

An allowable fee, or allowance, is determined for each service and supply you provide to Regence members. This allowance can vary with the type of benefits the member has and with the type of provider agreement(s) you have signed (e.g., professional or facility).

Professional Reimbursement

Relative value units and conversion factors

Most professional allowances are calculated by multiplying resource-based relative value scale (RBRVS) relative value units (RVUs) by contracted conversion factors assigned to procedure codes. The most commonly-used RVUs are published annually by the Centers for Medicare & Medicaid Services (CMS) in the *Federal Register*, although Regence may also use RVUs published by *St. Anthony's* in the absence of CMS RVUs. Conversion factors are assigned to procedure code ranges by Regence and are reviewed periodically.

Site of service reimbursement methodology

Site of service refers to the method of calculating reimbursement for services based on the setting in which they were provided. Services that can be provided both in office and facility settings will have both facility and non-facility RVUs listed in the *Federal Register*. In general, reimbursement calculations for office-based services are made using non-facility RVUs, and for facility-based services using facility RVUs. If only one RVU is listed (e.g., facility or non-facility), that RVU will be used to calculate reimbursement regardless of treatment setting.

The current *Federal Register* may be purchased online through the Government Printing Office at bookstore.gpo.gov.

Other reimbursement methods

Not all procedure codes have RVUs published in the *Federal Register* or *St. Anthony's*. In these cases, allowances are administratively set by Regence using various methods. These include using published fee schedules, such as those used to calculate Medicare payment for laboratory procedures or durable medical equipment. Your provider consultant can discuss how specific allowances are determined.

Hold Harmless

Participating physicians and other health care professionals have agreed to accept our allowable fee as payment in full for covered services and supplies, whether paid by Regence, our member, or another payer. This means you may only charge Regence members for deductible, coinsurance, copayments and non-covered services. You must write-off (or 'hold the member harmless') for other amounts as shown below. These write-offs are also known as contractual adjustments. Please reference your agreement for further clarification.

- **Charges above Maximum Allowable Fee:** You must hold harmless any amount of your charge that is over the allowance. For example, if you charge \$45.00 for a service with a \$43.00 allowance, you must not charge the member for the \$2.00 difference.
- **Charges denied due to investigational, medical or reimbursement policies:** You must hold harmless any amount deemed a provider write-off based on Regence medical or reimbursement policies, including services or supplies determined not medically necessary. Changes in policy are normally sent via provider newsletters, letters from the Medical Director or company officer, or amendments to your agreement.

Determining Member Responsibility

Your payment vouchers display amounts you may bill to your members under the 'Patient Responsibility' column. In general, charges for non-covered services do not need to be written off and can be billed to the member. In some cases, the member cannot be billed unless they signed a non-covered member consent form acknowledging financial liability for the charges before the services or supplies were provided. A sample member consent form listing key elements that must be included for non-covered services follows on the next page. A non-covered member consent form, such as the sample form shown, should be used for all Regence patients, including Regence MedAdvantage patients.

Sample Non-Covered Services Member Consent Form

This sample may be used as a guideline when developing a member consent form. Please consult with your legal counsel before adopting this format.

NON-COVERED SERVICES MEMBER CONSENT FORM

I, _____ (list patient name and member number), understand that the services and/or supplies listed below may not be considered eligible for benefits (e.g., services and/or supplies may be determined to be not medically necessary, non-covered or investigational) by _____ (health insurer). I understand that my health insurance coverage has certain restrictions and limitations, such as authorization requirements, and non-covered services and/or supplies. Since I have chosen to obtain the services and/or supplies listed below, I agree to be financially responsible for any and all related charges, if they are not covered by my insurance.

Services/Supplies Requested

Condition/Diagnosis

Approximate Cost of Service

Date of Service

Member or Legal Guardian Signature

Member Identification Number

Date

Witness Signature

Date

Receiving Payment

As a participating physician, other health care professional or facility, you will receive a direct remittance advice weekly from Regence BlueShield of Idaho for claims you have submitted. Benefits are not assignable; you will receive direct payment even if your patient signs an assignment authorization.

Provider Remittance Statements (Payment Vouchers)


Regence BlueShield of Idaho's *Claim Vouchers* contains information on how we processed your claims, and is commonly referred to as a "voucher" or "payment voucher."

