



# Open Access for Patients and Providers

## Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup> is a national 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 Blue Cross and Blue Shield of New Mexico (BCBSNM).

**You may treat these members if you are a Medicare provider**, regardless of your contract or network status with BCBSNM. That means you don't need to participate in BCBSNM Medicare Advantage networks or in any other BCBSNM networks. The only requirement is that you must accept Medicare assignment and will submit the claims to BCBSNM.

### 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.
- Referrals aren't required for office visits.
- Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSNM.
- **For reimbursement**, follow the instructions on the member's ID card and file claims with BCBSNM.
  - **Medicare Advantage-contracted providers** receive their contracted rate.
  - **Medicare providers who aren't contracted** for Medicare Advantage with any Blue Cross and Blue Shield (BCBS) plan receive the Medicare-allowed amount for covered services, less any member cost-share.\*



# BlueCross BlueShield of New Mexico

If you have questions about eligibility, prior authorization or claims, call **1-877-299-1008**. It's important to verify patient eligibility and benefits before every scheduled appointment.

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

## Member ID Card

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

	BlueCross BlueShield of New Mexico	Blue Cross Group Medicare Advantage (PPO) <sup>SM</sup>
Name: <b>SampleMember</b> ID: <b>JYN123456789</b> Plan (80840): 9101000237		Office Visit: \$0 Specialist: \$0 Emergency Room: \$0
RxBin: <b>RXBIN</b> RxPCN: <b>RXPCN</b> RxGrp: <b>RXGROUP</b> RxID: <b>RXID</b>		Plan: Blue Cross Group Medicare Advantage Open Access (PPO)
H0107 801		

[www.getbluenm.com/mapd](http://www.getbluenm.com/mapd)

For Providers: 1-877-299-1008 TTY: 711 Pharmacy Help Desk: 1-877-277-7898	For Members: Customer Service: <b>1-877-299-1008</b> TTY: <b>711</b> Nurse Advice Line: <b>1-800-631-7023</b>
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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.



## Questions?

Call Provider Customer Service at **888-349-3706**.

Learn more at [bcbsnm.com/provider](http://bcbsnm.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.

PPO plans provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), and by HCSC Insurance Services Company (HISC). 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.