

Medicare Advantage Provider Newsletter



Q2 2025 Provider Newsletter

Aspirus Health Plan Medicare Advantage Provider Manual Updated

Aspirus Health Plan has updated the following chapters of the [Medicare Advantage Provider Manual](#): Provider Responsibilities, Provider Credentialing, Claims & Payment, Electronic Data Interchange (EDI) and Disease Management Programs. Specific updates are called out in Appendix A.

Aspirus Health Plan Selects Availity as New Provider Portal Partner

Aspirus Health Plan is partnering with Availity to develop its new Medicare Advantage provider portal, which will be available through Availity Essentials once completed. Availity Essentials is a multi-payer portal that offers providers a consistent experience for verifying member eligibility and benefits, submitting claims, checking claim status and more.

Last year, Aspirus Health Plan began working with Availity as its new trading partner for electronic data interchange (EDI) services. These efforts will be leveraged with the new portal, providing more consistent information between electronic transactions and data reported in the portal.

Work on the portal implementation is underway and will be rolled out to providers in phases. Aspirus Health Plan will update providers closer to launch on how their organizations can prepare to use Aspirus Health Plan's Availity Essentials platform.

High-Quality Clinical Documentation

Medical record documentation should reflect the patient's complete overall health status profile instead of recording episodic issues. Document all conditions monitored, evaluated,

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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.

assessed or treated during a face-to-face visit that affects the patient's care.

Noting a condition is not enough to show that a condition is current; providers must document management of each active condition. Appropriate documentation language examples include:

- "X" is stable and will continue current management with ...
- "Y" is currently managed by a specialist, with follow up visit scheduled for ...
- "Z" is failing to improve and requires the following interventions ...

Providers should link diagnosis relationships with the appropriate verbiage in the medical record. An example would be diabetes with retinopathy:

- Retinopathy due to diabetes or diabetic retinopathy shows causality.
- Noting diabetes and retinopathy would show each condition exists but not that there is a causal relationship.

The patient's complete health record should be reviewed at least annually if not associated with other care during the year. All chronic conditions, co-existing acute conditions, status of conditions such as artificial openings, amputations, dialysis and pertinent past conditions must be documented.

Per the Centers for Medicare and Medicaid Services (CMS), all diagnoses submitted for risk adjustment must be supported in the medical record to be validated. CMS uses Monitored, Evaluated, Assessed and Treated (MEAT) to explain how to do this. Adding as much detail as possible to the record is the best practice; however, CMS only requires one of these bullet points be documented to validate a diagnosis:

- Monitored – stating disease progression or regression, ordering labs or diagnostic tests, or reviewing patient logs.
- Evaluated - conducting a relevant physical exam or documenting medication effectiveness.
- Assessed - updating the status of the condition – stable, controlled, worsening, improving or an exacerbation of a condition.
- Treated - referring member to a specialist or stating that a specialist is managing that condition.

Complete and detailed documentation to the highest level of specificity allows for appropriate code assignment and accurate representation of the member's health status and severity of illness.

Example of high-quality documentation:

A 37-year-old male presents for follow-up for his Type II Diabetes with Hyperglycemia and with chronic kidney disease stage 3b. Blood glucose levels are consistently above 200. His diabetes is being managed with Lantus. The plan is to adjust the insulin levels. Patient was advised to monitor glucose levels daily, keep a log and bring the log to his follow-up visit in two weeks.

Correct coding for this scenario:

- Type 2 diabetes mellitus with hyperglycemia - E11.65
- Chronic kidney disease, stage 3b - N18.32
- Type 2 diabetes mellitus with diabetic chronic kidney disease - E11.22
- Long term (current) use of insulin - Z79.4

Aspirus Health Plan Introduces New Provider Search

On March 27, Aspirus Health Plan Medicare Advantage launched a new provider search. The new search contains the same provider information as the previous search, but it offers users enhanced filtering options.

The new search is available at <https://search.aspirushealthplan.com>.

Keeping Aspirus Health Plan Members Active

One Pass

One Pass is a complete fitness solution for body and mind, available at no additional cost for eligible Aspirus Health Plan Medicare Advantage members. One Pass offers:

- Access to more than 23,000 participating fitness locations nationwide.
- More than 30,000 on-demand and live-streaming fitness classes.
- Workout builders to create personalized workouts.
- Home Fitness Kits available to members who are physically unable to visit or who reside at least 15 miles outside a participating fitness location.
- Personalized, online brain training program to help improve memory, attention and focus.
- Over 30,000 social activities, community classes and events available for online or in-person participation.

To learn more or find a participating fitness location, members can visit medicare.aspirushealthplan.com/ahp_onepass or call 1.877.504.6830 (TTY 711), 8 am – 9 pm, Monday – Friday.

Activity Tracker Plus Personal Emergency Response System (PERS) Device

Available to Aspirus Health Plan Essentials Rx members only.

An easy-to-use activity tracker plus Personal Emergency Response System (PERS) device is available for eligible members. The device features:

- 24/7 emergency call-for-help to a support agent
- Step and heart rate tracking
- Built-in GPS to support members both inside and outside the home

It is ready-to-use right out of the box. Members do not need to set it up or pair it to a cell phone or Wi-Fi. Members who use the device are eligible for a blood pressure monitor. Members should call 612.294.0023 to order the activity tracker plus PERS device or blood pressure monitor.

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.).

Aspirus Health Plan 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 or 1.855.931.4851 toll-free.

The Provider Assistance Center is closed for the following holidays:

- Monday, May 26, 2025 – Memorial Day
- Thursday, June 19, 2025 – Juneteenth
- Friday, July 4, 2025 – Independence Day