ABA Licensure Changes Required for Services to Medicaid and Medicaid Expansion Recipients

Effective Jan. 1, 2020, all Applied Behavior Analysts and Registered Applied Behavior Analysts (BCBAs and BCaBAs) must be licensed under the North Dakota State Board of Integrative Health Care. This is due to the requirements outlined in the North Dakota State Senate Bill 2236.

If you are enrolled and billing North Dakota Medicaid, it is your responsibility to ensure that the department has a valid license on file for all dates of service for which you bill. Any gaps in licensing will impact the dates of service for which you may bill. For additional information on the license or application process, please contact the North Dakota State Board of Integrative Health Care at bcba.ihcb@gmail.com.
Prior Authorization Changes for Oral Chemotherapy Drugs

Sanford Health Plan no longer requires prior authorizations for North Dakota Medicaid Expansion oral chemotherapy drugs, as the North Dakota Department of Human Services now administers the NDME pharmacy benefit.

If you or your patients have questions about NDME prescription coverage, please contact the North Dakota Department of Human Services at (800) 755-2604 or TTY (Relay Number): 711.

Note: When you call, you will be routed to an automated answering service and will need to leave a message.
How to Access mySanfordHealthPlan Provider Portal

Sanford Health Plan has received an overwhelming number of requests to access the new mySanfordHealthPlan Provider Portal, which was launched October 2019. Due to this large volume, the creation of usernames has taken longer than expected. To verify your request is still in process, please send an email to providerrelations@sanfordhealth.org. Please include your first and last names, your personal email address, and facility name in the email.

Providers who have not yet requested access to the new mySanfordHealthPlan Provider Portal (launched October 2019) please follow the steps below.

1. Using Chrome web browser, go to sanfordhealthplan.com/providers.

2. In the top right corner, click "Login."

3. Click the Request Access link and complete ALL FIELDS as directed.
   a. First and last names and individual email address are required. Usernames will only be assigned to individuals. Usernames will not be assigned to groups.
   b. Enter the provider’s Tax ID number in the Tax ID field – do not enter an NPI.
   c. The last four digits of the requester’s Social Security number are required for future username/password recovery.
   d. Usernames will not be issued if any data is missing or incorrect on the form.
   e. Verify the accuracy of each entry prior to submission.

4. When Sanford Health Plan receives the request form, data will be verified for accuracy. Forms with missing or incorrect information will be rejected.

5. After the username is created, SHP will send two emails to the email address on the form. The first email message will include the username, and the second will include the temporary password.

6. The first time the user logs into the portal with the temporary password, the user will be prompted to enter a permanent password.

7. Requests to reset a password should be made by clicking the "Reset Password" link, as shown above.

Please contact Provider Relations at (800) 601-5086 if you have any additional questions or concerns.
**mySanfordHealthPlan Provider Portal Tips & Tricks**

**Creating a message:**

- Select the “In Basket” at the top of the screen. There are multiple options to choose from, which will determine where your message will be sent.
- Select the topic that is best fitting to your question.
- Select new message and drop down to “Provider Communication.” There are multiple options to choose from, which will determine where your message will be sent.
- Select the topic that is best fitting to your question.

For example, if you want to submit a claim reconsideration, choose Provider Claim Reconsideration from the drop-down menu so it will be routed to the appeals and denials team for review.

Each message will have different requirements depending on which topic that was chosen. Fields marked with a red stop sign are required. Boxes with a yellow yield sign are recommended to be completed to ensure adequate information is sent to SHP, but they are not required.

**Once all required boxes are completed, click submit and your message will be sent to the appropriate department for review.**

**CRM (Customer Relationship Management)**

- After Sanford Health Plan reviews your message, a response will appear in the CRM pool.
- In the top-right corner of the message, it will say either “resolved” or “unresolved.” If the question/issue is resolved, no further action is needed. If the status is “unresolved,” SHP may need more information from you.
- To reply to an ongoing message thread, click on that message thread. Enter your response and click “send message.”
- There are multiple options for you to choose from when creating or replying to a message. *mySanfordHealthPlan Provider Portal* has created options for choosing the priority of the message, as well as flags such as “call me” or “do not resolve.”

