



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>



Home

Program ▶

Member ▶

Provider ▶

Documentation ▶

Directories ▶



Welcome [Print](#) | - □

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

Provider Registration - □

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](#)

Quick Links - □

- [FAQ](#)
- [Find a Healthcare Provider](#)
- [Benefits Overview](#)
- [Provider Enrollment](#)
- [Report Fraud & Abuse](#)

Sign In - □

Log into the system based upon your role:

- [Providers](#)
- [Internal Users](#)

➤ Sign In – Select Providers



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 ?](#)

➤ 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>



Home Member ▾ Provider ▾ **Claims ▾** EDI ▾ Authorizations ▾ My Account ▾ FES ▾

Create Claims ▾
 Manage Claims ▾
 Create Templates ▾
 Manage Templates ▾
 Claim Status Inquiry
 Payment Inquiry
 1099 Inquiry
 Pharmacy Claims ▾

Create Professional Claim
 Create Institutional Claim
 Create Dental Claim
 Create Claim from Template
 Create Claim from Processed Claim
 Travel/Lodging Claim
 HCBS/DD Claim

Quick Links Print | -

- Add Service Location
- Trading Partner Enrollment
- Provider Manuals
- Provider Inquiry/Update Request
- Provider Training Registration
- Provider FAQ
- Provider Resources
- Messages & Announcements

| Status ▾ | Subject ▾ | | | |
|----------|-----------|--------------------------|---------------|--|
| ✉ | | | | New Document for Online Viewing: ⚠ |
| ✉ | | <input type="checkbox"/> | YSTEM, SYSTEM | 03/04 New Document for Online Viewing: ⚠ |
| ✉ | | <input type="checkbox"/> | YSTEM, SYSTEM | 02/12 New Document for Online Viewing: ⚠ |

1-3 of 3

If you are unable to view PDFs, please [download Adobe Reader](#).



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

***Required Field**

Basic Claim Info

Other Claim Info

[Provider](#) [Member](#) [Basic Claim](#) [Service Line Items](#)

? Is this a void/replacement?

 Yes No

Submitter Information

Submitter ID

➤ New Professional Claim

- **Is this a void/replacement?**

- ✓ Defaults to "No."
- ✓ Select "Yes" **only** if you are replacing or voiding a previously processed claim.

***Required Field**

Basic Claim Info

Other Claim Info

Provider Member Basic Claim Service Line Items

? Is this a void/replacement?

 Yes No

Claim Resubmission Information

*Resubmission Type Code

Replacement
Void

*TCN to Void/Replace

Note: For Void/Replacement of a Paid Claim, prior claim data (if available) will populate once the user has either a) tabbed out of the TCN field, or b) selected another field on this page.

➤ 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)
 - Enter TCN (17 digit claim number) that needs to be replaced or voided⁸

***Required Field**

Basic Claim Info

Other Claim Info

[Provider](#) [Member](#) [Basic Claim](#) [Service Line Items](#)

? Is this a void/replacement?

 Yes No

Submitter Information

Submitter ID

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

Note: Healthcare Providers are required to submit National Provider ID.

Medicaid Provider ID

National Provider ID

Taxonomy Code

Tax ID

SSN

Location Number

➤ 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 Currency Code

*Org/Last Name First Name MI Suffix

*Address 1 *City State Zip and Extension Country Subdivision Code

Address 2

➤ Additional Billing Provider Information

- **Entity Qualifier** - Select **Non-Person**
- Enter **Org/Last Name, Address, City, State and Zip**

? Is the Billing Provider Address also the Pay-To Address?

Yes No

Pay-To Address

*Address 1

*City

State

Zip and Extension

Country

Subdivision Code

Address 2

➤ 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** (individual 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

*Member ID *Last Name First Name MI Suffix *Date of Birth *Gender SSN

Property Casualty Number

➤ **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](#)

*Address 1 *City State Zip and extension Country Subdivision Code

Address 2

➤ 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**"

- 1915(i) services will not have any other insurance payment

Claim Information

Go to [Other Claim Info](#) to include the following claim level information:
Specialized Line Information, Line Providers , Other Payer Service Line information, Test Result and Form Identification Information.

? *Is this claim accident related?

