



An Independent Licensee of the Blue Cross Blue Shield Association

## **Blue Cross Blue Shield of Arizona Cash Flow Relief Program Claim Payment Advance for Physicians**

### **Supporting our provider partners**

Blue Cross® Blue Shield® of Arizona (BCBSAZ) recognizes that its contracted providers—those we count on to keep our members healthy—may face unique financial strain in these unprecedented times. Although we are just beginning to see a decline in overall claim volume, we expect that some providers are already experiencing decreases in patient volume and cash flow because of directives related to the COVID-19 pandemic. Federal financial assistance may not be sufficient, or readily and timely available to all providers facing immediate financial difficulty. That's why BCBSAZ has established a voluntary program that is ready to provide cash flow relief to medical network physicians and hospitals, should the need arise. The goal of this program is to support providers who need temporary help with cash flow as a result of the pandemic. Under this program, BCBSAZ will advance a portion of a provider's anticipated claim reimbursements, to be paid back in full by October 31, 2020.

### **About the BCBSAZ Provider Claim Payment Advance Program**

- Our Claim Payment Advance Program gives qualifying BCBSAZ medical network physicians and hospitals the opportunity to receive advance claim payments to cover shortfalls in cash flow due to the COVID-19 pandemic.
- The last month claim payment advances will be made is August. BCBSAZ will issue the claim payment advance in equal increments, once per month, in June, July, and August. (Or prorated in July and/or August for providers who may need to apply later.). The last date to submit an application is July 20, 2020.
- Providers must use claim payment advances for maintenance of ongoing healthcare operations and cash flow of the practice—not for personal use or business expansion.
- Providers must sign a Cash Flow Relief Agreement and repay the claim payment advance by October 31, 2020, but will not be charged interest unless there is a default event. For some loans, an additional security agreement may be required.
- BCBSAZ will issue claim payment advances based on how you are contracted with BCBSAZ for network participation and how you bill claims.
  - If you practice and bill as a group, we will issue the cash advance to the group, but will require both the practice and all member/owner practitioners to sign the Agreement and commit to repayment. Individually contracted sole practitioners will receive payment and sign the Agreement committing to repayment.
  - If you have an individual contract with BCBSAZ but practice and bill as part of a group, under a group TIN, you cannot apply just for yourself.
- Failure to repay by October 31<sup>st</sup> is a default. The Agreement will permit BCBSAZ to recover unpaid amounts, plus interest, through offset of funds due from BCBSAZ to the practice and any individual practitioner signing the Agreement.

**Cash Flow Relief Program Application: Physicians**

GROUP PRACTICE – If you are applying on behalf of a group practice, complete Section I and Exhibit B; skip Section II.

INDIVIDUAL PRACTITIONER – If you are applying as an individual practitioner, skip Section I and complete Section II.

ALL APPLICANTS – Complete Sections III and IV and attach a W-9.

**I. APPLICANT INFORMATION – GROUP PRACTICE**

**Applicant (Name of practice or individual provider)**

**Practice Tax ID Number used to bill BCBSAZ (if applicable)**

**Organizational NPI Number (national provider identifier)**

**Practice DBA Name (if applicable)**

**Main Office Address**

**City**

**ZIP Code**

**Arizona**

**Email Address**

**Main Office Phone**

**Office Administrator Name**

**Office Administrator Contact Information**

**EXHIBIT B.** For each owner/member practitioner in the practice credentialed to bill under a Professional Services Participation Agreement with BCBSAZ, provide the information requested in Exhibit B. Add additional lines or a separate list if needed. All providers listed in Exhibit B will be required to sign the Cash Advance Agreement.

**II. APPLICANT INFORMATION – INDIVIDUAL PRACTITIONER**

**Applicant (Name of individual provider)**

**Practice Tax ID Number used to bill BCBSAZ**

**Individual NPI Number (national provider identifier)**

**Practice DBA Name (name you do business as, if different from your name)**

**Main Office Address**

**City**

**ZIP Code**

**Arizona**

**Email Address**

**Main Office Phone**

**Office Administrator Name**

**Office Administrator Contact Information**

**III. ADVANCE CLAIM PREPAYMENT INFORMATION**

**Purpose of the claim payment advance/use of funds:**

**IV. ATTESTATIONS AND CERTIFICATIONS**

This completed application is part of the Cash Flow Relief Agreement. By initialing and signing below, you certify that all information provided in this application is true and correct. (Initial next to each statement):

**Practice meets the eligibility criteria set forth in Exhibit A to this application.**

**THE UNDERSIGNED CERTIFIES THAT YOU ARE THE PRACTICE OWNER/APPLICANT AND ARE LEGALLY AUTHORIZED TO EXECUTE THIS APPLICATION AND HAVE ALL NECESSARY LEGAL AUTHORIZATION TO DO SO INDIVIDUALLY AND ON BEHALF OF THE PRACTICE.**

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**Signature of Authorized Signer/Applicant**

**Date**

**Printed Name**

**Title**

**NOTE: Be sure to include a completed [W-9 form](#) with your application. Email all application materials to [contracts@azblue.com](mailto:contracts@azblue.com).**

## EXHIBIT A Eligibility Criteria

**To be eligible to receive a monthly claim payment advance, the provider\* must meet all criteria.**

- Be a qualified and participating provider whose claim allowed amounts from BCBSAZ for fully insured products (not self-funded, TPA-administered, Federal Employee Program<sup>®</sup>, out-of-area BlueCard<sup>®</sup>, worker's compensation, specialty or limited benefit coverage, short-term medical, or Medicare) (collectively "excluded business") have decreased by at least 33% when comparing the following allowed amounts for fully insured (non-excluded) business:
  - the average weekly allowed amount for the most recent two weeks, to:
  - the average weekly allowed amount year-to-date (excluding those recent two weeks)\*\*;
- Agree to use the claim payment advance for maintenance and ongoing operations and cash flow of the practice and not for personal use or business expansion;
- Be in full compliance with the Professional Services Participation Agreement with BCBSAZ;
- Be in "good standing" with their respective licensing boards and with BCBSAZ;
- Be an in-network participating provider with BCBSAZ;
- During the 180 days immediately prior to the application date, have submitted claims (for fully insured members) to BCBSAZ for an aggregate allowed amount of at least \$6,000.00 (individual applicant) or \$12,000.00 (group applicant);
- Be financially solvent, not in bankruptcy and not currently contemplating making a filing for bankruptcy protection;
- Not under active medical review or program integrity investigation; and
- Free of outstanding delinquent BCBSAZ overpayments.

BCBSAZ reserves the right, in its sole and absolute discretion, to consider other factors and information related to: (i) Provider financial operational practice needs, and (ii) BCBSAZ resources related to funding and efficient administration of the program.

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\*If the applicant is a group practice, these requirements apply to all individual providers listed Exhibit B. The 33% financial criteria will be measured using the group practice TIN.

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\*\*THE PROVIDER IS RESPONSIBLE TO MONITOR PAYMENTS RECEIVED AND CONTACT BCBSAZ TO OPT-IN TO THIS PROGRAM IF THE PROVIDER MEETS THE FINANCIAL ELIGIBILITY AND OTHER CRITERIA LISTED ABOVE. BCBSAZ WILL NOT AUTOMATICALLY ISSUE ANY ADVANCE PAYMENTS.

**EXHIBIT B for GROUP PRACTICE**

**Practice Name:**

For each individual owner/member in the Practice, provide the following:

Name	Individual NPI # (National Provider Identifier)	Email address

**Add additional lines or attach list if needed**