Outside this issue...

Breast Cancer and Patient Advocates
Severe and Persistent Mental Illness
Antibiotic Utilization
Nicotine Cessation Benefits
And more...

October and November 2022
Sanford Health is committed to supporting the communities who have supported us for over a century. By fulfilling our promise to the patients we serve. To find where there is the most need. To go where we can do the most good.

We are dedicated to becoming the most advanced, most connected, most accessible and widest-reaching health care system in the country. Improving quality of life through better health. Providing quality care close to home. Not just for the future of our health, but for the health of our future.

**QUALITY CARE EVERYWHERE.**

Improving the human condition for everyone means acknowledging everyone deserves the highest quality health care. Delivering exceptional care to the Midwest and beyond means first developing an exceptional health care system in the Midwest. It means embracing who we are and what we do best. It means never forgetting where we’re from and never letting it limit our aspirations. It means innovating. For more information, go to [forallforgood.com](http://forallforgood.com).

In an effort to streamline the information you receive, we’ve joined the Provider Fast Facts Newsletter and the Provider Perspective into one document. It is our goal to provide current information that is important to you and your facility as you see our members in your facilities.
Breast Cancer and Patient Advocates

Each year in the United States, about 255,000 cases of breast cancer are diagnosed in women and about 2,300 in men. About 42,000 women and 500 men in the U.S. die each year from breast cancer. Black women have a higher rate of death from breast cancer than White women. Based on the most recent data from the American Cancer Society, relative survival rates for women diagnosed with breast cancer are:

- 91% at 5 years after diagnosis
- 84% at 10 years after diagnosis
- 80% at 15 years after diagnosis

Early detection from breast cancer screening is an effective means to reduce overall mortality from breast cancer. Much of the research to date has focused on barriers to accessing preventive health screening including mammography. Barriers include those related to the difficulty accessing the health care facilities, transportation issues, financial and fear.

Patient advocates and care navigators are generally survivors themselves. They can collaborate with case managers to reduce some of the barriers such as transportation, finance, and fear. These advocates are also able to provide informational resources regarding different breast cancer screenings and facilities that offer low to no cost mammograms.

They also play a vital role in communication not only with the providers, but between the providers and patients. The information shared (confidentially) with patient advocates is then passed on to the breast cancer teams and evaluated for any changes that may be needed. Advocating for patients means there is a stronger chance for improvement of the patient experience when using breast cancer services. The National Accreditation Program for Breast Centers has compiled a list of breast cancer patient and advocacy organizations.

Provider Satisfaction Survey

Survey were sent out recently to our providers across the service area. We are inviting you, as a Sanford Health Plan provider, to participate in our Provider Satisfaction Survey. Your responses will help us improve our services and simplify our processes. We value your opinion and time...the survey is short and will only take 3 to 4 minutes to complete.

Follow this link to the Survey:

Take the Survey

No personally identifiable information will be included in reporting to ensure confidentiality. Please feel free to forward this survey invitation to a team member in your office who is familiar with prior authorizations and coordination of care.

Thank you for taking the time to send us your valued feedback.
Severe and Persistent Mental Illness (SPMI) is a term used to describe the complex symptoms of a mental illness that require ongoing treatment and management. Although symptoms may come and go, having a Severe and Persistent Mental Illness requires persistent and intense therapeutic support, especially when a person with SPMI experiences a stressful event in their life.

Some of the more severe cases include when members have difficulty caring for themselves, are restricted in daily living, and have an overall disposition that is not often socially acceptable, especially when it comes to maintaining relationships or having interpersonal interactions. Members with SPMI also have difficulty concentrating, regularly fail to complete projects in a timely manner, and typically require assistance in setting a structured schedule.

Sometimes medication may control certain primary expressions of a mental disorder, but they may not affect functional limitations imposed by the mental disorder. Often it takes a combination of medication, psychiatric therapy, and support to manage a Severe and Persistent Mental Illness.

