

## Avera Health Plans Migrates to a New Claims Platform on Sept. 1

Starting Sept. 1, Avera Health Plans will implement a new claims system to create a better experience for members and providers.

The new claims system, known as HealthRules Payor®, was selected after an extensive RFP process that began in 2019. HealthRules Payor®, offered by HealthEdge, is a next-generation core administrative processing system that provides transformational capabilities to health plans of all types and sizes. HealthRules Payor® delivers a new approach to configuration, claims processing and transparency of information.

This change is specific to Avera Health Plans only. DAKOTACARE and DAKOTACARE Administrative Services' core system will remain unaffected.

This special issue of Provider View offers insight into the upcoming claims system conversion, and provides information surrounding additional changes later this fall that will improve the provider experience while working with Avera Health Plans. The recommendations held within this issue will help in navigating and preparing for these changes.

Additional updates to this guide will be provided as needed. Please understand that any dates listed are subject to change. Avera Health Plans will communicate changes to dates due to unforeseen circumstances or delays accordingly.

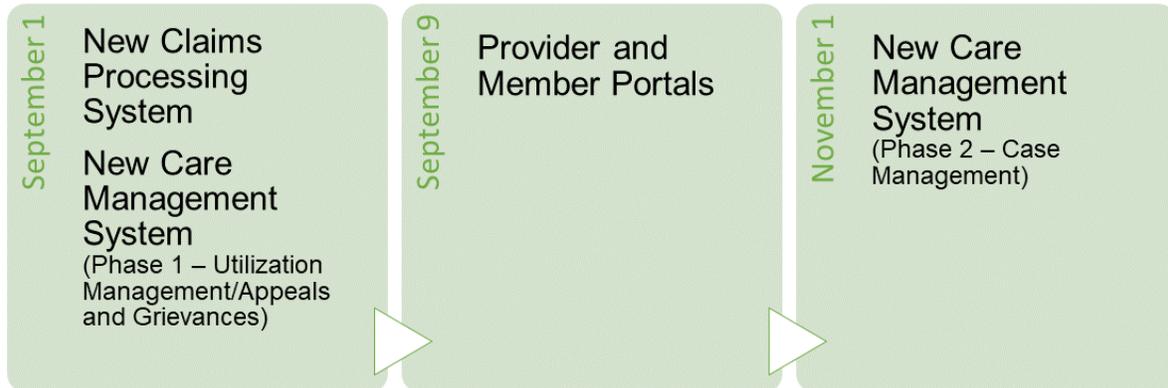
If you have questions about the contents of this ProviderView and the upcoming changes to HealthRules Payor®, please contact the Provider Relations team:

**Mike Dooley**  
Director of Provider  
Contracting  
Call: 605-322-4634  
Fax: 605-322-4540  
[mike.dooley@Avera.org](mailto:mike.dooley@Avera.org)

**Maggie Pauley**  
Provider Relations Specialist  
Call: 605-322-3643  
Fax: 605-322-4540  
[maggie.pauley@Avera.org](mailto:maggie.pauley@Avera.org)

**Steven Grogan**  
Provider Relations Specialist  
Call: 605-322-4640  
Fax: 605-322-4540  
[steven.grogan@Avera.org](mailto:steven.grogan@Avera.org)

## What's Changing and When?



### ID Cards and Member ID / Group Numbers to Change

Within HealthRules Payor®, members will be provided new ID numbers and new Group numbers. The current ID number format is dominated by ID numbers that begin with 99 and are 11 digits in total length. An example of the new ID number structure is below.

**Group:** A0000008-001

**Member:** 1000000133-01

The preauthorization tool is also impacted by these changes. The website will be configured to allow the preauthorization lists to be searchable with both new and old Group ID numbers.

During data migration, all existing ID numbers have been imported and cross-referenced into the Pharmacy Benefits Manager (PBM) claims system. Pharmacies will continue to submit claims with the same ID numbers in use prior to Sept. 1 with confidence. New ID cards, reflecting the new ID numbers, will be issued as insured groups and individuals approach anniversary dates. It is imperative that providers and pharmacies remain diligent in asking members if they have been issued a new ID card with each visit so that insurance data is updated accordingly.

