



October 2007

A publication for physicians, other health care professionals and facilities affiliated with Asuris Northwest Health

The ConnectionSM

Special Edition

Reference #: Claim Docs-OR
XXXXX XXXX

Asuris introduces...

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A new claims system

This fall, Asuris Northwest Health will begin processing claims on a new system. The new system will be implemented in phases. Claims for members enrolled in new products will be processed in the initial phase. While this robust claims system will help us to improve efficiencies, it is much more than a technological upgrade. Strengthening our processes and systems will improve our ability to respond to your needs, as well as those of your patients—our members.

Two new products

We will use our new system to administer two new products as alternatives for smaller businesses with two to 99 employees. These two new products, EmbarkSM and VantageSM, will launch on November 1, 2007. Embark and Vantage, referred to as self-managed plans, focus on personal freedom and cost accountability. These plans empower members to take charge of their health and the care they receive.

New vouchers

Claims for your Embark and Vantage patients will be reported on different vouchers than for other Asuris patients. (See page 14 for more information.)

This special edition of *The Connection*SM is designed to give you practical information about our new claims system, small group products and how this transition may affect you. A pull-out *Quick Reference Guide* is included for your convenience.

New products offer employers and members choices

Embark and Vantage offer flexible options for smaller employer groups (with two to 99 employees). Employers can choose from a range of copayment, coinsurance and deductible amount options. These products offer additional benefit options, including vision and dental, for employer groups to purchase. (For more information, see the enclosed *Summaries of Benefits* on pages 6 and 12.) The resulting combinations produce a wide range of coverage options and premiums.

These products give our members choices of providers, benefit levels and services. Members can choose to seek services from our physicians, other health care professionals and facilities in our existing provider networks or from providers not contracted with Asuris.

Common features

Embark and Vantage have the following features in common:

Member education

Asuris is dedicated to educating and encouraging our members to play an active role in their health care. These products offer members a choice of providers and benefit levels, and provide useful tools and information to help members with their health care decisions. Descriptions of the resources available to Embark and Vantage members are included below.

QuickStart Kit

Once enrolled, each Embark or Vantage member receives a comprehensive, individualized *QuickStart Kit* in the mail. This kit includes a member-specific *QuickStart Guide* that gives helpful tips on locating providers and understanding how benefits work. The kit also features a folder with tabs to help members keep their receipts and other health related information organized. Your feedback to us on improving member education was taken into account when designing this kit.

myAsuris.com

Members also have access to a wealth of information online using **myAsuris.com**, powered by the Asuris Engine. This interactive tool includes product-specific information such as copayment and deductible amounts, along with resources and tools to help members navigate the health care system. A demonstration of **myAsuris.com** is available on our *Provider Web Site* at www.asuris.com/provider.

Physicians, other health care professionals and facilities

Members can seek services from Participating, Preferred Provider Organization or non-contracted providers. Members have out-of-area benefits. See the Your Questions Answered section on page 15 for more information.

There are:

- No primary care physician (PCP) requirements
- No referrals or callshare arrangements
- No risk withhold financial agreements

Calendar year deductibles and maximum coinsurance amounts

Services from all providers (Participating, Preferred and non-contracted) accumulate to individual and family calendar year deductibles. There are not separate in- and out-of-network deductibles.

The family calendar year deductible is three times the individual deductible amount, regardless of the size of the family. It is possible for a family to reach the family deductible before the individual deductibles are met. For example, if each individual deductible is \$250, the family deductible would be \$750. If three family members met \$200 of their individual deductibles ($3 \times \$200 = \600) and one family member met \$150 of his or her individual deductible, the family deductible would be met: $\$600 + \$150 = \$750$.

The same concept applies for maximum coinsurance.

Immunizations

Childhood immunizations are covered at 100 percent of the allowed amount and are not subject to deductible or coinsurance, even when billed by non-contracted providers. Adult immunizations are covered under medical benefits and subject to deductible and coinsurance. Travel immunizations are excluded.

Emergency room (ER) services

The emergency room (ER) benefit features a \$100 copayment, after which the member's deductible and coinsurance apply. The copayment will be waived if the member is admitted as an inpatient. ER services will be processed at the member's highest benefit level.

Built-in and optional benefits and programs

Embark and Vantage include pharmacy benefits and access to wellness programs. There are also optional benefits available for groups to purchase. See the enclosed *Summary of Benefits* on pages 6 and 12. For more detailed benefit information, visit the Products section of our *Provider Web Site* at www.asuris.com/provider.

