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# Newsletter

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**TO:** All Providers – **For Action**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** **Frequently Asked Questions (FAQs) Regarding the Division of Developmental Disabilities (DDD) Support Program**

**EFFECTIVE:** Immediately

**PURPOSE:** To provide NJ FamilyCare (NJFC) fee-for-service (FFS) providers with responses to frequently asked questions regarding a decision by the New Jersey Division of Medical Assistance and Health Services (DMAHS), in cooperation with the New Jersey Division of Developmental Disabilities (DDD), to establish a new Medicaid waiver demonstration through which adults with intellectual and developmental disabilities who live in a community setting can access DDD-funded community-based services.

**BACKGROUND:** On July 1, 2015, the New Jersey Division of Developmental Disabilities introduced the DDD Supports Program. DDD Supports is a Medicaid waiver demonstration through which adults 21 years of age and older with intellectual and developmental disabilities who live in a community setting can access Division-funded services. A Support Coordinator is responsible for developing and maintaining an Individual Service Plan (ISP) with the individual, the individual's family, and other team members designated by the individual. The Support Coordinator is also responsible for the ongoing monitoring of the provision of services included in the ISP. An individual or his/her family can learn more about accessing Support Coordination Services by visiting [http://www.state.nj.us/humanservices/ddd/services/support\\_coordination.html](http://www.state.nj.us/humanservices/ddd/services/support_coordination.html).

For additional information regarding DDD requirements, please see the Medicaid/DDD Newsletter Volume 25, No. 07, dated July 2015. The Newsletter can be accessed on-line at [www.njmms.com](http://www.njmms.com).

**ACTION:** **Claims for DDD-funded community-based services rendered under the Supports Program with service dates on or after July 1, 2015 must be submitted to Molina Medicaid Solutions for FFS payment consideration.** In response to feedback

received from providers, DDD has compiled a list of Frequently Asked Questions (see attachment) which may be helpful to providers participating in the DDD Support Program.

**IMPORTANT NOTE: The term ‘rendering provider’ and ‘servicing provider’ are interchangeable. Since the servicing provider ID is reported in the ‘Rendering Provider ID’ field on claims, the term ‘rendering provider’ is used throughout the FAQs.**

If there are any policy questions regarding this Newsletter, please forward these questions to the DDD Support Program Help Desk at [DDD.SuppProgHelpDesk@dhs.state.nj.us](mailto:DDD.SuppProgHelpDesk@dhs.state.nj.us). If there are any questions regarding the submission of FFS claims, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**

# NEW JERSEY DIVISION OF DEVELOPMENTAL DISABILITIES

## FREQUENTLY ASKED QUESTIONS

### PROVIDER ENROLLMENT

#### 1. Why do we need to request a NPI for each service location?

**Response:** In accordance with 10:49-3.3 (a) and (b), all providers participating in the Medicaid or NJ FamilyCare program must identify all locations from which they are providing services to Medicaid or NJ FamilyCare beneficiaries. Each location must comply with provider participation requirements and be assigned a separate provider number. Services rendered at a location not approved for participation are not eligible for Medicaid or NJ FamilyCare reimbursement.

Generally, in order to relieve billing providers of responsibilities to request a unique Medicaid provider ID for multiple service locations, billing providers are required to utilize the National Plan and Provider Enumeration System (NPPES) to request National Provider Identifiers for each of their service locations. The NPI will be verified using the NPPES file during the provider enrollment process. It is also important to note that the 10-digit NPI is recognized as the provider identifier in all HIPAA 837P claim transactions as well as hardcopy claims submitted using the CMS 1500 claim form.

#### 2. What is a combined provider application?

**Response:** DDD, in cooperation with the Division of Medical Assistance and Health Services (DMAHS), created a combined provider application allowing an applicant to request both their enrollment in Medicaid and approval as a DDD provider.

