



What People on Medicare 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 Original Medicare or an HMO, PPO, or Medicare supplement plan.

Medicare Plus Blue Group gives you the ability to choose your health care provider. However not all providers may accept this plan, even Medicare providers may not accept this plan. If you choose this plan, it is very important that all the providers you choose know, before providing services to you, that you have Medicare Plus Blue Group coverage in place of Medicare. This gives your provider the right to choose whether or not to accept Medicare Plus Blue Group's terms and conditions of payment for treating you. Providers have the right to decide if they will accept Medicare Plus Blue Group each time they see you. This is why you must show your Medicare Plus Blue Group ID card every time you visit a health care provider.

If your provider agrees to Blue Cross Blue Shield of Michigan's Medicare Plus Blue Group terms and conditions of payment:

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

If your provider does not agree to Blue Cross Blue Shield of Michigan's Medicare Plus Blue Group terms and conditions of payment:

A provider may decide not to accept Medicare Plus Blue Group terms and conditions of payment. If this happens, you will need to find another provider that will. You may contact us at the customer service number located on your enrollment documents for assistance locating another provider in your area willing to accept our plan's terms and conditions of payment.

What happens if a provider declines to accept Medicare Plus Blue Group 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 Blue Cross Blue Shield of Michigan's Medicare Plus Blue Group 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 Blue Cross Blue Shield of Michigan Medicare Plus Blue Group, please call our Customer Service Inquiry department at 1-866-684-8216 (TTY/TDD users call 1-800-579-0235).



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

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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, and if you have questions you can call us at 1-800-676-BLUE. Enrollees must inform you, before obtaining services from you, that they have purchased 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 or by calling us at 1-800-676-BLUE.

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/>. 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.