Provider Perspective

Inside this issue...

Quarter 4 2024

SANFORD HEALTH PLAN

Manage My Clinic Administrators Required

We continue towards the full implementation of Manage My Clinic for the Sanford Health Plan Provider Portal. This tool allows your clinic to manage who has access to your patient information. Typically, this is a clinic or site administrator.

Manage My Clinic comes with tools like:

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

For Sanford Health Plan to roll this out to your facility successfully, we need you to designate an individual who will be able to verify all users under your tax ID(s) and be able to complete the tasks listed above regularly.

You may receive a call or email from your Provider Relations team asking who should be your site administrator. Go Live dates for your facility will be assigned and shared as more information becomes available.

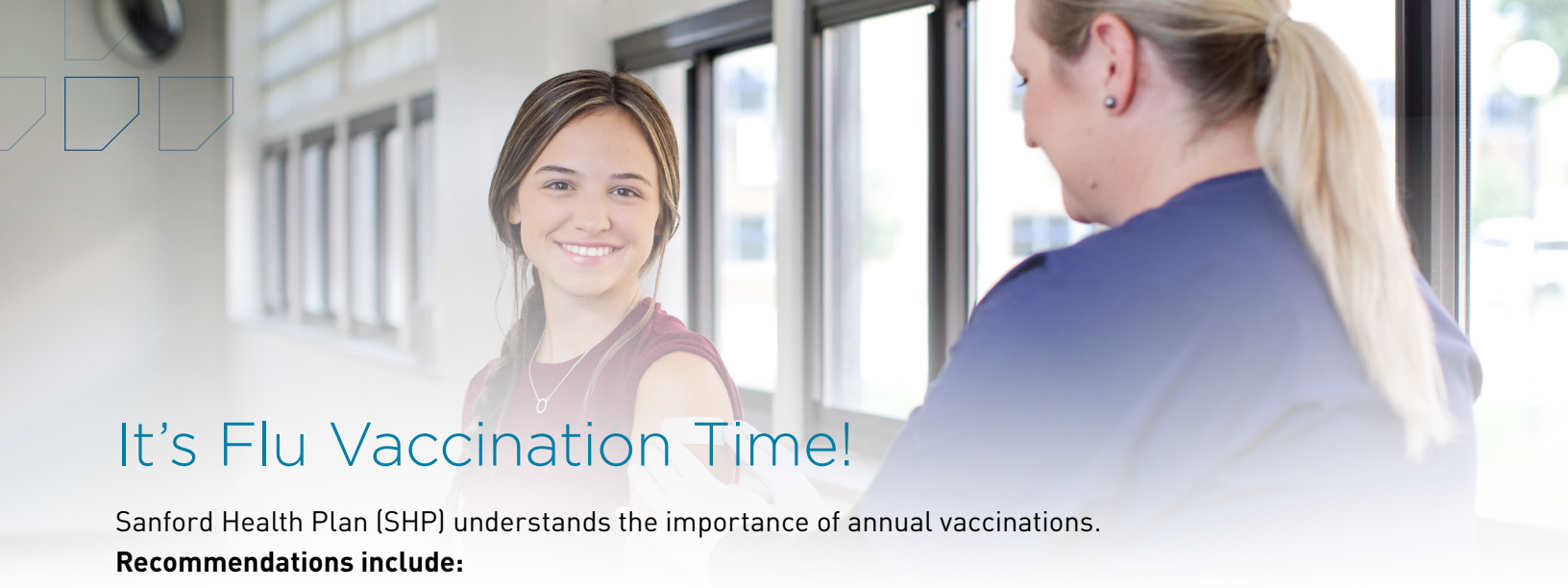
If you're ready to transition to this tool at this time, please reach out to a Provider Relations team member at (800) 752-5863 or you can email **providerrelations@sanfordhealth.org**

Holiday Hours

Sanford Health Plan will be closed on the following holidays:

Christmas Day (12/25/2024)

New Year's Day (1/1/2024)



It's Flu Vaccination Time!

