



Core ASO offerings

Self-funded groups

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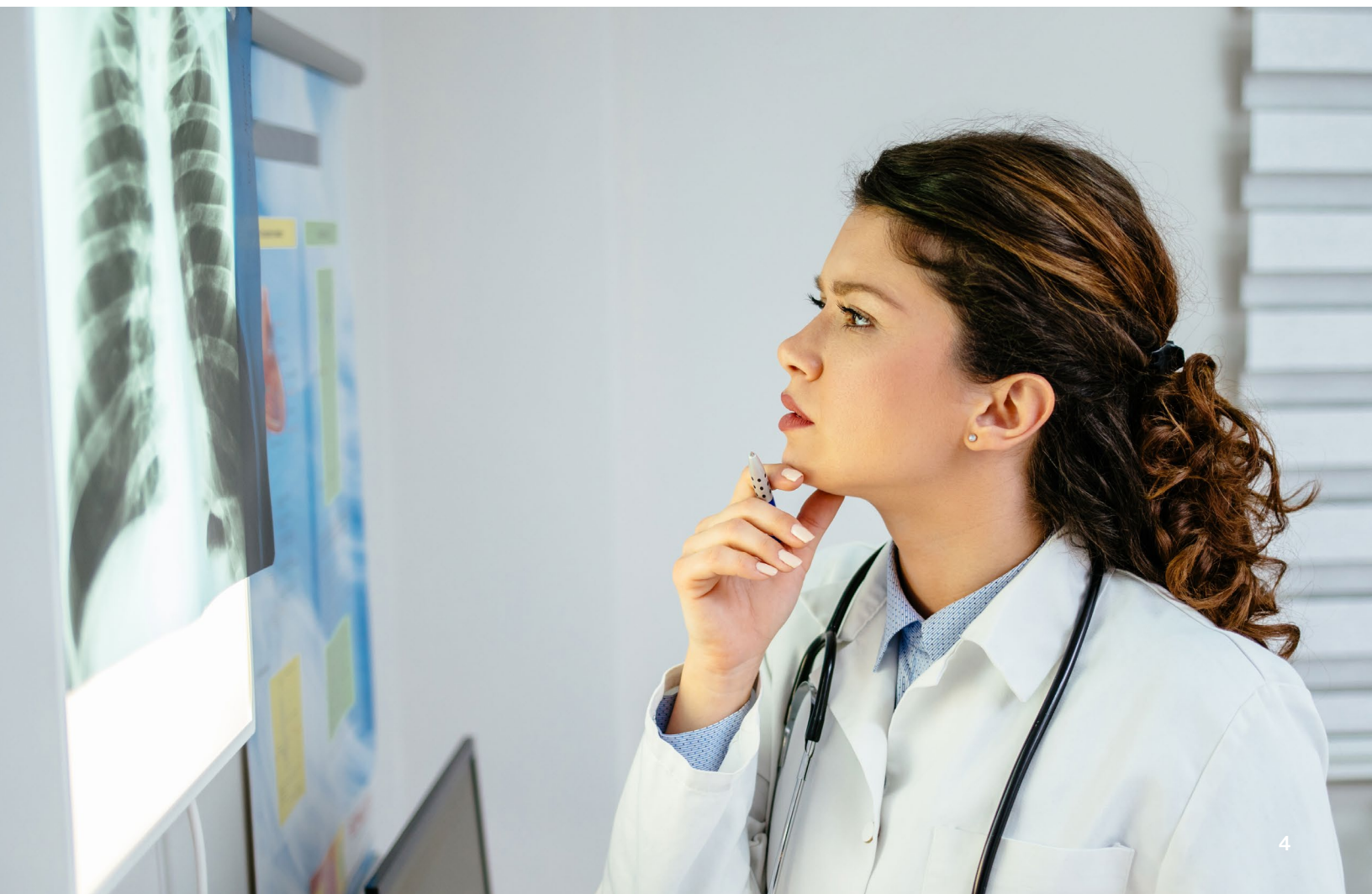
Core offerings: Asuris ASO plans

Under an ASO (Administrative Services Only) self-funded arrangement, you define the ideal balance between control and risk. With Asuris ASO, you can rely on professional eligibility and claims administration, along with high-quality clinical services and a solid provider network that offers savings through deep discounts. The following products and services are available as Asuris ASO core offerings.

