

NORTH DAKOTA

Health Enterprise Bulletin

THE NEW MEDICAID MANAGEMENT INFORMATION SYSTEM

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North Dakota
Department of
Human Services

~
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TRANSITION PERIOD HIGHLIGHTS

The Transition Period to move historical data from the current Legacy MMIS to the new ND Health Enterprise MMIS is in place from August 18, 2015 @ 6pm CT through October 4, 2015. The North Dakota Health Enterprise MMIS is scheduled to go live on October 5, 2015 at 8:00am CT.

The Department will mail two very important letters to ND Medicaid participating providers and Trading Partners approximately September 15, 2015. These letters contain essential information required to access the Enterprise provider web portal, Automated Voice Response System (AVRS), and submit claims. Each letter includes provider-specific unique data including the new 7-digit Enterprise Provider Medicaid ID and associated taxonomy code for each ID, group affiliations (if applicable), Organization Administrator (Web User) ID, AVRS Provider Identification Number (PIN) and provider web portal password.

Providers can expect separate mailings of user ID's and passwords and can begin accessing the ND Health Enterprise MMIS portal at 8:00am CT on 10/05/15.

TRANSITION PERIOD CALENDAR OF EVENTS

Scheduled Key Dates	Event
8/5/15	Last date to accept claim adjustments in ND Legacy MMIS
8/18/15	Last date for accepting paper claims in ND Legacy MMIS All Providers (except Qualified Service Providers (QSP), Transportation and Basic Care Providers)
8/19/15 – 9/30/15	Transition Period for paper claims (submissions will be returned to provider)
8/21/15	Last date for submission of provider enrollment applications
9/2/15 @ 12 Noon CDT	Last date for accepting electronic claims in ND Legacy MMIS
9/2/15 – 10/4/15	Transition Period for electronic claims (837)
9/8/15	Last date for accepting QSP, Transportation and Basic Care paper claims in ND Legacy MMIS For QSP, Transportation and Basic Care Providers Only
9/14/15	Final Remittance Advices (RAs) & claims payments released in ND Legacy MMIS
10/5/15 - 8am CDT	ND Health Enterprise MMIS scheduled Go Live – Day One

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TRANSITION PERIOD HIGHLIGHTS

(CONTINUED FROM PAGE 1)

Provider Enrollment: Due to a required suspension of all system changes, acceptance of new provider enrollment applications ceased on 8/21/15. Provider enrollment processing for new and in-process applications will re-start on 10/05/15.

Service Authorizations: The Department will continue to accept and process requests for service authorizations during the Transition Period.

Pharmacy: Pharmacy claims submitted through Point of Sale will continue to process during the Transition Period, with the exception of a brief outage from 10/4/15 @ 10pm CT to 10/5/15 @ 8am CT.

Security Access: All providers (except QSP) need to identify one or more Organization Administrators who will self-manage MMIS security access to HIPAA protected data for office staff. [See article on page 3 for more detail.](#)

Call Center: Starting on September 21, 2015, the Department will begin taking live calls at the new ND Health Enterprise MMIS call center. Please contact the Call Center staff at 877-328-7098 with general questions. Call Center staff will not have access to ND Health Enterprise MMIS data until October 5, 2015.

Inactive Provider Claims: A provider that does not enroll in ND Health Enterprise MMIS and needs to submit a claim or adjustment with date of service prior to 10/5/15, will need to submit their claims on the paper claim form using the new claim form instructions for processing in ND Health Enterprise MMIS. Claim forms and instructions are available at <http://www.nd.gov/dhs/info/mmisis/claims-instructions.html>.

Check writes: The last regular Legacy MMIS check write is 9/14/15. The new ND Health Enterprise MMIS will begin processing claims on 10/5/2015. The Department will begin the first Enterprise payment cycle process on 10/9/15 and anticipate payment release on 10/12/15. While the Legacy MMIS performed weekly claim processing, the new ND Health Enterprise MMIS performs real-time adjudication. This means that when claims are accepted into the system for processing they are immediately adjudicated and placed into one of three status categories of: to be paid, to be denied, or suspended. Claims in the first 2 categories of "to be paid" or "to be denied" (also called finalized claims) by Friday 10/9/15 at 5pm CT will be included in the 10/12/15 payment release.

