




Provider Perspective



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Quarter 2 2024



SANFORD
HEALTH PLAN

Manage My Clinic Administrators

We continue towards the launch of Manage My Clinic for the Sanford Health Plan Provider Portal. This tool will allow your clinic to have more capabilities to manage who has access to your patient information. Manage My Clinic comes with tools like:

- Reactivate users who have been inactivated
- Inactivate users who have left employment
- Complete quarterly verification of active users
- Request access for new users

In order for Sanford Health Plan to roll this out to your facility, we need you to designate an individual (or more than one) who will be able to verify all users under your tax ID(s) and be able to complete the tasks listed above regularly. Typically, this is a clinic or site administrator. Over the next several months, Provider Relations will be verifying this information. You may receive a call or email from your Provider Relations team asking for your site administrator's information or you can email providerrelations@sanfordhealth.org.

Training will be provided to the site administrators to ensure that users do not experience disruptions to their access to the Provider Portal. Go Live dates for your facility will be assigned and shared as more information becomes available. Until then you will see no changes to your current use of the Provider Portal.

Medicare Advantage Coverage Criteria

Coverage policies for Medicare products are publicly accessible online via our provider portal.

Coverage is based on:

- Medicare National Coverage Determinations (NCDs)
- Medicare Local Determinations (LCDs)
- The member's applicable Medicare Evidence of Coverage (EOC) and Summary of Benefits (SOB)

In the absence of applicable NCDs, LCDs, or other CMS-published guidance, Sanford Health Plan uses medical policies based on credible scientific evidence published in peer-reviewed medical literature. Sanford uses MCG care guidelines, that are available online using the links below, under coverage policies.

- Accordion for MA help page: cms-sanfordhealthplan-qa.sanfordhealth.org/align/help
- Accordion for GPMA member resources: gmpamqa.wpengine.com/member-resources

Provider Manual Update

The 2024 Provider Manual is now available online. Head to the [Forms and Manuals](#) page on our website to view the document.

Cybersecurity Incident Updates

Like many others in the health care space, we experienced a widespread service disruption due to a vendor cybersecurity incident. Change Healthcare, one of the largest health care technology companies in the United States, reported a cyberattack on its systems. Change Healthcare provides a large umbrella of services used by health plans and providers. Out of an abundance of caution, we cut all connections with Change Healthcare and their parent company, Optum, while the issue was reviewed.

What You Need to Know

- We have started restoring systems and connections that are deemed to be safe to minimize the impact to our network providers.
- Eligibility and enrollment files are being processed and are available for review through your normal processes (provider portal, electronic eligibility checks, etc.). Please continue to verify eligibility and benefits as part of your standard process.
- ID cards are available for members, including new members with a March 1, 2024, effective date.
- Claims are being accepted from all clearinghouses except for Change Healthcare. Our Change Healthcare connection will remain closed until further notice.
- Claims we have received continue to be processed and paid according to the normal payment schedules to minimize any financial disruption for our network providers.

If you do not currently use Change Healthcare for any electronic data transmissions, there should be no disruption to you as a Sanford Health Plan network provider. If you use Change Healthcare to transmit eligibility or claim files to Sanford Health Plan or receive 835 remittances, please review the action required below.

1. If you use Change Healthcare as your clearinghouse, please work to re-route to a non-Change Healthcare gateway; all claim submissions prior to February 20, 2024, should be re-submitted using the updated gateway.
2. All 835 remittance advices can be accessed through the Sanford Health Plan or Zelis portal if needed for posting payments.
 - You may manually download 835s from the Zelis provider portal at provider.zelispayments.com. If you need support and/or access to the Zelis provider portal, please call (877) 828-8770.

This is a fluid situation, and we appreciate your patience. Please reach out to the Provider Contact Center with any questions or concerns and watch the provider portal for additional updates.



Cultural Competency Training

Sanford Health is dedicated to meeting the diverse needs of all members in every setting by providing services that are respectful of and responsive to the beliefs, practices and cultural and linguistic needs of members that improve health outcomes. Providing culturally competent care is the ability to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet member's social, cultural and linguistic needs. Providers who provide culturally competent care raise awareness of the needs of our members from various cultures resulting in the delivery of more personalized care.

Culture refers to patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups.

Competence is the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors and needs presented by people and their communities.

Sanford Health Plan expects providers to:

- Have written materials available for members in large print format and certain non-English languages, prevalent in Sanford Health Plan's service areas.
- Telephone system adaptations for members needing the TTY/TDD lines for hearing impaired services.
- Providers may contact Sanford Health Plan for language assistance.
- Access to or staff able to translate in non-English languages including American Sign Language.
- Obtain Cultural Competency Training including the review of materials on the Sanford Health Plan Provider Portal and/or newsletters.

