Sanford Health Plan Provider Perspective
May 2016

Provider directory updated

Sanford Health Plan will launch a redesigned online provider directory June 1st. The directory will have a clean, modern design, with improved functionality. The site will also be mobile friendly so you can view doctors and hospitals from your smartphone or tablet device.

The updated directory will simply replace what we have today, so you can access it the same way; on our website at sanfordhealthplan.com.

Shingles vaccination now covered for age 60 and up

Sanford Health Plan is changing its coverage for the shingles vaccine from age 50 to age 60. This change is being implemented on July 1, 2016 to align our coverage with the immunization recommendations from the Centers for Disease Control (CDC).

The shingles vaccine is covered at 100% under preventive health benefits for members 60 and older. Our preventive health guidelines for members are available here . The preventive health guidelines for providers are also online at sanfordhealthplan.org/providerlogin, or can be viewed here.
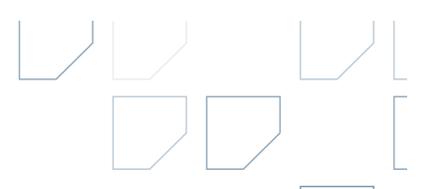
Claim Processing Edits

Sanford Health Plan has partnered with Experian to add additional edits to professional claims. We consider and apply industry standard edits as outlined by National Correct Coding Initiative, American Medical Association and Centers for Medicare & Medicaid Services guidelines. These edits support our continued effort to process claims accurately and appropriately.

The generalized edits we currently process include, but are not limited to:

- Age
- Gender
- Diagnosis & procedures specific conflicts
- Hospital high dollar audits
- Unbundling
- Multiple/Bilateral procedures

Authorizations/referrals do not override system claim edits. Edits made to claims are considered to be a provider adjustment and not billable to the member. Edits will be applied to both participating and nonparticipating providers.

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New process for scanning paper claims

To improve our turnaround time and accuracy of paper claim processing, we've recently implemented a scanning procedure using the Smart Data Solutions (SDS) system. If you are sending us paper claims, it is important for you to know that this new system uses optical character recognition (OCR). When OCR is used, your provider name must match our records in order for the system to correctly identify the "pay to" information. If a mismatch occurs, or if the claim cannot be read, you will receive a letter from SDS asking you for the missing or illegible information. Please respond to the letter promptly or your claims will be further delayed.

We encourage you to consider sending electronic claims, however if you are sending paper claims, please follow these guidelines:

- Printing claims on a laser printer create the best quality.
- If a dot matrix printer must be used, change the ribbon regularly.
- Courier New 10 point font works the best for clean scanning.
- All characters should be printed in uppercase for optimal scanning.
- Ensure that clean character formation occurs when printing paper claims (i.e. one side of the letter/number is not lighter/darker than the other side of the letter/number).
- Claim forms should be lined up properly within the printer prior to printing.
- Do not place additional stamps on the claim such as received dates, sent dates, medical records attached, resubmission, etc. (characters on the claim form outside of the lined boxes have a tendency to "throw off" the registration of the characters within a box).
- Use an original claim form - not a copied claim form.
- Use a standard claim form (individually created forms have a tendency to not line up correctly, prohibiting the claim from scanning cleanly).
- The billing, servicing and/or rendering provider's NPI must be included in the designated locations for accurate matching within the scanning and claim system.
- For a continued claim, please indicate "continued" in the appropriate box of the claim form so the claims can be kept together and whole.
- Do not place the total amount on each of the individual pages as it will appear that the pages are separate claims and split the claims. The total amount should be on the last page of the claim.

DRG grouper software in place

Sanford Health Plan now uses Optum's DRG grouper software for grouping and assigning a CMS MS-DRG code to each inpatient claim for payment purposes. The DRG code that is assigned will be used to price the claim for those that have contracts with MS-DRG methodology. If the claim is not able to be grouped or if the claim groups to an invalid DRG, it will be denied. Claims will need to be resubmitted with corrected data. The grouper version used will be based on the most current version available or as specified in your contract that is in effect on the date of admission.

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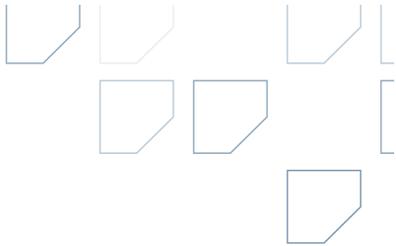
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Change of process required for 270/271 and 276/277 transactions

As a reminder, Sanford Health Plan changed the process for 270/271 Eligibility/Response and 276/277 Claim Inquiry/Response HIPAA transactions on May 1, 2016. All trading partners currently sending/receiving the 270/271 and 276/277 transactions, related to Sanford Health Plan via HealthEC (formerly known as InfoTech Global, Inc. (IGI)), must transition to a new process. Sanford Health Plan is now able to provide these transactions directly, delivering eligibility and claim status updates real-time from internal platforms. If you would like to work with Sanford Health Plan directly, contact our EDI Department. It is important for you to know that this change does not affect other arrangements you may have with HealthEC, such as the online portal, clearinghouse, etc. However, we encourage you to contact your current EDI provider/clearinghouse if you have any questions.

Contact us if you have questions regarding this change.

Provider/Billing Office
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Health Plan EDI
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