

# Frequently Asked Questions on North Dakota Medicaid Expansion

## What is changing 01/01/2018 for ND Medicaid Expansion?

There are two changes that affect providers in the Medicaid Expansion Program:

The network has been redefined and focused to:

- Providers who are contracted with Sanford Health Plan; and
- Providers who are located within the state of North Dakota or one of the bordering counties in Minnesota, Montana, or South Dakota that adjoin the North Dakota state line.
- Due to a new federal law, network providers must enroll with the ND Department of Human Services (DHS) Medicaid program in addition to being affiliated with Sanford Health Plan.

Exceptions are only made for emergent/urgent care or medically necessary situations which are prior-authorized by SHP.

## Details of enrollment requirement:

Due to a new federal law, starting January 1, 2018, all In-Network providers, pharmacies, suppliers and transportation providers must be enrolled with the ND Department of Human Services (DHS) 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. The new 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 on or after January 1, 2018.

If a provider is enrolled as a traditional Medicaid provider, there is no requirement for a new application with the North Dakota DHS. The North Dakota DHS 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 with DHS will be required.

## Do Medicaid Expansion Members have to use a certain provider network for services?

Yes. Medicaid Expansion members must use Sanford Health Plan's North Dakota Medicaid Expansion provider network for health care services. The NDME medical service area/network will only include providers that are contracted with Sanford Health Plan, enrolled with the ND DHS Medicaid program and located in the state of North Dakota or the contiguous counties. The pharmacy service area/network includes SHP participating pharmacies that are enrolled with ND DHS Medicaid program and located in ND, South Dakota, Minnesota and Montana.

There is no coverage for out-of-network services unless the Member experiences an emergency, is receiving family planning services, or SHP prior-authorizes the services. Coverage must also be rendered in the United States.

## Do Medicaid Expansion Members need to use certain pharmacies for prescription drug coverage?

Yes. Medicaid Expansion members must use a pharmacy in Sanford Health Plan's NDME pharmacy network to receive coverage of prescription drugs. The pharmacy service area/network includes participating SHP pharmacies that are enrolled with ND DHS Medicaid program and located in ND, South Dakota, Minnesota and Montana.

## How can I view which providers and pharmacies are in the 2018 NDME network?

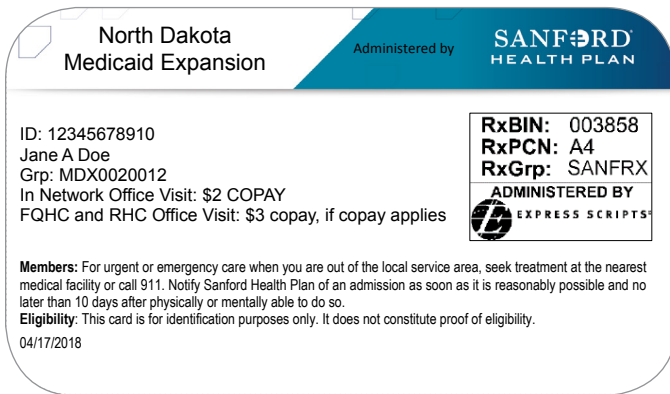
To access the provider directory, go to [sanfordhealthplan.com](http://sanfordhealthplan.com).

1. On the home page, click on "Providers - Find a Provider" and select "Learn More."
2. On the provider directory home page, enter the first 9 digits of the patient's Member ID number and last name OR select Individual ND Medicaid Expansion from the drop down menu.

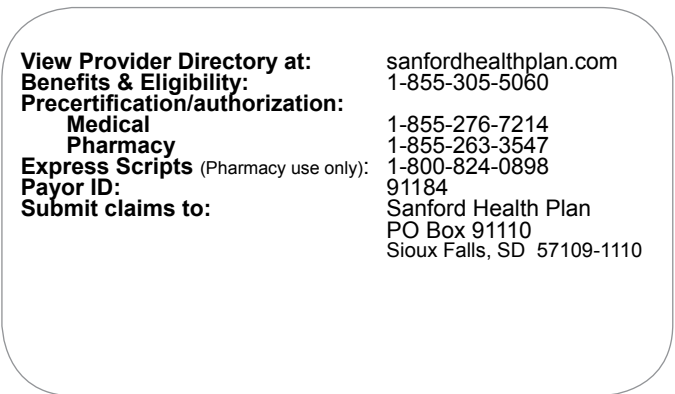
## How can I verify if a Member participates in the North Dakota Medicaid Expansion Program?

