



Provider Perspective

Inside this issue...

Itemized Bill Review Changes
Pharmacy Clinical Pearls
Claim Status Tool Updates
Provider Directory Information
And more...

December 2023

SANFORD
HEALTH PLAN

Claim Status Tool

In an effort to build better self-service tools, we have introduced the Claim Status tool. This feature allows the lookup of basic claim processing information without the need to login. This tool can be a great time saver when a quick status check is needed. You can find the link on our website at [sanfordhealthplan.com/provider/forms page](https://sanfordhealthplan.com/provider/forms) or click [HERE](#).

When using this tool you will need to know 3 pieces of information:

1. Either a) Your facility NPI OR b) Your tax ID
2. An ID - this can be either the Sanford Health Plan claim ID OR the patient ID that you put on claims when you submit them.
3. Either a) Earliest date of service OR b) Billed amount

Once you've entered in the 3 key items, you can verify you are not a robot and results will populate. You will then receive the following information:

1. Sanford Health Plan Claim ID #
2. Net Payable amount
3. Payment status (Pending, sent, disbursed, etc.)
4. Payment ID number
5. Payment Date
6. Date Claim was received in our system

Additional information to help you verify this is the claim you were looking for will be available on this screen. It includes:

1. Billed Amount
2. Claim Type
3. Submitted ID (Your facility's submitted patient ID)
4. Facility Name
5. Rendering Provider name (if applicable).

Holiday Hours

Sanford Health Plan will be closed Christmas Day (12/25/2023), and on New Year's Day (1/1/2024).

Policy Updates

1. RSV Vaccine Coverage for Adults (effective 9/1/23)
2. RSV Prophylaxis Coverage for Children (effective 10/1/23)
3. Humira (See article)
4. Ablation Codes (See Article)

These policy updates can be found on your provider portal.



Changes in Humira Coverage

Several new biosimilar therapies to Humira are now available on the market. Sanford Health Plan added three of these biosimilar drugs as preferred options to its formulary – with approval by the Pharmacy & Therapeutics Committee – as clinical trials demonstrated high efficacy and safety. Starting December 1, 2023, biosimilars will be the lowest cost share option for members. We strongly encourage you to review your patient roster for opportunities to improve their cost share, as patients who stay on Humira will be on the highest cost tier of its formulary. They will need your support to transition them, if appropriate, to take advantage of significant cost savings.

BIOSIMILARS TO HUMIRA ADDED TO SANFORD HEALTH PLAN'S FORMULARY:

- Adalimumab-fkjp
- Adalimumab-adaz
- Hadlima

WHAT TO KNOW:

- All three of these biosimilar drugs are nearly identical to Humira with no additional side effects.
- The biosimilars will be on the lowest tier of the formulary to ensure the lowest member cost-share.
- You will not need prior authorization for patients currently treated with Humira to make the switch to one of the biosimilars.
- Exceptions will be made on a case-by-case basis for patients who have certain circumstances that require them to stay on Humira. This requires prior authorization. If approved, these patients can continue their treatment with Humira.
- Your patients who are on Humira (who use Sanford Health Plan) have received a letter in the mail around October 1, 2023, explaining the change. You will receive a copy of this letter for each of your patients who are on Humira.

WHAT TO DO:

- Please start having conversations with your patients on Humira as soon as possible to consider making the switch to one of the three biosimilars if possible in your medical expertise. To ensure continuity of care following the new availability of biosimilars, please consider moving eligible patients as soon as possible.
- When starting this treatment on a new patient, we strongly encourage you to begin with one of the biosimilars. Prior authorization will be needed for new patients.

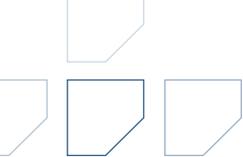
Flu Shot Reminder

At Sanford Health Plan, we send annual reminders to our members on the importance of getting their flu vaccine. We appreciate your help in promoting the annual vaccine, and have included some reminders for your convenience:

- Everyone 6 months of age and older should get an annual flu vaccine by the end of October.
- Vaccination of high risk individuals is especially important to decrease their risk of severe flu illness.
- People at high risk of serious flu complications include young children, pregnant women, people with certain chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.
- Vaccination is also important for healthcare workers, and other people who live with or care for people at higher risk to keep from spreading the flu to them. This is especially true for people who work in long-term care facilities, which are home to many of the people most vulnerable to flu and COVID-19.
- Children younger than 6 months are at high risk of serious flu illness, but are too young to be vaccinated. People who care for infants should be vaccinated instead.

Thank you for your part in keeping our members and communities safe and healthy.





Provider Annual Notice

2023 Annual Notice is now available online.

View the Annual Notice online at your convenience at sanfordhealthplan.com/providers/newsletters.

