



MedicareBlueSM PPO

A Medicare Advantage Plan

2009 Medicare Advantage PPO Network Sharing

What is BCBS Medicare Advantage PPO Network Sharing?

Beginning January 1, 2009, BCBS Medicare Advantage (MA) PPO network sharing will be available in the CMS-approved MA PPO local service areas of the following Blue Cross and/or Blue Shield Plans: Healthnow (BlueCross BlueShield of Western New York and BlueShield of Northeastern New York), Blue Cross and Blue Shield of South Carolina, and BlueCross BlueShield of Tennessee.

This network sharing will allow MA PPO members from these Blue Plans to obtain in-network benefits when traveling or living in the service areas of the other two Plans as long as the member sees one of those Plans' contracted Medicare Advantage PPO providers.

What does the BCBS Medicare Advantage PPO Network Sharing mean to me?

There is no change from your current practice. You should continue to verify eligibility and bill for services as you currently do for any out-of-area Blue Medicare Advantage member you agree to treat. Benefits will be based on the Medicare allowed amount for covered services and be paid under the member's out-of-network benefits unless for urgent or emergency care. Once you submit the MA claim, your local BCBS Plan will send you the payment.

How do I recognize an out-of-area member from one of these Plans?

The "MA" in the suitcase on the member's ID card indicates a member who is covered under the network sharing program. Remember, this only affects providers of Plans in the MA PPO network sharing program in 2009: Healthnow, Blue Cross and Blue Shield of South Carolina, and BlueCross BlueShield of Tennessee.

Members have been asked not to show their standard Medicare ID card when receiving services; instead, members should provide their Blue Cross and/or Blue Shield member ID.



Do I have to provide services to these Medicare Advantage PPO network sharing members or other Blue MA members from out-of-area?

You may see these and other out-of-area Blue Medicare Advantage members but you are not required to provide services. Should you decide to provide services to any Blue Medicare Advantage out-of-area members, you will be reimbursed for covered services at the Medicare allowed amount based on where the services were rendered and under the member's out-of-network benefits. For Urgent or Emergency care, you will be reimbursed at the in-network benefit level.

If you choose to provide services to a Blue Private-Fee-for-Service (PFFS) member as a "deemed" provider, you will be reimbursed for covered services at the Medicare allowed amount as outlined in the Plan's PFFS Terms and Conditions.

MedicareBlue PPO and Group MedicareBlue PPO are regional Medicare Advantage Plans with a Medicare contract. MedicareBlue PPO and Group MedicareBlue PPO coverage is separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association.



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If I chose to provide services, how do I verify benefits and eligibility?

Follow your local BCBS Plan's procedures for verifying benefits and eligibility. Some Plans may request that you call BlueCard *Eligibility* at 1.800.676.BLUE (2583) and provide the member's alpha prefix located on the ID card. Some Plans may require you to submit electronic eligibility requests.

Where do I submit the claim?

You should submit the claim to your local BCBS Plan under your current billing practices. Do not bill Medicare directly for any services rendered to a Medicare Advantage member.

What can I expect for reimbursement?

Benefits will be based on the Medicare allowed amount for providing covered services to any Blue Medicare Advantage out-of-area members. Once you submit the MA claim, your local BCBS Plan will send you the payment. These services will be paid under the members out-of-network benefits unless services were for urgent or emergency care.

What is the member cost sharing level and co-payments?

Any MA PPO members from out-of-area will pay the out-of-network cost sharing amount. You may collect the co-payment amounts from the member at the time of service.

May I request payment upfront?

Generally, once the member receives care, you should not ask for full payment up front other than out-of-pocket expenses (deductible, co-payment, coinsurance, and non-covered services).

- Under certain circumstances when the member has been notified in advance that a service will not be covered, you may request payment from the member before services are rendered or billed to the member. The member should sign an Advance Benefit Notification (ABN) form before services are rendered in these situations.

May I balance bill the member the difference in my charge and the allowance?

No, you may not balance bill the member for this difference. Members may be balanced billed for any deductibles, co-insurance, and/or co-pays.

What if I disagree with the reimbursement amount I received?

If there is a question concerning the reimbursement amount, contact your local BCBS Plan's Provider Service.

Who do I contact if I have a question about MA PPO network sharing?

If you have any questions regarding the MA program or products, contact your local BCBS Plan's Provider Service.

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