1915(i) Service Authorizations in MMIS

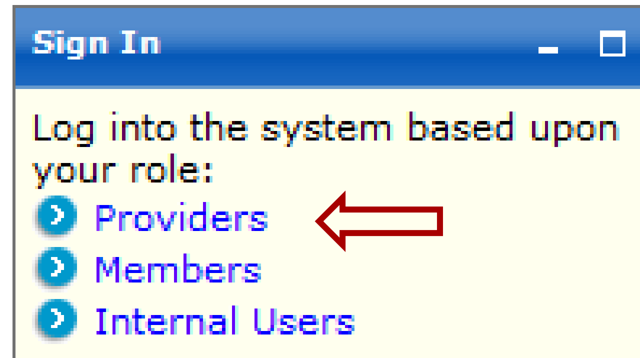
NORTH Dakota Be Legendary.
Health & Human Services

SERVICE AUTHORIZATIONS

- Service Authorizations for the 1915(i) State Plan must always be submitted via the ND Medicaid MMIS Web Portal.
- Web-based service authorizations have a quicker response time with or without the need for documentation.
- On average – service authorizations are pended no more than 10 business days.

- Providers will log into the ND Health Enterprise MMIS Portal:

Choose Providers



- Enter Provider Login Username and Password:

ProviderLogin

To access secure areas of the portal, please log in by entering your User ID and Password.

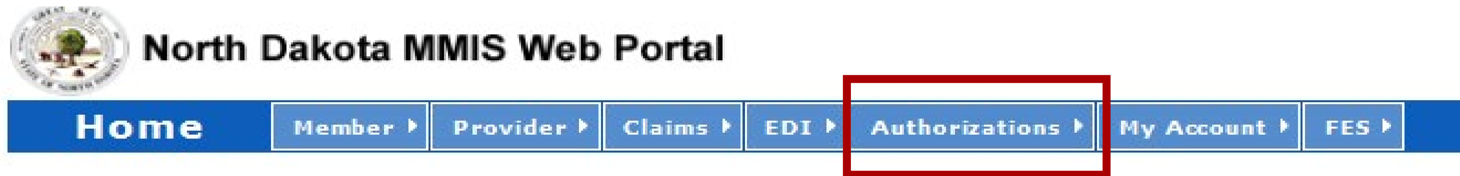
* User ID:

* Password:

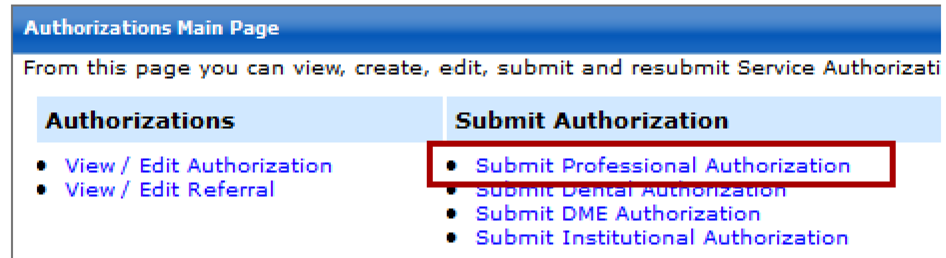
Forgot User Name or Password ?

Login Reset

- To create a service authorization, providers will click on Authorizations:



- Providers will then choose Submit Professional Authorization:



- Providers will see that their Submitter ID is noted at the top of the service authorization and that no Service Authorization ID has been issued. This will be issued when the authorization has been submitted to the Department. Providers will see the Service Level is SV1 (Professional Service) and that Transaction Purpose is a Request:

Submit Professional Authorization Request | Print | Help

* Required Field

Basic Service Authorization Info | Patient Event Detail

Member | Requesting Provider | Event Provider | Health Care Services Review | Diagnosis | Service Line Items | Reject Reasons

Service Authorization ID	Service Level SV1 (Professional Service)	Entered Date / Time 09/19/2017 02:00:22 PM	Certification Action
Submitter ID PROFUA	Transaction Type RU (Medical Services Reservation)	Transaction Purpose Request	Review Decision Reason

- Providers will then enter Member Information. All fields marked with an asterisk are required fields. Member information required: Member ID, Last Name, First Name, and Date of Birth:

Member Information

*Member ID
*Last Name
Prefix
*First Name
MI
Suffix
*Date of Birth
Gender

- The Requesting Provider will be pre-populated with the enrolled ND Medicaid Provider ID information. No information needs to be entered in this section. (This is the Billing Provider Information in Box 33 on the Professional CMS-1500 Claim form.)

