

What People on Medicare need to know about

Private Fee-for-Service plans

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

If your provider agrees to BlueAdvantage PFFS terms and conditions of payment

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

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

A provider may decide not to accept BlueAdvantage PFFS 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 (TTY/TDD 1-888-423-9490) 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 PFFS 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 PFFS 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. Hours are 8 a.m. to 9 p.m. Eastern Time, 7 days a week. From March 2 to September 30 you may be required to leave a message on weekends and holidays. Calls will be returned the next business day. Hearing impaired members may call the TTY/TDD number, 1-888-423-9490.

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.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 PFFS for their Medicare coverage. This gives you the right to choose to accept BlueAdvantage PFFS enrollees. You have a right to make that choice each time service is needed by a BlueAdvantage PFFS enrollee. You do not have to sign a contract to see BlueAdvantage enrollees.

If you decide to accept BlueAdvantage PFFS 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 PFFS enrollee. If you decide to treat a BlueAdvantage PFFS enrollee, you will be subject to our plan's terms and conditions of payment and must bill BlueAdvantage PFFS for covered services. However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat BlueAdvantage PFFS 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/BenefitHighlights.shtml or by calling 1-800-841-7434.

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

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

We will follow CMS requirements for timely payment of claims. You may learn our billing requirements on our Web site at <http://www.bcbst.com/providers/BenefitHighlights.shtml> or by calling 1-800-841-7434. Hours are 8 a.m. to 9 p.m. Eastern Time, 7 days a week. From March 2 to September 30 you may be required to leave a message on weekends and holidays. Calls will be returned the next business day.

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. Hours are 8 a.m. to 9 p.m. Eastern Time, 7 days a week. From March 2 to September 30 you may be required to leave a message on weekends and holidays. Calls will be returned the next business day.

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



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