North Dakota Medicaid SCHIP Dental Network Changes for 2018

As of January 1, 2018, all providers, pharmacies, suppliers and transportation providers must be enrolled with the ND Department of Human Services (Department) Medicaid program to receive payment from Delta Dental of Minnesota for any claims specific to North Dakota (ND) Medicaid SCHIP Dental recipients. Please note that the traditional Medicaid program, and the program administered by Delta Dental (known as North Dakota Medicaid SCHIP Dental), operate under different systems. Federal law [42 CFR §438.602(b)] requires Managed Care Organizations (Delta Dental) to confirm enrollment with the Department prior to payment for dates of service after January 1, 2018.

If a provider is enrolled as a traditional Medicaid provider, there is no requirement for a new application. The Department will add the Delta Dental SCHIP Dental network to your enrollment, via a roster provided by Delta Dental. No action is required if you are currently an enrolled and active provider with traditional Medicaid and contracted with Delta Dental. If a provider is not enrolled as a traditional Medicaid provider, an application will be required.

<u>Step 1</u>

Determine enrollment status with ND Medicaid.

To determine if a provider is enrolled with traditional Medicaid, staff can check the State's directory by visiting: <u>https://mmis.nd.gov/portals/wps/portal/EnterpriseHome</u>.

Under Quick Links select "Find a Healthcare Provider."



North I	Dakota MM	IIS Web	Portal			Skip Navigation Contact Us Help Se
Home	Program 🕨	Member 🕨	Provider 🕨	Documentation >	Directories >	
Find a Healthcare P	rovider					Print Help =
Search for a provid	der using any o	f the follow	ring criteria:	Name, Provider Typ	e, Provider Speci	ialty, Gender, Language, or Location. Please note that no fields are mandatory, but at least one field must be entered.
Provider Name 9	Search					
Disclaimer: The providers display	yed as a result o	f this search	are currently e	enrolled to participate	in the North Dako	ta Medicaid Program but they may not be accepting new patients at this time. The information contained on the search results page is current as of the date generated, but can change at any time.
						tters of the last name of the provider or practice below. If you spell the entire name, please be sure to spell the name correctly, as the system will be looking for an exact match to what you entered. To narrow the the Search button when you have entered the search criteria.
Last Name or Practic	ce Name			First	Name	
\bigcirc Starts With \bigcirc	Phonetic			0	Starts With \bigcirc Ph	netic

You may search for your providers within that area. The phonetic option does not display reliable results so you should use the correct "starts with" information. I typed in Baker as a last name above and 18 records match and the first three are displayed. To advance to the next page of results, click on the page number in the bottom right corner.

SEARCH RESULTS					
Name 🗘	Provider Type 🗘	Address	Phone Number	Distance From Location 🗘	Мар
Baker Drug Co	Supplier	104 S. Main ST, Baker, MT 59313		NA	Map
Baker Family Medicine, PC	Ambulatory Health Care Facilities	4401 Coleman St, Bismarck, ND 58503		NA	Map
BAKER SR, KENNETH W	Qualified Service Provider	7698 EMPHRAIM HILL RD E, ST MICHAEL, ND 58370	7017664167	NA	Map
1 - 3 of 18					123

*if an enrolled provider indicated they do not want to be part of a published directory they will not show up during this search. If a provider indicated they are enrolled and you can't find them, have them email <u>dhsenrollment@nd.gov</u> for them to check on their enrollment.

Step 2

Already Enrolled:

No application is needed. Once informed that the individual or group provider is contracted with the MCO, ND Medicaid will add the MCO network to the enrolled record. Please submit ND Medicaid SCHIP Dental claims for payment processing to Delta Dental of Minnesota. Note that Enrollment with the state of North Dakota does not guarantee claims payment.

<u>Step 3</u>

Not Enrolled:

<mark>An application is needed</mark>. Submit the online application and the required documents to the Department. <mark>There</mark> must be an approved group (facility) enrollment prior to submitting and affiliating individual applications.

When you are submitting an application for an MCO provider, please indicate in the online application that they are enrolling as part of an MCO as indicated in the directions below. <u>If you do not include this in the</u> <u>online application, your application and documentation will be treated as a traditional Medicaid enrollment</u> <u>only.</u>

Indicating App is for MCO only

MCO ONLY: When filling out the online application, you will come to an Affiliation section. Please use "MCODD" as the provider ID number and "MCODD" as the provider name. This will allow us to see the application is being submitted for an MCO enrollment only and process accordingly. The Effective Date can be the date you are filling out the application, however enrollment staff will change all effective dates to 01/01/2018 (unless the application is received after 1/1/2018).

