



ND Health Enterprise Provider Training – Phase II

Service Authorization:

DME

August 26, 2015

ND Health Enterprise MMIS Key Points

- The new ND Health Enterprise MMIS platform is scheduled to go live October 5th, 2015.
- New system is now referred to as ND Health Enterprise MMIS.
- Current system will be referred to as ND Legacy MMIS.
- Prior Authorizations will now be referred to as Service Authorizations.

SA– DME Submission Methods

- DME Service Authorizations can be submitted via:
 - Web portal
 - Electronic 278
 - SFN Form 1115 will be only accepted for 60 days post Go-Live (through December 5, 2015).
- All applicable documentation will be required regardless of the submission method to the Department:
 - Medical records
 - CMN

Creating a Service Authorization Request

Step 1:

Providers will log in to the ND Health Enterprise MMIS secure Provider Portal with their User ID and password as shown below:



The screenshot shows a web browser window titled "ProviderLogin". The main text reads: "To access secure areas of the portal, please log in by entering your User ID and Password." Below this, there are two input fields: "* User ID:" followed by a text box, and "* Password:" followed by a text box. At the bottom left, there is a blue link that says "Forgot User Name or Password ?". At the bottom right, there are two blue buttons: "Login" and "Reset".

Creating a Service Authorization Request

Step 2:

To create a service authorization, providers will click on “*Authorizations*”



North Dakota MMIS Web Portal



Home

Member ▶

Provider ▶

Claims ▶

EDI ▶

Authorizations ▶

My Account ▶

FES ▶

Creating a Service Authorization Request

Step 3:

Providers will then select “*Submit DME Authorization*”

Authorizations Main Page

From this page you can view, create, edit, submit and resubmit Service Authorizati

Authorizations	Submit Authorization
<ul style="list-style-type: none">• View / Edit Authorization• View / Edit Referral	<ul style="list-style-type: none">• Submit Professional Authorization• Submit Dental Authorization• Submit DME Authorization• Submit Institutional Authorization

Creating a Service Authorization Request

Step 4:

Providers will see that their *Submitter ID* is pre-filled on the screen and that the *Service Authorization ID* field is blank. This will be generated when the authorization is submitted to the Department. Providers will see the *Service Level* is “Professional Service” and that the *Transaction Purpose* is a “Request”.

The screenshot shows a web form titled "Submit DME Authorization Request". At the top left, there is a red asterisk and the text "* Required Field". The form is divided into two main sections: "Basic Service Authorization Info" and "Patient Event Detail". Below these sections is a table with the following columns: Member, Requesting Provider, Event Provider, Health Care Services Review, Diagnosis, Service Line Items, and Reject Reasons. The form contains several fields with blue arrows pointing to them:

- Service Authorization ID (blank field)
- Submitter ID (pre-filled with "TESTDME")
- Service Level (pre-filled with "SV1 (Professional Service)")
- Transaction Type (pre-filled with "RU (Medical Services Reservation)")
- Entered Date / Time (pre-filled with "08/08/2015 12:42:48 PM")
- Transaction Purpose (pre-filled with "Request")

Creating a Service Authorization Request

Step 5:

Providers will then enter *Member/Recipient Information*. All fields marked with an asterisk are required fields (indicated by arrows below)

The screenshot shows a form titled "Member Information" with the following fields:

- *Member ID (text input)
- *Last Name (text input)
- Prefix (dropdown menu)
- *First Name (text input)
- MI (text input)
- Suffix (dropdown menu)
- *Date of Birth (text input with a calendar icon)
- Gender (dropdown menu)

Arrows point from the asterisks to the corresponding input fields, indicating they are required.

Creating a Service Authorization Request

Step 6:

The *Requesting Provider* data fields on this screen will be pre-filled with the ND Medicaid provider enrollment information.

The screenshot shows a form titled "Requesting Provider" with the following fields and values:

Medicaid ID	2542950	Other Provider ID	456256985	Other Provider ID Type	Employee Identification Number	*Entity Code	Provider	*Entity Type	Person
Provider Code		Taxonomy Code		Provider Name					

Below the main form are three expandable sections:

- [Additional Requesting Provider Information](#)
- [Contact Information](#)
- [Additional Requesting Supplemental Provider ID](#)

