

2025 ND Medicaid Expansion Guide



Blue Cross Blue Shield of North Dakota

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association.

BND-22-0314602A POD • 5-25 URAC 8.8

Welcome to the ND Medicaid Expansion health insurance plan

Your good health is a three-way partnership between you, the North Dakota Department of Health and Human Services and Blue Cross Blue Shield of North Dakota (BCBSND).

We look forward to helping you live your best life.

Write your information here so you always have it handy.

Your personal information

My BCBSND Member ID number _____

Find this information on your member card. See page 17 for more details.

My primary care provider _____

My primary care provider address _____

My primary care provider phone number _____

Get free help in understanding this guide. BCBSND provides:

- Free aids and services to communicate to people with disabilities. For example, large print, audio, accessible electronic formats and other options.
- Free language services to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 833-777-5779, toll-free, or through the North Dakota Relay at 800-366-6888, or 711.

This guide outlines certain provisions for your Medicaid Expansion plan. Please refer to your Certificate of Insurance to determine if your health care expenses will be paid.

This guide gives an overview of your ND Medicaid Expansion plan benefits, including:

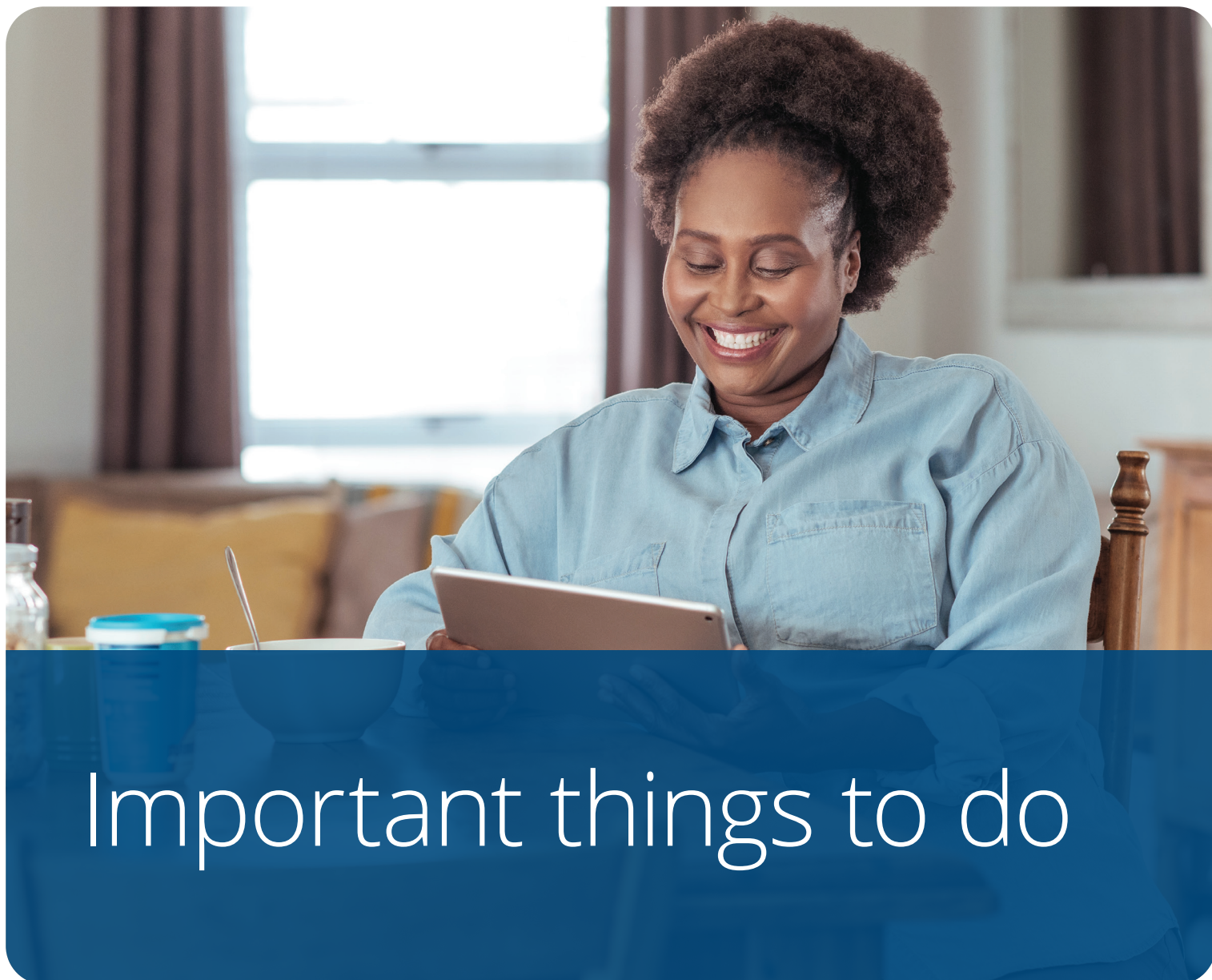
- Tools to help you prevent illness
- Coverage when you're sick
- How to use your benefits
- How to get answers to questions

Cancellation of your plan

- The North Dakota Department of Health and Human Services will determine when you're no longer covered under the Medicaid Expansion program.
- BCBSND will not cancel your coverage unless the North Dakota Department of Health and Human Services directs us to.

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Important things to do

Do these things first to get your BCBSND membership off to a good start:

1. Put your member ID card in your wallet.
2. Find a primary care provider (PCP) that is in-network (instructions on page 7).
3. Schedule your annual well-care exam with your PCP.
4. Register for the free HealthyBlue online wellness center (instructions on page 7).
5. Complete your health assessment and self-report the date you completed your primary care visit (instructions on page 8).



Using your insurance to stay healthy

Many of your covered benefits help you prevent sickness, including:

- Preventive care coverage
- Annual exams with a PCP who gets to know you and your health history
- Online wellness tools

Using your insurance to stay healthy

Find a Doctor

1. Visit <https://medicaid.bcbsnd.com>
2. Click 'Find a Doctor' in the top right corner

Preventive care coverage

Don't wait until you are sick to see a doctor. At no cost to you, your plan includes preventive benefits such as:

- Yearly well-care exams
- Recommended cancer screenings
- Immunizations

Use your doctor for preventive care

It is important to call your PCP first when you need care. A PCP can be a medical doctor, physician assistant or nurse practitioner. He or she will tell you what to do next.

To find a PCP:

- Check your member ID card. It may list a clinic. If so, you can see any PCP at that location.
- If no clinic is listed, you can find an in-network PCP by:
 - Going to medicaid.bcbsnd.com and select a PCP from the provider directory
 - Calling Member Services at 833-777-5779

If you would like to change your assigned PCP: go to medicaid.bcbsnd.com and select a new provider from the North Dakota Medicaid Expansion directory and call Member Services at 1-833-777-5779.

Use the free tools in the HealthyBlue online wellness center

Your health plan includes free tools to help you be the best version of yourself at every stage of life.

What are your goals? Stop smoking? Calm your stress and anxiety? Better manage your money? Sleep better? Every aspect of your life affects your health. That's why we've included helpful tools on many topics.