Below are strategies for addressing potential barriers to adequate primary care in members with SPMI.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Strategies for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with a high rate of chronic disease</td>
<td>Screen regularly</td>
</tr>
<tr>
<td>Medication reconciliation/review</td>
<td>Providers always go over medications even if MA, LPN, or RN has completed; improves provider communication</td>
</tr>
<tr>
<td>Medication adverse effects</td>
<td>Monitor medication and lab testing results</td>
</tr>
<tr>
<td>Unhealthy behaviors (eg., poor diet, lack of exercise, poor sleep)</td>
<td>Offer preventive care and refer to a health coach</td>
</tr>
<tr>
<td>Medical visits typically occur only for acute care instead of for chronic conditions</td>
<td>Encourage follow-up appointments for chronic disease and preventive care</td>
</tr>
<tr>
<td>Lack of coordination between mental health professionals and primary care physicians</td>
<td>Collaborate with behavioral health professionals</td>
</tr>
<tr>
<td>Poverty, lack of transportation, homelessness, unemployment - barriers that may affect care plan adherence</td>
<td>Connect members with needed social services and community resources; Sanford Health Plan Social Workers</td>
</tr>
<tr>
<td>Physician stereotypes of patients with mental illness</td>
<td>Treat all patients respectfully and with empathy; include patient in medical care decision making</td>
</tr>
<tr>
<td>Psychiatric symptoms</td>
<td>Recognize symptoms that interfere with care; understand that patients may not have control over depression, anxiety, or delusions; refer to behavioral health professionals</td>
</tr>
<tr>
<td>Depression/Suicide Risk</td>
<td>Screen appropriately and encourage follow-up appointments for patients who have a positive result</td>
</tr>
</tbody>
</table>

Resource: [Mental Illness Policy Organization; Dual Diagnosis](#)
Antibiotic Utilization

HEDIS measures assess appropriate antibiotic utilization as the rate of avoidance of antibiotic treatment for acute bronchitis and upper respiratory infection. These patients should generally not receive an antibiotic unless they have a bacterial infection or a co-morbid condition. Please discuss with your patients the realistic expectations for recovery time, an explanation of why an antibiotic is not recommended for them and consider writing a prescription for symptom relief instead of an antibiotic. Discuss when they should come back if symptoms do not get better.

If the Member does have a bacterial infection or co-morbid condition, please make sure to include the appropriate diagnosis code on the claim. Members with co-morbidities and competing diagnoses are not included in these measures.

Patient education flyers are available on our [website](#) for your use. Posters highlighting alternative treatment options can be hung in exam rooms and other patient areas for education purposes.

Nicotine Cessation benefits

Sanford Health Plan members can get their out of pocket costs for quitting nicotine covered.

For most health plans, current members receive the following tobacco cessation benefits at no cost or copay to the member:

- Prescription medications
- Counseling sessions for nicotine cessation

Members can learn how to utilize their nicotine cessation benefits for their specific health insurance plan by contacting Customer Service at (800) 752-5863 for more information.
Addressing Behavioral Health Disorders among Children and Adolescents Prescribed Antipsychotic Medications

As providers, you encounter children and adolescents for routine assessments, but also for behavioral health needs. During childhood and adolescence life can be carefree, however statistically 20% of those individuals are diagnosed with one or more behavioral health disorders.³

Psychiatric medication can be an effective treatment in collaboration with other behavioral health modalities. These medications can elevate a child’s risk for developing serious metabolic health complications and it is essential for providers to do a complete assessment of the individual.⁴ The quality of life can improve for children and adolescents with a behavioral health diagnosis when the appropriate medication is prescribed.⁴ To help members achieve optimal health, it is vital to provide continual monitoring of metabolic adverse effects of on-label or off-label antipsychotics.⁵

Sanford Health Plan monitors certain HEDIS measures to ensure members are receiving appropriate and quality care. Together with you, as the provider, Sanford health Plan would like to see the following HEDIS measures improve.

