

Regence InnovaSM and EngageSM Online Training

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Introduction

Welcome to the online Regence InnovaSM and EngageSM training program

This training provides an overview of Regence's two products, InnovaSM and EngageSM. This training provides the information you need to identify members, become familiar with member-driven benefit structures and understand our payment vouchers for these members.

Navigate through this training by either clicking on the 'Next' or 'Back' button or choosing an item from the navigation bar on the left. Print the information on any page by clicking on the 'Print Page' icon at the bottom of each page.

Objectives for the online Innova and Engage training include:

- Definitions of self-managed plans
- How to determine member benefits
- An overview of value-added services available for members
- How to determine provider networks
- How to read payment vouchers
- Who to contact for benefit, eligibility and claims questions
- How to find additional resources

What are Regence Innova and Engage?

Innova and Engage are two Regence products designed for all employer groups.

Employers choose from a:

- Range of copayment, coinsurance and deductible amount options
- Wide menu of optional benefits for their employees

Members can choose:

- To seek services from physicians, other health care professionals and facilities contracted with Regence BlueCross BlueShield of Utah (BCBSU) ValueCare or Traditional networks or from non-contracted providers
Note: ValueCare network providers are also referred to as Preferred or PPO and Traditional network providers as Participating or PAR
- Benefit levels and services

These products offer members information and tools to help them manage their health care choices. We refer to these products as **self-managed plans**. These products do not require referrals or primary care physicians.

Innova

Innova is ideal for individuals and families that may seek medical care several times a year. Innova includes:

- Several member benefits that are not subject to a deductible; as well as a variety of benefits that include copayments, deductibles and coinsurance (refer to the benefit summary included later in this training)
- Differing benefit levels based on the member's choice of provider

Engage

Engage offers simplicity for our members. Engage includes:

- Member benefits that are subject to a deductible and coinsurance
- A single benefit level for all providers

Innova and Engage are designed to promote member awareness of their benefits and options. We hope to encourage members to become more involved—to partner with their physicians and other health care professionals—to understand and participate in their health care decisions

Identifying members

Identifying Innova and Engage members

Innova and Engage members can be identified by their unique member card. Cards are printed in four colors, and members can choose from these options:

- Seven background designs:
 - Cityscapes – Boise, Idaho; Portland, Oregon; Salt Lake City, Utah; or Seattle, Washington
 - Snowboarder
 - Graphics – diamonds or circles

Members may choose to list one member name per card or the entire family on each card. Additional information on the card includes:

- Both cards include a symbol that indicates these members have benefits when traveling or living in another service area using the BlueCard[®] Program.
 - The Innova card contains a suitcase logo with PPO in it. This indicates that when traveling, these members have Preferred Provider Organization (PPO) level of benefits when seeking services from a BlueCard PPO provider.
 - The Engage card contains an empty suitcase logo. This indicates that when traveling, members have traditional level of benefits. For more information about the Program, refer to the BlueCard section of our *Administrative Manual*.
- The subscriber suffix on the member card will be listed as “00”.
- The alpha prefixes are: Innova – ZHL; Engage – ZHV
- The product name (Innova, or Engage) is listed in the top right corner on the front of the card. Innova member cards also include office visit (OV) copayment amounts and the total number of upfront office visits.

Note: Members previously covered on a Regence Plan will receive a new member number when they enroll in Innova or Engage.

- Icons on the back of the card indicate various types of benefits available: medical (stethoscope), dental (toothbrush), pharmacy (Rx) and vision (eyeglasses) benefit information. Remember to always verify benefits prior to the visit.
- Only the **member** Customer Service phone number is listed on the card. The **provider** Customer Service phone number is 1 (877) 417-6222.
- Coinsurance and deductible information is not included on the member cards. To obtain this information, use Regence Online Services for Providers available on our *Provider Web Site* at **www.ut.regence.com/physician**.

Innova and Engage have the following features in common

Calendar year deductibles and maximum coinsurance amounts

Services from all providers (ValueCare, Traditional and non-contracted) accumulate to individual and family calendar year deductibles.

There are not separate in- and out-of-network deductibles.

The family calendar year deductible is three times the individual deductible amount, regardless of the number of family members. It is possible for a family to reach the family deductible before the individual deductibles are met.

