June Education

SANFORD HEALTH PLAN

OBJECTIVES

- Introductions
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- Newsletters
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- Claim Status(without portal access)
  - *Slide 5*
- Request Portal Access
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- Wrap Up/Questions?
  - *Slide 30*

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JUNE EDUCATION

Thank you for joining us today!

Please make certain that you are muted upon arriving to the session.

Contact Info for Provider Relations: 800-601-5086
ProviderRelations@SanfordHealth.org

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Sanford Health Plan Provider Fast Facts

- What is happening? What is upcoming?

- New Policies?

- How to retrieve this info?

  https://www.sanfordhealthplan.com/providers/newsletters

Provider Newsletter

Sign up for our newsletter and stay up to date with development, education opportunities, guidelines, and policy updates

📄 Download recent Fast Facts (PDF)

📄 Download recent Provider Perspective newsletter (PDF)

Sign up for provider newsletter ›

View past issues here ›

No Surprises Act: Provider Updates Due

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 updatedwithin 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:

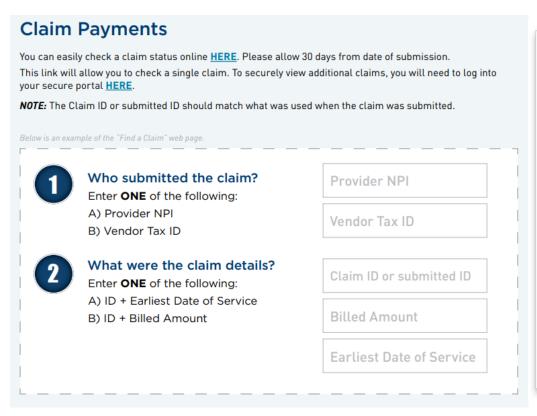Email **support@betterdoctor.com** or call **(844) 668-2543** 8:00 a.m. – 5:00 p.m. CST.

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.
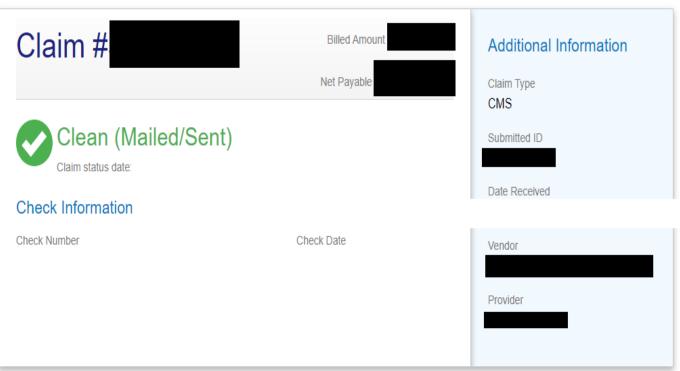
Contact your Senior Provider Relations Specialist for more details.

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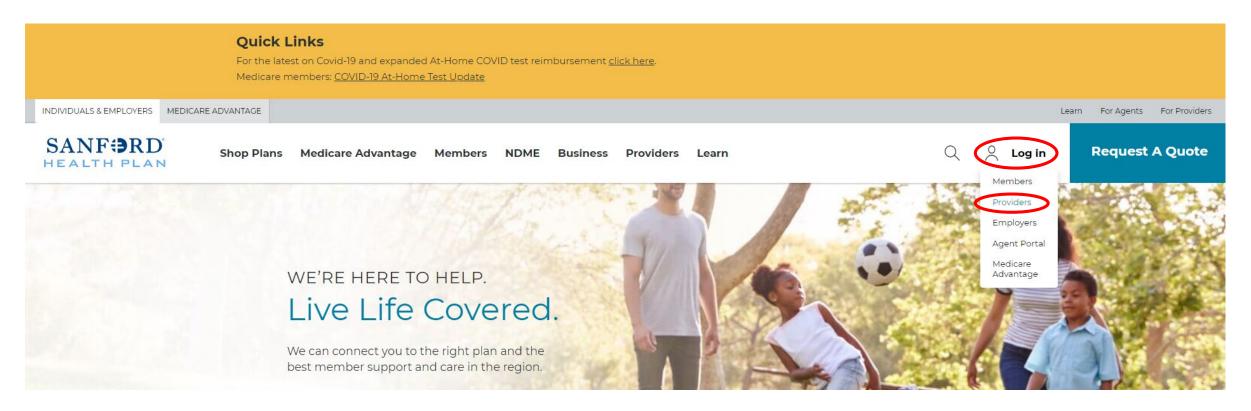# Checking Claim Status without Portal Access

https://www.sanfordhealthplan.com/providers/forms

Claim Payments

You can easily check a claim status online **HERE**. Please allow 30 days from date of submission.
This link will allow you to check a single claim. To securely view additional claims, you will need to log into your secure portal **HERE**.

