

NORTH DAKOTA

Health Enterprise Bulletin

THE NEW MEDICAID MANAGEMENT INFORMATION SYSTEM

In this Issue

Provider Inquiry Contacts	1
Call Center	2
Paper Claim Submission	2
What is a Suspended Claim	2
Where to Locate your Taxonomy	2
Computer Based Training	2
Managing Provider Security	3
Browser Compatibility	3
Dental Service Authorizations	3
Payment Alert Process	3
Attachments	4
Provider Inquiry Contacts, Cont'd	4
RA Claim Status Codes	4
Fact Sheets	4
Payment Cycle Dates	4
Viewing Your RA Online	5
Accessing The AVRS	5

DHS CONTACT INFORMATION

Provider Enrollment Inquiries
dhsenrollment@nd.gov

Training Inquiries
MMIStraining@nd.gov

Electronic Data Interchange Inquiries
NDMMISedi@nd.gov

Third Party Liability Inquiries
medicaidtpl@nd.gov

*North Dakota
Department of
Human Services*

~
*Maggie Anderson,
Executive Director*

Issue 4 – November 2015

ND MEDICAID CONTACT INFORMATION: QUICK REFERENCE FOR PROVIDERS

The ND Medicaid Provider Call Center is the first point of contact for provider inquiries. The call center technology supports a software-based process for escalated issues that require special handling and additional research support from ND Medicaid staff.

ND Medicaid Provider Call Center: 1.877.328.7098

All providers are can utilize the call center as the first point of contact.

Other provider inquiry contacts:

- ◆ Automated Voice Response System (AVRS): call local 701-328-7098 or toll free 877-328-7098
- ◆ EDI/Trading partner inquiries: email NDMMISedi@nd.gov
- ◆ TPL inquiries: email medicaidtpl@nd.gov or call 701-328-2347
- ◆ Provider Training Inquiries: email MMIStraining@nd.gov
- ◆ State on-line forms: available at <http://www.nd.gov/eforms/>
- ◆ Children's Special Health Services (CSHS) inquiries: call 1-800-755-2714 or local 701-328-2436
- ◆ HCBS/QSP provider inquiries: email dhshcbs@nd.gov
- ◆ ND Medicaid provider enrollment application: available at <https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment>
- ◆ Provider enrollment and credential inquiries: email dhsenrollment@nd.gov
- ◆ Developmental Disability provider enrollment inquiries: call 701-328-8983 or toll free 800-755-8529 or email dhsds@nd.gov
- ◆ Enroll as a QSP provider: contact the local county social services office— address and phone numbers available at: <http://www.nd.gov/dhs/locations/countysocialserv/>

THE ND HEALTH ENTERPRISE MMIS CALL CENTER

Top 10 call reasons since 10/05/15:

1	MEMBER ELIGIBILITY
2	BENEFIT/SERVICE LIMIT INQUIRY
3	CLAIM STATUS
4	PRIOR AUTHORIZATION/SERVICE AUTHORIZATION STATUS
5	QSP INQUIRY
6	PROVIDER ENROLLMENT
7	EFT/CHECK PAYMENT
8	WEB INQUIRY
9	ORG. ADMIN. INQUIRY
10	PASSWORD RESET

October Call Volume

Weekly Totals	Calls Handled
Week 1 Ending 10/09	1784
Week 2 Ending 10/16	2463
Week 3 Ending 10/23	2219
Week 4 Ending 10/30	2152

Top 5 Claim Denial Reasons-period of 10/24/15-11/03/15

	Edit	Description
1	N166	Billing provider taxonomy missing
2	N377	Rendering provider taxonomy incorrect
3	N376	Billing provider taxonomy incorrect
4	3002	Multiple P_SYS_ID in table
5	N368	Rendering provider not affiliated with billing provider

PAPER CLAIM FIELD SUBMISSION REQUIREMENTS

CMS1500, Field 9d, Insurance Plan name or Program name. This field is **required** if the member has Medicare coverage, enter the word Medicare. Or, if the member has TPL with commercial coverage, enter the name of the primary carrier.

UB04, Field 50a, Payer Name: This field is **required**. If Medicaid is primary, enter the word Medicaid. If Medicare is primary, enter the word Medicare. If there is TPL, enter the name of the primary insurance.

UB04, Field 50b and 50c These may be **required**. Payer Name: Enter the name of the secondary and tertiary insurance on Lines B and C, respectively. If Medicaid is secondary/tertiary, enter the word Medicaid. If Medicare is secondary/tertiary, enter the word Medicare. If there is secondary/tertiary TPL, enter the insurance carrier name.

WHAT IS A SUSPENDED CLAIM?