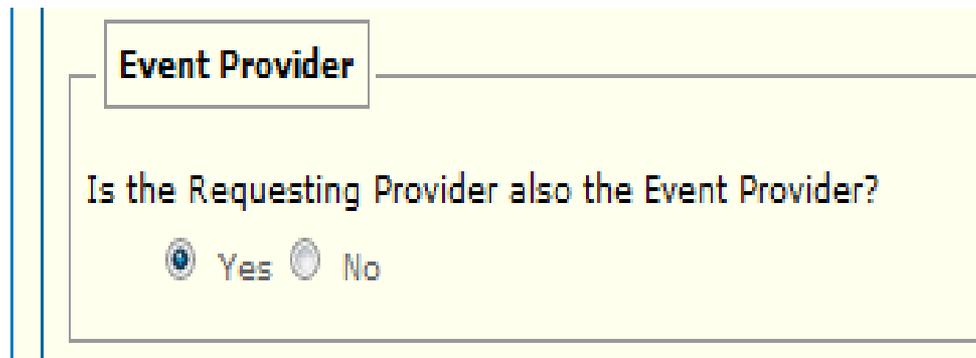
Two blue arrows point from the text "Requesting Provider" to the Medicaid ID and Other Provider ID fields.

Creating a Service Authorization Request

Step 6:

The *Event Provider* defaults to Yes. If the *Event Provider* differs from the *Requesting Provider*, manually change the selection to “No”.

****This only needs to be changed if the Requesting DME Supplier will not be the Billing DME Supplier.****



The screenshot shows a form with a yellow background. At the top, there is a box labeled "Event Provider". Below this, the question "Is the Requesting Provider also the Event Provider?" is displayed. Underneath the question, there are two radio buttons: "Yes" (which is selected) and "No".

Creating a Service Authorization Request

Step 7:

Complete the specific *Health Care Services Review* Information:

- *Request Category* (what type of review?)
- *Certification Type* (initial, extension)
- *Service Type* (durable medical equipment purchase)
- *Level of Service* (emergency, elective, or urgent)

The provider must select a valid value for each of these fields, based upon the type of authorization requested.

Creating a Service Authorization Request

Step 8:

Providers must complete the *Dates of Service* fields. ND Medicaid requires an entry for both the *Requested Begin* and *Requested End* dates.

The screenshot shows a form section titled "Dates of Service". It contains several input fields:

- Requested Begin Date:** A text input field with a calendar icon to its right.
- Requested End Date:** A text input field with a calendar icon to its right.
- Certification Issue Date:** A text input field.
- Approved Begin Date:** A text input field.
- Approved End Date:** A text input field.

Creating a Service Authorization Request

Step 9:

Providers may include any additional information in the *Notes* field for the Department to consider when reviewing the service authorization request.



The screenshot shows a web form with a section titled "Notes". The "Notes" label is in blue and has a small square icon to its left. Below the label is a large, empty text area with a vertical scrollbar on the right side. At the bottom left of the text area, the text "264 Characters Remaining" is displayed.

Creating a Service Authorization Request

Step 10:

Providers may submit up to 12 diagnosis codes on the SA request. The diagnosis code(s) must match the claims when the claim is billed.

☐ [Diagnosis](#)

Diagnosis

Seq#	Diagnosis Code	Diagnosis Date	Diagnosis Type
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>

Creating a Service Authorization Request

Step 11:

At least one line item with *Service Detail* must be completed for the service authorization to be considered. Each additional service requires an additional *Service Detail* line item.

Add Services Detail [Save](#) | [Additional Line Info](#) | [Reset](#) | [Cancel](#)

Service Level SV1 (Professional Service)	Certification Issue Date	Certification Action	Review Decision Reason	
*Service Qualifier HC Fin Admin Common Proc Coding Sys ▼		*Service Code From <input type="text"/>	Modifiers 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	
Service From Description	Service Code To <input type="text"/>	Service To Description		
Requested Begin Date <input type="text"/>	Requested End Date <input type="text"/>	Requested Amount <input type="text"/>	Requested Unit(s) <input type="text"/>	Unit of Measure <input type="text"/>
Approved Begin Date	Approved End Date	Approved Amount	Approved Unit(s)	
Service Description <input type="text"/>				
Line Item Diagnosis				

Creating a Service Authorization Request

Refer to the Completed *Service Detail* example below:

Add Services Detail [Save](#) | [Additional Line Info](#) | [Reset](#) | [Cancel](#)

Service Level SV1 (Professional Service)	Certification Issue Date	Certification Action	Review Decision Reason	
*Service Qualifier HC Fin Admin Common Proc Coding Sys		*Service Code From A4520	Modifiers 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	
Service From Description	Service Code To	Service To Description		
Requested Begin Date 02012015	Requested End Date 03012015	Requested Amount <input type="text"/>	Requested Unit(s) 200	Unit of Measure Unit
Approved Begin Date	Approved End Date	Approved Amount	Approved Unit(s)	
Service Description <input type="text"/>				
+ Line Item Diagnosis <input type="text"/>				
Line Item Servicing Provider <input type="text"/>				

Creating a Service Authorization Request

All service authorization line items must contain:

- *A HCPCS procedure code*
- *A Modifier*
- *From and Through dates of service*
- *Either Requested Units or Requested Amount*

If Units are requested, then a Unit of Measure must be selected

Creating a Service Authorization Request

- After entering all line item information, the line item **MUST BE SAVED** by clicking on “*Save*.”



