



MEDICAL MANAGEMENT

FRIENDLY REMINDER REGARDING PRIOR AUTHORIZATIONS

Aspirus Health Plan leverages the Meddecision iExchange platform for prior authorization submissions. With that in mind we highly recommend our provider partners continue to submit all prior authorization requests via the iExchange tool located within the secure provider portal at www.aspirushealthplan.com. If you have not yet registered for secure provider portal access please visit our registration site [here](#) or contact your Provider Relations Representative Matt Springer at Matthew.Springer@PreferredOne.com if you have any questions.

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.

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
6105 Golden Hills Dr.
Golden Valley, MN 55416

QUALITY MANAGEMENT

2021 HEDIS MEDICAL RECORD REVIEW

Aspirus Health Plan's HEDIS Medical Record Review Vendor (CIOX Health on behalf of Optum) will be contacting clinics in the coming weeks to coordinate medical record review for Aspirus Health Plan members seen at your clinics. As a contracted provider you are obligated to allow Aspirus Health Plan and its vendor to conduct this review. HEDIS measures are nationally used by all accredited health plans. Medical record review is an important component of the HEDIS compliance audit. It ensures that medical record reviews performed by our vendor meet audit standards for sound processes and that abstracted medical data are accurate.

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.

Please see below for the Aspirus Member Rights & Responsibilities.

PHARMACY

PRIOR AUTHORIZATION CHANGES

Added the following drugs to the prior authorization list (effective 3/15/2021):

Zevalin (Ibritumomab tiuxetan) A9543, Beovu (brovacizumab-dbl) J0179, Monjuvi (C9070), Asceniv (C9072), Darzalex Faspro J9144, Trodelvy (J9317)

Removed the following drugs from the prior authorization list:

Rebynyn C9468 (duplicate listing with inactive HCPC), Vivaglobin (discontinued)

Added HCPC codes to the following:

Blenrep (C9069), Tecartus (C9073), Uplizna (J1823), Sevenfact (J7212), Scenesse (J7352), Zepzelca (J9223), Phesgo (J9316)

Added the following drugs to Site of Care list:

All Immunoglobulin (IVIG) products

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.