NOTE: The Claim ID or submitted ID should match what was used when the claim was submitted.

Below is an example of the "Find a Claim" web page.

1 Who submitted the claim?
Enter **ONE** of the following:
A) Provider NPI
B) Vendor Tax ID

Provider NPI

Vendor Tax ID

2 What were the claim details?
Enter **ONE** of the following:
A) ID + Earliest Date of Service
B) ID + Billed Amount

Claim ID or submitted ID

Billed Amount

Earliest Date of Service

Claim #   Billed Amount

                                 Net Payable

✓ Clean (Mailed/Sent)
Claim status date:

Check Information

Check Number   Check Date

Additional Information

Claim Type
CMS

Submitted ID

Date Received

Vendor

Provider

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Sanford Health Plan Provider Portal Access

www.sanfordhealthplan.com

Requesting Portal Access

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

Provider Portal Access Request

Are you a Third Party Vendor*

○ Yes   ○ No

Third Party is defined as a separate individual or organization other than the two principals involved. A third party is typically a company that provides an auxiliary product not supplied by the primary manufacturer to the end user (the two principals); A generic legal term for any individual who does not have a direct connection with a legal transaction but who might be affected by it; A third-party beneficiary is an individual for whose benefit a contract is created even though that person is a stranger to both the agreement and the consideration.

Submit Form

Progress

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Requesting Portal Access (cont.)

Provider Portal Access Request

Name*

First Name | Last Name

Employed By*

Work Email*

Phone number that can receive text messages.*

(XXX) XXX-XXXX

We use this for multi-factor authentication and verification purposes.

Address, City, State, Zip Code*

Address Line 1

City | State | ZIP Code

County*

Last 4 digits of SSN*

Role in Facility*

Previous | Next

Progress

- Not comfortable providing last 4 digits of Social Security Number? No Problem.

- Any 4 numeric digits you will remember is just fine
  - Not accepted ex. 1111, 2222, 9999, etc.

- Please allow 3-4 business days for approval

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Provider Resources

www.sanfordhealthplan.com/providers

Provider Resources

Provider Enrollment and Credentialing →
Our provider enrollment and credentialing process for individual practitioners and facilities.

EDI Resources →
We allow a variety of practice management system vendors to submit claims and other EDI transactions. Learn more about our policies and requirements.

Referral Center →
Submit your specialities to be entered into our Referral Center or contact us to find the right in-network specialist for your patient.

Prior Authorizations →
Our updated process expedites workflows and increases transparency.

Clinical Resources →
Look to Sanford Health Plan for the latest in resources to assist providers with their care.

Forms & Manuals →
Forms, documents, and manuals to support our providers and facilities.

Quality Improvement →
We are dedicated to improving the quality of healthcare delivery and service, . Learn more about how this impacts our entire company.

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Provider Portal Navigation Guide

Simply click on the document below to open in Adobe and then you can review, print or save the document.

Claims

- Check your claim status here
- Claim Reconsideration Form is now located within the Provider Portal.
  - Request Provider Portal Access (External use only. Sanford Health users submit an ESAR)
  - Provider Portal Navigation guide (pages 7-9)
- Flu & COVID-19 Vaccine Roster

Credentialing Applications

Detailed Facility and Practitioner Credentialing forms and Sanford Provider HUB information can be found here.

