



Summary of Aspirus Health Plan Medicare Advantage Plans Benefit Changes for 2022

In 2022, Aspirus Health Plan will continue to offer three plans in the current 18-county Wisconsin service area (see [Aspirus Health Plan Service Area map](#)): Essential Rx, Elite RX and Elite.

Two plans are offered at a \$0 premium; the 2022 Elite Rx premium will be \$82.00 (an increase from \$79 in 2021). Essential Rx and Elite Rx include prescription drug coverage (Elite does not).

All plans cover vision, hearing and other supplemental benefits, as well as preventive dental, and all offer the option to purchase additional dental coverage.

Other benefit changes include:

- Lower ambulance, outpatient hospital and ambulatory surgical center copayments
- Increased Healthy Savings over-the-counter allowance (www.healthysavings.com/aspirus)

New this year, members with congestive heart failure are eligible for home delivered meals (28 meals for 14 days) upon discharge from the hospital.

The plan network continues to grow and includes Aspirus Health and the University of Wisconsin Hospitals and Clinics. Refer to www.aspirushealthplan.com/medicare for a current provider listing.

Aspirus Health Plans will continue to work with the following delegates to administer certain benefits:

- **TruHearing** for routine hearing exams, hearing aids and hearing aid fittings and evaluations.
- **Delta Dental** for administration of dental benefits.

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Aspirus Health Plan's Provider Website
<https://www.aspirushealthplan.com/medicare/providers/>

Aspirus Health Plan's Provider Assistance Center
715-631-7412 or 1-855-931-4851 toll free

Contact Provider News
providernewsMA@aspirushealthplan.com

Aspirus Health Plan has partnered with UCare, based out of Minnesota, as the administrator for our Medicare Advantage Plan.



In 2022, Aspirus Health Plan will use a new fitness benefit vendor. One Pass™ will offer member access to more than 20,000 on-demand and fitness classes, as well as workout builders, brain training programs and nearly 30,000 online and in-person social activities, community classes and events.

We have added a 2022 Product Information for Providers document to the [provider website](#) with this information and more to assist you in working with our Medicare Advantage members.

Aspirus Health Plan Medicare Advantage Provider Manual Updated

Aspirus Health Plan has updated the following chapters of the Medicare Advantage [Provider Manual](#):

- Provider Services
- Working with Delegated Business Services
- Provider Credentialing
- Claims & Payment
- Electronic Data Interchange
- Medical Necessity Criteria for Services Requiring Authorization
- Health Promotion
- Mental Health and Substance Use Disorder

Specific updates are defined in the Appendix.

COVID-19 Information for Providers

The COVID-19 situation is changing quickly, and we are monitoring changes closely. To assist our provider partners in navigating this changing situation, Aspirus Health Plan has created and is maintaining a [COVID-19 Information for Health Care Providers](#) document on our Provider Website.

Recently, we updated the following sections:

- On the Billing and Payment page, CPT and HCPCS codes were updated for COVID-19 related services diagnostic testing.
- On the Billing and Payment page, COVID-19 vaccine guidelines were added or updated. Coding guidance for the administration of the COVID-19 vaccine in a patient's home was added.
- On the Billing and Payment page, added a section on Monoclonal Antibodies.
- On the Authorizations page, the end date for the waiving of authorization for post-acute services was extended from October 31, 2021, to January 31, 2022.

Aspirus Health Plan is monitoring inquiries for common questions and will update these web pages with additional information as it becomes available. We recommend [visiting the website](#) regularly for the latest information.

Appropriate Use of the -CS Modifier to Waive Cost-Share for COVID-19 Related Services

Providers are asked to check their billing processes and systems to make sure the -CS modifier is being used correctly. The -CS modifier should be used to identify when cost-share for Medicare members should be waived for services related to testing and evaluation of COVID-19.

Aspirus Health Plan continues to see claims related to testing and evaluation of COVID-19 where the -CS modifier is **not** being appended. Other claims are being submitted with the -CS modifier appended for services where no testing has been done, the service provided is not waiver eligible and/or the diagnosis is unrelated to



COVID-19. The most current list of Centers for Medicare & Medicaid Services (CMS) waived services can be found [here](#).

Appropriate use of the modifier will ensure that members receive the correct benefit for COVID-19 related services.

