

Sanford Health Plan Provider Perspective

May 2017

Specialty Referrals

If you have a Sanford Health Plan member requiring a specialist, and the practitioner they are requesting is unavailable, please assist them by offering alternative options. There have been some instances where members need to be seen by a specialist, but that specialist is unavailable for a variety of reasons.

Often times a similar specialist may offer services right in your own clinic. In those instances, we ask for your assistance in offering these patients the option to see other like specialists in your clinic. If your specialist is unavailable and you do not have other options available in your clinic, please feel free to refer that patient to Customer Service at (605) 328-6800 or (800) 752-5863 and they can assist the patients in finding an alternate practitioner.

Preventive Health Guidelines and Immunization Schedules

The preventive health guidelines are online. The new immunization schedules for children and adults are also available online at cdc.gov/vaccines. To request a printed copy, call Customer Services at (800) 752-5863.

Our Member's health is very important to us and requires a key step from you: stay up-to-date on the coverage for preventive care! We believe that health promotion and disease prevention are valuable tools in the detection and treatment of preventable illnesses.

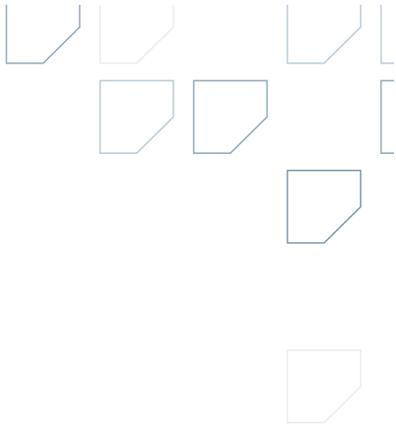
Take advantage of these services.

- No prior authorization is required when using an in-network provider
- Services are available at no cost to the member
- Annual services do not need to be scheduled 12 months apart – members may have their preventive services one time per calendar year

For questions regarding a member's benefits, please contact our Customer Services Team at (800) 752-5863. For TTY/TDD, call toll-free (877) 652-1844. If you or a member needs us to translate this information, please call (800) 892-0675. This is a free service.

Important note:

- Services performed outside of these guidelines, and with a medical diagnosis, will be applied to deductible and coinsurance.
 - These services are provided as listed unless otherwise stated in the member's plan document (i.e. Summary Plan Description/Policy/Certificate of Insurance).
- 



Sanford Health Plan Provider Perspective

May 2017

Availability of UM and CMO

The objective of our Utilization Management program is to ensure that medical services provided to members are medically necessary and/or appropriate, as well as in compliance with the benefits of the plan.

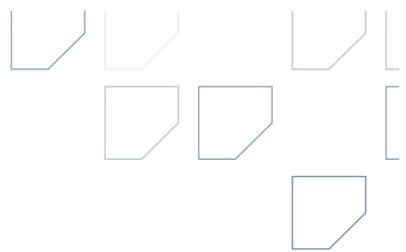
There are three (3) ways to request prior authorizations for health care services through the Utilization Management department.

- Online: Select “Submit/Request/Report” under “Provider Inquiries” in your secure mySanfordHealthPlan account.
- Phone: (800) 805-7938
- Fax: Please fax the prior authorization form and supporting documentation to (605) 328-6813

All requests for certification must be made by the member or the practitioner’s office at least three (3) business days prior to the scheduled admission or requested service. In the event that health care services need to be provided, within less than three (3) business days, the Utilization Management department should be contacted to request an expedited review. The member is ultimately responsible for obtaining prior authorization. However, information provided by the practitioner’s and/or provider’s office also satisfies this requirement.

If you have a question for our Utilization Management team, they are available to help you between 8 a.m. and 5 p.m. CT, Monday through Friday, by calling (800) 805-7938. After business hours, you may leave a confidential voicemail and you will receive a call the next business day.

If you have a question regarding the criteria used in making decisions, you may contact our Vice President, Medical Officer between 8 a.m. and 5 p.m. Monday through Friday CT, at (800) 805-7938.



