

Payment

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.

Calculating fees using RVUs and conversion factors

The table below illustrates how to calculate allowances using *Federal Register* RVUs.

1. Find the procedure code in the *Federal Register* and note the RVUs in the *Transitional Facility and/or Non-Facility Total* column.
2. Conversion factor: In this example, we used \$50.
3. Multiply the total RVUs by your conversion factor to determine your allowance.

Calculating a Maximum Allowable Fee:	CPT 99213	CPT 44950
1. Locate total RVUs	(NonFacility) 1.50	(Facility) 10.00
2. Multiply by your conversion factor	<u>X \$50.00</u>	<u>X \$50.00</u>
3. The result is your allowance	<u>\$75.00</u>	<u>\$500.00</u>

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 relations representative 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 BCBSO and Regence Life and Health for claims you have submitted. If payment is due from Regence, a check will be included with the voucher. 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.

Provider Remittance Statements (Payment Vouchers)

Regence BCBSO's double-sided *Provider Remittance Statement* contains information on how we processed your claims, and is commonly referred to as a "voucher" or "payment voucher." Clinics may receive a single check with separate vouchers for each provider within the practice.

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

- Regence BCBSO Traditional
- Preferred Provider Plan
- Regence BCBSO Dental
- 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.

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.

Regular Voucher Sample

Regular vouchers are sent to participating providers for their patients covered under Regence BCBSO traditional (also called indemnity) plans.

Regence		CLAIMS ADMINISTRATION SYSTEM PROVIDER REMITTANCE STATEMENT				PAGE	2		
<small>Regence (Successor/Successors of Origin is an Independent Licensee of the Blue Cross and Blue Shield Association)</small>		ID NO.	000111111	REGULAR VOUCHER	CHECK NO.	000035	DATE 10/14/00		
Ⓐ	D SMITH								
PATIENT NAME PROCEDURE CODE	IDENTIFICATION NUMBER	CLAIM NUMBER	DATES OF SERVICE	TOTAL CHARGES	NON-COVERED CHARGES AND ADJUSTMENTS	ALLOWED CHARGES	DEDUCTIBLE + OTHER INS	PATIENT BALANCE	REGENCE BCBSO TOTAL PAID
Ⓢ INSURED: PUBLIC, JESSE Ⓢ SELF	999229999	GROUP NUMBER: 019075002 527720004 010695 011295		5777.00	197.00	5580.00	75.00	775.00	4805.00 **
99214-OFFICE CALL(S)				210.00	.00	210.00	75.00	102.00	108.00
A4205-ELIGIBLE SERVICES				27.00	.00	27.00	.00	5.40	21.60
Q9934-OTHER SERVICES				45.00	15.00 *	30.00	.00	6.00	24.00
--HOLD HARMLESS ADJUSTMENT									
K0148-MEDICAL EQUIPMENT		010695 010695		5200.00	100.00 *	5100.00	.00	661.60	4428.40
--HOLD HARMLESS ADJUSTMENT									
P2038-DIAGNOSTIC LAB				18.00	.00	18.00	.00	.00	18.00
Q0110-INELIGIBLE SERVICES				32.00	32.00 *	.00	.00	.00	.00
-FEE ADJUSTED ACCORDING TO ADMINISTRATIVE POLICY									
--HOLD HARMLESS ADJUSTMENT									
33739-SURGERY				200.00	50.00 *	150.00	.00	.00	150.00
--HOLD HARMLESS ADJUSTMENT									
33739-SURGICAL SUPPLIES				45.00	.00	45.00	.00	.00	45.00
INSURED: PUBLIC, JOHN		GROUP NUMBER: 092000248							
PUBLIC, JANE	55566*	527710003 032295 033095		380.00	12.50	367.50	50.00	88.70	278.80 **
99213-OFFICE CALL(S)		032295 032495		100.00	5.00 *	95.00	50.00	59.00	36.00
--HOLD HARMLESS ADJUSTMENT									
81000-DIAGNOSTIC LAB		032295 G 35		30.00	.00	30.00	.00	.00	30.00
71020-DIAGNOSTIC XRAY(S)				100.00	.00	100.00	.00	6.00	94.00
99213-OFFICE CALL(S)		032695 033095		150.00	7.50 *	142.50	.00	23.70	118.80
--HOLD HARMLESS ADJUSTMENT									
INSURED: PUBLIC, JOHN		GROUP NUMBER: 092000248							
SELF	555667777	527710001 021695 021695		3738.00	848.13	2889.87	.00	.00	2889.87 **
63005-SURGERY				2600.00	470.00 *	2130.00	.00	.00	2130.00
--HOLD HARMLESS ADJUSTMENT									
71020-INTERPRET XRAY/LAB				18.00	.00	18.00	.00	.00	18.00
63057-SURGERY				420.00	20.00 *	400.00	.00	.00	400.00
--HOLD HARMLESS ADJUSTMENT									
20250-SURGERY				700.00	358.13 *	341.87	.00	.00	341.87
--HOLD HARMLESS ADJUSTMENT									
Ⓒ	TOTAL ITEMS THIS PAGE	3		TOTAL PAID TO PROVIDER THIS PAGE	7973.67				
				TOTAL PAID TO INSURED THIS PAGE	.00				
				TOTAL PAR CHARGES THIS PAGE	9895.00				
				TOTAL PAR PAYMENT THIS PAGE	7973.67				
				TOTAL PAR ADJMENTS THIS PAGE	1057.63				
** TOTAL PAYMENT FOR THIS CLAIM									