Sanford Health Plan (SHP) understands the importance of annual vaccinations.

Recommendations include:

• Flu Vaccine- recommended annually for everyone ages 6 months and older

Flu shots are covered at 100% as part of the preventive health benefits when received in-network and out-of-network, for all lines of business EXCEPT when the member is on a TRUE plan. Balance billing may apply to out-of-network claims. Flu shots for TRUE plan members are only covered at 100% when received at an in-network facility.

Billing for Flu Shots:

Flu shot claims can be submitted via the CMS-1500 claim form or electronic version, roster billing through OptumRx at a participating pharmacy, or the member may submit a member claim form. The roster billing can be submitted using the form found on our website: **sanfordhealthplan.com/providers/forms**

Reimbursement is based on the fee schedule for the individual contracted provider or up to the usual and customary allowed amount for non-contracted providers.

Flu shot codes that are covered by Sanford Health Plan include	
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, .5 ml dosage for intramuscular use
90657	Influenza virus vaccine, trivalent (IIV3), split virus, .25 ml dosage, for intramuscular use
90658	Influenza virus vaccine, trivalent (IIV3), split virus, .50 ml dosage, for intramuscular use
90661	Influenza virus vaccine, trivalent (ccIIV3) derived from cell cultures, subunit, antibiotic free, 0.5 ml dosage for intramuscular use
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older for intramuscular use (Fluzone)
Q2039	Influenza vaccine, not otherwise specified

Please refer to the SHP Immunizations Benefit Reimbursement policy for complete details on coverages for immunizations in 2024-2025 season.

D-SNP Program Starting Jan. 1 2025

In the quarter 3 publication of the Provider Perspective, we shared a brief overview of the D-SNP.

Our Dual Special Needs Plan (D-SNP) will cover members in North Dakota starting January 1, 2025. The plan will be marketed under the Align powered by Sanford Health Plan brand, and the plan will be listed as Align DUALPartnership [HMO D-SNP]. The D-SNP is a coordination only model which requires coordination of benefits only and is not a Managed Care Plan.

D-SNPs are designed for individuals who are dually enrolled in Medicare and Medicaid. These individuals are often referred to as "dual eligibles" or "dually eligible individuals".

D-SNPs are available in Cass, Burleigh, and Morton counties in North Dakota. Sanford Health Plan is working with providers in that area to ensure we have coverage for members enrolling in D-SNP. We are estimating approximately 200 members will be enrolled in early 2025.

Because D-SNPs are offered through a single insurance provider, all the member's care (medical, behavioral, and social services) is coordinated seamlessly and may not carry extra costs for the member. D-SNPs offer joint coverage from both Medicare and Medicaid, which means members typically have lower out-of-pocket costs. D-SNPs also cover premiums, deductibles, and copays that would otherwise be paid separately under Medicare and Medicaid.

Providers that have provided services to a D-SNP member can submit their claim to SHP using the information below:
Electronic Payer ID: Sanford Health Plan Medicare Advantage ID: RP035

Mailing Address:
Medicare Advantage
Sanford Health Plan/RAM
PO Box 31041
Tampa, FL 33631-3041

Any balance remaining after the SHP payment would be submitted to North Dakota Medicaid by the provider.

Questions on member eligibility and/or claim status can be directed to SHP/Medicare Advantage.
(844) 637-4760

SHP will have ongoing collaboration with the ND State Medicaid Agency to facilitate successful implementation and renewals of the D-SNP each year.

We look forward to working with our network providers in serving this new population in 2025.

You can find more information on D-SNP at:
align.sanfordhealthplan.com/dual

IBR Appeal Update

What has changed?

- All IBR Appeals must be received through our SHP provider portal. Below are the steps to submit an IBR appeal and information to be included.
- On the home page under quick links, select the Forms and Documents link.
- Download, complete, and save a copy of the SHP IBR Appeal Form. This will need to be uploaded with any documents you plan to submit with the appeal.
- From the home page click on the In Basket, My Messages, you will then need to select the drop down by New Msg, Provider Communication.
- Select Topic of Itemized Bill Review.
- Next, move to subtopic click the drop-down and select Itemized Bill Appeal.
- Fill out the remaining request form.
- Attachments are added in by selecting "add files" please be sure to attach the SHP IBR appeal form as well as any supporting documents and click submit.

