



# Provider Perspective

**QUARTER 1 2026**

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**SANFORD<sup>®</sup>**  
**HEALTH PLAN**

# Provider changes requiring a contract update

The Sanford Health Plan provider contracting team would like to offer a brief guide to our provider community about the types of organizational changes that would necessitate an update to your provider contract.

Contract updates are required for the following scenarios: change of ownership, change of tax ID or the addition of new tax IDs to your organization. A contract update may also be required for the addition of new service lines, particularly for facility-based providers.

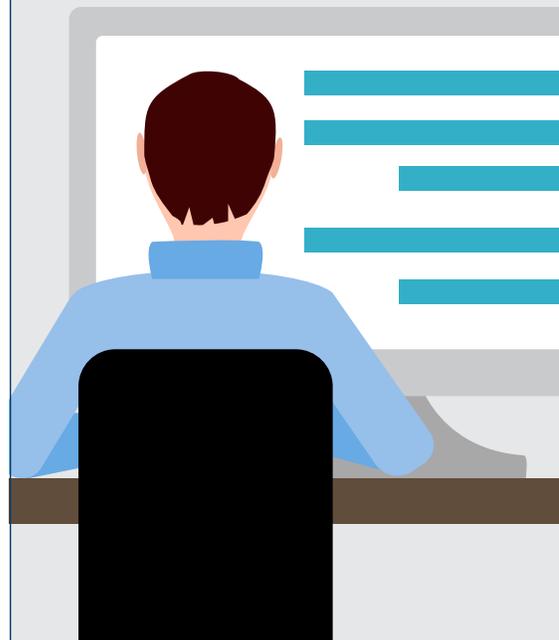
Contract updates are not required for the following scenarios: adding or removing a provider or location, adding a new NPI or demographic information changes, such as a business name change or an address change. These changes are handled via our **Provider Information Add/Change Form**.

Please note that for all practice changes, we request a 60-day notice to properly communicate these changes to our members.

Providers are welcome to reach out to the provider contracting team to inquire about the contractual impact of any changes that may be planned. We can be reached by phone at **(855) 263-3544** and by email at [provnetcontract.shp@sanfordhealth.org](mailto:provnetcontract.shp@sanfordhealth.org).

# Portal accounts

Portal users must log into their accounts every 90 days to keep them active. Inactive accounts are locked and must be reactivated by a Manage My Clinic Administrator.



## Changes in Prolia® coverage

Sanford Health Plan is replacing the biologic Prolia® (denosumab), which primarily treats osteoporosis and bone loss, in its formulary with the preferred biosimilars Stoboclo (denosumab-bmwo) and Jubbonti (denosumab-bbdz), effective April 1, 2026.

Both Stoboclo and Jubbonti are FDA-approved with no clinically meaningful differences in safety, effectiveness, dosing or indications, which means no changes are needed in clinical decision-making, dosing or monitoring.

The change will affect about 900 Sanford Health Plan members. Providers who have patients with circumstances requiring them to stay on Prolia® can submit a prior authorization request.

Please reach out to the Provider Experience team with questions.



## Medicare Advantage supplemental benefits

Align powered by Sanford Health Plan, Align DualPartnership (HMO D-SNP) and Great Plains Medicare Advantage plans offer supplemental benefits not covered by original Medicare. Claims for supplemental benefits must be submitted to the appropriate vendor as indicated below,

**Dental claims** for supplemental dental services must be submitted to Delta Dental:

- Delta Dental – MN, ND, NE
  - Electronic Payer ID: 07000
  - Paper claims: Delta Dental, PO Box 9120, Farmington Hills, MI 48333-9120
- Delta Dental – IA, SD
  - Electronic Payer ID: SDCMS
  - Paper claims: Delta Dental, PO Box 9215, Farmington Hills, MI 48333-9215
- Delta Dental Customer Service: **(866) 502-9753 (TTY:711)**, 8 a.m.–5 p.m. CT Monday – Friday.

**Vision claims** for supplemental vision services, including routine vision exams, refractions and hardware, must be submitted to VSP Vision:

- Website: [vsp.com](https://www.vsp.com)
- Provider Customer Service: **(844) 344-4768**

**Hearing claims** for supplemental hearing services, including routine hearing exams and hearing aids, must be submitted to Nations Hearing:

- Website: [nationshearing.com/alignsanfordhealthplan](https://nationshearing.com/alignsanfordhealthplan)
- Provider Customer Service: **(877) 212-0858**

Plan benefits differ for each plan. Please view the Evidence of Coverage (EOC) for specific benefit information.

