



Provider Perspective

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Quarter 1 2025

SANFORD
HEALTH PLAN



Changes in Stelara Coverage

Several new biosimilar therapies for Stelara are now available. Sanford Health Plan has added three of these biosimilar drugs as preferred options to our formulary with approval from the Pharmacy & Therapeutics Committee. Clinical trials for these drugs demonstrated high efficacy and safety.

Starting April 1, 2025, biosimilar options for Stelara will be the lowest cost-share option for Sanford Health Plan members. We strongly encourage you to review your patient roster for opportunities to improve patient cost-share. Patients who stay on Stelara will be on the highest-cost tier of its formulary.

Biosimilars to Stelara added to Sanford Health Plan's formulary:

- Selarsdi
- Wezlana
- Yesintek

What to know

- All three of these biosimilars are nearly identical to Stelara with no additional side effects.
- The biosimilars will be on the preferred brand tier of the formulary to ensure the lowest member cost-share.
- You will not need prior authorization for patients currently treated with Stelara to make the switch to one of the biosimilars.
- Exceptions will be made on a case-by-case basis for patients who have certain circumstances that require them to stay on Stelara. This requires prior authorization. If approved, these patients can stay on Stelara.
- Wezlana is an interchangeable biosimilar option for Stelara. This means that you do not have to send a new prescription to the pharmacy for your patient.

What to do

- As soon as possible, start having conversations with your patients who currently take Stelara and consider making the switch to one of the three biosimilar options.
- When a new patient starts treatment, we strongly encourage you to begin with one of the biosimilars. Prior authorization will be needed for new patients.

Sanford Portal Access

Each time you log into a Sanford Health portal, make sure you select the corresponding department. Due to Epic data sharing, it will appear the same, however, if you are not logged into the correct department, it will cause issues with prior authorization and other functionalities.

Sanford Health Plan Portal

- Request prior authorizations for services
- View and print Explanations of Payments (EOPs)
- Check benefits and eligibility
- Review member policies

Epic Care

- View test results
- Access patient records

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Website Corner: Concurrent Review of Authorizations

Sometimes a member needs different or additional services that may fall under an authorization in place. If this occurs, you can submit a concurrent review. To do this, follow these instructions:

- 1 Locate the currently active authorization (Patient List > Authorization by Member).
- 2 Open the authorization and click on the add note/attachment button on the top left of the screen.
- 3 Review the fields and add your request/notes to the free form section that will appear.
- 4 Add a summary.
- 5 Ensure you attach the appropriate medical documentation that supports the changes you are requesting.
- 6 Click add note.

This will send the authorization back to our utilization management staff for review. Updates will be made on the authorization itself.

Avoidance of Antibiotic Treatment for Acute Bronchitis and Bronchiolitis

Acute bronchitis and bronchiolitis are mostly caused by viral infections, and antibiotics are not effective for treating these conditions. Overuse of antibiotics not only contributes to antibiotic resistance but also exposes patients to unnecessary side effects. Most cases of acute bronchitis resolve with supportive care, including hydration, rest and symptom management for cough and fever.

Similarly, bronchiolitis, which predominantly affects infants and young children, is also managed with supportive care. In addition, antibiotics are reserved for suspected secondary bacterial infections.

In patients with comorbidities, such as chronic obstructive pulmonary disease (COPD), asthma, or immunocompromised states, it is important to differentiate viral infections from bacterial exacerbations. These patients may have an increased risk for secondary bacterial infections and could benefit from more careful monitoring and selective use of antibiotics. However, even in these populations, antibiotics should only be prescribed when there is strong evidence of bacterial involvement, such as increased sputum purulence or a confirmed bacterial pathogen.

By avoiding unnecessary antibiotic prescriptions in both healthy individuals and those with comorbidities, we reduce the risk of antibiotic resistance and promote more appropriate use of these critical medications.

Resource:

NCQA: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis, [ncqa.org/hedis/measures/avoidance-of-antibiotic-treatment-for-acute-bronchitis-bronchiolitis](https://www.ncqa.org/hedis/measures/avoidance-of-antibiotic-treatment-for-acute-bronchitis-bronchiolitis)

Updated Tutorials Are Now Available in the Provider Portal

Our provider relations team has added updated tutorials to the Sanford Health Plan Provider Portal. These tutorials share steps to complete tasks and can help you navigate the portal with ease. Take some time to review these tutorials and let the provider relations team know if you have any questions.

