

The ConnectionSM



www.asuris.com/provider

Features:

Asuris Northwest Health endorses value-driven health care initiative

In August 2006, an Executive Order signed by President Bush committed the federal government to four cornerstones of value-driven care. These cornerstones will establish the foundation from which value-driven care is developed. Secretary of Health and Human Services Mike Leavitt promotes the collaborative efforts and commitment needed from payors, third party administrators, employers and providers on the four cornerstones:

1. Interoperable health information technology:

Interoperable health information technology can create greater efficiency in health care delivery. Significant progress has been made to develop standards that enable health information systems to exchange data quickly and securely to protect patient privacy. All health care systems and products should meet these standards as they are acquired or upgraded.

2. Measure and publish quality information:

Consumers need quality of care information to help them confidently make decisions about their providers and treatment options. This information is also important to providers interested in improving the quality of care they deliver. Quality measures should be developed through consensus-based processes involving all stakeholders, like those used by the Ambulatory Care Quality Alliance (AQA) and the Hospital Quality Alliance.

3. Measure and publish price information:

Efforts are underway to develop uniform approaches to measuring and reporting price information for the benefit of consumers. In addition, strategies are being developed to measure the overall cost of services for common episodes of care and the treatment of common chronic diseases.

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Asuris endorses value-driven health care initiative

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4. Promote quality and efficiency of care:

Providers, patients and payors should participate in arrangements that reward those who offer and those who purchase high-quality, competitively priced health care. Such arrangements may include implementing a pay-for-performance method of reimbursement for providers or offering consumer-directed health plan products, such as account-based plans for enrollees in employer-sponsored health benefit plans.

“Asuris’s support of this initiative reflects our commitment to driving change throughout the health care system,” said Mark Ganz, president and chief executive officer of Asuris Northwest Health. “As stewards of our communities’ resources, we are responsible for making sure consumers have the tools and information they need to make more informed decisions about their care. We are proud to contribute to a better health care system not only in our region, but across the United States.”

“We are organizing the health care market to achieve better quality health care, at a lower cost, for all Americans. That is the definition of value,” Secretary Leavitt said. “Yet until now, our health care system has been marked by a lack of consumer information to support value-based decisions.”

Asuris Northwest Health will continue to provide information and tools to our members, physicians and other health care professionals in supporting our members, your patients, and you in alignment with this initiative. By building stronger relationships with better tools, we are working hard to make a positive difference.

The policies and procedures in this section were reviewed due to:

- Added, deleted or revised codes published in the 2007 CPT® and HCPCS manuals
- A regularly scheduled review
- Requests from physicians, other health care professionals or facilities
- Centers for Medicare & Medicaid Services (CMS) updates

Policies are reviewed using CMS' National Correct Coding Initiative (NCCI) rules and edits, language and descriptions contained in the American Medical Association's (AMA) *Current Procedural Terminology* (CPT) and *Health Care Procedure Coding System* (HCPCS) manuals, the AMA's *CPT Assistant*, other recognized coding publications, and state and federal regulations.

Medical policies are available in the *Provider Library* section of our *Provider Web Site*. If you have questions about our policies, please contact Customer Service or your provider consultant. Our contact information is on page 11 of this newsletter.

Claim submission reminder – help protect patients' personal health information

When a patient's insurance plans include coordination of benefits (COB), primary payment information must be sent to the secondary payor. If more than one patient is listed on the *Explanation of Benefits* (EOB) or *Explanation of Medical Benefits* (EOMB), mark out the names and member numbers of the other patients before sending the EOB or EOMB to another payor. Protecting the privacy of members is an important component of quality care. Please remember to share only patient information specific to the claim.