MDS: The Department will no longer be accept claim files submitted through the Web-file transfer system. The current Web-file transfer process will only be used for Minimum Data Set (MDS) transmissions.



AUGUST 2015 ENTERPRISE BULLETIN CORRECTION:

The August 2015 Bulletin posted on 8/14/15 in the Billing and Claims Corner-What's Changing section had an error. We published "*Bilateral procedures should be reported on one line item with modifier -51.*" The corrected statement reads: **Bilateral procedures should be reported on one line item with modifier -50.** The correct information was also reposted in the updated August Bulletin on 8/19/15.

TRANSITION PERIOD:

LEGACY MMIS SUSPENDED CLAIMS DENIAL

On September 15, 2015, the Department will initiate one of the final steps necessary to close down Legacy MMIS. All remaining suspended claims in the Legacy system will be denied with an M16 remark code and a 125 adjustment reason code. These claims cannot be transferred into ND Health Enterprise MMIS because of changes to required claim data and claim editing differences between Legacy and ND Health Enterprise MMIS. Providers with suspended claims will see the following messages on the final Legacy Remittance Advice:

- ◆ **Remittance Remark Code M16:** ALERT: PLEASE SEE OUR WEB SITE, MAILINGS OR BULLETINS FOR MORE DETAILS CONCERNING THIS POLICY / PROCEDURE / DECISION.
- ◆ **Adjustment Reason Code125:** SUBMISSION/BILLING ERROR(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE REMITTANCE ADVICE REMARK CODE OR NCPDP REJECT REASON CODE.)

The Department is working very hard to process as many claims as possible prior to 9/15/15 to minimize the need for providers to review, revise as necessary, and resubmit these claims to Enterprise.

[See page 5 article: ENTERPRISE PAPER CLAIM SUBMITTERS](#)

PROVIDER ENTERPRISE TRAINING WE HAVE BEEN BUSY!

The Department has completed two phases of provider training to prepare providers for success with the launch of the ND Health Enterprise MMIS. Areas of emphasis included "how to" instructional sessions on how to use Enterprise to manage claims, service authorizations, and the new provider portal, in addition to changes in billing practices. The second phase focused on specific training for provider specialties. Since April 2015, providers have also completed thousands of self-directed CBTs available 24 x 7 (see more information below).

- ◆ May 2015: In-Person training in Fargo, Minot and Bismarck
- ◆ May-June 2015: 30 instructor-led webinar training sessions
- ◆ May-June 2015: Series of weekly State-hosted educational conference calls specific to non-QSP and QSP provider communities
- ◆ August 2015: 19 unique State-developed training sessions for provider types with information specific to their specialty

ND HEALTH ENTERPRISE COMPUTER BASED TRAINING STILL AVAILABLE

The Department will continue to evaluate additional training needs after the launch of ND Health Enterprise MMIS. For providers and Trading Partners who have been unable to attend recent instructor-led trainings, as well as for those seeking more ND Health Enterprise MMIS functionality information, more training is available in the form of computer-based trainings (CBT). These free courses are available 24X7.



The Learner Community website is located at: <http://ndmmis.learnercommunity.com>

ESTABLISHING AN ORGANIZATION ADMINISTRATOR

With the launch of North Dakota Health Enterprise MMIS, providers will have a new internet web portal to access secure ND Medicaid information. To log in and utilize this portal, your authorized staff must have an account ID and password. These accounts are created by one or more individuals in your organization designated as the Organization Administrator. Each Medicaid provider must identify at least one Organization Administrator to self-manage staff members' access to ND Health Enterprise MMIS. The Department strongly encourages all providers to establish, at a minimum, one primary and one back-up Organization Administrator.

Each provider must have at least one Organization Administrator in order to use the web portal.

