

NDPERS FAQ Summary

Last Updated: 12/19/2015

Medicare Members

PROVIDER NETWORK

1) Are retirees on the Dakota Retiree Plan (Medicare retirees) now required to go to a Sanford Health Plan network provider?

No. Just as you have with your previous carrier, Dakota Retiree Plan members must utilize Medicare-participating providers.

2) What do I need to tell my health care provider about my new insurance company?

The only thing you need to do is show your new Sanford Health Plan ID card at your next appointment. Remember, you have the same Medicare Supplement (also known as a Medigap plan) Group Plan F as you did before. So there is no change to your benefits, Sanford Health Plan is simply acting as the new claims processor for NDPERS.

You are NOT in a Medicare Advantage Plan, HMO Plan, PPO Plan, Private Fee-for-Service (PFFS) Plan, Special Needs Plan (SNP), or PACE Plan. You are still on a Medigap Supplement Plan, like you had before.

3) What will my provider do with my new ID card?

As long as your doctor already participates in Medicare, they will use your ID card to submit the claim to Medicare on your behalf. Medicare will pay their portion of the claim and then automatically forward the claim to Sanford Health Plan. Medicare will know you have a new insurance company and the same benefits as before, because Sanford Health Plan sends Medicare an eligibility file that identifies all the same NDPERS Dakota Retiree members as our new members and what plan you have. Using this file, Medicare is then able to match claims coming from your doctors and other healthcare providers, to Sanford Health Plan. Medicare will pay their portion of the claim and then automatically forward the claim to Sanford Health Plan to pay the rest – this is called the “cross-over” process.

Benefits and Prescription Drug Coverage

4) What do I need to know as a Dakota retiree member about this transition effective July 1, 2015?

You will continue to have a Medicare supplement product. Feel free to assure your provider that this carrier transition will still offer you a Medicare supplement product just as you have been enrolled in previously. This means you can continue to see any Medicare participating providers and the coverage you have will not change. In regards to your prescription drug coverage, continue using your Medicare BlueRX card through December 31, 2015.

5) Will I have Medicare BlueRX after January 1, 2016?

No, your pharmacy coverage will change to Express Scripts Incorporated (ESI) beginning January 1, 2016.

6) Will I receive a new prescription drug ID card for use after January 1, 2016?

Yes, you will receive a new prescription drug ID card, mailed to your home address prior to January 1, 2016.

7) Will my prescription costs change once I have Express Scripts Medicare after January 1, 2016?

Because pharmacies have unique and custom contracts, you may experience a different cost sharing amount for your prescriptions. Some members may have lower costs and others may experience higher costs. If you have a question about your medication, please contact the Express Scripts Medicare Customer Service number on the back of your member ID card. This service is available 24 hours a day, 7 days a week.

8) Will I be able to use the same prescriptions as I do today with the new drug coverage with Express Scripts Medicare?

Generally, Express Scripts Medicare will cover the same prescriptions that you have today, except when a new, less expensive drug becomes available or when the safety or effectiveness of the drug has changed. Express Scripts Medicare will notify you if your medication has been affected due to authorization requirements, quantity limits, or any other restriction; at least 60 days before the change becomes effective.

Miscellaneous

9) How will I know if my Medicare claims were crossed-over to Sanford Health Plan?

Once your provider submits your claim to Medicare, they will get a Medicare Remittance that shows your claim has been forwarded to Sanford Health Plan as your supplemental payer.

10) How will I know when my claim has been paid by both Medicare and Sanford Health Plan?

Medicare will mail you your Medicare Summary Notice (MSN) – it shows all your Medicare-covered services or supplies that providers billed to Medicare, what Medicare paid, and the maximum amount you may owe the provider. On the “Notes for Claims” section of your MSN, it will indicate that your claim was sent to Sanford Health Plan as your supplement plan. Sanford Health Plan will also send you an Evidence of Benefits (EOB) showing the amounts we paid to the provider. Remember, neither the MSN nor the EOB are bills to pay – you simply use these documents to match up the dollar amounts in the bill that your provider sends you (if there is any amount left to be paid).

11) How can BCBSND share data with Sanford Health Plan?

Under federal HIPAA privacy laws, “covered entities” such as a health insurance company, is permitted to use and disclose protected health information (PHI), without an individual’s authorization, for treatment, payment, and health care operations. These activities include

determining eligibility or coverage, utilization review activities and claims management activities. Such information is always sent in a secured file format.

12) Is the upcoming change in how NDPERS administers the Retiree Health Insurance Credit (RHIC) due to the change of insurance carrier to Sanford Health Plan?

No, the change is not related to the carrier change. For information about the RHIC please refer to <http://www.nd.gov/ndpers/health-credit/retiree-health-credit-portability.html> or contact NDPERS at (800) 803-7377 or (701) 328-3900.

14) What impact does the Supreme Court decision on same-sex marriage have on NDPERS Plan?

On June 26, 2015, the Supreme Court of the United States recognized that all couples have a fundamental right to marriage, regardless of their gender. In addition, each state must recognize a marriage that was entered into in a different jurisdiction, or state. In accordance with this court decision, NDPERS will make changes to your Certificate of Insurance and the eligibility requirements for spouses. You will receive a copy of the amendment in the mail. You must contact NDPERS to add your spouse and/or their children to your NDPERS Plan within the following timeframes:

1. Same-sex marriages that occurred prior to June 26, 2015: NDPERS will have a special enrollment period from July 1, 2015 through September 30, 2015. Coverage will be effective retroactive to July 1, 2015. If the Subscriber does not enroll during this eligibility period, the Late Enrollee can only enroll during the next scheduled Annual Enrollment Period with coverage effective the following January 1st.
2. Same-sex marriages that occur on or after June 26, 2015: The Subscriber must submit an application for coverage to NDPERS within the first thirty-one (31) days of the event. If the Subscriber does not enroll when initially eligible, the Late Enrollee can only enroll during the next scheduled Annual Enrollment Period with coverage effective the following January 1st.

15) Who is AccordantCare, and why did I receive something from them?

AccordantCare is a third party vendor that Sanford Health Plan has hired to assist members in specialized education and support programs for certain chronic diseases such as Multiple Sclerosis, Epilepsy, or Crohn's Disease. Based on claims data received securely from Sanford Health Plan, AccordantCare will send introductory mailings and may call members asking if they are interested in participating in the free program. Participation is voluntary. Advantages of enrollment include: access to specialized nurses, assistance with care management, access to a specific patient portal with online educational resources, and more. The AccordantCare Program can be reached at (844) 876-9869.

CONTACT US

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