Second quarter claims processing results

Month	Claims Processed	Number processed in 30 days	Percentage processed in 30 days
April	39,820	37,972	95.36%
May	50,139	48,064	95.86%
June	37,158	35,416	95.31%
Total	127,117	121,452	95.54%

Clinical Practice Guidelines updated

The Clinical Practice Guidelines have recently been updated and can be found in the Library section of our *Provider Web Site* at www.asuris.com/provider/library/manual/. The updated guidelines include:

- Asthma
- Cholesterol Screening and Management
- Diabetes
- Prenatal and Postpartum Care
- Preventive Services Guideline for Children
- Preventive Services Guideline for Adults
- Preventive Services Guideline for Adults-Immunization Supplements

If you have any questions regarding these guidelines, please contact your provider relations representative.

Complex closure codes

Our External Audit Department has identified an increase in the utilization of complex closure codes in the office setting. When using complex closure codes, remember to follow CPT guidelines to ensure adequate documentation of the procedure performed. Documentation of the medical necessity that supports the intensity of services is also required.

Correct Coding Editor (CCE) updated

The Asuris Northwest Health Correct Coding Editor (CCE) identifies code pair edits used in addition to CMS' National Correct Coding Initiative (NCCI) edits. These code pair edits are compiled using CMS' NCCI written rules, CPT language and other recognized sources.

Our CCE is updated quarterly (January, April, July and October) and is available online at www.asuris.com/provider/claims/correctCode/. Additional CCE code pair edits are added in April and October, and include any changes and additions to CPT and HCPCS codes. Updates are clearly labeled with the corresponding version of the CMS' NCCI. Asuris' CCE update in October 2007 will correspond to NCCI Version 13.3.

The code pair edits included in CMS' NCCI and our CCE are followed for all lines of business.

Importance of accurate diagnostic coding

Accurate diagnostic coding is a critical component of claims submission. The diagnosis provided on a claim establishes benefit and reimbursement levels for claims processing. It also provides a meaningful profile, helping us collect and analyze medical demographic data on our members and create pertinent quality improvement processes within Asuris.

Nine steps for accurate coding, using a current ICD-9-CM coding book (e.g., 2007), include:

1. Locate the main term within the diagnostic statement.
2. Locate the main term in the ICD-9-CM Alphabetic Index (Volume 2), keeping in mind that certain conditions can be listed under more than one main term.
3. Refer to all notes under the main term. Review instructions that appear in a box immediately following the main term.
4. Review all modifiers that appear in parentheses next to the main term to determine if they apply.
5. Review any of the subterms that are indented beneath the main term. Subterms provide greater specificity, becoming more specific the further they are indented to the right of the main term.
6. Follow any cross-reference instructions in order to locate the correct code.
7. Confirm the code selection in the ICD-9-CM Tabular List (Volume 1) by selecting the appropriate classification in accordance with the diagnosis.
8. Follow all instructional terms in the ICD-9-CM Tabular List (Volume 1), watching for exclusion terms, notes and fifth-digit instructions that apply to the code number you are verifying. Search the selected code number for instructions including category, section and chapter in which the code number is collapsible. The instructional information is often located one or more pages preceding the actual page that includes the code number.
9. Code to the highest level of detail. A three-digit ICD-9-CM code can be used only when fourth and fifth digits are not available. A code is considered invalid if it has not been assigned all available digits.

Note: When coding ill-defined conditions, there are codes available for signs and symptoms (780 – 799.9) that can be used for reporting in lieu of a firm diagnosis. Signs and symptoms should also be coded to the highest level of detail.

Accurate coding facilitates timely claims processing, which benefits your office or facility and our members.

New Asuris fax number for submission of medical record requests

In an effort to improve efficiency, a new confidential fax number is available for submission of medical records for quality review. Faxing medical records to Asuris Northwest Health will help save on expenses related to postage and any inconvenience of copying or lost mail. Fax medical records for review, along with a copy of your original record request, to 1 (888) 335-3002.

Asuris Provider Manual updates

Asuris Northwest Health has a team dedicated to reviewing the *Provider Manual* on an ongoing basis. Updates were recently made to the following sections within the *Core Provider Manual*:

- Clinical Practice Guidelines (new section)
- Asuris Online Services
- Corrective Coding Edit Information
- Healthy Options
- Locum Tenens
- RegenceRx® Provider Basics (formerly Retail Prescription Benefits)
- Billing Information: Refunds/Overpayment Recovery

View and print these updated sections on our *Provider Web Site* at www.asuris.com/provider/library/manual/. To receive a paper copy of the updated manual sections, please contact your provider relations representative.

