1915(i) Billing and Claims
MMIS Web Portal Training

NORTH
Dakota Be Legendary.

Health & Human Services

2/1/24

MMIS Web Portal
Questions and Answers
Section at the End of Presentation

ND Health Enterprise Web Portal
1915(i) Claim Submission

ND Health Enterprise Web Portal link:
https://**mmis**.nd.gov/**portals**/wps/**portal**/EnterpriseHome

➢ **Sign In –** Select **Providers**

North Dakota MMIS Web Portal

Skip Navigation | Contact Us | Help | Search

Home | Program ▸ | Member ▸ | Provider ▸ | Documentation ▸ | Directories ▸

Quick Links

❯ Enrollment
❯ ProviderManuals
❯ FAQ
❯ Billing Manuals
❯ Messages & Announcements

News

Governor's Task Force on Access to Affordable Health Insurance.

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 system may not be accessible.

Provider

The Health Enterprise Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.

ProviderLogin

To access secure areas of the portal, please log in by entering your User ID and Password.

* User ID: [   ]

* Password: [   ]

Forgot User Name or Password ?

Login   Reset

➢ **Provider Login**
  • Enter **USER ID** and **Password**
    ✓ Initial login credentials provided by Medicaid Provider Enrollment upon enrolling as a provider of 1915(i) services

Manage Provider User Security:
https://www.nd.gov/dhs/info/mmis/docs/mmis-managing-user-security-qrg.pdf

> To Submit a Claim:
> - Select **Claims**
> - **Create Claims**
> - **Create Professional Claim**

➢ New Professional Claim
- **Is this a void/replacement?**
  - ✓ Defaults to "No."
  - ✓ Select "Yes" **<u>only</u>** if you are replacing or voiding a previously processed claim.

➢ New Professional Claim

- **Is this a void/replacement?**
  - ✓ Select "Yes" **only** if you are replacing or voiding a previously processed claim.
  - ✓ **Resubmission Type Code** – Select **Replacement** or **Void**
  - ✓ **TCN to Void/Replace** (TCN is Transaction Control Number)
    - o Enter TCN (17 digit claim number) that needs to be replaced or voided

➤ **Billing Provider**
- Enter **Taxonomy Code** (provider group taxonomy code)
- Enter **Tax ID** or **SSN Number** (provider group Tax ID)

> # Additional Billing Provider Information
> - **Entity Qualifier** - Select **Non-Person**
> - Enter **Org/Last Name, Address, City, State and Zip**

➤ **Is the Billing Provider also the Pay-To Address?**
- Defaults to "Yes"
- If Pay-To Address is **different**, select "**No**"
  - ✓ Complete the **Pay-To Address** section with the **Address, City, State, and Zip**

Is the Billing Provider also the Rendering Provider?
○ Yes ● No

Rendering (Performing) Provider

| Medicaid Provider ID | National Provider ID | Taxonomy Code | Location Number |

➢ **Is the Billing Provider also the Rendering Provider?**
- If provider group name is the same as the sole employee, select "Yes", otherwise select "No"
  - ✓ Enter Rendering Provider's (individual provider performing service) **Medicaid Provider ID**
    - Must be the Rendering Provider Medicaid ID for the program being billed
  - ✓ Enter **National Provider ID** (<u>individual</u> provider's 1915(i) NPI)
  - ✓ Enter **Taxonomy Code** (1915(i) taxonomy code)

Is this service the result of a referral?
○ Yes ● No

➢ **Is this service the result of a referral?**
- Defaults to "No"

➤ **Member Information**

- Enter **Member ID** (member's 9-digit ND Medicaid ID Number)
  - ✓ Must enter "ND" or "zeros" before 9-digit number
- Enter Member's **Last Name**
- Enter Member's **First Name**
- Enter Member's **Date of Birth**
  - ✓ Use format: MM/DD/YYYY
- Enter Member's **Gender**
  - ✓ F = Female
  - ✓ M = Male

➢ **Member Address**
- Enter Member's **Address, City, State and Zip**

Other Insurance Information

? *Does the member have other insurance?

○ Yes ● No

➢ **Other Insurance Information**

- **Does the member have other insurance?**
  - ✓ Select "**No**"
    - o 1915(i) services will not have any other insurance payment

Claim Information

- **Is this claim accident related?**
  - ✓ Select "**No**"
- **Service Authorization #**
  - ✓ <u>Must</u> be entered on the claim
  - ✓ Service Authorization Number starts with a "W" and is 10-digits
  - ✓ Submit only one Service Authorization Number per claim

➢ **Claim Note**
- **Not Required**
  - ✓ Provider may add any pertinent information in this section for the department to review.

