

Flex and Open Access for Medicare Patients and Providers

If you're a Medicare provider, you may treat **Blue Cross Medicare Advantage Flex (PPO)SM** and **Blue Cross Group Medicare Advantage Open Access (PPO)SM** members, regardless of your contract or network status with Blue Cross and Blue Shield of Texas (BCBSTX). That means you don't need to participate in BCBSTX Medicare Advantage networks or in any other BCBSTX networks to see these members. The only requirement is that you **accept Medicare assignment and will submit the claims to BCBSTX**.

Flex and open access advantage

Individual members may join the Flex plan. The Group Open Access plan is available to retirees of employer groups.

These plans cover the same benefits as Medicare Advantage Parts A and B plus additional benefits per plan. Members' coverage levels are the same inside and outside their plan service area nationwide for covered benefits.

- The **Flex plan** includes medical coverage and prescription drug coverage. It doesn't require member cost share.
- The **Open Access plan** includes medical coverage and may include prescription drug coverage. Plan members may have to pay deductibles, copays and coinsurance, depending on their benefit plan. Call the number on the member ID card for details.

Referrals aren't required for office visits. Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSTX. Before providing care to our members, always check eligibility and benefits first.





For reimbursement

Follow the billing instructions on the member's ID card. When you see these members, you'll submit the claims to BCBSTX and not Medicare.

- If you're a Medicare Advantage-contracted provider with any Blue Cross and Blue Shield (BCBS) plan, you'll be paid your contracted rate. You're required to follow utilization management review requirements and guidelines.
- If you're a Medicare provider who isn't contracted for Medicare Advantage with any BCBS plan, you'll be paid the Medicare-allowed amount for covered services. You may not balance bill the member for any difference in your charge and the allowed amount.* You aren't required to follow utilization management guidelines. However, you may request a review to confirm medical necessity.

Flex plan members

You can identify Flex plan members by their member ID card. **Look for the Flex plan name on the front.** If you have questions, call **877-774-8592**.

 BlueCross BlueShield of Texas Blue Cross Medicare Advantage (PPO) SM	www.getbluetx.com/mapd 
Name: SAMPLECARD ID: ZGD123456789 Plan (80840): 9101000260	Office Visit: \$ Specialist: \$ Emergency Room: \$
RxBin: RXBIN RxPCN: RXPCN RxGrp: RXGROUP RxID: RXID	Plan: Blue Cross Medicare Advantage Flex (PPO)
H4801 014	 MedicareRx Prescription Drug Coverage
	Pharmacy Line: 1-877-277-7898 Customer Service: 1-877-774-8592 TTY/TDD: 711 Nurse Advice Line: 1-800-631-7023
	 BlueCross BlueShield of Texas
	PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). HCSC, HISC and GHSIC are Independent
	Licenseses of the Blue Cross and Blue Shield Association. HCSC, HISC and GHSIC are Medicare Advantage organizations with a Medicare contract.

Group Open Access plan members

Look for the **Open Access** name on the front of member ID cards. Call 877-299-1008 with questions.

 BlueCross BlueShield of Texas	Blue Cross Group Medicare Advantage (PPO)SM
Name: SAMPLECARD ID: ZZT123456789 Plan (80840): 9101000260	Office Visit: \$ Specialist: \$ Emergency Room: \$
RxBin: RXBIN RxPCN: RXPCN RxGrp: RX_GROUP RxID: RX_ID	Plan: Blue Cross Group Medicare Advantage Open Access (PPO)
H1666 801	

www.getbluetx.com/mapd



For Providers: 1-877-299-1008
TTY: 711
Pharmacy Help Desk: 1-877-277-7898

For Members:
Customer Service: **1-877-299-1008**
TTY: **711**
Nurse Advice Line: **1-800-631-7023**

File medical claims with your local plan

Medicare Limiting charges apply

PPO plans provided by Health Care Service 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.

*Group Open Access 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 Medicare Advantage Flex (PPO) or 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.

PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, HISC, and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, HISC, and GHSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.