mySanfordHealthPlan Provider Portal: Coverage and Claim Review

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Open a member's record

1. Click Patient List.



2. Review your Patient List and select the member or Click Search all Patients at the bottom of your patient list.



3. Enter the member's name, birth date, and Sex and click **Search**. **Note:** Fields marked with a red explanation are required fields.

🍇 Search All Patients		Make this my default
Please fill out the required fields to gain access to the patient's re	ecord. Enter in the full name in the format of last na	ame, first name.
Patient Select		
I Name:	9 Sex:	•
Birthdate:		
	SEARCH	CLEAR



4. Select the correct Patient and add to your list.

Sea	arch Resu	Its						
: 1	Name: geo	orge mars						
	Sex: N	lale	Birthdate:	6/6/2003				
1 pa	tient match	es the search crit	eria above					
	Match 🔻	Patient Name	MRN	Birth Date	Legal Sex	Street Address	;	SSN
۲	30.00	MARS,GEORGE	E11934	6/6/2003	М	321 Phobos Str	eet, Lennox SD 57039	xxx-xx-8888
					Select		Cancel	
					Select the	nationt and		nd modify
					add to my	/ list	search crit	eria

5. Enter a **Reason** (typically Patient Care) and a **Comment** if necessary. Click **Accept**.

Note: Fields marked with a yellow explanation are recommended for completion.

Reason:	Patient Care	T	▲ Comment:		
				ACCEPT	CANCEL

6. The member's record will open.

SANF RD	n Home	In Basket	List	Referral Search	Claim Search	L Mars, Georg	× e		
			D	emographics	Coverages &	Benefits	New Referral	Referral by Member	Claim by Member



Review coverages and benefits

1. From a member's workspace, click the Coverages & Benefits tab

Level 2014 Patient List	Referral Search	Claims	Mars, George			
De	emographics	Covera	ges & Benefits	New Referral	Referral by Member	Claim by Member

2. Select **View all coverages on file** to see a full list of the member's past and present coverages.

☆ Coverages & Benefits			ē	•
Coverages on File	○ View available coverages as of	9/10/2019	• View all coverages or	n file

- 3. If the member has multiple coverages available, you can view what we have in our system.
 - Active coverages are available.
 - Filing order is listed on the far right. A break in the sequence represents a termed coverage no longer available but remains in the history.

Demo	ographics	Coverages & Benefits	New Referral	Referral	by Member	Claim b	y Member				
∿ Co	verages	& Benefits								ē	0
Covera	iges on File				View	available	coverages as of	9/18/2019	View all covera	ages on	file
🛅 Ber	nefits Summaı	ry 🔋 Coverage Detail Repo	ort								
F	Payor/Plan				Eff. Date	Term. Date	Member ID	Employer Group		Filing Order	
•	SHP-SANFOF SD48187 GF	RD HEALTH PLAN / SHP-CL	LASSIC \$500 LX SD	RX	01/01/2019		50000054301	SPACELY SPROC \$6000	CKETS, INC	2	
e e	SHP-SANFOF N MSP 2019	RD HEALTH PLAN / SHP-SE	D MEDICARE SUPP	PLAN	01/01/2019		50000054401	MED SUP SD PRI PLAN N ACH	E MACRA	3	



4. From the Coverages & Benefits workspace, click **Benefits Summary** to see the details about the member's specific benefits plan and package.

Benefits Summary 🗵 Coverage Detail Report

5. Benefit Summary will include information on the member's Deductible's, Maximum Out-Of-Pocket, and Remaining Benefit. You can also view detailed information by service.

