



ProviderView – September 1, 2023

Please Take Our Annual Provider Survey

Each year Avera Health Plans asks providers to offer feedback using a short survey.

Click [here](#) to complete the survey and help us better serve you. Your comments help improve the services our patients and providers receive from us. The survey will be open through Sept. 13 and we encourage you to share the link with the practitioners in your group whom may not receive the ProviderView directly.

Thank you for your help—we look forward to hearing from you!

We Partner with the Best

Each year, a random selection of Avera Health Plans' members are chosen to complete satisfaction surveys: the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Qualified Health Plan (QHP) enrollee surveys. Members provide a full spectrum review of their health insurance, from plan administration and customer service, to relationships with network physicians, care coordination and cost over the past year. Results provide a framework for improving plan offerings and identifying what is most important to our members.

The 2023 results reflected continued appreciation from our members for Avera Health Plan's contracted doctors. Our CAHPS composite score for Satisfaction with Plan Physicians is estimated by our vendor to be 4 out of 5. Rating of Personal Doctor and Coordination of Care scored high with both falling in the 90th percentile with both our CAHPS survey and our QHP PPO plan survey.

This is a true extension of Avera's mission, to make a positive impact in the lives and health of persons and communities.

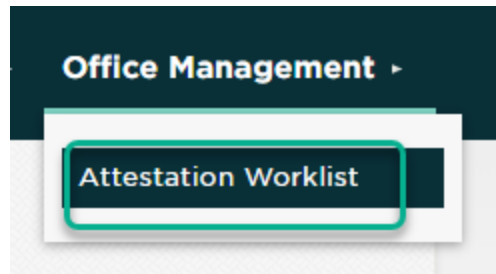
Thank you for the important role you play, and for your partnership with Avera Health Plans.

Provider Directory Accuracy Updates

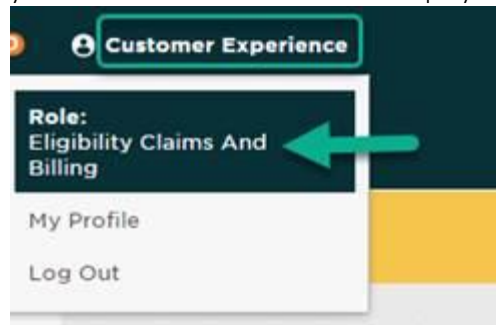
Thank you to those providers who responded timely to our request to validate your provider directory accuracy! The Consolidated Appropriations Act (CAA) requires Avera Health Plans to validate the information displayed in the Provider Directory every 90 days. If you complete this task in a timely manner, there will be no disruption to the display of your information in the Avera Health Plans' Provider Directory. If you fail to validate your information, your data will be suppressed from the Provider Directory until you complete your attestation. Please follow these instructions to complete your attestations.

For Contracted Providers: Provider Directory Accuracy Attestation Due by Oct. 16

1. **Register for the Portal:** In order to validate your provider directory information you (or someone from your organization) must have an account set up in your Provider [Portal](#). The person must have the role of provider local administrator or provider data attester access to complete the attestation.
2. **Log in to complete the attestation:**
Log into the AHP Provider Portal and select the role of provider local administrator or provider data attester by clicking on your name and then on the role displayed, if different from one of those two. Then, select 'Office Management' and then 'Attestation Worklist' to complete the attestation.



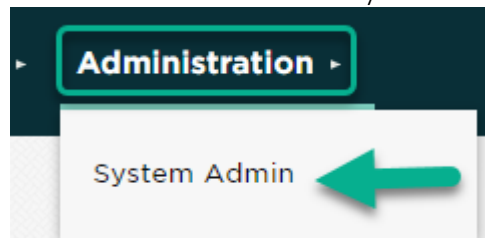
3. **Give others access:** If you would like to give access to another individual to attest to your information, please have your provider local administrator follow these steps:
 - a. Log into the AHP Provider Portal and select the role of provider local administrator by clicking on your name and then on the role displayed, if it does not say Provider Local Administrator.



Then, click 'SELECT ROLE' for Provider Local Administrator



- b. Under 'Administration' click 'System Admin'



- c. Giving Access:
 - i. For a current user: Click on the user whose access you would like to modify.

<u>User Name</u>	<u>Office Security</u>	<u>Company Name</u>	<u>Company ID Number</u>
Experience Customer	User	Avera McKennan	4428034

ADD USER

Scroll to the bottom under 'User Role Maintenance' click 'ADD'. Ensure they have either provider local administrator (full access to portal) or provider data attester (limited to PDA) as their role.

