Welcome to the North Dakota Medicaid Provider newsletter. We hope this newsletter provides you important information about the North Dakota Medicaid Program. If you have any suggestions for future articles, please send your ideas to dhsmed@nd.gov.

In this edition, learn about:

- Upcoming presentations on primary care management reform for North Dakota Medicaid
- Changes in program administration for Medicaid Expansion pharmacy services and the Children’s Health Insurance Program
- Opportunities to serve on the Medicaid Medical Advisory Committee
- North Dakota Medicaid provider survey
- Updated provider manuals and other topics
Thank you for being a North Dakota Medicaid provider serving North Dakota Medicaid members.
Medical Services Division hosts presentations on primary care management
reform for North Dakota Medicaid

**WHAT:** Learning about primary care management reform for North Dakota Medicaid – Ideas from South Dakota

**DATE:** Thursday, Jan. 16, from 9 to 10 a.m. Central Time

**WHERE:** In person at the North Dakota State Capitol, Brynhild Haugland Room or by Skype video conference

North Dakota Medicaid is considering a new primary care management model as an alternative to the Primary Care Case Management (PCCM) program that was established in the 1990s.

Providers and other stakeholders are invited to attend the first of several presentations to learn from other state Medicaid programs that have implemented similar care management models. There will also be an opportunity to provide feedback about these models.

Kathi Mueller from the South Dakota Department of Social Services will share information on [South Dakota Medicaid’s health home program](https://www.medicaid.gov/South-Dakota-Medicaid/south-dakota-health-home-program.html). South Dakota's health home program offers enhanced health care services to Medicaid members with chronic conditions. Through the provision of six core services, health homes aim to reduce inpatient hospitalization and emergency room visits, increase the integration between physical and behavioral health services, and enhance transitional care between institutions and the community. In 2018, it is estimated that South Dakota Medicaid avoided $7.3 million in costs due to the health home program.
Mueller’s presentation will last approximately 45 minutes, and there will be time reserved at the end for questions and answers.

If you are unable to join the live session or by Skype video conference, the presentation will be recorded and made available on the department’s website.

Thank you for being a partner with North Dakota Medicaid, and we hope you join us on January 16.

- Caprice Knapp, Medical Services Division Director

Photo credit: North Dakota Tourism
Seeking nominations for Medicaid Medical Advisory Committee

North Dakota Medicaid is accepting nominations for its Medicaid Medical Advisory Committee.
The purpose of the committee is to provide a forum where the Medicaid program and its statewide partners, including health care providers, beneficiaries and their families, and advocates, can:

- Review and recommend changes to existing Medicaid policies.
- Propose and discuss new Medicaid policies that are brought forth by the department, statewide partners, as well as legislative and executive branch members and their staff.
- Review and discuss proposed changes to the Medicaid state plan and waivers.
- Provide and receive updates on key Medicaid initiatives or activities.
- At the start of each biennium, review the quality, access, and expenditures of the Medicaid program of the prior biennium.

The members must include a board-certified physician, members of consumer groups including Medicaid beneficiaries or other consumer/advocacy groups, and the director of the public health or welfare department. Committee members may also represent health care providers, trade associations, a member from each of the five recognized tribes in North Dakota, community/county partners, and staff from the North Dakota Indian Affairs Commission.

Meetings are held quarterly in Bismarck, and members can join online or by phone if they cannot attend in person.

Potential committee members can self-nominate or be nominated by a colleague. Nominations should describe the nominee and why the individual should be a member. The description should clearly describe which partner group or individual perspective the nominee represents and his or her experience with Medicaid.
Nominations can be emailed to Krista Fremming. The deadline to submit nominations is March 19, 2020.
Change in administration of pharmacy services for North Dakota Medicaid Expansion
During the 2019 legislative session, the North Dakota legislature changed the administration of North Dakota Medicaid Expansion pharmacy services.