**Follow your
provider's
advice about
the specific
care you need.**



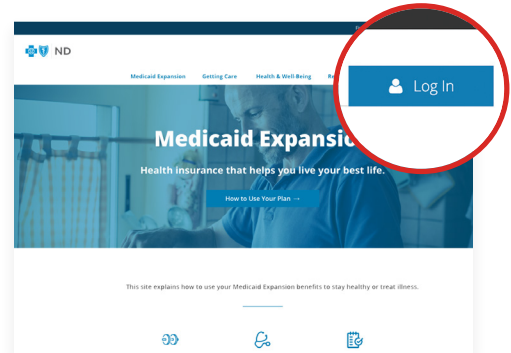
How to register for the free HealthyBlue online wellness center

The first time you log in, you will need to register. This will take a few minutes. Next time you want to use HealthyBlue, you can skip this setup step.

1

Go to medicaid.bcbsnd.com and choose “Log In” from the top right corner.

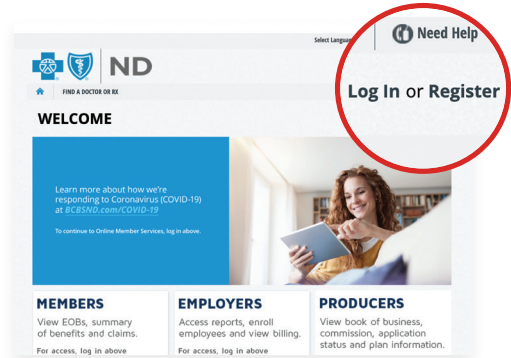
This brings you to a secure member portal.



2

On the new screen, choose “Register” and follow the instructions.

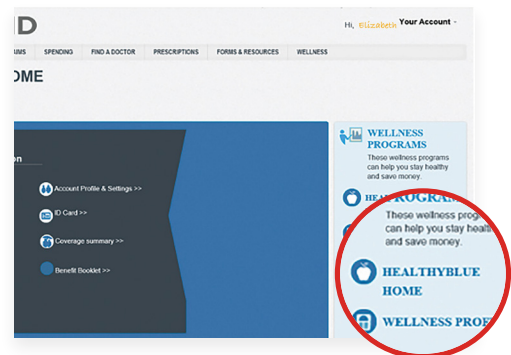
You will need your BCBSND member ID card to register. Then you will be able to create your profile.



3

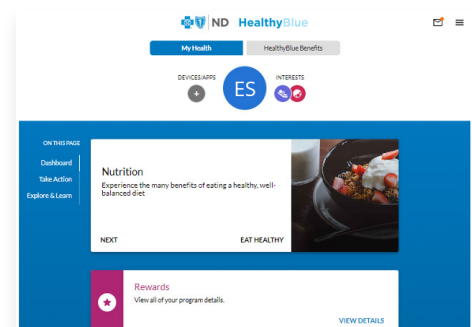
Once your registration is complete, you arrive at the member home page.

Choose “HEALTHYBLUE HOME.”



4

The first time you log in to HealthyBlue, you will set up your account and answer a few questions to start your wellness journey.



After you register, complete the online health assessment and self-report primary care visit

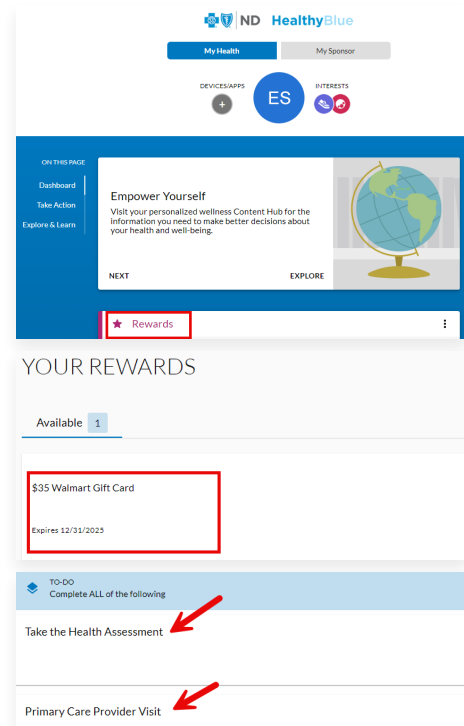
Earn \$35 by taking the 10-minute HealthyBlue health assessment and self-reporting the date you completed your primary care visit.



1

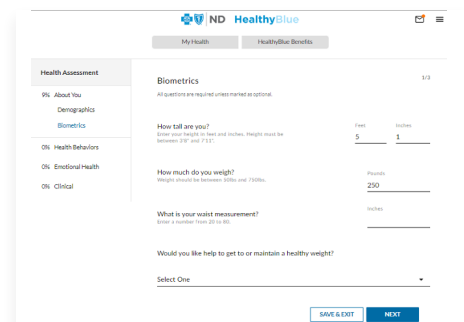
After you log in to HealthyBlue, look for “Rewards” on the homepage and click to find the available rewards.

Then, you will see tasks to complete the health assessment and to self-report your primary care visit.



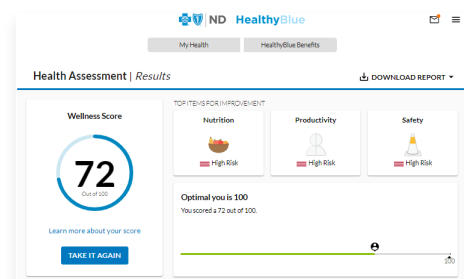
2

The health assessment asks questions about your health, lifestyle and medical history.



3

After you answer the questions, you'll receive a health status report. It contains steps to improve your health. Your health assessment results also define what you see on your HealthyBlue home screen.



4

Next, report the completion of your annual primary care visit. To do this, report the date of the visit and confirm the information is correct.

Take Action

Annual PCP Visit
Expires 12/31/2025

REPORT COMPLETION

VIEW OTHER OPTIONS

Take Action

Annual PCP Visit
Expires 12/31/2025

Report Completion of:
Annual PCP Visit

When did you do this? *
MM/DD/YYYY

Eligible Dates: 12/01/2025 - 12/31/2025

☐ I confirm that the information above is correct *

This action cannot be undone.

CANCEL SAVE

How to redeem your reward

There is no action required to redeem your \$35.

On the homepage, you will see you have completed the tasks.



ND HealthyBlue

My Health My Sponsor

DEVICES/APPS ES INTERESTS

ON THIS PAGE

Dashboard
Take Action
Explore & Learn

Empower Yourself
Visit your personalized wellness Content Hub for the information you need to make better decisions about your health and well-being.