Documents

- Prior Authorization List
- Claim Edit List
- Sanford Health Plan ID cards
- Understanding Your Check Adjustment Report

Manuals

- Provider Manual
- Provider Manual (PDF)
- Provider Onboarding Manual

Medicare Advantage

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Claim Reconsiderations

Claim Reconsiderations

- The claim reconsideration function should not be used for the following inquires:
  - Incorrect Reimbursement
  - Multiplan/DataIsight Reimbursement
  - Retrospective Authorization Requests
  - Corrected Claims
  - Coordination of benefits

- Medicare Advantage Claim Reconsiderations
  - Provider Claim Reconsideration Request Form(located on provider portal)
    - Include Clinical Records and other documentation that support your case for reimbursement
    - Waiver of Liability form, holding the enrollee harmless, regardless of the outcome of the appeal(for non-participating providers)
  - Submit Claim Reconsiderations By:
    - Provider Portal: ehealth-shp.healthsuiteadvantage.com
    - Mail: Sanford Health Plan Attn: Appeals,
    - PO BOX 91110, Sioux Falls, SD 57109-1110
    - FAX: (605) 312-8217

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Claim Reconsiderations (cont.)

- After 10/1/2021 any reconsideration not submitted on the provider portal will not be processed or receive a response.
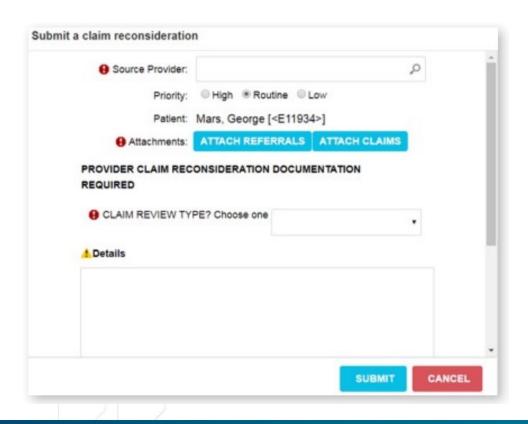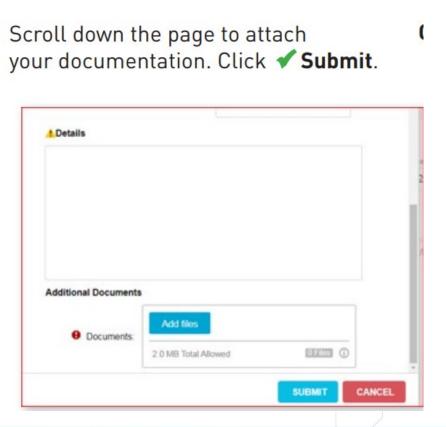
Claim Reconsiderations (cont.)

Claim Reconsiderations (cont.)

- Complete all required fields and attach any relevant documentation
- Providers will received a one-time claim reconsideration if requests are submitted within 180 days of the determination(original EOP)date.
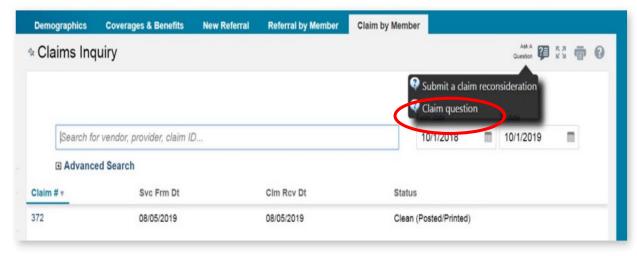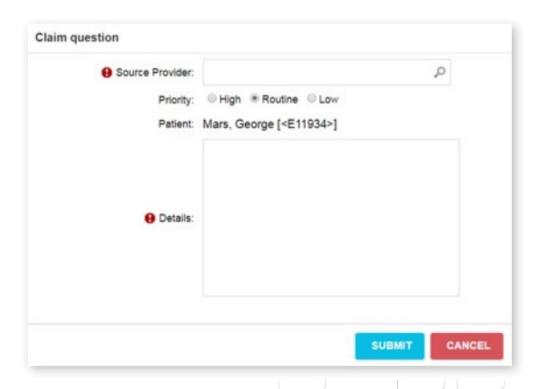
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Claim Questions

1 From **Claim by Member,** click **Submit a claim reconsideration or Claim question**.

"Ask A Question"