The Member ID card will display the group name "ND Medicaid Expansion" on the front of the ID card.

Front of ID Card



Back of ID Card



## Do Medicaid Expansion members have out-of-network benefits?

No, Medicaid Expansion members do not have out-of-network benefits. They need to seek care from participating providers (as defined above) for benefits to be covered.

## I already have a contract with Sanford Health Plan and am inside the newly defined service area; do I need to do anything different in order to be a participating provider for the North Dakota Medicaid Expansion Program?

Yes. As of January 1, 2018, you will need to also be enrolled with the ND Department of Human Services in order to be reimbursed for treating Medicaid Expansion members. Due to this new federal law effective January 1, 2018, we anticipate there will be a back-log provide of applications for the ND DHS to enroll. Go to <https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment> to submit your application or go to [www.sanfordhealthplan.com/providers/2018-NDME-Network-Changes](http://www.sanfordhealthplan.com/providers/2018-NDME-Network-Changes) to learn more.

## How will in-network providers be reimbursed for services they provide to Medicaid Expansion members?

Services will be reimbursed according to the contractual agreements you currently have in place with Sanford Health Plan. Members are expected to pay their copays at the time of service.

## I am not a contracted provider with Sanford Health Plan. How do I become a provider in the network?

If you are interested in becoming a participating provider, contact Provider Contracting at (855) 263-3544 or email [sanfordhealthplanprovidercontracting@sanfordhealth.org](mailto:sanfordhealthplanprovidercontracting@sanfordhealth.org).

## How do I submit claims for patients who have Medicaid Expansion coverage?

Claims are submitted the same way for all members; preferably electronically using Payor ID 91184, which is located on the back of the member's card. Paper claims can also be submitted to Sanford Health Plan, PO Box 91110, Sioux Falls, SD 57109-1110. Out of network providers are NOT required to submit claims on behalf of patients.

## Are there billing rules or clinical practice guidelines specific to North Dakota Medicaid Expansion?

No. Sanford Health Plan applies our normal billing rules and clinical practice guidelines to Members enrolled in Medicaid Expansion. More information on billing and clinical practice guidelines may be found in the Provider Manual, available online at [www.sanfordhealthplan.com/providers](http://www.sanfordhealthplan.com/providers).

## **What services or medications require prior authorization for Medicaid**

### **Expansion members?**

Click [here](#) for a list of services and [here](#) to view a list of medications that require prior authorization. Authorization requests can be submitted through the Provider Portal or by faxing your request:

- Medical authorization requests to Utilization Management at (605) 328-6813
- Pharmacy authorization requests to the Pharmacy Department at (701) 234-4568.

If you need to refer a Medicaid Expansion member to an out-of-network provider, a prior-authorization must be obtained for coverage.

### **Who determines member eligibility for Medicaid Expansion?**

Eligibility determinations are done by the North Dakota Department of Human Services. After the Plan receives enrollment notification from the State, an ID card and benefit documents will be provided to the Member.

### **Which individuals are eligible for Medicaid Expansion?**

Individuals eligible for coverage must meet the following criteria:

- Be between the ages of 19 and 64;
- Have an annual household income below 138% of the Federal Poverty Line (FPL) (\$16,243 for an individual);
- Be a U.S. citizen or legal permanent resident in the state of North Dakota;
- Not be currently incarcerated; and
- Not be entitled to or enrolled in Medicare or Supplemental Security Income (SSI).

