



North Dakota Medicaid
Expansion Program

Member Handbook

SANFORD[®]
HEALTH PLAN



Welcome

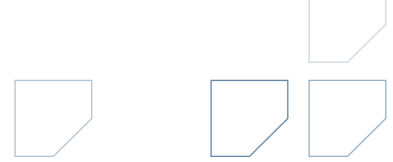
This is your guide to your health insurance benefits, please read it carefully. This book includes important information about covered services, finding a provider, when and how to get pre-approvals for care, how to access care, resources, tips and much more.

Help understanding this document is free.

If you would like it in a different format (for example, in a larger font size or using a screen reader), please call us at (855) 305-5060 (toll-free) | TTY/TDD: (877) 652-1844 (toll-free).

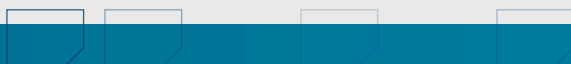
Help in a language other than English is also free.

Please call (800) 892-0675 (toll-free) to connect with us using free translation services.



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Section 1: How do I Contact Sanford Health Plan?

Customer Service is available whenever you have a question or concerns about benefits or services. Business hours are Monday through Friday from 8 a.m. to 5 p.m., Central Time. If you need free help in a language other than English, call (800) 892-0675.

Department	Questions about...	Phone number
Customer Service	Benefits, claims, how to find a provider, file a complaint or order another ID card	Toll-free: (855) 305-5060 TTY/TDD: (877) 652-1844
Medical Management	Getting approval from the Plan for health care services	Toll-free: (855) 276-7214 TTY/TDD: (877) 652-1844
Care/Case Management	Case management services and help with care coordination	Toll-free: (888) 315-0884 TTY/TDD: (877) 652-1844
Rides to Doctor Visits (Transportation)	You must call us at least 2 days before you need a ride	Toll-free: (800) 236-4907 TTY/TDD: (877) 652-1844
Translation Services	Free help in a language other than English	Toll-free: (800) 892-0675
Appeals and Denial	Filing an appeal, find out about your appeal or complaint status	Toll-free: (877) 652-8544 TTY/TDD: (877) 652-1844
Website	sanfordhealthplan.com	
Member Portal	<p>sanfordhealthplan.com/memberlogin</p> <p>Create your account today:</p> <p>Step 1 Agree to the terms and conditions</p> <p>Step 2 Enter your personal information to validate your identity</p> <p>Step 3 Create your own username and password</p> <p>Step 4 Go paperless! Elect to receive your Explanation of Benefits (EOBs) electronically</p> <p>Step 5 Check out the Wellness Portal under "My Information"</p> <p>If you have questions, call (855) 305-5060.</p>	

Section 2: Special Communication Needs

Please call Customer Service if you need help understanding plan information. We can read forms to you over the phone and we offer free translation in any language through our translation services.

The North Dakota Department of Human Services Medical Service Division can also help with special communication needs. You may reach North Dakota Medical Services toll-free at (844) 854-4825 | ND Relay TTY: (800) 366-6888.

Services for the deaf and hearing impaired

If you are deaf or hearing impaired and need to speak to the Plan, call the TTY/TDD number on page 5.

Services for visually impaired

Please contact Customer Service if you need a large print copy or cassette/CD of this Handbook or other written materials.





Section 3: Is There Help if I Speak Another Language?

For free help in a language other than English, please call us toll-free at (800) 892-0675. There is no charge for translation services. We also translate written plan information for free into a language other than English.

English

This Notice has Important Information. This notice has important information about your application or coverage through Sanford Health Plan. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call (855) 305-5060 (toll-free) | TTY/TDD: (877) 652-1844 (toll-free). For assistance in a language other than English, call (800) 892-0675 (toll-free).

Spanish

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Sanford Health Plan. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 892-0675.

German

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Sanford Health Plan. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter (800) 892-0675.

Chinese

本通知有重要的訊息。本通知有關於您透過 插入 Sanford Health Plan 項目的名稱 Sanford Health Plan 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 [在此插入數字 (800) 892-0675]。

Cushite

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Sanford Health Plan tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa (800) 892-0675 tii bilbilaa.

Vietnamese

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Sanford Health Plan. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số (800) 892-0675.

Bantu

Iyi notice ifise akamaro k'ingenzi. Iyi notice ifise akamaro kingene utegerezwa gusaba canke ivyerekeye Sanford Health Plan, ucuraba ko ibikenewe kuriyi notice, ushobora gufata umwanzuro ukungene wokurikirana ubuzima bwawe uburihiye. Kandi ukongera kugira uburenganzira bwo kwigenga kuronka amakuru n'ubufasha mu rurimi gwawe atacyo utanze. Hamagara (800) 892-0675.

Arabic

يحيوي هذا الاشعار معلومات هامة. يحيوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال Sanford Health Plan. ابحث عن التاريخ الهامة في هذا الاشعار. قد تحتاج اتخاذ اجراء في تواريخ معينة للحصول على تغطية تكاليف او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ 1-800-892-0675.

Swahili

Ilani hii ina Taarifa Muhimu. Ilani hii ina taarifa muhimu kuhusu maombi yako au chanjo kupitia Sanford Health Plan. Angalia kwa ajili ya tarehe muhimu katika ilani hii. Waweza pia hitajika kuchukua hatua katika muda ulio pangwa fulani ili uweze ku hifadhi bima yako ya afya au msaada wa gharama zake. Una haki ya kupata habari hii na msaada kwa lugha yako bila gharama. Piga nambari hii: (800) 892-0675.

Russian

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Sanford Health Plan. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону (800) 892-0675.

Japanese

この通知には重要な情報が含まれています。この通知には、Sanford Health Planの申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。(800) 892-0675までお電話ください。

Nepali

यो सूचनामा महत्त्वपूर्ण जानकारी छ। यो सूचनामा तपाईंको आवे नि वा Sanford Health Plan का माध्यमबाट प्राप्त हुने सुदृढीकरण महत्त्वपूर्ण जानकारी छ। यो सूचनामा भएका महत्त्वपूर्ण, दमदतहरू खयाल न्नुहोस्। तपाईंले पाइरहेको स्वास्थ्य दबावा पाइरहन वा तपाईंको खर्चको भुक्तानीमा सहायता पाउन केही समय-सीमामा काम-कारवाही न्नुपने हुनसक्छ। तपाईंले यो जानकारी र सहायता आफ्नो मातृभाषामा दनःशुल्क पाउनु तपाईंको अदिकार हो। (800) 892-0675 मा फोन न्नुहोस्।

French

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Sanford Health Plan. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez (800) 892-0675.

Korean

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Sanford Health Plan 을 통한 커버리지 에 관한 정보를 포함하고 있습니다.

본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. (800) 892-0675 로 전화하십시오.

Tagalog

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Sanford Health Plan. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa (800) 892-0675.

Norwegian

Denne kunngjøringen har viktig informasjon. Kunngjøringen inneholder viktig informasjon om programmet eller dekning gjennom Sanford Health Plan. Se etter viktige datoer i denne kunngjøringen. Du må kanskje ta affære ved visse frister for å beholde helsedekning eller økonomisk bistand. Du har rett til å få denne informasjonen og hjelp i ditt språk uten kostnad. Ring (800) 892-0675.

Section 4: What are My Benefits?

What your plan covers and your costs

A basic list of your benefits is below, but this is not a complete list. To view all information about your benefits, please read your Certificate of Coverage (policy document) or contact us.

If your coverage starts before 10/01/2019, you may have to pay a copayment (“copay”) to the provider for services you got before 10/01/2019.

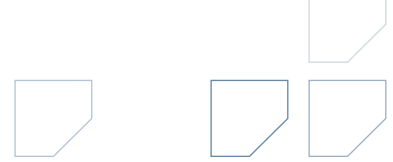
Important Change to Benefit Costs:

There are no copayments (copays) for any health care services you get on and after October 1, 2019. This affects ALL members and no one will pay copays after this date.