Section A

- Provider name and Regence BCBSO identification and/or National Provider Identifier (NPI) number
- Type of voucher (Regular = Participating)
- Voucher page number
- Date and number of check that accompanies this voucher

Section B

- Regence BCBSO policyholder name
- Regence BCBSO group number
- Patient account number (if one was submitted on the claim)

Section C

- Patient name or "SELF" if patient is policyholder
- Member number
- Claim number assigned by Regence BCBSO
- Date(s) of service billed on this claim
- Claims line summary: Totals all single claims line items which follow, including total charges, total non-covered charges and adjustments, total allowed charges, total applied to deductible or paid by other insurance, total patient balance, and total paid by Regence BCBSO

Section D

- CPT or HCPCS code billed
- Written description of the service

- Date(s) of service: Only shown if different from the date(s) on the line(s) above it
- Total charge for the service
- Amount not covered by the member's plan or considered to be an adjustment
- Allowed charge amount: Total charge less non-covered charges and adjustments
- Amount applied to the patient's deductible or paid by other insurance
- Amount of patient responsibility
- Amount paid by Regence BCBSO

Section E

- Page totals

Preferred Provider Plan Voucher Sample

Preferred Provider Plan (PPP) vouchers are sent to preferred providers for their patients covered under Regence BCBSO preferred plans.

Regence		CLAIMS ADMINISTRATION SYSTEM PROVIDER REMITTANCE STATEMENT						PAGE	1
<small>Regence (Blue Cross) of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association</small>		ID NO.	000111111	PREFERRED PROVIDER PLAN VOUCHER			DATE	10/03/00	
D SMITH		CHECK NO.			000033		REGENCE BCBSO TOTAL PAID		
PATIENT NAME PROCEDURE CODE	IDENTIFICATION NUMBER	CLAIM NUMBER	DATE(S) OF SERVICE	TOTAL CHARGES	NON-COVERED CHARGES AND ADJUSTMENTS	ALLOWED CHARGES	DEDUCTIBLE + OTHER INS	PATIENT BALANCE	REGENCE BCBSO TOTAL PAID
INSURED: PUBLIC, JAKE SELF									
99214-OFFICE CALL(S)		444332222	GROUP NUMBER: 099777000 527720002 010895 010895	193.00	37.50	155.50	75.00	103.00	80.50 **
45300-SURGERY				60.00	4.50 *	55.50	10.00	10.00	45.50
--PREFERRED PROVIDER HOLD HARMLESS AMOUNT DO NOT BILL THE PATIENT FOR \$		4.50							
45300-SURGICAL SUPPLIES				40.00	5.00 *	35.00	.00	.00	35.00
--PREFERRED PROVIDER HOLD HARMLESS AMOUNT DO NOT BILL THE PATIENT FOR \$		5.00							
E0188-INELIGIBLE SERVICES				28.00	28.00	.00	.00	28.00	.00
-REJECT									
TOTAL ITEMS THIS PAGE 1				TOTAL PAID TO PROVIDER THIS PAGE	80.50				
				TOTAL PAID TO INSURED THIS PAGE	.00				
				TOTAL PPP ADJUSTMENTS THIS PAGE	9.50				
				PPP TOTAL	80.50				
				TOTAL PAID TO INSURED	.00				
				TOTAL PPP CHARGES	193.00				
				TOTAL PPP PAYMENT	80.50				
				TOTAL PPP ADJUSTMENTS	9.50				
** TOTAL PAYMENT FOR THIS CLAIM									

