ND Health Enterprise Provider Training – Phase II

Service Authorization:

Home Health

August 13, 2015
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– Home Health Submission Methods

- Home Health Service Authorizations can be submitted via:
  - Web portal
  - Electronic 278
  - Paper SFN Form 73

- All applicable documentation will be required regardless of the submission method to the Department:
  - Home Health Certification and Plan of Treatment Form (CMS 485)
Step 1:
Providers will log in to the ND Health Enterprise MMIS secure Provider Portal with their User ID and password as shown below:
Step 2:
To create a service authorization, providers will click on “Authorizations”
Step 3:
Providers will then select “Submit an Institutional Authorization”
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 “Institutional” and that the *Transaction Purpose* is a “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)
Step 6:
The requesting provider data fields on this screen will be pre-filled with the ND Medicaid provider enrollment information.
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 Home Health Agency will **not** be the Billing Home Health Agency.**
Step 7:
Complete the specific *Health Care Services Review* Information:

- **Request Category** (what type of review?)
- **Certification Type** (initial, extension)
- **Service Type** (home health visits)
- **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.
Step 8:
Providers must complete the *Dates of Service* fields. ND Medicaid requires an entry for both the *Requested Begin* and *Requested End* dates.
Step 9:
Providers may include any additional information in the *Notes* field for the Department to consider when reviewing the service authorization request.
Step 10:
Providers may submit up to 12 diagnosis codes on the SA request. The diagnosis code(s) must match the Plan of Care.
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.
Creating a Service Authorization Request

Refer to the Completed *Service Detail* example below:

<table>
<thead>
<tr>
<th>Service Line Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>LI</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>No Data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Add Services Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Level</td>
</tr>
<tr>
<td>SV2 (Institutional Service)</td>
</tr>
<tr>
<td>Service Qualifier</td>
</tr>
<tr>
<td>HC Fin Admin Common Proc Coding Sys</td>
</tr>
<tr>
<td>Service From Description</td>
</tr>
</tbody>
</table>

Service Description
Creating a Service Authorization Request

All service authorization line items must contain:

- 4 digit Revenue Code
- 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.
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.
Step 12b:
Under the *Patient Event Detail* tab, there is room for additional information to be sent to the Department. The *Home Health Care* section of this screen is used to enter additional information for consideration of the service authorization.
• 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
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:

You can print the submission page, choose to submit another service authorization, or choose to go back to the service authorization Main Page.
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 which will be available after October 5th, 2015 on www.nd.gov/eforms for attachments. 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.
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

<table>
<thead>
<tr>
<th>View/Edit Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider ID</strong></td>
</tr>
<tr>
<td>Provider ID</td>
</tr>
<tr>
<td>2542943</td>
</tr>
<tr>
<td><strong>Additional Information</strong></td>
</tr>
<tr>
<td>Member ID</td>
</tr>
<tr>
<td>Service Authorization ID</td>
</tr>
<tr>
<td>Begin Date</td>
</tr>
</tbody>
</table>
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:
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/taxonomy.html](http://www.nd.gov/dhs/info/mmis/taxonomy.html)
For additional information, please refer to the ND Health Enterprise MMIS Policy and Claims Submission Guidelines for Home Health and Private Duty Nursing on the Department website: