THE NEW mySanfordHealthPlan Provider Portal IS HERE

The new mySanfordHealthPlan provider portal was launched on October 23, 2019.

CLICK HERE to learn more about how you can request access. Please submit only one request for access.
**ERA/835 and EFT Payment Services Transitioning to RedCard**

Sanford Health Plan is now using RedCard for its Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA/835) services. Providers were notified via letter in September to contact RedCard to initiate these services. **Providers not yet enrolled with RedCard for EFT /ERA services will receive their payments via check and EOPs as hard copy documents.** Providers may still enroll by calling RedCard Provider Service Center at (844) 292-4066, or by emailing support@ach835.com. [CLICK HERE](#) to review details on all EDI Transactions.

Providers who have chosen to receive ERA/835s will still receive paper remittance advice documents for the first three [3] payment cycles.

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**North Dakota Department of Human Services to Take Over Administration of NDME Pharmacy Claims**

In compliance with SB 2012, effective Jan. 1, 2020, the North Dakota Department of Human Services will take over administration of processes and pay North Dakota Medicaid Expansion pharmacy claims instead of Sanford Health Plan/OptumRx®. Members who obtain prescriptions from providers who are not enrolled with the State of ND will not have those prescriptions covered by ND DHS as of Jan. 1, 2020. Only prescriptions written by providers enrolled with the state of ND at the time the prescription is written are eligible for reimbursement through ND DHS.

**Please direct all questions regarding prescription coverage through North Dakota Medicaid Expansion to the North Dakota Department of Human Services at (800) 755-2604 or TTY (Relay Number): (800) 366-6888.**
New ID Cards Coming in 2020

Sanford Health Plan will be issuing new subscriber ID cards in 2020. However, not all Sanford Health Plan members will receive them immediately as cards will be issued as member groups are renewed for the year.

The new ID card will be easier to read and the type will be larger. The new ID card will display only the subscriber name and ID. It will display the nine- (9) digit Subscriber number and omit the two- (2) digit suffix (02, 03, etc.,) which was previously used to identify a spouse and dependents. Providers will no longer need to submit the 2-digit suffix when submitting claims, as Sanford Health Plan does not need those digits for processing. Claims for all members under this subscriber’s number should be submitted with the 9-digit number.

Subscribers will receive two copies of the card and it can be used for all dependents. Members may order additional cards by contacting Member Services. Members with single coverage will receive one (1) card.

Please note these changes when submitting hard copy claims:

- **Field 1a (Insured’s ID Number):** enter Subscriber ID number
- **Field 2 (Patient’s Name):** enter patient’s name
- **Field 4 (Insured’s Name):** enter patient’s name – not subscriber
- **Field 6 (Patient’s relationship to self):** check ‘self’

### National Drug Code (NDC) Requirement for ALL non-Medicare Claims Jan. 1, 2020

Beginning with dates of service Jan. 1, 2020 and after, Sanford Health Plan will require the appropriate National Drug Code (NDC) and NDC units for specific drug claim submissions for all providers. Our goal is to ensure that all providers receive the appropriate reimbursement and avoid claim denials. Additionally, claims that are billed with drug revenue codes must be submitted with the appropriate NDC and HCPCS/CPT® codes. Failure to use the correct NDC numbers on claims will result in claim denials.

**NDC billing requirements on all claims for outpatient drugs:**

- Valid NDC [11-digit billing format, with no spaces, hyphens or special characters] number that corresponds to the billed HCPCS/CPT® code(s).
- If the NDC on the package label is less than 11 digits, a leading zero must be added to the appropriate segment to create a 5-4-2 configuration.
- Accurate unit of measure of the NDC billed (F2, GR, ML, UN).
- NDC must be active for the date of service.

### Sanford PLUS Broad Network

<table>
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### Sanford Health Plan

**In Network Office Visit:**

Administered By

8509-SD 44AB COM-0007280002---- M()D()V() 20191114T00 Sh: 0  Bin 1 J1FD Env [1] CSets 1 of 1
Changes for Glucose Monitor Coverage

Sanford Health Plan’s coverage of continuous glucose monitors (CGMs) is changing January 1, 2020. The current plan covers CGMs under the medical benefit, which means supplies must be obtained from a durable medical equipment (DME) provider. Beginning January 1, 2020, members can also obtain CGMs at in-network pharmacies. Members who obtain CGMs from a pharmacy will pay the Preferred Brand copay or coinsurance. Members who continue to obtain CGM supplies through DME providers will be subject to deductible and/or coinsurance.