Requesting Provider

Medicaid ID
1458343

Other Provider ID

Other Provider ID Type

*Entity Code
Provider

*Entity Type
Person

Provider Code

Taxonomy Code

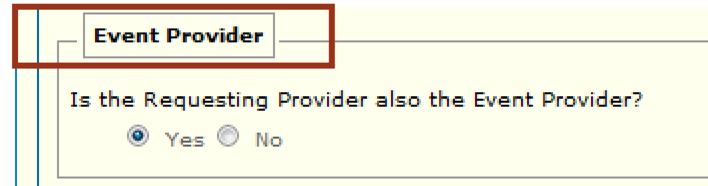
Provider Name

⊞ Additional Requesting Provider Information

⊞ Contact Information

⊞ Additional Requesting Supplemental Provider ID

- Event Provider defaults to Yes. The event provider is the rendering provider on the Professional CMS-1500 Claim form (Box 24J). It is recommended to leave this defaulted to YES.



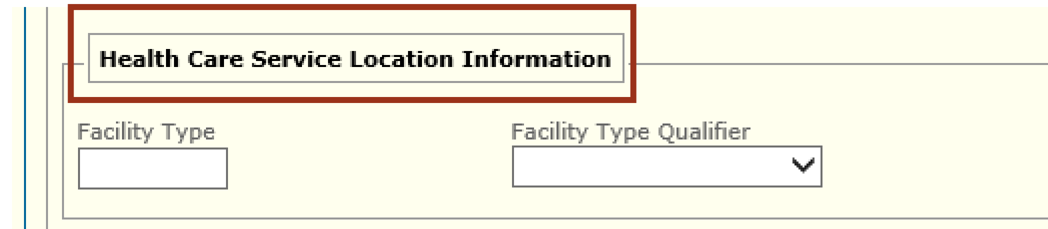
Health Care Services Review Information:

- The Request Category and Certification Type are pre-populated. These two fields can be skipped on the authorization.
- The Service Type requires a valid value. It is recommended to select **Transitional Care** from the dropdown menu.
- The Level of Service requires a valid value. It is recommended to select **Elective** from the dropdown menu.

Health Care Services Review Information

*Request Category	*Certification Type	Service Type	Level of Service
Health Services Review	Initial		

- Health Care Service Location Information:
  - Facility Type (Place of Service)
  - Facility Type Qualifier (Place of Service Code)
    - A valid value is required for each of these fields. To view a full list of approved CMS Place of Service Codes visit: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
    - The most common place of service codes are:
      - 02-Telehealth
      - 03-School
      - 11-Office
      - 12-Home
      - 18-Place of Employment-Worksite
        - The Place of Service Code on the service authorization is an approximate value. The place of service code billed on the claim must accurately be reported.



- Providers must complete the Dates of Service. ND Medicaid must receive a Requested Begin Date and Requested End Date.

Dates of Service

Requested Begin Date | Requested End Date | Certification Issue Date

Approved Begin Date | Approved End Date

  - Requested Begin Date: Providers will enter the anticipated start date of services. Service Authorization approval or denial will be dated the date the authorization was submitted in MMIS by the provider. Providers will not be reimbursed for services provided prior to the service authorization approval date.
  - Requested End Date: The maximum time period a service authorization can be requested is to the end of the individual's 1915(i) eligibility period. The date of the individual's next annual 1915(i) eligibility determination, obtained from the Zone, is the same date as the end of the individual's 1915(i) eligibility period.
  - When the service authorization dates span two calendar years (i.e. 12/1/2021-11/30/2022) two service lines are required for the service requested with the calculated units requested.
  - For example: Line one dates of service 12/1/2021-12/31/2021. Line two dates of service 1/1/2022-11/30/2022.

- Providers have the ability to send any additional Notes for the State to consider when reviewing the service authorization. It is suggested that this be completed if special consideration is needed for any reason.

- Providers must enter at least one 1915(i) qualifying Diagnosis. The Diagnosis Code must match the claim and must be a valid ICD-10 diagnosis code.

⊟ Diagnosis

Diagnosis

Seq#	Diagnosis Code	Diagnosis Date	Diagnosis Type
1	F99	10/22/2020	Diagnosis (ICD-10)
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

- Providers are required to submit at least one line item for a service authorization to be considered.
- When the service authorization dates span <u>two</u> calendar years (i.e. 12/1/2021-11/30/2022) <u>two</u> service lines are required for the service requested with the calculated units requested.
- All service authorization line items must contain:
  - A <u>Service Code From</u> (HCPCS Code) and any applicable <u>Modifiers</u>
    - HCPCS: Healthcare Common Procedure Coding System
  - <u>Requested Begin Date</u> and <u>Requested End Date</u>
    - Must match the dates previously entered in Slide 13
  - Either <u>Requested Amount</u> **<u>or</u>** <u>Requested Units</u>
    - If Units are requested, then a <u>Unit of Measure</u> is also required. Units should = Units.

