



Family Handbook

for the Financial Coverage Program

NORTH
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Family Handbook for the Financial Coverage Program





This booklet was produced by the North Dakota Department of Health and Human Services (NDDHHS) Special Health Services Unit and is available on the NDDHHS Special Health Services Unit website at <https://www.hhs.nd.gov/shs>

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Welcome to the Special Health Services Family

What Is Special Health Services?

Special Health Services (SHS) is a unit located within the North Dakota Department of Health and Human Services.

Mission Statement

The mission of SHS is to promote a system of care and services that improves the health and well-being of individuals with special health care needs and their families. Cross-cutting implementation strategies at the heart of all SHS programs include:

- Care Coordination
- Collaboration
- Data-informed decisions
- Information and education

This handbook is being provided to help you understand how SHS can assist you in meeting your child's needs for diagnostic and treatment services.



How To Contact SHS

Mail: 600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505-0250

Phone: 701-328-2436 or 800-755-2714

Fax: 701-328-1645

E-mail: dohcshsadm@nd.gov

Website: <https://www.hhs.nd.gov/shs>

Office hours: 8:00 a.m. to 5:00 p.m. CST

If you are unable to call during office hours, please leave a message with the following information:

- 1) Your name and your child's name
- 2) The phone number where you can be reached
- 3) The best time to call you back
- 4) The reason for your call



Diagnostic Services

Promotes early diagnosis of medical conditions.

Diagnostic services may help to secure a diagnosis when the medical condition is unknown, or to monitor the condition until treatment is recommended. Children are eligible for diagnostic services if they meet both medical eligibility criteria and financial eligibility (annual income levels). The annual income guidelines are listed on the [SHS Financial Coverage Program Fact Sheet](#) and are located on the SHS website. Diagnostic eligibility is determined on an annual basis.

This program helps pay for office visits and diagnostic tests. Examples include visits to a medical specialist, lab tests, x-rays, Holter (heart) monitors, etc. Services such as surgery, medications, and therapies cannot be covered under Diagnostic Services, as these are treatment services for the eligible condition.

Diagnostic evaluations relevant to SHS eligible medical conditions will be considered for eligibility under SHS diagnostic services. Consultation with an appropriate specialist is encouraged during diagnostic testing and is required once the diagnosis has been confirmed.

SHS may pay up to \$5,000 per child for all diagnostic and treatment services combined in a 12-month period. This limit applies regardless of the number of eligible conditions. Eligibility effective dates may go back 90 days from date of application if there is medical need related to the eligible condition. In this situation, the application must be signed within 30 days from the first point of contact.

Services must be delivered by a SHS-approved, Medicaid enrolled provider. A regularly updated list is available through the state SHS office. SHS can contact providers who are not currently enrolled to see if they meet enrollment requirements. Health care providers, clinics, and facilities must agree to accept SHS payment.

For more information about SHS, visit the SHS website at <https://www.hhs.nd.gov/shs>



Diagnostic Eligibility

To obtain or continue financial help from SHS for diagnostic services, SHS will need the following information:

- Family-related information (e.g., family names, birthdates, etc.).
- Medical report(s)
- Information about other insurance (e.g., private insurance, North Dakota Medicaid, Children's Health Insurance Program, Indian Health Service) including the amount of insurance premium you pay out of pocket
- Contact information about professionals, including health care providers who help your child and family
- Signed authorizations to disclose information

When your child is determined eligible, a Notification of Approval and an identification (ID) card will be sent to you and those you authorized. The notice includes the eligibility effective date, a SHS ID number, the eligible condition(s), any applicable primary insurance information, and the date when the next annual review is due.

Keep this Notification of Approval form and ID card to show providers as proof of coverage.

Diagnostic eligibility is re-determined annually for Diagnostic Services. At age 18, individuals apply on their own behalf and count only their income. Individuals are eligible for the program up to their 21st birthday.



Treatment Services

Assists with payment for medical care.