NEXT EXPLORE

★ Rewards

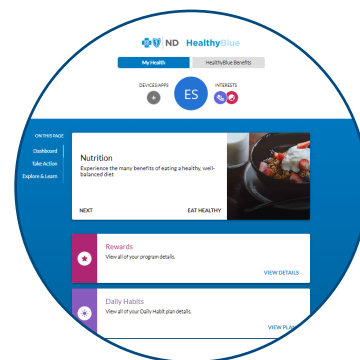
Medicaid Expansion Rewards Completed on [checkmark]

100% Completed

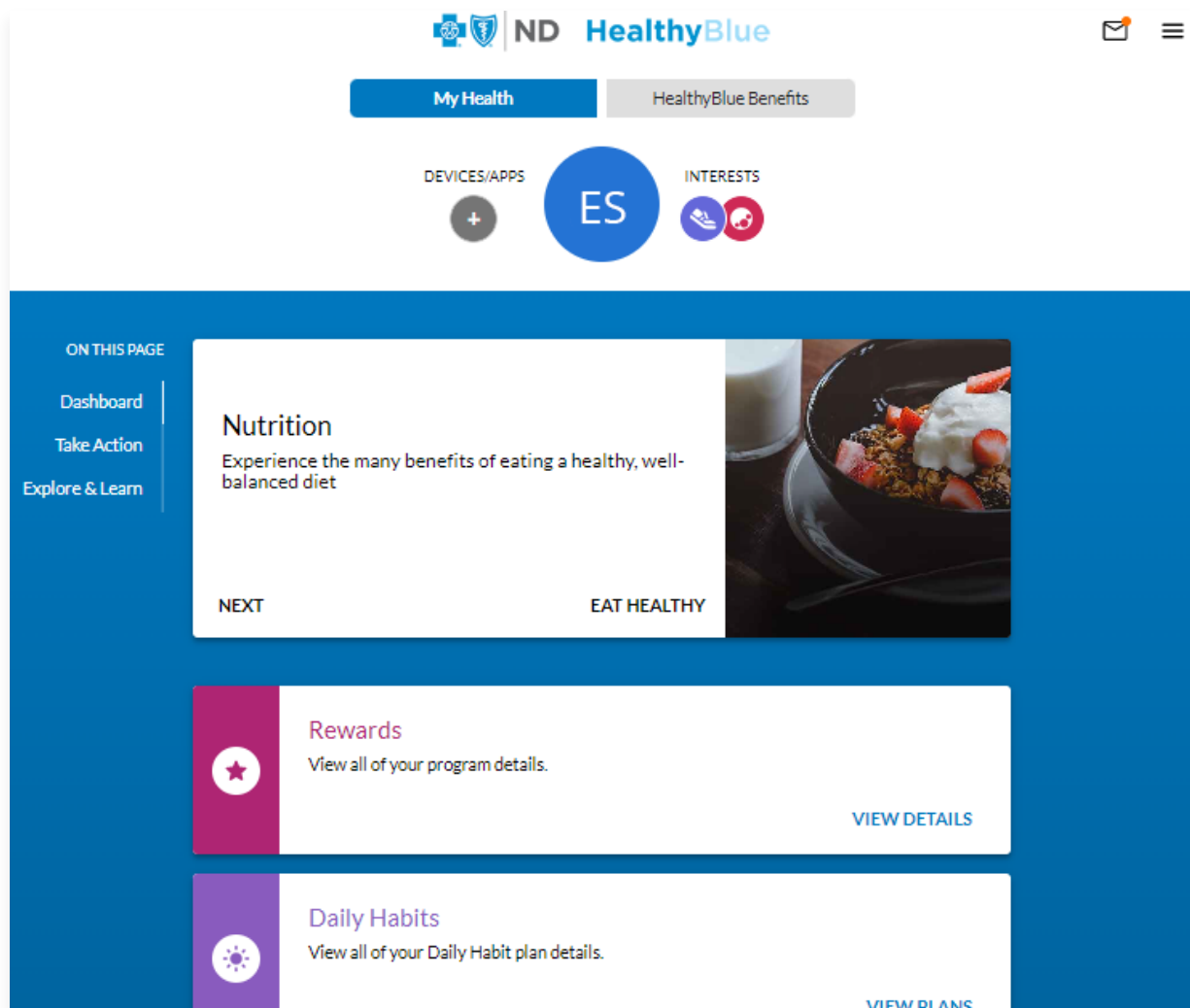
VIEW REWARDS

After you register and complete your health assessment, you can use the tools in HealthyBlue to:

- Get the Daily Habits tool to help you set and achieve goals
- Track progress toward your goals
- Find videos and other information on many health topics
- Access hundreds of healthy recipes
- Check health symptoms to identify conditions related to your symptoms
- And more



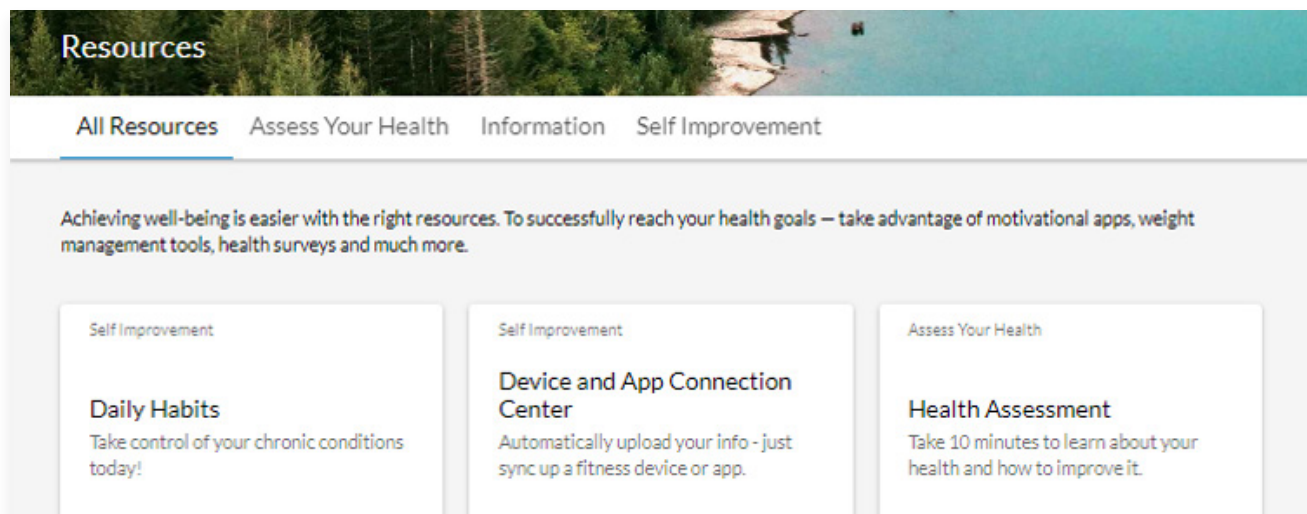
After you're registered, your HealthyBlue home page will look similar to this:



To access more resources, choose “Resources” from the drop-down menu.



