Provider Newsletter

November 2026

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Year-End Wrap-Up & Next-Year Readiness



Let's finish the year strong and get ready for what's next!

As 2026 draws to a close, we're partnering with you to build on our progress and prepare for a successful 2027. In this issue, we celebrate Aspirus Health Plan's 4.5-star NCQA rating, preview our commercial coverage expansion into northeastern Minnesota, and share HEDIS care-gap priorities and CAHPS insights. Now is the time to help members complete needed care before December 31, strengthen documentation, and focus on access, communication, and care coordination for the year ahead.

Thank you for your continued partnership and commitment to our members. Together, we can close the year with purpose and enter 2027 ready to support healthier communities.

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Aspirus Health Plan Earns 4.5-Star NCQA Rating

Aspirus Health Plan is proud to announce that it has received a **4.5-Star Rating from the National Committee for Quality Assurance (NCQA)** for its Commercial HMO/POS Combined Health Plan. This achievement places Aspirus Health Plan among the highest-rated commercial health plans in the nation and reflects a shared commitment to delivering high-quality care and exceptional service for the members we serve.

A Recognition of Quality

NCQA ratings evaluate health plans on a range of measures, including clinical quality, patient experience, and member satisfaction. Aspirus Health Plan's 4.5-star rating demonstrates excellence in these areas and highlights the strong partnerships between the health plan and our provider network.

Key Points

- Among 559 NCQA-rated commercial health plans nationwide, only 25 achieved a 4.5-star rating, with just 9 earning the highest 5-star designation. This places Aspirus Health Plan among the top 6% of commercial health plans in the country.
- Within the Commercial HMO/POS Combined category, only **10 of 102 health plans** earned ratings of 4.5 stars or higher, placing Aspirus Health Plan in the **top 10% nationwide**.

Thank You to Our Provider Partners

- This recognition would not be possible without the dedication of our provider community. Your commitment to preventive care, chronic condition management, care coordination, and positive patient experiences plays a vital role in helping members achieve better health outcomes.

Together, we continue to advance quality, improve member experiences, and support healthier communities across the region.

Looking Ahead

Aspirus Health Plan remains committed to collaborating with providers to maintain and enhance the quality of care delivered to our members. We look forward to continuing our partnership as we build on this success and strive for even greater achievements in the future.

Thank you for your ongoing partnership and your commitment to exceptional patient care.

Aspirus Health Plan Expands Commercial Coverage into Northeastern Minnesota for 2027

Bringing More Health Coverage Options to Communities Across Five Minnesota Counties

Aspirus Health Plan is pleased to announce the expansion of its commercial Individual and Group health insurance offerings into five northeastern Minnesota counties beginning January 1, 2027. The expansion includes **Carlton, St. Louis, Itasca, Lake, and Cook counties**, extending access to Aspirus Health Plan products to more individuals, families, and employers across the region.

This growth reflects Aspirus Health Plan's ongoing commitment to providing affordable, high-quality healthcare coverage supported by strong provider partnerships and a focus on local access to care.

The 2027 expansion will make Aspirus Health Plan's commercial product portfolio available to individuals and employer groups throughout these five counties, offering comprehensive benefits designed to support preventive care, chronic disease management, specialty services, and whole-person health.

Commitment to Local Communities

Northeastern Minnesota residents deserve health insurance options that prioritize quality care, provider access, and a local approach to healthcare. By expanding into Carlton, St. Louis, Itasca, Lake, and Cook counties, Aspirus Health Plan aims to enhance consumer choice while supporting the healthcare needs of the communities served by local providers.

The expansion aligns with Aspirus Health Plan's mission to improve the health and well-being of the people and communities it serves through accessible, coordinated, and value-driven healthcare coverage.

Final HEDIS Push: Help Close Remaining Care Gaps Before December 31

As we approach the end of the year, providers play an important role in helping members complete recommended preventive care, screenings, and chronic condition management services. Now is a great time to review your patient population for outstanding care gaps and take advantage of every remaining visit to address needed services.

Recent HEDIS performance identified several areas where additional attention may have a meaningful impact. Opportunities remain in diabetes eye exams, pediatric and adolescent well-care, nutrition and physical activity counseling, and immunizations. These areas showed opportunities for improvement across Commercial and Exchange populations and represent important areas of focus as we close out the measurement year.

MY 2025 HEDIS Performance Snapshot

The following results highlight the care gaps emphasized in this article.