For example, if each individual deductible is \$250, the family deductible would be \$750. If three family members met \$200 of their individual deductibles (3 x \$200 = \$600) and one family member met \$150 of his or her individual deductible, the family deductible would be met: \$600 + \$150 = \$750.

The same concept applies for maximum coinsurance.

Immunizations

- Childhood immunizations are covered at 100 percent of the allowed amount and are not subject to deductible or coinsurance, even when billed by non-contracted providers.
- Adult immunizations are covered under medical benefits and subject to deductible and coinsurance.
- Travel immunizations are excluded.

Emergency room (ER) services

- \$100 copayment, after which member's deductible and coinsurance apply
- Copayment waived if member admitted as an inpatient
- ER services processed at member's highest benefit level

Built-in benefits and programs

- Pharmacy benefits
- Wellness programs

Innova features and benefits

Innova is ideal for individuals and families that may seek medical care several times a year. A member's benefit level is determined by his or her choice of provider and the services received. For example, when a member seeks services from a ValueCare (Preferred) network provider, the Category 1 choice (highest benefit level) applies and the member incurs the lowest out-of-pocket cost.

| Provider networks | Categories of benefit choices | Benefit levels | Out-of-pocket costs |
|-----------------------------|-------------------------------|----------------|---------------------|
| ValueCare (Preferred) | Category 1 | Highest | \$ |
| Traditional (Participating) | Category 2 | Medium | \$\$ |
| Non-contracted | Category 3 | Lowest | \$\$\$ |

Innova benefits

Innova includes two types of benefits:

- Upfront benefits
- Member cost sharing

Upfront benefits

Innova members have immediate coverage for office visits, including preventive exams and urgent care visits, outpatient radiology and laboratory services. Their deductible is waived for these "upfront" services and coinsurance does not apply.

Upfront office visits

- The first four, six or unlimited office visits per calendar year (depending on the product option selected by the employer group) are not subject to deductible or coinsurance when members see a ValueCare (Preferred) or Traditional (Participating) provider.
- Individual copayment options differ depending on the product option selected by the employer group and the member's choice of provider.
- Copayment options range from
 - \$20 to \$40 for Preferred providers
 - \$35 to \$55 for Participating providers
- A member may access upfront office visits from any provider, as long as the member is within his or her upfront office visit option (four, six or unlimited).
- If the patient chooses to see a non-contracted provider, the visit will be subject to the patient's deductible; after which, Regence will reimburse the member at 75 percent of the Preferred allowance and the member will be responsible to pay all billed charges.
- Once the upfront office visit limit is reached, members seeing non-contracted providers will be reimbursed 70, 60 or 55 percent (depending on the employer group's product selection). Members may be subject to balance billing.

Upfront outpatient radiology and laboratory

The first \$400 of outpatient radiology and laboratory services from a professional, independent laboratory or facility (excluding inpatient services) per calendar year is covered at 100 percent of the allowed amount and not subject to deductible or coinsurance.

Member cost sharing

Members are responsible for deductibles and coinsurance amounts once they:

- Exhaust their upfront benefits or
- Receive a service not classified as an upfront benefit

For example, after members exhaust their upfront office visit benefit, any additional office visits do not require a copayment. However, members will be responsible for their deductible and coinsurance. After their deductible is met, coinsurance applies until the maximum coinsurance is met.

Innova claim example

Scenario:

An Innova member has four upfront office visits, copayment of \$20 (Preferred), \$250 deductible and 90/70/70 percent coinsurance level. The member visits a Preferred provider for a preventive visit. During the visit, the provider removes a suspicious mole. The member's claims are paid as follows:

Benefit impact:

- Office visit: \$20 copayment (three upfront office visits remaining)
- Mole removal (in-office surgery): Subject to \$250 deductible and paid at 90 percent coinsurance
- Mole biopsy (sent to outside lab, may be billed on a separate claim): Charged against \$400 outpatient radiology and laboratory benefit

Note: After upfront office visit limit is met, additional office visits (beginning with the fifth office visit in this scenario) are subject to deductible and coinsurance amounts. After upfront \$400 outpatient radiology and laboratory benefit is met, any additional outpatient radiology and laboratory services are subject to deductible and coinsurance amounts.

For more detailed benefit information, visit the Products section of our *Provider Web Site* at **www.ut.regence.com/physician**.

