Provider Perspective

QUARTER 3 2026

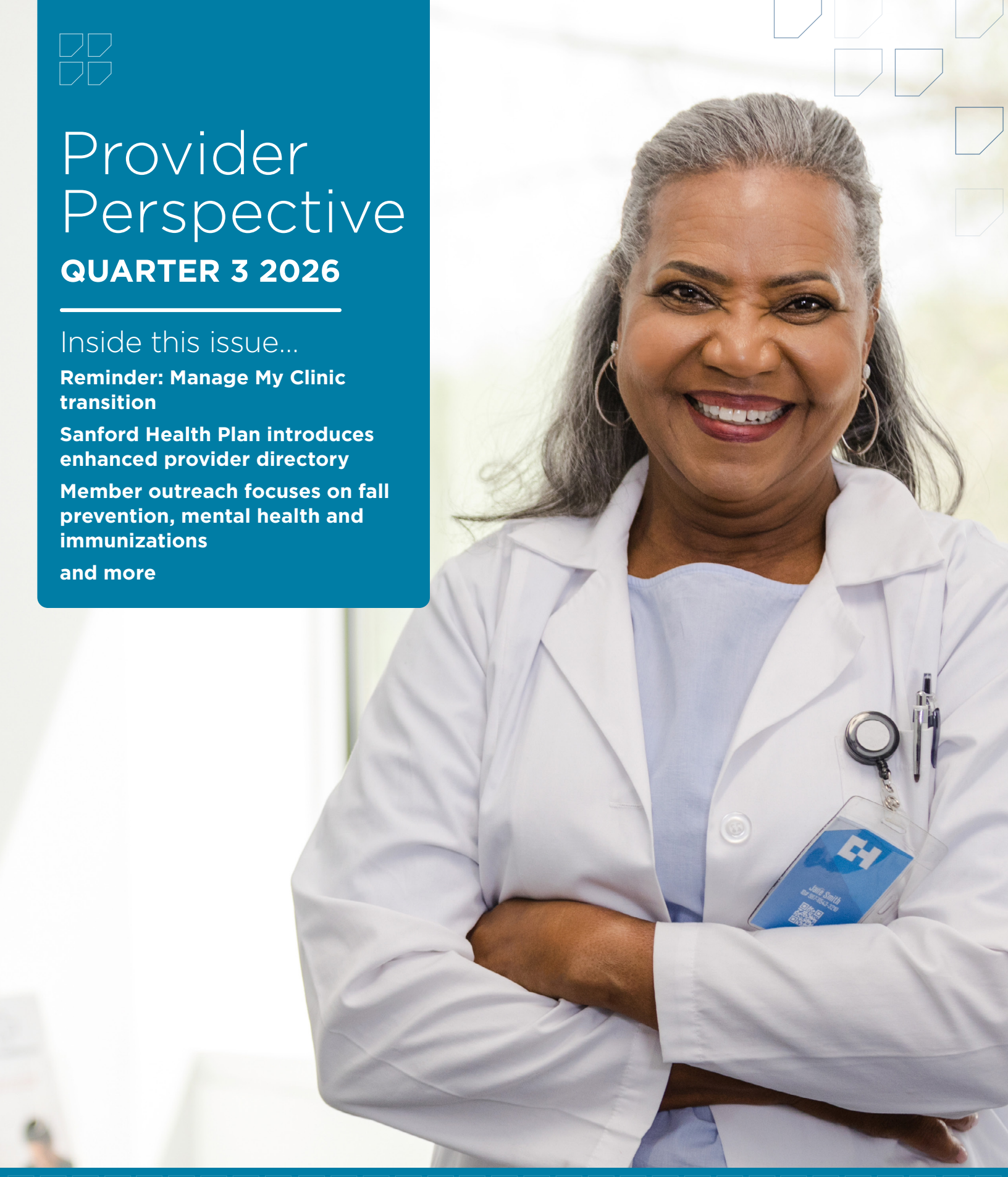
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SANFORD HEALTH PLAN



Reminder: Manage My Clinic transition

Sanford Health Plan is finalizing its transition to Manage My Clinic, a portal user management tool that allows clinics to manage who has access to patient information.

