

# Medicare Advantage Provider Newsletter



## Q1 2024 Provider Newsletter

### 2024 Pharmacy Benefits and New Pharmacy Benefit Manager

Beginning Jan. 1, 2024, Aspirus Health Plan Medicare Advantage Plan transitioned to a new Pharmacy Benefit Manager, Navitus Health Solutions. Navitus will process pharmacy claims, perform first-level prior authorization reviews, manage the pharmacy network and manage the Pharmacy Help Desk.

Also starting in 2024, Aspirus Health Plan has teamed up with Costco Mail Order Pharmacy (<http://pharmacy.costco.com>) as our mail order pharmacy. Members don't need to be a Costco member to use this service. Members may ask providers to send their prescriptions to Costco Mail Order Pharmacy.

Documents related to the 2024 Aspirus Health Plan formulary are available at <https://medicare.aspirushealthplan.com/formulary>.

Additional pharmacy information for providers, including Medical Injectable Drug Prior Authorization Resources, can be found on the Aspirus Health Plan [Pharmacy](#) webpage.

### 2024 Authorization Grid Updates

On Jan. 11, 2024, the 2024 Aspirus Health Plan Authorization Grids were updated to address minor language changes and missing codes. Providers are advised to check the revised grids for the following changes.

Within the Wheelchair Accessories – Purchase and Rental section:

- Added E2228, E1030 and E2322 to the CPT codes.

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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.*



Review the 2024 Authorization Grids on the [Prior Authorization & Notification Requirements and Referrals](#) webpage.

## IVR/Text Education Programs –Diabetes

Aspirus Health Plan offers a Diabetes Interactive Voice Response (IVR) program for members with a diabetes diagnosis. Members can opt-in to receive educational calls or texts with information on their condition and how best to manage it. They can choose when they would like to receive their calls/texts and are able to opt-out of the program at any time.

### How the program works:

1. Members receive a welcome letter with information about the program.
2. Members then receive their first call from Mary Beth, the IVR system’s automated voice.
  - During this first call members select whether they prefer calls or texts and what day and time they would like to receive their outreach. Members can opt-out of the program at any time by following the prompts during their call or by calling the Disease Management voicemail line at 715.631.7443, pressing option #3 and again pressing option #3.
3. After each educational call or text members receive two condition-related questions with yes/no answers.
4. Members can “alert” Aspirus Health Plan if their response needs a follow-up by a Diabetes Health Coach.
  - During telephonic outreach, the health coach completes an assessment of the member’s self-monitoring, self-management and medication adherence. The health coach may also provide additional condition information, encouragement of the member’s diabetes management plan and referral to the member’s PCP or other resources/programs if applicable.
5. IVR/Text Schedule: Members can choose one call or text per week or one call or text every 30 days.

### Send a referral:

If you have a member that could benefit from this program, or have further questions, please reach out to our Disease Management team. You can also find more information on the [Aspirus Health Plan website](#) under Disease Management Program & Referrals.

- Disease Management Fax – 715.787.7320
- Disease Management Voicemail – 715.631.7443
  - Press option #3 and again press option #3 to access the Disease Management Voicemail
- Disease Management Email – [DiseaseManagementMA@AspirusHealthPlan.com](mailto:DiseaseManagementMA@AspirusHealthPlan.com)
- Disease Management Referral Form on the [Prior Authorization & Notification Requirements and Referrals](#) webpage

## Healthy Benefits+ Visa Card

Starting in 2024, the Aspirus Health Plan allowance, discount and rewards programs have been consolidated into one card. The following programs will be on the Healthy Benefits+ Visa Card:

- Over-the-counter (OTC) allowance
- Prescription eyewear allowance

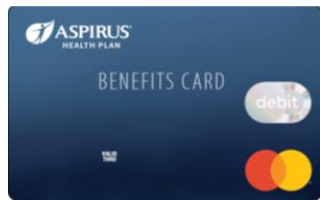


- Grocery discounts
- Rewards and incentives

The Healthy Benefits+ Visa card is reloadable each year and is valid until the expiration date or until a member is no longer covered by Aspirus Health Plan. Members should be sure to keep their card, as they won't be sent a new one each year. The card won't work for non-members. Allowance amounts and expiration dates vary by program.

To register the card, learn more or check a card balance, members can visit [healthybenefitsplus.com/aspirus](https://healthybenefitsplus.com/aspirus) or call 833.862.8276 toll-free (TTY 711). This phone number is also on the back of the Healthy Benefits+ Visa card.

Members will receive their new Healthy Benefits+ Visa card and information about their allowance, discounts and rewards during the first month of their plan. If asked, providers can encourage members to throw away their 2023 cards, as the 2023 card no longer works:



## New for Aspirus Health Plan Essential Rx Members in 2024: Activity Tracker Plus Personal Emergency Response System (PERS) device

Available to Aspirus Health Plan Essential Rx members only.

Eligible members can get an easy-to-use activity tracker plus Personal Emergency Response System (PERS) device. This device features:

- 24/7 emergency call-for-help to a support agent directly through the watch.
- Step and heart rate tracking to help members reach their health goals.
- Built-in GPS to support members both inside and outside their home.

It is ready-to-use right out of the box and does not need to be set up or paired to a cell phone or Wi-Fi. Members who use the device are eligible for a blood pressure monitor. To order the activity tracker plus PERS device or blood pressure monitor, members can call 612.294.0023.

## Documentation Improvement: Amputation Status

Numerous medical conditions that need to be monitored, assessed and treated. Most conditions receive routine care, but there are some conditions that are continually overlooked. An amputation status is one condition often missing from medical documentation. An amputation often becomes a normal part of the member but can be high risk and require ongoing care. Amputation examination and evaluation should be performed and documented annually to monitor the condition.

The following should be documented:

- Amputation site, including laterality

- Assessment and status of the amputation site (well healed, etc.)
- Ongoing care plan
- Counseling on any risk concerns, such as fall risk

Documentation of ongoing amputation assessment is needed to monitor the complete member's health status and provide resources needed for current and future patient management.

## Medical Necessity Guidelines

Medical necessity guidelines are available to assist in determining medical necessity for certain clinical procedures (procedure, therapy, diagnostic test, medical device, etc.) where coverage requires determination of medical necessity. The updated utilization management criteria memo is now available on our website at <https://medicare.aspirushealthplan.com/providers/authorizations> under Medical Necessity Guidelines.

## 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](mailto: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 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.).

## Member Rights and Responsibilities

Aspirus Health Plan takes member rights and responsibilities seriously. Members and providers can access these rights and responsibilities in the member's Evidence of Coverage or Member Contract, or in the Member Rights and Responsibilities section of the Aspirus Health Plan Provider Manual.

- Find the Evidence of Coverage by Medicare Advantage health plan on the [Member Resources](#) page of the Aspirus Health Plan website.
- Find the current Aspirus Health Plan Medicare Advantage Provider Manual on the [Provider webpage](#).