

NDPERS FAQ Summary

Non-Medicare Members

Last Updated: 01/07/2016

## PROVIDER NETWORK

### **1) How does my provider network work with Sanford Health Plan?**

Sanford Health Plan is offering you the same PPO network you had with your previous carrier. In addition, when you are traveling or accessing care outside the service area, you will have access to our nationwide network. A searchable provider directory is available.

### **2) What if I don't see my provider in the directory?**

If you don't see your provider in our directory, you can nominate your provider to be in our network. Visit [sanfordhealthplan.com/ndpers](http://sanfordhealthplan.com/ndpers) to complete and submit a "Provider Nomination Form."

### **3) Is Mayo in the network?**

Yes. You can access Mayo for services and coverage will remain at the Basic level.

### **4) Is Essentia Health in the network?**

Yes. However, providers must complete Sanford Health Plan's credentialing terms and conditions before appearing in the Provider Network Directory. Claims continue to be processed in-network during the credentialing process.

### **5) Is Trinity Health in the network?**

Yes. However, providers must complete Sanford Health Plan's credentialing terms and conditions before appearing in the Provider Network Directory. Claims continue to be processed in-network during the credentialing process.

### **6) What is the provider credentialing process with Sanford Health Plan?**

Sanford Health Plan follows a special credentialing process with providers in its network because it holds a National Committee for Quality Assurance (NCQA) Accreditation. This accreditation is awarded to health plans who have demonstrated diligence in their focus on quality care and continuous quality improvement initiatives. (4/20/15)

### **7) Do I need a referral to see an in-network specialty physician?**

No.

**8) Does Sanford Health Plan utilize participation contracts whereby physicians in network agree to a full fee schedule?**

Like BCBSND, all of Sanford's provider contracts include a provision that the covering Practitioner must agree that he or she will accept the compensation from the Plan pursuant to the negotiated fee schedule as payment in full for any services rendered to Members and specifically precludes the provider from "balance billing" the member any difference between the billed charges and the health plan's allowed amount.

## **BENEFITS**

**9) Will I see any changes to my copays, deductible or coinsurance when NDPERS changes to Sanford Health Plan?**

Maybe. Because hospital and clinic contracts are unique to Health Plans and custom for each provider, you may see differences in your cost sharing amount, such as the amount that goes towards your co-insurance. Sometimes your co-insurance amount may be less for services than in prior years, and sometime you may pay a little more. However, your plan of benefits or coverage (deductible, copayments, and coinsurance) did not change with the move to Sanford Health Plan. For example, your prescription copay, coinsurance %, and \$1,000 coinsurance maximum will still be the same. Since a Health Plan's contracts with its providers are confidential and proprietary, it is not possible for Sanford Health Plan to duplicate the prior insurance company reimbursements for each specific service.

**10) Will Sanford Health Plan give me credit for the out of pocket costs that I have incurred so far this year?**

Yes. Sanford Health Plan will be receiving periodic files from your previous carrier, showing the amount of out of pocket costs you incurred from January 1, 2015 – June 30, 2015. This includes your deductible and coinsurance amounts. At the same time, we will be processing claims incurred on or after July 1, 2015.

You may experience claim adjustments or processing delays as your cost sharing amounts are updated with Sanford Health Plan. These adjustments will be indicated on your Explanation of Benefits (EOB) with a description of "Claim adjusted due to updated accumulations from previous carrier".

**11) Is anything changing with my prescription drug coverage?**

The drug benefit design will remain the same and you can continue to use your current pharmacy.

**12) I filled my regular monthly prescription using my new Sanford Health Plan ID card. Why did I pay a different amount than my last fill?**

Because pharmacies have unique and custom contracts, you may experience a different cost sharing amount for your pharmacy coinsurance amount. Some members may have lower costs

and others may experience higher costs. However, your benefits and coverage did not change, for example, your prescriptions copay, coinsurance %, and \$1,000 coinsurance maximum will remain the same. If you have a question about your medication, please contact our Pharmacy Department at (888) 315-0885.

**13) Will I still have the \$200 annual allowance for preventive screening services after July 1, 2015?**

Yes. The plan was bid based on our current plan design; therefore, this benefit will continue to be available to our members.

**14) Does Sanford Health Plan require preauthorization? What is the preapproval process?**

Prior to accessing certain services and higher levels of care, Sanford Health Plan has a process in place for advance notification (prior authorization). Visit [sanfordhealthplan.com/ndpers](http://sanfordhealthplan.com/ndpers) for a full listing of these services.

