



ProviderView — February 24, 2022

Avera Health Plans’ Site-of-Service Policy

To ensure the most appropriate level of care is being utilized by our members, Avera Health Plans has implemented a Site-of-Service policy on certain drug infusions. This policy requires that chronic maintenance drug infusions be administered at a non-hospital-based outpatient infusion center, such as a physician’s clinic or via home infusion, unless patient-specific reasons necessitate the use of a higher level of care. Initially, this policy only applies to chronic infusions of Entyvio™, Ocrevus™, and intravenous or subcutaneous immune globulin.

Logistically, the initial request for the drug infusion will be granted for three months at any site-of-service in order to establish care and monitor for adverse events. Notification will be given with the initial authorization that after three months, the infusion will need to be given at a non-hospital-based outpatient infusion center. Our hope is that the initial three-month timeframe will allow for completion of any short-term therapy, allow ample time to prepare for the transition of long-term maintenance therapy, and allow the opportunity to request to continue therapy at the initial infusion site based on medical necessity for the specific patient. The full Site-of-Service policy can be found by logging in to the Provider Portal on the [Avera Health Plans](#) or [DAKOTACARE](#) website, selecting the “Policies” tab at the top of the screen, selecting “Pharmacy Coverage Policies,” and then locating the policy titled “Site-of-Service.”

Our goal is to continue to provide safe, effective, convenient and value-driven care to all of our members. We believe that the Site-of-Service policy will allow us to meet this goal while ensuring higher levels of care are available for those who require it. We anticipate that as we gain experience with non-hospital-based infusion centers, the list of medications covered by the Site-of-Service policy will expand.

Approved Over-the-Counter At-Home COVID-19 Tests Now Being Covered

Effective Jan. 15, the Federal Government announced that Insurance Companies and Group Health Plans are required to cover the cost of over-the-counter (OTC) at-home COVID-19 Tests. These are tests that are sold at retail stores and pharmacies as an over-the-counter test and do not require a doctor’s order.

Reimbursement only applies to antigen rapid home tests purchased on or after Jan. 15, 2022. This mandate is in effect until the end of the federal public health emergency.

Please note, in order to be eligible for reimbursement of an over-the-counter (OTC) at-home COVID-19 test, the test can only be used for personal use and cannot be used for required employment testing or for resale purposes. Reimbursement cannot be made if the test has been reimbursed by another source such as a Health Savings Account (HSA), Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) or obtained as a free test.

Many Avera Health Plans members are now able to purchase over-the-counter (OTC) at-home COVID-19 tests, at little or no cost to them. To help you better understand the benefit, review the frequently asked

questions (FAQs) [on our website](#) OR the [FAQ from the Centers for Medicare & Medicaid Services](#). Members and patients can also visit [Avera.org/COVID19](https://www.averahealthplans.com/COVID19) to find free tests in their areas.

Preauthorization Information at Your Fingertips Online

Preauthorization details are conveniently maintained online in our portal and accessible without the need for a secure account. All you need is access to the internet and the group number from the member's ID card.

Simply add the following link to your favorites for immediate access to all of the preauthorization requirements on any of our members: <https://www.averahealthplans.com/insurance/preauthorization/>

Pharmacy Pearls for Prescribers: Methods of Monitoring for Diabetes

Please forward to prescribers within your facility.

Avera Health has outlined methods of monitoring for diabetes in addition to FAQs regarding insurance coverage. The use of a continuous glucose monitor (CGM) system has proven clinical benefits with increased time in range and decreased hypoglycemia; however, the decision of which method of monitoring is best will vary based upon the patient, medications being used and cost.

Below are some key takeaways:

- In general, a CGM may be preferred for those with insurance coverage and on an insulin regimen; whereas, a glucometer and test strips may be selected in other situations.
- CGM has demonstrated improved clinical outcomes when compared to finger-stick glucose readings. A recent study demonstrated at the end of an 8-month timeframe that 63% of patients using CGM to guide basal insulin adjustments had an A1C < 8.0% compared to only 39% of patients using a glucometer, a relative increase of 62%.
- Insurance coverage for CGMs are typically more restrictive than for glucometers. Coverage also varies by state. Most commercial payers will offer coverage of CGMs for patients with type 1 diabetes and many will cover for those with type 2 diabetes using multiple daily administrations of insulin.
- Glucometers and related supplies are generally covered for all patients who need them with the challenge being to choose the formulary or preferred system for each insurance. The challenge of choosing the correct system can be minimized by sending scripts for general/universal items.

The following link contains more information on this topic: [Methods of Monitoring for Diabetes](#)

Avera's 'Moving Health Forward' Campaign

Avera is launching an overarching branding campaign with the theme of Moving Health Forward. This campaign is the first of its kind for Avera, as it ties Avera Medical Group and Avera Insurance Division together as industry leaders within the five-state region.

By investing in new research efforts, innovation and facilities, Avera is moving health forward both as an organization and as individuals for better health. Avera is currently three years into a five-year Strategic Plan, and the Moving Health Forward campaign aligns with that plan. "Our Strategic Plan looks at all the different ways we can move health forward, whether that's through workforce development, innovative care models, or growth strategies," said Bob Sutton, Avera President and CEO.

Health care is ever evolving and changing – perhaps like no other industry. "Top health care systems like Avera are always striving to stay on the leading edge. Health is incredibly central to who we are as

human beings,” Sutton said. “It’s all about helping you feel your best, so you can be your best, and doing that in the most innovative ways.”

More information can be found on Avera.org/healthforward.

If you have questions about the content in this ProviderView, please contact the Provider Relations team.

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