The following pages provide more information about these new products.

Embark is ideal for individuals and families that may seek medical care several times a year. Embark members can seek services from Asuris Northwest Health Participating, Preferred or non-contracted providers. A member's benefit level is determined by his or her choice of provider and the services received.

Embark defines the member's benefit level based on categories of benefit choices. For example, when a member seeks services from a Preferred network provider, the Category 1 choice (highest benefit level) applies and the member incurs the lowest out-of-pocket cost.

Asuris Northwest Health provider networks	Categories of benefit choices	Benefit levels	Member out-of-pocket costs
Preferred	Category 1	Highest	\$
Participating	Category 2	Medium	\$ \$
Non-contracted	Category 3	Lowest	\$ \$ \$

Embark benefits

Embark includes two types of benefits:

- Upfront benefits
- Member cost sharing

Upfront benefits

Embark members have coverage for office visits, including preventive exams and urgent care visits, outpatient radiology and laboratory services. Their deductible is waived for these upfront services and coinsurance does not apply.

Upfront office visits

The first four, six or unlimited office visits per calendar year (depending on the product option selected by the employer group) are not subject to deductible or coinsurance.

This feature is designed to give our members access to preventive care by removing economic barriers.

Individual copayment options for upfront office visits differ depending on the product option selected by the employer group and the member's choice of provider. Copayment options range from:

- \$35 to \$45 for Participating providers
- \$20 to \$30 for Preferred providers

The office visit copay applies only to upfront office visits with Participating or Preferred providers. There are no upfront office visit benefits for non-contracted providers. Office visits to non-contracted providers are subject to deductible and coinsurance.

Upfront outpatient radiology and laboratory

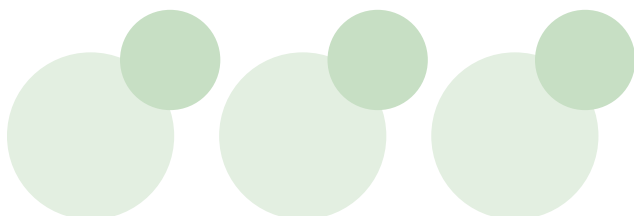
The first \$400 of outpatient radiology and laboratory services from a professional, independent laboratory or facility (excluding inpatient services) per calendar year is covered at 100 percent of the allowed amount and not subject to deductible or coinsurance.

Member cost sharing

Members are responsible for deductibles and coinsurance amounts once they:

- Exhaust their upfront benefits or
- Receive a service that is not classified as an upfront benefit

For example, after members exhaust their upfront office visit benefit, any additional office visits do not require a copayment. However, members will be responsible for their deductible and coinsurance. After their deductible is met, coinsurance applies until the maximum coinsurance is met.



Embark claim example

Scenario:

An Embark member has four upfront office visits, copayment of \$20 (Preferred), \$35 (Participating) \$250 deductible and 90/70/70 percent coinsurance level. The member visits a Preferred provider for a preventive visit. During the visit, the provider removes a suspicious mole. The member's claims are paid as follows:

Benefit impact:

- Office visit: \$20 copayment (three upfront office visits remaining)
- Mole removal (in-office surgery): Subject to \$250 deductible and paid at 90 percent coinsurance
- Mole biopsy (sent to outside lab, may be billed on a separate claim): Charged against \$400 outpatient radiology and laboratory benefit

Note: After the upfront office visit limit is met, additional office visits (beginning with the fifth office visit in this scenario) will be subject to deductible and coinsurance amounts. After the upfront \$400 outpatient radiology and laboratory benefit is met, any additional outpatient radiology and laboratory services will be subject to deductible and coinsurance amounts.



