

Provider Center Guide

For viewing member eligibility and benefit information

Beginning March 15, we will require dentists, physicians, other health care professionals and facilities to access the Provider Center to verify information regarding eligibility, benefits and simple claims status. Customer Service will continue to be available to answer complex inquiries or questions you have about the information you are unable to view online.

Note:

- For Federal Employee Program (FEP) member benefits, visit www.fepblue.org. For detailed information or questions, please contact our FEP Customer Service team at 1 (877) 668-4656.
- Eligibility and benefits for BlueCard® members are available by calling 1 (800) 676-2583. For claims status, please contact our BlueCard Customer Service at 1 (888) 526-5321.

This guide includes screenshots to help you quickly find the information you need online.

How to find eligibility information

1. Begin by selecting the 'Search for a Member' link.
 - Enter the member number or the member's last name and date of birth.
 - The results of your search will display the **Search for a Member Result** screen, showing the member's coverage, including eligibility information.

The screenshot shows the 'Search for a Member Result' page. On the left is a navigation menu with links: Home >, Search for a Member > (highlighted with a green circle 1), Search for a Provider >, BlueCard® >, and Logout >. The main content area is titled 'Search for a Member Result' and contains the following information:

Detail Results for your search criteria ("Member ID: ") are shown below. Please select the activity you wish to complete for the selected member.

Member ID Group ID	Member Name Address	Birth Date Relationship Gender

Product Description	Effective	Status / End Date
Medical Innova SGP	05-01-2009	- Active
Rx	05-01-2009	- Active

View Coverage > Medical Claims > Dental Claims > (highlighted with a green circle 2)

Member ID Group ID	Member Name Address	Birth Date Relationship Gender

Product Description	Effective	Status / End Date
Medical Product	05-01-2003	- Termed / 04-30-2009
Pharmacy Product	05-01-2003	- Termed / 04-30-2009

View Coverage > Medical Claims > Dental Claims > (highlighted with a green circle 4)

This screen will indicate if the member's status is:

2. Active - The member is currently covered.
3. Termed - The member's prior coverage (including the end date).

You can also view the effective dates of the member's current or prior coverage.

4. Select the 'View Coverage' link to see details of the member's benefits.

How to find benefit information

Selecting the 'View Coverage' link (see page 1) will direct you to the **Eligibility and Benefits Summary** screen. The following pages show sample screenshots of the sections that will appear on this screen.

Note: Please verify each patient's information online.

Expanded member info

This section provides an overview of the member's information.

Any information we have for the member's primary insurance carrier, including the name and effective date will be shown here. Any pre-existing credits will also be shown with the original effective date.

In the dark blue bar at the bottom of this section, you can search for eligibility and benefit information for a prior date of coverage by entering the date and selecting 'Submit New Date'.

Eligibility and Benefits Summary

This is not a guarantee of payment. The information provided is real-time. Data shown may change as member files are updated.

Expanded member info

<table style="width: 100%; border-collapse: collapse;"> <tr><td>Member</td></tr> <tr><td>Member Name:</td></tr> <tr><td>Relationship:</td></tr> <tr><td>Gender:</td></tr> <tr><td>Member ID:</td></tr> <tr><td>Date of Birth:</td></tr> <tr><td>Address:</td></tr> <tr><td> </td></tr> <tr><td>Group Number:</td></tr> <tr><td>Group Name:</td></tr> </table>	Member	Member Name:	Relationship:	Gender:	Member ID:	Date of Birth:	Address:		Group Number:	Group Name:	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Payer</td></tr> <tr><td>Primary Carrier Name:</td></tr> <tr><td>Original Effective Date:</td></tr> <tr><td>Elig/Pre Ex</td></tr> <tr><td>Pre Ex Credits:</td></tr> <tr><td>Original Effective Date:</td></tr> </table>	Payer	Primary Carrier Name:	Original Effective Date:	Elig/Pre Ex	Pre Ex Credits:	Original Effective Date:
Member																	
Member Name:																	
Relationship:																	
Gender:																	
Member ID:																	
Date of Birth:																	
Address:																	
Group Number:																	
Group Name:																	
Payer																	
Primary Carrier Name:																	
Original Effective Date:																	
Elig/Pre Ex																	
Pre Ex Credits:																	
Original Effective Date:																	

Related Members

[View Coverage>>](#) [Medical Claims>>](#) [Dental Claims>>](#)

[View Coverage>>](#) [Medical Claims>>](#) [Dental Claims>>](#)

Eligibility and Benefits Summary
As of Date:
Submit New Date

Benefit Summary As of

This section includes the product name, effective date and status.

You can also view the member's applicable coinsurance and copayment information.

