

June Education

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JUNE EDUCATION

Thank you for joining us today!

Please make certain that you are muted upon arriving to the session.

Contact Info for Provider Relations: 800-601-5086
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Sanford Health Plan Provider Fast Facts

- What is happening? What is upcoming?
- New Policies?
- How to retrieve this info?

<https://www.sanfordhealthplan.com/providers/newsletters>

Provider Newsletter

Sign up for our newsletter and stay up to date with development, education opportunities, guidelines, and policy updates

 [Download recent Fast Facts \(PDF\)](#)

 [Download recent Provider Perspective newsletter \(PDF\)](#)

[Sign up for provider newsletter >](#)

[View past issues here >](#)

No Surprises Act: Provider Updates Due

Beginning Jan. 1, 2022, CMS requires self-funded plans and fully insured individual and group plans to establish a provider directory verification process and establish a procedure for removing providers or facilities with unverifiable information. Sanford Health Plan joins more than 425 payers across the nation that are enlisting Quest Analytics/BetterDoctor services to implement a robust process to verify our provider directory.

What this means for you as a provider:

You will receive communication from our partner, Quest Analytics/BetterDoctor, every 90 days to verify the details we have in our provider directory. Once the details are sent back and verified, directories will be updated within two business days of receiving the provider updates. If no response is received, we are required to remove the provider from our provider directory until information is verified as correct. **PROMPT RESPONSE IS KEY.**

For additional questions or requests regarding your verification process please contact Quest/BetterDoctor at:

Email support@betterdoctor.com or call **(844) 668-2543** 8:00 a.m. – 5:00 p.m. CST.

If your organization includes ten or more practitioners at multiple service locations, you're welcome to submit a roster each quarter instead of using the BetterDoctor online portal to attest.

Contact your Senior Provider Relations Specialist for more details.

Checking Claim Status without Portal Access

<https://www.sanfordhealthplan.com/providers/forms>

Claim Payments

You can easily check a claim status online [HERE](#). Please allow 30 days from date of submission. This link will allow you to check a single claim. To securely view additional claims, you will need to log into your secure portal [HERE](#).

NOTE: The Claim ID or submitted ID should match what was used when the claim was submitted.

Below is an example of the "Find a Claim" web page.

1 Who submitted the claim?
Enter **ONE** of the following:
A) Provider NPI
B) Vendor Tax ID

2 What were the claim details?
Enter **ONE** of the following:
A) ID + Earliest Date of Service
B) ID + Billed Amount

Provider NPI

Vendor Tax ID

Claim ID or submitted ID

Billed Amount

Earliest Date of Service

Claim # [REDACTED]	Billed Amount [REDACTED]	Additional Information
	Net Payable [REDACTED]	
 Clean (Mailed/Sent) Claim status date:		Claim Type CMS
Check Information		Submitted ID [REDACTED]
Check Number	Check Date	Date Received
		Vendor [REDACTED]
		Provider [REDACTED]

Sanford Health Plan Provider Portal Access

www.sanfordhealthplan.com

Quick Links

For the latest on Covid-19 and expanded At-Home COVID test reimbursement [click here](#).
Medicare members: [COVID-19 At-Home Test Update](#)

INDIVIDUALS & EMPLOYERS

MEDICARE ADVANTAGE

Learn

For Agents

For Providers



[Shop Plans](#) [Medicare Advantage](#) [Members](#) [NDME](#) [Business](#) [Providers](#) [Learn](#)



 **Log in**

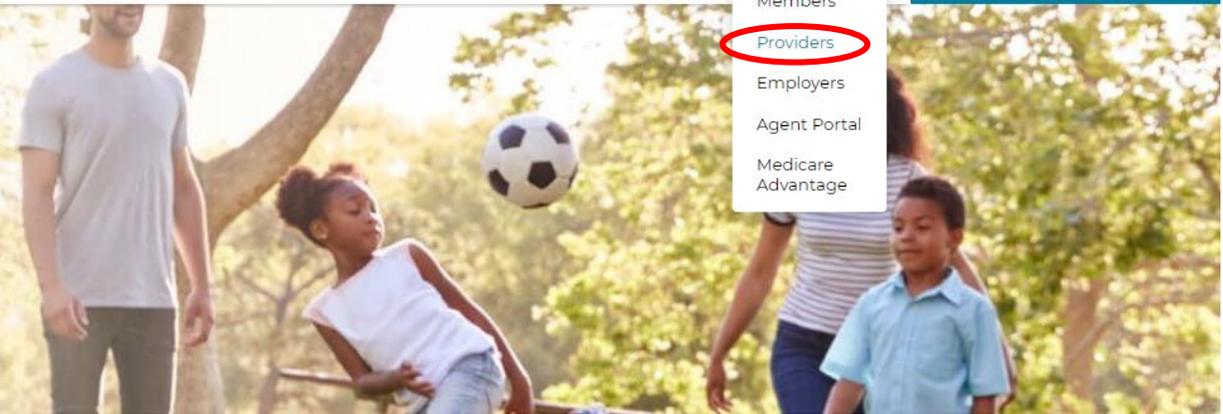
[Request A Quote](#)