Network advantage

Asuris preferred network

With our long-standing local presence and strong partnerships with area providers, we are able to offer broad access and competitive rates. The Asuris network, combined with our nationwide partner networks, provides discounted access to care almost anywhere, which is ideal for companies whose employees travel or work in rural locations.



Customer Service

Customer Service is available Monday through Friday between 5 a.m. and 8 p.m. and Saturday between 8 a.m. and 4:30 p.m. (Pacific time).

Your dedicated Customer Service team has a toll-free number, and calls will be answered by one of our customer service professionals. We've invested in local service staff who can relate to your employees where they live and work, and are able to respond to their needs quickly.

Our Voice Response Unit is available 24/7; employees can check claim status, request claim forms, order member ID cards and hear benefit information at any time.

Benefit coordinators have direct phone and email access to dedicated team leads.

Escalation process

We use a first-class escalation process for cases that require special handling. A highly skilled escalations team is available when an issue requires extra attention. This team performs a comprehensive review, adheres to a 24-hour response time and is accountable for achieving resolution—including payment decisions.

Digital support

An enhanced [asuris.com](https://www.asuris.com) and mobile experience

You're invested in the health of your employees and your business.

So, it's important that your employees take full advantage of the benefits and cost-savings tools your health plan provides. Here's what your employees can do to manage their health from a single, easy-to-navigate location:

Find a doctor

Easily search for doctors, specialists, clinics and pharmacies—all in their network.

Stay on top of coverage

Check claims, view benefits and see deductible balances.

Get virtual care

Visit with a doctor and get a diagnosis, treatment plan and even a prescription sent to the pharmacy—anywhere, anytime.

Compare costs and save money

Use our tools to find in-network care, and get estimated out-of-pocket expenses for common treatments, medications, procedures and services.

Make smarter health care decisions

See provider ratings and reviews, access medication comparison tools and more.

Get members-only discounts

Save on fitness devices, gym memberships, allergy relief and more. Plus, they'll get 20% off Walgreens brand over-the-counter health and wellness products.

Stay up to date

Find out what's new with benefits and how we support members during challenging times, like COVID-19.

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Clinical services

Utilization management

Your team deserves care that's safe and effective, delivers the greatest value, and is supported by research. Our Utilization Management services deliver improved health outcomes by aligning with the Quadruple Aim: the simultaneous pursuit of enhancing the patient experience, improving population health, reducing costs and improving the work life of health care providers across the continuum.

Utilization management processes comply with turnaround times required by state and federal regulations. We are accredited by the National Committee for Quality Assurance (NCQA) and follow NCQA standards.

Medical policies and pre-authorization:

Our pre-authorization list is based on our medical policies, which are among the most comprehensive and respected in the industry. Providers have access to our electronic and auto-authorization tool through Availity.com, which can approve some services within minutes while members wait at their doctor's office.

Clinical review and reimbursement: We've created an industry-leading proprietary process to manage costs associated with care provided in an acute inpatient facility. High-risk claims are reviewed by our team of registered nurse auditors, coders and pharmacy technicians, who perform up to 12 different clinical and non-clinical prepayment reviews for each claim, resulting in significant savings.

Optional utilization management programs:

We offer several optional utilization management programs in addition to our standard pre-authorization program. Optional programs ensure medical necessity of specific services known for being at high risk for quality problems or inappropriate utilization. These include physical medicine, advanced imaging authorization and sleep medicine programs.

Care management

Care management delivers a personalized model that focuses on holistic care and collaboration with doctors. This model provides a single care manager for members with the greatest unmet health care needs, with the goal of achieving the best outcomes possible. Medical and behavioral health issues are not separate from each other, so our integrated model connects members with a clinician best trained to support their primary concern, with a team of registered nurses and social work care managers available for further support.

Palliative care: Along with behavioral health services, care management includes support for members undergoing evaluation for organ transplants and those who have high-cost claims, multiple readmissions, a need for palliative care support and/or other unmet care needs.

Optional care management programs:

These optional programs provide additional support to members with specific chronic conditions, expectant parents, members looking to quit tobacco, and any member looking for 24-hour medical advice.

Additional medical management and health and productivity services are available at additional costs. Please see "[Optional program offerings: ASO plans](#)" for an overview of programs dedicated to advanced imaging, condition and pain management, and sleep medicine.

