



Medical Services
(701) 328-2321
Toll Free 1-800-755-2604
Fax (701) 328-1544
ND Relay TTY 1-800-366-6888
Provider Relations (701) 328-4030

Jack Dalrymple, Governor
Carol K. Olson, Executive Director

MEMORANDUM

Date: August 30, 2012

To: North Dakota Medicaid Providers, Referring for Out-of-State Services

From: Maggie D. Anderson, Director, Medical Services Division *Maggie*

RE: **Extension of Trial Policy: Out of State Services for Children Eligible for North Dakota Medicaid**

Since March 2012, the Medical Services Division has been operating under a Trial Policy for Out of State Services for Children (see trial policy enclosed).

As you may recall from our February 27th 2012 letter announcing the policy, the Department of Human Services (Department) has been auditing out of state service requests received since March 1, 2012 to assess the utilization and application of the six month trial policy. Due to the modest numbers of requests received to date, the Department will be extending the "trial" period for an additional **six months**.

This policy is intended to be used for the specific cases and situations that require a broader application of "unavailable". Please be reminded that this policy is **not** intended to be used for all standard requests for out of state services for children. The Department does ask for your cooperation in completing **both** the 'Medicaid Out of State Services Certification' form (SFN 606) and the 'Request for Prior Authorization for Out-Of-State Services' form (SFN 769), as both forms are required each time a request is made to invoke the privileges of the policy. The completion of both these forms will help prevent any delays in correspondence and review. Form SFN 606 must be filled out completely or it cannot be reviewed as a request for the "unavailable" application of this trial policy. Please see the enclosed sample SFN 606 form which demonstrates what is required for this form to be filled out completely. In addition, all supportive medical documentation to support medical necessity must accompany forms SFN 606 and SFN 769.

The Department will continue to conduct post audits of requests received under the trial policy. Any outlier referral patterns or trends will be addressed with the referring provider and facility. The Department may find it necessary to modify the policy as we gain more experience with the application of the policy.

If you have questions, please contact Meagan Heckaman at (701) 328-1705.

Enclosures:

- Out of State - Unavailable Services Policy
- February 27, 2012 Out of State Services for Children Eligible for North Dakota Medicaid letter
- Medicaid Out of State Services Certification (SFN 606) – EXAMPLE
- Request for Prior Authorization for Out-Of-State Services (SFN 769)



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Carol K. Olson, Executive Director

MEMORANDUM

Date: February 27, 2012

To: Various ND Medicaid Providers

From: Maggie Anderson, Director
Medical Services Division *Maggie*

RE: **Out of State Services for Children Eligible for North Dakota Medicaid**

As you know from our December 2011 letter, the Department of Human Services (Department) has been gathering input regarding how out of state services are reviewed for children eligible for North Dakota Medicaid.

For out of state services requests received **March 1, 2012** or later, the attached policy, which clarifies the definition of "unavailable" is in effect. **Thank you** to all of the providers that submitted input and suggestions on the draft policy.

Also attached is the finalized Out of State Services Certification form (SNF 606). As part of this new, trial policy, this form will be required each time a request is made to invoke the privileges of the policy. **Please note:** this policy is not intended to be used for all out of state services for children. Rather, it is intended to be used for the specific cases and situations that require a broader application of "unavailable". (SNF 606 is available in a fillable format at www.nd.gov/eform).

As noted in the policy, the Department will be conducting post audits on a monthly basis and may find it necessary to modify the policy as we gain actual experience with application of the policy.

Based on input received on the draft policy, the Department has developed the enclosed document which contains the web links for the in-state hospitals.

If you have any questions or concerns, please contact me at manderson@nd.gov or 701-328-1603.

