

## Provider Fact Sheet: 1915i

Sanford Health Plan is excited to partner with North Dakota Medicaid to administer claims for Medicaid Expansion members that pay for additional home and community-based services to support individuals with behavioral health conditions.

This fact sheet will help you connect the requirements set by the State of North Dakota for this program and to then give you the tools submit proper authorizations and claim forms to Sanford Health Plan while adhering to the health plan requirements. Coverage and payment are based on benefit plan and eligibility.

**First resource** we would offer where there is a wealth of information is location on the State of North Dakota Behavior Health web page. Information you will obtain could include but not limited to:

- How do I apply/access services?
- How do I become a provider?
- What services are includes?
- What type of individuals are eligible for these services?

Please use the below link to learn more about these questions.

<https://www.behavioralhealth.nd.gov/1915i>

**Second resource** would be for the individuals that would need to submit prior authorizations/referrals for these service. This authorization process resides in our provider portal which has individual sign on requirements. To request access to this provider portal please follow the below instructions:

- Browse this link for requesting access for the Provider Portal -  
<https://www.sanfordhealthplan.com/provider-portal-access-request>

**OR**

- Go to [sanfordhealthplan.org/providers](https://www.sanfordhealthplan.org/providers) -  
<https://www.sanfordhealthplan.com/providers>
- In the right-hand corner (Login), click the drop-down arrow and select Providers.



- Then, click the Request Access hyperlink.

SANFORD HEALTH PLAN  
mySanfordHealthPlan | Providers

Tapestry

Please enter your UserID below.

Username:

Password:

[Restart Login](#)  
[Reset Password](#)  
[Request Access](#)  
[Provider Portal FAQ](#)

For assistance, contact our Technology Support Center:  
1-877-949-5678

- Fill out the form completely, making sure all information is in the correct fields.
- In two to three business days, our Information Technology department will email your password and username.

**Third resource** would be again for the individuals that are submitting the prior authorizations/referrals. A tutorial on how to submit an authorization lives within the provider portal on the main page once logged in. You can also find this tutorial added for your convenience beginning on page 3 of this Fact Sheet.

**Fourth resource** will assist any provider that has successfully enrolled with The State of North Dakota and has provided services to an eligible North Dakota Medicaid Expansion Member. To ensure you submit the claim correctly please refer to our provider manual (link provided below) at pages 51-55.

[https://www.sanfordhealthplan.com/-/media/files/documents/providers/forms/svhp-2091-booklet-hp-provider-manual-8\\_5x11.pdf](https://www.sanfordhealthplan.com/-/media/files/documents/providers/forms/svhp-2091-booklet-hp-provider-manual-8_5x11.pdf)

**Last resource** - as provider for Sanford Health Plan members we have a dedicated team to support our provider community

- You can reach us Monday-Friday, 8 a.m. to 5 p.m.
- Please call 800-601-5086;  
Option 2 for Providers; Option 4 for Provider Relations.

Pages 3-10 are added to enable quick access as listed on page 2 of this Fact Sheet.

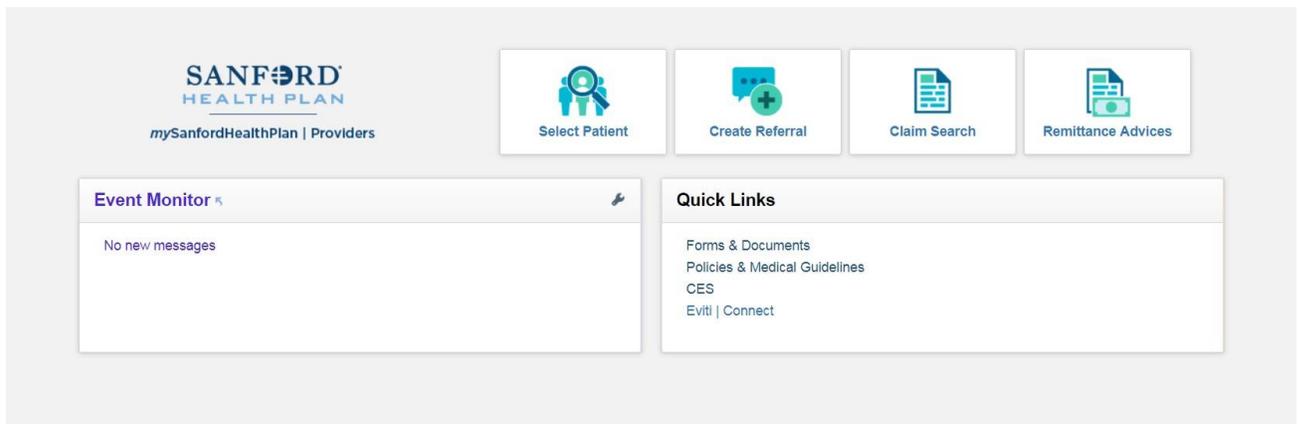
## **mySanfordHealth Plan Provider Portal: Enter and Review NDME 1915i Referrals (Prior Authorization)**

