ND HEALTH ENTERPRISE MMIS
PHASE II TRAINING
AUGUST 2015
Thank you for participating today.

To ensure we eliminate any background noise for listeners, all telephones will be on mute.

If you have not already done so, please obtain a copy of this presentation at www.nd.gov/dhs/info/mmis.html

We will go through a general overview of Health Enterprise and review claims submission changes. There will be plenty of time for Q & A. Please jot down questions as we go through these slides, as you will have an opportunity at the end of this presentation for Q&A.
The ND Department of Human Services is working toward the implementation of a new claims processing system called ND Health Enterprise Medicaid Management Information System. The new MMIS capabilities include:

- Adjudicates claims, processes encounters, and issues claim payments
- Web based claims & service authorization submission – one at a time or in batch
- Real-time claims adjudication for ND Medicaid providers for claims submitted via the provider portal
- Houses provider enrollment demographics
- Confidential provider mailbox to receive remittance advice, letters, notices, and other information immediately rather than waiting

The existing ND Medicaid claims system implemented in 1978, known as Legacy MMIS, will retire. Historical Legacy claims data will be transferred to and be available in Enterprise.

The steps that the Department must take to retire the Legacy system and to switch over to Enterprise will impact you.

An implementation letter was mailed to your location which provides key instructions on preparing for the transition. The implementation letter is available for review at www.nd.gov/dhs/info/mmis.html
## MMIS Transition Key Dates

<table>
<thead>
<tr>
<th>Scheduled Key Dates</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/5/15</td>
<td>Last date to accept claim adjustments in ND Legacy MMIS</td>
</tr>
</tbody>
</table>
| 8/18/15             | Last date for accepting paper claims in ND Legacy MMIS  
**All Providers**  
*except Qualified Service Providers (QSP), Transportation and Basic Care Providers* |
| 8/18/15 – 9/30/15   | Transition Period for paper claims  
(submissions will be returned to provider) |
| 8/21/15             | Last date for submission of provider enrollment applications |
| 9/2/15 @ 12 Noon CDT| Last date for accepting electronic claims in ND Legacy MMIS |
| 9/2/15 – 10/4/15    | Transition Period for electronic claims (837)  
(any files received will not be processed until Go Live Day One) |
| 9/8/15              | Last date for accepting QSP, Transportation and Basic Care paper claims in ND Legacy MMIS  
**For QSP, Transportation and Basic Care Providers Only** |
| 9/14/15             | Final Remittance Advices (RAs) & claims payments released in ND Legacy MMIS |
| 10/5/15 - 8am CDT   | ND Health Enterprise MMIS scheduled Go Live – Day One |
There will be a provider web portal available at no cost to providers.

Claim templates are available for repeat situations, thereby increasing efficiency.
  - Customizable by member or service

View all submitted claims (whether paper, portal or EDI submitted).

View real-time claim status before weekly check-write cycle (To-Be Paid, Suspended, To-Be Denied).

Search for historical claims with specific date ranges.

Submit and view status of existing service authorizations.

Check member eligibility and view recipient liability.

View Third Party Liability information on file with the Department.

Self-manage user security through designated the Organization Administrator function.

There will be a NEW live call center to support provider inquiries and assist with directing your requests for assistance to the right team for quick response.
CONFIRM ENROLLMENT WITH YOUR TRADING PARTNER/ CLEARINGHOUSE VENDOR

All providers identified on claims submitted to ND Health Enterprise MMIS must be associated with an Enterprise provider enrollment record.

The ND Health Enterprise MMIS Web Portal will offer trading partners batch and real time access for X12 transactions. DHS defines a trading partner as any entity that sends or receives X12 electronic data interchange (EDI) transactions with ND Medicaid. As part of this transition, all trading partners must enroll in Health Enterprise. Enrollment is required to continue participation in the ND Medicaid program when implementation of the Health Enterprise is complete.

Providers must contact their trading partners to confirm that the trading partner has re-enrolled and completed mandatory testing in ND Health Enterprise MMIS.

For additional assistance or questions, please contact our trading partner enrollment staff by email at: ndmmisedi@nd.gov or the Trading Partner Hotline at 1-844-848-0844.
An Organization Administrator is the person in your organization who maintains security access to Health Enterprise and who ensures staff accounts and passwords are used securely.

When you re-enrolled in Health Enterprise, you may have designated an Organization Administrator. If you registered for provider web portal access during re-enrollment, the Organization Administrator username will be included in the Medicaid provider Enterprise enrollment confirmation letter which will be mailed in mid-September. The Department is currently working on a plan to auto-enroll most providers for web portal access, with a temporary organization administrator ID, prior to Go-Live.

The password will be sent in a separate letter along with the Automated Voice Response Personal Identification Number (PIN). This password will be a one-time use password that the Organization Administrator will need to change upon logging in to Health Enterprise the first time.

If you did not register for or receive notice of provider web portal access, your Organization Administrator can create a new registration in Health Enterprise using the new 7-digit Medicaid provider number. Once registration is complete, you will receive the Organization Administrator’s username and password by mail within 3-5 business days.
Within Health Enterprise, the Organization Administrator will be able to:

- Designate and establish additional Organization Administrators (there should always be a back-up in case the primary Org. Admin. is unavailable).
- Create additional user IDs with passwords for your business.
- Determine and assign users’ access to different secure areas of Health Enterprise.
- Unlock user accounts (accounts are disabled after three failed logins).
- Reset staff members’ passwords.
- Disable user accounts that are no longer in use.