**Metabolic monitoring for children and adolescents on antipsychotics (APM)**
- Children and adolescents 1-17 years of age who received at least two prescriptions for any antipsychotic medication on different dates during the measurement year should be referred for a metabolic testing. Members must receive both of the following tests during the measurement year:
  - At least one test for blood glucose or HbA1c
  - At least one test for LDL-C or cholesterol
  - Or a combination of blood glucose and LDL-C or cholesterol testing

**Use of first-line psychosocial care for children and adolescents on antipsychotics (APP)**
- Children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as the first line treatment

**Below are some best practices used to make sure children and adolescents, who are prescribed antipsychotics, receive appropriate care.**
- Collaboration between primary and behavioral health provider in development and implementation of a treatment plan.²
- Ensure thorough and complete documentation of behavioral health therapy is in the patient’s medical record.
- Complete assessments of the individual prior to initiating antipsychotic medications.¹,²
- Referral to behavioral health provider for first line treatment for mental health diagnosis.²
- Monitor the effectiveness of the antipsychotic medication on a periodic basis using appropriate tools when available.¹,²,⁶
- Ensure the proper use of billing codes.²
- Address social determinants in relationship to medication adherence.
- Educate the child/adolescent, parents/guardians on the time it may take a reach a therapeutic level with the medication prescribed.²
- Establish a safety plan with the child/adolescent and parents/guardians if the patient should experience thoughts of self-harm.²,⁵
- Schedule follow up appointments with the patient at each office visit. Arrange the lab appointments when the patient has a scheduled office visit.²

⁴https://www.ncqa.org/hedis/
SANFORD and MHA Nation / Three Affiliated Tribes Reminder

Sanford Health Plan administers the self-funded plan of MHA Nation/Three Affiliated Tribes. This plan sponsor has added prior authorization requirements to all substance use disorder (SUD) services and related mental health services for their plan. These prior authorizations and care coordination will be handled by the MHA Nation Recovery team going forward. For all benefit eligibility and prior authorizations, please contact the MHA Nation Recovery team by calling: 701-421-8869. This phone line is staffed 24 hours a day 7 days a week. The fax number is 701-751-2274.

Policy Updates

**Metabolic and Bariatric Surgery Benefit Reimbursement** - Removed mandatory education program statement

**Varicose Vein Treatment Benefit Reimbursement** - Clarity for when prior authorization is needed

**Vitamin D Testing Benefit Reimbursement** - Added Provider Liability statement

Did you know...

**Electronic Prior Authorizations**

We have had great success with providers submitting prior authorizations on our Provider Portal. Please see the instructions below to help you navigate through how to submit an electronic authorization.

Sanford Employees and internal users: Please see the training resources HERE or sign up for additional classes in the Sanford Success Center.

EXTERNAL PROVIDERS: Please submit authorization requests via Provider Portal HERE. For questions, please contact Provider Relations at (800) 601-5086.

**Nominate other Providers**

Do you know a Primary Care Provider, specialist, therapist, psychiatrist, or psychologist that would be a benefit to your patients to be contracted with Sanford Health Plan? Did you know you can nominate them online or by calling customer service? Follow the instructions online at [www3.viiad.com/shp/public/nominate_provider.asp](http://www3.viiad.com/shp/public/nominate_provider.asp) to complete the nomination request. Sanford Health Plan will contact the provider that has been nominated to see if they are interested to start the credentialing process.

Follow the instructions [https://www3.viiad.com/shp/public/nominate_provider.asp](https://www3.viiad.com/shp/public/nominate_provider.asp) to complete the nomination request. Sanford Health Plan will contact the provider that has been nominated to see if they are interested to start the credentialing process.

You can find the most current version of your patients’ Formularies online.
The Importance of Encouraging the Flu Vaccine This Fall

A recent CDC report described how respiratory viruses, like the flu, spread at historically low levels during much of the COVID-19 pandemic, likely due to COVID-19 mitigation measures. Activity for some of these viruses, like RSV, human coronaviruses, and parainfluenza, is now increasing. The CDC recommends a yearly flu vaccine, in addition to everyday preventative actions to slow the spread of these viruses.

- Most flu vaccines protect against the four flu viruses that research suggests will be most common.
- Everyone 6 months of age and older should get an annual flu vaccine by the end of October.
- Vaccination of high risk individuals is especially important to decrease their risk of severe flu illness.
- People at high risk of serious flu complications include young children, pregnant women, people with certain chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.
- Vaccination is also important for healthcare workers, and other people who live with or care for people at higher risk to keep from spreading the flu to them. This is especially true for people who work in long-term care facilities, which are home to many of the people most vulnerable to flu and COVID-19.
- Children younger than 6 months are at high risk of serious flu illness, but are too young to be vaccinated. People who care for infants should be vaccinated instead.

