



North Dakota Medicaid Provider Newsletter

March 2023

This time of year, it's good to heed author Hal Borland's reminder: no winter lasts forever, no spring skips its turn.

A sincere thank you to each and every one of you for being a ND Medicaid provider and serving Medicaid members.

If you have any suggestions for future articles, please send your ideas to dhsmed@nd.gov. Let us know if there are ways to make this more informative or usable!

In this edition, you can learn about:

- How you can help keep Medicaid members from losing coverage,
- Medicaid coverage for sports physicals,
- Autism-related engagement opportunities and
- How to apply for membership with the Medicaid Medical Advisory Committee.



You can help keep Medicaid members from losing coverage

During the COVID-19 pandemic, the federal government temporarily stopped some Medicaid requirements and conditions to help people from

losing their health coverage.

Beginning in April 2023, North Dakota is required to begin reviewing eligibility for people whose coverage was extended due to the COVID-19 public health emergency to make sure they still qualify.

We have created a [Medicaid Renewals - Stay Covered ND webpage](#) to give members, providers and other stakeholders information on what they need to do to prepare.

When working with Medicaid members, encourage them to reach out to us to make sure we have their correct contact information. This is important as we may need to contact them about their coverage.

The webpage has information on how to do this along with other resources, including a recording of a recent stakeholder meeting.

The webpage will be updated with posters, flyers, video and other resources in the near future, so check it often.



Medicaid coverage for sports physicals

ND Medicaid now covers sports physicals as of Jan. 1, 2023. The new sports physical code that is covered by ND Medicaid is CPT© code 99429 along with ICD-10 code Z02.5.

Details are available in the [Medicaid General Information for Providers Manual](#) – see page 132. This is a preventive code and does not require a primary care provider referral.

How can providers help?

Many children go several years between checkups - especially if your patient is a teenager. That's why we encourage scheduling a sports physical within a Health Tracks/Well-Child check.

When a family calls your office for a sports physical, encourage them to schedule a Well-Child visit. This provides the benefit of having preventive services while meeting all requirements of a sports physical.

Learn more on the [Health Tracks webpage](#).



Effective January 28, the respiratory syncytial virus (RSV) season offset criteria has been met.

Season offset is defined as the last of two consecutive weeks when percentage of positive Polymerase Chain Reaction (PCR) tests for RSV is less than 3%, as reported to the Centers of Disease Control and Prevention. The RSV season is identified using data reported by the [National Respiratory and Enteric Virus Surveillance System Midwest Region](#).

No further prior authorization requests will be approved. Current Synagis authorization end dates are not impacted.



Service authorizations number reminder

The service authorization number must be listed on the claim when submitting for reimbursement. Only one (1) service authorization number can be submitted per claim.



Civil Monetary Penalties (CMP) Liability for employing or contracting

with an excluded individual or entity

If a health care provider arranges or contracts with (by employment or otherwise) an individual or entity who is excluded by the Office of Inspector General (OIG) from program participation for the provision of items or services reimbursable under such a federal program, the provider may be subject to a civil monetary penalty (CMP) liability if they render services reimbursed, directly or indirectly, by such a program.

Violations may result in:

- CMPs of up to \$10,000 for each item or service furnished by the excluded individual or entity and listed on a claim submitted for federal program reimbursement,
- Assessment of up to 3x the amount claimed, and
- Program exclusion.

For liability to be imposed, the statute requires that the provider submitting the claims for health care items or services furnished by an excluded individual or entity "knows or should know" that the person was excluded from participation in the Federal health care programs (section 1128A(a)(6) of the Act; 42 CFR 1003.102(a)(2)).

Providers and contracting entities have an affirmative duty to check the program exclusion status of individuals and entities prior to entering employment or contractual relationships, or run the risk of a CMP liability if they fail to do so.

(Reference: OIG, Updated Special Advisory Bulletin, May 2013, The Effect of Exclusion From Participation in Federal Health Care Programs)

To see if a provider has been excluded, check out this [website](#):



Sharing protected health information through email

ND Medicaid staff receive emails from providers containing protected health information (PHI) that are not sent using secure and encrypted methods.

Standard email is not considered a secure and encrypted method for sharing PHI.

Although a patient's medical record number or a unique patient identifier that excludes the person's name is being shared/mailed, a signature line or email address may contain a second identifier such as the health care organization, which would provide enough information to potentially identify a patient.

To safeguard PHI, we strongly encourage the utilization of secure, encrypted email out of an electronic health record, if one exists, or request a secure email link from ND Medicaid.

**NEW
CUSTOMER
SUPPORT
CENTER**



HHS and human service zones launch new customer support center and announce redesign to simplify access to Medicaid and more

North Dakota Health and Human Services (HHS) wants our partners to be aware of changes simplifying access to Medicaid and financial help programs and encourages partners to share details with those they serve.

Connecting people to Medicaid is now easier and more efficient. Experienced staff from the 19 human service zones across the state have begun working together as a coordinated team to determine eligibility and serve people more quickly.

NEW Customer Support Center

North Dakotans can now get answers to questions, report changes and get help applying for Medicaid and other financial help programs through a new Customer Support Center by calling toll-free (866) 614-6005, 711 (TTY), Monday - Friday, 7 a.m. - 6 p.m. Central Standard Time.