Each provider must have at least one Organization Administrator in order to use the web portal. The notification letter that you receive prior to the system going live will contain the account that will initially be used to configure that service location. Once you have logged in using this account you will be able to configure, maintain, and add additional accounts, including at least one back-up Organization Administrator.
The NPI and taxonomy combination is used to identify a provider and generates the system edits that pertain to pricing and funding for appropriate claim adjudication. It is critically important that all claims submitted to ND Health Enterprise include each provider’s NPI and taxonomy code to ensure proper claim adjudication. The taxonomy code that is on the claim should be the same taxonomy code assigned to the ND Health Enterprise MMIS enrollment record.

“Atypical providers”, as defined by CMS, do not have a taxonomy code. Examples of atypical providers may include, but are not limited to:

<table>
<thead>
<tr>
<th>Nonemergency transportation</th>
<th>Adult day care providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Medicaid Home &amp; Community Based services</td>
<td>Care coordinators</td>
</tr>
<tr>
<td>Community Health Aids or Practitioners</td>
<td>Vehicle modifications</td>
</tr>
<tr>
<td>Physical alterations to living quarters for the purpose of accommodating disabilities</td>
<td></td>
</tr>
</tbody>
</table>

The Legacy MMIS can only process taxonomy codes on EDI claims at this time. However, the Department strongly encourages all providers submitting X12 claims to begin the practice now of including the Enterprise enrollment taxonomy.


A searchable list of taxonomy codes, provider types and provider specialties can be located at; [http://www.nd.gov/dhs/info/mmis/taxonomy.html](http://www.nd.gov/dhs/info/mmis/taxonomy.html).
The current Legacy MMIS 15-digit ICN (internal control number) will become a 17-digit Enterprise TCN (transaction control number).

Enterprise claim submission methods include:
- EDI
- Web portal
- Paper

Check writes will continue to run weekly on Tuesdays.

The Timely Filing requirement for all claims remains 365 days from the Date of Service.

Although you may use a clearinghouse for claims submission and management, you may still use the Enterprise web portal to inquire on claim status or claim payment.

When submitting claims via the web portal or EDI 837 transaction, attachments must still be faxed or mailed with the Enterprise generated confirmation page or new SFN 177 form to complete the submission.
- New dedicated claim attachments FAX #: 701-328-0374

The Provider Call Center will begin accepting calls on September 21, 2015.
- Toll-free number: (877) 328-7098.
The current SFN 639 "Provider Request for an Adjustment" form will be replaced in ND Health Enterprise with the “Void/Replacement” process.

Voids and Replacements submission methods include paper, EDI X12-837 transaction or via the provider web portal.

• Paper claim replacements must be submitted on the same type of claim form as the original claim.

• Provider web portal submissions must indicate if this is a void/replacement claim. If answered “Yes”, select the appropriate resubmission type code (void or replacement) and identify the original TCN to void/replace.

• If the claim being replaced was originally submitted via the web portal, the original claim data will auto populate on the screen. Original claims submitted via paper or 837 transaction require the user to enter all of the original claim data into the online form.

For additional detail, please see the Replacement Claims Fact Sheet at http://www.nd.gov/dhs/info/mmis/docs/mmis-replacement-claims-fact-sheet.pdf.
Health Enterprise MMIS offers three methods to receive your Remittance Advice (RA):

1. Electronically (via EDI 835 transaction)
2. PDF via ND Health Enterprise MMIS provider web portal (opened with free Adobe Reader software)
3. Paper (limited option)

Organization Administrators will receive their RA in the Provider Message Center. Other users will also be able to access the RA through the Payment Inquiry function if their security role permits.

The electronic RA 835 is a data file containing a string of data that represents your payment information. It is not intended to be viewed like a paper report. The 835 transaction is designed to be used by a provider’s medical management system to automatically update patient accounts with Medicaid payment. If you elect to receive an 835, a PDF version that can be printed or viewed on-line will also be available within the web portal for provider convenience.
SERVICE AUTHORIZATION KEY POINTS

• Prior Authorization (PA) is now referred to as Service Authorization (SA).

• In most cases service authorizations can be submitted through the web portal, electronically through an X12 transaction (278), faxed or mailed.

• Physical therapy, occupational therapy and speech and language therapy, vision, Quality Health Associates (NDHCR), and Out of State SA submission processes will remain the same as today.

• Attachments required to complete EDI or web submitted SA requests must still be faxed or mailed to the Department with the Enterprise-generated confirmation page or new SFN 177 form. This includes, but is not limited to, the following types:
  - Dental
  - DME
  - Home Health
  - Partial Hospitalization
  - Medical

• All existing diagnosis code-dependent PAs will be end dated September 30, 2015 due to the ICD-10 implementation effective October 01, 2015. New SA requests must be submitted with an ICD-10 code & start date of October 1, 2015.
ND Health Enterprise MMIS - https://mmis.nd.gov/portals/wps/portal/EnterpriseHome

Enterprise information - www.nd.gov/dhs/info/mmis.html

Provider Enrollment - More information regarding the ND Health Enterprise MMIS provider enrollment process, including Frequently Asked Questions: http://www.nd.gov/dhs/info/mmis/materials.html

Provider Enrollment inquiries – dhsenrollment@nd.gov

Training inquiries – mmistraining@nd.gov

Policy inquiries – MMISinfo@nd.gov

EDI inquiries – Ndmmisedi@nd.gov or ND EDI Help Desk at 1-844-848-0844

ND Forms Repository - http://www.nd.gov/eforms/

Call Center - (877) 328-7098

Claim Attachments FAX - (701) 328-0374
Open Line Question & Answer

We are opening the phone line in order to field any questions you may have. In order to get your question in queue, please perform the following;

• **Press star*, then pound#** to move into the call queue.

• The operator will advise you when you have the floor.

• Additionally, you are not limited to the number of questions you can ask. However, you will again need to please **press star*, then pound#** to have the floor.
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>