**My In Basket**

- Click on “Provider Communication Reply.”
- A list of messages will be listed; these are responses from SHP regarding the message(s) sent to them.
- Click on each message to see the response which will be located in the top box labeled “Message” with a blue line on the left side of the box.
- Scroll down to see the patient name under “Primary Information” or “Patient Information.”

**My Out Basket (Sent messages)**

- Listed here are messages sent to SHP from your username.
NOTE: Below is an update to the “DME Rental Policy Updates” printed in the November and December 2019 issues of Fast Facts. Those issues indicated E1390 was included in the 10-month rental policy (listed below), but this was incorrect. DME with code E1390 should follow the instructions under “Additional DME reimbursement rules.”

The corrected article is reprinted here in its entirety for your future reference. November and December issues have also been updated on the Sanford Health Plan website.

Beginning Jan. 1, 2020 Sanford Health Plan will only offer a rent to purchase option for up to ten (10) months for durable medical equipment (DME) below, and will process DME items as either a rental or purchase dependent on the modifier used on the claim. Once the 10-month rental period limit has been met, DME items will be considered to be owned by the Member.

Should the item be purchased before the rental period limit is met, all charges accumulated towards the rental period limit will be excluded from the purchase price of the item. DME may be replaced after five years, unless there is a documented case of loss or theft, or the equipment is irreparable, per the Member’s policy document.

- E0565 – Compressor, air power source for equipment which is not self-contained or cylinder driven
- E0562 – Humidifier, heated, used with positive airway pressure device
- E0550 – Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
- K0003 – Lightweight wheelchair
- E0570 – Nebulizer, with compressor
- E0470 – Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
- K0001 – Standard wheelchair
- E0720 – Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation
- E0730 – Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation
- E0135 – Walker, folding [pickup], adjustable or fixed height
- E0601 – Continuous positive airway pressure (CPAP) device
- B9002 – Enteral nutrition infusion pump, any type
- E0260/E0265 – Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
- E0265 – Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
- E0650 – Pneumatic compressor, non-segmental home model
- E0651 – Pneumatic compressor, segmental home model without calibrated gradient pressure
- E0431 – Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
- E1392 – Portable oxygen concentrator, rental
- E0600 – Respiratory suction pump, home model, portable or stationary, electric

Use of an appropriate rental-coding modifier will be required on claims to indicate if the equipment is a rental or purchase. If a DME item is returned before reaching the purchase price, a new capped rental period can begin if there was 60+ consecutive days of non-usage due to lack of medical necessity.

Rental modifiers include:
- RR – Rental
- KH – Initial claim, purchase or first month rental
- KI – Second or third monthly rental
- KJ – Capped rental months four to fourteen
- KR – Partial month

Purchase modifiers include:
- NU – New equipment (use the NR modifier when DME that was new at the time of rental is subsequently purchased)
- NR – New when rented

Additional DME reimbursement rules are shown below for your reference:

- Oxygen concentrators: Available to rent for three years with two years maintenance (allowed every six months during the two-year maintenance period). Modifier Code MS (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty) should be utilized to indicate DME maintenance.
  - Oxygen contents and supplies (cannulas, etc.) utilized with concentrators will only be paid separately during the maintenance period when a portable is being rented. A portable option does not reach a cap because the rental of the portable includes the oxygen and supplies.

- Ventilators: Only available for continuous rental due to regular maintenance.
- Equipment repairs are covered per the Member’s policy document when item is no longer covered under warranty and the repair price does not exceed a new item’s purchase price.
- Used equipment (modifier UE) is not covered by the Plan.
Policy Updates

Benefit Reimbursement Policy Updates: To review these policies inside the mySanfordHealthPlan portal, click the “Policies and Medical Guidelines” link in the Quick Links section.

- Biofeedback
- Durable Medical Equipment (DME)
- Metabolic and Bariatric Surgery
- Immunizations
- Vision Therapy
- Category III Codes
- Renal Dialysis
- Telehealth
- Cold Radiofrequency Ablation
- Private Duty Nursing
- Sinuva
- Omnipod DASH
Contact Us:

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

✉️ memberservices@sanfordhealth.org
- **Customer Service**
  - Monday-Friday, 8:00 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, 8:00 a.m. to 5:00 p.m. CST | (855) 305-5060

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

✉️ pharmacyservices@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** (855) 276-7214

**CONTACT FOR:** Assistance with fee schedule inquiries, check adjustments & reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W-9 form, change/updating information, provider education

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

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

✉️ 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

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