


Medicare SELECT Supplement

												
ID: Z1003000101 Name: JOHN C DOE Grp: ZZDEMO0003 Grp Name: ABC COMPANY Care Type: Medicare Supplement Svc Type: Medical Effective: 5/1/2012 <small>20120401</small>	<table border="1"> <tr> <td> RxBIN: 003858 RxPCN: A4 RxGrp: SVHA Issuer: 80840 <small>ADMINISTERED BY EXPRESS SCRIPTS</small> </td> </tr> </table> <p>Providers: Bill Medicare as Primary Members: Show this ID card whenever you receive services. To receive full benefits all hospital inpatient and outpatient surgical services must be provided by a participating facility. Exceptions are emergency and urgent care, travel outside the service area or if the service is not available by a participating facility. For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as reasonably possible and no later than 48 hours after physically or mentally able to do so. Eligibility: This card is for identification purposes only. It does not constitute proof of eligibility.</p> <table border="1"> <tr> <td>Benefits & Eligibility</td> <td>sanfordhealthplan.com</td> </tr> <tr> <td>Local</td> <td>(605) 328-6800</td> </tr> <tr> <td>Toll Free</td> <td>1-800-752-5863</td> </tr> <tr> <td>Precertification/Authorization</td> <td>1-800-805-7938</td> </tr> <tr> <td>Pharmacy Use Only</td> <td>1-800-824-0898</td> </tr> </table>	RxBIN: 003858 RxPCN: A4 RxGrp: SVHA Issuer: 80840 <small>ADMINISTERED BY EXPRESS SCRIPTS</small>	Benefits & Eligibility	sanfordhealthplan.com	Local	(605) 328-6800	Toll Free	1-800-752-5863	Precertification/Authorization	1-800-805-7938	Pharmacy Use Only	1-800-824-0898
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Medicare Select Supplement sample ID card

Plan Type

Our Medicare Select plan is a standard Medicare supplement plan that requires members to use Sanford Health Plan contracted facilities for non-emergency hospital and surgical care (Part A). When members enroll in Sanford SELECT, they agree to use Sanford’s Select network. Members can see any physician (Part B) and are not restricted to a network. Local insurance agents sell Medicare Select to individuals who have Medicare Part A and B in the following states and counties:

- South Dakota greater region: Aurora, Beadle, Bon Homme, Brookings, Brule, Buffalo, Charles Mix, Clay, Clark, Codington, Davison, Day, Deuel, Douglas, Grant, Gregory, Hamlin, Hanson, Hutchinson, Jerauld, Kingsbury, Lake, Lincoln, Lyman, McCook, Miner, Minnehaha, Moody, Roberts, Sanborn, Spink, Tripp, Turner, Union or Yankton.
- South Dakota Aberdeen region: Brown, Edmunds, Faulk, Marshall or McPherson
- North Dakota: Barnes, Burleigh, Cass, Dickey, Emmons, Grand Forks, Grant, Griggs, Kidder, La Moure, Logan, McIntosh, McLean, Mercer, Morton, Nelson, Oliver, Ransom, Richland, Sargent, Sheridan, Sioux, Steele or Traill.
- Iowa: Clay, Dickinson, Emmet, Lyon, O’Brien, Osceola or Sioux
- Minnesota: Cottonwood, Jackson, Lac Qui Parle, Lincoln, Lyon, Martin, Nobles, Murray, Pipestone, Redwood, Rock, Watonwan or Yellow Medicine

Provider network

The plan members can receive services from any providers accepting assignment (payment) from Medicare. Members should to seek services from in network facilities in order to receive maximum benefits. Facility expenses for members who receive non-emergency services at a non-network hospital or outpatient surgery center will be denied.

To access the provider directory, go to www.sanfordhealthplan.com.

