

Welcome!



An Independent Licensee of the Blue Cross and Blue Shield Association

FreedomBlueSM

Medicare Advantage Private-Fee-for-Service (PFFS)



A Medicare Advantage Private Fee-for-Service Program

*Highmark Blue Shield is an Independent Licensee
of the Blue Cross and Blue Shield Association*

FreedomBlue PFFS *IS*:

- A Medicare Advantage plan contracted with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare Parts A, B, C, and D
- A Private Insurer plan which replaces Original Medicare Fee-for-Service
- A non-network product with no formal contracted provider network

FreedomBlue PFFS Is ***NOT***:

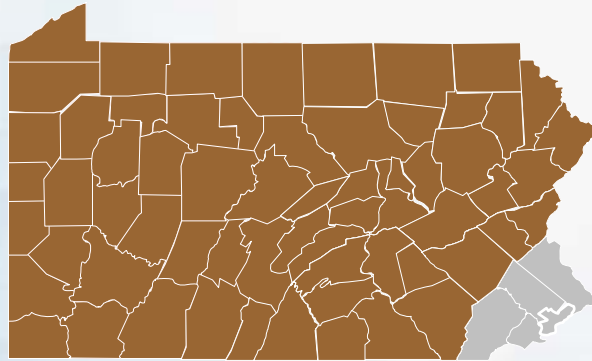
- **A Medicare Supplement Plan**

- FreedomBlue PFFS should not be confused with Medigap policies or plans that provide additional coverage after Original Medicare benefits and reimbursement are applied.
- FreedomBlue PFFS replaces Original Medicare.

- **EXACTLY like Original Medicare Fee-for-Service:**

- FreedomBlue PFFS is a Medicare Advantage *private insurer plan* and should not be confused with Original Medicare Fee-for-Service (FFS).

Local Service Area



- FreedomBlue PFFS is available in 62 counties of Western, Central, and Northeastern Pennsylvania
- Employer group retiree coverage is available nationwide*

**for employers headquartered in Pennsylvania and West Virginia*

FreedomBlue PFFS and Providers

General Plan Information

- **FreedomBlue PFFS does NOT require:**
 - ❑ Formal network contracts or arrangements with providers
 - ❑ Referrals
 - ❑ Additional credentialing or paperwork
 - ❑ Additional pre-certifications beyond those required under Original Medicare (such as a certificate of medical necessity for DME and ambulance)
 - ❑ Members to select a primary care physician (PCP)

Minimum Provider Requirements

- **Though there is no formal network, CMS does require certain minimum provider qualifications:**
 - Providers must be state licensed
 - Providers must be Medicare eligible providers that have not opted out of Original Medicare
 - Facilities must be certified to treat Medicare beneficiaries
 - Voluntarily accept the Medicare Advantage PFFS plan's Terms and Conditions of Participation
- **Therefore, providers are NOT required to see FreedomBlue PFFS members and elect to do so on a per service basis.**

Terms and Conditions of Participation

- **A Medicare Advantage PFFS organization's Terms and Conditions of Participation generally specifies:**
 - Plan-covered services**
 - Provider reimbursement for plan-covered services**
 - Provider billing procedures and payment dispute process**
 - Amounts the provider is permitted to collect from members including balance billing**
 - If advanced authorizations are required**
 - Beneficiary appeal and grievance requirements**
 - Explanation of the deeming process and provider eligibility requirements**
- **CMS requires PFFS organizations to make its Terms and Conditions of Participation reasonably available to providers.**

Terms and Conditions of Participation

(Continued)

- **FreedomBlue PFFS Terms and Conditions of Participation are readily available:**
 - ❑ Via telephone or postal service from our Provider Service Center
 - ❑ 1-(866) 675-8635
 - ❑ Via our plan web site
 - ❑ www.highmarkblueshield.com
 - ❑ Plan web sites will also be referenced on FreedomBlue PFFS member identification cards
 - ❑ Via NaviNet[®] for NaviNet-enabled Highmark providers
 - ❑ Via electronic mail and fax

Provider Deeming

- **Since there is no formal network contract, providers are instead ‘deemed’ to provide services to PFFS members via their Terms and Conditions of Participation.**

- **Under Medicare rules, providers both Medicare participating and non-participating are considered deemed when the following conditions are met:**
 - ❑ **Aware in advance of providing services that the person receiving services is enrolled in a PFFS plan**

 - ❑ **Has a copy or has reasonable access to the PFFS plan’s Terms and Conditions of Participation**

 - ❑ **Service provided is covered by the PFFS plan**

Provider Deeming

(Continued)

- **Providers can readily determine if a patient is a FreedomBlue PFFS member in advance of providing services:**
 - Obtain the patient's member identification card. All FreedomBlue PFFS members will receive an identification card that includes the FreedomBlue PFFS logo.
 - NaviNet-enabled Highmark providers can obtain eligibility and coverage information via NaviNet.
 - Call our Provider Service Center at 1-(866) 675-8635
- **Providers can obtain FreedomBlue PFFS Terms and Conditions of Participation:**
 - By using the web site address indicated on the back of the FreedomBlue PFFS member identification card
 - Via NaviNet for NaviNet-enabled Highmark providers
 - By calling our Provider Service Center at 1-(866) 675-8635 to obtain information by telephone and/or by electronic mail, postal service, or fax

Provider Deeming

(Continued)

- **It is important to note:**
 - ❑ Providers can choose whether or not to provide services to PFFS members (including FreedomBlue PFFS members).
 - ❑ However, after plan-covered services are rendered, a provider cannot choose whether they are a deemed or non-deemed provider.
 - ❑ After plan-covered services are rendered, CMS considers a provider to be deemed provided that the other deeming conditions have been met.
 - ❑ It is the provider's responsibility to call, fax, or visit the PFFS organization's plan web site to obtain the plan's Terms and Conditions of Participation.

