

Consider Cultural Competency When Caring For Patients

Recognizing that patients have diverse views is critical to meeting their needs. The cultural factors that will likely impact your relationships with them include age, gender identity, language, religion and values. The changing demographics of our country create new challenges for the provision of care. You may see that change happening in your own community. It's important to respect and respond to your patients' distinct values, beliefs, behaviors and needs when caring for them.

Our commitment is to meeting all the National Committee for Quality Assurance (NCQA) standards. Each year, we measure our members' perspectives via the Consumer Assessment of Healthcare Provider and Systems (CAHPS®) health plan survey. Survey replies help us learn about network providers' ability to meet our members' needs. This data is then used to monitor, track and enhance member experiences.

Cultural education for health care professionals is an important component of improving the quality of care delivered to diverse patient populations and can help in addressing racial/ethnic disparities in health care.

Below are a list of resources:

- **U.S. Department of Health and Human Services:**
Information on National CLAS Standards and education including free continuing education e-learning programs, resources to recorded presentations, quarterly newsletters, case study video units and more
- **American Indian and Alaska Native Culture Card:**
The culture card enhances cultural competence when serving American Indian and Alaska Native communities. It covers regional differences, cultural customs, spirituality, communication styles, the role of veterans and older adults, and health disparities.
- **Office of Minority Health - Cultural Competency Section:**
The Office of Minority Health addresses disease prevention, health promotion, risk reduction, healthier lifestyle choices, use of health care services and barriers to health care for racial and ethnic minorities. Key strategies focused on fostering research, establishing networks and funding programs that can contribute to health policy and the effectiveness of strategies for improving health. For additional information, please visit the Office of Minority Health [website](#).

Risk Score Optimization Audit: Now through April 2022

Sanford Health Plan has begun the Risk Score Optimization (RSO) chart review audit, which runs from through April 2022. 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 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.

No Surprises Act: Provider Updates Due

Beginning Jan. 1, 2022, CMS requires self-funded plans and fully insured individual and group plans to establish a provider directory verification process and establish a procedure for removing providers or facilities with unverifiable information. Sanford Health Plan joins more than 425 payers across the nation that are enlisting Quest Analytics/BetterDoctor services to implement a robust process to verify our provider directory.

What this means for you as a provider:

You will receive communication from our partner, Quest Analytics/BetterDoctor, every 90 days to verify the details we have in our provider directory. Once the details are sent back and verified, directories will be updated within two business days of receiving the provider updates. If no response is received, we are required to remove the provider from our provider directory until information is verified as correct. **PROMPT RESPONSE IS KEY.**

For additional questions or requests regarding your verification process please contact Quest/BetterDoctor at:

Email support@betterdoctor.com or call **(844) 668-2543** 8:00 a.m. – 5:00 p.m. CST.

If your organization includes ten or more practitioners at multiple service locations, you're welcome to submit a roster each quarter instead of using the BetterDoctor online portal to attest.

Contact your Senior Provider Relations Specialist for more details.

Provider Connections Webinars

Plan to be a part of future quarterly events.

Provider Connections events are designed to provide insights and answers to current questions or concerns brought to our team. These events will also connect you with the resources and people at Sanford Health Plan Provider Relations that are your partners to ensure success as you provide care for our members.

Provider Connections event summaries can be found [HERE](#).

Save the dates for the 2022 Provider Connections webinars listed below. All meetings will take place at 10 a.m. CST.

- **June 17, 2022**
- **September 16, 2022**
- **December 16, 2022**

Register [HERE](#).



Roster billing for Flu and COVID-19 vaccines

Provider locations and pharmacies that send Sanford Health Plan Roster billing should know. Please find our annually update Roster billing form at our website [HERE](#) under **CLAIMS**.

Claims

- Check your claim status [here](#)
- Claim Reconsideration Form is now located within the [Provider Portal](#).
 - Request Provider Portal Access (External use only. Sanford Health users submit an ESAR)
 - [Review Coverage & Claim Instructions \(Page 12\)](#)
- [Flu & COVID-19 Vaccine Roster](#)

If you use this form for roster billing, please note that this form is reserved for use with Flu and COVID-19 Roster billing only. We appreciate your cooperation with this request.

