



Qualified Service Provider Newsletter

March 2019

Home & Community Based Services—HCBS



When will I get paid?

1-866-768-2435

Why didn't I get paid?

1-877-328-7098

QSPs don't have a PIN. If asked for a PIN when using this phone #, select "0" to speak to a live representative.

How do I use online billing?

701-328-4602

Fax

701-328-4875

Email

DSHCBS@ND.GOV

Checkwrite Information

Claim Form Cutoff days/time:

Paper Claims—12 pm on cutoff day

Electronic Claims—5 pm on cutoff day

For a list of claim processing dates, please go to:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-checkwrite.html>

****A specific payment date is never guaranteed.**

RENEWING YOUR QSP ENROLLMENT

- ◇ QSPs must renew a minimum of every two years.
- ◇ Failure to renew QSP enrollment may result in automatic closure of your QSP enrollment.
- ◇ If you haven't billed for twelve months or more, your QSP enrollment may be closed due to inactivity.
- ◇ Renewal forms are mailed to you 6—8 weeks in advance. Please return forms as soon as you can so there's time to gather additional information or correct any mistakes.
- ◇ If renewal forms are not received within 2—3 weeks of your QSP enrollment expiration date, you may have to reenroll and there may be days of service for which you cannot bill.
- ◇ If you don't have a Certified Nursing Assistant certificate (CNA) or Nursing License, the Documentation of Competency must be signed by a licensed provider (see approved list on the back of the SFN 750) before the end date of your current enrollment or expiration date to ensure no break in your enrollment span.
- ◇ Renewal forms can be faxed, emailed or mailed to the address on your paperwork.
- ◇ Fax 701-328-4875 or Email: DSHCBS@ND.GOV



Are you an Agency QSP?

Important Information for Agency QSP Renewals

- ◇ **Please send your renewal forms to HCBS no later than three weeks before your expiration date to allow time for processing.**
- ◇ When assembling paperwork for renewal, you do not need to send a new SFN 433 to Children & Family Services (CFS) for processing; you should already have one on file. Employees should have these forms completed at the time of hire and every two years following.
- ◇ If your employee does require a new SFN 433, the form should not be sent to HCBS until CFS has signed it.
- ◇ If you are enrolled for additional services, such as Chore, Extended Personal Cares, Non Medical Transportation, Nurse Education or more, you are required to submit additional paperwork with your renewal. Please contact the Enrollment Administrator at 701-328-4602 for more information.
- ◇ Renewal forms can be faxed, emailed or mailed to the address on your paperwork.
- ◇ If you haven't billed for 24 months or more, your enrollment may be closed due to inactivity.
- ◇ Fax 701-328-4875 or Email: DSHCBS@ND.GOV

TIDBIT CORNER

-If you are convicted of a misdemeanor or felony offense, you are required to notify the HCBS Office immediately. This may affect your eligibility to provide QSP Services.

-Interested in Direct Deposit? Call 701-328-4602 for the required form & information to get set up.

-Want to bill your claims online? It's easy to submit online claims. You will get instant notification if your claim will pay and you don't have to wait for the mail. Call 701-328-4602.

-Have your client's needs changed? Contact the county Case Manager to see if they are eligible for more services.

- Did you know that QSPs are not employees of the State? QSPs are self-employed contractors.

You are required to update your address or phone number within 14 days of a change. If you cannot be reached by mail, your enrollment as a QSP may be stopped.

COMMON BILLING ERRORS

- LAST Names should always be first: (Ex: SMITH, JOHN)
- Don't bill without an authorization.
- Don't bill more than once per month.
- You cannot bill for services if your client is in the Hospital, Nursing Home or Swing Bed.
- Make sure you're using the correct QSP & Client ID numbers.
- If filling out a paper form, always stay in the lines and write clearly.
- Don't forget to sign and date the form. Make sure you do not pre-date the form.
- Only bill for the services you provided and within your authorization limit.
- Don't skip any lines on the form and don't enter "0's".
- Billing forms must be original; no copies or faxes.
- You cannot bill for two separate months on one claim form.
- Billing online can save time and prevent many common billing errors.
- If more than one QSP is authorized for a client, all QSPs must work together to assure all units billed for each code within the month are within the authorized units for the client.



NEED MORE TRAINING?

Computer Based Training is available online.

