Medicare Advantage Provider Newsletter

Welcome to the Aspirus Health Plan Medicare Advantage Provider Newsletter

The second month of each quarter, Aspirus Health Plan will publish a provider newsletter for providers who see our Medicare Advantage members. The newsletter includes important information to help you work more easily with us and our members.

For urgent changes to process or complex initiatives that occur between newsletters, we will release Provider Bulletins.

All Provider Newsletters and Provider Bulletins starting with the 2021 plan year can be found on the Medicare Advantage Provider News webpage.

We also recommend reviewing the Working with Aspirus Health Plan Medicare Advantage Provider Guide. Whether you are a new provider or a long-standing partner, we have created this guide to provide a high-level overview of key administrative procedures important to our partnership.

Make sure you get the latest Medicare Advantage provider news from Aspirus Health Plan by signing up to receive our emails. We encourage you to share the sign-up information staff in your organization as well. Once you sign up, you will receive the newsletter and other essential, timely updates from Aspirus Health Plan via email. Signing up is easy! Just fill out the simple form and submit it. Then watch for communications as they become available.

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ASPIRUS HEALTH PLAN

Aspirus Health Plan Medicare Advantage Provider Manual Released

Aspirus Health Plan's Medicare Advantage Provider Manual is now available for reference on the Aspirus Health Plan provider website (https://www.aspirushealthplan.com/medicare/providers/). The Provider Manual contains current business practices and critical information that providers need to effectively work with Aspirus Health Plan and our Medicare Advantage members. It is important that providers reference it regularly for up-to-date content. Use the Provider Manual as your source of truth when doing business with Aspirus Health Plan.

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. The latest version of the Provider Manual is available on our website by clicking "Provider Manual" on the provider homepage (https://www.aspirushealthplan.com/medicare/providers/).

Aspirus Health Plan Provider Website Updates

New information is continually being added to the Medicare Advantage provider website (https://www.aspirushealthplan.com/medicare/providers/). Please reference our website to quickly find important information needed to effectively work with Aspirus Health Plan; such as news, authorization grids, manuals, required forms and other resources for health care professionals who provide care to Aspirus Health Plan Medicare Advantage members.

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

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

Continue to Recommend Flu Shots

It's not too late for Aspirus Health Plan members to get their flu shots. One of the easiest and most effective ways of preventing the flu is by getting an annual flu vaccine. Recommendations from health care providers can greatly impact a patient's decision to get vaccinated against seasonal influenza. Please encourage your patients who are members to protect themselves and their families by getting an annual flu vaccine.

Aspirus Health Plan makes it easy for members by allowing them to receive their free flu vaccine in various locations, including their doctor's office or other participating providers/pharmacies in our network. In addition, it is recommended that members age 65 or older receive a pneumococcal vaccine.

COVID-19 Information for Providers

Aspirus Health Plan is committed to protect our members and the community from the spread of coronavirus (COVID-19). 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 two online resources:

- COVID-19 Information for Medicare Advantage Providers
- COVID-19 Frequently Asked Questions and CDC Resources for Aspirus Health Plan Members

Aspirus Health Plan will update these sites with additional information as it becomes available. We recommend visiting the sites regularly for the latest information.

Discontinue use of Advance Beneficiary Notice of Non-coverage (ABN) or an ABN-like form

An Advance Beneficiary Notice of Non-coverage (ABN)—or an ABN-like form—is a written notice only for Original Medicare beneficiaries. Please discontinue use of this form immediately.

This discontinuation applies to all Aspirus Health Plan Medicare Advantage products.

In accordance with instructions received from the Centers for Medicare & Medicaid Services (CMS), the ABN or an ABN-like form cannot be used for Medicare Advantage members. (See CMS bulletin dated May 5, 2014, titled "Improper Use of Advance Notices of Non-coverage." https://www.atriohp.com/documents/Providers/Improper-Use-of-Advance-Notices-of-Non-coverage.pdf)

CMS requires that Medicare Advantage Plans inform members if a service is covered. Providers should call Aspirus Health Plan's Provider Assistance Center at 715-631-7412 or 1-855-931-4851 toll free, to determine if a service is covered. If the Provider Assistance Center representative is unable to determine if a service would be covered, or if you have reason to know or are uncertain of coverage, you have the option to request a pre-service determination. For your convenience, Aspirus Health Plan has pre-service determination request forms located within the provider website. Additional information regarding Aspirus Health Plan's pre-service determination and authorization requirements can be found in the Provider Manual.

