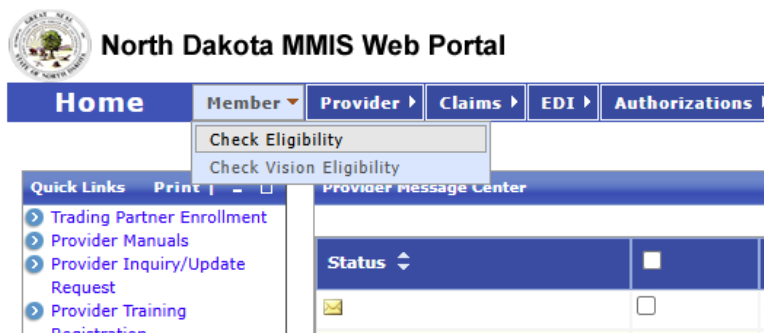


Checking Member Information in MMIS

Checking a member's eligibility status

Go to the MMIS Web portal and click on "Member" and "Check Eligibility"



You must have 3 of the 4 listed pieces of member information:

- Member first name
- Member last name
- Member date of birth
- Member Medicaid ID

A screenshot of the "Check Eligibility" form in the North Dakota MMIS Web Portal. The page title is "North Dakota MMIS Web Portal" and the date is "Nov 29, 2024". The navigation bar includes "Home", "Member", "Provider", "Claims", "EDI", "Authorizations", "My Account", and "FES". The form is titled "Check Eligibility" and has a "Print | Help" link. It includes a "Requester" section with fields for "Provider ID", "Provider Name", "Payer ID", and "Payer Name" (North Dakota Medicaid). Below this, it states: "To inquire about a specific member's eligibility, you must enter at least 3 of the following criteria: 1. Member ID, 2. Date of Birth, 3. Last Name, 4. First Name". It also notes: "Use of member SSN, gender and middle initial is optional." and "Note: If the Service From Date and Service To Date are left blank, the dates will be defaulted to current date." The "Member Information" section is a table with columns: Member ID, Date of Birth, Last Name, First Name, MI, Gender, SSN, Service From Date, Service To Date, Service Type, and Action. The "Service Type" dropdown is set to "30-Health Benefit". There are "Search" and "Reset" buttons at the bottom right. The footer says "Eligibility Confirmation" and "Print | Help".

If you do not enter a Service from or to date, it will default to the current date. If you are looking for eligibility beginning on a certain date or timeframe, please fill out those fields.

If you misspell a member's name, you will see the below error message.

Eligibility Inquiry

Requester

Provider ID: [REDACTED] Provider Name: [REDACTED] Payer ID: [REDACTED] Payer Name: North Dakota Medicaid

To inquire about a specific member's eligibility, you must enter at least 3 of the following criteria:
1. Member ID
2. Date of Birth
3. Last Name
4. First Name

Use of member SSN, gender and middle initial is optional.

Note: If the Service From Date and Service To Date are left blank, the dates will be defaulted to current date.

Member Information

Member ID	Date of Birth	Last Name	First Name	MI	Gender	SSN	Service From Date	Service To Date	Service Type	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11/29/2024	11/29/2024	30-Health Benefit	<input type="button" value="+"/> <input type="button" value="🗑"/>

Requested member's data did not match with the database information

You will see the below screen if the member is not eligible for the entered time period or as of the current date.

Member Information

Member ID	Date of Birth
1	<input type="text"/>

Member is ineligible for the requested inquiry period.

You will see the following information if the member is currently Medicaid eligible. Under “Plan Description” it says “1915(i) Services”. Note the member shown below is 1915(i) Eligible and is on Medicaid Expansion. This information is viewable under “Benefit Plan” and “Plan Description”.

