

# NORTH DAKOTA MEDICAID

# *Provider Bulletin*

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**NORTH DAKOTA  
 DEPARTMENT OF  
 HUMAN SERVICES**

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**Medical Services Division**

**June 2019**



## Processing Provider Enrollment Applications

Due to the dramatic increase in provider revalidations that are due through July, the average time to process new enrollment applications is taking longer than normal. Provider credentialing/enrollment staff are encouraged to visit the ND Medicaid website for enrollment guidelines including checklists that list everything required to complete an application. If all of the required documents are submitted with the applicable provider checklist, the processing time is significantly reduced. Find helpful resources to successfully complete an enrollment at [www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-app.html](http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-app.html).

## Healthy Steps – Change in Program Administration – Effective January 1, 2020

The 2019 North Dakota Legislative Assembly passed Senate Bill 2106 and it was signed into law by Gov. Burgum. This law will simplify the administration of the Children’s Health Insurance Program (CHIP), also known as Healthy Steps in North Dakota, without compromising services to children. The program is currently delivered through a managed care arrangement with Blue Cross Blue Shield of North Dakota and Delta Dental.

As of January 1, 2020, children enrolled in Healthy Steps will transition to traditional Medicaid coverage, which will allow them access to the same benefits as children eligible for Medicaid (including Early and Periodic, Screening, Diagnosis and Treatment) and with cost-sharing. Prior to January 1, 2020, children enrolled in Healthy Steps will receive a Medicaid identification card. Services provided on or after January 1, 2020 will need to be rendered by providers who are enrolled with ND Medicaid and must be billed to ND Medicaid. If a provider is currently enrolled as a Healthy Steps provider, but not as a ND Medicaid provider, and they want to continue providing services to children eligible for Healthy Steps, they will need to enroll with ND Medicaid. For more information about enrolling with ND Medicaid, visit [www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-app.html](http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-app.html).

If you have any questions regarding this change, contact Jodi Hulm at 701-328-2323 or [jmhulm@nd.gov](mailto:jmhulm@nd.gov).

## Criteria for Submission of Paper Claims, Adjustments and Attachments

Paper claims, adjustments and attachments must meet the following criteria to ensure that all documents can be scanned and processed in a timely manner. The preferred method for submitting claims is through the Medicaid Management Information System (MMIS); however, if providers need to submit paper claims, adjustments or attachments, the following criteria must be met. Documents that do not meet the following criteria will be returned to the provider.

- Use only black (preferable) or blue ink. Do not use red ink.
- Do not staple documents.
- Do not use highlighter or liquid white out.
- All information must be legible, typed (preferably Arial or Helvetica font) or printed, and within the boxes. Information must not touch or cover the lines of the claim form. If written, put in clear block letters.
- Documents must be signed and dated where applicable.
- Documents cannot have any dark smudges, blackouts or dark print that runs together.
- Do not place any labels, stickers, or tape on documents.
- Do not submit two-sided documents.
- Do not use dashes or slashes in the member ID, patient account number or other fields.
- Only one line of service is allowed per detail line on the claim or adjustment form.
- Submit one explanation of benefits (EOB) for each claim that matches the date of service being billed. Do not submit one EOB for multiple claims.
- Do not overstuff envelopes. This can cause the material to become damaged, partially received, or lost altogether before it arrives in our office. We recommend including no more than four sheets of paper per regular #10 envelope. When submitting more than four pages, a flat envelope that measures roughly 9"x12" should be used. This will reduce the number of claims damaged during the opening process, as well as lessen problems experienced with running folded claims through the scanner.

As a reminder, all claims except Medicare primary claims can be submitted through the MMIS web portal.

For additional claims submission information, visit [www.nd.gov/dhs/info/mmis.html](http://www.nd.gov/dhs/info/mmis.html) or contact the ND Medicaid Provider Service Center at 1-877-328-7098.

## REMINDER - Sterilization Consent Requirements

The HHS 667 - Consent for Sterilization form ([www.hhs.gov/opa/sites/default/files/consent-for-sterilization-english-updated.pdf](http://www.hhs.gov/opa/sites/default/files/consent-for-sterilization-english-updated.pdf)) will be the only form accepted for consent for sterilization procedures received on or after July 1, 2019. Any elective sterilization consents received on or after July 1, 2019, on the retired SFN 989 will not be accepted. Associated claims will be denied as a contractual obligation for consent requirements not met. Specific coverage information and billing requirements related to elective sterilization can be found in the General Information for Providers Manual (<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicaid-provider-manual.pdf>). Any questions related to the sterilization consent form changes or requirements may be directed to Jennifer Sanders 701-328-4699 or [jasanders@nd.gov](mailto:jasanders@nd.gov).

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Bookmark the ND Medicaid providers page: [www.nd.gov/dhs/services/medicalserv/medicaid/provider.html](http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html). Check back periodically for important updates.