### **How can an individual in North Dakota apply for Medicaid Expansion coverage?**

- Online at [apply.nd.gov/dhs](http://apply.nd.gov/dhs)
- Print and mail an application, which can be found at [www.nd.gov/eforms/Doc/sfn01909.pdf](http://www.nd.gov/eforms/Doc/sfn01909.pdf)
- Call the North Dakota State of Human Services toll-free at (877) 543-7669 or TTY: (800) 366-6888
- Apply in person at a local County Social Service Office

### **When will Medicaid Expansion coverage be considered effective; after a Member receives a letter that they are eligible?**

Once Sanford Health Plan receives the Member's information from the state of North Dakota, it may take up to 7 business days to process the enrollment. Members are encouraged to wait until they have their Member ID cards before seeking health care services or prescriptions. ID cards should be received within 7 to 10 business days after enrollment is processed.

### **How will providers get communication updates from Sanford Health Plan?**

To keep you updated, we distribute two newsletters called Fast Facts and Provider Perspective. If you are not currently receiving the newsletter, you can sign up online, or click here [www.sanfordhealth.org/health-plan-providers/Newsletter-Signup.htm](http://www.sanfordhealth.org/health-plan-providers/Newsletter-Signup.htm). You can also view past newsletters at [www.sanfordhealthplan.com/providers](http://www.sanfordhealthplan.com/providers)

### **What can I do in the Provider Portal and how do I sign up?**

In the portal, you can:

- View Member eligibility, benefits and accumulators
- Check claim status & obtain copies of explanation of payments (EOP)
- Submit your question to any SHP department securely
- Submit medical & pharmacy prior authorizations
- View policies

To set up an account:

- Go to [sanfordhealthplan.com](http://sanfordhealthplan.com)
- Click 'Login' in the upper right corner & select 'Provider'
- Click 'Create an Account' and follow the prompts to create an account.

If you have any questions or need assistance, contact Provider Relations at (800) 601-5086.

## What are the cost-sharing responsibilities for Medicaid Expansion Members?

Medicaid Expansion members do not have a deductible or coinsurance, but they are responsible for paying certain copays when receiving health care services or receiving prescription drugs. Refer to the attached schedule of benefits for Medicaid Expansion members. This schedule is only a summary and should not be relied on for benefit determinations.

## Medicaid Expansion Cost Sharing Information

Medicaid Expansion Members are responsible for the following copayments unless the member is:

- Age 19 or 20.
- Pregnant.
- Receiving birth control drugs or devices.
- A Native American enrolled in a recognized Native American Tribe and eligible to get care from Indian Health Services (IHS) or through referral, Contract Health Services (CHS)
  - The North Dakota Department of Human Services Medical Service Division determines who will receive this benefit.
- Residing in one of the following care settings:
  - Nursing facility, long term care
  - Swing bed, long term care
  - Intermediate Care Facility for the Intellectually Disabled (ICF/ID)
  - State Hospital
  - Anne Carlsen Center for Children

## Medicaid Expansion Benefit Overview

Medicaid Expansion Benefits	Member Cost For In-Network Providers	
	If member is age 21 and older	If member is age 19 or 20
<b>Out-of-Pocket Maximum</b> This is the most Members would pay out-of-pocket each calendar year. Once the limit is reached, a Member doesn't have copays for the rest of the year. Members will receive a letter telling them when this limit is reached.	5% of household's countable earnings	5% of household's countable earnings
<b>Medical Office Visit</b> Includes visits to physicians, nurse practitioners, and physician assistants	\$2 per office visit	\$0 per office visit
<b>Rural Health Clinic (RHC) Office Visit</b>	\$3 per office visit	\$0 per office visit
<b>Federally Qualified Health Center (FQHC) Office Visit</b>	\$3 per office visit	\$0 per office visit
<b>Indian Health Services (IHS) Office Visit</b> Includes visits to Urban Indian Health, and referrals through Contract Health Services (CHS)	\$0 per office visit	\$0 per office visit
<b>Preventive Care Office Visit</b> Includes health screenings, prenatal and postpartum care, and routine immunizations	\$0 per office visit	\$0 per office visit
<b>Diagnostic Tests</b> Includes x-rays, blood work, MRIs	\$0	\$0
<b>Inpatient Hospital Stay</b> Prior authorization required.	\$75 per stay	\$0 per stay

