Flu Shot Coverage & Reminders

Flu shot season is upon us! 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. The Preventive Health Guidelines benefit policy is available to providers in the portal. Reimbursement for the flu shot is set at $26; with high dose reimbursement at $50. If charged, the administration fee will also be covered.

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

- CFA 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 manager.
- Roster Billing: For flu shots only, flu shot rosters are available [ONLINE](#) for an easy and efficient way to bill.

**School based immunizations:**

Vaccinations administered by a qualified provider in a school setting is covered. Provider should use place of service ‘03’ when submitting claims for school based immunizations.
New Provider Portal – Coming OCTOBER 2019

We’re pleased to announce new features coming soon to the provider portal, mySanfordHealthPlan.

All of today’s features PLUS:
• Faster Prior-Authorization Process
• New secure messaging features
• A re-designed Explanation of Payment
• Optum Claim Edit System Portal

Watch for additional communications about this in future editions of Fast Facts.

ERA/835 and EFT Payment Services Transitioning to RedCard

Sanford Health Plan is changing Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA/835) services and processing to RedCard systems effective October 1, 2019. Providers who currently receive EFT or ERA/835 processing for Sanford Health Plan transactions will be receiving a letter with an invitation code and enrollment instructions. Enrollment must be completed prior to September 20th, 2019 to continue receiving EFT payments and ERAs/835s without disruption.

To see all the EDI transactions and enrollment instructions offered by Sanford Health Plan, CLICK HERE.

Optum Claims Editing System (CES) Implementation Sept. 1, 2019

Sanford Health Plan implemented its claims editing software to Optum® CES starting with claims adjudicated Sept. 1, 2019. A “Claim Edits List” document detailing the claim edits is available to you on the Provider Resources page at www.sanfordhealthplan.com/providers/forms. The document will be updated as we implement new edits.

Reminders:
• Services denied due to a claim edit are not billable to the member.
• Information on filing corrected claims is provided in the Sanford Health Plan Provider Manual.
• Should you disagree with a claim edit, providers can file a claim reconsideration form.
National Drug Codes (NDC) for North Dakota Medicaid Expansion

Sanford Health Plan would like to remind you that the appropriate National Drug Code (NDC) and NDC units are required for specific drug claim submissions. 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 number on a claim 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.

North Dakota Medicaid Expansion Formulary Changes

The NDME formulary is changing effective Sept. 15, 2019. NDME members impacted by this change were mailed letters providing the alternative preferred drug option(s). Should the member need to continue use of the current non-preferred drug, it will require prior authorization. Formularies are available [ONLINE](#) or within the portal.
North Dakota Medicaid Expansion (NDME) Removes Co-pays Effective Oct. 1, 2019

NDME members will no longer have a co-pay for services and prescriptions received on or after **Tuesday, Oct. 1, 2019**. Providers will not be negatively impacted. Claims with dates of service **prior** to Oct. 1, 2019 will still have the applicable co-pay.

**Note:** Member ID cards will not be mass redistributed until December 2019. Therefore, you will see ID cards with a co-pay listed, as shown below, but you can ignore this amount after Tuesday, Oct. 1. Copayments (co-pays) are going away for everyone with Medicaid in North Dakota, including Medicaid Expansion Members.
North Dakota Medicaid Expansion – Senate Bill 2012 Rate Equalization Update

Sanford Health Plan communicated to NDME providers in June regarding the 2019 North Dakota Legislature passing of Senate Bill 2012 which directs the Medicaid Expansion managed care organization to make the following changes:

- Reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology.
- Incentive, quality, or supplemental payments to providers, can only be made if it is part of a value-based program offered to all eligible providers and approved by the North Dakota Department of Human Services (ND DHS).
- The Managed Care Organization (MCO) may consider urban and rural providers as different provider types.
- Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs.

We have worked closely with the ND DHS to bring compliance to this mandate. Methodologies and reimbursement rates were reviewed and have been approved by the ND DHS. NDME network providers will receive communication mid-September via letter outlining the new methodologies and reimbursement rates to be used for covered services provided to NDME members for dates of service beginning July 1, 2019. Claims received by Sanford Health Plan for dates of service July 1, 2019 and after will be reprocessed with these new rates. Letter notifications will be coming to the NDME providers addressed to the Provider Contract Administrator.

Improve your Cultural Communication Skills

Understanding the unique values, beliefs, and traditions of individuals can help you deliver culturally appropriate health information. As a reminder, all Sanford Health Plan contracted providers are required to comply with Title VI of the Civil Rights Act of 1964, as amended, 42 USC §2000, as well as all other applicable federal and state nondiscrimination and access laws.

Visit the CDC Health Literacy website for resources to help you become a better communicator across different cultures: cdc.gov/healthliteracy/culture

For free assistance from Sanford Health Plan in a language other than English: (800) 892-0675.
Provider Website Updates – Prior Authorization

We have combined the “Pharmacy Information” and “Prior Authorization” pages to remove duplication and ease confusion. You will now see all the information for medical and drug prior authorization on one page. [sanfordhealthplan.org/providers](http://sanfordhealthplan.org/providers)

Past view showing 2 separate pages:

Current view showing the combined page:

Policy Updates

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.

- Durable Medical Equipment (DME)
- Diabetes Supplies and Programs
Contact Us:

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

@ member-services@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

@ pharmacy-services@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

@ provider-relations@sanfordhealth.org

**Provider Relations** [800] 601-5086

**CONTACT FOR:** Requests to join the network and contracted related questions, fee schedule negotiation, provider credentialing

@ sanford-healthplanprovidercontracting@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