Your benefits	Your cost if you use an in-network provider
Out-of-Pocket Maximum	There is no out-of-pocket maximum for this plan.
Medical Office Visit Visits to physicians, nurse practitioners and physician assistants	\$0 per office visit
Rural Health Clinic (RHC) Office Visit	\$0 per office visit
Federally Qualified Health Center (FQHC) Office Visit	\$0 per office visit
Indian Health Care Provider (IHCP) Office Visit Includes visits to Indian Health Services (IHS), Urban Indian Health, and referrals through Contract Health Services (CHS)	\$0 per office visit if you are a Native American who gets, or is eligible to get, services from Indian Health Services (IHS) or through referral by Contract Health Services (CHS)
Preventive Care Office Visit Includes health screenings, prenatal and postnatal care and immunizations	\$0 per office visit
Diagnostic Medical Tests Includes x-rays, blood work, MRIs and other similar tests	\$0 per office visit
Inpatient Hospital Stay You must call to get prior-approval	\$0 per stay
Outpatient Surgery You must call to get prior-approval	\$0

Your benefits	Your cost if you use an in-network provider
<p>Home Health Care Includes services given in your home for an illness or injury. You must call to get prior-approval. Limited to 40 visits per calendar year.</p>	\$0
<p>Skilled Nursing Facility Services Includes skilled nursing or therapy to manage, observe and monitor your care. You must call to get prior-approval. Limited to 30 days per calendar year.</p>	\$0
<p>Outpatient Mental Health and Substance Use Disorder Services 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).</p>	<p>\$0 per office visit</p> <p>\$0 per course of treatment for all other services, including partial hospitalization/intensive outpatient programs</p>
<p>Inpatient Mental Health and Substance Use Disorder Services You must call to get prior-approval. Includes overnight hospital stays, residential care, substance use disorder inpatient (overnight) treatment programs, and inpatient medical detoxification.</p>	<p>\$0 per stay</p> <p>For Members 21 and older: Benefit limited only to certain facilities. Room and board charges excluded for residential care.</p>
<p>Durable Medical Equipment (DME) and Prosthetic Devices Includes oxygen, hospital beds, walkers, wheelchairs insulin pumps and more. You must call to get prior-approval.</p>	\$0
<p>Hospice (End of Life) Care</p>	\$0

Your benefits	Your cost if you use an in-network provider
<p>Rehabilitation Services Includes services to help you recover after a disease, injury or treatment. Limit of 30 visits per therapy per calendar year for Members ages 21 and older.</p> <p>Physical therapy office visit Occupational therapy office visit Speech therapy office visit</p>	<p>\$0 \$0 \$0</p>
<p>Habilitation Services Includes services to help you keep, learn, or improve skills and functioning for daily living. Limit of 30 visits per therapy per calendar year for Members ages 21 and older.</p> <p>Physical therapy office visit Occupational therapy office visit Speech therapy office visit</p>	<p>\$0 \$0 \$0</p>
<p>Chiropractic Care Covered for spinal adjustments. Limit of 20 visits per calendar year.</p>	<p>\$0</p>
<p>Dental Care Office Visits Includes services provided in a hospital or dental office. Routine dental care covered for Members ages 19 and 20 only.</p>	<p>\$0 per office visit</p> <p>For Members 21 and older: Damage to your natural teeth covered when cancer, injury, or accident is not caused by biting or chewing</p> <p>For ages 19 and 20 ONLY: Includes routine dental exams 2x annually</p>
<p>Eye Exam Office Visit Includes optometrists and ophthalmologists. See your Certificate of Coverage for list of covered services.</p>	<p>\$0 per office visit</p> <p>For Members 21 and older: Covered only when medical vision exam needed for eye disease or injury of the eye. Adult routine eye exams are not covered.</p> <p>For ages 19 and 20 ONLY: Includes routine eye exams</p>



Your benefits	Your cost if you use an in-network provider
Foot Exam Office Visit Includes podiatrists (foot and ankle specialist)	\$0 per office visit
Emergency Room Visit	\$0
Emergency Transportation Includes ground and air ambulance services.	\$0
Non-Emergency Transportation Only covered for medical reasons. You must get approval by the Plan for a ride and call ahead to schedule your ride. See “How can I get a ride?” on the next page for information.	\$0
Prescription Drugs Retail outpatient pharmacy benefits are administered by the North Dakota Department of Human Services (DHS), and not by Sanford Health Plan.	You will have a different ID card for use when filling prescriptions, starting 01/01/2020. If you have questions about your pharmacy benefits, please call ND DHS at 1-800-755-2604 TTY: 711





How can I get a ride?

Non-emergency medical transportation service

Sanford Health Plan's ride service can take you for non-emergency care listed under "Your Benefits" in the chart above. The service can also take you to pick up your prescriptions or durable medical equipment on the day of your appointment.

You must call the Sanford Health Plan Transportation Coordinator to get prior-approval and set up a ride. Please remember to call two (2) business days before your appointment if you need a ride. If you need a ride to the pharmacy to pick up your prescription drugs, do not wait until you are out of your medicine before you call for a ride.

If you need to cancel a ride, call at least four (4) hours before your appointment time. Rides for nonmedical services are not covered. For emergency transportation, always call 911.

For rides to medical appointments:

(800) 236-4907 | TTY/TDD: (877) 652-1844 (toll-free)

For help in a language other than English: (800) 892-0675



Section 5: Are There Times When Sanford Health Plan Will Not Pay for Care?

There are some situations when you may be fully responsible for paying for your health care services. This may happen when:

1. Your provider has told you a service is not covered by insurance, or the provider does not accept insurance, but you still choose to get care;
2. You told your provider before you got care that you would pay, even if the care wasn't covered by Sanford Health Plan;
3. You knew services weren't covered or you chose not to get prior-approval and you told the provider you would pay if insurance denied your claim; or
4. You choose to get (or continue to get) denied services during the appeal process and the Plan or a State Fair Hearing determined that the services would remain denied; or
5. You were not eligible for North Dakota Medicaid Expansion coverage during the time when you received the health care service.

NOTE: Sanford Health Plan may be notified by the state of North Dakota that a Member has previously lost eligibility. When this occurs, Sanford Health Plan will take back any payments made to providers for dates when you did not have coverage with Medicaid Expansion. If you have questions on your eligibility, please contact your local county office.

What is not paid for by this plan?

Some services are not covered. For a complete list, please see your Certificate of Coverage (policy). If you need another copy of your Certificate of Coverage, please contact us or log in to your member portal. For covered drugs, contact the Department of Human Services. The North Dakota Department of Human Services is in charge of drug benefits and services for Medicaid Expansion

Sanford Health Plan does not pay for:

- Care from an Out-of-Network Provider, unless it's emergency care or prior-approved by Sanford Health Plan
- Any care before you are eligible for the plan or after your coverage with this plan ends, as determined by the North Dakota Department of Human Services Medical Service Division
- Pastoral, financial or legal counseling

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.

Sanford Health Plan does not pay for (continued):

- Inpatient health care services received at an Institution for Mental Disease (IMD) for Members ages 21 and older
- Care that is not medically needed
- Vaccines you need to travel outside the United States
- Reversal of sterilizations (for example, undoing vasectomies or tubal ligation)
- Acupuncture
- Care that is also covered by any other government or social agency, unless the Plan is required to coordinate or provide primary coverage
- Work-related illness or injury
- Charges that result from missing an appointment
- Personal hygiene or convenience items
- Fitness equipment, health club membership
- Treatment for food allergies (e.g., food drops, etc.) or other non-standard allergy services
- Care given that should have had prior-approval from Sanford Health Plan
- Elective abortions
- Infertility treatment
- Experimental or investigational procedures or equipment not approved by the Plan
- Elective cosmetic services
- Health care received outside of the United States
- Drugs acquired without cost to the provider or included in the cost of other services or supplies
- Take-home drugs (outpatient drugs given to the Member at discharge)

Section 6: What if I Have Other Health Insurance Coverage?

If you have other health insurance, please contact Sanford Health Plan so we can work with the other company to pay for your care.



Section 7: How Do I Get Care?

What is a primary care provider (PCP)?