#### 3. How do I request a combined provider application?

**Response:** Instructions regarding completion of the combined provider application may be found on the DDD website @ [http://www.nj.gov/humanservices/ddd/programs/supports\\_program.html](http://www.nj.gov/humanservices/ddd/programs/supports_program.html). DDD established a Provider Portal found on the website. Once the Portal is accessed, applicants are instructed to complete a series of steps which lead to the download of a combined provider application. After entering the website, an applicant should select the following while navigating the website:

- ***Provider Portal***
- ***Combined Application***
- ***Apply Through Medicaid***
- ***Complete/Print the Service Selection Process to obtain a Verification Code***
- ***Download Application (Final Step)***

The combined provider application is submitted to Molina Medicaid Solutions for processing by its Provider Enrollment Unit. After the DDD portion of the combined provider application has been pre-approved, the applicant will be contacted by DDD regarding fingerprinting and background checks.

#### **4. The application is asking for a verification code. Where can I find this?**

**Response:** As part of the *Service Selection Process* found within the Provider Portal, an applicant will be requested to choose the service(s) that they intend to provide. To complete the selection process, the applicant must move their selection(s) from the left box to the right box. Once the applicant has completed their selection(s), the Portal will request that an applicant print/save their selection(s). The *Required Document Checklist* that displays has the verification code printed on the top left corner of the *Document*.

#### **5. What is my 'Medicaid Provider Number' requested in the combined provider application?**

**Response:** Providers approved to participate in the DDD Medicaid Program are assigned a 7-digit Medicaid Provider ID Number. This is not the NPI number. If you are already a Medicaid provider, you would enter your Medicaid Provider ID Number on the application. If you are not a Medicaid provider, leave this field blank. Medicaid assigns a Medicaid Provider ID Number once an applicant is approved by the State. For Direct Data Entry (DDE) and paper claims, the Medicaid Provider ID Number is the Billing and Rendering Provider ID Number reported on claims for certain community-based services unrelated to service location. It is important to note that the Medicaid Provider ID Number is not reported on HIPAA claims (837P transactions), only the NPI.

#### **6. Do I have to sign the Business Associate Agreement?**

**Response:** Yes, DDD is the covered entity and you, the agency, is the Business Associate. In addition, the FD-62 agreement between the provider and DMAHS must also be completed and signed by the provider.

#### **7. Why must we (the agency) list Administrative staff and Board members SSNs and birthdates in the application?**

**Response:** These are required by both State and federal regulations.

#### **8. A combined provider application was developed to offer agencies providing DDD services the opportunity to request Medicaid provider participation with DDD approval. What is the purpose of requesting a Medicaid Provider ID when billing providers have been instructed to obtain a unique NPI for each service location?**

**Response:** For claims processing purposes, the HIPAA 837P transaction requires that the billing provider report its NPI as the billing provider ID and its NPI as the rendering provider when requesting claim payments for community-based DDD services. For paper and Direct Data Entry (DDE) claims, both the Medicaid Provider ID and NPI must be reported for billing purposes.

#### **9. How may a DDD billing provider request NPIs for each of its service locations?**

**Response:** Providers may request a National Provider Identifier (NPI) for each service address by going to the National Plan and Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

**10. Are billing providers required to obtain a NPI for each type of service they administer?**

**Response:** No. Providers are not required to request a NPI for each service rendered by that provider. NPIs are only required for each physical service location within a billing provider's provider network.

**11. The combined Medicaid/DDD provider application includes a Statement of Intent. This Statement is intended to offer the provider applicant the opportunity to declare their specialty(ies) for approval by DDD. Why is this Statement of Intent important and what role does a specialty decision have on claims processing?**

**Response:** Medicaid home care providers, who are currently enrolled in NJ Medicaid, still must complete a new combined provider application when requesting DDD approval as a new DDD Provider Specialty. A currently-enrolled Medicaid provider will not be issued a new Medicaid provider ID. The Statement of Intent approved by DDD will allow currently-enrolled providers to participate in DDD as the new DDD Provider Specialty under its current Medicaid provider ID.

New applicants must complete a combined provider application regardless of the method of claim submission. If approved by DDD, the applicant will be issued a new Medicaid Provider ID Number which is reported when requesting Medicaid payments for DDD services on paper and DDE claims only. For HIPAA 837P transactions, only NPI numbers are reported.

