



North Dakota Medicaid Provider Newsletter

September 2020



Photo credit: ND Tourism

Welcome to the North Dakota Medicaid Provider newsletter. We hope this newsletter provides you with important and beneficial 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, you can learn about:

- Medicaid celebrates another milestone,
- Update on COVID-19 provider relief funding,
- Provider enrollment video tutorials,
- Managed care organization re-procurement timeline, and
- Understanding Indian Health Service (IHS) claim denial reasons and more.

Thank you for being a North Dakota Medicaid provider and serving North Dakota Medicaid members.



Sign up and get connected with North Dakota Medicaid

Medicaid providers and partners can now sign up for email updates from North Dakota Medicaid on various Medicaid-related news and information, including provider newsletters and press releases.

[Sign up](#)



Medicaid celebrates another milestone

What helps children, parents, seniors, people with disabilities, and adults with limited income while simultaneously supporting healthcare workers? If you guessed Medicaid, kudos! You are correct.

This year marks 55 years of the public health insurance program. On July 30, 1965, President Lyndon Johnson signed into law the Social Security Act Amendments, which established Medicare and Medicaid.

Medicaid, which is funded jointly by each state and the federal government, ensures that income-eligible children, seniors, individuals with disabilities, and those who are pregnant have access to affordable medical care. Through a provision of the Affordable Care Act (ACA) of 2010, it also became possible for states to extend Medicaid coverage to income-eligible adults who had previously been unable to access the program. North Dakota expanded its Medicaid coverage through this option.

Today, more than 70 million Americans receive their health coverage through Medicaid, and approximately half of them are children. In North Dakota, Medicaid covers about 90,000 people (roughly 11 percent of the state's population).

In addition to providing health care coverage through its traditional program and expansion program, North Dakota Medicaid has five waivers that provide support and services for people with developmental disabilities, adults who are aging and/or disabled, children who are medically fragile, children who need hospice care and children with autism spectrum disorder.

Photo credit: Visit Fargo-Moorhead



Federal government extends public health emergency

On July 23, 2020, the federal Department of Health and Human Services (HHS) renewed the declaration that a national public health emergency (PHE) exists due to the COVID-19 pandemic.

This declaration extends the emergency for an additional 90 days through Oct. 23, 2020, or unless terminated earlier

by HHS Secretary Azar.

This renewal extends the wide array of waivers and flexibilities that have been issued by HHS in response to COVID-19 to make sure Americans continue to have access to the health care they need.

For North Dakota specific information on waivers and flexibilities, click [here](#).



Update on COVID-19 provider relief funding

As of Aug. 14, 2020, the federal Department of Health and Human Services (HHS) has allocated approximately \$125 billion of the \$175 billion in Congressionally-appropriated provider relief funding.

Some portion of the remaining funds will be distributed to providers who test or treat uninsured COVID-19 patients after Feb. 4, 2020.

Providers have received roughly \$603 million for the treatment and testing of uninsured COVID-19 patients as of Aug. 14*. Additionally, there is no set allocation amount for the dental distribution. The amount will be determined based on the number of applications submitted through the dental portal.

Here's a breakdown of the announced provider relief funding allocations to date and who received the funding.

First General Allocation (\$30B) - All Medicare-billing providers

Second General Allocation (\$20B) - All Medicare-billing providers

High Impact Allocation (\$12B) - Hospitals with at least 100 COVID-related admissions; \$2 billion was distributed to hospitals based on their Medicare Disproportionate Share Hospital and uncompensated care payments

Second High Impact Allocation (\$10B) - Hospitals with over 161 COVID admissions between Jan. 1 and June 10, 2020, or one admission per day, or experienced a disproportionate intensity of COVID admissions (exceeding the average ratio of COVID admissions/bed)

Rural Allocation (\$10B) - Rural acute general hospitals, critical access hospitals, rural health clinics and rural community health centers

Second Rural Allocation (\$1B) - Specialty rural Medicare designation hospitals in urban areas and hospitals in smaller non-rural communities

Nursing Homes (\$4.9B) - Skilled nursing facilities

Second Nursing Home Allocation (\$5B) - Skilled nursing facilities

Nursing Home Performance-Based Payments (\$2B) - Skilled nursing facilities

Indian Health Service (\$500M) - Tribal hospitals, clinics and urban health centers

Medicaid and Children's Health Insurance Program (CHIP) providers (\$15B) - Medicaid and CHIP providers

Safety Net (\$10B) - Safety net hospitals

Second Safety Net Allocation (\$3B) - Acute care hospitals that have less than 3% profitability averaged over 2 or more of its last 5 cost report filings

