

WE HAVE ADDED MEDICARE ADVANTAGE PRODUCT FOR:

- Licensed Marriage and Family Therapist (LMFT)
- Licensed Mental Health Counselor (LMHC)
- Licensed Alcohol and Drug Counselor 1 (LADC-1)

Dear Provider:

Invitation to participate in Medicare Advantage

Along with new Centers for Medicare and Medicaid Services (CMS) regulations effective January 1, 2024, Blue Cross* is now enrolling LMFT, LMHC, and LADC-1 clinicians in Medicare Advantage. We are taking this opportunity to invite your entire group practice to participate in our Medicare Advantage product.

Next steps

To enroll your practice in Medicare Advantage, we will send a new Behavioral Health Group Professional Services Agreement. Your authorized signer will sign the contract, and each clinician will sign a new joinder to the agreement. Please complete and return the attached form as soon as possible. *Clinicians should wait for their new Welcome Letter before rendering services to our Medicare Advantage members.*

Wh	nat to do	What Blue Cross will do		
1.	A group representative will complete the attached form and submit to Blue Cross following the instructions at the top of the form.	We'll email each listed clinician an updated Attachment A to your practice's Blue Cross Behavioral Health Group Professional Services Agreement that includes our Medicare Advantage Product.		
		If your group uses binding authority, the authorized signer will receive a new Attachment B and B-1 for electronic signature.		
2.	Each clinician will electronically sign their new Attachment A . <i>This is a legally binding document and as such, no one other than the clinician may sign it.</i>	We'll email the clinicians confirming (1) we received their electronically signed Attachment A and (2) again when we complete/endorse their Attachment A – these messages are for information only.		
3.	Clinicians may render services to our Medicare Advantage members after the effective date shown on their new Welcome Letter.	Approximately 60 days after the clinician signs their Attachment A, we'll email them a new Welcome Letter.		
4.	Your group's authorized signer will electronically sign the contract signature page.	We'll email your practice confirming (1) we received your electronically signed agreement and (2) again when we countersign the new agreement – these messages are for information only.		
		We will email your practice a new Welcome Letter.		

Thank you!

We appreciate the high-quality health care services you provide our members.

Sincerely,

Lisa Gorman Vice President Network Management and Contract Operations

*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. [®]Registered Mark of the Blue Cross Blue Shield Association.

**Contracted means they have previously signed an Attachment A to join your group's Agreement and are already rendering care through your group's practice for other products (e.g., HMO Blue).



Medicare Advantage Product Enrollment Form for your group practice

Send completed form to <u>BlueCrossContractOps@bcbsma.com</u> or fax 617-246-5053

All fields must be completed unless otherwise noted

Contact Information						
Name:						
Title:						
Email:						
Phone/Fax:						
Date form was completed:						
By checking this box, I hereby affirm & represent that all statements, answers, & information included in this form are true & complete to the best of my knowledge & belief, & that I am duly authorized to provide information on behalf of this group practice.						
Group Practice Informatio	n					
Practice name (legal name):						
Practice NPI (Type 2):						
Behavioral Health Clinician	is in your Group Practice					
How will practice members be joined to your new Group Agreement, which will include Medicare Advantage?						
By signature of each clinician – We will send each clinician a new Attachment A to the new Agreement. Attachment A is a legally binding document and as such, no one other than the clinician may sign it.						
Through binding authority – We will send your authorized signer a new Attachment B and B-1 for signature.						

Consult your legal counsel to ensure your practice has full and complete authority to bind practitioners for Medicare Advantage.

	Business title			
Name of authorized signer	(e.g., owner, partner)	Email		

Please complete this section for all behavioral health clinicians in your practice (use additional sheet if needed).

For Child Psychiatrists, Medicare Advantage is optional. List Child Psychiatrists below only if they want to join Medicare Advantage.

Please verify with clinician whether this is the clinician's Primary practice or a Secondary practice affiliation.

Name of clinician	NPI (Type 1)	License #	Clinician's licensure (e.g., LMFT)	If this clinician is primary with your group, check the box	Clinician's email for Welcome Letter (& Attachment A, if any) <u>Must be clinician's current</u> individual email address	(Optional) Email a copy of Welcome Letter (& a copy of Attachment A, if any)
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To add new practice members (not already contracted through your Agreement for other products), please submit the appropriate form:

A clinician who is not currently participating with Blue Cross in another practice: <u>Contracting Application</u>. A clinician who is already participating with Blue Cross but not linked to your group: <u>Contract Update Form</u>.

Group practices in Med Adv 2/24

Additional sheet

For Child Psychiatrists, Medicare Advantage is optional. List Child Psychiatrists below only if they want to join Medicare Advantage.

Please verify with clinician whether this is the clinician's Primary practice or a Secondary practice affiliation.

Name of clinician	NPI (Type 1)	License #	Clinician's licensure (e.g., LMFT)	If this clinician is primary with your group, check the box	Clinician's email for Welcome Letter (& Attachment A, if any) <u>Must be clinician's current</u> <u>individual email address</u>	(Optional) Email a copy of Welcome Letter (& a copy of Attachment A, if any)
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