



ProviderView — April 13, 2022

Avera Health Plans Migrates to a New Claims Platform on May 1

Starting May 1, Avera Health Plans will implement a new claims system to create a better experience for members and providers. While technical challenges led to 2021 delays, a smooth changeover for all parties now is unfolding.

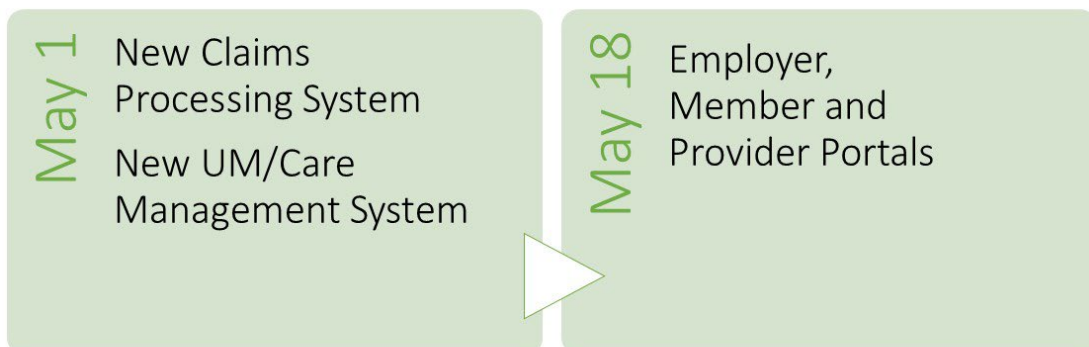
The new claims system, known as HealthRules Payor®, was selected after an extensive RFP process that began in 2019. HealthRules Payor, offered by HealthEdge, is a core administrative processing system that provides enhanced capabilities to health plans of all types and sizes. HealthRules Payor delivers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

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

This special issue of ProviderView offers insight on the upcoming claims system conversion, and it provides information surrounding additional changes that will come later this fall and help improve the experience for any provider working with Avera Health Plans. These recommendations will help everyone navigate and prepare for changes.

Please understand that any dates listed are subject to change, and leaders will provide additional updates. Avera Health Plans accordingly will communicate changes to dates due to unforeseen circumstances or delays.

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 11-digit ID numbers that begin with 99. The new ID number structure looks like this:

Group: A0000008

Member: 1000000133-01

The changes will also affect the preauthorization tool. We will configure the website so you can search preauthorization lists with both new and old Group ID numbers.

During data migration, all existing ID numbers have been imported and cross-referenced into both HealthRules Payor and the Pharmacy Benefits Manager (PBM) claims systems. Providers and pharmacies will continue to submit claims with confidence using the same ID numbers that are present on their existing ID cards. 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 and ask members if they have been issued new ID card with each visit so that insurance data is updated accordingly.

Reminder: 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 Electronic Data Interface (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. Paper claims should now be sent to the Avera Health Plans offices in Sioux Falls. As the issuance of new ID cards will be staggered at renewal dates, it is recommended to take note of this change now and prepare to update systems as needed.

NEW Paper Claims

Filing Address:

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

OLD Paper Claims

Filing Address:

Avera Health Plans
PO Box 381506
Birmingham, AL 35238

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

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

Avera Health Plans: **46045**

Avera Health Plans Smithfield Foods: **38310**

(Note: Smithfield claims only for incurred DOS Dec. 31, 2021 or earlier)

Transactions, including paperless remittances and direct electronic fund transfers, should continue uninterrupted as all EDI data migrated to HealthRules Payor. In the event of unusual transaction activity following the HealthRules Payor go-live, 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) hosted this information. Moving forward, Avera Health Plans will host this information.

This change should provide more accurate and up-to-date, real-time information. Agreements are in place for Experian Health Solutions to work directly with hosted solutions at Avera Health Plans.

Providers who may be interested in establishing secure connectivity can contact Avera Health Plans after implementation for details on secure account setup and access. The method will be similar to how DAKOTACARE now provides access.

Minimal Service Disruption for Migration

In preparation for the transition to HealthRules Payor, Avera Health Plans is diligently working to ensure minimal disruption to our customers. In the two weeks leading up to the May 1 Go-Live, it will be necessary that three years' worth of claims, membership, account, authorizations and other data is 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 they cannot make changes.

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. This will impact data within the provider portal, and may increase call wait times to Avera Health Plan's Customer Care team.

Reminder: Smithfield Foods, Inc. Now with United Health Care

Remember that Smithfield Foods, Inc., has moved its benefit administration services to United Health Care (UHC) effective Jan. 1, 2022. If you have outstanding claims for Smithfield Foods members, immediately submit them.

If you have outstanding authorizations, submit to UHC. AHPBA will perform claims runout services for 2021 dates of service through Dec. 31, 2022. Any 2022 dates of service should go to UHC. All members should have received new ID cards that include medical and pharmacy on one card. If you haven't yet done so, collect the new UHC card, which should include the UHC phone number.

Implementing Altruista's GuidingCare® System

On May 1, Avera Health Plans' population health services will implement a new system for utilization and case management and appeals. The new system, called GuidingCare® from Altruista, is a recent addition to the HealthEdge suite. GuidingCare improves the review of pre-authorizations and enhances staff productivity through well-defined roles and operational efficiencies. There will be no change to provider roles in submitting pre-authorizations.

Enhancements to the Avera Health Plans Provider Portal Coming May 18

Avera Health Plans is committed to creating a seamless, engaging experience for all customers, including providers. On May 18, we will launch new-and-enhanced portals for members, employers and providers. HealthTrio has been selected as the partner for this work, and it provides a number of features around benefits, claims, authorizations, messaging and document management. The enhanced portal also offers an improved security structure to allow each office account management privileges.

During the transition, claims data will be suspended from passing into the portal beginning April 20 until the launch of our new portal May 18. Users will still have access to information and be able to communicate through the portal. However, the data will be stagnant throughout the duration. For real-time information, contact our Customer Care team. You may experience increased wait times.

As Avera Health Plans transitions to a new provider portal, providers will be required to create new login accounts for security purposes. We will send providers instructions on enrollment before we go live May 18.

Questions and More Information

If you have questions about any part of the transition, contact the Provider Relations team.

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