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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 Asuris Northwest Health upon request?

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

What is Asuris Northwest Health 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?

Asuris Northwest Health 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 Asuris Northwest Health plans.

Descriptions of and justifications for provider compensation programs.

Asuris Northwest Health does not employ the providers within the Asuris 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 Asuris Northwest Health 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.

Asuris Northwest Health 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, the allowed amount is an amount Asuris Northwest Health 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 Asuris Northwest Health or as otherwise required by law.

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 myAsuris.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 asuris.com for disclosure information.