

Provider View



March 22, 2024

Upcoming Changes to Avera Health Plans Inpatient Admission Requirements

Beginning April 1, 2024, all inpatient admissions (except for labor and delivery) will require prior authorization. The inpatient admission form is available at www.AveraHealthPlans.com/PA. The following information is required for a request* to be completed:

- All fields on the form must be filled in.
- Clinical information must be submitted (if not available in Meditech Expense) or relevant dates noted (if available in Meditech Expense).

*Incomplete forms will not be processed.

Avera Health Plans will not accept late requests for prior authorization. Requests must be received by Avera Health Plans within 48 hours of the admission and medical necessity will be evaluated based upon the information provided on the day of admission. Avera Health Plans is committed to processing requests as quickly as possible and look forward to automating prior authorizations in the summer and fall of 2024.

Avera Health Plans appreciates your commitment to caring for our members and your willingness to send complete information to allow for the best experience. If you have any questions, please contact Sara Hansen, Senior Director of Population Health and Clinical Operations at Sara.Hansen@avera.org.

Virta Health to Offer Support to Members with Diabetes

On April 2, 2024, Avera Health Plans will offer a new health benefit for members with type 2 diabetes. Virta Health provides a robust approach to reduce body weight and increase adherence to lifestyle management for diabetes.

Members who are eligible may opt in to the program at no cost to them. Virta Health will work with the member to evaluate lab values and determine the appropriate pathway for the member to begin reducing their medications in a safe and controlled manner. Virta Health provides the members with a connected scale, meters and strips to enable the member to monitor their biomarkers, including weight, ketones, and blood glucose. In addition, the member has access to a personalized health coach and provider through the intuitive app.

Avera Health Plans appreciates the care you provide to our members and wants to be sure the partnership with Virta Health is a positive and collaborative approach for you and your practice. Virta Health providers will communicate with you via e-Fax when your patient enrolls in the program, 14 days after enrollment, and when any medication changes occur to ensure you are kept up to date on your patient's progress.

We encourage you to take advantage of the following opportunities to learn more about Virta Health:

- Upcoming Webinar on March 27, 2024

How Virta Works: Reversal for Type 2 Diabetes, Prediabetes, and Weight Loss

Wednesday, March 27 @ 11:00am PT/2:00pm ET

[Learn more and register here](#)

- [Brief education videos](#) are available at your convenience to learn more about how Virta interacts with you and your patient.

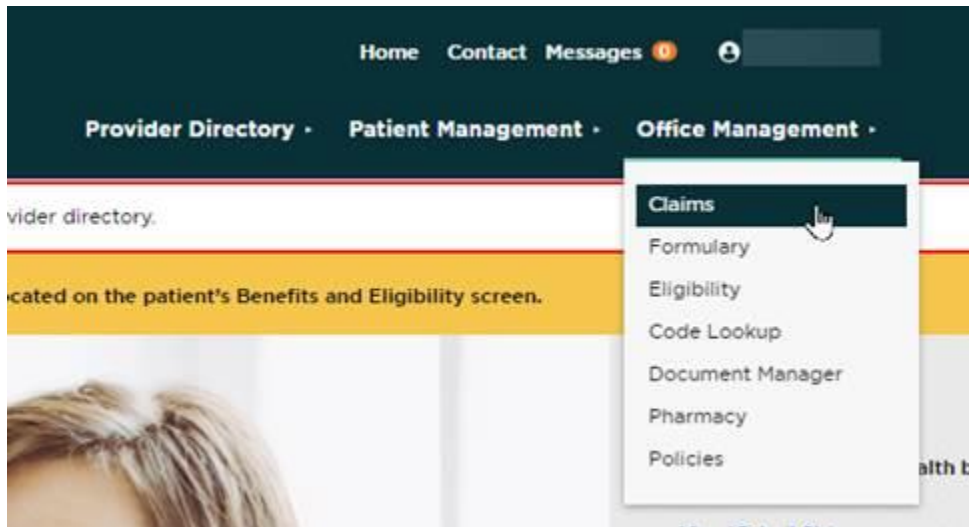
Please contact Sara Hansen, Senior Director of Population Health & Clinical Operations at Sara.Hansen@avera.org if you have any questions.

Do you need to search for an Explanation of Payment?

Avera Health Plans has been working on launching a remittance advice search functionality on our provider portal. The full functionality is not fully ready, but in light of the current disruption many organizations are experiencing in receiving their electronic remittance advice we are launching as much of the tool as we can to help you. The functionality is still a work in progress, and one thing you will notice is multiple results for the same deposit listed (it's one for every claim included in the payment). It is also not currently displaying if there was a \$0 payment. We will let you know when this functionality is available.