New level of care criteria in use

Effective July 7, 2007, Asuris Northwest Health replaced our current use of InterQual's level of care criteria with the *Milliman Care Guidelines*.®

Milliman Care Guidelines are evidence-based tools that are updated annually. They support our efforts to work with you to promote the right care, at the right time and in the right setting. We will apply the *Care Guidelines* by reviewing each individual member on a case-by-case basis and always in the context of a qualified health care professional's clinical judgment.

If you have any questions regarding this information, please contact your provider relations representative at 1 (800) 562-2156.

Investigational and medical necessity reviews

The following pages include summaries of recent changes to Asuris medical policies. The section and policy number are included for your convenience. Detailed policies are available upon request by contacting your provider relations representative and online at www.regence.com/trgmedpol.

This list does not include transplants, medications or Medicare medical policy exceptions. Asuris medication policies are available online at www.regencerx.com/learn/policy/index.html. Additional information on medication and pharmacy updates is located on our RegenceRx® Web site at www.regencerx.com.

Policy Name Section and Number	New Investigational Policies
Automated Point-of-Care Nerve Conduction Studies Medicine 128	New policy that considers automated point-of-care nerve conduction studies to be investigational. The NC-stat® by NeuroMetrix is a portable nerve conduction test device designed to be used at the point-of-care.
Computed Tomography (CT) Perfusion Imaging Radiology 54	New policy that considers CT perfusion imaging of the brain to be investigational for all indications including, but not limited to, acute ischemic stroke, subarachnoid hemorrhage and brain trauma.
Cranial Electrostimulation Therapy (CES) Durable Medical Equipment 74	New policy that considers cranial electrical stimulation therapy to be investigational for all indications including, but not limited to, the treatment of behavioral, neurological and pain disorders.
Trans-sacral Lumbar Interbody Fusion Surgery 157	New policy that considers the trans-sacral approach (also called percutaneous) to lumbar fusion be investigational for all indications.
Policy Name Section and Number	Updated Investigational or Medical Necessity Policy Criteria
Augmentative Communication Devices and Systems Durable Medical Equipment 52	New investigational criteria for autism, autism spectrum disorders and mental retardation.
Contrast-Enhanced Computed Tomographic Angiography (CTA) for Coronary Artery Evaluation Radiology 46	Policy updated to consider CTA for evaluation of anomalous (native) coronary arteries in symptomatic patients to be medically necessary when conventional angiography is unsuccessful or equivocal and when the results will impact treatment. All other indications remain investigational.
Endovascular Grafts for Abdominal Aortic Aneurysms Surgery 98	New investigational indications for the emergency treatment of ruptured abdominal aortic aneurysms were added.

