Medicare Advantage Provider Newsletter



Q1 2025 Provider Newsletter

100-Day Medication Fills

Members in Aspirus Health Plan Medicare Advantage plans can now receive 100-day supplies from their pharmacy for most medications. Providers should send prescriptions for 100-day supplies of medications (include three refills), to any network pharmacy.

Benefits of prescribing 100-day supplies include:

- Fewer trips to the pharmacy for your patients, which improves convenience and access. This is especially helpful for patients with transportation barriers or who live in remote areas.
- Improved medication adherence*. By using 100-day fills at the pharmacy, patients only need to fill their medication three times a year instead of four or more times, when filling a 90-day supply or less.
- Saves patients money. Aspirus Health Plan Medicare Advantage members have the same copay as a 90-day supply, which roughly equals one free 30-day supply per year.

*Members or patients need access to their medication at least 80% of the year to be considered adherent, based on the Centers for Medicare & Medicaid Services' (CMS) definition of proportion of days covered (PDC).

Coverage Policies

Coverage Policies provide clarification and specificity for the Aspirus Health Plan Medicare Advantage contracts benefit sections.

Annual Review of 2025 Coverage Policies

Aspirus Health Plan Medicare Advantage Coverage Policies are reviewed and updated annually to ensure they are consistent

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Aspirus Health Plan's Provider Website https://medicare.aspirushealthplan.com/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.



with current contract language, prior authorization processes and coding. Additionally, the policies are approved by the committee responsible for overseeing the coverage policy process.

The table on the <u>Coverage Policies page</u> lists all the coverage policies for Aspirus Health Plan Medicare Advantage. Any changes or updates that have been made can be found in the "2024 Annual Review (2025 Contract)" column of the <u>Annual Review of Coverage Policies document</u>.

Coverage Policies available on the website:

- Post Stabilization Care (CP-AMCR24-001A)
- Transplants Lodging and Transportation Related Expenses Member Reimbursement (CP-AMCR24-002A)
- Category III Codes (CP-AMCR24-003A)
- Septoplasty (CP-AMCR24-004A)
- Physical Exam Coverage (CP-AMCR24-005A)
- Bone Mineral Density Studies (CP-AMCR24-006A)
- Member Reimbursement (CP-AMCR24-007A)
- Worldwide Emergency Care (CP-AMCR24-008A)
- Oxygen and Oxygen Equipment (CP-AMCR24-009A)

Medical Necessity Guidelines

Medical necessity guidelines are available when coverage requires determination of medical necessity for certain clinical procedures, therapies, diagnostic tests, medical devices, etc.

The updated Utilization Management Criteria Memo is now available on the <u>Prior Authorization & Notification</u> <u>Requirements and Referrals page</u>.

Clinical Practice Guidelines

Clinical practice guidelines are designed to assist health care professionals, health care organizations and members by providing a framework for the evaluation and treatment of a variety of conditions. Guidelines are not intended to replace a clinician's judgment or to establish a protocol for all members with a particular condition.

The following is a list of organizations that offer evidence-based guidelines. This list can also be found on the Aspirus Health Plan website on the <u>Clinical Practice Guidelines page</u>. This list not exhaustive, and Aspirus Health Plan supports use of these and other well researched guidelines to support clinical decision-making. Aspirus Health Plan will review and update these guidelines annually and more frequently if needed.

General Medicine Resources

United States Preventive Services Task Force <u>https://www.uspreventiveservicestaskforce.org/uspstf/</u>

American Academy of Family Physicians <u>https://www.aafp.org/family-physician/patient-care/clinical-recommendations.html</u>



American College of Physicians <u>https://www.acponline.org/clinical-information/clinical-guidelines-recommendations</u>

Veterans Affairs/Department of Defense Practice Guidelines <u>https://www.healthquality.va.gov/guidelines/CD/asthma/index.asp</u>

Specialty Medicine Resources

American Academy of Cardiology <u>https://www.acc.org/Clinical-Topics</u>

American Academy of Neurology <u>https://www.aan.com/practice/guidelines</u>

American Gastroenterological Association <u>https://gastro.org/clinical-guidance/</u>

American Geriatrics Society (*content free but registration required) <u>https://www.americangeriatrics.org/publications-tools/guidelines-recommendations</u>

American Psychiatry Association <u>https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines</u>

American Psychological Association <u>https://www.apa.org/research-practice/standards-guidelines</u>

Endocrine Society <u>https://www.endocrine.org/clinical-practice-guidelines</u>

Infectious Diseases Society of America <u>https://www.idsociety.org/practice-guideline/practice-guidelines/#/+/0/date_na_dt/desc/</u>

American Society of Clinical Oncology <u>https://society.asco.org/practice-patients/guidelines</u>

National Comprehensive Cancer Network <u>https://www.nccn.org/guidelines/category</u> 1

A Healthy & Happy New Year!

The New Year symbolizes a fresh start. Members often set intentions for positive change and self-improvement at this time. Aspirus Health Plan's Disease Management (DM) team is here to help members achieve their resolutions and health goals through coaching and education.

DM has trained and certified health coaches, respiratory therapists and nurses who offer support, guidance, and encouragement to members as they work to improve their health and lives.



Through coaching and education, members can:

- Develop a positive vision for their health and lifestyle.
- Create achievable goals based on their motivation and readiness to change.
- Identify and break down barriers and patterns of behavior that prevent change.
- Be empowered to make lasting lifestyle changes and be held accountable for their goals.
- Receive condition-specific education and resources to support their self-management.

Aspirus Health Plan accepts referrals for all programs and assists members within our program with referrals to other programs and resources. For more information and referral forms, visit the <u>Prior Authorization &</u> <u>Notification Requirements and Referrals page</u> and scroll down to Disease Management Program & Referrals.

To send a referral, email <u>diseasemanagementMA@aspirushealthplan.com</u> or leave a voicemail at 1.855.931.5265 and press option 3, extension 3.

Healthy Benefits+ Visa Card

The Healthy Benefits+ Visa® card offers the flexibility and

convenience of one card for:

- Over the counter (OTC) allowance
- Prescription eyewear allowance
- Grocery discounts
- Rewards and incentives



The Healthy Benefits+ Visa card is reloadable each year and is valid until the expiration date or until a member is no longer covered by Aspirus Health Plan. Members should be sure to keep their card, as they won't be sent a new one each year. The card won't work for non-members. Allowance amounts and expiration dates vary by program.

To register the card, learn more or check a card balance, members can visit <u>healthybenefitsplus.com/aspirus</u> or call 1.833.862.8276 toll-free (TTY 711). This phone number is also on the back of the Healthy Benefits+ Visa card.

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 <u>EDIsupportMA@aspirushealthplan.com</u>.

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



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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 <u>Member Resources</u> page of the Aspirus Health Plan website.
- Find the current Aspirus Health Plan Medicare Advantage Provider Manual on the Provider webpage.

