

Provider Center Guide

For viewing member eligibility and benefit information

Beginning March 15, we will require dentists, physicians, other health care professionals and facilities to access the Provider Center to verify information regarding eligibility, benefits and simple claims status. Customer Service will continue to be available to answer complex inquiries or questions you have about the information you are unable to view online.

This guide includes screenshots to help you quickly find the information you need online.

How to find eligibility information

1. Begin by selecting the 'Search for a Member' link.
 - Enter the member number or the member's last name and date of birth.
 - The results of your search will display the **Search for a Member Result** screen, showing the member's coverage, including eligibility information.

Search for a Member Result

Detail Results for your search criteria ("Member ID: " ") are shown below. Please select the activity you wish to complete for the selected member.

Member ID Group ID	Member Name Address	Birth Date Relationship Gender

Product Description	Effective	Status / End Date
Medical Embark	04-01-2009	Active / 03-31-2011
Rx	04-01-2009	Active / 03-31-2011

[View Coverage](#) > [Medical Claims](#) > [Dental Claims](#) >

Member ID Group ID	Member Name Address	Birth Date Relationship Gender

Product Description	Effective	Status / End Date
Medical	01-01-2009	Termed / 03-31-2009

[View Coverage](#) > [View Claims](#) > [View Referrals](#) >

This screen will indicate if the member's status is:

2. Active - The member is currently covered.
3. Termed - The member's prior coverage (including the end date).

You can also view the effective dates of the member's current or prior coverage.

4. Select the 'View Coverage' link to see details of the member's benefits.

How to find benefit information

Selecting the 'View Coverage' link (see page 1) will direct you to the **Eligibility and Benefits Summary** screen. The following pages show sample screenshots of the sections that will appear on this screen.

Note: Please verify each patient's information online.

Expanded member info

This section provides an overview of the member's information.

Any information we have for the member's primary insurance carrier, including the name and effective date will be shown here. Any pre-existing credits will also be shown with the original effective date.

In the dark green bar at the bottom of this section, you can search for eligibility and benefit information for a prior date of coverage by entering the date and selecting 'Submit New Date'.

Eligibility and Benefits Summary

This is not a guarantee of payment. The information provided is real-time. Data shown may change as member files are updated.

Expanded member info

Member	Payer
Member Name:	Primary Carrier Name:
Relationship:	Original Effective Date:
Gender:	Elig/Pre Ex
Member ID:	Pre Ex Credits:
Date of Birth:	Original Effective Date:
Address:	
Group Number:	
Group Name:	

Eligibility and Benefits Summary As of Date:

Benefit Summary As of

This section includes the product name, effective date and status.

You can also view the member's applicable coinsurance and copayment information.

Information is shown for:

- In- and out-of-network providers
- Upfront benefits
- Emergency room
- Childhood immunizations
- Office visits

Medical Benefits

Medical Embark	Effective:	03-01-2011
	Status/End Date:	03-31-2011
Rx	Effective:	03-01-2011
	Status/End Date:	03-31-2011

Benefit Summary As of 03/22/2011

Note: Please check benefit booklets for complete benefit details.


In-Network - Co Insurance	20%
Out-Network - Co Insurance	40%
DXL/CT/MRI/PET Upfront Bnft - Limitation	\$400.00
Emergency Room - Co Insurance	20%
Emergency Room - Co Payment	\$100.00
Childhood Immunization Age Limit - Limitation	18
Office Visit - Category I - Co Insurance	20%
Office Visit - Category I - Co Payment	\$20.00
Office Visit - Category II - Co Insurance	40%
Office Visit - Category II - Co Payment	\$35.00


Download PDF Booklets

Selecting the 'Complete Plan Booklet' opens a PDF of the member's *Benefit Booklet* which outlines all of the member's benefits in detail. (This document can be several hundred pages in length.)

Download PDF Booklets

To view the members entire Plan Booklet as one file, choose between these links.


[Complete Plan Booklet](#)


[Summary Of Plan](#)

Selecting the 'Summary of Plan' opens a PDF document that briefly describes the member's benefits and exclusions. (This document is usually just a few pages. See sample below.)

