



ProviderView — December 17, 2021

### Reminder: Smithfield Foods, Inc. Moves to United Health Care

Please remember that Smithfield Foods, Inc. will move their benefit administration services to United Health Care (UHC) effective Jan. 1, 2022. Please submit any claims you may have for Smithfield Foods members immediately. Below is some helpful information to help you with this transition:

**Authorizations:** Avera Health Plans Benefits Administrators (AHPBA) will send UHC a report of any outstanding authorizations after Jan. 1, 2022. If you have authorizations that will overlap into the New Year, it is recommended that you submit a new authorization and reach out to UHC after Jan. 1, 2022, as UHC may not have all of the correct information. Pharmacy and medical authorizations would need to be submitted to UHC for 2022 dates of service.

**Claims:** AHPBA will perform claims runout services for 2021 dates of service through Dec. 31, 2022. Any 2022 dates of service go to UHC.

**Member ID Cards:** All members will receive new ID cards that will include medical and pharmacy on one card. Please collect the new UHC card starting Jan. 1, 2022. The UHC phone number will be on the member's ID card.

### Mental Health Telehealth Services return to Standard Cost Share for 2022

Last year, Avera Health Plans voluntarily elected to continue waiving member cost share for mental health services provided via telehealth. This was done to support our members while member cost share returned to normal benefits for all remaining telehealth services, with the exception of those services related to covered COVID-19 testing. Effective with dates of service Jan. 1, 2022 and later, normal member cost share will return to mental health services provided by telehealth.

If you are actively engaged in an ongoing telehealth treatment relationship for mental health services for one or more of our members that will continue in 2022, we encourage you share this information with your patient(s).

### Fecal Calprotectin to be removed from E/I List

Effective Jan. 1, 2022, Fecal Calprotectin (CPT code 83993) will no longer be considered experimental, investigational and unproven. It will be removed from the list of codes on the E/I list.

Fecal calprotectin will be considered medically necessary in the evaluation of chronic diarrhea, as well as in the management of Crohn disease and ulcerative colitis.

### Coverage Reminder for COVID-19 Testing

As a reminder, testing for COVID-19 must be medically necessary in order to qualify as a covered service. Avera Health Plans has experienced an increase in routine testing to support requirements for members who may have received some form of a COVID-19 vaccine exemption. When COVID-19 testing is ordered to satisfy these requirements without an underlying medical reason for ordering the services, the testing is considered non-covered.

Diagnostic and antibody testing for SARS-CoV-2 is considered not medically necessary when:

1. The testing is not ordered by a provider, or
2. The testing is performed for screening purposes, including but not limited to:
  - a. A member's place of education (including involvement in sports or other activities);
  - b. A member's place of employment;
  - c. A member's place of residence; or
  - d. Travel.

## The Results Are In...

Annually, a random selection of Avera Health Plan's members are chosen to complete satisfaction surveys: the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Qualified Health Plan (QHP) enrollee surveys. Members provide a full spectrum review of their health insurance, from plan administration and customer service, to relationships with network physicians, care coordination and cost. Results provide a framework for improving plan offerings and identifying what is most important to our members.

The 2021 results reflected significant appreciation from our members for Avera Health Plan's contracted doctors and specialists. Our Quality Rating System composite score for Doctors and Care was 5-stars! In a time of chaos and uncertainty, you continued to meet the mark, providing compassionate quality care for our members.

Thank you for the important role you play, and for your partnership with Avera Health Plans.

## Pharmacy Pearls for Prescribers: Identifying and Resolving Clinical Inertia in Diabetes Care

In patients with diabetes, clinical inertia - the failure to intensify treatment or delay treatment in patients who are not meeting clinical goals of care - can lead to increased complications. [Identifying and Resolving Clinical Inertia in Diabetes Care](#) provides guidance for the physician, patient and office system factors that can contribute to clinical inertia, as well as resources for addressing the issue.

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

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