- Members
- Providers**
- Employers
- Agent Portal
- Medicare Advantage

WE'RE HERE TO HELP.

Live Life Covered.

We can connect you to the right plan and the best member support and care in the region.



Requesting Portal Access

<https://www.sanfordhealthplan.com/provider-portal-access-request>

Provider Portal Access Request

Are you a Third Party Vendor*

Yes No

Third Party is defined as a separate individual or organization other than the two principals involved. A third party is typically a company that provides an auxiliary product not supplied by the primary manufacturer to the end user (the two principals); A generic legal term for any individual who does not have a direct connection with a legal transaction but who might be affected by it; A third-party beneficiary is an individual for whose benefit a contract is created even though that person is a stranger to both the agreement and the consideration.

Submit Form



Requesting Portal Access (cont.)

Provider Portal Access Request

Name*

First Name Last Name

Employed By*

Work Email*

Phone number that can receive text messages.*

(xxx) xxx-xxxx
We use this for multi-factor authentication and verification purposes.

Address, City, State, Zip Code*

Address Line 1

City State ZIP Code

County*

Last 4 digits of SSN*

Role in Facility*

[Previous](#) [Next](#)

Progress

- Not comfortable providing last 4 digits of Social Security Number? No Problem.
- Any 4 numeric digits you will remember is just fine
 - Not accepted ex. 1111, 2222, 9999, etc.
- Please allow 3-4 business days for approval

Provider Resources

www.sanfordhealthplan.com/providers

Provider Resources

Provider Enrollment and Credentialing →

Our provider enrollment and credentialing process for individual practitioners and facilities.

EDI Resources →

We allow a variety of practice management system vendors to submit claims and other EDI transactions. Learn more about our policies and requirements.

Referral Center →

Submit your specialties to be entered into our Referral Center or contact us to find the right in-network specialist for your patient.

Prior Authorizations →

Our updated process expedites workflows and increases transparency.

Clinical Resources →

Look to Sanford Health Plan for the latest in resources to assist providers with their care.

Forms & Manuals →

Forms, documents, and manuals to support our providers and facilities.

Quality Improvement →

We are dedicated to improving the quality of healthcare delivery and service. Learn more about how this impacts our entire company.

Provider Portal Navigation Guide

[Home](#) › [Providers](#) › [Forms](#)

Simply click on the document below to open in Adobe and then you can review, print or save the document.

Claims

- Check your claim status [here](#)
- Claim Reconsideration Form is now located within the [Provider Portal](#).
 - [Request Provider Portal Access \(External use only. Sanford Health users submit an ESAR\)](#)
 - [Provider Portal Navigation guide \(pages 7-9\)](#)
- [Flu & COVID-19 Vaccine Roster](#)

Credentialing Applications

Detailed Facility and Practitioner Credentialing forms and Sanford Provider HUB information can be found [here](#).

Documents

- [Prior Authorization List](#)
- [Claim Edit List](#)
- [Sanford Health Plan ID cards](#)
- [Understanding Your Check Adjustment Report](#)

Manuals

- [Provider Manual](#)
- [Provider Manual \(PDF\)](#)
- [Provider Onboarding Manual](#)

Medicare Advantage

Claim Reconsiderations

Claim Reconsiderations

- The claim reconsideration function should not be used for the following inquiries:
 - Incorrect Reimbursement
 - Multiplan/Datalsight Reimbursement
 - Retrospective Authorization Requests
 - Corrected Claims
 - Coordination of benefits
- Medicare Advantage Claim Reconsiderations
 - Provider Claim Reconsideration Request Form (located on provider portal)
 - Include Clinical Records and other documentation that support your case for reimbursement
 - Waiver of Liability form, holding the enrollee harmless, regardless of the outcome of the appeal (for non-participating providers)
 - Submit Claim Reconsiderations By:
 - Provider Portal: ehealth-shp.healthsuiteadvantage.com
 - Mail: Sanford Health Plan Attn: Appeals,
 - PO BOX 91110, Sioux Falls, SD 57109-1110
 - FAX: (605) 312-8217

Claim Reconsiderations (cont.)

