

If you've got Medicare, you've got coverage.

With your Medicare Plus Blue Group PPO plan, you can go to any health care provider in the U.S. that accepts Original Medicare. To make it easy for you to use your plan, we're providing this brochure in case your provider has questions about billing us. Keep this brochure with your Blue Cross Blue Shield of Michigan ID card and present them whenever you visit a provider.



Medicare PLUS BlueSM Group PPO



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Billing information for your provider

*Medicare Plus Blue is a PPO plan
with a Medicare contract.
Enrollment in Medicare Plus Blue
depends on contract renewal.*

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Note to health care providers:

This brochure contains information to help Medicare Advantage patients receive their plan benefits. The member's Medicare Advantage ID card replaces their Original Medicare card. All covered services for the cardholder are considered in-network. Please read, copy for your files and return this brochure to your patient.

Medicare Plus BlueSM Group PPO covers services nationwide

This plan's service area includes the entire United States and its territories. This patient has full coverage for health care services regardless of the provider's network affiliation. This plan also covers emergency and urgent care services worldwide.

Please note:

If you aren't part of a Blue Medicare Advantage PPO network but participate with Medicare and you treat a Medicare Plus Blue Group PPO member, you are entitled to payment up to the Original Medicare allowed amount for covered services under the member's in-network benefits. This includes services for urgent or emergency care. Cost-sharing amounts are defined by the benefit policies of the Medicare Advantage program. If you don't accept any form of Medicare reimbursement, you have the right to refuse nonemergency services to this patient.

Patient cost-share

Providers can obtain membership and coverage information for this patient by calling BlueCard[®] eligibility at 1-800-676-BLUE (2583), or by submitting a HIPAA-compliant electronic eligibility inquiry (transaction 270) to their local host plan.

Where to bill for services

Submit claims to your local Blue plan. Do not bill Medicare directly.

Note to providers: Member benefits and applicable cost sharing are the same whether you are an in- or out-of-network Medicare Advantage PPO provider.

For more information

General inquiries

Phone: 1-866-309-1719

Available from 8 a.m. to 4:30 p.m., Monday through Friday

TTY: 711

Web: bcbsm.com/medicare

Eligibility and coverage verification

BlueCard[®] eligibility at 1-800-676-2583

Claims for durable medical equipment/prosthetics & orthotics and medical supplies

To verify supplier eligibility, please call Blue Cross Provider Inquiry at the general inquiries number above.

- **Independent labs:** File claims with the Blue plan in the state where the ordering physician is located.
- **DME suppliers:** File claims with the Blue plan in the state where equipment or supplies were shipped (including mail order supplies) or where supplies were purchased (if purchased at a retail store).

Billing tips

- Use your National Provider Identifier number or Medicare PIN when submitting claims.
- Include the alpha prefix from the member's ID card.
- Follow all Original Medicare deadlines.