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## **Post-Sale Disclosure Statement: Health Care Patient Bill of Rights**

This Q & A summarizes many of the terms and conditions of our plans and supplements your benefit booklet.

**Please note:** As you read this information, keep in mind that the references to "you" refer to both you *and* your enrolled dependents (if applicable), unless specifically noted otherwise.

### **What additional information can I get from Regence BlueCross BlueShield of Oregon upon request?**

- Any documents or other information referred to in the contract or benefit booklet.
- Annual accounting of all payments made by Regence BlueCross BlueShield of Oregon which have been counted against any payment limitations, visit limitations, or other overall limitations under the plan.

### **What is Regence BlueCross BlueShield of Oregon accreditation status with national managed care accreditation organizations, including effectiveness performance using HEDIS? Is the HEDIS data published and how can I access HEDIS data?**

Regence BlueCross BlueShield of Oregon has not chosen to seek NCQA accreditation. Instead, as part of our quality improvement process, we calculate and utilize selected HEDIS rates. Additionally, as required by contract, we report specified HEDIS rates to NCQA Quality Compass, CMS [Center for Medicare & Medicaid Services] and the Washington Department of Social and Health Services. These organizations publish the rates accordingly. For more detailed information, contact Customer Service and ask to speak with our Quality Programs Department.

### **How do I, if necessary, consult a provider other than my Personal/Primary Care Provider (PCP)?**

PCPs are not required on Engage, Activate, Regence HSA 2.0, or Regence Preferred plans.

### **Descriptions of and justifications for provider compensation programs.**

Regence BlueCross BlueShield of Oregon does not employ the providers within the Regence network. Providers are contracted to provide services on a fee-for-service basis and are paid from fee schedules for the services provided.

### **What procedures may require prior authorization from Regence BlueCross BlueShield of Oregon and how do I obtain that authorization?**

Prior authorization, also known as preauthorization, is the process we use to determine the medical necessity of a service before it is rendered. Contact our Customer Service department at the phone number on the back of your Member card, or ask your provider for a list of services that need to be preauthorized. Preauthorization is your assurance that medical services will not be denied because they are not medically necessary. In most cases, your provider will initiate the preauthorization process. You may also call Customer Service for additional information about the preauthorization process.

### **Description of any reimbursement or payment arrangements between the company and a provider or network.**

Regence BlueCross BlueShield of Oregon pays an allowed amount to providers for covered services and supplies under the plan. For preferred and participating providers, the allowed amount is what the providers contractually agree to accept as payment in full for a service or supply. For nonparticipating providers who are not accessed through the BlueCard® Program, the allowed amount is an amount Regence BlueCross BlueShield of Oregon determines to be reasonable charges for covered services or supplies. The allowed amount may be based upon the billed charges for some services, as determined by Regence BlueCross BlueShield of Oregon or as otherwise required by law. For nonparticipating providers accessed through the BlueCard® Program, the allowed amount is the lower of the provider's billed charges and the amount that the on-site BlueCross and/or Blue Shield organization identifies to Regence BlueCross BlueShield of Oregon as the amount on which it would base a payment to that provider.

### **What is the plan's appeal / grievance process, including appeals / grievances for claim or service denial and for dissatisfaction with care?**

For the most up to date copy of the plan's appeal / grievance process, visit our Web site at [myRegence.com](http://myRegence.com) or

review the member appeal process described in your benefit booklet.

**How do I access and request copies of health disclosure information in other formats?**

You may request copies of health disclosure information in paper or electronic form by calling Customer Service. You may also visit our website at [or.regence.com](http://or.regence.com) for disclosure information.