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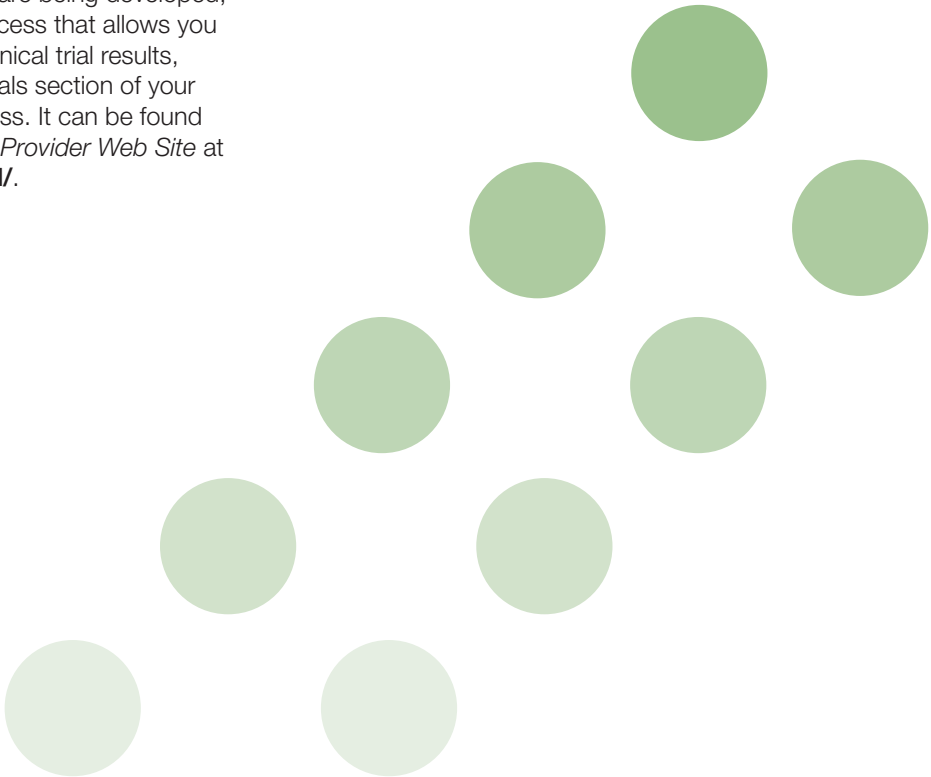


Policy Name Section and Number	Updated Investigational or Medical Necessity Policy Criteria
Hyperbaric Oxygen Pressurization Medicine 14	Three new investigational indications were added to the policy criteria: 1. As an adjunct to radiation therapy and/or chemotherapy in the treatment of cancer 2. To treat delayed onset muscle soreness, and 3. As an adjunct to percutaneous coronary procedures and coronary artery bypass.
Standers Durable Medical Equipment 71	Policy updated to add congenital or acquired skeletal abnormalities as a cause of patient's functional impairment.
Vertical Expandable Prosthetic Titanium Rib (VEPTR) Surgery 159	New policy considers the use of VEPTR to be medically necessary in the treatment of progressive thoracic insufficiency syndrome due to rib and/or chest wall defects in infants and children between the age of six months and skeletal maturity.

Join our medical policy discussions

Asuris would like to hear from you as we develop our medical policies. If you are interested in providing feedback on policies in draft form, please join our e-mail reviewer list. Complete an online request form at <https://www.regence.com/trg/contact/>.

While we prefer to receive input as policies are being developed, we also have a formal provider appeals process that allows you to submit additional information, such as clinical trial results, that may warrant a policy review. The Appeals section of your *Provider Manual* outlines the appeals process. It can be found online in the *Provider Library* section of our *Provider Web Site* at www.asuris.com/provider/library/manual/.



National Provider Identifier (NPI) deadline extended

Centers for Medicare & Medicaid Services (CMS) released National Provider Identifier (NPI) contingency guidance in May, allowing health plans to implement contingency planning. The Asuris NPI contingency plan continues the dual-use transition period until May 23, 2008.

What does this mean to you? Continue to submit claims using only your Asuris provider number or both your Asuris provider number and your NPI. **Do not submit electronic claims with only an NPI during this continued transition period.** We will alert you when this option is available.

It is extremely important that we receive NPIs from all providers who submit claims electronically. As of June 20, 2007, we have received NPIs for 76 percent of our physicians and other health care professionals and 50 percent of our facilities. We encourage you to share your NPI with us as soon as possible. Submit your NPI using one of the methods below:

- **Online** submission is available in the Claims section on our *Provider Web Site* at www.asuris.com/provider/library/forms. Complete the electronic *Provider Information Update Form* and submit it electronically.
- **Call** your provider relations representative.
- **Mail** your NPI to:
Asuris Northwest Health
Attn: Provider Network Management
P.O. Box 21276, M/S 916
Seattle, WA 98111-3267

The latest NPI information, including answers to frequently asked questions and an online workshop, is available on our *Provider Web Site* at www.asuris.com/provider. If you have any questions, contact your provider relations representative.