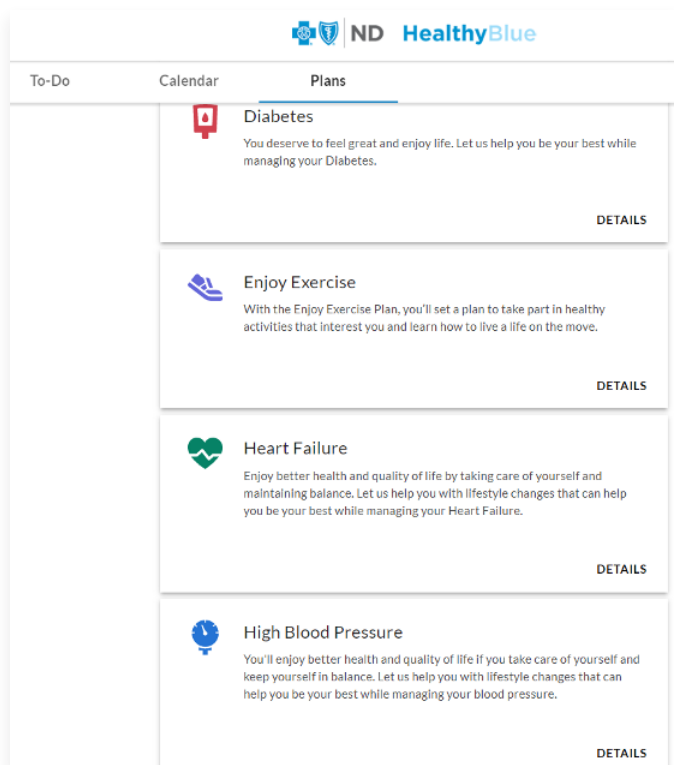
Scroll up or down on the “Resources” page to see all the tools available.



HealthyBlue resources you may want to try:

Daily Habits

Whether good or bad, your habits contribute to your health. The Daily Habits app allows you to drive positive change in your life, one habit at a time.



You select your goals and the app helps you achieve them in small, manageable chunks. Goals could be based on managing a specific condition like:

- Quit tobacco
- Back health
- Sleep well
- Keep stress in check
- High blood pressure
- Emotional health
- Balance your diet
- Diabetes
- Lose weight
- And more

When you choose a goal area, you can receive suggestions on how you can achieve your goal, step by step.

HealthyBlue resources you may want to try, continued:

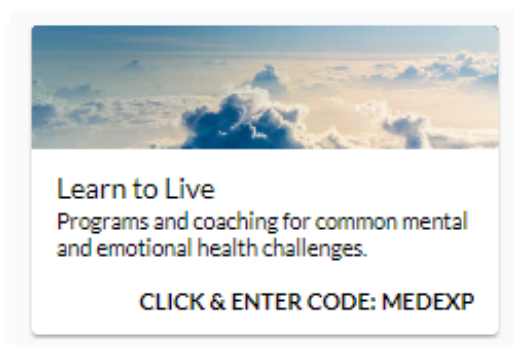
Online mental health support and coaching through Learn to Live

Learn to Live is a confidential, step-by-step online program available to you at no charge. From the privacy of your own home, you can get help with:

- Social anxiety
- Depression
- Stress, anxiety and worry
- Panic
- Resilience
- Insomnia
- Substance abuse
- And more

How to access Learn to Live:

- Access Learn to Live on HealthyBlue
- Visit the direct link below and enter the access code MEDEXP



Many other tools and resources are available on HealthyBlue. Explore the site and find the ones you like best.

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support on behalf of BCBSND.



Using your insurance for routine care

Learn about routine care and how to get it. Get details on:

- Making appointments
- Using your ID card
- What your plan covers
- Seeing a specialist

Using your insurance for routine care

What is routine care?

There are three different levels of care:

1. Routine care
2. Urgent care you get at a walk-in clinic
3. Critical care you get in an emergency room

Routine care is care you get from your PCP. He or she can send you to a different doctor if needed. Some examples of routine care are:

- Check-ups
- Physicals
- Health screenings
- Medication refills
- Care for health conditions like diabetes, high blood pressure, asthma and other chronic conditions

Know your PCP

Your assigned PCP and main clinic are in the North Dakota Medicaid Expansion network.

For routine care, always start with your PCP. If you need to see another doctor, your PCP will help get you a referral.

How to make an appointment

Follow these steps to make an appointment:

1. Have your ID card and the name of your doctor ready.
2. Call your doctor's office or clinic.
3. If you are a new patient, let them know.
4. Say why you're visiting (example: you're sick, annual exam, seeing your new doctor, etc.).
5. Tell them you have ND Medicaid Expansion and give them the information on your ID card.
6. Ask if you need to bring any documents or medications with you.

You may be able to have a virtual care appointment

For some things, you may be able to see a doctor without leaving your home. Often you can have a visit in minutes using your computer, tablet or smartphone.

Virtual care visits work well for conditions such as:

- Acne
- Bronchitis
- Bug bites
- Cold sores
- Flu
- Lactation support
- Mental health counseling (anxiety, depression)
- Nutrition
- Pink eye
- Contraceptive counseling
- Rashes and skin conditions
- Strep throat
- Sinus infection
- Urinary tract infections

Your primary provider may offer virtual care services. Visit their website for sign-in and visit instructions or contact them to begin care.

You may be eligible for the Diabetes Prevention Program (DPP)

The Diabetes Prevention Program (DPP) is available to you if you are at risk for type two diabetes. A DPP program may be offered by your health care provider.

You may be eligible for the Medication Therapy Management Services (MTMS) program

The Medication Therapy Management Services (MTMS) program may be available to you if you take a lot of drugs to make sure they are safe and work well. A MTMS program may be offered by your pharmacist.



How to use your ID card


Your ID card is proof of your insurance. It shows:


- Your name
- Your member ID
- It may include the name of your assigned doctor office to help you coordinate your health care.

Important things to do with your card:

- Always keep it with you
- Do not let others use the card
- Have it ready for all health visits or when you're making an appointment

If your ID card is lost, call Member Services at 1-833-777-5779.

 BlueCross BlueShield of North Dakota		North Dakota Medicaid Expansion
Member Name Elizabeth Samplename		Primary Care Provider Provider Name
ID YME 000000000000		ND Medicaid Expansion
SvcType Medical	Plan Code 821	Office Visit Copay \$0
		Pharmacy – see back of card

 BlueCross BlueShield of North Dakota		medicaid.bcbnsd.com
Subscriber: Identify yourself by the ID Number on the face of this card.		Member Services: 833-777-5779 Provider Service: 833-777-5779 TTY: 1-800-366-6888 or 711
Providers: File claims with your local Blue Cross and/or Blue Shield Plan.		Blue Cross Blue Shield of North Dakota 4510 13th Avenue S. Fargo, ND 58121
Pharmacy: Retail pharmacy benefits administered by the North Dakota Department of Human Services. Use the ND Medicaid ID card for these services.		An independent licensee of the Blue Cross and Blue Shield Association.
Benefits outside of ND or its bordering counties are limited to emergency only unless approved by BCBSND.		

Understand what your plan covers

Your plan covers a specific set of medical services. Here are some of the common covered services:

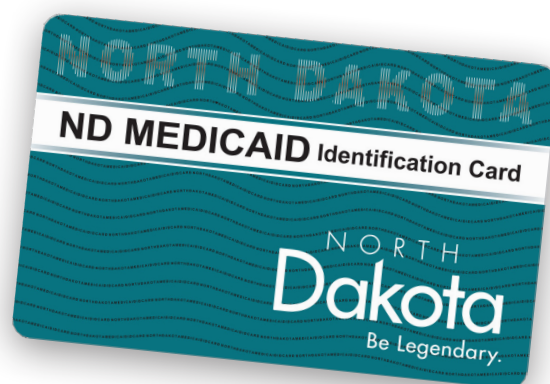
- Medical services like doctor visits, x-rays and lab work
- Hospital services like ER visits and ambulance
- Mental health services
- Other services as described in your Certificate of Insurance

There are some limits and restrictions to your plan. Ask your main doctor if a service is covered before you get it.