Samples of Participating (Regular), Regence MedAdvantage, Innova®, Engage® ActivateSM and HSA Healthplan 2.0SM vouchers are shown on the following pages; these samples are not all-inclusive. The format and content may differ greatly with some products, groups, and wholly owned administrators such as Healthcare Management Administrators, Inc. (HMA). Voucher questions should be directed to Customer Service at the numbers listed in the Contact Us section of our *Provider Web Site*.

Sample Participating (Regular) Voucher

Participating (regular) vouchers are sent to participating providers for their patients covered under Regence BlueShield of Idaho Traditional and Preferred Provider Organization (PPO) plans. The sample voucher shown below contains fields that include detailed information on provider name, address, National Provider Identifier (NPI) and/or Regence identification number, type of voucher, voucher page number, date, voucher number, Regence BlueShield of Idaho policyholder name, Regence BlueShield of Idaho group number, claim number, patient account number (if one was submitted on the claim), claim total, including billed amount, allowed amount, contractual adjustment, amount paid and patient responsibility, payment summary, including voucher total, amount previously paid, amount recovered, total balance forward, check amount and check date, and applicable explanation codes.

Sample Participating (regular) voucher



PO BOX 1100
LEWISTON ID 83801-1100
www.regence.com

Customer Service Phone No: 1 800 632-2022

Page 1

Check out to: **ARRIS C. BARBARIELLO**
1620 10TH ST
LEWISTON, ID 83801


POBID# ID: 00000046126
SIC NO: 1457493241

Date: 07/18/2008
Voucher No: 280600000461867

CLAIM VOUCHER

CUSTOMER SERVICE: 1 800 632-2022

Date of Service	From	Through	Pos. Code Modifier	Date	Billed Amount	Allowed Amount	Contract Adjustment	Paid By Other	Risk Withhold	Amount Paid	Patient Responsibility				Interest Paid	Msg Code
											Deductible	Co-pay	Coinsurance	Net/Contract		
PATIENT NAME: JONH PUBLIC																
INSURANCE: JONH PUBLIC																
GROUP # 44400140																
DEL FROM: BARBARIELLO, ARRIS C.																
07/18/08				1	125.00	94.58	30.42			0.00	94.58					
CLAIM TOTAL																
PATIENT NAME: JONH PUBLIC																
INSURANCE: JONH PUBLIC																
GROUP # 44400140																
DEL FROM: BARBARIELLO, ARRIS C.																
07/18/08				1	125.00	94.58	30.42			0.00	94.58					
CLAIM TOTAL																
Total PPO Product Claims																
Billed Amount: 250.00																
Allowed Amount: 189.16																
Contract Adjustment: 60.84																
Paid By Other: 0.00																
Risk Withhold: 0.00																
Amount Paid: 189.16																
Deductible: 0.00																
Co-pay: 0.00																
Coinsurance: 0.00																
Net/Contract: 0.00																
Interest Paid: 0.00																
Msg Code: 000																



PO BOX 1100
LEWISTON ID 83801-1100
www.regence.com

Customer Service Phone No: 1 800 632-2022

Page 2

Check out to: **ARRIS C. BARBARIELLO**
1620 10TH ST
LEWISTON, ID 83801


POBID# ID: 00000046126
SIC NO: 1457493241

Date: 07/18/2008
Voucher No: 280600000461867

CLAIM VOUCHER

CUSTOMER SERVICE: 1 800 632-2022

Date of Service	From	Through	Pos. Code Modifier	Date	Billed Amount	Allowed Amount	Contract Adjustment	Paid By Other	Risk Withhold	Amount Paid	Patient Responsibility				Interest Paid	Msg Code
											Deductible	Co-pay	Coinsurance	Net/Contract		
PATIENT NAME: BRIGAN BUEE																
INSURANCE: BRIGAN BUEE																
GROUP # 55810055																
DEL FROM: BARBARIELLO, ARRIS C.																
07/18/08				1	125.00	125.00				0.00	125.00					
CLAIM TOTAL																
PATIENT NAME: BRIGAN BUEE																
INSURANCE: BRIGAN BUEE																
GROUP # 55810055																
DEL FROM: BARBARIELLO, ARRIS C.																
07/18/08				1	125.00	125.00				84.00	20.00	21.00	20.00			
CLAIM TOTAL																
Total Transnational Medical Claims																
Billed Amount: 250.00																
Allowed Amount: 250.00																
Contract Adjustment: 0.00																
Paid By Other: 0.00																
Risk Withhold: 0.00																
Amount Paid: 204.00																
Deductible: 0.00																
Co-pay: 0.00																
Coinsurance: 0.00																
Net/Contract: 0.00																
Interest Paid: 0.00																
Msg Code: 000																



