



of Tennessee

plans for better health. plans for a better life.™

P.O. Box 180205
Chattanooga, TN 37402

bcbst-medicare.com

BlueAdvantage PPOSM Frequently Asked Questions

1) How is the PPO different from the PFFS plan?

As a contracted product, the PPO will offer the member a more consistent network of providers. Unlike the PFFS, where providers may choose to see the member on a case by case basis.

2) Why is this a contracted network?

Based on member and provider community feedback, a contracted product was more aligned with their needs. The members needed to feel secure in their provider options and accessibility. Providers also expressed the need for a secure contractual agreement.

3) How will providers be reimbursed?

Compensation will be equal to the lesser of billed charges or the contracted percentage of Medicare.

4) Will Medical Management be applied to this product?

Yes. The BlueAdvantage PPO will include Medical Management.

5) Will the BlueAdvantage PPO product require referrals?

No. Referrals will not be required.

6) What are the timely filing requirements for the BlueAdvantage PPO product?

BlueCross BlueShield of Tennessee will follow the same timely filing guidelines as outlined in the CMS Claims Processing Manual. Therefore, claims must be received within 365 days from the date of service.

7) What does BCBST consider as prompt payment of a clean, normal claim under the PPO product?

Unless a claim for payment is disputed, BCBST shall promptly make payment on each Clean Claim, timely submitted by Provider, for Covered Services rendered to a Medicare Member, within the time frame specified by Federal law or regulation including, but not limited, to 42 CFR Section 422.520. All payments shall be made in accordance with BCBST Policies.

8) What will the effective date be for the remaining counties not contracted in 2008?

The remaining counties will be effective Jan. 1, 2009.



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9) Will there be a drug formulary under the PPO product?

The PPO does have a formulary. The Diamond Plan will cover all Medicare approved drugs. However, the Sapphire plan is slightly more restrictive. For a complete listing please visit bcbst.com.

10) Will the PPO replace the current BlueCross 65 or other Medicare supplement plans?

Medicare Advantage products are not medicare supplements. As such BlueCross 65 will still be offered as an option to those beneficiaries who still have Original Medicare.

11) If qualified, will the BlueAdvantage PPO providers receive HPSA payments?

Yes. The BlueAdvantage PPO Attachment assures that if CMS has certified a provider to be located in one of the Health Professional Shortage Areas, HPSA payments will be paid.

BlueAdvantage PPO contact info:

BlueAdvantage Provider Service: 1-800-841-7434, Mon-Fri, 8 a.m. to 5 p.m. EST

Advance Determinations: 1-800-924-7141

Claims and UM Reconsiderations:

BlueAdvantage
UM Reconsiderations
PO Box 180205
Chattanooga, TN 37402-7205

Preferred Care Services: 1-877-878-8668

BlueAdvantage Fax number: 1-800-255-0244

BlueCard Host Services: 1-800-705-0391

Web site: www.bcbst.com



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How to Identify a BlueAdvantage® Member

Every BlueAdvantage plan member receives a BlueAdvantage ID card reflecting the benefit plan and product the member is enrolled. The ID card provides the following information:

- Member name;
- Member ID number;
- Member copayment amount; and
- Drug coverage indicator

Providers can verify the member’s BlueAdvantage plan by simply checking his/her Member ID card. When a BlueAdvantage Member presents to your office, please take a moment to look at the card to help prevent members from being denied services incorrectly.