> # Claim Data
>   - Enter **Patient Account #** (member's 9-digit ND Medicaid ID Number)
>   - Enter **Place of Service** (location where service was rendered)
>   o Common Place of Service Codes
>   ✓ 02 – Telehealth provided other than in patient's home
>   ✓ 10 - Telehealth provided in patient's home
>   ✓ 03 – School
>   ✓ 04 – Homeless Shelter
>   ✓ 11 – Office
>   ✓ 12 – Home
>   ✓ 18 – Place of Employment Worksite

> # CMS Approved List of Place of Service Codes
> https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

> # Claim Data
> - **Assignment Code** - Select "**Not Assigned**"
> - **Benefits Assignment Certification** - Select "**Not Applicable**"
> - **Release of Information Code** – Select "**Yes, Provider has signed statement**"

➤ **Diagnosis Codes**
- Defaults to "ICD-10"
- Enter **ICD-10 Code(s)** that service you are billing for pertains to
  - ✓ ICD-10 Codes can be found on the member's SFN 741 1915(i) Eligibility Application or Plan of Care.
  - ✓ If you have 3 ICD-10 codes entered in this section, then each "New Line Item" on Slide 21 has to be tied to the appropriate diagnosis code.

> ## New Line Item
>   - Enter **Service Date Begin** and **Service Date End**
>   - ✓ Use format: MM/DD/YYYY
>   - ✓ <u>Must bill each day separately.</u> (Ex. 09/01/2021 - 09/01/2021)
>   - ✓ Dates must fall within the approved service authorization dates.
>   - **Place of Service** (location where service was rendered)
>   - **Procedure Code** (code that identifies the service being provided)
>   - **Modifiers** (if the procedure code has a modifier, it must be entered on the claim)
>   - **Line-Item Charge Amount** (dollar amount being billed)
>   - **Diagnosis Pointers** – Select "**First Diagnosis, Second Diagnosis, etc**." to tie to appropriate ICD-10 code(s) entered on Slide 20
>   - **Unit Code** – Select "**Units**"
>   - **Units** (how many units are being billed)
> ## To bill for multiple days, select "**Save**" after completing the fields above, then select "**Add Service Line Item**". Repeat "**New Line Item**" entry as above.

> # **Service Authorization**
>
> - ## **Service Authorization #**
>   - ✓ <u>Must</u> be entered on the claim
>   - ✓ Service Authorization Number starts with a "W" and is 10-digits
>   - ✓ Submit only one Service Authorization Number per claim

> **Is there additional line-specific information/TPL to be entered?**
>   - Select "**No**"
>
>   ✓ 1915(i) services will not have any other insurance payment
> - Select "**Save**"
> - Select "**Save Claim**"
> - Select "**Submit Claim**"

Claim Submitted   Print   Help

TCN: ▮

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

Claim Information

TCN: ▮

Date of Service: 03/20/2020 - 03/20/2020

Provider #: ▮

Member ID: ▮

Claim Status: C - To Be Dnd

Total Charge: $200.00

*To Be Paid Amount: $0.00

*Co-Payment: $0.00

*Total Recipient Liability: $0.00

Submission Date/Time: Tue Mar 24 11:28:05 CDT 2020

*This may not be the actual amount. Please refer to your remittance advice for detailed payment information.

Adjustment Reason Codes

Line #	Adjustment Reason Code	Description
0	204	This service/equipment/drug is not covered under the patient?s current benefit plan
1	A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
1	26	Expenses incurred prior to coverage.
1	27	Expenses incurred after coverage terminated.

1 - 4 of 4

Remark Codes

Line #	Remark Code	Description
	No Data	

➤ **Print** and **Save** for your records

MMIS Web Portal

Questions and Answers

Q. Do the Place of Service (POS) on Claim Data (Slide 18) and the New Line Item (Slide 21) Place of Service (POS) need to match?

A. **No.** Different Place of Service's (POS) can be billed on the same claim on separate "New Line Items". Provider would select the appropriate POS on the "New Line Item" where the service was rendered.

- ✓ **Claim Data** section only allows the provider to select one POS.
- ✓ Each day of service must be billed separately on a **New Line Item**. See Slide 21 to bill for multiple days of service.

Claim Data

*Patient Account #

*Place of Service

*Assignment Code

New Line Item   Save | Save & Add Other Svc Info/TPL | Reset | Cancel

*Service Date Begin   Service Date End   Place of Service

*Procedure Code   Procedure Description   Modifiers
                                                       1.   2.   3.   4.

*Line Item Charge Amount   Diagnosis Pointers
$ *1.   2.   3.   4.

*Unit Code   *Units

26

Q. What is the difference between Non-Person Entity or Person Entity in the Entity Qualifier (Slide 10)?

A. 1915(i) providers will select Non-Person which is the agency (group provider).
   ✓ 1915(i) requires individual providers be affiliated with an agency (group provider).

Q. Who is the Rendering Provider (Slide 12)?

A. The <u>individual</u> provider performing the service for the member.

Is the Billing Provider also the Rendering Provider?

○ Yes ● No

Rendering (Performing) Provider

Medicaid Provider ID   National Provider ID   Taxonomy Code   Location Number

Q. Do I have to select Diagnosis Pointers on each "New Line Item"?

A. **Yes.** If there are multiple diagnosis codes pertaining to the service performed, select first, second, ect. to correspond with ICD-10 code(s) entered in Slide 20.

Q. Do I need to enter the Service Authorization Number on the claim?

A. Yes. Enter the Service Authorization Number in the Claim Information (Slide 16) and New Line Item (Slide 22).