



ProviderView — August 19, 2022

ProviderView is now sent on an as-needed basis.

HealthRules Payor® Claims Update

Avera Health Plans (AHP) 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. We know this has been a source of major frustration and we apologize for the inconvenience as we work through the new system. We have staff working around the clock to deal with these issues.

AHP is working to address the delays and issues within the system and provides the following updates:

- Several significantly-sized electric fund transfer (EFT) payments were made this week as well as some paper checks being run. The remainder of funds waiting to be paid out are claims that are in a workbasket and that claims that have been adjudicated and are waiting for a check run.
- Explanation of payment (EOP) remain top priority as we are trying to catch up with paper checks.
- A fix was made on the 835s for Medicare Supplement and we are doing additional audits of the files.
- Unfortunately we have found situations where EOPs are not matching paper checks. AHP has a workgroup addressing the problem immediately as the issue slows down the volume of paper checks that can be run.
- Claims, EOPs, and explanation of benefits (EOBs) are showing up in provider and member portals. However, any EOPs/paper checks will only show up in the portal AFTER the check run has been performed.
- We will be sending out new member ID cards this Friday for new and renewing members or those needing a replacement card. The majority of existing members will get their new cards upon renewal throughout the remainder of the year. Please continue to submit claims using the member's legacy ID card/number until a new card is sent to them. Letters with ID number

information will continue to be mailed out to members who need it immediately. Members with new ID cards are a priority; those cards will drop in the mail on Aug. 19.

Explanation of Payment Q&A

Q: EOPs are reporting back claim disposition data with the new member ID number that doesn't match the ID number we submitted to you. Do I need to take action?

A: The short answer is no. Members will receive their new ID cards with the new member ID number at their plan renewal date. Until their new cards have been issued, members continue to use their legacy member ID number and card. Our new claims system has been set up to cross-reference legacy and new member IDs so providers may submit claims using either.

Group numbers have changed with the new ID's numbers as well, so the important thing to remember is that the legacy ID number and corresponding group number constitute their own pair that should not be separated, just as the new ID number and corresponding group number constitute its own pair and also should not be separated. A mismatch between the member ID and corresponding group number can cause claim rejections on paper or through EDI submission. If you elect to begin updating your insurance libraries based off your EOP details, make sure you update the member ID number and the group number as a pair. They are a package deal.

If you have not enrolled for access yet to our new secure provider portal, we encourage you to do so. Member information can be verified easily through the portal when necessary. Use [this link to register](#) if you have not already done so.

Remember: to ensure future claim submissions are not rejected, make sure that if a new ID is adopted it matches the new group number.