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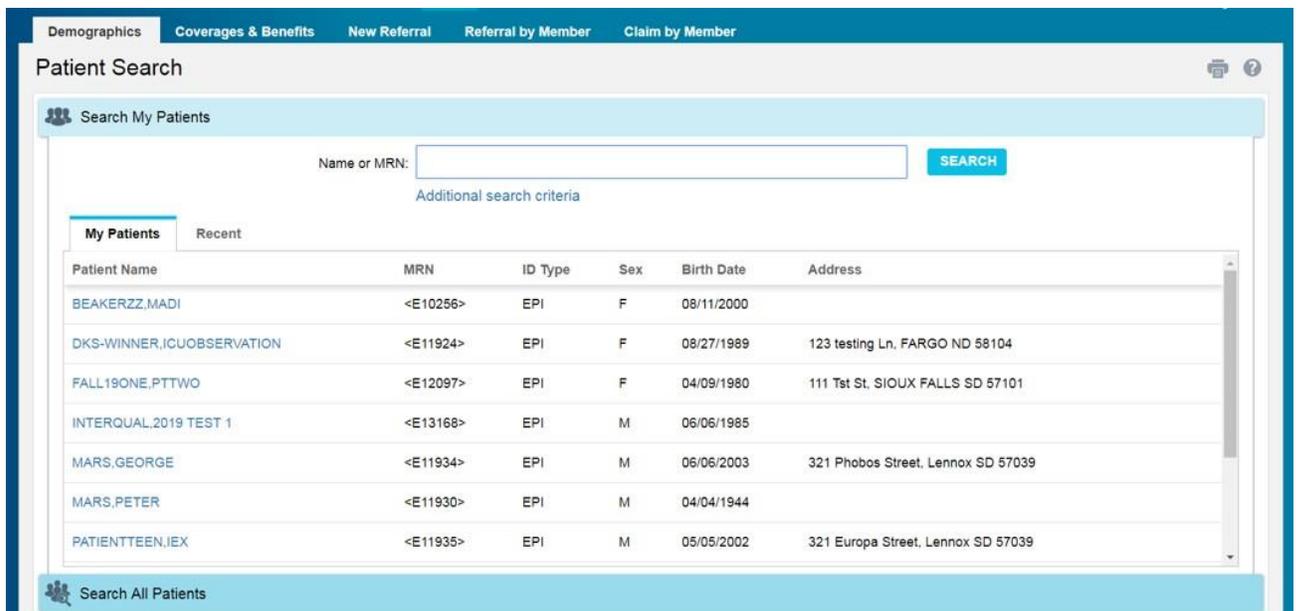
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## Open a member's record

1. Click **Select Patient**.



2. Click **Search all Patients**.



3. Enter the member's name, birth date, or MRN and click **Search**.

4. Multiple patients may found to match your criteria. Scroll on the right side of the pop up window to locate the exact patient you wish to review.

**Search Results**

Name: test, test  
Sex: Female      Birthdate: 1/1/1990

7 patients match the search criteria above.

Match	Patient Name	MRN	Birth Date	Legal Sex	Street Address	SSN
<input checked="" type="radio"/>	30.00 TOTAL PROTEIN,TST VALIDATION GREATER THAN 19 YEARS	E14950	1/1/1990	F		

If you need help finding your patient, please contact your site administrator.



**Select**  
Select the patient and add to my list



**Cancel**  
Go back and modify search criteria

## Create a new referral (Prior Authorization)

1. From a member's workspace, click **New Referral**.

2. On the **Priority Field**, select the appropriate priority. See the table below for further details about each type.

Routine	Select this priority if the services require prior authorization, but are considered routine in nature and not urgent.
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3. Select the Referral Type. See the chart below to assist you in selecting the appropriate type.