Deductibles - In-Network D	eductible (20.00	% coinsurance)			
Family Total	Paid	Remaining	Individual Total	Paid	Remaining
\$4,000.00	\$0.00	\$4000.00	\$2,000.00	\$0.00	\$2000.00
Deductibles - Out-of-Netwo	ork Deductible (2	0.00% coinsurance)			
Family Total	Paid	Remaining	Individual Total	Paid	Remaining
\$8,000.00	\$0.00	\$8000.00	\$4,000.00	\$0.00	\$4000.00
MOOPs - In-Network Maxi	num Out-of-Poc	ket			
Family Total	Paid	Remaining	Individual Total	Paid	Remaining
\$10,000.00	\$0.00	\$10000.00	\$5,000.00	\$0.00	\$5000.00
MOOPs - Out-of-Network	Maximum Out-of	-Pocket			
Family Total	Paid	Remaining	Individual Total	Paid	Remaining
\$20,000.00	\$0.00	\$20000.00	\$10,000.00	\$0.00	\$10000.00

Medical Office Visits	
Preventive Health Services	
Emergency Services	
Mental Health Services	
Lab/Xray/Other Ancillary	
Acute Inpatient Hospital	
Maternity Preg & Newborn	
Inpatient Physician Svcs	
Outpatient Hospital Svcs	
Outpatient Surgery	
Home Health Care	DME & Prosthetics
Skilled Nursing Facility	Outpatient Rehab Therapy
Alcohol/Chemical/Gambling	Chiropractic Services

Note: within the detail of each service you will find the Copay, Remaining Benefit, Referral Requirements, etc.

Medical Office Visits									
Type of Service	Network	Referral Required?	Level	Applies to	Patient Portion	Limit	Remaining*	Bucket	Admission Group

6. Click **Gack** to return to the Coverages & Benefits workspace.

BACK



7. Click **Coverage Detail Report** to review information about the member's coverages.

B coverage of	Negron L				
aver Information					
Payor	Address	City		State	Zip
laim Address					
Benefit Plan	Address	City		State	Zip
overage					
Effective From:	Effective To:	Coverage Type	Group #		
Jan 1, 2019		Managed Care			
Subscriber					
Name	Relationship to Subscriber	S	Subscriber DOB		
Mars, Peter	Self Child	P	Apr 4, 1944		

Review claims by Member

1. From a member's workspace, click the **Claims by Member** tab. This reveals the list of claims your provider office has submitted for this member.

SANF RI	D N Home	In Basket	List R	Referral Search	Claims Mars, George	Coptum CES					■ Menu	⊖ Log Out
_			Dem	ographics	Coverages & Benefits	New Referral	Referral by Member	Claim by Memb	er			
			∿ Cl	aims Inqu	iry					Ask Questic	A 🗿 🕃	•
	George M								From date	To date		
	Male, 16yr, 6 MRN: <e119< td=""><th>/6/2003 34></th><td></td><td>Search for</td><td>vendor, provider, claim</td><td>ID</td><td></td><td></td><td>10/1/2018</td><td>10/1/2</td><td>019</td><td></td></e119<>	/6/2003 34>		Search for	vendor, provider, claim	ID			10/1/2018	10/1/2	019	
				Advanced	l Search							
	Care Team: N	lo PCP found	Claim	ו # יי	Svc Frm Dt		Cim Rcv Dt	Statu	s			
	ALLERGIES Not on File		372		08/05/2019		08/05/2019	Clean	(Posted/Printed)			

2. Select **Advanced Search** to retrieve claims for this member, based upon date of service, claim ID, billed amount, type, claim, or check number.