In this notice:

- Where to find important information
- Fraud, waste and abuse and related laws
- 2022 Quality Improvement progress report
- Clinical Practice Guidelines
- Preventive Health Guidelines
- Utilization Management
- Pharmacy and formulary information
- Member rights and responsibilities
- Non-discrimination policy
- Pharmaceutical Management Procedures

If you would like a printed copy of the Annual Notice, contact Provider Relations at (888) 278-6485 [TTY: (888) 279-1549] or email providerrelations@sanfordhealth.org

Manage My Clinic Administrators

We continue towards the full implementation 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. Typically, this is a Clinic or Site Administrator.

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.

Over the next several months you may receive a call or email from your Provider Relations Team asking who should be your Site Administrator. 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. If you're ready to transition to utilizing this tool at this time, please reach out to your PR team specialist at (800) 601-5086 or you can email providerrelations@sanfordhealth.org.

Nominate other Providers

Ensuring access to providers, especially in rural areas, is a top priority of Sanford Health Plan.

If you know a Primary Care Provider, specialist, therapist, psychiatrist, or psychologist that would benefit your patients' care, you are able to nominate them to join our network.

Follow the instructions [HERE](#) to complete the nomination request. Sanford Health Plan will process the nomination and will contact eligible providers to see if they are interested in starting the credentialing process.

Reminder to Update Your NPPES Information

You may have recently received a memo from CMS or a letter from us at Sanford Health Plan to remind you to update your information in the National Plan & Provider Enumeration System (NPPES).

It is essential that you update your information with both Sanford Health Plan and the NPPES to ensure accurate provider data is displayed for our members when they are searching for care options and that accurate processing can occur.

To minimize outreach and possible disruption, we will utilize NPPES data validation to ensure your availability to members. With updated information, we can download the NPPES database and compare the provider data to the information in our existing provider directory to verify its accuracy. If you are a Medicare provider, CMS uses your NPPES to validate your information.

If you have any questions pertaining to NPPES, you may reference [NPPES help](#).

If you have any questions regarding updating your information by contacting Provider Relations at **(888) 278-6485 [TTY: (888) 279-1549]** or email providerrelations@sanfordhealth.org.



Changes to Ablation Injections

Effective 1/1/2024, the following CPT codes for ablation injections will require prior authorization:

| | |
|-------|-------|
| 61791 | 64605 |
| 62280 | 64610 |
| 62281 | 64640 |
| 62282 | 64681 |
| 64600 | |

The following ablation injection CPT Codes are considered experimental/ investigational and will not be covered:

| | |
|-------|-------|
| 64620 | 64630 |
| 64624 | 64680 |

Meet the Measure

OMW – Osteoporosis Management in Women Who Had a Fracture

A Healthcare Effectiveness Data and Information Set (HEDIS®) Measure

What is the measure?

- Percentage of women 67-85 years of age who suffered a fracture and had either a bone mineral density (BMD) test or received a prescription to treat osteoporosis within 6 months after the fracture.
- Fractures of the finger, toe, face, or skull are not included in this measure.

Exclusions

Patients are excluded if they:

- Had a bone mineral density test (BMD) within 24 months prior to the fracture.
- Received osteoporosis therapy, or a dispensed prescription or active prescription to treat osteoporosis, within 12 months prior to the fracture.
- Received hospice care during the measurement year.
- Received palliative care between July 1 of the year prior to the measurement year through the end of the measurement year.
- Are 67 years of age and older who are enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institution.
- Are 67-80 years of age with advanced illness and frailty or 81 years of age and older with frailty within the measurement year.
- Members who have died any time during the measurement year.

What To Do:

- Order and perform Bone Density testing within 6 months after the fracture if it has not already been performed within 24 months prior to the fracture. Results must be documented within 6 months of the fracture.
- Ensure there is a medication list with osteoporosis medication, within 12 months before or 6 months after the fracture.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Contact Us

CONTACT FOR: Member eligibility & benefits, member claim status, provider directory, complaints, appeals, report member discrepancy information

Customer Service (800) 752-5863

Monday-Friday, 7:30 a.m. to 5 p.m. CST

@ memberservices@sanfordhealth.org

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

Pharmacy (855) 305-5062

@ pharmacyservices@sanfordhealth.org

CONTACT FOR: Preauthorization/precertification for medical services

Utilization Management (800) 805-7938

@ um@sanfordhealth.org

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

Provider Relations (800) 601-5086

@ providerrelations@sanfordhealth.org

CONTACT FOR: Requests to join the network and contract-related questions and fee schedule negotiation

Provider Contracting (800) 601-5086

@ sanfordhealthplanprovidercontracting@sanfordhealth.org

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

Hearing or speech impaired TTY | TDD 711