



ND MMIS 1915(i) Claim Replacement-Void Web Portal Instructions



Health & Human Services

Provider Sign in: Go to North Dakota MMIS Web Portal



The screenshot shows the North Dakota MMIS Web Portal homepage. At the top, there is a navigation bar with links for Home, Program, Member, Provider, Documentation, and Directories. Below this is a banner image featuring five panels: a newborn baby, a doctor examining an elderly patient, two hands clasped together, a doctor's stethoscope, and a doctor examining a patient's mouth. The main content area is divided into four sections: Welcome, Provider Registration, Quick Links, and Sign In. The Sign In section is highlighted with a red box, and the 'Providers' link is also highlighted with a red box. The footer contains copyright information and links to Privacy Policy, Site Map, Terms of Use, Browser Requirements, and Accessibility Compliance.

North Dakota MMIS Web Portal

Skip Navigation | Contact Us | Help | Search

Home Program Member Provider Documentation Directories

Welcome

Welcome to the North Dakota MMIS Web Portal.

Print | - □

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

- Find a Healthcare Provider
- Benefits Overview
- Provider Enrollment
- Report Fraud & Abuse

Sign In

Log into the system based upon your role:

- [Providers](#)
- Internal Users

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[Privacy Policy](#) | [Site Map](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)

Provider Sign in

- Click on link North Dakota MMIS Web Portal
- Sign In
- [Providers](#)

Provider Login Page

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.

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: JDOE

Password: *****

[Forgot User Name or Password ?](#)

Login Reset

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Provider Login Page

- User ID
 - Password
 - Login
- } Initial login credentials provided by ND Medicare Provider Enrollment

Note: Manage Provider User Security Information: [Managing Provider User Security](#)

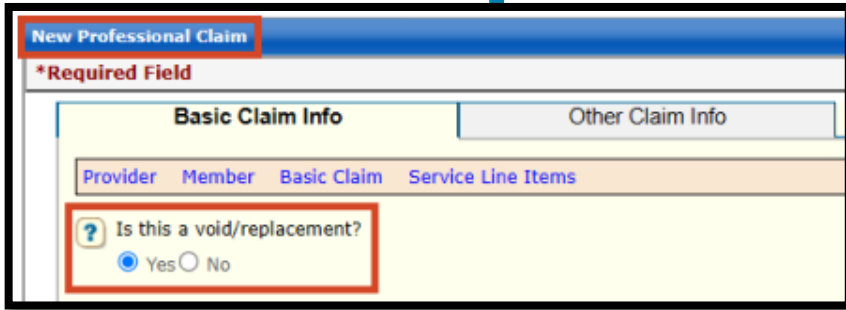
How to Create a Claim

The screenshot shows the North Dakota MMIS Web Portal interface. The top navigation bar includes links for Home, Member, Provider, Claims, EDI, Authorizations, and My Account. The 'Claims' menu is expanded, showing options like Create Claims, Manage Claims, Create Templates, Manage Templates, Claim Status Inquiry, Payment Inquiry, Submit e-Attachment, and 1099 Inquiry. The 'Create Claims' sub-menu is further expanded, highlighting 'Create Professional Claim'. Other options in this sub-menu include Create Institutional Claim, Create Dental Claim, Create Claim from Template, Create Claim from Processed Claim, Travel/Lodging Claim, and HCBS/DD Claim. The main content area displays a table with columns for Date and Subject, showing 'No Data'. A footer message states: 'If you are unable to view PDFs, please download Adobe Reader.' with a link to the Adobe Reader download page.

Create a claim

- Claims
- Create Claims
- Create Professional Claim

Void/Replacement a 1915(i) Claim



The screenshot shows a web form titled "New Professional Claim". Below the title is a red-bordered box containing the text "Is this a void/replacement?". Underneath this box are two radio buttons: "Yes" (which is selected) and "No". Above the "Is this a void/replacement?" box, there are tabs for "Basic Claim Info" and "Other Claim Info". Below these tabs, there are links for "Provider", "Member", "Basic Claim", and "Service Line Items".

New Professional Claim

- **Void/Replacement?**
 - Defaults to "**No**"
 - Select "**Yes**" to void/replacement a previously processed claim

Void means you want to cancel/delete a claim because no payment should have been received or billed in error.

NOTE: If any payment was made by ND Medicaid on a claim that is being voided, ND Medicaid will recoup full payment.

Replacement means you incorrectly billed and/or were paid incorrectly, and you want to correct the error.

NOTE: If a claim is adjusted and the original claim paid more than the adjusted claim. The difference will be recouped by ND Medicaid.

Replacement of a 1915(i) Claim

The screenshot shows a web form titled "New Professional Claim" with a "Print | Help" link. The form has two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Under "Basic Claim Info", there are sub-tabs: "Provider", "Member", "Basic Claim", and "Service Line Items". A red box highlights the "Is this a void/replacement?" question with radio buttons for "Yes" (selected) and "No". Below this, another red box highlights the "Claim Resubmission Information" section, which includes a dropdown for "Resubmission Type Code" set to "Replacement" and a text field for "TCN to Void/Replace" containing "25001100040000010". A red arrow points from this section to a yellow note box on the right that reads: "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."

Claim Resubmission Information

- Resubmission Type Code-**"Replacement"**
- Enter TCN# (Transaction Control Number)/Claim Number to replace
NOTE: TCN to replace – last TCN number in the chain ending in **0** or **3**. **Do NOT** replace a TCN Number ending in **2**.
Example: 2509430004001106**0** or 2508730027000049**3**
- Then click the tab key or click in a different field out of the TCN to void/replace field
NOTE: If the claim being replaced was originally submitted via the web portal, the original claim data will auto populate on the screen. Original claims submitted via paper require the user to enter all the original claim data into the online form.

Replacement of a 1915(i) Claim- Web Submission

The screenshot shows a web form titled "New Professional Claim" with a "Print | Help" link. The form has a "Required Field" indicator. It contains two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Under "Basic Claim Info", there are sub-tabs: "Provider", "Member", "Basic Claim", and "Service Line Items". A question "Is this a void/replacement?" is followed by radio buttons for "Yes" (selected) and "No". Below this is the "Claim Resubmission Information" section, which includes a "Resubmission Type Code" dropdown menu set to "Replacement" and a "TCN to Void/Replace" text field containing "25001100040000010". A red arrow points from the text field to a yellow note box that reads: "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."

Claim Resubmission Information

- Resubmission Type Code- "**Replacement**"
- Enter TCN# (Transaction Control Number)/Claim Number to replace
NOTE: TCN to replace – last TCN number in the chain ending in **0** or **3**. Do NOT replace a TCN Number ending in **2**.
Example: 2509410004001106**0** or 2508710027000049**3**

Claims submitted through the web portal will auto populate once you tab or click a different field from the TCN to Void/Replace when a valid claim/TCN number is entered. If the claim information doesn't populate then the required claim information needs to be entered manually.

See **slide 9** for required claim information.

Replacement of a 1915(i) Claim-Paper Submission

The screenshot shows a web form titled "New Professional Claim". It has tabs for "Basic Claim Info" and "Other Claim Info". Under "Basic Claim Info", there are sub-tabs for "Provider", "Member", "Basic Claim", and "Service Line Items". A question "Is this a void/replacement?" is marked with "Yes". The "Claim Resubmission Information" section contains a dropdown for "Resubmission Type Code" set to "Replacement" and a text field for "TCN to Void/Replace" with the value "25001100040000010". A red arrow points from this field to a yellow note box that reads: "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."

Claim Resubmission Information

- Resubmission Type Code-"**Replacement**"
- Enter TCN# (Transaction Control Number)/Claim Number to replace
NOTE: TCN to Replace – last TCN number in the chain ending in **0** or **3**. Do NOT replace a TCN Number ending in **2**.
Example: 2509470004001106**0** or 2508770027000049**3**
- Then click the tab key to scroll to enter required claim information from original claim.
NOTE: See [slide 9](#) for required claim information and fields. You will need to make changes in the field(s) that you want to replace from original claim submission. *Example:* add or change date of service, procedure code, units, amount(s) billed, rendering/servicing provider and/or primary insurance (COB) payment information.

Once all fields are replaced. Click Save Claim and then Submit claim.

Required Claim Information

Billing Provider

Taxonomy Code


- Tax ID or SSN

Diagnosis Code(s)

- Version# ICD-09 or ICD-10
- Principal Diagnosis Code

Line Items

NOTE: Can only bill for one month at a time. Cannot bill multiple months or years on one claim.

- Service Begin and End Date Use MM/DD/YYYY Format
- Procedure Code
- Units
- Billed Amount
- Action-Click  to add another service line item.

Important

- If edit one line item of a multi-line claim. Make sure to save each line once edited.
- Once all adjustments are completed, Save claim and then submit claim.