FORM 1508F (Rev. 6/97)

Section A

- Provider name and Regence BCBSO identification (ID) number and/or NPI
- Type of voucher (Preferred Provider Plan)
- Voucher page number
- Date and number of check that accompanies this voucher

Section B

- Regence BCBSO policyholder name
- Regence BCBSO group number
- Patient account number (if one was submitted on the claim)

Section C

- Patient name or "SELF" if patient is policyholder

- Member number
- Claim number assigned by Regence BCBSO
- Date(s) of service billed on this particular claim
- Claims line summary: Totals all single claims line items which follow, including total charges, total non-covered charges and adjustments, total allowed charges, total applied to deductible or paid by other insurance, total patient balance, and total paid by Regence BCBSO.

Section D

- CPT or HCPCS code billed
- Written description of the service
- Date(s) of service: Only shown if different from the date(s) on the line(s) above it

- Total charge for the service
- Amount not covered by the member's plan or considered to be an adjustment
- Allowed charge amount: Total charge less noncovered charges and adjustments
- Amount applied to the patient's deductible or paid by other insurance
- Amount of patient responsibility
- Amount paid by Regence BCBSO

Section E

- Page totals

Section F

- Final page gives voucher totals

Regular Dental Voucher

Regular dental vouchers are sent to participating dentists for their patients covered under Regence BCBSO dental plans.



CLAIMS ADMINISTRATION SYSTEM PROVIDER REMITTANCE STATEMENT

A → JANE SMITH, DDS
1234 ANY STREET
HOMETOWN, ST 12345

ID NO. 00000000123456

PAGE 1
DATE 02/25/2008
505134

REGULAR VOUCHER

PATIENT NAME PROCEDURE CODE	IDENTIFICATION NUMBER	CLAIM NUMBER	DATES OF SERVICE	TOTAL CHARGES	ADJUSTMENTS	ALLOWED CHARGES	DEDUCTIBLE + CO-INS OTHER INS	PATIENT BALANCE	TOTAL PAID
B → INS: John Q Public	XNA951777819	GROUP: 951777819	CUST SVC: (503) 225-6619 / 1 800 722-5086					PAT ACCT: UNKNOWN	
C → SELF		604229222	020106 020106	211.00	1.00	210.00	.00	42.00	168.00 **
D → 00150-DIAGNOSTIC				49.00	.00	49.00	.00	9.80	39.20
00210-DIAGNOSTIC				89.00	.00	89.00	.00	17.80	71.20
01110-PREVENTIVE				73.00	1.00 *	72.00	.00	14.40	57.60
<p>E → -*HOLD HARMLESS ADJUSTMENT. DO NOT BILL THE PATIENT FOR \$ 1.00 -CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT</p>									
INS: Jan P Public	XNA951777819	GROUP: 951777819	CUST SVC: (503) 225-6619 / 1 800 722-5086					PAT ACCT: UNKNOWN	
00140-DIAGNOSTIC		604824442	021406 021406	64.00	.00	64.00	50.00	52.80	11.20 **
00220-DIAGNOSTIC				47.00	.00	47.00	47.00	47.00	.00
				17.00	.00	17.00	3.00	5.80	11.20