How are we helping your patients?

- Members are receiving communications on the importance of getting the vaccine and ways to keep safe.

Thank you for helping reduce these burdens.
Cancer Screenings

Sanford Health Plan continues to provide education and reminders to our members about breast, cervical and colorectal cancer screenings. Our HEDIS provider toolkit, available on the Plan’s provider portal, also includes several tips for providers on how to increase screening rates, some of which include:

- Take advantage of every office visit to determine preventive services that are due and get them scheduled while they are in the office. Offer the patient information on where screenings can be completed.
- Review missing services lists to identify patients who are due for screenings.
- Consider adding alerts, flags, or checklists to your EMR for important screenings.
- Refer to the Preventive Health Guidelines available on the portal, for details on how the screenings are covered per Plan type, which includes the factors of age and frequency of coverage. Encourage your patients to take advantage of these services.
- Discuss possible fears or other apprehensions the patient may have about screenings.
- Be sure to identify patients at increased or high risk. Apply screening guidelines to patients based on risk level.
- Use standing orders and empower office staff to distribute gFOBT or iFOBT/FIT kits with instructions to the patient on how to use them, or to schedule an appointment for a colonoscopy, as necessary.
- Follow up on all FIT tests not returned within two or three weeks. Pre-label kits prior to the patient leaving.
- Document exclusion criteria in the medical record for those members who do not require screening.

The American Cancer Society also offers free materials and information to help providers continue to encourage colorectal cancer screening. A link to these materials can be found on our [website](#).
Case Management Programs

Sanford Health Plan offers case management programs for those with complex medical or behavioral health needs, undergoing treatment for kidney disease, cancer, high risk pregnancy, transplant or are transitioning from hospital to home. Contact Care Management for questions or refer a member for one of these programs.

Behavioral Health

Screening tools are available on our website for the following: Depression, Anxiety, Adult ADHD, Child ADHD, Bipolar and SSRI.

- Specifically related to the above behavioral health HEDIS rates:
- Patients discharged from a behavioral health inpatient stay require a follow up appointment with a behavioral health practitioner within 7 days of discharge. To assist with compliance, follow up appointments should be scheduled prior to the patient leaving the hospital.
- Patients with an emergency department visit for mental illness or alcohol and other drug dependence also require a follow up appointment within 7 days. These appointments can be with any practitioner.
- Telehealth visits may be used for the above follow up appointments.
- Monitor children on antipsychotic medications to help avoid metabolic health complications such as weight gain and diabetes. Health Plan members whose children have a behavioral health diagnosis and are taking antipsychotic medications received a letter with tools for success. The letter encouraged and stressed the importance of baseline labs, taking notes on medications and side effects, questions to ask their primary care doctor and therapy options to help parents and their children be successful.
- Opioid utilization is being monitored by our pharmacy benefit manager.

Diabetic Eye Exams

As you are aware, retinopathy is one of the most devastating complications of diabetes. Ask your diabetic patients whether they have had an annual diabetic eye exam and document the exam, results, and eye care provider information in the patient’s record. If the patient has not completed their annual eye exam, please encourage them to receive proper eye care and remind them the annual retinal or dilated eye exam is a covered medical benefit for Health Plan Members with diabetes. Members can contact Customer Service for coverage information. For eye care providers, there is a Diabetes Eye Exam Consultation Form available on our website that can be used to communicate eye exam results to the primary diabetes care provider.

Chlamydia Screening

Chlamydia screenings should be completed for all female patients between the ages of 16 and 24 years that have identified themselves as sexually active. Providers are encouraged to add Chlamydia screening as a standard lab for patients in that age range, as well as to investigate options for adding the Chlamydia screening urine test to standard order sets in the EMR. Adolescent well care and adult well care exams are the perfect times for this screening. Please take an adequate sexual history every time you see a patient for care. This allows dialogue to provide risk-reduction counseling and identify young women at risk for Chlamydia infection.
Livongo is a health program that has always been known for helping people with diabetes to live happier, healthier lives. The program is offered at no cost to members and covered dependents with diabetes and coverage through Sanford Health Plan.

