

Asuris Northwest Health TruAdvantage Workshop

This workshop is designed to provide you with an overview of the Asuris Northwest Health TruAdvantage product. After completing this workshop, you should be able to:

- Understand Asuris TruAdvantage benefits
- Use the member's identification (ID) card to determine Asuris TruAdvantage eligibility and benefit information
- Understand regulations for Medicare Advantage plans such as Asuris TruAdvantage

What is Asuris TruAdvantage?

Asuris TruAdvantage is offered as an alternative to the Medicare Parts A and B program and Medicare supplement plans. Asuris TruAdvantage is a Medicare Advantage plan that provides the same benefits available from Medicare, plus some additional benefits.

Asuris TruAdvantage provides incentives for members to seek services from physicians, other health care professionals and facilities contracted with the Asuris TruAdvantage PPO network. Services provided by in-network providers are reimbursed at the in-network benefit level with low copayment and coinsurance amounts, while services provided by out-of-network providers are subject to a deductible and higher copayment and coinsurance amounts.

Whenever medical care is needed, we encourage members to contact an Asuris TruAdvantage participating provider. If specialty care is needed, providers should direct members to participating Asuris TruAdvantage specialists and facilities. However, written or telephone referrals are not required for specialty care. Visit our online Asuris TruAdvantage directory to identify participating in-network physicians, other health care professionals and facilities at www.asuris.com/provider/directory.

Pre-authorization is required for some services. Physicians and other health care professionals are responsible for pre-authorizing all services and supplies listed on the *Medicare Pre-authorization List*. The most current list is on our *Provider Web Site* at www.asuris.com/provider.

Where is Asuris TruAdvantage offered?

Asuris TruAdvantage is offered in Benton, Ferry, Franklin, Kittias, Spokane, Stevens and Whitman counties in Washington.

Asuris TruAdvantage Benefits

Please note Asuris TruAdvantage reimbursement and coding guidelines follow Medicare rules whenever possible. In particular, please note the following:

- Asuris Correct Code Editor (CCE) and CMS' National Correct Coding Initiative (NCCI) rules are applied as for other Asuris products.
- Diagnosis codes must reflect all digits to the full extent of the code indicated in the *ICD9 Coding Manual*.
- Asuris applies our standard multiple procedure fee reductions when reimbursing multiple endoscopic procedures rather than applying Medicare's endoscopic family of codes payment methodology. In most cases, this results in a higher level of reimbursement.

Asuris TruAdvantage Benefit Summary

Additional benefit details are listed in the Asuris TruAdvantage section of our *Administrative Manual* on the Provider Library page of our *Provider Web Site*.

	In-network	Out-of-network
Network	Asuris TruAdvantage	None
Deductible	No Deductible	No Deductible
Maximum Out-of-Pocket	\$1000	\$2000
PREVENTIVE SERVICES		
Cardiovascular screening blood test	No copay	No copay
Colorectal screening	No copay	\$20 copay
Immunizations (Medicare covered)	No copay	No copay
Prostate cancer screening	No copay	\$20 copay
Women's Exams Includes pap/mammogram	\$5 copay	\$20 copay
PROFESSIONAL SERVICES		
Home Health Care	No copay	20%
Office/Home Visits	\$5 copay	\$20 copay
Routine Physical Exam	\$5 copay	\$20 copay
Bone Mass Measurement	No copay	\$20 copay
Outpatient Diagnostic Radiology & Lab (DRL)	No copay	No copay
Outpatient Mental Health and Chemical Dependency Treatment	\$5 copay	\$20 copay
Outpatient Rehabilitation Services	\$5 copay	\$20 copay
Surgical Procedures	No copay	20% after deductible
Outpatient Surgical Procedures	No copay	\$100 copay
Urgently Needed Care (billed by Urgent Care Facility only)	\$5 copay	\$20 copay
FACILITY SERVICES		
Inpatient Facility Care - unlimited days	\$100 per day to \$300 max, per admit	Day 1 – 5: \$200 per day up to a maximum of \$1000
Inpatient Mental Health Care 190 day lifetime maximum	\$100 per day to \$300 max, per admit	Day 1 – 5: \$200 per day up to a maximum of \$1000
Skilled Nursing Facility No benefits after 100 days per benefit period	No copay	Day 1 -25: No copay Day 26 – 100: \$25 copay per day
Outpatient Facility Care	No copay	\$100 copay
Emergency Room Copay waived on admit if admitted within 48 hours	\$50 copay	\$50 copay
Benefits continued on next page		