By default, the initial account that is set up for each provider will be the Organization Administrator. The notification letter that you receive prior to the system going live will contain the account that will initially be used to configure that service location. Once you have logged in using this account you will be able to add, configure and maintain it and any additional accounts.

The Organization Administrator is the person in your practice or facility with the primary responsibility and authority to establish accounts and passwords for access to provider specific secure information in ND Health Enterprise MMIS. Here are some tips to get started:

- ◆ Providers who registered for web portal access during the re-enrollment process may have identified an Organization Administrator in the Security section of the Application form. **No action is needed at this time - even if the designated individual has changed since re-enrollment.** The provider will receive a Welcome Letter on or about September 15, 2015 with the Web User (Organization Administrator) ID. The password will be sent in a separate letter on the following day along with the Automated Voice Response access Personal Identification Number (PIN). The ND Health Enterprise MMIS password will be a one-time use password that the Organization Administrator must change upon logging into ND Health Enterprise MMIS the first time on or after October 5th, 2015.
- ◆ If a provider did NOT identify an Organization Administrator during the re-enrollment application process, then they must first perform a web portal registration in ND Health Enterprise MMIS (starting October 5, 2015) with their new 7-digit Medicaid provider number on the Home page of the web portal. Once web portal registration is complete, the Organization Administrator's user ID and password will be mailed to the provider.
- ◆ **IMPORTANT NOTE:** *The Department has recently taken action to assist providers that did not select web portal access during re-enrollment. We updated all providers, with limited exceptions, to have access to the new web portal tool on October 5, 2015. This change now gives providers immediate access to their Remittance Advice on the same day as check-write. Temporary Organization Administrator User IDs were created and will be included in the Welcome Letter mailed on September 15, 2015.*

After registering and updating their ND Health Enterprise MMIS password, the Organization Administrator will be able to:

- ◆ Designate additional Organizational Administrators
- ◆ Create additional user IDs with one-time use passwords for your business

- ◆ Determine and assign users' access to different areas of Health Enterprise
- ◆ Unlock user accounts (accounts are disabled after three failed logins)
- ◆ Re-set staff members' passwords (assist users with lost passwords)
- ◆ Disable user accounts that are no longer in use

Please view the Organization Administrator Computer-Based Training Modules (CBT) at: <http://ndmmis.learnercommunity.com>:

- ◆ CBT-Registering for ND Enterprise Web Access (appointing and registering Organization Admin.)
- ◆ CBT-Managing Web Access and Passwords (managing users with the organization)
- ◆ CBT-Maintaining Organizational Security (working with security accounts for organization users)

Special Considerations

- ◆ **Complex Functional Organizations** - For organizations where Medicaid processing is assigned to several individuals or departments we recommend the Organization Administrator create at least one Backup Organization Administrator. In addition, create additional accounts for individuals in specific functional areas and also create backups for each role in the event of staff absences, job change, or turn over.
- ◆ **Moderate Functional Organizations** – For organizations where individuals perform two or more business functions we recommend the Organization Administrator create a Backup Organization Administrator and create additional accounts assigning specific functional areas.
- ◆ **Simple (single person)** - For organizations where one person performs all business and security functions, the single provider Organization Administrator account also has the Primary Accountholder role assigned and can perform all functions.

What do I do next to establish our Initial Organization Administrator?

If you registered for web portal access during re-enrollment, no further action is required at this time. When ND Health Enterprise MMIS is implemented, the designated individual (even if different from the original designee) can log on to the web portal with the user ID and password in the initial provider Welcome and PIN/Password letters. Following that step, additional Organization Administrator accounts and other user accounts can be established.

If you did not register for web portal access and do not receive a Web User ID in the 9/15/15 Welcome Letter as a result of the Department's action, you can register when Health Enterprise is implemented. The user ID and password will be mailed in separate provider letters. Following that step, additional Organization Administrator accounts and other user accounts can be established.