Physician and Provider Appreciation Week begins September 24

Each year Asuris recognizes local physicians and other health care professionals who deliver care to our members. The contributions made by providers will once again be celebrated during our Physician and Provider Appreciation Week taking place September 24-28, 2007.

Asuris dedicates this week to conveying our appreciation for the value our participating providers bring to our members. We look forward to the special activities and events throughout the week and welcome the opportunity to express our appreciation to you.

Search options improve for members on MyAsuris.com

Asuris members will notice an improved experience when utilizing the Provider Search tool through **myAsuris.com**. Members can easily find pertinent information about physicians, other health care professionals, facilities or pharmacies in our various provider networks.

Updates to the Provider Search include:

Quick Search functionality: Members can search for providers by typing in a name, specialty, location or other keyword such as “[Name of local city] pediatrics.”

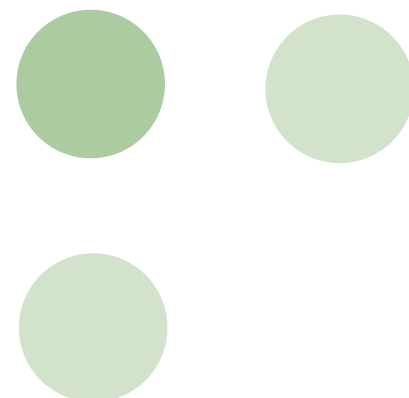
Improved Advanced Search functionality: Members can search by network, location (city/state/county/ZIP) and specific distance from an exact address.

New Google™ map: Maps to provider offices or facilities are available with a single click.

Improved Provider Detail information: The details for each provider are now easier to read.

Multiple Network Level indicators: If a provider offers services for medical and mental health, for example, members will see the benefit level (indicated by dollar sign) for both services.

By delivering the best information, advice and tools available, **myAsuris.com** supports our goal of helping members easily navigate the health care system.



Reminder: Asuris MedAdvantage promotional activities

As a reminder, your agreement with Asuris Northwest Health MedAdvantage outlines specific guidelines on the promotion and marketing of your participation with Asuris MedAdvantage. Further guidelines are maintained by the Centers for Medicare & Medicaid Services (CMS) regarding marketing to Medicare beneficiaries.

The MedAdvantage section of the *Provider Manual* has been updated with expanded guidelines on promotional activities. To receive a paper copy of the updated section, contact your provider relations representative. View and print this updated section on our *Provider Web Site* at www.asuris.com/provider/library/manual.

Generics First - Antidepressant Program

Substantial strides in the antidepressant market over the last several years have made high-quality generic antidepressants available to patients. To provide the best value to our members, beginning in July 2007, new prescriptions for the following brand-name antidepressants require prior authorization:

- Cymbalta®
- Lexapro®
- Paxil CR®
- Effexor XR®

Patients already receiving a brand-name antidepressant do not require prior authorization.

The following recommended quality generic antidepressants are available without prior authorization:

- citalopram (Celexa®)
- fluoxetine (Prozac®)
- fluvoxamine (Luvox®)
- paroxetine (Paxil®)
- sertraline (Zoloft®)
- mirtazapine (Remeron®)
- bupropion SR (Wellbutrin SR®)

Asuris's complete medication policies are located at www.regencrx.com/learn/policy/index.html.

If a generic antidepressant is not adequate for your patient, prior authorization will be required and will need to include the patient's medical necessity documentation. A copy of the prior authorization form is available online at www.regencrx.com/docs/forms/priorAuth/priorAuthorization.pdf.

Reminder: Tdap!

As of July 1, 2007, the Tdap (Tetanus, Diphtheria, acellular Pertussis) vaccine is a requirement for children age 11 attending grade six who have not received a tetanus-containing vaccine in the last five years. Each year, Tdap requirements expand to include an additional grade. Eventually all students attending grades six through 12 will be required to have proof of a Tdap vaccination. More information about this requirement can be found at www.doh.wa.gov/cfh/immunize/schools.htm or by contacting (360) 236-3595.