Healthcare facilities: When sending Sanford Health Plan roster billing please use our annually updated roster billing form you can find this on our website [HERE](#) under **CLAIMS**. When using this form for roster billing, please note this form is reserved for flu and COVID-19 roster billing only.

Pharmacies: Effective March 1, 2022, pharmacies must submit vaccine claims electronically through the pharmacy benefit manager (OptumRX); roster billing and medical claims submitted to Sanford Health Plan will no longer be accepted.

For questions with OptumRX you can call **(866) 833-3463** or go to their website: optumrx.com/public/landing.

Pharmacy Clinical Pearls

The goal of this section is to provide you with information on newly approved medications, updated medication indications or warnings, new generic approvals, and other miscellaneous pharmacy “pearls”.

- In February 2022, the FDA expanded the indication of Jardiance® (empagliflozin) to include:
 - To reduce the risk of cardiovascular death and hospitalization for heart failure in adults with preserved ejection fraction
 - It previously was approved to reduce this risk in those with reduced ejection fraction
 - Other indications of Jardiance® include:
 - Adjunct to diet/exercise to improve glycemic control in Type 2 Diabetes
 - Decrease risk of cardiovascular death in adults with Type 2 Diabetes and established cardiovascular disease
 - For more information on empagliflozin, please see the [prescribing information](#).
- Selzentry® (maraviroc) is now available as a generic formulation for the treatment of chemokine coreceptor 5 (CCR5) tropic human immunodeficiency virus type-1 (HIV-1) in adults and pediatric patients >2 kg. This product is available as a tablet and oral solution and has a black box warning due to potential for hepatotoxicity. For more information on maraviroc, please see the [prescribing information](#).
- Daytrana® (methylphenidate ER transdermal film) is now available in a generic formulation for the treatment of ADHD. This product is available as a 10 mg, 15 mg, 20 mg, or 30 mg transdermal film. For more information on methylphenidate ER transdermal film, please see the [prescribing information](#).
- Two new pneumococcal immunizations were recently approved and recommendations can be found in the ACIP 2022 Adult Immunization Schedule [HERE](#).
 - The two new immunizations are known as PCV15 (Vaxneuvance™) and PCV20 (Pevnar 20™).
 - In adults >65 years of age who previously were not vaccinated with a PCV immunization or have an unknown history the recommendation is:
 - Administer one dose of either PCV20 or PCV15
 - If PCV15 is administered, a dose of PPSV23 (Pneumovax® 23) should be given >1 year later
 - In adults 19 to 64 years of age with risk factors and certain underlying medical conditions who previously were not vaccinated with a PCV immunization or have an unknown history the recommendation is also:
 - Administer one dose of either PCV20 or PCV15
 - If PCV15 is administered, a dose of PPSV23 (Pneumovax® 23) should be given >1 year later
 - To help with the new pneumococcal vaccination recommendations, the CDC has a mobile phone application that helps those providing immunizations determine which immunizations each patient is recommended to receive. For more information on this application, please visit the CDC web site [HERE](#). The CDC also has a table available with information and recommendations for other scenarios that may be encountered in the clinical setting, which can be found [HERE](#).

Please reach out to Courtney Feist, PharmD, with any questions or topics you would like to learn more about in upcoming issues of Fast Facts.
Email: courtney.feist@sanfordhealth.org

How to Access Medicare Advantage Provider Portal

The provider portal includes helpful information for Medicare Advantage from Align powered by Sanford Health Plan and Great Plains Medicare Advantage

On Jan. 1, 2022, Sanford Health Plan launched a new Medicare Advantage provider portal where providers can file claims and access helpful resources. The Medicare Advantage provider portal is for both Align powered by Sanford Health Plan (PPO) and Great Plains Medicare Advantage (I-SNP) providers. Claims can also continue to be submitted by fax or mail.