MISCELLANEOUS BENEFITS AND INFORMATION		
Ambulance	\$50 copay	\$50 copay
Chiropractic Services (manual manipulation only)	\$5 copay (In-network only, D.C., M.D. or D.O.)	\$20 copay
Dental Services	Medicare covered dental care \$5 copay Preventive services, no copay, up to \$500 per year	Medicare covered dental care \$20 copay Preventive services, no copay, up to \$500 per year
Diabetes self-monitoring training and supplies	Part B – No copay for lancets, test strips & glucometer; Part D insulin & syringes – Tier 2	Part B – No copay for lancets, test strips & glucometer; Part D insulin & syringes – Tier 2
Diagnostic Hearing Exam	\$5 copay	\$20 copay
Dialysis	No copay	No copay
DME	10%	20%
Immunosuppressive drugs	10%	20% after deductible
Other Medicare-covered Part B drugs	No copay	10%
Medical nutritional (enteral) therapy	No copay	No copay
Podiatry Services	\$5 copay	\$20% copay
Prosthetic Devices	No copay	20%
Routine Vision Exam	\$5 copay (one visit every two years)	\$20 copay (one visit every two years)
Vision Hardware	\$100 maximum benefit every two years	

Identifying Asuris TruAdvantage Members

The following information is included on the front of the member card:

- The member's number, which is necessary for claims submission and customer service inquiries. Always include the three-digit alpha prefix in front of the member number on the claim.
- The group name Asuris TruAdvantage.
- The member's group number, which is necessary for claims submission.
- The date the card was issued (*this is not the coverage effective date*).
- The member by suffix number and name (last name, first name, middle initial). Asuris TruAdvantage subscribers are listed with suffix number '01'.
- The 'coverage indicator' columns that tell at a glance whether the member has medical (M), vision (V) and prescription (RX) coverage.
- The provider network used by the member's plan for in-network medical benefits. Coverage for preventive dental, vision exams and hardware, and prescription medication benefit information for pharmacy use is also indicated.
- Additional notes such as the copayment amounts and vision and dental coverage limitations.

Payment Vouchers

Claims are processed on our Asuris TruAdvantage claims system. These vouchers will look different than for other Asuris vouchers. Listed below is an explanation of the key information provided on this voucher. A sample voucher follows.

Item A

- Physician, other health care professional or facility name
- Asuris provider identification number
- NPI number (for facilities)
- Asuris TruAdvantage product name
- Voucher page number
- Date of the check that accompanies the voucher

Item B

- Patient name
- Member identification number
- Patient account number (if one was submitted on the claim)
- Member's Asuris TruAdvantage group number
- Claim number

Item C

- CPT, CDT, or HCPCS codes billed
- Written description of the service
- First and last dates of service
- Total charge for the service
- Fee adjustment or the amount not covered by the member's plan. The member may not be held responsible for this amount
- Amount paid by another carrier
- Amount of patient responsibility. This amount includes copayment, coinsurance, deductible or any non-covered services
- The reason code explaining how this particular claim was processed. Refer to the last page of the voucher for descriptions
- Amount paid by Asuris TruAdvantage

Item D

- Claim voucher totals

Item E

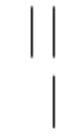
- Description of reason codes entered in the column in Section C