A primary care provider can be a:

- Family or general practice provider
- Nurse practitioner (CNP)
- Physician's assistant (PA)
- Internist (Adult doctor)
- Pediatrician (Child doctor)
- Obstetrician/gynecologist (OB/GYN)
- A health site such as a federally qualified health center (FQHC), Indian Health Service (HIS) facility, or a rural health clinic (RHC)

How do I choose a primary care provider if I don't have one?

Review the provider directory at sanfordhealthplan.com or log in to your member portal at sanfordhealthplan.com/memberlogin to find primary care providers in the network. If the provider you have now is in the network, they can continue to be your primary provider. If your current provider is not in the Sanford Health Plan network, you will need to choose a provider in the network. You may want to choose a provider who is close to your home. See the section below for instructions to verify your provider is in the network.

What providers are in the Sanford Health Plan Medicaid Expansion Network?

Sanford Health Plan contracts with providers in health care facilities within the North Dakota service area (North Dakota and counties that border North Dakota in Minnesota, South Dakota and Montana) to meet the needs of our Members. Always check the provider directory to make sure the doctor you want to go to is in network BEFORE you receive care.

You must use in-network providers when you need health care.

You can choose to see any of the health care providers listed in the provider directory for the Medicaid Expansion plan. If you are going to get health care services outside of the network, you or your provider **must** get prior-approval from Sanford Health Plan. If you do not get prior-approval, you may have to pay for the services you receive and the Plan may not pay anything.

When you get services from a provider not in the network, you are receiving services "out-of-network." There is no coverage for out-of-network care unless you, or your provider, get prior-approval from the Plan or the care is urgent, emergent, or for family planning services.

What if my provider leaves the network?

If your provider leaves the network, Sanford Health Plan will contact you by mail and help you find a new provider. Sometimes, you may be able to continue care with a provider who has left the network for a period of time. For example, you are pregnant or have a terminal illness, you may be able to continue treatment. This is called continuity of care.

Contact us if you would like Sanford Health Plan to consider continuity of care for you. Your request will be reviewed. The decision will be based on your medical condition and the provider's enrollment status with the Plan.

What if I need to see a specialist?

If you need medical care that your primary care provider is not able to provide, he or she may ask you to see a specialist. A specialist is a provider with training in a specific area of medicine, such as a dermatologist – a provider who checks the skin.

When your primary care provider asks you to see a specialist, this is called a referral. You, or your primary care provider, do not need prior approval from the plan for you to see an in-network specialist. Sanford Health Plan will pay for the specialty care if medically necessary. When you are referred to an Out-of-Network Provider, you or your provider must first contact us for prior-approval. If you do not get prior-approval, you will have to pay the bill and the health plan may not pay anything, unless your care was urgent or emergent. Remember, by law, the Plan cannot pay you back for costs you pay to doctors, hospitals, or clinics, so it is important to get approval from the Plan before you get care.

Do I always need a referral for Out-of-Network care?

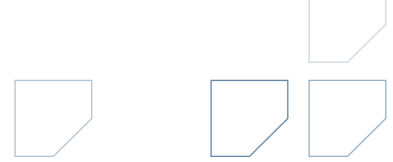
No. If you are a woman, native American/Alaska Native, or in need of family planning services, see below.

Women: You can see an obstetrician or gynecologist in network without a referral. You may also get other women's health specialist services from any network provider without a referral.

Pregnant women: Women may get routine obstetrics and gynecology care from their primary care provider. You may also get this care from an obstetrician or gynecologist who is in network. You don't need a referral for maternity care, including office visits and Pap tests. Women who are already pregnant may be able to see an out-of-network provider; but you must call to get prior-approval. It is important for you to contact your local county social service office when you become pregnant; they will help you decide if you should switch to the traditional Medicaid program. **This plan does not cover babies.**

If you are pregnant or think you are pregnant, it is very important to see a provider as soon as possible. Call Sanford Health Plan to enroll in the Healthy Pregnancy Program, where you will get free information about extra services just for you while you are pregnant.

Family planning services: Sanford Health Plan offers family planning services through your primary care provider, an obstetrician or gynecologist. Call Customer Service if you need help finding a clinic. You may visit any family planning clinic without a referral.



American Indian/Alaska Native primary care provider choice: Care you receive from Indian Health Service (IHS), Indian Tribes, Tribal Organizations, Urban Indian Organizations, or through a referral under contract health services (CHS), is covered by Sanford Health Plan as in-network. If you already have a primary care provider at one of these places, you can keep that provider and the services he or she gives you will be in-network. If you are eligible to get care at these facilities, the same rights apply and you can pick a PCP who works at that facility. Sanford Health Plan pays an Indian health care provider through referral under CHS the same as any other provider in the network. Call Customer Service if you need help you need help finding an Indian health care provider. You may visit any Indian health care provider without a referral.

How can I get treatment for a mental health and/or substance use disorder?

If you are having trouble getting an appointment with a mental health provider, call a crisis line for help:

<p>Region I, Williston: 24-hour Crisis Line: (701) 572-9111 Toll-Free Crisis Line: (800) 231-7724 TTY: (701) 774-4692</p>	<p>Region V, Fargo: 24-hour Crisis Line: (701) 298-4500 Toll-Free: (888) 342-4900</p>
<p>Region II, Minot: 24-hour Crisis Line: (701) 857-8500 Toll-Free Crisis Line: (888) 470-6968 TTY: (701) 857-8666</p>	<p>Region VI, Jamestown: 24-hour Crisis Line: (701) 253-6304</p>
<p>Region III, Devils Lake: 24-hour Crisis Line: (701) 662-5050 <i>[collect calls accepted]</i> Toll-Free: (888) 607-8610 TTY: (701) 665-2211</p>	<p>Region VII, Bismarck: 24-hour Crisis Line: (701) 328-8899 Toll-Free: (888) 328-2112</p>
<p>Region VI, Grand Forks: 24-hour Crisis Line: (701) 775-0525 Toll-Free: (800) 845-3731</p>	<p>Region VIII, Dickinson: 24-hour Crisis Line: (701) 227-7500 <i>(during business hours)</i> (701) 290-5719 <i>(after business hours)</i></p>

Be sure to keep in touch with your mental health and/or substance use disorder treatment practitioner, as well as your primary care provider about any worries you have. They can help you get well and stay well. Contact us if you have questions about mental health and/or substance use disorder treatment benefits.

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.



Can I go to other health systems (Mayo Clinic, University of Minnesota)?

If your provider refers you to a health system outside the ND Medicaid Expansion Service Area (the state of ND and bordering counties in Montana, South Dakota, and Minnesota), you or your provider **must** call BEFORE you go for prior-approval.

What if I see an out-of-network provider?

Sanford Health Plan only pays for out-of-network care if an in-network provider cannot provide the care you need. To see an out-of-network provider, you need to get prior approval by the Plan.

What if I travel outside the Sanford Health Plan North Dakota Medicaid Expansion service area?

Emergency and urgent care

If you have a medical emergency when you are not in the state of North Dakota or a surrounding county, call 911 or go to the nearest medical facility. Call your primary care provider within 10 days to let them know about your emergency so they can help arrange your follow-up care.

Non-urgent or non-emergency care

When you are outside of the service area, Sanford Health Plan does not pay for routine care. Only family planning, urgent and emergency care is paid for when you are outside of the service area.

This Plan does not cover any services received outside the United States.

How can I get more information about my provider?

You can ask for information about your provider at any time. Call Customer Service and they can answer these questions about your provider:

- Is a provider on the Sanford Health Plan provider network list?
- What are the professional credentials of Sanford Health Plan's network providers?
- Can I get a list of providers who speak languages other than English?
- What are the prior-approval requirements, limits, restrictions, or exclusions?
- How does Sanford Health Plan pay its providers?

NOTE: Sanford Health Plan does not pay providers in a way that would prevent you from getting the care you need.

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.

Section 8: What is Prior Approval and when do I need it?

Prior-approval is the process of getting an approval from Sanford Health Plan for certain prescriptions, treatments or health care.

Health care providers that are part of the Sanford Health Plan network usually send Sanford Health Plan the information needed to approve your care. However, you are in the end responsible for making sure the services listed below get prior-approval if you are not sure the Plan has approved the service, be sure to call or ask your provider before you receive care.

