

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 medical 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.

Dental reimbursement methods

Dental fee allowances are generally established based on a review of previously billed charges and may vary by geographic location.

Hold Harmless

Participating physicians, dentists and other health care or dental 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 members for deductible, coinsurance, copayments and non-covered services. You must write-off (or 'hold the member harmless') 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, dental or reimbursement policies:** You must hold harmless any amount deemed a provider write-off based on Regence medical, dental or reimbursement policies, including services or supplies determined not medically necessary. Notifications of adverse changes in policy are generally sent via provider newsletters, letters from the Medical Director or company officer, or amendments to your agreement. Medical, dental and reimbursement policies are available in the Provider Library of our *Provider Web Site*.
- **Charges related to associated claims:** Claims for associated services rendered to support an investigational, non-covered or not medically necessary service—including anesthesia, pathology, hospital and laboratory—will be denied. Associated claim denials can occur in conjunction with pre- or post-payment reviews or on appeal.
 - Claims for investigational or non-covered services are denied as patient responsibility; however, you must hold harmless any amount for associated claims related to services determined by Regence to be not medically necessary. Regence will consider a member consent form obtained by the provider of the primary service valid for all associated claims if the primary provider indicates a consent form has been signed.

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 or investigational services, including charges for associated claims, 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, dentist or other health care or dental professional or facility, you will receive a direct remittance advice weekly from Regence for claims you have submitted. If payment is due from Regence, a check will be included with the voucher, or a deposit will be made to your bank account if you have signed up for electronic funds transfers (EFT). Benefits are not assignable; you will receive direct payment even if your patient signs an assignment authorization. Corresponding to the claims listed on your payment voucher, each member receives an *Explanation of Benefits* notice outlining balances for which they are responsible.

Electronic Funds Transfer (EFT)

Regence offers participating providers the option of having their claims payments deposited directly into their bank account. EFT enables you to receive fast, secure delivery of claims payments; eliminates the possibility of having checks lost or stolen and trips to the bank to deposit checks. Additionally, software systems at many provider offices can automatically reconcile payments received against claims posted when EFT is used in combination with electronic remittance advices (ERA).

Provider offices that have elected to receive payments via electronic funds transfer (EFT) also receive their payment vouchers electronically using one of the following options:

- The Provider Center
- American National Standards Institute (ANSI) 835 Remittance Advice

To learn more about EFT and ERA, or to enroll in these services, visit *our Provider Web Site* in the Claims & Billing section, under Electronic Transactions link then on Electronic Funds Transfer. Contact your provider consultant with any additional questions.

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."

Sample vouchers are shown on the following pages for these products:

- Participating Medical (Regence BlueShield of Idaho traditional and Preferred Provider Organization plans)
- Participating Dental (Regence BlueShield of Idaho traditional)
- BlueCard®, Regence Innova®, Engage®, ActivateSM, HSA Healthplan 2.0SM, Regence EvolveSM Individual and Family Products, Regence MedAdvantage and Regence Bridge Medigap products
- Regence EncoreSM, ExpressionsSM and RadianceSM dental products
- Regence MedAdvantage (for dates of service prior to January 1, 2011)
- Federal Employee Program
- Regence Life and Health

Note: 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).

For questions about a payment voucher, please refer to the Provider Center on our *Provider Web Site*.

Adjustments

Asterisked (*) amounts in the non-covered charges and adjustments field are to be written off by the physician, dentist or other health care or professional and cannot be billed to the patient. The adjustment reason is noted with an asterisk (*) below the service's description. The most common reasons are:

- **Hold Harmless Adjustment:** Charge exceeds the Maximum Allowable Fee.
- **Preferred Provider Hold Harmless Amount:** As above, but on preferred voucher.
- **Fee Adjusted According to Administrative Policy/Hold Harmless Adjustment:**
These adjustments may be due to administrative, medical or reimbursement policies.

Non-Covered Charges

Amounts in the non-covered charges and adjustments field not followed by an asterisk are non-covered charges. These do not need to be written-off by the provider and can normally be billed to the patient.

