

What People on Medicare need to know about

Private Fee-for-Service plans

BlueAdvantage 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.

BlueAdvantage 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 BlueAdvantage coverage in place of Medicare. This gives your provider the right to choose whether or not to accept BlueAdvantage terms and conditions of payment for treating you. Providers have the right to decide if they will accept BlueAdvantage each time they see you. This is why you must show your BlueAdvantage ID card every time you visit a health care provider.

If your provider agrees to BlueAdvantage terms and conditions of payment

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

If your provider does not agree to BlueAdvantage terms and conditions of payment

A provider may decide not to accept BlueAdvantage's terms and conditions of payment. If this happens, you will need to find another provider that will. You may contact us at 1-800-841-7434 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 BlueAdvantage'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 BlueAdvantage 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 BlueAdvantage, please call our customer service department at 1-800-841-7434.

What Health Care Providers need to know about

Private Fee-for-Service plans

BlueAdvantage 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.bcbst-medicare.com, and if you have questions, then you can call 1-800-841-7434. Enrollees must inform you, before obtaining services from you, that they have purchased BlueAdvantage for their Medicare coverage. This gives you the right to choose to accept BlueAdvantage enrollees. You have a right to make that choice each time service is needed by a BlueAdvantage enrollee. You do not have to sign a contract to see BlueAdvantage enrollees.

If you decide to accept BlueAdvantage terms and conditions of payment

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat a BlueAdvantage enrollee. If you decide to treat a BlueAdvantage enrollee, you will be subject to our plan's terms and conditions of payment and must bill BlueAdvantage for covered services. However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat BlueAdvantage enrollees. You may learn our terms and conditions of payment and other information about our plan on our Web site at www.bcbst.com/providers/bcbst-medicare/ or by calling 1-800-841-7434.

If you decide not to accept BlueAdvantage terms and conditions of payment

If you decide not to treat a BlueAdvantage 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 BlueAdvantage for covered health care services. You must collect from the enrollee only the appropriate BlueAdvantage 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 BlueAdvantage enrollee.

We will follow CMS requirements for timely payment of claims. You may learn our billing requirements on our Web site at www.bcbst.com/providers/bcbst-medicare/ or by calling 1-800-841-7434.

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, please call 1-800-841-7434.

BlueCross BlueShield of Tennessee is a health plan with a Medicare contract.



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