



March 18, 2022

# Provider Connections

## AGENDA

- No Surprises Act Overview
- Provider Impact
- Resources

**Provider Fast Facts**  
March 2022 | An eNewsletter from Sanford Health Plan

**SANFORD HEALTH PLAN**



### Provider Connections

**You asked, we listened! Plan to attend one of our new quarterly events.**

Provider Connections events are designed to provide insights and answers to current questions or concerns brought to our team. These events also connect you with the resources and people at Sanford Health Plan Provider Relations that are partners to ensure success as you provide care for our members.

The inaugural December 2021 Provider Connections event summary can be found [HERE](#).

Save the dates for the 2022 Provider Connections webinars listed below. All meetings will take place at 10 a.m. CST.

- **March 18, 2022**
- **June 17, 2022**
- **September 16, 2022**
- **December 16, 2022**

Register [HERE](#).

### What is the No Surprises Act and what does it mean for providers?

The No Surprises Act was signed into law on Dec. 27, 2020. Provisions of the law went into effect on Jan. 1, 2022, and Sanford Health Plan is taking steps to comply with the regulation. The purpose of the No Surprises Act is to improve price transparency and protect patients from receiving surprise medical bills.

**Providers and facilities cannot balance bill in the following situations:**

- Out-of-network emergency covered items and services
- Covered medical items and services performed by an out-of-network provider at an in-network facility (ex: patient undergoes planned surgery at in-network hospital with in-network provider but receives anesthesia from an out-of-network anesthesiologist, patient has bloodwork done at an in-network facility, but the testing is outsourced to an out-of-network laboratory.)
- Out-of-network air ambulance service

The law requires carriers to reimburse at the Qualified Payment Amount (QPA) for certain out-of-network providers and services in addition to emergency services. The QPA is generally the median of contracted rates for a specific service in the same geographic region within the same insurance market as of Jan. 31, 2019. Additionally, providers are not able to balance bill members for the difference of the billed amount and the QPA. If the provider does not accept the QPA reimbursement, the Act requires providers to work with insurers to negotiate payment, referred to as the Open Negotiation Period. If the insurer and the provider are unable to reach agreement, an Independent Dispute Resolution (IDR) can be initiated, where an outside party will determine the final reimbursement amount.

For more information on the No Surprises Act, visit the Sanford Health Plan dedicated web page [HERE](#), which includes a [FAQ for Consumers and Providers](#).

### How Sanford Health Plan is complying with the No Surprises Act

**Beginning Jan. 1, 2022**, CMS requires self-funded plans and fully insured individual and group plans to establish a provider directory verification process and establish a procedure for removing providers or facilities with unverifiable information. Sanford Health Plan joins more than 425 payers across the nation that are enlisting Quest Analytics/BetterDoctor services to implement a robust process to verify our provider directory.

**What this means for you as a provider:** You will receive communication from our partner, Quest Analytics/BetterDoctor, every 90 days to verify the details we have in our provider directory. Once the details are sent back and verified, directories will be updated within two business days of receiving the provider updates. If no response is received, we are required to remove the provider from our provider directory until information is verified as correct. **PROMPT RESPONSE IS KEY.**

For additional questions or requests regarding your verification process please contact Quest/BetterDoctor at:  
Email: [support@betterdoctor.com](mailto:support@betterdoctor.com) or call (844) 668-2543 8:00 a.m. – 5:00 p.m. CST.

If your organization includes ten or more practitioners at multiple service locations, you're welcome to submit a roster each quarter instead of using the BetterDoctor online portal to attest.

Contact your Senior Provider Relations Specialist for more details.

# OVERVIEW: *What is the No Surprises Act?*

The No Surprises Act was signed into law on Dec. 27, 2020. Provisions of the law went into effect on Jan. 1, 2022. The purpose of the No Surprises Act is to improve price transparency and protect patients from receiving costly surprise medical bills. Surprise medical bills may occur when insured patients are sent to an out-of-network provider or facility they did not choose.