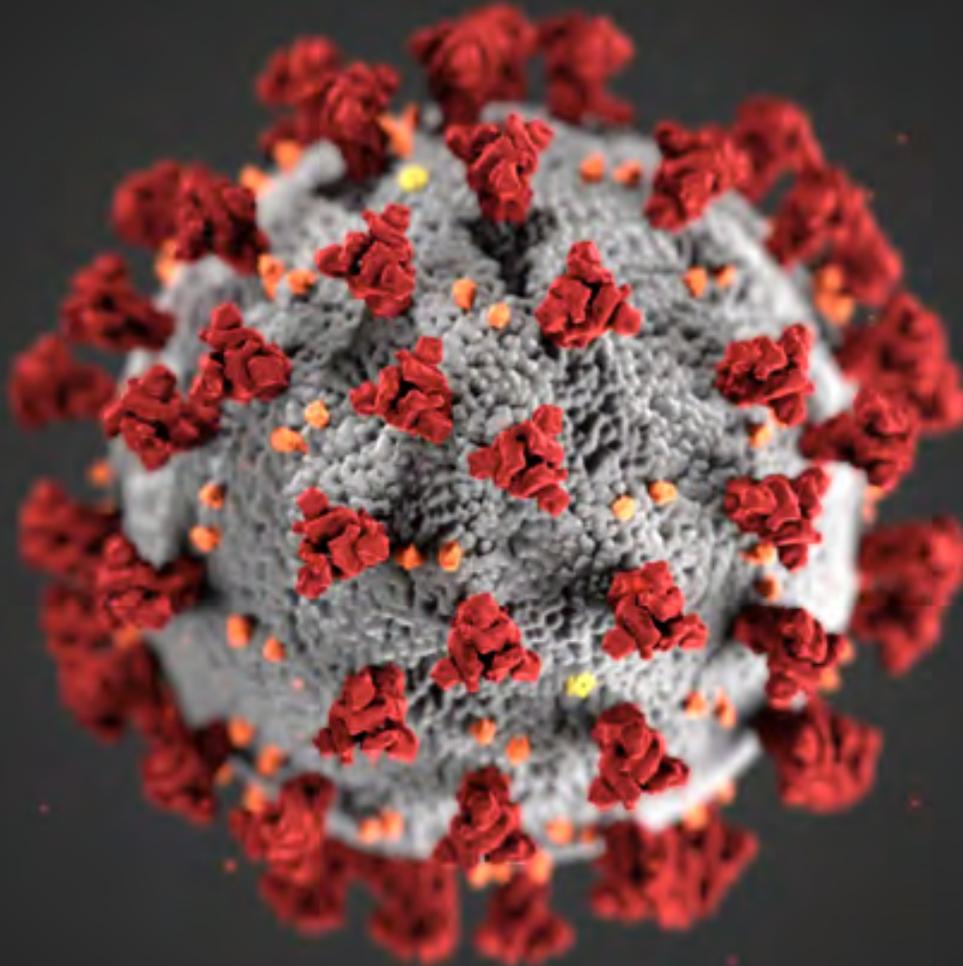
Children's Hospitals (\$1.4B) - Free-standing children's hospitals

Uninsured (\$550M*) - Providers testing or treating uninsured COVID patients

Dental (TBD) - Dental providers

Total Allocated: \$125 billion

Photo credit: ND Tourism



ND Medicaid's response to COVID-19

North Dakota Medicaid has issued several FAQs and temporary policies related to COVID-19.

[Click here](#) to access the guidance. If you have any questions, email dhsmed@nd.gov.

Update on temporary COVID-19 provider enrollment process

The North Dakota Medicaid temporary provider enrollment process for all providers **except** qualified service providers (QSPs) that was put in place due to COVID has been discontinued.

There is still an option for an expedited enrollment process for QSPs enrolling for COVID-19 related purposes and must receive prior approval from North Dakota Medicaid.

For more information on the expedited QSP enrollment process, contact jschick@nd.gov.



Provider enrollment video tutorials now available

Provider training videos are now available to use as resources to complete provider applications. The training videos walk through each page of the online portion of the individual application. There is one

video for each page of the online application, so you can watch them all, or just watch the video for the page you want to see.

Each video is about two-minutes long and can be found [here](#).

Provider Enrollment team members hope this will make the online application more user friendly for our Medicaid providers.



Managed care organization re- procurement timeline

Currently, the Medicaid Expansion group coverage is administered through a managed care organization (MCO). In 2021, the state's contract

with the managed care organization will expire. There are no additional extension options and so, by law, North Dakota Medicaid must re-procure this contract.