With the ND Health Enterprise portal and the ability to view claims in real-time claims, the Department received many inquiries from providers who asked why their claim was in suspense.

A suspended claim means the claim has been received and requires additional action to move to a completed status.

This may be an additional review for medical necessity, checking for a service authorization, waiting for an attachment or supporting documentation, or verifying member or provider enrollment information.

PLEASE allow sufficient time for suspended claims to complete processing and do not resubmit a duplicate claim.

Providers can check claim status through the Automated Voice Response System by dialing 1-877-328-7098 and selecting option 4. Claim status can also be obtained through the [secure provider portal](#).

WHERE TO LOCATE YOUR TAXONOMY

Providers are required to submit taxonomy codes when **submitting paper** or **electronic claims** to ND Medicaid. This excludes Qualified Service Providers (HCBS claims), transportation claims, and claims submitted by other atypical provider types.

Taxonomy codes are:

- ◆ Maintained on the provider's record and will be verified based on licenses and certifications
- ◆ Submitted to North Dakota Medicaid on claims and other items such as Service Authorizations
- ◆ Used during claim adjudication
- ◆ Required on paper and electronic claims. Claims without the required taxonomy code(s) will be denied.

Taxonomy codes listed on a claim MUST match the taxonomy codes on the provider's record or claim will be denied.

To confirm your ND Health Enterprise MMIS taxonomy: <http://www.nd.gov/dhs/info/mmis/taxonomy.html>

ND HEALTH ENTERPRISE COMPUTER BASED TRAINING STILL AVAILABLE

For providers and Trading Partners who were unable to attend the instructor-led trainings, as well as for those seeking more ND Health Enterprise MMIS functionality information, 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>



MANAGING PROVIDER SECURITY

With the launch of ND Health Enterprise MMIS, a need for additional information regarding the Organization Administration roles and setting up users has been identified. A quick reference guide, called Managing Provider User Security was added in October to the Department website at <http://www.nd.gov/dhs/info/mmis/docs/mmis-managing-user-security-qrg.pdf>. This Quick Reference Guide is also available in Enterprise in the Documents folder (select drop-down box in header section of portal landing page).

This guide assists the organization administrator in establishing and managing their security and for others in their organization.

Two key elements of information in this quick reference guide include:

1. If the organization administrator manages any practice functions, it is imperative that the organization administrator have both of the following roles on their profile;

Provider—Organization Administrator

Provider—Primary Account Holder

2. The quick reference guide will aid the organization administrator in managing users accounts by;

Add a user

Search for a user

Reset a user's password

Deactivate a user

Unlock a user account

Provider Staff Role	Functionality
Provider-Organization Administrator	Ability to create and configure other Provider organizational users and define their role(s) (Security only)
Provider-Primary Account Holder	Has full access (view/add/update) to all provider functions and privileges (including Security)
Provider-Authorizations Staff	Ability to request/edit/view service authorization requests
Provider-Billing Staff	Ability to submit claims via the web portal; check claims status
Provider-Eligibility Staff	Ability to verify member/patient Medicaid eligibility information
Provider-Enrollment Staff	Ability to view/add/update provider enrollment data
Provider-Financial Staff	Ability to view Remittance Advice and other provider accounting information
Provider-FES	Ability to view/add/update the Submit Payment Alert/Hospice Election Form (Functional Eligibility System)
Provider-Trading Partner Enrollment	Ability to view/add/update Trading Partner details

IE BROWSER COMPATIBILITY

North Dakota Health Enterprise MMIS (Health Enterprise) is designed to work on Internet Explorer (IE) version 7.x through version 9.x and all versions of Firefox.

If you are using Internet Explorer 10 or 11, ND Health Enterprise text may overflow the defined boxes on some screens making information difficult to read. This can easily be resolved by following the simple steps in the ND Health Enterprise MMIS Internet Browser Compatibility Fact Sheet link to change the IE compatibility settings.

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

DENTAL SERVICE AUTHORIZATIONS

Medicaid members on the Dental Frequency List or Dental DD List must be authorized on an annual basis in the 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 SA's is available on the Department website.

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

Dental SA Training Material: <http://www.nd.gov/dhs/info/mmis/docs/mmis-training-service-authorization-dental.pdf>

PAYMENT ALERT PROCESS

The process for submitting Payment Alert Forms has not changed. Providers should continue to complete and submit the paper form. The form is available on ND website at:

www.nd.gov/dhs/services/medicalsev/medicaid/docs/medicaid-payment-alert.pdf

Submit via fax to: 701-328-0378

(FAX number is also listed at the top of the form).



