

Blue MedicareRx (PDP)SM Referral Program PRODUCER PARTICIPATION AGREEMENT

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

- The Blue MedicareRxSM Producer Referral Program is available to licensed Blue Cross and Blue Shield of New Mexico producers and/or subagents who are not certified and appointed to sell Blue MedicareRx.
- 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 Blue MedicareRx plans, this participation agreement must be completed and submitted for approval.

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Agent ID: _____ **Agency Name** (if applicable): _____

Phone Number: _____ **Street Address:** _____

City: _____ **State:** _____ **ZIP code:** _____

I am the principal of this Agency: **Yes** **No**

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

<u>Subagent Name</u>	<u>License Number</u>
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Upon receipt of your Referral Agreement and, if applicable, Referral Agreements from any participating sub agents, eligibility will be confirmed. Upon approval, personalized business referral cards will be ordered (with either your name or ID number or if a Principal, 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 MedicareRx Producer Referral Program are **not allowed to sell, market, provide literature or explain/discuss any of the premiums, benefits and/or features of Blue MedicareRx plans**. For each referred client that remains enrolled in Blue MedicareRx 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 the Blue Cross and Blue Shield of New Mexico.

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

- Any pursuit of referrals for the Blue MedicareRx Producer Referral Program including
 - “cold calling”
 - telemarketing
 - any form of unsolicited contact (door-to-door)
- Explaining or describing Blue MedicareRx plans or any other form of sales or marketing activity related to Blue MedicareRx, to referral clients including an explanation of the:
 - Blue MedicareRx terms and conditions,
 - Blue MedicareRx premiums, or
 - Blue MedicareRx plan benefits.
- **Referring any clients to BCBSNM until receipt of the program materials and a supply of personalized Blue MedicareRx 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 MedicareRx plan
- My referral's enrollment is confirmed by CMS
- Receipt and allocation of the referral's third month premium to Blue MedicareRx
- 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 MedicareRx, or if a referral client chooses **not to follow** the required rules for enrolling in a Blue MedicareRx 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 MedicareRx Producer Referral Participation Form through Blue Access® for Producers.
- 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 the Producer by HCSC, and/or may be terminated at any time and for any reason by either the Producer or HCSC.
- Upon my completion of certification and appointment to sell the Blue MedicareRx plans, this Agreement and my participation or (if applicable) the participation of my agents, employees, or other representatives, in the Blue MedicareRx Referral Program will be automatically terminated and I will be notified accordingly.
- Consistent with CMS requirements, if I was previously certified and receiving renewal compensation, and I choose to participate in this referral program, and thereby elect to discontinue my certification to Blue MedicareRx, any future renewal compensation from sales effective January 1, 2009 or later will be forfeited.

Prospect Eligibility Terms

I understand that eligibility for referral under the Blue MedicareRx 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 MedicareRx service area on the effective date of coverage
- Is a “new” client for Blue MedicareRx, which is an individual who is not an active Blue MedicareRx member. Additionally, the referral has **not** previously contacted Blue MedicareRx by phone to request
 - information,
 - an enrollment kit
- Has accepted a Blue Referral Card** personalized with
 - the dedicated 800#
 - my name or Agency name
 - my assigned number or Agency assigned number, andFollows the required process to obtain information and enroll in Blue MedicareRx.

**A packet will be mailed to you shortly containing Blue MedicareRx 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 MedicareRx 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 MedicareRx 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:	

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 and Blue Shield of New Mexico refers to HCSC Insurance Services Company, which is a wholly owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association and offer or provide services for stand-alone prescription drug plans with a Medicare contract under contract number S5715 with the Centers for Medicare and Medicaid Services.

BLUE MEDICARESMRX (PDP) 2011 PRODUCER REFERRAL PROGRAM
EXHIBIT A – Referral Fee Schedule

- Payment is a one-time fee, for each referred and CMS approved Blue MedicareRx member for which an enrollment application is received by the state you 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 MedicareRx 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 MedicareRx Producer Referral Program and is Exhibit A to the Producer Referral Agreement entered into between Blue Cross and Blue Shield of New Mexico and Agent/Producer.

Because this program does not involve the Producer's sale or marketing of the Blue MedicareRx plans, this Referral Fee is not a commission and is established and paid at the sole discretion of Blue Cross and Blue Shield of New Mexico. 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 Part D compensation.

This one-time Referral Fee is applicable to eligible client referrals that result in Blue MedicareRx enrollments that occur on or after the date above (subject to the receipt and approval of the Blue MedicareRx 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 MedicareRx Producer Referral Fee Schedule is issued by Blue Cross and Blue Shield of New Mexico.

<u>Product Name</u>	<u>Payment Fee</u>
Blue MedicareRx	
One time Referral Fee	\$45

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Blue MedicareRx (PDP) is a Medicare Prescription Drug plan offered by HCSC Insurance Services Company, an Independent Licensee of the Blue Cross and Blue Shield Association under contract S5715 with the Centers for Medicare and Medicaid Services.