



Provider Perspective

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May 2023

SANFORD[®]
HEALTH PLAN

COVID-19 FAQs

National Emergency and Public Health Emergency Unwind

WHAT IS HAPPENING?

As of May 11, 2023, the COVID-19 national emergency and public health emergency declarations will end per the Biden Administration's announcement on January 30, 2023. This will bring about the return to pre-COVID-19 pandemic health insurance coverage per members' policies as originally written.

Below is a summary of what will and will not change as of result of the end of these emergency declarations

Note: For Medicare Advantage members; Members with Align powered by Sanford Health Plan and Great Plains Medicare Advantage plans will continue with existing PHE coverage through December 31, 2023.

FOR MEMBERS (Not on a Medicare Advantage Plan)

VACCINES

What's changing: Effective May 11, 2023, vaccines received In-Network will remain covered at no-cost to members, and the cost-share waiver for vaccines received Out-of-Network will expire. Coverage of Out-of-Network vaccines will be based on the member's benefit plan.

AT-HOME COVID TEST

What's changing: Over the counter COVID-19 tests will no longer be covered by Sanford Health Plan. However, members can choose to pay for over the counter COVID-19 tests with flex dollars or over-the-counter Medicare Advantage benefits as available through their specific plan design.

CLINICAL DIAGNOSTIC COVID-19 TESTS

What's changing: Effective May 11, 2023, the cost-share waiver for clinical diagnostic testing will end, and coverage will be based on the member's benefit plan.

STANDARD COVID-19 TREATMENT

What's changing: No change. Medically necessary treatment for COVID-19 will remain covered in accordance with the member's benefit plan.

COVID-19 RELATED TELEHEALTH/VIRTUAL CARE VISITS

What's changing: Effective May 11, 2023, the cost-share waiver for telehealth (or virtual care) visits will

end, and coverage will be based on the member's benefit plan (e.g., similar to office-visit cost-share requirements).

COVID-19 RELATED TELEHEALTH/VIRTUAL CARE VISITS FOR HSA HDHP PLANS:

What's changing: The current safe harbor allowing for plans to provide coverage of COVID-19 related telehealth visits without cost-share in HSA-eligible HDHPs will expire with on May 11, 2023, or may be extended through December 31, 2023, as permitted under the CAA Sec. 4151, if desired by a self-funded group.

FOR PROVIDERS:

COVID-19 TESTING PROVIDER REIMBURSEMENT

What's changing: Effective May 11, 2023, if the plan does not have a negotiated rate with a provider for COVID-19 diagnostic testing services, the plan is no longer required to reimburse the cash price for such service that is listed by the provider on a public website.

COVID-19 VACCINE ADMINISTRATION PROVIDER REIMBURSEMENT

What's changing: Effective May 11, 2023, Sanford Health Plan will discontinue use of the carved-out rate schedule used for COVID-19 vaccine administration. Reimbursement will then follow the payment provisions found in the provider Agreement.

