Medicare Advantage Provider Newsletter

Q1 2022 Provider Newsletter

Provider Portal Launch

In December, Aspirus Health Plan launched its new Medicare Advantage Provider Portal. On the new portal, providers can verify member eligibility, view claims and check the status of authorizations. In addition, providers can review explanation of payments (EOP) information for paid claims.

Portal access is based on Tax ID Numbers (TIN). Each organization will need to identify a Provider Portal Administrator (Admin) for each organizational TIN. An Admin may request to manage more than one TIN, but each TIN can only have one Admin. The Provider Portal Admin will set up users and give them appropriate access. Provider Portal Admins and Users can find more information about the Provider Portal within the Quick Reference Guide.

Medicare Advantage 2022 Medical Services Auth Grids Updated

Aspirus Health Plan has reviewed the 2022 CPT and HCPC code changes as they pertain to our Medicare Advantage authorization grid. We have updated the following areas on the grid. Along with those changes, we added a code to the Wheelchair Accessories Rental and Purchase.

Effective 1/1/2022
Cranial Nerve Stimulation: Code 0466T was retired and replaced with code 64582.
Genetic Testing: Code 81523 was added.

Effective 02/15/2022
Wheelchair Accessories Rental and Purchase: Added K0108 if over $1000 allowable per item.

The 2022 Medicare Advantage medical services authorization and notification grids are posted on the website. Please find them on the Authorizations page.

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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

Aspirus Health Plan has partnered with UCare, based out of Minnesota, as the administrator for our Medicare Advantage Plan.

Medicare Eyewear Allowance Changes for 2022

As of Jan. 1, 2022, Aspirus Health Plan members have a new way to pay for eyewear using their annual eyewear allowance benefit. The 2022 eyewear allowance has been loaded to the members' Rewards Benefit Mastercard, which works just like a debit card. **Providers should not submit claims for the 2022 eyewear allowance benefit. The member's Mastercard should be used. If claims are submitted, they will be denied.**

Members who would like to use their eyewear allowance benefit will swipe the Mastercard at the time of purchase at any eyewear provider that accepts Mastercard debit card. They will not need to send in a receipt and wait to be paid back by check for eyewear purchases.

If the purchase amount is greater than the eyewear allowance, eyewear providers may have to process a partial payment. The partial payment should apply automatically, but if it doesn't, it will decline the transaction, and the provider will need to separate the payment into two transactions.

> ***Here's an example:*** If the total purchase value is $175, and the member wants to use the Mastercard with a $150 balance, some eyewear providers may experience an automatic denial of the entire transaction as "Insufficient Funds." If this happens, the provider should process two payments – one for $150 using the Rewards Benefit Mastercard and a second transaction using an alternate form of payment for the $25 that's left.

The Rewards Benefit Mastercard is valid through the expiration date and may be reused each year the member's plan is renewed. **Do not throw the Mastercard away.** If the annual benefit has been fully used, the eyewear provider should return the card to the member for future year use.

Billing Requirements for End-Stage Renal Disease (ESRD) Providers

Providers must bill all ESRD services to Aspirus Health Plan in accordance with CMS guidelines, including all required data elements. Aspirus Health Plan will begin denying ESRD (Bill Type 72x) claims with dates of service April 1, 2022, or later that are not submitted according to CMS billing requirements. Please refer to the CMS Claims Processing Manual for additional detail on required elements.

Medical Necessity Guidelines

Medical necessity guidelines are available to assist in the determination of 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 the Provider Website under Prior Authorization and Notification Requirements and Referrals.

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 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 Website.

COVID-19 Information for Providers

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 and is maintaining a COVID-19 Information for Health Care Providers document on our Provider Website. Recently, we updated the following sections:

- On the Billing and Payment page, CPT and HCPCS codes were updated for COVID-19 related services diagnostic testing.
- On the Billing and Payment page, COVID-19 vaccine guidelines were added or updated. Coding guidance for the administration of the COVID-19 vaccine in a patient's home was added.
- On the Billing and Payment page, added a section on Monoclonal Antibodies.
- On the Authorizations page, the end date for the waiving of authorization for post-acute services was extended from Oct. 31, 2021, to April 30, 2022.

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.