Safety update – Ortho Evra® and desogestrel-containing oral contraceptives

A recent U.S. Food and Drug Administration (FDA) analysis of Ortho Evra® and desogestrel-containing contraceptives, including Cylessa®, Desogen®, OrthoCept® and Mircette®, concluded that women using Ortho Evra may be exposed to approximately 60 percent more estrogen than women taking an oral contraceptive with 35 mcg of estrogen. In addition, the FDA analysis determined that exposure to increased estrogens in these desogestrel-type products may put some women at increased risk for blood clots.

When choosing appropriate contraception for a patient, please consider all options to properly balance patient exposure to estrogen and types of progestin found in these products. Please keep in mind that health risks during pregnancy have also been linked to these contraceptives.

For more in-depth information on this topic and a list of preferred/formulary contraceptive options visit our Pharmacy Services (RegenceRx®) Web site at www.regencerx.com/learn/physicianResearch/covered/index.html. For questions and answers from the FDA regarding Ortho Evra, visit www.fda.gov/cder/drug/infopage/orthoevra/qa.htm. A MedWatch article warning about Desogen is available online at www.fda.gov/medwatch/SAFETY/LABEL/jul96.htm.

Vaccines added: Washington's Universal Childhood Vaccine Program

Beginning May 1, 2007, three vaccines were added to the Washington State Universal Vaccine for Children program: rotavirus, Human papillomavirus (HPV) and (second dose) varicella. This program provides recommended vaccines to all children under age 19, regardless of their ability to pay. CHILD Profile, Washington's Health Promotion and Web-based Immunization Registry system, provides tools to assist you in effectively managing these and other vaccinations for children in your practice. Washington is committed to improving the immunization rates to prevent outbreaks of illness in both children and our communities at large.

For more information on the CHILD Profile, contact 1 (800) 325-5599 or visit the Web at www.childprofile.org. Information on rotavirus, HPV and varicella is located at www.cdc.gov/vaccines/vpd-vac/default.htm.

Influenza season is coming

Influenza vaccination is the primary method for preventing influenza and its severe complications. The Advisory Committee on Immunization Practices (ACIP) reports that an annual influenza vaccination is now recommended for the following groups:

- Persons at high risk for influenza-related complications and severe disease, including
 - Children aged six to 59 months,
 - Pregnant women,
 - Persons aged 50 years or older
 - Persons of any age with certain chronic medical conditions;
- Persons who live with or care for persons at high risk, including
 - Household contacts who have frequent contact with persons at high risk and who can transmit influenza to those persons at high risk
 - Health care workers

Contact your provider relations representative for more information.



THIN® platform conversion is underway

Our April newsletter announced that Availity®, L.L.C. and The Health Information NetworkSM (THIN) formed a joint venture. As part of this venture, Availity is now in the process of a system conversion and will retire the THIN platform in 2007. Once retired, you will no longer be able to submit transactions through your current THIN connection. After the conversion is complete, your business office staff can use the Availity Health Information Network.

Availity is currently assisting Practice Management Software (PMS) vendors to migrate to the new, improved Availity platform. Contact your PMS vendor to confirm that they are approved and/or testing with Availity.

For information about Availity or to register for the Availity Health Information, contact their support center at 1 (877) 334-8446 or visit the Availity Web site at www.availity.com.

Use of qualifiers when submitting electronic claims

When submitting electronic claims, it is important to use the appropriate qualifiers to identify the provider number(s) being used in the CMS-1500 (08-05) or new UB-04 claim form. If you submit an electronic claim identifying the name and identification number for the rendering provider, operating provider, or other provider, you must also enter the appropriate qualifier. If there is no provider number listed with the name, a qualifier is not necessary.