PO BOX 1100
LEWISTON ID 83801-1100
www.regence.com

Customer Service Phone No: 1 800 632-2022

Page 3

Check out to: **ARRIS C. BARBARIELLO**
1620 10TH ST
LEWISTON, ID 83801

POBID# ID: 00000046126
SIC NO: 1457493241

Date: 07/18/2008
Voucher No: 280600000461867

PAYMENT SUMMARY

VOUCHER TOTAL	AMOUNT PREVIOUSLY PAID	AMOUNT RECOVERED THIS VOUCHER	TOTAL BALANCE FORWARD	TOTAL INTEREST	CHECK AMOUNT	CHECK DATE
84.00	-	0.00	84.00	0.00	84.00	07/15/2008

SUMMARY OF PAYMENT REDUCTIONS

Provider No.	Patient Account No.	Claim No.	Original Refund Amount	Amount Previously Recovered	Amount Recovered On This Voucher	Balance Remaining	Original Voucher Date	Message Code

NOTE: The charge exceeds the allowed amount for this service.

Regence MedAdvantage Payment Voucher Sample

Payments for all members enrolled in a Medicare Advantage plan like Regence MedAdvantage will be sent to participating physicians, other health care professionals or facilities accompanied by the *Claim Voucher Statement* on a regular basis. All vouchers will have the Regence BlueShield of Idaho name and logo in the upper left hand corner. Below is an explanation of the key information provided on this claim voucher. A sample of the *Claim Voucher Statement* follows.

Section A

- Professional Provider or Facility's name
- Regence Blue Shield of Idaho's provider identification number
- NPI number
- Product name
- Voucher page number
- Date of check that accompanies this voucher

Section B

- Patient's name
- Member number
- Patient's account number (if one was submitted on the claim)
- Member's group number
- Claim number

Section C

- CPT, CDT, or HCPCS codes billed
- Written description of the service
- First and last dates of service
- Total charge for the service
- Fee adjustment or the amount not covered by the member's plan. The member may not be held responsible for this amount
- Amount paid by another carrier
- Amount of patient responsibility. This amount includes copayment, coinsurance, deductible or any non-covered services
- The reason code explaining how this particular claim was processed. Refer to the last page of the voucher for descriptions
- Amount paid by Regence BlueShield of Idaho

Section D

- Claim voucher totals

Section E

- Description of reason codes entered in the reason code column in Section C

Sample Regence MedAdvantage Voucher - Page 1 of 2



CLAIM VOUCHER STATEMENT

PAGE 1

(A) JANE DOCTOR, MD
1234 SW MAIN ST.
ANYTOWN, USA 99999

REFERENCE NUMBER 0066778899

DATE 06/15/05

*** Regence MedAdvantage ***

PATIENT NAME TYPE OF SERVICE	SERVICE DATE	GROSS CHARGES	FEE ADJUSTMENT	PAID BY OTHERS	PATIENT RESPONSIBILITY		REASON CODE	BENEFITS PAID
					DEDUCTIBLE	COPY OTHER		
(B) JOHN SMITH	MEM #: ZVY90	1023189	PAT ID: 000196C15	GRP #: 55050000			CLM # 01234567890	
(C) 99214 EMI DETAILED VISIT	06/01/05	148.00	51.64	.00	.00	5.00		91.36
** CLAIM TOTALS **		148.00	51.64	.00	.00	5.00		91.36
JOHN SMITH	MEM #: ZVY90	1023189	PAT ID: 000196C15	GRP #: 55050000			CLM # 01235679120	
99217 OBSERV CARE DISCHARGE	06/03/05	120.00	*** CLAIM PENDING ****	.00	.00	.00	402	.00
** CLAIM TOTALS **		120.00	.00	.00	.00	.00		.00
(D) *** VOUCHER TOTALS ***		268.00	51.64	.00	.00	5.00		91.36

