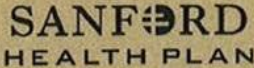





Government Products

With proficiency as an insurance company and TPA, combined with our unique perspective as part of an integrated health care system, we are able to provide solutions to government agencies. Sanford Health Plan has three different government products: North Dakota Medicaid Expansion, Federal Employee Health Benefit Plans, North Dakota Public Employee Retirement System (NDPERS).

- The North Dakota Department of Human Services contracts with Sanford Health Plan to administer benefits to Medicaid Expansion members. The North Dakota Department of Human Services manages the application process, and eligibility determination. Sanford Health Plan manages the following services: medical management, claims adjudication, member services, pharmacy network and claims, provider relations and provider network.
- Federal Employee Health Benefit plans are for federal employees, retirees and their survivors. Sanford Health Plan offers HMO plans in North Dakota, Iowa and Minnesota. In South Dakota, Sanford Health Plan offers a choice of two HMO plans, a standard and high option.
- NDPERS selected Sanford Health Plan as the insurance provider for its members effective July 1, 2015. Sanford Health Plan provides medical coverage for both the non-Medicare and Medicare Retiree members.

North Dakota Medicaid Expansion

		<p>View Provider Directory at: sanfordhealthplan.com</p> <p>Benefits & Eligibility: 1-855-305-5060</p> <p>Precertification/Authorization: 1-855-276-7214</p> <p>Pharmacy Use Only: 1-800-824-0898</p> <p>Payor ID: 91184</p> <p>Submit claims to: Sanford Health Plan PO Box 91110 Sioux Falls, SD 57109-1110</p>
<p>ID: Z1003000104 JOHN DOE Grp: MDX0010001 ND Medicaid Expansion In Network Office Visit: \$2 Copay</p>	<p>RxBIN: 003858 RxPCN: A4 RxGrp: SANFRX ADMINISTERED BY </p>	
<p>Members: For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so.</p> <p>Eligibility: This card is for identification purposes only. It does not constitute proof of eligibility.</p> <p>20131215</p>		<p style="text-align: center;">   </p> <p style="text-align: center; font-size: small;">The networks above are only available to members residing, traveling or attending school outside the Sanford Health Plan Service area.</p>

North Dakota Medicaid Expansion Program sample ID card

Plan Type

Effective January 1, 2014 to fill gaps in the coverage for some individuals, the Affordable Care Act (ACA) created a new Medicaid group, called “Medicaid Expansion.” Individuals eligible for this coverage must meet the following criteria:

- Are between the ages of 19 through 64;
- Have incomes below 138% FPL (for a single person, that’s an annual income of \$15,856);
- Are legal citizens;
- Are not incarcerated; and
- Are not entitled to Medicare.

The new expansion program allowed an estimated 20,000 residents in North Dakota the ability to enroll in health insurance, so they can have health insurance.

The North Dakota Department of Human Services has contracted with Sanford Health Plan to provide benefits to this new group of Medicaid Expansion recipients, beginning January 1, 2014.

Government Products

Provider network

This plan is offered to members covered by ND Medicaid Expansion only. The network for this plan consists of over 20,000 providers, including the MultiPlan national network (when traveling). This plan does not have out-of-network benefits.

To access the provider directory, go to www.sanfordhealthplan.com.

1. Click on the tab “Find a Doctor or Pharmacy” and select “Find a Doctor.”
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.
3. Search for providers by state, city, specialty and sub-specialty.

Eligibility and benefits

Individuals can apply either on the federal Marketplace at www.healthcare.gov or through the county social service office:

- Online at <http://apply.dhs.nd.gov> ;
- By paper application which can be completed online, printed and mailed;
- By telephone (855) 794-7308 or ND Relay TTY (800) 366-6888; or
- In-person at a county social service office.

All eligibility determinations are done by the North Dakota Department of Human Services, not Sanford Health Plan. Once the State determines eligibility, enrollment information is sent to Sanford Health Plan for processing.

Providers can create a secure mySanfordHealthPlan account at www.sanfordhealthplan.com/providerlogin to access eligibility, claims status and benefit information online 24 hours a day, seven days a week. Or, providers can call Member Services at (800) 752-5863 from 8 a.m. to 5 p.m. CST, Monday through Friday.

Claims and payment methodology

Claims should be submitted to Sanford Health Plan, preferably electronically using Payor ID 91184. Paper claims can be submitted to Sanford Health Plan, PO Box 91110, Sioux Falls, SD 57109-1110.

Providers will be paid according to their contract. For questions or concerns about provider contracts or payment, call the Provider Relations Department at (800) 601-5086 from 8 a.m. to 5 p.m. CST, Monday through Friday.

Prior authorizations and out-of-network referrals

Call Utilization Management at (800) 805-7938 anytime from 8 a.m. to 5 p.m. CST, Monday through Friday. After hours you may leave a message on the confidential voice mail and someone will return your call. You may also fax your request to (605) 328-6813 or submit your request online through your mySanfordHealthPlan account.

