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January 2010

Know the differences between Medicare Plus Blue PFFSSM and Medicare Plus Blue PPOSM

There are some important differences between our Medicare Plus Blue PPO and Medicare Plus Blue PFFS products.

Contractual agreement — Medicare Plus Blue PFFS providers are deemed with Blue Cross Blue Shield of Michigan, while Medicare Plus Blue PPO providers sign contractual agreements to participate in the PPO network.

Provider Network — Our Medicare Plus Blue PPO **does not** share the same provider network as other Blue Cross PPO products. We encourage eligible providers to apply for participation in the Medicare Plus Blue PPO network in order to better serve our members.

Drug Formulary — The PPO and PFFS products **do not** share the same formulary.

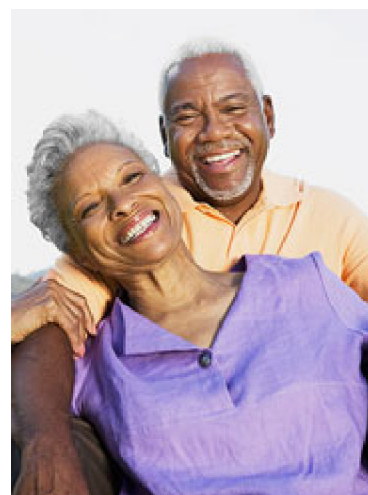
DME — For Medicare Plus Blue PPO members, DMension Benefit Management serves the same role as for PFFS, and all network and billing guidelines are the same. However, out-of-network claims for PPO members will be reimbursed using the CMS fee schedule.

PPO Lab Network — A Medicare Advantage PPO laboratory network has been established with Quest Diagnostics and Joint Venture Hospital Laboratories to provide non-patient clinical and anatomic pathology lab services to Medicare Plus Blue PPO members. We encourage Medicare Advantage PPO providers to use the network for all lab and pathology services to avoid out-of-pocket costs for members.

Preadmission notification and precertification — Hospitals, including those with swing beds, are required to notify us when admitting a Medicare Plus Blue PPO member. You can use web-DENIS for preadmission notification.

The following facilities are required to precertify before admitting a Medicare Plus Blue PPO member: skilled nursing facilities, inpatient rehabilitation hospitals (both freestanding rehabilitation hospitals and rehabilitation units within acute care hospitals), and long-term acute care hospitals.

AIM Radiology Management Program — American Imaging Management, Inc. administers the preauthorization



requirements of the Medicare Advantage PPO radiology management program for BCBSM.

The RMP requires approved preauthorization from AIM for high technology services (such as MRI, MRA, CT, PET and nuclear medicine). Without approved preauthorizations, claims may be denied and you may not bill the member.

The RMP will be implemented in two phases:

- Phase one is the provider education period. It is effective from Jan. 1, 2010 through Feb. 8, 2010. Providers are encouraged to access AIM's Web site before scheduling to ensure the high technology service meets criteria.
- Phase two begins Feb. 8, 2010. At that time, providers may request preauthorization for dates of service on or after Feb. 22, 2010 through AIM's Web site at americanimaging.net or by calling 1-800-728-8008.

Specialty Care — Medicare Plus Blue PPO allows all individual members direct access to health specialists for in-network routine, preventive and specialty services. For most services, members will have an office visit copayment of \$35 when they see specialists instead of general care physicians such as general practice, family practice, internal medicine, obstetrics and gynecology, pediatrics, as well as nurse practitioners and physician assistants. The higher copayment for specialty services does not apply to Medicare Plus Blue Group PPO members.

For more information please see the December 2009 issue of *The Record*, or refer to the Medicare Plus Blue PPO manual available online at bcbsm.com/ma.

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