Priority preventive and pediatric measures

Measure	Commercial 2024	Commercial 2025	Exchange 2024	Exchange 2025
Eye Exam for Patients with Diabetes	63.02%	54.12%	46.72%	35.29%
Child and Adolescent Well-Care Visits	60.90%	60.51%	52.33%	45.05%
Counseling for Nutrition	82.99%	77.20%	77.51%	72.46%
Counseling for Physical Activity	82.29%	76.80%	76.71%	70.82%

Selected MY 2025 immunization opportunities

Measure	Commercial	Exchange
Childhood Immunization Status: Influenza	53.18%	34.78%
Childhood Immunization Status: Combo 10	49.81%	30.43%
Immunizations for Adolescents: HPV	37.09%	21.05%
Adult Immunization Status: Influenza	41.72%	23.33%

Depression screening opportunity

Measure	Exchange 2024	Exchange 2025
Depression Screening for Adolescents and Adults	0.00%	0.00%

Note: Depression screening results were available for the Exchange population in the source report; a Commercial rate was not reported. Percentages reflect plan-level MY 2024 and MY 2025 results.

Make Every Visit Count

During upcoming office visits, consider reviewing the members' care gaps and addressing as many appropriate preventive and chronic care needs as possible.

Key opportunities include:

- **Diabetes care:** Confirm that patients with diabetes have completed recommended eye exams and other appropriate diabetes monitoring. Diabetic eye exam performance declined in 2025 in both the Commercial and Exchange populations.
- **Well-child and adolescent care:** Identify children and adolescents who are overdue for preventive visits and complete recommended assessments during the visit. 2025 results identified continued opportunities in child and adolescent well-care.
- **Nutrition and physical activity counseling:** During pediatric visits, document BMI percentile and appropriate counseling for nutrition and physical activity. Both counseling measures declined from 2024 to 2025 across Commercial and Exchange populations.
- **Immunizations:** Review immunization histories and address vaccines that are due or overdue. 2025 results identified opportunities in several childhood, adolescent, and adult immunization measures.
- **Preventive screenings:** Use scheduled visits as an opportunity to identify other outstanding preventive services and screenings and encourage members to complete them before year-end.
- **Depression Screening:** Depression screening is an important component of preventive care and an opportunity for improvement. Please incorporate standardized depression screening into eligible patient visits when appropriate, document the screening and results, and ensure timely follow-up when a positive screen is identified. Increasing routine screening and appropriate follow-up will help identify patients who may need additional support and improve performance in this important area of care.

Don't Forget Documentation

Completing the service is only part of successful gap closure. Accurate and complete documentation is essential. Please ensure that screenings, assessments, counseling, immunizations, and other completed services are clearly documented and coded according to applicable requirements.

If a service was completed by another provider or organization, ensure available results are incorporated into the patient's medical record when appropriate. Closing documentation gaps can be just as important as closing clinical care gaps.

Finish the Year Strong

There is still time to make an impact. Reviewing open care gaps, proactively reaching out to patients who are overdue for services, and addressing multiple care needs during scheduled encounters can help improve continuity of care and support better health outcomes for our members.

Thank you for your continued partnership and for helping our members receive the preventive and chronic care services they need.

Source: Aspirus Health Plan HEDIS MY 2025 Performance Analysis, Commercial and Exchange. Results are plan-specific and intended to support targeted care-gap closure activities.

CAHPS Survey Insights: How Patient Experience Impacts Your Ratings

Every interaction is an opportunity to strengthen the patient experience.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey helps us understand how members experience their healthcare, including access to care, communication with providers, specialty care, and coordination of services.

Recent CAHPS results show that provider communication continues to be a strength, while also highlighting opportunities to improve timely access, active listening, specialty care, and coordination.

CAHPS Highlight

Provider communication is a strength!

94.4% of members who completed the survey reported favorable experiences with how well their doctors communicate.

Members also responded positively about providers explaining information clearly and spending enough time with them. These results reflect the important role clear, respectful, patient-centered communication plays in creating a positive healthcare experience.

Where You Can Make a Difference

Make Access to Care Easier

Members reported increased challenges obtaining routine, urgent, and specialty care. Getting Needed Care decreased to 75.2%, while Getting Care Quickly decreased to 73.4%.

Provider practices can help by offering timely appointment options when available, clearly communicating what patients should do when their usual provider is unavailable, and helping patients navigate referrals and specialty care.

Make Every Patient Feel Heard

Communication with providers remains a strength overall. However, results identified an opportunity related specifically to listening carefully to patients, which decreased from 97.8% to 93.6%.