ATTACHMENTS

Attachments may be required for several reasons; most commonly validation of medical necessity and proof of insurance. Attachments may be required for claims, referrals, service authorizations, or other supporting documentation. To expedite the adjudication process, it is recommended to mail or fax attachments in advance of a service.

There are two forms that can be used for submission of attachments. They are;

State Form Number (SFN) 177 (MMIS Attachments Cover Sheet): Attachments need to be accompanied by state form number (SFN) 177. The SFN 177, if obtained on the State of North Dakota Forms site, can be completed electronically. SFN form 177 is located at: <http://www.nd.gov/eforms/>

Or;

Confirmation Page: For ND Health Enterprise MMIS web entered claims - print the confirmation page and use as a cover sheet for attachments that you are mailing or faxing to the ND Department of Human Services Medical Services. If this confirmation page is not available please use SFN 177.

The Attachments Fact Sheet is available at: <http://www.nd.gov/dhs/info/mmis/factsheets.html>

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

Additionally, the following Remittance Advice codes are located on the DHS website at: <http://www.nd.gov/dhs/info/mmis/remittance-advice.html>

Adjustment Group Codes

Claim Adjustment Reason Codes

Remittance Advice Remark Codes



FACT SHEETS

Key information for using ND Health Enterprise MMIS can be found in the fact sheets, located at <http://www.nd.gov/dhs/info/mmis/factsheets.html>.

Topics include;

Attachments

Automated Voice Response System (AVRS)
DME Service Authorization ICD-9 and ICD-10 Guidance
ICD-10 Provider Resources
ICD-10 Diagnoses and Procedure Code Requirements
Internet Browser Compatibility
Provider Enrollment
Quick Enterprise Helpful Web References
Replacement Claims
Security/Organization Administrator
Service Authorization
Taxonomy - Use It Now!

What is a Trading Partner?

ACCESSING THE AVRS

Enrolled Enterprise providers are granted access to the Automated Voice Response System (AVRS) by entering either their NPI or the ND Health Enterprise MMIS issued 7-digit provider Medicaid ID number. The Department has identified an issue with NPIs associated with more than one Medicaid ID number.

The interim work-around for AVRS access, in these situations, is to use only the 7-digit Medicaid ID number for AVRS initial validation. All providers, other than QSP providers, are reminded that a six-digit PIN number is also required for verification and access to secure information. One PIN number is assigned to each provider Medicaid ID number.

We will continue to post status updates regarding resolution of this known issue. Status updates will be posted at: <http://www.nd.gov/dhs/info/mmis.html>

PAYMENT CYCLE DATES

Payment cycle dates are posted on the DHS website, located at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-checkwrite.html>

VIEWING YOUR REMITTANCE ADVICE ONLINE

Providers and authorized staff can view a Remittance Advice (RA) via the Enterprise Provider Web Portal at any time. Just follow these simple steps to access, view, print and save online Remittance Advice documents in ND Health Enterprise MMIS. It is important to confirm that the individual logging in has the appropriate security role to view the Remittance Advice. This must be granted by the provider Organization Administrator.

Step 1: Sign In to the secure web portal as Provider

Step 2: Enter the User ID and Password

Step 3: Select Claims > Payment Inquiry from the top menu bar on your Home page.

Step 4: The Payment Inquiry search page is presented.

Step 5: Enter a Begin Date and End Date for your search. Then click Search. (NOTE: Begin and end dates are not required, however, this will save time and refine returned search results.) If no dates are entered, the search will return all results using the Provider ID assigned to the User ID entered in Step 2.

Step 6: Remittance Advice documents for the specified date range or User ID (depending upon search criteria in Step 5) are displayed. Results can be sorted by clicking on the up or down arrow at the top of any column:

Step 7 Open/download the specific RA selected for review by clicking on the underlined RA number in the Print Image RA column. The pop-up message will ask if the file is to be opened or saved. To simply view the RA, select "Open." To review and store the file on your computer, select "Save".

Step 8: Viewing the Remittance Advice: Click Open – RA will be displayed on the browser screen. You can review multiple pages by moving the bar on the right side of the screen up and down, as desired.

Step 9: Saving the Remittance Advice: A pop-up message will confirm that the file download is complete. To open the file directly, click "Open". To open the folder where the file downloaded to your computer, click "Open Folder".

The RA documents are stored on the Enterprise Provider Web Portal and remain available for viewing and printing by authorized users. Providers are not required to download and save the weekly RA to their personal computer for future access.

<http://www.nd.gov/dhs/info/mmis/remittance-advice.html>

Please route this bulletin to:

- Billing Clerks
- Office Managers
- Insurance Processors

Season's Greetings