



ND Health Enterprise Provider Training – Phase II

Service Authorization:

Home Health

August 13, 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– 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)

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:

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

ProviderLogin

To access secure areas of the portal, please log in by entering your User ID and Password.

* User ID:

* Password:

[Forgot User Name or Password ?](#)

Login Reset

Creating a Service Authorization Request

Step 2:

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



North Dakota MMIS Web Portal



Creating a Service Authorization Request

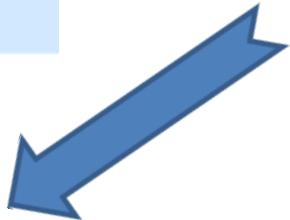
Step 3:

Providers will then select “*Submit an Institutional 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 “Institutional” and that the *Transaction Purpose* is a “Request”.

Basic Service Authorization Info		Patient Event Detail				
Member	Requesting Provider	Event Provider	Health Care Services Review	Diagnosis	Service Line Items	Reject Reasons
Service Authorization ID			Service Level SV2 (Institutional Service)			Entered Date / Time 07/13/2015 02:38:04 PM
Submitter ID DHEALTH			Transaction Type RU (Medical Services Reservation)			Transaction Purpose 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)

Blue arrows point from the asterisks to the corresponding input fields.

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](#)

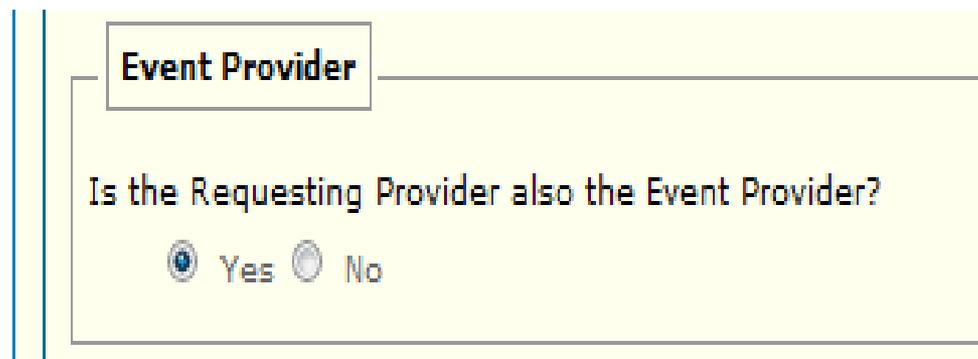
Two blue arrows point from the "Requesting Provider" title to the Medicaid ID and Other Provider ID fields.

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 Home Health Agency will not be the Billing Home Health Agency.****



The screenshot shows a form with a yellow background. At the top, there is a label 'Event Provider' in a box. Below it, the question 'Is the Requesting Provider also the Event Provider?' is displayed. Underneath the question 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* (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.

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 five input fields arranged in two rows. The top row includes "Requested Begin Date", "Requested End Date", and "Certification Issue Date". The bottom row includes "Approved Begin Date" and "Approved End Date". The "Requested Begin Date" and "Requested End Date" fields are highlighted with a light blue border and each has a calendar icon to its right, indicating they are required for completion. The "Certification Issue Date" field is currently empty. The "Approved Begin Date" and "Approved End Date" fields are also empty.

Requested Begin Date	Requested End Date	Certification Issue Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved Begin Date	Approved End Date	

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 Plan of Care.

 [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.

Service Line Item Information

Add Service Line Item

Service Line Summary

LI	Service ID Qualifier	Service Code	Modifiers				Approved Begin Date	Approved End Date	Approved Amount	Approved Units	Certification Action
			1	2	3	4					
No Data											

Add Services Detail Save | Additional Line Info | Reset | Cancel

Service Level SV2 (Institutional Service)	Certification Issue Date	Certification Action	Review Decision Reason			
Service Qualifier <input type="text"/>		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	Revenue Code <input type="text"/>	Revenue Code Description	Requested Rate <input type="text"/>	Approved Rate <input type="text"/>
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 style="width: 100%;" type="text"/>						

Creating a Service Authorization Request

Refer to the Completed *Service Detail* example below:

Service Line Summary
Add Service Line Item

LI	Service ID Qualifier	Service Code	Modifiers				Approved Begin Date	Approved End Date	Approved Amount	Approved Units	Certification Action
			1	2	3	4					
No Data											

Add Services Detail
Save | Additional Line Info | Reset | Cancel

Service Level SV2 (Institutional Service)	Certification Issue Date	Certification Action	Review Decision Reason			
Service Qualifier HC Fin Admin Common Proc Coding Sys		Service Code From	Modifiers 1 2 3 4			
Service From Description	Service Code To	Service To Description	Revenue Code 0551	Revenue Code Description	Requested Rate	Approved Rate
Requested Begin Date 07012015	Requested End Date 08012015	Requested Amount	Requested Unit(s) 31	Unit of Measure Days		
Approved Begin Date	Approved End Date	Approved Amount	Approved Unit(s)			
Service Description						

Line Item Serving Provider

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.