Access the portal by following these simple steps:

1. Visit sanfordhealthplan.com
2. Choose “**Log In**” in the upper right corner of the page
3. A drop-down box will appear. Choose “**Medicare Advantage**”
4. Sign into the portal with your User ID and Password

Another way to navigate to the provider portal:

1. Visit sanfordhealthplan.com/providers
2. Scroll down the page to the “**Provider Resources**” section which also features important MA documents you may want to reference
3. Locate the box labeled “**Provider Medicare Advantage (MA) Resources**”
4. You can automatically connect to the MA provider portal from this location, view the most recent Provider MA FAQs document, and connect to the forms page where you can find additional MA resources.

If you have not created a MA provider portal user ID or password yet, please reference the letter we mailed to you earlier this year that includes a PIN unique to your office/facility TIN. Select “**New User? Click here for New Provider Registration**” to begin the process of creating a new user ID and password. Once complete, you will receive an email confirming your registration was successful.

Need a PIN to register?

- For Align powered by Sanford Health Plan (PPO) call (888) 278-6485
- For Great Plains Medicare Advantage (I-SNP) call (844) 637-4760

Bookmark these helpful links:

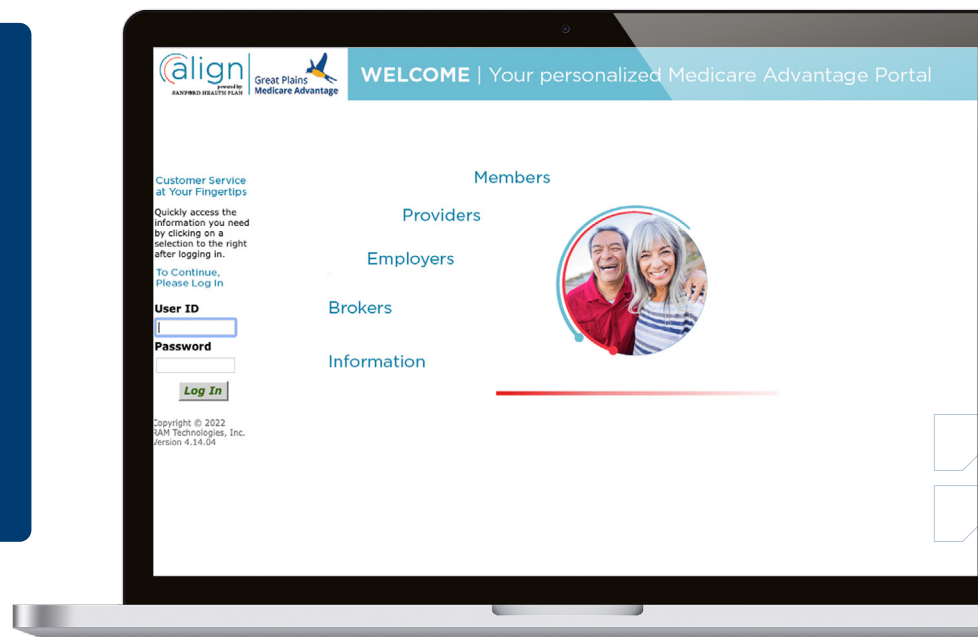
Align powered by Sanford Health Plan website: <https://www.sanfordhealthplan.com/align>

Great Plains Medicare Advantage website (Providers): <https://greatplainsmedicareadvantage.com/providers-partners/>

Medicare Advantage Claim Refund Checks

REMINDER: Refund checks should be sent to Sanford Health Plan for all Align powered by Sanford Health Plan Medicare Advantage claims:

**Sanford Health Plan
ATTN: Finance Department
PO Box 91110
Sioux Falls, SD 57109-1110**



Claim Payments

You can easily check a claim status online [HERE](#). Please allow 30 days from date of submission.

This link will allow you to check a single claim. To securely view additional claims, you will need to log into your secure portal [HERE](#).

NOTE: The Claim ID or submitted ID should match what was used when the claim was submitted.