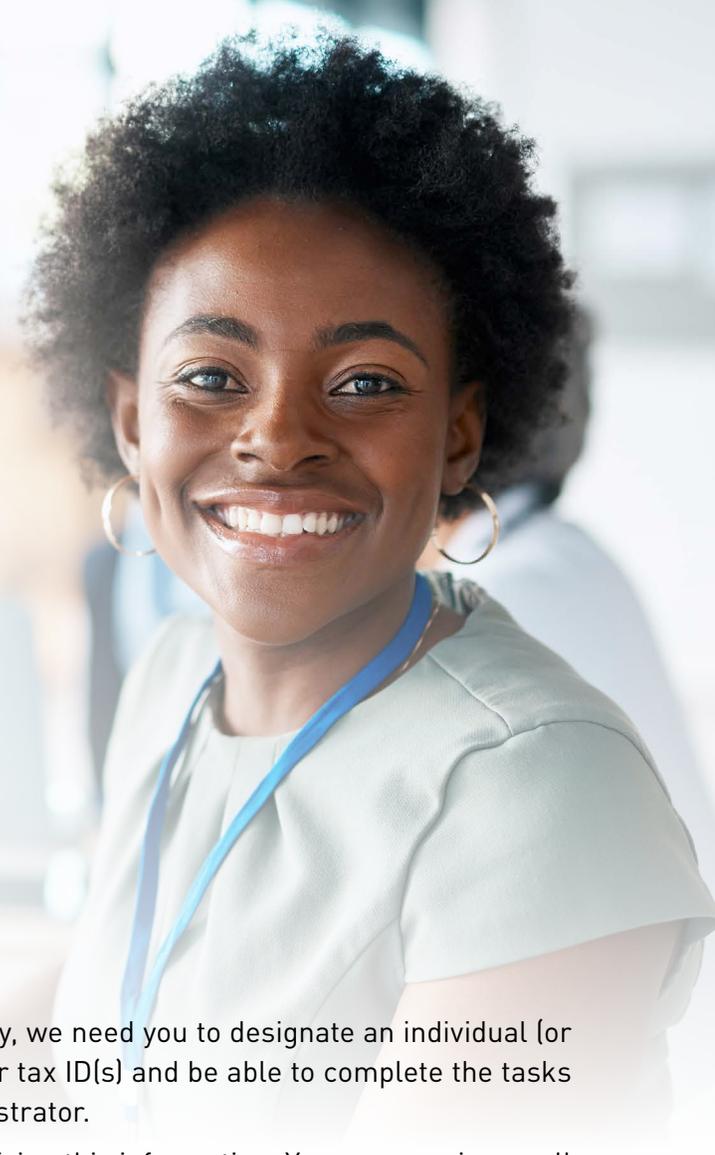
PRIOR AUTHORIZATION FOR IN-PATIENT CARE:

What's changing: Sanford Health Plan will resume requiring prior authorization for any in-patient care including those related to Covid-19 as of May 11, 2023.

TELEHEALTH REMINDER:

What's changing: Sanford Health Plan will resume requiring all telehealth services to be provided using a HIPAA compliant platform per pre-pandemic regulations as of May 11, 2023.

This information will be posted and available to all audiences on sanfordhealthplan.com under the Quick Links Bar across the home page beginning week of April 3, 2023.



Manage My Clinic Administrators Required

We continue towards the launch of Manage My Clinic for the Sanford Health Plan Provider Portal. This tool will allow your clinic to have more capabilities to manage who has access to your patient information.

Manage My Clinic comes with tools like:

- Reactivate users who have been inactivated
- Inactivate users who have left employment
- Complete quarterly verification of active users

REQUEST ACCESS FOR NEW USERS

In order for Sanford Health Plan to roll this out to your facility, we need you to designate an individual (or more than one) who will be able to verify all users under your tax ID(s) and be able to complete the tasks listed above regularly. Typically, this is a Clinic or Site Administrator.

Over the next several months, Provider Relations will be verifying this information. You may receive a call or email from your Provider Relations Team asking who should be your Site Administrator or you can email providerrelations@sanfordhealth.org.

Training will be provided to the Site Administrators to ensure that users do not experience disruptions to their access to the Provider Portal. Go Live dates for your facility will be assigned and shared as more information becomes available. Until then you will see no changes to your current use of the Provider Portal.



Provider Education Series

Our Provider Relations team will continue the Provider Education Series in 2023. Below are the expected dates for each session. Each quarter, we strive to provide a high level overview of the issues we hear from you about. Want to sign up? [Click Here](#). Have an suggestion for a future topic? Email your suggestion to ProviderRelations@sanfordhealth.org.