Getting prescriptions with your plan

Your prescriptions are covered through the North Dakota Department of Health and Human Services, and not through BCBSND. Please use the teal-colored ID card shown, or the older gold-colored version, to fill your prescription drugs at a pharmacy.

If you have questions about prescription drug coverage, please call 1-800-755-2604 (TTY 711).



At times, you may need to see a different doctor or specialist

Your PCP may want to send you to another doctor or specialist for certain services.

Seeing a specialist

Specialists are doctors who focus on one area, for example, skin care or heart care. If you need to see a specialist, your PCP will give you a referral.

If they are out of network, your doctor needs to get BCBSND approval. Without approval, services may not be covered. It's very important to get approval if it is needed.

Some doctors are in-network and some are out-of-network

BCBSND contracts doctors, clinics and hospitals in the North Dakota service area. This area covers North Dakota and areas of Minnesota, South Dakota and Montana. It's called the BCBSND Medicaid Expansion Network. You can search the network for doctors or clinics.

How to find doctors in the network

The provider directory shows all doctors that are in the ND Medicaid Expansion network. Your plan covers in-network doctors. BCBSND only pays for out-of-network care if an in-network doctor can't provide the care you need and the care is approved by BCBSND.

To help you choose a PCP, the directory shows where PCPs are located, office hours, languages spoken and if they are seeing new patients.

Second Opinion: You have the right to get a second opinion from another qualified health care professional. If there isn't an appropriate professional available in-network, we will arrange for you to get the second opinion out-of-network at no extra cost to you.

Questions about a specific doctor? Call Member Services at 1-833-777-5779. If you are traveling outside the service area, BCBSND covers emergency care.

Not all out-of-network care needs a referral

If you are a woman, American Indian, Alaska Native, have special health care needs or in need of family planning services, there are exceptions.

If you are a woman, American Indian, Alaska Native or in need of family planning services, there are exceptions.

Women: You can see an obstetrician, gynecologist or other out-of-network women's health specialist without a referral.

Pregnant women: You can get routine obstetrics and gynecology care from your main doctor or an in-network specialist. You don't need a referral for maternity visits and Pap tests. Otherwise, you may be able to see an out-of-network doctor with approval.

Note: *This plan does not cover babies. Members who become pregnant will have an opportunity to change to North Dakota's traditional Medicaid program for coverage of yourself and your baby. Contact your Human Service Zone for more details. (Refer to page 23 for additional information.)*

Family planning services: Your main doctor, an obstetrician or gynecologist can give family planning help. You don't need referrals to visit a family planning clinic.

American Indian/Alaska Native: BCBSND covers care from Indian Health Service (IHS), Indian Tribes, Tribal Organizations, Urban Indian Organizations or through referrals under Contract Health Services (CHS). If your main doctor is at one of these places, they are considered in-network.

If your doctor is considered an out-of-network Indian Health Care Provider (IHCP), they can refer you to an in-network provider.

Special health care needs: BCBSND may cover care if you are at risk for, chronic physical, developmental, behavioral, or emotional conditions.

Emergency services do not need a referral.

Need help finding an American Indian care doctor? Call Member Services at 1-833-777-5779.

Post-stabilization

Once an emergency medical condition is under control, post-stabilization services may be needed to improve or fix your condition.

You may remain in the hospital until your condition is stable, or you can be safely taken to an in-network facility.

Precertification, authorization or prior approval is not needed for emergency or post stabilization care. If you can, please show the facility your ID card and ask the staff to call your PCP.

For more information, call Member Services at 1-833-777-5779.

How to get precertification

Precertification means getting an OK from BCBSND for special care. Services that require precertification and are not precertified will be denied. Your PCP will send BCBSND the information needed. Then, a BCBSND nurse or doctor will review it.

To find out which services need precertification, call Member Services at 1-833-777-5779.

How long to wait for precertification

BCBSND will send you a decision within 14 days or contact your PCP for more information.

If you are in pain or facing a serious problem, your PCP can ask for a faster decision. BCBSND will then decide within 72 hours.

If your doctor leaves the network

If this happens, BCBSND will let you know and help you find a new doctor. You might be able to see them for a longer period before switching. This is called continuity of care. Contact BCBSND about continuity of care. Your request will be reviewed.

If you are shifting from Medicaid to Medicaid Expansion

The following practices will help allow a smooth switch:

- A Medicaid-approved hospital stay is covered until midnight on the day your Medicaid expires.
- Medical equipment ordered, but not delivered when your Medicaid expires, may still be covered.
- The state will transfer your medical information to BCBSND.
- A medical service approved, but used after your Medicaid expires, may still be covered. BCBSND will tell you if there is a change.

Treatment for mental health or substance use

Talk to your PCP about your concern. Need immediate help? Contact the crisis line by calling 1-833-777-5779.

How much care will cost

Your plan takes care of all covered care costs. That means you pay \$0. You only pay if you see an out-of-network doctor without approval.

Reference page 31 for items that are not covered.

Know what an Explanation of Benefits looks like

After a doctor visit you will get a letter from BCBSND. This is called an Explanation of Benefits (EOB). It is not a bill, but it shows how your treatment or service was paid.

1 Explanation of Health Care Benefits

THIS IS NOT A BILL. This is an explanation of the claim processed based on your plan benefits in effect when the service was performed. Please keep this form for your tax records.

Claim Number:XXXXXXXXX Patient ID: Patient Control Number: XXXX Group Number:XXXXXXXXX
Group Name: COMPANY ABC
Provider: COMPANY ABC

Claim Information
Subscriber Name: XXXXXXXX
Patient Name: FIRST NAME LAST NAME
FIRST NAME LAST NAME

Dates of Service/Description	Charges	Provider Responsibility Amount	Allowed Amount	Patient Non-covered Amount	Amount Pd by Other Ins	Deductible Amount	Co-pay Amount	Co-Insurance Amount	Paid Amount	Amount You Owe	Notes ID
XX/XX/XXXX XX/XX/XXXX DESCRIPTION OF SERVICE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Note:
J4041 This is the difference between the provider's charge and our allowance. Since the provider is participating, you are not responsible for this amount.

Patient Benefit Summary
Patient: FIRST NAME LAST NAME
Benefit Period: XX/XX/XXXX - XX/XX/XXXX
You have satisfied \$0.00 of your \$0.00 individual deductible.
\$0.00 has been applied to your \$0.00 individual out-of-pocket limit.
Please refer to your benefit booklet or agreement for further information. Amount(s) shown may include totals from claims which are still being processed and for which you have not been notified.