How do I get prior approval?

Call Sanford Health Plan to ask for prior approval.

Toll-free: (855) 276-7214 | TTY/TDD: (877) 652-1844. For a complete list of services that must have prior-approval, contact us.

Examples of services that must get prior-approval :

- Any overnight stay that is not an emergency in a hospital or other facility, such as a stay in a skilled nursing or a residential treatment facility
- Care from an Out-of-Network hospital, clinic, provider or specialist
- Care from a Provider outside of the North Dakota Medicaid Expansion Service Area.
- Health care workers in your home
- Outpatient surgeries
- Durable medical equipment, orthotics and prosthetics
- Organ or tissue transplant services
- Genetic tests
- Select drugs administered under the medical benefit
- Surgery for morbid obesity (bariatric surgery)
- Cochlear implants



How much time does it take to get prior approval?

For standard requests, Sanford Health Plan will review your request and notify you of a decision within 14 calendar days of your request. The process may take more time if more information is needed from your provider. Sanford Health Plan will send you a letter if this happens.

If you need approval right away, you can request a faster (expedited) process. You or your provider can ask for an expedited prior-approval if:

- Waiting the usual number of days for a prior-approval will hurt your health or threaten your life; or
- You are in pain and your provider says that you need the care to stop the pain.

Sanford Health Plan will make a decision on the expedited request as soon as needed for your health and within 72 hours. You or your provider can contact Sanford Health Plan to request an expedited review.





Section 9: What do I do if I am Unhappy With a Decision or Service?

Complaint process

What is a complaint?

A complaint is a written or oral feedback that you share with Sanford Health Plan, which may be about:

- The quality of care you got from your provider;
- How long it took to get an appointment;
- How long you had to wait to see the provider;
- A situation where you feel your member rights were not followed; or
- Complaints about your benefits or Sanford Health Plan.

If your concern cannot be immediately corrected by your provider or Sanford Health Plan, follow the complaint and appeals process below.

How to file a complaint

Sanford Health Plan and your provider want you to be satisfied with the services you get. If you have a problem with how you were treated, contact Customer Service by phone, send a written complaint to the address below or log in to the member portal at sanfordhealthplan.com/memberlogin.

Appeals generally relate to coverage for medical services. Complaints are usually about other aspects of your care or service.

If you are not happy or have a complaint about Sanford Health Plan or your provider, you can call Customer Service or write:

Sanford Health Plan
Attn: Appeals, Denials and Complaints
PO Box 91110
Sioux Falls, SD 57109-1110

Sanford Health Plan will keep your complaint private. You will be notified in writing when your complaint is received and the Plan will acknowledge any time you contact us about your complaint or appeal, unless a decision is made by the plan within 72 hours of receiving your complaint or appeal.

Sanford Health Plan will respond in writing about the investigation into your complaint within **90** calendar days of getting your complaint, or as soon as needed based on your health condition.

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.

If you have questions about the Sanford Health Plan Nondiscrimination Policy, please contact Customer Service to speak to the nondiscrimination coordinator. If you need help understanding this process and speak a language other than English, call for free oral interpretation.

Internal appeal process

What is an appeal?

If you disagree with a decision Sanford Health Plan has made, you can ask for an appeal to have the decision reviewed again. For example, if:

- Sanford Health Plan will not approve or puts a limit the health care that you or your provider have requested;
- Sanford Health Plan reduces, suspends or terminates health care you have been receiving;
- Sanford Health Plan denies, in whole or in part, payment for a prior-approved or covered service;
- Your request to get a service outside the network has been denied; or
- You would like Sanford Health Plan to take action regarding a problem you are having with the plan.

There is a time limit to file an appeal. You must file an appeal within **60** calendar days of the problem or denial. You can have someone else, such as a family member or a lawyer, appeal for you, but you must put in writing that you want another person to appeal for you. When you call us to appeal, we will use the date you call us as the date you started your appeal. You can appeal by calling us or writing to the address below; you do not have to send us a letter to file an appeal. The date we receive a call or letter is the date we use to start your appeal.

If you want to keep getting benefits during your appeal, you must contact us to appeal within **10** days of being denied a benefit or service. To start an appeal, call us or write a letter about the problem. Send your appeal to:

Sanford Health Plan

Attn: Appeals, Denials and Complaints


PO Box 91110

Sioux Falls, SD 57109-1110

Fax: (605) 312-8910 (long-distance charges may apply)

You can also call Customer Service and Sanford Health Plan will mail you an Appeal Form and a postage-paid return envelope. Using the appeal filing form is optional. If you need help writing a letter, please call Customer Service. Sanford Health Plan will send you a letter when your appeal is received.

A provider with a similar or the same specialty as your treating provider will review your appeal. This provider will not be the same person who made the original decision to deny, reduce or stop the medical service. If the final decision is not in your favor, you may have to pay for the services you received while your appeal was being reviewed.



There is a time limit for Sanford Health Plan to make a decision on your appeal. Sanford Health Plan will review your appeal and notify you of a decision within **30** calendar days of your request, or as soon as needed based on your health condition. Sanford Health Plan may take up to 14 calendar days more to make a decision if more information is needed from your provider. Sanford Health Plan will send you a letter if this happens.

External appeal process

How to ask for a State Fair Hearing

You have a right to request a State Fair Hearing with the Department of Human Services. You can do this after Sanford Health Plan has made a decision on your appeal.

You must send your request in writing within **120** calendar days of Sanford Health Plan's internal appeal decision. You may keep getting benefits during the external appeal if you request a State Fair Hearing within 10 calendar days of receiving your internal appeal decision letter. If the decision is not in your favor, you may have to pay for the services you received while your appeal was being reviewed.

To request a State Fair Hearing, send your request to Department of Human Services:

Appeals Supervisor, Legal Advisory Unit
ND Department of Human Services
600 E Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250
Phone: (701) 328-2311
Toll-free: (800) 472-2622
ND Relay TTY: (800) 366-6888
Email: dhslau@nd.gov

If you need help filing your request, call Sanford Health Plan's Customer Service. When the Department of Human Services gets your request, they will send you an information packet. This will include the date and location of the hearing.

There is a time limit for the Department of Human Services to make a decision on your appeal. The State will review your request and notify you of a final decision within **90** calendar days of when you first filed your appeal with Sanford Health Plan. If your request was urgent and you had an expedited appeal, the State will review your request and notify you of a decision within 3 business days of your request.

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.

Section 10: Nondiscrimination Policy

Discrimination means treating someone differently because of a particular characteristic such as race, color, sex, age, disability or religion.

Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate against any potential or current Member on the basis of race; ethnicity; color; national origin; disability; sex; gender; sexual orientation; gender identity; religion; religious beliefs; medical condition, including current or past history of a mental health and substance use disorder; sources of payment for care; or age, in admission, treatment, or participation in its programs, services and activities.



Section 11: What Does my ID Card Look Like?

Show your ID card each time you visit a provider or need a prescription filled. Your card has important information, please review the sample card below so you know how to use your card.

If you need to replace a lost card, please call Customer Service and a new one will be sent to you.

1 Plan and network information

2 Policyholder name

3 Policyholder ID number

4 Group ID number (if applicable)

5 Copay information

6 Go here to find provider network

7 Urgent/emergent care information

8 Call this number with questions about your insurance benefits.

9 Call this number for prior authorization of medical services. You must get authorization for all inpatient and select outpatient procedures, back surgery, home health care, select durable medical equipment (DME), cancer services and treatment, genetic testing and transplants. See your plan documents for the full authorization list.

North Dakota Medicaid Expansion Administered By SANFORD HEALTH PLAN	
Subscriber JOHN SAMPLE ID: 123456789 Grp: MDX0010001	Medical Benefits Only In Network Office Visit \$0 COPAY Provider Directory: sanfordhealthplan.com 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 10 days after physically or mentally able to do so. Eligibility: This card is for identification purposes only. It does not constitute proof of eligibility.
Pharmacy Retail pharmacy benefits administered by the North Dakota Department of Human Services. Use ND Medicaid ID Card for these services.	
Medical Claims Payor ID: 91184 Sanford Health Plan PO Box 91110 Sioux Falls, SD 57109-1110	Contact Us Customer Service: 1-855-305-5060 Prior Authorization: Medical 1-855-276-7214 TTY/TDD: 1-877-652-1844 Language Assistance: 1-800-892-0675
Website: sanfordhealthplan.com/nd-medicaid-expansion	

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.