**12. When am I required to complete a combined provider application?**

**Response:** The decision to submit a combined provider application is determined, in part, on whether (1) a provider is currently or not currently enrolled in Medicaid; (2) a service is being rendered in the community or at a service location; and (3) a provider has simply decided to render services under a new provider specialty. Below are some Examples of possible scenarios.

**Example 1:**

Main Street Social Services, not currently enrolled in Medicaid as a home care provider, operates six licensed group homes each requiring DHS licensure. Main Street Social Services must submit a combined provider application to request a NJ Medicaid Provider ID Number and to report a unique NPI for each group home location

If Main Street Social Services was currently enrolled as a NJ Medicaid home care provider, a combined provider application is still required. In addition to providing DDD any required supportive documentation, the combined application is required to report the NPI for each group home location. In this example, Main Street Social Services would have one NJ Medicaid Provider ID Number and an NPI for the agency and for each group home location.

**Example 2:**

Saturn Community Social Services delivers social services to clients in the community. Saturn is not currently enrolled in NJ Medicaid as a home care provider. To participate in the DDD program, Saturn would need to complete a combined application. If approved by DDD, Saturn would be assigned a NJ Medicaid Provider ID Number. In this example, Saturn would only have one Medicaid Provider ID Number and one NPI.

If Saturn was currently enrolled in NJ Medicaid as a home care provider, they could request the addition of a DDD provider specialty by completing a combined provider application, including the **Statement of Intent**. Saturn would not need a new Medicaid Provider ID Number or any additional NPIs.

### 13. How do report NPI Numbers on DDD claims?

Under **Example 1**, for **paper and DDE claims**, the NJ Medicaid Provider ID Number for Main Street Social Services is reported in both the Billing and Rendering Provider ID fields. The Main Street Social Services' NPI is reported in the Billing Provider NPI field and **the NPI of the group home that provided the service is reported in the Rendering Provider NPI field**.

For **HIPAA claims**, the NJ Medicaid Provider ID Number is not reported. The Main Street Social Services' NPI is reported in the Billing Provider NPI field and the NPI of the group home that provided the service is reported in the Rendering Provider NPI field.

Under **Example 2**, for **paper and DDE claims**, the NJ Medicaid Provider ID Number for Saturn Community Social Services is reported in both the Billing and Rendering Provider ID fields. The Saturn Community Social Services' NPI is reported in the Billing and Rendering Provider NPI fields.

For **HIPAA claims**, the Medicaid Provider ID Number is not reported. Saturn Community Social Services' NPI is reported in both the Billing and Rendering Provider NPI fields.

### 14. I am enrolled in Medicaid as ABC Visiting Nurses, a nursing agency. How will I bill when I have multiple NPI numbers? Do I have to fill out a combined provider application for each site/location/office?

ABC Visiting Nurses currently has an office in each of the 21 NJ counties and is currently enrolled in Medicaid as a home care provider, having a unique Medicaid Provider ID Number for each office. Therefore, there are 21 different Medicaid Provider ID Numbers currently assigned by Medicaid to ABC Visiting Nurses. In this example, each office is considered a unique Medicaid provider. Each of these providers could choose to participate in a DDD program since each office has a unique Medicaid Provider ID Number. These providers do not need to obtain additional NPIs. Since they already have a unique Medicaid Provider ID Number, each office could request the addition of a DDD specialty by completing a new combined provider application.

ABC Visiting Nurses has a unique Medicaid Provider ID Number for each county office. In this example, the assigned Medicaid Provider ID Number will be reported as both the Billing and Rendering Provider ID Number on **paper and DDE claims**. The provider's NPI is to be reported in the Billing and Rendering NPI fields on **paper and DDE claims**. For **HIPAA claims**, the Medicaid Provider ID Number is not reported. The Provider's NPI would be reported on HIPAA claims as the Billing and Rendering NPI.