SANFORD) 🔒 N Home	In Basket	Patient List	Referral Search	Claims	J × Mars, George	Optum CES							ı	₩enu L	⊖ og Out
			D	emographics	Coverage	es & Benefits	New Re	ferral Re	eferral by Mem	ber Claim	by Mem	nber				
			%	Claims Inqu	uiry									Ask A Question	1 2 G 🛉	• •
	Goorgo Ma											From date		To date		
	Male, 16vr. 6/6	/2003		Search for	vendor pr	ovider claim	ID					10/1/2018	m	10/1/2019		
	MRN: <e11934< th=""><th> ></th><th></th><th>001.000</th><th>vonaci, p.</th><th>011001, 0.0</th><th></th><th></th><th></th><th></th><th></th><th>10/1/2010</th><th></th><th>10/11/2010</th><th>10000</th><th></th></e11934<>	>		001.000	vonaci, p.	011001, 0.0						10/1/2010		10/11/2010	10000	
				Advance	d Search											
	Care Team: No	PCP found		Vendor				Tax ID				Provider				
	ALLERGIES Not on File						P,				Q,				,p	
				Claim ID				Submitted ID				Check Number				
	12/29/2019															
				Billed Amount				Claim Type								
				Min		Max		🗸 Any	CMS	UB						
			СІ	aim # 🔻		Svc Frm Dt		Cir	n Rcv Dt		Sta	tus				
			37	2		08/05/2019		08/	05/2019		Clea	an (Posted/Printed)				

 Use the Provider field to choose a provider whose claims you would like to review. You can also search by Claim ID, Tax ID, Date Range, or Vendor (Facility). Click the magnifying glass next to the various fields to see the default option available. Entering data in multiple fields will retrieve more specific results.



4. Click the claim number link to view detailed claim information.

Claim # 🔻	Svc Frm Dt	Cim Rcv Dt	Status
372	08/05/2019	08/05/2019	Pending

Claim Search

1. Click Claims.



 Enter the Vendor (Facility), Tax ID, Provider, Member ID or Claim ID or select Advanced Search. Entering data in multiple fields will retrieve more specific results.

im Search							Ask A Question	9 23
Search for vendor, provider, member	ID, claim ID				9/17/2019		10/1/2019	
□ Advanced Search								
Vendor		Tax ID			Provider			
	Q,			Q,				,o
Member ID		Claim ID			Submitted ID			
Check Number		Billed Amount			Claim Type			
			14		✓ Anv	CN	15	LIR

3. Press Enter or Tab key to begin the search on the criteria entered.



4. If you are not getting results, you can reduce the number of criteria by closing extra options at the top. Also, verify the date range as the date fields default to the prior 14 days.

							ivesion yer k a
Claim ID: 372 × Member ID	5000000999 ×	ve Member ID from search criteria			From date	To date	
Search for vendor, provider, mem	ber ID, claim ID				9/17/2019	10/1/201	9
Advanced Search							
Vendor		Tax ID			Provider		
	Q		,	ρ			Ç,
		Claim ID			Submitted ID		
Member ID							
Member ID 500000999		372					
Member ID 500000999 Check Number		372 Billed Amount			Claim Type		

5. Click the claim number link to view detailed claim information.

Claim # •	Svc Frm Dt	Cim Rcv Dt	Status
372	08/05/2019	08/05/2019	Pending

6. From the **Claim Review Report** you can view the Claim Detail, including the Claim Totals.

С	laim Totals						
	Total Billed	Patient Total	Net Payable	Interest	Penalty	Date Received	Service Date
	333.33	0.00	0.00	0.00	0.00	08/20/2019	08/20/2019

7. If you would like to view the remittance advice, select **View RA** from the top left corner.



Review remittance advice

1. From the Home screen, click Claims.

SANF ∌ RD	Â		_			1
HEALTH PLAN	Home	In Basket	Patient List	Referral Search	Claims	Patient

2. Select the **Remittance Advice** tab.



3. Search for remittance advices by vendor or check number.

Please note: the date range defaults to the prior 14 days. Click the field to enter the date or click in the calendar image to select the date.