Summary of Benefits

Embark Plans			
Lifetime Maximum	\$2 million		
Provider Networks	Preferred Provider Organization (PPO), Participating (PAR) or non-contracted		
Deductible Choices	Individual deductible options per calendar year: \$250, \$500, \$750, \$1,000, \$1,500, \$2,000, \$5,000 Family deductible is three times the individual amount		
Coinsurance	PPO: 90% PAR: 70% Non-contracted: 70%	PPO: 80% PAR: 60% Non-contracted: 60%	PPO: 70% PAR: 50% Non-contracted: 50%
Coinsurance Maximum	Individual coinsurance maximum options per calendar year: \$2,000, \$3,000, \$4,000, \$6,000 Family coinsurance maximum is three times the individual amount		
UPFRONT BENEFITS (Not subject to deductible or coinsurance)			
Office Visits (E&M) Three office visit options: first 4, 6 or unlimited per calendar year. Two copayment options	PPO: \$20 or \$30 PAR: \$35 or \$45 Non-contracted: not covered for upfront benefit	PPO: \$20 or \$30 PAR: \$35 or \$45 Non-contracted: not covered for upfront benefit	PPO: \$20 or \$30 PAR: \$35 or \$45 Non-contracted: not covered for upfront benefit
Outpatient Diagnostic Radiology & Lab (DRL) First \$400 per calendar year	Covered at 100%	Covered at 100%	Covered at 100%
IMMUNIZATIONS			
Immunizations - Adult	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Immunizations - Childhood Covered to age 18	Covered at 100%, Deductible waived	Covered at 100%, Deductible waived	Covered at 100%, Deductible waived
PROFESSIONAL SERVICES AND URGENT CARE PROFESSIONALS			
Office Visits (E&M) After upfront limits met	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient Diagnostic Radiology & Lab (DRL) After upfront limits met	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Maternity Care Subscriber and spouse	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Rehabilitation Inpatient: \$25,000 per calendar year maximum Outpatient: \$1,500 per calendar year maximum	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Chemical Dependency \$13,500 combined inpatient/outpatient max. every 2 calendar years	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Mental Health Outpatient (employer groups with 2-50 employees) 12 visits per calendar year, not subject to coinsurance maximum	Deductible & 50% coinsurance	Deductible & 50% coinsurance	Deductible & 50% coinsurance
Mental Health Outpatient (employer groups with 51+ employees) 12 visits per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Acupuncture 12 visits per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Spinal Manipulations 10 spinal manipulations per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
FACILITY SERVICES			
Inpatient & Outpatient Facility Care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Mental Health Inpatient: 8 days per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency Room Copay waived on inpatient admit	\$100 copayment, Deductible & 90% coinsurance	\$100 copayment, Deductible & 80% coinsurance	\$100 copayment, Deductible & 70% coinsurance
MISCELLANEOUS BENEFITS AND INFORMATION			
Ambulance Air and ground to nearest facility	Deductible & 90% coinsurance	Deductible & 80% coinsurance	Deductible & 70% coinsurance
DME \$7,500 per calendar year maximum Exceptions to limit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Transplants	Deductible & coinsurance. \$250,000 lifetime max. \$50,000 donor expense max. per transplant		
PRESCRIPTION MEDICATIONS			
Rx Deductible Choices	\$0, \$250, \$500		
Rx Copayment Choices	Three plans available generic/brand formulary/brand non-formulary: \$5/\$25/\$50, \$7/25%/50%, \$10/35%/50%		
ADDITIONAL BENEFIT CHOICES AVAILABLE			
Vision	One routine exam per calendar year. Not subject to deductible and coinsurance. Hardware limited to \$150 per calendar year maximum		
Dental	Three plans available: Enhance, Aspire, Achieve		
Spinal Manipulations	Deductible & coinsurance. Option with no benefit maximum		

More detailed benefit information is available on our *Provider Web Site* at www.asuris.com/provider.

Effective 11/01/07

EmbarkSM and VantageSM Products

Identifying Embark and Vantage members

Embark and Vantage members can be identified by their member card. These member cards are different from our other Asuris member cards.

Member cards will be printed:

- Four-color
- With one of seven background designs: four cityscapes (Boise, Idaho; Portland, Ore.; Salt Lake City, Utah; or Seattle, Wash.), two graphic designs (diamonds or circles), or a snowboarder image
- Listing one member name per card or the entire family on each card
- With the subscriber suffix listed as '00'

Members previously covered on an Asuris Plan will receive new member numbers once enrolled in Embark or Vantage.

Icons on the back of the card indicate various types of benefits available: medical (stethoscope), dental (toothbrush) and pharmacy (Rx) benefit information.

Vision is not identified on the member card; benefits will need to be verified prior to the visit.

Copayment, coinsurance and deductible information will not be included on the member cards. To obtain this information, use Asuris Online Services for Providers available on our *Provider Web Site* at www.asuris.com/provider or contact Asuris Provider Customer Service for these patients at **1 (888) 349-6558**.

Verifying eligibility and benefits

Use Asuris Online Services for Providers available on our *Provider Web Site* at www.asuris.com/provider or contact Asuris Provider Customer Service for Embark and Vantage at **1 (888) 349-6558**.