- 1. Explanation of Health Care Benefits:** The top of the EOB form lists dates, names, the claim number, your plan ID and provider information.
- 2. Provider Responsibility Amount:** The grid section breaks down payment information. You'll see:
 - What the provider charged for your services
 - Discounts they make per their agreement with BCBSND
 - The amount left to pay after the discount
- 3. Patient Non-Covered Amount:** Depending upon your plan, some services aren't covered. Those charges are indicated here.
- 4. Amount You Owe:** The most important part of the EOB is the amount you owe. When you get a bill from the provider, the amount charged should match this number.
- 5. Patient Benefit Summary:** This section has more notes about how your claim was processed.

Get your EOBs online

Your EOB will arrive in your mailbox unless you request to get them online. Sign up for paperless EOBs when you log in to or create an online Member Services account. That's also the place you can manage most everything related to your BCBSND insurance coverage.

If you have any questions, call Member Services at 1-833-777-5779. A service rep can also walk you through the entire EOB.

Transportation, meals and lodging

Transportation

Try first to get a ride from family, friends or a volunteer group. If you can't get a ride, we can help with a ride to and from your covered medical or behavioral health appointment.

Transportation may be covered to the nearest in-network provider available for covered services. You can choose an in-network provider outside of your community for covered services however transportation and lodging expenses may not be covered to reach those services.

Meals

If travel to your medical appointment requires you to stay overnight, you may be able to get help to pay for meals.

- If OK'd, you will have a set meal budget each day with a in-network provider
- Any cost above your set amount is your responsibility

Lodging

If your appointment requires you to stay overnight, we may be able to help.

Call 1-833-777-5779 at least two days before you need a ride in state or as soon as possible, or at least 7 days, before out of state travel, meals or lodging.

Health Care Management Support

BCBSND Medicaid Expansion has partnered with Arkos Health to enhance your care management. Your care team consists of nurse practitioners, nurses, social workers, and technicians. They're ready to meet you at your home or any place that works best for you.

Arkos Health can:

- Help organize your care after leaving the hospital.
- Explain your health through a detailed health screening.
- Clarify the directions for any medications.
- Link you to community resources and helpful services.
- Team up with you and your healthcare providers to plan and set up appointments.

Call (701) 237-1228, or the 24-hour Care Line (844) 442-7567.

Arkos Health is an independent company offering supplemental coordinated care for Medicaid Expansion members on behalf of Blue Cross Blue Shield of North Dakota.

What if I'm pregnant?

Congratulations! Expecting a baby is an exciting time. BCBSND wants to help you get the best care and stay healthy while pregnant. Here are some important things:

- See your PCP as soon as you become pregnant
- Go to all your appointments
- Follow your PCP's advice

Since your baby will not be covered under Medicaid Expansion:

- Call the North Dakota Department of Health and Human Services at 1-844-854-4825
- They may move you to Medicaid

Let others know your health care wishes

Health Care Advance Directive

There may come a time when you become sick and can't tell others your health care choices. A Health Care Advance Directive tells others how you want medical decisions made if you can't speak for yourself.

North Dakota state laws give you the right and responsibility to state your own health care wishes now for later use. Your Health Care Advance Directive covers your decisions around having care provided, withheld or withdrawn.

By completing a Health Care Advance Directive, you make decisions about your medical right to accept or refuse treatment.

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.

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?

With a Durable Power of Attorney for Health Care, you choose a person who can legally make health care choices for you if you're unable to make them for yourself.

What is a Living Will?

A Living Will is a legal document that gives your provider instructions for when you want life-aiding care to be given, withheld or withdrawn. 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 choose to make decisions if you're unable to speak for yourself
- The hospital where you are most likely to be cared for, and your primary care doctor

You can change your mind about these documents at any time.

Will my provider follow my health care wishes?

Your Health Care Advance Directive, Living Will and Durable Power of Attorney are legal documents.

Your doctors are ultimately responsible for the treatment you receive. It is important to tell them your wishes, as there may be times during an emergency a doctor may override your living will to ensure you receive proper care within ethical guidelines.

It is possible a specific treatment or medication listed in your Health Care 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.

A health care provider may not follow your wishes if they go against his or her conscience.

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.

For more information on Advance Directives, please reach out to your PCP's office.

BCBSND will forward your Health Care Advance Directive complaints to the North Dakota Department of Health and Human Services.



Using your insurance in a crisis or emergency

Know how to get after-hours care. Find information about:

- The difference between urgent and emergency care
- When to use emergency care
- How to get help for a mental health crisis
- How to use the 24-hour nurse line

How to get after-hours care

The last section outlined how to get routine care during your PCP's business hours. This section outlines getting urgent and emergency care after hours.

The difference between emergency care and urgent care

Emergency care is care you need right away for a sudden serious health problem such as:

- Severe pain
- Chest pain
- Breathing problems
- Bleeding that will not stop
- Coughing or throwing up blood
- Sudden loss of strength
- Severe burns that can be life threatening if you don't get care immediately

For an emergency, call 911.

Urgent care is care you need within 24-48 hours when you can't see your regular doctor.

Some urgent care clinics are called walk-in clinics. These are different names for the same type of care.

Find in-network walk-in clinics in the Provider Directory. If there isn't a walk-in clinic near you, go to an emergency room.

Use urgent care after hours for problems such as:

- Ear infections
- Low back pain
- Flu
- Fever
- Sore throat

How to get help for a mental health crisis

Dial 1-833-777-5779 for a mental health crisis such as:

- Substance use
- Suicidal thoughts
- Depression
- Relationship conflict
- Stress
- Mental health concerns for loved ones
- Isolation
- Trauma

Calls are answered by professionals who provide support and counseling over the phone. When a crisis cannot be resolved on the phone, a mobile crisis response team may take over.

The mobile crisis response team meets the person in crisis where they are. They can come to a home, school, work or other location.

The team's goal is to quickly stabilize the crisis and help avoid a person's risk of harm to self or others. They will also suggest ways to get help after the crisis is over.

Using the 24-hour nurse line

BCBSND has a 24-hour nurse phone line that can answer your health questions after hours. Please call 1-833-777-5779.



What is covered/what is not covered

Learn about your benefits and costs:

- See what is covered
- How to know what is not covered
- Examples of what's not covered

Types of care covered

Your plan fully covers the cost of your benefits. That means you don't pay anything for covered services. Some examples are:

- Your visit to a qualified health center
- Preventive care*
- Diagnostic medical tests in your doctor's office
- Chiropractic care*
- Rehabilitation services
- Mental health and substance use disorder services
- Comprehensive Eye Examination with Dilation*
- Comprehensive Eye Examination with Dilation for Medical Conditions
- Home health care
- Outpatient surgery*
- Emergency care
- And more

Find more details in your Certificate of Insurance.

*These services have a benefit maximum. Refer to your Certificate of Insurance for details or call Member Services at 1-833-777-5779 with questions.

Know what's not covered

Your plan does not cover everything. Your doctor can help find out what is or isn't covered. Or, you can contact BCBSND Member Services at 1-833-777-5779.

Your service is not covered if:

- A doctor or clinic says you're not covered
- A service is out-of-network and you don't have a referral period (some services are exempt from this rule)
- Services occurred before your plan started or after your plan ended
- BCBSND denied approval or later appeal
- It is not listed in your Certificate of Insurance

Note: If you tell a doctor or clinic to continue care without coverage, you may have to pay. If you don't get approval from BCBSND, you may also have to pay. Your PCP should tell you what the services are and what they cost.