Program Approach
Livongo is a diabetes management solution working to empower people with chronic conditions to live better and healthier lives. For members, Livongo provides effortless data collection and a human-centered approach to deliver actionable, personalized and timely feedback when and where they need it most.

Livongo’s program is designed for behavior change, utilizing a personalized, human-centered approach through connected devices to aggregate real-world data securely as Members navigate their daily lives. This allows Livongo to meet Members where they are, when they need it based on their conditions, motivations, and lifestyles.

Light touch, self-directed High touch, program directed

MEASURABLE, SUSTAINABLE CLINICAL RESULTS

<table>
<thead>
<tr>
<th>DIABETES</th>
<th>HYPERTENSION</th>
<th>WEIGHT MANAGEMENT</th>
<th>DEPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8 pt HbA1c Reduction</td>
<td>10 mmHG Systolic blood pressure reduction</td>
<td>5.5% Year 1 average weight loss</td>
<td>55% Patients with measured clinical improvement</td>
</tr>
</tbody>
</table>
HEDIS Performance Measures Results

HEDIS (Health Plan Effectiveness Data and Information Set) is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare health care quality. HEDIS was developed by the National Committee for Quality Assurance (NCQA) and is the measurement tool used by the nation’s health plans to evaluate their performance in terms of clinical quality and customer service.

HEDIS rates are part of Sanford Health Plan’s NCQA health plan accreditation rating and are required by various State and Federal regulatory agencies. HEDIS rates are also increasingly being utilized in value based contracting arrangements.

We would like to highlight some of the most notable areas in this year’s results and share a few observations. While Sanford Health Plan has some improved rates this year, there are still several areas where rates decreased. In many cases, performance was impacted based on delay of care due to COVID-19.