### Address Change for Filing Paper Claims

Providers filing paper claims are asked to consider making the switch to electronic claims with HealthRules Payor® due to the enhanced opportunities. Please contact the Provider Relations Team to explore transitioning from paper to EDI claims.

If filing paper claims is necessary, the claims filing address will change with the new system. Claims were originally sent to Birmingham, AL for scanning services. As of Aug. 11, paper claims should be sent to the Avera Health Plans offices in Sioux Falls, SD. As the issuance of new ID cards will be staggered at renewal dates from September through the end of this year, it is recommended to take note of this change now and prepare to update systems as needed.

#### **OLD Paper Claims**

##### **Filing Address:**

Avera Health Plans  
PO Box 381506  
Birmingham, AL 35238

#### **NEW Paper Claims Filing**

##### **Address August 11 and Later:**

Avera Health Plans, Inc.  
5300 S Broadband Lane  
Sioux Falls, SD 57108

## Electronic Claims and EDI Transactions to continue uninterrupted and provide more accurate and up-to-date information

In preparation of the transition to HealthRules Payor®, Avera Health Plans has worked with clearinghouses over the last year regarding electronic claims. Providers who are currently submitting claims electronically will find that little action is necessary to continue with existing electronic claims filing processes. Electronic payer ID numbers remain unchanged. An example of the electronic payer ID number structure is below.

<b>Avera Health Plans:</b>	46045
<b>Avera Health Plans (Smithfield Foods):</b>	38310

Transactions, including paperless remittances and direct electronic fund transfers to bank accounts, should continue uninterrupted as all EDI data has been migrated from the old system to HealthRules Payor®. In the event of unusual transaction activity following the “Go Live” of HealthRules Payor®, please contact Customer Support.

Electronic review of eligibility and benefits should continue without interruption, whether the review is direct or through another organization’s software. Historically, Experian Health Solutions (formerly Passport Health) has hosted this information. Moving forward, Avera Health Plans will host this information rather than host the data remotely through a third-party vendor.

This change should provide more accurate and up-to-date real-time information than the previous hosting model that required exchanging files with Experian Health Solutions. Agreements are in place for Experian Health Solutions to work directly with Avera Health Plan’s hosted solution.

Providers who may be interested in establishing secure connectivity for data without accessing it through an external vendor can contact Avera Health Plans after implementation for details on how to set up secure account access. The method will be similar to how DAKOTACARE provides access today.

## Minimal Service Disruption for Migration

In preparation for the transition to HealthRules Payor®, Avera Health Plans is diligently working to ensure as minimal disruption to our customers as possible. In the two weeks leading up to the Sept. 1 “Go Live,” it will be necessary for data to be prepared and imported into the new claims system. All activity within the legacy system will freeze while data is extracted. Staff will be able to view the data within the legacy system, but will be unable to make changes to content.

During this period, incoming claims will be put on hold and claims will not be adjudicated during this period. Providers will be able to look up data, but transactions will not occur. Customer Care may experience increased wait times due to difficulty researching or locating information.

## Implementing Altruista’s GuidingCare® System

On Sept. 1, Avera Health Plans’ population health services will implement phase one of a new utilization management and appeals system to better serve members and providers. The new system, called GuidingCare® from Altruista, is a recent addition to the HealthEdge suite of solutions. GuidingCare® enables more timely review of pre-authorizations and enhances staff productivity through well-defined roles and operational efficiencies gained within the system. There will be no change to provider roles in submitting pre-authorizations at this time.

On November 1, the case management features of GuidingCare® will be added to complete the suite of new software activities. The staff are excited to begin using the user friendly tool for assessments and documentation as they engage with members to improve delivery and outcomes.

## **Enhancements to the Avera Health Plans Provider Portal Coming Sept. 9**

Avera Health Plans is committed to creating a seamless and engaging experience for all customers, inclusive of providers. On Sept. 9, we will see the launch of new and enhanced member, employer and provider portals. HealthTrio has been selected as the partner for this work and provides a number of features around benefits, claims, authorizations, messaging and document management.

As part of this transition, our portal will be frozen for up to two weeks during the development process. The enhanced portal offers an improved security structure to allow each office account management privileges. This change will require all users to create a new login account. Please watch for additional instruction on creating accounts to come in the near future.