User Role Maintenance

Avera Health Plans

Avera Health Plans - Provider Portal

Role

Eligibility Claims and Billing

ADD REMOVE

- ii. For creating a new user: click 'ADD USER' and fill out needed information. Ensure they have either provider local administrator (full access to portal) or provider data attester (limited to PDA) as their role.

<u>User Name</u>	<u>Office Security</u>	<u>Company Name</u>	<u>Company ID Number</u>
Experience Customer	User	Avera McKennan	4428034

ADD USER

4. **Common changes that cannot be done in the attestation:** To add or remove a provider from the practice or to add an additional or outreach location for a provider, please fill out the [Provider Change Request Form](#).

Upcoming Change to Our National/Wrap Networks

We are collaborating with a new national network provider to better serve our members when they receive care outside of our service area, such as while traveling, living outside of our service area or when members need urgent care while out of network. The communication plan to members and providers will occur early in the fourth quarter of 2023 with all members getting new ID cards. At that time, we will communicate to providers what the new ID cards look like.

Since January is our busiest time of the year for employer groups to renew or switch plans, this is a good time to remind your staff to verify member eligibility, benefits and network participation. You can verify eligibility and benefits by logging into you Provider [Portal](#).

Pharmacy Updates

Reminder on GLP-1 Coverage Requirements

Glucagon-Like Peptide 1 (GLP-1) receptor agonists (Ozempic, Mounjaro, Saxenda, etc.) have received a great deal of attention in the media recently due to the potential benefits for patients struggling with obesity. At this time, Avera Health Plans is committed to prioritizing GLP-1 receptor agonist utilization for members with the diagnosis of type 2 diabetes (T2D). Due to manufacture supply shortages and Avera Health Plans' stance, it is important that providers educate members that unless the member has a diagnosis of T2D, their request will be denied. Drugs for the primary purpose of weight loss are not a covered benefit for Avera Health Plans members, which is consistent with other payer strategies.

Avera Health Plans is closely watching the clinical data and will be evaluating any potential changes to weight loss policies should the data indicate a shift is necessary. In the meantime, Avera Health Plans remains committed to supporting members with their weight loss goals and many members have access to free health coaching and wellness programming as part of their plan. Members should contact the Avera LiveNOW team to learn if they qualify for personalized support at 605-504-LIVE (5483) or LiveNow@avera.org.

Claim Submission Updates

Tips for Submitting Corrected Claims – Getting it Right the Second Time

Billing errors result in claims being denied and, for your practice, results in an increase in time for you to receive payment. Here are a few reminders and clarifications to ensure your corrected claims are adjudicated in a timely manner.

- Remember when submitting a corrected claim, you must rebill all charges on the corrected claim. If only an additional charge is included, your payment will not be correct as it will only allow for the one new charge.
- Don't forget to submit the appropriate replacement claim Frequency Code appropriate of 7 or 8 and also include the original claim ID that you want reference to.
- If it's a Professional claim (HCFA) you are correcting, the original claim also has to be a Professional claim.
- If it's an Institutional (UB) claim, the original claim ID also needs to be an Institutional claim.
- Claims with invalid claim IDs will fail to load the replacement claims for processing.

HeathRules Payor System Conversion Update

We appreciate the loyalty and grace you have granted Avera Health Plans as we stabilized our new core claims processing system. Customer service has always been and remains our top priority. If you have issues that are not discussed below, please call our new, dedicated Providers Relations phone number at 833-964-0711, send a secure message through your Provider [Portal](#) or email Service@AveraHealthPlans.com.

- **Failed 835 files/missing ERAs:** We are happy to report we have resolved our backlog of failed payments and missing 835s/remittance advices. If you have an outstanding 835 that is still missing, please reach out to us directly at 833-964-0711, send a secure message through your Provider [Portal](#), or email Service@AveraHealthPlans.com.

- **Recoupments:** Once overpayments are identified, Avera Health Plans must clearly identify the funds being recovered and the patient encounter that created the receivable.
 - As part of the core system conversion to HRP, it was discovered that the provider remittance advices (both 835s and paper EOPs), did not clearly identify the patient control/ID number of claim that created the receivable and in some circumstance, was identifying the incorrect patient control/ID number. This may be causing providers to recoup money from the wrong patients.
 - We fixed the provider remittance advices (both 835s and paper EOPs) on March 25, 2023, so that any 835/EOP generated going forward will have the fix, regardless if it is an old or new payment.
 - We continue to work through recoupments with providers on a case-by-case basis. If you have an outstanding recoupment case, please reach out to us directly at 833-964-0711, send a secure message through your Provider [Portal](#) or email Service@AveraHealthPlans.com.