Family Home Care (FHC) and Family Personal Care (FPC) FAQ

Q: Do I still bill through MMIS?

A: Yes. If you transitioned to Therap and are completing all of your billing there, please stop. Due to system errors, claims must be submitted through the MMIS portal or by using the SFN 1730 paper claim form.

Q. Do we need to stop billing in Therap?

A: Yes. If you transitioned to Therap and are completing all of your billing there, please stop. Due to system errors, claims must be submitted through the MMIS portal or by using the SFN 1730 paper claim form.

Q. Can FPC continue to be billed in MMIS, and for how long?

A. Yes. Continue submitting your FPC claims through the MMIS portal or by using the SFN 1730 paper claim until further notice. We anticipate this process will continue till the beginning of the new year 2027.

Q. How long will the delay in using Therap last?

A. If you have already transitioned to Therap, continue acknowledging your service-authorizations and using the ISP Data feature for documentation. At this time, the only Therap feature you should not use is the billing function. Please submit claims through the MMIS portal or by using the SFN 1730 paper claim. Adult and Aging Services will provide updates as soon as additional information becomes available.

Q. When Therap gets up and running for FHC/FPC will be able to do service documentation in Therap or will we continue to do paper service documentation?

A. If you have already transitioned to Therap, you will continue to acknowledge your service-authorizations and use the ISP Data feature for documentation. If you are not in Therap you will need to continue doing paper documentation.

Q. Do I need to do “Attendance” in Therap?

A. No. Since Therap is not an option right now for submitting claims, you do not need to do “Attendance.”

Q. Is the S5136 code being replaced with T2033?

A. No. T2033 is only used for FHC services. If you currently use S5136 for another service, you should continue using S5136. Only FHC claims will use T2033.

Q. When should I use the new billing code T2033 for FHC?

A. T2033 became effective on July 1, 2026. The billing code you use must match the date(s) of service.

- For dates of service before July 1, 2026 (for example, any date in June 2026), you must use the previous billing code 00001.
- For dates of service on or after July 1, 2026, you must use the new billing code T2033.

Always select the billing code based on the date the service was provided, not the date the claim was submitted.

Q. Will there still be webinars on billing in Therap?

A. Yes and No. Therap training sessions will be temporarily paused while the billing feature is unavailable. Training sessions will resume once the billing feature becomes available, which is anticipated to be closer to the new year 2027.

Q. Can ISP Date still be used in Therap?

A. Yes. Adult and Aging Services highly recommend that providers using Therap utilize the ISP Data feature for all your documentation.

Q. For the paper documentation is it fine to still print them at home from the original link a previous caseworker sent me?

A. Yes.

Q. Does FPC need to be in Therap?

A. Yes. FPC will be in Therap; however, this change is expected to occur closer to the new year 2027.

Q. How do we get paid overtime?

A. Overtime payments are not affected by this pause, as they are processed manually. Once approved, overtime payments are sent to a separate Section within HHS to be entered into the system to be paid.

Q. How do I know if my claims were denied?

A. It depends on how the claim was submitted. If the claim was submitted through Therap it will be denied, you can also use the available tools in Therap to view the status of the claim. If the claim was submitted through the MMIS portal, you can log into MMIS to review the claim status and determine if it was denied. If you need additional assistance, please contact Medicaid call center at 877.328.7098 (when asked for a pin, select “0”) or you can email them at mmisinfo@nd.gov.

Q. Do I go through Therap to check on my pay from July 1 through July 9th or through MMIS?

A. It depends on how the claim was submitted. If the claim was submitted through Therap, you can check the status and payment information there. If the claim was submitted in the MMIS portal, SFN 1730 paper claim, you will need to review the claim information in MMIS.

Q. Claims are to be submitted in Therap not MMIS, correct?

A. No. All FHC/FPC claims need to be submitted through the MMIS portal or using a SFN 1730 paper claim until closer to the new year 2027.