- After 10/1/2021 any reconsideration not submitted on the provider portal will not be processed or receive a response.

Welcome to Provider Portal



Unread Messages 5

No new messages

Quick Links

- [Provider Claim Processing Guide](#)
- [Sanford Health Plan Provider Manual](#)

- [Password Reset Tutorial](#)
- [Prior Authorization Tutorial](#)
- [1915I Auth Tutorial](#)
- [Auth Type Resource Guide](#)
- [Review Coverage and Claim Tutorial](#)
- [Policy: Services Requiring Prior Authorization](#)

Claim Reconsiderations (cont.)

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

The screenshot shows the 'Claim by Member' tab selected in a navigation bar. Below the navigation bar is the 'Claims Inquiry' section. A search bar contains the placeholder text '|Search for vendor, provider, claim ID...'. To the right of the search bar are two date pickers set to '10/1/2018' and '10/1/2019'. A dropdown menu is open, showing two options: 'Submit a claim reconsideration' and 'Claim question'. The 'Submit a claim reconsideration' option is circled in red. Below the search bar is an 'Advanced Search' section. At the bottom, a table displays claim information.

Claim #	Svc Frm Dt	Cim Rcv Dt	Status
372	08/05/2019	08/05/2019	Clean (Posted/Printed)

Claim Reconsiderations (cont.)

- Complete all required fields and attach any relevant documentation
- Providers will receive a one-time claim reconsideration if requests are submitted within 180 days of the determination (original EOP) date.

Submit a claim reconsideration

Source Provider:

Priority: High Routine Low

Patient: Mars, George [<E11934>]

Attachments:

PROVIDER CLAIM RECONSIDERATION DOCUMENTATION REQUIRED

CLAIM REVIEW TYPE? Choose one

Details

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

Details

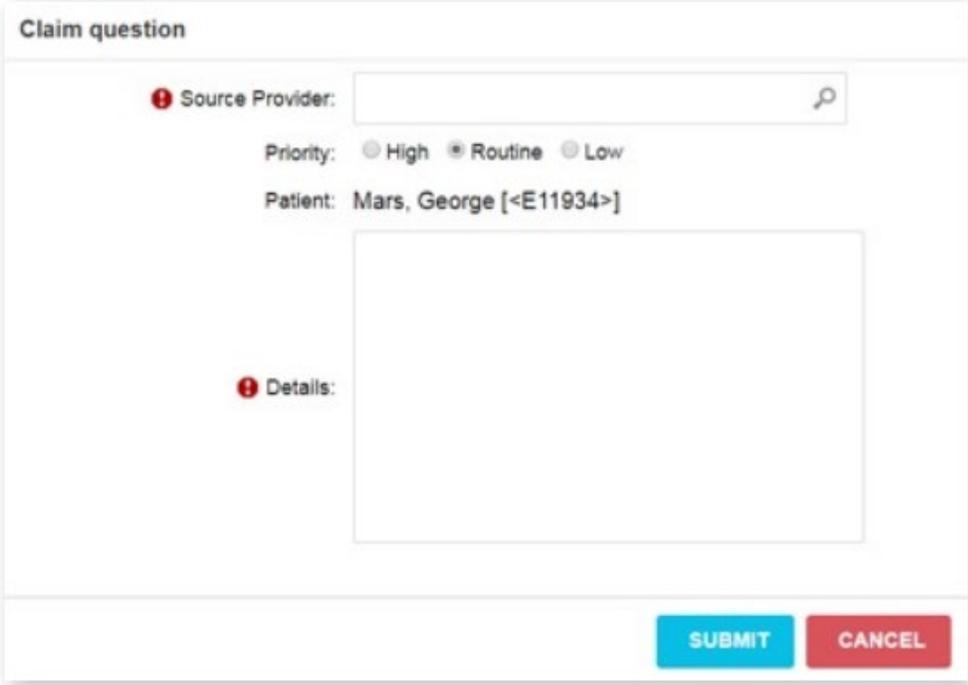
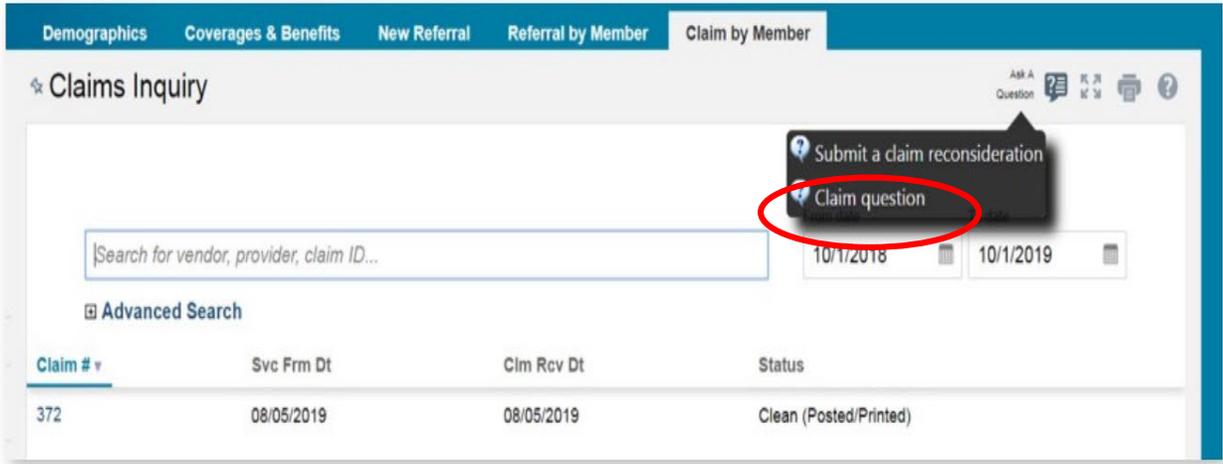
Additional Documents