Provider Deeming

(Continued)

- **The following examples illustrate typical situations in which a provider is considered deemed:**
 - **A patient walks into a physician's office and presents his or her PFFS member identification card and subsequently receives plan-covered services. Since the provider had the opportunity to call the phone number or use the plan web site of the PFFS organization listed on the back of the member identification card, the provider is considered a deemed provider even though the provider did not actually check the PFFS organization's Terms and Conditions.**
 - **A patient enters a hospital for non-emergency care and presents his or her PFFS member identification card. All providers that contract with the hospital or are employed by the hospital are considered deemed as soon as plan-covered services are rendered even though hospital providers typically do not themselves verify plan enrollment.**

- **Example of a situation illustrating when a provider may be considered non-deemed:**
 - **A provider who provides care in an emergency situation to an unconscious PFFS member and may not have known prior to furnishing services that the patient belonged to a PFFS plan.**

FreedomBlue PFFS Member Identification Cards

Front



Back

- **Member Service/Benefit Questions: 1-866-675-8634.**
- **Hearing impaired TTY Users: 1-800-988-0668.**
- **If you suspect Fraud: 1-800-438-2478.**
- **If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY/TDD Users call 1-877-486-2048 or visit www.medicare.gov Medicare limitations may apply.**
- **Providers Service/Questions: 1-866-675-8635.**
- **Visit the website below to view the plan's payment terms and conditions.**
- **Providers do NOT bill Original Medicare. Please submit Medical Claims to: Highmark, P.O. Box 890170, Camp Hill, PA 17089-0170.**
- **Please submit Prescription Drug Claims to: Medco Health Solutions, Inc., P.O. Box 14711, Lexington, KY 40512.**

www.highmarkblueshield.com

BT0653

Note: This is one example. FreedomBlue PFFS member identification cards may vary by Blues brand marks

Claims Payment and Submission

Claims Payment

(General Information)

For deemed providers:

- Reimbursement to providers for plan-covered services for FreedomBlue PFFS members will be determined in accordance with Original Medicare rules.
- Payment will be based on Medicare pricing for the location where services are rendered less any member cost sharing.
- National coverage determinations will apply
- Local medical policy will apply based on the location of where the service was rendered

Claims Payment

(General Information)

(Continued)

For deemed providers:

- The total payment to which a provider is entitled will be that portion received from FreedomBlue PFFS and the member's cost sharing amount.

- Providers may only collect applicable member cost sharing amounts from FreedomBlue PFFS members.

- FreedomBlue PFFS is not required to pay for services that are not considered medically necessary under Medicare rules or are otherwise not covered by FreedomBlue PFFS.

Claims Payment

(Plan covered non-Medicare services)

For deemed providers:

- **For plan covered non-Medicare services:**
 - Providers will be reimbursed by FreedomBlue PFFS based on a plan-developed fee schedule less any member cost sharing.

- **If a plan-developed rate does not exist:**
 - For those services on which a member has a defined co-payment or coinsurance amount, providers will be reimbursed by FreedomBlue PFFS for amounts up to a provider's charge less any member cost sharing.

 - For those services on which a member has a defined benefit allowance, providers will be reimbursed by FreedomBlue PFFS for the benefit allowance amount. FreedomBlue PFFS members will be liable for any additional amounts up to a provider's charge.

Claims Payment

(Medicare Assignment & Limiting Charge)

For deemed providers:

- **For Medicare participating providers that accept assignment:**
 - For Medicare covered services the provider will not be able to balance bill the member for any greater amount than allowed by CMS regulations.

- **For Medicare non-participating providers that do not accept assignment:**
 - For Medicare covered services FreedomBlue PFFS will reimburse non-participating providers for amounts up to the limiting charge as allowed by state law for where the service is rendered. The provider may not balance bill FreedomBlue PFFS members for amounts over the limiting charge.

Claims Payment

(Non-Deemed and Medicare Opt Out Providers)

Non-deemed providers:

- FreedomBlue PFFS will reimburse providers based on Medicare pricing for the location where services are rendered less any member cost sharing.
- For Medicare non-participating providers that do not accept assignment, FreedomBlue PFFS will reimburse providers up to the limiting charge as allowed by state law. The provider may not balance bill FreedomBlue PFFS members for amounts over the limiting charge.

