



ProviderView — July 22, 2022

HealthRules Payor® System Updates

We committed to updating you weekly on our progress to resolve issues caused by our transition to a new claims system until a majority of those issues are resolved. As we communicated previously, on May 1, Avera Health Plans migrated to a new claims system, known as HealthRules Payor® (HRP), to create a better experience for members and provider entities. This transition presented some unanticipated delays in payments to provider entities due to programming issues. The transition also impacted our ability to complete some member mailings.

Here are updates on our work to resolve these issues:

- **Electronic Fund Transfer:** Providers who have elected EFT-only are receiving payments. 90% of 835s are successfully passing through. We are working on resolving the problem causing the remaining 10% to require a manual fix.
- **Paper Remittance:** We are pleased to announce we began releasing paper checks and remittance advices last week. Thank you for your patience in understanding that we will catch up as quickly as possible.
- **ID Card UPDATE: Commercial Members** will be receiving ID cards later this week and into next week. As a reminder, not all members are getting new ID cards. Members who are new enrollees or had a change in plans are getting new ID cards. This backlog of approximately 3,200 ID cards will be resolved as these members will receive their ID cards within the next few days. Remember, existing members are expected to continue to use their existing ID cards. We will receive claims with the legacy ID numbers on them and cross-walk them to their new ID number. As employer groups renew coverage, or members change plans, we will reissue new ID cards with the new ID numbers.
- **ID Card Medicare Supplement Members:** The delay in receiving ID cards is affecting approximately 200 new members or members who changed plans. To help alleviate concerns, we mailed them letters that can serve as proof of insurance. **Please accept this letter and their ID numbers from them until they receive their cards.**
- **Other member impact:** There have been other impacts on our members, such as invoice delays and a discrepancy with some customers' pharmacy refills. We will be sending letters to these members explaining and apologizing for the issue.
- If members voice concerns to you, please direct them to call our Avera Health Plans Customer Care Center at 1-888-322-2115.

We continue to resolve issues as they are identified and prioritized. In the meantime, Avera Health Plans is committed to work with individual provider entities that may need immediate help with payments.

Affected provider entities with urgent needs are encouraged to call the Avera Health Plans Customer Care Center at 1-888-322-2115.

Providers who want to verify that Avera Health Plans has received a claim can log into the provider portal at <https://www.averahealthplans.com/insurance/providers/>. Claims that have been received and entered will be reflected in the Provider Portal.

While we know we will see additional benefit and improvement in claims processing and management from the new system, we know this is a significant inconvenience for all of us right now. Ultimately, this change to HRP provides insurance infrastructure to reduce costs, increase service levels and improve outcomes for insurance product functionality.

More information is available in a prepared [Tip Sheet](#) which can help answer some of the common questions related to this transition.

One of our core values is ensuring a smooth customer experience, so we are sincerely sorry for any inconvenience or confusion. We appreciate your patience and grace as we work through these challenges.

New ID Cards

As a reminder, due to the new claims system and to comply with new requirements as part of the 2021 Consolidated Appropriations Act (CAA), Avera Health Plans has revised its ID cards to include additional cost sharing details, such as in- and out-of-network deductibles and out-of-pocket maximums. We have included examples of what the new ID cards will look like [here](#).

Avera Health Plans will continue to provide new member ID cards to:

- Every new member, upon processed enrollment, typically prior to their health plan effective date.
- Existing members upon processed enrollment, IF there is a cost sharing change due to a new benefit design, product changes or a change to the member's information.

An electronic version of member ID cards will also be updated, and will soon be available through the member's online member portal account. Remember, existing members are expected to continue to use their current ID cards until a new one is sent to them. When we receive claims with the legacy ID numbers on them, they will be cross-walked to their new ID number, so there will be no disruption in claims.

Patient Billing Delayed

Provider facilities may be unable to bill patients for services until they know what portion of the bill Avera Health Plans will pay. Please use this scripting at registration to inform patients:

We want you to know that your bill for this visit may be delayed due to a software issue with your insurance company. We don't want to bill you unnecessarily, so we will bill you for this visit as soon as we have confirmed your portion of the bill. We are sorry for any inconvenience this might cause, and appreciate your grace and patience.

Claims Error Submissions

We are seeing basic errors by some providers that aren't following the NUCC Instructions for claim submissions. We ask the providers to follow the instructions to aid in accurate and timely claim processing and avoid delays and claim rejections due to missing or invalid information entered. NUCC Instruction Manual is available at: www.nucc.org.

Some examples are:

- ICD Indicator. 0 should be entered for ICD-10-CM. Enter the indicator between the vertical, dotted lines in the upper right-hand portion of the field in box 21. Diagnosis or nature of illness or injury for diagnosis codes A-L (HCFA form). Indicator is also on the UB form but in a different field-field 66.
- Diagnosis Pointer (Box 24 E) Needs to be the related Alpha character of the Diagnosis in fields A-L (HCFA form).
- Also mention to populate the Insured ID using the correct member ID and suffix (both HCFA and UB04).

We are always looking for process improvements in our claims systems to provide a seamless process so it doesn't produce disruption to our providers and members. The providers' attention to these requests would be appreciated.