

**Department of Human Services  
Information Technology Committee  
Representative Mark Owens, Chairman  
September 9, 2015**

Chairman Owens, members of the Information Technology Committee, I am Jenny Witham, Director of Information Technology Services for the Department of Human Services (DHS). I appear before you to provide an update on the status of the Medicaid Systems Project and the Eligibility Systems Modernization Project.

**Medicaid Systems Project**

The scope of this project is to replace three Medicaid information systems, i.e. the Medicaid Management Information System (MMIS), the Pharmacy Point of Sale system, and the Decision Support System. The new system is called ND Health Enterprise MMIS. The implementation date is scheduled for October 5, 2015 and the project team is executing the final cutover activities (see Attachment A).

Over the past four months DHS and Xerox have conducted a series of provider training sessions. In May we held live training sessions in Minot, Bismarck and Fargo. Throughout May and June providers could participate in weekly provider webinars, and in August DHS conducted targeted provider training sessions based on provider type and specialty.

In addition to the provider training, DHS has executed extensive provider communication and outreach through the DHS website, direct mailings, and participation in provider workgroups and association meetings. Attached are a few of the fact sheets from the DHS website and the August Health Enterprise Bulletin.

The federal compliance date for ICD-10 is October 1, 2015. All providers and payers will need to be able to submit and accept ICD-10 compliant transactions. The ND Health Enterprise MMIS is fully compliant and DHS will be processing claims with an October 1, 2015 or later date of service under the new ICD-10 code set.

### **Eligibility Systems Modernization Project**

DHS currently determines eligibility for medical assistance, children's health insurance program, cash assistance, supplemental nutrition, child care assistance and heating assistance in five separate information systems. The objective of the eligibility systems modernization project is to replace the current eligibility systems with a single integrated eligibility determination system that will meet the requirements of the Patient Protection & Affordable Care Act (ACA) as well as streamline the application process for program recipients and county workers.

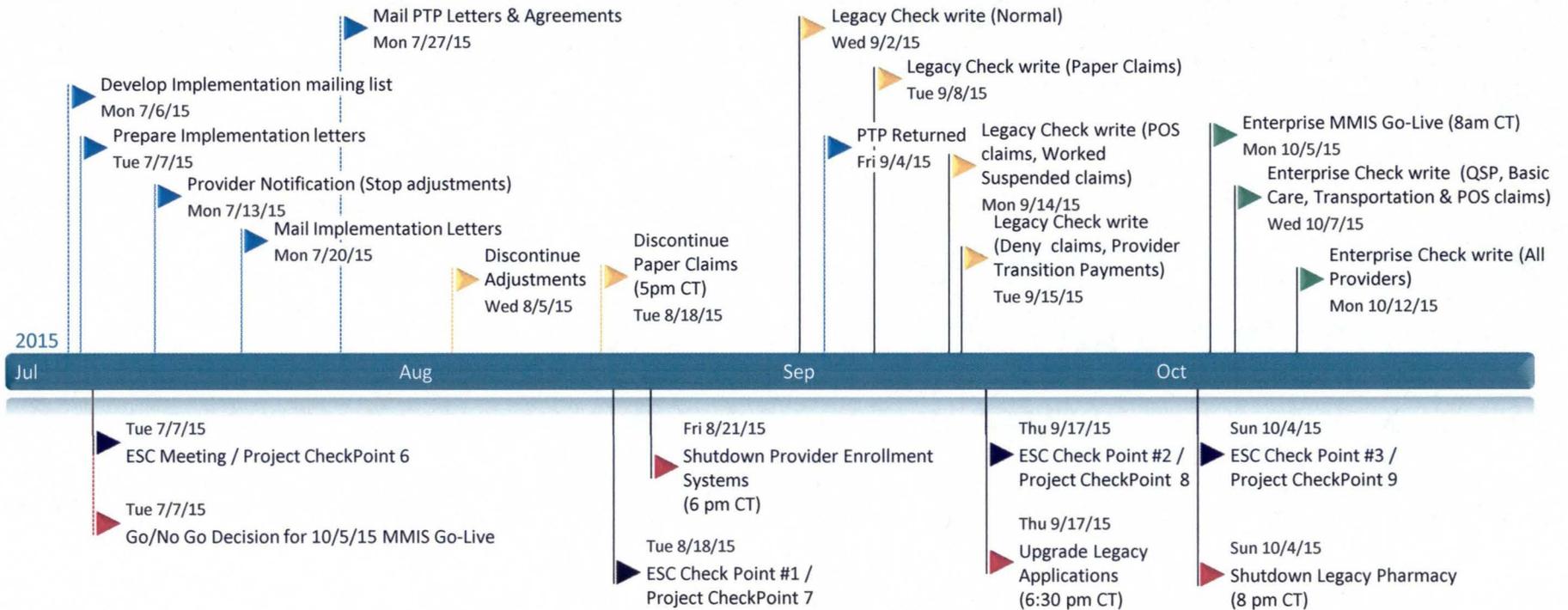
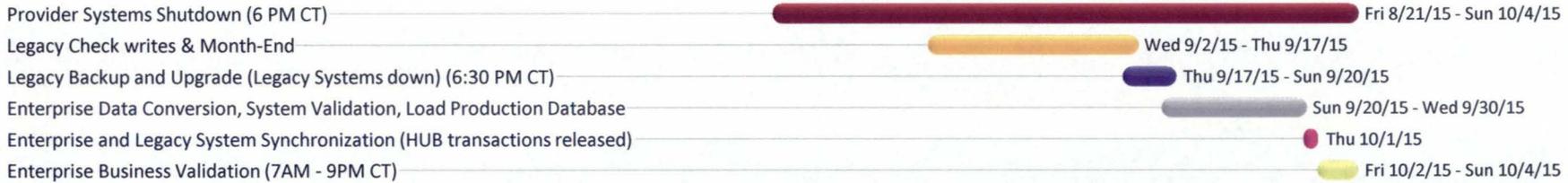
The full project is scheduled to complete in 2017. For large project oversight reporting purposes, the project schedule and budget will be baselined into five phases, each phase representing the completion of one of the program areas identified above. Although the project will be reported in this fashion, DHS will implement the system in two major releases.