Billing Provider

- Provider Organization Name or
- Last and First Name

Member

- Member ID Number (9-digits)
- Member's Last, First Name
- MI (if applicable)
- Date of Birth- Use format: MM/DD/YYYY
- Gender-Female, Male, Unknown

Claim Submitted-Replacement Claim

Claim Submitted Print | Help

TCN: 25094100040000013

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

Claim Information

TCN: 25094100040000013

Date of Service: 01/01/20XX - 01/01/20XX

Provider #: 1234567

Member ID: ND1234567

Claim Status: O - To Be Paid

Total Charge: \$72.50

*To Be Paid Amount: \$0.00

*Co-Payment: \$0.00

*Total Recipient Liability: \$0.00

Submission Date/Time: Fri Jan 01 08:00: 45 CST 2099

*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
No Data		

Remark Codes

Line #	Remark Code	Description
No Data		

Mailing Address

Please send additional documentation to the following address.

ND Department of Human Services
600 E Boulevard Avenue
Department 325
Bismarck, ND 58505-0250

[Void or Replace this Claim](#) [Create Claim from Processed Claim](#) [Print Submission Page](#) [Submit Another Claim](#) [Claim Main Page](#)

Claim Submitted

- TCN # is your claim number
- Show under Claim Information right below member ID# that claim is in a to be paid status.

NOTE: Claim ends in a 3 which indicates it is an adjusted claim

If there are Adjustment Reason Codes or Remark Codes on claim submission page, please see next slides

- Adjustment Group Codes
- Claim Adjustment Reason Codes
- Remittance Advice Remark Codes

NOTE: There are a few question and answers starting on slide 18 thru 20

Voiding a 1915(i) Claim

The screenshot shows a web form titled "New Professional Claim". At the top, there are tabs for "Basic Claim Info" and "Other Claim Info". Below these are sub-tabs for "Provider", "Member", "Basic Claim", and "Service Line Items". A section titled "Is this a void/replacement?" has radio buttons for "Yes" (selected) and "No". Below this is the "Claim Resubmission Information" section, which contains a dropdown menu for "*Resubmission Type Code" set to "Void" and a text field for "*TCN to Void/Replace" containing "25001100040000010". A red arrow points from the TCN field to a yellow note box that reads: "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."

Claim Resubmission Information

- Resubmission Type Code-"**Void**"
- Enter TCN# (Transaction Control Number)/Claim Number to void
NOTE: TCN to void- last TCN number in the chain ending in **0** or **3**. Do NOT void a TCN Number ending in **2**.
Example: 2509430004001106**0** or 2508730027000049**3**
- Then click the tab key or click in a different field out of the TCN to void/replace field
NOTE: If the claim being voided was originally submitted via the web portal, the original claim data will auto populate on the screen. Original claims submitted via paper require the user to enter all the original claim data into the online form.

Voiding a 1915(i) Claim- Web Submission

New Professional Claim Print | Help

***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: Void

*TCN to Void/Replace: 25001100040000010

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.

Voiding a Professional Claim- Web Submission

Claims submitted through the web portal will auto populate once you tab or click a different field from the TCN to Void/Replace once a valid claim/TCN number is entered. If the claim information doesn't auto populate then the required claim information needs to be entered manually.

See [slide 9](#) for required claim information.

Voiding a 1915(i) Claim- Paper Submission

New Professional Claim Print | Help

*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
Void

*TCN to Void/Replace
25001100040000010

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.

Claim Resubmission Information

- Resubmission Type Code-**"VOID"**
- Enter TCN# (Transaction Control Number)/Claim Number to Void
NOTE: TCN to Void- last TCN number in the chain ending in **0** or **3**. Do NOT void a TCN Number ending in **2**.
Example: 2509470004001106**0** or 2508770027000049**3**
- Then click the tab key or click in a different field out of the TCN to void/replace field
NOTE: If the claim being voided was originally submitted via the web portal, the original claim data will auto populate on the screen. Original claims submitted via paper require the user to enter all the original claim data into the online form

Claim Submitted- Voided Claim

Claim Submitted

Print | Help - □

TCN: 25094100040000011

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

Claim Information

TCN: 25094100040000011

Date of Service: 01/01/20XX - 01/01/20XX

Provider #: 1234567

Member ID: ND1234567

Claim Status: O - To Be Paid

Total Charge: \$72.50

*To Be Paid Amount: \$0.00

*Co-Payment: \$0.00

*Total Recipient Liability: \$0.00

Submission Date/Time: Fri Jan 01 08:00: 45 CST 2099

*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
No Data		

Remark Codes

Line #	Remark Code	Description
No Data		

Mailing Address

Please send additional documentation to the following address.

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Bismarck, ND 58505-0250

Void or Replace this Claim

Create Claim from Processed Claim

Print Submission Page

Submit Another Claim

Claim Main Page

Claim Submitted

- TCN # is your claim number
- Show under Claim Information right below member ID# that claim is in a to be paid status.

