

ND MMIS WEB portal Check Member Eligibility Training LAURA HOLZWORTH, MEDICAL SERVICES DIVISION



Be Legendary.

ND MMIS WEB portal Check Member Eligibility Training



Go to <u>https://mmis.nd.gov/portals/wps/portal/EnterpriseHome</u>

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Home Program Member Provider Documentation Directories



Welcome Print - 🗆	Provider Registration –	Quick Links _ 🗖	Sign In 🛛 🗕 🗆
Welcome to the North Dakota MMIS Web Portal. ND MMIS has established a scheduled maintenance window for calendar year 2019 from 9:00PM to 4:00AM Central Time on the 2nd Thursday of the month with the following exceptions: Jan 17, Apr 17, May 16, Nov 7, and Dec 19. During the maintenance window, the	To obtain a user id and password, Providers and Trading Partners must have an approved enrollment with North Dakota and have received their Provider or Trading Partner ID. Register	 FAQ Find a Healthcare Provider Benefits Overview Provider Enrollment Report Fraud & Abuse 	Log into the system based upon your role: Providers Internal Users

> Sign In - Provider



North Dakota MMIS Web Portal

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Ouisk Links	-	Provider					Described onin	
QUICK LINKS							ProviderLogin	
Enrollment		The Health	Enterprise Port	al is a state-of-the-art	t electronic health	care administration	log in by entering your U	of the portal, pleas liser ID and
Providermanuais EAO		system tha	t gives patients cess to bealth c	, doctors, pharmacists are information	s and other users (easy, secure and	Password.	
Billing Manuals		chicichic de					* Upor ID:	
Messages &							USEI ID.	
Announcements							* Password:	
News							Farrat Harr Name Pro	
Governor's Task For	ce on						Forgot User Name or Pas	sword ?
Access to Affordable	:							Login Reset
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exceptions: Jan 17, 17 May 16 Nov 7	Apr							
Dec 19. During the								
maintenance window	v, the							
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Drovider Documentation Directories

> Provider Login

USER ID and Password



North Dakota MMIS Web Portal

Home	Membe	er 🔻 Provider 🕨	Claims 🕨	EDI 🕨 A	uthorizations 🕨	My Account ▸	FES ▶			
	Check B	Eligibility								
Quick Links Print	Check V	Vision Eligibility Provider Message	Center							Print Heln - 🗖
										Delete
 Add Service Locati Trading Partner Enrollment 	ion	Status 🛟		Fro	m ‡	D	ate 🌻		Subject	:
 Provider Manuals Provider Inquiry/U 	pdate			YST	EM, SYSTEM	<u>0</u>	<u>9/02</u>		New Document for Online Viewing:	A
 Request Provider Training Desistantian 				YST	EM, SYSTEM	<u>01</u>	<u>3/26</u>		New Document for Online Viewing:	4
 Provider FAQ 				YST	EM, SYSTEM	<u>0</u> 8	<u>3/18</u>		New Document for Online Viewing:	<u>A</u>
 Provider Resource Messages & 	s			YST	EM, SYSTEM	04	<u>3/10</u>		New Document for Online Viewing:	<u>A</u>
Announcements 2 EFT Enrollment 2 ERA Enrollment										
News	- 0				If you are	e unable to view F	PDFs, plea	se downlo	ad Adobe Reader.	
Governor's Task Force Access to Affordable H Insurance	on Iealth									



• Check Eligibility

Ch	eck Eligibility												Print H
* R	equired Field												
	Eligibility Inq	uiry											
P	rovider ID	Provider Nam	ie	Payer ID	Payer Name North Dakota	Medicaid							
To 1. 2. 3. 4. Us	o inquire abou Member ID Date of Birth Last Name First Name Sie of member	t a specific me SSN, gender a	mber's el nd middle	ligibility, you n e initial is optic	nust enter at least onal.	3 of the follo	owing criteria:						
No	ote: If the Serv	ice From Date a	nd Service	To Date are left	blank, the dates w	ill be defaulted	l to current date.						
Me	ember Inform	ation											
	Member ID	Date of I	Birth	Last Name	First Name	MI	Gende	r SSN	Service F	rom Date	Service To Date	Service Type	Action
1							~					30-Health Benefit 🗸	• + 1
												Search	Reset

>Check Eligibility

- Eligibility Inquiry Must enter at least 3 criteria
 - ✓ Member ID
 - ✓ Date of Birth
 - ✓ Last Name
 - ✓ First Name

Member Information





>Member Information

- Member ID
- Date of Birth MM/DD/YYYY
- First Name
- Service From Date
- Service to Date
- Search

Search Results

Please click on a row to view the member's eligibility detail.