Participating Voucher

Participating 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 policyholder name, Regence 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 Dental voucher



PO BOX 1108
LEWISTON ID 83561-1108
www.regence.com

Regence BlueCard of Idaho is an independent
Licensee of the Blue Cross and Blue Shield Association

Check cut to: **A** DUDLEY D. DOORIGHT
123 ABC ST
LEWISTON, ID 83501

Provider ID: 000010166493
NPI NO:

B Date: 01/20/2009
Voucher No: ID00000000100077

Page 1

CLAIM VOUCHER

C Dental Product ORIGINAL CLAIMS

CUSTOMER SERVICE: 1 (866) 699-8170

Dates of Service		Prov. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Patient Responsibility				Interest Paid	Msg Codes
From	Through									Deductible	Copay	Coinsurance	Non-Covered		

D Patient Name: JOE COOL

Insured Name: JOE COOL

Group # 15000035

F Claim # 000117393300

Patient Acct.#

ID# 000000123

Dental Product

E Del Prov: DOORIGHT, DUDLEY D.

G 11/02/09	D111001	1	90.00	72.00	18.00			72.00								PSE
11/02/09	D120401	1	60.00					0.00				60.00	60.00			DF0
11/02/09	D0120P	1	50.00	36.00	14.00			36.00								PSE

H CLAIM TOTAL

200.00 108.00 32.00 108.00 60.00 60.00

DPO: Patient age differs from age established for this dental procedure.

Total Dental Product Claims

Billed Amount	Allowed Amount	Contract. Adjustmnt	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Balance Paid Forward	Amount (-) Prev Paid
200.00	108.00	32.00			108.00			

Section A

- Provider's name and address
- Regence provider identification number
- National Provider Identifier (NPI)

Section B

- Date of check that accompanies this voucher
- Voucher number
- Voucher page number

Section C

- Product name

Section D

- Patient name
- Patient account number (if submitted with the claim)

- Member number (including alpha prefix for BlueCard members)
- Insured's name
- Provider network
- Member's group number

Section E

- Rendering provider's name

Section F

- Claim number

Section G

- First and last dates of service
- CDT codes billed
- Total billed amount for the service
- Amount allowed by member's plan
- Contractual adjustment

- Amount paid by another health plan (e.g., COB or third party)
- Risk withhold (if applicable)
- Amount paid by Regence
- Amount of patient responsibility (deductible, copayment, coinsurance or non-covered services)
- Claim interest paid
- Message code/explanation indicating how claim was processed

Section H

- Claim totals by patient

Section I

- Claim totals by network

BlueCard, Innova, Engage, Activate and HSA Healthplan 2.0, Regence Evolve Individual and Family products, Regence MedAdvantage and Regence Bridge Medigap vouchers

The easy-to-read vouchers for these patients 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 *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.

Note: Remittance advices for Regence MedAdvantage claims with a date of service on or after January 1, 2011 will be reported on these claim vouchers. For dates of service prior to January 1, 2011, please refer to the Regence MedAdvantage Payment Voucher sample shown later in this section.

Sample BlueCard, Regence Innova, Engage, Activate and HSA Healthplan 2.0, Regence Evolve Individual and Family products, Regence MedAdvantage and Regence Bridge Medigap claim voucher

Claims for your patients with these products are reported on a *Claim Voucher* and mailed weekly. They are sorted by clinic, then alphabetically by provider. Each claims section is sorted by product, then claim type (original or adjusted). Within each section, claims are sorted by network, patient name and claim number. The main pages include original claims followed by adjusted claims that do not have an amount to be recovered. **Claims for your patients on other Regence products are reported on separate vouchers.**

COMPANY LOGO, ADDRESS

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

Provider ID: 100100100
 NPI No: 0101010101
 Check No: 000000000

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

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

B CLAIM VOUCHER

Product Name Medical Plan 1 ORIGINAL CLAIMS

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

C
 Patient Name: JOHN DOE Insured Name: JOHN DOE Group No: 88888888 Claim No: X20000000002
 Pat Acct No: 0123456789 Subscriber ID No: 11100000 Del Prov: JANE SMITH
 Current Network ID: Network Name