Currently, pharmacies have three CGMs available to dispense: Dexcom G5®, Dexcom G6® and Freestyle Libre®. This change is anticipated to be more cost effective and convenient for Sanford Health Plan members. Letters have been mailed to members who may be impacted, providing them with options that will be available and talking points for them to ask providers.

Members with Medicare, Medicaid Expansion, and Northern Plains Insurance Pool will not be affected by this change.

Sanford Heart of America Health Plans Discontinued in North Dakota

Beginning January 1, 2020, Sanford Health Plan will no longer offer Heart of America (HOA) Health Plans in North Dakota. Both individual and group coverage plans are being discontinued. Members have been notified of the discontinuation and informed of their options for selecting other coverage. Coverage for current HOA members will continue until December 31, 2019. Services provided after this date will no longer be billable to Sanford Health Plan. Providers will continue to have 180 days to submit claims to Sanford Heart of America Health Plan for claims accrued for covered members during this period.

For services occurring in 2020, providers must obtain updated insurance information for members with 2019 HOA coverage.

Formulary Update

Formulary lists have been updated for Oct. 1, 2019.

**Individual/Small Group Formulary**

- 3- Tier Commercial (Large Group/Self-Funded)
- 5-Tier Commercial (Large Group/Self-Funded)

**North Dakota Public Employees Retirement System (NDPERS) Formulary**

**North Dakota Medicaid Expansion Formulary**
Synagis Prior Authorization

Prior authorizations for Synagis can now be completed with the fillable form on the mySanfordHealthPlan Provider Portal. This document is located on the Medical Services & Drug Prior Authorization page. You can also find the form HERE.

All fields on the document must be completed and legible. The Plan’s decision will be based upon individual plan policy and clinical documentation submitted. The form can be faxed or submitted via the New Referral function in the new mySanfordHealthPlan provider portal.

Platelet Rich Plasma Update for Jan. 1, 2020

Sanford Health Plan has provided coverage for Platelet Rich Plasma (PRP) for the treatment of osteoarthritis of the knee. With the data from the MCG Care Guidelines 23rd Edition, and after an in-depth review of current evidence-based literature, the Sanford Health Plan Physician Quality Committee has voted to discontinue coverage for this therapy effective on Jan. 1, 2020. For those members currently undergoing treatment for osteoarthritis of the knee with PRP, coverage will continue until the treatment course has completed. For questions, call the Utilization Management team.

Risk Score Optimization (RSO) Audit: Coming in November 2019 – March 2020

Sanford Health Plan begins the RSO chart review audit in November and runs through March 2020. Risk Adjustment is the payment methodology used by Centers for Medicare and Medicaid Services (CMS) for our Marketplace members based on the health status of the member. We have partnered with CIOX Health to collect medical records as part of the chart review. Providers are encouraged to inform their staff of upcoming medical records requests and timeline for RSO chart reviews.

To complete the audit, we are asking those providers who receive a Chart Review Request to submit complete medical record documentation on the selected members.

CIOX will send a letter communicating to those providers selected for chart reviews outlining the specific request and where to submit the documentation.

Provider responsibilities regarding medical record 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.
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 Thursday, November 28, Wednesday, December 25, and Wednesday, January 1, 2020.

Optum CES Edits
Sanford Health Plan updated its claims editing software to Optum® Claims Editing System (CES) and began adjudicating claims on September 1, 2019. Additional edits will be implemented on January 1, 2020.

A document detailing the claim edits is available to you here on the Provider Resources page. The resource will be updated as SHP implements new edits. Services denied due to a claim edits are not billable to the member. Information on filing corrected claims is provided in the Sanford Health Plan Provider Manual. Reminder: As with our current claims editing system, Experian, Optum® CES utilizes national coding edits, edits based on CPT® guidelines, specialty society edits and clinically derived edits.

