


Third Party Payer & TPA Day

September 12th, 2017

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“Provider Not Credentialed”

- Non-credentialed providers practicing at participating locations.
- Compliance with SDCL § 58-17-150
 - (3) The health care professional may not submit any claim to the health insurer during the credentialing period;
 - (4) A health insurer may not be required to pay any claim submitted by a health care professional
- ERA (835) message
 - CARC 251
 - RARC N570

Clearinghouse Notification

- Please contact AHP with any changes
- Ensures smooth transition
- Contact: Steven Grogan
Provider Relations Representative
605-322-4640
Steven.Grogan@Avera.org

Inpatient Notification

- Change implemented effective 1/1/17
- IP stays ≤ 5 days – notification only
- Preauthorization required at beginning of 6th day

Note this does not apply to City of Sioux Falls & Minnehaha County employees

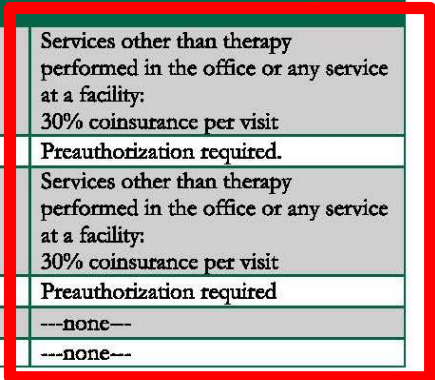
Provider Responsibility for Preauthorizations

Denial for “No Preauthorization” is *Provider* liability

Summary of Benefits and Coverage (SBC)

- Claims/Eligibility Tab in Provider Portal
- Search by Member ID (or Name and Date of Birth)

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Office: \$30 co-pay per therapy visit	40% coinsurance	Services other than therapy performed in the office or any service at a facility: 30% coinsurance per visit
	Mental/Behavioral health inpatient services	30% coinsurance	40% coinsurance	Preauthorization required.
	Substance use disorder outpatient services	Office: \$30 co-pay per therapy visit	40% coinsurance	Services other than therapy performed in the office or any service at a facility: 30% coinsurance per visit
	Substance use disorder inpatient services	30% coinsurance	40% coinsurance	Preauthorization required
If you are pregnant	Prenatal and postnatal care	30% coinsurance	40% coinsurance	---none---
	Delivery and all inpatient services	30% coinsurance	40% coinsurance	---none---

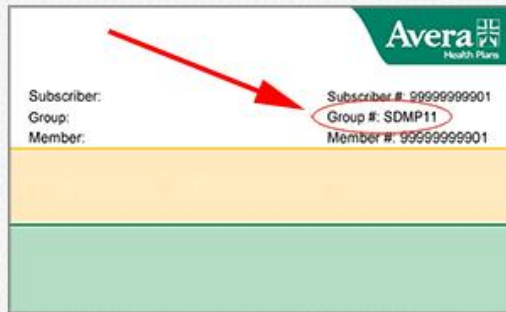


Preauthorization Login

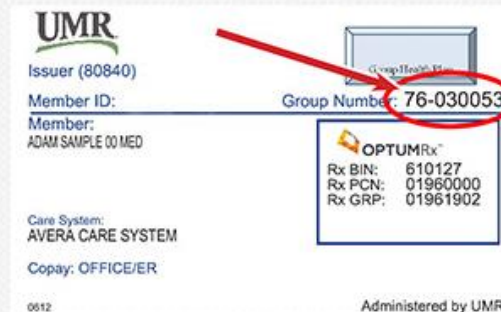
[Home](#) > Preauthorization

Preauthorization

To search for a member's preauthorization requirements, please enter the complete 6-digit group number from the member ID card.



OR



Members with an UMR ID card will have an 8 digit group number. Please enter the 8-digit Group Number with or without the dash.

* GROUP#:

SEARCH

Preauthorization

Preauthorization Requirements — Medical

- [List of Services Requiring Preauthorization](#)

Preauthorization Forms — General

- [General Preauthorization Request](#)
- [Medication Preauthorization Request](#)
- [Request for Drug Formulary Exception \(Pharmacy Policy: Formulary Exception\)](#)

You may fax your preauthorization request form and clinical information to 1-800-269-8561 or send a secure email to HealthServices@AveraHealthPlans.com.

Any medication related preauthorization should be emailed to Pharmacy@AveraHealthPlans.com or faxed to 1-800-269-8561.

Preauthorization Forms — Procedure Specific

Preauthorization — Imaging

Imaging preauthorization requests will continue to go to eviCore (previously known as CareCore).

- [eviCore Resources](#)

Preauthorization — Medications

Most medication preauthorization requirements (including drugs covered under the medical benefit) will be handled by Avera Health Plans.

You may fax your preauthorization request form and clinical information to 1-800-269-8561 or send a secure email to Pharmacy@AveraHealthPlans.com.

To determine if a medication requires preauthorization, please review the following lists:

- [Medical Medications Requiring Preauthorization](#)
- [Pharmacy Medications Requiring Preauthorization](#)
- [Chemotherapy Preauthorization](#)

Medical Products and Services Requiring Preauthorization

Preauthorization does not guarantee benefits. Benefits are subject all conditions of the member's health insurance coverage.

Code	Code Type	Code Description
		Chiropractic Services (after 20 visits)
		Occupational Therapy (after 30 visits)
		Physical Therapy (after 30 visits)
		Speech Therapy (after 30 visits)
		Transition or Continuity of Care
		Transplantation Services
21	Place of Service	Inpatient Hospital
31	Place of Service	Skilled Nursing Facility
34	Place of Service	Hospice
51	Place of Service	Inpatient Psychiatric Facility
61	Place of Service	Comprehensive Inpatient Rehabilitation Facility

Credentialing

Please complete the provider information below. If you have more than three providers, submit a separate request.

Provider 1 Information

* First Name

* Last Name

Credentials

(Select one) ▼

* Specialty Type

* Date of Birth

(mm/dd/yyyy)

* NPI

Start Date

(mm/dd/yyyy)



Provider 2 Information

Avera Care System Claims and UMR

- City of Sioux Falls and Minnehaha County Employees.
- Claims processed by UMR, Avera Health Plans logo on the back of the UMR ID card identifies the Avera Care System Network.
- Claims repriced by Avera Health Plans and sent electronically to UMR for processing.
- If you experience “orphaned claims” check member eligibility on UMR provider portal.
- Patient last name, first name and DOB must be an *exact match* with the UMR eligibility data.

2017 Provider Satisfaction Survey

Please encourage your providers
to participate in our upcoming

Provider Satisfaction Survey

Look for information in our
ProviderView newsletter!

1) When we are an independent facility why do we get paid as out of network for radiology reads even though we are the originating facility? (Dartacare - Avera + Sanford)

2) Can the patient get an exception in their insurance if they have Avera - Sanford - Dartacare to get all testing ~~and~~ done at our independent facility rather than travel?

Who can we contact if we are having difficulty with a specific payer? Example: a payer has given us inaccurate and/or inconsistent information on processing, reprocessing, correcting claims and adjustments/reimbursements. Each person we talk to gives us different information, they won't transfer us to a supervisor, they have wrongfully requested repayment on claims and have not fully repaid at the adjusted amounts; it has been nearly 9 months.

Why are Avera and Sanford unable to correct a claim buy using their on-line ask a question like BCBS. Typically any corrections needing to be made we just submit a question on-line to BCBS and they correct the claim.

Will Dakotacare and Avera fee schedules be the same?

Tracy ~~Tracy~~
Nickelsen

What components are required to bill a complex cataract use 982, trypan blue? Terri McDonald

Thank you!

Other Questions?