D

07/15/09	07/15/09	99212	1	100.00	60.60	39.40				18.18		10.00	28.18	42.42	PXN
07/15/09	07/15/09	80050	1	99.00	61.97	37.03				18.59		15.00	23.59	33.48	PXN
07/15/09	07/15/09	80053	1	33.00											
07/15/09	07/15/09	84443	1	33.00											
07/15/09	07/15/09	85025	1	33.00											
Claim Total				199.00	122.57	76.43				36.77		25.00	51.77	75.80	

Patient Name: SALLY DOE Insured Name: SALLY DOE Group No: 88888888 Claim No: X20000000003
 Pat Acct No: 1234567890 Subscriber ID No: 99999999 Del Prov: JANE SMITH
 Current Network ID: Network Name

07/19/09	07/19/09	26534	1	2000.00	1422.01	577.99				45.95			45.95	1376.08	PXN
Claim Total				2000.00	1422.01	577.99								1376.08	PXN
CLAIM INTEREST															10.00

Total Product Name Medical Plan 1 CLAIMS

E

Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Amount(-) Previously Paid
2099.00	1544.58	654.42			1451.88	10.00	

Product Name Medical Plan 1 CLAIMS

Patient Name: MARY DOE Insured Name: MARY DOE Group No: 11111111 Claim No: X20000000004
 Pat Acct No: 9876543210 Subscriber ID No: 22222222 Del Prov: JOHN SMITH
 Current Network ID: Network Name Reference Claim No: 200000000001

01/10/09	01/10/09	99212	1	150.00	150.00									150.00	ZM8
Claim Total				150.00	150.00									150.00	

Total Product Name Medical Plan 1 CLAIMS

Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Amount(-) Previously Paid
150.00					150.00		

Section A

- Provider's name and address
- Regence provider identification number
- National Provider Identifier (NPI)
- Date of check that accompanies this voucher
- Voucher number
- Voucher page number

Section B

- Product name

Section C

- Patient name
- Patient account number (if submitted with the claim)

- Member number (including alpha prefix for BlueCard members)
- Insured's name
- Provider network
- Member's group number
- Rendering provider's name
- Claim number

Section D

- First and last dates of service
- CPT or HCPCS codes billed
- Total billed amount for the service
- Amount allowed by member's plan
- Contractual adjustment

- Amount paid by another health plan (e.g., COB or third party)
- Risk withhold (if applicable)
- Amount paid by Regence
- Amount of patient responsibility (deductible, copayment, coinsurance or non-covered services)
- Claim interest paid
- Message code/explanation indicating how claim was processed

Section E

- Claim totals by product

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 out 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: 11M000000000####

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					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: X20000000007															
Pat Acct No: 1111111111 Subscriber ID No: XXX111111111 Del Prov: JOHN SMITH															
Previous Voucher Date: 03/18/09 Network ID: Network Name															
07/06/09	07/06/09	99212	1	-100.00	-60.60	-39.40							-18.18	-42.43	
07/06/09	07/06/09	80050	1	-90.00	-61.97	-37.03							-18.59	-43.38	
Previous Claim Total				-190.00	-122.57	-76.43							-36.77	-85.80	6.21
REFUND DUE														43.48	

Patient Name: JOANNE DOE Insured Name: JOANNE DOE Group No: 77777777 Claim No: X20000000008															
Pat Acct No: 1111111111 Subscriber ID No: XXX111111111 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	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	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 payment amounts, as well as any payments that are being recovered on this voucher from a previous adjustment.

COMPANY LOGO, ADDRESS

Check out 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: 11M000000000####

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.

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: MMDD/CCYY
Voucher No: 11M00000000####

PENDED CLAIMS SUMMARY

Network Name

Date of Service		Proc. Code Modifier	Units	Billed Amount	Pend Code	Claim Pend Reason
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: X20000000012
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: X20000000013
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.

