Medical Record Requests for HEDIS
Chart Review & Quality Reporting:
Coming in February - May 2019

Providers are encouraged to inform their staff of upcoming medical record requests and timeline for HEDIS chart reviews, which begins in February and goes through May 2019.

The purpose of HEDIS (Healthcare Effectiveness Data and Information Set) reporting is for a health plan to evaluate its performance in terms of clinical quality and customer service. HEDIS is reported annually as required by state & federal agencies, as well as the National Committee for Quality Assurance (NCQA). As both state and federal governments continue toward a quality driven health care industry, HEDIS rates are becoming more important to both health plans and providers. Provider-specific scores will also be used in in upcoming value based contracting arrangements focused on improving the quality of care provided to Sanford Health Plan members.

Learn more about HEDIS.

Provider responsibilities regarding medical records requests can be found in Sanford Health Plan’s provider manual and policy, which is considered an extension of the Sanford Health Plan provider contract.

What to Expect: Sanford Health Plan quality reviewers will reach out to providers beginning in February with a letter outlining the essential documents and information needed, along with submission instructions for this review. Additional follow up requests may be sent through early May.

If the volume of records requested is too large, or you do not have adequate staff to complete the chart retrieval, we encourage Providers to reach out to us using the following options to determine another authorized method to collect the information:

- Email: HEDIS@sanfordhealth.org
- Phone: (605) 328-6839
- Toll Free: (877) 305-5463, request Tracy at ext. 86839

Records reviewed by Sanford Health Plan are kept completely confidential, and member specific information is not provided to outside sources, including employers. As a reminder, protected health information (PHI) disclosed for purposes of treatment, payment or operations, including quality improvement activities such as HEDIS reporting, is permitted by privacy rules according to Health Insurance Portability and Accountability Act (HIPAA). Additional consent or authorization from the member/patient is not required.
Medical and Pharmacy Authorizations – Where do you find this information?

Our recent provider satisfaction survey indicated there was a need for more education on prior authorizations, including what and where to find the information. The information is available online through our website or portal, or representatives can be contacted by calling the departments. The following outlines the resources available to you for prior authorization information.

1. **mySanfordHealthPlan Portal:**
   Sanford Health Plan’s formularies are made available inside the portal. Inside the portal, a Member’s formulary and other plan documents is located near the bottom of the ‘Member Eligibility’ section.

2. **Website:** [sanfordhealthplan.com/providers](http://sanfordhealthplan.com/providers)

**PHARMACY INFORMATION:**

The ‘**Pharmacy Information**’ page contains:

- Pharmacy department contact information;
- Access to the pharmacy directories;
- Sanford Health Plan formularies;
- Synagis/Prescription Drug Prior Authorization Request and Formulary Exception Form;
- Step therapy medication list;
- List of medications requiring authorization; and
- ‘How To’ directions on submitting an authorization to Pharmacy Management.

**MEDICAL PRIOR AUTHORIZATION:**

The ‘**Prior Authorization**’ page contains:

- Utilization Management department contact information;
- Available options on how to request a prior authorization;
- Medical prior authorization request form;
- Prior authorization list: this is a general list of services that require prior authorization. Further details can be obtained by referencing the member’s Policy/Certificate of Coverage/Certificate of Insurance, or by calling Utilization Management.

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**THE 3 POINTS TO CONSIDER WHEN CONSIDERING A PRIOR AUTHORIZATION.**

1. The member is ultimately responsible for obtaining prior authorization. However, the provider’s office is most commonly supplying the information to fulfill this requirement. **NOTE:** Oncology treatment and services must be entered and authorized through eviti|Connect online at [eviti.com](http://eviti.com) by the provider.

2. All requests for authorization are to be made at least three (3) working days prior to the scheduled admission or requested service. In the event that services are needed in less than three (3) working days, you can request an expedited review.

3. All referrals to non-participating providers or facilities (at the recommendation of a participating provider) require prior authorization.

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You can find Utilization Management and Pharmacy phone numbers on the back of a member’s ID cards.

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**View Provider Directory at:** [sanfordhealthplan.com](http://sanfordhealthplan.com)
**Customer Service:** 1-800-752-5863 or (605) 328-6800
**Precertification/authorization:**
- Medical
  - 1-800-805-7938
- Pharmacy
  - 1-855-305-5062
- 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.
Sanford Health Plan offers FREE of charge wellness coaching services to our members as part of the preventive wellness benefits. Members have access to a variety of experts from Sanford Health Plan’s Wellness team to help them along their health and wellness journey. The Wellness team includes Exercise specialists, Registered Dieticians, and Certified Health & Wellness Coaches.

Purpose of wellness coaching services: To guide members toward sustainable lifestyle changes. The services promote growth and movement toward the member’s maximum personal and professional potential utilizing a partnership between the member and a coach. Appointments are offered telephonically.

Wellness services include:
- **Nutrition consultation** with a Registered Dietitian to improve eating habits related to chronic disease like hyperlipidemia, hypertension and obesity.
- **Exercise consultation** with an Exercise Specialist to create an individualized plan to increase physical activity for beginning exercise, working out at home, or a strength training routine.
- **Nicotine cessation coaching** helps to increase chances of quitting by identifying and understanding habits, triggers and motivations for quitting nicotine.
- **Wellness coaching** is a six-week program for those who want to make sustainable lifestyle changes. The program aims to address the whole person and helps discover what it means to thrive in all six areas of well-being.

*Why this matters to Providers:* Providers who have Sanford Health Plan members in need of these services can encourage members to connect with our Wellness team by calling Customer Service.
Policy Updates

Medical Policy Updates: To view this policy, log in to the provider portal mySanfordHealthPlan; medical policies are located under the ‘Medical Guidelines’ tab.

- A-0519-A – Rimabotulinumtoxin B
- A-296-A – Onabotulinumtoxin A
- A-0620-A – Abobotulinumtoxin A

Benefit Reimbursement Policy Updates: To view this benefit reimbursement policy, log in to the provider portal mySanfordHealthPlan; benefits and reimbursement policies are located under the ‘Resources’ tab.

- Acupuncture
- Applied Behavior Analysis (ABA)
- Cardiac Rehabilitation
- Care Management Benefit
- Habilitative Therapy
- Home Health Care
- Preventive Healthcare Guidelines
- Tobacco Cessation

Pharmacy Policy Updates:
The following are new policies effective December 6, 2018.

- Tavalisse
- Doptelet - Removed from formulary.
- Aimovig
- Sublocade
- Opioid Risk Management (ORM) – Short Acting Opioids
- Opioid Risk Management (ORM) – Long Acting Opioids
- Opioid Risk Management (ORM) – Opioid-Containing Antitussives
- Lucemyra
- Olumiant

The follow pharmacy policies have been updated and are effective December 6, 2018.

- Acthar H.P
- Cimzia
- Enbrel
- Humira
- Omega-3 ethyl esters
- Remicade
- Simponi SC
- Simponi Aria
- Entyvio
- Firazyr
- Haegarda
- Ilaris
- Kalbitor
- Leuprolide Long-acting
- Orencia SC
- Orencia IV
- Otezla
- Rituxan
- Ruconest
- Xeljanz/Xeljanz XR
- Actemra IV
- Actemra SC
- Cosentyx
- Kevzara
- Kineret
- Linezolid (Zyvox) IV
- Linezolid (Zyvox) oral
- Siliq
- Stelara IV
- Stelara SC
- Strensiq
- Sucraid
- Taltz
- Tremfya
- Vivitrol
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

pharmacist@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 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