



QSP Key Points: Getting Ready for the New Billing System

ND Health Enterprise MMIS, the new billing system that pays your QSP claims, is scheduled to go-live on October 5, 2015.

Provider Enrollment

- Your QSP enrollment is done. You do not need to do anything.

Transition Period

- A period of time will be required during which all providers (including QSPs) will no longer be able to submit claims in the current billing system and will have to wait until the new system goes live before they can submit claims.

Training and Correspondence

- Computer-based training is available online at <http://NDMMIS.learnercommunity.com>.
- A letter will be sent in September to all enrolled QSPs that will contain your new QSP number.
 - You will use the **new** number in October when you bill in the new system. **Your old number will no longer work.**
- **The paper claim form/turnaround document is changing.**
 - If you bill using paper claim forms, you will receive a supply of forms and instructions on how to complete the new forms.
- **The process to submit claims online is changing.**
 - A letter will be sent to all **individual QSPs** who currently bill online with your new ND Health Enterprise MMIS login credentials for the new system.
 - A letter will be sent to all **Agency QSPs** that currently bill online with the new billing system login credentials for the Organization Administrator.

Final Implementation: Go-Live October 5, 2015

- The new billing system will begin to process claims on October 5, 2015, and the first checks and electronic funds transfer payments will begin October 7, 2015.

Time Line of Events

March 2015

- Computer-based training on how to use the new billing system is online at <http://NDMMIS.learnercommunity.com>.

August 2015

- Be sure your claims billing in the current billing system is up-to-date.

- **Be aware of final processing deadlines and Transition Periods including:**
 - August 5, 2015 - Last date to accept claim adjustments in current billing system (except for adjustments submitted to meet timely filing). The timely filing policy is available at <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/timely-filing-policy.pdf>.

September 2015

- **Be aware of final processing deadlines and "transition" periods including:**
 - **September 2, 2015 @ Noon CDT - Last date for accepting electronic claims in the current billing system.**
 - **September 8, 2015 @ 5 pm CDT - Last date to accept QSP paper claims in the current billing system.**
 - Since you will not be able to submit claims after September 8, 2015, it is very important that you correctly submit claims for August services by September 8, 2015, to receive payment.
 - If the claim you submit is not correct, it will be denied. You will have to wait until October 5, 2015, to rebill when the new billing system is up and running.
 - September 8, 2015 @ 5 pm CDT – Last regular check write to include paper claims sent via the mail.
 - September 14, 2015 – Last regular check write that will pay or deny any suspended claims worked by claims staff between September 8 and September 13, 2015.
- Prepare for a gap in claims payment for the final weeks of September and early October 2015.
- If you bill using paper claims, a supply of the new forms and instructions on how to complete them will be sent to you in the mail.
- If you bill using electronic claims, log in information and instructions on how to submit claims in the web portal will be sent to you in the mail.

October 5, 2015

- **You can begin to bill using the new system.**
 - You can submit paper claims using the new claims form or you can submit claims through the online claims submission web portal at <https://mmis.nd.gov>.
- If you submit claims using the online claims submission web portal, you can begin to create claim templates.
 - Templates create efficiency by storing information that is repetitive and time-consuming to enter
 - Templates reduce errors
 - Templates store information that is difficult to remember (i.e. provider, client ID numbers, etc.)
 - Templates reduce the amount of data entry needed to complete a claim
 - Multiple templates can be created for a specific purpose or scenario

- Paper adjustment forms will no longer be required. The new billing system allows providers to submit adjustments online and the new paper claim form contains a section to designate the claim as a void or replacement claim.
- **Agency QSPs:** Organizational Administrators can log into the ND Health Enterprise MMIS to set up access rights for staffs, check eligibility, submit online claims, and/or access a remittance advice online.

New Features of the ND Health Enterprise MMIS System Available to QSPs

A web portal will be available 24 hours a day/ 7 days a week where you can perform **online** activities like:

- Manage account/passwords (Agency QSPs only)
- Enter and submit claims
- Adjust claims online
- Receive an immediate response that summarizes key payment information including: amount to be paid, recipient liability, and co-pays
- Inquire on the status of processed claims and payment history
- Inquire on claims in suspense status
- View message boards for announcements and updates
- View mailbox for provider bulletins, correspondence, and electronic transactions
- Report suspected fraud or abuse anonymously

QSP Check Payment Line

- **The QSP check payment phone number will remain the same.**
- **Toll free 1-866-768-2435 or 701-328-2466**
After October 5, 2015, enter your NEW QSP number.