Section 12: How do I Read my Explanation of Benefits (EOB)?

Each time you get health care, Sanford Health Plan sends you an Explanation of Benefits (also called an EOB). When you get an EOB from Sanford Health Plan, remember that it is not a bill. It shows how much Sanford Health Plan paid for your health care and how much you may owe to the provider (if you haven't already paid your copay).

B Claim Number: 1234567

D Provider/Vendor Name: DOCTOR NAME / FACILITY NAME/PLACE OF SERVICE

A Date of Service	Medical Service Details		Member Benefit		Amount Provider May Bill You		J Notes*
	C Type of Service	E Amount Billed	F Plan Discount	G Amount Paid by Plan	H Copay	I Amount Not Covered	
XX/XX/XXXX – XX/XX/XXXX	<type of service>	\$XXXXX.XX	\$XXXXX.XX	\$XXXXX.XX	\$XX.XX	\$XXXXX.XX	<claim notes>
Claim Total:		\$XXXXX.XX	\$XXXXX.XX	\$XXXXX.XX	\$XX.XX	\$XXXXX.XX	
						Amount You May Owe	\$XXXXX.XX

J *Notes

<claim notes>

A Date of Service: The date(s) you received care.

B Claim Number: Reference number Sanford Health Plan assigned to the submitted claim.

C Type of Service: Type of medical service received.

D Provider/Vendor Name: The provider or facility you received the service from.

E Amount Billed: Amount the provider or facility billed for the service.

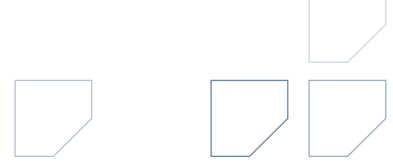
F Plan Discount: Amount saved by using an in-network provider (if applicable). Sanford Health Plan negotiates lower rates with these providers to help save money.

G Amount Paid by Plan: The maximum amount Sanford Health Plan allows a provider or facility to charge for the service(s).

H Copay: A set amount you pay for certain services, such as an office visit.

I Amount Not Covered: Any amount that may not be covered by your benefit plan.

J Notes: Important information; these numbers and/or codes explain more about how claim was processed.



Section 13: How do I get Care After Hours?

Business hours are Monday through Friday, 8 a.m. through 5 p.m., Central Time. Your network primary care provider has agreed to be available 24 hours a day, 7 days a week for emergency and urgent care. Be sure to call during normal business hours (usually Monday through Friday, 8 a.m. to 5 p.m.) for routine care, and only call after hours for care you need right away. Your provider may see you, or send you to an acute care center, the emergency room, or to another provider.

What if I need care right away?

After-hours or urgent care centers provide services for illnesses that need to be treated within 48 hours, such as the flu, fevers or a sore throat when you cannot see your primary care provider. You might also go to urgent care for ear infections or low back pain.

You don't need a referral or prior-approval to go to an urgent care center. In-network urgent care centers near you are listed in the Provider Directory. If you go to an after-hours or urgent care center, we encourage you to contact your primary care provider within 24 hours to arrange follow-up care. If you aren't sure if you need care right away, call your provider get their recommendation.

If there is not an after-hours or urgent care center close to where you are, go to the nearest emergency room if your regular doctor's office is closed and you can't wait for an appointment.

What do I do in an emergency?

An emergency is a health problem that starts suddenly and needs care right away. In an emergency, if you don't get medical attention right away, your health, or the health of your unborn baby (if you are pregnant) may be in danger, your body functions may be damaged or an organ or other part of your body may not work properly again. Emergency conditions may include severe pain, chest pain, problems breathing, bleeding that will not stop, broken bones or sudden loss of strength.

If calling your primary care provider first would delay getting the help you need in an emergency, go to the nearest emergency room or call 911. You don't need a referral or prior-approval to get emergency care.

If you get emergency care, contact your primary care provider as soon as reasonably possible, and no later than ten (10) calendar days after you are physically or mentally able to do so to arrange follow-up care. Sanford Health Plan also offers extra help when you are seriously ill or injured. See Section 15 for details.

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.




What if I am hospitalized?

Sanford Health Plan needs to know of all planned and unplanned inpatient and outpatient non-emergency services. All planned care must be provided at an in-network hospital and prior approval is necessary for the service to be covered.

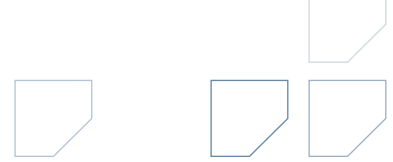
In an emergency, Sanford Health plan covers ambulance transportation to hospitals and between a hospital and a skilled nursing facility. If you get emergency care at an out-of-network hospital or facility, Sanford Health Plan may transfer you to an in-network hospital when it is safe to do so.

Section 14: What Drugs are Covered on the Plan?

Retail outpatient pharmacy benefits are administered by the North Dakota Department of Human Services (DHS), and not by Sanford Health Plan. You will have a different ID card for use when filling prescriptions, starting 01/01/2020. If you have questions about your pharmacy benefits, please call ND DHS at (800) 755-2604 | TTY: 711.

A close-up photograph of a pharmacist in a white lab coat. The pharmacist is holding a white prescription slip with their right hand, looking at it. Their left hand is resting on a white pharmacy counter. On the counter, there are several boxes of medication. The background is slightly blurred, showing more of the pharmacy environment.

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.



Section 15: How Does Sanford Health Plan Help Take Care of me?

Routine care with your provider for yearly physical exams and immunizations is important to help keep you healthy instead of just seeing your provider when you are sick. Sanford Health Plan will mail you information to help you stay fit and live a healthy life – physically and mentally.

Sanford Health Plan has developed Preventive Health Guidelines to make sure you get the tests and care you need to stay healthy. If you would like a copy of the Plan's Preventive Health Guidelines or a vaccine schedule, please contact Customer Service or go online to sanfordhealthplan.com/memberlogin.

Can I get extra help when I am sick?

Sanford Health Plan's Medical Management staff wants to make sure you get the best care possible by helping you make provider appointments or providing prior-approval for hospital stays. Everything you discuss with the Medical Management staff is confidential.

When you are seriously ill or injured, Sanford Health Plan provides the extra help and support you need through care management. You and your family will get the help you need to make good health care choices. Call Customer Service between 8 a.m. to 5 p.m., Monday through Friday (excluding holidays), Central Time to learn more about this free program. If you call after business hours, please leave a message and Sanford Health Plan will return your call within one business day.

You'll be helped by case management Registered Nurses who understand all parts of the health care system. Many have training in specific diseases and certification in case management. Your nurse works with you and your provider to coordinate your health care. Your nurse is a great resource when you have questions about your care.

What if I have a chronic health condition?

If you have a chronic medical condition such as diabetes or heart disease, you will be enrolled in a disease management program. You will be sent information to help you understand your condition and manage your health. Please let Sanford Health Plan know if you need help understanding what is being sent to you.

If you have certain health conditions and meet medically frail eligibility criteria, you may be eligible for traditional Medicaid. For more information on this eligibility, please contact your local county social service office.

What if I want to talk to a nurse?

My Sanford Nurse is a 24-hour phone line that can answer your health questions. Call (888) 315-0886 to visit with a nurse or submit a question online through your secure mySanfordHealthPlan account at sanfordhealthplan.com/memberlogin.



I'd like to quit smoking. Can you help?

If you smoke or chew tobacco, our free tobacco program can help. The program can help if you are thinking about quitting, are ready to quit or just want more information. The program provides you with telephone support and resources to increase your chances for success. For more information, or to enroll, call Customer Service.

What if I need medicine to help me stop smoking? Is that covered?

