Provider Newsletter

May 2025
Quality Management

2025 HEDIS Medical Record Data Retrieval

Aspirus Health Plan's Release of information (ROI) Vendor (Datavant on behalf of Optum) May contact your offices
To retrieve medical record data. As outlined in our provider agreements, please work with that team to supply the required clinical and administrative datapoints.

As a reminder, this activity is for our annual Healthcare Effectiveness Data and Information Sets (HEDIS) project. HEDIS measures are nationally used by all accredited Health Plans. Medical record review is an important component of HEDIS compliance and associated audits.

Why is HEDIS important to physicians? HEDIS measures track a health plan's and physician's ability to manage health outcomes. Generally, strong HEDIS performance reflects enhanced quality of care. With proactive population management, physicians can monitor care to improve quality while reducing costs. It's not just about the scores. It's about the woman whose pap smear led to early detection and treatment of her cervical cancer. Or the toddler who didn't get whooping cough because he received the appropriate scheduled immunizations. Or the 65-year-old who kept up with screenings that revealed increased cholesterol. As a result, he received appropriate treatment and potentially avoided another heart attack.

We would appreciate your cooperation with collecting medical record review information at your clinic site(s). We appreciate your clinic's assistance in making this a smooth process.

Serving a Culturally and Linguistically Diverse Membership

Cultural and linguistic competence is the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by their patients/consumers to the health care encounter. Cultural and linguistically appropriate services lead to improved outcomes, efficiency, and satisfaction.

The Wisconsin Department of Health and Human Services offers online learning and resources for the National Cultural Competency and Language Access (CLAS) Standards. For a listing of DHS Resources visit: Cultural Competency and Language Access | Wisconsin Department of Health Services. The CLAS Standards are aimed at health care professionals and organizations to ensure equitable, respectful care is provided to diverse populations.

For more information regarding National CLAS Standards, click on the following link, Culturally and

Linguistically Appropriate Services - Think Cultural Health (hhs.gov).

Culture Care Connection is an online learning and resource center, developed by Stratis Health, aimed at supporting health care providers, staff, and administrators in their ongoing efforts to provide culturally competent care to their patients.
For more information regarding Stratis Health's resource center, click on the following link, http:// www.culturecareconnection.org/.

HEDIS Measurement and Specification

HEDIS measures are nationally used by all accredited health plans and Aspirus also has an obligation to collect HEDIS data on an annual basis. The measures listed below are hybrid measures; this means the data can be collected both from administrative data and chart information. What you may not realize is that the difficulty of collecting this information from clinic records could be lessened if practitioners were to use appropriate codes when submitting their billing statements. These measures have appropriate codes that would assist Aspirus in collecting this information administratively through claims data.

- **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents:**
  This measure examines the percentage of members 3-17 years of age who had an outpatient office visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity.

  Please ensure that for adolescents that a BMI is both calculated, and a percentile is coded and documented accordingly. Do not include laboratory claims (claims with POS code 81).

Description	CPT	ICD-10-CM Diagnosis	HCPCS
BMI Percentile		Z68.51-Z68.54	
Counseling for nutrition	97802-97804	Z71.3	S9470, S9452, S9449, G0270-G0271, G0447
Counseling for physical activity		Z02.5, Z71.82	S9451, G0447

- **Controlling High Blood Pressure**
  This measure examines the percentage of members 18-85 years of age who had a diagnosis of hypertension
  (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Description	CPT	ICD-10-CM Diagnosis	HCPCS

Systolic Blood Pressure	3074F (systolic < 130mmHg, 3075F (systolic 130-139mmHg, 3077F (> or = 140 mmHg)	I10	
Diastolic Blood Pressure	3078F (diastolic <80mmHg),3079F(diastolic 80-89 mmHg), 3080F (diastolic > or = 90 mmHg)	I10	

We encourage practitioners to use the above coding specifications to reduce the burden of chart review that will need to be performed at your clinic in the following year.
If you have questions about these measures, you may visit NCQA's website at ww*w.ncqa.org.*

HEDIS Data
We would like to thank all of our provider groups for their cooperation and collaboration during our recent HEDIS medical record review process. We realize that this process is burdensome to clinics and staff and appreciate your willingness in working with our vendor to ensure our HEDIS results for measurement year 2024 are accurate. Thank you!