North Dakota Medicaid is preparing to issue a Request for Proposals (RFP) for MCOs to administer health care coverage for the Medicaid Expansion group.

The department aims to release the RFP by the end of October 2020.

Photo by Wesley Tingey, Unsplash



Monthly claims payment information is now available online

As part of the department's ongoing efforts to increase transparency, North Dakota Medicaid is sharing monthly operational outcome data on

claims processing on its [website](#).

This data provides taxpayers, Medicaid providers and members and other stakeholders better insight into the department's work.

[Traditional Medicaid: Monthly Paid Claims Report](#)

[Medicaid Expansion: Monthly Paid Claims Report](#)

Temporary telemedicine policy

North Dakota Medicaid continues to operate under its COVID-19 temporary telemedicine policy,

The Medicaid Program Integrity Unit is in the process of reviewing telemedicine data from providers in the state regarding utilization and documentation. The goal is to better understand how telemedicine is being used by providers to care for Medicaid members.

[See Policy](#)

Cost reports for nursing homes are due in September

A reminder that in-state nursing facilities must electronically submit their June 30, 2020 nursing facility cost reports by Oct. 1, 2020.

These cost reports will be used to establish rates for Jan. 1, 2021.

If you have questions regarding the cost reports, contact lthiel@nd.gov.

Photo credit: Greater Grand Forks Convention and Visitors Bureau



**Learn about the Early and
Periodic Screening,
Diagnostic and Treatment**

(EPSDT) program on Sept. 30 at Noon

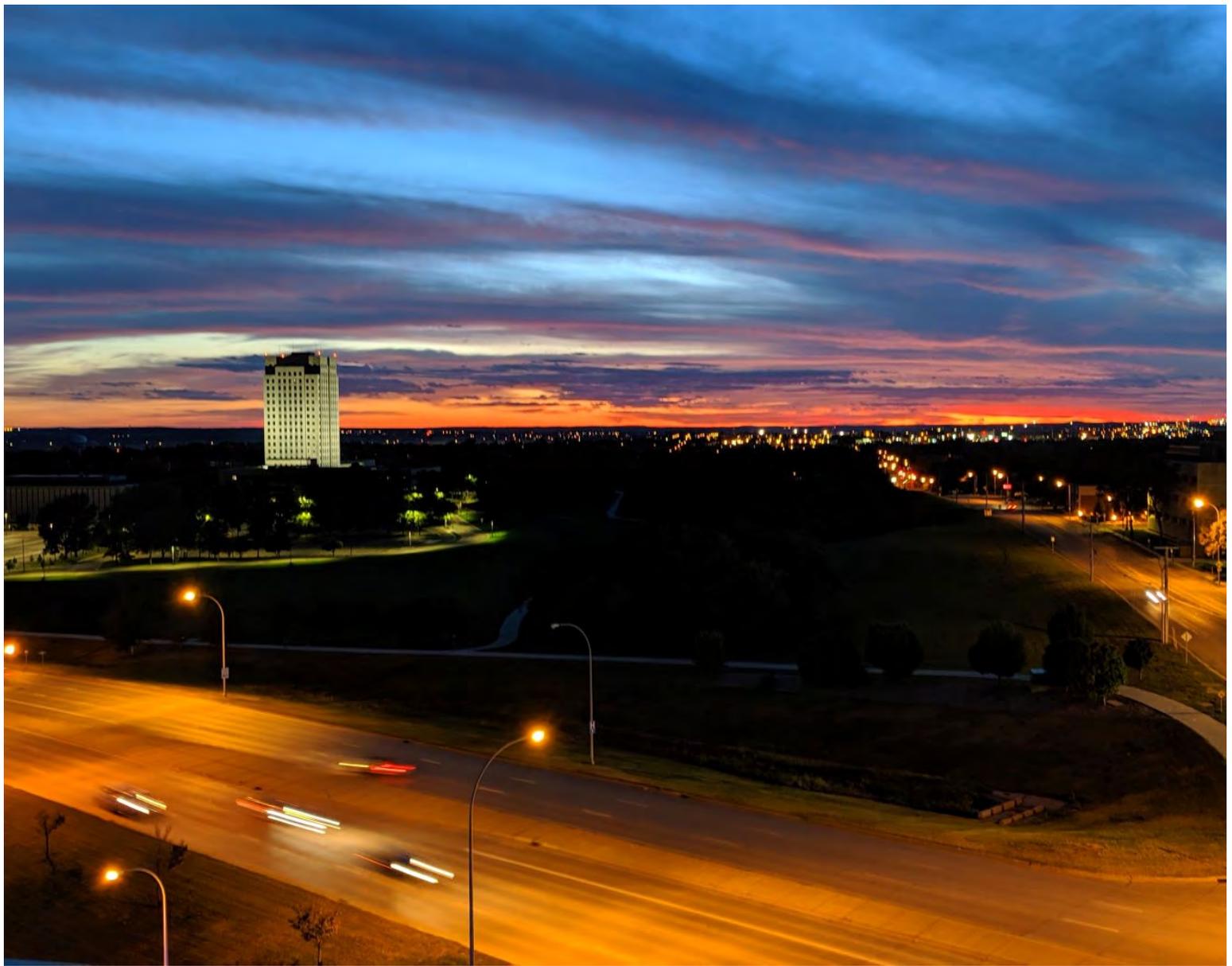
The Medical Services Division will host a training on Wednesday, Sept. 30 at noon CT, to provide an overview of its Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program that provides comprehensive and preventative health care services for children under age 21 who qualify for North Dakota Medicaid.