If you have a doctor's prescription for medications to help you stop smoking (pills or patches), the medicine will be provided at no charge.

What if I'm pregnant?

Staying healthy is important for both moms and babies, and Sanford Health Plan covers all prenatal visits. See your provider as soon as you think you may be pregnant. It is important to keep all your appointments and follow your provider's directions to stay healthy when you are pregnant.

Sanford Health Plan also has a Healthy Pregnancy Program which helps you learn about the new baby, how to take care of yourself by eating right and taking prenatal vitamins and also helps you learn more about becoming a parent. Call when you know you're pregnant to enroll in this free program. Information about the program sent to you, be sure to ask your provider or call the Plan if you have questions.

It's just as important to take care of yourself after the baby is born and this exam is covered at no charge. You should have a postpartum check-up 21 to 56 days after the baby is born.

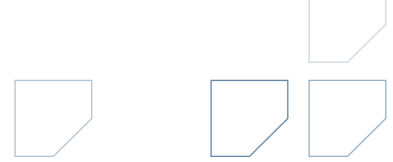
Contact your local county social service office when you become pregnant as they will help you decide if you should switch to the traditional Medicaid program. **Please note: North Dakota's Medicaid Expansion coverage provided by Sanford Health Plan does not cover babies.**

Benefits for members ages 19 and 20

E arly	Assessing and identifying problems early
P eriodic	Checking health at periodic, age-appropriate intervals
S creening	Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
D iagnostic	Performing diagnostic tests to follow up when a risk is identified, and
T reatment	Control, correct or reduce health problems found.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for Medicaid Expansion Members under age 21. EPSDT is key to ensuring that Members ages 19 and 20 get appropriate preventive, dental, mental

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.



health, developmental and specialty services. This includes physician, nurse practitioner and hospital services; physical, speech/language, and occupational therapies; home health services, including medical equipment, supplies, and appliances; treatment for mental health and substance use disorders; treatment for vision, hearing and dental diseases and disorders, and much more.

Let your wishes be known: Complete a Health Care Advance Directive

There may come a time when you cannot tell others how you want to be cared for and about your choices for health care. By making a plan now, you can choose how you want your wishes to be carried out.

Under North Dakota state law (N.D.C.C. ch. 23-06.5), you have the right and responsibility to make the decisions relating to your own health care, including the decision to have health care provided, withheld or withdrawn. This means you can make decisions about your medical care, you have the right to accept or refuse treatment, and you can create instructions, what is called a “Health Care Advance Directive” about how you want to get medical care if you are unable to make decisions. For example, if you are unconscious or unable to speak.

A Health Care Advance Directive is a written document that has your health care instructions, a Durable Power of Attorney for Health Care, or both.

Your rights to make a Health Care Advance Directive:

The steps listed below can help.

1. First, let family, friends and your provider know what kinds of treatment you do or don't want.
2. Second, you can appoint someone you trust to make health care decisions for you if you are unable to express your wishes. This person will be your “Agent”.
3. Third, it is best if you put your thoughts in writing.
4. Once you have your thoughts in writing, you are ready to finish your Health Care Directive. It must be signed by you in front of a notary public or at least two witnesses, who are at least eighteen (18) years old. The notary public and your witnesses may not be:
 - a. in charge of your estate or will if you die; or
 - b. your spouse; or
 - c. a person related to you by blood, marriage, or adoption; or
 - d. someone who would get money or other benefits from your death.

NOTE: You do not have to use a lawyer, but you may wish to speak with one about this.

What is a Durable Power of Attorney for Health Care?

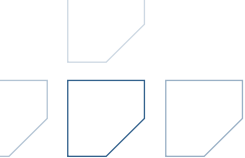
A Durable Power of Attorney for Health Care allows you to give some other person the legal right to make health care choices for you if you are not able to make them yourself.

What is a Living Will?

A Living Will is a paper that gives instructions to your provider for when you want life-aiding care to be given, withheld or withdrawn.

You can sign a Living Will – a record that sets out steps for future care. A durable power of attorney for health care is a type of living will.





Living wills can be signed and copies should go to:

- The person you trust for making choices in the event you are not able to speak for yourself;
- The hospital where you are most likely to be treated; and
Your provider.

You can change your mind about these documents at any time. Sanford Health Plan can help you understand or help you get these documents. We respect your rights if you want to make a Health Care Advance Directive, but you are not required to make one. Under State law (N.D.C.C. § 23-06.5-10), you can choose whether to have a Durable Power of Attorney, a Living Will, or a Health Care Advance Directive; not having these documents will not change your right to quality health care benefits. Services covered by the Plan will not be refused if these documents are not in place. Their only purpose is to let others know what you want if you cannot speak for yourself.

Conscientious objections

A health care provider may not follow your wishes if they go against his or her conscience. This means it is possible that a specific treatment or medication you list in your advance directive, living will or durable power of attorney may be provided or denied to you because the provider cannot, in good conscience, authorize it. If so, he or she will help you find someone else who will follow your wishes. In addition, health care facilities are not required to implement an advance directive if there is an institution-wide conscientious objection and state law allows such an objection. (N.D.C.C. §§ 23-06.5-09 to 23-06.5-13).

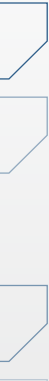
For more information on advance care directives, visit sanfordhealthplan.com or call Customer Service.

Quality Improvement Program

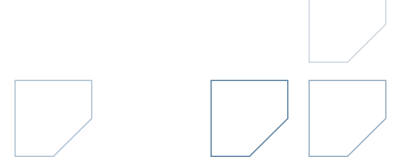
High-quality health care is a top priority at Sanford Health Plan. The North Dakota Department of Human Services (DHS) and the Centers for Medicare & Medicaid Services (CMS) set guidelines that we use to guide our Quality Improvement Program.

We pay special attention to:

- Quality management and improvement.
- The process that makes sure our providers have the right education and qualifications.
- The types of services members are using.
- Member rights and responsibilities.
- Preventive health care.



If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.



HEDIS®/CAHPS®

The Healthcare Effectiveness Data and Information Set (HEDIS®)

HEDIS® is a set of standardized measures developed by the National Committee for Quality Assurance (NCQA). The measures were developed to make sure that consumers are able to get reliable answers to compare the quality of health insurance companies. We use the HEDIS® measures to evaluate our programs and to make quality improvements in care and service. HEDIS® rates are submitted every June, for the previous year.

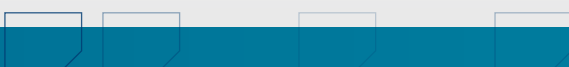
HEDIS® reports many different types of information, including the percentage of diabetics receiving recommended services.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The CAHPS® member satisfaction survey is also part of the annual HEDIS® evaluation. As a Member, you may be asked to complete an adult version of the CAHPS® Survey.

New technology

Experts advise Sanford Health Plan on changes in medical practice and technology. This helps keep Sanford Health Plan stay up-to-date on new technology and make decisions about which new services to cover. Please see your Certificate of Coverage for more information.




Section 16: Member Rights and Responsibilities

This Member Handbook is not a contract. This handbook is designed to give you the basic information about your plan. The handbook should not be used to determine if your health care expenses would be paid. Your Certificate of Coverage is your Policy, and the contract between you and Sanford Health Plan. It provides more detailed plan information. To get a copy of your Certificate of Coverage, call Customer Service.

You have the right to

1. Get the health care described in this book
2. Be cared for with dignity and respect at all times and in all situations, no matter what your health status, including any current or past history of a mental health and/or substance use disorder; gender; race; religious beliefs; national origin; age; family status; ethnicity; disability; sexual orientation; or how you pay for services.
3. Expect communications and other records pertaining to your care, including the source of payment for treatment, to be treated as confidential, including during conversations and exams, following North Dakota and federal rules and regulations.
4. Get information on your diagnosis (to the degree known), available treatment choices, in a way that fits your condition and ability to understand, regardless of the cost or coverage benefit for available treatment options.
5. Select a primary care provider (PCP) of your choice, though you are not required to do so. If you are unhappy for any reason with the person you chose, you have the right to choose another PCP.
6. Give informed consent before the start of any procedure or treatment.
7. Participate in making decisions about your health care, including the right to refuse treatment.
8. A clear grievance and appeal process for complaints (grievances) and comments, and a process to have your issues resolved in a timely manner.
9. Make a complaint or appeal any decision about medical necessity made by Sanford Health Plan and its providers.
10. Get printed materials that describe important information about the Plan in a format that is easy to understand and easy to read.
11. When you do not speak or understand the main language spoken in your community, the Plan will make reasonable efforts to access an interpreter. The Plan has the responsibility to make reasonable efforts to access a provider that is able to communicate with you, as a member.
12. Get information about the organization, its services and providers, and your rights and responsibilities, per federal rules and regulations [42 CFR 438.10].
13. Get a copy of your medical records and ask that they be corrected or changed.

