

What People on Medicare need to know about Blue Cross Blue Shield of Michigan's Medicare Advantage Private Fee-For-Service Plan

Medicare Plus Blue PFFSSM is a Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS).

A Medicare Advantage private fee-for-service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: bcbsm.com/ma.

If your provider agrees to Medicare Plus Blue's terms and conditions of payment

If your provider decides to accept the Medicare Plus Blue plan, they must follow our plan's terms and conditions for payment. They must thereafter bill BCBSM for covered services. However, providers have the right to decide if they will accept Medicare Plus Blue each time they see you.

Medicare Plus Blue has direct contracts with some providers who have already agreed to accept our terms and conditions of payment, including durable medical equipment providers, prosthetic and orthotic suppliers, medical supplies and retail pharmacists.

Direct-contracting providers:

For Medicare Plus Blue individual members in Michigan, BCBSM has a network for DME/P&O, medical supplies and Part B drugs that are subject to DME regional carrier jurisdiction.

- This network is administered by DMEnson Benefit Management.
- Network providers in Michigan rendering services to Medicare Plus Blue individual members are reimbursed according to the contracted amount determined by DMEnson Benefit Management.

Deemed-contracting or "deemed providers":

Deemed-contracting providers in Michigan who provide DME/P&O, medical supplies or Part B drugs to Medicare Plus Blue individual members are reimbursed the same as Michigan network providers who contract with DMEnson Benefit Management.

- Deemed-contracting providers are considered "non-network" providers for Medicare Plus Blue individual members.
- Medicare Plus Blue individual members have a 50 percent coinsurance for most DME/P&O and medical supplies provided by deemed-contracting providers.

If your provider does not agree to Medicare Plus Blue's terms and conditions of payment

A provider may decide not to accept Medicare Plus Blue's terms and conditions of payment. If this happens, you will need to find another provider that will. You may contact us at 877-469-2383, 8 a.m. to 8 p.m., seven days a week for assistance locating another provider in your area willing to accept our plan's terms and conditions of payment. TTY/TDD users may call 800-481-8704.

What happens if a provider declines to accept Medicare Plus Blue's terms and conditions of payment?

1. They should not provide services to you except for emergencies.
2. If they choose to provide services, they may not bill you. They must bill BCBSM for your covered health care services. You must pay the appropriate copays or coinsurance at the time of service.

For more information about PFFS plans see Beneficiary Qs & As at CMS's Web site <http://www.cms.hhs.gov/PrivateFeeForServicePlans/>. If you have questions about Medicare Plus Blue, please call us at 877-469-2383, 8 a.m. to 8 p.m. seven days a week. TTY/TDD users may call 800-481-8704.

Medicare PLUS **Blue PFFS**SM



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Medicare Plus Blue PFFS is a health plan with a Medicare contract.

What Health Care Providers need to know about Blue Cross Blue Shield of Michigan's Medicare Advantage Private Fee-For-Service Plan

Medicare Plus BlueSM is Blue Cross Blue Shield of Michigan's Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services. A PFFS plan is different than an HMO, a PPO, or Medicare supplemental coverage.

A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the enrollee and accept the plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our Web site at bcbsm.com/ma, and if you have questions you can call us at **866-309-1719**.

Enrollees must inform you, before obtaining services from you, that they have purchased Medicare Plus Blue for their Medicare coverage. This gives you the right to choose to accept BCBSM's Medicare Advantage enrollees. You have a right to make that choice each time service is needed by a Medicare Plus Blue enrollee. You do not have to sign a contract to see Medicare Plus Blue enrollees.

Medicare Plus Blue has direct contracts with some providers who already have agreed to accept our terms and conditions of payment, including durable medical equipment providers, prosthetic and orthotic suppliers, medical suppliers and retail pharmacists.

Direct-contracting providers:

For Medicare Plus Blue individual members in Michigan, BCBSM has a network for DME/P&O, medical supplies and Part B drugs that are subject to DME regional carrier jurisdiction.

- This network is administered by DMEnson Benefit Management.
- Network providers in Michigan rendering services to Medicare Plus Blue individual members are reimbursed according to the contracted amount determined by DMEnson Benefit Management.

Deemed-contracting or "deemed providers":

Deemed-contracting providers in Michigan who provide DME/P&O, medical supplies or Part B drugs to Medicare Plus Blue individual members are reimbursed the same as Michigan network providers who contract with DMEnson Benefit Management.

- Deemed-contracting providers are considered "non-network" providers for Medicare Plus Blue individual members.
- Medicare Plus Blue individual members have a 50 percent coinsurance for most DME/P&O and medical supplies provided by deemed-contracting providers.

If you decide to accept Medicare Plus Blue's terms and conditions of payment

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat a Medicare Plus Blue enrollee. If you decide to treat a Medicare Plus Blue enrollee, you will be subject to our plan's terms and conditions of payment and must bill BCBSM for covered services.

However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat Medicare Plus Blue enrollees. You may learn our terms and conditions of payment and other information about our plan on our Web site at bcbsm.com/ma, and if you have questions you can call us at **866-309-1719**.

If you decide not to accept Medicare Plus Blue's terms and conditions of payment

If you decide not to accept our terms and conditions of payment, you should not provide services to the enrollee, except for emergencies. If you choose to provide services, then you have, by default, agreed to our terms and conditions of payment and you must bill BCBSM for covered health care services. You must collect from the enrollee only the appropriate Medicare Plus Blue copayments or coinsurance at the time of service. You may at any time, on a patient-by-patient and visit-by-visit basis, decide that you do not want to treat a Medicare Plus Blue enrollee.

We will follow CMS requirements for timely payment of claims. You may learn our billing requirements on our Web site at bcbsm.com/ma, and if you have questions you can call us at **866-309-1719**.

For more information about PFFS plans see Provider Qs & As at CMS' Web site cms.hhs.gov/PrivateFeeForServicePlans/. If you have questions about Medicare Plus Blue, please call our provider inquiry department at **866-309-1719**.

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