- Claim Question
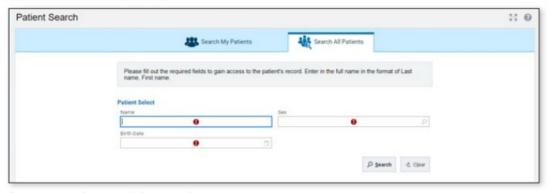- Payment Information
- Member Demographic Update

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Prior Authorizations

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Prior Authorizations

Open a member's record

1 Click **Select Patient**.

2 Click **Search all Patients**. Enter the member's name, birth date, or MRN and click 🔍 **Search**.
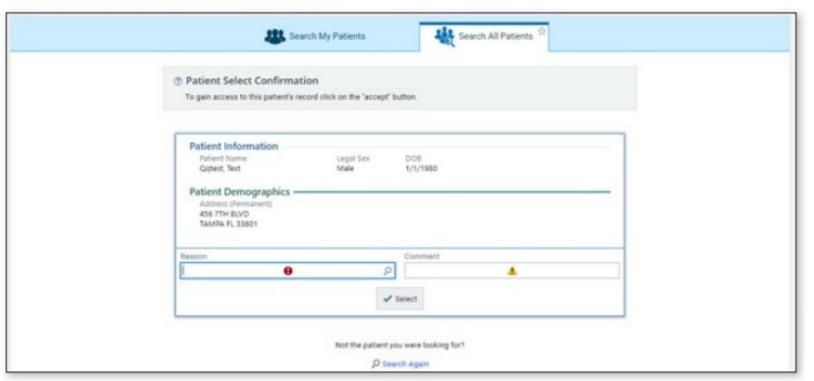

- Providers are responsible for obtaining prior authorizations on behalf of members to received in-network coverage.

- All referrals to non-participating providers require prior authorization

- Failure to obtain prior authorization will result in a denial that will be provider responsibility
  - Providers have 60 days from the date of service to request a retro-authorization if one was not obtained prior to services rendered

Prior Authorizations (cont.)

3 Confirm that you are opening up the correct patient chart and select the Reason. Click on the magnifying glass to view the types of reasons that are available and hit select when you are wanting to open this patient chart.

Prior Authorizations: Create a new Referral

① From a member's workspace, click **New Referral** and choose the correct referral type.

Referral Type:

Referral Type	Description
SHP Rx – Medical Benefit	For medications to process under the medical benefit. (example: Remicade, IVIG, Entyvio)
SHP Rx – Pharmacy Benefit	For oral or self-administered medications that process under the pharmacy benefit, adjudicates through the PBM and not through the claims system. (example: Humira, linezolid, Dexilant)
SHP Injection - In Office	In-office injections that need prior authorization, such as botox
SHP Home Health Visits	Home health visits (nursing, PT, OT, ST, aide)
SHP Home IV Infusion	Home IV infusion authorization requests
SHP Observation Admit	Observation Admit that needs prior-authorization (such as at out-of-network facility, for back surgery, cosmetic procedure, or other surgery that needs prior-authorization)
SHP Consult	Any referral to out-of-network provider/second-opinion that needs prior-authorization
SHP Ambulance/Transportation	Urgent Air Ambulance and Non-urgent ground ambulance requests
SHP Outpatient Surgery	Outpatient surgery that requires a prior-authorization
SHP Genetic Testing	Genetic Testing
SHP Durable Medical Equipment	DME requiring prior-authorizations, whether rental or purchase
SHP Transplant	Transplant authorization requests
SHP Inpatient Admission	Inpatient authorization requests
SHP Other Outpatient Services	Other outpatient services that are not surgical that require prior-authorization, such as out-of-network services.
SHP NICU	Neonatal Intensive Care Unit admissions
SHP ABA Therapy	Applied Behavioral Analysis therapy when a covered benefit

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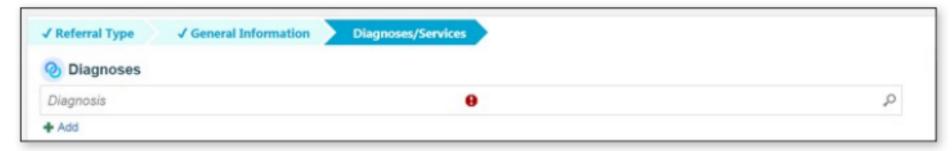# Prior Authorizations: Create a new Referral

3 Enter the referral class. Referral classes include:

- **Within Sanford Health System: The referral is being submitted by a Sanford facility, doctor, or authorization team.** The referral request originated outside your organization and requests a service to be performed within your organization. The referral request originated inside your organization and requests a service to be performed within your organization.