<table>
<thead>
<tr>
<th>HEDIS Measurement Year (MY) 2021 Commercial HMO Rates</th>
<th>HEDIS MY2019</th>
<th>HEDIS MY2020</th>
<th>HEDIS MY2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antibiotic Utilization</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate Treatment for Upper Respiratory Infection [Antibiotic not dispensed]</td>
<td>78.53%(^N)</td>
<td>80.55%</td>
<td>87.70%</td>
</tr>
<tr>
<td>Appropriate Testing for Pharyngitis [Prescribed antibiotic and received strep test]</td>
<td>75.67%(^N)</td>
<td>70.77%(^C)</td>
<td>65.52%</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis [Appropriate avoidance of antibiotics]</td>
<td>40.30%(^N)</td>
<td>41.91%</td>
<td>46.83%</td>
</tr>
<tr>
<td><strong>Screenings</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Cancer Screening [Ages 50-74]</td>
<td>80.86%</td>
<td>79.56%(^C)</td>
<td>78.53%</td>
</tr>
<tr>
<td>Cervical Cancer Screening [Ages 21-64]</td>
<td>71.93%(^C)</td>
<td>70.87%(^C)</td>
<td>72.57%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening [Ages 50-75]</td>
<td>67.92%</td>
<td>75.14%(^C)</td>
<td>73.16%</td>
</tr>
<tr>
<td>Chlamydia Screening [Ages 16-24]</td>
<td>32.07%</td>
<td>28.82%</td>
<td>27.73%</td>
</tr>
<tr>
<td><strong>Chronic Conditions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Diabetes Care [Ages 18-75]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c Testing</td>
<td>95.20%</td>
<td>91.37%(^C)</td>
<td>94.92%</td>
</tr>
<tr>
<td>Good HbA1c Control [&lt;8.0%]</td>
<td>72.32%</td>
<td>71.70%(^C)</td>
<td>71.47%</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>66.10%</td>
<td>69.27%(^C)</td>
<td>64.12%</td>
</tr>
<tr>
<td>Blood Pressure Control [&lt;140/90]</td>
<td>85.03%</td>
<td>80.86%(^N)</td>
<td>82.20%</td>
</tr>
<tr>
<td>Controlling High Blood Pressure [Ages 18-85]</td>
<td>81.92%</td>
<td>81.02%(^N)</td>
<td>73.08%</td>
</tr>
<tr>
<td>Asthma Medication Ratio – Total Ages 5-64 – Ratios of controller medications to total asthma medications of &gt;=50%</td>
<td>82.89%</td>
<td>85.17%</td>
<td>86.04%</td>
</tr>
<tr>
<td>Pharmacotherapy Management of COPD Exacerbation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Description</td>
<td>2023 Rate</td>
<td>2022 Rate</td>
<td>Improvement</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Dispensed a Systemic Corticosteroid within 14 Days of Event</td>
<td>71.95%</td>
<td>73.24%</td>
<td>61.90%</td>
</tr>
<tr>
<td>Dispensed a Bronchodilator within 30 Days of Event</td>
<td>90.24%</td>
<td>81.69%</td>
<td>76.19%</td>
</tr>
<tr>
<td><strong>Behavioral Health, Substance Abuse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness Within 7 Days (Ages 6+)</td>
<td>44.70%</td>
<td>41.44%C</td>
<td>40.29%</td>
</tr>
<tr>
<td>Follow-Up After Emergency Department Visit for Mental Illness Within 7 Days</td>
<td>57.14%</td>
<td>49.59%C</td>
<td>48.99%</td>
</tr>
<tr>
<td>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 7 Days</td>
<td>13.92%</td>
<td>18.87%C</td>
<td>15.79%</td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed ADHD/ADD Medication in the Continuation &amp; Maintenance Phase</td>
<td>38.18%</td>
<td>32.48%C</td>
<td>31.00%</td>
</tr>
<tr>
<td>Metabolic Monitoring for Children and Adolescents on Antipsychotics</td>
<td>41.38%</td>
<td>37.29%</td>
<td>41.60%</td>
</tr>
<tr>
<td>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</td>
<td>61.64%</td>
<td>57.47%</td>
<td>70.87%</td>
</tr>
<tr>
<td>Use of Opioids at High Dosage (&gt;90 avg MME for &gt;15 days; Lower rate indicates better performance)</td>
<td>3.57%</td>
<td>3.00%C</td>
<td>2.29%</td>
</tr>
<tr>
<td>Use of Opioids from Multiple Providers (Lower rate indicates better performance)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Prescribers (4 or more different prescribers)</td>
<td>18.06%</td>
<td>15.54%C</td>
<td>17.26%</td>
</tr>
<tr>
<td>Multiple Pharmacies (4 or more different pharmacies)</td>
<td>1.92%</td>
<td>1.44%C</td>
<td>1.71%</td>
</tr>
<tr>
<td>Multiple Prescribers and Multiple Pharmacies</td>
<td>1.53%</td>
<td>1.03%C</td>
<td>1.35%</td>
</tr>
<tr>
<td>Risk of Continued Opioid Use (Lower rate indicates better performance)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;15 days opioids in 30 day period</td>
<td>3.49%</td>
<td>3.69%C</td>
<td>2.21%</td>
</tr>
<tr>
<td>&gt;31 days opioids in 62 day period</td>
<td>1.03%</td>
<td>1.04%C</td>
<td>0.86%</td>
</tr>
<tr>
<td>Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Initiated treatment and engaged in ongoing treatment within 34 days of initiation visit)</td>
<td>17.54%</td>
<td>17.39%C</td>
<td>17.93%</td>
</tr>
</tbody>
</table>

N – Not able to trend prior rates due to changes in the specifications of the measure

C – Trend with caution due to some changes in the specifications of the measure

Green font – increase compared to last year’s rate
Red font – decrease compared to last year

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)
Coding for Acute Bronchitis and Possible Comorbidities

The HEDIS “Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis” measure includes patients who were diagnosed with uncomplicated acute bronchitis/bronchiolitis and who were not prescribed an antibiotic. However, as you know, a patient who has a co-morbid condition, competing diagnosis and/or bacterial infection may require treatment of acute bronchitis with an antibiotic. It is critical that you use proper coding when prescribing an antibiotic for these patients. Proper coding will ensure that members with a co-morbid condition or competing diagnosis are excluded from the measure.

