



Sanford Health Plan Partners with Livongo for Diabetes Program

A Credible, Convenient Approach to Managing Diabetes “On the Go”

Sanford Health Plan is proud to partner with Livongo, a HIPAA-compliant digital health platform which provides a proven way for members to better manage their diabetes in partnership with their primary care providers. Participating members and their covered dependents will gain access to the high-touch Livongo for Diabetes program through Sanford Health Plan—at no cost to them.

Livongo is the only digital health solution accredited by the Association of Diabetes Care & Education Specialists and the American Diabetes Association. The program has delivered measurable clinical outcomes, including a 0.8 point HbA1c reduction in a real-world population.

When participants enroll, they'll receive:

- A connected blood glucose meter for easier, more consistent monitoring
- Unlimited free strips and lancets (including shipping) sent right to their address
- Personalized feedback through digital channels, based on real-time health metrics
- Around-the-clock access to expert health coaches
- Health reports that can be easily shared with health care providers by email or fax
- Connectivity with the care team, including provider notes and EHR integration



Please contact Livongo member support if you have program specific questions at (800) 945-4355 or email membersupport@livongo.com.

Answering your questions about the Sanford Provider Hub

The Sanford Provider Hub is up and running! With a user-friendly interface and automation to streamline the credentialing process, the Sanford Provider Hub offers a secure solution for all credentialing activities through Sanford Health Plan.

If you are not due for recredentialing at this time, you have no further steps to complete. At the time of your recredentialing, you will receive an email from verificationsservices@sanfordhealth.org which will provide instructions to access the Sanford Provider Hub and a link to take you and/or your credentialing administrator directly there.

How can I make sure I don't miss an email about my recredentialing?

There are two steps to take that will ensure you never miss communications about your Sanford recredentialing.

1 Make sure to add verificationsservices@sanfordhealth.org to your email safelist of approved and safe email addresses. All communication about your recredentialing will come from this email address.

2 Add a credentialing administrator to your Sanford Provider Hub account who will be copied on emails from the Sanford Provider Hub.

How do I request an initial application as a/for a new provider?

To request an initial application for a new provider:

- Go to the Sanford Health Plan website <https://www.sanfordhealthplan.com>
- Click **Providers**
- Click **Forms & Manuals**
- Under Credentialing Applications, Click the word **"here"**
- Click and complete the **Initial Credentialing Application Request form**
- Click **Submit Form**

This form will begin the process for the credentialing application process. After submitting, a Sanford Health Plan representative will be in contact with the next steps for using the Sanford Provider Hub.



How do I add a credentialing administrator to my information?

To add a credentialing administrator to your account before notices about upcoming recredentialing are sent, please email verificationsservices@sanfordhealth.org with the credentialing administrators name, phone number and email address along with the relevant provider name(s), phone number(s) and email address(es).

I am no longer contracted with Sanford Health Plan. How do I stop getting notices about the Sanford Provider Hub?

Please email providerrelations@sanfordhealth.org and request to be unsubscribe to further communications.

How can I get my other questions about the Sanford Provider Hub answered?

Please read the Sanford Provider Hub FAQ for more information. For any additional questions on the Initial Credentialing Application Request Form, please contact us at:

Phone: [\(605\) 312-7600](tel:6053127600)

Email: verificationsservices@sanfordhealth.org





Policies Update

Below, you'll find the latest policy updates—additions, deletions, edits—for your reference. Please call us at (800) 601-5086 Option 2, Option 4 for Provider Relations if you have any questions.

New Policies:

- New Patient Visits Benefit

Update on Telehealth:

- Telehealth policy will return to pre-COVID coverage consistent with the members policy effective for dates of service 6/15/21 and after.

**COVID diagnosis will continue to have cost share waived.

Electronic Prior Authorization

We have had great success with providers submitting prior authorizations electronically on our Provider Portal.

As a reminder this requirement went into affect October 1, 2020.

Authorizations (both Medical and Pharmacy) that are not urgent will be returned to providers when sent to us in paper form and could delay your authorization.

