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NCQA Special Edition – June 2021
Preventive Health Guidelines and Immunization Schedules

The preventive health guidelines and immunization schedules for children and adults are available ONLINE.

Thank you for your help in ensuring our members receive these important services. We believe that health promotion and disease prevention are valuable tools in the detection and treatment of preventable illnesses. Contact Provider Relations for a printed copy.

Topics to remember:
• Prior authorization is not required for in-network providers providing care within preventive guidelines
• Annual services are allowed one time per calendar year, and are not required to be spaced 12 months apart
• Services performed outside of these guidelines, and with a medical diagnosis, will be applied to member’s deductible and coinsurance
• Preventive services are provided to members as listed unless otherwise stated in the member’s plan document (i.e. Summary Plan Description, Policy, Certificate of Insurance)

Some insurance companies do not allow members to obtain immunizations prior to their birthday, and there has been some confusion regarding our policy for immunizations. Sanford Health Plan allows immunizations for members to be done within the calendar year.

Credentialing and the Sanford Provider Hub

On April 15, 2021, Sanford Health Plan started offering a secure, cloud-based software solution for all your credentialing activities through the Sanford Health Plan. The new Sanford Provider Hub will enhance your Sanford credentialing experience by providing a user-friendly interface and automation that will streamline the credentialing process and significantly reduce paperwork.

What will you notice with the Sanford Provider Hub? No paper. Our current paper applications and email workflow will be replaced with an automated, online process for initial and reappointment requests.

No surprises. You will be able to check the status of your file in the Sanford Provider Hub during processing.

No missed deadlines. Your designated credentialing administrator can assist you with your credentialing communications and activities.

Watch for further information in your email and on the Sanford Health Plan website.
The opioid crisis in America continues to sore and at Sanford Health Plan we are working to equip our providers with the armor needed to assist in defense of this crisis. One way of defense is the use of valid data. Sanford Health Plan uses HEDIS© measures to monitor the use of opioids from multiple providers (UOPD) and use of opioids at high dosages (UOD). Using this data allows Sanford Health Plan to assist providers in safe opioid prescribing practices and tips for improvement. Below is a breakdown of the HEDIS© Opioid measures.

**Use of Opioids From Multiple Providers (UOP)**
To be included in this measure, a member must have met both of the following criteria in the measurement year:

- Two or more dispensing events on different dates of service for the following opioid medications, and ≥15 days covered by an opioid prescription

1. **Multiple Prescribers.** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. **Multiple Pharmacies.** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. **Multiple Prescribers and Multiple Pharmacies.** The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year.

**Use of Opioids at High Dosage (UOD)**
To be included in this measure, a member must have been prescribed one of the following opioid medications at a MME ≥ 90 mg for ≥ 15 days:

- Butorphanol
- Codeine
- Dihydrocodeine
- Fentanyl
- Hydrocodone
- Hydromorphone
- Levorphanol
- Meperidine
- Methadone
- Morphine
- Opium
- Oxycodone
- Oxymorphone
- Pentazocine
- Tapentadol
- Tramadol

Sanford Health Plan encourages physicians to use the Prescription Drug Monitoring Program, or PDMP, that tracks controlled substance prescriptions. The PDMP can help identify Members who may be misusing prescription drugs and be at risk for overdose. Sanford Health Plan case managers can also assist Members in securing a PCP and if appropriate, obtain appointments with pain management clinics.

Physicians can access prescription data such as medications dispensed and doses. PDMP’s improve patient safety and Member coordination of care by allowing clinicians to:

- Identify Members who are obtaining opioids from multiple providers collaborate with other medical or behavioral health providers managing the member
- Use caution with any dosage and calculate the total amount of opioids prescribed per day
- Identify Members who are being prescribed other substances that may increase risk of opioid misuse or abuse
- Offer Members a different option when warranted

Checking the PDMP is an important step in safer prescribing of these drugs. You can access your state PDMP by using this [LINK](#).
Provider Satisfaction Survey Results

Sanford Health Plan conducts an annual provider satisfaction survey. Sanford Health Plan continues to provide ongoing member and provider education related to the Utilization Management process, what prior authorization is, what services require prior authorization and how to request prior authorization. This information is also available on our website at sanfordhealthplan.org or by calling our Utilization Management Department at (605) 328-6807 or (800) 805-7938.

As you know, communication between primary care physicians and specialists, including behavioral health specialists, is crucial to the over-all care of patients. Sanford Health Plan’s goal is to ensure that our members receive seamless, continuous and appropriate care regarding diagnosis, medication and treatment plans in both inpatient and outpatient settings. Coordination of care is essential to promote safe, proper and unduplicated health care services.