Documents:

2.0 MB Total Allowed

Claim Questions

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



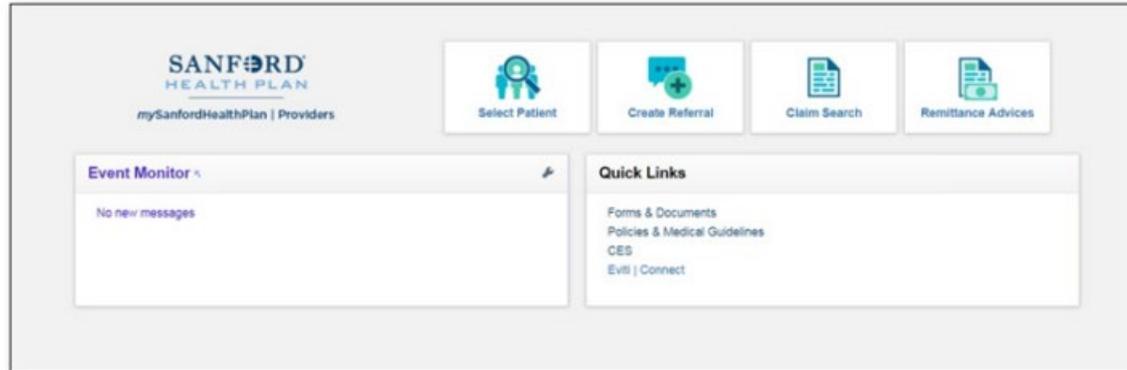
- “Ask A Question”
- Claim Question
 - Payment Information
 - Member Demographic Update

Prior Authorizations

Prior Authorizations

Open a member's record

1 Click **Select Patient**.



2 Click **Search all Patients**. Enter the member's name, birth date, or MRN and click **Search**.

The screenshot shows the "Patient Search" form. It has two tabs: "Search My Patients" and "Search All Patients". Below the tabs is a message: "Please fill out the required fields to gain access to the patient's record. Enter in the full name in the format of Last name, First name." Under "Patient Select", there are three input fields: "Name" (with a red error icon), "Sex" (with a red error icon), and "Birth Date" (with a red error icon). At the bottom right are "Search" and "Clear" buttons.

- Providers are responsible for obtaining prior authorizations on behalf of members to received in-network coverage.
- All referrals to non-participating providers require prior authorization
- Failure to obtain prior authorization will result in a denial that will be provider responsibility
 - Providers have 60 days from the date of service to request a retro-authorization if one was not obtained prior to services rendered

Prior Authorizations (cont.)

- 3 Confirm that you are opening up the correct patient chart and select the Reason. Click on the magnifying glass to view the types of reasons that are available and hit select when you are wanting to open this patient chart.

The screenshot shows a web interface for patient selection. At the top, there are two search buttons: "Search My Patients" and "Search All Patients". Below this is a "Patient Select Confirmation" section with the instruction: "To gain access to this patient's record click on the 'accept' button." The main content area is divided into two sections: "Patient Information" and "Patient Demographics".

