



ND Health Enterprise Provider Training – Phase II

Service Authorization:

Partial Hospitalization

August 25, 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– Partial Hospitalization Request Submission Methods

- Partial Hospitalization 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

SA– Partial Hospitalization

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 blue 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 ?](#)

SA– Partial Hospitalization Creating a Service Authorization Request

Step 2:

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



North Dakota MMIS Web Portal



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Creating a Service Authorization Request

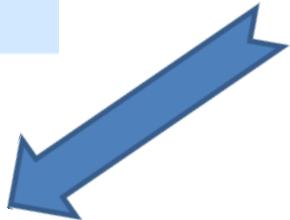
Step 3:

Providers will then select “*Submit an Institutional Authorization*”

Authorizations Main Page

From this page you can view, create, edit, submit and resubmit Service Authorizations

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



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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”.

Submit Institutional Authorization Request

* Required Field

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 08/08/2015 11:27:20 AM	
Submitter ID TESTHOSP	←		Transaction Type RU (Medical Services Reservation)		Transaction Purpose Request	←

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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 web form titled "Member Information" with the following fields:

- *Member ID**: A text input field with an arrow pointing to it from the top left.
- *Last Name**: A text input field with an arrow pointing to it from the top center.
- Prefix**: A dropdown menu.
- *First Name**: A text input field with an arrow pointing to it from the top right.
- MI**: A text input field.
- Suffix**: A dropdown menu.
- *Date of Birth**: A date input field with a calendar icon and an arrow pointing to it from the bottom left.
- Gender**: A dropdown menu.

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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.

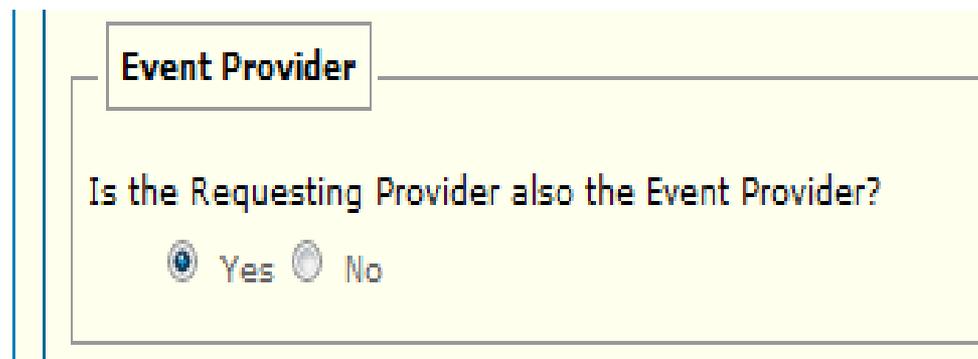
Requesting Provider				
Medicaid ID 2542950	Other Provider ID 456256985	Other Provider ID Type Employee Identification Number	*Entity Code Provider	*Entity Type Person
Provider Code [Dropdown]	Taxonomy Code [Text]	Provider Name		
Additional Requesting Provider Information				
Contact Information				
Additional Requesting Supplemental Provider ID				

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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 Requesting Facility will not be the Billing Facility.****



The screenshot shows a form with a yellow background. At the top, there is a box labeled "Event Provider". Below this, the question "Is the Requesting Provider also the Event Provider?" is displayed. Underneath the question, there are two radio button options: "Yes" and "No". The "Yes" radio button is selected, indicated by a blue dot inside the circle.

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Step 7:

Complete the specific *Health Care Services Review* Information:

- *Request Category* (what type of review?)
- *Certification Type* (initial, extension)
- *Service Type* (Psychiatric)
- *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.

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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 image shows a screenshot of a form section titled "Dates of Service". The section is enclosed in a light yellow box. On the left side, there is a vertical line with a bracket that groups the "Requested Begin Date" and "Approved Begin Date" fields. The "Requested Begin Date" field is a white text box with a calendar icon to its right. The "Approved Begin Date" field is a greyed-out text box. The "Requested End Date" field is a white text box with a calendar icon to its right. The "Approved End Date" field is a greyed-out text box. The "Certification Issue Date" field is a greyed-out text box. The text "Dates of Service" is in a white box at the top left of the section.