Existing medical policies, reimbursement policies and pre-authorization requirements apply to Embark and Vantage products. View our medical policies and commercial *Medical Pre-authorization List* on our *Provider Web Site*.



Provider: Please submit claims to Asuris Northwest Health, PO Box 30271, Salt Lake City, UT 84130-0271
Send all written inquires to P.O. Box 21267 Seattle, WA 98111-3267



Members: Please present this identification card with each visit to your doctor. For questions on benefits, eligibility, preauthorization, or to verify provider participation, please call Member Services at **1 (888) 367-2109**



Send all written inquires and members claims to P.O. Box 21267 Seattle, WA 98111-3267
For Pharmacy questions please call **1 (888) 437-1508**
Rx BIN 610624 PCN 02090000

This card is not an authorization for service or a guarantee of payment.

Filing claims

Submit claims for Embark and Vantage patients electronically along with other Asuris Northwest Health claims or send paper claims to:

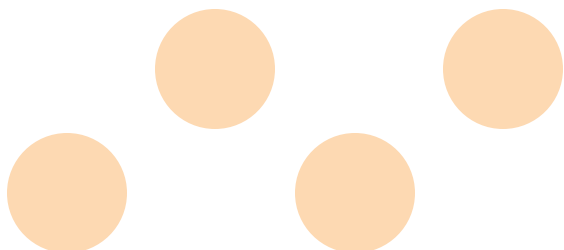
Asuris Northwest Health
P.O. Box 30271
Salt Lake City, UT 84130-0271

Attention: Claims Services

Checking claims status

View claim information for Embark and Vantage patients online using Asuris Online Services for Providers available on our *Provider Web Site* at www.asuris.com/provider.

Contact Asuris Provider Customer Service for these members at **1 (888) 349-6558**.



EmbarkSM and VantageSM Products

Contacting us

Asuris Customer Service Embark and Vantage Products

Asuris Provider Customer Service

1 (888) 349-6558

Asuris Member Customer Service

1 (888) 367-2109

This number will appear on the back of your patient's member card.

Other (non-Embark and non-Vantage) Products

Asuris Provider Customer Service

1 (800) 462-5680

Claims/Member Customer Service

1 (800) 344-5587

Provider Relations

1 (800) 245-6024

Provider Web Site

www.asuris.com/provider

Finding more information

Our *Provider Web Site* offers a wealth of information to assist you, including an Embark and Vantage online workshop and detailed information in the *Provider Manual*. Visit our *Provider Web Site* at www.asuris.com/provider.

Our *Provider Web Site* also includes a demonstration of Asuris Online Services for Providers. This free online application can save your office time by eliminating the need to call Customer Service for routine information such as verifying patient eligibility or benefits, reviewing the status of submitted claims or obtaining copies of payment vouchers.

Asuris Provider Customer Service for these products is available to answer your questions at 1 (888) 349-6558

Your Provider Relations team is also here for you. Contact your provider consultant or provider relations representative at 1 (800) 245-6024



Reading our new vouchers for EmbarkSM and VantageSM members

Claims for EmbarkSM and VantageSM members will be reported on our new claims system *Claim Voucher*, produced every Saturday and mailed no later than Monday. Vouchers are sorted by clinic and then alphabetically by provider. Individual claims are then sorted by original claims and adjusted claims, followed by payment and pended claims summaries sent with the voucher.

You will receive payment for your Embark and Vantage patients separately from your other Asuris patients. Vouchers for other Asuris patients will continue to be sent to you in the current format.

A guide for reading the new claim vouchers and summaries is included below:

Sample Claim Voucher

COMPANY LOGO, ADDRESS										Customer Service Phone No.: 1 (XXX) XXX-XXXX					
A	Check cut to: MEDICAL CENTER 1234 MAIN ST HOMETOWN USA 12345				Provider ID 100100100 NPI NO: 0101010101			Date: 11/20/07 Voucher No: IM00000000143066			Page 1 of 4				
CLAIM VOUCHER															
B	NETWORK Original Claims						CUSTOMER SERVICE: 1 (XXX) XXX-XXXX								
Date of Service		Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Patient Responsibility				Interest Paid	Msg. Codes
From	Through									Deductible	Copay	Coinsurance	Non Covered		
C	Patient Name: JOHN DOE Patient Acct.# 22222222 ID# 111111111				Insured Name: JOHN DOE NETWORK			Group # 88888888 Del Prov: JANE SMITH			Claim #20000000002				
D	11/12/07	11/12/07	74150TC	1	\$475.00	\$416.93	\$58.07		\$416.93						PSS
	11/12/07	11/12/07	72192TC	1	\$595.00	\$435.23	\$159.77		\$435.23						PSS
	Current Claim Total				\$1070.00	\$852.16	\$217.84		\$852.16						
E	Patient Name: JACK DOE Patient Acct.# 33333333 ID# 123123123				Insured Name: JACK DOE NETWORK			Group # 88888888 Del Prov: JANE SMITH			Claim #20000000004				
	11/01/07	11/01/07	99213	1	\$75.00										ST
	Current Claim Total				\$75.00										
ST: Member not eligible for benefits.															
Total NETWORK Claims															
	Billed Amount	Allowed Amount	Contract. Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Balance Forward	Amount(-) Prev Paid						
	\$1070.00	\$852.16	\$217.84			\$852.16									