2023 Dates: June 2 | September 8 | December 1

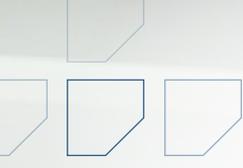


Corrected Remittances Update

Sanford Health Plan was made aware of errors on remittances, both electronic and paper, starting 01/16/2023 through 02/03/2023. We have identified the problem, determined that payments received with these remittances were accurate, but that on some of the claim lines information was missing or had \$0.00 listed rather than actual dollar amounts. Due to these errors, Sanford Health Plan required corrections to be made and accurate explanations of payments or remittance advice to be sent to providers.

In an effort to reduce the impact to you, we have worked with our remittance vendor to regenerate these remittances correctly without duplicating the payments. These have been sent to you based on your remittance receipt elections as of 03/27/2023. Again, these remittances are replacing the previously sent ones- not in addition to. If you have not yet cashed the original payment, you will want to do so now.

We thank you for your patience as we worked through this issue and sought an acceptable resolution. As always, we appreciate everything you do to keep our members healthy. If you have any further questions, please contact Sanford Health Plan Provider Relations department at (800) 601-5086.



Medicare Advantage Growth

Sanford's Medicare Advantage products continue to experience growth with current enrollment at over 3,600 members. There are two product lines being offered in the market.

- 1) **Align powered by Sanford Health Plan** — offered as a Medicare replacement to people who have Medicare Parts A and B.
- 2) **Great Plains Medicare Advantage** — offered as a Medicare replacement to long term residents in a Skilled Nursing Facility or Assisted Living setting.

Both lines of business include a prescription drug plan and offer supplemental benefits beyond traditional Medicare such as hearing, vision, dental and fitness. For details about plan benefits visit our websites at align.sanfordhealthplan.com and greatplainsmedicareadvantage.com.

Updated Medicare Advantage Provider Claim Reconsideration Form

We recently updated the form for our Medicare Advantage Provider Claim Reconsiderations. Instructions were updated advising providers to submit by Fax. The timely filing period for Medicare Advantage was updated to 365 days. The form can be found on our websites at align.sanfordhealthplan.org and greatplainsmedicareadvantage.com.



Provider Portal Password Issues?

Every 90 days your Sanford Health Plan Provider Portal password will expire. Prior to the expiration you will receive an email reminder for the Sanford TSC (Technical Service Center). This email is sent to the email address you used to sign up for the Provider Portal. Within this email a link will be provided to change your password, or you can change your password while working within the Provider Portal prior to the actual expiration date.

For instructions on how to change your password within the Provider Portal, log in and view the Password Reset tutorial listed under the Quick Links.

Didn't get the email? Check your Junk Mail – sometimes these types of email are caught by SPAM filters set up for your security teams.

Still having log in problems? Our Sanford Technology Support Center is available via phone at (877) 949-5678. You will need to know your PIN number that was provided in the Username/Password access emails.

Can't remember or find your PIN? Call Provider Relations at (800) 601-5086 and follow the prompts. A Provider Relations Specialist will be able pull the PIN for you and then transfer you to the Sanford Technology Support Center

Itemized Bill Audit Appeal

The itemized bill audit has changed over the past year and one of the ways we've been striving to work with you on these charges has been to simplify the appeal process. There is now a specific appeal form to be used when creating a reconsideration for these claims. It is located in the Provider Portal under the Forms and Documents link in the Quick Links section. This form is a required document, along with any other supporting documentation when you submit a Provider Reconsideration. Once you've completed this form, you'll want to follow the steps to open a Claim Reconsideration and select the Payment Integrity subtopic.

Nominate other Providers

Do you know a Primary Care Provider, specialist, therapist, psychiatrist, or psychologist that would be a benefit to your patients to be contracted with Sanford Health Plan? Did you know you can nominate them online or by calling customer service? Follow the instructions online at www3.viiad.com/shp/public/nominate_provider.asp to complete the nomination request. Sanford Health Plan will contact the provider that has been nominated to see if they are interested to start the credentialing process.

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You can find the most current version of your patients' Formularies online.

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, 8 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 and 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