- To add an additional line – click the *Add Service Line Item* button and enter in additional services:

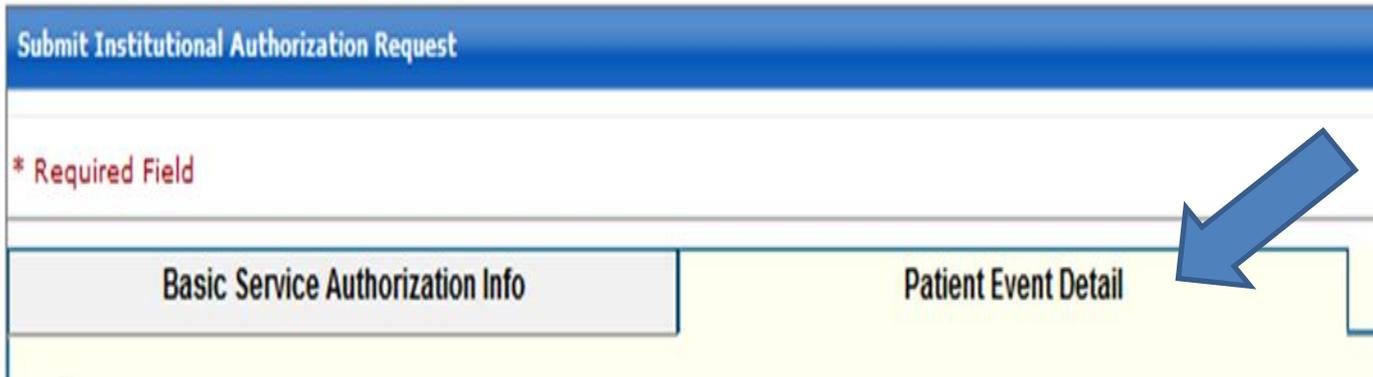


Important: If each line item is not saved, the data will be lost.

Creating a Service Authorization Request

Step 12a:

At the top of the service authorization page there is a second tab for entry of additional information – click on *Patient Event Detail* tab.



Submit Institutional Authorization Request

* Required Field

Basic Service Authorization Info Patient Event Detail

The image shows a screenshot of a web form titled "Submit Institutional Authorization Request". Below the title bar, there is a red asterisk followed by the text "* Required Field". At the bottom of the form, there are two tabs: "Basic Service Authorization Info" and "Patient Event Detail". A blue arrow points to the "Patient Event Detail" tab, indicating it should be selected.

Creating a Service Authorization Request

Step 12b:

Under the *Patient Event Detail* tab, there is room for additional information to be sent to the Department. The *DME Patient Conditions* section of this screen is used to enter additional information for consideration of the service authorization.

DME Patient Conditions

Condition Category
Durable Medical Equipment Certification

*Do all condition codes apply?
 Yes No

*Condition 1
[Dropdown]

Condition 2
[Dropdown]

Condition 3
[Dropdown]

Condition 4
[Dropdown]

Condition 5
[Dropdown]

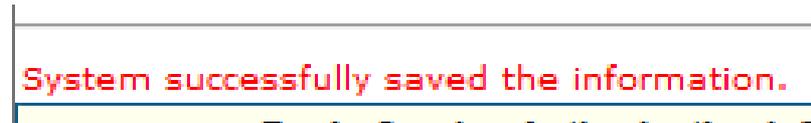
Functional Limitations

Creating a Service Authorization Request

- To submit your service authorization to the Department:

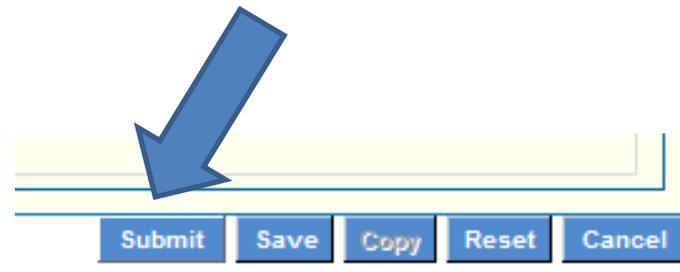
1. Click *Save*

This will display confirmation message at the top of the screen.



If there are any issues with completing the SA request, the message will provide details to resolve before clicking "Save" again.

