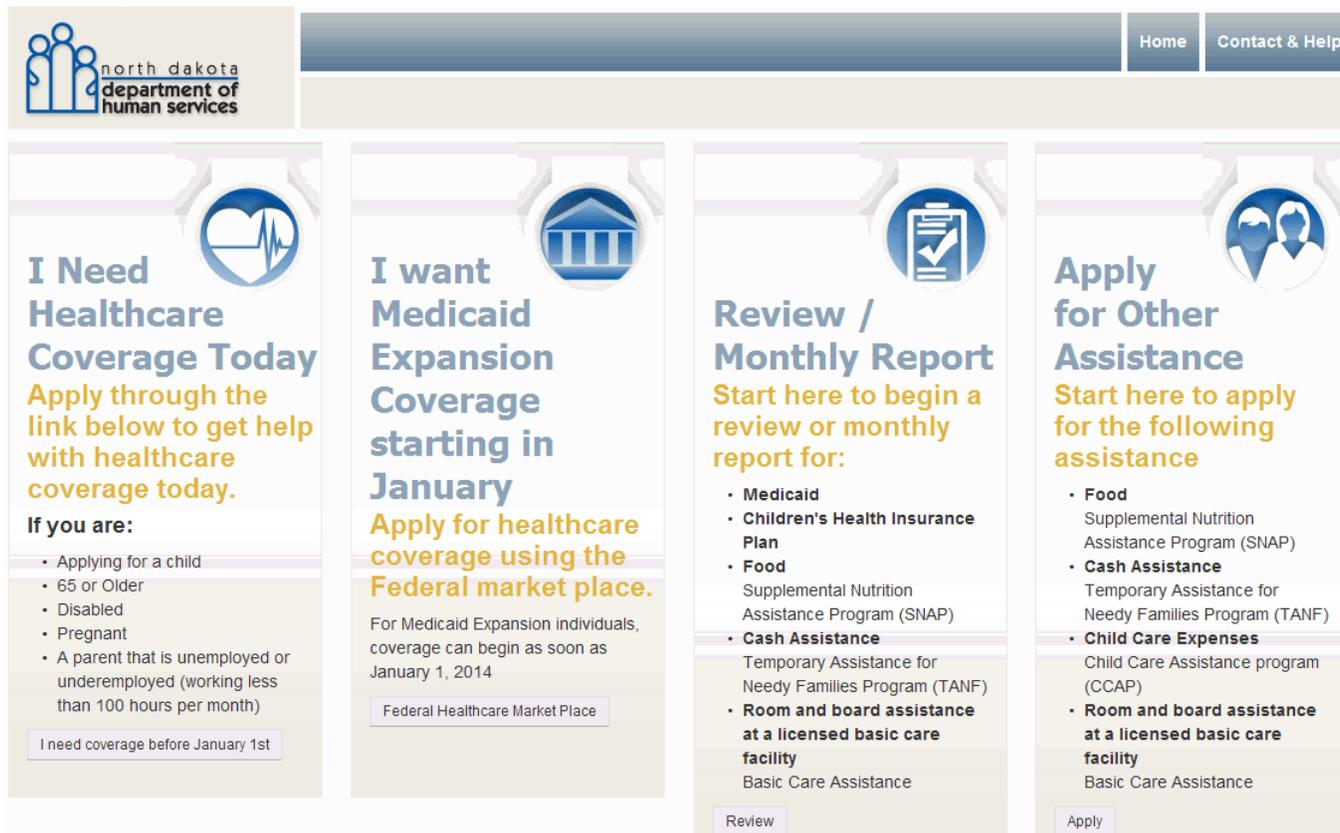


RECIPIENT NEWSLETTER

Medicaid in North Dakota is Expanding

In 2013, the North Dakota Legislature expanded the Medicaid program as authorized under the federal Affordable Care Act. This means that more North Dakotans may be eligible for Medicaid than ever before. Beginning on January 1, 2014, Medicaid may cover low income childless adults and parents, who have never been eligible for Medicaid in the past. With approximately 65,000 North Dakotans covered by Medicaid now, estimates are that an additional 20,000 to 32,000 North Dakotans may be eligible for Medicaid under the expansion.

To be eligible for Medicaid under the expansion, an individual must be between the ages of 19 and 64, and the individual's household Modified Adjusted Gross Income (MAGI) must be at or under 138% of the federal poverty line. There is no asset test as eligibility is determined based on the individual's household income. Individuals may apply for Medicaid under the expansion with coverage for those determined eligible beginning in January of 2014. There is no "wrong door" to go through when applying. Individuals can apply online at <http://apply.dhs.nd.gov> (page pictured below), by telephone at 1-855-794-7308, by mail, or in person at a county social service office.