Engage features and benefits

Engage offers simplicity to our members. Engage members have direct access to their choice of providers with a single coinsurance level that applies to Preferred (ValueCare), Participating (Traditional) and non-contracted providers. There are no upfront benefits. Engage members have cost sharing (deductible and coinsurance) benefits only.

Engage claim example

Scenario:

An Engage member has a \$500 deductible and 80/80/80 percent coinsurance level. The member visits a Preferred provider for a preventive visit. During the visit, the provider removes a suspicious mole. The member's claim is paid as follows:

Benefit impact:

- Office visit
- Mole removal (in-office surgery)
- Mole biopsy (sent to outside lab)

All services accumulate toward \$500 deductible and 80 percent coinsurance.

For more detailed benefit information, visit the Products section of our *Provider Web Site* at **www.ut.regence.com/physician**.

Pharmacy

Innova and Engage include pharmacy benefits. The pharmacy benefit offers a choice of tiered plan designs with three copayment, deductible and cost-share options. Members may be balance billed if a non-participating pharmacy is used.

Employer groups can choose their copayment, deductibles and cost-share maximums:

- **Copayment**
 - \$5 to \$10 for generics
 - \$25 to 35 percent for brand-name formulary and
 - \$50 to 50 percent for brand-name non-formulary

- **Deductible** (Generics are not subject to deductible)
 - \$0
 - \$250
 - \$500

- **Cost-share maximum**
 - \$3,000
 - \$4,000
 - \$5,000

Note: The following supplies are covered under the pharmacy benefit and can be purchased through retail pharmacies:

- Diabetic supplies (test strips, lancets and blood glucose monitors)
- Self-administered injectable drugs. *Exception:* The first three teaching doses per medication per lifetime are covered under the medical benefit. The medication policy on self-administered injectable drugs is located at <http://blue.regence.com/policy/medication>.

Innova and Engage feature:

- RegenceRx
- RegenceRx Web site
- **myRegence.com**, powered by the Regence Engine
- *Regence Preferred Medication List/Formulary*.

More information about RegenceRx can be found in the RegenceRx Pharmacy section of the *Provider Web Site*.

Wellness Programs

Wellness Programs

Innova and Engage include a full spectrum of programs that focus on health promotion activities. These programs support members in each stage of their health care needs, from preventive health and wellness to complex case management. Many programs are “built in” to Innova and Engage, with several programs available as optional benefit riders.

Built-in programs:

- Case Management
- Regence Disease Management
- Special Beginnings®

Optional programs:

- Chemical dependency and mental health treatment
- Unlimited spinal manipulations
- Dental
- Vision

Dental

Three optional dental plans are available for employer groups to purchase: Encore, Radiance and Expressions. Participating dentists and dental professionals are listed in our provider directory on our *Provider Web Site* at www.ut.regence.com/physician.

The plans cover:

- preventive services
 - cleanings
 - oral exams
 - x-rays
- restorative services
 - fillings
 - oral surgery
 - endodontics
 - other similar procedures
- major services
 - crowns
 - bridges
 - onlays
 - dentures
 - endosteal implants

Individual dental deductible options per calendar year are \$25 or \$50.

Individual dental coinsurance maximum options per calendar year are \$750, \$1,000 or \$1,500.

Provider networks

Innova and Engage use our two well-established provider networks (ValueCare “Preferred” or “PPO” and Traditional “Participating”), and non-contracted providers. Members can choose to seek services from any provider. The benefits have been designed to encourage members to seek services from Preferred providers.

ValueCare (Preferred) or Traditional (Participating) providers can be found using our online directories available on our *Provider Web Site* at **www.ut.regence.com/physician**.

Benefit levels differ between Innova and Engage. See the Innova and Engage sections on the previous pages for more information.

Filing Claims

Submit claims for Innova and Engage patients electronically along with other Regence claims or send paper claims to:

Regence BCBSU
Attention: Claims Services
P.O. Box 30272
Salt Lake City, UT 84130-0272

Checking claims status

- View claim information online using Regence Online Services for Providers available on our *Provider Web Site* at **www.ut.regence.com/physician**
- Submit an electronic **276** Claim Status Request transaction through your electronic claims clearinghouse
- Contact Provider Customer Service for these members at **1 (877) 417-6222**

Verifying eligibility and benefits

Use Regence Online Services for Providers available on our *Provider Web Site* at **www.ut.regence.com/physician** or contact Regence Provider Customer Service for Innova and Engage at 1 (877) 417-6222.