Use one of these codes to identify acute bronchitis:

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10-CM Diagnosis</th>
</tr>
</thead>
</table>

Make sure to add codes to identify co-morbid conditions, as applicable, including, but not limited to:

- Acute lower respiratory infection
- Bronchiectasis
- Chronic bronchitis
- COPD
- Cystic fibrosis
- Disorders of the immune system
- Emphysema
- HIV, HIV Type 2
- Lung involvement in certain chronic conditions
- Malignant neoplasms
- Other diseases of the respiratory system
- Pneumoconiosis and other lung disease due to external agents
- Pulmonary edema, pulmonary fibrosis, interstitial pulmonary diseases
- Sickle cell disease
- Tuberculosis

Add codes to identify competing diagnoses, as applicable, including, but not limited to:

- Pharyngitis
- Acute bronchitis
- Pneumonia
- Whooping cough
- Otitis media
- Sinusitis
- Tonsillitis
- Lymphangitis
- Bacterial infection

We have resources on our Provider website for you to use for helping your patients understand why they don’t need antibiotics. Please feel free to use these as needed!

Providers can access the HEDIS Provider Toolkit for more in-depth information regarding HEDIS measures, coding information and strategies for improvement.
## Contact Us

<table>
<thead>
<tr>
<th>CONTACT FOR: Member eligibility &amp; benefits, member claim status, provider directory, complaints, appeals, report member discrepancy information</th>
</tr>
</thead>
</table>
| **memberservices@sanfordhealth.org**
  - **Customer Service**
    - Monday-Friday, 7:30 a.m. to 5 p.m. CST  |  (800) 752-5863
  - **NDPERS Customer Service**
    - Monday-Friday, 8 a.m. to 5:30 p.m. CST  |  (800) 499-3416
  - **Northern Plains Insurance Pool (NPIP) Customer Service**
    - Monday-Friday, 7:30 a.m. to 5 p.m. CST  |  (877) 225-4930
  - **MHN (Three Affiliated Tribes)**
    - Monday-Friday, 7:30 a.m. to 5 p.m. CST  |  (877) 701-0792 |

<table>
<thead>
<tr>
<th>CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions</th>
</tr>
</thead>
</table>
| **pharmacyservices@sanfordhealth.org**
  - **Pharmacy** [855] 305-5062
  - **NDPERS Pharmacy** [877] 658-9194 |

<table>
<thead>
<tr>
<th>CONTACT FOR: Preauthorization/precertification for medical services</th>
</tr>
</thead>
</table>
| **um@sanfordhealth.org**
  - **Utilization Management** (800) 805-7938
  - **NDPERS Utilization Management** (888) 315-0885 |

<table>
<thead>
<tr>
<th>CONTACT FOR: Assistance with fee schedule inquiries, check adjustments and reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W-9 form, change/updating information, provider education</th>
</tr>
</thead>
</table>
| **providerrelations@sanfordhealth.org**
  - **Provider Relations** (800) 601-5086 |

<table>
<thead>
<tr>
<th>CONTACT FOR: Requests to join the network and contract-related questions and fee schedule negotiation</th>
</tr>
</thead>
</table>
| **sanfordhealthplanprovidercontracting@sanfordhealth.org**
  - **Provider Contracting** [855] 263-3544 |

Hearing or speech impaired TTY | TDD 711

<table>
<thead>
<tr>
<th>CONTACT FOR: Align powered by Sanford Health Plan Medicare Advantage PPO</th>
</tr>
</thead>
</table>
| **Customer Service** [888] 278-6485  |  TTY: [888] 279-1549
  - **Utilization Management** [800] 805-7938
  - **Pharmacy Dept** [844] 642-9090 |

<table>
<thead>
<tr>
<th>CONTACT FOR: Great Plans Medicare Advantage (ISNP)</th>
</tr>
</thead>
</table>
| **Customer Service** [844] 637-4760  |  TTY: [888] 279-1549
  - **Utilization Management** [800] 805-7938
  - **Pharmacy Dept** [855] 800-8872 |