## **The No Surprises Act prohibits surprise billing in the following situations:**

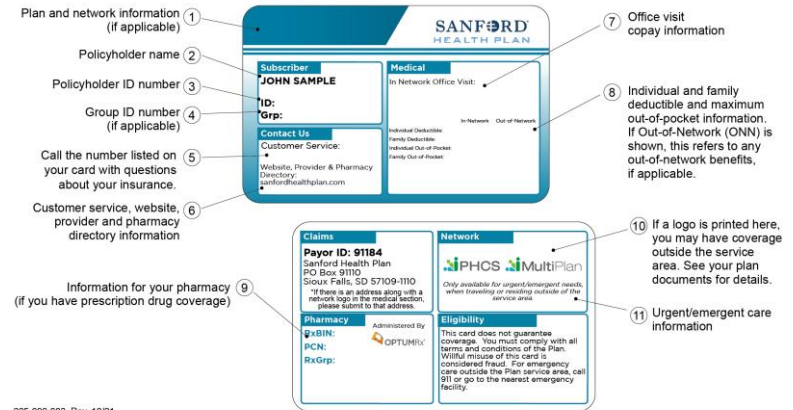
- Emergency services used to examine, treat or stabilize members, including hospitalization and associated services, such as radiology, labs and inpatient providers that the member may not be able to choose in an emergent situation and/or admission
- Air ambulance services
- Out-of-network providers who provide services located within an in-network facility. (Example: The member gets lab work done during a visit to their in-network provider, but the testing is sent to an out-of-network laboratory).

# IMPACT: *No Surprises Act changes you will see*

## New Member ID Cards

Required on any physical or electronic plan or insurance identification (ID) card issued to participants, beneficiaries, or enrollees any applicable:

- *Deductibles*
- *Out-of-pocket maximum limitations*
- *Must include a telephone number and website address for individuals to seek consumer assistance*



**You should already be seeing the new cards from our members.**

# IMPACT: *No Surprises Act changes you will see*

## Improved Accuracy of Provider Directory Information

- Establish standards related to provider directories that are intended to protect participants, beneficiaries, and enrollees with benefits under a plan or coverage from surprise billing.
- These provisions require plans and issuers to establish a process to update and verify the accuracy of provider directory information.

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Home Help Sign Out

### SEARCH PROVIDERS

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**Sanford Health Employee Network**

This network is offered only to individuals employed at Sanford Health. This plan does not have out-of-network benefits. To receive benefits, you will need to see providers listed in this directory. For more information about benefits, contact Customer Service.

**Mayo Clinic Hospital Rochester** – Call Sanford Health Plan prior to receiving services from the Mayo Clinic or Hospital by calling the Utilization Management Department at (605) 328-6807 or (800) 805-7938 or TTY/TDD: (877) 652-1844. In most instances, providers will do this on a member's behalf. Advance notification ensures effective case management, improves continuity of care and avoids duplication of medical tests.

**Emergency** – Members are responsible for seeking emergency care at the nearest Plan participating emergency facility whenever possible or call 911 for assistance. State law requires that the ambulance transport you to the hospital of your choice unless that transport puts you at serious risk.

[Search Help](#)

**SELECT LOCATION** [HIDE](#)

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**By State**

**SELECT SPECIALTIES** [HIDE](#)

Category:  **Hospitals or Facilities**  **Pharmacies**  **Physician/Practitioner** [clear](#) Specialty:  [clear](#)

Select one or more Categories from the list on the left, a list of related Specialties will be displayed here.

# IMPACT: *No Surprises Act* changes you will see

## Improved Accuracy of Provider Directory Information

- Expect contact from our 3<sup>rd</sup> party Quest Analytics/Better Doctor to **validate your information every 90 days**
- If your organization includes 10+ practitioners at multiple service locations, you're welcome to submit a roster each quarter instead of using the BetterDoctor online portal to attest