FORM 4414 - Front (Rev. 11/07)

Sample Regence MedAdvantage Voucher - Page 2 of 2



CLAIM VOUCHER STATEMENT

PAGE 2

(A) JANE DOCTOR, MD
1234 SW MAIN ST.
ANYTOWN, USA 99999

REFERENCE NUMBER 0066778899

DATE 06/15/05

*** Regence MedAdvantage ***

PATIENT NAME TYPE OF SERVICE	SERVICE DATE	GROSS CHARGES	FEE ADJUSTMENT	PAID BY OTHERS	PATIENT RESPONSIBILITY		REASON CODE	BENEFITS PAID
					DEDUCTIBLE	COPAY/OTHER		
(E)**** EXPLANATION OF CODES *** 402 CLAIM PENDING; WAITING FOR ACCIDENT REPORT FROM SUBSCRIBER.								

FORM 4414 - Front (Rev. 1/1/07)

BlueCard[®], Innova[®], Engage[®], Activate[®] and HSA Healthplan 2.0SM Vouchers

The easy-to-read vouchers for these members include:

- Boxes around the headers for each amount
- Line by line breakdowns
- Codes billed by line item and then, if applicable, the code(s) bundled into them
- Specific error messages

A guide for reading the new *Claim Vouchers* and summaries is included on the following pages. More detailed information is available in our *Guide to Claim Vouchers* for these products, available in the Educational Tools section of our *Provider Web Site* under Self-paced.

Summary of Adjusted Claims to be Recovered

When an adjustment is made, it will show as a negative payment on the voucher and include the previous voucher date. The negative amount is not actually subtracted from our payment at that time. If applicable, a refund request will be sent under separate cover.

COMPANY LOGO, ADDRESS

Check cut to: MEDICAL CLINIC
1234 MAIN ST
HOMETOWN, USA 12345

Provider ID: 100100100
NPI No: 0101010101
Check No: 0000000000

Customer Service Phone No: 1 (XXX) XXX-XXXX

Date: MM/DD/CCYY
Voucher No: 11M00000000####

SUMMARY OF ADJUSTED CLAIMS TO BE RECOVERED

These adjusted claims were not deducted from this voucher. A future voucher may reflect the take back of dollars.

Product Name ADJUSTMENTS

Date of Service		Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Patient Responsibility					Total	Amount Paid	Msg Code
From	Through								Deductible	Copay	Coinsurance	Non Covered	COB Amount			

Patient Name: JOANNE DOE Insured Name: JOANNE DOE Group No: 77777777 Claim No: X200000000007
 Pat Acct No: 1111111111 Subscriber ID No: XXX1111111111 Del Prov: JOHN SMITH
 Previous Voucher Date: 08/18/09 Network ID: Network Name

07/06/09	07/06/09	99212	1	-100.00	-60.60	-39.40							-18.18			-18.18	-42.43	
07/06/09	07/06/09	80050	1	-90.00	-61.97	-37.03							-18.59			-18.59	-43.38	
Previous Claim Total				-190.00	-122.57	-76.43							-36.77			-36.77	-85.80	6.2H
REFUND DUE																	43.48	

Patient Name: JOANNE DOE Insured Name: JOANNE DOE Group No: 77777777 Claim No: X200000000008
 Pat Acct No: 1111111111 Subscriber ID No: XXX1111111111 Del Prov: JOHN SMITH
 Current Network ID: Network Name

07/06/09	07/06/09	99212	1	100.00	60.60	39.40							18.18			18.18	42.42	PXN
07/06/09	07/06/09	80050	1	99.00													0.00	G94
Adjusted Claim Total				199.00	60.60	39.40							18.18			18.18	42.42	
INTEREST																		

Total Product Name ADJUSTED CLAIMS

Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Refund Due	Amount(-) Prev Paid
199.00	60.60	39.40			42.42		43.48	42.42

Payment Summary and Summary of Payment Reductions

This section lists current payments amounts as well as any payments that are being recovered on this voucher from a previous adjustment.