Enclosures

North Dakota Department of Human Services
Medical Services Division
Out of State – Unavailable Services Policy

This policy is **not** intended to be used for all out of state services requests for children. For children screened through the Medicaid EPSDT* program, “unavailable” per NDAC 75-02-02-13 2f is defined as one or more of the following:

- a. To ensure continuity of care, and if the in-state referring provider has determined that the follow up should be provided at the facility that performed the surgery or services; a follow up to a previously approved and performed out-of-state surgery or specialty service.
- b. A set of inter-dependent services for diagnosis and treatment is needed and the entire set of services is not available in the state.
- c. After the in-state referring provider consults with the in-state specialist, it is determined that the wait time for in-state specialty services is expected to negatively impact the diagnosis or treatment.
- d. Only one in-state specialist is available to provide the service; however, adverse previous client or referring provider experience with the specialist substantiates the need to seek services out-of-state.

If the service requested is deemed medically necessary by the Department and the requesting provider and the practice or medical director certify that one or more of the above conditions exists (via SFN 606), the Department will authorize the out of state services as well as allowable transportation, lodging and meals. **Please note:** Specific, detailed comments and/or documentation must be provided with the SFN 606 according to the criteria selected.

Nothing in this policy exempts requests from the provisions of NDAC 75-02-02-13 1a –c; and 2a-e; g. (If a provider is invoking the privileges of this policy, **both** SFN 769 and SFN 606 **must be** submitted to the Department.)

This policy is effective for out of state requests received on or after March 1, 2012 and will be operated as **trial policy for six months**. The Department will conduct post audits monthly. Any outlier referral patterns or trends will be addressed with the referring provider and facility. The policy may be rescinded by the Department upon notice.

Citations: Section 1905(r)5 of the Social Security Act and 42 CFR 431.52

*The EPSDT program consists of two mutually supportive, operational components: **(1) assuring the availability and accessibility of required health care resources; and (2) helping Medicaid recipients and their parents or guardians effectively use these resources.**



MEDICAID OUT OF STATE SERVICES CERTIFICATION
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 SFN 606 (2-2012)

Must be under 21

ONLY TO BE COMPLETED WHEN THE 'UNAVAILABLE' EXCEPTION IS REQUESTED

Name of Child	Medicaid ID Number
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In accordance with Medical Services Division **Out-of-State - Unavailable Services Policy** and through my care of the above-named child, I have determined that necessary services (described on the corresponding Request for Prior Authorization for Out-of-State Services (SFN 769)-**required**) are unavailable for this child for the following reasons (select one or more):

To ensure continuity of care, and if the in-state referring provider has determined that the follow up should be provided at the facility that performed the surgery or services; a follow up to a previously approved and performed out-of-state surgery or specialty service.

Comments (Required)

Describe the need for continuity of care.

A set of related inter-dependent services for diagnosis and treatment are needed and the entire set of services is not available in-state.

Comments (Required)

Describe the services that are inter-dependent for diagnosis and treatment.

After the in-state referring provider consults with the in-state specialist, it is determined that the wait time for in-state specialty services is expected to negatively impact the diagnosis or treatment.

Comments (Required)

Describe the delay and the impact of that delay.

Only one in-state specialist is available to provide the service; however, adverse previous client or referring provider experience with the specialist substantiates the need to seek services out-of-state.

Required - Attach a written complaint/report which is prepared by the referring provider or the family.

I acknowledge that the services requested will be reviewed by the Department of Human Services for medical necessity. I also acknowledge that the Department will conduct post audits and that my certification is subject to this review.

Signature-Provider Requesting Out-of-State Services	Date
Signature-Pediatric Practice Director or Medical Director	Date

Must be signed by **BOTH** the referring provider and the Pediatric Practice Director or Medical Director.



**REQUEST FOR PRIOR AUTHORIZATION
FOR OUT-OF-STATE SERVICES**
DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 769 (Rev. 10-2010)

SEND TO:
MEDICAL SERVICES DIVISION
ND DEPARTMENT OF HUMAN SERVICES
600 E BOULEVARD AVE, DEPT 325
BISMARCK, ND 58505-0250
FAX (701) 328-0376

Medically Urgent

TO BE COMPLETED BY A NORTH DAKOTA REFERRING PHYSICIAN ONLY!