EPSDT is key to ensuring that children and adolescents receive appropriate preventive dental, behavioral health, and developmental and specialty services.

You will learn how the program works so you can help educate the Medicaid members you serve.

The one-hour virtual training will be held using Microsoft Teams and conference call at 701-328-0950, Conference ID: 934 003 347#.

[Join by Microsoft Teams](#)



Claims Corner: Understanding Indian Health Service (IHS) claim denial reasons

A new feature in the North Dakota Medicaid provider newsletter is a section called Claims Corner. Its purpose is like a learning lab to educate providers on various claims-related topics and to help alleviate some common claim denials.

In this article, learn about what to look for when receiving IHS claim denials.

204/27/26 – Member is not eligible.

- Verify the date of service was submitted correctly and is within the member's eligibility span. If correct, resubmit an 837I or North Dakota Health Enterprise Medicaid Management Information System (MMIS) web portal electronic claim.
- Verify the member's ID number, last name, first name and date of birth was submitted correctly. If not, correct the claim and resubmit an 837I or MMIS web portal electronic claim.
- Verify the correct revenue codes were submitted. If not, correct and resubmit an 837I or MMIS web portal electronic claim.
- If all above have been verified to be accurate on the claim submitted, the member is not eligible for services and will be responsible for the charges.

N255/16 – Billing provider taxonomy is missing or invalid.

- Verify the billing provider taxonomy was submitted correctly.
- If not, correct the billing taxonomy and resubmit an 837I or MMIS web portal electronic claim.

B7 – Attending Provider ID submitted on the claim is not on file.

- Verify the attending provider on the 837I electronic claim form is correct and is an active provider with North Dakota Medicaid. If correct, resubmit an 837I or MMIS web portal electronic claim.
- If not, a provider enrollment application is available [here](#) to enroll the attending provider with North Dakota Medicaid.

N288/16 – Missing/incomplete/invalid rendering provider taxonomy.

- Verify the services were submitted on an 837I or MMIS web portal electronic claim.
- If not, refile the services on an 837I or MMIS web portal electronic claim with the appropriate revenue code and attending provider NPI and taxonomy code.

N95/170 – Provider type/specialty may not bill this revenue code.

- Verify the appropriate revenue code was billed for the service.
- If not, refile the service on an 837I or MMIS web portal electronic claim with the appropriate revenue code(s). See appropriate revenue codes below.

N30/A1 – Revenue code is not covered on date of service.

- Verify the appropriate revenue code and date of service was billed correctly.
- If correct, the provider type/specialty is not allowed to bill this revenue code.

Ambulance services are required to bill on an 837P or MMIS web portal electronic claim with the appropriate ambulance codes.

Ambulance services billed on an 837I or MMIS web portal electronic claim with revenue code 0540 will deny with a N30/A1.

IHS Revenue Codes

- Revenue Code 100 – In-House Medicaid Days
- Revenue Code 250 – Pharmacy
- Revenue Code 490 – Ambulatory Surgical Center
- Revenue Code 500 – Outpatient
- Revenue Code 510 – Vision
- Revenue Code 512 – Dental
- Revenue Code 513 – Mental Health (Psychiatrist/Psychologist)
- Revenue Code 519 – EPSDT Screening
- Revenue Code 509 – Telemedicine (clinic/physician)
- Revenue Code 900 – Behavioral Health
- Revenue Code 961 – Telemedicine (mental health)
- Revenue Code 987 – Physician Inpatient Services

A procedure code must be billed with revenue codes that require a CPT/HCPC code according to National Uniform Billing Committee guidelines.

Ambulance Codes

A0425 – Ground mileage, per statute mile, basic life support (BLS) and advanced life support (ALS).

