



Health Care Delivery Policy and Procedure

Policy Name: Reimbursement
Policy Number: Administrative – 08
Effective Date: 10/01/04
Revision Date: 05/01/2022

Review Date: 05/01/2022

Approval Signature

DSVP, IL Health Care Delivery

Line of Business

Commercial

HMO

PPO

Retail, Exchange Affected Markets

HMO

PPO

HPN

Government

HMO

PPO

Approving Body

Policy and Procedure Committee

Date: 04/28/2022

Details

Policy:

Reimbursement for services provided to Blue Choice, PPO and High Performance Network (HPN) members will be fee-for-service.

Purpose:

To describe the methodology whereby the Plan determines the level of provider reimbursement for services rendered to Blue Choice, PPO and HPN members.

Guidelines:

1. Reimbursement for services will be issued on a timely basis and directly to the provider. All payments issued will be fee-for-service and based on Blue Choice, PPO and HPN Schedules of Maximum Allowances (SMA).

Procedure:

A. Base Compensation

1. The Blue Choice, **PPO and** HPN Programs will pay physicians on a fee-for-service basis up to a maximum charge allowance. The Blue Choice, PPO and HPN Payment is based on the Resource Based Relative Value Scale. Claims are paid at the lower of either the billed charges or the established Fee Allowance.
2. The provider may not bill the member for fees that are in excess of the SMA.

3. The provider may bill the member for services not covered by the contract and for any copayment, deductible or coinsurance amounts payable under the contract.

Should you have questions or concerns about this policy, please contact the Provider Telecommunications Center at (800) 972-8088, or your assigned Provider Network Consultant.