NOTE: AN INCOMPLETE FORM WILL DELAY THE AUTHORIZATION PROCESS. Approval of this request is not authorization for payment or approval of charges. Payment by the Medicaid Program is contingent on the patient being eligible and the provider of services being enrolled in ND Medicaid. The provider of services must verify patient eligibility at the time the service is rendered. Authorization expires 60 days from approval, unless otherwise noted by Medicaid.

MEDICAID ELIGIBILITY VERIFY LINE 1-800-428-4140

RECIPIENT Last Name		First	Middle Initial	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Medicaid ID #		Medicaid Eligibility Verified <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Medical Insurance/Medicare	
Attendant Requested <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Reason for Attendant			
Date(s) of Service	Quantity	Procedure Code-CPT/HCPC	Procedures/Services (describe)		
1.					
2.					
Diagnosis (ICD-9)					
Reason for Out-Of-State Medical Treatment (SEND ADDITIONAL INFORMATION WITH REQUEST--see page 2 for the minimum information that must be sent)					
In-State Provider #1 - Required			Facility Contact Person		
Referring Physician (In-State Board Certified Specialist)			Telephone Number	Fax Number	
Address		City	State	Zip Code	
Referring Physician Signature (optional)			Physician's ND Medicaid Provider ID Number		
In-State Provider #2 - Required			Facility Contact Person		
Referring Physician (In-State Primary Physician)			Telephone Number	Fax Number	
Address		City	State	Zip Code	
Referring Physician Signature (optional)			Physician's ND Medicaid Provider ID Number		
In-State Provider #3 - Optional			Facility Contact Person		
Referring Physician (Other, i.e. Nurse Practitioner)			Telephone Number	Fax Number	
Address		City	State	Zip Code	
Referring Physician Signature (optional)			Physician's ND Medicaid Provider ID Number		
Out-of-State Provider			Facility Contact Person		
Receiving Physician			Telephone Number	Fax Number	
Address		City	State	Zip Code	
Services Provided in Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Hospital					
Hospital Contact Name			Telephone Number		

NORTH DAKOTA MEDICAL SERVICES USE ONLY:						
Determination	Travel Method			Attendant	Lodging	Meals
Approved <input type="checkbox"/>	Car <input type="checkbox"/>	Bus <input type="checkbox"/>	Train <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Pending <input type="checkbox"/>	Ambulance <input type="checkbox"/>	Stretcher Van <input type="checkbox"/>	W/C Van <input type="checkbox"/>			
Denied <input type="checkbox"/>	Air <input type="checkbox"/>	Cost _____				
Comments:						
ND DHS Medical Consultant Signature				Date		

OUT-OF-STATE SERVICES PRIOR AUTHORIZATION REQUIREMENTS

- Out-of-state services at sites more than fifty miles from the North Dakota border must be prior authorized. (Exception: Canadian services are not covered.)
- Services received outside of the United States are not covered.
- The recipient's ND Primary Care Physician must submit a written request to North Dakota Medicaid for authorization for out-of-state services before scheduling an appointment. Requests must include:
 - recipient's name, Medicaid ID number and date of birth,
 - diagnosis,
 - medical information supporting the need for out-of-state services,
 - a written second opinion from an appropriate in-state board certified specialist, following a current (within 3 months) examination, which substantiates the medical need for out-of-state care,
 - the physician and facility being referred to, and
 - assurance that the service is not available in North Dakota.
- The Medicaid office determines if the referral meets state requirements and approves or denies the request in writing. A copy of the determination is sent to the primary physician, out-of-state provider(s), recipient and County Social Service Office.
- Emergency out-of-state services are allowable at the in-state physician's discretion but are subject to Medicaid review and denial of claims. The transferring facility must notify ND Medicaid within 48 hours of the transfer. Documentation must include: destination and date of transfer, mode of transportation and discharge summary. Use of air ambulance must always be substantiated.
- Claims from out-of-state providers will not be paid without written prior authorization.
- Recipients with private insurance are subject to prior authorization requirements as established by the primary insurance carrier.
- The recipient's County Social Service Office is responsible for assisting the recipient with arrangements for travel, lodging and meals.