Below is an example of the "Find a Claim" web page.

1	Who submitted the claim? Enter ONE of the following: A) Provider NPI B) Vendor Tax ID	<input type="text" value="Provider NPI"/>
2	What were the claim details? Enter ONE of the following: A) ID + Earliest Date of Service B) ID + Billed Amount	<input type="text" value="Claim ID or submitted ID"/> <input type="text" value="Billed Amount"/> <input type="text" value="Earliest Date of Service"/>

Optum CES Edits

Newly Revised List Now Available

Sanford Health Plan continues to implement additional claims edits. Check periodically for details of future edits to be released. ***A newly revised list is now available.***

A document detailing the claim edits is available to you on the Provider Resource page, under “Forms and Manuals” and then the second bullet under Documents. A direct link to the list of claim edits in place is [HERE](#). This resource will be updated as Sanford Health Plan implements new edits.

Please be aware we have added two new edits that will require proper submission of diagnosis codes with guidelines to use only as primary or the opposite to not use as primary. Be sure to use the newly revised list at this time, and check frequently for updates.

Benefit Reimbursement Updates

◇ Add-On Codes

- Updated applicable lines of business table

◇ Applied Behavior Analysis (ABA)

- Added new code H2038 to reimbursable table
- Updated applicable lines of business table

◇ Behavioral Health and Substance Use Disorders

- Added new code A9291 to exclusions
- Added new code H2038 to reimbursable table
- Updated applicable lines of business table

◇ Category III Codes

- Changed 0184T from not covered to covered
- Updated applicable lines of business table

◇ Consultation Services

- Updated applicable lines of business table

◇ COVID-19 Testing and Treatment

- Added new codes C9507, M0222, & M0223 to reimbursable table
- Added new code Q0222 to exclusions

◇ Dental Services

- Added D1355 to reimbursable table for pediatric care
- Updated applicable lines of business table

◇ Durable Medical Equipment (DME)

- Added new codes A4238, E2102, & K1028-K1033
- Added “per limb” to language on limits for L8420-L8435 & L8470-L8485, and removed NDPERS from note on exceptions by plan
- Moved E1392 from 10-month rental list to oxygen concentrator list (3-year rental)
- Removed “Tier 2” from pharmacy benefit column for codes A9276-A9278, K0553, & K0554 (tier varies by plan)
- Updated applicable lines of business table

◇ Family Planning

- Added note that policy does not apply to plans with Religious Exemption Rider
- Added Religious Exemption Rider to Related Policies
- Removed language on grandfathered plans from exclusions
- Updated applicable lines of business table

◇ Genetic and Molecular Testing

- Added new codes 0306U-0322U to exclusions
- Added Vitamin D Testing to Related Policies
- Moved 0038U to reimbursable table with note that no PA is required and to see Vitamin D Testing Policy
- Moved 0047U & 81541 from exclusions to reimbursable table
- Removed age limit from PA requirement for 81420 & 81507 (No PA is required regardless of age)
- Updated applicable lines of business table

◇ Global Surgical Package

- Revised description of modifier FT
- Updated applicable lines of business table

◇ Immunizations

- Added new code 91305 to exclusions
- Added new codes 0051A, 0052A, 0053A, 0054A, 0073A to immunization administration table
- Revised description of 90734
- Updated applicable lines of business table

◇ Increased Procedural Services (Modifier 22)

- Changed reference to “Appeals and Denials” to “Appeals and Grievances”
- Updated applicable lines of business table

◇ Infertility Treatment

- Updated applicable lines of business table

◇ Lab and X-Ray Rider

- Added Vitamin D Testing to Related Policies
- Expanded note regarding when procedure codes may be denied

◇ Lab, X-Ray, and Minor Procedure Rider

- Added Vitamin D Testing to Related Policies
- Expanded note regarding when procedure codes may be denied

◇ Metabolic and Bariatric Surgery

- Updated applicable lines of business table
- Added title for section on postoperative services and revision
- Moved language on limits, procedure revision, and postoperative adjustments for gastric bands from Limitations and Exclusions table to Benefit Reimbursement section

◆ New Patient Visits

- Updated applicable lines of business table

◆ Non-Covered Services

- Updated applicable lines of business table

◆ Obstetric (Pre- and Post-Natal)

- Changed all references to “Appeals and Denials” to “Appeals and Grievances”
- Removed age limit from PA requirement for 81420 & 81507 (No PA is required regardless of age.)