Sample Activate Member Choice Account Payment

COMPANY LOGO, ADDRESS

Customer Service Phone No.: 1 (800) 111-2222

Check cut to: MEDICAL CENTER
1234 MAIN ST
HOMETOWN USA 12345

Provider ID: 100100100
NPI NO: 0101010101
Check NO: 00000101

Date: 07/01/2008
Voucher No: I1M0000000000001

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CLAIM VOUCHER

Medical Plan 1 Claims

Date of Service From	Through	Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Patient Responsibility				Interest Paid	Msg. Codes
										Deductible	Copy	Coinsurance	Non Covered		
Patient Name: JOHN DOE		ID# 1111111111		Insured Name: JOHN DOE		Group # 88888888		A		Claim # M000000000001		B			
Patient Acct# 22222222		Original Claim 100000000001		Medical Plan 1		Del Prov: JANE SMITH									
05/01/08	05/01/08	MCAA	1	\$50.00	\$50.00				\$50.00						ZM0
Current Claim Total				\$50.00	\$50.00				\$50.00						

Total Medical Plan 1 Claims

Billed Amount	Allowed Amount	Contract. Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Balance Forward	Amount(-) Prev. Paid
\$50.00	\$50.00				\$50.00			

COMPANY LOGO, ADDRESS

Customer Service Phone No.:

Check cut to: MEDICAL CENTER
1234 MAIN ST
HOMETOWN USA 12345

Provider ID : 100100100
NPI NO: 0101010101
Check NO: 00000101

Date: 07/01/2008
Voucher No: I1M0000000000001

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PAYMENT SUMMARY

VOUCHER TOTAL	AMOUNT PREVIOUSLY PAID	AMOUNT RECOVERED THIS VOUCHER	TOTAL BALANCE FORWARD	TOTAL INTEREST	CHECK AMOUNT	CHECK DATE
\$50.00					\$50.00	07/2/2008

C ZM0 This is a Members Choice Account payment.

Note: Only items that differ from Innova, Engage, HSA Healthplan 2.0 and Evolve Individual and Family products vouchers are listed below.

Item A

- Claim number begins with an M

Item B

- The message code is ZMO

Item C

- Explanation of ZMO message code

When a member uses the funds in his or her Member Choice Account (MCA) to pay for an eligible medical claim, the payment will be made by Regence and listed as a separate item on the *Claim Voucher*.

Sample Regence Encore, Expressions and Radiance dental vouchers

Claims for your Encore, Expressions and Radiance dental patients are reported on a *Claim Voucher* similar to our Innova and Engage products. The Summary of Adjusted Claims and Payment Summary and any other claims reports will also match those of our medical products. These vouchers are mailed weekly. They are sorted by clinic, then alphabetically by provider. Each claims section is sorted by product, then claim type (original or adjusted). Within each section, claims are sorted by claim type (original or adjusted), patient name and claim number. The main pages include original claims followed by adjusted claims that do not have an amount to be recovered. **Claims for your patients on other Regence products are reported on separate vouchers.**

COMPANY LOGO, ADDRESS

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

Check cut to: JANE SMITH, DMD
A 1234 MAIN ST
 HOMETOWN USA 12345

Provider ID 100100100
 NPI NO: 0101010101

B Date: 11/20/07
 Voucher No: IM00000000143066

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CLAIM VOUCHER

C NETWORK Original Claims										CUSTOMER SERVICE: 1 (XXX) XXX-XXXX						
Date of Service		Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Patient Responsibility					Interest Paid	Msg. Codes
From	Through									Deductible	Copay	Coinsurance	Non Covered	Total		

D Patient Name: JOHN DOE Insured Name: JOHN DOE **E** Group # 8888888 **F** Claim #20000000002
 Patient Acct.# 22222222 ID# 111111111 NETWORK Del Prov: JANE SMITH