4. Click the check number link to access detailed remittance advice.

Check Number	Vendor	RA Date +	Service Date Range	Mailed Date	Total Amount
40012593	MEDICAL CENTER	09/09/2019	08/20/2019 to 08/20/2019		0.00

Ask a question – claims

1. From Claim by Member, click Submit a claim reconsideration or Claim question.

	Demographics	Coverages & Benefits	New Referral	Referral by Member	Claim by Member					
	Claims Inq	uiry						Ask A Question	23 e	0
					♀ s ♀ c	ubmit a clai laim questic	m recor on	nsideration To date		
	Search fo	r vendor, provider, claim IL)		1	0/1/2018		10/1/2019		
	■ Advance	ed Search								
-	Claim # 🔻	Svc Frm Dt		Clm Rcv Dt	Status					
	372	08/05/2019		08/05/2019	Clean (Po	sted/Printed)				

- 2. Enter as much information as you can.
 - Claim Reconsideration: A completed Provider Claim Reconsideration form must be attached. This form can be downloaded from the Forms and Documents section of the Sanford Health Plan Provider Portal.

Submit a claim reconsideration	n			
Source Provider:			Q.	í
Priority:	⊖High ●Routine OL	.0W		l
Patient:	Mars, George [<e11934< td=""><td>4>]</td><td></td><td>I</td></e11934<>	4>]		I
Attachments:	ATTACH REFERRALS	ATTACH CLAIMS		I
PROVIDER CLAIM REC REQUIRED	ONSIDERATION DOCUM	ENTATION		
CLAIM REVIEW TY	PE? Choose one		T	
🔥 Details				Î
		SUBMIT	CANCEL	



Scroll down the page to attach your documentation. Click **Submit.**

Additional Documents		
Additional Documents	Add files	

or

• Claim Question: Include any pertinent information in the Details.

Source Provider:		Q,
Priority:	◯ High	
Patient:	Mars, George [<e11934>]</e11934>	
Details:		

3. Click **Submit** to route the question to an appropriate user. You will receive a response within one business day.

Ask a question – payment information

1. From Claim Search, click Payment Information.

SANFORD HEALTH PLAN	n Home	M In Basket	Patient List	Referral Search	Claims	2 Patient	Coptum CES					E Menu	C ‡ Log Out
	Claim Se	arch F	Remittance Ad	dvice Search									
94	Clain	n Searc	h								Ask A Question		• •
										😲 Payı	ment Information		
									From date	_	To date	· .	-
		Search for	vendor, prov	vider, member IL), claim I	D			9/17/201	9 🔳	10/1/2019		Đ.
	6	E Advance	d Search Cr	riteria must inc	lude one	e of the f	ollowing: Ver	dor, Provider, Member ID, Clain	n ID, Submitted ID	or Check Num	ber.		

2. Enter as much information as you can. **Submit**

Payment Information					
Source Provider:					\$
Priority:	High	Routine	C Low		
🛓 Details:					
				SUBMIT	CANCEL

Ask a question – Member demographic update

1. From the Member **Demographics**, click **Member demographic update**.

SANF BRD	Home	In Basket	Patient List	Referral Search	Claims	Saturn, Susa	Noptum CES	Referral by Member	Claim by Member	⊟ Menu
			☆ [Demograph	nics	3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ask A Question
		U		Basic Demo	graphic	s				Member demographic update

2. Enter as much information as you can. Click **Submit.**

Submit update		
Source Provider:		Q
Priority:	○ High ● Routine ○ Low	
Site:		•
Patient:	Saturn, Susan [E11929]	
🔥 Details:		
		CANCEL
	SUBMIT	CANCEL

In Basket

1. Click In Basket.

SANF ∌ RD			<u> </u>	- -		1
HEALTH PLAN	Home	In Basket	Patient List	Referral Search	Claims	Patient

2. Select New Message

My In Basket	My Mess	ages)	Provid	ler Cor	nmuni	catio	n Reply	
□ My Messages	P	0	×	ø	Q	₩.	9	
Provider Communication	New Msg	Refresh	Done	Reply	Search	Sort	Properties	

3. **Provider Communication** – all items submitted to the Health Plan via In Basket or Ask a Question.

