



BlueCross BlueShield of Oklahoma

Blue Cross Group Medicare Advantage Open Access (PPO)SM



If You Are An Out-of-Network Provider

Blue Cross Group Medicare Advantage Open Access (PPO) offers members access to care from any providers nationwide who accept Medicare assignment and are willing to bill Blue Cross and Blue Shield of Oklahoma (BCBSOK).

If you are a Medicare provider, you do not need to have a contract with BCBSOK to treat Blue Cross Group Medicare Advantage Open Access (PPO) members. Members' coverage levels are the same in and out of network, and you will be paid the Medicare allowed amount.

What You Need To Know

- Referrals are not required for office visits.
- Prior authorization may be required for certain Medicare-covered services.
- Out-of-network providers will be paid the Medicare allowed amount for covered services as defined by Medicare, less any member cost-sharing. In-network providers will be paid their contracted rate.

Contact Us

For eligibility, prior authorization or claims inquiries, call **1-877-299-1008**.

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

Questions? Email BCBSOK Provider Network Representatives at OKNetworkManagement@bcbsok.com.

	Blue Cross BlueShield of Oklahoma	Blue Cross Group Medicare Advantage (PPO) SM
Name: SAMPLECARD ID: YUW123456789 Plan: (80840) 9101000252 Blue Cross Group Medicare Advantage Open Access (PPO) SM		Office Visit: \$ Specialist: \$ Emergency Room: \$
RxBin: RXBIN RxPCN: RXPCN RxGrp: RXGROUP RxID: RXID		
H0107 801		

www.getblueok.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: 1-800-581-0407
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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.

Member ID Card

Blue Cross Group Medicare Advantage Open Access (PPO) members will have this ID card. Look for 'Open Access' on the front.

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. It is important to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. The benefit quote may also include information on applicable benefit prior authorization/pre-notification requirements. Ask to see the member's BCBSOK ID card and a driver's license or other photo ID to help guard against medical identity theft.

Checking eligibility and benefits and/or obtaining benefit prior authorization/pre-notification or predetermination of benefits is not a guarantee that benefits will be paid. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations and exclusions set forth in your patient's policy certificate and/or benefits booklet and/or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient. If you have any questions, please call the number on the member's ID card.

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