

Aspirus Health Plan Medicare Advantage Provider Bulletin



News and Information

January, 2021

Working With Aspirus Health Plan - Medicare Advantage

Aspirus Health Plan, formerly Aspirus Arise, is now offering Medicare Advantage coverage for seniors in central Wisconsin. The Medicare Advantage plans provide access to a network of doctors, specialists and advanced practitioners within an 18-county service area. The plans are unique in that they offer an extra level of coordination between the health plan and the patient's care team, all while offering additional benefits compared to traditional Medicare.

Aspirus Health Plan has partnered with UCare based out of Minnesota as plan administrator.

Whether you are a new provider or a long-standing partner, this document contains a high-level overview of key administrative procedures important to our partnership. Our goal is to provide clear and transparent guidance and support, so you can focus on delivering the best care and experience to your patients, our members.

Provider Website

Bookmark the [Provider Website \(https://www.aspirushealthplan.com/medicare/providers/\)](https://www.aspirushealthplan.com/medicare/providers/) to quickly find important information needed to effectively work with Aspirus Health Plan. New information is continually being added to provide easy access to a variety of news, authorization grids, manuals, required forms and other resources for health care professionals who provide care to Aspirus Health Plan Medicare Advantage members.

Provider Manual

The Aspirus Health Plan Provider Manual – Medicare Advantage is an extension of your contract and is available on the [Provider Website](#) as of Jan. 1, 2021. Checking it regularly for updated information and reference material is required. Use the Provider Manual as your source of truth when doing business with Aspirus Health Plan.

Provider News

You may sign up to receive email communications from Aspirus Health Plan. The second month of each quarter, we publish our provider newsletter. For urgent changes to process or complex initiatives, we release Provider Bulletins. View all communications in the News Library on the [Provider News page](#) of our website.

Product Benefit Information

Aspirus Health Plan has prepared a Plan Highlights tip sheet for providers to better understand the product ID card, benefits and copayments for Medicare Advantage members. The tip sheet is available on the [Provider Website](#).

Join Our Network

Providers interested in joining the Aspirus Health Plan network for Medicare Advantage should send a “letter of intent” to Info@AspirusHealthPlan.com. Questions may be directed to 715-843-1391.

Manage Your Information

Ensure Aspirus Health Plan has accurate information for your organization, location and service providers, so we can correctly display your information in the Provider Directory for our members. Forms are on the [Provider Website](#) to communicate provider additions, changes and terminations to Aspirus Health Plan.

Eligibility

Member eligibility should be confirmed before seeing Aspirus Health Plan Medicare Advantage members.

How to Check Eligibility

- Use the Interactive Voice Response (IVR) system by calling the Provider Assistance Center at 715-631-7412 or 1-855-931-4851 (toll free). Have the individual’s member ID number and date of birth ready.
- Access the 270/271 transaction via Change Healthcare PCS Support. If your clearinghouse has not already done so, they can enroll with PCS to begin transmitting these transactions to your organization. Have your clearinghouse contact CHC_PCSSupport@changehealthcare.com or call 1-877-411-7271 to begin the enrollment and provisioning process.

Authorization and Notification

Some medical, mental health or substance use disorder services require an authorization or notification. These services will be listed on the [Authorization and Notification](#) page of the Aspirus Health Plan [Provider Website](#).

If a member needs a service or procedure listed in the Authorization and Notification Requirement Grids, the provider must obtain an authorization before providing the service. For services indicated as notifications, the provider must notify Aspirus Health Plan within the timeframe stated. Failure to obtain authorization in advance or follow notification requirements will result in claim payment delays and potential provider liability denials.

Aspirus Health Plan does not require a referral for members to see specialists within their plan network, and members may directly access medically necessary care within their plan benefits.

Authorization requests should be submitted via fax or secure email to Aspirus Health Plan. Aspirus Health Plan’s authorization request forms will be available on the [Authorization and Notification](#) page of the Aspirus Health Plan Provider Website. Aspirus Health Plan requires certain information for specific services and procedures. The forms are designed to gather necessary information when submitting a prior authorization request. Aspirus Health Plan’s medical necessity criteria and resources will be available in the Medical Necessity Criteria section of the Provider Manual. Additional information regarding documentation required for authorization and notification review will be outlined there.