Sample Summary of Plan document

Asuris Embark[®] Medical Plan
 \$20/\$35 Copay
 \$750 Deductible
 80%/60%/60% Coinsurance

ASURIS
NORTHWEST HEALTH

Effective Date: April 1, 2010

Benefit Summary	
Lifetime maximum benefit	\$2,000,000
Deductible per calendar year	\$750 Per Member \$2,250 Per Family (3 times the member amount)
Maximum coinsurance per calendar year	\$2,000 Per Member \$6,000 Per Family (3 times the member amount)
After the maximum coinsurance is met, the plan pays	100% for the remainder of the calendar year except where noted

Understanding Your Benefits

- Your plan features **Upront Benefits**. The first 4 office visits per calendar year are not subject to the deductible for Category 1 and 2 only. In addition, the first \$400 of outpatient laboratory and radiology services per calendar year are not subject to the deductible.
- We will begin to pay benefits for other covered services in any calendar year only after your deductible is satisfied. Your deductible applies for all services unless otherwise specified. Copayments do not count toward the deductible.
- Once you have satisfied any applicable deductible and any applicable copayment, we pay a percentage of the allowed amount for covered services. When our payment is less than 100%, you pay the remaining percentage. This is your **Coinsurance** (Member Responsibility).

You Select Your Provider and Control Your Out-of-Pocket Expenses

- Category 1.** You choose to see a preferred provider and save the most in your out-of-pocket expenses. Choosing this category means you will not be billed for balances beyond any deductible, copayment, and/or coinsurance for covered services. You can find a list of providers at our Website or by calling Customer Service.
- Category 2.** You choose to see a participating provider and your out-of-pocket expenses will generally be higher than if you choose Category 1 because we may negotiate larger discounts with preferred providers that will result in lower out-of-pocket amounts for you. Choosing this category means you will not be billed for balances beyond any deductible, copayment, and/or coinsurance for covered services.
- Category 3.** You choose to see a provider that does not have a participating contract with us and your out-of-pocket expenses will generally be higher than Category 1. Also, choosing this category means you may be billed for balances beyond any deductible, copayment, and/or coinsurance. This is sometimes referred to as balance billing.

Covered Medical Services (Per Member)	Member Responsibility Category 1	Member Responsibility Category 2	Member Responsibility Category 3
Office Visits (Upront Benefit)	\$20 copay (deductible waived)	\$35 copay (deductible waived)	40%
• The first 4 visits per calendar year			
• For illness, injury or preventive care			
Outpatient Laboratory and Radiology Services (Upront Benefit)	0%	0%	0%
• The first \$400 per calendar year			
After the Upront Benefits are Exhausted	20%	40%	40%
• Office visits, laboratory and radiology services			
Professional Services	20%	40%	40%
• Surgery, inpatient visits, diagnostic procedures and therapeutic injections			

Covered Medical Services (Per Member)	Member Responsibility Category 1	Member Responsibility Category 2	Member Responsibility Category 3
Acupuncture	20%	40%	40%
• 12 visit limit per calendar year			
Ambulance Services	20%	20%	20%
Blood Bank	20%	20%	20%
Chemical Dependency Services	20%	40%	40%
Durable Medical Equipment	20%	40%	40%
• \$7,500 per calendar year maximum benefit			
Emergency Room (Including Professional Charges)	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay
• Copay waived if admitted directly to a hospital or facility on an inpatient basis			
Genetic Testing	20%	40%	40%
• \$5,000 per member lifetime maximum benefit			
Home Health Care	20%	40%	40%
• 130 visit limit per calendar year			
Hospice Care	20%	40%	40%
• 14 respite care day limit per member lifetime			
Hospital Care	20%	40%	40%
• Inpatient, Outpatient and Ambulatory Service Facility			
Immunizations for Adults	20%	40%	40%
Immunizations for Children	0%	0%	0%
• Covered up to age 18			
Maternity Care	20%	40%	40%
Mental Health Services - Inpatient and Respite Care	20%	40%	40%
Mental Health Services - Outpatient	20%	40%	40%
Neurodevelopmental Therapy	20%	40%	40%
• Covered for children age 6 and under			
• \$1,500 per calendar year maximum benefit			
Nutritional Counseling	20%	40%	40%
• 3 visit limit per member lifetime			
Orthotic Devices	20%	40%	40%
• \$500 per calendar year maximum benefit			
Prosthetic Devices	20%	40%	40%
• \$10,000 per calendar year maximum benefit			
Rehabilitation Services	20%	40%	40%
• Inpatient: \$25,000 per calendar year maximum benefit			
• Outpatient: \$1,500 per calendar year maximum benefit			
Skilled Nursing Facility (SNF) Care	20%	40%	40%
• 90 inpatient day limit per calendar year			
Spinal Manipulation	20%	40%	40%
• 10 spinal manipulations per calendar year			
Temporomandibular Joint (TMJ) Disorders	20%	40%	40%
• \$1,000 per calendar year maximum benefit			
Transplants	20%	40%	40%
• \$350,000 limit per member lifetime			
• \$50,000 limit for donor expenses per transplant			
• 6 month waiting period (you may receive credit from your prior medical coverage)			

