We have created a new Dental Professional and Oral & Maxillofacial Surgery Agreement for all individual dentists and dental groups, as well as Oral & Maxillofacial Surgeons and Surgery group practices. This Agreement will now be used for all providers participating in our Dental Blue Indemnity, Dental Blue Preferred Provider Arrangement (PPA), Medicare Advantage, and HMO Blue medical products.

This guide outlines the new or different provisions in your Agreement.

*Please note:* This guide is not all-inclusive. We urge you to thoroughly review your new Dental Professional and Oral & Maxillofacial Surgery Agreement.

**What products are covered?**
The new Agreement covers all products, including; Dental Blue Indemnity, Dental Blue PPO, Medicare Advantage, and HMO medical products.

**Product participation acknowledgements - important information**
- This agreement covers general dentists and all dental specialties including oral and maxillofacial surgery.
- Participation in one product is not a condition of participation in other products.
- All Providers in a participating group practice must participate in the same products.
- Termination of participation in one product does not affect the Provider’s participation in any other product.
- Because this is an all product agreement, the products in which you participate are indicated on the signature page of the Agreement. If you want to add products you will need to sign a new Agreement. Please contact your Dental Network Manager for further instructions on how to add an additional product.
- Certain contractual provisions are specific to oral and maxillofacial surgery providers only.
- Certain contractual provisions are specific to Medicare Advantage providers.
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<tr>
<th>Topic</th>
<th>What it means to you</th>
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| Additional Obligations of the Practitioners participating in the Medicare Advantage product | • You must have an agreement with Centers of Medicare and Medicaid Services (CMS) allowing you to provide services under the CMS program.  
• Be sure to review Appendix 2 - Additional Terms for the Medicare Advantage Product. |
| Provider Information Notification                                     | • You must notify us of any change in your practice within 90 days of the change (Affordable Care Act requirement).  
• Any change will become effective 90 days from provider notification receipt. |
| Provider Accessibility                                                | • You must notify us 90 days in advance of any change in whether you are accepting new patients (Affordable Care Act requirement).  
• Any change will become effective 90 days from provider notification receipt. |
| Acceptance of Indemnity Rates for Certain PPA Benefit Plans          | • New product offerings that will reimburse participating dentists their contracted fees regardless of the member’s plan. Existing product offerings may consider some of our contracted providers out-of-network for reimbursement. These providers will now be considered in-network.  
• This will allow us to continue to introduce new products to meet the needs of our members and your patients. With membership of more than 800,000 today, these new product offerings will allow us to continue to be competitive and help fuel patient growth for your practice.  
• You’ll receive 60 day prior notification of any changes or when certain provisions of the agreement become effective. |
### Billing and Payment

- Under your new agreement, you will be reimbursed according to your participating fee schedule for plan members who have reached their annual or lifetime maximum or have exceeded contractual limitations (such as frequency and time limitations).

- We will not set or hold you to an allowance for a service that we do not cover (non-covered services). This new Agreement will help members afford the care you offer but not penalize you for collecting your full fee on services that are not a member benefit.

- You’ll receive 60 day prior notification to any changes or when certain provisions of the agreement become effective.

### General Provisions

#### Administrative Simplification

- You are required to participate in administrative simplification activities, such as surveys, studies, and programs.

- You are required to register and use our Provider Central website for:
  - Information on submitting electronic claims directly to us
  - Access to Emdeon Dental Connect DPS including registration
  - News notifications
  - Contractual notifications
  - Access to fee schedules
  - Provider manuals (Dental Blue Book, CDT Guidelines) including Pediatric Essential Health guidelines
  - Links to other technologies (PaySpan, Change Healthcare (Direct Connect))

- Provider assistance with credentialing information.
Instructions for completing your Agreement

Please read below to determine which best applies to your practice

**Without Binding Authority: Practice Owner and Individual Dentist Signs the Contract**

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<th>IF</th>
<th>THEN</th>
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<tbody>
<tr>
<td>You are a Group using a Federal Tax Identification Number (TIN/EIN) for payment purposes</td>
<td>Complete signature page 25 and Attachment A</td>
</tr>
<tr>
<td>You are an Individual Provider using a Social Security number for payment purposes</td>
<td>Complete signature page 25 and Attachment A</td>
</tr>
<tr>
<td>You are a Sole Proprietor using a Federal Tax Identification Number (TIN/EIN) for payment purposes</td>
<td>Complete signature page 25 and Attachment A</td>
</tr>
<tr>
<td>In addition, if you have more than one Provider in your Practice</td>
<td>Make a copy of Attachment A and have each Provider complete the page</td>
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**With Binding Authority: Designated Person in Group Signs on Behalf of the Dentists**

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<tbody>
<tr>
<td>You are a Group using a Federal Tax Identification Number (TIN/EIN) for payment purposes</td>
<td>Complete signature page 25, Attachment B and Attachment B-1</td>
</tr>
<tr>
<td>You are an Individual Provider using a Social Security number for payment purposes</td>
<td>Complete signature page 25, Attachment B and Attachment B-1</td>
</tr>
<tr>
<td>You are a Sole proprietor using a Federal Tax Identification Number (TIN/EIN) for payment purposes</td>
<td>Complete signature page 25, Attachment B and Attachment B-1</td>
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<tr>
<td>In addition, if you need additional space for Attachment B-1</td>
<td>Make a copy of Attachment B-1 and complete the fields</td>
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Instructions for completing attachment B to the Agreement

If the Group has a *contracted* (not employment) arrangement with its providers, then the Group must:

- Have its authorized signatory sign Attachment B—*Attestation to the Attached List of Provider Agreement* therefore representing and warranting that the Group has full and complete authority to bind its provider members to the terms and conditions of the Agreement.

- Attach a list of its provider members, substantially in the form of Attachment B-1—*List of Group Providers, Including Additions, Terminations, and Designation Changes*.

- Provide evidence of its binding authority over each provider member, regardless of the payment arrangements between the Group and its provider members. Evidence of binding authorization includes, but is not limited to, copies of any Agreements executed between the Group and its provider members. Any evidence of binding authority must be approved by Blue Cross Blue Shield of Massachusetts.

- Provide any additional evidence of binding authority requested by Blue Cross Blue Shield of Massachusetts.

If the Group *employs* its Providers, then the Group must:

- Have its authorized signatory sign Attachment B—*Attestation to the Attached List of Group Provider* therefore representing and warranting that the Group has full and complete authority to bind its physician members to the terms and conditions of the Agreement.

- Attach a list of its provider members, substantially in the form of Attachment B-1—*List of Group Providers, Including Additions, Terminations, and Designation Changes*.

Instructions for completing the Practice Locations form

It is important that you indicate all of your practice locations. Please complete the *Practice Locations* form enclosed in your package. (Use additional sheets if necessary and return with your agreement.)