If you do not have access to the provider portal, please visit our website at **sanfordhealthplan.com/providers/provider-portal-access-request** to sign up.

Tips: *Please ensure you have attached the SHP IBR appeal form from quick links, add supportive documentation to support the reason you are appealing the line items in question, or a new updated itemized bill if there is one. Please note that our appeals only allow for 1 document to be uploaded, so you will need to combine all times into one document.*

You Asked, We Answered

How can I locate my Explanation of Payment (EOP)?

If you do not receive your EOP electronically, you can also retrieve/view the EOP on the Provider Portal.

Once you are logged into the portal on the Home page, click on the box **"Remittance Advices".**

Click on Advanced Search to open the search criteria. EOPs can be found by entering one of the following fields: Vendor, Provider, Member ID, Claim ID, Submitted ID or Check number.

Once the information is entered, the EOP will display for review and/or printing.

Meet the Measure: Kidney Evaluation for Patients with Diabetes (KED)

Effective monitoring of kidney function in diabetic patients is crucial for preventing complications and ensuring optimal outcomes. The Kidney Evaluation for Patients with Diabetes (KED) measure provides a clear framework for this essential aspect of diabetes care.

The measure applies to diabetic patients aged 18-85 and requires two specific tests annually: estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR). It is important to note that alternative tests such as uPCR or Microalbumin do not fulfill measure requirements, and urine albumin and creatinine tests must be completed within a four-day window to meet the measure.

To optimize patient care and measure compliance, please consider:

- Scheduling both eGFR and uACR tests during routine diabetes follow-ups
- Implementing patient education focusing on:
    - o Kidney health in diabetes
    - o Blood pressure and glucose management
- Proper usage of kidney-protective medications
- Avoiding NSAIDs
- Dietary modifications for kidney health

Certain patients are excluded from this measure, including those with end-stage renal disease, on dialysis, receiving palliative/hospice care, experiencing frailty, or residing in long-term care facilities.

Remember: Early detection and management of kidney disease can significantly improve outcomes for diabetic patients. Coordinate with specialists when needed for comprehensive care.

Provider Annual Notice

The 2024 Annual Notice is now available online. View the Annual Notice online at your convenience at:
[ADD LINK]

In this notice:

- Where to find important information
- Fraud, waste, abuse and related laws
- Quality Improvement progress report
- Clinical Practice Guidelines
- Preventive Health Guidelines
- Utilization Management
- Pharmacy and formulary information
- Member rights and responsibilities
- Non-discrimination policy
- Pharmaceutical Management Procedures

If you would like a printed copy of the Annual Notice, contact Provider Relations at (800) 752-5863 or email: **providerrelations@sanfordhealth.org**

Provider Portal Corner

You've finally received your access to the Sanford Health Plan Provider Portal and you're ready to look up your first member to review their coverage and benefits. Let's walk through it together!

First, you'll need some key information to look them up.

1) Their first and last name
2) Their sex
3) Their date of birth

Once signed in, click on one of the following options on your home screen:

Patient List, Select Patient, or Patient.