My In Basket	My	Messa	ages	Provid	er Com	munio	atio	n Reply				К.Я. 21 М.М.	ē	0
My Messages Provider Communication	Ne	😰 🔸	C Refresh	X Done	Reply	پ Search	t⊊ Sort	Properties						
		Priority A	Status	Msg Date	Msg Time	Sent B	у	Subject	Patient	Action	Phone	PI	Msg	
		1	Read	09/18/2019	2:51 PM	TEST, F	OUR	RE: Payment Information				Ad Hoc		
			Pend	08/26/2019	4:04 PM	TEST, F	OUR	RE: Claim Status						



4. To view a message, check the message to view and the detail will be viewable below.

My In Basket	My Messa	ages)	Provid	er Con	nmunio	catio	n Reply				53 🖷	† 0
My Messages Provider Communication	New Msg	C Refresh	X Done	🔊 Reply	پ Search	l⊈ Sort	ଙ୍କ Properties					
	Priority ▲	Status	Msg Date	Msg Time 2:51 PM	Sent B	y Fuur	Subject RE: Payment information	Patient	Action Pl	hone Pl	10C	visg 🔺
		Pend	08/26/2019	4:04 PM	TEST, I	FOUR	RE: Claim Status					
		Read	09/10/2019	12:52 PM	TEST, I	FOUR	RE: Member Coverage					
		Read	09/11/2019	9:19 AM	TEST, I	FOUR	RE: Payment Information					
		Read	09/11/2019	2:35 PM	TEST, I	FOUR	RE: Member Demographic Update					
		New	09/11/2019	2:36 PM	TEST, I	FOUR	RE: Member Demographic Update					*
	Message	🗏 Help								🔑 Set as	Default	ē
	RE: Cla Test, Four Your messa	aim Stat ➡ Test, F age has b	us [:] our been sent! V	Ve will res	pond with	hin two	(2) business days.		R	eceived: 1 r	nonth ag	o
	CRM # Priority: Hi	# 81 gh Create	ed on: 08/26	6/2019 04	:04 PM B	y: Test	, Four			Ow Status: Ur	ner: Non nresolve	ie id
	Notes Test, Four	08/26/2	019 04:04 I	PM								
My In Basket	Your messa	age has b	een sent! V	Ve will res	pond with	hin two	(2) business days.					
My Out Basket	Brimany l	nformati	ion.									•

Note: Each item has a Status to help determine

- **New** replies
- Read the messages you've already reviewed
- Pend still awaiting a response.



5. To remove the item from your communication list – check or highlight the message and click **Done**.



6. My Out Basket is for messages sent from In Basket.





Event Monitor

1. Within the Home page is a box titled Event Monitor.

SANF HEALTH PLAN mySanfordHealthPlan Pro) N oviders	Select Patient	Open Chart Review	Create Referral	Claim Search		
Event Monitor 5	Þ	Reports s		Quick Links			
Inpatient Notifications Result Notifications (1) Referral Notifications (13)		You have no unread reports.		Forms & Documents Policies & Medical Gui	idelines		
Referral Notifications (13)							

2. Event Monitor provides a quick glance at updates on Referrals. By clicking on the Referral Notification you can view all messages in In Basket.

SANF RI	D.	n Home	In Basket	Patier	nt List	Referral	Search	Claims	My Reports	Patient	* CES								Henu	C Log (≯ Dut
	Ν	/ly In I	Basket		My N	lessa	iges→	Refe	erral Notif	ficatio	ns									ē	0
		■ My Mes	sages		Ŕ		0			×		÷		,	4	þ	5	9			
		CRM			New N	visg 📩	Refresh	Reply	Forward	Done	ŤF	Print Selected	Event Monit	or Settings	Select Patient	Search	Sort	Properties			
		💼 Inpatie	ent Notifications			Status 🛦		Patient					RFL #	Event Type			Msg Date		Msa Time		
	١.	Provid	ler Communica	tion F		New		Beakerzz,	Madi				330	Referral Aut	horized		09/17/2019		12:31 PM		- 11
	J.	📄 Referr	al Notifications	: (13		New		Beakerzz,	Madi				330	Referral Aut	horized		09/17/2019		12:29 PM		- 11
		Result	t Notifications (1)		New		Beakerzz,	Madi				332	Referral Aut	horized		09/17/2019		12:27 PM		
						New		Beakerzz,	Madi				334	Referral Aut	horized		09/17/2019		12:39 PM		
						New		Mars, Geo	orge				346	Referral Den	ied		09/17/2019		1:30 PM		
						Mour		Die Minn	or louchconvotion	•			220	Deferral Der	lind		00/17/2010		10-50 DM		•
																					ā

