School Based Immunizations Coverage

Sanford Health Plan covers vaccinations administered by qualified providers in school settings for active members. School-based immunization is a strategy for reaching older children and adolescents with vaccination services. School health settings provide good opportunities to integrate vaccine delivery with other health interventions aimed at reducing vaccine preventable diseases and improving population health. Providers should use place of service ‘03’ when submitting claims for school based immunizations.

Section 23-07-17.1 of North Dakota State Law entitled Inoculation Required before Admission to School mandates that all students through grade 12 meet a minimum number of required immunizations prior to school entrance. These requirements can be waived only for medical, philosophical, moral or religious reasons.

South Dakota Department of Health administrative rules require both the Tdap [Tetanus, Diphtheria, Pertussis] and MCV4 [Meningococcal ACYW] vaccines for 6th grade students. The requirement is a result of legislation passed in 2016 adding meningococcal infection to the list of diseases specified in South Dakota Codified Law 13-28-7.1 for which DOH can require vaccination for school entry in South Dakota.

If you need assistance locating items on our website, please contact Provider Relations at (800) 601-5086.
**Flu Shot Season**

Flu shot season is fast approaching and Sanford Health Plan is ready! Sanford Health Plan encourages all members 6 months and older to get their flu shot vaccination to prevent influenza outbreaks. Flu shots are covered under the preventive benefits. We will be reimbursing the flu shot at $26; with high dose reimbursement at $56. If charged, the administration fee will also be covered.

**Vaccine and administration codes can be billed one of the following methods:**

- HCFA CMS-1500 claim forms: Claims can be submitted electronically with payor ID 91184, or paper claims can be mailed to: Attn: Claims, Sanford Health Plan, PO Box 91110, Sioux Falls, SD 57109.
- Submission through a Plan participating pharmacy. A qualified pharmacist can submit the flu shot through the member’s pharmacy benefit.
- Roster Billing: For flu shots only, flu shot rosters are available online for an easy and efficient way to bill.

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**Prior Authorization List Updates**

Sanford Health Plan’s prior authorization list has been updated and can be found online at sanfordhealthplan.org/providers/prior-authorization. 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 March 14th, 2018**

**Require prior authorization:**

- Tissue Engineered Skin Substitute

**Removed from prior authorization list:**

- Hospice services
- Home sleep study

**Notes to 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.
North Dakota Issues Bulletin on Coverage of Applied Behavioral Analysis

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). The removal of dollar limits become effective for grandfathered and transitional plans on 10/1/2018; Individual and Small Group plans, along with self-funded Multiple Employer Welfare Arrangements (MEWA’s) effective 1/1/2019.

ABA services require prior authorization with Sanford Health Plan’s Utilization Management team. They will review individual treatment plans provided to determine medical necessity pursuant to the Plan’s medical coverage policy and MCG guidelines. ABA services must be reported using specific CPT codes, HCPCS codes, revenue codes and/or ICD 10 diagnosis codes as outlined in the medical guideline addenda viewable in mySanfordHealthPlan.

In order to have accurate provider directories, providers who do ABA services will need to report “Behavior Analyst” as a specialty in their Sanford credentialing applications. Contact Provider Relations if you have questions regarding getting this updated.

To understand which members have ABA coverage in their plan, providers can contact Customer Service. Members will be sent information outlining these new benefits. The following table outlines ABA coverage by Sanford Health Plan’s service area states.

Coverage of Applied Behavioral Analysis Chart on next page.

Milliman Care Guideline (MCG) Upgrade to 22nd Edition

Sanford Health Plan upgraded to the new 22nd edition of MCG on Friday, July 27th.
<table>
<thead>
<tr>
<th>State</th>
<th>Benefit Quantity or Dollar Limits</th>
<th>Age Limits</th>
<th>Applicable LOBs</th>
<th>Provider Qualifications</th>
<th>Notes</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota</td>
<td>None</td>
<td>Under 19</td>
<td>All plans except for self-funded plans</td>
<td>1) MD, DO or Psychologists; or 2) Master’s or PhD and certified by the NBA Certification Board with a designation of board certified behavior analyst. 3) Licensed by the Board of Social Workers as a license behavior analyst.</td>
<td>The removal of dollar limits becomes effective for grandfathered and transitional plans on 10/1/2018; Individual and Small Group plans, along with self-funded MEWAs will begin coverage effective 1/1/2019.</td>
<td><a href="https://www.nd.gov/ndins/Communications/news/News373/">https://www.nd.gov/ndins/Communications/news/News373/</a></td>
</tr>
</tbody>
</table>
| South Dakota  | Through age 6:  
• $36,000  
Ages 7 - 13:  
• $25,000  
Ages 14 - 18:  
• $12,500 | Under 19   | Large Group Plans | 1) MD, DO or Psychologists; or 2) Master’s or PhD and certified by the NBA Certification Board with a designation of board certified behavior analyst. 3) Licensed by the Board of Social Workers as a license behavior analyst (Effective 1/1/2018) | Effective 1/1/18.  | [http://sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=58-17-157](http://sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=58-17-157) |
| Iowa          | Through age 6:  
• $36,000  
Ages 7 - 13:  
• $25,000  
Ages 14 - 18:  
• $12,500 | Under 19   | Large Group and State Employee Plan  
(SHP does not administer any Iowa State Employee Health Plans) | 1) MD, DO or Psychologists; or 2) Master’s or PhD and certified by the NBA Certification Board with a designation of board certified behavior analyst. | Effective 7/1/17. Carrier may approve treatment plan every 3 months in 1st year and 6 mo. Thereafter.  | [https://www.legis.iowa.gov/legislation/BillBook?ga=87&ba=HF215](https://www.legis.iowa.gov/legislation/BillBook?ga=87&ba=HF215) |
| Minnesota     | None                              | Under 18   | Large Group    | Mental health professional” as defined under MN Stat. 245.4871, subdivision 27, or a “treating physician” (not specifically defined under the statute). | Carrier may approve treatment plan every 6 months.  | [https://www.revisor.mn.gov/statutes/?id=62A.3094](https://www.revisor.mn.gov/statutes/?id=62A.3094) |
Legislative Updates