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

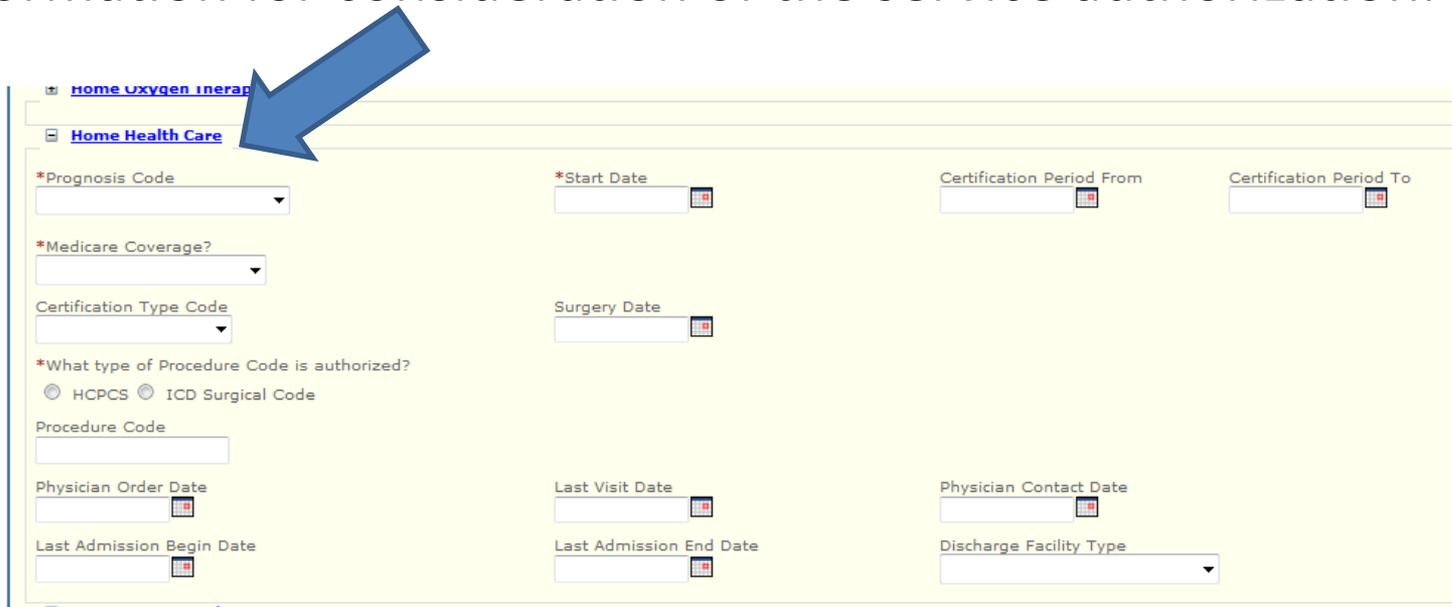
Basic Service Authorization Info Patient Event Detail

The screenshot shows a web form titled "Submit Institutional Authorization Request". Below the title 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 *Home Health Care* section of this screen is used to enter additional information for consideration of the service authorization.



The screenshot displays a software interface for entering home health care information. A blue arrow points to the 'Home Health Care' tab. The form includes the following fields:

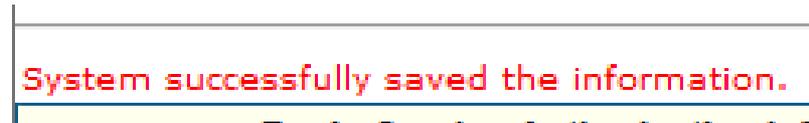
- *Prognosis Code:** A dropdown menu.
- *Medicare Coverage?:** A dropdown menu.
- Certification Type Code:** A dropdown menu.
- *What type of Procedure Code is authorized?:** Radio buttons for 'HCPCS' (selected) and 'ICD Surgical Code'.
- Procedure Code:** A text input field.
- *Start Date:** A date picker.
- Certification Period From:** A date picker.
- Certification Period To:** A date picker.
- Surgery Date:** A date picker.
- Physician Order Date:** A date picker.
- Last Visit Date:** A date picker.
- Physician Contact Date:** A date picker.
- Last Admission Begin Date:** A date picker.
- Last Admission End Date:** A date picker.
- Discharge Facility Type:** A dropdown menu.