Existing medical policies, reimbursement policies and pre-authorization requirements apply to Innova and Engage products. View our medical policies reimbursement policies and the *Group and Individual Products Pre-authorization List* on our *Provider Web Site*.

Reimbursement

Reimbursement for services and supplies provided to Innova and Engage patients will be based upon your current contract. ValueCare (Preferred) providers will receive ValueCare payment allowances and Traditional (Participating) providers will receive Traditional payment allowances. If you are contracted with the ValueCare or Traditional networks, payment will be remitted to you, and hold harmless requirements apply. If you are not contracted with Regence, payment will be sent to the member and you may balance bill the member.

Medical policies, reimbursement policies and preauthorization requirements currently in effect will be followed for Innova and Engage products.

Payment Vouchers

Claims for Innova, Engage and BlueCard® members will be reported on our *Claim Voucher*, produced every Wednesday and mailed no later than Thursday.

Vouchers are arranged in an easy to read, easy to understand format.

- Vouchers are sorted by clinic, then alphabetically by provider
- Individual claims are then sorted by original claims and adjusted claims followed by payment and pended claims summaries sent with the voucher
- You will receive payment for your Innova, Engage and BlueCard patients separately from your other Regence patients
- A guide for reading the *Claim Voucher* and summaries follows:

Provider office managers helped design the 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, then, if applicable, the code(s) bundled into them
- Specific message codes

Sample Voucher

| | | | | | | | | | | | | | | | | | | | | | |
|---|----------------|-----------------------|----------------|--|----------------|------------------------------|-----------------|---------------------|-------------|------------------------|-------|---|-------------|-----------------------------------|------------|--|--|---------------------|--|--|--|
| COMPANY LOGO, ADDRESS | | | | Customer Service Phone No.: 1 (XXX) XXX-XXXX | | | | | | | | | | | | | | | | | |
| Check cut to: MEDICAL CENTER | | Provider ID 100100100 | | | | Date: 11/20/07 | | | | Page 1 of 4 | | | | | | | | | | | |
| A 1234 MAIN ST HOMETOWN USA 12345 | | NPI NO: 0101010101 | | | | Voucher No: IM00000000143066 | | | | | | | | | | | | | | | |
| 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 Patient Acct.# 22222222 | | | | | | | | | | | | ID# 111111111 | | Insured Name: JOHN DOE NETWORK | | Group # 88888888 Del Prov: JANE SMITH | | Claim #200000000002 | | | |
| D | | | | | | | | | | | | | | | | | | | | | |
| 11/12/07 | 11/12/07 | 74150TC | 1 | \$475.00 | \$416.93 | \$58.07 | | | \$416.93 | | | | | | PSS | | | | | | |
| 11/12/07 | 11/12/07 | 72192TC | 1 | \$595.00 | \$435.23 | \$159.77 | | | \$435.23 | | | | | | PSS | | | | | | |
| Current Claim Total | | | | | \$1070.00 | \$852.16 | \$217.84 | | \$852.16 | | | | | | | | | | | | |
| Patient Name: JACK DOE Patient Acct.# 33333333 | | | | | | | | | | | | ID# 123123123 | | Insured Name: JACK DOE NETWORK | | Group # 88888888 Del Prov: JANE SMITH | | Claim #200000000004 | | | |
| 11/1/07 | 11/1/07 | 99213 | 1 | \$75.00 | | | | | | | | | | | ST | | | | | | |
| Current Claim Total | | | | | \$75.00 | | | | | | | | | | | | | | | | |
| ST: Member not eligible for benefits. | | | | | | | | | | | | | | | | | | | | | |
| Total NETWORK Claims | | | | | | | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | | | | | | |
| Billed Amount | Allowed Amount | Contract. Adjustment | Paid By Others | Risk Withhold | Amount Paid | Interest Paid | Balance Forward | Amount(-) Prev Paid | | | | | | | | | | | | | |
| \$1070.00 | \$852.16 | \$217.84 | | | \$852.16 | | | | | | | | | | | | | | | | |