**15. What rules apply to prior authorizations issued for DDD services?**

**Response:**

- A prior authorization approval is required by DDD prior to providing any DDD service.
- To ensure that a service provider can receive payment for the services being provided, a prior authorization (PA) must be obtained **before** the service is delivered. Molina Medicaid Solutions must receive a prior authorization from DDD **before** a claim will be considered for payment. PA only confirms that DDD has determined a service to be
- necessary and is not a guarantee of payment.
- A PA will be assigned upon the approval or modification of services requested in the ISP and automatically assigned for **each week of service.**
- The prior authorization (PA) shall include a prior authorization number, recipient ID number, provider ID number, service type, number of approved units, status of the PA request and the authorized period 'from'/'through' dates.
- Molina Medicaid Solutions will send a PA confirmation letter to providers whenever a PA request is authorized, denied or suspended. The most current authorized PA number for a specific procedure code and service date(s) supersedes any prior authorizations issued by DDD for the same procedure code and service date(s).

**16. How will DDD agencies be advised regarding DDD prior authorization decisions?**

**Response:** A service detail report sent from DDD to a rendering provider's contact email address by secure email includes updated service delivery information. In addition, providers shall receive a prior authorization letter from the New Jersey Division of Medical Assistance and Health Services (DMAHS) confirming that a prior authorization decision issued by DDD has been captured by the claims processing system. It is important to note that prior authorization is not a guarantee of payment. Although a provider should proceed with delivery of a service authorized by DDD, additional edits may apply as part of the claims adjudication process that may impact coverage and/or payment.

**17. What relationship has been established between Molina Medicaid Solutions and DDD for the purpose of communicating prior authorization decisions?**

**Response:** DDD communicates prior authorization decisions directly to Molina Medicaid Solutions by a batch transaction file. Service detail reports securely sent to providers by DDD directly reflect these decisions. Medicaid prior authorization letters reflect these decisions after they are loaded into the NJMMIS.

**18. What is the importance of the DMAHS prior authorization letter?**

**Response:** The DMAHS prior authorization letter confirms that a prior authorization decision issued by DDD has been captured by the claims processing system and is

justification for federal funds to be used for payment of the DDD-authorized service. The DMAHS letter also serves as notice of a fair hearing opportunity should this be needed on behalf of a beneficiary. DMAHS delegates authorization responsibility to DDD. The service detail report sent by DDD to a rendering provider's contact email address by secure email includes updated service delivery information.

## CLAIMS PROCESSING

**19. What Error Codes should providers expect to receive from the New Jersey Medicaid Management Information System (NJMMIS) when a prior authorization has been exceeded?**

**Response:**

**Error Code '0717'** will post and deny claim payments for DDD services when the prior authorization units or dollars has been exceeded or exhausted.

**Error Code '0770'** will post and deny claim payments when a procedure code is billed and is not included in the prior authorization.

**Error Code '0772'** will post and deny claim payments when a provider is not authorized to provide a service.

**Error Code '0773'** will post and deny claim payments when a service date is not within the prior authorization period.

**Error Code '0774'** will post when a service requiring prior authorization is billed and no prior authorization is on file.

**20. If I have questions regarding the processing or payment of a claim, who should I contact?**

**Response:** If a provider has questions or concerns regarding a claim, they should contact Molina Medicaid Solutions, Provider Services at 800-776-6334. Providers should be prepared to provide Molina Provider Services the Internal Control Number (ICN) of the claim in question.

**21. What importance is placed on modifiers assigned to procedure codes? How should modifiers be reported on DDD claims?**

**Response:** Billing providers will immediately recognize that the modifier 'HI' is unique to the DDD. An additional second modifier has been assigned where required to ensure that a service is also uniquely identified as a DDD-covered service. The modifier order reported on claims has no impact on the adjudication process.

**22. Is there a source of information for providers to learn more about Molina Medicaid Solutions and the claim submission/payment process?**

**Response:** Providers may learn more about Molina Medicaid Solutions and the claim submission and payment process by visiting [www.njmmis.com](http://www.njmmis.com); selecting **Billing Supplement/Training Packets**; then selecting **Home Care Provider**; then selecting **DDD Supports Waiver Program Training Packet** and/or **Billing Supplement**.