View medical multi-year accumulators

To view your patient's benefit maximums (how much he or she has used to date, and how much of each benefit is remaining), simply navigate to the Medical Benefits, Multi-year Accumulators tab.

Select the service from the drop-down menu. Then select 'Submit'. The multi-year accumulator information will be displayed below.

Accumulations As of

This section indicates the member's benefits that have limits.

For example, you can view the dollar amount or number of visits a member has used to date and how much of the benefit he or she has remaining.

Accumulations As of 2011

Note: Please check benefit booklets for complete benefit details.

	Product Maximum	Used	Remaining
Acupuncture Visits - Individual	12	0	12
Dental Hospitalization - Individual	\$1,000.00	\$0.00	\$1,000.00
Durable Medical Equipment - Individual	\$7,500.00	\$0.00	\$7,500.00
Coinsurance - Individual	\$2,000.00	\$2,000.00	\$0.00
Genetic Testing Lifetime - Individual	\$5,000.00	\$0.00	\$5,000.00
Coinsurance - Family	\$6,000.00	\$2,000.00	\$4,000.00
Lifetime - Medical/Vision - Individual	\$2,000,000.00	\$250,210.48	\$1,749,789.52
Medical Deductible - Family	\$2,250.00	\$750.00	\$1,500.00
Medical Deductible - Individual	\$750.00	\$750.00	\$0.00
Neurodevelopment Therapy - Individual	\$1,500.00	\$0.00	\$1,500.00
Nutritional Counseling Lifetime Visit - Individual	3	0	3
Orthotics - Individual	\$500.00	\$0.00	\$500.00
Prostheses - Individual	\$20,000.00	\$0.00	\$20,000.00
Rehabilitation, Inpatient - Individual	\$25,000.00	\$0.00	\$25,000.00
Rehabilitation, Outpatient - Individual	\$1,500.00	\$0.00	\$1,500.00
Spinal Manipulations - Individual	10	0	10
TMJ - Individual	\$1,000.00	\$0.00	\$1,000.00
Transplant Donor Expenses Lifetime - Individual	\$50,000.00	\$0.00	\$50,000.00
Transplant Lifetime - Individual	\$350,000.00	\$0.00	\$350,000.00
Up Front Diagnostic, Lab, X-Ray - Individual	\$400.00	\$383.36	\$16.64
Up Front Office Visits - Individual	4	1	3

Benefit Booklet

This section provides quick links to the information in the member's *Benefit Booklet*.

For example, by selecting 'Acupuncture', you can see the member's benefit for Preferred, Participating and Non-participating providers. The description also indicates the number of visits and any additional information

Learn more

Please see our Provider Center flyer for instructions on registering for this tool and a complete list of the information (e.g., claims status and payment vouchers) available to you online.

Complete a system tour on our *Provider Web Site* at www.asuris.com/provider.

Benefit Booklet

These links provide additional information for specific sections of a members benefit contract. Choose a topic below for further detail.

[Acupuncture](#)

Acupuncture

Medical Benefits

Acupuncture

ACUPUNCTURE

Category: 1	Category: 2	Category: 3
Provider: Preferred	Provider: Participating	Provider: Nonparticipating
Payment: After Deductible, We pay 80% and You pay 20% of the Allowed Amount. Your 20% payment will be applied toward the Maximum Coinsurance.	Payment: After Deductible, We pay 60% and You pay 40% of the Allowed Amount. Your 40% payment will be applied toward the Maximum Coinsurance.	Payment: After Deductible, We pay 60% of the Allowed Amount and You pay balance of billed charges. Your 40% payment of the Allowed Amount will be applied toward the Maximum Coinsurance.

Limit: 12 visits per Member per Calendar Year. (For acupuncture to treat Chemical Dependency Conditions, refer to the chemical dependency provision in this Medical Benefits Section.) We consider visits for these services that are applied toward Deductible as provided and apply them against the Maximum Benefit limit on these services.