Mental Heath Crisis Line and Medication Resources
After-hours mental health options are available both locally and nationally for individuals with urgent mental health needs. In Wisconsin, support services for those facing a mental health crisis include the option to call, text, or message online for all types of issues that can cause emotional distress. Local County Crisis Line* and National Crisis Service** contact information is provided below.

Mental health medication accessibility is considered when determining our formulary. There are medications used to treat mental health conditions on our Tier 1 formulary. Medication coverage can be accessed in the electronic medical record (EMR) at point-of-prescribing by accessing the ePrescribing tool within the EMR application. Prescribers can also access Aspirus Health Plan Formularies by logging into the Prescriber Portal with their NPI and State on the Navitus website: Prescribers (navitus.com).

*Wisconsin County Crisis Line contact information - https://www.preventsuicidewi.org/county-crisis-lines
**National Crisis Service resources are also available 24/7 across the United States by calling or texting to 988 or chat online at 988lifeline.org

Reminding Patients of Yearly Preventive Screenings

We want to encourage all our practitioners to remind and encourage their patients to make an appointment for their annual preventive screenings. In the wake of the COVID-19 pandemic, annual preventive screenings, especially for older adults and those with chronic or pre-existing conditions, decreased. Now with robust vaccination programs and effective safety protocols in place patients can feel safe to visit their primary care practitioner and have their annual preventive screenings performed.

Network Management

Additions –
No Updates

Full policies are always available on the provider portal on the website www.aspirushealthplan.com

Medical Management

Affirmative Statement About Incentives
Aspirus Health Plan does not specifically reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for utilization management decision-makers do not encourage decisions that result in under-utilization. Utilization management decision making is based only on appropriateness of care and service and existence of coverage.

Member's Rights and Responsibilities
Aspirus Health Plan presents the Member Rights & Responsibilities with the expectation that observance of these rights will contribute to high quality patient care and appropriate utilization for the patient, the providers, and Aspirus Health Plan. Aspirus Health Plan further presents these rights in the expectation that they will be supported by our providers on behalf of our members and an integral part of the health care process. It is believed that Aspirus Health Plan has a responsibility to our members. It is in recognition of these beliefs that the following rights are affirmed and presented to Aspirus Health Plan members. (See final page of this Provider Newsletter for a copy of the Statement of Member's Rights & Responsibilities.

Adverse Determination – To Speak to a Physician Reviewer
Aspirus Health Plan attempts to process all reviews in the most efficient manner. We look to our participating practitioners to supply us with the information required to complete a review in a timely fashion. We then hold ourselves to the timeframes and processes dictated by the circumstances of the case and our regulatory bodies. Practitioners may, at any time, request to speak with a peer reviewer at Aspirus Health Plan regarding the outcome of a review by calling (866) 631-5404, option 4 and the

Intake Department will facilitate this request. You or your staff may also make this request of the nurse reviewer with whom you have been communicating about the case and she/he will facilitate this call. If, at any time, we do not meet your expectations and you would like to issue a formal complaint regarding the review process, criteria or any other component of the review, you may do so by calling or writing to our Customer Service Department.

Phone number: (866) 631-5404, Option 4
Address: Aspirus Health Plan, Grievance Department
P.O. Box 1890
South Hampton, PA. 18966

If you are planning on performing a potentially cosmetic procedures, please call Customer Service first, to verify if the procedure is a covered benefit.

MEDICAL POLICY
Medical Policy documents are available on the Aspirus Health Plan website to members and to providers without prior registration. The most current version of Medical Policy documents are accessible under the Medical Policy section on the Aspirus Health Plan website (https://www.aspirushealthplan.com/). (Click on Providers on the bottom of the page then choose Medical Policies).

If you wish to have paper copies of these documents, or you have questions, please contact the Medical Policy Department telephonically at (866) 631-5404

Please visit https://www.aspirushealthplan.com/ for the most current version.