Treatment services are provided to children with chronic health conditions or disabilities who meet both medical eligibility criteria and financial eligibility (annual income levels). The annual income guidelines are listed on the [SHS Financial Coverage Program Fact Sheet](#) and are located on the SHS website. You can also contact the state SHS office for this information.

Services must be delivered by a SHS-approved, Medicaid enrolled provider. A regularly updated list is available through the state SHS office. SHS can contact providers who are not currently enrolled to see if they meet enrollment requirements. Health care providers, clinics, and facilities must agree to accept SHS payment.

In the following circumstances, care may be provided by a family practice physician, nurse practitioner, or physician assistant:

- Preoperative care or postoperative treatment as recommended in writing by the specialist
- Care of an emergency nature for initial care prior to actual transfer to the specialist
- Short-term management can be performed by primary care providers. Long-term management must include appropriate specialist consultation and follow-up as recommended by the specialist.

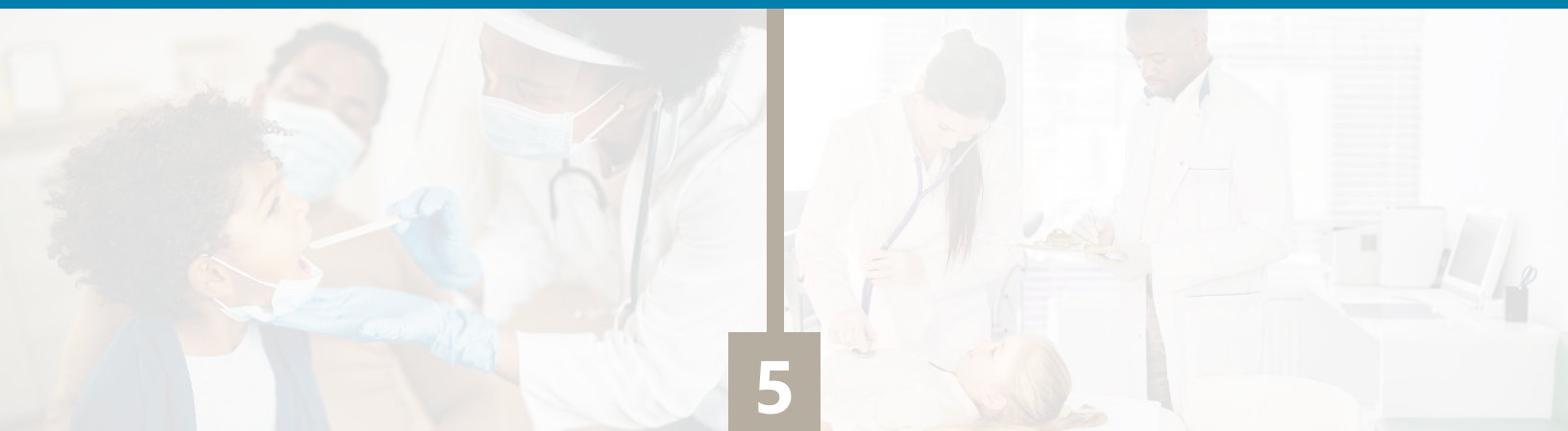
Financial income eligibility levels change each year. If you have a monthly cost share, the amount can be re-determined each May.

This program provides coverage for treatment recommended by a participating specialist such as surgery, medications, therapies, etc.

If you are unsure if services recommended for your child would be covered by SHS or whether the specialist providing the service is enrolled with the program, contact the state SHS office.

SHS may pay up to \$5,000 per child for all diagnostic and treatment services combined in a 12-month enrollment period. This limit applies regardless of the number of eligible conditions.