On August 18, 2015 the project Executive Steering Committee approved the baseline schedule for the first phase. This phase includes the ACA related components of the system with a projected implementation date of December 7, 2015. We have completed analysis and design and are in the process of system integration testing. User acceptance testing is

scheduled to begin in mid-October. Internal staff training will be conducted in late October and county eligibility worker training is scheduled for November.

If you have any questions, I would be happy to address them at this time.

# North Dakota MMIS Oct 2015 Go-Live Events



# NORTH DAKOTA

# Health Enterprise Bulletin

## THE NEW MEDICAID MANAGEMENT INFORMATION SYSTEM

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### DHS CONTACT INFORMATION

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Provider Relations 1-800-755-2604

**North Dakota  
Department of  
Human Services**

**Maggie Anderson,  
Executive Director**

Issue 2 – August 2015

### GO-LIVE DATE ANNOUNCED

The Department of Human Services is excited to announce the go-live date of the new Medicaid Management Information System (MMIS).

The North Dakota Health Enterprise (NDHE) Medicaid Management Information System implementation is scheduled to go live on **October 5, 2015** at 8:00am CT.

An implementation letter was mailed to ND Medicaid participating providers and trading partners on July 20, 2015. This important letter, also posted at <http://www.nd.gov/dhs/info/mmis/docs/mmis-implementation-letter-july2015.pdf> outlines the actions you need to take in preparation for this transition.

The key dates below are also contained within the implementation letter.

Scheduled Key Dates	Event
8/5/15	Last date to accept claim adjustments in ND Legacy MMIS
8/18/15	Last date for accepting paper claims in ND Legacy MMIS <b>All Providers</b> <b>(except Qualified Service Providers (QSP), Transportation and Basic Care Providers)</b>
8/18/15 – 9/30/15	Transition Period for paper claims (submissions will be returned to provider)
8/21/15	Last date for submission of provider enrollment applications
9/2/15 @ 12 Noon CDT	Last date for accepting electronic claims in ND Legacy MMIS
9/2/15 –10/4/15	Transition Period for electronic claims (837)
9/8/15	Last date for accepting QSP, Transportation and Basic Care paper claims in ND Legacy MMIS <b>For QSP, Transportation and Basic Care Providers Only</b>
9/14/15	Final Remittance Advices (RAs) & claims payments released in ND Legacy MMIS
10/5/15 - 8am CDT	ND Health Enterprise MMIS scheduled Go Live – Day One

Continued on page 2

**IMPORTANT:** in preparing for the new system we are instructing providers to now include their taxonomy code on electronic claims submitted for processing with our current Legacy MMIS system to begin adjusting to the new requirements.

## ADDITIONAL IMPORTANT GO-LIVE INFORMATION

Continued from page 1

### Transition Period

An interim period (Transition Period) will be required during which all providers and trading partners will no longer be able to submit claims to ND Legacy MMIS and must wait for the ND Health Enterprise MMIS to go live.