G	11/12/07	11/12/07	D0120		\$50.00	\$48.00	\$2.00		\$48.00								PSS
			D1110		\$80.00	\$77.00	\$3.00		\$77.00								
H	Current Claim Total				\$130.00	\$125.00	\$5.00		\$125.00								

PSS: The charge exceeds the allowable amount for this service

Patient Name: JACK BROWN Insured Name: JACK BROWN Group # 9999999 Claim #20000000004
 Patient Acct.# 33333333 ID# 123123123 NETWORK Del Prov: JANE SMITH

G	11/1/07	11/1/07	D721029		\$215.00	\$166.03			\$112.82	\$25.00		\$28.21	\$48.97	\$102.18			PSS
H	Current Claim Total				\$215.00	\$166.03			\$112.82	\$25.00		\$28.21	\$48.97	\$102.18			

PSS: The charge exceeds the allowable amount for this service.

Total NETWORK Claims

Billed Amount	Allowed Amount	Contract. Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Balance Forward	Amount(-) Prev Paid
\$345.00	\$291.03	\$5.00			\$237.82			

Section A

- Provider's name and address
- Regence provider identification number
- National Provider Identifier (NPI)

Section B

- Date of check that accompanies this voucher
- Voucher number
- Voucher page number

Section C

- Product name

Section D

- Patient name
- Patient account number (if submitted with the claim)

- Member number (including alpha prefix for BlueCard members)
- Insured's name
- Provider network
- Member's group number

Section E

- Rendering provider's name

Section F

- Claim number

Section G

- First and last dates of service
- CDT codes billed
- Total billed amount for the service
- Amount allowed by member's plan
- Contractual adjustment

- Amount paid by another health plan (e.g., COB or third party)
- Risk withhold (if applicable)
- Amount paid by Regence
- Amount of patient responsibility (deductible, copayment, coinsurance or non-covered services)
- Claim interest paid
- Message code/explanation indicating how claim was processed

Section H

- Claim totals by patient

Section I

- Claim totals by network

Regence MedAdvantage Payment Voucher sample

Payments for Regence MedAdvantage patients will be sent to participating physicians, dentists, other health care or dental 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 a sample of the *Claim Voucher Statement*. An explanation of the key information provided on this claim voucher follows.

Notes:

- Remittance advices for Regence MedAdvantage claims with a date of service prior to January 1, 2011 will be reported on these claim vouchers. For dates of service on or after January 1, 2011, please refer to the Innova, Engage, Activate and HSA Healthplan 2.0 and Regence Evolve Individual and Family products voucher sample shown earlier in this section.
- Vouchers for our Regence Bridge Medigap products are identical to vouchers for the Innova, Engage, Activate, HSA Healthplan 2.0 and Evolve Individual and Family products.

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
					SUBJECT BILL	COPY OTHER		
(B) JOHN SMITH	MEM #: ZVY9C1023189		PAT ID: 00196C15		GRP #: 55050000		CLM # 01234567890	
(C) 99214 E/M 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 #: ZVY9C1023189		PAT ID: 00196C15		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

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. 11/07)

Explanation of voucher fields

Section A

- Professional Provider or Facility's name
- Regence 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

Section D

- Claim voucher totals

Section E

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

Sample Federal Employee Program (medical and dental) voucher

Federal Employee Program (FEP) payment vouchers are sent to participating and preferred providers for their patients covered under an FEP plan. Vouchers for medical and dental claims are formatted the same, with either CPT/HCPCS codes or CDT codes displayed in the procedure field.