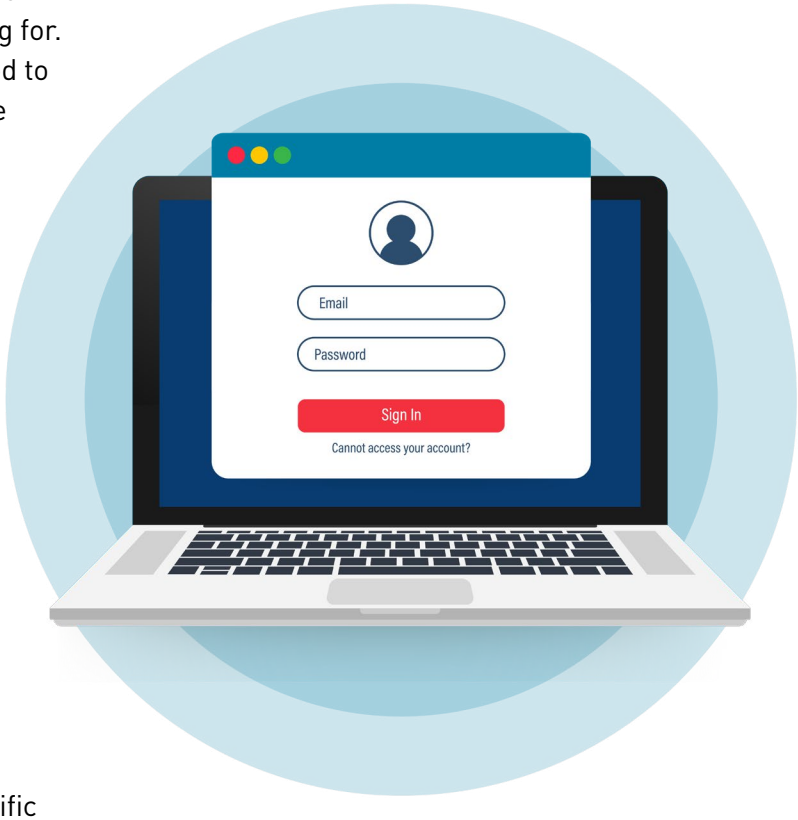
Next, select the Search All Patients option if it did not default to that.

Complete the fields with the required information.

Note that the format you enter the member's name should not matter (last, first or first last). It should not matter if you capitalize it either.

Click Search.

A pop-up window will come to the front of your screen with possible matches for the member you are searching for. Note that similar matches may exist so you will need to scroll down to review all options until you locate the correct individual. Once found, click in the radio button by their name.



Finally, you will click Select. You will be asked to confirm that you are opening the correct record and advise the reason for reviewing. Typically, we see the response is related to billing, benefits check, or authorization. This is only for tracking purposes.

You may have also noticed a few changes to our Sanford Health Plan Provider Portal. We are constantly working to improve your experience.

- We have removed any non-Sanford Health Plan coverage from their list to avoid confusion.
- You can now see a copy of the member's ID card by clicking the ID Card button found on that specific coverage's view.

Antibiotic Stewardship: A Critical Call to Action

The growing crisis of antibiotic resistance demands immediate attention from health care providers. CDC data reveals an alarming statistic that says one-third of antibiotic prescriptions in the United States are unnecessary, contributing to a public health emergency that causes 2 million resistant infections and 23,000 deaths annually. Recent research highlights the profound impact of antibiotics on gut microbiota. Even a standard seven-day course of antibiotics like clindamycin can dramatically reduce bacterial diversity, with recovery periods extending beyond 12 months. This disruption creates opportunities for dangerous pathogens like Clostridium difficile to flourish, leading to serious, often recurrent infections. Health care providers play a crucial role in antimicrobial stewardship by ensuring appropriate antibiotic use. Before prescribing, please consider the following facts:

- Complete gut flora recovery can take 1-2 years post-antibiotic treatment
- Each prescription risks harmful side effects and potential elimination of beneficial bacteria
- Unnecessary prescriptions accelerate bacterial resistance development

Best practices include:

- Confirming bacterial infection before prescribing
- Choosing targeted rather than broad-spectrum antibiotics when possible
- Educating patients about appropriate antibiotic use
- Monitoring local resistance patterns

By implementing careful stewardship practices, we can preserve these vital medications' effectiveness for future generations while protecting our current patients from unnecessary risks.

Reference: Centers for Disease Control and Prevention

Coordination of Care

The seamless integration of health care services requires providers to work together in managing patient care, ensuring both high-quality treatment and cost efficiency. This collaborative approach defines modern care coordination.

When gaps in communication occur between health care providers or services are delayed, it can negatively impact patient outcomes and treatment timing. Success in patient care depends on three key elements: effective provider communication, strategic planning, and strong partnerships among health care teams.