NOTE: Claim ends in a 1 which indicates it is a voided claim

If there are Adjustment Reason Codes or Remark Codes on claim submission page, please see next slides

- Adjustment Group Codes
- Claim Adjustment Reason Codes
- Remittance Advice Remark Codes

NOTE: There are a few question and answers starting on slide 18 thru 20

Reason/Remark Codes used by ND Medicaid Adjustment Group Codes

Adjustment Group Code		
CODES	DESCRIPTION	REMARKS
PR	Patient Responsibility	This indicates Patient Paid AmtCOPAY,DED,COINSURANCE
CO	Contractual Obligations	This indicates Differences between Submitted Charge and Allowed Charges and final Paid Amt, After Considering PR and other Adjustments
CR	Correction and Reversals	Submitted by Provider
OA	Other Adjustments	OA indicates , Member has TPL or Medicare Policy and Amount is Cut back from Submitted Charge
PI	Payor Initiated Reductions	Submitted by Provider

Web link: [Adjustment Group Codes](#)

Claim adjustment group codes

- Assign responsibility for claim adjustment
- Are two alpha characters long
- Include a numeric or alpha-numeric claim adjustment reason code
- Are used in conjunction with claim adjustment reason codes

Reason/Remark Codes used by ND Medicaid- Claim Adjustment Reason Codes

Web link: [Claim Adjustment Reason Codes](#)

Please click on hyperlink above for list of claim adjustment reason codes. Is approximately 15 pages long.
Can also be found on the [DHHS ND Medicaid website](#).

Claim adjustment reason codes (CARCs)

- Explain why a claim was paid differently than billed
- Are typically three-character alphanumeric strings
- Are used to communicate with payers, such as insurance companies or government programs
- Are used to explain denials, partial payments, and adjustments for contractual agreements

Reason/Remark Codes used by ND Medicaid- Remittance Advice Remark Codes

Web link: [Remittance Advice Remark Codes](#)

Please click on hyperlink above for list of remittance advice remark codes. Is approximately 57 pages long. Can also be found on the [DHHS ND Medicaid website](#).

Remittance Advice Remark Codes (RARCs)

- Used to explain adjustments to a health care claim or to convey information about remittance processing
- Used by the health care industry to communicate non-financial information about claims
- Provide additional explanation for an adjustment already described by a Claim Adjustment Reason Code (CARC)
- Also known as alerts that convey information about remittance processing but are not related to a specific adjustment or CARC.

Examples of Void/Replacement claim reasons

Void/Adjust using the last claim TCN number in the claim sequence?

DO NOT void/adjust a claim TCN number ending in a **2**.

Incorrect/Invalid Provider ID Number

- If the claim status is in a Denied status
 - Refile a new claim with the correct Provider ID Number
- If the claim is in a Paid status
 - Void the claim
 - Refile a new claim with the correct Provider ID Number

Incorrect/Missing Member ID Number

- If the claim status is in a Denied status
 - Refile a new claim with the correct Member ID Number
- If the claim is in a Paid status
 - Void the claim
 - Refile a new claim with the correct Member ID Number

Examples of Void/Replacement claim reasons

Void/Adjust using the last claim TCN number in the claim sequence?

DO NOT void/adjust a claim TCN number ending in a **2**.

Member has two valid Insurance Policies

- If the claim status is in a Denied status
 - Refile claim with correct insurance information (primary and secondary)
- If the claim status is in a Paid status
 - Adjust claim to add the correct insurance information (primary and secondary)

Member eligible on Sanford Expansion Plan

- If the claim status is in a Paid status
 - Void the claim

Examples of Void/Replacement claim reasons

Void/Adjust using the last claim TCN number in the claim sequence?

DO NOT void/adjust a claim TCN number ending in a **2**.

Attaching documentation to a claim

If the claim status is in a Denied status

- Refile the claim
- Indicate an attachment is being submitted for the claim. You can attach electronically, fax in documentation with SFN 177 cover sheet or can use claim submitted confirmation page from web portal.

SFN177 link: <https://www.nd.gov/eforms/Doc/sfn00177.pdf>

NOTE: See ND MMIS 1915(i) Web Portal Training for instructions on how to attach documentation to a claim.

Attaching documentation to a claim

If the claim status is in a Paid status

- Adjust the claim
- Indicate an attachment is being submitted for the claim. You can attach electronically, fax in documentation with SFN 177 cover sheet or can use claim submitted confirmation page from web portal.

SFN177 link: <https://www.nd.gov/eforms/Doc/sfn00177.pdf>

NOTE: See ND MMIS 1915(i) Web Portal Training for instructions on how to attach documentation to a claim.