- **Outside Sanford Health System — The referral is being submitting by a provider that does not work for Sanford Health.**

4 Select the correct Start and Expiration Dates for the authorization. If this is a retrospective authorization, click the check box next to Retroactive referral.

5 In the Referred by section of the General Information form, enter as much information as you can. Use the magnifying glass icon to search for the provider who referred the member for this service. You are able to search for both individual physicians and facilities/departments. Once you have selected the provider, you may see a Provider Address field be added to the document. Select the provider's address where the provider is located.

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Prior Authorizations: Create a new Referral

6 In the Referred to section, search for the provider or facility that will be performing the services requiring authorization.

Note: If your facility or provider cannot be located, please enter '99999' and then add the pertinent information on the free-form field on the next section of the authorization. If you are having issues or questions please call into Provider Relations at (800) 601-5086 press option 2 and follow that up with option 4.

7 Click **Next**.

8 On the **Diagnoses/Services** form, enter a diagnosis code in the **Diagnoses (coded)** field. If there are multiple Diagnosis codes to be submitted, click the **Add** plus sign.

Prior Authorizations: Create a new Referral

9 Enter a procedure code in the **Services** field.

Note: If you're entering codes but don't have a diagnosis code, enter a description in the Diagnoses (coded) field and press ENTER to search for a code.

10 Scroll down and complete the Questionnaire with your contact information. Once this is completed, use the **Note Summary** free-form areas to provide more details. Please Note that this a place to add the provider information if you needed to use the '99999' on the previous screen.

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Prior Authorizations: Create a new Referral

11 Scroll down and click **Add File**, select an appropriate file.

> **Note:**
>
> - If the referring provider is Non-Sanford, please download and attach medical notes.
> - If the referring provider is with Sanford (with medical notes in Epic), please specify where to locate the correct medical notes.
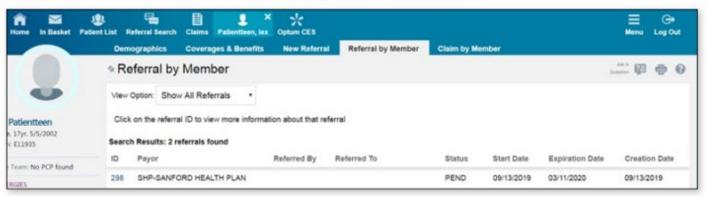> - If there is an attachment, notes are required.

Attachment

Add file

2.0 MB Total Allowed

12 Please check and make sure that all required fields are completed. Once all those fields are filled the referral or prior authorization can be submitted by clicking the **Request Referral** button.

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Prior Authorizations: Review Referrals

① From a member's workspace, click **Referral by Member**.

Note: If you are unable to locate the Referral you submitted, it may be because you submitted the referral to A- a different area under a different Tax ID, or B- You used the '99999' in the Referred To field. This number is not attached to any tax ID and will not show until our Utilization Management team has reviewed the request and has updated the referral with the correct provider information.
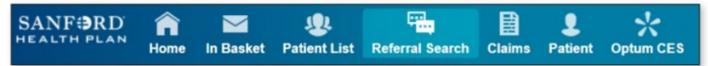

② Click the **Referral ID** to view referral details.

