

# 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](http://www.fepblue.org). For detailed information or questions, please contact our FEP Customer Service team at 1 (877) 668-4657.
- 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 (800) 782-8211.

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 'Search for a Member' highlighted (callout 1). The main content area has a title 'Search for a Member Result' and a sub-header 'Detail Results for your search criteria ("Member ID: " ) are shown below. Please select the activity you wish to complete for the selected member.' Below this is a table with columns: Member ID Group ID, Member Name Address, and Birth Date Relationship Gender. A second table shows 'Product Description', 'Effective', and 'Status / End Date' for 'Medical Innova SGP' and 'Rx'. A callout 2 points to the 'Effective' column. Below the table is a 'View Coverage > Medical Claims > Dental Claims >' link (callout 4). A third table shows 'Product Description', 'Effective', and 'Status / End Date' for 'Medical Product' and 'Pharmacy Product'. A callout 3 points to the 'Effective' column. A final 'View Coverage > Medical Claims > Dental Claims >' link is at the bottom (callout 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**

<p><b>Member</b></p> <p>Member Name:</p> <p>Relationship:</p> <p>Gender:</p> <p>Member ID:</p> <p>Date of Birth:</p> <p>Address:</p> <p>Group Number:</p> <p>Group Name:</p>	<p><b>Payer</b></p> <p>Primary Carrier Name:</p> <p>Original Effective Date:</p> <p><b>Elig/Pre Ex</b></p> <p>Pre Ex Credits:</p> <p>Original Effective Date:</p>
--	---

**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
- Office visits

**Medical Benefits**

<b>Medical Innova SGP</b>	Effective:	<b>07-01-2010</b>
	Status/End Date:	<b>Active</b>
<b>Rx</b>	Effective:	<b>07-01-2010</b>
	Status/End Date:	<b>Active</b>

**Benefit Summary As of**

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
Office Visit - Category I - Co Insurance	20%
Office Visit - Category I - Co Payment	\$20.00
Office Visit - Category II - Co Insurance	40%
Office Visit - Category II - Co Payment	\$35.00


## 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*<sup>®</sup> Medical Plan**  
 \$15/\$50 Copay  
 \$250 Deductible  
 80%/60%/60% Coinsurance  
 Effective Date: October 7, 2010



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

---

**Benefit Summary**

Lifetime maximum benefit	\$2,000,000
Deductible per calendar year	\$250 Per Member
Maximum coinsurance per calendar year	\$500 Per Family (2 times the member amount) \$1,500 Per Member
After the maximum coinsurance is met, the plan pays	\$3,000 Per Family (2 times the member amount) 100% for the remainder of the calendar year except where noted

---

**Understanding Your Benefits**

- Your plan features **Uplift Benefits**. Each office visit is not subject to the deductible for Category 1 and 2 only. In addition, the first \$1,000 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 (deductible waived)	Member Responsibility Category 2 (deductible waived)	Member Responsibility Category 3 (deductible waived)
Office Visits (Uplift Benefits)	\$15 copay	\$30 copay	25%
For illness, injury or prenatal care			
Outpatient Laboratory and Radiology Services (Uplift Benefits)	0%	0%	0%
• The first \$1,000 per calendar year			
After the Uplift Benefits are Exhausted	20%	40%	40%
• Laboratory and radiology services			
Professional Services	20%	40%	40%
• Surgery, repeat visits, diagnostic procedures and therapeutic injections			
Ambulance Services	20%	20%	30%
Blood Bank	20%	20%	20%

