



Q2 2022 Provider Newsletter

Aspirus Health Plan Medicare Advantage Provider Manual Updated

Aspirus Health Plan has updated the following chapters of the [Medicare Advantage Provider Manual](#): Working with Delegated Business Services, Provider Responsibilities, Provider Credentialing, Electronic Data Interchange, Culturally Congruent Care and Hospital Services. Specific updates are called out in the Q2 Appendix.

Aspirus Health Plan Medicare Advantage Provider Portal

Last year, Aspirus Health Plan launched its new [Medicare Advantage Provider Portal](#). On the new portal, providers can verify member eligibility, view claims, check the status of authorizations and find forms for electronic funds transfer (EFT) and electronic remittance advice (ERA). In addition, providers can review explanation of payments (EOP) information for paid claims.

Providers and administrators can find more information about how to access and use the portal by reviewing the [Quick Reference Guide](#) and [Admin Setup Guide](#) located on the [login page](#) of the portal. Once in the portal, users will find an FAQ page (click the ? icon in the upper right corner) with answers to most frequently asked questions along with additional helpful guides.

Reminder: Aspirus Health Plan Medicare Advantage Part D Vaccine Information

As a reminder, Aspirus Health Plan denies claims for providers administering Part D vaccines in their clinics. Part D vaccines include but are not limited to preventative tetanus, Tdap and shingles vaccines. The preferred method is to have the Part D vaccination provided at a pharmacy. The member would only be responsible for their prescription drug copay or coinsurance.

If the vaccine is administered in the clinic, providers should submit the claim using an electronic claims adjudication portal

Table of Contents

Aspirus Health Plan Medicare Advantage Provider Manual Updated	1
Aspirus Health Plan Medicare Advantage Provider Portal.....	1
Reminder: Aspirus Health Plan Medicare Advantage Part D Vaccine Information	1
Quit Smoking and Vaping Program.....	2
Aspirus Disease Management and Referral Process	2
Diabetes	2
Heart Failure	2
Referrals.....	3
Providers Asked to Verify That They are Using Correct Payer ID for Medicare Advantage Claims	3
Documentation Improvement: Substance Use Disorder.....	3
Aspirus Health Plan Medicare Advantage Provider Assistance Center Holiday Hours ..	4

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.

called [TransactRx](#). By submitting the claims electronically, the member 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.

Additional information is available in the Claims & Payment section of the [Aspirus Health Plan Medicare Advantage Provider Manual](#).

Quit Smoking and Vaping Program

Help is available for Medicare Advantage members to stop smoking, vaping or chewing tobacco. The Aspirus Health Plan tobacco and nicotine quit line coaches assist members in learning to live without tobacco or nicotine--at no charge. Coaches provide personalized coaching, online tools, quit aides (such as nicotine patches and gum) and more. Members may get help by:

- Calling the tobacco and nicotine quit line at 1-855-260-9713 (toll-free) TTY: 711 Available 24 hours a day, seven days a week.
- Visiting myquitforlife.com/aspirus
- Downloading the Rally Coach Quit for Life mobile app

Aspirus Disease Management and Referral Process

Aspirus Health Plan offers disease management programs to our Medicare Advantage 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 our diabetes program receive regularly scheduled health coaching calls with a 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, and wrist blood pressure cuff, are provided to participating members.

Heart Failure

Healthy Hearts: Adult members in our Healthy Hearts heart failure program receive regularly scheduled health coaching calls with a 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 and wrist blood pressure cuff are provided to participating members.

Referrals

To submit a referral to our team complete the [DM referral form](#) for your patient with their information and the program for referral. Fax the form to 715-787-7320 or email to diseasemanagementMA@aspirushealthplan.com. If you would like to follow up on the referral, please select this option in the Referral Source section.

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

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.

Documentation Improvement: Substance Use Disorder

Clinical documentation tips for substance use disorder include:

- Document the substance or drug (cannabis, alcohol, opioids, etc.).
- Document the severity level (don't document multiple severity levels).
 - Three categories:
 - Use
 - Abuse
 - Dependence
 - DSM-5 criteria:
 - Mild: the presence of two to three symptoms
 - Moderate: the presence of four to five symptoms
 - Severe: the presence of six or more symptoms
- Document the status of the condition.
 - Continuous use, in remission, relapsed, etc.
 - History of dependence is defined as use in remission, do not use historical context for an active problem.
- Identify and document any manifestations or complications.
 - Substance-induced mood or psychotic symptoms (depression, hallucinations, anxiety, etc.)
- Note how the condition was addressed or affected care at each visit.
 - Current presentation (intoxication, withdrawal, etc.)
- Document the treatment plan.

Accurate diagnosis documentation provides the reason why the visit occurred and substantiates the level of medical decision-making involved in assessing and planning treatment. Complete documentation is the best method for capturing the provider's work and the true health status of the patient.

Aspirus Health Plan Medicare Advantage Provider Assistance Center Holiday Hours

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

The Provider Assistance Center is **closed** for the following holidays:

- Memorial Day (5/30/22)
- Juneteenth Day (observed 6/20/22)
- Independence Day (7/4/22)