The screenshot shows the North Dakota Department of Human Services website with a navigation bar containing 'Home' and 'Contact & Help'. Below the navigation bar are four main content panels:

- I Need Healthcare Coverage Today**: Apply through the link below to get help with healthcare coverage today. If you are:
 - Applying for a child
 - 65 or Older
 - Disabled
 - Pregnant
 - A parent that is unemployed or underemployed (working less than 100 hours per month)I need coverage before January 1st
- I want Medicaid Expansion Coverage starting in January**: Apply for healthcare coverage using the Federal market place. For Medicaid Expansion individuals, coverage can begin as soon as January 1, 2014. Federal Healthcare Market Place
- Review / Monthly Report**: Start here to begin a review or monthly report for:
 - Medicaid
 - Children's Health Insurance Plan
 - Food Supplemental Nutrition Assistance Program (SNAP)
 - Cash Assistance Temporary Assistance for Needy Families Program (TANF)
 - Room and board assistance at a licensed basic care facility Basic Care AssistanceReview
- Apply for Other Assistance**: Start here to apply for the following assistance:
 - Food Supplemental Nutrition Assistance Program (SNAP)
 - Cash Assistance Temporary Assistance for Needy Families Program (TANF)
 - Child Care Expenses Child Care Assistance program (CCAP)
 - Room and board assistance at a licensed basic care facility Basic Care AssistanceApply

If you, or anyone you know, are interested in applying for Medicaid under the expansion, or you simply seek more information, please visit www.nd.gov/dhs/medicaidexpansion.html.

What is WIC? (Women, Infants, and Children)

WIC is a program for: pregnant women; breastfeeding women; infants; and children younger than five and is available in all counties in North Dakota. WIC offers healthy food for proper growth and development and helps families choose healthier ways of eating.

WIC is a federal nutrition program that provides:

- Nutrition information, counseling and support
- Breastfeeding information and support
- Nutritious foods
- Health screenings
- Referrals to other services

To be eligible for WIC you must meet financial eligibility criteria, and be either: pregnant; breastfeeding; a new mother; or a parent, guardian or caretaker who has an infant or child younger than five years of age. The WIC Staff will provide a nutritional health risk, which is determined by checking height, weight and iron count, and having the applicant out a diet and medical history.

For information or to find the nearest WIC office, please call 1-800-472-2286 or go to <http://www.ndhealth.gov/wic>.

Don't Share Your Personal Information

You may be aware that there are many telephone scams where individual's personal information is being used to steal identities, assets, and credit.

Personal information includes your Social Security Number, date of birth, bank account numbers, etc. Never disclose this information unless you know exactly who initiated the call or conversation.

Eligibility workers often call applicants and recipients for information. If you are not positive that it is your eligibility worker making the inquiry, don't respond to the caller. Get the required information and then you call your local county social service office and speak with the eligibility worker to ensure you are speaking to someone with a need to know that information.

Eligibility workers will only request enough information to process your case correctly and are held to the highest confidentiality laws.



North Dakota Department of Human Services Notice of Privacy Practices

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

Meaning of certain terms. In this notice, when we say “we” or “us”, we mean the staff of the Department of Human Services. When we say “Department”, we mean the Department of Human Services. When we say “you” or “your”, we are referring to the individual who is the subject of the protected health information and a person who has authority to act on behalf of an individual in making decisions related to health care.

Understanding Your Protected Health Information (PHI). PHI is any information created by the Department, or received from a health care provider, health plan, or health care clearinghouse, about your health care. Information may include your name, address, birth date, phone number, social security number, Medicare number, health information, diagnoses, medical treatments received, and information on your health insurance policies.

(continued)

Department’s Confidentiality Commitment. Any PHI about you that is created by the Department or received from a health care provider, health plan, or health care clearinghouse, will be kept confidential to the full extent required by the law. The law requires us to maintain the privacy and security of PHI, to provide you with this notice, and to abide by what this notice says. We reserve the right to change this notice and make the new notice applicable to PHI already obtained as well as any information received in the future. We will post a copy of the current notice online at www.nd.gov/dhs/misc/clientrights.html. New notices will also be available at registration sites or may be obtained by contacting the Privacy Officer. The Department will notify you if a breach of unsecured PHI occurs and is discovered.

How Information is Used by the Department. Except as explained in this notice, we will disclose and use your PHI only with your written authorization. We must obtain an authorization for the use and disclosure of psychotherapy notes, marketing, and the sale of PHI. We do not create or manage a public client directory. We may use or disclose your PHI for treatment, payment, or health care operations purposes without your written authorization (except if you are being treated for alcohol or drug abuse). “Treatment” information is information you give to us or a health care provider gives to us which will be used to determine the course of treatment and to document treatment you have received or will receive. “Payment” information includes a bill for services sent to you from a health insurance company or Medicare, or a bill for services from a health care provider. The disclosure may include information that identifies you, your diagnosis, or other necessary information for accurate payment. “Health care operations” information includes information used to assess the care and outcomes in your case and other cases and to assure the quality and effectiveness of health care services.

