

NORTH DAKOTA

Health Enterprise

THE NEW MEDICAID MANAGEMENT INFORMATION SYSTEM

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DHS Contact Mailboxes

Provider Enrollment Inquiries
dhsenrollment@nd.gov

Training Inquiries
MMIStraining@nd.gov

Electronic Data Interchange Inquiries
NDMMISedi@nd.gov

Provider Claim and Policy Inquiries
MMISinfo@nd.gov

Third Party Liability Inquiries
dhstplinq@nd.gov

*North Dakota
Department of
Human Services*

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Executive Director*

Issue 1 – July 2015

NEW ND HEALTH ENTERPRISE MMIS

ND Medicaid is excited to announce the transition to a new Medicaid Management Information System (MMIS).

The ND Health Enterprise MMIS is being implemented in two phases:

- Phase One: Provider Enrollment (PE) Web Portal
- Phase Two: Claims Adjudication, Inquiry, Reporting & Payment

Phase One: The PE web portal was implemented in April 2013. This phase allows providers to enroll electronically, which is **required** for all new and existing providers. **All providers and trading partners must enroll into the new MMIS to submit claims and receive payments.**

Providers that have not enrolled, should do so as soon as possible. This will allow the Department time to process and approve the enrollment applications. Information on how to enroll and the on-line application are located at <https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment>.

Phase Two: The full claims adjudication, inquiry, reporting and payment capabilities will be implemented later this year, allowing providers to directly enter service authorizations and claims through a full service Provider Web Portal. It will also offer real-time access to member eligibility, claims status, remittance advice, payment status and claims history.

Additional details and documentation on the ND Health Enterprise MMIS are located at <http://www.nd.gov/dhs/info/mmisis.html>. This webpage gives providers an overview of benefits as well as changes that may affect how providers bill for services in the new ND MMIS Health Enterprise system.

BILLING & CLAIMS CORNER—WHAT'S CHANGING?

When the Department transitions to the new ND Health Enterprise MMIS system, there will be billing & claims impacts. Below are changes that could impact your practice.

- ⇒ The last digit of the bill type (frequency code) must coincide with the patient status when billing an institutional UB04 claim.
- ⇒ National Correct Coding Initiative (NCCI) edits apply to facilities when ND Health Enterprise is launched.
- ⇒ ND Health Enterprise will only accept the 2006 or 2012 ADA dental claim form.
- ⇒ ND Health Enterprise will be using the American National Standards Institute (ANSI) X12 national standard code set for reason and remark codes.

PAPER PROVIDER ENROLLMENT APPLICATIONS NO LONGER ACCEPTED

North Dakota (ND) Medicaid migrated to an online enrollment process in April 2013 for Health Enterprise MMIS Phase One. Over the past two years, the Department has slowly transitioned from accepting paper applications to working exclusively with the online application. With the exception of Non-Emergency Medical Transportation (NEMT) and Qualified Service Provider (QSP) applications, Provider Enrollment will no longer accept or process paper applications. Paper applications will be returned to the provider with instructions to enroll online.

However, there are still a number of supporting forms that must be submitted to the Provider Enrollment staff to complete the online application process. Those forms are specific to the type of provider enrolling.

Please visit the Department's ND Health Enterprise MMIS website to obtain ND Health Enterprise Medicaid Systems enrollment instructions and information at <http://www.nd.gov/dhs/info/mmis/materials.html>.

835 ELECTRONIC RA (ERA) ENROLLMENT

ND Medicaid will offer Health Care Claim Payment Electronic Remittance Advice (X12 835) transactions when the new ND Health Enterprise MMIS system goes live.

Providers who wish to receive an X12 835 transaction will be REQUIRED to complete one of two forms:

- **SFN 109** - authorizes a Clearing House or Billing Agent to retrieve a provider's 835 ERA Transaction.
- **SFN 111** - is for providers who have the capability of retrieving their own 835 ERA transactions.

Forms can be located at: www.nd.gov/eforms/. Click on the Department of Human Services "DHS Public" and search for the specific form by number.

RETRIEVING A REMITTANCE ADVICE (RA) FROM ENTERPRISE PROVIDER PORTAL

When the RA is created during the checkwrite cycle, a link to the unique provider RA is posted in the Enterprise Message Center Inbox on the secure Provider Portal. Clicking on the link will display the RA and allow the user to print it, download a copy to their computer, or view it online.

Providers who want a copy of any RA generated after the launch of Health Enterprise MMIS will be able to retrieve it from the Enterprise Message Center. The RAs are retained in the Enterprise Message Center Inbox for up to seven years. There is no cost associated with retrieving a RA from a previous ND Health Enterprise checkwrite using the Enterprise Message Center Inbox. The user must be authorized to view information associated with the relevant NPI. The Organization Administrator can give multiple users access to view a RA. Each user will also have access to view the Remittance Advice through the Payment Inquiry dropdown option.

TAXONOMY & ND MEDICAID PROVIDERS

THIS IMPACTS YOUR MEDICAID PAYMENTS!!

Taxonomy codes are national codes used by providers to indicate the type of services and products they deliver. Taxonomy is a unique alphanumeric code ten characters in length. Taxonomy is structured in three distinct levels, including Provider Type, Classification, and Area of Specialization. ND Health Enterprise **requires** the submission of provider taxonomy codes on all claims (both paper and electronic), in conjunction with the provider's National Provider Identifier (NPI).