No benefits are available for:

- Care that is not medically needed
- Vaccines you need to travel outside the United States
- Charges that result from missing an appointment
- Treatment for food allergies (e.g., food drops, etc.) or other non-standard allergy services
- Experimental or investigational procedures or equipment
- Services from someone who is not a professional health care provider
- Services from a nurse intern, athletic trainer or other paramedical workers
- Training, counseling or care for learning problems
- Therapy for grief, marriage and sex
- Trial drugs, devices, medical services, treatments or procedures
- Inpatient services for:
 - Diagnostic exams
 - Physical therapy
 - Rest cure
 - Convalescent care
 - Custodial care
 - Maintenance
 - Sanitaria care
- Non-prescription birth control
- Sterilization reversal
- Elective abortions
- Non-surgical obesity treatment and diet programs
- Cosmetic Services
- Alternative treatments such as:
 - Acupuncture and acupressure
 - Aquatic whirlpool therapy
 - Biofeedback
 - Chelation therapy
 - Massage therapy
 - Naturopathy
 - Homeopathy
 - Holistic or integrative medicine
 - Hypnotism, hypnotherapy and hypnotic anesthesia
 - Music therapy
 - Equine therapy
 - Therapeutic touch
- Testicular prostheses
- Wigs, cranial prosthesis or hair transplants
- Over-the-counter orthotic devices
- Footcare unrelated to diabetes
- Dental care
- Vision care
- Care also covered by any government or social agency
- Work-related illness Injury or illness due to illegal activity
- Services provided by immediate family
- Personal hygiene or convenience items
- Fitness equipment, health club membership
- Side effects of non-covered care
- Services where precertification was required but not obtained
- Services received outside the United States
- Drug testing for non-medical necessity
- Paternity testing



How to solve a problem with your plan

Find out how to solve problems with your doctor or BCBSND:

- Filing complaints
- Filing appeals
- Requesting hearings

How to solve a problem with your Medicaid Expansion program

If you have a problem with your doctor or care

Even doctors and medical staff can make mistakes. Maybe you feel:

- You didn't get good care
- You were put at risk
- You were mistreated or ignored
- You were billed wrong

The best first step is to talk to your doctor. He or she can take your feedback and work on a solution. Office staff at the clinic may be your next option. You can also file a complaint through BCBSND.

How to file a complaint

To file a complaint, call or write BCBSND after the incident that made you unhappy. You can submit your complaint at any time.

Call: 1-833-777-5779

Or, send a letter to:

Blue Cross Blue Shield of North Dakota
4510 13 Ave. S.
Fargo, ND 58121

We will confirm we received your complaint. We will follow up after the complaint within 90 days.

How to appeal a BCBSND decision

If you disagree with the outcome of a decision, you have 60 days to appeal. No appeals are accepted after 60 days. To start your appeal:

1. Fill out the Appeal form found on medicaid.bcbsnd.com/resources
2. Include all documents related to the appeal.
3. Send the letter and documents to:
Blue Cross Blue Shield of North Dakota
4510 13 Ave. S.
Fargo, ND 58121

You can also file your appeal by fax at 701-277-2209 or via email at appeals@bcbsnd.com.

Call 1-833-777-5779 if you need help filing your appeal.

BCBSND will respond to your appeal within 30 days. For emergency issues, BCBSND will respond within 72 hours.

Need help filing or understanding a denial? Call Member Services at 1-833-777-5779.

Who decides on your appeal?

A care professional who was not a part of the first review. They will have a background in your specific issue.

If you would like copies of data used to decide your appeal

You can ask for free copies of the data used to answer your appeal. You can also ask for the credentials of the reviewer. Call Member Services at 1-833-777-5779.

What to do if you still disagree

If you still disagree with the results, you have a right to a State Fair Hearing. To get a State Fair Hearing, you may send the Request for Hearing form found on <https://www.nd.gov/eforms/Doc/sfn00162.pdf> to:

Appeal Supervisor

North Dakota Department of Health and Human Services
600 East Boulevard Avenue, Dept 325
Bismarck, North Dakota 58505-0250

Fax: (701) 328-2173

Email: dhslau@nd.gov

Phone: (701) 328-2311

You must request your state fair hearing within 120 days. This can be done in writing by fax, email, or mail or by verbal request. If you start a State Fair Hearing, please call BCBSND at 1-833-777-5779 so we can keep your benefits active.

What is a State Fair Hearing?

A State Fair Hearing is an administrative appeal hearing held before an administrative law judge where both parties will present their case. The administrative law judge will then present recommended findings of fact, conclusions of law, and order to the Department. The Department then issues the final decision and will share it with the member and BCBSND.

What happens during a State Fair Hearing?

While you're waiting for the decision from your State Fair Hearing, you may have to pay for the cost of services until a decision is made unless all of the following apply:

- The member files the request for an appeal within 60 calendar days following the date on the Adverse Benefit Determination notice.
- The appeal involves the termination, suspension or reduction of a previously authorized service.
- The member's services were ordered by an authorized provider.
- The period covered by the original authorization has not expired.
- The request for continuation of benefits is filed on or before the later of the following:
 - Within 10 calendar days of BCBSND sending the notice of the Adverse Appeal Resolution or
 - The intended effective date of BCBSND's proposed Adverse Appeal Resolution

What happens to my benefits?

If the member's benefits are continued or reinstated during the appeal or while the State Fair Hearing is pending, the benefits will be continued until one of the following occurs:

- The member withdraws the appeal or Request for State Fair Hearing.
- The member does not request a State Fair Hearing and continuation of benefits within 10 calendar days from the date BCBSND sends the notice of Adverse Appeal resolution.
- A State Fair Hearing decision adverse to member is issued.

What happens after a State Fair Hearing?

If the State upholds appeal: You will be responsible for the costs of care.

If the State overturns appeal: BCBSND will approve and pay the claims as soon as possible.



Your rights and responsibilities

Details about:

- Your rights
- Your responsibilities
- Key rights and responsibilities to keep in mind
- Non-discrimination statement
- BCBSND privacy policy

Your Medicaid Expansion rights and responsibilities

As a member you have the right to:

- Fair access to treatment and/or accommodations that are available or medically indicated.
- Be treated with respect, dignity and with consideration for privacy.
- Privacy of your personal information that BCBSND maintains following federal and state laws.
- Request a copy of your medical records from BCBSND. You have the right to request that they be amended or corrected following federal law.
- Be informed about your health condition.
- Receive information about treatment options and alternatives. This must follow your condition and understanding. It should be offered regardless of cost or benefit coverage.
- Take part in health care decisions. This includes the right to refuse treatment.
- Use the grievance and appeal process for complaints, comments and timely resolution of disputes. You may do so by contacting BCBSND Member Services or completing the online form.
- Be free from any restraint or seclusion used for coercion, discipline or convenience. This follows other federal regulations on the use of restraints and seclusion.
- Be free to exercise all rights. By using those rights, the State, BCBSND and its Network Health Care Providers will not treat you differently.
- Information on BCBSND, its products and services, its providers, and your rights and responsibilities, under 42 CFR §438.10.
- Request information about the structure and operation of BCBSND. This includes:
 - BCBSND's policy for the selection of network providers.
 - What is required of network providers.
- Request help with communication. This includes written information in other formats and written and oral translation services.