### Referral Type:

Referral Type	Description
NDME 1915i	For services provided under 1915i

4. Enter the referral class. Referral classes include:
  - **Outside Sanford Health System - The referral is being submitting by a provider that does not work for Sanford Health.**
5. Select the correct Start and Expiration dates for the authorization.

6. In the Referred by section of the General Information form, enter as much information as you can. Use the magnifying glass icon to search for the provider who referred the member for this service. You are able to search for both individual physicians and facilities/departments. Once you have selected the provider, you may see a Provider Address field be added to the document. Select the provider's address where the provider is located.
7. In the Referred to section, search for the provider or facility that will be performing the services requiring authorization.

Note: If your facility or provider cannot be located, please enter '99999' and then add the pertinent information on the free-form field on the next section of the authorization.

8. Click Next.
9. On the **Diagnoses/Services** form, enter a diagnosis code in the **Diagnoses (coded)** field. If there are multiple Diagnosis codes to be submitted, click the **Add** plus sign.

Enter a procedure code in the **Services** field.

 If you're entering codes but don't have a diagnosis code, enter a description in the **Diagnoses (coded)** field and press **ENTER** to search for a code.

12. Scroll down and complete the Questionnaire with your contact information. Once this is completed, use the **Note Summary** free-form areas to provide more details. Please Note that this a place to add the provider information if you needed to use the '99999' on the previous screen.

**Notes**

Note type

SHP Provider Comments [139]

Note summary

?

← →

11. Complete the NDME 1915i questionnaire.

Questionnaire

**SHP RFL NDME1915I**

	Answer	Comment
<b>Providers of Service: Only Providers enrolled with the State of ND are eligible for providing service.</b>	<input type="text" value=""/>	<input type="text" value=""/>
<b>Care Coordination Code</b>	<input type="text" value=""/>	<input type="text" value=""/>
Coordinates participant care, develops Person-centered Plan of Care and assists individuals with gaining access to needed... <a href="#">see more</a>		
<b>Non-Medical Transportation (Private Vehicle) Code</b>	<input type="text" value=""/>	<input type="text" value=""/>
Assists participants with non-medical related transportation needs to gain access to services, activities and resources, as... <a href="#">see more</a>		
<b>Community Transition Services Code</b>	<input type="text" value=""/>	<input type="text" value=""/>
Non-recurring basic household set-up expenses for individuals transitioning from certain institutions to a private residence... <a href="#">see more</a>		
<b>Peer Support</b>	<input type="text" value=""/>	<input type="text" value=""/>

12. Scroll down and click **Add File**, select an appropriate file.

**Note:**

- A care plan must be attached for processing.

Attachment

**Add file**

2.0 MB Total Allowed

13. Click **Request Referral**.

## Review referrals (prior auths)

1. From a member's workspace, click **Referral by Member**.

**Note:** If you are unable to locate the Referral you submitted, it may be because you submitted the referral to A- a different area under a different Tax ID, or B- You used the '99999' in the Referred To field. This number is not attached to any tax ID and will not show until our Utilization Management team has reviewed the request and has updated the referral with the correct provider information.

Referral by Member

View Option: Show All Referrals

Click on the referral ID to view more information about that referral

Search Results: 2 referrals found

ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
298	SHP-SANFORD HEALTH PLAN			PEND	09/13/2019	03/11/2020	09/13/2019

2. Click the Referral ID to view referral details.
3. Once the Referral has been reviewed and finalized, the Letter from Sanford Health Plan is viewable within the Referral Notes section.

Referral Notes				Number of Notes: 5
Type	Date	User	Summary	Attachment
SHP UM Letter - By Provider	10/02/2019 7:36 AM	Ricke, Pamela S	Auto: Notification Recipient List	-

## Referral Search (prior auths)

1. From the Home page, click **Referral Search**.

**Referral Search**

**Referral Type**

**Effective Dates**  
 From:   To:

**Referred To**  
 1/859

- Aamlid, Brian C, MD
- Adam-Burchill, Paul...
- Adamiak, Tonya R, ...
- Al-Hasnawi, Hadi, MD
- Alexander, Melissa ...
- Ali, Mir H, MD
- Ali, Mir M, MD
- Allard, Brandon L, MD
- Amin, Nessim, MD
- Anderson, Brittany, ...

**Referral Status**  
 13/13

- Authorized
- Canceled
- Closed
- Denied
- Incomplete
- New Request
- Non Admit
- NOT REQUIRED
- Open
- Pending Review

2. Select from Referral Type, Referred To, Referral Status and a date range to search for a referral.