Creating a Service Authorization Request

- To submit your service authorization to the Department:

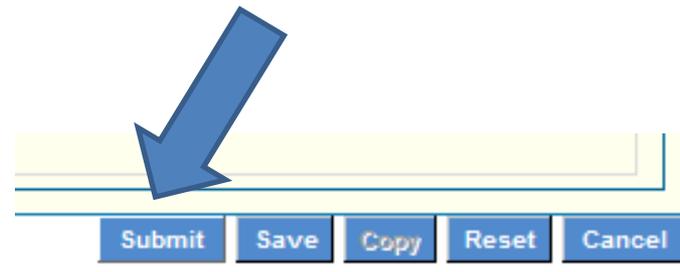
1. Click *Save*

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:

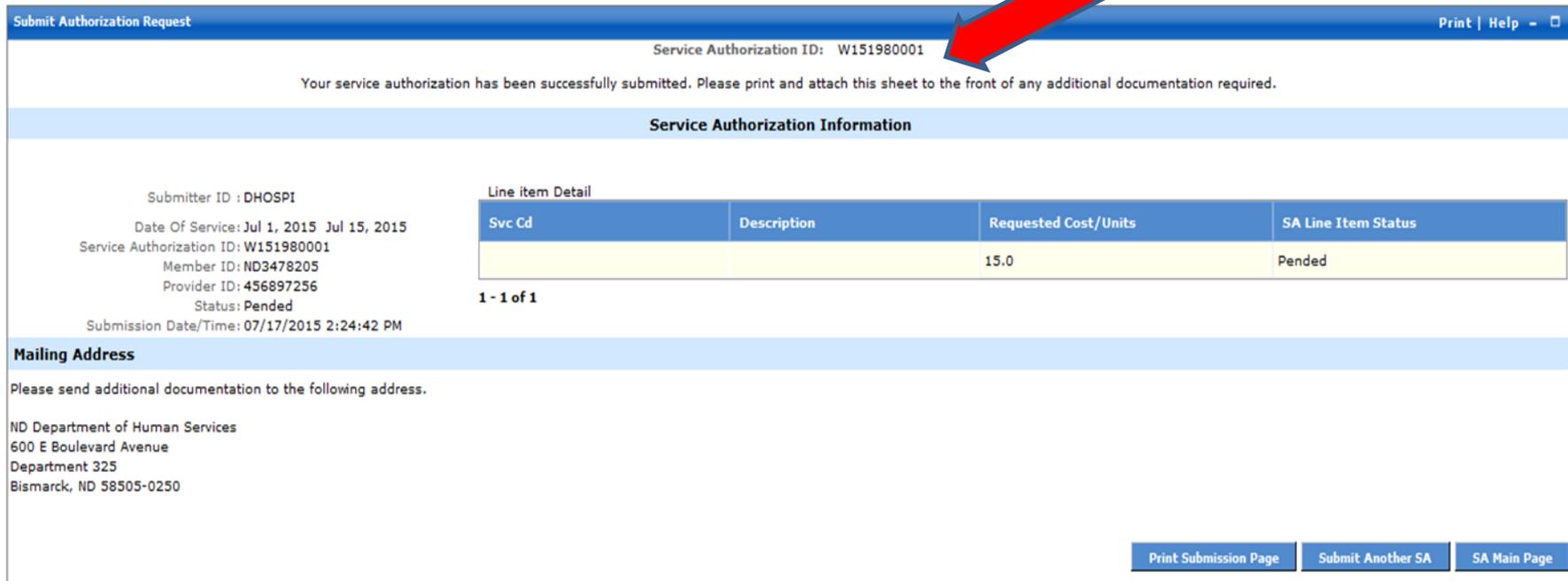
- Service Authorization ID Number
- Member ID Number
- Provider ID Number
- Service Authorization Status
- Submission Date and Time

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:



Submit Authorization Request Print | Help - □

Service Authorization ID: W151980001

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 : DHOSPI
Date Of Service: Jul 1, 2015 Jul 15, 2015
Service Authorization ID: W151980001
Member ID: ND3478205
Provider ID: 456897256
Status: Pended
Submission Date/Time: 07/17/2015 2:24:42 PM

Line item Detail

Svc Cd	Description	Requested Cost/Units	SA Line Item Status
		15.0	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 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.

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

View/Edit Authorization Request Print | Help - □

* Required Field

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.

Provider ID

*Provider ID *Provider ID Type Submitted Authorizations Saved Authorizations

Additional Information

Member ID

Service Authorization ID Certification Action Service Code Modifier1 Modifier2 Modifier3 Modifier4

Begin Date End Date

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 – Home Health Additional Resources

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:

<http://www.nd.gov/dhs/info/mmis/docs/home-health.pdf>