For more information about SHS, visit the SHS website at <https://www.hhs.nd.gov/shs>



Treatment Eligibility

To obtain or continue financial help from SHS for treatment services, SHS will need the following information:

- Family-related information (e.g., family names, birthdates)
- Medical report(s)
- Financial information (e.g., tax forms, paycheck stubs, child support, Social Security benefits)
- Information about other insurance (e.g., private insurance, North Dakota Medicaid, Children's Health Insurance Program, Indian Health Service) including the amount of insurance premium you pay out of pocket
- Contact information about professionals, including health care providers who help your child and family
- Signed authorizations to disclose information

When your child is determined financially eligible, a *Notice of Action form* or *Re-evaluation of Financial Status form* will be sent to you that includes the eligibility effective date, a SHS ID number, the eligible condition(s), any applicable monthly cost share, any applicable primary insurance information, and the date when the next financial review is due.

Keep this Notification of Approval form and ID card to show providers as proof of coverage.

Financial eligibility is re-determined annually for Diagnostic and Treatment Services. The next review date is listed on the Notice of Action or Re-evaluation of Financial Status form that you receive. At age 18, individuals apply on their own behalf and count only their income. Individuals are eligible for the program up to their 21st birthday.

When your annual financial review is due, you will need to provide SHS with your current income and insurance verification. The SHS Program Administrator also will assist you in developing a new care coordination plan.

Contact the state SHS office if you have questions about coverage for services.

Medical Eligibility

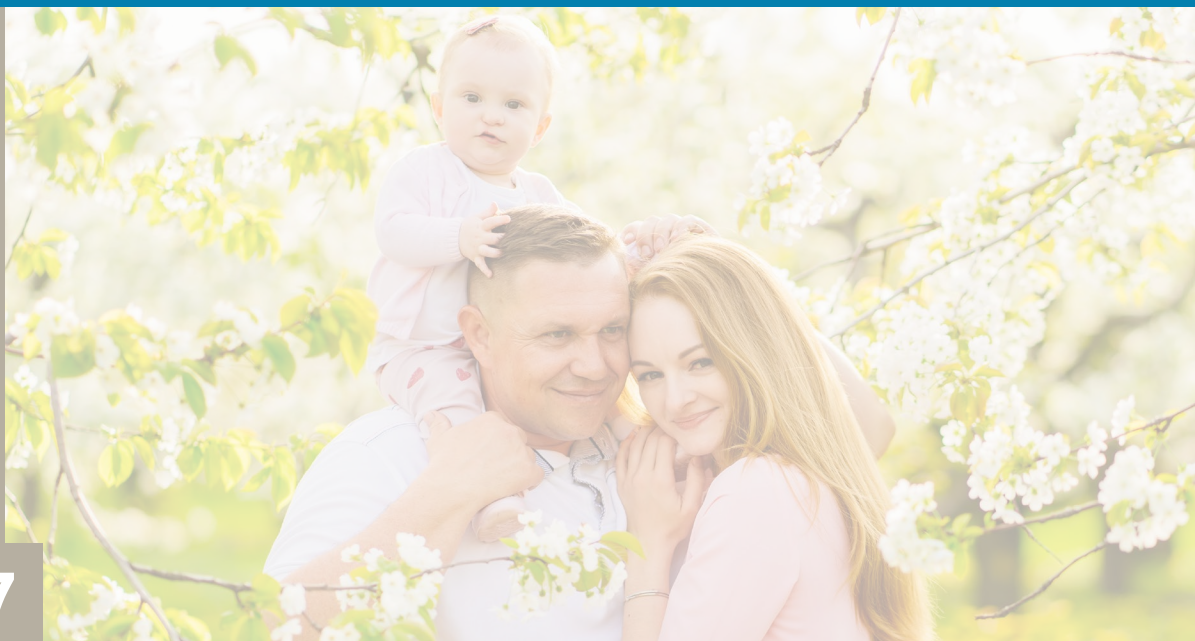
SHS can help you with diagnostic and treatment coverage for certain medical conditions. Current medical reports are needed to determine if your child has, or may potentially have, an eligible condition.

