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MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Physician Group Contracting Application

Questions? Read our **Contracting Q & As**.

Complete this form online. Leaving blanks will delay processing

Fax completed form to 617-246-4227

Blue Cross* will evaluate this application according to your ability to meet pre-established credentialing criteria and network need, as determined solely by Blue Cross.

We reserve the unqualified right to reject any and all applications, subject to the terms of this application and applicable law.

By accepting this application for evaluation, we agree that any patient-specific or identifying information, any non-publicly available information that you designate as confidential set forth in this application, and any non-publicly available information that is obtained in the application process will remain confidential unless its release is required or permitted by law, regulation, or valid court order.

Practice members

How will new practice members be joined to your physician group contract?

❑ By signature of each practitioner
❑ Through binding authority
(Consult your legal counsel to ensure your practice has full and complete authority to bind practitioners to the terms and conditions of your contract for all Blue Cross Products you have requested)

If a clinician is…	Then…
New to Blue Cross and an MD or DO	Send an *HCAS Provider Enrollment Form,* available on Provider Central at Office Resources>Enrollment>Contracting Applications>Physician.
New to Blue Cross and a: • Nurse practitioner • Physician assistant • Certified nurse-midwife • Psychiatrist	Send a *Contracting Application* for each new clinician. Download applications from Provider Central at Office Resources>Enrollment> Contracting Applications. If your group needs a new agreement for that specialty, complete the Practice Application section.
Already participating with Blue Cross	Send a *Contract Update Form* to join them to your group agreement for that specialty. Go to Provider Central and click Forms>Contract Updates.

In addition, each practice member must **complete the online application** through the Council for Affordable Quality Healthcare (CAQH) website at https://proview.caqh.org.

If a clinician is…	The clinician should…
Already a CAQH provider	• Update all information (including expired documents). • Choose the option to authorize all healthcare organizations. This will allow us to access their information.
Not a CAQH provider	• Log onto the CAQH website and self-register. • Once registered, thoroughly complete their *Integrated Massachusetts Application* and submit all required documents.
Not sure of their status	Call CAQH at 1-888-599-1771.

Ready to send your application? Be sure to:

- Attach an IRS Form W-9 that is signed, dated, and completed with the name and Employer tax ID (EIN) to which payments will be made. **We cannot process your request without a W-9.** A form is attached.
- Send a form for each physician in your practice as shown in the table above. We cannot process your request for a contract without details on each physician.
  - If you have a multi-specialty group, you must submit separate group applications for each specialty *(physician, nurse practitioner, physician assistant, certified nurse-midwife, behavioral health professional, etc.).*

Practice location information

Main practice location

Practice name (legal name)	
DBA (**if reported to the IRS**)	
Practice's tax ID number **(same number as on the W-9)**	
Practice's NPI Type 2 that you bill under	
Practice address	
City, state, ZIP	
Email	
Phone to schedule appointments	
Fax	
Group's primary hospital affiliation (required)	

Additional practice locations – If you will provide services at additional sites that bill using the same NPI as above, please complete this table.

	Site name	Street address	City, state, ZIP	Phone to schedule appointments
1				
2				
3				
4				
5				

Billing address – Please let us know your pay-to address.

❑ Same as main practice location ❑ Other (please enter below)

Billing name	
Address	
City, state, ZIP	
Email	
Phone	
Fax	

Contract recipient – As part of our efforts to improve the contracting process, we use electronic signature. The sender will be Adobe Sign <echosign@echosign.com>. Add this address as a trusted sender, and check your spam or junk mail folders to make sure you are receiving our email.

If we approve this application for a new contract, we must email your agreement to someone authorized to sign contracts on behalf of your practice, such as *owner, partner,* or *president*.

Authorized signer's name	**Business title**	**Email** (required)

If you want someone to be copied when we email the authorized signer, please provide their email

_____

Contact person – Let us know the person to contact in case we have questions about this application. *Please note:* If we are unable to process your request due to missing information, we will notify this person via fax or email.

Name and business title	
Company name	
Email (required)	
Phone	
Fax	

Please list the practice owner(s)

	Name
1	
2	
3	

Blue Cross Product participation

Please note: All physicians in the group must participate in the same Products, with limited exceptions.

Check the Blue Cross Products you want to participate in:

❑ **All Products**

❑ HMO ❑ PPA/PPO ❑ Indemnity ❑ Medicare Advantage HMO ❑ Medicare Advantage PPO

For more information about the Products, look on Provider Central in Office Resources>Plans & Products>Product Overview.

Communications

By checking this box, I affirm that:

You must become a registered, active user of our secure website, bluecrossma.com/provider, to access the latest fee schedules, forms, policies, contractual notices, and other communications. You (or your practice) will need to keep your email address current, so we can send you important notices.

❑ Our practice agrees to comply with this requirement

If we contract with you, your welcome letter will include instructions on how to register for our website.

Reimbursement

We use e-payment as our standard method of payment for provider reimbursement, at no cost to our providers. E-payment is a secure online direct deposit into your bank account that occurs via electronic funds transfer (EFT). Enrolling in e-payment offers an additional benefit of online access to your payment advisories. You will need to register for and use Payspan (an electronic tool for EFT and online advisories) to get reimbursement for services rendered to Blue Cross members.

❑ Our practice agrees to comply with this requirement

If we contract with you, your welcome letter will include instructions on how to register for EFT.

Welcome letters – Your welcome letter will also include your Blue Cross Product participation and contract effective date.

Each physician in your group will receive a separate welcome letter showing their effective date; this is when they may begin treating our members.

Let us know where to email your practice's welcome letter

Email (required) _____

Release and representations by the practice

Please read the following statements. You must sign and date this section before sending your application for a new contract.

By my signature below, I represent and warrant that I am duly authorized to complete this application on behalf of the group practice named above.

I release from any liability all representatives of Blue Cross for any acts performed in good faith in connection with the evaluation of this application.

I hereby affirm and represent that all statements, answers, and information in this application are true and complete to the best of my knowledge and belief.

I understand and agree that:

- Blue Cross's receipt of this application does not constitute approval or acceptance for network participation.
- My group practice cannot provide covered services and be reimbursed as a participating provider until Blue Cross notifies us that our contract is in effect, at which time this application will become part of our contract.
- If Blue Cross accepts my practice for participation, information provided on this application may be made available to members, prospective members, employers, brokers, other providers, and government regulators.
- My practice must immediately send a *Contract Update Form* to Blue Cross when there are changes to any information in this application.
- Any misrepresentation or omission will be sufficient cause for immediate, unilateral termination by Blue Cross of any Blue Cross provider agreement.
- This release will be in effect upon the submission of this application and will remain in effect through the term of any ensuing provider contract.

Accepted and agreed to on behalf of the practice by:

Representative's signature	
Print name	
Business title	
Email (required)	
Business name	
Date of signature	

Fax your completed, signed application to 617-246-4227. Keep a copy for your files.

Attach an IRS Form W-9 that is signed, dated, and completed with the name and tax ID number to which payments will be made. We cannot process your request without a W-9.

If we send you a new contract:

- remember that only the authorized signer may sign the agreement
- refer to the cover letter we send you that includes detailed instructions on how to return your signed agreement.

* Blue Cross refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*