New Pharmacy Benefit Manager Effective January 1, 2019 –
All Members Receiving New ID Cards

Sanford Health Plan is transitioning from Express Scripts to OptumRx. Because of the change in our pharmacy benefit manager, OptumRx, all members will receive new ID cards prior to January 1, 2019. The ID cards will include the OptumRx information and must be used to fill a prescription or visit a provider on or after January 1, 2019. A sample of the ID cards is shown below:

ID: 12345678910
Jane A Doe
Grp: XYZ00123456

Deductible/coinsurance (Copay) Info Here

Members:
For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so.

Eligibility:
This card is for identification purposes only. It does not constitute proof of eligibility.

OptumRx
(Pharmacy use only)    1-866-833-3463

Payor ID:
91184

Submit claims to:
Sanford Health Plan*
PO Box 91110
Sioux Falls, SD 57109-1110

The networks above are only available to members residing, traveling or attending school outside the Sanford Health Plan service area.
Renewal Season is a Good Time for Benefits & Eligibility Checks

January marks the time for a large amount of renewals and changes to health insurance coverage. Having up to date information ensures accurate and timely claims processing.

Resources available to providers checking member eligibility & benefits:

- Portal – mySanfordHealthPlan
- Customer Service
- 270/271 Electronic Transactions – Eligibility & Benefits Inquiry (Real Time Transactions)

$5 Preventive Medication Available January 1, 2019

Sanford Health Plan is introducing a new HSA HDHP preventive drug benefit effective January 1, 2019. This benefit is specifically applicable to large employers offering an HSA Qualified High Deductible Health Plan; and available to members enrolled in an HSA HDHP plan on 01/01/2019.

Important to note: only those preventive medications listed on OptumRx’s Preventive Drug Listing AND our formulary will be eligible for the $5 copay per 30-day supply. Therefore, providers should refer to the Sanford Health Plan formulary, located at https://www.sanfordhealthplan.org/providers/pharmacy-information.

- Under “Formulary”, click on Commercial large/group/self-funded. Simply “Ctrl F” to search for the medication.
- If the medication is on the formulary, the member will receive the medication for $5.
- If the medication is not on the formulary, you can contact the pharmacy team at (855) 305-5062. They will assist in suggesting a formulary alternative, or guide you to submit a formulary exception.

Considering a genetic test?
You must receive prior authorization with Utilization Management to determine coverage and medical necessity.
Lab, X-ray and Minor Procedure Rider

As of January 1, 2019, those large group employers who have elected the lab and x-ray rider on their plan will have additional benefits added, which include:

- Common lab work and basic pathology
- X-ray
- Vasectomy, circumcision
- Stitches
- Removal of foreign bodies
- Certain injections and drainage procedures
- Ingrown toenail removal
- Other minor procedures typically done in an office setting

Additionally, members would only be responsible for an additional office visit copay if the lab/x-ray/service is performed at a facility (versus an office setting) if the covered service occurs on the same day. Due to our rural setting, often labs/x-rays are sent out or performed at an outside facility, making this rider even more of a value for our members.

**Exclusions:** High dollar services, such as but not limited to MRI, CT, PET, chemotherapy, radiology, nuclear medicine, etc. are not covered under the rider. Placement/removal of IUDs and family planning benefits are not included as these items are covered for Non-grandfathered plans under Sanford Health Plan’s Family Planning Policy. If the member utilizes services beyond the Family Planning Policy, normal cost sharing (deductible/coinsurance) would then apply per the member’s policy.

Home INR Monitor Authorization Reminder

Sanford Health Plan has **removed** the prior authorization requirement for Home INR monitors.

You can view the medical prior authorization list online on the provider page under “What Services Require Prior Authorization”: [https://www.sanfordhealthplan.org/providers/prior-authorization](https://www.sanfordhealthplan.org/providers/prior-authorization)

ND Medicaid Expansion Inpatient through Discharge Change Effective January 1, 2019

Beginning with dates of service January 1, 2019, Sanford Health Plan will align with North Dakota Department of Human Services’ (NDDHS) current policy for adjudication of inpatient services where NDDHS terminates eligibility on a ND Medicaid Expansion member. Members who are no longer covered by Medicaid Expansion will receive coverage on services rendered through midnight on their last date of eligibility. Services rendered after this date will need to be billed to the appropriate party.

NEW Form for Synagis Authorizations

A new form specifically for Synagis is available for providers to complete and can be found online under “Formulary” at [https://www.sanfordhealthplan.org/providers/pharmacy-information](https://www.sanfordhealthplan.org/providers/pharmacy-information)
Sanford Health Covering Habilitative & Applied Behavioral Analysis (ABA)
Effective January 1, 2019

Beginning January 2019, Sanford Health is enhancing their self-funded Sanford Group Health Plans by covering habilitative services and Applied Behavioral Analysis (ABA) for all employees and their families who have elected coverage.