While SHS may not be able to help with payment for all your child's health care needs, it is important to provide as much detail regarding your child's medical history to help you get the most benefit from your insurance coverage and help you locate and use other resources. Below is a partial list of eligible conditions that SHS covers.

- | | |
|----------------------------------|----------------------|
| Acquired brain injury | Hearing loss |
| Asthma | Heart conditions |
| Bony deformities | Hemophilia |
| Burns | Joint deformity |
| Cancer | Malocclusion |
| Cerebral palsy | Muscular dystrophy |
| Cleft lip and/or palate | Phenylketonuria |
| Cystic fibrosis | Rheumatoid arthritis |
| Dental disorders | Scoliosis |
| Diabetes | Seizure disorders |
| Gastrointestinal tract anomalies | Spina bifida |
| Genitourinary tract anomalies | Strabismus |
| Growth hormone deficiency | Syndromes (limited) |

A complete list of eligible conditions is available through the state SHS office or SHS website:

<https://www.hhs.nd.gov/shs>



Financial Eligibility and Cost Share

Some families may be over the SHS financial income eligibility levels to qualify for diagnostic and treatment services without a cost share. If this occurs, the amount that is above the annual financial income eligibility level is divided by 12 to arrive at the monthly cost share. Financial eligibility will be determined on a case-by-case basis if the monthly cost share exceeds \$3,000.

As the providers submit claims to SHS, the monthly cost share amount is reduced. The provider will then be notified by SHS to collect the amount from you. You will receive a bill from the provider. Once the monthly cost share has been met, the claim may be covered by SHS.

Example of determining cost share

\$ 50,225 Annual Income
- \$ 49,025 Federal poverty level for a family of four
= \$ 1,200 difference divided by 12 months in a year
= \$ 100 per month cost share
(Federal poverty levels change yearly).



Out-of-pocket medical expenses can be used to reduce the cost share for an eligible child. Included are medical expenses paid for any other family members or services for the eligible child that are not related to the eligible condition as long as they occur in the same month. You will need to provide the state office with documentation, such as an explanation of benefits from your insurance, or a statement from the provider. All documentation must show the date of service, amount paid out of pocket, and the provider who performed the service.

Example of cost share and insurance

\$ 1,000 Provider bill
- \$ 800 Insurance pays
= \$ 200 Remaining balance
- \$ 100 Family's cost share
= \$ 100 SHS pays to provider

Transportation expenses, when related to the child's eligible condition and is at least 50 miles one way, may be used to reduce the monthly cost share. Expenses will be deducted only for the month they were incurred when documentation is provided. Documentation of transportation expenses are to be submitted to the state office on a monthly basis. Examples of transportation expenses include mileage, meals, and lodging.

Financial income eligibility levels change in May every year. If you have a monthly cost share, the amount can be re-determined each May. If you have had a change in your income at any time during the year, please notify the state SHS office.

Insurance and SHS

SHS helps your child receive specialized medical care for the conditions listed on your Notice of Action form. SHS can help pay for this care; however, there are certain requirements you must follow, so your help is needed. Always give your child's SHS ID number upon check-in to notify registration or billing staff that SHS is a payer for your child's eligible condition.

Contact SHS:

- If the medical care your child needs is not covered by your plan.
- If your insurance has special requirements (e.g., using network providers, getting a referral or prior-authorization). You must follow these requirements unless exceptions have been approved in advance by SHS.
- If your insurance sends a check to you instead of the doctor, hospital, or other provider. You must use that money to pay those providers before SHS can pay.

Let SHS know immediately if there has been a change in your address, phone number, family size, income, or if you become eligible for Medicaid coverage or CHIP. If requirements are not followed, SHS may not be able to pay the bill even though your child has been determined eligible.



Children's Health Insurance Program (CHIP), Medicaid and SHS

If your child has the Children's Health Insurance Program (CHIP) or Medicaid, those programs cover most medical care for children up to age 19 or 21. For more information about these programs, visit <https://www.hhs.nd.gov/healthcare/CHIP> or call **877-KIDS-NOW** or **877-543-7669**.