The NPI and taxonomy combination is used to identify a provider and generates the system edits that pertain to pricing and funding for appropriate claim adjudication. **It is critically important that all claims submitted include each provider's NPI and taxonomy code to ensure proper claim adjudication and pricing.** The taxonomy code that is on the claims should be the same taxonomy code assigned to the ND Health Enterprise enrollment record.

The exception to the taxonomy requirement is 'atypical providers' defined by CMS as non-medical providers who do not furnish direct healthcare services. These providers do not have a taxonomy code. Examples of atypical providers may include but are not limited to:

- Nonemergency transportation
- Physical alterations to living quarters for the purpose of accommodating disabilities
- Vehicle modifications
- Some Medicaid Home & Community-Based Services
- Community Health Aids or Practitioners
- Adult day care providers
- Care coordinators

If you are unsure of the taxonomy code associated with your ND Health Enterprise MMIS enrollment record, you may review your individual enrollment election at:

<http://www.nd.gov/dhs/info/mmis/taxonomy.html>

Current Legacy MMIS providers may be submitting taxonomy codes on their claims. However, it is important to be aware that the taxonomy code used previously may not align with the set of valid taxonomy codes designated by ND Medicaid for use in the new ND Health Enterprise MMIS. The valid taxonomy codes utilized by ND Medicaid for individual and group providers are available online at:

<http://www.nd.gov/dhs/info/mmis/materials.html>

It is important that providers use the taxonomy code assigned to their ND Health Enterprise enrollment record.

Any questions about your enrollment information, including taxonomy change requests, should be directed to Provider Enrollment at: dhsenrollment@nd.gov.



GET READY FOR TRANSITION TO PAPERLESS REMITTANCE ADVICE (E-RA)

With the launch of ND Health Enterprise MMIS, the Department will require use of paperless X12 Remittance Advice 835 or web accessible versions of PDF RAs for most provider specialties. Portable Document Format (PDF) is a file format used to present and exchange documents reliably, independent of software, hardware, or operating system. There are advantages of going paperless, including:

- Receive your ERA or PDF RA up to two days earlier than a paper RA. This will expedite turnaround time for further claim resolution.
- Access to a shared central document repository by multiple people from any location. When all of your files are stored in a central location, important information can be retrieved and shared easily.
- Immediate account balancing with Electronic Funds Transfer (EFT).
- More secure than mailed paper remittance advice documents.
- Improved efficiency and productivity.
- Control or reduce paper costs.

Paperless Cost Savings

Have you ever calculated how much time it takes to rifle through a multitude of filing cabinets to find specific documents? Suppose it takes an employee making \$20 an hour ten minutes to walk to a records room, find a particular document in a file cabinet, make a copy of the file, deliver the copy to the intended recipient, re-file the original document and return to his desk. If he or she has to perform that function only six times a day, that's an hour of lost productivity per day – or about \$5,200 per year in wages.

To change your election from paper to PDF or an electronic remittance advice, submit an email request to: dhsenrollment@nd.gov



HOW WILL ICD-10 IMPACT DIAGNOSIS DEPENDENT SERVICE AUTHORIZATIONS?

Existing and new diagnosis-dependent service authorizations (currently referred to as “prior authorizations”) will be end-dated in Legacy MMIS effective September 30, 2015 due to the CMS required ICD-10 code implementation on October 1, 2015.

In order to prepare for this transition, a new service authorization will need to be submitted to ND Health Enterprise with an ICD-10 code and a start date of October 1, 2015.

The Department is unable to choose the ICD-10 diagnosis code for you. You must take action to renew diagnosis-dependent service authorizations beyond September 30, 2015.

Please view the ND Medicaid ICD-10 Implementation website for details regarding ICD-10 testing and further information at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/icd10.html>.

ENTERPRISE MEDICAID MEMBER ID NUMBER

With the launch of ND Health Enterprise MMIS, new terminology is being introduced. The current term of “Recipient” is being replaced with “Member”.

The Member ID assigned by ND Medicaid is nine characters. Providers/Billers must use the member's full 9-digit Member ID when submitting claims to ND Health Enterprise MMIS. In a number of cases, the Member ID has leading zeroes (i.e. 000012345). Be sure to include the leading zeroes, when present, for efficient claim processing and member eligibility inquiry.

It is highly recommended that Providers/Billers verify that their claims are being submitted using the nine-character Member ID. Please be sure to review information on the ND Medicaid Systems Project website at <http://www.nd.gov/dhs/info/mmis.html>.

ND HEALTH ENTERPRISE MMIS LEARNING: COMPUTER BASED TRAINING AVAILABLE

The Department hosted multiple Instructor-led and webinar Enterprise provider training sessions in May and June 2015.

For provider staff who may have been unable to attend available training, and for those seeking more information on the new Health Enterprise MMIS functionality, numerous Enterprise computer-based training (CBT) courses are available 24x7.

These free trainings are available on the Learner Community website at:

<http://ndmmis.learnercommunity.com/>



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RETURN SERVICE REQUESTED

Please route to:

- Billing Clerks
- Office Managers
- Insurance Processors
- Schedulers
- Other Appropriate Medical Personnel

