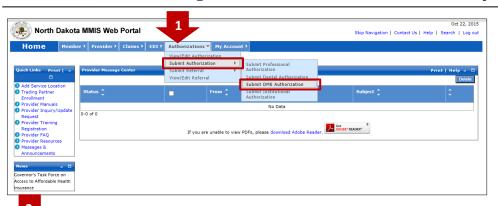
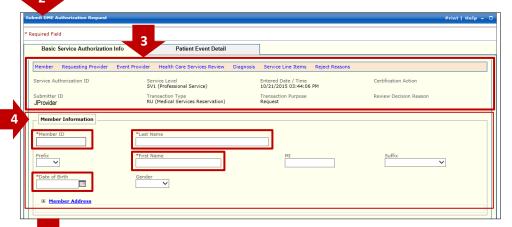
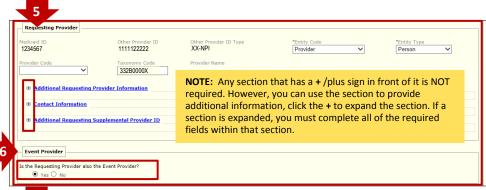
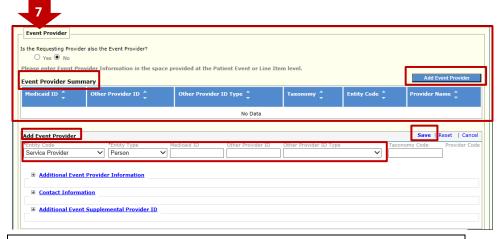


## Provider Instructions: Submitting DME Service Authorizations via ND Enterprise Provider Web Portal









**PLEASE NOTE:** Whenever you click **Save** in HE, a system message appears in **red** that tells you the information was saved successfully or it identifies what is missing to complete and submit the SA.

- After logging in to HE, start at the Authorizations tab, go to Submit Authorization and then click Submit DME Authorization.
- 2. The Submit DME Authorization Request screen opens.
- 3. The information in the first section is automatically populated based on the User ID assigned to the person submitting the SA and includes:
  - Submitter ID
  - Service Level
  - Transaction Type
  - Entered Date/Time (date/time the SA is created)
  - Transaction Purpose

NOTE: User cannot edit or change data.

- 4. In Member Information enter the required information marked with a red asterisk\* including:
  - Member ID
  - Last Name
- First Name
- Date of Birth

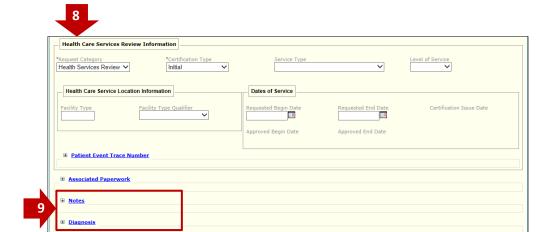
<u>NOTE</u>: Enter information exactly as shown on Member ID card.

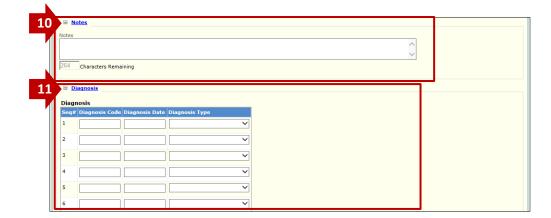
- 5. The information in Requesting Provider is also automatically populated based on the Submitter's ID and identifies:
  - Requesting Provider's Medicaid
     ID
  - Other Provider ID (e.g. NPI, SSN)
  - Taxonomy Code

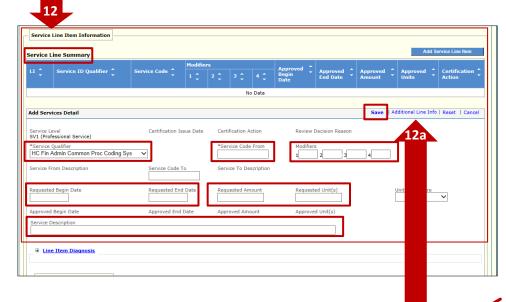
NOTE: User cannot edit or change data.

- If the Requesting Provider is NOT the Servicing/Event Provider, under Event Provider select the No button.
- 7. The Event Provider section then opens. Click Add Event Provider to open this section:
  - Select an Entity Code and Entity
    Type from the choices available in
    the drop down box
  - Add Medicaid ID or Other Provider ID (identify the Other Provider ID Type, e.g. NPI, in the next field)

When complete, click **Save** in the right corner. The provider's data will then appear under **Event Provider Summary**.







12a. Rentals and Misc. Codes require additional info. Click Additional Line Info in the upper right corner to open. 8. Health Care Services Review Information is next. The fields are auto-populated and <u>NO</u> entry is required.

NOTE: User cannot edit or change data.

 Notes and Diagnosis are expandable sections used to provide additional information to support your request.

Click + to open the **Notes** and **Diagnosis** sections.

