

Medicare Advantage Provider Newsletter



Q2 2021 Provider Newsletter

COVID-19 Information for Providers

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

Recently, we updated the following sections:

- On the Authorizations page, the end date for the waiving of authorization for post-acute care services was extended from March 31, 2021, to April 30, 2021.
- On the Billing and Payment page, under “COVID-19 Vaccines,” added coding information for the Johnson and Johnson vaccine.
- On the Billing and Payment page, under “Sequestration,” updated information to reflect an extension of sequestration to December 31, 2021.

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.

Aspirus Health Plan Medicare Advantage Provider Manual Updated

Aspirus Health Plan has updated the following chapters of the [Medicare Advantage Provider Manual](#): Credentialing, Claims, Appeals & Grievances and Health Promotions. Specific updates are called out in the Appendix.

Table of Contents

COVID-19 Information for Providers	1
Aspirus Health Plan Medicare Advantage Provider Manual Updated	1
Aspirus Health Plan Medicare Advantage Provider Assistance Center	2
Appropriate Payer ID & Member ID Needed for Medicare Advantage Claim Submissions	2
Continuous Glucose Monitor (CGM) Reviews Regulated by Local Coverage Determinations	3
Case Management Services Available for Medicare Members	4
Referring Medicare Members to Disease Management Programs	4
Aspirus Health Plan Medicare Advantage Provider Website Updates	5
Member Rights and Responsibilities	5



Aspirus Health Plan Medicare Advantage Provider Assistance Center

Aspirus Health Plan makes it easy for providers to receive on-call assistance for a broad range of services related to our Medicare Advantage plans. We have live representatives ready to help answer your questions about Aspirus Health Plan, and service requests for the following topics:

- Patient Eligibility
- Benefits
- Claims
- Authorizations
- Provider Resource Assistance
- Explanation of Payments
- Provider Contracting

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

You can contact us by email at providerassistancecenterMA@aspirushealthplan.com.

Please note that the Provider Assistance Center is **closed** for the following holidays:


New Year's Day
Martin Luther King Day
Memorial Day
Juneteenth Day (observed June 18)
Independence Day (observed July 5)
Labor Day
Thanksgiving
Christmas Eve Day (observed December 23)
Christmas Holiday (observed December 24)

Appropriate Payer ID & 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.

Member ID Card Sample:

 **ASPIRUS HEALTH PLAN**
aspirushealthplan.com/medicare

Issuer: **80840**
Name: **JOHN Q DOE**
ID: **123456789**
RxBIN: **003858** RxPCN: **MD** RxGrp: **MNUA**
RxID: **1235678900**
Svc Type: **MEDICAL / DENTAL**
Group Number: **xxxxxx**
Care Type: **Essential Rx**
H6874 001
Medicare Limiting Charges Apply
OV \$xx/SP \$xx/UC \$xx/ER\$xxx Issued: **mm/dd/yyyy**

FOR MEMBER USE – For emergency care go to the nearest hospital or call 911.
Customer Service, including 24/7 nurse line:
715-631-7411 or 1-855-931-4850, TTY 1-855-931-4852
Appeals and Grievances: 715-631-7440 or 1-855-931-4858, TTY 1-855-931-4852
Delta Dental Customer Services: 612-402-3950, 1-866-298-5520, TTY 1-866-298-5520 / 711
Mental Health and Substance Use Disorder Services: 715-631-7442 or 1-855-931-5264
TruHearing: 1-844-782-6486 / 711

FOR PROVIDER USE – Notify Aspirus Health Plan within 24 hours of admission:
715-631-7442 Toll Free: 855-931-5264

Provider submit claims to:
Non-contracted providers submit claims to:
Aspirus Health Plan, P.O. Box 22, Minneapolis, MN 55440-9975
Prescription drug claims must be submitted electronically to Express Scripts.
Express Scripts Help Desk for Pharmacies: 1-800-922-1557
Provider Assistance Center: 715-631-7412 or 1-855-931-4851
Chiropractic: Fulcrum Health, Inc., P.O. Box 981808, El Paso, TX 79998-1808
Dental: Delta Dental of Minnesota, P.O. Box 9120, Farmington Hills, MI 48333-9120



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

Continuous Glucose Monitor (CGM) Reviews Regulated by Local Coverage Determinations (LCDs)

Aspirus Health Plan is required to follow Local Coverage Determinations (LCDs) regulations. The following criteria is used for Medicare Advantage utilization management reviews.