Sample Asuris TruAdvantage Voucher



P.O. Box 12625
 Salem, OR 97309-0625
 1 (800) 541-8981

CLAIM VOUCHER STATEMENT



PAGE 1

(A) JANE DOCTOR, MD
 1234 SW MAIN ST.
 ANYTOWN, USA 99999

REFERENCE NUMBER 999999999 AN1111

DATE 06/15/05

*** TruAdvantage ***

PATIENT NAME TYPE OF SERVICE	SERVICE DATE	GROSS CHARGES	FEE ADJUSTMENT	PAID BY OTHERS	PATIENT RESPONSIBILITY		REASON CODE	BENEFITS PAID
					DEDUCTIBLE	CO-PAY/OTHER		
(B) JOHN SMITH	MEM #: 4MA921023231					GRP #: 11010000	CLM #: 01234567890	
(C) 99214 E/M DETAILED VISIT	06/01/05	148.00	51.64	.00	.00	5.00		91.36
** CLAIM TOTALS **		148.00	51.64	.00	.00	5.00		91.36
JOHN SMITH	MEM #: 4MA921023231					GRP #: 11010000	CLM #: 01235679120	
99217 OBSERV CARE DISCHARGE	06/03/05	120.00	**** CLAIM PENDING ****	.00	.00	.00	402	.00
** CLAIM TOTALS **		120.00	.00	.00	.00	.00		.00
(D) *** VOUCHER TOTALS ***		268.00	51.64	.00	.00	5.00		91.36
(E) **** EXPLANATION OF CODES ****								
402 CLAIM PENDED; WAITING FOR ACCIDENT REPORT FROM SUBSCRIBER.								

Pre-authorization

Pre-authorization is required for some services and supplies. Physicians and other health care professionals are responsible for pre-authorizing all services and supplies listed on the *Medicare Pre-authorization List*. Both current and previous versions of the list can be found in the Care Management section of our *Provider Web Site*.

Medicare Advantage Requirements

With the introduction of Medicare Advantage (formerly known as Medicare+Choice) plans in 1999, the Centers for Medicare & Medicaid Services (CMS) implemented a significant number of regulations and requirements for health plans as well as their contracted network of providers. As a participating physician, other health care professional or facility with a Medicare Advantage plan (Asuris TruAdvantage), you are required to comply with these regulations and requirements. Your Asuris TruAdvantage agreement outlines these regulations and requirements. Some of the regulations you need to be aware of are listed below:

- Medicare Advantage allows members to be out of the service area for up to six months before being disenrolled from Asuris TruAdvantage.
- Medicare requires all members of Medicare Advantage plans like Asuris TruAdvantage to have a health risk assessment within 90 days of enrollment. Asuris will send all newly enrolled Asuris TruAdvantage members a Health Risk Assessment (HRA). Asuris will assist physicians with enhanced case management for their patients who have complex or serious medical conditions. Case managers will work with physicians and other health care professionals to assess health status and establish and implement a treatment plan.
- Physicians, other health care professionals and facilities may not deny, limit or apply conditions to the coverage or furnishing of covered services to members enrolled in Asuris TruAdvantage on the basis of any condition related to the member's current health status.
- Physicians and other health care professionals may not impose any cost-sharing to Asuris TruAdvantage members for influenza or pneumococcal vaccine.
- Neither Asuris, nor the physician or other health care professional, shall make any specific payment, directly or indirectly, to another physician or physician group as an inducement to reduce or limit medically necessary services furnished to a Asuris TruAdvantage member.
- Providers agree to furnish all encounter data necessary to characterize the context and purpose of each encounter with an Asuris TruAdvantage member and the physician, other health care professional or facility. Physicians, other health care professionals and facilities agree that all encounter data will be used by Asuris in validating its rates with CMS and that all encounter data and other information submitted to Asuris and ultimately CMS is accurate, complete and truthful and is based on the physicians, other health care professionals or facilities best knowledge, information and belief. Physicians, other health care professionals and facilities acknowledge that misrepresentations about the accuracy of encounter data may result in Federal civil action and/or criminal prosecution.
- Physicians, other health care professionals and facilities agree not to bill Asuris TruAdvantage members for covered services (except for copayments or coinsurance) if payment has been denied because the physician, other health care professional or facility has failed to comply with the terms of their Agreement with Asuris. Physicians, other health care professionals and facilities must notify the Asuris TruAdvantage member of their financial obligation for non-covered services.

