

About the Administrative Manual

Our manual was developed for participating physicians other health care professionals, facilities and their staff. The manual can be used as a day-to-day reference for answering questions, resolving issues and as a training tool for new employees. For the purposes of the manual, the term “provider” will be used collectively to refer to any physician, other health care professional or facility.

Your agreement with us requires that we provide this manual, and that you, your office staff and any vendors you use, must follow the requirements it contains. This manual may impose obligations beyond those listed in your agreement. If there is a conflict, your agreement takes precedence unless this manual specifically overrides the agreement. Other benefits and requirements of participation are listed below.

Dental providers: Visit our dental provider website, asurisdental.com/providers, for tools and resources for your dental office, including a *Dental Manual and Guidelines* and *CDT Guide*. In addition, issues of our dental provider newsletter, announcing dental policy updates and other news that may impact your office, are available in the News section of our dental provider website.

Using this manual

The *Administrative Manual* is divided into sections. Each section is available separately on our provider website.

As the manual is updated, we will post revised content online and make reference to the sections that are changing in our newsletter.

1. Review new/updated content promptly to ensure you have the most current and reliable information.
2. Review the manual and identify the sections you will use most often.
3. Read sections pertaining to your role carefully.
4. To help us assist you, have your manual handy when contacting us.

Notification of content changes

In most cases, updates to individual manual sections are posted on the first of the month in which they occur and a notification is included in our provider newsletter, *The Connection*SM. Our newsletter is published in February, April, June, August, October and December. Please review new content promptly to ensure you have the most current information.

Complete the [subscription form](#) on our provider website at asuris.com.

Monthly updates to medical and reimbursement policies

In addition to *The Connection*, we publish *The Bulletin*, a monthly supplement to the bimonthly provider newsletter. *The Bulletin* includes updates to medical and reimbursement policies.

The Bulletin is available on the first of each month and will be emailed to those who have subscribed to the newsletter and *The Bulletin*.

Bimonthly updates to medication policies

Updates to our medication policies are published in *The Connection*.

You can view current and previous issues of our bimonthly newsletter online. Easily access them from the Library section of our provider website: Library>Newsletters.

Benefits of network participation

- You may provide input on our policies.
- Claim payments are made to you directly on a weekly basis.
- Our Provider Contact Center is available to help you and your staff.
- You are listed in the provider search (depending on the agreements you signed) made available to our members.
- Our members have financial incentives to seek care from you because their expenses will be limited to deductible, copayment and coinsurance amounts, and charges for non-covered items. They may also pay a lower deductible, copayment and/or coinsurance if care is provided by a participating or preferred provider.

Responsibilities of network participation

As a participating provider, you have agreed to:

- Cooperate with our Member Grievance and Appeal Procedures.
- Bill us directly for covered services. Patients should not be asked to submit claims.
- Abide by our policy guidelines as it pertains to the determination of claims for our members.
- Consider privacy concerning care and confidentiality in all communication and medical records.
- Direct patients to physicians, other health care professionals and facilities participating on the network used by the member's plan whenever possible.
- Accept our Maximum Allowable Fees (depending on which agreements you have signed) as payment in full for covered services for all of our members and affiliated members.
- Ensure that all subcontractors are subject to and comply with the terms of the Participating Provider Agreement and all applicable Federal and State statutes, laws and regulations.
- Provide us with copies of members' records (including X-rays), at no charge, when we request records to make a claim determination or for a required medical record review (e.g., audits or risk adjustment). Providers must maintain records necessary to document the services for claims submitted to us, meeting CMS standards for documentation and signature authentication. See the *Medical Record Requirements* section of this manual for more information.
- Not discriminate against any member and to treat all members with dignity, respect, and courtesy regardless of race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion or national origin, cultural or education background, economic or health status.

- Provide covered services to our members where such services are necessary and the provider is qualified to provide such services. In providing such services, you will meet the same standards of professional care that characterize the providers' services to non-members.
- Assume responsibility for your relationship with each patient and are solely responsible for the medical care provided, including the discussion of treatment alternatives. Your Agreement does not limit your right to communicate freely with your patients, including the right to inform them services are appropriate or necessary, even if we determine the services are not covered by their plan.
- Bill us directly for covered services provided to our members in accordance with your participating agreement. A licensed provider may not submit claims for services performed by and on behalf of (i.e., incident to) another provider or Non-Physician Practitioner (NPP). Behavioral health services and palliative care services are an exception to this. We do not accept claims for, or provide coverage for, services rendered as part of a residency or fellowship program. Claims should not be submitted under the name and identifier of the attending or supervising provider.
- Hold patients responsible only for copayment, coinsurance and deductible amounts, and for services not covered by their benefit contract. If you bill a member prior to the processing of a claim, the bill should clearly indicate that you have submitted the claim to us. Prior to processing of the claim, you may require member payment only for services known to be non-covered and estimated copayment, coinsurance and deductible amounts.

Keep your practice information current

To maintain compliance with the Affordable Care Act (ACA) and the Centers for Medicare & Medicaid Services (CMS) requirements for Medicare Advantage Plans, it is your responsibility to notify us promptly of any changes to your practice. Please contact our Provider Contact Center to let us know about any of the following changes:

- Closing a practice
- Changing organization ownership
- Terminating a network affiliation for any reason

You can complete a *Provider Information Update Form* available on our provider website:

Library>Forms for any of the following:

- Specialty
- Phone number
- Organization's address
- Accepting new patients
- Offering telehealth services
- eContracting email address
- Changing organization ownership
- Practice data validation email address
- National Provider Identifier (NPI) number
- Providers joining or leaving your clinic or practice
- Changing where your payments should be directed

- Changing your tax ID number (include a copy of your 147c letter from the IRS)

The following changes must be submitted in writing via certified mail:

- Terminating a network affiliation
 - Removing one provider from a group contract only requires a *Provider Information Update Form*
- Closing a practice

Complete the *Electronic Contracting Registration* form on our provider website: Library>Forms to:

- Register for electronic contracting
- Update information for the individual designated with the authority to review and sign agreement documents on your behalf (your legal signatory)

If your clinic or facility submits provider rosters to us, please submit changes, corrections, additions or terminations immediately so that we can update the information that is displayed in our online directories as soon as possible. Your roster must be reviewed and validated in its entirety at least once per quarter and you must reply to any requests for roster review.

Validating provider directory content

To review your directory listing, please follow the steps listed on our provider website: Contact Us>Update Your Information.

Providers are required to verify the accuracy of their directory information every 90 days. Failure to verify directory information is grounds for removal from our provider directory and/or termination of the provider agreement with Regence. Learn more about these requirements on our provider website: Contact Us>Update Your Information.

Confidentiality

We are committed to the highest level of confidentiality with our members' personal and medical information, and actively enforce HIPAA regulations. Our employees are held to high standards in accessing and maintaining confidential information as outlined in our corporate and departmental policies and procedures.

When enrolling in the health plan, the member's signature allows us to obtain information from you to provide medical management and process claims. If additional information is needed, we request that information only if the member has signed a release of information form.

There may be times when medical data is measured to determine if additional services or benefit changes should be considered. Such information is reviewed within the guidelines of our corporate confidentiality policy and is not shared in a patient-identifiable format without our members' consent.

Questions or Suggestions

If you have questions or suggestions about this manual, please contact our Provider Contact Center. Contact information is available in the Contact Us section of our website