

MEDICAL MANAGEMENT

Comprehensive Care Coordination Referrals

Aspirus Comprehensive RN Care Coordinators support a variety of health-related needs for Aspirus Health Plan members across the care continuum. RN Care Coordinators are available as an additional clinical resource for doctors, advance practice clinicians, and the overall healthcare team. The Comprehensive Care Coordination team provides the following two programs:

Complex Care Coordination (CCM)

RN Care Coordinators provide complex care coordination services to assist patients with all medical diagnoses. The goal of complex care coordination is to help patients achieve maximum wellness, encourage compliance with treatment plans, avoid health crises, reduce unnecessary re-admissions, and guide patients through the complex health care system.

Chronic Disease Management (CDM)

RN Care Coordinators providing chronic disease management services collaborate with clinicians and the patient's clinical care team to develop individualized plans of care, along with goal setting, to help patients integrate healthy lifestyle changes and further assist in the self-management of chronic health condition(s). CDM focuses on disease management for patients with diabetes, hypertension, congestive heart failure and BMI ≥ 30 .

To Make a Referral for Comprehensive Care Coordination -

Phone - 715-843-1061 or Epic order #3000558 "Referral For Health Resource Team"

Medical Policy

Medical Policy documents are available on the PreferredOne 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 (aspirushealthplan.com/group-individual). (Click on Providers then choose Provider Resources then click on Medical Policies).

If you wish to have paper copies of these documents, or you have questions, please contact the Medical Policy Department telephonically at (763) 847-3386 or online at Heather.Hartwig-Caulley@AspirusHealthPlan.com.

Prior Authorization List

- Cosmetic - Breast Reduction, Mammoplasty – added CPT 19366

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies List

Revisions: None

Deletions: None

Medical Clinical Policies

New: None

Revised (substantive clinical revisions)

- Breast Reconstruction (MC/G004) - Added a statement, under implant removal/reinsertion, requiring that the original implant placement was for medically necessary indications (not cosmetic)

- Durable Medical Equipment, Orthotics and Supplies (DMEPOS) (MP/D004) – added a statement regarding timeframe for replacement of a DME item meeting reasonable useful lifetime of 5 years (unless otherwise noted)
- DMEPOS, Lower Limb Prostheses (MC/D005) – Added Ottobock 4R57 Rotation Adapter and indications for use
- DMEPOS, Pneumatic Compression Devices and Heat/Cold Therapy Units (MC/D006) - Revised to allow non-segmental home model or segmental home model without calibrated gradient pressure for members with contraindications to pharmacologic prophylaxis
- DMEPOS, Wheelchairs and Mobility Assistive Equipment (MC/D003) - Added indication requiring that the standing system is primarily needed to support ADLs
- Levels of Evidence (LOE) and the Evaluation of Health Care Services (MP/L004)
 - Revised to reflect the development, classification and approval pathways for drug and device development under the FDA
 - Revised the statement regarding peer-reviewed medical journal articles, clarifying that it must include a systematic review and either a traditional or network meta-analysis
 - Added a statement regarding randomized controlled trials
- Neurostimulation, Sacral Nerve (MC/I008)
 - Revised the statement regarding trial of conservative treatment by removing “failure” (hard to define)
 - Combined all behavioral type therapies into one entry
 - Added a note to clarify that stress incontinence does not include mixed incontinence
- Nuclear Medicine, Cardiac Positron Emission Tomography (PET), Cardiac PET/Computed/Tomography (CT) (MC/L023) – Replaced the hyperlink to the ACR SPR STR Practice Parameter guidelines with specific indications, broken out by each type of technology
- Rhinoplasty (MC/C001) - Revised to match specific indications to each type of surgical procedure
- Special Coverage for the COVID-19 Pandemic policies - revised to incorporate coverage for the newest FDA-approved treatments and vaccinations

Medical Investigative List

Additions

- Computer-assisted surgical navigation (CAN) for musculoskeletal procedures
- Radiofrequency ablation of peripheral nerves for all other pain indications not covered in clinical policy, Cervical, Thoracic, Lumbosacral, Sacroiliac or Knee Pain (MC/F024)
- Transcatheter embolization, prostatic artery for Benign Prostatic Hypertrophy

Revisions: Pharmacogenetic/Pharmacogenomic Testing of CYP2C19 and CYP2D6 is no longer considered investigative when used to guide therapy decisions for antidepressant or antipsychotic medications in the treatment of Major Depressive Disorder or General Anxiety Disorder (a new clinical policy is in development)

Deletions: None

Please visit www.aspirushealthplan.com for the most current version.

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

**ASPIRUS Member Rights and Responsibilities attached on final page of this newsletter.*

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

MY 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.

PHARMACY

Access to Criteria and Policies

Pharmacy criteria documents for coverage of drug requests under the Pharmacy benefit are available at [Navitus.com](https://www.navitus.com) by clicking on Prescriber Portal, then choosing Prior Authorization. Pharmacy criteria and policy documents developed for provider administered drugs are available at [AspirusHealthPlan.com](https://www.aspirushealthplan.com) by clicking on Group and Individual Plans, then choosing Provider Resources and clicking on Pharmacy Policies.

Investigative List Additions

On December 8, 2021, The PreferredOne Pharmacy and Therapeutics Committee approved two additions to our [Pharmacy Investigative List](#).

Intralipid infusion for infertility (and associated services)

Ketamine infusion for treatment of depression

These services are considered investigative and therefore, are not eligible for reimbursement based on the enrollee's Certificate of Coverage (COC) or Summary Plan Description (SPD).

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.