# **Payment Policy** | BCBSRI Provider Transparency



**EFFECTIVE DATE:** 04|16|2013 **POLICY LAST UPDATED:** 04|16|2013

#### **OVERVIEW**

This policy documents Blue Cross Blue Shield of Rhode Island (BCBSRI) Provider Transparency.

<u>NOTE</u>: The effective date of this policy relates to the date BCBSRI created documentation to reflect reimbursement processes that are established and do not indicate a change in the payment process.

## PRIOR AUTHORIZATION

Not applicable

#### **POLICY STATEMENT**

Effective June 1, 2013, the following language is included in all Physician and Provider Agreements: BCBSRI and its Providers shall treat the terms of contracts as confidential information and shall not disclose the terms of these agreements to any other party, except attorneys, accountants and consultants in their course of business with either BCBSRI or the Provider, unless required by state or federal law or as required to support BCBSRI's business or regulatory needs including but not limited to transparency programs. A request by a state or federal agency will be deemed to be a requirement of state or federal law. The parties shall provide each other with reasonable notice where possible of any such disclosures required by state or federal law.

#### MEDICAL CRITERIA

None

### BACKGROUND

BCBSRI supports transparency and believes that disclosing data to consumers and patients regarding the cost of healthcare services is critical to improving our healthcare system and that cost and quality transparency is required to improve affordability.

COVERAGE BlueCHiP for Medicare | Commercial | Not applicable

**CODING** Not applicable

**RELATED POLICIES** None

PUBLISHED Provider Update May 2013

#### REFERENCES None

#### ----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

