Provider Group/Facility Information Change Form (ICF-02)

The data provided on this form or an additional form with equivalent data is used by Blue Shield of California (Blue Shield) and/or Blue Shield of California Promise Health Plan (Blue Shield Promise) to add, change, or remove information on an established provider group or facility record. Blue Shield and/or Blue Shield Promise will confirm that the request has been processed.

Instructions

Identify the provider group or facility requiring changes by populating the business name/dba, tax identification number (TIN), and national provider identifier (NPI) fields. Complete all applicable fields that require changes. Attach all required documentation, as outlined below, and return this form to Blue Shield and/or Blue Shield Promise via email at **BSCProviderinfo@blueshieldca.com**. This form may be completed electronically.

Changes to Roster Practitioners

To add, change, or remove a roster member, refer to the instructions on the roster page of this form. Copies of roster pages can be used to send an updated for additional practitioners.

Required Documentation

This request will not be initiated until all the required documentation, as indicated below, is received by Blue Shield and/or Blue Shield Promise. Failure to provide the required documentation will result in no action being taken.

- For changes to your corporation or business structure: Submit the Articles of Incorporation.
- For changes to your EIN or TIN: Submit a signed W-9 or Department of Treasury/Internal Revenue Service (IRS) tax document.
- For all other changes to your information, no supporting documentation is required.

Additional Information

This form is only used to update existing provider group or facility records. To create a new provider group or facility record, please complete the *Provider Group/Facility Record Application* (Form RA-02.) This form is not an agreement to participate in the Blue Shield and/or Blue Shield Promise provider network. For information about joining either network, contact Provider Information and Enrollment via email at **BSCProviderinfo@blueshieldca.com**.

In accordance with regulatory requirements, Blue Shield and Blue Shield Promise reports and publishes a maximum number of in-person locations for practitioners as follows:

Primary Care Physicians

One practitioner may not be listed as a primary care physician (PCP) in more than six (6) in-person service location addresses across the entire network. This requirement applies even if the practitioner is listed as a PCP on rosters for multiple, separately contracted IPA/medical groups. The aggregated total for providing in-person services as a PCP must not exceed six (6) service locations in the Blue Shield and/or Blue Shield Promise provider directories.

Physician Specialists

One physician specialist may not be listed as a specialist in more than ten (10) in-person service location addresses across the entire network. This requirement applies even if the practitioner is listed as a specialist on rosters for multiple, separately contracted IPA/medical groups. The aggregated total for providing in-person services as a specialist must not exceed ten (10) service locations in the Blue Shield and/or Blue Shield Promise provider directories.

The above limitation requirements only apply to in-person service locations for each PCP or specialist practitioner. No limits apply to locations where only telehealth or virtual care services are provided. If the practitioner provides both telehealth and in-person services to Blue Shield and/or Blue Shield Promise members at the location, it will be counted as an in-person service location.

blueshieldca.com

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By submitting this form, the applicant certifies that all information included on this form is true, accurate and complete. Any false statements, concealment of material fact, or use of false documents may lead to prosecution under applicable federal or state laws. Applicant certifies under penalty of perjury that the foregoing is true and correct. **Instructions**: To ADD information, check the **ADD** box and use the **NEW** column. To CHANGE information, check the **CHANGE** box and use the **EXISTING and NEW** columns. To REMOVE information, check the **REMOVE** box and use the **EXISTING** column.

Identify the provider group/facility requiring changes.   *indicates required field

Business name/dba:*												

TIN:*						NPI:*						

Add	Change	Remove	Information	Existing				New			
			Business name/dba								
			Primary specialty/type of service								
			TIN (attach pre-printed tax document or W-9)								
			NPI								
			License number								
			Service location address								
			Appointment phone number (required for new locations)								
			Fax number								
			After hours phone number								

Add	Change	Remove	Information	Mon	Tues	Wed	Thu	Mon	Tue	Wed	Thu
			Office days and/or hours								
				Fri	Sat	Sun		Fri	Sat	Sun	

Add	Change	Remove	Information	Existing		New	
			Wheelchair access	Yes No		Yes No	
			Patient visit options (select all that apply)	Telehealth in-person		Telehealth in-person	
			Business email for Blue Shield and/or Blue Shield Promise administrative use				
			Children's Health Insurance Program (CHIP)	CHIP targeted low income children		CHIP targeted low income children	
				CHIP Medi-Cal Access Program		CHIP Medi-Cal Access Program	

Add	Change	Remove	Information	Existing		New	
			Qualified medical interpreter (QMI)	Cantonese	Spanish	Cantonese	Spanish
				Korean	Vietnamese	Korean	Vietnamese
				Mandarin	N/A	Mandarin	N/A
				Russian		Russian	
			Clinical staff language(s) spoken (Non-QMI)				
			Billing address				
			Billing phone number				
			Billing fax number				

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*indicates required field

Business name/dba*:
TIN*:
Service Location Address*:
Service location appointment phone number*:

Identify changes to your practitioner roster

Add	Change	Remove	Information	Existing	New
			Licensed practitioner name		
			Title		
			Gender		
			Degree		
			Specialty		
			NPI		
			License number		
			Social Security number (SSN)		
			NPI		
			Supervising physician name (if applicable)		
			Supervising physician NPI		
			Language(s) spoken		
			Ethnicity		
			Patient Acceptance	Gender limitation: None Male only Female only Current patients only New and existing patients Lowest age Highest age	Gender limitation: None Male only Female only Current patients only New and existing patients Lowest age Highest age
			Hospital-based practitioner	Yes No	Yes No
			Hospital affiliation name(s)		
			Children's Health Insurance Program (CHIP)	CHIP targeted low income children CHIP Medi-Cal Access Program	CHIP targeted low income children CHIP Medi-Cal Access Program

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*indicates required field

Business name/dba*:
TIN*:
Service Location Address*:
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Identify changes to your practitioner roster

Add	Change	Remove	Information	Existing	New
			Licensed practitioner name		
			Title		
			Gender		
			Degree		
			Specialty		
			NPI		
			License number		
			Social Security number (SSN)		
			NPI		
			Supervising physician name (if applicable)		
			Supervising physician NPI		
			Language(s) spoken		
			Ethnicity		
			Patient Acceptance	Gender limitation:　　None　Male only　　Female only	Gender limitation:　　None　Male only　　Female only
				Current patients only	Current patients only
				New and existing patients	New and existing patients
				Lowest age　　Highest age	Lowest age　　Highest age
			Hospital-based practitioner	Yes　　No	Yes　　No
			Hospital affiliation name(s)		
			Children's Health Insurance Program (CHIP)	CHIP targeted low income children	CHIP targeted low income children
				CHIP Medi-Cal Access Program	CHIP Medi-Cal Access Program