Our organization's quality assurance initiatives focus on evaluating and enhancing care coordination across different health care environments. We actively identify areas for improvement and implement solutions to strengthen the continuity of patient care.

Key Monitoring Areas in Our Quality Program:

1. Care Transitions Management

- Transfers between hospital departments and facilities
- Movement between inpatient care facilities (including hospitals, nursing homes, and hospice centers)
- Transitions in outpatient settings (such as emergency care, rehabilitation facilities, and surgical centers)
- Handoffs between different health care providers (including referrals between specialists and primary care physicians)

2. Patient Communication Protocol

- Systematic notification processes when network providers leave the system
- Management of ongoing care coverage for eligible patients when providers exit the network for non-quality reasons

Care coordination plays a critical role in improving the Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores, which reflect patient experience and satisfaction. Here are key strategies you can use to enhance care coordination and subsequently, CAHPS results.

1. Foster Communication: Establish clear communication channels among all team members involved in a patient's care. Regular interdisciplinary meetings can help ensure everyone is on the same page regarding treatment plans and patient needs.
2. Patient Engagement: Actively involve patients in their care processes. Providing clear information about their treatment, addressing concerns, and encouraging questions can significantly enhance their overall experience.
3. Transition of Care: Implement robust transition protocols when patients move between care settings. This includes timely follow-ups, medication reconciliation, and ensuring patients understand their discharge instructions to minimize confusion and reduce readmissions.
4. Utilize Technology: Leverage electronic health records (EHRs) to streamline information sharing among providers. Patient portals can also empower patients to access their health information, communicate with providers, and manage appointments.
5. Continuous Feedback: Regularly gather patient feedback to identify areas for improvement. Using CAHPS survey results can help pinpoint specific aspects of care coordination that need enhancement.

By prioritizing these strategies, you can assist in improving care coordination, leading to better experiences and enrich CAHPS scores.

Policy Updates

The following coverage changes are effective 1/1/25 and may not be applicable across all plans offered by Sanford Health Plan. We encourage you to contact SHP for a quote and/or reference our Benefit Reimbursement Policies before scheduling or providing services to patients.

Topic	Details
Mandibular Advancement Devices (MAD)	MADs (E0486) will be covered when used for treatment of obstructive sleep apnea (OSA). Prior authorization not required.
Aspirin 81mg/day	To align with current USPSTF recommendations, 81mg/day aspirin will no longer be covered as preventive for men and women at risk for cardiovascular disease. 81mg/day aspirin will continue to be covered as preventive for pregnant women at risk of preeclampsia (OTC, with prescription).
PET Scans for Prostate Cancer – ND EHB	For North Dakota ACA plan members who have a prostate cancer diagnosis (active or in-remission), SHP will cover up to two types of PET scan at initial diagnosis and one PET scan every 6 months for life; without prior authorization. Prior authorization may still be required for individuals who are not enrolled in North Dakota ACA plans.
Periodontal Disease Treatment for Adults – ND EHB	For North Dakota ACA plan members diagnosed with periodontal disease, SHP will cover diagnosis and treatment of periodontal disease in acute or chronic disease state, if recommended by a board-certified medical practitioner based on health-related impacts or on further deterioration in disease state due to gum disease. Claim(s) must include appropriate diagnosis code for periodontal disease in order to be covered.
Supplemental and Diagnostic Breast Exams Coverage – IA Mandate	For Iowa plan members, SHP will supplemental and diagnostic breast exam services as preventive (i.e., no cost to the member). Coverage will include breast MRIs, ultrasounds, and diagnostic mammograms aimed at evaluating abnormalities or based on risk factors such as personal or family medical history.
Biomarker Testing – MN and IA Mandate	For Minnesota and Iowa plan members, SHP will cover biomarker testing used to diagnose, treat, manage, and monitor illness or disease if the test provides clinical utility (i.e., if supported by medical/scientific evidence, nationally recognized clinical practice guidelines, consensus statements, the U.S. FDA, etc.) Prior authorization is required. Providers must submit necessary documentation to support the medical necessity of the testing.

