

Aspire Health Plan and MBIPA

QUICK REFERENCE/CONTACT GUIDE

effective 1.1.2024 to 12.31.2024

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



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

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

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

Provider Portal Website

id.phitech.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
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)
Select Part B drugs (see [drug list](#) 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

Part B Drug Authorization and Step Therapy*

effective 1.1.2024 to 12.31.2024

Part B Drug Classes that Require Prior Authorization

Anti-Amyloid Agents (Alzheimer's Disease)
Vascular Endothelial Growth Factor (VEGF) Inhibitor (Retinal Disorders Agents / AMD)
Intra-articular Corticosteroids (Osteoarthritis)
Hyaluronic Acids / Viscosupplements (Osteoarthritis)
Bone Density Agents (Osteoporosis)
Multiple Sclerosis (Infusion)
Infliximab Products
Rituximab Products

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. 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

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