As of **Jan. 1, 2020**, pharmacy services for North Dakota Medicaid Expansion members will be administered by the North Dakota Department of Human Services. Prior to the effective date, North Dakota Medicaid Expansion members will receive a Medicaid identification card. This card should be used by members for pharmacy services beginning Jan. 1, 2020. **IMPORTANT:** Members should continue to use their Sanford Health Plan (managed care organization for North Dakota Medicaid Expansion) member identification card for all other medical services.

For North Dakota Medicaid Expansion members, pharmacy services will be the same as for traditional Medicaid fee-for-service (FFS) and will follow the North Dakota Medicaid preferred drug list and prior authorization criteria.

For pharmacy services provided on Jan. 1, 2020 or later, pharmacies will need to bill North Dakota Medicaid. For pharmacy services provided before Jan. 1, 2020, pharmacies will need to bill Sanford Health Plan.

Coverage for pharmacy services requires the provider, both the pharmacy and the prescriber, to be enrolled with North Dakota Medicaid FFS. If the pharmacy and the prescribing provider are not enrolled with North Dakota Medicaid FFS, pharmacy services for North Dakota Medicaid Expansion members will be denied as of Jan. 1, 2020.

To determine your North Dakota Medicaid FFS provider enrollment status and/or to become an enrolled provider, visit North Dakota Medicaid provider enrollment webpage.
If you have any questions regarding this change, email Stephanie Waloch or call her at 701-328-1705. You can also email Brendan Joyce or call him at 701-328-4023.

Photo credit: North Dakota Tourism
Healthy Steps Change in Program Administration

During the 2019 legislative session, the North Dakota legislature passed Senate Bill 2106, and it was signed into law by Gov. Doug Burgum. This law will simplify the administration of the Children’s Health Insurance Program (CHIP), also known as Healthy Steps in North Dakota, without compromising services to children. The program is currently delivered through a managed care arrangement with Blue Cross Blue Shield of North Dakota and Delta
Dental as the organizations contracted with the Department of Human Services to administer the program.

As of **Jan. 1, 2020**, children enrolled in Healthy Steps will transition to receiving traditional Medicaid coverage, which will allow them to access the same benefits as children eligible for Medicaid (including Early and Periodic, Screening, Diagnosis and Treatment) and have no cost-sharing. Prior to the effective date of Jan. 1, 2020, children enrolled in Healthy Steps will receive a Medicaid identification card. Services provided on or after Jan. 1, 2020, will need to billed to North Dakota Medicaid.

If you have any questions regarding this change, email Jodi Hulm or call her at 701-328-2323.

Photo credit: North Dakota Tourism
North Dakota Medicaid providers encouraged to complete survey

North Dakota Medicaid invites providers to take a short survey and provide feedback on various provider support services and provider
engagement efforts.

All providers are invited to complete the survey. The questions are targeted primarily towards individuals who work closely with billing, coding, provider enrollment and claims processing. Please share the survey with these individuals in your organization.

The survey should take about 10 minutes to complete. The **deadline to respond is Jan. 10, 2020.**

Your input is important to North Dakota Medicaid! Thank you for your participation.

[Link to North Dakota Medicaid provider survey]
Professional global services billing reminder

Technical Component (TC), Professional Component (26) and Global Service Billing
Procedures that are comprised of both a technical and professional component are identified on the National Medicare Physician Fee Schedule Database in Field 20 with a Professional Component (PC) / Technical Component (TC) Indicator of “1.”

If a procedure is comprised of both a technical and professional component and is performed on facility-owned equipment, it may be necessary for the physician to indicate that he/she is reporting only the professional component, by appending modifier -26 to the procedure code(s) reported. This is because the facility is reporting the “technical component” of the procedure.

Unmodified CPT codes are intended to describe both the technical and professional components of a service. The professional and technical components together are referred to as the “global service.” It is never appropriate for the technical and professional components to be unbundled and reported separately under the same rendering NPI (whether on separate line items of a single claim or separate claims).

Genetic Testing Reminder

North Dakota Medicaid requires service authorizations for all genetic testing. Providers should use SFN 527 for genetic testing services authorization requests.

