

Provider View



March 19, 2026

Springing Forward



March brings the first signs of Spring — longer daylight hours, warming temperatures and the familiar sounds of birds returning as the landscape begins to change. It's a season of transition and renewal, offering fresh momentum as we move into the months ahead.

At Avera Health Plans, that same spirit of progress is reflected in our continued operational readiness efforts, including preparations for the implementation of Epic as our claims adjudication platform. This transition represents an important step forward in enhancing efficiency, strengthening collaboration and improving the overall experience for providers and members. Alongside this work, we remain focused on supporting strong provider partnerships and advancing access to high-quality care.

Thank you for your continued collaboration and commitment to the patients we collectively serve.

Sincerely,

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Vice President – Provider Network Management

In this month's ProviderView, you will find:

- [More information about our transition to System Link](#)
- [A request for our Oncology & OB/GYN providers](#)
- [How to avoid claim delays in Cohere](#)
- [Further details regarding Secret Shopper surveys](#)
- [Formulary changes](#)
- [An update on symplr, our credentialing vendor](#)

Epic Implementation to Enhance New Provider Portal

On May 30, Avera Health Plans will transition to a new provider portal called Avera System Link. This change aligns with Avera Health Plans' transition to the Epic claims adjudication platform.

System Link will provide a secure interface with more streamlined workflows. Through the portal, providers can manage claims and authorizations, access member coverage and clinical information, and perform many other functions related to working with Avera Health Plans.

Beginning March 31, System Link registration opens for providers and third-party representatives contracted with Avera Health Plans. While registration will remain open beyond April 24, users are strongly encouraged to enroll by that date to ensure they have access and are ready for the May 30 go-live.

Oncology & OB/GYN Survey

As part of our ongoing commitment to quality improvement and patient-centered care, we will be distributing an upcoming survey related to the National Committee for Quality Assurance (NCQA) standards. This survey is specifically for our OB/GYN and oncology provider partners.

The purpose of this survey is to gather accurate information about current scheduling timeframes within your practice. The information collected will support our NCQA compliance efforts and help identify opportunities to improve access where needed.

A survey link will be sent to your email in the coming days. Thank you for your participation.

Avoid Claim Delays: Select Providers from the System — Don't Manually Create

We've recently seen an increase in Cohere authorizations submitted with "Default Supplier" or "Default Provider" listed as the performing provider. This occurs when the submitter manually creates a provider or facility record instead of selecting one that already exists in the system.

When a provider or facility is manually entered:

- The authorization may default to an incorrect supplier/provider designation
- Claims processing is delayed
- Payment turnaround time is impacted

When submitting authorizations in Cohere, always search for and select the existing provider or facility record in the system. Avoid manually creating new entries unless absolutely necessary and verified.

Thank you for your attention to this detail and for helping us reduce avoidable delays.

Secret Shopper

As a reminder, CMS requires health plans to conduct Secret Shopper surveys to assess appointment wait times and timely access to care. Callers posing as patients may contact your office to evaluate how quickly appointments can be scheduled and how accessible your practice is by phone.

These surveys help ensure compliance with federal access standards and confirm that patients can obtain care within required timeframes.

CMS Wait Time Standards Include:

Provider Specialty Type	Appointments Must Be Available Within
Behavioral Health	10 business days
Primary Care (Routine)	15 business days

Access to care directly affects patient outcomes and experience. Survey calls assess both appointment availability and phone responsiveness, including whether calls are answered and scheduling information is clearly provided. Unanswered calls or excessive delays may be viewed as limited access, even when appointment availability meets standards. Maintaining reliable phone coverage and ensuring staff understand scheduling expectations helps demonstrate compliance and supports a positive experience for the patients we collectively serve.

Avera Health Plans Denosumab Formulary Update: Preferred Biosimilar

Avera Health Plans has recently updated its formulary to designate preferred denosumab products, supporting high-quality care while reducing overall cost.

Prolia® and Xgeva® (denosumab) are RANKL inhibitors used for osteoporosis and certain oncology-related bone conditions. There are now six FDA-approved denosumab biosimilars, all with FDA interchangeability status. As a result, Prolia® and Xgeva® have moved to a non-preferred formulary designation.

Selected Preferred Products

- Stoboclo® / Osenvelt®
- Bildyos® / Biprevda®

These biosimilar products offer comparable safety and efficacy to the reference products and support meaningful cost savings for members and the health system.

Member Impact

- Members currently receiving Prolia® or Xgeva® may continue therapy until their next prior authorization renewal. At renewal, members will transition to a preferred biosimilar, when clinically appropriate.
- Members new to denosumab therapy are required to use one of the preferred biosimilar products.

This update maintains clinical effectiveness while helping lower the total cost of care. For questions regarding coverage, prior authorization or transition planning, please contact Avera Health Plans.

Thank you for your continued partnership in delivering high-quality, cost-effective care to our members.

symplr

We want to inform you that our credentialing vendor, symplr, is currently experiencing processing delays related to our recent transition from our previous credentialing platform. As with any large-scale system conversion, higher-than-normal volumes and data migration complexities have temporarily impacted turnaround times.

We understand that credentialing timelines directly affect your practice operations, including onboarding providers and maintaining participation status. We sincerely apologize for the inconvenience these delays may cause and appreciate your patience as we work closely with symplr to stabilize processes and improve response times.

Our teams are actively monitoring progress, prioritizing urgent requests when possible, and identifying opportunities to streamline workflows during this transition period.

If you have any questions or concerns, please feel free to reach out to us at AHP-Credentialing@Avera.org.

We appreciate your patience and understanding during this transition.