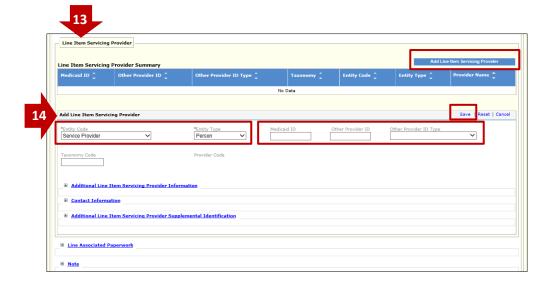
- **10.** Use **Notes** to provide any required information that you previously included on the paper SA form, including:
- Equipment date of purchase
- Equipment purchased prior to entering nursing home
- Other insurance (if Medicaid is not the primary insurer)
- Reasons for requesting early equipment replacement
- PLUS, any information that will help the reviewer processing the SA

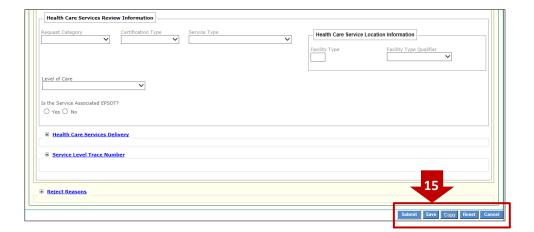
After completing your notes, click **Save** at the bottom of the page/screen.

- **11.** Use **Diagnosis** to enter the diagnoses related to the SA. After completing, click **Save** at the bottom of the page/screen.
- **12.** Service Line Item Information section is already open and the required fields under Add Services Detail include:
- Service Qualifier
- Service Code From
- Modifiers (e.g. RR for rental)
- Requested Begin Date and Requested End Date
- Requested Amount and/or Requested Unit(s)
- Service Description when SA uses a Misc. Code (e.g. K0108 used for items that require quantities greater than one)

<u>Click Save in the right corner</u>. The information is saved and will appear in the **Service Line Summary**.







- 12b. The Service Authorization
  Additional Line Information section
  opens
- **12c.** Under **Durable Medical Equipment**, use the available fields to add:
  - Acquisition Cost
  - MSRP
  - Monthly Rental Charge

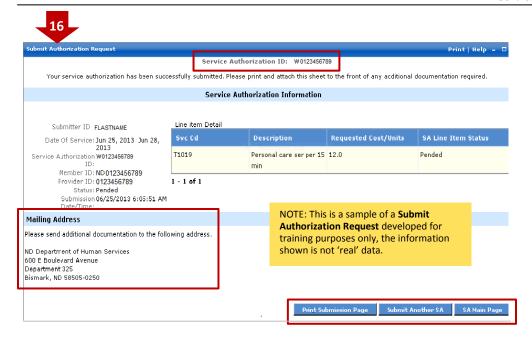
When complete, click **Save & Return** to **Service Authorization Tab Line Item**.

- 13. If you need to add a Servicing
  Provider to a line item, use the Line
  Item Servicing Provider Information
  section; click Add Line Item
  Servicing Provider.
- **14.** Add Line Item Servicing Provider opens:
  - Chose an Entity Code and Entity
     Type from choices available
  - Add Medicaid ID or Other Provider ID (identify the Other Provider ID Type, e.g. NPI, in the next field)

When entry is complete, click **Save** in the right corner. The provider information will then appear under **Line Item Servicing Provider Summary**.

**15.** When the SA is complete, go to the bottom of the page/screen and click **Save.** 

Then click **Submit** to complete this transaction.



**REMEMBER:** When you send in the documentation that is required for a submitted Service Authorization, <u>always write the SA ID number on each document you fax or mail to DHS</u> – it is necessary for us to match to the original SA request!

16. After the SA has been submitted, a new screen appears, Submit Authorization Request, that confirms your SA request has been submitted for review.

This page contains details about your SA including the newly assigned Service Authorization ID. This ID # must be included on:

- Any required documentation you must send in to support the SA request
- ☐ Claim when it is submitted

<u>Print this sheet</u> and return it with all required documentation by:

☐ FAX to 707 328-1544

or

Mail to the Mailing Address provided on the cover sheet.

All supporting documents submitted by mail or FAX MUST include this sheet or the template MMIS

Attachment Cover Sheet, Form (SFN 177) shown on page 5.

Finally, you can use the buttons at the bottom of the screen to:

- Print Submission Page
- Submit Another SA or
- Return to the SA Main Page



## MMIS ATTACHMENT COVER SHEET NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES MEDICAL SERVICES DIVISION SFN 177 (6-2015) Clear Fields

Complete this form and include it as the cover sheet for all attachments or additional documentation being submitted to the North Dakota Department of Human Services Medicaid.

1	Provider NPI or Medicaid Number
2	Member Medicaid Number
	Corresponding Record Number

When using this form to send in SA documents, you must provide the following <u>required information</u>:

- **1. Provider NPI or Medicaid Number** for the Requesting Provider
- 2. Member Medicaid Number
- 3. Service Authorization (SA) Number

Type of Attachment (select only one)			
Claim			
Transaction Control Number (TCN)	Fax To:		
	701-328-0374		
Service Authorization (SA)			
Service Authorization (SA) Number	Fax To:		
	701-328-1544		
<u></u>			
Referral			
Referral Number	Fax To:		
	701-328-1544		
Other			
Description	Fax To:		
	701-328-1544		

Mail to:

North Dakota Department of Human Services MMIS Attachments 600 East Blvd Ave. Bismarck, ND 58505

Telephone Number: 1-877-328-7098

For a copy of State Form Number 177, go to the North Dakota eForms site located at: <a href="http://www.nd.gov/eforms/forms.aspx?type=p&agency=3250">http://www.nd.gov/eforms/forms.aspx?type=p&agency=3250</a>