Section A

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

Section B

- Patient name
- Member number (including alpha prefix for BlueCard members)
- Member's group number
- Customer Service phone number
- Patient account number (if submitted with the claim)

Section C

- Insured's name (SELF if insured is the patient)
- Claim number
- First and last dates of service
- Total charges billed for this claim
- Total contractual adjustments
- Total allowed charges
- Total amount of patient responsibility (deductible, copayment, coinsurance or non-covered services)
- Total amount paid by Regence

Section D

- CDT code billed
- Charges and reimbursement for this procedure

Section E

- Messages regarding claim processing

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

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

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 on 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 cut 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: X200000000002
 Pat Acct No: 0123456789 Subscriber ID No: 11100000 Del Prov: JANE SMITH
 Current Network ID: Network Name

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		
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: X200000000003
 Pat Acct No: 1234567890 Subscriber ID No: 99999999 Del Prov: JANE SMITH
 Current Network ID: Network Name

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		
07/19/09	07/19/09	28534	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

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: X200000000004
 Pat Acct No: 9876543210 Subscriber ID No: 22222222 Del Prov: JOHN SMITH
 Current Network ID: Network Name Reference Claim No: 200000000001

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		
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)

(Section C continued)

- 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

(Section D continued)

- 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: 11M0000000#####

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			Total		
Patient Name: JOANNE DOE Insured Name: JOANNE DOE Group No: 7777777 Claim No: X20000000007																		
Pat Acct No: 1111111111 Subscriber ID No: XXX111111111 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																		
REFUND DUE																		
43.48																		

Patient Name: JOANNE DOE Insured Name: JOANNE DOE Group No: 7777777 Claim No: X200000000008																		
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			18.18	42.42	PXN
07/06/09	07/06/09	80050	1	99.00													0.00	G94
Adjusted Claim Total																		
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 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.

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				Units	Billed Amount	Pend Code	Claim Pend Reason
Date of Service From	Through	Proc. Code Modifier					
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.	

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: IIM0000000000001

Page 1 of 2

CLAIM VOUCHER

Medical Plan 1 Claims

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		
05/01/08		MCAA	1	\$50.00	\$50.00				\$50.00						ZMO
Current Claim Total				\$50.00	\$50.00				\$50.00						

Patient Name: JOHN DOE Insured Name: JOHN DOE Group # 8888888 Del Prov: JANE SMITH A Claim # M0000000001
 Patient Acct# 2222222 ID# 111111111 Medical Plan 1 B
 Original Claim 100000000001

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: IIM0000000000001

Page 2 of 2

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 ZMO 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

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

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

Provider ID 100100100
 NPI NO: 0101010101

Date: 11/20/07
 Voucher No: IM000000000143066

Page 1 of 2

CLAIM VOUCHER

B 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		

C Patient Name: JOHN DOE		Insured Name: JOHN DOE				Group # 8888888		Claim #200000000002							
Patient Acct.# 22222222		ID# 111111111				NETWORK		Del Prov: JANE SMITH							
D	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							
E	Current Claim Total			\$130.00	\$125.00	\$5.00		\$125.00							

F PSS: The charge exceeds the allowable amount for this service.															
C Patient Name: JACK BROWN		Insured Name: JACK BROWN				Group # 9999999		Claim #200000000004							
Patient Acct.# 33333333		ID# 123123123				NETWORK		Del Prov: JANE SMITH							
D	11/1/07	11/1/07	D721029	\$215.00	\$166.03			\$112.82	\$25.00	\$28.21	\$48.97	\$102.18			PSS
	Current Claim Total			\$215.00	\$166.03			\$112.82	\$25.00	\$28.21	\$48.97	\$102.18			

F PSS: The charge exceeds the allowable amount for this service.															
G 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)
- 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
- 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 G

- 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 BCBSO 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



