

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.

1. 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**

NOTE: 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.

6. 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**.

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Health Care Services Review Information

*Request Category: Health Services Review
 *Certification Type: Initial
 Service Type: [dropdown]
 Level of Service: [dropdown]

Health Care Service Location Information

Facility Type: [dropdown]
 Facility Type Qualifier: [dropdown]

Dates of Service

Requested Begin Date: [calendar]
 Requested End Date: [calendar]
 Certification Issue Date: [calendar]
 Approved Begin Date: [calendar]
 Approved End Date: [calendar]

⊖ Patient Event Trace Number
 ⊖ Associated Paperwork

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⊖ Notes
 ⊖ Diagnosis

8. Health Care Services Review Information is next. The fields are auto-populated and **NO** entry is required.

NOTE: User cannot edit or change data.

9. 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.

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⊖ Notes

Notes
 [text area]
 264 Characters Remaining

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⊖ Diagnosis

Diagnosis

Seq#	Diagnosis Code	Diagnosis Date	Diagnosis Type
1	[dropdown]	[calendar]	[dropdown]
2	[dropdown]	[calendar]	[dropdown]
3	[dropdown]	[calendar]	[dropdown]
4	[dropdown]	[calendar]	[dropdown]
5	[dropdown]	[calendar]	[dropdown]
6	[dropdown]	[calendar]	[dropdown]

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)

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Service Line Item Information

Service Line Summary

LI	Service ID Qualifier	Service Code	Modifiers	Approved Begin Date	Approved End Date	Approved Amount	Approved Units	Certification Action
No Data								

Add Services Detail [Save] [Additional Line Info] [Reset] [Cancel]

Service Level: SV1 (Professional Service)
 Certification Issue Date: [calendar]
 Certification Action: [dropdown]
 Review Decision Reason: [dropdown]

*Service Qualifier: HC Fin Admin Common Proc Coding Sys
 *Service Code From: [dropdown]
 Modifiers: [dropdown]

Service From Description: [text]
 Service Code To: [dropdown]
 Service To Description: [text]

Requested Begin Date: [calendar]
 Requested End Date: [calendar]
 Requested Amount: [text]
 Requested Unit(s): [text]

Approved Begin Date: [calendar]
 Approved End Date: [calendar]
 Approved Amount: [text]
 Approved Unit(s): [text]

Service Description: [text]

⊖ Line Item Diagnosis

12a. Rentals and Misc. Codes require additional info. Click **Additional Line Info** in the upper right corner to open.

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

12b

12c

Service Authorization Additional Line Information

Amount/Unit Activity

Approved Units - Used Units = Remaining Units

Approved Amount - used Amount = Remaining Amount

Durable Medical Equipment

Serial #

Acquisition Cost \$

MSRP \$

Monthly Rental Charge \$

Condition New Used

MMIS Reject Reasons

MMIS Reject Reasons

No Data

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**.

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Line Item Servicing Provider

Line Item Servicing Provider Summary

Medicaid ID Other Provider ID Other Provider ID Type Taxonomy Entity Code Entity Type Provider Name

No Data

Add Line Item Servicing Provider

Add Line Item Servicing Provider

Entity Code Service Provider Entity Type Person Medicaid ID Other Provider ID Other Provider ID Type

Taxonomy Code Provider Code

Additional Line Item Servicing Provider Information

Contact Information

Additional Line Item Servicing Provider Supplemental Identification

Line Associated Paperwork

Note

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**.

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Health Care Services Review Information

Request Category Certification Type Service Type

Health Care Service Location Information

Facility Type Facility Type Qualifier

Level of Care

Is the Service Associated EPSDT?

Yes No

Health Care Services Delivery

Service Level Trace Number

Reject Reasons

Submit Save Copy Reset Cancel

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

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

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Submit Authorization Request Print | Help - □

Service Authorization ID: W0123456789

Your service authorization has been successfully submitted. Please print and attach this sheet to the front of any additional documentation required.

Service Authorization Information

Submitter ID: FLASTNAME	Line Item Detail			
Date Of Service: Jun 25, 2013 Jun 28, 2013	Svc Cd	Description	Requested Cost/Units	SA Line Item Status
Service Authorization ID: W0123456789	T1019	Personal care ser per 15 min	12.0	Pended
Member ID: ND0123456789	1 - 1 of 1			
Provider ID: 0123456789				
Status: Pended				
Submission Date/Time: 06/25/2013 6:05:51 AM				

Mailing Address

Please send additional documentation to the following address.

ND Department of Human Services
600 E Boulevard Avenue
Department 325
Bismark, ND 58505-0250

NOTE: This is a sample of a **Submit Authorization Request** developed for training purposes only, the information shown is not 'real' data.

Print Submission Page
Submit Another SA
SA Main Page

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

Print this sheet 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**

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



MMIS ATTACHMENT COVER SHEET
 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 required information:

- 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)

<input type="checkbox"/> Claim	Transaction Control Number (TCN)	Fax To: 701-328-0374
<input type="checkbox"/> Service Authorization (SA)	Service Authorization (SA) Number	Fax To: 701-328-1544
<input type="checkbox"/> Referral	Referral Number	Fax To: 701-328-1544
<input type="checkbox"/> 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:
<http://www.nd.gov/eforms/forms.aspx?type=p&agency=3250>