Minnesota Passes Step Therapy Protocol

Minnesota passed law MNSTAT.62Q.184 regarding step therapy protocols, which specified that clinical review criteria be used in establishing a step therapy protocol. The bill outlines mandated procedures for prescribers to override an adverse decision under the step therapy protocol. However, a plan sponsor can use its own appeals procedure to satisfy these requirements. This law becomes effective January 1, 2019. Providers can find Sanford Health Plan’s ‘Prescription Drug Prior Authorization Request and Formulary Exception Form’ along with a list of medications that require step therapy online at sanfordhealthplan.org/providers/pharmacy-information.

Iowa Telehealth Bill HF 2305

The passing of HF 2305 requires Payers to cover telemedicine services that are medically necessary as outlined in the member’s Policy and appropriate to be administered by telehealth effective January 1, 2019. It does not require Payers to cover services not medically necessary, nor any that would not be covered in person. Additionally, the bill does not require financial parity. Sanford Health Plan already covers telemedicine services. Providers can view the Telemedicine policy and others by logging in to your mySanfordHealthPlan account.

Minnesota Price Transparency Bill SF 3480

SF 3480 was passed and becomes effective July 1, 2019. This law implements price disclosure requirements for providers and health plans (not including Self-Funded plans, such as Sanford Group Health). Specifically, health plans are required to provide a good faith estimate of the allowable amount the health plan has contracted for with a specified network provider along with the enrollee’s out-of-pocket costs within 10 business days of a request. Primary Care Providers specifically, are also required to maintain and disclose a list of the services over $25 that correspond with the provider’s 25 most frequently billed current procedural terminology (CPT) codes, including the provider’s ten most commonly billed evaluation & management (E&M) codes.
North Dakota Medicaid Expansion Lock-In (CSP) Program Request

Sanford Health Plan administers a CSP program as allowed under 42 CFR § 431.54 specifically for the ND Medicaid Expansion population. The CSP is in place to restrict a Member who meets specific criteria, in to a pharmacy and/or a primary care physician. Case Managers work with the member in coordinating healthcare services to match their medical needs, improve quality of care by building a patient-doctor relationship, and to promote proper use of health care services and medications.

As a provider, if you have concerns regarding a ND Medicaid Expansion member’s utilization of services and feel they should be reviewed for placement in the CSP program, please complete and submit the ‘Medicaid Expansion Lock-In CSP Program Request’ form, which can be found in mySanfordHealthPlan.

Policy Updates

The following pharmacy policies have been updated: Effective June 14, 2018. To obtain a copy of these policies, contact pharmacy.services@sanfordhealth.org.

- Actimmune
- Adagen
- Antidepressant ST
- Antipsychotic ST
- Aralast NP
- Arcalyst
- Avedeo
- Baxdela IV
- Baxdela Oral
- Brand with generic available
- Cerdelga
- Cerezyme
- Chenodal
- Cholbam
- DDP-IV/GLP-1 Dup of therapy
- Elelyso
- Emflaza
- Epclusa
- Evcrisa
- Fabrazyme
- Fasenra
- Fibromyalgia ST
- Formulary Exclusion
- Forteo
- Glassia
- GLP-1 ST
- Growth Hormone
- Harvoni
- Illaris
- Increlex
- Kalydeco
- Kanuma
- Korlym
- Kuvan
- Luxturna (Orphan Drug PA)
- Mavvyret
- Mepsevii (Orphan Drug PA)
- Myalept
- New to Market
- Nplate
- OAB ST
- Orkambi
- Prolastin-C
- Promacta
- Prostacandin ST
- Quantity level limits
- Simponi Aria
- Sylvant
- Testopel
- Testosterone Topical, Injectable, Buccal
- Tetrabenazine (Xenazine)
- Uceris ST
- Ulorc ST
- Vosevi
- Vpriv
- Zavesca
- Zemaira