Regence HealthCare of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

CLAIM VOUCHER STATEMENT

PAGE 1

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

PROVIDER NUMBER 300000 00

DATE 06/15/05

*** Regence MedAdvantage ***

PATIENT NAME TYPE OF SERVICE	SERVICE DATE	GROSS CHARGES	NET ADJUSTMENT	PAID BY OTHERS	PATIENT RESPONSIBILITY		REASON CODE	BENEFITS PAID
					DEDUCTIBLE	COPAY/OTHER		
(B) JOHN SMITH	MEM #: ZVX92102186		PAT ID: 000196C15		GRP #: 44040001		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 #: ZVX92102186		PAT ID: 000196C15		GRP #: 44040001		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 4411 - 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

PROVIDER NUMBER 300000 00

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		
(E) ***** EXPLANATION OF CODES *****								
402	CLAIM PENDED; WAITING FOR ACCIDENT REPORT FROM SUBSCRIBER.							

FORM 4411 - Front (Rev. 11/03)

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

Federal Employee Program Voucher Sample

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 2280
Burlington, WI 53111-0280
1 (877) 683-4338

PAYMENT VOUCHER

DATE 09/01/10

Regence is an Equal Opportunity Employer
Licenses in the U.S., Canada and the United Kingdom

PAGE 1

A		B		C		D		E		F	
SUBSCRIBER NAME	PATIENT NAME	MEMBER ID	ACCOUNT NO.	CHARGE	CONTRACTUAL ALLOWANCE/DISALLOWED	ALLOWED	PAT.RESP/OTHER INS.	PAID	MSG CODES		
DATES OF SERVICE	L.L.C.T.W	T/S	PROCEDURE	U/\$	BISP						
SUBSCRIBER		FEP 00	102								
08/11-08/11/10	3563357160	02	D2750	19	1	1	87500	00	00	87500	00 219
08/11-08/11/10	3563357160	02	D0220		1		2300	00	00	2300	00 219
D CLAIM TOTAL				89800			89800	00	00	89800	00
SUBSCRIBER		FEP 00									
08/18-08/18/10	3575611590	02	D0120		1	1	5000	00	5000	4200	800 220
08/18-08/18/10	3575611590	02	D1110		1		8000	00	8000	6400	1600 220
CLAIM TOTAL				13000			13000	00	13000	10600	2400
SUBSCRIBER		FEP 00									
08/25-08/25/10	3580608850	02	D0210		1	1	10000	00	10000	00	10000
08/25-08/25/10	3580608850	02	D0120		1		5000	00	5000	2000	3000
08/25-08/25/10	3580608850	02	D1110		1		8000	00	8000	00	8000
CLAIM TOTAL				23000			23000	00	23000	2000	21000
E VOUCHER TOTAL				125800			00	36000		102400	23400
CHECK TOTAL											23400
F 219 - NON-COVERED DENTAL SERVICES-BASIC/BASIC CONSUMER AND STANDARD OPTIONS											
220 - CHARGES FOR DENTAL SERVICES EXCEED DENTAL ALLOWANCE											

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

- Message code/explanation indicating how claim was processed

Section D

- Totals paid for this claim

Section E


- Totals for this voucher
- Total paid on check

Section F

- Explanation of message code(s)

Regence Life and Health Voucher Sample

Regence Life and Health Participating and Preferred Provider Plan (PPP) vouchers are sent to Regence BCBSO participating and preferred providers for their patients covered under Regence Life and Health plans. Brief explanations of each field are listed on the page following this sample voucher.