Q. If my claim was submitted through Therap and denied, should I resubmit the claim through MMIS?

A. Yes. If your claim was denied because it was submitted through Therap, you will need to resubmit the claim through the MMIS portal or by using the SFN 1730 paper claim.

Q. What codes do I use in MMIS?

A. The billing codes used in MMIS will remain the same, with the exception of FHC. The FHC billing code changed effective July 1, 2026.

For FHC only, it is important to always use the billing code that matches the date of service.

- For dates of service in Jun 2026 or earlier, you must use the 00001 in MMIS and on the SFN 1730 paper claim form.
- For dates of service July 1, 2026, and after, you must use the code T2033 in MMIS and on the SFN 1730 paper claim form.

The date of service determines which billing code should be submitted not the date the claim is going to be submitted.

Q. Do I need an NPI number?

A. Yes. You will be required to obtain an NPI number as we get closer to the new year 2027. If you would like to obtain one now, you may do so. Your NPI number is unique to you and will remain with you permanently.

Q. Do I need to acknowledge my authorizations in Therap?

A. Yes. If you have transitioned into Therap, you will continue to receive your authorizations through Therap and will need to acknowledge them there as well.

Q. My password for Therap does not work. What should I do?

A. If you are unable to access Therap because your password is not working, submit a password reset request by emailing QSPresetpw@nd.gov.

Q. When will I get paid for claims submitted for the first week of July?

A. If your claim was not denied, please refer to the Medicaid Checkwrite Dates on the ND HHS website for the expected payment schedule.

Q. Do we use the same amount of money, i.e. the rate of pay we have used in MMIS since we received a raise?

A. Please refer to your service-authorization, as it will provide the most current information regarding the authorized amount. You can also reference the QSP Rates and Rural Differential Rate Fact Sheet on the QSP website.

Q. If an NPI number was never obtained and the QSP Enrollment Portal FHC/FPC Claim Submission Method Update was never submitted, what are my options?

A. If you did not transition to Therap, you may continue submitting claims through the MMIS portal or by using the SFN 1730 paper claim form. These two billing options do not require an NPI number.

Q. Are there step-by-step instructions on how to bill?

A. Since there are two options available for submitting claims, it is best to contact the QSP Hub for guidance on the appropriate billing process. The QSP Hub phone number is 701-777-3432 or you can send an email to info@ndqsphub.org.

Q. Are we still allowed to document on paper?

A. Yes. If you have transitioned to Therap, Adult and Aging Services recommend using the ISP Data feature to complete all documentation. However, paper documentation may continue to be used if you include all the required information.

Q. How do I get access to Therap?

A. Once billing in Therap becomes mandatory for all providers in 2027, you will then get access to Therap.

Q. I have my Therap account, but I am unable to login, what do I do?

A. If you did not receive your Therap login credentials or need them resent, please contact QSP Enrollment by emailing QSPInfo@nd.gov.

If you have your Therap login credentials but need assistance unlocking your account or resetting your password, email QSPresetpw@nd.gov.

If you still need additional Therap assistance submit a support request through the Therap Help Center.

Q. How do I find my pre-auth/service authorization?

A. The user guide may be helpful.

Complete Step 1, then skip to Step 3. Step 2 only explains how to search for Service Authorizations (SAs), if needed.

Please note you must be logged in to Therap to access and view the content. If you still need assistance, please reach out to the QSP Hub.

Q. Why can’t MMIS be a billing option long term?

A. Beginning in 2027, all providers will be required to obtain an NPI and submit claims using a professional claim form. Because the MMIS portal was not designed to support billing with individual NPIs, providers will no longer be able to submit claims through the MMIS portal beginning in 2027.

Instead, claims must be submitted through Therap or by using a professional paper claim form. Training on the Therap billing feature, as well as general training on how to use Therap will resume once the billing feature becomes available. This is anticipated to occur closer to the new year 2027.