Great Plains Medicare Advantage: [greatplainsmedicareadvantage.com/member-resources/#MemberMaterials](https://greatplainsmedicareadvantage.com/member-resources/#MemberMaterials)

Align powered by Sanford Health Plan: [sanfordhealthplan.com/align/benefits](https://sanfordhealthplan.com/align/benefits)

Align DualPartnership Plan: [sanfordhealthplan.com/align/lp/dsnp/dual-eligible-special-needs-plans](https://sanfordhealthplan.com/align/lp/dsnp/dual-eligible-special-needs-plans)

# Medicare Advantage:

## Action required for Zelis electronic payments under Payer ID 248

Providers who have historically received EPC payments or e-payments from Zelis for Align powered by Sanford Health, Align DSNP or Great Plains Medicare Advantage may need to enroll in e-payments under Security Health Plan (SHP) Zelis Payer ID 248 to continue receiving e-payments for these plans moving forward. If you are already enrolled for e-payments under Zelis Payer ID 248, no action is required.

Providers can enroll in Zelis electronic payments in two ways:

1. Zelis Payer ID 248 Log In:  
securityhealthplanofwi.epayment.  
center
2. Contact Zelis Provider Payments  
Network provider services at  
**(877) 828-8770**. Please indicate  
Security Health Plan,  
Zelis Payer ID 248

If you do not enroll in e-payments under Payer ID 248, your organization may receive paper checks for claim payments.

If you do not bill Medicare Advantage members, no action is required.



## Provider claim reconsiderations: Pricing appeals for commercial plans

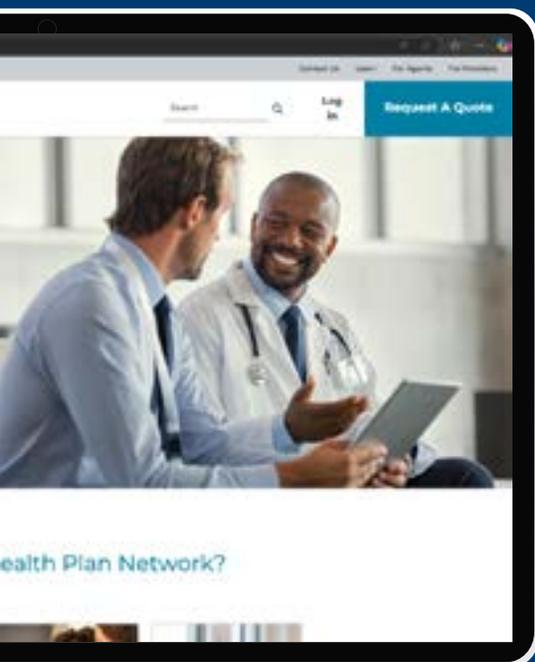
Pricing appeals should be submitted when you believe a claim was not reimbursed according to your contracted rates or applicable fee schedule. For commercial plans, these must be submitted via the portal at [provider.sanfordhealthplan.org/Portal](https://provider.sanfordhealthplan.org/Portal).

To submit a pricing appeal:

1. Log in to the **Sanford Health Plan Provider Portal**
2. Select **"Inbasket"**
3. Click **"New Message"**
4. For the topic, choose **"Provider Claim Reconsideration"**
5. For the subtopic, select **"Pricing Appeal"**
6. Fill out the form and attach any relevant documentation
7. Click **"Submit"**

Please allow 30 calendar days for review after your request is submitted.

If you have questions, call Provider Experience at **(800) 752-5863** and select option 2.



## Understanding HEDIS FUH and FUM: A timely follow-up matters

HEDIS, or the Healthcare Effectiveness Data and Information Set, includes two key measures that assess continuity of care following a mental health crisis: Follow-Up After Hospitalization for Mental Illness (FUH) and Follow-Up After Emergency Department Visit for Mental Illness (FUM). These measures evaluate whether members receive a qualifying outpatient mental health follow-up visit within seven days after discharge from an inpatient psychiatric stay or a mental health-related emergency department visit.