Steps to search for a remittance advice on the Avera Health Plans Portal:

1. Go to <https://www.averahealthplans.com/insurance/> and log-in with your username and password
2. Click on 'Office Management' then 'Claims'



3. Click on 'Remittance Advice' and enter search criteria. We recommend by date if you are trying to match up EFT deposits. You can also search by check number.

4. Find the payment amount you are looking for and click “View” under the View EOP column to see the PDF version of the printed EOP. This will download in your browser. May need to check your ‘Downloads’ folder on your computer.
 - a. NOTE: If you get an error when clicking the ‘View’ button and it is a recent check date, the image may not have had time to transmit to the portal yet as it takes a few days. Let us know if it has been more than a week!

Remittance Advice Search Result

View EOP	Check Date	Payment	Vendor Name	Vendor Address	Tax ID Number
View	Feb 22 2024	\$186.44			
View	Feb 22 2024	\$186.44			
View	Feb 22 2024	\$186.44			
View	Feb 22 2024	\$186.44			
View	Feb 22 2024	\$17.66			
View	Feb 22 2024	\$17.66			
View	Feb 22 2024	\$544.78			

Forwarding Service Requested

Avera Health Plans
2300 S. Broadway Lane
Sioux Falls, SD 57105-2221

Product Name: [REDACTED]
Date: [REDACTED]
Check Number: [REDACTED]

Questions? Please call Customer Care
DVOIC: 605.222.4545
Toll-free: 1-888-327-2115
Monday - Friday, 9 a.m. - 5 p.m. CT
Email: Providers@AveraHealthPlans.com

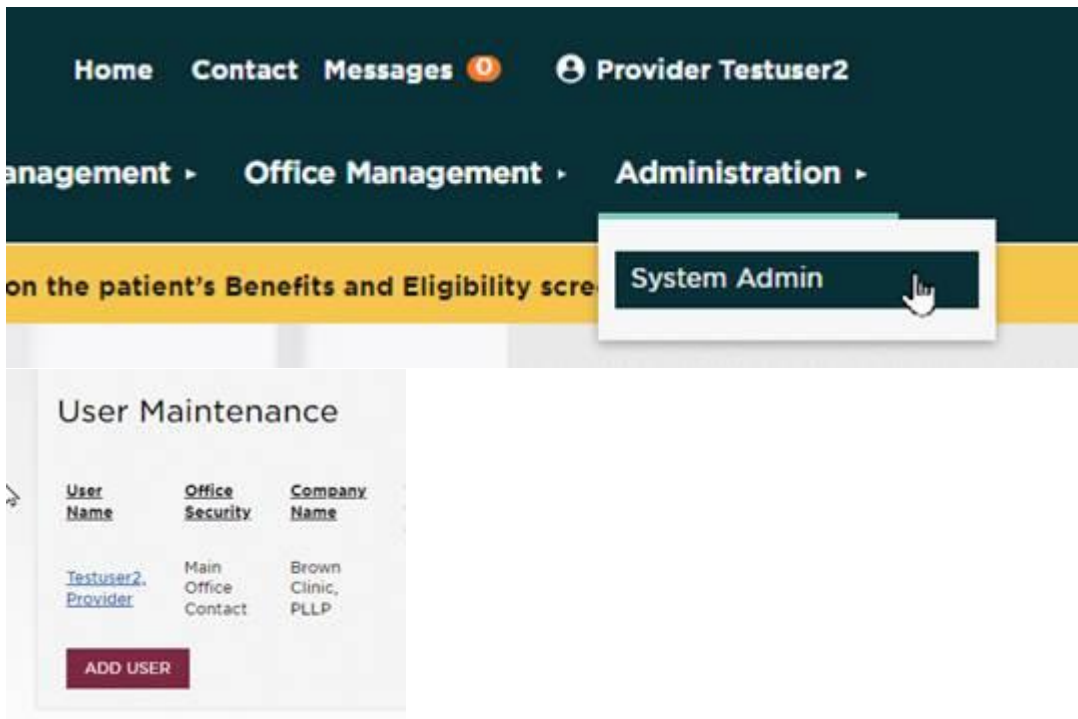
Explanation of Payment:
Claim Detail

Provider ID	Patient Account Number	Member Number	Policyholder	Tax ID	Claim Number							
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]							
Date of Service	Service Code	Amount Billed	Network Scaling	Amount Paid (Covered)	Reason Code	Primary Insurance	Deductible	Co-Pay	Coinsurance	Plan Paid	Patient Owes	Web-aid Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Claim Totals:											Net Payment for Claim:	[REDACTED]
											Patient Responsibility:	[REDACTED]

Which roles have access to search for a remittance advice?