Our Health Services teams are available to assist you at the numbers below.

Mental Health and Substance Use Disorders Services

715-631-7442 or 1-855-931-5264 (toll free)

Clinical Medical Services

715-631-7443 or 1-855-931-5265 (toll free)

Claims & Billing

The most efficient and reliable way to submit claims is electronically.

Tips for Claims submission:

- Initial claims must be received no later than 12 months after the date of covered services in a format approved by Aspirus Health Plan.
- For accurate and timely processing of claims, Aspirus Health Plan requires the corresponding taxonomy to be submitted:
 - Whenever a National Provider Identification (NPI) is reported on a claim submitted directly to Aspirus
 - Or on claims that will crossover and be coordinated with Aspirus Health Plan coverage.
- Maintaining current insurance information for members helps to ensure successful and timely claims processing. Providers should ask for a current member insurance card each time a member presents for services and update the member's electronic record with any changes.
- When submitting a claim, providers should verify that the information on the claim submission matches the information of the member receiving the service.

The [Claims & Billing page](#) on the [Provider Website](#) provides additional information and forms.

Clearinghouse Information and Electronic Data Interchange (EDI) Transactions

If you have questions about Electronic Data Interchange (EDI) transactions, please email

EDIsupportMA@aspirushealthplan.com.

- Payer ID Aspirus Health Plan Medicare Advantage plans (effective Jan. 1, 2021): **36483**
Providers are responsible for confirming with their clearinghouse that the correct payer ID is being used to submit claims to Aspirus Health Plan.
- Aspirus Health Plan's electronic claims transactions are accessible through our trading partner: Change Healthcare. Providers must contact Change Healthcare directly to enroll in available electronic transactions. Contact information for Aspirus Health Plan's trading partner is listed below:

Change Healthcare (formerly RelayHealth)

Registration: 1-800-527-8133, Option 1

Registration Email: DBQTSHEnrollments@changehealthcare.com

Claims & Remits: 1-800-527-8133, Option 1

Claims & Remits: Email: AssuranceEDISupport@changehealthcare.com

<https://www.changehealthcare.com/>

Checking Claims status (276/277)

Providers can access Aspirus Health Plan's claims status information through Change Healthcare PCS Support. If your clearinghouse has not already done so, it can enroll with PCS to begin transmitting these transactions to your organization. Clearinghouses working directly with the provider can contact

CHC_pcssupport@changehealthcare.com or call 1-877-411-7271 to begin the enrollment and provisioning process. Aspirus Health Plan’s Claim Status Inquiry and Response 276/277 Companion Guide will give providers and their clearinghouses the necessary information to fully utilize this information. It is posted on the [Claims and Billing page](#) of the [Provider Website](#).

Viewing EOPs

Aspirus Health Plan accompanies all payments with an Explanation of Payment (EOP) that outlines billing information and Aspirus Health Plan claim processing information. We list payment/non-payment code explanations at the bottom of each EOP. Review EOPs as you receive them. If you have questions regarding the status of submitted claims, please call the Provider Assistance Center at 715-631-7412 or 1-855-931-4851. Aspirus Health Plan recommends that you retain EOPs according to your business record retention policies.

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

Aspirus offers Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). Providers should contact the Provider Assistance Center at 1-855-931-4852 to change enrollments for EFTs or ERAs. If you have questions about EFT or ERA transactions, please email EFT835MA@aspirushealthplan.com.

Claim Reconsideration Requests (Adjustments, Recoupments, Appeals)

A Claim Reconsideration Request Form for adjustments, recoupments and appeals is available on the [Claims and Billing page](#) of the [Provider Website](#).

Provider Assistance Center

Providers can contact the Provider Assistance Center at 715-631-7412 or 1-855-931-4851 Monday through Friday, 8 am to 5 pm or by email at providerassistancecenterMA@aspirushealthplan.com. Contact the Provider Assistance Center for information on the following:

- Claim status
- Eligibility questions
- Benefit information
- Prior authorization inquires
- Credentialing and/or contracting

What to Expect

The Provider Assistance Center must gather information to validate both you and the member. Following are some acceptable forms of information you will need to provide so we can release the requested information.