We may also use or disclose your PHI as permitted or required by law, and:

- To keep you informed about appointments, program information, and benefits and services that may be of interest to you;
- To communicate with any person, identified by you, who is involved in your health care or payment for your care, such as your family or a close friend;
- To a business associate or qualified service organization that performs functions on behalf of the Department;
- To other agencies as required for oversight activities such as licensure, inspections, investigations, audits, or facility accreditation;
- To law enforcement personnel or other agencies for specific purposes, including reporting any suspected child abuse or neglect; domestic violence; for the protection of vulnerable adults; to prevent or reduce a serious threat to anyone’s safety; or a crime on the premises;
- To staff or for research projects that ensure the continued privacy and protection of PHI;
- To public health agencies to prevent or control disease, for statistical reporting, and for product recalls;
- To the Food and Drug Administration for reporting reactions to medications;
- To Workforce Safety and Insurance for benefit coordination;
- To government agencies in cases of national security, for military purposes, or for presidential protective services;
- To correctional institutions;
- To respond to a court order, administrative order, or in response to a subpoena if efforts have been made to tell you about the request or to obtain an order protecting the information requested;
- To our business partners who perform case management, coordination of care, other assessment activities, or payment activities, and who must abide by the same confidentiality requirements;
- To a public or private entity authorized by law or by its charter to assist in disaster relief efforts;
- To disclose your information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you;
- To disclose PHI in certain circumstances if, in the exercise of professional judgment, the disclosure is in your best interest;
- To disclose PHI for notification, identification, or location purposes in certain circumstances;
- To organ procurement organizations; or
- To a coroner, medical examiner, or funeral director when you die.

(continued)

Your Individual Rights. You have the following rights regarding your PHI maintained by the Department:

1. You may request a restriction on certain uses and disclosure of your PHI by filing SFN 1980, "Request to Restrict the Use and Disclosure of Protected Health Information (PHI)". We may not be able to agree to the requested restriction, but, if approved, we will abide by it except in an emergency treatment situation or as required by law.
2. You may restrict disclosure of PHI to a health plan when you have paid non-sliding fee scale out-of-pocket expenses in full for the services by filing SFN 1980, "Request to Restrict the Use and Disclosure of Protected Health Information (PHI)".
3. If you feel that some information the Department has created about you is wrong, you may ask to change that information by filing SFN 1981, "Request to Amend Records – Protected Health Information (PHI)". In certain situations, we may deny your request. We will notify you if we deny your request and tell you how to request a review of the denial.
4. You may inspect and obtain a copy of your PHI in our possession by filing SFN 1979, "Request to Access Confidential Information". We may limit or deny you access in very limited circumstances. You have the right to request a review of most denials. We will notify you if we deny your request and tell you how to request a review of the denial. We may charge a reasonable cost-based fee for your request.
5. You may obtain a paper copy of this notice upon request.
6. You may revoke a signed authorization for the use or disclosure of your PHI except to the extent we have already acted based on your authorization by filing SFN 91, "Revocation of Authorization to Disclose Information".
7. If you file SFN 725, "Request for Accounting of Disclosures", we will account for disclosures we have made of your PHI for up to six years prior to the date on which the accounting is requested but not before April 14, 2003; however, the Department is not required to provide an accounting for disclosures made to you, under an authorization, for treatment, payment, or health care operations purposes, and a few other situations. We will not charge for the first accounting given to you in a 12-month period. We will charge a reasonable cost-based fee for an additional accounting requested if 12 months have not passed since your last request.
8. You may request that we contact you about personal health care matters only in a certain way (phone, e-mail, or in writing) or at a certain location (home, office, or at an address you have given), or both, by filing SFN 1977, "Request for Confidential Communication by Alternative Means or Alternative Location".
9. Federal regulations require us to notify you that you have the option to opt out of fundraising contacts. However, the Department does not contact individuals for any fundraising purposes.
10. If your PHI is maintained in an electronic format, you may request that an electronic copy of your PHI be provided to you or transmitted to another individual or entity by filing SFN 1978, "Request to Transmit Electronic Protected Health Information (PHI) to Third Party". If the PHI is not readily producible in the form or format that you request, the PHI will be provided in a mutually agreed upon format.

The above rights may be exercised only by written communication to us unless the written requirement is waived by the Department.

For More Information or to Report a Problem. If you have questions and would like additional information, you may contact the Administrative Assistant, toll-free at 1-800-472-2622, TTY toll-free at 1-800-366-6888, or by mail to: North Dakota Department of Human Services, State Capitol, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250. If you believe that your privacy rights have been violated, you may file a complaint with the unit of the Department where you received services by filing SFN 934, "Request for Informal Privacy Conference". If you need additional information on how to file a privacy complaint involving a unit of the Department, you may contact the Department's Privacy Officer, toll-free at 1-800-472-2622, TTY toll-free at 1-800-366-6888, or by mail to: Privacy Officer, North Dakota Department of Human Services, State Capitol, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250. You may also file a complaint with the Secretary of Health and Human Services by writing to or calling: U.S. Department of Health and Human Services, Office for Civil Rights, Region VIII, 999 18th Street, Suite 417, Denver, CO 80202, toll-free at 1-800-368-1019, FAX 1-303-844-2025, TTY toll-free at 1-800-537-7697.

There will be no retaliation against you for filing a complaint.