601 12th Street
Oakland, CA 94607

April 24, 2024

Subject: **Notification of July 2024 Updates to the Blue Shield *Independent Physician and Provider Manual***

Dear Provider:

Blue Shield is revising the *Independent Physician and Provider Manual (Manual)*. The changes in the provider manual section listed below are effective July 1, 2024.

On that date, you can search and download the revised manual on Provider Connection at www.blueshieldca.com/provider in the *Provider Manuals* section under *Guidelines & resources*.

You may also request a PDF version of the revised *Independent Physician and Provider Manual* be emailed to you or mailed to you in CD format, once it is published, by emailing providermanuals@blueshieldca.com.

The *Independent Physician and Provider Manual* is included by reference in the agreement between Blue Shield of California (Blue Shield) and those physicians and other healthcare professionals contracted with Blue Shield. If a conflict arises between the *Independent Physician and Provider Manual* and the agreement held by the individual and Blue Shield, the agreement prevails.

If you have any questions regarding this notice or about the revisions to be published in the July 2024 version of this *Manual*, please contact Blue Shield Provider Information & Enrollment at (800) 258-3091.

Sincerely,

Aliza Arjoyan
Senior Vice President
Provider Partnerships and Network Management

Section 3: Medical Care Solutions

Deleted and ***replaced*** the "Referral to Out of Network Health Care Professionals and Facilities" section with the following new section describing the updated process.

Exception Request to Out of Network Health Care Professionals and Facilities

Except as permitted by the member's *Evidence of Coverage,* providers shall not refer Blue Shield members to, nor utilize out of network health care professionals and facilities for non-emergent services without an advance authorization from Blue Shield or its delegate, or otherwise in accordance with the UM Criteria and Guidelines as described in Section 3 of this manual. A violation of this policy may result in no payment to the out of network provider for the out of network service, and/or the in-network provider could be subject to penalties as described in either the provider's Blue Shield agreement or this manual.

If Blue Shield provides approval via the process described in this section, providers will be able to request and obtain authorization for out of network services. Blue Shield will pay/price these services at the member's in-network benefit level and the provider will be required to execute a letter of agreement.

Because members incur higher copayments and deductibles when out of network health care professionals or facilities are used, providers must make every effort to ensure referrals are made to in-network health care professionals and facilities. When there are no Blue Shield in-network health care providers (for specialty, acute care, facility, ancillary care, etc.) available in the member's service area, the provider may request an Out of Network Exception to an out of network health care professional or facility. Providers requesting an Out of Network Exception to an out of network health care professional or facility must call Blue Shield at (800) 541-6652 or complete and fax the *Out of Network Exception Request Form* to (855) 895-3506. The *Out of Network Exception Request Form* is available on blueshieldca.com/provider in the *Guidelines & resources* section: choose the *Forms* section, and then select the *Patient care forms* link. Requests for an Out of Network Exception to out of network health care professionals and facilities must be made by a provider prior to services being rendered. Blue Shield will review the Out of Network Exception request. When a request is approved for an out of network health care professional or facility for non-emergent services, the member is covered at their in-network benefit level and the provider will be required to execute a letter of agreement.