- Eligibility, Claims and Billing
- Office Manger
- Provider Local Administrator

Note: The Provider Local Administrator at your organization can give you this role or add a new user with this role by clicking on Administration>System Admin then clicking on the user to edit or clicking ‘ADD USER’



Additional Enhancements to Explanation of Payment Recently Put Into Production

We recently made additional enhancements to the formatting of our printed Explanation of Payments. The claims will now appear in alphabetical order by patient name and then in the order they were processed.

IMPORTANT DEBIT CARD INFORMATION - AVERA HEALTH EMPLOYEE HEALTH PLAN MEMBERS

Avera Health Employee Health Plan (AHEHP) Members can be carrying BOTH DASFlex and Fidelity Investments debit cards read ahead for more information

As you may be aware, the Avera Health Employee Health Plan transitioned to Fidelity Investments to administer Health Savings Accounts (HSA) effective January 1. Flexible Spending Account administration remains with DASFlex.

Fidelity Investments debit cards were sent to participating membership in early January. This means members with Health Savings Accounts may be presenting Fidelity Investments debit cards for their HSA related expenses within your clinics and pharmacies.

DASFlex debit cards will continue to be used by members who hold Flex Spending Accounts and Limited Purpose Flex Spending Accounts or who may have retained HSA funds with DASFlex.

Some members may be carrying BOTH a Fidelity Investment and a DASFlex debit card.

- This is valid.
- Members can have funds in a HSA with Fidelity while they hold funds in a Limited Purpose Flex Spending Account (LPFSA) with DASFlex.



AHEHP Members will use this card for:

- Medical Flex Accounts
- Limited Purpose Flex Accounts*
 - Dental / Vision expenses



AHEHP Members will use this card for:

- Qualified Health Savings Account transactions

* If members use their Fidelity HSA card when they meant to use the LPFSA card can this be corrected? Depending on how quickly the member identifies the mistake Fidelity may be able to cancel the transaction. Otherwise the member will need to seek reimbursement from your LPFSA and return the funds to the Fidelity HSA account. It is recommended to involve Fidelity and your FSA Administrator to ensure everything is handled properly.

SymplrCVO Assisting Avera Health Plans With Credentialing

Many of you know that Avera Central Verification Services (Avera CVS) serves the needs of Avera Health Plans for our provider credentialing. Avera CVS uses credentialing software known as Cactus put out by a vendor known as, "symplr". Avera CVS has enlisted symplrCVO to assist in gathering credentialing information for reappointments in support of their work. Avera Health Plans has received some questions about this as providers have been receiving some emails from symplrCVO on behalf of Avera CVS / Avera Health Plans. In light of the recent cyberattacks affecting our industry it makes sense to ask questions when you receive email requests from unknown vendors. The emails will be from symplrCVO@symplr.com and depending on the request will typically state, "symplrCVO is a 3rd party organization that has been hired by Avera Health to provide credential verification services for Avera Health provider plans.". You can respond to these requests with confidence knowing that symplrCVO is working in conjunction with us under our authority.

Reminder: Professional Anesthesia Charges On UB-04 No Longer Accepted After July

Effective July, 2024, new edits will be implemented for institutional UB-04 claims to deny professional anesthesia charges billed under revenue codes, 963 – Professional fee, anesthesiologist, Medical Doctor and 964 – Professional fee, anesthesiologist, certified registered nurse anesthetist (CRNA). Charges for professional anesthesia fees should be billed on the CMS 1500, using the standard American Society of Anesthesia (ASA) codes and modifiers with actual anesthesia time billed in minutes. While billing of professional anesthesia fees on a CMS 1500 has been a long accepted billing standard, some institutional locations still bill these anesthesia professional fees on their UB-04. This change is necessary to ensure uniform application of benefits and pricing and to remove the possibility of making duplicate payments in error. We are providing this notice now to ensure that any institutions that may be billing their professional anesthesia fees on their UB-04 have adequate time to make the necessary adjustments to their billing practices. Any questions should be directed to Mike Dooley, Director of Provider Relations at mike.dooley@avera.org or 605-322-4634.