

## 1915(i) Pre-Auth Insurance Changes

### Member's Insurance Changes from Expansion to Traditional

If a member switches from Medicaid Expansion to Traditional Medicaid, and a provider has submitted claims through this incorrect pre-authorization, the claims will not be paid. They will come back with a Claim Status of Paid Adjusted, and you will see the claim amount in the Remittance PR Amt column. The following steps are what you need to do to correct this. These steps are detailed on [Therap's North Dakota 1915\(i\) webpage](#) If you need further assistance, email [ndsupport@therapservices.net](mailto:ndsupport@therapservices.net)

1. Billing provider will Update for Void the claims mistakenly billed to Expansion, Availity
2. Billing provider will Submit Professional Claim as Void for the claims that were Updated for Void
3. Once the claims is/are returned from Availity as Voided, billing provider will Release the Units from the now Voided claims
4. Now that the units have been released from the pre-auth, the care coordinator will delete the incorrect pre-auth from the plan of care
5. Care Coordinator will create the pre-auth with the correct Traditional, MMIS, insurance
6. Billing provider needs to recreate the case notes that were used to generate billing data for the voided claims
7. Once case notes are recreated, provider can submit the claims to MMIS like normal

### Member's Insurance Changes from Traditional to Expansion

If a member switches from Traditional Medicaid to Medicaid Expansion, and a provider has submitted claims through this incorrect pre-auth, the claims will not be paid. They will come back as Denied. The following steps are what you need to do to correct this. These steps are detailed on [Therap's North Dakota 1915\(i\) webpage](#) If you need further assistance, email [ndsupport@therapservices.net](mailto:ndsupport@therapservices.net)

1. Billing provider will Release the Units from any claim(s) mistakenly billed to MMIS

2. Once the units are released, the Care Coordinator will delete the incorrect pre-auth from the POC
3. Care Coordinator will create the pre-auth with Expansion, Availity, insurance
4. Billing provider needs to recreate all case notes that were used to generate billing data for the claims that had the units released
5. Once case notes are recreated, billing provider can submit the claims to Availity like normal