LCDs are decisions made by a Medicare Administrative Contractor (MAC) whether to cover a particular item or service in a MAC's region. MACs are Medicare contractors that develop LCDs and process Medicare claims. The purpose of an LCD is to provide information regarding reasonable and necessary criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In order for any item to be covered by Medicare, it must:

1. Be eligible for a defined Medicare benefit category.
2. Be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
3. Meet all other applicable Medicare statutory and regulatory requirements.

Continuous Glucose Monitors are regulated by LCD L33822. CGM devices covered by Medicare under the durable medical equipment (DME) benefit are defined in CMS Ruling 1682R as therapeutic CGMs.

Therapeutic CGMs and related supplies are covered by Medicare when all of the following coverage criteria (1-6) are met:

1. The beneficiary has diabetes mellitus (Refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses); and,
2. The beneficiary has been using a BGM and performing frequent (four or more times a day) testing; and,
3. The beneficiary is insulin-treated with multiple (three or more) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump; and,
4. The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and,

5. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-4) above are met; and,
6. Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

Per LCD L33822, if any of coverage criteria (1-6) are not met, the CGM and related supply allowance will be denied as not reasonable and necessary.

(Sources: <https://www.medicare.gov/claims-appeals/local-coverage-determinations-lcd-challenge>
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33822>)

Case Management Services Available for Medicare Members

Aspirus Health Plan provides short-term/intensive medical case management services to our Medicare Advantage members who may need some extra support. Our case managers are registered nurses who provide education, support of the provider treatment plan, assistance with transitions of care and help in accessing services. Typically, case managers work with members who have a new critical medical event, multiple medical diagnoses with challenges or frequent/long admissions. We want to help members improve their health and quality of life, empowering them to be involved in managing their health care.

Aspirus Health Plan identifies members for enrollment into the Case Management Program through a variety of sources including admissions and claims data/utilization. We also welcome individual member referrals from practitioners for this program. Referrals are screened for program eligibility and if deemed eligible, they are assigned to a case manager for program engagement outreach. Members who do not meet case management eligibility may be referred to one of our disease management programs.

Aspirus Health Plan accepts all referrals for screening for our Case Management Program. Participation is voluntary and is offered at no cost for eligible Aspirus Health Plan Medicare Plans. Providers can refer a member to this program by completing the [Referral Form](#) on our [website](#) (scroll down to the header Care Management Referrals).

For additional information on Aspirus Health Plan Medicare Advantage Case Management, please call 715-631-7742, option #3 (case management services), then option #2 (Medicare case management). Referrals and/or additional documentation can be emailed to cmintakeMA@aspirushealthplan.com or faxed to 715-787-7315.

Referring Medicare Members to Disease Management Programs

Aspirus Health Plan offers disease management programs to our members living with diabetes and heart failure. These programs reinforce and complement the provider-patient relationship, increase the patient's level of self-care and improve health outcomes. The member's primary care provider is notified of member enrollment into the disease management program.

Candidates for our programs include those who:



- Are not checking their blood sugars as directed or weighing themselves daily.
- Are experiencing challenges with management of their chronic condition.
- Are not adhering to their chronic condition medication.
- Do not understand their diagnosis and could benefit from education/coaching on their condition.
- Are looking to improve their health through learning how to manage their chronic condition.

Diabetes

Health Coaching: Adult members in the diabetes program receive regularly scheduled health coaching calls with an Aspirus Health Plan health coach. Our team of coaches partner with members to discover their barriers and vision for the future, establish short- and long-term behavior change goals, and empower members to achieve their goals. Health coaches use active listening, motivational interviewing and behavior change techniques. Diabetes management tools, such as a pedometer, diabetic bracelet, cookbook and wrist blood pressure cuff, are provided to participating members.

Heart Failure

Healthy Hearts: Adult members in the Healthy Hearts heart failure program receive regularly scheduled health coaching calls with an Aspirus Health Plan health coach. Our team of coaches partner with members to discover their barriers and vision for the future, establish short- and long-term behavior change goals, and empower members to achieve their goals. Health coaches use active listening, motivational interviewing and behavior change techniques. Heart failure management tools, such as a bathroom scale, wrist blood pressure cuff and cookbook, are provided to participating members.

Referrals

To submit a referral to the team, complete the [DM referral form](#) with the patient's information and the program for referral. To receive follow up on the referral, please select this option in the Referral Source section of the form. Fax the form to 715-787-7320 or email it to diseasemanagementMA@aspirushealthplan.com.

For more information about the disease management programs, visit the Disease Management Program & Referrals section of the [Information For Providers page](#).

Aspirus Health Plan Medicare Advantage Provider Website Updates

New information is continually being added to the Medicare Advantage [provider website](#) (<https://www.aspirushealthplan.com/medicare/providers/>) that might save you a phone call. 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.

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 Medicare Advantage 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 website](#).

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