 Regence <small>Life and Health Insurance Company</small> <small>Independent Licensee of the Blue Cross and Blue Shield Association</small>		CLAIMS ADMINISTRATION SYSTEM PROVIDER REMITTANCE STATEMENT					PAGE 2 DATE 10/14/00		
(A) D SMITH		ID NO.	REGULAR VOUCHER		CHECK NO. 000035				
PATIENT NAME PROCEDURE CODE	IDENTIFICATION NUMBER	CLAIM NUMBER	DATES OF SERVICE	TOTAL CHARGES	NON-COVERED CHARGES AND ADJUSTMENTS	ALLOWED CHARGES	DEDUCTIBLE + OTHER BS	PATIENT BALANCE	REGENCE BCBSO TOTAL PAID
(B) INSURED: PUBLIC, JESSE (C) SELF		999229999	GROUP NUMBER: 019075002 527720004 010895 011295	5777.00	197.00	5580.00	75.00	775.00	4805.00 **
99214-OFFICE CALL(S)				210.00	.00	210.00	75.00	102.00	108.00
A4205-ELIGIBLE SERVICES				27.00	.00	27.00	.00	5.40	21.60
09934-OTHER SERVICES				45.00	15.00 *	30.00	.00	8.00	24.00
--HOLD HARMLESS ADJUSTMENT K0148-MEDICAL EQUIPMENT			010895 010895	5200.00	100.00 *	5100.00	.00	661.60	4428.40
--HOLD HARMLESS ADJUSTMENT P2038-DIAGNOSTIC LAB				18.00	.00	18.00	.00	.00	18.00
(D) 00110-INELIGIBLE SERVICES -FEE ADJUSTED ACCORDING TO ADMINISTRATIVE POLICY --HOLD HARMLESS ADJUSTMENT				32.00	32.00 *	.00	.00	.00	.00
33739-SURGERY --HOLD HARMLESS ADJUSTMENT 33739-SURGICAL SUPPLIES				200.00	50.00 *	150.00	.00	.00	150.00
				45.00	.00	45.00	.00	.00	45.00
INSURED: PUBLIC, JOHN PUBLIC, JANE		555667777	GROUP NUMBER: 092000248 527710003 032295 033095	380.00	12.50	367.50	50.00	88.70	278.80 **
99213-OFFICE CALL(S) --HOLD HARMLESS ADJUSTMENT			032295 032495	100.00	5.00 *	95.00	50.00	59.00	38.00
81000-DIAGNOSTIC LAB 71020-DIAGNOSTIC XRAY(S) 99213-OFFICE CALL(S) --HOLD HARMLESS ADJUSTMENT			032295 033095	30.00	.00	30.00	.00	.00	30.00
			032895 033095	100.00	.00	100.00	.00	8.00	94.00
				150.00	7.50 *	142.50	.00	23.70	118.80
INSURED: PUBLIC, JOHN SELF		555667777	GROUP NUMBER: 092000248 527710001 021895 021895	3738.00	848.13	2889.87	.00	.00	2889.87 **
63005-SURGERY --HOLD HARMLESS ADJUSTMENT				2600.00	470.00 *	2130.00	.00	.00	2130.00
71020-INTERPRET XRAY/LAB 63057-SURGERY --HOLD HARMLESS ADJUSTMENT				18.00	.00	18.00	.00	.00	18.00
20250-SURGERY --HOLD HARMLESS ADJUSTMENT				420.00	20.00 *	400.00	.00	.00	400.00
				700.00	358.13 *	341.87	.00	.00	341.87
(E) TOTAL ITEMS THIS PAGE 3				7973.67					
			TOTAL PAID TO PROVIDER THIS PAGE	7973.67					
			TOTAL PAID TO INSURED THIS PAGE	.00					
			TOTAL PAR CHARGES THIS PAGE	9895.00					
			TOTAL PAR PAYMENT THIS PAGE	7973.67					
			TOTAL PAR ADJMNTS THIS PAGE	1057.63					
** TOTAL PAYMENT FOR THIS CLAIM									

FORM 1506F (Rev. 5/97)

Regence Life and Health Voucher Sample

Section A

- Provider name and Regence identification (ID) number and/or NPI
- Type of voucher
 - Regular = Participating
 - Preferred Provider Plan = Preferred
- Voucher page number
- Date and number of check that accompanies this voucher

Section B

- Regence Life and Health policyholder name
- Regence Life and Health group number
- Patient account number (if one was submitted on the claim)

Section C

- Patient name or “SELF” if patient is policyholder
- Member number
- Claim number assigned by Regence Life and Health
- Date(s) of service billed on this particular claim
- Claims line summary: Totals all single claims line items which follow, including total charges, total noncovered charges and adjustments, total allowed charges, total applied to deductible or paid by other insurance, total patient balance, and total paid by Regence Life and Health.