Qualifiers accepted by Asuris include:

- XX identifies the use of National Provider Identifier (NPI)
- 1B identifies the use of your Asuris provider number

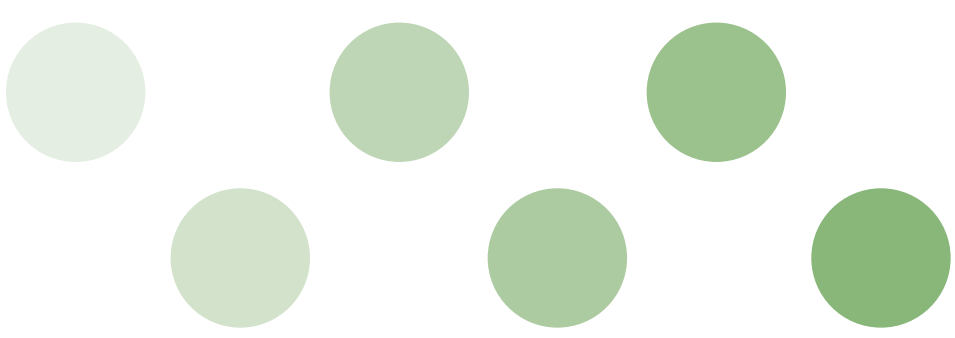
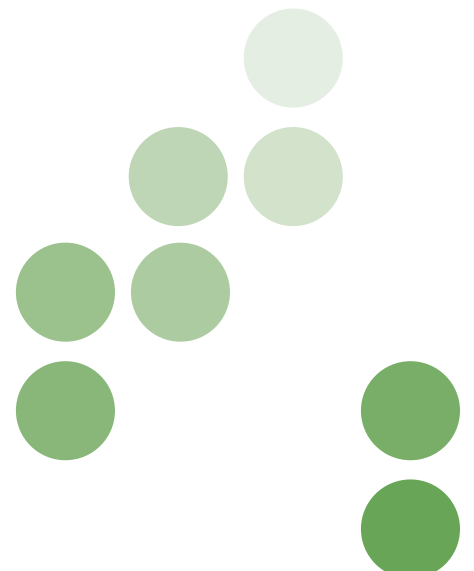
Please refer to the article titled "National Provider Identifier (NPI) deadline extended" on page 7 to learn more about our NPI contingency plan and our continued dual-use transition period, extended until May 23, 2008.

Introducing A.D.A.M. QuickSheets

Asuris is pleased to introduce a new online tool available on Asuris Online Services for Providers. This new tool, A.D.A.M. QuickSheets, is designed to improve communication between physicians or health care professionals and their patients. A.D.A.M. Quicksheets are illustrated patient education handouts available in English and Spanish. The handouts may be printed and handed to patients during a visit, mailed with lab results or e-mailed.

Articles used in the handouts are excerpts from A.D.A.M.'s award-winning *Health Illustrated Encyclopedia*, which covers diseases, conditions, surgeries, tests and wellness. Handouts may be searched by keyword or added to a list of favorites. Physicians and other health care professionals may also add their own patient-specific notes to each handout, tailoring the information to each patient. The provider's name and contact information, once entered into the system, is automatically included on every handout.

For more information about this new tool or to request access to Asuris Online Services for Providers, please contact your provider consultant. More information on Asuris Online Services for Providers is available on our *Provider Web Site* at www.asuris.com/provider.



Provider Customer Service Numbers

Idaho

Regence BlueShield of Idaho
P.O. Box 1106
Lewiston, ID 83501
1 (800) 632-2022
(208) 746-2671

Portland

Regence Life and Health Insurance Company
P.O. Box 1071
Portland, OR 97207
1 (800) 621-3330

Spokane

Asuris Northwest Health
P.O. Box 13368
Spokane, WA 99213-3368
1 (800) 245-6024
(509) 922-8072

TriWest

1 (888) 874-9378

Asuris Provider Customer Service

1 (800) 462-5680
Fax: (509) 526-5347

Claims/Member Customer Service

1 (888) 344-5587
Fax: (509) 526-5347

Paper Claims Submission

Asuris Northwest Health
P.O. BOX 30271
Salt Lake City, UT 84130-0271

Correspondence Submission

Asuris Northwest Health
P.O. BOX 21267
Seattle, WA 98111-3267

Pre-Authorization (Medical/Surgical)

