



Random
Medical Claims
Audit Report

Prepared for: City of Vancouver
Administrator: Regence BlueCross BlueShield of Oregon
Audit Period: 1/1/2023 - 12/31/2023
Delivered: March 18, 2025

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BMI

Audit Services

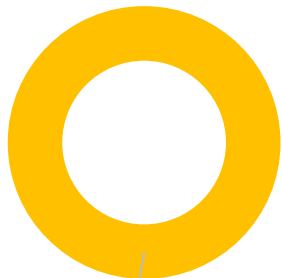
\$7,276,552.14
Total dollars paid.

24,920
Total # of claims paid.

\$1.27M
Random payments sampled.

100
Random claims sampled.

Total Findings



No Error (100):
\$1,265,401.94

1/1/2023 - 12/31/2023
Timeframe of claims audited.

Background Details

BMI Audit Services was contracted to assess the accuracy of claims payments under City of Vancouver's group healthcare plan during the audit period 01/01/2023 through 12/31/2023. Based upon a Regence BCBS data file containing 24,920 claims with a value of \$7.27 million for the audit period, BMI sampled a total of 100 claims. Samples were selected on a random basis and reviewed for payment and processing accuracy. This report presents the key findings of this audit.

Summary

Based on the random sample of claims reviewed and the procedures that were performed, it is BMI's opinion that Regence BCBS is processing claims appropriately, as expected, and that their systems, training, investigative techniques, and documentation practices are consistent with the intent of the healthcare plan. The audit review found 100% of the claims sampled were processed and paid appropriately. See Exhibits for details on each sample claim.

RANDOM SAMPLE

Samples were selected based on a random stratified sampling. For each sample, BMI reviews the claim for adjudication accuracy using documentation details of claimant eligibility, provider network, duplicate payment, potential covered service, deductible, out of pocket maximum, limited service, excluded service, coordination of benefits, and other party liability potential.

After thorough review of all samples, it is confirmed that **all claims processed correctly**.

Accuracy Results

100%

Payment

of claims without payment errors
divided by # of claims in sample

Financial

\$ of sample claims paid accurately
divided by total \$ of sample claims

Processing

of claims without error
divided by # of claims in sample

\$1,265,401.94
Total payments sampled.

100
Total # of claims sampled.

27.08
Turnaround time.




Detail of Claims by Payment Strata


# Paid	\$ Paid	% of Whole	# Sampled	
19,503	\$2,549,710	40%	40	\$0.00 to \$500.00
1,011	\$667,565	11%	11	\$500.01 to \$1,000.00
384	\$585,698	9%	9	\$1,000.01 to \$2,500.00
96	\$325,935	5%	5	\$2,500.01 to \$5,000.00
77	\$534,494	8%	8	\$5,000.01 to \$10,000.00
22	\$260,708	4%	4	\$10,000.01 to \$15,000.00
19	\$358,334	6%	6	\$15,000.01 to \$25,000.00
21	\$1,056,697	17%	17	\$25,000.01 and up
21,133	\$6,339,140	100%	100	Totals:

PERFORMANCE GUARANTEES

BMI reviewed the performance guarantee which City of Vancouver holds with Regence BCBS. Performance Guarantees outline specific performance standards that the TPA must meet, often including penalties if those standards are not achieved. This helps to guarantee a certain level of service quality in claims handling and administration by Regence BCBS on behalf of City of Vancouver.

Below are the accuracy results found while reviewing the randomly selected medical claims audit samples.

	CONTRACTUAL AGREEMENT	ACCURACY RESULTS
Payment Accuracy # of claims without payment errors (100) divided by # of claims in sample (100)	N/A	 100.00%
Financial Accuracy \$ of sample claims paid accurately (\$1,265,401.94) divided by total \$ of sample claims (\$1,265,401.94)	97.0% - 100.0%	 100.00%
Processing Accuracy # of claims without payment/non-payment errors (100) divided by # of claims in sample (100)	95.0% - 100.0%	 100.00%
Turnaround Time The average number of days between claim receipt and claim payment.	30.00 days	27.08 days

 = meets contractual agreement  = below contractual agreement



LONG TERM SOLUTIONS

Follow-up audit.

BMI recommends a one year follow up audit. This gives you the opportunity to confirm there are no new concerns that have occurred since the prior audit was conducted.