(see In Basket for more information on My Messages)

Optum CES

1. For viewing more detail about your denials, select Optum CES.



2. Enter your login information.

SANF: DRD HEALTH PLAN mySanfordHealthPlan Providers
CES Test
Please enter your UserID below. Username:
Password
Submit
Restart Login
For assistance, contact our Provider Relations Team: <u>1-800-601-5086</u> Copyright 2015 SecureAuth Corp. All rights reserved.



3. Enter the Tax ID and Claim ID or Member ID to view the claim.

SANF SRD	Claim Edit Portal
Search	

Claim Type	Professional	Facility		
Frovider Le	verimormation			
Tax ID				
Claim Selec	tion Criteria			
Claim ID]		
	Or			
Member ID		Date Of Service	MM/dd/yyyy	To MM/dd/yyyy
Search Clai	ims			

4. Close the window to log out.

Requesting access to additional Facilities

1. Click In Basket.



2. Click the drop down next to New Msg and select Provider Communication.

My In Basket	My Mes	sa	ages		
My Messages Provider Communication F	De New Msg		C Refresh	ې Search	
Referral Notifications	Provider C	omn	nunication	nessages	

3. Select Other for Topic.

In Basket Customer Service Reque	est		
New Customer S	Service Request		
😝 Topic:	•	, Priority	
Summary:	Claim Question	High Routine	
Associated Site	Member Demographic Update Member Coverage		
Site:	Benefit Question Claim Reconsideration	v	
	Other Fee schedule/Pricing		
	Pharmacy/Drug Authorization Question Medical Authorization Question		

4. Within Summary note "Request for additional Facility access"

In Basket Customer Service Reque	est		
New Customer S	Service Request		
Topic:	Other	T	Priority
Summary:	Request for additional F	Facility access	Routine Low



5. Select the **Associated Site** you are currently with and enter the following information within the **Details. ✓Submit**

Associated Site		Low
Site:	SURGERY CLINIC	
Details		
	Requesting access:	
	"TIN" and "Facility Name"	
Details:		



Documents and Policies

1. Within the Home page is a box titled Quick Links.

Quick Links	
Forms & Documents	
Policies & Medical Guidelines	
Search Member Documents	
Optum CES	
Eviti Connect	

2. Select Forms & Documents

Forms & Documents

All other Sanford Health Plan forms & documents are available outside the portal at www.sanfordhealthplan.com/providers/forms HEDIS Provider Guide & Toolkit Medicaid Expansion Lock-In (CSP) Program Request

3. Select Policies & Medical Guides

Provider Manual Policies

Claim Re-Considerations {PR-014} Continuity and Coordination of Care {MM-031} Criteria for Credentialing and Recredentialing Participating F Medical Records {MM-024} Member Rights and Responsibilities {MS-16} Monitoring Policy {PR-024}

Benefits & Reimbursements Policies

- Abortion Acupuncture Allergy Testing and Immunotherapy Anesthesia Applied Behavior Analysis (ABA) Assistant at Surgery Reimbursement Policy Biofeedback
- 4. Search Member Documents will allow you to enter a Member ID and view the specific plan and member information for that patient.

Enter Member	Number:
Search Member Number	
Search	

5. **Eviti** | **Connect** will connect you to the Eviti site where prior-authorizations for oncology treatment are requested.

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