

Introduction

About the *Administrative Manual*

The Regence BlueCross BlueShield of Oregon (Regence BCBSO) *Administrative Manual* was developed for contracted physicians, other health care professionals, facilities and their staff. The manual can be used as a day-to-day reference for answering questions and solving problems and as a training tool for new employees. For the purposes of the manual, the term “provider” will be used collectively to refer to any physician, other health care professional or facility.

Using your *Administrative Manual*

The *Administrative Manual* is divided into sections. Each section allows easy navigation to the content you are interested in viewing.

As the manuals are updated, we will post revised content online and make reference to the sections that are changing in our newsletter, *The Connection Online*SM. Our newsletter is published in February, April, June, August, October and December. It is available in the Provider Library section of our *Provider Web Site* at www.or.regence.com/provider. Please review new content promptly to ensure you have the most current and reliable information.

To get the most out of your *Administrative Manual*:

1. Go through the manual and identify the sections you will use most often.
2. Review the *Glossary* to learn terms you don't know.
3. Read sections pertaining to your position carefully.
4. To help us assist you, have your manual handy when contacting us.

Questions or Suggestions

If you have questions or suggestions about this manual, please contact your provider relations representative or provider consultant, or email us at or_provider_communications@regence.com

The *Administrative Manual* is available in the Provider Library section of our *Provider Web Site* at www.or.regence.com/provider.

Network Participation

As a participating provider with Regence BCBSO, you have signed one or more of the following network agreement(s):

- Participating
- Preferred Provider Plan (PPP)
- Regence MedAdvantage

These networks participate in the national BlueCard® Program. All providers must be Regence BCBSO Participating providers in order to be considered for the other networks.

Your agreement with us requires that we provide this manual and that you, your office staff and any vendors you use follow the requirements it contains. This manual may impose obligations beyond those listed in your agreement. In the case of conflicts, your agreement takes precedence unless the manual specifically overrides the agreement. Other benefits and responsibilities of participation are listed below.

Benefits of Participation

- Claim payments are made to you directly on a weekly basis.
- Provider relations representatives and provider consultants are available to help you and your staff.
- You are listed in Regence provider directories (depending on the agreements you signed) made available to Regence members.
- You may provide input on Regence reimbursement and medical policies. See the Medical and Reimbursement Policy section for more information.
- Regence members have financial incentives to seek care from you because their expenses will be limited to deductible, copayment and coinsurance amounts, and charges for non-covered items. They may also pay a lower deductible, copayment and/or coinsurance if care is provided by a participating or preferred provider.

Responsibilities of Participation

As a participating provider, you have agreed to:

- Cooperate with Regence's Member Grievance and Appeal Procedures.
- Bill Regence directly for covered services. Patients should not be asked to submit claims.
- Direct patients to physicians, other health care professionals and facilities participating on the network used by the member's plan whenever possible.
- Accept Regence's Maximum Allowable Fees (depending on which agreements you have signed) as payment in full for covered services for all Regence and affiliated members. Your patients are only responsible for copayment, coinsurance and deductible amounts, and for services not covered by their benefit contract. Refer to

the Payment section of the manual for more information on hold harmless and calculating Maximum Allowable Fees.

Company Profiles, Affiliates and Subsidiaries

Listed below are Regence affiliates and subsidiaries:

Regence

Regence is made up of The Regence Group, a holding company that oversees the affiliation of Regence BlueShield of Idaho, Regence BlueCross BlueShield of Oregon (Regence BCBSO), Regence BlueCross BlueShield of Utah (Regence BCBSU) and Regence BlueShield (in Washington) – each an independent licensee of the Blue Cross and Blue Shield Association.

The Regence Group is headquartered in Portland, Oregon. Regence and its affiliated plans serve approximately 3 million northwest and intermountain residents. Regence has the size and impact of many large national companies, while maintaining its accessible hometown base. The organization is designed to make it easy for multi-state employers to offer a consistent package of health benefits, regardless of their location in the Northwest and Intermountain regions.

Regence Mission Statement

We will provide our members with the best value in health plans (and other benefit programs), insurance and administrative services, and health care delivery. We will accomplish this by being member-focused and market driven as we use the strengths, synergy and opportunities created by Regence.

Corporate Values and Principles

The sustaining values that drive the mission of Regence are integrity, courage, innovation and accountability.

Regence BlueShield of Idaho

Regence BlueShield of Idaho joined the Blue Shield association in the 1960s after originally being incorporated as the North Idaho District Medical Service Bureau by 27 physicians from the North Idaho Medical Society in 1946. Regence BlueShield of Idaho is a not-for-profit health insurance company serving over a quarter of a million members across Idaho.

Regence BCBSO

Regence BCBSO was incorporated in 1983 as a result of the merger of Blue Cross of Oregon and Oregon Physicians Service (OPS) - Blue Shield, both founded in 1941.