Covered Medical Services (Per Member)	Member Responsibility Category 1	Member Responsibility Category 2	Member Responsibility Category 3
<b>Durable Medical Equipment</b>	20%	40%	40%
• \$7,500 per calendar year maximum benefit			
<b>Emergency Room (Including Professional Charges)</b>	0% after \$100 copay (deductible waived)	0% after \$100 copay (deductible waived)	0% after \$100 copay (deductible waived)
• Copay waived if admitted directly to a hospital or facility on an inpatient basis			
<b>Genetic Testing</b>	20%	40%	40%
• \$5,000 per member lifetime maximum benefit			
<b>Home Health Care</b>	20%	40%	40%
<b>Nursing Care</b>	20%	40%	40%
• 14 respite care day limit per member lifetime			
<b>Hospital Care</b>	20%	40%	40%
• Inpatient, Outpatient and Ambulatory Service Facility			
Immunizations (deductible waived)	0%	0%	0%
<b>Maternity Care/Adoption Benefit</b>	20%	40%	40%
• Adoption limit: \$4,000 per pregnancy			
<b>Mental Health/Chemical Dependency Services</b>	20%	40%	40%
<b>Neurodevelopmental Therapy</b>	20%	40%	40%
• Covered for children age 6 and under			
• \$1,500 per calendar year maximum benefit			
<b>Nutritional Counseling</b>	20%	40%	40%
• 3 visit limit per member lifetime			
<b>Orthotic Devices</b>	20%	40%	40%
• \$500 per calendar year maximum benefit			
<b>Prosthetic Devices</b>	20%	40%	40%
• \$20,000 per calendar year maximum benefit			
<b>Rehabilitation Services</b>	20%	40%	40%
• Inpatient: \$5,000 per calendar year maximum benefit			
• Outpatient: \$2,500 per calendar year maximum benefit			
<b>Skilled Nursing Facility (SNF) Care</b>	20%	40%	40%
• 60 inpatient-day limit per calendar year			
<b>Spinal Manipulation</b>	20%	40%	40%
• 10 spinal manipulations per calendar year			
<b>Temporomandibular Joint (TMJ) Disorders</b>	20%	40%	40%
• \$1,000 per calendar year maximum benefit			
<b>Transplants</b>	20%	40%	40%
• 12 month waiting period (you may receive credit from your prior medical coverage)			
<b>Vision Services</b>	0%	20%	0%
• Exam: 1 routine eye exam per calendar year (deductible waived)			

---

**Prescription Medication Benefits**

A nationwide network of Participating Pharmacies is available to you. Pharmacies that participate in this network submit claims electronically. You can find a list of Participating Pharmacies at our Website, [www.myregence.com](http://www.myregence.com).

Individual deductible per calendar year	N/A
Individual maximum coinsurance per calendar year	\$4,000 (calculated separately from your medical maximum coinsurance)

## 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 2011

Note: Please check benefit booklets for complete benefit details.

	Product Maximum	Used	Remaining
Adoption Indemnity Benefit - Individual	\$4,000.00	\$0.00	\$4,000.00
Durable Medical Equipment - Individual	\$7,500.00	\$0.00	\$7,500.00
Coinsurance - Individual	\$1,500.00	\$0.00	\$1,500.00
Genetic Testing Lifetime - Individual	\$5,000.00	\$0.00	\$5,000.00
Coinsurance - Family	\$3,000.00	\$0.00	\$3,000.00
Lifetime - Medical/Vision - Individual	\$2,000,000.00	\$1,156.43	\$1,998,843.57
Medical Deductible - Family	\$500.00	\$0.00	\$500.00
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
Orthotics - Individual	\$500.00	\$0.00	\$500.00
Prostheses - Individual	\$20,000.00	\$0.00	\$20,000.00
Rehabilitation, Inpatient - Individual	\$25,000.00	\$0.00	\$25,000.00
Rehabilitation, Outpatient - Individual	\$2,500.00	\$0.00	\$2,500.00
Routine Vision Exam - Individual	1	0	1
Spinal Manipulations - Individual	10	0	10
TMJ - Individual	\$1,000.00	\$0.00	\$1,000.00
Up Front Diagnostic, Lab, X-Ray - Individual	\$1,000.00	\$0.00	\$1,000.00

## Benefit Booklet

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

For example, by selecting 'Spinal Manipulations', you can see the member's benefit for Preferred, Participating and Non-participating providers. The description also indicates any limits.

Note: For provider network information, please refer to the member card.

### 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.ut.regence.com/physician](http://www.ut.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.

[Adoption Benefit](#)

[Spinal Manipulations](#)

## Spinal Manipulations

### Medical Benefits

#### Spinal Manipulations

##### SPINAL MANIPULATIONS

Category: 1	Category: 2	Category: 3
Provider: Preferred	Provider: Participating	Provider: Nonparticipating
<b>Payment:</b> After Deductible, We pay 80% and You pay 20% of the Allowed Amount. Your 20% payment will be applied toward the Maximum Coinsurance.	<b>Payment:</b> After Deductible, We pay 60% and You pay 40% of the Allowed Amount. Your 40% payment will be applied toward the Maximum Coinsurance.	<b>Payment:</b> After Deductible, We pay 60% of the Allowed Amount and You pay balance of billed charges. Your 40% payment of the Allowed Amount will be applied toward the Maximum Coinsurance.
<b>Limit:</b> ten spinal manipulations per Member per Calendar Year		

We cover spinal manipulations performed by any Provider. We consider manipulations that are applied toward any Deductible as benefits provided and apply them against any Maximum Benefit limit on these services. Manipulations of extremities are covered under the neurodevelopmental therapy and rehabilitation services benefits in this Medical Benefits Section.



Regence

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