2022 Authorization and Notification Grids Now Available

The 2022 medical, mental health & substance use disorder services and pharmacy authorization requirements are now posted on the website.

Please find them at www.aspirushealthplan.com/medicare/providers on the [Authorizations page](#).

2022 Pharmacy Benefit Documents

Documents related to the 2022 Aspirus Health Plan formulary are now available at www.aspirushealthplan.com/medicare/formulary/.

From late October through November, Aspirus Health Plan is sending letters to Medicare members and providers impacted by the following:

- Formulary removals
- Added Prior Authorization
- Up-tiered drugs to facilitate drug therapy adjustments, if appropriate, prior to the next calendar year

The goal of the 2022 changes is to enhance the safe use of medications and offer the most clinically and cost-effective therapy for members.

Additional pharmacy information for providers, including Medical Injectable Drug Prior Authorization Resources can be found on the [Medicare Pharmacy page](#) of the Provider Website.

Reminder: Medicare Part D Vaccine Information

As a reminder, Aspirus Health Plan denies claims for providers administering Part D vaccines in their clinics.

The preferred method is to have Part D vaccination provided at a pharmacy provider. A member would buy a Part D vaccine at a pharmacy and have it administered at the pharmacy. The member would only be responsible for the coinsurance or copayment.

Additional information is available in the Claims & Payment section of the [Provider Manual](#).

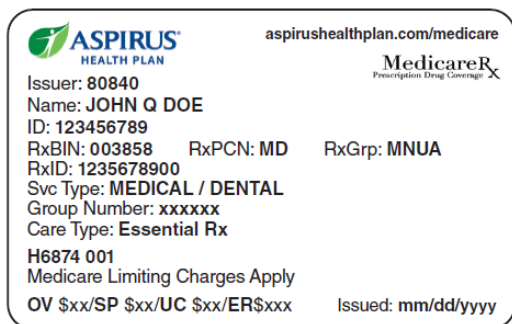
Appropriate Payer ID and Member ID Needed for Medicare Advantage Claim Submissions

The Aspirus Health Plan Medicare Advantage plans Payer ID is **36483** (effective Jan. 1, 2021) for claims submissions. Providers are responsible for confirming with their clearinghouse that the correct payer ID is being used to submit Medicare Advantage claims to Aspirus Health Plan. If you have questions about Electronic Data Interchange (EDI) transactions, please email EDIsupportMA@aspirushealthplan.com.

The Member ID for Aspirus Health Plan Medicare Advantage plans can be found on the Member ID card, as shown in the sample below. The Member ID is always 9 digits (with no alpha characters.)



Member ID Card Sample:



For additional guidance on Aspirus Health Plan Medicare Advantage claim submission and EDI transactions, see the [Medicare Advantage Provider Manual](#).

HEDIS Audit Season Is Almost Here

Aspirus Health Plan will be completing its annual [Healthcare Effectiveness Data and Information Set](#) (HEDIS) medical records audits between January and early May. During this period, Aspirus Health Plan may contact you by fax, email and/or phone to request access to any of your patients randomly selected for the 2022 HEDIS audit. This audit measures the care that our members received in 2021. If you do not receive a medical records request from us for that period, you do not need to provide any data.

HEDIS is one of the most widely used set of performance measurement tools in the country. It was developed, maintained and administered by the National Committee for Quality Assurance (NCQA) and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations.

Part of the HEDIS audit includes the retrieval and review of medical records to supplement and support quality measures when claims data is not enough. We could not complete our annual HEDIS audits without the collaboration of all our providers. It is critical to obtain records for our members to produce accurate results on cancer screenings, immunizations, post-discharge care and so much more.

Providers that do receive a request will get a letter explaining the notice, timelines and important details on options for submitting medical records. The formal request will also include a patient list and the measures being audited. A Quality Review Specialist will work with you to obtain records as efficiently as possible. We welcome access to EMR portals, SFTPs or secure faxing depending on the size of the request.

HEDIS is measured by health plans at the product level, so you may receive requests that are specific to Medicare or Marketplace populations separately. There are also measure differences in some cases between products. We will also provide a measure guide along with your patient list to give more information about what parts of the medical record are most important for those measures.

This is an annual quality improvement activity that is required by your contract with us, and medical records for HEDIS purposes are not to be withheld or considered for payment by Aspirus Health Plan. If you have any questions, please email hedisMA@aspirushealthplan.com.