It is important to note that pharmacogenetic panel tests for therapy selection, such as panel tests for psychotropics, analgesics or ADHD stimulant medications, are not considered medically necessary and are not covered by North Dakota Medicaid.

Photo credit: LuWanna Lawrence
Access vision benefits using Automated Voice Response System

Effective Jan. 1, 2020, the North Dakota Medicaid Call Center will no longer provide information to providers regarding vision benefits (date of last exam or date of last frames/lenses). This information is available through the Automated Voice Response System (AVRS).

Providers can access the AVRS with their North Dakota Health Enterprise Medicaid Management Information System (MMIS) 7-digit provider Medicaid ID number. A 6-digit PIN number is also required for verification and access to secure information. One provider PIN number is assigned to each Medicaid ID number.

AVRS Access Telephone Numbers (available 24/7)

- Toll Free: 877-328-7098
Need a pin number?

If a provider does not have a pin number, contact the North Dakota Medicaid Call Center toll free at 877-328-7098 or mmisinfo@nd.gov to request one. A pin number will be mailed directly to the provider.
Important reminder about third party billers

North Dakota Medicaid would like to remind providers that it is their responsibility to provide their third-party billers with the proper documents to complete their jobs.
North Dakota Medicaid does not send copies of remittance advices or any other documents to third party billers.

North Dakota Medicaid is receiving a large volume of emails from the third-party billers checking status of claims that have already been processed and posted on a remittance advice. Providers and third-party billers need to review their remittance advices to determine if a claim was previously paid or review why it was denied by North Dakota Medicaid.

Oftentimes when North Dakota Medicaid receives an email on the status of a claim – the claim was processed weeks or even months earlier. It is important that payments are posted to patient accounts as soon as possible to avoid additional work for all parties.

Photo credit: LuWanna Lawrence

Change in durable medical equipment service authorizations

Effective Jan. 1, 2020, North Dakota Medicaid will no longer require durable medical equipment (DME) providers to submit service authorization for Medicaid-eligible members who are also eligible for Medicare if an item is paid by Medicare. If Medicare does not cover an item, DME providers will still be required to follow North Dakota Medicaid's requirements for the item.
This information is in the DME manual on page 26. If providers have questions, email Tammy Holm.
2020 DHS public meetings of interest

Medicaid Medical Advisory Committee

- Thursday, March 26, 12:30 to 5 p.m.
• Wednesday, June 10, 1 to 5 p.m.
• Wednesday, Sept. 9, 1 to 5 p.m.
• Wednesday, Dec. 9, 1 to 5 p.m.

More information

Autism Spectrum Disorder Task Force

• Monday, Feb. 24, 1 to 4:45 p.m.
• Monday, May 18, 1 to 4:45 p.m.
• Monday, Aug. 24, 1 to 4:45 p.m.
• Monday, Nov. 23, 1 to 4:45 p.m.

More information

Money Follows the Person Program

• Wednesday, March 4, 1 to 4 p.m.
• Thursday, June 18, 1 to 4 p.m.
• Tuesday, Sept. 8, 1 to 4 p.m.
• Tuesday, Nov. 17, 1 to 4 p.m.

More information
All public meeting notices are posted on:

- North Dakota Department of Human Services' website and
- North Dakota Secretary of State's website

Photo credit: North Dakota Tourism

**Updated Manuals**

The North Dakota Medicaid General Information for Providers manual has been updated. This manual covers areas regarding provider enrollment and Medicaid covered services.

The Durable Medical Equipment (DME) manual has been updated and is ready for viewing. DME quick reference guides are also available.
Other Medicaid-related information

Check the North Dakota Medicaid provider updates webpage for periodic updates on various Medicaid-related topics.

North Dakota Medicaid provider checkwrite date information
North Dakota Medicaid Call Center contact information

- Toll-Free 877-328-7098
- 711 (TTY)
- mmisinfo@nd.gov

Photo credit: National Park Service - Winter Wonderful