- Physicians, other health care professionals, and entities delegated by them to perform administrative services are covered entities under Federal and state privacy laws. To the extent required by law, Asuris and their contracted business associates will keep all medical records containing patient-identifiable information confidential and will not disclose any patient-identifiable information to any third party without the prior written consent of the member.
- Physicians, other health care professionals and facilities shall ensure services rendered are documented and incorporated into the member's medical record. It is important for specialty physicians and other health care professionals to advise the referring physician when follow-up care is necessary.
- Physicians, other health care professionals and facilities are responsible for the education and training of all individuals working within their office or facility to ensure that the procedures outlined in the *Administrative Manual* are followed correctly. You may contact Provider Services to request staff training that may include, but is not limited to, billing procedures and administrative policies.
- Physicians, other health care professionals and facilities will make individual medical records available to patients or their legally designated representative upon request.
- At all reasonable times, physicians, other health care professionals and facilities will provide Asuris, the Centers for Medicare & Medicaid Services (CMS), the Comptroller General of the United States, and their duly authorized representatives the right of access to its facilities and to its financial and medical records which are directly pertinent to Asuris TruAdvantage members in order to monitor and evaluate cost, performance, compliance measures reporting, quality improvement activities, appropriateness and timeliness of services provided.
- In the event Asuris terminates its Medicare Advantage contract with CMS, physicians, other health care professionals and facilities agree to continue to furnish health care services for Asuris TruAdvantage members for:
 1. The duration of the period for which premiums have been paid and,
 2. if the member is hospitalized on the date of termination or in the event of insolvency, through date of discharge from the hospital.

The payments that physicians, other health care professionals and facilities receive from Asuris TruAdvantage are, in whole or in part, Federal funds. We comply with all laws and regulations applicable to entities receiving Federal funds.

CMS Guidelines for Provider Activities and Materials

Physicians, other health care professionals and facilities are encouraged to observe the following CMS requirements:

- Engage in discussions with beneficiaries when patients seek information or advice from them regarding their Medicare options.
- Are permitted to make available and/or distribute plan marketing materials for all plans with which they participate. Additionally, physicians, other health care professionals and facilities may display posters or other materials announcing their contractual relationships.
- Cannot accept enrollment applications or offer inducements to persuade beneficiaries to join plans. Physicians, other health care professionals and facilities are advised to refer their patients to other sources of information, such as the State Health Insurance Assistance Programs, plan marketing representatives, their State Medicaid Office, local Social Security Administration Office, www.medicare.gov, or 1 (800) MEDICARE as providers may not be fully aware of all Medicare plan benefits and costs.

Asuris TruAdvantage Resources available at www.asuris.com/provider

Visit our *Provider Web Site* for links to more information you can use to learn more about Asuris TruAdvantage:

Asuris Online Services	Access to eligibility, benefits, and claims information
Asuris TruAdvantage Benefit Summary	Details features and gives summary of benefits
Quick Reference Guide	Summary of Asuris TruAdvantage important information
Frequently Asked Questions	Answers to frequently asked questions
NOMNC Fact Sheet and Form	<i>Notice of Medicare Non-Coverage</i> (NOMNC) form for skilled nursing facilities and home health providers and fact sheet
<i>Medicare Pre-authorization List</i>	List of services and supplies requiring pre-authorization
CPT/HCPCS code list for Asuris TruAdvantage	Codes for services and supplies requiring pre-authorization including cosmetic and investigational services requiring pre-authorization
<i>Administrative Manual – Asuris TruAdvantage section</i>	Detailed product information, provider responsibility, member card and payment voucher information