Information is shown for:

- In- and out-of-network providers
- Upfront benefits
- Emergency room
- Childhood immunizations
- Mental health and chemical dependency
- Office visits

Medical Benefits

Medical Innova SGP	Effective:	05-01-2009
Rx	Status/End Date:	Active
	Effective:	05-01-2009
	Status/End Date:	Active

Benefit Summary As of 03/24/2011

Note: Please check benefit booklets for complete benefit details.


In-Network - Co Insurance	20%
Out-Network - Co Insurance	40%
DXL/CT/MRI/PET Upfront Bnft - Limitation	\$400.00
Emergency Room - Co Insurance	20%
Emergency Room - Co Payment	\$100.00
Childhood Immunization Age Limit - Limitation	18
MH/CD Inpt Unit Max Per Cal Yr - Limitation	8
MH/CD Inpt Unit Max Per Cal Yr - Co Insurance	50%
MH/CD Outpt Unit Max Cal/Yr - Limitation	12
MH/CD Outpt Unit Max Cal/Yr - Co Insurance	50%
Office Visit - Category I - Co Insurance	20%
Office Visit - Category I - Co Payment	\$30.00
Office Visit - Category II - Co Insurance	40%
Office Visit - Category II - Co Payment	\$45.00


Download PDF Booklets

Selecting the 'Complete Plan Booklet' opens a PDF of the member's *Benefit Booklet* which outlines all of the member's benefits in detail. (This document can be several hundred pages in length.)

Download PDF Booklets


To view the members entire Plan Booklet as one file, choose between these links.


[Complete Plan Booklet](#)


[Summary Of Plan](#)

Selecting the 'Summary of Plan' opens a PDF document that briefly describes the member's benefits and exclusions. (This document is usually just a few pages. See sample below.)

Sample Summary of Plan document

Regence InnoVa[®] Medical Plan 

\$30 \$45 Copay
\$2,000 Deductible
80%/60%/60% Coinsurance

Effective Date: May 1, 2010

Benefit Summary	
Lifetime maximum benefit	\$2,000,000
Deductible per calendar year	\$2,000 Per Member \$6,000 Per Family (3 times the member amount)
Maximum coinsurance per calendar year	\$3,000 Per Member \$9,000 Per Family (3 times the member amount)
After the maximum coinsurance is met, the plan pays	100% for the remainder of the calendar year except where noted

Understanding Your Benefits

- Your plan features **Upfront Benefits**. Each office visit is not subject to the deductible for Category 1 and 2 only. In addition, the first \$400 of outpatient laboratory and radiology services per calendar year are not subject to the deductible.
- We will begin to pay benefits for other covered services in any calendar year only after your deductible is satisfied. Your deductible applies for all services unless otherwise specified. Copayments do not count toward the deductible.
- Once you have satisfied any applicable deductible and any applicable copayment, we pay a percentage of the allowed amount for covered services. When our payment is less than 100%, you pay the remaining percentage. This is your **Coinsurance (Member Responsibility)**.

You Select Your Provider and Control Your Out-of-Pocket Expenses

- Category 1.** You choose to see a preferred provider and save the most in your out-of-pocket expenses. Choosing this category means you will not be billed for balances beyond any deductible, copayment, and/or coinsurance for covered services. You can find a list of providers at our Website or by calling Customer Service.
- Category 2.** You choose to see a participating provider and your out-of-pocket expenses will generally be higher than if you choose Category 1 because we may negotiate larger discounts with preferred providers that will result in lower out-of-pocket amounts for you. Choosing this category means you will not be billed for balances beyond any deductible, copayment, and/or coinsurance for covered services.
- Category 3.** You choose to see a provider that does not have a participating contract with us and your out-of-pocket expenses will generally be higher than Category 1. Also, choosing this category means you may be billed for balances beyond any deductible, copayment, and/or coinsurance. This is sometimes referred to as balance billing.

Covered Medical Services (Per Member)	Member Responsibility Category 1	Member Responsibility Category 2	Member Responsibility Category 3
Office Visits (Upfront Benefit)	\$30 copay (deductible waived)	\$45 copay (deductible waived)	40%
Outpatient Laboratory and Radiology Services (Upfront Benefit)	0% (deductible waived)	0% (deductible waived)	0% (deductible waived)
After the Upfront Benefits are Exhausted	20%	40%	40%
Professional Services	20%	40%	40%
Ambulance Services	20%	20%	20%
Blood Bank	20%	20%	20%