Under certain circumstances, SHS can help if you have coverage through Medicaid or CHIP.

SHS can:

- Assist with referrals to other agencies or community resources
- Assist in finding physicians and other providers
- Assist with some non-covered services by Medicaid or CHIP
- Review claims that are denied by Medicaid or CHIP



Bills and SHS

Sometimes you will receive a bill for medical services that SHS can cover.

If you receive a bill, contact the provider immediately, give them your child's SHS ID number, and ask them to bill SHS. You will find this number on the Notice of Action form, SHS ID card, or Re-evaluation of Financial Status form that was sent to you.

If you continually receive a bill from the provider after you have contacted them and given your child's SHS ID number, call SHS or send the billing statement to the state SHS office.

The sooner SHS receives your call or the billing statement from you, the quicker the claim can be processed for payment. If you have more than one payer, claims will take longer to process.



When To Contact SHS

In order for SHS to help you coordinate services for your child, please call the state SHS office about the medical services your child may need in the following circumstances:

- When seeing a new provider
- When receiving care out of state
- To notify SHS before or immediately after hospital stays or emergency room visits
- The kind of surgery that is being done to ensure coverage through SHS, including lab work, x-rays, or other care needed before and after surgery
- Need additional equipment or supplies
- Medication changes
- Need additional therapies (physical, occupational, and speech)
- Referrals recommended by the specialist
- If you receive a bill for eligible services
- Other medical concerns (e.g., another child with a new possible eligible diagnosis)

Also call about changes in:

- Health insurance, North Dakota Medicaid, or CHIP
- Child's address or phone number
- Child's treatment
- Family size and income

If you are receiving a bill from your provider and have questions about payment, feel free to call SHS at 701-328-2436 or 800-755-2714.

The more SHS knows about your child's needs, the better the program will be able to help you in meeting those needs.

Care on the Weekend or After Working Hours

SHS can cover emergency services after typical clinic hours if the services are for an eligible condition. It is not required to notify SHS of after hour services.

Services covered by SHS must be determined a true emergency by the SHS Medical Director.

Ground and air ambulance services are not covered by the SHS program.



Medical Equipment

Individuals eligible for treatment services are encouraged to reuse or recycle their medical equipment. Upon replacement or disuse, if the equipment item is resold, individuals are encouraged to use the proceeds to meet ongoing medical-related expenses.



SHS Information Resource Center

SHS can provide information about a variety of health and related topics, such as:

- Medical conditions and providers
- Special health care services/programs
- Typical child development
- Financial assistance
- Family support services
- Well-child health care
- Medical equipment/assistive technology
- Genetic information on inheritance
- Nutrition services
- Health care coverage/insurance

To request information, contact SHS via phone or e-mail.

For more information about SHS, visit the SHS website at <https://www.hhs.nd.gov/shs>



Care Coordination

Meeting the complex needs of children and their families often requires special assistance in the form of care coordination, which is also known as service coordination, or case management. For SHS, optional care coordination is provided by a SHS Program Administrator.

Care coordination planning is a participatory process with the child and family. Although the care coordination plan is family driven, the SHS Program Administrator's suggestions and perspectives also are valuable to the planning process. An annual meeting to develop the care coordination plan is required.

Care coordination helps:

- Identify the family's strengths and needs
- Determine interventions through a written care coordination plan
- Link the family to services or other resources



SHS Family Involvement

SHS supports a Family Advisory Council that meets two to four times each year. This council is the primary way that SHS ensures family involvement in program and policy. Families advise staff about services for children with special health care needs and their families.

Please contact SHS for more information if you think you might be interested in participating on the Family Advisory Council.

Additional information can also be found at: <https://www.hhs.nd.gov/cfs/family-centered-partnerships>



SHS Glossary

As you work with SHS, you may find some terms that are unfamiliar to you. This glossary will define those terms as they apply to SHS. As always, if you have questions about this information, call SHS.

