

# **What PEOPLE ON MEDICARE** *need to know about* **Private Fee-for-Service plans**

Medi-Pak Advantage is a Medicare Advantage Private Fee-for-Service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than Original Medicare or an HMO, PPO or Medicare supplement plan.

Medi-Pak Advantage gives you the ability to choose your health care provider. However, not all providers may accept this plan, even Medicare providers may not accept this plan. If you choose this plan, it is very important that all the providers you choose know, before providing services to you, that you have Medi-Pak Advantage coverage in place of Medicare. This gives your provider the right to choose whether or not to accept Medi-Pak Advantage's terms and conditions of payment for treating you. Providers have the right to decide if they will accept Medi-Pak Advantage each time they see you. This is why you must show your Medi-Pak Advantage ID card every time you visit a health care provider.

## **If your provider agrees to Medi-Pak Advantage's terms and conditions of payment**

If your provider decides to accept the Medi-Pak Advantage plan, they must follow our plan's terms and conditions for payment. They must thereafter bill Medi-Pak Advantage for those services. However, providers have the right to decide if they will accept Medi-Pak Advantage each time they see you.

## **If your provider does not agree to Medi-Pak Advantage's terms and conditions of payment**

A provider may decide not to accept Medi-Pak Advantage's terms and conditions of payment. If this happens, you will need to find another provider that will. You may contact us at 1-866-390-3369, 8 a.m. to 8 p.m., Monday – Friday for assistance locating another provider in your area willing to accept our plan's terms and conditions of payment.

## **What happens if a provider declines to accept Medi-Pak Advantage's terms and conditions of payment?**

1. They should not provide services to you except for emergencies.
2. If they choose to provide services, they may not bill you. They must bill Medi-Pak Advantage for your covered health care services. You must pay the appropriate copays or coinsurance at the time of service.

For more information about PFFS plans see Beneficiary Qs & As at CMS's website <http://www.cms.hhs.gov/PrivateFeeForServicePlans>. If you have questions about Medi-Pak Advantage, please call our customer service department at 1-800-634-6314 (TTY/TDD: 1-800-370-5869), 8 a.m. to 5 p.m., Monday – Friday.



# What HEALTH CARE PROVIDERS *need to know about* Private Fee-for-Service plans

Medi-Pak Advantage is a Medicare Advantage Private Fee-for-Service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than an HMO, PPO or Medicare supplement plan.

A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the enrollee and accept our plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our website at [www.arbcbs.com](http://www.arbcbs.com), and if you have questions, then you can call us at 1-866-390-3369, 8 a.m. to 8 p.m., Monday – Friday. Enrollees must inform you, before obtaining services from you, that they have purchased Medi-Pak Advantage for their Medicare coverage. This gives you the right to choose to accept Medi-Pak Advantage enrollees. You have a right to make that choice each time service is needed by a Medi-Pak Advantage enrollee. You do not have to sign a contract to see Medi-Pak Advantage enrollees.

## **If you decide to accept Medi-Pak Advantage's terms and conditions of payment**

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat a Medi-Pak Advantage enrollee. If you decide to treat a Medi-Pak Advantage enrollee, you will be subject to our plan's terms and conditions of payment and must bill Medi-Pak Advantage for covered services. However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat Medi-Pak Advantage enrollees. You may learn our terms and conditions of payment and other information about our plan on our website at [www.arbcbs.com](http://www.arbcbs.com) or by calling us at 1-866-390-3369, 8 a.m. to 8 p.m., Monday – Friday.

## **If you decide not to accept Medi-Pak Advantage's terms and conditions of payment**

If you decide not to treat a Medi-Pak Advantage enrollee, you should not provide services to the enrollee, except for emergencies.

If you choose to provide services, then you have by default agreed to our terms and conditions of payment and you must bill Medi-Pak Advantage for covered health care services. You must collect from the enrollee only the appropriate Medi-Pak Advantage copays or coinsurance at the time of service. You may at any time, on a patient-by-patient and visit-by-visit basis, decide that you do not want to treat a Medi-Pak Advantage enrollee.

We will follow CMS's requirements for timely payment of claims. You may learn our terms and conditions of payment and other information about our plan on our website at [www.arbcbs.com](http://www.arbcbs.com) or by calling us at 1-866-390-3369, 8 a.m. to 8 p.m., Monday – Friday.

For more information about PFFS plans see Provider Qs & As at CMS's website <http://www.cms.hhs.gov/PrivateFeeforServicePlans>. If you have questions about Medi-Pak Advantage, please call our provider relations department at 1-866-390-3369 (TTY/TDD: 1-888-844-5530), 8 a.m. to 8 p.m., Monday – Friday.



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