Government Products

Medicaid Expansion schedule of benefits

Medicaid Expansion members are responsible for the following copayments unless the following criteria are met:

- Members ages 19 and 20, are exempt from all co-payments
- Pregnant women are exempt from all co-payments
- Getting birth control drugs or devices do not require a co-payment
- A Native American member who can get, or are eligible to get, services from Indian Health Services (IHS) or through referral by Contract Health Services (CHS), you are exempt from all co-payments
- Members are exempt from co-payments if they are residing in institutions such as:
 - o Nursing Facility, long term care
 - o Swing bed, long term care
 - o Intermediate Care Facility for the Intellectually Disabled (ICF/ID)
 - o State Hospital

Benefits	Coverage Description	In-network Co-payment
Out-of-pocket maximum limit for each calendar year	This is the most a member would pay out of pocket each year. Members will receive a letter telling them when they have reached this limit.	5% of the household's countable earnings
Medical office visit Includes visits to physicians, nurse practitioners and physician assistants		\$2 for each office visit
Rural health clinic visit	Covered.	\$3 for each office visit
Federally Qualified Health Center Visit	Covered.	\$3 for each office visit
Preventive care office visit Includes health screenings, prenatal and postnatal care, and immunizations	Covered.	\$0 for each office visit
Diagnostic tests Includes x-rays, blood work, MRIs	Covered.	\$0
Inpatient hospital stay	Covered. You must call to get prior-approval.	\$75 for each stay
Outpatient surgery	Covered. You must call to get prior-approval.	\$0
Home health care	Covered. You must call to get prior-approval.	\$0
Skilled nursing facility services	Covered. You must call to get prior-approval.	\$0
Outpatient mental or behavioral health services Includes medical office visits to physicians, nurse practitioners and physician assistants	Covered.	\$0 for 19 and 20 year olds. \$2 for each visit for members 21 and older.

Government Products

Benefits	Coverage Description	In-network Co-payment
Inpatient mental health services Including alcohol and drug treatment. Includes overnight hospital stays, residential care, chemical dependency treatment programs and partial hospitalization	You must call to get prior-approval. Covered for 19 and 20 year olds. Covered at certain hospitals only for members 21 and older.	\$0 for 19 and 20 year olds. \$2 for each visit for members 21 and older.
Durable medical equipment and prosthetic devices	Covered. You must call to get prior-approval.	\$0
Hospice care	Covered. You must call to get prior-approval.	\$0
Habilitation & rehabilitation services Physical therapy office visit Occupational therapy office visit Speech therapy office visit Habilitative therapy office visit	Covered. 30 visits per therapy per calendar year 30 visits per therapy per calendar year 30 visits per therapy per calendar year 30 visits per therapy per calendar year	\$2 for each visit \$2 for each visit \$1 for each visit \$2 for each visit
Chiropractic care	Covered for spinal manipulations. Limited to 20 visits per calendar year	\$1 for each visit
Dental office visits	Covered for spinal manipulations. Limited to 20 visits per calendar year	\$0 for each office visit
Eye exam office visit Includes optometrists and ophthalmologists	Covered for 19 and 20 year olds. Covered for members 21 and older for non-routine vision exams relating to eye disease or injury of the eye.	\$0 for each office visit \$2 for each office visit
Foot exam office visit Includes podiatrists	Covered.	\$3 for each office visit
Emergency room visit	Covered. Copay waived if member is admitted to the hospital.	\$0 for each emergency visit \$3 for each non-emergency visit
Emergency transportation Includes ground and air ambulance services.		\$0
Non-emergency transportation	Covered. You must call to get prior-approval.	\$0
Prescription drugs Drugs listed on the formulary Drugs not listed on the formulary	Covered. Generic Drugs Diabetic Supplies Brand Name Drugs Not covered	\$0 copay per 30-day supply \$0 copay per 30-day supply \$3 copay per 30-day supply Member pays all costs.

Government Products

Prior authorizations and out-of-network referrals

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The following services require prior authorization:

- Airway Clearance Device (DME)
- Ambulance Services for Non-Emergency Situations
- Autonomic Testing
- Bariatric Surgery
- Blepharoplasty
- Bone Growth Stimulator – External (DME)
- Botulinum Toxin (Botox)
- Brachytherapy
- Breast Implant Removal, Revision, or Reimplantation
- Breast Reconstructive Surgery
- Breast Reduction Mammoplasty
- Clinical Trials
- Cochlear Implant (Device and Procedure)
- Continuous Glucose Monitoring (CGM) System and Sensors
- Cranial Molding Helmet
- Deep Brain Stimulation
- Dental Anesthesia for Children Under Age 5 Years (If Not Performed at a Sanford Health Facility)
- Dental Anesthesia for Members with a Developmental Disability
- Selected Durable Medical Equipment
- Enteral / Parenteral Nutrition Therapy and Formulae
- Genetic Testing
- Growth Hormone (Pharmacy)
- Home Health Care Services
- Home Infusion (IV) Therapy
- Hospice Services
- Hyperbaric Oxygen Therapy
- Inpatient Hospital Admission: Medical, Surgical, NICU, Rehabilitation, Mental Health/Chemical Dependency, and Pain Control Services
- Insulin Pump (DME)
- Oncology treatment and services through *eviti|Connect* at *eviti.com* (effective 12/1/2016)
- Selected Orthotics (Including Repair, Replacement Parts, Supplies, & Maintenance)
- Perception Sensory Threshold Test
- Photodynamic Therapy (Cancer)
- Phototherapy UV Light Device (DME)
- Prosthetic Limb (Including Repair, Replacement Parts, Supplies, & Maintenance)
- Skilled Nursing Facility Services
- Specialty Drugs & Selected Injectables*
- Swing Bed Services
- Sub-Acute Care Services
- Spinal Cord Stimulator (Device and Implant Procedure)
- Testosterone Injections
- Transplant Services
- Vagus Nerve Stimulation
- Varicose Vein Treatment / Ablation:
 - o Including but not limited to VNUS Closure, Endovenous Laser (EVL) and Sclerotherapy, are covered when medically indicated. These procedures do not require prior authorization when performed by a general surgeon, vascular specialist or interventional radiologist.
 - o Other providers must provide proof of appropriate training and request prior authorization.
- Vitamin B12 Injections
- Additionally, referrals to non-participating providers at the recommendation of a participating provider require prior authorization.

*Specialty Drugs and Selected Injectables:

- See the formulary for drug prior authorization requirements.