DENTAL SERVICE AUTHORIZATIONS

Medicaid members on the Dental Frequency List or Dental DD List must be authorized on an annual basis in ND Health Enterprise MMIS. Service authorization (SA) requests must be submitted to the Department for the specific services required (i.e. dental exam and prophylaxis, code D0120 and D1110). These member lists will no longer be maintained by the Department and are the responsibility of the treating provider. SA requests may be submitted via the provider web portal, electronically, or via paper. Additional information on ND Health Enterprise MMIS SAs is available on the Department website.

- ◆ SA Fact Sheet: <http://www.nd.gov/dhs/info/mmis/docs/mmis-service-authorizations-fact-sheet.pdf>
- ◆ SA Training Packets: <http://www.nd.gov/dhs/info/mmis/>

ND MEDICAID LAUNCHES LIVE PROVIDER CALL CENTER ON SEPTEMBER 21, 2015

The Department is excited to announce the implementation of a new Medicaid call center as another important part of the total ND Health Enterprise MMIS solution. The call center will begin taking calls two weeks prior to Go-Live, for assistance with general questions related to the Transition Period, ND Health Enterprise MMIS, provider preparation activities, and key project dates. The call center is staffed with 14 dedicated agents for North Dakota providers during the initial six months of operation. Staffing levels will be evaluated and adjusted, as appropriate, following this initial post-implementation period.

Inbound calls will be triaged based upon complexity, research requirements, and in-depth program and policy knowledge. The call center is trained to assist providers and answer questions efficiently and accurately during the initial call. Inquiries needing additional assistance from the Department will be forwarded immediately via an automated process to the most appropriate State team or work unit. The goal is to contact the provider within 2 business days with specialized information or assistance.

- ◆ Hours of Operation: Mon-Fri 8:00am—5:00pm CT
- ◆ Local: 701-328-7098
- ◆ Toll Free: 1-877-328-7098

All callers will start with the Automated Voice Response System (AVRS) for quick self-service with claims, eligibility, and SA data. Providers needing to speak with a call center agent may indicate their selection and be placed in queue to speak with the next available agent. Calls will be answered in the order received. The Department anticipates heavy call volume in the initial period after Go-Live. Providers are encouraged to use the automated system to obtain critical information regarding claim status, paid amounts, service authorization status, member eligibility and other key data.

Additional information on the ND Health Enterprise MMIS AVRS is available at:

<http://www.nd.gov/dhs/info/mmis/docs/mmis-avrs-fact-sheet.pdf>

ICD-10 CLAIM SUBMISSION REQUIREMENTS EFFECTIVE FOR 10/01/15 DATE OF SERVICE

ICD-9 codes will no longer be accepted on any claims with a discharge date on or after October 1, 2015. Claims containing ICD-9 codes for services on or after October 1, 2015 will be denied.

- ◆ Claims for services provided on or after October 1, 2015 must be submitted with ICD-10 diagnosis codes.
- ◆ Claims for services provided prior to October 1, 2015 must be submitted with ICD-9 diagnosis codes.
- ◆ ICD-9 and ICD-10 codes cannot be submitted on the same claim. Services that span the October 1, 2015 date must be split and separated as two separate claims: one for service on or before September 30, 2015 and one for services on or after October 1, 2015. ND Medicaid will deny any claims that are billed with both ICD-9 and ICD-10 codes.

Inpatient hospital claims with reimbursement based on the DRG grouper will be paid according to the discharge date. If the discharge date is before October 1, 2015, claims must be submitted with appropriate ICD-9 diagnosis and procedure codes. Likewise, if the discharge date is on or after October 1, 2015, claims must be submitted with appropriate ICD-10 diagnosis and procedure codes.

Outpatient hospital claims and inpatient hospital claims for services not paid by DRG must be billed separately for each calendar month of service. If the date of service is before October 1, 2015, claims must be submitted with appropriate ICD-9 diagnosis and procedure codes. Likewise, if the discharge date is on or after October 1, 2015, claims must be submitted with appropriate ICD-10 diagnosis and procedure codes.