Sanford Health Plan Provider Perspective

May 2017

Health management programs put patients first

Chronic health conditions can be overwhelming without the right tools or information. Sanford Health Plan wants to ensure that your patients have educational programs and materials to help control their chronic condition. We have programs for the following health conditions:

- Asthma
- Diabetes
- Heart Disease (Coronary Artery Disease)
- Heart Failure
- High Blood Pressure

The programs focus on:

- Educating the member about their condition
- Monitoring and improving adherence to treatment plans
- Supporting and assisting the member to overcome possible barriers of care and lifestyle issues
- Providing available resources to assist members in improving their health status

Our health management programs support the practitioner-patient relationship and plan of care to continuously evaluate clinical and economic outcomes with the goal of improving the members' health condition. We emphasize the prevention of exacerbations and complications using evidence based practice guidelines and patient empowerment strategies.

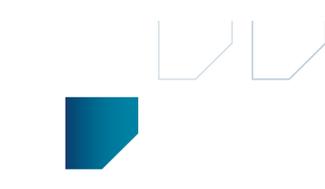
How do I refer a patient?

Complete and return the Health Management Program Referral Form. It is located on the home screen under "Forms" at sanfordhealthplan.org/providerlogin.

Evidence Based Practice Guidelines

Evidence based practice guidelines are systematically developed statements that help practitioners and members make decisions about appropriate health care for specific clinical circumstances.

These guidelines can improve health care and reduce unnecessary variations in practice patterns. Practice guidelines are based on reasonable medical evidence, such as clinical literature and expert consensus. Sanford Health Plan's multi-specialty physician committee, the Physician Quality Committee, has reviewed and approved Clinical Practice Guidelines for numerous conditions, including the programs referenced in this article. Additional information can be found [here](#).



Sanford Health Plan Provider Perspective

May 2017

New Medical Product or Service Consideration Process

There has been a new process implemented that will be used when a practitioner wants Sanford Health Plan to consider benefit coverage for a new medical product or service. The form, found here, is making this process more robust. Information that is requested includes:

- Our full process on how a request becomes a denial or approval
- Coding for the procedure/device/service
- Your scientific review of the procedure/device/service

If you have any questions or suggestions, please give Provider Relations a call and they will help you find this form.

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.

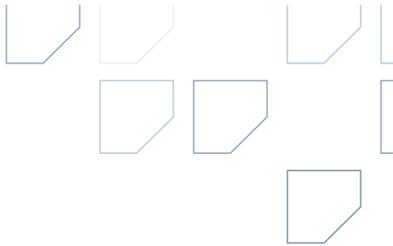
A physician portal (coming soon) will provide you access to these guidelines directly.

Thank you for the service to the people in our communities.

SSRIs (Selective Serotonin Reuptake Inhibitors) or SNRI's (Serotonin-Norepinephrine Reuptake Inhibitor) (medications for depression)

Please Note: In an effort to help with medication compliance, we have made a handout for you to give to new SSRI users to help with the common side effects. Please use as you see fit.

Depression is a medical condition that goes beyond everyday sadness. Depression may cause serious, long-lasting symptoms, and often disrupts a person's ability to perform routine tasks. The treatment of depression is important; people with untreated depression have a lower quality of life, a higher risk of suicide, and worse physical outcomes if they have any medical conditions besides depression. Please download the SSRI informational flyer here.



Sanford Health Plan Provider Perspective

May 2017

Timing of Immunizations & Benefits

Some insurance companies do not allow members to obtain immunizations prior to their birthday, and there has been some confusion regarding our policy for immunizations. Sanford Health Plan does allow immunizations for their members to be done within the calendar year.

Utilization Management Criteria

Utilization Management (UM) decision making is based only on appropriateness of care and service and existence of coverage. Sanford Health Plan does not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service care.

Any financial incentives offered to UM decision makers do not encourage decisions that result in under-utilization and do not encourage denials of coverage or service. Decision makers sign an "Affirmative Statement Regarding Incentives" verifying the above conditions.