Provider	Member
NPI	Name AND member ID number
Tax ID number	Address
	Date of birth

Please Note: It is HIPAA regulation that three forms of Personal Health Information (PHI) be obtained in order to proceed with the call. If the information is not readily available, you will be denied the information you are requesting, and a callback will need to be made once you have obtained the required PHI.

Interactive Voice Response (IVR) Options

Aspirus uses an IVR system that allows an automated system to interact with callers. With the right information (NPI, member PHI), you can obtain most information without ever speaking with a live representative. When contacting the Provider Assistance Center, you will be presented with the following options:

- Option 2: Benefit & Eligibility information
- Option 3: Prior Authorizations
- Option 4: Claims information
- Option 5: All other inquiries

Whether you intend to use the IVR for information or speak to a Provider Assistance Center representative, follow the prompts that follow after making a selection.

Pharmacy Services

Express Scripts, Inc. (ESI) is the pharmacy benefit manager for Aspirus Health Plan Medicare beneficiaries. All covered new and refill prescriptions should be processed at a network pharmacy and billed through ESI.

Formulary Information, Prior Authorization and Formulary Exceptions

Formularies outlining the covered drugs and the associated limitations are updated monthly and posted at <https://www.aspirushealthplan.com/medicare/formulary/>.

ePA is the preferred method to submit Prior Authorization requests to Express Scripts. Providers may access ePA through [Express Path](#), [Surescripts](#), [CoverMyMeds](#), or through the Electronic Health Record. Providers may reach out to ESI for prior authorization by phone at 1-877-558-7521 or by fax at 1-877-251-5896.

Pharmacy Network

Aspirus Health Plan Medicare members will have access to a preferred pharmacy network, including Aspirus pharmacies. Costs for some drugs may be less at pharmacies in this preferred network. An online pharmacy directory is available at <https://www.aspirushealthplan.com/medicare/member-resources/>.

Physician Administered Drugs

Care Continuum performs first-level prior authorization reviews for physician administered drugs. Some medical injection drugs given in the doctor's office may require authorization. See [Authorization and Notification](#) standards for general information regarding requirements.

Providers can submit a prior authorization request to Care Continuum in one of several ways:

- Online using Care Continuum's [ExpressPath](#) portal at www.express-path.com where online requests can be managed and tracked.
- By calling 1-866-540-8289, Monday – Friday, 7 am – 6 pm CT
- By faxing 1-866-540-8935 using the Prior Authorization fax form found on the [Provider Pharmacy web page](#).

Providers will find medical drug criteria in the [Medical Drug Policies](#).

Vaccines Covered by Part D

Aspirus Health Plan Medicare members receiving Medicare Part D-eligible vaccinations, such as shingles and

tetanus, must have both the vaccine and its administration billed through the member's Part D benefit. What a member pays for a vaccine can vary depending on the circumstances. The first two options provide the best financial benefit to the member:

- When a member buys a Part D vaccine at a pharmacy and has it administered at the pharmacy, the member will only be responsible for their coinsurance or copayment for the vaccine and the cost of giving the vaccine. Aspirus Health Plan will pay the remainder of the costs.
- If a provider administers a vaccine in their office, Aspirus Health Plan offers an electronic claims adjudication portal called TransactRx that allows providers to electronically submit vaccine claims for Aspirus Health Plan Medicare members. By submitting the claims electronically, the patient is charged the same copay that they would receive at a retail pharmacy at the time of service, and the provider is reimbursed for their cost in a timely manner.
- If a provider administers a vaccine in their office and TransactRx is not used, members will pay the provider for the entire cost of the vaccine and its administration. Then, it is the responsibility of the member to ask Aspirus Health Plan to pay their share of the cost by submitting a claim form to Express Scripts.

Using TransactRx is a voluntary process for providers administering Part D vaccines to Aspirus Health Plan Medicare members. To use the TransactRx claims submission portal, providers need to enroll with POC Technologies at: <http://www.transactrx.com/physician-vaccine-billing>.