Cultural competency training and other resources (also available on our provider portal, sanfordhealthplan.com/providers/resources):

- thinkculturalhealth.hhs.gov
- ada.gov/resources/medical-care-mobility
- minorityhealth.hhs.gov/cultural-and-linguistic-competency

Policy Updates

Sleep Testing Policy:

- Effective Date: 3/1/2024
- Cover home sleep apnea testing (HSAT) for adults age 18+ when indicated by the presence of daytime hypersomnolence and at least TWO of the following criteria: habitual loud snoring, witnessed apnea or gasping/choking, or diagnosed hypertension.
- Children age 0 through 17 years considered experimental/investigational
- Prior Authorization: Not Required

Immunization Policy:

- Effective Date: Retroactive 1/1/2024
- Begin covering Penbraya immunization for individuals aged 10 through 25 years of age as preventive.
- Prior Authorization: Not Required

Home Health Policy:

- Effective Date: 4/1/2024
- Updated to specify difference in Private Duty Nursing codes vs Home Health codes.
- Coverage remains unchanged

Prolonged Services:

- Effective Date: Retroactive 1/1/2024
- Allow G2211 for reporting prolonged services as published in the Calendar Year 2024 Medicare Physician Fee Schedule final rule.

Additional policies have been updated to reflect current effective or expired code changes. Providers should utilize policies as published in Provider Portal for accurate reimbursement information.

Orthodontic Claim Processing

Sanford Health Plan is no longer manually processing orthodontic treatment plan claims on a monthly basis. Instead, Sanford Health Plan will pay for the Placement Fee of the Orthodontic device. Claims for orthodontic services must be submitted for the full amount of the total treatment plan, such as appliances, adjustments, insertion, removal and post-treatment stabilization (retention).

For the full policy regarding Orthodontics Benefits and Reimbursement, you are able to view a copy of the policy through our Sanford Health Plan Provider Portal.

Any treatment plans that were in the midst of a treatment plan with the old process have been reimbursed in full to the allowed amount for the treatment plan as submitted.



Provider Website Corner

Inbasket

This quarter we are focusing on the Inbasket! This handy tool shows responses to your submitted questions, inquiries and reconsiderations.

Where to locate: On the Home screen of the Sanford Health Plan Provider Portal, the top left side of the screen. Once clicked on, you should see your messages and a couple of other options.

Review your messages to see responses to previously sent inquiries.

Click on the New Msg button and from that drop down, select Provider Communication. This will load a standard Service Request. Select the appropriate Topic and the form will update to the appropriate questions or options.

Currently Available Topics:

CLAIM QUESTION: Generic Claims information like Claim Status, information regarding a denial or other generic questions regarding a claim.

PAYMENT INFORMATION

MEMBER DEMOGRAPHIC UPDATE: Notify Sanford Health Plan of a member's new address, corrections to their demographics, etc.

MEMBER COVERAGE: Request member's coverage details such as group number or coordination of benefits status.

BENEFIT QUESTION: Verify benefits of a particular member.

PROVIDER RECONSIDERATION: Submit a Provider Reconsideration.

OTHER: Other inquiries not related to one of the other subtopics.

FEE SCHEDULE/PRICING: Request a copy of your current fee schedule or submit a pricing appeal

PHARMACY/DRUG AUTHORIZATION QUESTION: Questions regarding Pharmacy/Drug authorizations. DOES NOT GENERATE AN AUTHORIZATION.

MEDICAL AUTHORIZATION QUESTION: Questions regarding Medical authorizations. DOES NOT GENERATE AN AUTHORIZATION.

ITEMIZED BILL REVIEW: Request results from an itemized bill review, appeal an itemized bill review or submit a copy of an itemized bill.

It is essential that you select the correct topic and subtopic to ensure your inquiry is processed in a timely manner.

PRO TIP: Go to *My Sent Messages* at the bottom left-hand side of the Inbasket screen to access messages you've previously sent to the teams at Sanford Health Plan.

Contact Us

CONTACT FOR: Member eligibility & benefits, member claim status, provider directory, complaints, appeals, report member discrepancy information

Customer Service (800) 752-5863

Monday-Friday, 7:30 a.m. to 5 p.m. CST

@ memberservices@sanfordhealth.org

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

Pharmacy (855) 305-5062

@ pharmacyservices@sanfordhealth.org

CONTACT FOR: Preauthorization/precertification for medical services

Utilization Management (800) 805-7938

@ um@sanfordhealth.org

CONTACT FOR: Assistance with fee schedule inquiries, check adjustments and reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W-9 form, change/updating information, provider education

Provider Relations (800) 601-5086

@ providerrelations@sanfordhealth.org

CONTACT FOR: Requests to join the network and contract-related questions and fee schedule negotiation

Provider Contracting (800) 601-5086

@ sanfordhealthplanprovidercontracting@sanfordhealth.org

CONTACT FOR: Align powered by Sanford Health Plan Medicare Advantage PPO

Customer Service (888) 278-6485 | TTY: (888) 279-1549

Utilization Management (800) 805-7938

Pharmacy Dept (844) 642-9090

CONTACT FOR: Great Plans Medicare Advantage (ISNP)

Customer Service (844) 637-4760 | TTY: (888) 279-1549

Utilization Management (800) 805-7938

Pharmacy Dept (855) 800-8872

Hearing or speech impaired TTY | TDD 711