

# Sanford Heart of America Medicare Cost Product Health Plans

Heart of America Health Plan	SANFORD HEALTH PLAN
<b>ID:</b> Z1003000101 <b>Name:</b> JOHN C DOE <b>Grp:</b> ZZDEMO0003 <b>Care Type:</b> Medicare Cost <b>Svc Type:</b> Medical <b>Effective:</b> 1/1/2015	<b>View Provider Directory at:</b> sanfordhealthplan.com <b>Benefits &amp; Eligibility:</b> 1-800-525-5661 or (701) 776-5848 <b>Precertification/Authorization:</b> 1-800-805-7938 <b>Payor ID:</b> 91184 <b>Submit claims to:</b> Sanford Health Plan PO Box 91110 Sioux Falls, SD 57109-1110
20120401	

Sample ID Card

## Plan Type

Sanford Heart of America Health Plan offers health insurance plans to Medicare eligible individuals in North Dakota in the counties of: Burleigh, Morton, and Oliver. The service area includes these parts of counties in North Dakota: Benson, Bottineau, McHenry, Pierce, Rolette, Towner, and Wells, in the following zip codes only: 58313, 58316, 58317, 58318, 58323, 58324, 58329, 58331, 58332, 58337, 58341, 58343, 58346, 58348, 58352, 58353, 58357, 58359, 58363, 58365, 58366, 58367, 58368, 58369, 58372, 58377, 58384, 58385, 58386, 58418, 58422, 58438, 58710, 58712, 58713, 58736, 58740, 58741, 58744, 58748, 58758, 58762, 58778, 58783, 58788, 58789, 58792, 58793.

## Provider network

This plan is offered to Medicare members in approved zip codes within ND. The network for this plan consists of providers in approved zip codes in ND and ALL Sanford providers in the region.

To access the provider directory, go to [www.sanfordhealthplan.com](http://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-Heart of America Cost Plan* from the drop down menu.
3. Search for providers by state, city, specialty and sub-specialty.

## Eligibility, benefits and claims status

Providers can create a secure mySanfordHealthPlan account at [www.sanfordhealthplan.com/providerlogin](http://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 from 8 a.m. to 5 p.m. CST, Monday through Friday.

## Claims, claims status and payment methodology

Providers who are contracted with Sanford Heart of America Health Plan and bill for professional services, are to submit claims to Sanford Health Plan as primary and Medicare as secondary.

Providers should bill Medicare as primary and Sanford Health Plan as secondary for all other services.

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## Prior authorizations and out-of-network referrals

Call Utilization Management at (800) 805-7938 anytime from 8 a.m. to 5 p.m. CST, Monday through Friday. After hours you may leave a message on the confidential voice mail. You may also fax your request to (605) 328-6813 or submit your request online through your secure provider account.

*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.
- Any services rendered by Trinity Health need prior authorization because Trinity Health providers and facilities are considered Out of Network.

### \*Specialty Drugs and Selected Injectables:

- See the formulary for drug prior authorization requirements.