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.

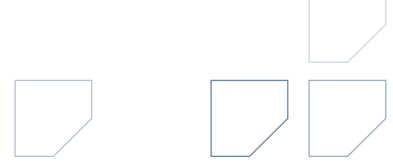
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14. Make suggestions regarding Sanford Health Plan's rights and responsibilities policies.
 15. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other federal regulations on the use of restraints and seclusion.
 16. Know the identity and professional status of individuals providing services to you and know which physician or other provider is primarily responsible for your individual care. You also have the right to get information about the Plan's clinical guidelines and protocols.
 17. Ask for and get, for free:
 - a. The Provider Directory, which is a list of health care providers in your network including names, locations, phone numbers and languages spoken by network providers, including those providers who are not accepting new patients
 - b. The professional education of your providers, including those who are board certified
 - c. The contact information for the state agency or licensing body that oversees complaints or corrective actions against a provider
 - d. Any prior-approval requirements, limits or non-covered services
 - e. Any limits on your freedom of choice among network providers
 18. Be free to exercise all rights and that by exercising those rights, you will not be treated badly by the State, the Plan, and/or its participating providers.

You have the responsibility to

1. Know your Sanford Health Plan Certificate of Coverage.
2. Know your Member Handbook.
3. Use the Sanford Health Plan network of providers, hospitals, pharmacies, and clinics.
4. Seek emergency care at a Network emergency facility whenever possible. In the event an ambulance is used, you should direct the ambulance to the nearest In-Network emergency facility unless your condition is so severe that you must use the nearest emergency facility. State law requires that the ambulance transport you to the hospital of your choice unless that transport puts you at serious risk.
5. You are responsible for notifying the Plan of an emergency admission as soon as reasonably possible and no later than ten (10) days after becoming physically or mentally able to give notice.
6. Provide, as best you can, true and complete information about your current health, past illnesses, hospitalizations, medications, and other information relating to your health.
7. Report unexpected changes in your health to the responsible provider.
8. Speak up when you don't understand a service, treatment, or what you are being asked to do.
9. Call Customer Service with any questions.
10. Seek services for non-emergency care through a primary care provider, clinic or urgent care facility. The emergency room should only be used when the clinic or urgent care center is closed or when a condition arises that is severe and needs care right away.
11. Request prior-approval by Sanford Health Plan when referred for out-of-network services, or have your doctor's office do it for you.

12. You are responsible for keeping appointments and, when you are unable to do so for any reason, for notifying the responsible provider or the hospital.
13. Carry your Plan member ID card with you, and have member identification numbers available when contacting the Plan.
14. Be involved in decisions about your health.
15. Be friendly and nice to providers, their staff and other patients, and Sanford Health Plan employees.
16. Protect your ID card against misuse.
17. Call Customer Service right away if your card is lost or stolen, or you suspect fraud.
18. You are responsible for your actions if you refuse treatment, or do not follow your doctor's instructions.
19. Follow your treatment plan as recommended by the provider primarily responsible for your care. You are also responsible for participating in treatment and understanding, to the degree possible, your health care needs. This includes developing mutually agreed-upon treatment goals and understanding any needs for managing chronic conditions, including mental health and substance use disorders.
20. You are responsible for notifying your local County Social Service Office within **ten (10) days** if you have any changes that may affect your membership eligibility or access to services. You are also responsible for notifying your local County Social Service Office within **ten (10) days** if you change your name, address, or telephone number. If unable to reach your local County Social Service Office, contact the North Dakota Department of Human Services Medical Service Division at (844) 854-4825 (toll-free) | ND Relay TTY: (800) 366-6888 (toll-free).

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.



Section 17: If You Misuse Your Benefits

Fraud

Fraud is a crime that can be prosecuted. Any person and/or member who willfully and knowingly engages in an activity intended to defraud the Plan is guilty of fraud.

An act, practice, or omission that constitutes fraud or intentional misrepresentations of material fact, made by any applicant for health insurance coverage may be used to void their application, or this Certificate of Coverage, and cause the denial of claims.

As a member, you must:

1. File accurate claims. If someone else files claims on your behalf, you should review the form before you sign it;
2. Review any Explanation of Benefits (EOB) when you get them. Make certain that benefits have been paid correctly based on your knowledge of the expenses incurred and the services rendered;
3. Never allow another person to seek medical treatment under your identity. If your ID card is lost, you should report the loss to Sanford Health Plan immediately; and
4. Provide complete and accurate information on claim forms and any other forms. Answer all questions to the best of your knowledge.

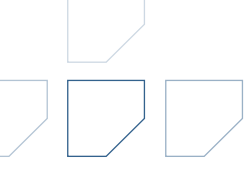
If you are concerned about any of the charges that appear on a bill, Explanation of Benefits (EOB), form, or other statement; or if you know of or suspect any illegal activity, call Sanford Health Plan Customer Service. All calls are confidential.

Sanford Health Plan's goal is to make sure that members get the care they need while being responsible with resources. If there is a pattern of using services that are not needed or abuse/misuse of benefits, or you commit fraud, Sanford Health Plan may restrict you (lock you in) to a certain provider or clinic. This program is called the Coordinated Services Program (CSP). Sanford Health Plan will send you a letter if this happens. The letter will tell you what provider or clinic you must use and how long you'll be in the CSP (lock-in) program.

Coordinated Services Program (CSP)

Members utilizing health care services at a frequency or amount that is not medically necessary, and that exceeds generally accepted medical standards, will be placed in a CSP after review by, and upon, the recommendation of a Health Plan medical professionals and consultation with the North Dakota Department of Human Services Medical Service Division. Examples of actions that may cause you to be placed into the CSP include seeking duplicative, excessive, contraindicated, or conflicting health care services, including prescription drugs, from multiple providers, and/or the abuse, misuse, or fraudulent actions relating to benefits or Plan services.





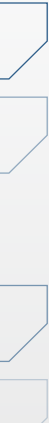
The following criteria will be used to determine if the CSP is appropriate:

- a. Seriousness of incorrect, improper or excessive utilization of services
- b. Historical utilization of health care services
- c. Availability of a coordinated services physician

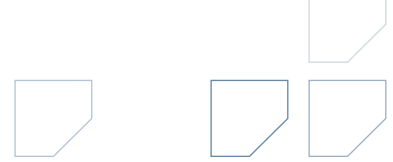
When a member is placed in the CSP, the Plan will provide written notice to the member, which will include:

1. The reason why the member is being placed on the CSP;
2. The member's right to file an appeal (See Section 7, Problem Resolution, for information on appeals); and
3. The timeframe in which the member has to file an appeal.

Once a member has exhausted the Plan's internal appeals process, the member has a right to a State Fair Hearing and the Plan will inform the member of the timeframe in which to file a request for such a hearing. The CSP administered by the Plan is in compliance with lock-in requirements set forth in 42 CFR §431.54.