Covered Medical Services (Per Member)	Member Responsibility Category 1	Member Responsibility Category 2	Member Responsibility Category 3
Complementary Care	20% (deductible waived)	20% (deductible waived)	20% (deductible waived)
Durable Medical Equipment	20%	40%	40%
Emergency Room (Including Professional Charges)	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay
Genetic Testing	20%	40%	40%
Home Health Care	20%	40%	40%
Hospice Care	20%	40%	40%
Hospital Care	20%	40%	40%
Immunizations for Adults	20%	40%	40%
Immunizations for Children	0% (deductible waived)	0% (deductible waived)	0% (deductible waived)
Maternity Care	20%	40%	40%
Mental Health/Chemical Dependency Services	50%	50%	50%
Neurodevelopmental Therapy	20%	40%	40%
Nutritional Counseling	20%	40%	40%
Orthotic Devices	20%	40%	40%
Prosthetic Devices	20%	40%	40%
Rehabilitation Services	20%	40%	40%
Skilled Nursing Facility (SNF) Care	20%	40%	40%
Temporomandibular Joint (TMJ) Disorders	20%	40%	40%

View medical multi-year accumulators

To view your patient's benefit maximums, how much he or she has used to date, and how much of each benefit is remaining, select the service from the drop-down menu. Then select 'Submit'. The multi-year accumulator information will be displayed below.

Multi-Year Limits

Service: Frames Submit

Period: Calendar beginning January 1 **Per: 2 Years**

Effective Dates 01/01/2011 to 12/31/2012

Limit	Used	Remaining
\$40.00	\$40.00	\$0.00

Accumulations As of

This section indicates the member's benefits that have limits.

For example, you can view the dollar amount or number of visits a member has used to date and how much of the benefit he or she has remaining.

Accumulations As of

Note: Please check benefit booklets for complete benefit details.

	Product Maximum	Used	Remaining
Complementary Care - Individual	\$1,500.00	\$166.66	\$1,333.34
Dental Hospitalization - Individual	\$1,000.00	\$0.00	\$1,000.00
Durable Medical Equipment - Individual	\$7,500.00	\$0.00	\$7,500.00
Coinsurance - Individual	\$2,000.00	\$0.00	\$2,000.00
Genetic Testing Lifetime - Individual	\$5,000.00	\$0.00	\$5,000.00
Coinsurance - Family	\$6,000.00	\$0.00	\$6,000.00
Lifetime - Medical/Vision - Individual	\$2,000,000.00	\$2,071.70	\$1,997,928.30
Medical Deductible - Family	\$750.00	\$0.00	\$750.00
Medical Deductible - Individual	\$250.00	\$0.00	\$250.00
Neurodevelopment Therapy - Individual	\$1,500.00	\$0.00	\$1,500.00
Nutritional Counseling Lifetime Visit - Individual	3	0	3
Rehabilitation, Inpatient - Individual	\$25,000.00	\$0.00	\$25,000.00
Rehabilitation, Outpatient - Individual	\$1,500.00	\$0.00	\$1,500.00
Routine Vision Exam - Individual	1	0	1
TMJ - Individual	\$1,000.00	\$0.00	\$1,000.00
Transplant Donor Expenses Lifetime - Individual	\$50,000.00	\$0.00	\$50,000.00
Transplant Lifetime - Individual	\$250,000.00	\$0.00	\$250,000.00
Up Front Diagnostic, Lab, X-Ray - Individual	\$400.00	\$0.00	\$400.00
Vision Hardware - Individual	\$150.00	\$0.00	\$150.00

Benefit Booklet

This section provides quick links to the information in the member's *Benefit Booklet*.

For example, by selecting 'Complementary Care', you can see information about the member's benefit, including any limits.

Learn more

Please see our Provider Center flyer for instructions on registering for this tool and a complete list of the information (e.g., claims status and payment vouchers) available to you online.

Complete a system tour on our *Provider Web Site* at www.id.regence.com/physician.

Benefit Booklet

These links provide additional information for specific sections of a members benefit contract. Choose a topic below for further detail.

[Ambulance Services](#)

[Appeals - Medical](#)

[Blood Bank](#)

[Complementary Care](#)

[D](#)

[D](#)

[D](#)

[D](#)

Complementary Care

[E](#)

Medical Benefits

[E](#)

[G](#)

Complementary Care

[H](#)

COMPLEMENTARY CARE

[H](#)

Category: All

[H](#)

Provider: All

[I](#)

Payment: We pay 80% and You pay 20% of the Allowed Amount. Your 20% payment of the Allowed Amount does not apply toward the Maximum Coinsurance.

[M](#)

Limit: \$1,500 for all complementary care combined per Member per Calendar Year

[M](#)

[M](#)

We cover the services and supplies of the following Providers: acupuncturists, chiropractors and naturopaths. We also cover acupuncture and chiropractic care under this benefit when performed by any Provider. Not subject to the Deductible.

[M](#)

[N](#)

[N](#)

[Office Visits - Illness, Injury, or Preventive Care](#)



Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association