Please refer to the dates table on page 1 for specific dates for paper and electronic claims.

### August 2015 Transition Activity

Providers should take all the necessary steps to ensure that requests for service authorizations and claims submission to ND Legacy MMIS are up-to-date. The last date to submit adjustments was 8/05/15. Verify ND HE provider enrollment data is correct. Confirm banking information and complete Pre-Note testing for EFT payments.

### ND Health Enterprise—Your Access

Letters will be sent to all approved, enrolled providers on or about 9/15/15. The letters will contain ND Health Enterprise MMIS log-in credentials for the organization administrator, the new Medicaid provider identification number, taxonomy codes associated with the provider enrollment record, for the ND Health Enterprise Web Portal and Automated Voice Response System. Password information will be mailed in a separate letter on or about 9/16/15.

### October 5, 2015

ND Health Enterprise MMIS is active and available for processing. Organization administrators can log in to ND Health Enterprise MMIS to set up access and privileges for provider staff. Providers will then have access for checking eligibility, submitting online claims and service authorizations, and to access remittance advices. Claims history as well as service authorizations will be available.

### October 12, 2015

ND Health Enterprise MMIS first check write will be October 12, 2015.



## PROVIDER WEB PORTAL SERVICE AUTHORIZATIONS

The new NDHE MMIS introduces the capability to submit Service Authorization requests on-line. When attachments are required, a confirmation page or the service authorization number must be attached to the faxed or mailed documentation. The confirmation page on the web portal is only displayed at the time the Service Authorization is created. This is the only time that the confirmation page is available for printing. It cannot be re-generated. If the confirmation page is not printed, any attachments sent to the Department without the confirmation page must include, the service authorization number on the cover sheet of the documentation. This number enables the Department's staff to match documents with the service authorization. If an Enterprise generated confirmation page is not available, please use the new state form number 177 found at:

**ND Forms Repository** - <http://www.nd.gov/eforms/>

## ENTERPRISE & INTERNET EXPLORER COMPATIBILITY

### **Changing Configuration Settings in Internet Explorer 10 and 11**

North Dakota Health Enterprise MMIS (Health Enterprise) is designed to work on Internet Explorer version 7.x through version 9.x and all versions of Firefox. If you are using Internet Explorer 10 or 11, text may overflow the defined boxes on some screens making information difficult to read. It is easy to change the compatibility settings.

For more detail, please see the DHS published Internet Explorer Compatibility Fact Sheet located at:

<http://www.nd.gov/dhs/info/mmis/factsheets.html>

## ND HEALTH ENTERPRISE MMIS LEARNING: COMPUTER BASED TRAINING AVAILABLE

For providers and trading partners who have not been able to attend recent instructor led trainings, as well as for those seeking more ND Health Enterprise MMIS functionality information, more training is available in the form of computer-based trainings (CBT). These free courses are available 24X7.

The Learner Community website is located at;  
<http://ndmmis.learnercommunity.com>



## ADJUSTMENTS = VOID & REPLACEMENT CLAIMS

ND Health Enterprise MMIS will require changes to the process of adjusting claims. The SFN 639 "Provider Request for an Adjustment" will be replaced in the new ND Health Enterprise MMIS system with the "Void/Replacement" process. Voids and Replacements submission methods include paper, EDI X12-837 transaction, or through the ND Health Enterprise web portal.

Providers submitting paper claim replacements will use the same type of claim form as the original claim.

- ◆ **Professional Claims:** the void or replacement code and the TCN/ICN to be adjusted is entered on the CMS 1500 claim form in Field 22.
- ◆ **Institutional Claims:** the last digit of the bill type must identify a void or replacement and the TCN/ICN to be adjusted is entered on the UB-04 claim form in Field 64.
- ◆ **Dental Claims:** the void or replacement code and the TCN/ICN to be adjusted is entered on the ADA 2012 Dental claim form in Field 35. Enter the void or replacement code, followed by a hyphen, and then the TCN/ICN.