Utilization Management criteria are available by contacting Utilization Management between 8 a.m. and 5 p.m. Monday through Friday CT, at (800) 805-7938 or utilizationmanagement@sanfordhealth.org.

FTP Servers

We would like inform you that Sanford Health Plan will be upgrading our FTP Server in June. The FTP Host Name is changing to <ftp.sanfordhealthplan.org>.

Our IT Team will be contacting those affected to walk through the necessary changes to your configuration to avoid connection failures. If you have any questions, please contact the Sanford Health Plan EDI team by email.

Sanford Health Plan Provider Perspective

May 2017

Policy Updates

The following policies have been updated. PR-10 Criteria for participating providers: Updates reflect certified professional midwives as a specialty that is not accepted by SHP. This policy is available online [here](#).

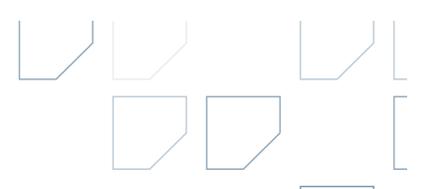
Medical Policy Updates: effective March 1, 2017.

Mammoplasty: Sanford Health Plan no longer requires colored photos to be sent in for mammoplasty authorization requests.

Psychotropic medication metabolism testing: Sanford Health Plan, in conjunction with local experts in the field of Psychiatry and primarily assisted by the database from MCG (Milliman care guidelines) Policy A-0692 -will not cover testing of Psychotropic medication metabolism.

Pharmacy Policy Updates: Effective December 15, 2016. To obtain a copy of these policies, contact our Pharmacy Management team at Pharmacy.Services@sanfordhealth.org

- Actemra
- Acthar Gel
- Ampyra
- Antidepressant Policy – remove second step for fetzima
- Aubagio
- Avonex
- Betaseron
- Cimzia
- Contraceptive – update for Affordable Care Act compliance
- Copaxone
- Cosentyx
- Enbrel
- Entyvio
- Epclusa
- Extavia
- Gilenya
- Harvoni
- Humira
- Kineret
- Lemtrada
- Orencia
- Otezla
- Plegridy
- Rebif
- Remicade
- Stelara
- Taltz
- Tecfidera
- Tysabri
- Weight Loss
- Xeljanz and Xeljanz XR
- Zepatier
- Zinbryta
- Zyvox



Sanford Health Plan Provider Perspective

May 2017

Sanford Health Plan Timely Filing Guidelines

Being informed of timely filing deadlines is important for your revenue. Payers have specific deadlines and they can differ between companies. Sanford Health Plan's guidelines state that claims must be submitted within the filing period of 180 days from date of service or as defined in your contract. For inpatient services, timely filing begins from the date of discharge.

Claims submitted outside of the filing period will be denied due to untimely filing. Charges denied for untimely filing are not to be billed to the member, but must be written off. If it was not reasonably possible to send a claim us Plan within the filing period, you must follow up appropriate documentation within sixty (60) days from the date of the denial shown on the Sanford Health Plan Explanation of Payment. For North Dakota Medicaid Expansion members, providers have 365 days from the date of service to submit claims.

We strive to reimburse providers for "clean" claims within thirty (30) days of the receipt of the claim, and in North Dakota fifteen (15) days of receipt of a clean claim. Clean claims are those claims not requiring additional information before processing. We will respond within sixty (60) days of receipt for claims requiring additional information before processing (i.e. accident details, or other coverage information). If you do not receive an Explanation of Payment (EOP) from the Plan within the sixty (60) days from the claims filing date, it is advisable to check the status through your secure provider account or by calling Customer Service.

Should your office have a claim denied for timely filing and you would like for it to be reviewed for an exception, you can submit a claim reconsideration request. A claim reconsideration form can be found online here, or done by submitting a request through "Provider Inquiries" of your mySanfordHealthPlan provider account. To learn more about electronic claims submission and payment options available to you, click here.