



What sets Sanford Health Plan apart

Thank you for joining the Sanford Health Plan network of providers. We are excited you have given us the opportunity to work with you. Through our resources, you have access to the right information and the right people. From an overview of who we are to the tools and resources available, discover effective and efficient ways to make your work seamless.

About Us

Uniquely positioned in the upper Midwest, Sanford Health Plan is a provider-owned health plan that is part of Sanford Health's integrated system of care. As one of the largest non-profit, rural health systems in the county, we lead the region in affordable, sustainable health coverage in an evolving health care landscape.

- Second largest carrier in South Dakota and North Dakota
- Leader in integrated coverage and care between insurance and providers
- Innovator in care and disease management coordination and benefits
- 20+ years in business
- 200,000 members served
- 25,000 regional providers and with access to 900,000 providers nationwide
- 349 hospitals

- Our network includes expert providers across Minnesota, lowa, North Dakota and South Dakota, with access to providers nationwide.
- Sanford Health Plan is NCQA accredited.





Get on the right path from the start.

Complete the appropriate onboarding steps to get you started on the right foot.



Sign up for Electronic Claims Submissions.

Sign up for Electronic Payment/EFT.

Sign up for access to *my*SanfordHealthPlan and review the Provider Portal at <u>sanfordhealthplan.com/providerlogin</u>.

Search the Provider Directory to validate your information.*

Submit provider service information to the Referral Center.

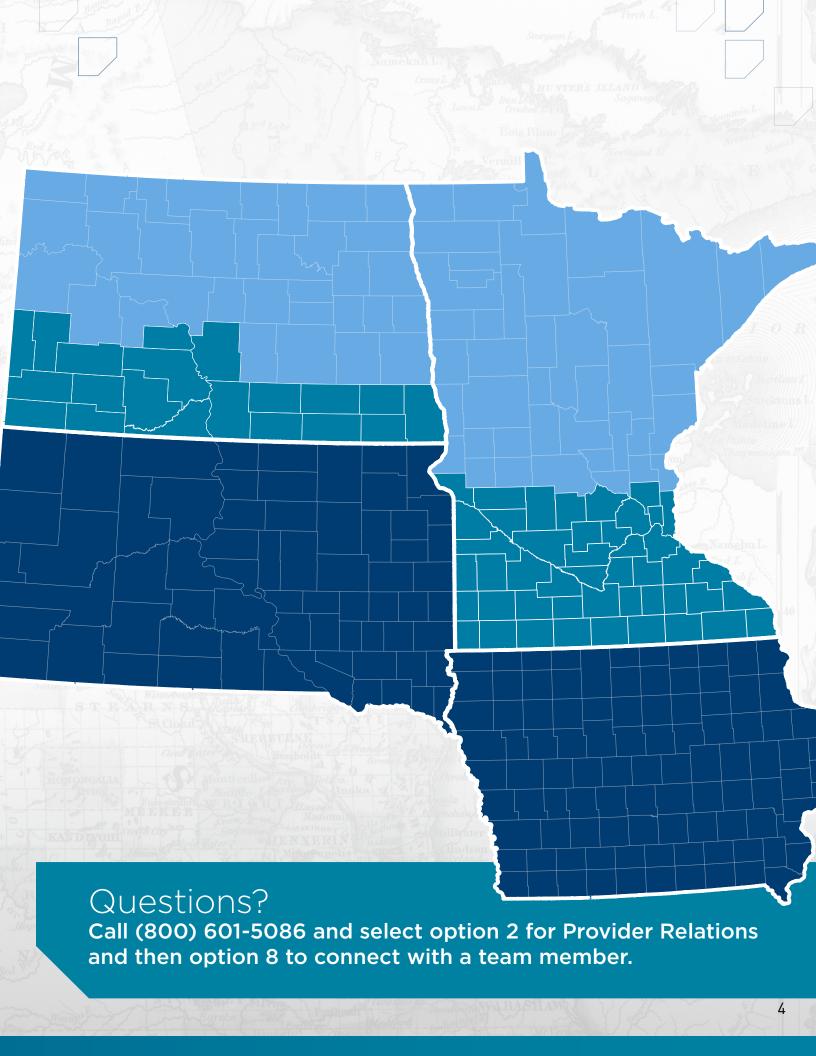
^{*}Information will appear after approved credentialing.

Provider Relations

The Connection You Need

Sanford Health Plan Provider Relations is here to assist you and answer your questions. They can help you with:

- Provider education
- Complex claims issues
- Fee schedules
- mySanfordHealthPlan questions and education
- Explanation of payment analysis



Online Tools & Resources

mySanfordHealthPlan

Our secure online portal, <u>mySanfordHealthPlan</u>, is designed to help you get the information you need as quickly as possible. With your provider account, you can:

- · Access policies and medical guidelines
- · Obtain copies of explanation of payment
- Use the Optum Claims Edit System (CES) tool
- Submit medical and pharmacy prior authorizations, claim reconsiderations and formulary exceptions
- Verify member eligibility
- View claim status
- View copay, deductibles, coinsurance and out-of-pocket totals for members

To get started, <u>CLICK HERE</u> to create your account. If you need assistance, call (800) 601-5086 and select option 2 and then option 4.

Our Website

As our central hub, visit **SANFORDHEALTHPLAN.COM** for the tools and resources you need to get your questions answered, along with 24/7 access to:

- Electronic data interchange (EDI) resources
- Forms and documents
- Our Referral Center
- Pharmacy information
- · Prevention health guidelines
- Prior authorization lists
- Provider news
- Training and education

Provider Manual

From policy and procedure information to learning about Sanford Health Plan products, the **PROVIDER MANUAL** features educational materials and information designed specifically for providers. **CLICK HERE** to read more.

Enrollment for Electronic Data Interchange (EDI) Services

Through EDI services, providers can increase efficiency, track claims status, decrease errors and expedite cash flow. Practice management system vendors, billing services or clearinghouses are available to submit claims and other EDI transactions to Sanford Health Plan. These vendors offer a variety of EDI solutions to the health care community, charging fees or transaction costs for their services.

Sanford Health Plan is able to assist providers with the following transactions:

- 837 Transactions Electronic Claims Submission
- 835 Transactions Electronic Remittance Advice (ERA)
- Electronic Funds Transfer (EFT)
- 270/271 Transactions Eligibility
 & Benefits Inquiry (Real Time Transactions)
- 276/277 Transactions Claim Status Requests (Real Time Transactions)
- Our Sanford Health Plan website <u>Provider EDI Resources</u> page



Authorizations, Claims & Payments

Prior Authorizations

Prior authorization requests must be submitted for approval of certain procedures, hospitalizations, medications and out-of-network services before receiving care, except in the event of an emergency. Sanford Health Plan will review the request to determine if it is appropriate and medically necessary. Prior authorization does not guarantee the service will be covered and will be based on the member's benefits and eligibility.

- For inpatient admission, Sanford Health Plan must be notified no later than 48 hours after a member is physically or mentally able to do so.
- Prior authorization must be obtained by the member or their provider on the member's behalf.
- Oncology treatment (chemotherapy and radiation) must be submitted by the provider through eviti|Connect at eviti.com.
- High tech imaging services for select members and health plans must be submitted through the eviCore Provider Portal.

To request prior authorization, visit the <u>PROVIDER PORTAL</u> or <u>CLICK HERE</u> to view the full prior authorization list and request forms. Please note that electronic submission is required and paper forms are only accepted in small scale and will only be accepted via paper when they have received a reference number from the Provider Relations team.





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