Medicare Opt Out Providers:

- Other than for emergent or urgent services as defined in §422.2, FreedomBlue PFFS as a Medicare Advantage plan may not pay, directly or indirectly, for services furnished by providers who formally opted out of the Original Medicare program.

Claims Payment

(Payment Disputes)

- **As a Medicare Advantage plan, FreedomBlue PFFS is NOT required to perform cost settlements**
- **If the payment amount received from FreedomBlue PFFS including member cost sharing is less than what would have been received under local Medicare pricing for a service; the provider can appeal the payment amount to FreedomBlue PFFS.**
- **The provider must provide FreedomBlue PFFS reasonable documentation of the Original Medicare payment that applies to the service.**
- **General questions about claims payment can be directed via NaviNet for NaviNet-enabled Highmark providers, or to the Provider Service Center at 1-(866) 675-8635.**

Claims Submission

- **Providers agree to bill all services in accordance with Original Medicare billing guidelines and other Medicare and CMS requirements**
- **FreedomBlue PFFS claims will be processed in accordance with Original Medicare billing rules**
- **Providers should submit claims using the same coding rules as Original Medicare**

Claims Submission

(Continued)

Claims can be submitted:

- **Electronically**
 - Call Highmark EDI Operations at 1-800-992-0246 for technical assistance
- **By Paper**
 - Send paper claims to the following address:
FreedomBlue PFFS
P.O. Box 890170
Camp Hill, PA 17089-0170
- **Providers outside of Pennsylvania can submit claims, either electronic or paper, to their local BCBS plan using the alpha prefix indicated on the front of the FreedomBlue PFFS member identification card**

FreedomBlue PFFS Service Coverage

General Benefit Information

- With the exception of hospice care, FreedomBlue PFFS covers all services covered under Medicare Part A and Part B.
- FreedomBlue PFFS also provides coverage for services not covered under Medicare.
- Please refer to FreedomBlue PFFS Terms and Conditions of Participation at www.highmarkblueshield.com for additional information regarding plan-covered services and member cost sharing

Inpatient Services

- **Inpatient Hospital Care**
- **Inpatient Mental Health Care**
- **Skilled Nursing**
- **Home Health Care Services**

Outpatient Services

- **Physician Office Visits**
- **Medicare-covered Chiropractic and Podiatry Services**
- **Outpatient Mental Health/Substance Abuse Services**
- **Outpatient Hospital Services/Surgery**
- **Outpatient Rehabilitation Services**
- **Ambulance Services**
- **Worldwide Coverage for Emergent and Urgent Care**

Services & Supplies

- **Durable Medical Equipment**

- Oxygen and Oxygen supplies

- Prosthetic and Orthotic supplies

- **Diabetic Training and Supplies**

- **Diagnostic Tests, X-rays, and Lab Services**

Preventive Services

- **Gynecological Exams**
 - PAP Smears and Pelvic Exams
- **Annual Mammogram Screenings**
- **Bone Mass Measurement**
- **Colorectal Screening Exams**
- **Prostate Cancer Screening Exams**
- **Immunizations**
 - Influenza, Pneumonia, Hepatitis B

Part D Prescription Drugs

- **FreedomBlue PFFS plans with Part D Prescription Drug Coverage offer:**
 - No Annual Deductible**
 - Retail & Mail Order drug co-payments**
 - Additional Coverage Gap benefits also available in certain plans**

Additional Benefits

- **Annual Physical Exam**
- **Hearing Services** (in addition to Medicare covered diagnostic exams)
 - Annual routine exam
 - Hearing Aid allowance
- **Vision Services** (in addition to Medicare covered glaucoma screenings, cataract surgery exams & eye wear)
 - Annual routine exam
 - Routine eye wear allowances

Why Accept FreedomBlue PFFS?

- **Administrative Ease**

- No referrals needed
- No formal network contracts or arrangements
- No additional credentialing or paperwork
- No additional pre-certifications beyond those required under Original Medicare

- **Dependable revenue stream**

- Timely and Accurate Payments
- One Payer System – No need to bill Original Medicare

Why Accept FreedomBlue PFFS?

(Continued)

- **Stability**
 - FreedomBlue PFFS is offered and fully serviced by Highmark Blue Shield
 - ✓ Nearly 70 years of experience providing health care coverage
 - ✓ Over 40 years of Medicare experience and over 12 years of Medicare Advantage experience
- **Superior and efficient administrative services**
- **Dedicated Provider Services Staff**
- **Provider Resource Center Online Support**

To Learn More

- **To view additional FreedomBlue PFFS educational tools and reference materials, including our Terms and Conditions of Participation:**
 - ❑ Visit our Provider Resource Center (via NaviNet for NaviNet-enabled Highmark providers or at our web site address www.highmarkblueshield.com)

- **To speak with a FreedomBlue PFFS representative, regarding questions or materials, call our Provider Service Center:**
 - ❑ 1-(866) 675-8635
 - ❑ Hours of Operation (8a.m. to 4:30p.m, M-F, EST)

Thank You!

FreedomBlue is a service mark of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark Inc. Blue Shield and the Shield symbol are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. NaviNet is a registered trademark of NaviMedix, Inc.