Regence BCBSO is a not-for-profit health insurance company serving almost a million members in Oregon and Clark County, Washington.

Regence BCBSU

Regence BCBSU was founded in 1942 as Utah's first health insurance carrier. Physician services were added two years later. Regence BCBSU is a not-for-profit health insurance company serving over 600,000 members across Utah.

Regence BlueShield (in Washington)

Regence BlueShield, based in Washington, was established in April 1997 through the merger of King County Medical Blue Shield and Pierce County Medical Bureau Inc. King County Medical was incorporated in 1933. Pierce County Medical was founded in 1917—the first prepaid medical plan in the United States. Regence BlueShield is a not-for-profit health insurance company serving over a million members in 22 counties throughout Washington.

Regence Life and Health

Regence Life and Health Insurance Company, headquartered in Portland, Oregon, is a wholly owned subsidiary of The Regence Group. Regence Life and Health underwrites group health insurance policies sold throughout the Regence service area. These insurance policies are marketed through Regence to large, multi-state employers. Regence Life and Health plans use the Participating and Preferred networks of each Regence plan.

Healthcare Management Administrators, Inc.

Healthcare Management Administrators, Inc. (HMA) is a third-party administrator owned by Regence. HMA administers health policies for employers who wish to offer self-funded health plans for their employees. HMA uses provider networks from multiple carriers, including Regence Participating and PPP networks. Additional information about HMA is located in the Payment section of this manual.

Code of Business Conduct

Regence and its affiliates have worked hard to earn and maintain a reputation for highly ethical business practices. These practices are based on fairness, integrity and honesty. We are committed to strict compliance with all federal, state and local laws and regulations that apply to our business. We expect the same of those with whom we do business.

Our ethics and compliance standards are expressed in our Code of Business Conduct. Among other subjects, the Code addresses the following:

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| ✓ Core values | ✓ Safety, health and environment | ✓ Improper payments |
| ✓ Making good decisions | ✓ Dealing with customers/ suppliers | ✓ Honorariums |
| ✓ Reporting issues and concerns | ✓ Gifts, gratuities and entertainment | ✓ Books and records |
| ✓ Conflicts of interest | ✓ Federal programs | ✓ Proper accounting |
| ✓ Reciprocity | ✓ Political activity and contributions | ✓ Member information |
| ✓ Payments to agents, representatives, providers and consultants | ✓ Confidential information and trade secrets | ✓ Employee information |

We are committed to conducting business only with physicians and other health care professionals, facilities, agents, consultants, contractors and suppliers who support our employees' compliance with our Code. We appreciate your full cooperation with this commitment so that our relationship with you will be built on the same high ethics and compliance standards. If at any time you become aware of a situation or practice that may not comply with these standards, please contact any one of Regence's Ethics and Compliance Officers. Their contact information is listed below.

- Idaho: **Eddy Chapman (208) 798-2122**
- Oregon: **Jackie Yerby (503) 226-8769**
- Utah: **Randy Romrell (801) 333-5691**
- Washington: **Harry Carstens (206) 464-3653**

If you wish to remain anonymous, you may also contact a Compliance Officer through one of the Ethics and Compliance Resource lines:

- Idaho: **1 (800) 438-1608**
- Oregon: **1 (800) 308-1228**
- Utah: **1 (800) 377-8446**
- Washington: **1 (888) 809-2334**

We will attempt to protect the confidentiality of anyone who reports suspected misconduct, but some circumstances may make that impossible. Choosing to make an anonymous report may limit our ability to conduct an investigation and may result in no corrective action being taken. No employee who is accused of a violation will be disciplined solely on the basis of an anonymous report.

Confidentiality

Regence is committed to the highest level of confidentiality with our members' personal and medical information, and actively enforces the Health Insurance Portability and Accountability Act (HIPAA) regulations. Our employees are held to high standards in

accessing and maintaining confidential information as outlined in our corporate and departmental policies and procedures.

You are permitted to disclose protected health information to Regence for treatment, payment, and health care operations as long as you and Regence both either have or had a relationship with the member. Generally, an authorization from the member is not required for disclosures made for these purposes. Disclosures of protected health information must be limited to the minimum amount necessary, except for treatment purposes.

There may be times when medical data is measured to determine if additional services or benefit changes should be considered. Such information is reviewed within the guidelines of our corporate confidentiality policy and is not shared in a patient-identifiable format without our members' consent.

Confidentiality Requirements

As a Regence participating provider, it is your responsibility to abide by all applicable provisions of the law concerning the confidentiality of patient information and records. Regence members are informed of our commitment to protect the confidentiality of their information and records. The following is Regence's policy regarding patient confidentiality.

Access to Records

Members have the right to obtain and inspect a copy of their personal information for as long as we or our business associates maintain it. Requests should be sent to the address on the member card.

Use of Measurement Data

Regence collects and analyzes claim information to perform utilization management, case management and other clinical activities. The data is used to identify areas of improvement for the care and service members receive.