Item A

- Provider's name and address
- Asuris provider identification number
- National Provider Identifier (NPI)
- Date of check that accompanies this voucher
- Voucher number
- Voucher page number

Item B

- Network/Claim type

Item C

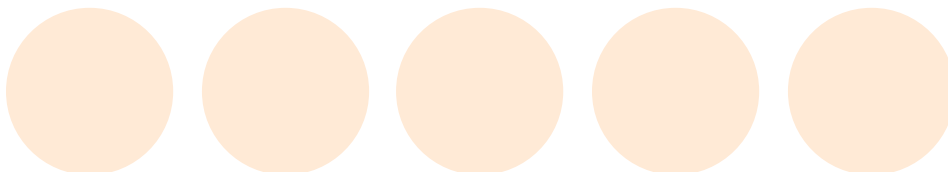
- Patient name
- Patient account number (if one was submitted on the claim)
- Member number
- Insured name
- Provider network
- Member's group number
- Rendering provider's name
- Claim number

Item D

- First and last dates of service
- CPT, CDT, or HCPCS codes billed
- Total billed amount for the service
- Amount allowed by member's plan
- Contractual adjustment
- Amount paid by another health plan
- Risk withhold
- Amount paid by Asuris
- Amount of patient responsibility, including deductible, copayment, coinsurance or any non-covered services
- The message code/explanation indicating how this particular claim was processed

Item E

- Claim voucher totals



QUICK REFERENCE GUIDE

Sample Adjusted Claim Voucher

COMPANY LOGO, ADDRESS Customer Service Phone No.: 1 (XXX) XXX-XXXX

Check cut to: MEDICAL CENTER Provider ID: 100100100 Date: 11/20/07 Page 2 of 4
 1234 MAIN ST NPI NO: 0101010101 Voucher No: IM00000000143066
 HOMETOWN USA 12345

CLAIM VOUCHER

NETWORK Adjusted Claims **CUSTOMER SERVICE: 1 (XXX) XXX-XXXX**

Date of Service		Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Patient Responsibility				Interest Paid	Msg. Codes
From	Through									Deductible	Copay	Coinsurance	Non Covered		
11/07/07		32000	1	\$800.00	\$285.60	\$514.40			\$228.48		\$57.12		\$57.12		
CLAIM TOTAL				\$800.00	\$285.60	\$514.40			\$228.48		\$57.12		\$57.12		
11/15/07		3200050	1	\$800.00	\$428.40	\$371.60			\$342.72		\$85.68		\$85.68		PSS E57
CLAIM TOTAL				\$800.00	\$428.40	\$371.60			\$342.72		\$85.68		\$85.68		

Patient Name: JULIE DOE Insured Name: JULIE DOE Group # 88888888 Claim # 20000000030
 Patient Acct.# 44444444 ID# 123456780 NETWORK Del Prov: JANE SMITH

Previous

Current Claim #20000000031

NETWORK Adjustments

Billed Amount	Allowed Amount	Contract. Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Balance Forward	Amount(-) Prev Paid
\$800.00	\$428.40	\$371.60			\$342.72			\$228.48

Sample Payment Summary

COMPANY LOGO, ADDRESS Customer Service Phone No.: 1 (XXX) XXX-XXXX

Check cut to: MEDICAL CENTER Provider ID : 100100100 Date: 11/20/07 Page 3 of 4
 1234 MAIN ST NPI NO: 0101010101 Voucher No: IM00000000143066
 HOMETOWN USA 12345