Patient Information		
Patient Name	Legal Sex	DOB
Qtest, Test	Male	1/1/1980

Patient Demographics

Address (Permanent)
456 7TH BLVD
TAMPA FL 33601

Reason:  

Comment: 

Not the patient you were looking for?
[Search Again](#)

Prior Authorizations: Create a new Referral

1 From a member's workspace, click **New Referral** and choose the correct referral type.

Referral Type:

Referral Type	Description
SHP Rx – Medical Benefit	For medications to process under the medical benefit. (example: Remicade, IVIG, Entyvio)
SHP Rx – Pharmacy Benefit	For oral or self-administered medications that process under the pharmacy benefit, adjudicates through the PBM and not through the claims system. (example: Humira, linezolid, Dexamet)
SHP Injection - In Office	In-office injections that need prior authorization, such as botox
SHP Home Health Visits	Home health visits (nursing, PT, OT, ST, aide)
SHP Home IV Infusion	Home IV infusion authorization requests
SHP Observation Admit	Observation Admit that needs prior-authorization (such as at out-of-network facility, for back surgery, cosmetic procedure, or other surgery that needs prior-authorization)
SHP Consult	Any referral to out-of-network provider/second-opinion that needs prior-authorization
SHP Ambulance/Transportation	Urgent Air Ambulance and Non-urgent ground ambulance requests
SHP Outpatient Surgery	Outpatient surgery that requires a prior-authorization
SHP Genetic Testing	Genetic Testing
SHP Durable Medical Equipment	DME requiring prior-authorizations, whether rental or purchase
SHP Transplant	Transplant authorization requests
SHP Inpatient Admission	Inpatient authorization requests
SHP Other Outpatient Services	Other outpatient services that are not surgical that require prior-authorization, such as out-of-network services.
SHP NICU	Neonatal Intensive Care Unit admissions
SHP ABA Therapy	Applied Behavioral Analysis therapy when a covered benefit

Prior Authorizations: Create a new Referral

- 3 Enter the referral class. Referral classes include:
 - **Within Sanford Health System: The referral is being submitted by a Sanford facility, doctor, or authorization team.** The referral request originated outside your organization and requests a service to be performed within your organization. The referral request originated inside your organization and requests a service to be performed within your organization.
 - **Outside Sanford Health System — The referral is being submitting by a provider that does not work for Sanford Health.**
- 4 Select the correct Start and Expiration Dates for the authorization. If this is a retrospective authorization, click the check box next to Retroactive referral.
- 5 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.

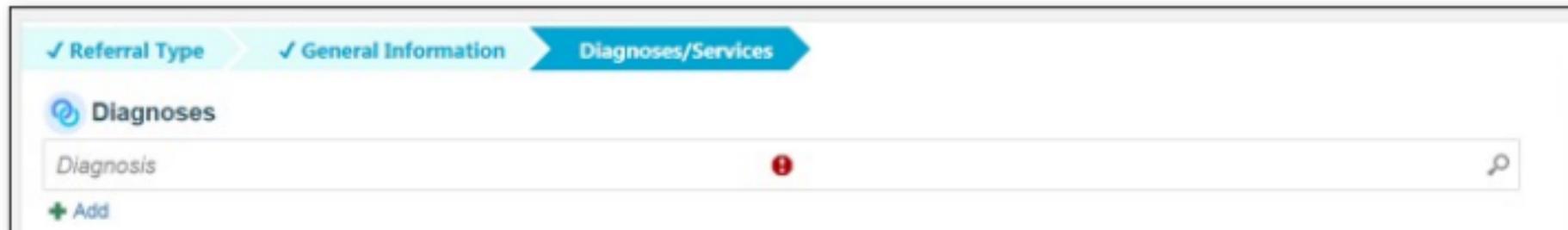
Prior Authorizations: Create a new Referral

- 6 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. If you are having issues or questions please call into Provider Relations at (800) 601-5086 press option 2 and follow that up with option 4.

- 7 Click **Next**.

- 8 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.



The screenshot shows a web interface for a 'Diagnoses/Services' form. At the top, there are three tabs: 'Referral Type' (checked), 'General Information' (checked), and 'Diagnoses/Services' (active). Below the tabs, there is a section titled 'Diagnoses' with a plus icon. Underneath, there is a search field with the placeholder text 'Diagnosis', a red error icon, and a magnifying glass icon. At the bottom left of the search field, there is a green plus sign and the text '+ Add'.