SERVICE AUTHORIZATION

No Data

Add Services Detail — **Save** | Additional Line Info | Reset | Cancel

Service Level
SV1 (Professional Service)

Certification Issue Date

Certification Action

Review Decision Reason

*Service Qualifier
HC Fin Admin Common Proc Coding Sys

*Service Code From

Modifiers
1 2 3 4

Service From Description

Service Code To

Service To Description

Requested Begin Date

Requested End Date

Requested Amount

Requested Unit(s)

Unit of Measure

Approved Begin Date

Approved End Date

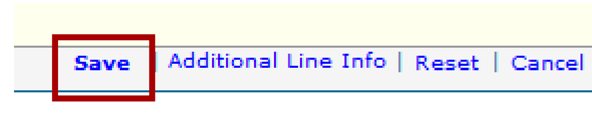
Approved Amount

Approved Unit(s)

Service Description

Line Item Diagnosis

- After entering all line item information, the line item MUST BE SAVED:
  - If each line item is not saved, the data will be lost.



- To add an additional line, click the Add Service Line Item button and enter in additional services:
  - **this is where the second line will be added when entering a service authorization that spans two calendar years (12/1/2021-11/30/2022).

- To submit your service authorization to the Department:
  - First click Save at the bottom of the screen (this will give you a message at the top of the screen stating:

  - If any errors occur, MMIS will generate an error message and those errors will need to be corrected before submitting the authorization to the Department.
  - Under Reject Reasons, MMIS may also tell you if you have any errors on your authorization.

  - Second click Submit at the bottom of the screen.

- After the service authorization has been submitted, a confirmation page will be shown on the screen. This confirmation page has very important information including:
  - Service Authorization ID Number
  - Member ID Number
  - Provider ID Number
  - Service Authorization Status
  - Submission Date and Time

  **It is very important to print your confirmation page and keep a copy for your records.

Adding Attachments

- The Plan of Care must be attached to the service authorization.

- From the Confirmation Page, choose Upload Attachment:

Line item Detail

Svc Cd	Description	Requested Cost/Units	SA Line Item Status
99213	Office/outpatient visit est	0.00/1.0	Pended

1 - 1 of 1

Print Submission Page | Upload Attachemnt | Submit Another SA | SA Main Page

- Attachments of any kind can be uploaded (.jpg, .docx .xlsx, .pdf) – documentation, care plan, treatment plan, etc.

E-Attachment

Print | Help

Attachments

Submit Exit/Cancel

SA ID: Member ID: Member Name:

Add Attachment

Date Added	Added By	File Name	Description
No Data			

Add Attachment

Save | Reset | Cancel

*File

Browse...

*Description

Please upload your file, enter a Description, and click the Save link; repeat this for as many attachments as needed. After all attachments have been uploaded and saved, it is time to upload them to the MMIS database. This is accomplished by clicking the 'Submit' button. You will receive a successful message after the upload has completed. Note: Please review all attachments BEFORE submitting as you will not be able to remove any attachment once submitted. However, if you attached a doc in error, please contact the Helpdesk.

1. Click Add Attachment.

2. Then click Browse to find the file to add on your computer.

3. Then give the file a name (no more than 40 characters without special symbols).

4. Click Save. **(VERY IMPORTANT!!)**

5. Then continue to add additional attachments and click Submit to submit the attachment(s)**(VERY IMPORTANT).** Cancel will take you back to the confirmation page.

E-Attachment Print | Help

Attachments

Submit Exit/Cancel

SA ID:W Member ID Member Name:

Add Attachment

Date Added	Added By	File Name	Description
No Data			

Add Attachment Save | Reset | Cancel

*File

Browse...

*Description

Please upload your file, enter a Description, and click the Save link; repeat this for as many attachments as needed. After all attachments have been uploaded and saved, it is time to upload them to the MMIS database. This is accomplished by clicking the 'Submit' button. You will receive a successful message after the upload has completed. Note: Please review all attachments BEFORE submitting as you will not be able to remove any attachment once submitted. However, if you attached a doc in error, please contact the Helpdesk.

- Providers can also edit and view both saved and pending service authorizations.
  - Choose Authorizations
  - View/Edit Authorizations
  - Choose Submitted Authorizations or Saved Authorizations
  - Enter in the search criteria in the box below and edit the pending authorization as necessary.
  - An authorization can only be edited if it still in a pending status.

View/Edit Authorization Request

Print | Help

* Required Field

To conduct a search for one or more saved or previously submitted service authorization(s), refine the search criteria by entering information in any or all of the remaining fields, and then click "Search". A search by only the Provider ID will return all of the authorizations for that provider.

Provider ID

*Provider ID: 2542943

*Provider ID Type: Medicaid ID

Submitted Authorizations Saved Authorizations

Additional Information

Member ID

Service Authorization ID | Certification Action | Service Code | Modifier1 | Modifier2 | Modifier3 | Modifier4

Begin Date | End Date

Search | Reset

- Checking Status on the web portal – what do the HIPAA Values Mean??
  - A1: Certified in total means the service authorization has been approved.
  - A2: Certified partial means the service authorization has been partially approved (one line approved, one line pended or denied).
  - A3: Not Certified means the service authorization has been denied in total.
  - A4: Pended means the service authorization remains pended.
  - A6: Modified means the service authorization team has reviewed the service authorization and it is in process.

Service Authorization Contact:

Sara Regner

701-328-4825 (phone)

dhsserviceauth@nd.gov