PAYMENT SUMMARY

VOUCHER TOTAL	AMOUNT PREVIOUSLY PAID	AMOUNT RECOVERED THIS VOUCHER	TOTAL BALANCE FORWARD	TOTAL INTEREST	CHECK AMOUNT	CHECK DATE
\$1,194.88	\$228.48				\$966.40	11/20/07

E57 Adjustment on a previously processed claim
 PSS The charge exceeds the allowed amount for this service

Sample Pended Claims Summary

COMPANY LOGO, ADDRESS Customer Service Phone No.: 1 (XXX) XXX-XXXX

Check cut to: MEDICAL CENTER Provider ID : 100100100 Date: 11/20/07 Page 4 of 4
 1234 MAIN ST NPI NO: 0101010101 Voucher No: IM00000000143066
 HOMETOWN USA 12345

PENDED CLAIMS SUMMARY

Date of Service		Proc. Code Modifier	Units	Billed Amount	Pend Code	Claim Pend Reason
From	Through					
11/01/07		99213	1	\$125.00		
11/01/07		73020	1	\$100.00		
Claim Total				\$225.00	CA1A	This claim pended awaiting medical records, treatment plan and radiology report.

Patient Name: JOANNE DOE Insured Name: JOANNE DOE Group # 88888888 Claim #20000000002
 Patient Acct.# 66666666 ID# 123456789 Del Prov: JANE SMITH

VantageSM

Vantage benefits

Vantage offers simplicity to our members. Vantage members have direct access to their choice of providers with a single coinsurance level that applies to Participating, Preferred and non-contracted providers. There are no upfront benefits. Vantage members have cost sharing (deductible and coinsurance) benefits only.

Vantage claim example

Scenario:

A Vantage member has a \$500 deductible and 80/80/80 percent coinsurance level. The member visits a Preferred provider for a preventive visit. During the visit, the provider removes a suspicious mole. The member's claim is paid as follows:

Benefit impact:

- Office visit
- Mole removal (in-office surgery)
- Mole biopsy (sent to outside lab)

All services accumulate toward the \$500 deductible and 80 percent coinsurance.



Summary of Benefits

Vantage Plans			
Lifetime Maximum	\$2 million		
Provider Networks	Preferred Provider Organization (PPO), Participating (PAR) or non-contracted		
Deductible Choices	Individual deductible options per calendar year: \$0, \$500, \$1,000, \$2,000, \$5,000 Family deductible is three times the individual amount		
Coinsurance	80%	70%	50%
Coinsurance Maximum	Individual coinsurance maximum options per calendar year: \$2,000, \$3,000, \$4,000, \$6,000 Family coinsurance maximum is three times the individual amount		
IMMUNIZATIONS			
Immunizations - Adult	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Immunizations - Childhood Covered to age 18	Covered at 100%, Deductible waived	Covered at 100%, Deductible waived	Covered at 100%, Deductible waived
PROFESSIONAL SERVICES AND URGENT CARE PROFESSIONALS			
Office Visits (E&M)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient Diagnostic Radiology & Lab (DRL)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Maternity Care Subscriber and spouse	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Rehabilitation Inpatient: \$25,000 per calendar year maximum. Outpatient: \$1,500 per calendar year maximum	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Chemical Dependency \$13,500 combined inpatient/outpatient maximum every 2 calendar years	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Mental Health Outpatient (employer groups with 2-50 employees) 12 visits per calendar year, not subject to coinsurance maximum	Deductible & 50% coinsurance	Deductible & 50% coinsurance	Deductible & 50% coinsurance
Mental Health Outpatient (employer groups with 51+ employees) 12 visits per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Acupuncture 12 visits per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Spinal Manipulations 10 spinal manipulations per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
FACILITY SERVICES			
Inpatient & Outpatient Facility Care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Mental Health Inpatient 8 days per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency Room Copay waived on inpatient admit	\$100 copayment, Deductible & coinsurance	\$100 copayment, Deductible & coinsurance	\$100 copayment, Deductible & coinsurance
MISCELLANEOUS BENEFITS AND INFORMATION			
Ambulance Air and ground to nearest facility	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
DME \$7,500 per calendar year maximum Exceptions to limit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Transplants	Deductible & coinsurance. \$250,000 lifetime maximum \$50,000 donor expense maximum per transplant		
PRESCRIPTION MEDICATIONS			
Rx Deductible Choices	\$0, \$250, \$500		
Rx Copayment Choices	Three plans available generic/brand formulary/brand non-formulary: \$5/\$25/\$50, \$7/25%/50%, \$10/35%/50%		
ADDITIONAL BENEFIT CHOICES AVAILABLE			
Vision	One routine exam per calendar year. Not subject to deductible and coinsurance. Hardware limited to \$150 per calendar year maximum		
Dental	Three plans available: Enhance, Aspire, Achieve		
Spinal Manipulations	Option with no benefit maximum Deductible & coinsurance		

More detailed benefit information is available on our *Provider Web Site* at www.asuris.com/provider.