Member ID 🗘	Date of Birth 🗘	Last Name 🗘	First Name 🗘	MI 🗘	Gender 🗘	SSN ‡	Service From Date 🗘	Service To Date 🗘	Service Type Code 🗘	TPL 🗘
XXXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXX	Х	Х		03/01/2019	03/31/2019	30-Health Benefit	Y
1 - 1 of 1										

Search Results

Eligibility Confirmation			Print Help – 🗖
* Required Field			Close
Service From Date: 03/01/2019 Service Eligibility As of date: 03/01/2019 Eligibilit	To Date: 03/31/2019 y Status: Yes	Confirmation Number: 55912911 Last EPSDT Date:	
Member Information Name: XXXXXXXX Suffix: Street Address XXXXXXXX P.O.Box: XXXXXXXXX	Date of Birth: XXXXXXXX Date Date City: XXXXXXXXX State	e of Death:12/31/9999 Member ID e: XX Zip: XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Program Code 韋	Case Number 韋	Case Head Of Hous	sehold 🗘
04DF	XXXXXXXXX	XXXXXXXXXX	
1 - 1 of 1			

Eligibility Confirmation

- Service From Date
- Service To Date
- Confirmation Number
- Eligibility As of Date
- Eligibility Status

Eligibility Confirmation				Print Help – 🗆
* Required Field				Close
Service From Date: 03/01/2019ServiceEligibility As of date: 03/01/2019Eligibility	To Date: 03/31/2019 / Status: Yes	Confirmation Number: 5 Last EPSDT Date:	55912911	
Member Information Name: XXXXXXXXX Street Address XXXXXXXXX P.O.Box: XXXXXXXXX	Date of Birth: XXXXXXXXX D City: XXXXXXXXX S	Date of Death:12/31/9999 State: XX	Member ID: XXXXXXXXX Zip: XXXXXXXXX	
Eligibility Status				
Program Code 韋	Case Number 韋	Case I	Head Of Household 韋	
04DF 1 - 1 of 1	XXXXXXXXX	XX	XXXXXXX	

Eligibility Confirmation Member Information

- Member Name
- Date of Birth/Date of Death
- Member ID
- Street Address/PO Box
- City, State and Zip

Eligibility Confirmation			Print Help – 🛛
* Required Field			Close
Service From Date: 03/01/2019 Service Eligibility As of date: 03/01/2019 Eligibili	To Date: 03/31/2019 y Status: Yes	Confirmation Number: 55912911 Last EPSDT Date:	
Member Information Name: XXXXXXXX Suffix:	Date of Birth: XXXXXXXXX Date	of Death:12/31/9999 Member ID: XXXXXX	XXX
Street Address XXXXXXXX P.O.Box: XXXXXXXXX	City: XXXXXXXXX State	e: XX Zip: XXXXXXXX	
Eligibility Status			
Program Code 韋	Case Number 🜲	Case Head Of Household 韋	
04DF	XXXXXXXXXX	XXXXXXXXX	
1 1011			

Eligibility Confirmation Eligibility Status

- Program Code
- Case Number
- Case Head of Household

Eligibility Status								
Program Code 🗘		Case Number	;		Case Head Of Househ	old 🗘		
04DF		XXXXXXXXX			*****			
Benefit Plan								
Plan Description 🗘	Copay 🗘	Coinsurance 🗘	Base De	luctible 🗘	Remaining Deducti	ble 🗘	Plan From 🗘	Plan To 🗘
Medicaid Fee For Service	\$0.00	0%	\$0.00		\$0.00		03/01/2019	03/31/2019
Service Type								
			<u>Copay detai</u>	<u>s are available on DH</u>	I <u>S Website</u>			
Service Type Code 🗘	Service Type Code	Description 🗘	Service Type	Copay Copay	Coinsurance 🗘	Base Deductible	e 🗘 🛛 Remain	ing Deductible 🗘
) - 0 of 0								
Primary Care Provider								
Provider ID 🗘	Provider	Name 🗘	F	lan Description 🗘		Organizatio	n Name 🗘	
- 0 of 0								

_ E <u>IPL Spans</u> _							
Carrier ID 🗘	Carrier Name 🗘	Insurance Type	Policyholder ID \$	Policyholder Name 🗘	Policy Number 💲	Policy Begin Date 🗘	Policy End Date 🗘
						03/01/2019	03/31/2019
						03/01/2019	03/31/2019
						03/01/2019	03/31/2019
XXXXXXXXXXXX	MB		*****	*****	03/01/2019	03/31/2019	
						03/01/2019	03/31/2019
		M-Part D				03/01/2019	03/31/2019
1 - 6 of 6							
_ E Lock-in Spar	<u>15</u>						
Begin Date 🗘	End I	Date 🗘	Provider ID 🗘	Provider Na	ime 🗘	Lockin Type	\$
0 - 0 of 0				P			
Other Gener	al Information						
Is There Any Recipi Yes	ent Liability Involved?	Is there any Long Te No	erm Care involved?	Has the Recipient Liability Yes	Amount been met?	Recipient Liability Amour 0.00	nt

Choose a Different Member