

Sanford Health Plan Provider Perspective

April 2017

SHP Guidelines on Practitioners Treating Family Members

Health care services performed by a provider who belongs to the Member's immediate family, (including any person normally residing in the Member's home) are not covered by Sanford Health Plan. Some exceptions apply. Exception: This exclusion does not apply in those areas in which the immediate family member is the only Provider in the area.

If the immediate family member is the only Participating Provider in the area, the member has the following options:

- The Member may be treated by that Provider if acting within the scope of their practice with an approved prior authorization.
- The Member may also go to a Non-Participating Provider and receive In-Network coverage with an approved prior authorization.

If the immediate family member is not the only Participating Provider in the area, the Member must go to another Participating Provider in order to receive coverage at the in-Network level.

Claims denied for treatment of family members will deny with the following code:
"EX40-Charges for treating self/family members are ineligible"

Interim billing changes

Sanford Health Plan now accepts interim bills for inpatient hospital admissions. This change is effective for inpatient hospital admissions on or after January 1, 2017.

Interim claims, sometimes referred to as split-bills, allow hospitals to submit a claim for a portion of the patient's inpatient stay. They contain bill types 112, 113 and 114.

112 Inpatient - First claim

113 Inpatient - Continuing claim

114 Inpatient - Last claim

The following outlines when interim bills will be accepted by Sanford Health Plan.

- For bill types 112 where the billed amount exceeds the greater of \$100,000 or the contracted outlier threshold.
- For bill type 113 if the billed amount exceeds \$100,000.
- Claims received with bill type 114 will be accepted as final bill with the remaining billed charges.
- Interim claims not meeting these criteria will be denied.



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Milliman Care Guidelines (MCG) being used for Sanford Health Plan Medical Policies:

Sanford Health Plan recognizes the rapid pace of changes in medical care delivery and technological advances. Therefore, we have implemented one of the most widely used, medically grounded database and analysis tools that places medical evidence at the forefront of our determinations. This care guideline tool is from Milliman.

MCG guidelines provide fast access to evidence-based best practices and care-planning tools across the continuum of care, supporting clinical decision-making and documentation as well as enabling efficient transitions between care settings. Data analysis provides insight into critical benchmarks such as length of stay, readmissions and skilled nursing facility/inpatient rehabilitation admission rates. Eight of the ten largest U.S. health plans and more than 1,600+ hospitals use the MCG evidence-based guidelines and software.

A physician portal (coming soon) will provide you access to these guidelines directly.
Thank you for the service to the people in our communities.