



## ND Health Enterprise MMIS Frequently Asked Questions

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Below is a list of FAQs for the new claims payment system ND Health Enterprise MMIS. This document will continue to be updated as more questions are received. If you have a question that is not answered here please submit it to [MMISinfo@nd.gov](mailto:MMISinfo@nd.gov)

### Provider Identification

1. On ND Health Enterprise, do I still bill with a Medicaid ID?

No, you will bill using your NPI and taxonomy. Only those providers who do not enroll with an NPI will bill using their new 7-digit Medicaid provider number. Those providers are travel/lodging providers, Developmental Disability (DD) waived service providers and Qualified Service Providers (QSP).

2. Will I need to list the NPI and taxonomy on a claim for a rendering provider?

Yes, the same requirements apply for a rendering, attending or servicing provider to submit using their NPI and taxonomy.

3. How is Taxonomy defined?

It is defined by provider type and provider specialty. It is not uniquely assigned to an individual.

4. How do I learn what NPI and taxonomy I enrolled with?

There is a searchable list posted to the DHS website at:

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

Instructions on searching the PDF document are also posted in the same place on the website.

If you still need to confirm your NPI/Taxonomy as to what you enrolled with, please email [dhsenrollment@nd.gov](mailto:dhsenrollment@nd.gov)

5. Should I place taxonomy on ND Medicaid paper claims today?

No, continue to use your current Medicaid provider number until we launch ND Health Enterprise.

6. Will Developmental Disability (DD) waived service providers bill with taxonomy?

No. DD providers will not submit taxonomy when billing for waived services. Taxonomy will be required when billing for ICF/IID services.

7. Where do I list the taxonomy for a rendering physician on a CMS1500 claim form?

The taxonomy for a rendering provider should be listed in Box 24J.

8. When submitting an electronic claim, do we submit taxonomy for the provider or the facility?

You will need to submit taxonomy for both the provider and the facility as supported by the claim form.

9. After the transition from the Legacy system to ND Health Enterprise, will you use a Medicaid provider number?

No, but we will issue you a new 7-digit Medicaid provider number to further identify you as a provider and as another form of validation.

10. If a hospice provider submits claims for nursing facility room and board, does the provider submit both the nursing facility and hospice taxonomy?

You will use the taxonomy of the billing provider, which is the hospice agency.

11. When do I use an affiliation form?

An affiliation form is used when rendering provider needs to be affiliated with a billing provider. A rendering provider does not need to reenroll if they are already enrolled with ND Medicaid. However, Provider Enrollment needs to validate each affiliation.

12. Who do third party billers contact for taxonomy?

Third party billers are not assigned taxonomy. They are not an enrolled provider with ND Medicaid. Only email inquiries will be accepted from the third party biller. Email inquiries will be answered in the order they are received. The third party biller will receive an email response within 7-10 business days.

The email address for inquiries is:

[ndmedicaid-thirdpartyinquiries@direct.ndhin.com](mailto:ndmedicaid-thirdpartyinquiries@direct.ndhin.com). Please note that to utilize the email address, third party billers will need to enroll to join the North Dakota Health Information Network (NDHIN). The NDHIN is a secure, online network. Entities can sign up by visiting: [www.ndhin.org/services](http://www.ndhin.org/services).

Claims Submission

13. What billing changes will be seen on institutional claims?

The last digit of the bill type (frequency code) must coincide with the patient status.

14. Will National Correct Coding Initiative (NCCI) edits apply to facilities when ND Health Enterprise is launched?

Yes, we will be applying NCCI edits to outpatient facility claims.

15. What are the ways I can submit claims to ND Health Enterprise?

There are three ways to submit a claim. You can submit a claim through an X12 (837) transaction, using a paper claim form, or online through the ND Health Enterprise portal.

16. Will ND Health Enterprise accept secondary electronic claims?

Yes, we accept electronic secondary claims today in our Legacy system. We will continue to accept them in ND Health Enterprise.

17. For pharmacy claims in cases where Medicaid is secondary to Medicare, specifically for DME, will these claims continue to auto-transfer to Medicaid?

Yes, claims where ND Medicaid is secondary will continue to crossover as they do today.

18. What kind of pharmacy claims do not go through the Point-of-Sale (POS) system?

All pharmacy claims can be submitted in POS. Durable medical equipment (DME) and immunization claims will be submitted through ND Health Enterprise.

19. If a claim suspends, what state is it in?

If a claim is in suspense within ND Health Enterprise, it is either under review or we are waiting for attachments from the provider.

20. Can we expect faster claim processing and payment with the ND Health Enterprise portal?

Yes, if you submit a claim using the web portal the claim will be adjudicated once you hit the Submit button. If the claim requires additional review or attachments the claim will be suspended.

21. Will the claim form be auto-populated in ND Health Enterprise like a clearinghouse?

No, ND Health Enterprise is not a clearinghouse.

22. Will ND Medicaid accept either the 2006 or the 2012 ADA claim form?

Yes, these are the only two ADA claim forms we will accept in ND Health Enterprise.