Please see the instructions below to help you navigate thru how to submit an electronic authorization. Sanford Employees and internal users: Please see the training resource [HERE](#), or sign up for additional classes in the Sanford Success Center.

EXTERNAL PROVIDERS: Please submit authorization requests via Provider Portal [HERE](#). For questions, please contact Provider Relations at (800) 601-5086.

Optum CES Edits

Sanford Health Plan continues to implement additional claims edits. Check periodically for details of future edits to be released.

A document detailing the claim edits is available to you here on the [PROVIDER RESOURCES PAGE](#). The resource will be updated as Sanford Health Plan implements new edits.

North Dakota Medicaid Expansion Taxonomy and Enrollment requirements

REMINDER:

Your taxonomy submitted must match what you have set up with state of North Dakota.

ENROLLMENT INFORMATION:

In accordance with North Dakota Medicaid regulations, you must enroll as providers. Sanford Health Plan will deny North Dakota Medicaid Expansion member claims when enrollment with the state has not occurred. Exceptions are HCBS/QSP and NEMT providers.

To learn more about how to complete the enrollment process with the State of North Dakota, please visit [Medicaid Provider Enrollment Application Information and Forms](#).

TAXONOMY INFORMATION:

Also, in accordance with North Dakota Medicaid regulations, Sanford Health Plan requires providers to submit taxonomy codes when submitting claims for North Dakota Medicaid Expansion (NDME) members. This excludes Qualified Service Providers (HCBS claims), transportation claims, and claims submitted by other atypical provider types. To learn more about this requirement please visit [North Dakota Department of Human Services](#).

North Dakota Medicaid Expansion 1915i Tool kit

The North Dakota Medicaid 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

Find what you need for these services for North Dakota Medicaid Expansion members in the [Sanford Health Plan Provider Fact Sheet](#) for NDME 1915i that is now available on our Provider NDME [WEBSITE](#).

Phone Prompts Have Recently Changed

To provide you with you the best experience we have updated our phone systems and with this change there may be some differences. You will still use the numbers at the end of this publication to reach the appropriate departments. Prior to arriving at the appropriate department, you will be prompted to enter if you are a member, provider or have sales inquiry. Once within the provider menu your call will be routed to the team that will most efficiently be able to answer your questions. We thank you for your patience as we embark on some amazing technology to create the best experience for you as a provider and our members.





Utilization Management: Innovating to Improve Access to Medically Necessary Care

PA REQUIREMENTS FOR ADVANCED IMAGERY

Sanford Health Plan honors its commitment to our providers our patients / members by continuing to look for ways to optimize efficiencies across our enterprise operations. As a part of these efforts, we are working to modernize our Utilization Management (UM) capabilities by enhancing Prior Authorization (PA) processes to alleviate administrative and provider burden while improving the overall patient experience and access to high quality care.

One of our initiatives, which began in December of 2020 is expanding the authorization process to include advanced imaging through our partnership with eviCore Healthcare. Based on evidence-based clinical guidelines, this effort is enabling us to confidently provide the highest quality, appropriate care to our patients. Standardization and automation of PA processes will enable improved outcomes and an enhanced patient experience by providing the right care, with the right provider, and in the right setting.

To learn more about this new requirement please check out the dedicated website for Providers [HERE](#).

On the dedicated website you will be able to:

1. Register for training (in General Resources Tab, Registration Instructions)
2. Register for sign in (in General Resources Tab, Registration Instructions)
3. Review CPT code list for services that require authorization (in Solution Resources Tab, Radiology icon)
4. Access Evidence Based Clinical Guidelines

Important reminders:

1. Referring provider must be on the claim for authorization requirements to be reviewed timely.
2. We do not require authorization for advance imaging when we are the secondary payer.

Please note: Services performed without authorization may not be reimbursed. The eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Request authorization by visiting [evicore.com](https://www.evicore.com).

For questions, please call eviCore's call center from 7 a.m. to 7 p.m. CST **(844) 635-7225**.