In an effort to foster coordinated care, we ask you to remember these important aspects of coordination of care:

- Systematically send relevant clinical information in a timely manner to the practitioner the patient is being referred to or has been referred from.
  - **Diabetic patients**: Provide annual eye exam results to the PCP or request results from the optometrist/ophthalmologist
  - **Cardiac patients**: Ensure patient has lipid panel ordered annually by either the PCP or cardiologist

- All patients: Communicate any changes in the treatment plan to all members of the patient care team

- Review clinical information in a timely manner and determine if further contact is needed to initiate additional care.

- Contact patients after discharge from a facility and coordinate follow-up care with the patient and/or family.

- For patients transitioning to another level of care, develop a transition plan with the patient and/or family.

- A primary care provider (PCP) should oversee all general medical health care for a patient.
  - Obtain documentation of testing and consults from referral providers.
  - Review the patient medication list during each office visit.
  - When consultants or specialists are involved in the care of the patient, ensure the health care team is communicating so that all important tests and other elements of care are completed.

- Use your state’s Immunization Registry for an easy way to communicate with fellow practitioners regarding immunizations your patients have received. This can be used to fill in the blanks when a patient has emergent care or moves to a new provider. It can also be used when you are receiving a new patient that has no personal record of their vaccinations. Your office can obtain a login through your State Department of Health.

Phone Prompts Have Recently Changed

To provide you with the best experience we have updated our phone systems and with this change there may be some differences. You will still use the numbers at the end of this publication to reach the appropriate departments. Prior to arriving at the appropriate department, you will be prompted to enter if you are a member, provider or have sales inquiry. Once within the provider menu your call will be routed to the team that will most efficiently be able to answer your questions. We thank you for your patience as we embark on some amazing technology to create the best experience for you as a provider and our members.
Increasing Cervical Cancer Screening Rates with Educational Interventions

Cervical cancer is the second most common cancer in women worldwide; early detection can play a key role in reducing the associated morbidity. It is estimated that in all over the worldwide about 1.4 million women are living with Cervical cancer (second most after the breast cancer) and also it is the leading cause of cancer death in some developing countries.

Screening can reduce both the mortality and incidence of cervical cancer. The World Health Organization knows cervical cancer as a preventable disease in women. The treatment of cervical cancer is less effective because the signs and symptoms of this cancer do not appear until the advance stages.

The main cause of cervical cancer is the Human Papilloma Virus (HPV). The epidemiologic risk factors of this cancer are onset of coitus in young ages, history of sexually transmitted disease, larger number of sexual partners, use of contraceptive methods, history of smoking, parity and chronic immunosuppression.

Different types of educational interventions available that showed increases in effectiveness were: calls, mailed postcards, mother/daughter education, consultation sessions, videos, PowerPoint slides, small group discussions, tailored counseling, self-learning packages and face-to-face interviews. These educational interventions have shown to help reduce barriers of CCS (cervical cancer screening) and dramatically increase the CCS rate. The use of a case manager, media outreach or an invitation letter have shown to help adherence to later Pap smears by increasing knowledge about CCS. ¹

¹ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6031778/
As patients are quickly discovering, there are many perks of virtual care. They no longer have to worry about putting their health at risk, long wait times, or arranging a ride to and from the doctor’s office. Telehealth also gives patients more freedom in terms of where they seek medical care. They are no longer limited by physical distances or a lack of transportation. This ensures that everyone with access to broadband can stay in touch with a healthcare provider.

Sanford Health Plan believes that you can reach your members no matter where they are by extending your practice’s telehealth capabilities. We want to make sure that we are helping your practice build and support its telehealth journey. Below are just a few ways to ease the transition into an updated telehealth facility.

• Look for ways to update your existing technology, while keeping an eye out for the latest trends in telehealth. In addition to smart tablets, electronic health records, and predictive analytics, providers are using telehealth technology to collaborate with specialists in real-time, increasing the quality of care.

• Create an approach so your patients can enjoy all the eases of virtual care. Your patients should be able to make an appointment online, update their personal information, and review their health records.

• Simplify the patient experience to stay competitive in the changing industry.

• Make sure your telehealth programs are easy to use for not only the patients, but also your staff. Get rid of redundant processes and complicated interfaces that may delay care. This will help you increase efficiency, so you can see more patients in less time.