In order for a provider to hold a member financially responsible for services that are not clearly excluded in the member's Evidence of Coverage (EOC), a pre-service determination must be obtained from Aspirus Health Plan prior to rendering. The member must be fully informed in advance of the health plan 's determination and given their appeal rights.

A pre-service determination is not required to bill a member when the member's Evidence of Coverage is clear that a service is never covered and is listed as an exclusion. Examples include LASIK surgery, home delivered meals or housekeeping.

If you have further questions, please call Aspirus Health Plan's Provider Assistance Center at 715 631-7412 or 1-855-931-4851 toll free.

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 Provider Manual on the provider website.

Ensuring Accurate Member ID Information

Accurate Member Information is key to smoother claim submission. 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.

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.).

Using the Universal Practitioner Change Form

The Universal Practitioner Change Form is provided for contracted providers to communicate changes to practitioner information. This form can be found on the Aspirus Health Plan Medicare Advantage provider website on the *Our Network* page. Just select the drawer labeled *Update Demographic Information* to locate the form. Once completed, the form may be emailed to credentialingMA@aspirushealthplan.com. The changes will be updated in Aspirus Health Plan systems within 30 days of the receipt of a fully completed form. Once the systems have been updated, Aspirus Medicare Advantage Credentialing will send notification that the requested change has been completed.

The Universal Practitioner Change Form can be used whenever you need to make changes to practitioner demographic information under the following scenarios:

- Add a currently credentialed practitioner to existing provider group sites/NPIs.
- Remove a practitioner from provider group sites/NPIs.
- Communicate a Practitioner Name Change (the new name must reflect on their license, or updates will not occur).
- A practitioner has obtained a new licensure type that is in scope for Medicare.
    - For example, a practitioner was a licensed Nurse Practitioner and has since become licensed as a Physician Assistant.
- A practitioner was previously working at a primary care location and has since become a Hospitalist.

- Practitioners have obtained a new license in a new state of practice within the Aspirus Health Plan service area.

This form may **not** be used to:

- Credential a practitioner--An application must be submitted for credentialing any new practitioner joining a contracted group that does not have current credentialing with Aspirus MA Health Plan.
- Add a new provider group/facility site location to your contract.
- Request or Terminate a contract.

Quality Clinical Documentation

Medical record documentation should provide the recording of your patient's medical conditions, progressions and management. It should be a complete reflection of the patient's overall health status profile instead of just a record of episodic issues. Document all conditions that were monitored, evaluated, assessed or treated during face-to-face visits.

Coding rules and health care regulations change on a continual basis, but quality documentation remains the solid foundation to support these changing needs. Don't let your documentation become extinct, take a moment to accurately reflect your patients' health and your management. This not only supports claims but ensures that your patients are receiving the appropriate care.

Improve the quality of your clinical documentation by keeping these tips in mind when documenting medical records:

Diagnosing from a drop-down list	Take an extra moment to scroll through the listing to select the most appropriate diagnostic wording to accurately reflect the patient's condition.
Problem list	Make sure the list is accurate and represents the specificity needed to reflect the patient's current condition(s).
Limiting the number of diagnoses	There is truly no limit to the number of conditions that you can document, even if there is a limit to the number listed on a claim. Document not only the main reason for the visit but all conditions that were evaluated, assessed, monitored or taken into consideration when treating the patient at the visit.
Medical History	A patient's history can have significant impact on their medical management. Make sure you reflect conditions in their current status. Often historical conditions are documented and coded as current conditions and vice versa.
Chronic Conditions	Document all chronic conditions that are affecting the current care to the highest level of specificity. There are times when a chronic condition exists silently with no current medical needs. This doesn't mean that the condition is resolved and needs minimally a yearly assessment.
Medications	Document any medication(s) that a patient is on that you are managing or is impacting your management of the patient.

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