Covid Vaccine Administration Allowed Amount Effective May 1, 2021

Sanford Health Plan has established the following allowed amounts for administration of the Covid vaccine

CODE	DESCRIPTION	ALLOWED AMOUNT
0001A	Pfizer 1st dose	\$68.04
0002A	Pfizer 2nd dose	\$68.04
0011A	Moderna 1st dose	\$68.04
0012A	Moderna 2nd dose	\$68.04
0021A	AstraZeneca 1st dose	\$68.04
0022A	AstraZeneca 2nd dose	\$68.04
0031A	Janseen* (1 shot dose)	\$68.04

Please note this is for administration only. We will continue monitoring vaccine developments and will add administration allowed amounts for vaccines produced by other manufacturers when they become available.

COVID-19: Updated Coverage Announcement

Stay up-to-date on all COVID-19 information and find resources specifically for providers by visiting this [webpage](#).

Have additional COVID-19 questions? Submit your questions [HERE](#).



Pharmacy Clinical Pearls

The goal of this section is to provide you with information on newly approved medications, updated medication indications or warnings, new generic approvals, and other miscellaneous pharmacy “pearls”.

- **Amitiza® (lubiprostone)** is also now available as a generic medication indicated for chronic idiopathic constipation, irritable bowel syndrome with constipation, and opioid-induced constipation.
- **Beztri Aerosphere™ (budesonide, glycopyrrolate, and formoterol)** is the second inhaler to combine an inhaled corticosteroid, long-acting anticholinergic, and long-acting beta2-adrenergic agonist into a single inhaler. Beztri Aerosphere™ is approved for chronic obstructive pulmonary disease and is given twice daily compared to once daily dosing with Trelegy Ellipta.
 - Please refer to the full prescribing information for more details:
https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/208294s000lbl.pdf
- **Verquvo™ (vericiguat)** was recently approved with the following indication:
 - To decrease the risk of cardiovascular death and heart failure (HF) hospitalization after a recent HF hospitalization or need for outpatient IV diuretics in those with symptomatic chronic HF and an ejection fraction <45%.
 - Vericiguat is a soluble guanylate cyclase (sGC) stimulator which works to increase production of cGMP leading to relaxation of smooth muscle and vasodilation.
 - The most common adverse effects reported with this medication are hypotension and anemia.
 - Pregnancy and co-administration with other sGC stimulators (riociguat) are contraindications to the use of vericiguat.
 - Please refer to the full prescribing information for more details:
https://www.merck.com/product/usa/pi_circulars/v/verquvo/verquvo_pi.pdf

Please reach out to Courtney Feist, PharmD with any questions or topics you would like to learn more about in upcoming issues of Fast Facts. Email: courtney.feist@sanfordhealth.org

Updated Provider Reconsideration Form

Our Provider Reconsideration form has been updated! Please take time to review the [new form](#) to ensure timely responses to your requests.

Reminder: Use waivers and appropriate modifiers (eg. GA) to communicate to us that you and the member are aware services will not be covered by insurance plan.

Contact Us:

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

@ memberservices@sanfordhealth.org

Customer Service

Monday-Friday, 8 a.m. to 5 p.m. CST | (800) 752-5863

NDPERS Customer Service

Monday-Friday, 8 a.m. to 5:30 p.m. CST | (800) 499-3416

ND Medicaid Expansion

Monday-Friday, 8 a.m. to 5 p.m. CST | (855) 305-5060

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

@ pharmacyservices@sanfordhealth.org

Pharmacy (855) 305-5062

NDPERS Pharmacy (877) 658-9194

ND Medicaid Expansion (800) 755-2604 | TTY: 711

CONTACT FOR: Preauthorization/precertification for medical services

@ um@sanfordhealth.org

Utilization Management (800) 805-7938

NDPERS Utilization Management (888) 315-0885

ND Medicaid Expansion (855) 276-7214

CONTACT FOR: Assistance with fee schedule inquiries, check adjustments & reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W-9 form, change/ updating information, provider education

@ providerrelations@sanfordhealth.org

Provider Relations (800) 601-5086

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

sanfordhealthplanprovidercontracting@sanfordhealth.org

@ **Provider Contracting** (855) 263-3544

Hearing or speech impaired TTY | TDD (877) 652-1844

Translation Assistance for Non-English Speaking Members (800) 892-0675