- **Habilitative services** include the management of limitations and impairments, including services or programs that help to maintain or prevent deterioration in physical, cognitive or behavioral function; for up to 45 visits per calendar year. Benefits are applied to deductible and coinsurance.

- **Applied Behavioral Analysis (ABA)** is a benefit limited to covered individuals diagnosed with Autism Spectrum Disorder. ABA therapy must be provided by a plan-approved provider. Preauthorization/certification is required. Benefits are applied to deductible and coinsurance.

Applied Behavioral Analysis Specialty Information

In the September Fast Facts edition, we communicated North Dakota’s bulletin recently issued on coverage of applied behavioral analysis (ABA) services will have coverage with no limits as mandated by North Dakota law to comply with the Mental Health Parity and Equity Act (MHPAEA).

We are encouraging providers who are able to perform these services by reporting this specialty to Sanford Health Plan. In order to have an accurate & reliable provider directory for members and Sanford Health Plan staff, providers who do ABA services will need to report “Behavior Analyst” as a specialty in their credentialing applications. For those in-between credentialing cycles, you can use the [Provider Update/Change Form](#). You will also need to include a copy of your behavior analyst license and/or certification. Contact Provider Relations if you have questions relative to getting this updated.

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Preventive Health Guidelines Update

Preventive Health Guideline updates effective January 1, 2019 are now available in the provider portal under the ‘Resources’ program.

**Preventive Health Guidelines Reminders:**

- A Basic Metabolic Panel (BMP) is covered during a preventive visit. **NOTE:** Comprehensive Metabolic Panels (CMP) are NOT included in the preventive health guidelines and will be processed per the Member’s plan benefit (deductible/coinsurance may apply).

- Vision screenings are only considered preventive from ages 3-5 and are not separately billable.

- Preauthorization is required for preventive BRCA testing.

- Annual services do NOT need to be scheduled 12 months apart. They are allowed once per calendar year.

- Services performed outside the Preventive Health Guidelines and/or billed with a medical diagnosis will be applied to the Member’s plan benefit (deductible/coinsurance may apply).

- If services are provided as outlined, they are covered at 100% unless the plan document states otherwise.
Sanford Health Plan Aligns MS-DRG Weight Updates with CMS Timeline

In accordance with provider feedback, Sanford Health Plan will be updating its MS-DRG weights to align with CMS’ timeline. As such, beginning October 1, 2019, Sanford Health Plan will use the CMS’ DRG weights and grouper released annually on October 1, to price inpatient stays. Previously, these updates were delayed until January of each year. The consistent timing of implementation with that of CMS should aid in the providers’ DRG payment validation efforts. Sanford Health Plan will continue to apply new weights to historical claims volume resulting in an aggregate adjustment to your DRG base rate in order to retain budget neutrality to the health plan. Providers effected by this change have received a notice of such changes.

Transition to CMS Assistant Surgeon Guidelines Effective January 1, 2019

Beginning with dates of service January 1, 2019, Sanford Health Plan will adjudicate claims for assistant surgeon care according to CMS guidelines. Claims with dates of service prior to this date and through December 31, 2018 will be processed using Milliman Care Guidelines. Claims will be denied for those surgeries that do not require an assistant surgeon. Reminder, that assistant surgeon charges that are denied are not billable to the member.

Sanford Health EPIC Upgrade

Sanford Health upgraded our Epic Tapestry platform, November 11th. Tapestry is our module where we build benefits, adjudicate claims, manage prior authorizations and more. Teams across the entire organization were brought together for testing and a successful implementation. Please contact Provider Relations if you see any inaccuracies.
NEW Appeals & Denials Department

We have centralized our appeals and denials to a single, multidisciplinary team to improve the submission and review process for all appeals, claims reconsiderations, complaints, and denials.

A new submission form for provider reconsiderations is available online. Starting January 1, 2019, the Provider Reconsideration Form and all required documentation will be required to process a reconsideration request; incomplete submissions will be returned unprocessed. To appeal on a Member’s behalf, a Member Appeal Form must be submitted with the Member’s signature except when:

- The request is pre-service and the provider determines the situation is urgent or emergent (does not apply to ND Medicaid Expansion).
- The Member participates in a Minnesota domiciled plan.

Appeals & claims reconsiderations can be submitted two ways:

1. **Form:** Located at [www.sanfordhealthplan.com/providers/forms](http://www.sanfordhealthplan.com/providers/forms)
   - Fax: (605) 312-8910; or
   - Mail: Sanford health Plan, Attention: Appeals PO Box 91110 Sioux Falls SD 57109-1110.