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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. Below it is a large, empty text area with a vertical scrollbar on the right side. At the bottom left of the text area, there is a small box containing the number "264" followed by the text "Characters Remaining".

SA– Partial Hospitalization 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 claim when it is billed.

[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"/>

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Creating a Service Authorization Request

Step 11:

At least one *Service Detail* must be completed for the service authorization to be considered. Each additional service requested 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											

[Save](#) | [Additional Line Info](#) | [Reset](#) | [Cancel](#)

Add Services Detail

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 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"/>					

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Refer to the Completed *Service Detail* example below:

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 90899	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 0912	Revenue Code Description	Requested Rate <input type="text"/>
Requested Begin Date 02012015	Requested End Date 03012015	Requested Amount <input type="text"/>	Requested Unit(s) 10	Unit of Measure Unit ▼	
Approved Begin Date	Approved End Date	Approved Amount	Approved Unit(s)		
Service Description <input style="width: 100%; height: 20px;" type="text"/>					
Line Item Servicing Provider					

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All service authorization line items must contain:

- 4 digit *Revenue Code* (revenue code 0912)
- *CPT* or *HCPCS code* (required with revenue code 0912)
- *From* and *Through* dates of service
- Either *Requested Units* or *Requested Amount*

If Units are requested, then a *Unit of Measure* must be selected

SA– Partial Hospitalization 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:

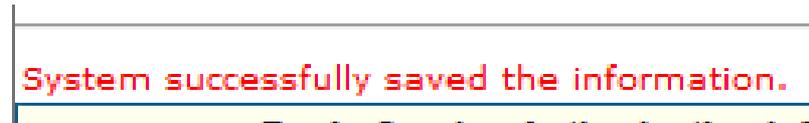


Important: If each line item is not saved, the data will be lost.

SA– Partial Hospitalization Creating a Service Authorization Request

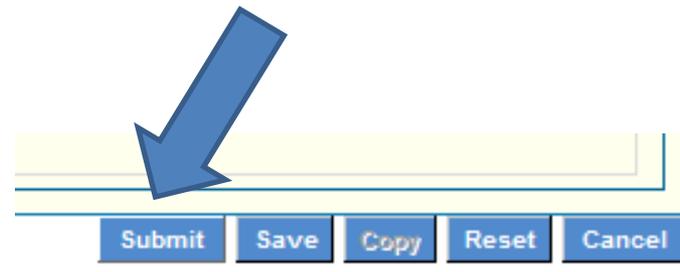
- To submit your service authorization to the Department:
 1. Click *Save*

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*



SA– Partial Hospitalization 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.

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Creating a Service Authorization Request

The Service Authorization Confirmation Page displays the SA ID Number:

 **North Dakota MMIS Web Portal** [Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#) | [Log out](#)

Home | [Member](#) | [Provider](#) | [Claims](#) | [EDI](#) | [Authorizations](#) | [My Account](#)

Submit Authorization Request [Print](#) | [Help](#) - □

Service Authorization ID: W152200002 

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 : TESTHOSP Date Of Service: Feb 1, 2015 Mar 1, 2015 Service Authorization ID: W152200002 Member ID: ND3851992 Provider ID: 896325456 Status: Pended Submission Date/Time: 08/08/2015 11:39:03 AM	Line item Detail <table border="1"><thead><tr><th>Svc Cd</th><th>Description</th><th>Requested Cost/Units</th><th>SA Line Item Status</th></tr></thead><tbody><tr><td>90899</td><td>Psychiatric service/therapy</td><td>10.0</td><td>Pended</td></tr></tbody></table> <p>1 - 1 of 1</p>	Svc Cd	Description	Requested Cost/Units	SA Line Item Status	90899	Psychiatric service/therapy	10.0	Pended
Svc Cd	Description	Requested Cost/Units	SA Line Item Status						
90899	Psychiatric service/therapy	10.0	Pended						

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.

SA– Partial Hospitalization 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 for a confirmation page. This attachment form will be available on October 5th, 2015 at www.nd.gov/eforms. 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.

SA– Partial Hospitalization

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

SA– Partial Hospitalization 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>

SA– Partial Hospitalization 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>