The goal is for all users to be fully transitioned to Manage My Clinic by Oct. 1, 2026. Users without Manage My Clinic accounts will be deactivated on a rolling basis to achieve the October 1 goal. Deactivated users will need to set up Manage My Clinic to restore access.

If you are not yet set up for Manage My Clinic, and wish to avoid deactivation, please fill out this **form** and email it to **providerexperience.sanfordhp@sanfordhealth.org**

Manage My Clinic allows clinic or site administrators to:

- Reactivate users
- Inactivate users who have left employment
- Complete quarterly verification of active users
- Request or update access

Additional information, including answers to frequently asked questions about Manage My Clinic are available on the **Sanford Health Plan website.**

Sanford Health Plan introduces enhanced provider directory

Sanford Health Plan has upgraded its provider directory platform to deliver a more consistent, user-friendly experience for members.

The new platform offers several enhancements, including mobile-responsive design, multi-language support, advanced provider search and filtering, provider comparison tools, quality ratings and integrated Google Maps. Providers will also benefit from feedback functionality, and clearer network visibility.

This upgrade currently affects the provider directory for Sanford Health Plan Medicare Advantage, individual and family plans, small group, large group and TPA. The new directory is available **here**.

Updated directory information can be submitted through the Provider Update form. Questions can be directed to the Provider Experience team at **(800) 752-5863, Option 2.**

Reminder: Third-party vendors must use the Provider Portal for claims and eligibility inquiries

Sanford Health Plan does not accept phone inquiries from third-party companies or vendors regarding claims, benefits or other member and provider information.

Third parties must use the Provider Portal to access claim status, payment information, eligibility and other information. Credentialing and contracting inquiries should be emailed to **providerexperience.sanfordhp@sanfordhealth.org.**

Portal access requests must be submitted through your office or facility's designated administrator. Third-party users must also have a completed **Third Party Authorization form** on file before access can be granted.



Member outreach focuses on fall prevention, mental health and immunizations

Sanford Health Plan is launching the next phase of its coordinated Medicare Advantage outreach campaign to support members' health and reinforce the care and guidance you provide.

This phase focuses on fall prevention, mental and emotional well-being and the importance of staying up to date on immunizations. Messaging encourages members to take small, practical steps, such as talking with their providers about fall risk, stress or mood concerns and scheduling recommended vaccines, to help maintain independence and overall health.

Members will receive fall prevention tips to support safety at home and during daily activities, along with information that normalizes mental health conversations and connects members to available support. Outreach will also highlight the value of routine immunizations in preventing serious illness.

Communications will be delivered across multiple channels and designed to be clear, supportive and actionable to encourage engagement and follow-through.

We'll continue to share updates in provider newsletters so you know what members are receiving and how to reinforce these messages during visits. **Click here to view the latest flyer**.

Please submit remaining 2025 Medicare Advantage claims by Oct. 31, 2026

To ensure all 2025 Medicare Advantage claims are processed before the claims runout period ends at the end of 2026, Sanford Health Plan encourages providers to submit any outstanding claims by **Oct. 31, 2026**.

As part of Sanford Health Plan's transition to a new Medicare Advantage claims administration platform, claims with dates of service prior to **Dec. 31, 2025**, are subject to a runout period that ends Dec. 31, 2026. However, to allow adequate time for receipt, review and processing before the runout deadline, providers should submit, if possible, all remaining 2025 Medicare Advantage claims, including corrected and adjusted claims, by **Oct. 31, 2026**.