<http://NDMMIS.learnercommunity.com>

Get help and learn how to:

- * Fill out paper billing forms
- * Use the online billing system —called Enterprise or MMIS
- * Check claims or payment status
- * Navigate the Provider Message Center
- * Create a Claim Template for easier billing
- * Basic Internet Functions
- * Under "Your Training", sign up for a new account

Do you suspect abuse or neglect in your community?

Reporting suspected abuse, neglect, or financial exploitation of vulnerable adults is everyone's job.

IMPORTANT: If you believe a vulnerable adult is in **immediate danger, call law enforcement first** before making a report to Vulnerable Adult Protective Services (VAPS).

There are several ways to report:

1. Call **1-855-462-5465** (1-855-GO2LINK) and then PRESS 2
2. Complete a **report online** at <https://fw2.harmonyis.net/NDLiveIntake/>

TIP: You MUST USE INTERNET EXPLORER.

To add Victim or Perpetrator information, scroll down to the bottom of report and select "Add."

3. Complete and submit a **Reporting Form** (SFN 1607—Report of Vulnerable Adult Abuse, Neglect, or Exploitation can be found at: <https://www.nd.gov/eforms/Doc/sfn01607.pdf>). Submit the completed form to: carechoice@nd.gov or FAX to: 701-328-8744.

NOTE: The Aging and Disability Resource LINK - Vulnerable Adult Protective Services intake line is answered **Weekdays, 8 am - 5 pm, Central Time**. Please leave a message, including your contact information, if calling after hours.

More Information

For additional details including who is a mandatory reporter, reporting guidelines and flow charts on how to file a report with the appropriate entity, visit www.nd.gov/dhs/services/adultsaging/reporting.html.



[New Services to HCBS]

Community Transition Services (CTS) -

To assist eligible individuals transitioning from an institution or another provider-operated living arrangement (to include skilled nursing facility, adult residential, adult foster care, basic care, and assisted living) to a living arrangement in a private residence where the client is directly responsible for his/her own living expenses and needs non-recurring set-up expenses.

Nursing Assessments—

To identify needs of eligible individuals and ensuring successful transition from an institution or another provider-operated living arrangement to a living arrangement in a private residence where the client is directly responsible for his/her own living expenses

Contact the Enrollment Administrator at 701-328-4602

**CRITICAL INCIDENT
REPORTING**

In December 2018, QSPs received instructions on how to file a Critical Incident Report (CIR).

A critical incident is “any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a waiver participant.”

If something happens to your client while you are present, as described above, you are **required** to file a report. Please contact your Case Manager as soon as possible to determine your next steps.

QSP AUDITS

A request may be made for a formal review (audit) of an individual QSP at any time. When you enrolled as a QSP, you agreed to participate in any audit requests and agreed to provide records and any other information requested by the department.

If errors are found, the department is required to recoup all funds paid for services that were not delivered in accordance with department policies and procedures per NDAC (ND Administrative Code) 75-03-23-10.

You may be terminated as a QSP and placed on the State Exclusion list if you do not comply with a request to send records, provide information, fail to set up payment arrangements or pay back funds paid in error. This means that you could not work for any business that receives Medicare or Medicaid funds.

You may be referred to the OIG (Office of Inspector General) for possible exclusion in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act. This means that you could not work for any business that receives Medicare or Medicaid funds.



OIG REFERRALS

All individuals that provide care to public pay clients must meet the provider standards and agreements in NDAC 75-03-23-07.

Please be aware, if your status as a QSP is terminated or denied enrollment as a QSP because of professional incompetence, poor performance, financial integrity issues, or certain criminal convictions, federal law requires that we refer our final decision to exclude you from participating in the state Medicaid program to the OIG.

Once the OIG receives this referral, they will make an independent decision based on their own criteria about whether or not you will be excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

This means that you would not be eligible to be employed by any entity that receives funding from Medicare or Medicaid. You would not be able to work as a provider in any state or organization whose programs are funded by Federal money.

If an excluded individual wishes to again participate in the Medicare, Medicaid and all Federal health care programs, they must apply for reinstatement in writing and receive authorized notice from OIG that reinstatement has been granted.

Even if your status closes,

KEEP YOUR RECORDS!

*You could still be audited
even after your status
as a QSP has closed.*

*Records must be kept for 42
months after the date of service.*

*If you don't respond,
you will likely have to repay
money to the Department.*