Explanation of payment voucher fields:

| | |
|---|--|
| A – Provider Information | |
| Provider name | Date of check that accompanies this voucher |
| Regence provider identification number | Voucher number |
| National Provider Identifier (NPI) | Voucher page number |
| B – Reference Information and Voucher Field Headings | |
| Name of Network | Customer Service number for providers |
| Date of Service (From/Through) | Paid By Others |
| Procedure Code and Modifier if any | Risk Withhold |
| Units | Amount Paid |
| Billed Amount | Patient Responsibility (Deductible, Copay, Non-covered, Total) |
| Allowed Amount | Interest Paid |
| Contractual Adjustment | Message Codes |
| C – Patient Information | |
| Patient name | Network |
| Patient account number (if one was submitted on the claim) | Member's group number |
| Member number (the alpha prefix will be included for out-of-area BlueCard® members) | Rendering provider's name |
| Insured name | Claim number |
| D – Claims Information | |
| First and last dates of service | Amount paid by another carrier |
| CPT, CDT, or HCPCS codes billed and any modifier | Risk withhold |
| Units of each procedure code billed | Amount paid by Regence |
| Total billed amount for the service | Amount of patient responsibility, including deductible, copayment, coinsurance or any non-covered services, and the total patient responsibility |

| | |
|---|---|
| Amount allowed by member's plan | Any interest paid |
| Contractual adjustment | The message code/explanation indicating how this particular claim was processed |
| E - Total Payment Information for this voucher | |
| Total billed amount | Total amount paid by Regence |
| Total allowed amount | Total interest paid |
| Total contractual adjustments | Total balance forward |
| Total paid by others | Total amount previously paid |
| Total risk withhold | |

Please refer to the Payment section in the *Administrative Manual*, available on the *Provider Web Site* for examples of an adjusted claim voucher, a sample payment summary and a sample pended claims summary.

Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT)

Providers contracted with Regence have the option of having their remittance advices sent electronically and their funds deposited directly into their bank account.

- Electronic remittance advice (ERA) enables your practice management system to automatically post claims payments to patients' accounts and balance accounts receivable.
- Electronic funds transfer (EFT) accelerates payments by depositing funds directly into a bank account.
- ERAs and EFTs can enable your entire billing, accounts receivable and reconciliation process to become paperless.

More information about Electronic Funds Transfer (EFT) can be found in the Payment section of the *Administrative Manual* on our *Provider Web Site* at www.ut.regence.com/physician.

Resources for providers

Need more information? The following resources are available for your convenience:

- *Provider Web Site* comprehensive educational material located at **www.ut.regence.com/physician**
- Innova/Engage Customer Service for Providers: 1 (877) 417-6222
- Provider workshops – watch for dates, locations and registration options on our *Provider Web Site*
- Your provider consultant is always available to answer questions or provide additional training

Educating members

Member education

Regence is dedicated to educating and encouraging our members to play an active role in their health care. These products offer members a choice of providers and benefit levels, and provide useful tools and information to help members with their health care decisions. Descriptions of the resources available to Innova and Engage members are included below.

QuickStart Kit

Once enrolled, each Innova or Engage member receives a comprehensive, individualized *QuickStart Kit* in the mail. This kit includes a member-specific *QuickStart Guide* that gives helpful tips on locating providers and understanding how benefits work. The kit also features a folder with tabs to help members keep their receipts and other health related information organized. Your feedback to us on improving member education was taken into account when designing this kit.

myRegence.com

Members also have access to a wealth of information online using **myRegence.com**, powered by the Regence Engine. This interactive tool includes product-specific information such as copayment and deductible amounts, along with resources and tools to help members navigate the health care system and participate in a wide variety of wellness and education programs. We invite you to log on as our guest using the code PROVIDER and take a tour.

Summary

Innova and Engage

Innova and Engage are two products developed by Regence to encourage our members to take a more active, participatory role in their health care decisions.

Identifying members

You may identify Innova and Engage members by their unique member cards featuring a variety of cityscapes, graphic designs or a snowboarder.

Filing claims

Submit Innova and Engage claims just as you do for any other Regence product.

Claim vouchers

Watch for our claims vouchers for these members as well as BlueCard claims.

Innova and Engage Customer Service for Providers

If you would like to speak to a Customer Service representative about eligibility, benefits, or claims for members with Innova or Engage, contact 1 (877) 417-6222.

Thank you

Thank you for taking our online Innova and Engage provider workshop. If you have any feedback about this workshop, or would like to request additional training, please contact Provider Communications or your provider consultant.