Medical Clinical Policies for Medical Necessity Determination

- New: None

Medical Clinical Policies for Coverage Benefit Determination

- New: None
- Retired: None

Medical/Surgical and Behavioral Health Care Services Investigative List

- Additions: None
- Revisions: None
- Deletions: None

Please visit https://www.aspirushealthplan.com/ for the most current version.

Pharmacy

On March 12, 2025, the Group Insurance Board approved moving all Continuous Glucose Monitor (CGM) coverage under the pharmacy benefit as of January 1, 2026. I wanted to provide some FAQs/talking points that may assist you in educating providers and members.

Why was this change made?
Currently, CGMs are covered under both the pharmacy and medical benefit. However, with over 80% of members receiving their CGM through the pharmacy benefit and most of ETF's vendors moving coverage under the pharmacy benefit, confusion among members, providers, and insurers had become an issue. Moving CGM coverage solely to the pharmacy benefit will help reduce this confusion.

What CGMs are covered under the pharmacy benefit?
Currently, the following CGMs are covered under the pharmacy benefit:

- Dexcom G6
- Dexcom G7
- Freestyle Libre 2
- Freestyle Libre 3
- Omnipod 5 G6
- Omnipod 5 G7

Members and providers can find the most current pharmacy formulary by visiting Navitus's website at https://navitus.com/ , selecting "Portal Login" from the top menu, choosing "Member Portal", clicking on "My Plan" in the top menu, and selecting "Formulary". CGMs are listed on the formulary under **Medical Devices and Supplies** with the subheading **Diabetic Supplies**. Members must log in to the Navitus website to access the formulary.

Navitus and ETF also offer a public-facing website that does not require a login at https://benefitplans.navitus.com/etf. Members need to select their plan type, click on "Formulary" from the menu that appears in the middle of the page, and then choose "Complete Formulary".

What if a member's CGM isn't currently listed as the pharmacy formulary?

If a member's CGM is not listed on the pharmacy formulary, such as those on a Guardian CGM, they can ask their provider to change their prescription to a CGM covered under the pharmacy.

If there is a medical reason for member to remain on the non-covered CGM, providers can find appeal forms on Navitus's website.

What if a member or provider has questions about the CGM coverage under the pharmacy benefit?

Members can contact Navitus at 866-333-2757
Prescribers can contact Navitus at 866-333-2757 or 920-225-7010

Pharmacy Policy documents for coverage of provider-administered drugs are available on the Aspirus Health Plan website to members and to providers without prior registration. The most current version of Pharmacy Policy documents are accessible under the Pharmacy Policies area on the Aspirus Health Plan website (https://www.aspirushealthplan.com/). (Click on Providers on the bottom of the page then choose Pharmacy Policies).

If you wish to have paper copies of these documents, or you have questions, please contact the Pharmacy Policy Department telephonically at (866) 631-5404.

Pharmacy criteria documents for coverage of drug requests under the Pharmacy benefit are available at OptumRX.com PH# 844-284-0142 by clicking on Prescriber Portal, then choosing Prior Authorization.

Pre-Payment, Post Service Claim Edit Program (PSCE)
The official PSCE program was terminated effective 1/1/24. All drugs should still be dosed to follow FDA labeling. Anything outside of what is approved by the FDA should be requested through the PA process. The request will be reviewed according to policy, Off-Label Drug Use PP/O002.

Prior Authorization List

Complex Case Management

Our RN Complex Care Coordinators Can Make a Difference for Your Patients

RN Complex Care Coordinators are here to help our mutual customers by:

- Coordinating health care among providers
- Providing education regarding their health care needs, concerns and adherence to treatment plans
- Supporting and advocating for improved health care experiences and outcomes
- Locating available community resources
- Assisting them to become better health care consumers

The RN Complex Care Coordination team are RN's who work one-on-one with your patients, treating each person as an individual with unique needs and challenges. The goal and efforts have been aimed at optimizing connections both within the health care system and community to support the patient, set and work on health-related goals, and make the patient more confident in their ability to achieve their optimal health status.

The RN Complex Care Coordination team is ready to help with your patients. If you have a patient, you feel might benefit from the service, please contact the RN Complex Care Coordination Team at 715-843-1061 or CDMHRT-AspirusInc-Intake@aspirus.org.