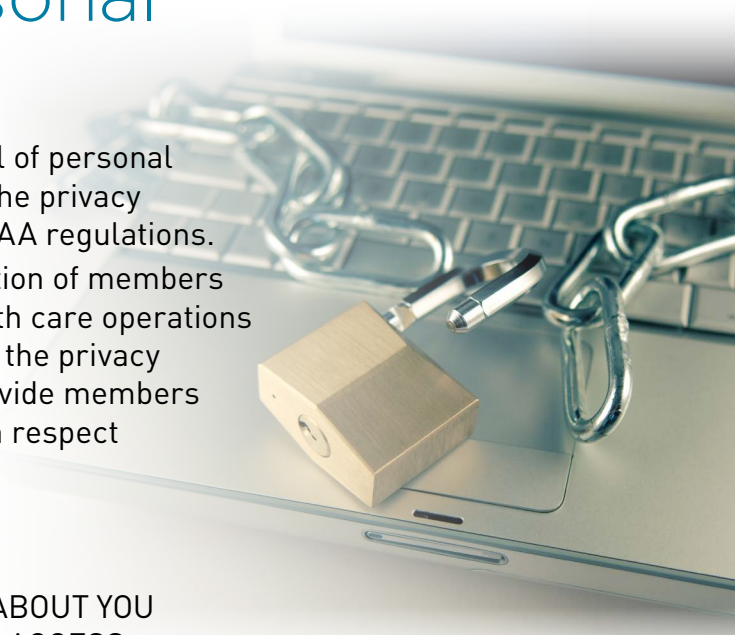


If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.



Section 18: Confidentiality and Disclosure of Personal Health Information

Sanford Health Plan receives and maintains a great deal of personal health information about our members and we protect the privacy of all patient information in accordance with federal HIPAA regulations. Sanford Health Plan will share personal health information of members as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of our members' personal health information and to provide members with notice of our legal duties and privacy practices with respect to your personal health information.



Notice of privacy practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

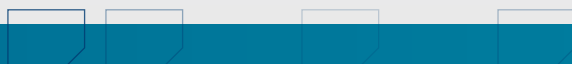
This Notice applies to Sanford Health Plan. If you have questions about this Notice, please contact Customer Service.

This Notice describes how we will use and disclose your health information. The terms of this Notice apply to all health information generated or received by Sanford Health Plan, whether recorded in our business records, your medical record, billing invoices, paper forms, or in other ways.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We use or disclose your health information as follows (In Minnesota we will obtain your prior consent):

- **Help manage the health care treatment you receive:** We can use your health information and share it with professionals who are treating you. For example, a doctor may send us information about your diagnosis and treatment plan so we can arrange additional services.
- **Pay for your health services:** We can use and disclose your health information as we pay for your health services. For example, we share information about you with your primary care physician to coordinate payment for those services.
- **For our health care operations:** We may use and share your health information for our day-to-day operations, to improve our services and contact you when necessary. For example, we use health information about you to develop better services for you. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.
- **Administer your plan:** We may disclose your health information to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.



We may share your health information in the following situations unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety:

- **Friends and Family:** We may disclose to your family and close personal friends any health information directly related to that person's involvement in payment for your care.
- **Disaster Relief:** We may disclose your health information to disaster relief organizations in an emergency.

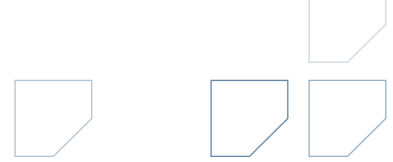
We may also use and share your health information for other reasons without your prior consent:

- **When required by law:** We will share information about you if state or federal law require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **For public health and safety:** We can share information in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, and to prevent or reduce a serious threat to anyone's health or safety.
- **Organ and tissue donation:** We can share information about you with organ procurement organizations.
- **Medical examiner or funeral director:** We can share information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers' compensation and other government requests:** We can share information to employers for workers' compensation claims. Information may also be shared with health oversight agencies when authorized by law, and other special government functions such as military, national security and presidential protective services.
- **Law enforcement:** We may share information for law enforcement purposes. This includes sharing information to help locate a suspect, fugitive, missing person or witness.
- **Lawsuits and legal actions:** We may share information about you in response to a court or administrative order, or in response to a subpoena.
- **Research:** We can use or share your information for certain research projects that have been evaluated and approved through a process that considers a patient's need for privacy.

We may contact you in the following situations:

- **Treatment options:** To provide information about treatment alternatives or other health related benefits or Sanford Health Plan services that may be of interest to you.
- **Fundraising:** We may contact you about fundraising activities, but you can tell us not to contact you again.

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.



YOUR RIGHTS THAT APPLY TO YOUR HEALTH INFORMATION

When it comes to your health information, you have certain rights.

- **Get a copy of your health and claims records:** You can ask to see or get a paper or electronic copy of your health and claims records and other health information we have about you. We will provide a copy or summary to you usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your health and claims records:** You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing. These requests should be submitted in writing to the contact listed below.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Reasonable requests will be approved. We must say "yes" if you tell us you would be in danger if we do not.
- **Ask us to limit what we use or share:** You can ask us to restrict how we share your health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior, who we've shared it with, and why. We will include all disclosures except for those about your treatment, payment, and our health care operations, and certain other disclosures (such as those you asked us to make). We will provide one accounting a year for free, but we will charge a reasonable cost-based fee if you ask for another within 12 months.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated:** You can complain to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

Contact Information:

Sanford Health Plan
Customer Service
PO Box 91110
Sioux Falls, SD 57109-1110



OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and offer to give you a copy.
- We will not use, share, or sell your information for marketing or any purpose other than as described in this Notice unless you tell us to in writing. You may change your mind at any time by letting us know in writing.

CHANGES TO THIS NOTICE

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request and on our website sanfordhealthplan.com.

EFFECTIVE DATE

This Notice of Privacy Practices is effective September 23, 2013.

NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT FOR SANFORD HEALTH PLAN

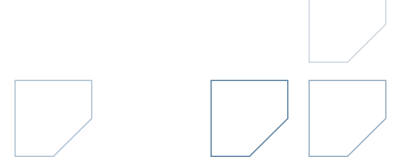
Sanford Health Plan and Sanford Health Plan of Minnesota have agreed, as permitted by law, to share your health information among themselves for the purposes of treatment, payment, or health care operations. This notice is being provided to you as a supplement to this Notice of Privacy Practices.

Protection of oral, written and electronic information across the organization

All members of Sanford Health Plan's workforce are required to comply with the provisions of Plan's workforce policy on General Obligations Regarding Uses and Disclosures of Personal Health Information. We consider workforce to include employees (PT, FT, & PRN), volunteers, trainees, and other persons whose work performance is under the direct control of Sanford Health Plan, whether or not they are paid by Sanford Health Plan. Protection policies include the following:

- Personal health information of a Member may not be used within Sanford Health Plan for non-health plan functions, unless such use or disclosure is specifically authorized by a signed authorization by the Member.
- When using, requesting, or disclosing a Member's personal health information, all reasonable efforts must be made to limit the information used, requested or disclosed to that which is minimally necessary to accomplish the purpose of the use or disclosure in accordance with our Minimum Necessary Policy.
- All workforce members must attend all required educational and training sessions relating to privacy and confidentiality of personal health information.

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.



- All workforce members must take reasonable steps to safeguard personal health information from any intentional or unintentional use or disclosure that is in violation of this or any other policy of Sanford Health Plan. Such safeguarding includes, but is not limited to, storing personal health information in a cabinet or closed file at the end of the workday; maintaining privacy during oral discussions of personal health information; restricting electronic transmission of personal health information to job related duties; and disposing of documents strictly in accordance with policies of Sanford Health Plan.
- Sanford Health Plan will take appropriate disciplinary measures against workforce members who violate any policy or procedure of Sanford Health Plan concerning the privacy of Member information. Discipline for such infractions of our privacy policies and procedures may include reprimand, suspension, or discharge of the responsible workforce member, depending on the severity of the misconduct.

Privacy complaints

If you believe your privacy rights have been violated, you can file a complaint with the Plan by writing: Sanford Health Plan, Customer Service, PO Box 91110, Sioux Falls, SD 57109-1110 or calling Customer Service. You may also file a complaint with the North Dakota Department of Human Services Medical Service Division by calling (701) 328-2321 or toll-free (844) 854-4825 | TTY: (800) 366-6888. There will be no retaliation for filing a complaint.

If you have questions or need further assistance, contact Customer Service at **(855) 305-5060**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. TTY users should call **(877) 652-1844 (toll-free)**.





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HEALTH PLAN