Yes No

Service Authorization #

Referral #

➤ Claim Information

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

The image shows a software interface for a 'Claim Note'. At the top left, there is a tab labeled 'Claim Note'. Below it, there are two main input fields: '*Type Code' and '*Note'. The '*Type Code' field is currently open, showing a dropdown menu with the following options: 'Additional Information', 'Certification Narrative', 'Diagnosis Description', 'Goals, Rehab Potential, or Dsch Plans', and 'Third Party Organization Notes'. A red arrow points from the dropdown menu back to the '*Type Code' field. Below the '*Note' field, there is a character count indicator showing '80 Characters Remaining'.

➤ Claim Note

- **Not Required**

- ✓ Provider may add any pertinent information in this section for the department to review.

Claim Data

*Patient Account #

*Place of Service

*Assignment Code

➤ Claim Data

- Enter **Patient Account #** (member's 9-digit ND Medicaid ID Number)
- Enter **Place of Service** (location where service was rendered)
 - 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](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place%20of%20Service%20Code%20Set)

Claim Data

*Patient Account #

*Place of Service

*Assignment Code

*Benefits Assignment Certification

*Release of Information Code

➤ 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

Version #

ICD-09 ICD-10

*1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

➤ 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
Save | Save & Add Other Svc Info/TPL | Reset | Cancel

| | | |
|--|---|---|
| *Service Date Begin <input type="text"/> | Service Date End <input type="text"/> | Place of Service <input type="text"/> |
| *Procedure Code <input type="text"/> | Procedure Description <input type="text"/> | Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> |
| *Line Item Charge Amount \$ <input type="text"/> | Diagnosis Pointers *1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> | |
| *Unit Code <input type="text"/> | *Units <input type="text"/> | |

➤ New Line Item

- Enter **Service Date Begin** and **Service Date End**
 - ✓ Use format: MM/DD/YYYY
 - ✓ Must bill each day separately. (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.

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

| | | |
|---|--|--|
| *Service Date Begin <input type="text"/> | Service Date End <input type="text"/> | Place of Service <input type="text"/> |
| *Procedure Code <input type="text"/> | Procedure Description <input type="text"/> | Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> |
| *Line Item Charge Amount \$ <input type="text"/> | Diagnosis Pointers *1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> | |
| *Unit Code <input type="text"/> | *Units <input type="text"/> | |

Service Authorization

Service Authorization # Referral #

➤ Service Authorization

- **Service Authorization #**

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

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

| | | |
|---|--|--|
| *Service Date Begin <input type="text"/> | Service Date End <input type="text"/> | Place of Service <input type="text"/> |
| *Procedure Code <input type="text"/> | Procedure Description <input type="text"/> | Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> |
| *Line Item Charge Amount \$ <input type="text"/> | Diagnosis Pointers *1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> | |
| *Unit Code <input type="text"/> | *Units <input type="text"/> | |

Service Authorization

Additional Service Line Information

? Is there additional line-specific information/TPL to be entered?
 Yes No

Submit Claim **Save Claim** Reset Cancel

➤ **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"**

TCN: [REDACTED]

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

Claim Information

TCN: [REDACTED]
 Date of Service: 03/20/2020 - 03/20/2020
 Provider #: [REDACTED]
 Member ID: [REDACTED]

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

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).

Additional Billing Provider Information

*Entity Qualifier

Currency Code

*Org/Last Name

First Name

MI

Suffix

*Address 1

*City

State

Zip and

Extension

Country

Subdivision Code

Address 2

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

A. The individual 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.

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

| | | |
|---|---|--|
| *Service Date Begin <input type="text"/> | Service Date End <input type="text"/> | Place of Service <input type="text"/> |
| *Procedure Code <input type="text"/> | Procedure Description <input type="text"/> | Modifiers 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> |
| *Line Item Charge Amount \$ <input type="text"/> | Diagnosis Pointers *1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> | |
| *Unit Code <input type="text"/> | *Units <input type="text"/> | |

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)**.

Claim Information

Go to [Other Claim Info](#) to include the following claim level information:
Specialized Line Information, Line Providers , Other Payer Service Line information, Test Result and Form Identification Information.

? *Is this claim accident related?

Yes No

Service Authorization #

Referral #

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

[Service Authorization](#)

Service Authorization #

Referral #