FUH and FUM focus on a critical transition period when patients are at increased risk for symptom escalation, medication nonadherence and repeat emergency utilization. A timely follow-up visit allows providers to reassess the patient's condition, review medications, reinforce the treatment plan and address any barriers to ongoing care. Follow-up visits do not have to be conducted by a behavioral health provider; visits with primary care providers and other qualified outpatient providers count if mental health care is addressed.

Providers can support FUH and FUM performance by scheduling follow-up appointments before discharge, ensuring warm handoffs to outpatient behavioral health providers and using telehealth when appropriate to improve access. Accurate documentation and coding of the follow-up visit are essential to ensure the encounter is captured for HEDIS reporting.

By prioritizing timely follow-up after mental health hospitalizations and ED visits, providers help improve patient outcomes, strengthen care transitions and support performance on the FUH and FUM HEDIS measures.



## In case you missed it:

Sanford Health Plan implemented new claim edits effective Feb. 3, 2026. A list of edits, including what denials are appealable, is available on our website.

You can find them at [sanfordhealthplan.com/providers/forms](https://sanfordhealthplan.com/providers/forms) or by reviewing this [PDF](#).

## Appeals reminder

To ensure provider requests are processed accurately and promptly, please indicate the specific claim line denial you are appealing, especially if multiple denials are present on the claim. The same records may be used to support multiple line appeals and if an appeal does not specify the claim line, it will be returned for additional information.



## We've updated our contact information

We have split provider relations into two distinct teams to better address your needs. Provider relations is now provider experience and provider configuration.

The provider experience team will continue to serve as your contact for claims billing and general questions. They can now be reached at [providerexperience.sanfordhp@sanfordhealth.org](mailto:providerexperience.sanfordhp@sanfordhealth.org).

For demographic updates, W-9 submissions and other provider record changes, please email the provider configuration team at [providerconfig@sanfordhealth.org](mailto:providerconfig@sanfordhealth.org).

The phone number for support will not change.

**Note:** The former provider relations email will continue forwarding messages to the provider experience inbox until May 31, 2026; after that time, emails sent to the old inbox will not be delivered. We encourage providers to begin using the new email addresses as soon as possible. The provider manual and website will also be updated to reflect these new contact details.

## Contact Us

**CONTACT FOR:** Member eligibility and benefits, member claim status, provider directory, complaints, appeals, report member discrepancy information

**Customer Service** (800) 752-5863

Monday-Friday, 8 a.m.–5 p.m. CST

[@ providerexperience.sanfordhp@sanfordhealth.org](mailto:providerexperience.sanfordhp@sanfordhealth.org)

**CONTACT FOR:** Preauthorization/precertification of prescriptions or formulary questions

**Pharmacy** (855) 305-5062

[@ pharmacyservices@sanfordhealth.org](mailto:pharmacyservices@sanfordhealth.org)

**CONTACT FOR:** Preauthorization/precertification for medical services

**Utilization Management** (800) 805-7938

[@ um@sanfordhealth.org](mailto:um@sanfordhealth.org)

**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/update information, provider education

**Provider Experience** (800) 752-5863

[@ providerexperience.sanfordhp@sanfordhealth.org](mailto:providerexperience.sanfordhp@sanfordhealth.org)

**CONTACT FOR:** Demographic updates, W-9 submissions, change/update information and other provider record changes

**Provider Configuration** (800) 752-5863

[@ providerconfig@sanfordhealth.org](mailto:providerconfig@sanfordhealth.org)

**CONTACT FOR:** Requests to join the network and contract-related questions and fee schedule negotiation

**Provider Contracting** (855) 263-3544

[@ provnetcontract.shp@sanfordhealth.org](mailto:provnetcontract.shp@sanfordhealth.org)

**CONTACT FOR:** Align powered by Sanford Health Plan Medicare Advantage PPO

**Customer Service** (877) 509-4979 | TTY: 711

**Utilization Management** (877) 509-4979

**Pharmacy Dept** (844) 642-9090

**CONTACT FOR:** Great Plans Medicare Advantage (ISNP)

**Customer Service** (877) 492-5189 | TTY: 711

**Utilization Management** (877) 492-5189

**Pharmacy Dept** (855) 800-8872

Hearing or speech impaired TTY | TDD 711