Section D

- Breaks out individual claim items (or lines) and gives a detailed description of how each was processed. Each line contains the following information:
 - CPT or HCPCS code billed
 - Written description of the service
 - Date(s) of service: Only shown if different from the date(s) on the line(s) above it
 - Total charge for the service
 - Amount not covered by the member’s plan or considered to be an adjustment
 - Allowed charge amount: Total charge less noncovered charges and adjustments
 - Amount applied to the patient’s deductible or paid by other insurance
 - Amount of patient responsibility
 - Amount paid by Regence Life and Health

Section E

- Page totals

Understanding Hospital Payment Vouchers

Note: Applies only to services rendered prior to January 1, 2011

Direct Payment

Hospitals will receive payments direct from Regence BCBSO or Regence Life and Health for all members enrolled in a benefit plan in which hospitals have a signed agreement regardless of whether the patient signs an assignment authorization. Payments in the form of a check are mailed once a week. Please allow approximately 30 days before inquiring about claims for which you have not received payment.

Remittance or Voucher Statements

With each check you receive from Regence BCBSO or Regence Life and Health, you will also receive a *Provider Remittance Statement* or *Claim Voucher Statement*. Vouchers contain information about the payment made for each claim. The following pages contain a sample voucher and explanations to help in interpreting the information you receive on your Regence voucher.

Determining Payment Method

Services provided to patients with Regence BCBSO or Regence Life and Health coverage are reimbursed in a variety of ways depending on the patient's type of benefit contract. Claims are grouped on separate pages of the voucher by the type of benefit contract or coverage.

Summary information for payment made under each type of benefit contract appears on the last page of that section of the voucher. The final page of the voucher summarizes all payments made.

If the payment is based on a DRG assignment, the second line of the Patient Account Number Column of the voucher contains information about the method of reimbursement. The DRG number and one of the following abbreviations are shown on the voucher:

- DRG Claim reimbursed on a per case DRG basis.
- PDIEM Claim reimbursed on a per diem basis.
- OUTLR Payment includes an outlier payment as well as contracted amount.
- SELECT Claim reimbursed as a Select Service (Preferred Provider Plan only).

Hospital Payment Vouchers

Regence BCBSO Provider Remittance Statement

Payments for Regence BCBSO and Regence Life and Health members will be sent to participating hospitals along with the *Provider Remittance Statement* once a week. Payments for Regence Life and Health, Regence MedAdvantage, Regence Innova, Engage, Activate and HSA Healthplan 2.0 and Regence Evolve Individual and Family products and BlueCard claims appear on separate remittance statements.

Below is an explanation of the key information provided on a Regence BCBSO hospital remittance statement for Participating and Preferred Provider Plan members. Regence Life and Health remittance statements have a slightly different logo and contain specific Regence plan information. A sample of the *Provider Remittance Statement* follows.

Section A

- Provider name and Regence BCBSO and/or National Provider Identifier (NPI) number
- Line of business (Regular Participating, Preferred Provider Plan)
- Voucher page number
- Date and number of check that accompanies this remittance statement

Section B

- Insured or policyholder's name
- Regence BCBSO group number
- Hospital's patient account number (if one was submitted on the claim)

Section C

- Patient name or "SELF" if patient is the subscriber
- Member number
- Claim number assigned by Regence BCBSO
- Date(s) of service billed on this particular claim
- Claims line summary: Totals all single claim line items including:
 - Total charges
 - Total noncovered charges and adjustments
 - Total allowed charges
 - Total applied to deductible or paid by other insurance
 - Total patient balance
 - Total paid by Regence BCBSO

Section D

- Breaks out individual claim items and gives a detailed description of how each was processed. Each line contains the following information:
 - CPT or HCPCS code billed
 - Written description of the service
 - Date(s) of service (only shown if different from the date on the line above it)
 - Total charge for the service
 - Amount not covered by the member's plan or considered to be an adjustment
 - Allowed charge amount (total charge less noncovered charges & adjustments)
 - Amount applied to the patient's deductible or paid by other insurance
 - Amount of patient responsibility
 - Amount paid by Regence BCBSO

Section E

- Page totals. Final page of voucher gives voucher totals.

