

Provider View



June 24, 2024

Upcoming Changes to Prior Authorization Requirements

In our continued efforts to ensure that our members are receiving the right care, Avera Health Plans will add a new enhancement to the Utilization Management program later this year by partnering with Cohere Health. Cohere is a clinical intelligence company with a platform that enables an improved digital experience for providers and their support staff. Along with the improved digital experience, Avera Health Plans will be expanding the list of services that require prior authorization.

Whom does this affect?

Providers whom are servicing Avera Health Plans members in the Avera Network Area and file their claims directly to Avera Health Plans will experience these changes. If you are a provider outside of the Avera Network Area and file your claims through the United Health Care Options PPO network instead, these changes will not be applicable to you.

What can I expect?

Later this summer, Avera Health Plans and Cohere Health will provide additional details along with training opportunities, a more detailed prior authorization listing, and information on how the platform will be utilized for certain services and member populations.

When does this change go into effect?

Avera Health Plans and Cohere Health are working together to define specific details for go-live. The target is mid-September. We will continue to share additional information in the coming weeks.

What codes will be added to the prior authorization list?

Avera Health Plans has maintained a commitment to ensuring that the prior authorization process is meaningful. To that end, the prior authorization list will increase by approximately 600 codes. These codes include services in musculoskeletal, including certain injections and surgeries (surgeries will require prior authorization regardless of inpatient or outpatient setting). Physical therapy, occupational therapy and speech therapy will not require prior authorization. Additionally, advanced imaging and cardiology services will also require prior authorization.

Avera Health Plans intends to share a revised prior authorization list by mid-summer.

Why is Avera Health Plans increasing the requirements for prior authorizations?

Earlier this year, the Centers for Medicare & Medicaid Services (CMS) finalized a new rule aimed at burden reduction for prior authorization activities. Cohere Health was selected in 2023 in collaboration with Avera Health system representatives because of their dedication to simplifying the experience for providers in alignment with the upcoming CMS rule changes, which begin to take effect in 2026 and 2027.

As Avera Health Plans has found efficiencies in the prior authorization process following the implementation of HealthRules Payer in 2022, it has become very important that the Utilization Management program be re-evaluated. We have taken a systematic approach in assessing the codes that should require prior authorization and by what means to ensure we are in alignment with the market.

Will all codes be managed by Cohere Health?

At this time, Cohere Health will manage a subset of codes, specifically those in the categories of musculoskeletal, cardiology services, and advanced imaging. All other codes that will require a prior authorization will continue to be sent via email or fax to Avera Health Plans.

Avera Health Plans remains committed to streamlining the entire utilization management process, and over time, we expect to fully digitize the end-to-end experience for all managed codes in alignment with CMS regulations. This is the first step in that process.

When will I know more?

Avera Health Plans and Cohere health are developing a multi-part communication strategy that supports you and your team so that you can feel confident in the entire utilization management process. The next communication is expected in the next few weeks. At that time, we will share with you more specific details, including how you will obtain training and credentials, as well as go-live dates and expectations.

At this time, the current prior authorization list and submission process remain in effect, along with all existing prior authorization expectations regarding timelines and how to submit authorizations.

Who should I call with questions?

Sara Hansen, Senior Director of Population Health & Clinical Operations is leading this initiative and any questions can be sent to Sara.Hansen@avera.org.