

Medicare Advantage Provider Newsletter



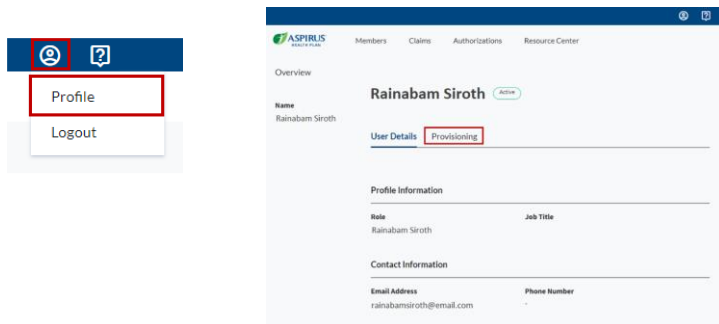
Q2 2023 Provider Newsletter

Aspirus Health Plan Medicare Advantage Provider Manual Updated

Aspirus Health Plan has updated the following chapters of the [Medicare Advantage Provider Manual](#): Electronic Data Interchange and Member Appeals & Grievances. Specific updates are called out in the Q2 Appendix.

Provider Portal Tips and Tricks

Medicare Advantage Provider Portal administrators are now able to view all TINs for which they have been provisioned and have access to see details for those locations. To do so, admins will click on the profile icon within the portal and then the provisioning tab, see images below.



Review the Portal Guides found within the portal for more helpful tips and tricks. If your organization has not yet registered for the Medicare Advantage Provider Portal and is interested in enrolling, please follow the Request Access steps on the [portal login page](#). Individual users who would like to gain access should contact their organization’s portal administrator.

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Aspirus Health Plan’s Provider Website
<https://medicare.aspirushealthplan.com/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.



When to Prescribe a Biosimilar

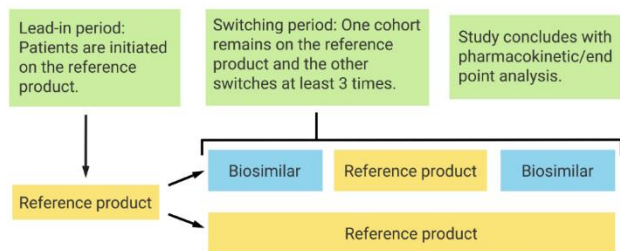
Within the next year, several high impact biosimilars will be available (Humira, Stelara, Actemra and Cimzia). A new prescription may be required for patients to see a cost savings in switching to these products.

Biosimilars are as safe and effective as the reference product they were compared to. Helping transition patients to biosimilars may directly reduce a patient's out of pocket expense, as many reference products are subject to a coinsurance.

A biosimilar has no meaningful clinical difference from an existing FDA-approved biologic, also known as a reference product. Biosimilars are administered the same, made with the same types of living sources, have the same strength, dosage, treatment benefits and potential side effects as the reference product.

Interchangeable biosimilars also undergo further switching studies. This ensures the risk (related to safety or diminished efficacy) of alternating or switching between use of the biological product and the reference product, is equal to or less than the risk of using the reference product without alternation or switch.

Figure. FDA-Recommended Switching Study Design



Under the FDA design, patients in the switching cohort would be exposed twice to the biosimilar and twice to the reference product.

(2021). Figure. FDA-Recommended Switching Study Design. <https://www.centerforbiosimilars.com/view/investigators-test-reliability-of-interchangeability-switching-studies>.

In Wisconsin, a reference product can be substituted with an interchangeable biosimilar by a pharmacist, like a generic equivalent for a brand. However, patients and health care providers do not need to wait for a biosimilar product to become an interchangeable product. If a biosimilar is not interchangeable, then a new prescription is required. By providing a new prescription, patients can start using lower-cost, equally safe and effective biosimilars right away.

For more information visit the [FDA Overview of Biosimilar Products](#) and [HHS Considerations in Demonstrating Interchangeability with a Reference Product](#) pages.

Providers Asked to Verify That They are Using Correct Payer ID for Medicare Advantage Claims

The Aspirus Health Plan Medicare Advantage Payer ID is 36483 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.

Ensuring Accurate Member ID Information

Accurate member information is key to smoother claim submissions. Providers should ask for a current member insurance card each time a member presents for services. This lets you update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing. The Aspirus Health Plan member ID number should be submitted on the claim exactly as provided. No digits should be added or excluded.

Please note that all Aspirus Health Plan Medicare Advantage members have their own unique member ID numbers (9-digit number beginning with a 4). Maintaining current insurance information for members is imperative to successful and timely claims processing. Wrong member information can cause suspected fraudulent claims investigations and HIPAA violations, so please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID#, birth date, address, etc.).

Aspirus Health Plan Medicare Advantage Provider Assistance Center Holiday Hours

The Provider Assistance Center (PAC) is open Monday through Friday, 8 am-5 pm and can be reached at: 715-631-7412 (local), or toll-free: 1-855-931-4851.

The Provider Assistance Center is **closed** for the following holidays:

- Memorial Day, Monday, May 29
- Juneteenth, Monday, June 19
- Independence Day, Tuesday, July 4