Prior Authorizations: Create a new Referral

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



The screenshot shows a form section titled "Services" with a plus icon. Below the title are four input fields: "Procedure" (with a red error icon and a search icon), "Revenue code" (with a search icon), "Modifiers" (with a search icon), and "Qty" (with a search icon). Below the "Procedure" field is a green "+ Add" button.

Note: 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.

- 10 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.



The screenshot shows a form section titled "Notes" with a pink icon. Below the title is a "Note type" field with a search icon, containing the text "SHP Provider Comments [139]". Below that is a "Note summary" field, which is empty. At the bottom of the section are several small icons: a globe, a document, a left arrow, a right arrow, and a document with a checkmark.

Prior Authorizations: Create a new Referral

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

Note:

- If the referring provider is Non-Sanford, please download and attach medical notes.
- If the referring provider is with Sanford (with medical notes in Epic), please specify where to locate the correct medical notes.
- If there is an attachment, notes are required.



Attachment

Add file

2.0 MB Total Allowed ⓘ

- 12 Please check and make sure that all required fields are completed. Once all those fields are filled the referral or prior authorization can be submitted by clicking the **Request Referral** button.

Prior Authorizations: Review Referrals

- 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.

The screenshot shows the 'Referral by Member' page. The top navigation bar includes Home, In Basket, Patient List, Referral Search, Claims, Patientteen, lex, and Optum CES. The main navigation bar has Demographics, Coverages & Benefits, New Referral, Referral by Member, and Claim by Member. The page title is 'Referral by Member'. Below the title, there is a 'View Option' dropdown set to 'Show All Referrals'. A message says 'Click on the referral ID to view more information about that referral'. The search results show '2 referrals found'.

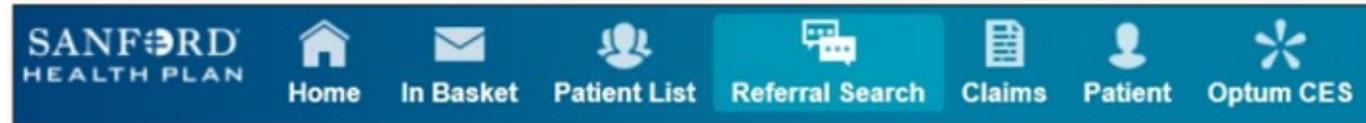
ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
298	SHP-SANFORD HEALTH PLAN			PEND	09/13/2019	03/11/2020	09/13/2019

- 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	-	

Prior Authorizations: Referral Search

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



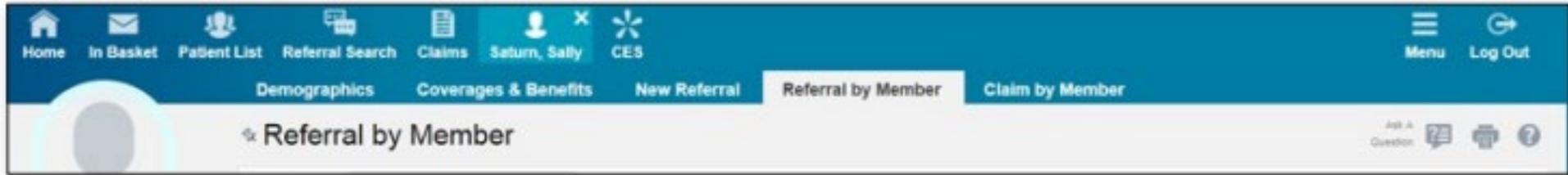
- 2 Select from **Referral Type**, **Referred To**, **Referral Status** and a **date range** to search for a referral.

The screenshot shows the 'Referral Search' interface. It features several filter sections: 'Referral Type' with 'Incoming' and 'Outgoing' buttons; 'Effective Dates' with 'From' and 'To' date pickers (set to 1/1/2019 and 10/2/2019); 'Referred To' with a 'Select all' button and a list of 1/859 providers; and 'Referral Status' with a 'Select all' button and a list of 13/13 status options. A 'SEARCH' button is located at the bottom right.