**15) What if I have primary and secondary insurance coverage from 2 different insurance carriers?**

If Sanford Health Plan is the primary payer, your claims will be submitted to the secondary payer following payment. If Sanford Health Plan is not your primary payer, you may want to check with your other carrier or your provider. Your provider may submit the claim and payment information to the second payer, or you may have to submit your primary payer Explanation of Benefits (EOB) along with the itemized statement of services, to the secondary payer.

**16) What if I have primary and secondary prescription drug coverage from two different insurance carriers?**

If both coverages are with Sanford Health Plan, then Express Scripts, Inc. will automatically coordinate at the pharmacy for you.

If Sanford Health Plan is your primary payer and your secondary coverage is not with Sanford Health Plan, you may want to check with your pharmacy. Your pharmacy may submit the claim and payment information to the secondary payer for you, or you may have to submit the itemized statement for your prescriptions from Sanford Health Plan to your secondary payer.

If Sanford Health Plan is your secondary coverage, you may want to check with your pharmacy. Your pharmacy may submit the claim and payment information to Sanford Health Plan for you, or you may have to submit the itemized statement for your prescriptions from your primary payer to Sanford Health Plan for processing.

**17) What if Sanford Health Plan is both my primary and secondary insurance coverage?**

If Sanford Health Plan is the primary payer, your claims will be processed and an Explanation of Payment (EOP) will be sent to the provider to let them know what is paid from your primary insurance. If Sanford Health Plan is also the secondary insurance, it is the provider's responsibility to submit the claim to your primary carrier and once that is paid to then resubmit the claim to Sanford Health Plan for processing of the secondary insurance. It is important to inform your provider if you have primary and secondary insurance.

**18) I went to my doctor, showed my new ID card, and they told me that they don't accept Sanford Health Insurance. What do I do?**

If you experience this situation, please have your provider contact our Member Services Department at (800\_ 499-3416 to confirm your coverage and provide claim filing instructions.

## UTILIZATION MANAGEMENT

**19) I already have an appointment or covered procedure scheduled after July 1, 2015. Is there anything I need to do?**

- If the provider or facility is already in the Sanford Health Plan network, no further action is required by you. We will honor any authorizations, treatment programs or referrals that were approved by the previous insurance company.
- If you don't see your provider in our directory, you can nominate your provider to be in our network. Visit [sanfordhealthplan.com/ndpers](http://sanfordhealthplan.com/ndpers) to complete and submit a "Provider Nomination Form."

## Miscellaneous

**20) What is the process in selecting the carrier for the health insurance plan?**

The group health insurance plan, as well as all NDPERS group insurance products, is required to follow a bid process as provided in NDCC 54-52.1. The NDCC gives the authority to the NDPERS board to select a carrier to provide the services of the plan.

**21) Can you describe the transition of care process for members?**

Sanford Health Plan will obtain previous preauthorization forms from BCBSND prior to the transition. Sanford Health Plan has committed to honoring services and treatment plans for NDPERS members that received prior approval and preauthorization from BCBSND prior to July 1, 2015.

**22) How can Blue Cross Blue Shield of North Dakota share data with Sanford Health Plan, such as prior-authorization requests?**

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.

**23) 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.

**24) I received a termination letter from BCBSND, what does this mean?**

Although this letter indicated your coverage has been terminated, please understand the coverage is simply being transitioned from your current carrier to Sanford Health Plan effective July 1, 2015. All those that are currently eligible and enrolled in health insurance coverage through NDPERS will continue to be covered with a seamless transition to Sanford Health Plan. As a member, you will be receiving your new ID cards and welcome packet which explain this transition in further detail.

**25) Who is Optum and why are they calling me?**

Optum is a third party vendor that Sanford Health Plan hired to investigate possible third party liability claims. If you have medical services that appear to be from an injury or accident, Optum will contact you by phone or letter to investigate. If you did have an injury or an accident, and it was caused by another party, that third party may be responsible for payment of your treatment. This is called Subrogation.

If your treatment was **not** related to an accident or injury, it is important to let Optum know as soon as possible. If you receive a letter or a phone call from Optum, please respond in a timely manner so that your claims can be processed without further delay. If you do not respond to Optum's inquiries, your claims will be denied.

**26) 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.

**27) 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**

Website: [sanfordhealthplan.com/NDPERS](http://sanfordhealthplan.com/NDPERS)

Local Number: (701) 751-4125

Toll Free Number: (800) 499-3416