In addition, Medicaid members and new applicants can now send their information to one fax number (701) 328-1006, one email applyforhelp@nd.gov and one mailing address:

Customer Support Center, PO Box 5562; Bismarck, ND
58506.

NEW Enhanced Self-Service Portal

For Medicaid members and applicants who prefer to access services online, HHS has also enhanced the self-service portal applyforhelp.nd.gov. It's mobile friendly, and people can more easily apply, update their information, and view notices from their cell phone or device. Trusted partner agencies can also use the portal to help North Dakotans apply.

Individuals can still apply for Medicaid in person at a [local human service zone office](#).



Seeking comments on the Children's Hospice waiver until March 30

The Children's Hospice waiver started in 2010 and is designed to help families who have a child diagnosed with a life limiting condition of less than a year. The waiver provides multiple services to a child with a life limiting diagnosis and their families. Services available include case management, respite, nursing, hospice, palliative cares, grief and expressive counseling. These services are designed to assist the family in dealing with the diagnosis and the

emotions a family has to deal with when preparing for the possible death of their child.

In addition, the program makes it possible for a family to continue to explore curative measures at the same time they are utilizing hospice services within their home.

To enroll in this program a child must have a “life limiting” diagnosis of less than one year, meet nursing home level of care and be eligible for Medicaid (looking at the child’s identified income).

For more information on how to provide public comment, see the [press release](#) or can contact Katherine Barchenger at 701-328-4630.



**Seeking service
management for children
and families through the**

Autism Spectrum Disorder (ASD) waiver

The Autism Spectrum Disorder (ASD) waiver needs service managers for children and families who have an autism diagnosis.

The role of a service manager is to assist participants in gaining access to waiver and state plan services as well as medical, social, educational and other services, regardless of the funding source.

The service manager will also develop the overall participant service plan with the assistance of the participant and caregiver, and complete two home visits per year to address health, welfare and safety requirements of waiver.

To become a service manager, an agency must enroll as a provider through the Medicaid Management Information System (MMIS). An individual providing the service must hold a degree in one of the following: social work, psychology, occupational therapy, physical therapy, child development and family science, communication disorders (includes audiology or speech pathology), special education, sociology, elementary education and have two years of experience working with children with autism or related conditions, or a master's degree in counseling, psychology or a doctorate in medicine. A person with five years of experience working with children with autism also qualifies if they have a certification or other national or state designation of expertise in autism.

The service may be approved for up to 16 hours a month at a current rate of \$14.82 per 15-minute unit. To obtain further information, visit the

[autism services webpage](#) or contact Katherine Barchenger at 701-328-4630.



Meeting schedule for the North Dakota Autism Spectrum Disorder Task Force

The Autism Spectrum Disorder Task Force examines early intervention and family support services for individuals with autism spectrum disorders to help them remain in their homes and communities.

The task force consists of individuals appointed by the governor. Task force members are listed on the state [Boards and Commission website](#) - under Autism Spectrum Disorder Task Force.

Members include:

- Educators
- A legislator
- A self advocate
- Family members of persons with an autism spectrum disorder
- An enrolled member of a federally recognized tribe
- Others

The task force was created by the N.D. Legislature in 2009 and meets four times per year.

2023 Task Force Meetings

- Monday, Feb. 27 from 2 to 5 p.m. - Virtually using Microsoft Teams

- Monday, May 22 from 2 to 5 p.m. - Virtually using Microsoft Teams
- Monday, Aug. 28 from 2 to 5 p.m. - Virtually using Microsoft Teams
- Monday, Nov. 27 from 2 to 5 p.m. - Virtually using Microsoft Teams

Learn more on the [task force's webpage](#).



**North Dakota Medicaid
Medical Advisory
Committee (MMAC) is
looking for a new member!**

The MMAC must include board-certified physicians and other representatives of health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care.

Other members of MMAC may include: members of consumers' groups, including Medicaid beneficiaries, and other consumer organizations such as labor unions, cooperatives, and consumer sponsored prepaid group practice plans.

MMAC meets in a virtual format four times per year. Meetings are currently scheduled from 3-5 p.m. CT. MMAC had its first quarterly meeting February 28. The remaining meetings are:

- Tuesday, May 23 - 3 to 5 p.m. CT - Virtually via Microsoft Teams
- Tuesday, Aug. 22 - 3 to 5 p.m. CT - Virtually via Microsoft Teams
- Tuesday, Nov. 21 - 3 to 5 p.m. CT - Virtually via Microsoft Teams

Meetings are open to the public.

If you are interested in serving on the MMAC committee for a four-year term as an individual representative or on behalf of an organization, please send an email to [Mandy Dendy](mailto:Mandy.Dendy) no later than May 16, 2023 with the following information:

- 1) Briefly describe yourself/MMAC nominee (what your/the nominee's interest or experience with ND Medicaid is); and
- 2) Explain why this person should be a MMAC member (what makes you or the nominee a good fit for the MMAC in your opinion).

More information can be found on the [MMAC webpage](#).



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