Simple actions can make a difference. Give patients an opportunity to fully explain their concerns, ask clarifying questions, involve them in care decisions, and confirm that their questions have been addressed before the visit ends.

Strengthen Care Coordination

Coordination of Care decreased from 87.4% to 80.0%, highlighting an opportunity to create a more connected experience for patients.

Clear communication across the care team, timely follow-up after referrals or testing, and ensuring patients understand the next steps in their care can help strengthen continuity and reduce confusion.

Support Specialty Care

CAHPS results also identified opportunities related to specialist access and members' experiences with specialty care.

When making a referral, help patients understand next steps and any referral requirements. When appropriate, follow up to confirm that needed specialty care was completed and that results are available to the care team.

Provider Action Checklist

Small actions during everyday patient interactions can have a meaningful impact on the patient experience.

- ☐ Listen actively and give patients time to explain their concerns.
- ☐ Communicate clearly using language patients can easily understand.
- ☐ Confirm understanding and encourage patients to ask questions.
- ☐ Explain next steps for testing, treatment, referrals, or follow-up.
- ☐ Support timely access to routine and urgent care whenever possible.
- ☐ Help patients navigate specialty referrals and understand what to expect.
- ☐ Close the referral loop by following up on outstanding referrals and results when appropriate.
- ☐ Coordinate across the care team so patients know what happens next and who is responsible.
- ☐ Before the visit ends, ask: *"Have we addressed all of your questions or concerns today?"*

Every Interaction Counts

Patient experience is shaped not only by the clinical care patients receive, but also by how they experience that care. Timely access, active listening, clear communication, coordinated follow-up, and assistance navigating the healthcare system can all contribute to a better patient experience.

Thank you for your continued commitment to providing high-quality, patient-centered care and for partnering with us to improve the healthcare experience for our members.

Appeals and Claims Requests: Your Guide to Correct Submission

Submitting appeals and claims-related requests to the correct team helps Aspirus Health Plan review them promptly and avoid unnecessary delays. Please use the following routing guidance when preparing your next submission.

Grievances and Post-Service Appeals

For post-claim appeals and member or provider appeals of denied claims, submit requests to **G&A@aspirushealthplan.com**.

Submit appeal requests within 60 days of the denial date.

Prior Authorization Appeals

For pre-service, medical, and benefit appeals, contact Utilization Management Intake:

- **Email:** AHP_UM_intake@optum.com
- **Phone:** 866-262-8038
- **Fax:** 877-475-2565

Claims Adjustment Requests

For accident information, itemized bills, operative notes, implant invoices and logs, corrected claims, pricing reviews, and CPT reviews, submit to:

- **Mail:** Aspirus Health Plan, Attn: Claims, PO Box 1890, Southampton, PA 18966
- **Fax:** 763-847-4010

Timely filing reminder: *Appeals received more than 60 days* after the initial denial will not be considered, and the original denial will become final. Refer to the Timely Filing Policy.*

**Please refer to provider's contract with AHP for specific Timely Filing consideration timeframes.*

Provider Relations and Network Management

For timely filing denials, contracted reimbursement concerns, prior authorization denial concerns, or P60 denial codes on Aspirus remittance advice, contact:

- **Email:** providerrelationsahp@optum.com
- **Fax:** 763-847-4964

Include the **Claims Adjustment Form** when appropriate.

Coding Reviews

For clinical edit denials, Y48 records-requested denials, and requests for medical records, itemized bills, operative notes, or implant documentation, submit to:

- **Email:** AHP_UM_intake@optum.com
- **Mail:** PO Box 1890, Southampton, PA 18966
- **Fax:** 763-847-4957

Thank you for helping us keep requests moving efficiently by selecting the appropriate submission route and meeting applicable deadlines.

Clearinghouse Update: Aspirus Health Plan Payer Name

Aspirus Health Plan has requested that the clearinghouses below update the name associated with our payer ID to **"Aspirus Health Plan"** on **Friday, October 23, 2026**.

Clearinghouses Included in the Update

- Availity
- Change Healthcare/RelayHealth
- eProvider Solutions
- HealthEC LLC/Elligent Health
- Office Ally
- Trizetto Provider Solutions
- TrueBridge/Rycan
- Waystar/Zirmed

Please share any feedback or concerns you encounter following the payer-name update with Aspirus Health Plan Provider Relations at **providerrelationsahp@optum.com**. Thank you for your continued partnership.