BILLING & CLAIMS CORNER—WHAT'S CHANGING

- ◆ Reimbursement for **anesthesia** services will be based on a 15-minute interval. The number of minutes will be rounded to the nearest 15 minute increment. Providers should continue to report number of minutes in box 24G or the electronic equivalent.
- ◆ **Durable medical equipment supplies** should be billed with the first date of service. Do not bill for the entire month.
- ◆ **Oral and injectable drugs** will require a national drug code (NDC) submitted on the claim.
- ◆ **Inpatient claims** with an admissions of less than 24 hours will be denied. These services must be billed as outpatient.
- ◆ **Psychiatric Residential Treatment Facilities (PRTF)** will now bill on a UB04 claim form with the appropriate revenue code.
- ◆ Federally Qualified Health Center (FQHC) dental services must be billed using revenue code 0512.



ENTERPRISE CLAIMS REQUIRE TAXONOMY

Taxonomy codes are national codes used by providers to indicate the type of services and products they deliver. The taxonomy code associated with your enrollment record is **required**** in the new ND Health Enterprise MMIS. Claims must be submitted with both your National Provider Identifier (NPI) and your Taxonomy code combination. Without the NPI and Taxonomy combination **your claims will deny**. Please make sure you are using the taxonomy code that was assigned during the re-enrollment process.

In preparing for the new system we are now instructing providers to include their taxonomy code on electronic claims submitted for processing with our current Legacy MMIS system to begin adjusting to the new requirements.

A recent review of Legacy MMIS electronic claims submissions revealed that over half of the claims do not include the billing provider taxonomy. Of those, several claims were submitted with the incorrect taxonomy. It is imperative that all providers verify and confirm that their billing office or billing vendor have the correct taxonomy and NPI information for all individual and group providers in your practice.

- ◆ ND valid taxonomy codes are available at <http://www.nd.gov/dhs/info/mmis/materials.html>.
- ◆ The taxonomy code associated with your enrollment record is available for lookup by NPI at <http://www.nd.gov/dhs/info/mmis/docs/mmis-taxonomy-codes.pdf>.
- ◆ Additional information regarding taxonomy & ND Health Enterprise MMIS Fact Sheets are posted on the department's website at <http://www.nd.gov/dhs/info/mmis/factsheets.html>.
- ◆ Companion guides to ensure correct field/loop/segment detail to add taxonomy codes on EDI 837 claims: <http://www.nd.gov/dhs/info/mmis/guides.html> or email ndmmisedi@nd.gov
- ◆ Questions/changes on the taxonomy code assigned to your enrollment application: dhsenrollment@nd.gov
- ◆ Paper claim instructions advising where to add taxonomy on paper claims (starting 10/5/15): <http://www.nd.gov/dhs/info/mmis/claims-instructions.html>

***This requirement excludes Qualified Service Providers (QSP) and "atypical" providers who do not furnish direct healthcare services.*

ND HEALTH ENTERPRISE MMIS REMITTANCE ADVICE CLAIM STATUS CODES

Be on the alert for the new Enterprise Claim Status Category Codes on your Remittance Advice:

- ◆ F1 = Finalized Claim, Claim Paid
- ◆ F2 = Finalized Claim, Claim Denied
- ◆ P2 = Claim Suspended, In Review
- ◆ P3 = Claim Suspended, Information Requested

Please route this bulletin to:

- Billing Clerks
- Office Managers
- Insurance Processors

ENTERPRISE PAPER CLAIM SUBMITTERS

During this Transition Period, the Department will scan and retain compliant paper claims for processing in ND Health Enterprise.

- ◆ Non-compliant claims will be returned to the provider with a cover sheet to identify the missing data.
- ◆ Claims that meet Enterprise requirements will be held and processed beginning on 10/5/15.

The review is not a guarantee of claim success or payment as a result of ND Health Enterprise MMIS adjudication.

Paper claim submission instructions are located at: <http://www.nd.gov/dhs/info/mmis/claimsinstructions.html>

Are You Ready for ICD-10 Claim
Submission?
Let's find out together – submit a test
file today!

EDI Help Desk: 1-844.848.0844
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