

Join our provider network

**Deliver exceptional patient care
with exceptional provider support**



SANFORD
HEALTH PLAN

Why contract with Sanford Health Plan?

At Sanford Health Plan, we know when providers are supported in their practice, they can deliver the best patient care. That's why we're committed to creating simplified administrative processes and empowering providers to deliver proactive, quality care.

A leader in reducing administrative burdens

- Fewer restrictive policies and prior authorizations (PA) than national payers
- Effective and efficient electronic communication for claims, prior authorizations, and payment
- Average PA turn-around-time: Less than 24 hours
- PA denial rate: Less than 6%
- Average answer speed: 85 seconds
- Support Real Time Eligibility (RTE) to minimize disruption when your patients are at the clinic



Fast and efficient claims processing

- 96.8% of clean claims are processed within 30 days.
- Fewer appeals of claim denials compared to many national plans.

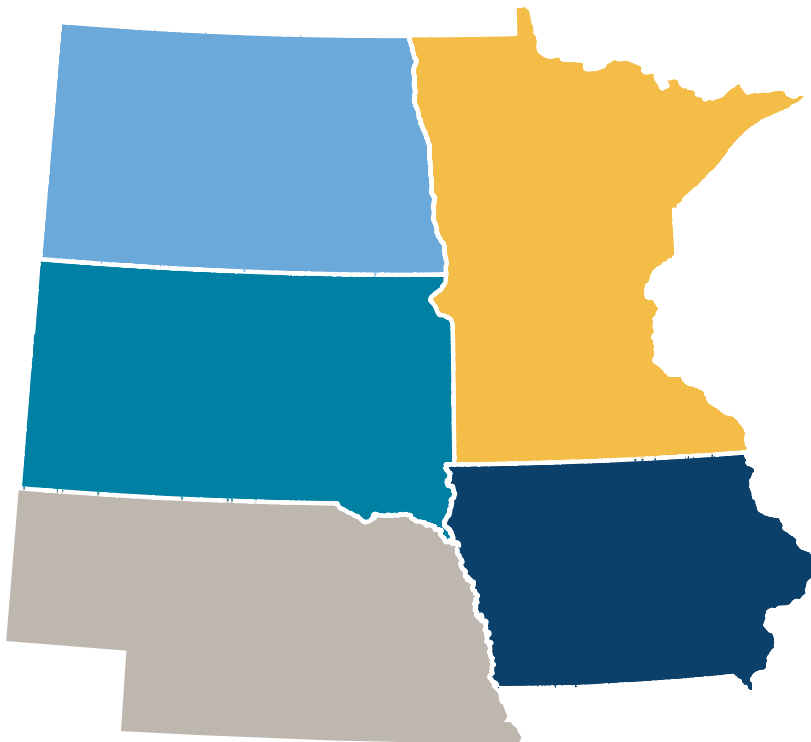


Supporting your practice

We understand provider challenges. As part of an integrated health system, we're a local health plan with a long history of working in close collaboration with providers. This partnership has led to successful member outreach and support programs designed to create better patient outcomes and increased satisfaction rates.

- Our members are more likely to complete follow-up visits after hospitalization and experience better medication reconciliation.
- We support our providers and their practice through proactive prevention, care management collaboration and intentional plan benefits to support your patient's care plan.
- By aligning on achieving the best patient outcomes, we strive to help our providers deliver high quality care.

By becoming a provider in our network, you'll have access to a provider portal and call center, helping to make your day-to-day tasks easier. Our team is here to help answer your questions and provide assistance when you need it from day one.



Provider network options

We serve members in communities across Iowa, Minnesota, Nebraska, North Dakota and South Dakota. Get to know our plans and provider networks.

- Medicare Advantage
- Institutional Special Needs Plan (I-SNP) Medicare Advantage
- Dual Special Needs Plan (D-SNP) Medicare Advantage
- Employer group plans
- Individual and Family ACA Marketplace Plans (in North Dakota and South Dakota)



All-in-one care and coverage

Our Medicare Advantage plan provides comprehensive prescription coverage, along with dental, vision, hearing and fitness benefits. Other benefits include:



Mom's Meals®



A Healthy Benefits+ flex card containing a quarterly over-the-counter allowance and a flex allowance.



Access to a health navigator who connects members to plan benefits and assists with navigating the health system.

Medicare Advantage

Our traditional Medicare Advantage product offers a focused network of providers. Since launching in 2021, our membership has doubled each year and we currently have over 4,500 members with plans to expand.

In 2024, Align powered by Sanford Health Plan received a 4.5-star rating in North Dakota, South Dakota and Iowa. Our star rating in 2025 will also include our membership growth in Minnesota.

Simplified administrative processes

Our Medicare Advantage plan and provider network are designed to meet future projected growth. Our focus on ease of administration for our partners and contracted providers includes:

- A positive on-boarding experience as a new provider with a partner to assist with your questions along the way
- A provider friendly approach to prior authorization (PA) policies and claims and appeals processing
- Fewer restrictive policies and prior authorizations than national payers
- PA denial rate: less than 6%
- Reducing barriers to timely care with industry-leading prior authorization turn around time: less than 24 hours
- Effective and efficient electronic communication for claims, prior authorizations, and payment
- Clean claims processed within 30 days: 96.8%
- Average speed of payment: 7 days
- Average answer speed for providers: less than 30 seconds
- Coordinating care for optimal outcomes to provide the best member experience



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Dual Special Needs Plan (D-SNP)

Our Dual Special Needs Plan (D-SNP) will cover members in North Dakota starting Jan. 1, 2025. This network is broad in nature and open to Medicare eligible providers in the coverage area. The plan will be marketed under the Align powered by Sanford Health Plan brand, and the plan design will be listed as Align DUALPartnership (HMO D-SNP).