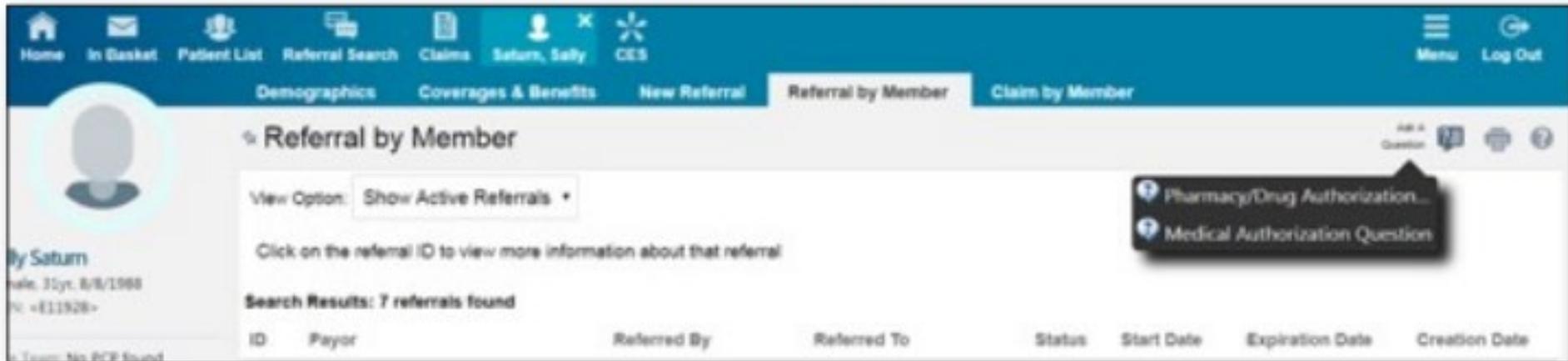
Referral Type	Referred To	Referral Status
<input checked="" type="radio"/> Incoming <input type="radio"/> Outgoing	<input checked="" type="checkbox"/> Select all 1/859	<input checked="" type="checkbox"/> Select all 13/13
	<input checked="" type="checkbox"/> Aamli, Brian C, MD	<input checked="" type="checkbox"/> Authorized
	<input checked="" type="checkbox"/> Adam-Burchill, Paul...	<input checked="" type="checkbox"/> Canceled
	<input checked="" type="checkbox"/> Adamiak, Tonya R, ...	<input checked="" type="checkbox"/> Closed
	<input checked="" type="checkbox"/> Al-Hasnawi, Hadi, MD	<input checked="" type="checkbox"/> Denied
	<input checked="" type="checkbox"/> Alexander, Melissa ...	<input checked="" type="checkbox"/> Incomplete
	<input checked="" type="checkbox"/> Ali, Mir H, MD	<input checked="" type="checkbox"/> New Request
	<input checked="" type="checkbox"/> Ali, Mir M, MD	<input checked="" type="checkbox"/> Non Admit
	<input checked="" type="checkbox"/> Allard, Brandon L, MD	<input checked="" type="checkbox"/> NOT REQUIRED
	<input checked="" type="checkbox"/> Amin, Nessim, MD	<input checked="" type="checkbox"/> Open
	<input checked="" type="checkbox"/> Anderson, Brittany, ...	<input checked="" type="checkbox"/> Pending Review

Prior Authorizations: Ask a question about a referral

- 1 From Referral by Member, click **Ask a Question**.



- 2 Select the **type of question**; Pharmacy/Drug or Medical.

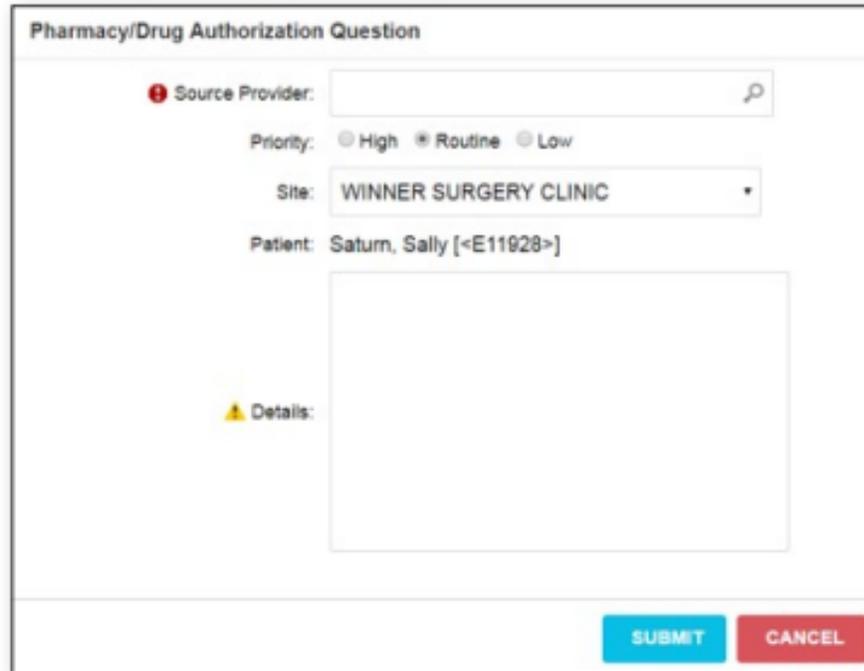


Prior Authorizations: Ask a question about a referral (cont.)