③ Once the Referral has been reviewed and finalized, the Letter from Sanford Health Plan is viewable within the **Referral Notes** section.
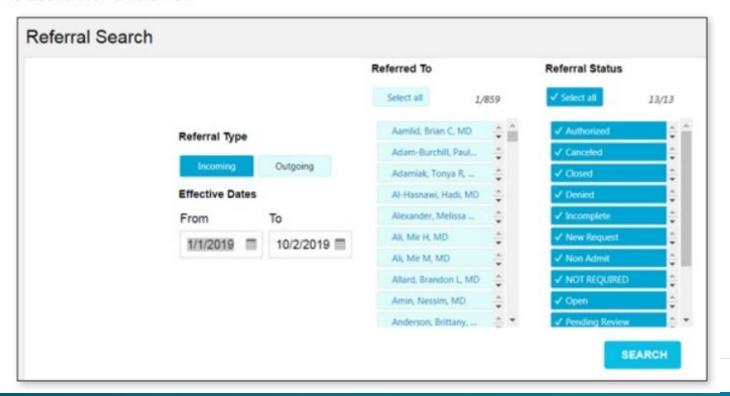
Prior Authorizations: Referral Search
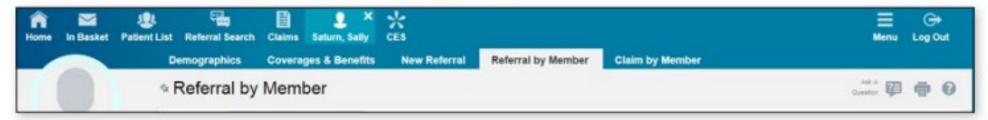

① From the Home page, click **Referral Search**.

② Select from **Referral Type**, **Referred To**, **Referral Status** and a **date range** to search for a referral.
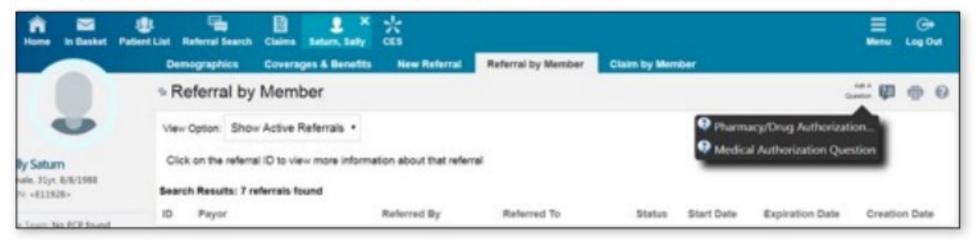
Prior Authorizations: Ask a question about a referral

1 From Referral by Member, click **Ask a Question**.

2 Select the **type of question**; **Pharmacy/Drug or Medical**.
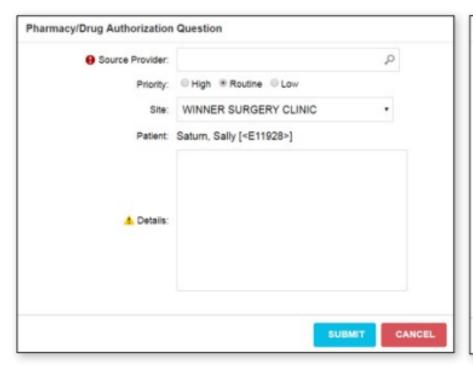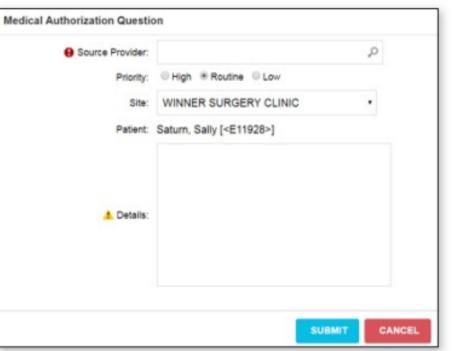
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Prior Authorizations: Ask a question about a referral (cont.)

3 Enter as much information as you can, making sure to change the site to appropriate site.

Details: Enter your question and include the Referral number if available.

Details: Enter your question and include the Referral number if available.

Pharmacy/Drug Authorization Question

❗ Source Provider:	🔍
Priority:	○ High ⦿ Routine ○ Low
Site:	WINNER SURGERY CLINIC ▾
Patient:	Saturn, Sally [<E11928>]
⚠ Details:	

SUBMIT   CANCEL

Medical Authorization Question

❗ Source Provider:	🔍
Priority:	○ High ⦿ Routine ○ Low
Site:	WINNER SURGERY CLINIC ▾
Patient:	Saturn, Sally [<E11928>]
⚠ Details:	

SUBMIT   CANCEL

4 Click **Submit** to route the question to an appropriate user. You will receive a response within 1 business day.

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In Basket

Questions?
Contact Provider Relations
1-800- 601-5086
ProviderRelations@sanfordhealth.org

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