	Add Affiliation
Name of Individual Practitioner 🗘	Effective Date of Affiliation 🗘
MCODD	01/01/2018

Continue>> Reset Save Exit Applicati

Indicating App is for MCO & Traditional Medicaid

MCO & Traditional Medicaid Individual Enrollment: First, to indicate the enrollment is for the Delta Dental SCHIP Dental Network, use "MCODD" as the provider ID number and "MCODD" as the provider name in the affiliation section. Next, to indicate the enrollment is also for traditional Medicaid, add the group billing provider's ND Health Enterprise (Medicaid number) number and name. Type in the Medicaid billing provider's name and 7 digit Health Enterprise (HE) number (for example: 141111). If the name and Health Enterprise number of the traditional Medicaid billing provider are not included, staff will not know what traditional Medicaid billing provider's 7 digit HE number please contact the billing provider for that information. Include the desired claim submission effective date for the traditional Medicaid enrollment. The MCO enrollment effective date will be 01/01/2018, unless the application is received after 01/01/2018. Please refer to the applicable attached checklist.

The Screenshot below is an example of where the required information will go in the online application for an MCO and traditional Medicaid Individual enrollment:

North Dakota Provider Number 🗢	Effective Date 🗘	Participating PCP 🗘
MCODD	01/01/2018	
	01/01/2010	N
MEDICAIDID	08/22/2017	Ν
	MEDICAIDID	MEDICAIDID 08/22/2017

MCO & Traditional Medicaid Group (facility) Enrollment:

- 1. To indicate the enrollment is for MCO, use "MCODD" as the provider ID number and "MCODD" as the provider name in the affiliation section.
- 2. To indicate the enrollment is also for traditional Medicaid:
 - a. If any of the traditional Medicaid individual providers are already enrolled with ND Medicaid:
 - Type in the individual provider's actual Name and 7 digit HE ID number (such as 141111). If the actual name and ID # of the individual provider are not included, staff will not know what provider is being affiliated with your billing facility.
 - ii. If you do not know the individual provider's 7 digit HE ID number, in the name field type the provider's name and NPI.
 - b. If the billing provider does not have any individual providers enrolled with ND Medicaid, type "FFS" for the Name and "FFS" for the Provider Number in the affiliation section. (For purposes of this effort, FFS represents traditional Medicaid).
- 3. Once the application is approved, individual providers will need to be enrolled or affiliated:

- a. If the individual providers are not enrolled, submit an online application and the required documents for their provider type.
- b. If the individual providers are enrolled, and they are traditional Medicaid providers, submit an Affiliation Form (SFN 1330: <u>https://www.nd.gov/eforms?sfntitle=1330</u>) to link the individual to your billing group. Submit a current license, DEA (if applicable), and Provider Agreement (SFN 615: <u>https://www.nd.gov/eforms?sfntitle=615</u>) along with the Affiliation Form. Affiliation paperwork is not required for individuals who wish to only be associated with an MCO and are not enrolling in the traditional Medicaid program.

In order for a provider to enroll, providers will need to complete & submit the following:

- Group or Individual Online Application
- Medicaid Program Provider Agreement
- Checklist with the required documentation for their Provider Type

Before filling out the online application, please use the following link to obtain the Online Application Guide (provides assistance with completing the Online Application), Required Document Checklist for their Provider Type, and SFN 1168 Notes (Group applications only – provides assistance with the SFN 1168 Form which is required for all Group applications):

http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-app.html.

To begin the Online Application, use the following link – click either "Group Provider Enrollment" or "Individual Provider Enrollment":

https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment.

The Department will automatically mail a variety of documents once you've successfully submitted your application. You are not considered to have an approved application until you receive the application approval letter which includes a system assigned Health Enterprise number.

If you experience issues during the enrollment process, please contact Department enrollment staff at <u>dhsenrollment@nd.gov</u>.

Once enrollment is approved by the State of North Dakota, please submit ND Medicaid SCHIP Dental claims for payment processing to Delta Dental of Minnesota. Note that Enrollment with the state of North Dakota does not guarantee claims payment, and does not exempt a provider or facility from the credentialing requirements of Delta Dental.