



Quick Reference/ Contact Guide

Aspire Health Protect (HMO) / Aspire Health Value (HMO) / Aspire Health Advantage (HMO)
Aspire Health Plus (HMO-POS) / Aspire Health Group Plus (HMO-POS)
effective 1.1.2024 to 12.31.2024

Member and Provider Customer Services

Phone: (831) 574-4938 or (855) 570-1600 (TTY: 711)

Fax: (831) 574-4939 or (855) 519-5769

Part D Prescription Benefits Manager (PBM) | (Part D Prior Authorizations)

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

Provider Portal Website

id.ayin.com
(503)584-2169 option 2
providerportalaccess@aspirehealthplan.org.
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) 644-7416
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:



Medical Authorizations

effective 1.1.2024 to 12.31.2024

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	Outpatient Surgery (including wound care)
Durable Medical Equipment over \$500	Select Part D drugs (see formulary for details)
Inpatient rehabilitation facility	Select Part B drugs (see drug list for details)
External Prosthetic Devices over \$500	Non-emergent Ambulance
Skilled Nursing Facility	Non-contracted providers
CT, MRI/MRA, PET scan, Nuclear Medicine (including SPECT), Angiography	Intensive Outpatient Substance Abuse services
Genetic and Molecular Diagnostic Testing	Any Out-of-Network Referrals
Mental health partial hospitalization	Occupational, Physical, Speech Therapy (after 12 visits, per calendar year)
Radiation Oncology	Home Health Services

Part B Drug Authorization and Step Therapy*

effective 1.1.2024 to 12.31.2024

Prior authorization and step therapy may be required for some medications included in the Medicare Part B Drug Program. The step therapy program prefers certain first-line drugs to be prescribed (preferred drugs) before approval of specific, second-line drugs (non-preferred drugs) in the same class. Please refer to the Authorization List for the Medicare Part B drugs subject to prior authorization and step therapy ([see drug list for details](#)). This list is subject to change as Aspire Health Plan reserves the right to revise, update, and/or add/remove drugs to the list as new drugs are approved by the FDA and become available for use.

*The step therapy requirement does not apply to members who have already received treatment with the non-preferred drug within the past 365 days. Both preferred and non-preferred drugs may still be subject to prior authorization and/or quantity limits.

Claims Submission	
Electronic Submission Clearing House: Office Ally — www.officeally.com Payor ID: ASP01 Office Ally phone number: (866) 575-4120 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