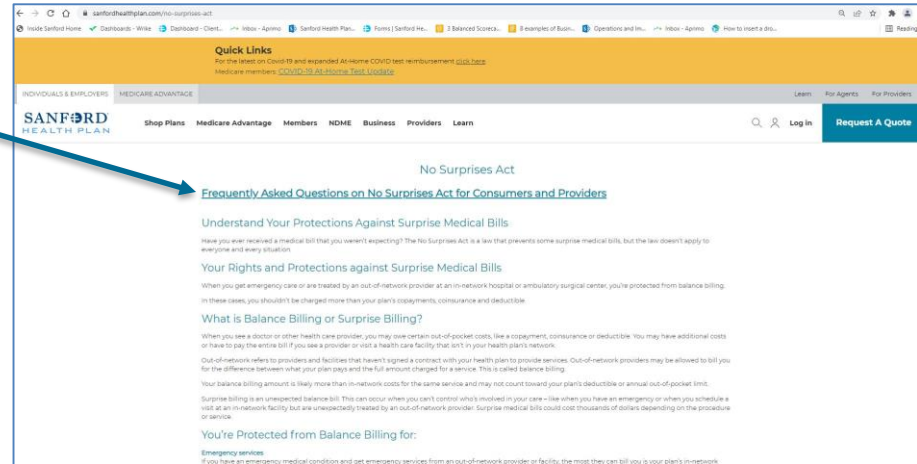


# IMPACT: *No Surprises Act changes you will see*

Sanford Health Plan launched a webpage on sanfordhealthplan.com where consumers can review their rights under the law and seek assistance if they think they've been wrongfully sent a surprise medical bill.

- This page includes a downloadable FAQ for consumers and providers

Surprise Billing Model Notices are now sent to members with EOBs to inform of rights, how to appeal, etc.



# Additional Resources: *No Surprises Act*

## **CMS PowerPoint:**

<https://www.cms.gov/files/document/high-level-overview-provider-requirements.pdf>

## **CMS Information page:**

<https://www.cms.gov/nosurprises>



# Sanford Health Plan Provider Relations team

*Here to help answer your questions!*



**Kyle Klintworth**

[Kyle.Klintworth@sanfordhealth.org](mailto:Kyle.Klintworth@sanfordhealth.org)



**Corey Erickson**

[Corey.Erickson@sanfordhealth.org](mailto:Corey.Erickson@sanfordhealth.org)



**Amber Knutson**

[Amber.Knutson@sanfordhealth.org](mailto:Amber.Knutson@sanfordhealth.org)

# Provider Connections Follow up

Thank you for attending today!

- Follow up notes will be posted online at: [sanfordhealthplan.com/providers/webinars](https://sanfordhealthplan.com/providers/webinars)
- The next Provider Connections event is: **Friday, June 17, 2022 at 10 a.m.**  
Registration link available on our website

Why Join the Sanford Health Plan Network?



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We align with our providers to put members first - and train and educate to improve the quality of care.

[Learn More >](#)
- 

We are constantly improving and expanding our health care delivery and services.

[Learn More >](#)
- 


Our Provider Portal allows secure, 24/7 self-serve access to patient information, claims status, benefit eligibility, and more.

[Download FAQ >](#)
- 

We offer quarterly Provider Connections webinars for contracted providers to gain valuable information for their practice.

[Register Today >](#)

## Provider Connections



### Sanford Health Plan Provider Relations

Connection Event: Dec. 17, 2021

**Summary take-aways:**

**Introduction to Sanford Health Plan Provider Relations**

- Contact info for Provider Relations 800-601-5086
  - Amber Knutson ext. 21053 email: [Amber.Knutson@SanfordHealth.org](mailto:Amber.Knutson@SanfordHealth.org)
  - Corey Erickson ext. 21054 email: [Corey.Erickson@SanfordHealth.org](mailto:Corey.Erickson@SanfordHealth.org)
  - Kyle Klintworth ext. 21106 email: [Kyle.Klintworth@SanfordHealth.org](mailto:Kyle.Klintworth@SanfordHealth.org)

**Sanford Health Plan website and where to request portal access**

<https://www.sanfordhealthplan.com/provider-portal-access-request>

- Email needed for use is specific to requestor, not a shared e-mail group
- For Sanford Health Employees: ask manager to submit and IT ESAR ticket
  - Feel free to request PR staff to meet on this if needed

**Home page of Portal and Navigation**

- How to Search for Patient/Member
  - Make sure searching "All Patients"
  - Make sure and confirm patient/member information accuracy
  - Can do multiple actions once into Patient's demographics page

**Walk through Claim Reconsideration; show guide/tutorial from website.**

- Reconsiderations can only be submitted on the portal (effective 10/01/2021)

**Quick Links section of Policies and Medical Guidelines**

- Quick Links houses Tutorials and other navigation tools.

**Walk through Referral/Prior Authorization tutorial found in Quick Links section**

- PA-- If provider is not listed in selection field, you can place 5 9's if hard stop, also can place info in notes summary to add provider
- Please add provider information, for this amendment

**Next Connection Event**

- March 18, 2022 at 10 a.m.
- More information on that event will be included in the February 2022 Fast Facts eNewsletter
- Registration form will be on [education and training page](#) one month prior

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