The Replacement Claims Fact Sheet can be found on the DHS website at <http://www.nd.gov/dhs/info/mmis/docs/mmis-replacement-claims-fact-sheet.pdf>

## CERTAIN SERVICE AUTHORIZATION TYPES REQUIRE PAPER SUBMISSION

The following service authorization processes will remain the same after the ND Health Enterprise Implementation:

- ◆ Physical Therapy Services
- ◆ Occupational Therapy Services
- ◆ Speech and Language Therapy
- ◆ Optometry Services
- ◆ Quality Health Associates (formerly ND Healthcare Review of ND)
- ◆ Out of State Services

## BILLING & CLAIMS CORNER—WHAT'S CHANGING

- ⇒ ND Health Enterprise will use the EDI X12 National Standard Code sets for remittance advice reason and remark codes.
- ⇒ ND Health Enterprise will support the submission of modifiers.
- ⇒ Bilateral procedures should be reported on one line item with modifier -50.
- ⇒ ND Health Enterprise will be utilizing the Multiple Procedure Payment Reduction (MPPR) following the same indicators published on the Medicare Procedure Fee Schedule (MPFS).

## AUTOMATED VOICE RESPONSE SYSTEM (AVRS)

The new North Dakota Department of Human Services (DHS) Automated Voice Response System (AVRS) application provides information regarding Medicaid services such as:

- ◆ Member Inquiry
- ◆ Payment Inquiry
- ◆ Claims Status
- ◆ Service Authorization Inquiry

The AVRS is available 24 hours a day, 7 days a week.

When calling into the AVRS, providers will need to log in using either the Health Enterprise issued Medicaid identification number or National Provider Identifier (NPI). A six-digit PIN number is also needed for verification. One PIN number is assigned to each Medicaid ID number. Providers will receive AVRS & NDHE MMIS passwords on or about 9/16/2015.

When a Provider selects the Member Inquiry option, information available includes:

- ◆ Eligibility
- ◆ Recipient Liability
- ◆ Primary Care Provider (PCP) Assignment
- ◆ Coordinated Services Program (CSP) Enrollment
- ◆ Third Party Liability (TPL)
- ◆ Vision services eligibility
- ◆ Dental services eligibility
- ◆ Service Authorizations

The Payment Inquiry option will allow the Provider to hear payment information from a particular time frame.

Claim Status will return information based on a Member ID. Information such as the TCN, the billed amount, the submit date, the dates of service, the claim status, and the paid amount will be returned.

Service Authorization information can be retrieved for a member based on Service Authorization number, by date of service or authorization status.

At any time during the call, the Provider can select the star key (\*) to repeat the options, the nine key (9) to return to the main menu or the zero key (0) to transfer to the service desk or leave a voice mail.

- ◆ The call center will be available during regular business hours from 8am to 5pm CT, Monday through Friday, and observe the same holidays as the State of North Dakota. When the call center is not available, the provider can leave a message, which will be answered by the call center during regular business hours.



## TAXONOMY – MMIS

### ND MEDICAID PROVIDERS

Taxonomy codes are national codes used by providers to indicate the type of services and products they deliver. The taxonomy code associated with your enrollment record will be **required** in the new ND Health Enterprise MMIS. This requirement excludes Qualified Service Providers (QSP) and "atypical" providers who do not furnish direct healthcare services. Claims must be submitted with both your National Provider Identifier (NPI) and your Taxonomy code combination. Without the NPI and Taxonomy combination **your claims will deny**. Please make sure you are using the taxonomy code that was assigned during the re-enrollment process.

**In preparing for the new system we are now instructing providers to include their taxonomy code on electronic claims submitted for processing with our current Legacy MMIS system to begin adjusting to the new requirements.** A recent review of Legacy MMIS electronic claims submissions revealed that over half of the claims do not include the billing provider taxonomy. Of those, several claims were submitted with the incorrect taxonomy. It is imperative that all providers verify and confirm that their billing office or billing vendor have the correct taxonomy and NPI information for all individual and group providers in your practice.

The ND valid taxonomy codes are available at <http://www.nd.gov/dhs/info/mmis/materials.html>.

The taxonomy code associated with your enrollment record is available for lookup by NPI at <http://www.nd.gov/dhs/info/mmis/docs/mmis-taxonomy-codes.pdf>.

Additional information regarding taxonomy & ND Health Enterprise Fact Sheets are posted on the department's website at <http://www.nd.gov/dhs/info/mmis/factsheets.html>.

For additional assistance:

Questions on the correct field/loop/segment detail to add taxonomy codes on EDI 837 claims: [ndmmisedi@nd.gov](mailto:ndmmisedi@nd.gov)

Questions/changes on the taxonomy code assigned to your enrollment application: [dhsenrollment@nd.gov](mailto:dhsenrollment@nd.gov)

Instructions on where to add taxonomy on paper claims (starting 10/5/15): <http://www.nd.gov/dhs/info/mmis/claims-instructions.html>

### Please route this bulletin to:

- Billing Clerks
- Office Managers
- Insurance Processors
- Schedulers
- Other Appropriate Medical Personnel

