



# Qualified Service Provider Newsletter

March 2018

*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

**DHSHCBS@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.**

*Did you know...Even if you stop providing services to a client, you are required to keep your records for 42 months from the last date of service?*

## SERVICE DOCUMENTATION GUIDELINES

QSPs are required to keep a record of the services provided each month. Your Records must have all of the following information:

- ◆ Client Name
- ◆ Your Name
- ◆ Date of Service
- ◆ Start & Stop time in Client home (include AM or PM)
- ◆ Units of Service by each Procedure Code or if T1019, by Task Category
- ◆ Tasks Performed (Use task name as listed on the authorization)
- ◆ Sample documentation is sent with your New Provider or Renewal packets
- ◆ Copied records or dates added in later cannot be accepted as proper documentation.
- ◆ Records must be kept for 42 months after the last date of service—EVEN IF you stop providing services to the client or your enrollment status closes.
- ◆ The Department will request a refund or process adjustments to take back payments made to you, if you do not keep appropriate records, if you do not send service records upon request, if you do not provide the service, if you bill over the authorized amount, if you use the wrong billing codes, or if you otherwise make billing errors.

### DO YOU PROVIDE DRIVER WITH VEHICLE SERVICES? Do you have an authorization?

**Non-Medical Transportation Driver with Vehicle:**

Transportation that allows individuals to use essential community services such as grocery, pharmacy, banking, post office, laundromat, utility company, and social security office, in order to maintain themselves in their home. Driver with Vehicle means that you are only transporting the client. It is taking the client to and from his/her home and points of destination for essential services. While driving, you cannot bill Escort.

**Non-Medical Transportation Escort:**

Going with the client to assist in entering and exiting as well as helping during transport so the client may complete the activity for which (non-medical) transportation is authorized is called NMT-Escort.

You are responsible for checking with your insurance carrier to make sure that your coverage is appropriate for the services you are providing.

You are no longer required to submit updated vehicle insurance information to the Department. It's your responsibility to ensure that you have the necessary insurance in place and that you are legally able to drive, according to the Department of Transportation.

## 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.



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## OIG REFERRALS

*Even if your status closes,*

***KEEP YOUR RECORDS!***

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

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

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.

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## PERM AUDITS

(PAYMENT ERROR RATE MEASUREMENT)

You may be contacted by CMS (Centers for Medicare & Medicaid Services) to provide service documentation for an audit.

The envelope return address will state: "PERM—Review Contractor" and "CONFIDENTIAL" will be next to your address.

The letter inside will be on CMS letterhead with the words "PERM—INITIAL REQUEST FOR RECORDS" near the top.

This is a legitimate request and should be responded to promptly. **Please do not throw away the letter.**

If you receive one of these audit requests and have questions, please call 701-328-4831 or 701-328-3507.



**One person *caring* about another represents life's GREATEST value.—Jim Rohn**

**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.

-Looking for tax forms? For QSPs earning more than \$600 in 2017, a 1099 form was mailed on January 30th.

**-QSPs are self-employed contractors, not employees of the state. The department does not withhold any taxes for you.**

-Not enough calls for new clients? Contact the HCBS Office at 701-328-4602 to see if your name is on the public list.

-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.

**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 sent to you 6—8 weeks in advance. Please return forms as soon as you can so there's time to correct any mistakes or missing information.
- ◇ 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.

**WHAT IS A HIGH RISK PROVIDER?**

Qualified Service Providers (QSPs) will be classified as High Risk if any of the following criteria apply:

- You have had a payment suspension within the last ten years associated with a credible allegation of fraud, waste or abuse
- You have been listed on the OIG exclusion list within the last ten years
- You have an existing overpayment of funds of \$1500 or greater and all of the following:
  - ⇒ The balance is more than 30 days old
  - ⇒ Has not been repaid at the time application was filed
  - ⇒ Is not currently being appealed
  - ⇒ Is not part of an approved repayment schedule

**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.**

***If you believe you may be a High Risk provider, please call 701-328-4602 for more information.***

## COMMON BILLING ERRORS

- LAST Names should always be first (Ex: SMITH, JOHN)
- Do you have a current 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's.
- 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 at:

<http://NDMMIS.learnercommunity.com>

Get help and learn to:

- \* How to fill out paper billing forms
- \* How to use the online billing system—called Enterprise or MMIS
- \* How to check claims or payment status
- \* How to navigate the Provider Message Center
- \* How to 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 for the online reporting system to function. To add Victim or Perpetrator information, scroll down to the bottom of report and hit "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](mailto:carechoice@nd.gov) or FAX it 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](http://www.nd.gov/dhs/services/adultsaging/reporting.html).