2. **Provider Portal - mySanfordHealthPlan:** See following image for location guidance. Information can be uploaded and submitted via this tool. Documentation may include medical records, remittance advices or practice management notes.

2018 Sanford Health Plan Annual Report

Sanford Health Plan’s annual report is available online at [https://www.sanfordhealthplan.org/providers/newsletters](https://www.sanfordhealthplan.org/providers/newsletters). The annual notice provides an overview on a number of topics including website/portal information, disease management programs Sanford Health Plan administers, Quality Improvement progress report, pharmacy & formulary information etc.
Sanford Health Plan Provider Website Updates

Sanford Health Plan’s provider website and portal “mySanfordHealthPlan” contains the information you need. There is no waiting when using the online tools available when you are - 24/7.

To access the website, go to www.sanfordhealthplan.org and click on “Providers”.

With a click of the mouse, you will see:

- Available electronic EDI transactions & EFT payment instructions: INFORMATIONAL VIDEO AVAILABLE
- Referral Center services submission form
- View services and medications that require prior authorization and instructions on how to request prior authorizations: NOTE: Specific services may vary slightly by plan.
- Formularies for NDPERS, North Dakota Medicaid Expansion, and other Plan products
- Provider newsletters
- ND Medicaid Expansion enrollment, benefits and coverage parameters
- Numerous forms, documents and manuals such as:
  » Provider Manual
  » Prior Authorization Request form
  » Diabetes Eye Exam Consult form
  » Provider update/change form
  » Facility and practitioner credentialing applications
  » Third Party Release Privacy Authorization form

The Provider Portal – mySanfordHealthPlan is the first place to look when you are verifying patient benefits or looking to obtain copies of Explanation of Payments. Plan documents specific to the member benefits are linked and contain coverage details. If you do not yet have an account, click on “Provider” in the drop-down menu of the “Login” box located in the upper right corner of the home page.

Create an account: Be prepared with your TIN and NPI information. In order to protect your data, Provider Relations verifies the validity of each request; therefore, it may take up to 24 hours for your account to be approved. Upon approval, you gain access to claims & payment information associated with your TIN and NPI.
Policy Updates:
The following are new pharmacy policies effective September 6, 2018.
- Symlin
- Ravicti
- Krystexxa
- Hemlibra
- Daraprim
- Jynarque
- Soliris
- Sivextro Oral
- Sivextro IV
- Symdeko
- Trogarzo
- Crysvita

The following pharmacy policies have been updated and are effective September 6, 2018.
- Nucala
- Cinqair
- Xolair
- Dupixent
- Synagis
- Xeljanz
- Xermelo
- Xiaflex
- Natpara
- Tymlos
- Orencia
- Extavia
- Ampyra
- Avonex
- Copaxone
- Gilenya
- Lemtrada
- Ocrevus
- Plegridy
- Rebif
- Tecfidera
- Prolia

Contact Us:
CONTACT FOR: Eligibility & benefits, claim status, provider directory, complaints, appeals, report member discrepancy information
memberservices@sanfordhealth.org
Customer Service
Monday-Friday, 7:30 a.m. to 5:00 p.m. CST  | 800) 752-5863
NDPERS Customer Service
Monday-Friday, 8:00 a.m. to 5:30 p.m. CST  | (800) 499-3416
ND Medicaid Expansion
Monday-Friday, 7:30 a.m. to 5:00 p.m. CST  | (855) 305-5060

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions
pharmacyervices@sanfordhealth.org
Pharmacy (855) 305-5062
NDPERS Pharmacy (877) 658-9194
ND Medicaid Expansion (855) 263-3547

CONTACT FOR: Preauthorization/precertification for medical services
um@sanfordhealth.org
Utilization Management (800) 805-7938
NDPERS Utilization Management (888) 315-0885
ND Medicaid Expansion Utilization Management (855) 276-7214

CONTACT FOR: Assistance with provider portal password resets & logging in fee schedule inquiries, check adjustments & reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W9 form, change/updating information, provider education
providerrelations@sanfordhealth.org
Provider Relations (800) 601-5086

CONTACT FOR: Requests to join the network and contracted related questions, fee schedule negotiation, provider credentialing
sanfordhealthplanprovidercontracting@sanfordhealth.org
Provider Contracting (855) 263-3544

Hearing or speech impaired TTY | TDD (877) 652-1844
Translation Assistance for Non-English Speaking Members (800) 892-0675

Happy Holidays
As the year ends, we think about all we are grateful for – and that is you. Thank you for the opportunity to serve you and your staff. We wish you a Happy Holiday season and much success in the New Year.
Sanford Health Plan offices are closed Tuesday, December 25 and Tuesday, January 1.