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Fact Sheet

Important information for providers who treat Medicare Plus BlueSM PPO and Medicare Plus BlueSM Group PPO members who travel or live outside of Michigan

What is Medicare Plus BlueSM PPO?

Medicare Plus BlueSM PPO and Medicare Plus BlueSM Group PPO are Blue Cross Blue Shield of Michigan's Medicare Advantage PPO plans for individual and group members, respectively.

What is Medicare Advantage PPO network sharing?

Medicare Advantage PPO network sharing allows MA PPO members from all MA PPO Blue plans to obtain in-network benefits when the member travels or lives in the service area of another plan's MA PPO network and sees a contracted Medicare Advantage PPO provider.

What does Medicare Advantage PPO network sharing mean to providers who participate in MA PPO?

If you're a contracted MA PPO provider with a Blue plan and treat a Medicare Plus Blue PPO member, these members will be extended the same contractual access to care and will be reimbursed in accordance with the negotiated rate in your local Blue Plan contract. These members will receive in-network benefits in accordance with their Medicare Plus Blue PPO contract.

What does the Medicare Advantage PPO network sharing mean if you aren't a contracted MA PPO provider?

You aren't required to provide services to Medicare Plus Blue PPO members. Should you decide to provide services to our Medicare Plus Blue PPO members, and you're a participating Medicare provider, you'll be reimbursed for covered services up to the Original Medicare allowed amount and under the member's in-network benefits, including urgent or emergency care services.

Where do I submit claims?

Submit claims to your local Blue plan under your current billing practices even if you don't participate with a Blue plan's MA PPO. Don't bill Medicare directly for any services rendered to a Medicare Plus Blue PPO member.

How do I verify benefits and eligibility?

Call BlueCard Eligibility at 1-800-676-BLUE (2583) and provide the member's prefix located on the member ID card. Information obtained regarding member eligibility isn't a guarantee or a promise of payment. Payment determination only occurs after the claim is processed according to the member's benefits. If you can't get eligibility information, record the prefix and report it to your local Blue plan.

What will I be reimbursed?

If you contract with a Blue plan's MA PPO, benefits will be based on your contracted MA PPO rate for providing covered services to Medicare Plus Blue PPO members. Once you submit the MA claim, the local plan will work with Blue Cross to determine benefits and send you the payment.

If you don't participate in a Blue plan's MA PPO contract, reimbursement for covered services provided to our Medicare Plus Blue PPO members who travel or live out of state will be based on the Original Medicare allowed amount and under the member's in-network benefits including services for urgent or emergency care. The Original Medicare allowed amount may include reimbursement for bonus or interim payments.

Do Medicare Plus Blue PPO members have cost-sharing?

Medicare Plus Blue PPO members may have cost-sharing amounts, depending on their particular plan. You may collect any applicable copayment from the member at the time of service.

May I request payment up front?

Generally, once the member receives care, you shouldn't ask for full payment up front. You can collect out-of-pocket expenses (deductible, copayment, coinsurance and noncovered services).

Under certain circumstances when the member has been notified in advance by the plan that a service won't be covered, you may request payment before services are rendered or billed to the member. If you think a service may not be covered, you need to request an organization determination from the member's plan. If the determination shows the service isn't covered, you can bill the member directly. You may only request payment up front for noncovered services when these guidelines have been followed. If this process isn't followed, the member must be held harmless.

May I balance bill the member for the difference between charged amounts and allowed amounts?

No, you may not balance bill the member for this difference. Members may only be billed for any deductibles, coinsurance and copayments.

What if I disagree with the reimbursement amount I received?

Contact your local Blue plan.

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

Contact your local Blue plan.

Where can I find information specific to Medicare Plus Blue PPO and Medicare Plus Blue Group PPO?

Visit bcbsm.com/provider/ma for information about Blue Cross Blue Shield of Michigan's Medicare Advantage PPO plans.

Does Blue Cross offer its Medicare Advantage PPO plan outside of Michigan?

This network sharing arrangement applies to all groups that have purchased our products. Members of those groups who reside outside of Michigan may be covered by our products. Additionally, Blue Cross' MA PPO individual products have a visitor travel program that allows members to live and obtain services outside of Michigan.

What medical services and admissions require prior authorization?

Members of the UAW Retiree Medical Benefits Trust living in the following states have additional authorization requirements noted below:

Alabama, Florida, Indiana, Missouri, Michigan, Tennessee

Precertification requirements

Providers are required to contact Blue Cross to obtain precertification and recertification for the following services:

- Inpatient skilled nursing facility admissions and extensions
- Long-term acute care admissions and extensions
- Inpatient acute rehabilitation admissions and extensions
- Inpatient behavioral health or substance abuse admissions
- Acute inpatient admissions
- Partial hospitalization behavioral health services – URMBT members only
- Intensive outpatient behavioral health services – URMBT members only

SNF, LTACH and acute rehabilitation assessment forms are available at www.carecorenational.com/page/bcbsm-implementation.aspx. For precertification, fax 1-866-464-8223 or email MedicarePlusBlueFacilityFax@bcbsm.com.

Requests for precertification of SNF, LTACH and acute rehabilitation can be submitted via EviCore portal at www.evicore.com, via AllScripts at www.entendedcare.com, via fax at 1-844-407-5293 or via phone at 1-877-917-2583.

Acute inpatient admission assessment forms are available at bcbsm.com/provider/ma. Inpatient acute hospitalization precertification requests are required and submitted via e-Referral at <http://ereferrals.bcbsm.com/index.shtml>.

For behavioral health services, call Blue Cross' Behavioral Health Management at 1-888-803-4960 or fax 1-866-315-0442.

**Please note: Providers are required to notify Blue Cross of acute inpatient admissions for medical and behavioral health using the e-referral system at <http://ereferrals.bcbsm.com/index.shtml>.

Blue Cross' radiology management program

URBMT, in partnership with Blue Cross Blue Shield of Michigan and AIM Specialty HealthSM, has implemented a national Radiology Utilization Management program for URMBT members. The program requires preauthorization for outpatient advanced diagnostic services to ensure the procedures are appropriate and medically necessary.

Beginning May 1, 2019, for dates of services on or after this date, the PPO radiology management program will include a cardiology, in-lab sleep study, and breast MRI prior authorization program for Medicare Plus Blue PPO members. This includes UAW Retiree Medical Benefits Trust members with Medicare Plus Blue coverage. All cardiology, in-lab sleep study and high-tech radiology procedure codes will require prior authorization for both office settings and hospital outpatient locations. A list of these codes will be available on e-referral in May 2019.

The preauthorization requirement includes the following outpatient advanced diagnostic imaging services:

- Breast MRI
- Computed tomography
- Magnetic resonance imaging
- Nuclear cardiology
- Position emission tomography
- Sleep Studies
- Stress echocardiography
- Resting transesophageal echocardiography
- Transthoracic echocardiography

For radiology preauthorization, providers should contact AIM through its provider portal at www.AIMspecialtyhealth.com or 1-800-728-8008.

Imaging studies performed along with emergency room services, inpatient hospitalization, outpatient surgery (hospitals and freestanding surgery centers), urgent care centers and 23-hour observations are excluded from this requirement.