D-SNPs are designed for individuals who are dually enrolled in Medicare and Medicaid. These individuals are often referred to as “dual eligibles” or “dually eligible individuals.”

Those eligible for D-SNP include members who:

- Qualify for Medicare because of age (65 or older) or due to a disability;
- **And** are eligible for Medicaid because they meet the requirements to qualify for Medicaid in North Dakota.

D-SNPs are a subset of plans within the Medicare Advantage program and serve specific populations within Medicare-managed care. Nationally, D-SNP enrollment makes up about 20%¹ of total Medicare Advantage enrollment and is growing rapidly. An increasing number of states are focusing on D-SNPs as a primary vehicle for integrating care and improving the coordination of services for dual-eligible populations².

A health plan with enhanced care coordination for dual-eligible populations

D-SNPs are designed to help dual-eligible members more easily get the care they need.

These plans streamline access to care by coordinating:

- **Medicare and Medicaid benefits**, such as professional, acute care, ancillary and pharmaceutical services covered by Medicare and Medicaid.
- **Medicaid waiver services**, such as cost-sharing, transportation, attendant care and assisted living services, among many others.

The D-SNP care coordination model addresses social determinants of health by identifying members who may benefit from housing and food support and then connecting them with community agencies. In addition, the Plan connects each member with a care coordinator regardless of the payer.

Our model of care works to integrate and improve care coordination between providers, families and caregivers by offering:

- Population analysis
- Individual care plans/care management
- Care coordination activities
- Interdisciplinary care team communication
- Provider engagement and training on the plan type and model of care
- Transitions of care
- Quality measurements and performance improvement

How can a D-SNP benefit your patients?

The Align DUALPartnership plan can improve care coordination and outcomes for dual-eligible patients in a variety of ways:



Care coordinators offer reliable support and address issues beyond clinical care plans. Our care coordinators help patients navigate the health care matrix and obtain the services and support they need.



\$0 copays and allowances for dental, vision and hearing expenses, making it easier for members to access supplemental care options.



Affordable prescription coverage and assistance help drive medication adherence, which is critical for those with chronic conditions.



Monthly and quarterly allowances for transportation, groceries, utilities, and over-the-counter products to help reduce financial burden on members, contributing to improved member health, wellness and better overall outcomes.

Sanford Health Plan is a provider-led health plan, so we understand the challenges facing providers today. As our D-SNP membership grows in North Dakota and beyond, our provider network can continue to expect a collaborative, innovative partnership on our journey to improving patient outcomes and streamlining care coordination.

Source notes:

1. Nancy Ochieng et. al., KFF, [“Medicare Advantage in 2023: Enrollment Update and Key Trends”](#) (Aug. 9, 2023)
2. This is expected to continue, especially with the discontinuation of another approach to integrating care for dually eligible individuals, the Financial Alignment Initiative. See MACPAC, [Medicare-Medicaid Plan Demonstration Transition Updates and Monitoring](#), slide 7 (Dec. 2022).



Frequently Asked Questions

How many potential D-SNP members are in my area?

D-SNPs are available in Cass, Burleigh and Morton counties in North Dakota. Population analysis estimates that within these three counties, there are a total of 6,610 dual-eligible individuals. This number is calculated using the Kaiser Family Foundation (KFF) state-level estimates for North Dakota, based on a KFF estimate that 15% of total Medicaid enrollees are dual eligible.

Per county, these figures extrapolate out as:

- Burleigh County: 1,914 estimated dual eligibles at 15% of Medicaid (KFF)
- Cass County: 3,877 estimated dual eligibles at 15% of Medicaid (KFF)
- Morton County: 819 estimated dual eligibles at 15% of Medicaid (KFF)

Source: Sanford Health Plan D-SNP H8967 Model of Care

What is typical for member cost-sharing?

Members typically have low or no cost-sharing.

Are there any additional requirements for providers?

All D-SNPs follow a model of care as required by federal and state regulations. As part of the provider network, providers participate in care coordination meetings and communications relevant to their patients to minimize care and service gaps and support efficient care delivery. Sanford Health Plan facilitates communication through a provider portal.

Institutional Special Needs Plan (I-SNP)

Our Institutional Special Needs Plan (I-SNP) was launched in 2018 under the name Good Samaritan Insurance Plan. Today, it is part of our portfolio of Great Plains Medicare Advantage (GPMA) products.

We currently have over 1,000 members across 90 skilled nursing and assisted living facilities with ongoing active expansion. Our GPMA plan is offered in certain counties in North Dakota, South Dakota and Nebraska.

A health plan for long-term care residents

GPMA is designed for Medicare-eligible residents who live in our partnering long-term care and assisted living facilities that meet certain level of care requirements. Our comprehensive model of care, required by CMS, gives members access to a clinician who visits at least once a month.

Our Model of Care

We're improving the quality of life for our long-term care members through a preventive approach to care and by working closely with our local partners. Residents receive hands-on care that is combined with enhanced primary care collaboration, reducing both hospitalizations as well as emergency room visits.

In collaboration with our providers, our Model of Care includes:

- Medication therapy management
- Customized care plans
- Interdisciplinary care team meetings
- Transitions of care
- Routine weekly and monthly rounding





Ready to join our provider network?

Contact our provider contracting team at **(855) 263-3544** or go to **sanfordhealthplan.com/providers**.

Sanford Health Plan

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845-849-352 Rev. 10/24

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