

## **State of Michigan Member**

On the reverse side of this page is a document that explains a Medicare Advantage Private Fee-for-Service Plan. Give this document to each of your providers. Ask him or her to read it and make a copy of it to put in your file.



## **What Health Care Providers need to know about Private Fee-for-Service plans**

Medicare Plus Blue Group is a Medicare Advantage Private Fee-for-Service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than an HMO, PPO, or Medicare supplement plan.

A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the enrollee and accept our plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our website at [www.bcbsm.com/ma](http://www.bcbsm.com/ma), and if you have questions you can call us at 1-800-676-BLUE (2583). Enrollees must inform you, before obtaining services from you, that they have enrolled in Medicare Plus Blue Group for their Medicare coverage. This gives you the right to choose to accept Medicare Plus Blue Group enrollees. You have a right to make that choice each time service is needed by a Medicare Plus Blue Group enrollee. You do not have to sign a contract to see Medicare Plus Blue Group enrollees.

### **If you decide to accept Blue Cross Blue Shield of Michigan's Medicare Plus Blue Group 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 Group enrollee. If you decide to treat a Medicare Plus Blue Group enrollee, you will be subject to our plan's terms and conditions of payment and must bill Medicare Plus Blue Group 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 Group enrollees. You may learn our terms and conditions of payment and other information about our plan on our website at [www.bcbsm.com/ma](http://www.bcbsm.com/ma) or by calling us at 1-800-676-BLUE (2583).

### **If you decide not to accept Blue Cross Blue Shield of Michigan's Medicare Plus Blue Group terms and conditions of payment:**

If you decide not to treat a Medicare Plus Blue Group enrollee, 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 Medicare Plus Blue Group for covered health care services. You must collect from the enrollee only the appropriate Medicare Plus Blue Group copays 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 Group enrollee.

We will follow CMS requirements for timely payment of claims.

For more information about PFFS plans see Provider Qs & As at CMS's web site <http://www.cms.hhs.gov/PrivateFeeForServicePlans/downloads/benqa.pdf>.

If you have questions about Blue Cross Blue Shield of Michigan Medicare Plus Blue Group, please call our Provider Inquiry department at 1-800-676-BLUE (2583).