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)
Legislative Updates

South Dakota Exceptions to Provider Licensing
Effective July 1, 2019 South Dakota carved out exceptions to provider licensing in regards to being a member of an organ transplant team, being a member of an air ambulance crew, providing a one-time consultation or teaching assistance for no more than 24 hours, previously approved by the board of examiners for charitable organizations, and/or, subject to the terms of a contract, providing services to an athlete or athletic team in related to the athletic activity. Under limited circumstances, the provider may not need to be licensed in South Dakota.

South Dakota and North Dakota Update Telemedicine Laws
Both South Dakota and North Dakota were active in the telemedicine area, with SD passing SB 136/137 and ND passing SB 2094. Each state requires that a provider establish a provider-patient relationship with an individual utilizing telehealth services. Moreover, a provider must be licensed in the state in which the individual is located at the time services are rendered. If it is discovered that the individual is in a location where the provider is not licensed, the call should be terminated, but be prepared to assist in directing the individual to a proper facility. To view Sanford Health Plan’s telemedicine policies, MemE-REB-029 and A-001-S016 (AC), log in to your provider portal.

North Dakota Reauthorizes Medicaid Expansion – SB 2012
North Dakota reauthorized Medicaid Expansion during the 2019 legislative session. However, SB 2012 directed Sanford Health Plan to reevaluate and reset its previously negotiated rates with providers. SB 2012 directed Sanford Health Plan to reimburse similar providers with a consistent methodology. Sanford Health Plan worked collaboratively with the North Dakota Department of Human services in developing and implementing this statutory change. Effected providers should have received a separate communication piece and exhibit C to their contract in September.

Minnesota Emergency Prescription Refill Statute for Pharmacists to Practitioner
Minnesota has reevaluated its emergency prescription refill statutes. Under the new law, if under the pharmacist’s professional judgment and when the health of the patient is at issue, the pharmacist may refill a prescription for its original prescribed amount. However, controlled substances may not be refilled, unless it is to treat a seizure disorder. If an emergency refill is completed, the pharmacist must notify the prescribing practitioner within 72 hours of the refill.
Medical Services and Drug Prior Authorization Policy Updates

Sanford Health Plan’s prior authorization list has been updated and can be found online [HERE](#).

This prior authorization list is based on our commercial plan and is subject to change based upon Sanford Health Plan Medical Management updates. Authorization requirements for other plans offered by Sanford Health Plan may vary slightly. Contact Sanford Health Plan’s UM Department for additional information.

**Notable Changes Effective Jan.1, 2020**

Prior authorization requirement removed:
- Phototherapy UVB Light Devices
- Home infusion services
- Photodynamic therapy
- Varicose vein therapy
- Intrathecal pain pumps
- Cranial molding helmets
- Alopecia treatment
- Platelet Rich Plasma (PRP)
- Biofeedback
- Continuous Glucose Monitor Sensors

Prior authorization list update or change:
- DME greater than $10,000
- Clarified: External Electrical Bone Growth Stimulators

Remember:
1. Prior authorization is never needed for emergency care.
2. All referrals to non-participating providers require prior authorization.
3. Admission before the day of non-emergency surgery will not be covered unless the early admission is medically necessary and specifically approved by Sanford Health Plan. Coverage for hospital expenses prior to the day of surgery at an Out-of-Network facility will be denied unless authorized prior to being incurred.

The list of medications that the medical services require prior authorization is available [HERE](#).

The list of medications that require prior authorization is available [HERE](#).

The list of medications that require step therapy is available [HERE](#).

To request prior authorization, or a Step Therapy override, please complete the prescription drug authorization request or Formulary Exception form located in the Quick Links section of the [mySanfordHealthPlan provider portal](#).

Policy Updates

Benefit Reimbursement Policy Updates: To review these policies inside the [mySanfordHealthPlan Provider Portal](#), click the “Policies and Medical Guidelines” link in the Quick Links section.

- Infertility Testing
- Infertility Treatment
- Category III Codes
- Telehealth
- Home Health
DME Rental Policy Updates

Beginning January 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 5 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
• E1390 – Oxygen concentrator, single delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate*
• 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

* This code was printed in error. The article was corrected in the January 2020 issue.
DME Rental Policy Updates (Continued)

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 prior to 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 3 years with 2 years maintenance (allowed every 6 months during the 2-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.
## 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, 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

- **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

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