



Communication Changes

Welcome to the first edition of the provider *Fast Facts*. We may have a new look and name, but our commitment to keeping you informed stays the same. Each issue includes:

- Policies and procedures,
- Electronic tools and services,
- Industry-related news, trends, and more.

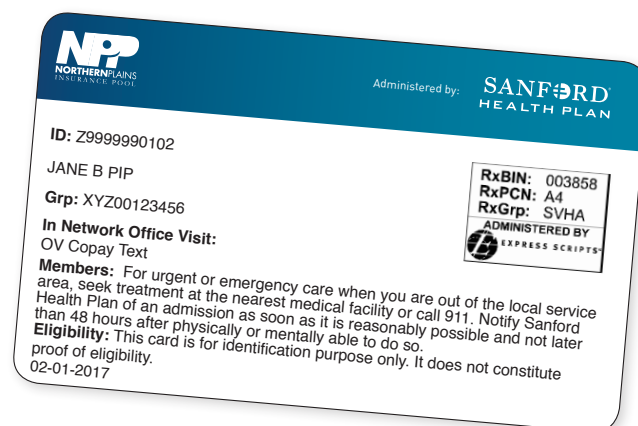
North Dakota Medicaid Expansion Network Changes for 2018

As of January 1, 2018, all providers, pharmacies, suppliers and transportation providers must be enrolled with the ND Department of Human Services (Department) Medicaid program to receive payment from Sanford Health Plan (SHP) for any claims specific to North Dakota (ND) Medicaid Expansion recipients. Please note that the traditional Medicaid program, and the program administered by SHP (known as North Dakota Medicaid Expansion), operate under different systems. Federal law [42 CFR §438.602(b)] requires Managed Care Organizations (SHP) to confirm enrollment with the Department prior to payment for dates of service after January 1, 2018.

If a provider is enrolled as a traditional Medicaid provider, there is no requirement for a new application. The Department will add the SHP network to your enrollment, via a roster provided by SHP. No action is required if you are currently an enrolled and active provider with traditional Medicaid and contracted with SHP. If a provider is not enrolled as a traditional Medicaid provider, an application will be required. Guidance is available on our site including a step by step guide to determine your ND Medicaid provider enrollment status & enrollment needs. [Click here to read more.](#)

New ID Card for Northern Plains Insurance Pool Members

Northern Plains Insurance Pool (NPIP), previously called the South Dakota school insurance pool, became a self-funded client with Sanford Health Plan on July 1, 2017. NPIP is a group of South Dakota based schools that consolidate to provide affordable premiums to their employees. Their benefits are based on calendar year from January 1 through December 31. Claims should be submitted to Sanford Health Plan (SHP). Members electing SHP for coverage will present a new ID card to your office for services. To confirm eligibility or for answers to benefit coverage questions, log into mySanfordhealthplan, or call (605) 328-6800 or toll free 800-752-5863.



Annual Risk Adjustment Data Validation (RADV) Audit

Sanford Health Plan partners with Altregra/Datafied to conduct the annual Health and Human Services (HHS) Center for Medicare and Medicaid Services (CMS) RADV audit. This audit includes chart reviews from randomly selected members covered under an Affordable Care Act (ACA) plan and validates information supplied to the government specific to enrollment and diagnosis codes reported for 2016 claims.

This will be our second year working with Altregra on this project. To complete the audit, we are asking for your assistance in submitting complete medical record documentation for the selected members.

Requests begin going out in July. Altregra will send letter communication to those providers selected for chart reviews outlining the specific request and where to submit the documentation.

