above. Producers may not develop their own version of the Referral Program ID cards (this would be considered marketing material and would require prior CMS and HISC approval). Producers may provide clients with their existing business cards in order to provide the producers name, producer number, and dedicated enrollment phone number.

A producer or agency will be entitled to a referral payment for each referred client who successfully identifies you or your agency as the referring agent, remains enrolled in a Blue Cross MedicareRx or Blue Cross Medicare Advantage plan for at least 90 days, and has paid three months of premium (where applicable). Compensation is subject to additional Terms and Conditions of this Blue Cross Medicare Products Referral Program Agreement and CMS guidance.

As previously stated, Sub-producers should submit business under the agency's participation agreement and assigned HCSC producer number.

4. Terms

- ☒ I and/or my agency [when applicable] will:
 - Maintain an active license and appointment (as required) to sell health insurance in my state.

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

- ☒ Referring any clients to BCBSIL, BCBSNM, BCBSOK or BCBSTX until I or my agency has received acknowledgement of approved participation in the Blue Cross Medicare Products Referral Program
- ☒ Any pursuit of referrals for the Blue Cross MedicareRx Producer Referral Program including
 - “cold calling”
 - telemarketing
 - any form of unsolicited contact (door-to-door)
- ☒ Explaining or describing Blue Cross MedicareRx plans, or any other form of sales or marketing activity related to Blue Cross MedicareRx to referral clients including an explanation of the:
 - Blue Cross MedicareRx or Blue Cross Medicare Advantage terms and conditions,
 - Blue Cross MedicareRx or Blue Cross Medicare Advantage terms and conditions,
 - Blue Cross MedicareRx or Blue Cross Medicare Advantage terms and conditions.

I understand:

I or my agency (when applicable) 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 Cross MedicareRx or Blue Cross Medicare Advantage plan
- ☒ My referral has been enrolled for at least ninety (90) days and, where required, member’s third month premium has been received and allocated
- ☒ My referral has properly identified me or my agency as the referring agent
- ☒ Provided the terms and conditions of this Agreement are not violated

I understand:

I or my agency (when applicable) will not be entitled to a referral fee payment if:

- ☒ An enrollment request by my client is NOT approved by Blue Cross MedicareRx or Blue Cross Medicare Advantage
- ☒ My referred client chooses not to follow the required program rules for enrolling in a Blue Cross MedicareRx or Blue Cross Medicare Advantage plan
- ☒ My referred client fails to properly identify myself or my agency as the referring agent

Check this box to confirm your understanding of all terms in section four (4).

5. 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 Cross MedicareRx 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 me or my agency by HISC/HCSC, and may be terminated at any time and for any reason by either myself, my agency or HISC/HCSC.
- This agreement will be automatically updated by HISC/HCSC at its discretion based on changes to applicable laws, regulation, and/or changes to HISC/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.

I understand:

By participating in this program I and/or my agency (if applicable) will forfeit all new and renewal commissions for any and all future or renewal Blue Cross MedicareRx or Blue Cross Medicare Advantage business, with the exception of Blue Cross MedicareRx business in force prior to 2009.

- Check this box to confirm your complete understanding of all terms in section five (5).**

6. Prospect Eligibility Terms

I understand that eligibility for referral under the Blue Cross Medicare Products 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 Cross MedicareRx or Blue Cross Medicare Advantage service area on the effective date of coverage
- Is a "new" client for Blue Cross MedicareRx and Blue Cross Medicare Advantage, defined as someone who is not an active Blue Cross MedicareRx or Blue Cross Medicare Advantage member or has not previously contacted Blue Cross MedicareRx or Blue Cross Medicare Advantage by phone to request information or an enrollment kit
- Follows the required process to obtain information and enroll in Blue Cross MedicareRx or Blue Cross Medicare Advantage plan by calling the provided 800 number.

- Check this box to confirm your complete understanding of all terms in section six (6).**

Attestation

- ☑ I understand that a referral expressing interest in a Blue Cross MedicareRx or Blue Cross 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 Cross Medicare Products Referral Participation 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 completing 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.

SM Service Mark of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

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Blue Cross MedicareRx is a prescription drug plan provided by HCSC Insurance Services Company (HISC), an independent licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor.

Blue Cross Medicare Advantage HMO and HMO POS plans in Illinois and New Mexico and PPO plans in Montana, New Mexico and Oklahoma are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC).

Blue Cross Medicare Advantage Dual Care is an HMO Special Needs Plan provided by HCSC. Blue Cross Medicare Advantage PPO plans in Texas are provided by HCSC Insurance Services Company (HISC).

Blue Cross Medicare Advantage HMO and HMO POS plans in Oklahoma are provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HCSC, HISC, and BlueLincs are independent licensees of the Blue Cross and Blue Shield Association. HISC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program.

A stand-alone prescription drug plan with a Medicare contract.

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