



ProviderView — July 15, 2022

### **Avera Health Plans Payment and 835 Delays – Post-HealthRules Payor® Conversion**

We value your partnership so want to update you on our progress to resolve issues caused by our transition to a new claims system. As we communicated last week, On May 1, Avera Health Plans migrated to a new claims system, known as HealthRules Payor®, 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. We are pleased to report that approximately 90% of our 835s are successfully passing through, but we are experiencing approximately 10% of the files erroring out and requiring manual intervention to fix. Avera Health Plans has teams working around the clock to resolve and improve the 835 throughput.
- **Paper Remittance:** We continue to resolve programming issues with paper remittance advices/EOPs and paper checks through the Health Plans' printing vendor. Avera Health Plans has teams working around the clock to resolve these issues and anticipate we will be able to release paper checks and remittance advice next week.
- **New Member ID cards:** Some new members have not received their ID cards. We anticipate ID cards will be mailed starting next week. As a contingency plan, we will send them letters that include their ID numbers 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 delay and a discrepancy with what some customers owed for their pharmacy refills. We have mailed letters to these members explaining and apologizing for the issue. CVS Caremark® will be issuing affected members refund checks.
- If members voice concerns to you, please direct them to call our Avera Health Plans Customer Care Center at 1-888-322-2115.

We hope to have our provider payment issues resolved within the next week. 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 Call 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 HealthRules Payor 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.