PO Box 39270
Salt Lake City, UT 84131-0883
1 (877) 669-4650

PAYMENT VOUCHER DATE: 09/15/10

PAGE 1

SUBSCRIBER NAME		MEMBER ID	ACCOUNT NO.	CHECK NUMBER							
PATIENT NAME	BRANCH DEP. NO.	CLAIM NO.	CHARGE	CONTRACTUAL ALLOWANCE/DISALLOWED	ALLOWED	PAT. RESP/ OTHER INS.	PAID	MSG CODES			
DATES OF SERVICE	L.I.CTL#	T/S	PROCEDURE	U/S	DISP						
A 8 [REDACTED] 1 [REDACTED] 1 [REDACTED] MD											
B [REDACTED]											
C 08/03-08/03/10 01 99212 FEP 01 102 [REDACTED] 1 1 6000 00 6000 2500 3500											
* 7 [REDACTED] 8 [REDACTED] 1 [REDACTED]											
08/24-08/24/10 03 11200 FEP 03 102 [REDACTED] 1 1 9300 00 9300 9300 00											
[REDACTED] R 8 [REDACTED] 1 [REDACTED]											
08/24-08/24/10 01 99213 FEP 03 102 [REDACTED] 1 1 10500 10500 00 00 00 611											
D VOUCHER TOTAL				25800	10500	15300	11800	3500			
CHECK TOTAL							3500				
E 7 - ALL OR SOME OF THE ALLOWED AMOUNT IS APPLIED TO THE PATIENTS CALENDAR YEAR DEDUCTIBLE. 611 - THIS SERVICE IS CONSIDERED AN INTEGRAL PART OF THE PRIMARY SERVICE.											

Section A

- Regence provider identification number
- National Provider Identifier (NPI) [Is this really on here?]
- Rendering provider's name
- Date of check that accompanies this voucher
- Voucher page number
- Check number

Section B

- Subscriber's name
- Patient name
- Member number (first digit, "8", replaces R on member card)

- Patient account number (if submitted with the claim)
- Claim number

Section C

- First and last dates of service
- Procedure codes billed (CPT/HCPCS or CDT)
- Billed amount for this procedure
- Contractual adjustment
- Amount allowed by member's plan
- Amount of patient responsibility (deductible, copayment, coinsurance or non-covered services)
- Amount paid by Regence

Section D

- Message code/explanation indicating how claim was processed

Section D

- Totals for this voucher
- Total paid on check

Section E

- Explanation of message code(s) (*notice the 7 to the left of the patient's name, and the explanation in the message codes)

Regence Life and Health medical and dental products

Payment vouchers for medical and dental products administered by Regence Life and Health, a subsidiary of The Regence Group, are similar to vouchers for other Regence products except for the logo. Please refer to the samples above for explanations of the layout of these vouchers.

Additional Information

Prompt Payment Regulations

We make every effort to pay or deny clean claims within thirty (30) days of receipt. A clean claim is a claim submitted on a properly completed paper or electronic claim form that does not require any additional documentation or information to determine our liability for payment. Regence determines what claims do not require substantiating documentation from the provider, information from a third party, or further review to determine our liability for payment.

Some types of claims are excluded from Prompt Pay laws, depending on individual state statutes and/or federal law. The following claims are commonly excluded:

- BlueCard
- Regence MedAdvantage
- Regence Bridge Medigap
- Federal Employee Program

Please refer to your state's Prompt Pay statutes, identified in the following table.

State	State Statute
Idaho	Idaho Code 41-5602 Idaho Code 41-5603
Oregon	ORS 743.911 ORS 743.913
Utah	Utah Code 31A-26-301 Utah Code 31A-26-301.5 Utah Code 31A-26-301.6
Washington	WAC 284-43-321

Additional information regarding timely payment is available in your agreement.

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.

Appealing Reimbursement and Medical or Dental Policy Determinations

If you disagree with a decision regarding reimbursement, care management, or medical or dental policy, resubmit the claim with additional clarifying information, such as history and physical, operative report or narrative of unusual considerations that support the medical necessity of the service. If the determination is not reversed in this claims review or if you disagree with the subsequent determination, you may wish to use the appeals process. Refer to the Provider Appeals section for information about the Dispute Resolution Process

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. View more information about the overpayment recovery process on our *Provider Web Site* in the Claims & Billing section, under Overpayment Recovery.

Appealing a recoupment request

If a provider wishes to appeal a refund request initiated by Regence, they may submit an Adverse Determination Appeal with the same timeframe as other Adverse Determination Appeals as listed above.

Note: The timeframe begins when the provider receives the written request.