COMPANY LOGO, ADDRESS

Check cut to: MEDICAL CLINIC
1234 MAIN ST
HOMETOWN, USA 12345

Provider ID: 100100100
NPI No: 0101010101
Check No: 0000000000

Customer Service Phone No: 1 (XXX) XXX-XXXX

Date: MM/DD/CCYY
Voucher No: 11M00000000####

PAYMENT SUMMARY

VOUCHER TOTAL	AMOUNT PREVIOUSLY PAID	AMOUNT RECOVERED THIS VOUCHER	TOTAL INTEREST	CHECK AMOUNT	CHECK DATE
1642.01	64.00	50.00	10.00	1538.01	02/04/2009

SUMMARY OF PAYMENT REDUCTIONS

Provider No.	Patient Account No.	Claim No.	Original Refund Amount	Amount Previously Recovered	Amount Recovered this Voucher	Balance Remaining	Original Voucher Date	Message Code
1001001001111	1231231231	E20000000010	50.00	0.00	50.00	0.00	08/07/2009	PSS

Total Amount Recovered This Voucher	Total Overpayment Balance Remaining
50.00	0.00

ITS Processed to preferred provider plan benefits.
PXN Pricing is based on maximum allowance for the service billed by this provider.
E20 An additional or corrected claim has been received. The original claim will be adjusted/reprocessed according to the member's benefit plan.
PSS Pricing is based on maximum allowance for the service billed by this provider.

Pended Claims Summary

This section provides information about claims we have received but have not processed because additional information or further review is required (e.g., coordination of benefits information, an accident report or medical records). You can check the status of pended claims on the Provider Center (formerly Regence Online Services for Providers).

COMPANY LOGO, ADDRESS

Check cut to: MEDICAL CLINIC
1234 MAIN ST
HOMETOWN, USA 12345

Provider ID: 100100100
NPI No: 0101010101
Check No: 0000000000

Customer Service Phone No: 1 (XXX) XXX-XXXX

Date: MM/DD/CCYY
Voucher No: 11M00000000####

PENDED CLAIMS SUMMARY

Network Name						Claim Pend Reason		
Date of Service	Proc. Code	Units	Billed Amount	Pend Code				
From	Through							
Patient Name: JUNE DOE Pat Acct No: 222222222						Insured Name: JUNE DOE Subscriber ID No: 123123123	Group No: 0123456 Del Prov: JANE SMITH	Claim No: X200000000012
08/25/09	08/25/09	99212	1	100.00				
Claim Total			100.00	PEND	Possible pre-existing condition. We will request additional information from originating or other provider if needed.			
Patient Name: JACK DOE Pat Acct No: 122222222						Insured Name: JACK DOE Subscriber ID No: 321321321	Group No: 1234567 Del Prov: JANE SMITH	Claim No: X200000000013
08/25/09	08/25/09	84443	1	25.00				
Claim Total			25.00	CA14	This claim has been forwarded to a designated claims analyst for COB investigation.			

Additional Information

How to Appeal Payment Determinations

If you disagree with how a claim was processed, please contact Customer Service. If the determination is not reversed or if you disagree with the subsequent determination, you may wish to use the appeals process. Please refer to the *Appeals* section for detailed information.

Overpayment Recovery

If you receive an overpayment on a claim or a payment for someone else's patient, or if Regence discovers a claim has been overpaid due to a duplicate or adjusted claim, an overpayment recovery may be initiated. Regence does not initiate overpayment recovery efforts more than 18 months after a claim is paid. However, no time limit shall apply to the initiation of overpayment recovery efforts based on any of the following criteria:

- Reasonable belief of fraud or other intentional misconduct
- Required by a Self-Insured Plan
- Required by a state or federal government program.

Overpayments may be refunded to Regence via check or by deducting the overpayment amount from a future voucher. Once you have been notified of an overpayment, your office will have 30 days to respond. If we do not receive a response after 30 days, the recoupment will be automatically deducted on a future remittance advice. For more information regarding the overpayment recovery process, please refer to our *Provider Web Site* in the Claims & Billing section, under Overpayment Recovery.