



More Access for Medicare Patients and Providers



Blue Cross Group Medicare Advantage Open Access (PPO)SM is an open access, non-differential national PPO plan without network restrictions.

This retiree group plan offers members access to care from any providers nationwide who agree to see the member as a patient, accept Medicare assignment and will submit claims to the member's Blue Cross and Blue Shield Plan.

You may treat these members if you are a Medicare provider, regardless of your contract or network status with Blue Cross and Blue Shield of Oklahoma. That means you don't need to participate in our Medicare Advantage networks or other networks to see these members.

What You Need to Know about Open Access

- Members' coverage levels are the same inside and outside their plan service area nationwide for covered benefits. Plan members may have to pay deductibles, copays and coinsurance, depending on their benefit plan.
- Referrals aren't required for office visits.
- Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSOK.
- **For reimbursement**, follow the instructions on the member's ID card. When you see these members, you'll submit the claims to the member's BCBS Plan and not Medicare.
 - **Medicare Advantage-contracted providers** with any BCBS Plan receive their contracted rate.
 - **Medicare providers who aren't contracted** for Medicare Advantage with any BCBS Plan but who accept Medicare assignment receive the Medicare-allowed amount for covered services, less any member cost-share.* You may not balance bill the member for any difference in your charge and the allowed amount.



It's important to verify patient eligibility and benefits before every scheduled appointment. Use Availity® Essentials or your preferred vendor to check eligibility and benefits before rendering services. This step will also help you determine if services require prior authorization. If you have questions, call 1-877-299-1008.

We understand you can decide what patients you want to see, except in an emergency. If you agree to see Blue Cross Group Medicare Advantage Open Access (PPO) members but don't have a contract with any BCBS Plan, you should still send BCBSOK the bill to meet your obligations as a provider under Medicare assignment, per Centers for Medicare & Medicaid Services regulations.

Member ID Card

Look for **Blue Cross Group Medicare Advantage Open Access (PPO)** on the front.

	BlueCross BlueShield of Oklahoma	Blue Cross Group Medicare Advantage (PPO) SM
Name: Member Name ID: YUW804111111		Office Visit: \$0 Specialist: \$0 Emergency Room: \$0
Plan (80840): 9101000252 Part B RxBin: 011552 Part B RxPCN: OKMAONLYG Part B RxGrp: OKCO Part B RxID: 804111111		Plan: Blue Cross Group Medicare Advantage Open Access (PPO) Group Number: POK00000
H0107 813		

bcbso.com/medicare

For Providers: File medical claims with your local BCBS plan

Medicare Limiting charges apply

PPO plans provided by Health Care Services Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract.

Customer Service: 1-877-299-1008
TTY: 711
Nurse Advice Line: 1-800-631-7023
Enrollment and Billing* 1-800-236-4782
* Contracts directly with Group



Questions?

Email us at OKNetworkManagement@bcbso.com.

Learn more at bcbso.com/provider, including details about joining our network.



* Members may be responsible for cost share for supplemental dental services from non-contracted Medicare providers.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations.

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK.

BCBSOK makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

HMO and PPO plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO plan) and refers to GHS Insurance Company (GHSIC) (HMO Special Needs Plan and PPO plans). HMO and PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, BlueLincs, and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, BlueLincs, and GHSIC are Medicare Advantage organizations with a Medicare contract. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. Enrollment in these plans depends on contract renewal.