Medicaid Expansion Benefits	Member Cost For In-Network Providers	
	If member is age 21 and older	If member is age 19 or 20
<b>Outpatient Surgery</b> Prior authorization required.	\$0	\$0
<b>Home Health Care</b> Prior authorization required.	\$0	\$0
<b>Skilled Nursing Facility Services</b> Prior authorization required.	\$0	\$0
<b>Outpatient Mental Health and Substance Use Disorder Services</b> Includes office visits to physicians, nurse practitioners, physician assistants, clinical psychologists, licensed clinical social workers, licensed chemical dependency counselors, intensive outpatient/partial hospitalization programs (day treatment).	\$2 per office visit  \$2 per course of treatment for all other services, including partial hospitalization/intensive outpatient programs	\$0 per office visit  \$0 per course of treatment for all other services, including partial hospitalization/intensive outpatient programs
<b>Inpatient Mental Health and Substance Use Disorder Services</b> Members must call to get prior-approval. Including alcohol and drug treatment. Includes overnight hospital stays, residential care.	\$75 per stay Benefit limited to certain facilities only.	\$0 per stay
<b>Durable Medical Equipment and Prosthetic Devices</b> Prior authorization required for some services and supplies.	\$0	\$0
<b>Hospice Care</b> Prior authorization required.	\$0	\$0
<b>Habilitation &amp; Rehabilitation Services</b> <i>30 visits per therapy per calendar year for Members ages 21 and older only.</i>	<i>30 visits per therapy per calendar year for Members ages 21 and older only.</i>	
Physical therapy office visit	\$2 per visit	\$0
Occupational therapy office visit	\$2 per visit	\$0
Speech therapy office visit	\$1 per visit	\$0
Habilitative therapy office visit	\$2 per visit	\$0
<b>Chiropractic Care</b> Covered for spinal manipulations. Limited to 20 visits per calendar year.	\$1 per visit	\$0
<b>Dental Office Visits</b> Routine visits covered for Members ages 19 and 20 only.	Covered only when medical dental exam needed for acute injury of the natural tooth. <i>Routine dental exams are not covered.</i>	\$0 per office visit
<b>Eye Exam Office Visit</b> Office visit includes optometrists and ophthalmologists	\$2 per office visit Covered only when medical vision exam needed for eye disease or injury of the eye. <i>Routine eye exams are not covered.</i>	\$0 per office visit Includes routine eye exams.
<b>Foot Exam Office Visit</b> Includes podiatrists	\$3 per office visit	\$0 per office visit
<b>Emergency Room Visit</b>	\$0	\$0
<b>Emergency Transportation</b> Includes ground and air ambulance services.	\$0	\$0

Medicaid Expansion Benefits	Member Cost For In-Network Providers	
	If member is age 21 and older	If member is age 19 or 20
<b>Non-Emergency Transportation</b> Members must call to get prior approval and schedule rides. For medical reasons only.	\$0	\$0
<b>Prescription Drugs</b> Drugs listed on the formulary and/or prior authorized by the Plan		
Generic Drugs & Generic Diabetic Supplies	\$0 copay per prescription per 30-day supply	\$0 copay per prescription
Brand-Name Drugs & Brand Name Diabetic Supplies	\$3 copay per prescription	\$3 copay per prescription
Drugs not listed on the formulary and not prior authorized	Member pays all costs. Members CANNOT be directly reimbursed by SHP.	Member pays all costs. Members CANNOT be directly reimbursed by SHP.

## Important Contact Information

Department	Questions about...	Phone number(s)
Medical Service Division North Dakota Department of Human Services	Eligibility, household income, how to apply for coverage	(877) 543-7669 TTY/TDD: (800) 366-6888
Provider Contracting	Request to join the network, contract related questions, fee schedule negotiation and provider credentialing	(855) 263-3544
Provider Relations	Assistance with the Provider Portal, fee schedule inquiries, check adjustments & reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W-9 forms, update provider information, provider education	(800) 601-5086
Customer Service Monday-Friday 8 a.m. to 5 p.m. CT	Eligibility & benefits, claim status, provider directory, complaints, appeals, report member discrepancy information	(855) 305-5060 TTY/TDD: (877) 652-1844
Pharmacy Management	Preauthorization/precertification of prescriptions or formulary questions	(855) 263-3547
Utilization Management	Preauthorization/precertification for medical services	(855) 276-7214