23. We submit 8-10 claims per month. Can we continue to submit paper?

Yes, you can continue to submit paper claims. The claims will need to be scanned before they are adjudicated by ND Health Enterprise.

24. Can we submit ambulance claims electronically?

Yes, you can submit the claims electronically. You will need to submit any required attachments through fax or mail.

25. How does a Basic Care facility bill within ND Health Enterprise?

The turnaround document will not be used in ND Health Enterprise. ND Medicaid will no longer mail out preprinted forms. The claim must be submitted with the NPI and taxonomy of the basic care facility using a UB04 claim form. Separate lines for personal care and room and board must be submitted on the same claim form.

26. Will Basic Care continue to submit paper claims?

Paper claims will continue to be accepted in ND Health Enterprise. However, basic care claims can be submitted through an X12 (837) transaction or through the ND Health Enterprise web portal.

27. Will Psychiatric Residential/Rehabilitative Treatment Facilities (PRTF) have to change claim billing forms from a CMS1500 to a UB04?

Yes, a PRTF will bill on a UB04 claim form using revenues codes to bill for services.

28. How will claim billing for Ambulatory Surgery Centers (ASC) change with ND Health Enterprise?

A freestanding ASC will bill on a CMS1500. The claim will need to be billed with the ASC taxonomy and proper place of service. The SG modifier will no longer be required.

### Transition

29. Is timely filing going to remain at one year?

Yes, the current timely filing policy will apply to ND Health Enterprise processed claims.

30. Does ND Medicaid plan to pay claims in 30 days?

Yes, our goal is to process a clean claim within 30 days.

31. Will ND Health Enterprise denials match Medicare denial codes?

ND Health Enterprise will use the national standard for reason and remark codes.

32. Will ND Health Enterprise recognize all new modifiers?

Yes, ND Health Enterprise will support the submission of modifiers.

33. How will we submit modifiers for multiple surgical procedures?

We will be utilizing the Multiple Procedure Payment Reduction (MPPR) following the same indicators published on the Medicare Fee Schedule (MPFS). Any surgical procedure with an MPPR indicator of "2" will be reduced by 50% of the allowed amount regardless of the utilization of modifier -51.

34. How should bilateral procedures be submitted in ND Health Enterprise?

Bilateral procedures should be reported on one line item with modifier -51.

35. Will ambulance destination modifiers be utilized when billing in ND Health Enterprise?

No, we will not use destination modifiers when processing a claim.

36. How do I void/replace an Electronic Data Interface (EDI) claim?

The void/replace process for a previously processed claim will be the same regardless of how the original claim was submitted.

37. When providers receive notice that claims are denied due to the shutdown before go-live, do we resubmit using the void/replacement process once ND Health Enterprise is live?

No, because the claim has been denied you can submit a new claim.

38. If an original claim had errors and was corrected through the void/replacement process, will I be able to see that original claim as well as the void/replace claim?

Yes, you will be able to see the original claim and the claim submitted through the void/replace process in the web portal.

39. Is the void/replace process going to be the same as now whereby we take all dollars back for the entire claim and process the replacement for payment?

Yes, the void/replace process voids all lines of the original claim and processes all lines of the replacement claim.

40. Can we correct claims we submitted in Health Enterprise?

You cannot correct a claim. You can use the void/replacement process to correct a previously processed claim.

41. Will ND Health Enterprise edits align with Medicare?

No, not all of our edits will align with Medicare. There are some ND Medicaid specific edits.

42. Will you require consent for sterilization by paper?

Yes, you will need to submit the signed consent form as a claim attachment.

43. Will we be able to tell if a claim is paper or EDI based on the 1st digit of the TCN, like that of the current ICN?

The media source is the 6<sup>th</sup> position in the TCN. A value of 8 identifies it as a paper claim.

TCN Format: YYJJMBBBBDDDDDDT      Example TCN: 14363300040000340

| TCN Parts        | Format | Position | Length |
|------------------|--------|----------|--------|
| Julian Date      | YYJJJ  | 1-5      | 5      |
| Media Source     | M      | 6        | 1      |
| Batch Number     | BBBB   | 7-10     | 4      |
| Document Number  | DDDDDD | 11-16    | 6      |
| Transaction Type | T      | 17       | 1      |

44. Are there ND Health Enterprise changes for nursing facilities?

Yes, nursing facilities must meet the requirements for submitting NPI and taxonomy on the claim. Any UBO4 claim submitted will be edited to ensure that the last digit of the bill type (frequency code) coincides with the patient status. A new line must be submitted when a member's MDS classification period changes during the month, whether or not the MDS RUG IV classification changes.

45. Will a nursing facility have to use our new Medicaid provider number on our MDS assessments?

Yes, you should put your new 7-digit Medicaid provider number on your MDS assessments after ND Health Enterprise is implemented.

46. What are the changes for Developmental Disability (DD) providers?

DD providers will submit a 5-digit local code when billing for DD waived services. SFN 1731 will be used to bill for these services. The new 7-digit Medicaid provider number is used when billing with this claim form.