



# Sanford Heart of America Health Plan

Sanford Health Plan merged with Heart of America Health Plan in 2014. The commercial products for individuals, families, small group and large group are still offered renewals; however products are not actively sold.

## Commercial Products - Individual & Group

<p>Heart of America Health Plan</p> <p><b>SANFORD</b> HEALTH PLAN</p>	<p><b>View Provider Directory at:</b> sanfordhealthplan.com</p> <p><b>Benefits &amp; Eligibility:</b> 1-800-525-5661 or (701) 776-5848</p> <p><b>Precertification/Authorization:</b> 1-800-805-7938</p> <p><b>Payor ID:</b> 91184</p> <p><b>Submit claims to:</b> Sanford Health Plan * PO Box 91110 Sioux Falls, SD 57109-1110</p> <p><small>* If there is an address along with a network logo, please submit claims to that address.</small></p>
<p><b>ID:</b> Z1003000101 JOHN C DOE <b>Grp:</b> ZZDEMO0003 ABC COMPANY <b>In Network Office Visit:</b> \$25 Copay</p> <p><b>Members:</b> 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 it is reasonably possible and no later than 48 hours after physically or mentally able to do so. <b>Eligibility:</b> This card is for identification purposes only. It does not constitute proof of eligibility.</p> <p>20120401</p>	  <p><small>The networks above are only available to members residing, traveling or attending school outside the Sanford Health Plan Service area.</small></p>

Sample group ID Card  
(\*Member copay may vary depending on plan selected\*)

## Plan Type

Sanford Heart of America Health Plan health insurance plans are only being renewed and not actively sold to employer groups, families and individuals in the Rugby, Minot, and Bottineau service area. Eventually, these individuals and businesses must purchase a plan that meets the Affordable Care Act requirements.

## Provider Network

This plan is offered to residents of ND. The network for this plan consists of providers surrounding the Minot and Rugby area, and ALL Sanford providers in the region. Members can choose to see any licensed provider for covered services without a referral.

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 *Group-Heart of America Employer* 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](http://www.sanfordhealthplan.com/providerlogin) to access eligibility, claims status and benefit information online 24 hours a day, seven days a week. Or, call Member Services at (800) 752-5863 from 8 a.m. to 5 p.m. CST, Monday through Friday.

# Sanford Heart of America Health Plan

## Claims and payment methodology

Claims should be submitted to Sanford Health Plan, preferably electronically using Payor ID 91184. Paper claims can be submitted to Sanford Health Plan, PO Box 91110, Sioux Falls, SD 57109-1110. To check on the status of claims, providers can use their myHealthPlan account or call Member Services at (800) 752-5863 from 8 a.m. to 5 p.m. CST, Monday through Friday.

You will be paid according to your contract. For questions or concerns about provider contracts or payment, call the Provider Relations Department at (800) 601-5086 from 8 a.m. to 5 p.m. CST, Monday through Friday.

## Prior authorizations and out-of-network referrals

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](http://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](http://eviti|Connect) online at [eviti.com](http://eviti.com) (effective 12/1/2016).
- Phone: (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: Please fax 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](http://eviti|Connect) at [eviti.com](http://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 the Altru Health System need prior authorization because Altru providers and facilities are considered Out of Network.

### \*Specialty Drugs and Selected Injectables:

- See the formulary for drug prior authorization requirements.