Key rights to keep in mind

- Care that is free of discrimination
- You should always be treated with respect
- You can get a copy of your personal available medical records from BCBSND
- Your information must be kept private
- You must be kept informed about your care
- You have the right to refuse any care
- You have the right to appeal any decision
- Request an authorization for services

Your Responsibilities

- Know your health plan benefits, its requirements and limitations.
- Communicate changes in name, address or phone number within 10 days.
Call toll-free (844) 854-4825|ND Relay TTY: (800) 366-6888 (toll-free).
- Other times you should call 1-844-854-4825. If you:
 - Have changes in household (marriage/divorce, having or adopting a baby, death in the family)
 - Have an income change that may affect coverage
 - Are leaving jail or prison
- Tell the North Dakota Department of Health and Human Services Division of Medical Services of any changes of eligibility.
- Provide the needed information to your Health Care Providers to give care.
- Follow the treatment plan prescribed by your Health Care Provider.
- Provide BCBSND enough information to process claims and provide plan benefits.

Key responsibilities to keep in mind

- Know about your plan and what it covers
- If you move, you must tell the North Dakota Department of Health and Human Services
- Be honest and open with your doctors and follow their treatment instructions
- Cooperate with BCBSND on processes related to your plan

If you misuse your benefits

Fraud is a crime. Any person and/or member who engages in an activity intended to defraud the plan may be guilty of fraud.

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

As a member:

- Review Explanation of Benefits (EOB). Make sure benefits are correct.
- Don't let someone else get treatment with your identity. If your ID card is lost or stolen, report the loss to BCBSND.
- Provide complete and accurate information on claims and any other forms. Answer all questions as best you can.

Report any suspected fraud or abuse

- Call the BCBSND Fraud Hotline at 1-877-537-2830 with:
 - Concerns about charges on an Explanation of Benefits (EOB).
 - Suspicions of any illegal insurance activity.

All calls are confidential. BCBSND's goal is to make sure that members get the care they need while being responsible with resources. If there is a pattern of unnecessary services or benefit abuse/misuse, BCBSND may enroll you in the Coordinated Services Program (CSP). BCBSND will send you a letter if this happens. While in the CSP, you will have one coordinated services medical provider and one pharmacy provider. The coordinated services medical provider can also refer you to specialists who can help maintain and improve your health. You will be able to choose your coordinated services medical provider and pharmacy provider.

Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice

BCBSND maintains a Notice of Privacy Practices, which outlines how BCBSND uses and discloses protected health information (PHI), sets forth BCBSND's legal duties regarding PHI and describes your rights with respect to PHI. You can get a Notice of Privacy Practices by contacting Member Services at 1-833-777-5779.

Mental Health Parity and Addiction Equity Act (MHPAEA)

BCBSND ensures compliance with the MHPAEA by providing mental health and substance use disorder (MH/SUD) benefits that are no more restrictive than the medical and surgical benefits offered under your plan. Yearly an analysis is completed to ensure compliance with the non-quantitative treatment limitations (NQTLs). BCBSND will provide a summary of its most current comparative analyses upon request.

BCBSND non-discrimination statement

BCBSND does not discriminate in admission, treatment or participation in its programs, services and activities based on:

- Race
- Ethnicity
- Color
- National origin
- Disability
- Sex
- Gender
- Gender identity
- Sexual orientation
- Religion
- Religious beliefs
- Medical condition, including history of a mental health and substance use disorder
- Sources of payment for care
- Existence of an Advance Directive or age

File a discriminatory grievance or complaint if you believe BCBSND has failed to provide services or discriminated in another way based on the above list. You can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S
Fargo, ND 58121

(701-297-1638) or North Dakota Relay at (800-366-6888), or 711 (701-282-1804) (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk)



Contact information

BCBSND Offices

For help, call Member Services at 1-833-777-5779 or contact our office closest to you.

Fargo Office

4510 13th Avenue South

Jamestown Office

300 2nd Avenue Northeast, Suite 132

Bismarck Office

1415 Mapleton Avenue

Grand Forks Office

3570 South 42nd Street, Suite B

Minot Office

1308 20th Avenue Southwest

Williston Office

1500 14th Street West, Suite 270

Contact information

BCBSND member services Monday-Friday 8 a.m. - 5 p.m. CT excluding state designated holidays <ul style="list-style-type: none">▪ Help with your plan▪ Understanding coverage▪ Finding a doctor	1-833-777-5779
24-Hour nurse line	1-833-777-5779
Mental health crisis line <ul style="list-style-type: none">▪ Substance use crisis▪ Suicidal thoughts▪ Depression▪ Relationship conflict▪ Stress▪ Isolation▪ Trauma▪ Other urgent mental health crises	1-833-777-5779
Rides to appointments, meals and lodging Call at least two days prior for assistance	1-833-777-5779
Arkos Health care management support Help with care if you have a serious illness	1-844-442-7567
North Dakota Department of Health and Human Services (prescription services) If you need help with prescription questions	1-800-755-2604
Complaints and appeals	1-833-777-5779
Translation service If you need help in another language	1-833-777-5779
BCBSND main office Monday-Friday 8 a.m. - 4:30 p.m. CT Blue Cross Blue Shield of North Dakota 4510 13th Avenue South Fargo, North Dakota 58121	
Website <ul style="list-style-type: none">▪ More plan details▪ Wellness tools	medicaid.bcbsnd.com
Fraud, waste and abuse	1-877-537-2830



In accordance with Medicaid regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

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

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at (1-833-777-5779) (toll-free) or through the North Dakota Relay at (1-800-366-6888) or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race; ethnicity; color; national origin; disability; sex; gender; gender identity; sexual orientation; religion; religious beliefs; medical condition, including current or past history of a mental health and substance use disorder; sources of payment for care; existence of an Advance Directive or age, in admission, treatment, or participation in its programs, services, and activities, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

(701-297-1638) or North Dakota Relay at (800-366-6888) or 711

(701-282-1804) (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email. Grievance forms are available at www.medicaid.bcbsnd.com or by calling (1-833-777-5779). If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al (1-833-777-5779) (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (1-833-777-5779) (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (1-833-777-5779) (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (1-833-777-5779) (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (1-833-777-5779) (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona (1-833-777-5779) (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (1-833-777-5779) (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu (1-833-777-5779) (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (1-833-777-5779) (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(1-833-777-5779) (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् (1-833-777-5779) (टिडिवाइ: 1-800-366-6888 वा 711) ।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (1-833-777-5779) (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (1-833-777-5779) (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (1-833-777-5779) (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring (1-833-777-5779) (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kóíí' hódíílnih (1-833-777-5779) (TTY: 1-800-366-6888 éí doodagó 711.)



For questions, call [1-833-777-5779](tel:1-833-777-5779)

For more information, visit medicaid.bcbsnd.com