2. Click *Submit*



Creating a Service Authorization Request

A Confirmation Page will display immediately after the SA request is successfully submitted. This confirmation page has very important information including:

- Service Authorization ID Number
- Member ID Number
- Provider ID Number
- Service Authorization Status
- Submission Date and Time

It is very important to print your confirmation page and keep a copy for your records.

****Important:** This is the only opportunity to print and save. The Confirmation Page cannot be re-generated after exiting the system.

Creating a Service Authorization Request

The Service Authorization Confirmation Page displays the SA ID Number:

North Dakota MMIS Web Portal

Skip Navigation | Contact Us | Help | Search | Log out

Home | Member | Provider | Claims | EDI | Authorizations | My Account

Submit Authorization Request Print | Help - □

Service Authorization ID: W152200004

Your service authorization has been successfully submitted. Please print and attach this sheet to the front of any additional documentation required.

Service Authorization Information

Submitter ID : TESTDME
Date Of Service: Jul 1, 2015 Aug 1, 2015
Service Authorization ID: W152200004
Member ID: ND3851992
Provider ID: 589632568
Status: Pended
Submission Date/Time: 08/08/2015 12:53:31 PM

Line item Detail

Svc Cd	Description	Requested Cost/Units	SA Line Item Status
A4520	Incontinence garment anytype	200.0	Pended

1 - 1 of 1

Mailing Address

Please send additional documentation to the following address.

ND Department of Human Services
600 E Boulevard Avenue
Department 325
Bismarck, ND 58505-0250

Print Submission Page | Submit Another SA | SA Main Page

You can print the submission page, choose to submit another service authorization, or choose to go back to the service authorization Main Page.

Submitting Additional Documentation

- The Confirmation Page is required as the cover sheet for any supporting paper documentation needed to complete the service authorization request.
- As an alternative, the Department also utilizes SFN 177 for a confirmation page. This attachment form will be available on October 5th, 2015 at www.nd.gov/eforms. The Service Authorization ID number must be entered on the form to match attachments with the original SA request.
- The Department is unable to accept electronic attachments at this time.

Service Authorization Review Process

- The Department will review submitted service authorization requests after all supporting documentation has been received.
- The service authorization will remain in a pended status until the service authorization has been reviewed and processed.
- Confirmation letter will be generated and mailed to the Provider upon service authorization approval.
- Providers have 30 days from the SA submission date to submit all supporting documentation. Incomplete requests are denied after 30 days. Denial letter will be generated and mailed to the Provider upon service authorization denial.

Edit/ View Service Authorization Requests

Providers can also edit and view both saved and pended service authorizations

- Select *Authorizations*
- Select *View/Edit Authorizations*
- Enter the search criteria to display and edit the pended authorization as necessary

The screenshot shows a web application window titled "View/Edit Authorization Request" with a "Print | Help" menu in the top right corner. A red asterisk indicates a required field. Below this, a search instruction states: "To conduct a search for one or more saved or previously submitted service authorization(s), refine the search criteria by entering information in any or all of the remaining fields, and then click 'Search'. A search by only the Provider ID will return all of the authorizations for that provider." The form is divided into sections: "Provider ID" with fields for "Provider ID" (containing "2542943") and "Provider ID Type" (containing "Medicaid ID"), and radio buttons for "Submitted Authorizations" (selected) and "Saved Authorizations". The "Additional Information" section includes "Member ID", "Service Authorization ID", "Begin Date", "End Date", "Certification Action" (a dropdown menu), "Service Code", and four "Modifier" fields (Modifier1 through Modifier4). "Search" and "Reset" buttons are located at the bottom right of the form.

ICD-10 Requirements

Important Reminders:

- ICD-10-CM/PCS will be going into effect on 10/1/2015.
- The Department will be accepting test claims through 9/30/15.
- Please see the website below for test claim preparation and submission instructions:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/icd10.html>

Taxonomy Requirements

Important Reminders:

- ND Health Enterprise requires that all claims must be submitted with the appropriate provider taxonomy code(s).

- Refer to the Department websites for additional information, including a searchable (by NPI) list of your taxonomy codes:
 - <http://www.nd.gov/dhs/info/mmis/docs/mmis-taxonomy-codes-update.pdf>
 - <http://www.nd.gov/dhs/info/mmis/taxonomy.html>

Service Authorization – DME Additional Resources

- Paper claim instructions for completion of the Professional CMS-1500 claim form can be found on the ND Medicaid website at:

<http://www.nd.gov/dhs/info/mmis/claims-instructions.html>

- The Department will not issue service authorization numbers or generate approval/denial letters after September 17, 2015.
- The Transition Period to transfer all processing from Legacy MMIS to Enterprise MMIS extends from September 17, 2015 through October 4, 2015.
- SA numbers and approval/denial letters will be generated from Enterprise MMIS beginning October 5, 2015.