You Asked, We Answered

What is the difference between a reversal and a recoupment?

When Sanford Health Plan receives a corrected claim from a provider, or if a claim needs to be adjusted, the first step is to reverse the original claim.

Once the original claim is reversed, the corrected/adjusted claim can be processed in our system for payment. Sanford Health Plan cannot process the correction or adjustment without reversing the original claim, as this would result in a duplicate in our system and create two processed claims for the same service.

Recoupment occurs when Sanford Health Plan recovers an overpayment on a claim. This overpayment could be the result of billing errors, duplicate billing, coding mistakes, etc. The amount to be recouped will show as remittance recovery on Explanation of Payments (EOPs), and it will be reduced when future claims from the provider are processed for payment, until the full amount is recouped.

New Guest Access Feature

Providers can now view the status of claims, basic eligibility and benefit details without logging into the Sanford Health Plan Provider Portal.

How to access this tool

- Visit sanfordhealthplan.com/providers
- Select For Providers from the drop-down menu
- Select Guest Access
- Then select Guest Claim Search or Guest Eligibility Search

What information will you need to enter?

- Facility tax ID number
- Full member ID number
- Member date of birth
- Date of service and billed amount

No password or login required.

Sanford Health Plan accepts electronic prior authorization through the Provider Portal. Please contact our provider relations team for assistance with setting up an account or if you have portal questions.

Meet the Measure:

ADD-E Follow-Up Care for Children Prescribed ADHD Medication

The HEDIS measure ADD-E Follow-Up Care for Children Prescribed ADHD Medication focuses on ensuring that children diagnosed with attention-deficit/hyperactivity disorder (ADHD) receive timely follow-up care after being prescribed ADHD medication.

This measure is crucial in promoting the appropriate management of ADHD, as it tracks whether children between the ages of 6 and 12 have a follow-up visit with a health care provider within 30 days and again within 60 days after starting a new ADHD medication.

By monitoring this measure, health care systems can help ensure that children receive the correct medication and that their treatment plans are adjusted and monitored effectively, contributing to improved long-term outcomes in managing ADHD symptoms.

Two phases are being evaluated:

- **Initiation Phase:** The percentage of members ages 6-12 with a prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
- **Continuation and Maintenance (C&M) Phase:** The percentage of members ages 6-12 with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with any practitioner within 270 days (9 months) after the Initiation Phase ended (NCQA, 2023).

Measurement tips and best practices:

- Proper timing of follow-up visits is crucial for evaluating medication effectiveness, identifying side effects and monitoring patient progress.
- When prescribing a new ADHD medication:
 - Schedule follow-up visits before the patient receives a refill.
 - Plan follow-up appointments at 30 days, 60 days and 180 days from the initial visit.
 - Follow-up visits should be arranged while the patient is still in the office.
 - Consider scheduling visits within 14 to 21 days of each prescription.
 - Prescribe an initial two-week supply of medication and follow-up prescriptions for 30 days to ensure the patient returns for follow-up.
- Only one visit between days 31 and 300 may be an e-visit or virtual check-in.
- Regularly review and adjust the treatment plan if symptoms are not improving.
- Continue treatment as long as symptoms remain present and cause impairment.
- Monitor for any treatment-emergent side effects.
- Periodically assess whether treatment is still necessary or if symptoms have resolved.

Reference:

NCQA: *Follow-Up Care for Children Prescribed ADHD Medication (2023, January 23)*
[ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication](https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication)

Meet the Measure (continued):

APP and APM: Improving Care for Children and Adolescents on Antipsychotics

As health care providers, ensuring that children and adolescents receive safe and effective care is essential, especially when prescribing medications like antipsychotics. The Healthcare Effectiveness Data and Information Set (HEDIS) includes two critical measures that focus on improving both the psychological and physical health of children and adolescents.

- APP: Use of First-Line Psychological Care for Children and Adolescents on Antipsychotics
- APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics

Understanding and implementing these measures can significantly improve outcomes and ensure high-quality care.

APP measure

The APP measure emphasizes that children and adolescents prescribed antipsychotics should also receive appropriate first-line psychological care, such as therapy or behavioral interventions, before medication is considered as the primary treatment.