Coding

Coding Appeal Request Form

All claim appeals related to a Coding service disallow are required to have a completed Coding Appeal Request Form (cover sheet) submitted with the validating records. This form is available on the main Aspirus internet link - https://aspirushealthplan.com/ - and located via this link – https://aspirushealthplan.com/webdocs/60043-AHP-Claims-Coding-Appeal-Request-Form_SE.pdf.

Any appeal received without this Coding Appeal Request Form will be rejected. It is important we know exactly what the appeal entails in order to appropriately address the disallowed service(s).

Examples of Coding Appeals for disallowed services (not all inclusive list);

- CPT® and HCPCS code(s)
- ICD-10-CM (diagnosis) code(s))
- ICD-10-PCS (inpatient procedure code(s))
- Place of Service (POS) code(s)
- Clinical Edits, not all inclusive list;
    - Code(s) restricted to certain age limits
    - Bundling per National Correct Coding Initiative (NCCI) code combinations
    - Unit maximums
    - Modifier(s) submitted or not submitted
    - Unlisted code documentation (please see the May Provider Newsletter for this Coding article)
- Internal payer edits, eg., frequency limits, services limited by Medical Policy criterion
- 837I (UB-04 form) fields;
    - Type of Bill (TOB)
    - Revenue Code(s)
    - Diagnosis Related Groups (DRGs)

In network provider (INN) contractual fee schedule (pricing) agreements are ***not*** a Coding Appeal inquiry and should be addressed with your Provider Relations Representative.

Out of network (OON) pricing and reimbursement concerns are ***not*** a Coding Appeal inquiry and are addressed by Customer Service.

Corrected claim submissions are to be submitted electronically as they usually are not considered an appeal.

ICD-10-CM Reminder

Category or Header codes are non-specific and **non-billable diagnosis code(s)** and are NOT valid for the submission of HIPAA-covered transactions (claims). The heading of a category of codes that are further subdivided by the use of 4th, 5th, 6th or 7th character or digit (a code with a higher level of specificity for a diagnosis), is/are required for claim submission.

Providers are accountable for knowing the annual update of ICD-10-CM becomes effective October 1, *every year*. These updates include new, revised and expired codes. Please update any documents and training at your site, in order to submit the most current diagnosis(ses) at the appropriate level of specificity.

Member Rights and Responsibilities

Aspirus Health Plan is committed to maintaining a mutually respectful relationship with you that promotes high-quality, cost-effective health care. The member rights and responsibilities listed below set the framework for cooperation among you, practitioners, and us.

As our member, you have the following rights and responsibilities:

1. A right to receive information about us, our services, our participating providers and your member rights and responsibilities.
2. A right to be treated with respect and recognition of your dignity and right to privacy.
3. A right to available and accessible services, including emergency services, 24 hours a day, 7 days a week.
4. A right to be informed of your health problems and to receive information regarding treatment alternatives and risks that are sufficient to assure informed choice.
5. A right to participate with providers in making decisions about your health care.
6. A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
7. A right to refuse treatment.
8. A right to privacy of medical and financial records maintained by us and our participating providers in accordance with existing law.
9. A right to voice complaints and/or appeals about our policies and procedures or care provided by participating providers.
10. A right to file a complaint with us and the Wisconsin Office of the Commissioner of Insurance and to initiate a legal proceeding when experiencing a problem with us. For information, contact the Wisconsin Office of the Commissioner of Insurance at 1.800.236.8517 and request information.
11. A right to make recommendations regarding our member rights and responsibilities policies.
12. A responsibility to supply information (to the extent possible) that participating providers need in order to provide care.
13. A responsibility to supply information (to the extent possible) that we require for health plan processes such as enrollment, claims payment and benefit management, and providing access to care.
14. A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
15. A responsibility to follow plans and instructions for care that you have agreed on with your providers.
16. A responsibility to advise us of any discounts or financial arrangements between you and a provider or manufacturer for health care services that alter the charges you pay.

For information about claims, complaints or grievances visit **AspirusHealthPlan.com**.