Effective 11/01/07

Identifying Embark and Vantage members

Embark and Vantage members can be identified by their member card. Members can choose from one of seven different backgrounds for their member cards, including four cityscapes (Boise, Idaho; Portland, Ore.; Salt Lake City, Utah; or Seattle, Wash.), two graphic designs (diamonds or circles) or an image of a snowboarder. Members can also select if they would like separate member cards for each family member or have all family members listed on each card. Important card fields are highlighted in the following sample.

Item A Member's number, necessary for claims submission and Customer Service inquiries. Members previously covered by Asuris will receive new member numbers, once enrolled in Embark or Vantage.

Item B Member's group number, necessary for claims submission

Item C Member by suffix number and name (first name, middle initial, last name). Embark and Vantage subscribers are always listed with suffix number '00'.

Item D Lists medical (M), dental (D), and pharmacy (Rx) coverage for each member. A "Y" indicates that the member has this benefit.

Item E Address for our member Web site, **myAsuris.com**, powered by the Asuris Engine

Item F Icons identifying the various types of benefits available: medical (stethoscope), dental (toothbrush) and pharmacy (Rx) benefit information. Vision is not identified on the member card; benefits will need to be verified prior to the visit.

Item G Claims submission address

Item H Asuris Customer Service phone number for Embark and Vantage members. There is a separate Embark and Vantage Asuris Customer Service phone number for providers: 1 (888) 349-6558. This phone number will not appear on the member card.

Item I Phone number to call for pharmacy questions, the pharmacy benefit identification number (BIN) and processor control number (PCN)



Provider: Please submit claims to Asuris Northwest Health, **PO Box 30271, Salt Lake City, UT 84130-0271** **G**
Send all written inquires to P.O. Box 21267 Seattle, WA 98111-3267

Members: Please present this identification card with each visit to your doctor. For questions on benefits, eligibility, preauthorization, or to verify provider participation, please call Member Services at **1 (888) 367-2109** **H**

Send all written inquires and members claims to P.O. Box 21267 Seattle, WA 98111-3267
For Pharmacy questions please call **1 (888) 437-1508** **I**
Rx BIN 610624 PCN 02090000

F **G** **H** **I**

This card is not an authorization for service or a guarantee of payment.

Reimbursement

Reimbursement for services and supplies provided to Embark and Vantage patients will follow the terms of your existing Participating or Preferred agreements.

If you practice in several locations, your provider network may differ by location, depending on the agreement you signed with Asuris Northwest Health. For example, you may be a Preferred network provider in one location and a Participating network provider in another location. Your patients' out-of-pocket costs are based on their choice of provider. Therefore, you may want to encourage your patients to seek services from you at the location where they will receive the best benefit.

Medical policies, reimbursement policies and pre-authorization requirements currently in effect will be followed for Embark and Vantage products.

New vouchers

Claims for Embark and Vantage patients will be reported on our new claims system *Claim Voucher*, which will be produced every Saturday and mailed no later than Monday. You will receive payment for Embark and Vantage patients separately from other Asuris patients. Office managers from various communities offered guidance on the design of the voucher for the new claims system. The new, easy-to-read vouchers for these patients include:

- Boxes around the headers for each amount
- Line by line breakdowns
- Codes billed by line item, and then, if applicable, the code(s) bundled into them
- Specific message codes

Vouchers are sorted by clinic and then alphabetically by provider. Individual claims are then sorted by original claims and adjusted claims. In addition, there will be new payment and pended claims summaries sent with the voucher. Sample vouchers are included in the *Quick Reference Guide* of this newsletter and are also available in the Payment section of our *Provider Manual* available on our *Provider Web Site* at www.asuris.com/provider.

You will continue to receive vouchers for other Asuris patients in the current format.

Clinical editing reminder

Asuris recently sent you a letter indicating we will be making changes to a limited set of clinical edits effective November 5, 2007. This will affect how some claims are processed.