**TELEHEALTH AND PREPARING YOUR OFFICE**

**Did you know...**

Clinical Practice Guidelines

The Sanford Health Plan Physician Quality Committee reviews and has adopted yearly the clinical practice guidelines. They are currently reviewing 2020’s updates. The complete listing from 2019’s adopted guidelines is available on our website [HERE](#).
Telehealth for Behavioral Health Care

Behavioral health — like other areas of health care — has changed significantly due to the COVID-19 public health emergency. It is now easier for mental health providers to offer and get reimbursed for telebehavioral health services. Telehealth can also make behavioral health services safer and more private and convenient for patients who can access care from their home.

When behavioral health care is delivered via telehealth it is sometimes referred to as telebehavioral health, telemental health, telepsychiatry, or telepsychology. Common types of telebehavioral care are individual therapy, online counseling, group therapy, and substance use disorder treatment. (Best Practices Guide, 2021)

**INDIVIDUAL TELETHERAPY**

Individual teletherapy uses digital mental health tools to deliver one-on-one therapy and online counseling.

**GROUP TELETHERAPY**

Group teletherapy is usually done online and offers added mental health benefits of community, reduced feelings of isolation, and new perspectives.

**TELE-TREATMENT FOR SUBSTANCE USE DISORDER**

Virtual, telebehavioral health care can be part of an integrated approach to treating substance use disorders.

Optum CES Edits

Sanford Health Plan continues to implement additional claims edits. Check periodically for details of future edits to be released. A document detailing the claim edits is available to you here on the PROVIDER RESOURCES PAGE. The resource will be updated as Sanford Health Plan implements new edits.
Updates made to prior authorization lists

Updates are made to the prior authorization list from time to time. When the list is updated it is then placed on the provider and member portals. Please visit the PROVIDER PORTAL for the latest update.

Remember, requests must be made at least three (3) business days in advance. This list does not guarantee eligibility or coverage; services must be medically necessary and available under the members plan.

Nominate other providers

Do you know a Primary Care Provider, specialist, therapist, counselor, psychiatrist, or psychologist that would be a benefit to your patients to be contracted with Sanford Health Plan? Did you know you can nominate them online or by calling customer service?

Follow the instructions online at www3.viiad.com/shp/public/nominate_provider.asp to complete the nomination request.

Sanford Health Plan will contact the provider that has been nominated to see if they are interested to start the credentialing process.

COVID-19: Updated Coverage Announcement

Stay up-to-date on all COVID-19 information and find resources specifically for providers by visiting this webpage. Have additional COVID-19 questions? Submit your questions HERE.
Formulary changes and formulary exception process

Sanford Health Plan has a list (formulary) of FDA approved brand name and generic medications that are covered by the plan. Selection criteria for medications on the list include effectiveness, safety and cost-effectiveness. Changes are made throughout the year by Sanford Health Plan’s Pharmacy and Therapeutics committee as necessary, with a complete review performed each year. By following the formulary and using generic medications when available, members can save money and help control out of pocket costs.

Sanford Health Plan’s formularies are made available online or inside the provider portal. Inside the portal, a Member’s formulary is located near the bottom of the ‘Member Eligibility’ section. Our Pharmacy Management team is also available to answer questions.

View Formularies Online

To find a specific drug:
• Locate the drug in the index list located at the back of the formulary.
• Find the correlating page number.
• Find the drug listed on that page number.
• Notice the tier level indicated, along with any special instructions which will be in abbreviation form. The tier levels and abbreviations are further defined on page 1 of the formulary.

Formulary Exception Process
If a medication is not on the formulary, an exception can be made if:
• A provider feels it is medically necessary; or
• The member has tried and failed the formulary option(s);

To request an exception, the provider must complete the Prescription Drug Prior Authorization Request and Formulary Exception Form and return to Sanford Health Plan. The request will be reviewed and the member and provider will be notified of the determination by mail.

Providers can request a formulary exception two ways:
1. Submit a completed Prescription Drug Prior Authorization Request and Formulary Exception Form. This form is available online HERE.
2. Use the Provider Portal to request Pharmacy Preauthorization, found under the “Authorizations” tab.

Provider Annual Notices

Provider annual notices have now been updated and our available on the provider portal. The provider annual notice will help you guide you where to find important information, the provider webpage contents, quality improvement, clinical practice guidelines and much more.

If you would like a printed copy of the notice, please contact Provider Relations at (800) 601-5068 or providerrelation@sanfordhealth.org.
Contact Us:

**CONTACT FOR:** Eligibility and 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

- pharmacieservices@sanfordhealth.org

  **Pharmacy** (855) 305-5062

  **NDPERS Pharmacy** (877) 658-9194

  **ND Medicaid Expansion** (800) 755-2604  |  TTY: 711

**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 fee schedule inquiries, check adjustments and 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