Regence BlueCross BlueShield of Oregon		CLAIMS ADMINISTRATION SYSTEM PROVIDER REMITTANCE STATEMENT				PAGE 1	DATE 08/30/20XX	
ANY HOSPITAL NAME		ID NO. 13899999	REGULAR VOUCHER		CHECK NO. 123456			
PATIENT NAME	IDENTIFICATION NUMBER	CLAIM NUMBER	DATES OF SERVICE	TOTAL CHARGES	ADJUSTMENTS	ALLOWED CHARGES	DEDUCTIBLE + CO-INS + OTHER INS	REGENCE BCBSO TOTAL PAID
INS: DOE, A	111111111	GROUP: 123 21212121	0808XX 0808XX	33.50	CUST SVC: 1 (503) 225-6619 / 1 800 722-5086 .00	33.50	.00	123123123 33.50*
*SECONDARY COVERAGE PAYMENT								
OUTPATIENT DIAGNOSTIC XRAY(S)								33.50
INS: JONES, A	222222222	GROUP: 456 45454545	0815XX 0817XX	665.90	CUST SVC: 1 (503) 225-6619 / 1 800 722-5086 181.10	665.90	199.77	456456456 647.23*
*PARTICIPATING FACILITY RATE GREATER THAN CHARGES								
D INPATIENT NURSERY ROOM								665.90
INS: SMITH, M	333333333	GROUP: 789 78787878	0820XX 0822XX	4181.55	CUST SVC: 1 (503) 225-6619 / 1 800 722-5086 (1297.55)	2084.00	706.25	789789789 2177.75*
*PARTICIPATING FACILITY ADJUSTMENT, DO NOT BILL PATIENT FOR \$1297.55								
INPATIENT SEMI PRIVATE ROOM								1090.00
INPATIENT ANCILLARY CHARGES								3091.55
INS: MOORE, M	444444444	GROUP: 111 39393939	0823XX 0823XX	4520.60	CUST SVC: 1 (503) 225-6619 / 1 800 722-5086 (4667.60)	1853.00	370.60	391391391 1482.40*
*PARTICIPATING FACILITY ADJUSTMENT, DO NOT BILL PATIENT FOR \$4667.60								
OUTPATIENT HOSPITAL SURGERY								4520.60
INS: THOMAS, T	555555555	GROUP: 313 66666666	0622XX 0622XX	6113.80	CUST SVC: 1 (503) 225-6619 / 1 800 722-5086 .00	1115.00	5992.20	391391391 121.60*
OR EB 894 INTEREST \$2 AND USERR NOT PAYABLE								
OUTPATIENT EMERGENCY TREATMENT								5342.80
OUTPATIENT DIAGNOSTIC XRAY(S)								771.00
REJECT								
ADJUSTED TO ALLOWED CHARGE FOR PROCEDURE								
INS: LEE, K	666666666	GROUP: 888 77777777	0830XX 0830XX	56.00	CUST SVC: 1 (503) 225-6619 / 1 800 722-5086 .00	51.95	45.61	456456456 10.39*
OUTPATIENT OFFICE CALL(S)								56.00
E TOTAL PAID TO HOSPITAL THIS PAGE				4472.97				
TOTAL PAID TO INSURED THIS PAGE				.00				
TOT INTEREST PD TO HOSP THIS PAGE				.00				
TOTAL HCC CHARGES THIS PAGE				17571.35				
TOTAL HCC PAYMENT THIS PAGE				4472.97				
TOTAL HCC ADJUSTS THIS PAGE				(5784.05)				

Additional Information

Please refer to the *Filing Claims* section for detailed information on claim submission, and direct and timely billing.

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.

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 60 days to respond. If we do not receive a response after 60 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.

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.