## Checking for ND Medicaid Enrolled Providers

Facilities are encouraged to determine if a provider (group or individual) is enrolled with ND Medicaid prior to submitting a new Medicaid provider application. If you have the provider's National Provider Identifier (NPI), you may search the following documents on ND Medicaid's website and if the provider's NPI is in either the group or individual taxonomy listing, the provider is enrolled. The link for looking up a group provider is [www.nd.gov/dhs/info/mmis/docs/mmis-enrolled-group-provider-taxonomy-codes.pdf](http://www.nd.gov/dhs/info/mmis/docs/mmis-enrolled-group-provider-taxonomy-codes.pdf). The link for looking up an individual provider is [www.nd.gov/dhs/info/mmis/docs/mmis-enrolled-individual-provider-taxonomy-codes.pdf](http://www.nd.gov/dhs/info/mmis/docs/mmis-enrolled-individual-provider-taxonomy-codes.pdf).

There may be instances where the provider was enrolled, but their enrollment is no longer active. Those providers will not show up on the links above. If a provider indicates that they have been enrolled with ND Medicaid at some point since October 2015, contact [dhsenrollment@nd.gov](mailto:dhsenrollment@nd.gov) with the provider's name and NPI and enrollment staff can research that provider for you. Do not use this option to determine the enrollment status of all your new providers.

In the event a new application is submitted for an inactive provider, the new application will be cancelled. The enrollment information associated with the cancelled application will be added to the inactive provider application, which will make the inactive enrollment active again. Once that process has been completed, an email will be sent to the contact person listed on the cancelled application.

## Updating Licenses with ND Medicaid

ND Medicaid is pleased to announce that we now receive electronic updates to several individual provider license types directly to the MMIS. We receive updates from most states with the exception of South Dakota (SD). We are not able to receive updated MD or OD licenses from SD. If an in or out-of-state MD or OD has a conditional license (provisional temporary or locum tenens), once they are issued an unrestricted license, it must be forwarded to ND Medicaid. Any providers required to have a license or certification that is not listed below must send updated licensing information upon issuance and renewal. That information may be faxed to 701.328.1544, Attn: Provider Enrollment or emailed to [dhsenrollment@nd.gov](mailto:dhsenrollment@nd.gov).

ND Medicaid does not receive electronic facility licensing; therefore, facilities that are required to have a license must provide the licensing information as it is renewed.

Prescribing providers: if your license or drug enforcement agency (DEA) certificate in MMIS is expired and a claim is submitted via pharmacy point-of-sale, that claim will not process. In instances where a prescriber's license or DEA number needs to be updated and a ND Medicaid member is at the pharmacy waiting for the claim to process, fax the updates to: 701.328.1544, URGENT: Provider Enrollment, ORP (ordering, referring, prescribing). Do not use this process if the update is not time sensitive.

Each board provides electronic updates at varying frequencies. One nursing board provides updates monthly and the remaining are either every 90 or 180 days. The boards that provide licensing updates include Certified Advanced Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Specialist, Nurse Practitioner, Certified Nurse Midwife, Licensed Practical Nurse, Registered Nurse, Physician, Chiropractor, Dentist, Pharmacist, Physician's Assistant, Audiology, Counselor, Nutritionist, Occupational Therapist, Physical Therapist, Psychologist, Speech Language Pathologist, Social Worker and Respiratory Care Practitioners.

## Group Providers Enrolled in ND Medicaid and Medicare

Providers are responsible for ensuring that the ownership information provided to Medicare matches what is reported to ND Medicaid. Any discrepancies in ownership must be resolved prior to any enrollment or revalidation approval. Per the ND Medicaid provider agreement and 42 Code of Federal Regulation § 455.104, changes in ownership must be disclosed within 35 days after any change.

## Noridian Healthcare Solutions to Operate North Dakota Medicaid Call Center

The North Dakota Department of Human Services has contracted with Noridian Healthcare Solutions to operate its North Dakota Medicaid Call Center effective Oct. 1, 2019. The call center is currently operated by staff in the department's Information Technology Services Division. Customer service representatives are responsible for answering questions from Medicaid providers and members relating to claim payments and submissions, program benefits, prior authorizations and other Medicaid-related questions.

"The department has been evaluating its core services and exploring efficiencies that can help us provide even better customer service to the people we serve," said Chris Jones, the department's executive director. "The call center is important. I'm confident Noridian's experience in running similar call centers and their knowledge of the Medicaid program will meet the needs of our Medicaid providers and members."

Five temporary full-time staff members are affected by the transfer of the North Dakota Medicaid Call Center from the department to Noridian Healthcare Solutions. These individuals will be able to apply for open positions with Noridian Healthcare Solutions, and if hired, they will have the option to work remotely from their homes, or work in Noridian's main Fargo office.

"I would like to thank these team members for their dedicated work," Jones said. "They are on the frontline serving our providers and some of the most vulnerable North Dakotans. Their work is appreciated."

**Medicaid providers and members can continue contacting the North Dakota Medicaid Call Center toll-free at 877-328-7098, 711 (TTY) or [mmisinfo@nd.gov](mailto:mmisinfo@nd.gov) with Medicaid-related questions. The contact information will remain the same after Noridian Healthcare Solutions begins providing call center services on Oct. 1.**

The call center serves about 22,000 enrolled Medicaid providers. Currently around 68,000 people are enrolled in North Dakota's traditional Medicaid program.

Department records show in May 2019, the North Dakota Medicaid Call Center received about 7,000 calls from providers and members.