Annual financial review: Financial eligibility is re-determined every enrollment year for the Financial Coverage Program.

Approved provider: A medical or dental provider who has met SHS licensing and certification criteria. This provider is able and willing to accept SHS payment.

Care coordination: The process by which the SHS Program Administrator helps families meet medical, social, financial, educational, and family support needs.

Children's Health Insurance Program (CHIP): A benefit program for eligible North Dakota children to age 19 who do not have a source of health care coverage. The program offers comprehensive medical, dental, and vision coverage.

Cost share: Families that are above the financial eligibility levels must spend a designated amount for out-of-pocket medical expenses each month for the family unit before SHS will pay for care or services for the eligible child.

Diagnostic Services: Provides coverage for services that promote early diagnosis of SHS eligible medical conditions to children who meet financial and medical eligibility criteria.

Eligible condition(s): A list of medical conditions covered by SHS.

Eligibility effective date: If financial and medical eligibility criteria are met, an eligibility effective date is established. The eligibility effective date is indicated on the Notice of Action or the Re-evaluation of Financial Status forms.

Explanation of benefits (EOB): A statement from your insurance company that explains what was paid and why the insurance company processed the claim a certain way. The provider will attach the explanation of benefits to the claim form when they submit the bill to SHS for reimbursement.

Identification number: This is a number for your child that is assigned by SHS. Families need to provide the ID number to clinics, physicians, hospitals, pharmacies, etc., who are providing services for their child, so they know to bill SHS.

SHS Glossary

(continued)

Indian Health Service (IHS): Provides health services to American Indians and Alaskan Natives who belong to federally recognized tribes. The Indian Health Service administers health services through Indian Health Service’s facilities, through tribally operated facilities, and by contracting for health services.

Medicaid: Medical Assistance, or Medicaid, is a North Dakota Department of Health and Human Services program that provides assistance with medical, dental, and vision services for families with a low income.

Medical eligibility: The SHS medical director determines medical eligibility for the program. The director reviews medical reports to determine if a child has an eligible condition.

Network providers: Providers who have agreements with an insurance company are considered “in-network” providers. Using “out-of-network” providers can result in a lower payment by the insurance company and a denial by SHS unless it has been approved ahead of time.

Notice of Action: A SHS form that states a child’s medically eligible condition(s), the eligibility effective date, any applicable family cost share, the child’s SHS ID number, applicable primary insurance information, and date when the next financial review is due.

Primary-care provider (PCP): The child’s regular provider who delivers routine childhood care. Many insurance companies, and Medicaid, may require that a child have a primary-care provider.

Provider: The individual, group, or business that provides a medical service to your child (e.g., physician, therapist, hospital, pharmacy, clinic, medical equipment company).

Re-evaluation of Financial Status: A SHS form that states your child’s financial review has been approved for another 12-month period for his/her eligible condition. This form lists any applicable family cost share, your child’s SHS ID number, any applicable primary insurance information, and the date when the next financial review is due.

SHS: Special Health Services

Specialist: A physician who limits his or her practice to certain diseases or areas of the body. Pediatric specialists care for children and adolescents. SHS requires that care be provided by an approved provider.

Treatment Services: Provides coverage for services to children with chronic health conditions who meet medical and financial eligibility criteria.

For more information, contact:

Special Health Services Unit
North Dakota Department of Health and Human Services

600 E. Boulevard Ave., Dept. 325
Bismarck, N.D. 58505-0200

Web: <https://www.hhs.nd.gov/shs>

Email: dohcshsadm@nd.gov

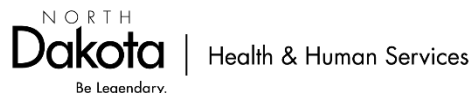
Phone: 701-328-2436 or 800-755-2714 (toll-free)

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