Policy Updates

Topic	Details
Rapid Whole Genome Sequencing (rWGS) – MN Mandate	For Minnesota plan members, SHP will cover rWGS (CPT codes 0094U and 81425) for patients aged 21 years or younger who have a complex or acute illness of unknown etiology and are receiving inpatient hospital services in an intensive care unit or neonatal or high acuity pediatric care unit. Prior Authorization will be required. **Additional Policy updates include:** • Sleep Testing Policy: New section added for treatment of Obstructive Sleep Apnea (OSA) using HCPCS E0486 & ICD-10 G47.33. No prior authorization required. • DME Code List: Add HCPCS E0486; Note: Not covered for NDPERS GF/NGF & Self-Funded • Breast Cancer Screening Policy & PHG – Breast Cancer Screening Policy: Add the following verbiage: For MN & IA LOBs Only: Beginning 1/1/2025, supplemental & diagnostic breast exams (e.g., breast MRIs, ultrasounds, & diagnostic mammograms) will be covered at the same cost-share level as preventive breast cancer screenings (i.e., covered at 100%). • rWGS Policy: Replace criteria "the patient is one year of age or less" with "the patient is one year of age or less on an ACA individual plan, OR the patient is 21 years of age or younger and on a MN Small Group or MN Large Group plan,". Add a statement to clarify the age parameters that apply to MN LOBs vs ACA Individual. • Cranial Prosthesis (wig) Policy: Revised the "Benefit Consideration" section to state that the dollar limit for MN LOBs is $1,000 per plan year, and that the limit 1 per plan year does not apply to MN LOBs. Add clarification that coverage includes "all equipment and accessories necessary for regular use of scalp hair prostheses" and that "cost for equipment/accessories are not included in the $1,000 limit". • Immunizations o Added new RSV vaccines [CPT 90380, 90381] • Brand New Policies o Inpatient Unbundling - Replaces the Inpatient/Outpatient Unbundling Services policy o Itemized Bill Review (IBR) o Outpatient Unbundling - Replaces the Inpatient/Outpatient Unbundling Services policy • Services Requiring PA o Radiation Codes Requiring PA via Eviti Updated – Added CPT 77620, 77778, 77790

Policy Updates

Topic	Details
Rapid Whole Genome Sequencing (rWGS) – MN Mandate	Policies Reviewed Q4: • Annual Review - No Changes o Allergy Testing o Anesthesia o Artificial & Supplemental Nutrition o Assistant at Surgery o Bilateral & Multiple Procedures o Cardiac Rehabilitation o Co-Surgeon/Team Surgeon o Diabetes Supplies & Programs o Family Planning o Gastrointestinal Manometry o Hospice Care o Infertility Testing o Lab, X-Ray & Minor Procedures Rider o Light & Excimer Laser Therapy for Dermatological Conditions o Obstetric (Pre- & Post-Natal) o Outpatient Services Treated as Inpatient o Oral & Maxillofacial Surgery o Preventive Health Guidelines o Renal Dialysis o Spine Surgery

Contact Us

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

Customer Service (800) 752-5863
Monday-Friday, 7:30 a.m. to 5 p.m. CST
memberservices@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/updating information, provider education

Provider Relations (800) 601-5086
providerrelations@sanfordhealth.org

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

Provider Contracting (800) 752-5863
sanfordhealthplanprovidercontracting@sanfordhealth.org

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

Customer Service (888) 278-6485 | TTY: (888) 279-1549
Utilization Management (800) 805-7938
Pharmacy Dept (844) 642-9090

CONTACT FOR: Great Plans Medicare Advantage (ISNP)

Customer Service (844) 637-4760 | TTY: (888) 279-1549
Utilization Management (800) 805-7938
Pharmacy Dept (855) 800-8872

Hearing or speech impaired TTY | TDD 711

SANFORD HEALTH PLAN

647-334-569 Rev. 11/24