Fax: 1 (866) 297-8001
Go to www.asuris.com for Pre-Authorization forms

Prior Authorization Drug/Medication

1 (800) 884-1053
Go to www.regencerox.com for
Pharmacy Prior Authorization forms

Healthy Options

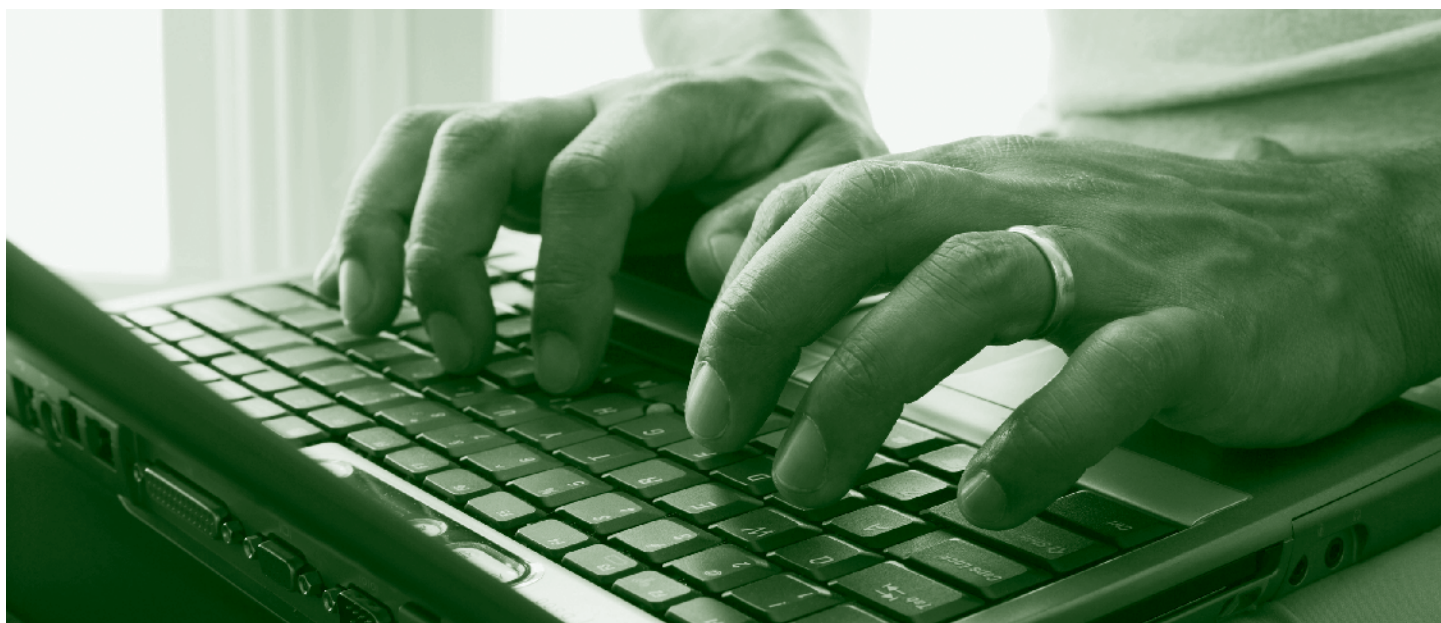
1 (866) 240-9560
Fax: (253)-573-3270

Asuris Web Site: www.asuris.com/provider

Provider Relations Representatives

1 (800) 245-6024
Fax: (509) 926-3056

The Customer Service numbers listed here are for claims and benefit inquiries only. For information not related to claims or benefits, please contact your provider relations representative or other departments. For a complete listing of appropriate telephone numbers, you can access our Web site at www.asuris.com/provider/contact. This information is also available in the "Numbers You'll Need" section of your *Provider Manual*.



AUGUST
2007

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