

Aspire Health Plan and MBIPA

QUICK REFERENCE/CONTACT GUIDE

effective 1.1.2023 to 12.31.2023

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

Rebecca Jacobs — (831) 644-7425 or memberadvocate@aspirehealthplan.org
Please refer members requiring extra assistance with coordinating care or scheduling transportation to visits.

Credentialing and Contracting

Melissa Bates, Provider Networks and Contracting Manager
(831) 644-7437

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



Monterey Bay
INDEPENDENT PHYSICIAN
ASSOCIATION

Professional Credentialing and Contracting

Network Management Department
(831) 233-1958 | www.mbipa.org

For assistance, please email Melissa Bates at network_support@aspirehealthplan.org

Medical Authorizations

effective 1.1.2023 to 12.31.2023

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
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 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