Member Information

Member ID	Date of Birth	Last Name	First Name	MI	Gender	SSN	Service From Date	Service To Date	Service Type	Action
1							11/29/2024	11/29/2024	30-Health Benefit	+ -

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
ND					M		11/29/2024	11/29/2024	30-Health Benefit	N

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Eligibility Confirmation

* Required Field

Eligibility is under ND Medicaid Expansion - Submit medical claims through the MCO and Rx claims through ND Medicaid

Service From Date: 11/29/2024 Service To Date: 11/29/2024 Confirmation Number: [REDACTED]
 Eligibility As of date: 11/29/2024 Eligibility Status: Yes Last EPSDT Date: [REDACTED]

Member Information

Name: [REDACTED] Suffix: [REDACTED] Date of Birth: [REDACTED] Date of Death: [REDACTED] Member ID: [REDACTED]
 Street Address: [REDACTED] P.O.Box: [REDACTED] City: [REDACTED] State: ND Zip: [REDACTED]

Eligibility Status

Program Code	Case Number	Case Head Of Household
M076	[REDACTED]	[REDACTED]

1 - 1 of 1

Benefit Plan

Eligibility is under ND Medicaid Expansion - Submit medical claims through the MCO and Rx claims through ND Medicaid

Plan Description	Copay	Coinsurance	Base Deductible	Remaining Deductible	Plan From	Plan To
1915(i) Services	\$0.00	0%	\$0.00	\$0.00	11/29/2024	11/29/2024
ACA Medicaid Expansion	\$0.00	0%	\$0.00	\$0.00	11/29/2024	11/29/2024

1 - 2 of 2

Traditional Medicaid Eligibility is noted as Medicaid Fee for Service.

Benefit Plan

Plan Description	Copay	Coinsurance	Base Deductible	Remaining Deductible	Plan From	Plan To
Health Tracks/Early Perdic Scrm Det Trmt	\$0.00	0%	\$0.00	\$0.00	11/29/2024	11/29/2024
Medicaid Fee For Service	\$0.00	0%	\$0.00	\$0.00	11/29/2024	11/29/2024

1 - 2 of 2

Home and Community-Based Services (HCBS) Waiver or other coverage information

Eligibility for a HCBS Waiver will look like this. The below example shows a member who is also on the Developmentally Disabled (DD) Waiver.

Benefit Plan						
Plan Description	Copay	Coinsurance	Base Deductible	Remaining Deductible	Plan From	Plan To
1915I Services	\$0.00	0%	\$0.00	\$0.00	11/29/2024	11/29/2024
Medicaid Fee For Service	\$0.00	0%	\$0.00	\$0.00	11/29/2024	11/29/2024
Developmentally Disabled Waiver	\$0.00	0%	\$0.00	\$0.00	11/29/2024	11/29/2024

1 - 3 of 3

Third Party Liability (other sources of insurance or responsible payors)

Other insurance information can be found under Third Party Liability (TPL) Spans

TPL Spans							
Carrier ID	Carrier Name	Insurance Type	Policyholder ID	Policyholder Name	Policy Number	Policy Begin Date	Policy End Date
[REDACTED]	FARMERS INSURANCE		[REDACTED]	[REDACTED]	[REDACTED]	12/02/2024	12/02/2024

1 - 1 of 1

Recipient Liability

If a member has Recipient Liability, it will be found under “Other General Information” at “Is there Recipient Liability Medicaid (RLM)?

Other General Information			
Is there Recipient Liability Medicaid(RLM)? No	Is there any Long Term Care involved? No	Has the Recipient Liability Amount been met? NA	
RLM amount remaining for upto the last 3 months in Date(s) of Service requested			
Type	Begin Date	End Date	Liability Amount Remaining
Is there Recipient Liability Basic Care(RRB)? No			
Is there any Long Term Care involved? No			
Has the Recipient Liability Amount been met? NA			
RRB amount remaining for upto the last 3 months in Date(s) of Service requested			
Type	Begin Date	End Date	Liability Amount Remaining
Is there Recipient Liability CSHS(RLC)? No			
Has the Recipient Liability Amount been met? NA			
RLC amount remaining for upto the last 3 months in Date(s) of Service requested			
Type	Begin Date	End Date	Liability Amount Remaining