◆ Services Requiring Prior Authorization

- Added new codes A2011-A2013, A4100, C9091, C9782, C9783, E2102, J9071, J9273, J9359, Q4224, Q4225, & Q4256-Q4258
- Added 64582-64584 to Hypoglossal Nerve Stimulation row
- Moved 61888 from Hypoglossal Nerve Stimulation row to Deep Brain Stimulation row
- Moved 64570 from Hypoglossal Nerve Stimulation row to Vagus Nerve Stimulation row

- Removed 61886, 64568, 64569, & 64585 from Hypoglossal Nerve Stimulation row
- Added 0047U & 81541 to Genetic and Molecular Testing row
- Removed 81420 & 81507 from Genetic and Molecular Testing row
- Removed NDPERS from note on L8420-L8435 & L8470-L8485
- Removed expired codes C9084 & C9087
- Updated applicable lines of business table

◆ Telehealth

- Added Place of Service code 10
- Edited description of Place of Service code 02
- Updated applicable lines of business table

◆ Transplant Services

- Added new code 81560 to exclusions
- Updated applicable lines of business table

Colorectal Cancer Screenings

Keep your patients and our members safe and healthy by encouraging colorectal cancer screening. Colorectal Cancer (CRC) is the third most commonly diagnosed cancer in men and women. CRC screening is crucial to achieve positive patient outcomes and promote quality care.

We know many people are hesitant to get a colonoscopy because they don't have the time or are intimidated by the procedure. If you have patients who are not interested in a colonoscopy or flex sigmoidoscopy, you can educate them about colorectal screening and offer alternative tests that are noninvasive, such as a FOBT or FIT-DNA test.

Support Colorectal Cancer Screening for your patients who are 45-75 years of age by ordering one of the following preventive tests:

- Fecal occult blood test (FOBT)
- FIT-DNA test
- Flexible sigmoidoscopy
- CT Colonography
- Colonoscopy



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 p.m. CST | (800) 752-5863

NDPERS Customer Service

Monday-Friday, 7:30 a.m. to 5:30 p.m. CST | (800) 499-3416

Northern Plains Insurance Pool (NPIP) Customer Service

Monday-Friday, 7:30 a.m. to 5 p.m. CST | (877) 225-4930

MHN (Three Affiliated Tribes)

Monday-Friday, 7:30 a.m. to 5 p.m. CST | (877) 701-0792

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

@ pharmacyservices@sanfordhealth.org

Pharmacy (855) 305-5062

NDPERS Pharmacy (877) 658-9194

CONTACT FOR: Preauthorization/precertification for medical services

@ um@sanfordhealth.org

Utilization Management (800) 805-7938

NDPERS Utilization Management (888) 315-0885

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

Hearing or speech impaired TTY | TDD 711

CONTACT FOR: Align powered by Sanford Health Plan Medicare Advantage PPO

Customer Service (888) 278-6485 | TTY: (888) 279-1549

Utilization Management (800) 805-7938

Pharmacy Dept (844) 642-9090

CONTACT FOR: Great Plans Medicare Advantage (ISNP)

Customer Service (844) 637-4760 | TTY: (888) 279-1549

Utilization Management (800) 805-7938

Pharmacy Dept (855) 800-8872

REPORT POTENTIAL FRAUD, WASTE AND ABUSE

To report potential fraud, waste, and abuse, please call the anonymous Compliance Hotline or email Sanford Health Plan Compliance.

(877) 473-0911 (TTY:711)

SHPCompliance@SanfordHealth.org