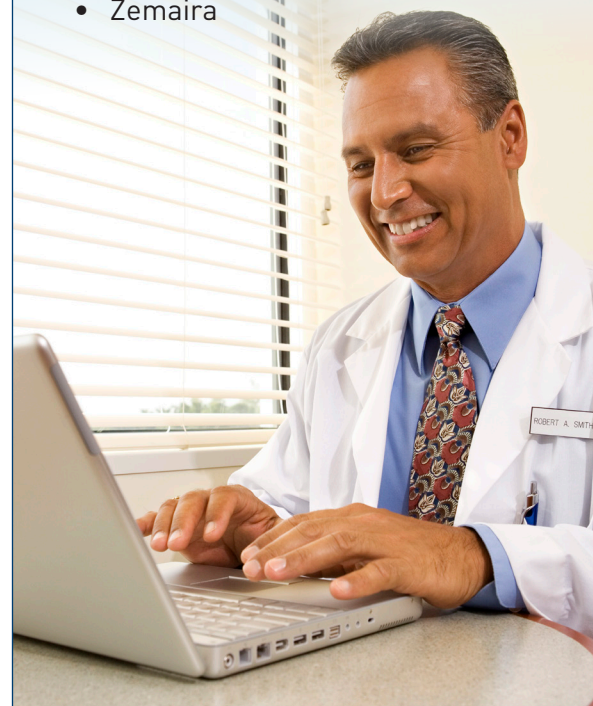
Medical Policy Updates

- B-806-T-A – Applied Behavioral Analysis Addenda
 - Added South Dakota statute information including coverage effective on 1/1/18 for licensed social workers with behavioral analyst licensure.
 - Added submission of treatment plan requirement upon initial request for coverage as well as upon review of the treatment plan every 6 months.
- M-7075-A – Autism Spectrum Disorder Addenda
 - Added South Dakota statute information including coverage effective on 1/1/18 for licensed social workers with behavioral analyst licensure.
 - Added submission of treatment plan requirement upon initial request for coverage as well as upon review of the treatment plan every 6 months.
- S-512-A – Gastric Restrictive Procedure with Gastric Bypass Addenda
- S-513-A - Gastric Restrictive Procedure with Gastric Bypass with Laparoscopy Addenda
- S-515-A - Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy Addenda
- S-516-A - Gastric Restrictive Procedure, Sleeve Gastrectomy, by Laparoscopy Addenda
 - Added 120-day Pre-bariatric program criteria requirement
 - BMI must meet or exceed guideline criteria for 12 months
 - Must be greater than 18 years of age
 - Pre-bariatric program includes three nutrition consults
 - Tobacco cessation must be confirmed one month prior to surgery by For tobacco users – negative cotinine test will need to be submitted
 - Surgery must be scheduled within 90-days of completion of the 120-day bariatric program.
 - If rescheduled, a repeat cotinine test will need to be completed and submitted for review.
- A-005-S016 – SHP Alopecia Areata
 - Prior authorization added.

Pharmacy Policy Updates:

Effective June 8, 2017. To obtain a copy of these policies, contact our Pharmacy Management team at Pharmacy.Services@sanfordhealth.org

- Actimmune
- Adagen
- Alpha 1 antitrypsin deficiency
 - Aralast
 - Glassia
 - Prolastin C
- CAPS
 - Arcalyst
 - Ilaris
- Cystic Fibrosis
 - Kalydeco
 - Orkambi
- Dupixent
- ITP
 - Nplate
 - Promacta
- Kuvan
- Ocrevus
- Osteoporosis
 - Prolia
 - Forteo
- Testosterone
 - Testosterone topical, injectable, buccal
 - Aveed
 - Testopel
- Tymlos
- Xermelo
- Zemaira



SNF Billing Requirements

A Skilled Nursing Facility (SNF) is a facility, either freestanding or part of a hospital, that accepts patients in need of rehabilitation and/or medical care that is of a lesser intensity than that received in a hospital. SHP reimburses providers based on the levels of care billed. Providers are required to bill for the appropriate level of care provided. Claims not coded with the correct level of care will be denied.

The following shall be made available to members in accordance with plan policies.

Level 1 Semi private room and board; general nursing up to three hours of nursing per patient day (PPD) including:

- Wound Care
- State I and II pressure ulcers
- Incontinent care; bowel and bladder training
- Colostomy/Ileostomy care
- Foley catheter care (maintenance and irrigation); including teaching
- Insulin dependent diabetic care; including teaching
- Dressing changes
- Routine laboratory
- X-rays
- Pharmacy; (oral medications)
- Routine supplies
- Routine durable medical equipment (wheel chairs, walkers, canes, etc.)
- Respiratory therapy – 2 small volume nebulizers (Nursing Department)
- Low flow oxygen, 3 LPM or less
- Restorative therapy including ROM, functional maintenance

Level 2 All Level I services and supplies and nursing hours greater than 3.5 and up to 5.0 hours of nursing care per patient per day (PPD) including:

- Stage III and IV pressure ulcers
- Old tracheotomy care and supplies (2 or more suctionings per shift-3 shifts per day)
- NG, GI, G tube patient (enteral feeding pumps included)
- Simple IV therapy (hydration plus one medication is “simple”)
- Wound isolation not requiring a private room
- Respiratory therapy 3 or more small volume (Nursing Department)
- PT/OT/ST once a day (minimum 2 fifteen minute units) up to one hour of therapy per day, 5 days per week including therapy evaluation

Level 3 All Level I and II services and supplies and all general nursing services that require 5.0 – 6.5 Nursing hours per patient per day including:

- Post-surgery care and monitoring every four hours
- **Complex medical care***
- Complex IV management (multiple medications)
NOTE: The costs of the IV medication is excluded from the per diem rate in excess of \$35.00 PPD
- Rehabilitation (PT, OT, ST a combination of 1-3 hours per day BID)
- New tracheotomy; including teaching

***Complex care is beyond routine skilled care where the client needs a higher level of monitoring and/or nursing intervention.**

DRG categories that are candidates for sub acute include:

- Pulmonary/Respiratory
- Cardiac/Circulatory
- Orthopedic
- Gastrointestinal
- Pancreas, liver, gall bladder and spleen disease
- Cancers and malignancies
- Kidney, urinary tract
- Wound/skin
- Endocrine and metabolic disease
- Neurological/spinal
- Infections
- Amputations
- Trauma

Level 4 Clients that are outside the perimeters of Levels 1-3 are reviewed on a case by case basis for admission.

Admission would be dependent on the Provider’s competencies to administer the appropriate care and upon an agreement for reimbursement. (i.e. all ventilator care with and without weaning; nursing hours are greater than 6.5 PPD)