What providers need to know:

- Submit all outstanding claims with 2025 dates of service by Oct. 31, 2026, if possible, to allow time for processing ahead of the Dec. 31, 2026, runout deadline.
- Electronic claim submission is the preferred method, and providers should continue to use payer ID RP035.
- Paper claims should be directed to the following address:

Sanford Health Plan

Attn: Claims

P.O. Box 8000

Marshfield, WI 54449-8000

- Claims with 2025 dates of service will follow the applicable 2025 claims processing and payment guidelines.

Please review your records for any unsubmitted, corrected, or adjusted claims with 2025 dates of service. Submitting claims early will help ensure there is sufficient time for processing before the runout period concludes.

For questions or assistance, please contact Provider Experience at (877) 509-4979.

Sanford Health Plan adopting MCG criteria for home health and private nursing authorization review

Sanford Health Plan has historically used internal policies to support coverage determinations for home health and private duty nursing services. Effective Dec. 1, 2026, authorization reviews for these services will be guided by nationally recognized MCG criteria.

The applicable MCG guidelines are available online at **https://shpcgt.access.mcg.com/index**. Thank you for your partnership as we implement this enhancement to support consistent, evidence-based reviews.

Supporting ESRD patients with Medicare enrollment

Sanford Health Plan is launching a targeted outreach initiative to support patients with End-Stage Renal Disease (ESRD) and reinforce Medicare enrollment expectations related to our coordination of benefits (COB) policy. The goal is to help patients understand when Medicare eligibility begins, what to expect during the 30-month coordination period and how timely enrollment can help reduce financial risk. In situations where there is no such coordination period, such as with individual ACA members, Medicare will be considered the primary payer and the plan will coordinate benefits accordingly.

Sanford Health Plan will proactively contact impacted patients, as well as those approaching eligibility. Outreach will include a member letter and/or phone call explaining Medicare eligibility timing, the importance of enrolling within the 30-month window, if applicable, and how to take next steps.

Providers play an important role in helping patients understand their coverage and make informed decisions. We encourage you to:

- Reinforce the importance of timely Medicare enrollment for eligible ESRD patients.
- Help patients understand how enrollment may impact their coverage and costs.
- Encourage patients to review their options and seek enrollment assistance when needed.

Many patients trust their care team as a primary source of guidance, especially when navigating complex topics like Medicare. Your support can help reduce confusion and ensure patients feel more confident in their decisions.





Your voice matters: watch for our provider survey in October

At Sanford Health Plan, we value the strong partnership we share with our provider community, and your feedback plays an important role in helping us improve the tools, processes and support we provide to you and your teams.

Our annual provider survey launches in October. We encourage you to take a few minutes to share your experiences and insights. We carefully review your feedback and use it to guide meaningful improvements that help reduce administrative burden and improve your overall experience working with Sanford Health Plan.

Over the past year, provider feedback has helped shape several key enhancements, including:

- More self-service options through Manage My Clinic. Providers told us they wanted faster turnaround times and greater control over user access management. In response, we focused on transitioning to Manage My Clinic, which offers enhanced self-service capabilities, including streamlined access management processes to request and update user access.
- Enhanced prior authorization tools in the Provider Portal. We updated prior authorization tools to streamline workflows, making it easier for providers to verify what services require authorization before they create and submit referral, helping teams save time and work more confidently.
- Updated subrogation processes. Based on provider feedback regarding the administrative challenges associated with recoupments, Sanford Health Plan changed our subrogation review process. Reviews are now completed prepayment, helping reduce recoupment activity and creating a more efficient experience for providers.

When the provider survey arrives in October, please take a few moments to complete it. Your feedback helps us better support you, your staff – and the members we serve.

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

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

Pharmacy (855) 305-5062
pharmacyservices@sanfordhealth.org

CONTACT FOR: Preauthorization/precertification for medical services

Utilization Management (800) 805-7938
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

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

Provider Configuration (800) 752-5863
providerconfig@sanfordhealth.org

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

Provider Contracting
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 Plains 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



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