- 3 Enter as much information as you can, making sure to change the site to appropriate site.

Details: Enter your question and include the Referral number if available.

Details: Enter your question and include the Referral number if available.



Pharmacy/Drug Authorization Question

Source Provider:

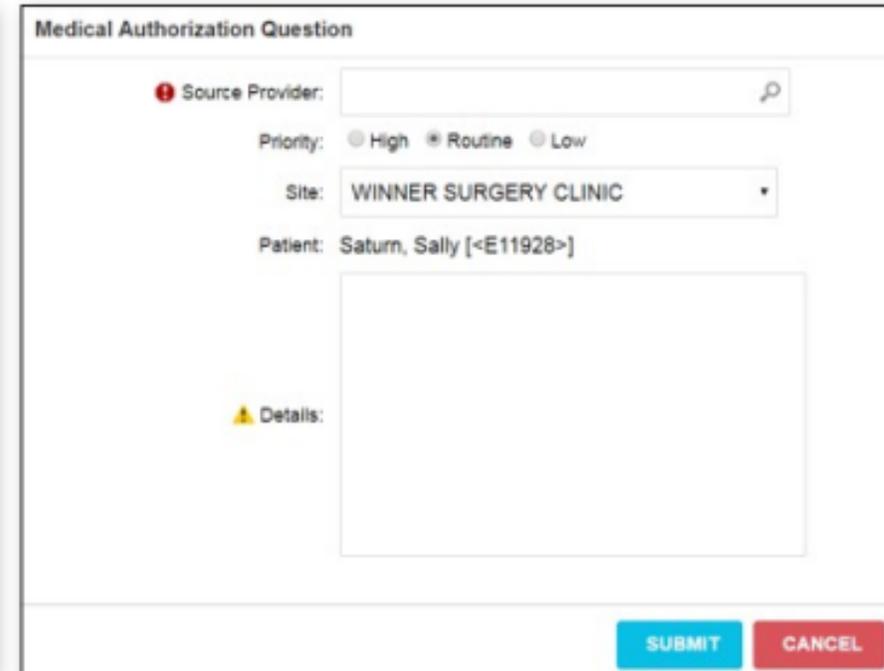
Priority: High Routine Low

Site: WINNER SURGERY CLINIC

Patient: Saturn, Sally [<E11928>]

Details:

SUBMIT CANCEL



Medical Authorization Question

Source Provider:

Priority: High Routine Low

Site: WINNER SURGERY CLINIC

Patient: Saturn, Sally [<E11928>]

Details:

SUBMIT CANCEL

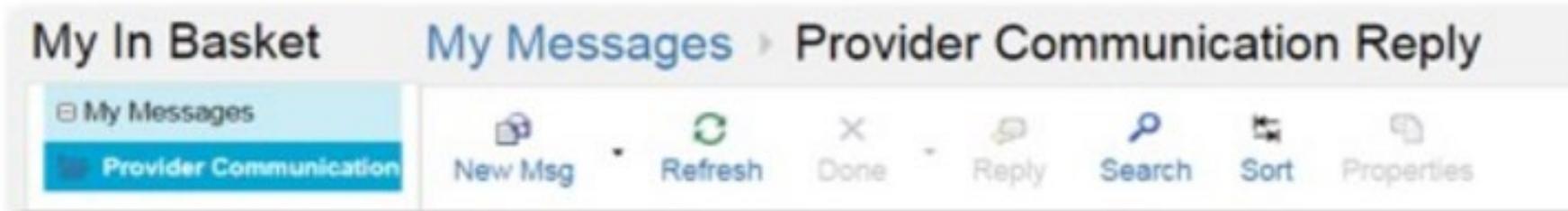
- 4 Click **Submit** to route the question to an appropriate user. You will receive a response within 1 business day.

In Basket

- 1 Click **In Basket**.



- 2 Select **New Message**



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



Questions?
Contact Provider Relations
1-800- 601-5086
ProviderRelations@sanfordhealth.org