The following categories of edits are affected by these changes. The *Clinical Edit List* is a complete list of the following code groupings and includes the differences that will apply to both our current claims system and our new system (excluding our Medicare claims system):

- Asuris invalid CPT® and HCPCS codes
- CPT and HCPCS cosmetic codes
- CPT and HCPCS investigational codes

The *Clinical Edit List* is available in the Claims and Billing section under the Coding Toolkit on our *Provider Web Site* at www.asuris.com/provider.

If you have claims-related issues specific to these clinical edits and/or NCCI bypass modifiers, please contact your provider relations representative.

Modifier reminder

Proper use of Current Procedural Terminology (CPT) modifiers when submitting claims is important. CPT modifier information is available in the CPT reference book and as an online workshop, *Working with Modifiers*, available in the Workshops section of our *Provider Web Site* at www.asuris.com/provider.



Your Questions Answered

Embark and Vantage

Q. Are separate Customer Service numbers available for Embark and Vantage products?

A. Yes. We have Customer Service teams dedicated to helping you and our members. Contact Asuris Provider Customer Service toll-free at 1 (888) 349-6558 for your Embark and Vantage patients. Embark and Vantage members can contact Asuris Member Customer Service at the phone number that appears on the back of the member card. The member card does not include the Asuris Provider Customer Service number for Embark and Vantage.

Q. Is eligibility and benefit information available for Embark and Vantage members using Asuris Online Services for Providers?

A. Yes. Asuris Online Services for Providers displays the following up-to-date information for these members:

- Benefits: View summary and specific benefit information, including benefit limitations
- Complete vouchers: View complete vouchers for your associated provider organization for Embark and Vantage patients
- Claims by provider: View claims status and history for your associated provider organization for Embark and Vantage patients

Asuris Online Services for Providers is a free online application that can eliminate the need to contact Customer Service for your patients' routine information. A section in our *Provider Manual* details information regarding Asuris Online Services for Providers. A demonstration is available on our *Provider Web Site* at www.asuris.com/provider.

Q. Will Embark and Vantage members receive new member numbers?

A. Yes. Members enrolled in Embark and Vantage will receive new member numbers even if they were previously covered by a different product offered by Asuris.

Q. What if I need to look up claims history for my patients who were previously covered by a different product offered by Asuris?

A. Using Asuris Online Services for Providers, you can view claims history for your existing patients using the patient's name or member number that was in effect at the time the services were rendered.

Q. How do I locate providers?

A. Participating and preferred network providers can be found using the online directories available on our *Provider Web Site*.

Q. Are the medical and prescription medication deductibles separate?

A. Yes. The medical deductible and the prescription medication deductible amounts accrue separately. All Embark and Vantage members have prescription medication benefits.

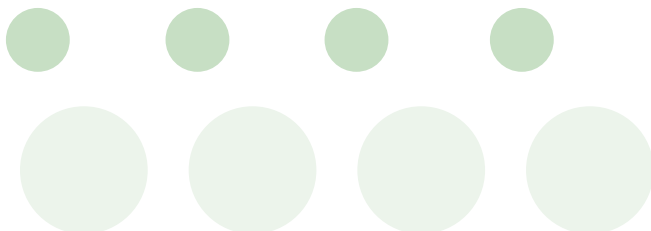
Q. Do Embark and Vantage include the coordination of benefits (COB) provision?

A. Yes. Embark and Vantage include the coordination of benefits (COB) provision, ensuring that the total amount paid by all health plans does not exceed more than the actual cost of treatment.

Q. Do Embark and Vantage members have out-of-area benefits?

A. Yes. Through arrangements with our affiliates in Idaho, Oregon, Utah and Washington, members can access providers and receive benefits for covered services in those states the same as if they were in the Asuris service area.

Outside of Idaho, Oregon, Utah and Washington, members can access providers and receive benefits for covered services. Claims will be paid at the Preferred level, up to the Asuris allowable benefit. Members may be subject to balance billing.



Additional resources

Asuris is committed to providing you with the information you need to better serve your patients—our members. We will continue to include information in future newsletters to keep you up-to-date with Embark and Vantage.

We are hosting workshops for providers across the state this fall. Register for a workshop by visiting our *Provider Web Site* at www.asuris.com/provider or by contacting your provider consultant. More detailed benefit and billing information for these products, including a section in our *Provider Manual* and an online workshop, is also available on our *Provider Web Site*.

Contact Us

You may call Asuris Provider Customer Service for these patients at 1 (888) 349-6558 or contact your provider consultant or provider relations representative at 1 (800) 245-6024.

OCT
2007

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