


Sanford TRUE plans

Sanford TRUE		Administered by: SANFORD HEALTH PLAN
ID: Z9999990102	RxBIN: 003858 RxPCN: A4 RxGrp: SVHA	
JANE B PIP	ADMINISTERED BY 	
Grp: XYZ00123456		
In Network Office Visit: OV Copay Text		
Members: 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 not later than 48 hours after physically or mentally able to do so.		
Eligibility: This card is for identification purpose only. It does not constitute proof of eligibility. 02-01-2017		

View Provider Directory at:	sanfordhealth.com
Benefits & Eligibility:	1-800-752-5863 or (605) 328-6800
Prerecertification/authorization:	
Medical	1-800-805-7938
Pharmacy	1-855-305-5062
Express Scripts (Pharmacy use only):	1-800-824-0898
Payor ID:	91184
Submit claims to:	Sanford Health Plan* PO Box 91110 Sioux Falls, SD 57109-1110
if there is an address along with a network logo, please submit claims to that address.	
The networks above are only available to members residing, traveling or attending schools outside the Sanford Health Plan service area.	

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

Plan type

Sanford TRUE is our ACA qualified narrow network plan offered to individuals and families living in the following states and counties:

- **South Dakota:** Brown, Minnehaha, Lincoln.
- **North Dakota:** Burleigh, Morton, Oliver, Cass, Traill.

This plan offers a lower premium cost to our members. There is no coverage for out-of-network services, except for emergencies. Individuals and families can purchase Sanford TRUE plans through local agents, directly with Sanford Health Plan, or through the Marketplace at www.healthcare.gov where they may qualify for financial assistance.

Provider Network

The network for this plan consists of over 2,200 providers in the specific counties, with access to ALL Sanford providers in the region. This plan does not have out-of-network benefits.

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 Individual-Sanford TRUE 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 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 from 8 a.m. to 5 p.m. CST, Monday through Friday.

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.

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.

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:
 - 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.
 - 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.