Why it's important

- Reduces over-reliance on medication: Psychological treatments, like cognitive-behavioral therapy, can often address underlying issues more effectively, minimizing the need for antipsychotics.
- Improves long-term mental health: Therapy helps children and adolescents develop coping mechanisms, emotional regulation and skills that provide lasting benefits.
- Reduces medication side effects: By addressing the root causes of mental health issues, psychological care helps avoid potential side effects associated with antipsychotic use, such as weight gain or metabolic complications.

How you can help

- Assess the need for psychological care: Prioritize psychotherapy or other behavioral treatments as the first line of care, especially for conditions like ADHD, depression and anxiety.
- Collaborate with mental health professionals: Ensure access to skilled therapists or behavioral health specialists to offer evidence-based care.
- Educate families: Help families understand the value of nonpharmacological treatments and engage them in the process.

APM measure

The APM measure ensures that children and adolescents on antipsychotics are regularly monitored for metabolic issues, as these medications are known to cause weight gain, high blood sugar, and lipid abnormalities, which can lead to long-term health risks.

Why it's important

- Early detection of metabolic side effects: Routine metabolic monitoring, such as weight, blood pressure, glucose and lipid levels, can help identify potential issues early, allowing for prompt interventions.
- Prevents long-term complications: Early monitoring and intervention can reduce the risk of developing diabetes, heart disease or other serious health conditions down the road.

How you can help

- **Establish a routine for metabolic screenings:** Implement regular screenings for height, weight, blood pressure, glucose, and lipids in children and adolescents on antipsychotics. Use electronic health record (EHR) reminders to ensure timely follow-ups.
- **Educate patients and families:** Explain the importance of metabolic monitoring and ensure families understand the need for these screenings.
- **Coordinate with other health care providers:** Collaborate with pediatricians, dietitians and specialists to manage metabolic health comprehensively.

The APP and APM HEDIS measures are critical for ensuring comprehensive, high-quality care for children and adolescents taking antipsychotic medications. By prioritizing first-line psychological treatments (APP) and conducting regular metabolic monitoring (APM), health care providers can mitigate medication risks, improve patient outcomes and align with best practices in pediatric care.

By incorporating these measures into daily practice, providers can offer safer, more effective care and contribute to better long-term health outcomes for children and adolescents. Implementing these strategies will help meet HEDIS standards and support the overall goal of promoting holistic, patient-centered care.

Utilization Management Update

Service Authorizations

In December of 2024, Sanford Health Plan moved to Epic service authorizations. The following information may be beneficial for your team:

- The utilization management team can review and make determinations at the service code level within one authorization request.
- With the change, the authorization number provided is no longer an 8-digit number. It may be a 3- to 4-digit number.
- When referring to an authorization for questions, use the authorization number located on the letter received or within the Provider Portal.
- The Provider Portal can be used to view the details and status of an authorization.
 - Please note: With the change to service authorization, the status of the authorization is not updating on the main authorization summary page. We are working with Epic to resolve this issue.
 - To view this information, make sure to select and open the authorization to view the full details. This will allow you to see the current status of the authorization.

Contact Us

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

Customer Service (800) 752-5863

Monday-Friday, 8 a.m. to 5 p.m. CST

@ memberservices@sanfordhealth.org

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

Pharmacy (855) 305-5062

@ pharmacyservices@sanfordhealth.org

CONTACT FOR: Preauthorization/precertification for medical services

Utilization Management (800) 805-7938

@ um@sanfordhealth.org

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

Provider Relations (800) 752-5863

@ providerrelations@sanfordhealth.org

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

Provider Contracting (855) 263-3544

@ sanfordhealthplanprovidercontracting@sanfordhealth.org

CONTACT FOR: Align powered by Sanford Health Plan Medicare Advantage PPO

Customer Service (888) 278-6485 | TTY: (888) 279-1549

Utilization Management (800) 805-7938

Pharmacy Dept (844) 642-9090

CONTACT FOR: Great Plans Medicare Advantage (ISNP)

Customer Service (844) 637-4760 | TTY: (888) 279-1549

Utilization Management (800) 805-7938

Pharmacy Dept (855) 800-8872

Hearing or speech impaired TTY | TDD 711