Dependent audit.

On average, 4-10% of dependents covered on any given health plan are ineligible for coverage. This presents a plan with ERISA compliancy risks as well as exposure to unnecessary expenses. A dependent eligibility audit reduces exposure and assists with ERISA compliancy.

Exhibits



Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
1	Strata 1	VHA HSA \$1500 \$5000 Active	X			Sample claim was reviewed for office visit. The member is eligible, has no other insurance, deductible has been met. Member has not met the out of pocket for the year. Claim paid correctly applying coinsurance. No error on claim.		
2	Strata 1	VHA HSA \$1500 \$5000 Active	X			Sample claim was reviewed for mental health office visits. The member is eligible, has no other insurance, and both the deductible and out of pocket have been met for 2023. The claim processed correctly at 100%. No error on claim.		
3	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for follow up office visit. The member is eligible, has no other insurance, and both the deductible and out of pocket have been met for 2023. The claim processed correctly at 100%. No error on claim.		
4	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for an office visit with office surgery. The member is eligible, has no other insurance, and both the deductible and out of pocket have been met for 2023. The claim processed correctly at 100%. No error on claim.		
5	Strata 1	COV HSA \$1500 \$5000 Active	X			Sample claim was reviewed for office visit. The member is eligible, has no other insurance, family deductible has been met. The family has not met the out of pocket for the year. This claim should have processed with a 20% coinsurance. Sample is overpaid \$85.64	This claim was processed correctly with no member cost share. As noted on the EOB that was provided with the sample details, the member's out of pocket limit was met when this claim was processed. The 2023 Benefit book outlines the limit of \$5000 for each covered claimant on a family plan. Please see the Out of Pocket Maximum section which states "No one Family member may contribute more than the amount indicated for the Single Coverage Out-of-pocket Maximum toward the Family Coverage Out-of-Pocket Maximum in a Calendar Year." and the Calendar Year Out-Of-Pocket Maximum section which states: "The Out-of-Pocket Maximum for any Claimant on Family Coverage is not to exceed \$5,000." Please see the Sample 5 tab for details.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
6	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for office visit. The member is eligible, has no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		
7	Strata 1	COV HSA \$1500 \$5000 Active	X			Sample claim was reviewed for chiropractic care. The member is eligible, has no other insurance, family deductible has been met. This claim processed with a 20% coinsurance. No error on claim.		
8	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for office visit. The member is eligible, has no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		
9	Strata 1	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for a preventive immunization. The member is eligible and has no other insurance. He vaccination was covered under the Washington Vaccine Assoc. No error on claim.		

Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
10	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for a rehabilitation service. The member is eligible, other insurance is Medicare and is secondary, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		
11	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for laboratory charges. The member is eligible, has no other insurance, and both the deductible and out of pocket have been met for 2023. The claim processed correctly at 100%. No error on claim.		
12	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for laboratory charges. The member is eligible, has no other insurance, and both the deductible and out of pocket have been met for 2023. The claim processed correctly at 100%. No error on claim.		
13	Strata 1	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for an office visit. The member is eligible, has no other insurance. The diagnosis on the claim is payable at 100%. The claim processed correctly at 100%. No error on claim.		
14	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for a chiropractic service. The member is eligible, has other insurance primary with UHC. The sample claim denied as a duplicate to a previously processed claim. No error on claim.		
15	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for a preventive office visit. The member is eligible, has no other insurance. The diagnosis on the claim is payable at 100%. The claim processed correctly at 100%. No error on claim.		
16	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for preventive services. The member is eligible, has Medicare which is secondary other insurance. The diagnosis on the claim is payable at 100%. The claim processed correctly at 100%. No error on claim.		
17	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for an office visit. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		
18	Strata 1	COV HSA \$1500 \$5000 Active -Poli	X			Sample claim was reviewed for mental health office visits. The member is eligible, has no other insurance, the deductible has been met. The member has not met the out of pocket for 2023. The claim applied coinsurance correctly. No error on claim.		
19	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for an office visit. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		

Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
20	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for an office visit. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		
21	Strata 1	COV HSA \$1500 \$5000 Active	X			Sample claim was reviewed for an office visit. The member is eligible, has no other insurance, family deductible has been met. The family has not met the out of pocket for the year. This claim processed with a 20% coinsurance. No error on claim.		
22	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for an illness office visit and preventive office visit. The member is eligible, no other insurance, deductible and out of pocket have not been met, Sample claim applied the copay correctly to the illness visit. The preventive visit paid 100% correctly. No error on claim.		
23	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for an office visit. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		
24	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for emergency room physician charge. The member is eligible, has no other insurance, family deductible has been met. The member has not met the out of pocket for the year. This claim processed with a 20% coinsurance. No error on claim.		
25	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for acupuncture charges. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		
26	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for laboratory charges. The member is eligible, no other insurance, deductible has been met on the sample claim. Member has not met the out of pocket for the year. Sample claim applied the charges to the deductible correctly. No error on claim.		
27	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for a therapy service. The member is eligible, no other insurance, deductible nor out of pocket have been met. Sample claim applied the copay correctly. No error on claim.		
28	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for emergency room physician charge. The member is eligible, has no other insurance, deductible and out of pocket have been met. This claim processed at 100% correctly. No error on claim.		
29	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for a telehealth visit. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		

Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
30	Strata 1	COV HSA \$1500 \$5000 Active	X			Sample claim was reviewed for a therapy service. The member is eligible, no other insurance, deductible nor out of pocket have been met. Sample claim applied to the deductible correctly. No error on claim.		
31	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for emergency room physician charge. The member is eligible, has no other insurance, deductible and out of pocket have been met. This claim processed at 100% correctly. No error on claim.		
32	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for x-ray charges. The member is eligible, has no other insurance, family deductible has been met. The member has not met the out of pocket for the year. This claim processed with a 20% coinsurance. No error on claim.		
33	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for durable medical charges. The member is eligible, has no other insurance, family deductible has been met. The member has not met the out of pocket for the year. This claim processed with at 100% incorrectly. Since the member has not met the out of pocket maximum the charge should have applied a 20% coinsurance. The claim is overpaid for \$22.67.	This claim was processed correctly under the Mental Health benefit, which does not have a member cost share. The Regence OR and WA plans have adopted state mandates to cover sleep disorders under Mental Health. This claim was billed with diagnosis code G47.33 which is listed as one of the sleep disorder codes payable under this benefit. Please see the Sample 33 tab for details.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
34	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for laboratory services. The member is eligible, no other insurance, deductible nor out of pocket have been met. Illness lab charges applied to the deductible correctly and also the preventive labs paid at 100% correctly. No error on claim.		
35	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for a clinic visit. The member is eligible, has no other insurance, deductible and out of pocket have been met. This claim processed at 100% correctly. No error on claim.		
36	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for a orthotic supply. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with 20% coinsurance correctly. No error on claim.		
37	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for a speech therapy. The member is eligible, has no other insurance, deductible has been met. The out of pocket has been met on this claim. This claim processed at 100% correctly. No error on claim.		
38	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for a telehealth visit. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		

Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
39	Strata 1	COV PPO \$300 \$2300 Active - Polic	X			Sample claim was reviewed for a preventive immunization. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim was billed for a state supplied and paid vaccine. No error on claim.		
40	Strata 1	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for chiropractic services. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied the copay correctly. No error on claim.		
41	Strata 2	VHA PPO \$300 \$2300 Active	X			Sample claim was reviewed for diagnostic testing. The member is eligible, no other insurance, deductible has been met on the sample claim. Member has not met the out of pocket for the year. Sample claim applied coinsurance correctly. No error on claim.		
42	Strata 2	VHA PPO \$300 \$2300 Active	X			Sample claim was reviewed for preventive diagnostic testing. The member is eligible, and has no other insurance. Sample claim paid at 100% correctly. No error on claim.		
43	Strata 2	VHA HSA \$1500 \$5000 Active	X			Sample claim was reviewed for short term residential treatment program. The member is eligible, has no other insurance, out of network deductible and out of pocket have been met. This claim processed at 100% correctly. 1.)Please provide a copy of the authorization for the residential treatment program.	A copy of the authorization has been provided on the Sample 43 tab.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
44	Strata 2	VHA PPO \$300 \$2300 Active	X			Sample claim was reviewed for a preventive services. The member is eligible and no other insurance. Newborn routine services were bill and paid at 100% correctly. No error on claim.		
45	Strata 2	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for outpatient surgery. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied coinsurance correctly. No error on claim.		
46	Strata 2	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for an office visit and testing. The member is eligible, no other insurance, deductible has been met. Member has not met the out of pocket for the year. Sample claim applied coinsurance and copay correctly. No error on claim.		
47	Strata 2	COV HSA \$1500 \$5000 Active	X			Sample claim was reviewed for diagnostic test. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. 1.)Please provide a copy of the authorization for the outpatient CT scan.	This claim correctly processed to the Radiology benefit. Please see the Sample 47 tab for the benefit detail and please note that this section does not include a requirement for CT scans to receive a pre-authorization.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
48	Strata 2	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for diagnostic test. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. 1.)Please provide a copy of the authorization for the outpatient MRI.	This claim correctly processed to the Radiology benefit. Please see the Sample 48 tab for the benefit detail and please note that this section does not include a requirement for MRI scans to receive a pre-authorization.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.

Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
49	Strata 2	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for inpatient physician visits. The member is eligible, has no other insurance, deductible and out of pocket have been met. This claim processed at 100% correctly. No error on claim.		
50	Strata 2	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for inpatient physician visits. The member is eligible, has no other insurance, out of network deductible and out of pocket have been met. This claim processed at 100% correctly. No error on claim.		
51	Strata 2	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for pain management services. The member is eligible, has no other insurance, out of network deductible and out of pocket have been met. This claim processed at 100% correctly. No error on claim.		
52	Strata 3	VHA PPO \$300 \$2300 Active	X			Sample claim was reviewed for anesthesia services. The member is eligible, has no other insurance, out of network deductible and out of pocket have been met. This claim processed at 100% correctly. No error on claim.		
53	Strata 3	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for surgery performed in an ambulatory surgery center. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. No error on the claim.		
54	Strata 3	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for outpatient surgery. The member is eligible, has no other insurance, deductible has been met. The out of pocket was met on this claim, coinsurance was applied correctly. No error on the claim.		
55	Strata 3	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for a sleep study. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. A 20% coinsurance should have applied since the member has not met the out of pocket. Claims overpaid \$ 377.46	This claim was processed correctly under the Mental Health benefit, which does not have a member cost share. The Regence OR and WA plans have adopted state mandates to cover sleep disorders under Mental Health. This claim was billed with diagnosis code G47.33 which is listed as one of the sleep disorder codes payable under this benefit. Please see the Sample 55 tab for details.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
56	Strata 3	COV HSA \$1500 \$5000 Active	X			Sample claim was reviewed for diagnostic test. The member is eligible, has no other insurance, deductible has been met. The family out of pocket has not been met, since the member is part of the HSA plan. This claim should have processed with a 20% processed coinsurance. 1.)Please provide a copy of the authorization for the outpatient PET scan..	This claim was processed correctly with no member cost share. As noted on the EOB that was provided with the sample details, the member's out of pocket limit was met when this claim was processed. The 2023 Benefit book outlines the limit of \$5000 for each covered claimant on a family plan. Please see the Out of Pocket Maximum section which states "No one Family member may contribute more than the amount indicated for the Single Coverage Out-of-pocket Maximum toward the Family Coverage Out-of-Pocket Maximum in a Calendar Year." and the Calendar Year Out-Of-Pocket Maximum section which states: "The Out-of-Pocket Maximum for any Claimant on Family Coverage is not to exceed \$5,000." Please see the Sample 56 tab for details. The Sample 56 tab also includes the benefit detail for the Radiology benefit which shows that this section does not include a requirement for PET scans to receive a pre-authorization.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.

Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
57	Strata 3	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for surgery performed in an ambulatory surgery center. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. No error on the claim.		
58	Strata 3	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for emergency room charges. The member is eligible, has no other insurance, deductible is met. The out of pocket has not been met. This claim applied the \$250 copay and coinsurance correctly. No error on claim.		
59	Strata 3	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for diagnostic test. The member is eligible, has no other insurance, deductible and out of pocket have been met. This claim processed at 100% correctly. 1.)Please provide a copy of the authorization for the outpatient MRI.	This claim correctly processed to the Radiology benefit. Please see the Sample 48 tab for the benefit detail and please note that this section does not include a requirement for MRI scans to receive a pre-authorization.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
60	Strata 3	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for medication injection for migraines. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. No error on the claim.		
61	Strata 4	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for inpatient newborn delivery stay. The member is eligible, and has no other insurance. Member (baby) explanation of benefits doesn't list the deductible or out of pocket. Claim processed with coinsurance. Can you provide accumulator documentation for the baby and/or the family? Allowed amount \$3373.20 - remaining ded \$150.00=\$3223.20 x 80% = \$2578.56 should have paid. Claim is overpaid \$120.00	The accumulator does not apply to this claim because it correctly processed to the New Born benefit which only requires a 20% co-insurance to be applied. Please see the Sample 61 tab for the benefit details.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
62	Strata 4	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for outpatient surgery. The member is eligible, and has no other insurance. The claim paid correctly according to the provider contract and multiple surgery reduction. No error on the claim.		
63	Strata 4	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for surgery performed in an ambulatory surgery center. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. No error on the claim.		
64	Strata 4	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for emergency room charges. The member is eligible, has no other insurance, deductible is met. The out of pocket has not been met. This claim applied the \$250 copay and coinsurance correctly. No error on claim.		
65	Strata 4	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for surgery performed in an ambulatory surgery center. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. No error on the claim.		

Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
66	Strata 5	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for surgery performed in an ambulatory surgery center. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. No error on the claim.		
67	Strata 5	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for surgery performed in an ambulatory surgery center. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. No error on the claim.		
68	Strata 5	COV HSA \$1500 \$5000 Active	X			Sample claim was reviewed for outpatient surgery. The member is eligible, and has no other insurance. Member has meet the deductible and out of pocket on this claim. Claim processed correctly. No error on the claim.		
69	Strata 5	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for outpatient surgery. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. No error on the claim.		
70	Strata 5	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for outpatient surgery. The member is eligible, has no other insurance, deductible and out of pocket have been met. Claim processed at 100% correctly. No error on the claim.		
71	Strata 5	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for short term residential treatment program. The member is eligible, has no other insurance, deductible has been satisfied. The member out of pocket has not been met. This claim processed with coinsurance correctly. Authorization was file. No error on claim.		
72	Strata 5	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for outpatient surgery. The member is eligible, has no other insurance, deductible and out of pocket have been met. Claim processed at 100% correctly. No error on the claim.		
73	Strata 5	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible has been satisfied. The member out of pocket has been met on this claim. Authorization is on file. This claim processed with coinsurance correctly. No error on claim.		
74	Strata 6	VHA PPO \$300 \$2300 Active	X			Sample claim was reviewed for surgery performed in an ambulatory surgery center. The member is eligible, has no other insurance, deductible has been met. The out of pocket has not been met. This claim processed with coinsurance correctly. No error on the claim.		

Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
75	Strata 6	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible and out of pocket are satisfied. Authorization is on file. This claim processed at 100% correctly. 1.)It was discovered after the sample claim was processed the member had primary insurance. Please provide the primary carriers explanation of benefits so the payment can be calculated. 2.)Once the primary insurance was discovered, was the members history reviewed, adjusted and refunds requested? Correct error amount can not be calculated until the primary eob is received.	This error was identified and corrected prior to the audit. The Primary claim information and the documentation of the adjustment of the recovery of the full (\$14635.70) original payment have been provided on the Sample 75 tab.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
76	Strata 6	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for outpatient surgery. The member is eligible, has no other insurance, and deductible is met. The out of pocket was met on the sample claim. Claim applied coinsurance correctly. No error on the claim.		
77	Strata 6	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible and out of pocket are satisfied. Authorization is on file. This claim processed at 100% correctly.		
78	Strata 7	VHA HSA \$1500 \$5000 Active	X			Sample claim was reviewed for outpatient services. The member is eligible, has no other insurance, deductible and out of pocket have been met. Claim processed at 100% correctly. No error on the claim.		
79	Strata 7	VHA PPO \$300 \$2300 Active	X			Sample claim was reviewed for outpatient services. The member is eligible, has no other insurance, deductible and out of pocket have been met on the sample claim. Claim processed with deductible and coinsurance applied correctly. No error on the claim.		
80	Strata 7	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for outpatient surgery. The member is eligible, has no other insurance, deductible was met. The out of pocket was met on the sample claim. Claim processed with coinsurance correctly. No error on the claim.		
81	Strata 7	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for outpatient surgery. The member is eligible, has no other insurance, deductible was met. The out of pocket was met on the sample claim. Claim processed with coinsurance correctly. No error on the claim.		
82	Strata 7	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible and out of pocket are satisfied. Member was admitted from the emergency room. This claim processed at 100% correctly. No error on claim.		

Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
83	Strata 7	COV HSA \$1500 \$5000 Active	X			Sample claim was reviewed for mental health inpatient hospital stay. The member is eligible, has no other insurance, deductible was met. The out of pocket was met on the sample claim. Claim processed with coinsurance correctly. 1.) Claim requires and authorization. Please provide a copy of the authorization.	Please see page 7 of the sample document for the authorization detail.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
84	Strata 8	VHA HSA \$1500 \$5000 Active	X			Sample claim was reviewed for outpatient services. The member is eligible, has no other insurance, deductible and out of pocket have been met on the sample claim. No error on the claim.		
85	Strata 8	VHA HSA \$1500 \$5000 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible was met. The out of pocket was met on the sample claim. Claim processed with coinsurance correctly. 1.) Claim requires and authorization. Please provide a copy of the authorization.	Please see page 21 of the sample document for the authorization detail.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
86	Strata 8	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible and out of pocket were met. Authorization was on file and the claim went through a high dollar review. Claim processed correctly. No error on claim.		
87	Strata 8	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible was met. The out of pocket was met on the sample claim. Authorization was file. Claim processed with coinsurance correctly.		
88	Strata 8	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible and out of pocket were met. Claim processed correctly at 100%. 1.) Claim requires and authorization. Please provide a copy of the authorization.	Please see page 18 of the sample document for the authorization detail.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
89	Strata 8	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible was met. The out of pocket was met on the sample claim. Authorization was file. Claim processed with coinsurance correctly.		
90	Strata 8	COV HSA \$1500 \$5000 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible was met. The out of pocket was met on the sample claim. Authorization was file. Claim processed with coinsurance correctly.		
91	Strata 8	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible and out of pocket were met. Authorization was on file. Claim processed correctly at 100%.		
92	Strata 8	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for ambulance trip. The member is eligible, has no other insurance, The deductible and out of pocket were met on the sample claim. Claim processed with deductible and coinsurance correctly. No error on claim.		

Audit Worksheet

Overall Findings:

\$0.00

\$0.00

Sample #	Audit Selection Criteria	Plan	No Error	Agreed to Finding	Disputed Finding	BMI Audit Findings	Administrator Response (Verbatim)	BMI Comments
93	Strata 8	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for newborn inpatient hospital stay. The member is eligible, and has no other insurance. Claim processed correctly at 100%. No error on claim.		
94	Strata 8	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for outpatient services. The member is eligible, has no other insurance, deductible and out of pocket have been met. Claim processed at 100% correctly. No error on the claim.		
95	Strata 8	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for outpatient surgery. The member is eligible, has no other insurance, deductible and out of pocket were met. Claim processed at 100% correctly. 1.)Was the claim submitted for high dollar review?	No, this claim did not meet the High Dollar threshold for auto adjudicated claims.	After review of Regence BCBS's response, BMI notes the claim processed correctly. No Error.
96	Strata 8	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for outpatient surgery. The member is eligible, has no other insurance, deductible was met. The out of pocket was met on the sample claim. Claim processed with coinsurance correctly. No error on the claim.		
97	Strata 8	COV PPO \$300 \$2300 Active	X			Sample claim was reviewed for emergency room charges. The member is eligible, has no other insurance, deductible is met. The out of pocket was met on the sample claim. This claim applied the \$250 copay and coinsurance correctly. No error on claim.		
98	Strata 8	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible and out of pocket were met. Authorization was on file. Claim processed correctly at 100%.		
99	Strata 8	COV PPO \$300 \$2300 Active -Polic	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible and out of pocket were met. Authorization was on file. Claim processed correctly at 100%.		
100	Strata 8	COV HSA \$1500 \$5000 Active	X			Sample claim was reviewed for inpatient hospital stay. The member is eligible, has no other insurance, deductible and out of pocket were met. Authorization was on file. Claim processed correctly at 100%.		