A0426 – Ambulance service, advanced life support, non-emergency. Transport, Level I (ALS1), including supplies.

A0427 – Ambulance service, advanced life support, emergency transport. Level I (ALS1 – emergency), including supplies.

A0428 – Ambulance service, basic life support, non-emergency transport. (BLS), including supplies.

A0429 – Ambulance service, basic life support, emergency transport. (BLS-emergency), including supplies.

A0430 – Ambulance service, conventional air services. Transport, one way. Fixed wing.

A0431 – Ambulance service, conventional air services. Transport, one way. Rotary wing.

A0433 – Advanced life support, level 2 (ALS 2).

A0434 – Specialty care transport.

A0435 – Fixed wing air mileage.

A0436 – Rotary wing air mileage.

A0998 – Ambulance response and treatment, no transport. Medicare does not cover. However, North Dakota Medicaid does.

146 – ICD 9 indicator for date of service greater than Oct. 1, 2015

- Verify the ICD-10 indicator for dates of service Oct. 1, 2015 to present date is ABK with the appropriate diagnosis code.
- Verify the ICD-10 diagnosis code is valid.

- If not valid, correct the diagnosis code and resubmit an 837I or web portal electronic claim.



North Dakota Medicaid hold monthly claims-related trainings for providers

Provider Relations team members have provided virtual training to North Dakota Medicaid providers over the past four months on the North Dakota Health Enterprise Medicaid Management Information System (MMIS) portal and claims-related topics.

Ongoing training will continue to be a priority for North Dakota Medicaid to better serve providers. If you would like to receive information about upcoming trainings and other Medicaid-related news, sign up to receive email updates [here](#).

Important information on adjustments and voids

North Dakota Medicaid continues to see adjustments and voids being submitted with a transaction control number (TCN) that has already been replaced or voided.

Team members are unable to process these as they no longer are considered the last claim replaced or the void no longer exists. The only option available is to delete these from the system.

To adjust claims, you must use the TCN of the last adjusted claim. For voids, you cannot use a TCN that has previously been voided.

For more information on how to adjust and void a claim, visit the [provider education and training webpage](#).

Paper Claims

Reminder – as of April 15, 2020, paper claims are **no longer accepted** and will be returned to the provider unless an exemption has been requested and granted by North Dakota Medicaid.

[See claims submission policy](#)



Referring/ Ordering Provider National Provider Identifier (NPI)

Providers are required to report the referring/ordering individual provider NPI on claims for services that require an order or referral.

837P

The referring/ordering provider should be reported at the claim level in Loop 2310A for services such as diagnostic and laboratory services. To report services such as durable medical equipment at the claim detail line level, report the ordering provider in Loop 2420E and/or the referring provider in Loop 2420F.

When there is only one referral use code “DN – Referring Provider.” Use “P3 – Primary Care Provider” in the second iteration of the loop to indicate the initial referral from the primary care provider. Use “DK – Ordering Provider” to indicate the ordering provider.

837I

The referring provider should be reported at the claim level in Loop 2310F when the referring provider is different than the attending provider. When the referring provider on a claim detail line is different than what is reported in Loop 2310F, they are reported in Loop 2420D. An ordering provider is not reported on an 837I. Use “DN – Referring Provider” to indicate the referring provider.

Photo credit: Jamestown Tourism



Electronic Funds Transfer (EFT)

Instead of waiting for your paper check to come in the mail, sign up for EFT and receive your weekly payment from North Dakota Medicaid sooner each week.

[Fill out the SFN 661](#) along with a copy of a voided check or bank letter (to verify the information on the SFN 661) for each billing provider record.

Send by encrypted email to dhserollment@nd.gov or fax to 701-328-4030. If you do not have a way to encrypt emails, send an email to dhserollment@nd.gov and request an encrypted email be sent to you, so you can attach the SFN 661 to that email and send it back to us.

The person who signs the SFN 661 must already be listed in MMIS as an organization administrator, owner, managing/directing employee or authorized representative.

It takes two billing cycles for the system to establish the link with the bank. Until that link is established, paper checks will be sent to the billing address on file.

Photo credit: ND Tourism



Photo credit: ND Tourism

Meeting reminders for Nov. – Dec. 2020

- Money Follow the Person Program stakeholder meeting, Nov. 17 from 1 to 4 p.m. CT
- Autism Spectrum Disorder Task Force meeting, Nov. 23 from 1 to 4:45 p.m. CT
- Medicaid Medical Advisory Council meeting, Dec. 8 from 5 to 8 p.m. CT

[See all department public meetings](#)

Under *Public Entity* column, scroll down to Human Services,
Department of.