1. Click on the tab “Find a Doctor or Pharmacy” and select “Find a Doctor.”
2. On the provider directory home page, enter the first 9 digits of the patient’s Member ID number and last name OR select *Medicare-Select Supplement* from the drop down menu.
3. Search for providers by state, city, specialty and sub-specialty.

Eligibility, benefits and claims status

Use your secure provider account at www.sanfordhealthplan.com/providerlogin to access eligibility, claims status and benefit information online 24 hours a day, seven days a week. Or, providers can call Member Services at (800) 752-5863.

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Claims and payment methodology

Providers should bill Medicare as primary and Sanford Health Plan as secondary.

How to request Prior Authorization

Prior authorizations for health care services can be obtained by contacting the Utilization Management Department online, by phone or fax:

- Online: Select “Submit/Request/Report” under “Provider Inquiries” on your secure mySanfordHealthPlan account at sanfordhealthplan.com/providerlogin. Click on “Submit a preauthorization/precertification.” Once you complete the required information click “Submit.”
NOTE: Oncology treatment and services must be entered and authorized through eviti|Connect online at eviti.com (effective 12/1/2016).
- Phone: Call (800) 805-7938 and follow the appropriate menu prompts. Team members are available to take your calls from 8:00am to 5:00pm Central Standard Time, Monday through Friday. After hours you may leave a message on the confidential voice mail and someone will return your call the following business day.
- Fax: Send the prior authorization form and supporting documentation to (605) 328-6813.

The following services require prior authorization:

- Airway Clearance Device (DME)
- Ambulance Services for Non-Emergency Situations
- Autonomic Testing
- Bariatric Surgery
- Blepharoplasty
- Bone Growth Stimulator – External (DME)
- Botulinum Toxin (Botox)
- Brachytherapy
- Breast Implant Removal, Revision, or Reimplantation
- Breast Reconstructive Surgery
- Breast Reduction Mammoplasty
- Clinical Trials
- Cochlear Implant (Device and Procedure)
- Continuous Glucose Monitoring (CGM) System and Sensors
- Cranial Molding Helmet
- Deep Brain Stimulation
- Dental Anesthesia for Children Under Age 5 Years (If Not Performed at a Sanford Health Facility)
- Dental Anesthesia for Members with a Developmental Disability

- Selected Durable Medical Equipment
- Enteral / Parenteral Nutrition Therapy and Formulae
- Genetic Testing
- Growth Hormone (Pharmacy)
- Home Health Care Services
- Home Infusion (IV) Therapy
- Hospice Services
- Hyperbaric Oxygen Therapy
- Inpatient Hospital Admission: Medical, Surgical, NICU, Rehabilitation, Mental Health/Chemical Dependency, and Pain Control Services
- Insulin Pump (DME)
- Oncology treatment and services through eviti|Connect at eviti.com (effective 12/1/2016)
- Selected Orthotics (Including Repair, Replacement Parts, Supplies, & Maintenance)
- Perception Sensory Threshold Test
- Photodynamic Therapy (Cancer)
- Phototherapy UV Light Device (DME)
- Prosthetic Limb (Including Repair, Replacement Parts, Supplies, & Maintenance)
- Skilled Nursing Facility Services
- Specialty Drugs & Selected Injectables*
- Swing Bed Services
- Sub-Acute Care Services
- Spinal Cord Stimulator (Device and Implant Procedure)
- Testosterone Injections
- Transplant Services
- Vagus Nerve Stimulation
- Varicose Vein Treatment / Ablation:
 - o Including but not limited to VNUS Closure, Endovenous Laser (EVL) and Sclerotherapy, are covered when medically indicated. These procedures do not require prior authorization when performed by a general surgeon, vascular specialist or interventional radiologist.
 - o Other providers must provide proof of appropriate training and request prior authorization.
- Vitamin B12 Injections
- Additionally, referrals to non-participating providers at the recommendation of a participating provider require prior authorization.

* Specialty Drugs and Selected Injectables:

- See the formulary for drug prior authorization requirements.