Underwriting and billing

Services included

Stop-loss-integrated proposal
50% of specific stop-loss-level reports
Monthly aggregate report
Audit of claims that meet certain criteria

Available by request

Cost/benefit analysis of plan design
ERISA Form 5500—schedule A and C filing information

Pricing flexibility

We continue to expand the number of programs that offer flexible pricing options. Per-employee-per-month has been the standard pricing model for many years and has the advantage of spreading the cost across your entire population. But some programs only apply to a subset of your population. We offer a variety of pricing options for a growing number of programs and services to help you offer the care and support your employees need while ensuring flexibility.

Billing file format options

Online administrative fee billing is available through our secure employer portal.

We create invoices in both PDF and Excel formats. You may elect to receive only the PDF, or both the PDF and Excel versions. You can choose to receive a hard copy in the mail or have that hard copy suppressed.

You and your producer may also elect to receive a .csv version of the raw data contained in the invoice. This version is provided only upon request.

Billing level details

We offer you a choice of five statement options with varying levels of detail.

Information included	Option 1 short statement	Option 2 subgroup summary	Option 3 class summary	Option 4 subgroup detail (groups 100+)	Option 5 class detail (groups 100+)
Claims summary	Included	Included	Included	Included	Included
Claims summary by subgroup*		Included	Included	Included	Included
Claims by employee class			Included		Included
Claims by benefit plan		Included	Included	Included	Included
Detailed claims by member				Included	Included

Weekly claims invoicing standard process

We can provide claims invoicing that aligns with your business needs. Weekly billing is standard: talk to your producer or account executive for more information.

Monthly claims invoicing (requires approval)

Monthly claims invoicing may also be also available (may only apply to groups of 100+). Please ask your Asuris sales executive for more information.

*Subgroups break out billing by location, division or employee status such as COBRA, Retiree and Active

Reporting

Services included

Asuris TrendWise, our online employer-based reporting (EBR) system, provides reporting for claims, enrollment, income and utilization data.

Training is available for producers and groups with 150 or more employees.

Reporting and resources are available in Employer Center and Producer Center, which allow you to:

- Get instant access to eligibility information
- Access claims and eligibility summary data

Additional reporting is available:

Your population's participation in medical management programs

Quarterly operations

Annual Utilization and Cost Review (groups of 2,000+); review your year-over-year cost and utilization trends against normative data, then receive actionable insights and recommendations on solutions for your health plan

Custom reporting is available for an additional cost. Please ask your Asuris sales executive for more information about what we offer.

Claims

Dedicated teams process claims in our ASO Service Center.

Team structure

Each claims team is led by a supervisor and includes an operations lead and several claims analysts. The claims analyst team has an average tenure of more than 10 years. Analysts and supervisors have been specifically trained to serve our self-funded accounts.

In addition to being on-site at the ASO Service Center, team members are able to work from secured environments in their homes. This popular program increases productivity and enables teams to adjust work hours based on claims volume. Home-based workers' productivity isn't affected when inclement weather forces our offices to close.

Training and auditing

Our six-week new-hire training program provides claims trainees with the system and processing knowledge they need to process medical, hospital and vision claims. Trainers review all trainee claims before releasing the trainee to the Claims unit. The unit reviews claims for accuracy for the first two weeks; after that, the new employee goes through the Quality Assurance and Reporting area's monthly audit process.

Claims are audited regularly by our Quality Audit Department to ensure processing and financial accuracy. Quality improvement activities are ongoing.



Enrollment, simplified

We've made it easier to enroll in and administer your Asuris benefits. We offer two solutions for enrollment and eligibility information updates, which make doing business with us faster and easier. You can choose the one that best meets your needs.

What you're looking for	File-based enrollment (electronic eligibility)	Online enrollment (online eligibility)
No additional cost to your organization	✓	✓
Reporting	✓	✓
HSA integration with HealthEquity	✓	✓
Online access for employees		✓
Decision support during benefit election		✓
Online messaging tailored to employees		✓
Suite of educational tools		✓
More than one medical plan offered	✓	✓
Online customer technical support		✓

File-based enrollment—An offering for groups with electronic eligibility capabilities (including ANSI 834 and simple file format)

Online enrollment—A robust, web-based benefits management tool that allows members to update their own information for reduced HR burden

Asuris receives an administrative fee for each HealthEquity Integrated HSA. The fee allows for a high level of support and integration between Asuris' health plans and HealthEquity health savings accounts.

We're here to help you choose the programs that are right for your employees' needs. For more information, please contact your producer or Asuris Sales.



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