

# Aspire Health Plan and MBIPA

## QUICK REFERENCE/CONTACT GUIDE

effective 1.1.2021 to 12.31.2021

Aspire Health Advantage (HMO)  
Aspire Health Plus (HMO-POS)  
Aspire Health Group Plus (HMO-POS)  
Aspire Health Value (HMO)



ASPIREHEALTHPLAN

10 Ragsdale Drive, Suite 101, Monterey, CA 93940  
www.aspirehealthplan.org

### Member and Provider Customer Services

Phone: (831) 574-4938 or (855) 570-1600 (TTY: 711)  
Fax: (831) 574-4939 or (855) 519-5769

### Prescription Drug Benefits / Prescription Prior Authorizations

MedImpact  
www.medimpact.com  
(888) 495-3160

### Provider Portal Website

id.phtech.com  
(503) 584-2169 option 2  
support@phtech.com

Log on to check eligibility, review claim status, or submit a prior authorization.

### Member Advocate

(831) 644-7425 or memberadvocate@aspirehealthplan.org

Please refer members requiring extra assistance with coordinating care or scheduling transportation to visits.

### Credentialing and Contracting

Provider Networks and Contracting Manager  
(831) 657-0700

For assistance, please email network\_support@aspirehealthplan.org

### Eligibility / Plan Coverage Information, Decisions and Appeals

Phone: (831) 574-4938 or (855) 570-1600 (TTY:711)  
Fax: (831) 574-4939 or (855) 519-5769

Professional network provided by:



Monterey Bay  
INDEPENDENT PHYSICIAN  
ASSOCIATION

# Medical Authorizations

effective 1.1.2021 to 12.31.2021

Aspire Health Plan  
Electronic Submission: id.phtech.com  
(831) 574-4938 or (855) 570-1600  
Fax: (831) 657-2669

## Services that Require Prior Authorization (Authorization List)

Inpatient admissions  
Durable Medical Equipment over \$500  
Inpatient rehabilitation facility  
External Prosthetic Devices over \$500  
Skilled Nursing Facility  
CT, MRI/MRA, PET scan, Nuclear Medicine  
(including SPECT), Angiography  
Genetic and Molecular Diagnostic Testing  
Mental health partial hospitalization  
Radiation Oncology

Outpatient Surgery (including wound care)  
Select Part D drugs (see formulary for details)  
Non-emergent Ambulance  
Non-contracted providers  
Intensive Outpatient Substance Abuse services  
Any Out-of-Network Referrals  
Occupational, Physical, Speech Therapy  
(after 12 visits, per calendar year)  
Home Health Services

## Claims Submission



### Electronic Submission

Clearing House:  
Office Ally — [www.officeally.com](http://www.officeally.com)  
Payor ID: ASP01  
Office Ally phone number: (866) 575-4120

Clearing House:  
ChangeHealthcare  
Payor ID: 46156

For electronic claim submission assistance, please email [edi.support@phtech.com](mailto:edi.support@phtech.com) or call (503) 584-2169 option 1

### Paper Submission

Aspire Health Plan  
P.O. Box 5490  
Salem, OR 97304

For paper claim submission assistance, please call (855) 570-1600