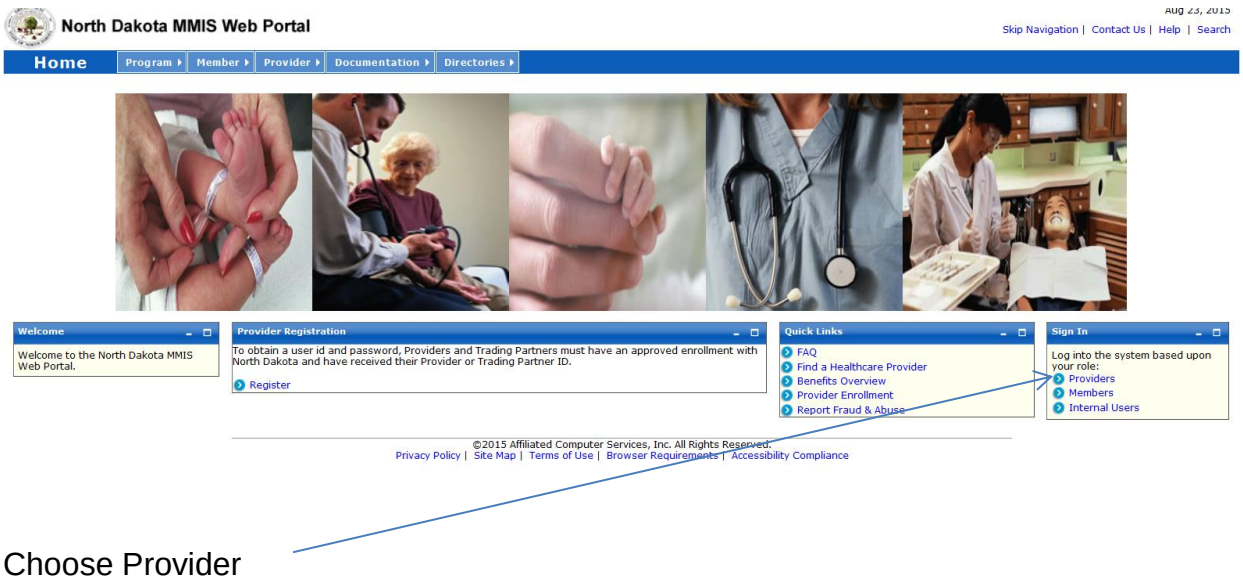
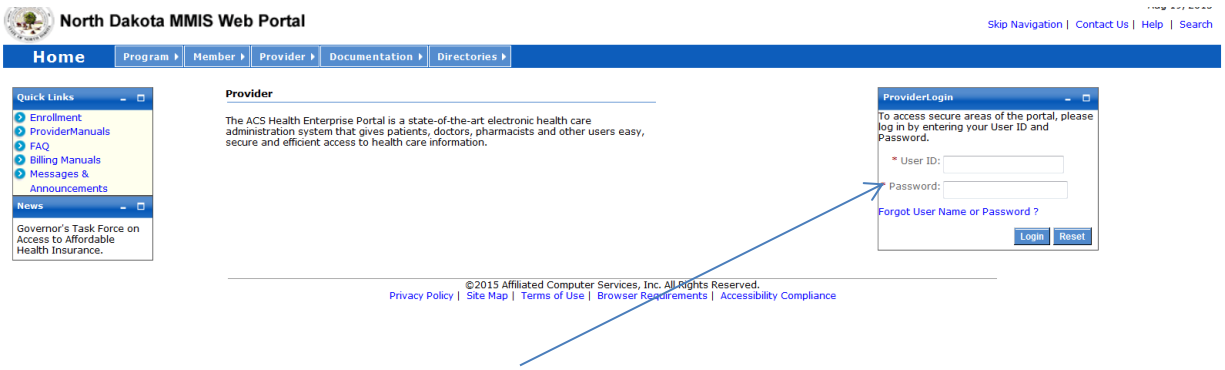
QSP HCBS/DD Claim Form ND Health Enterprise
Web Portal Claim Void/Replace Instructions

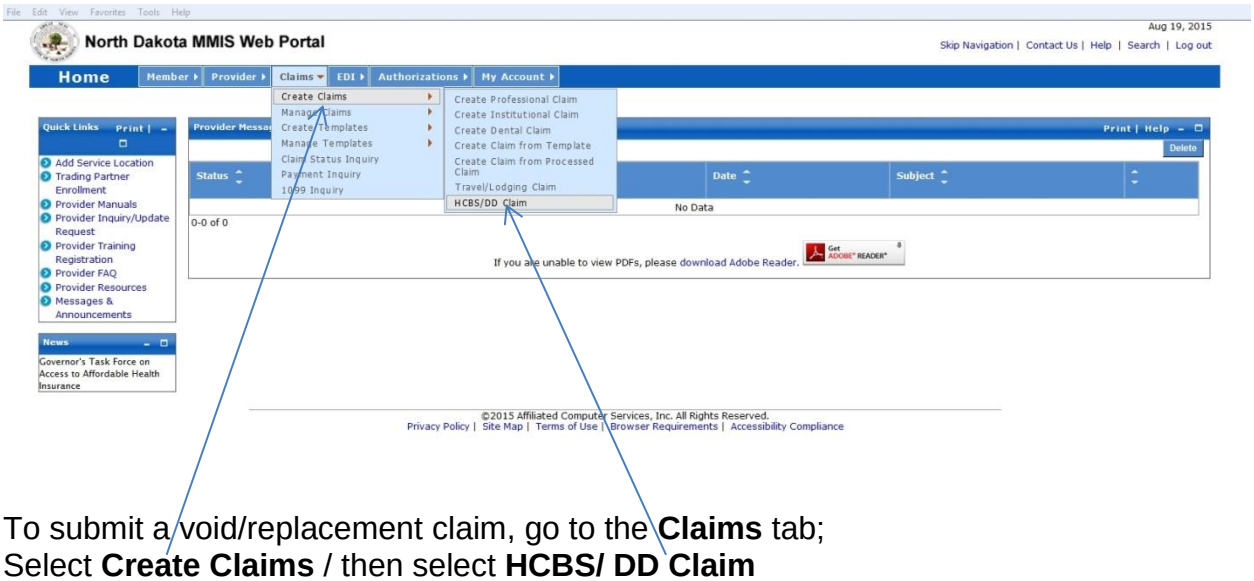
Go to MMIS.ND.GOV to log into the provider web portal.



Choose Provider

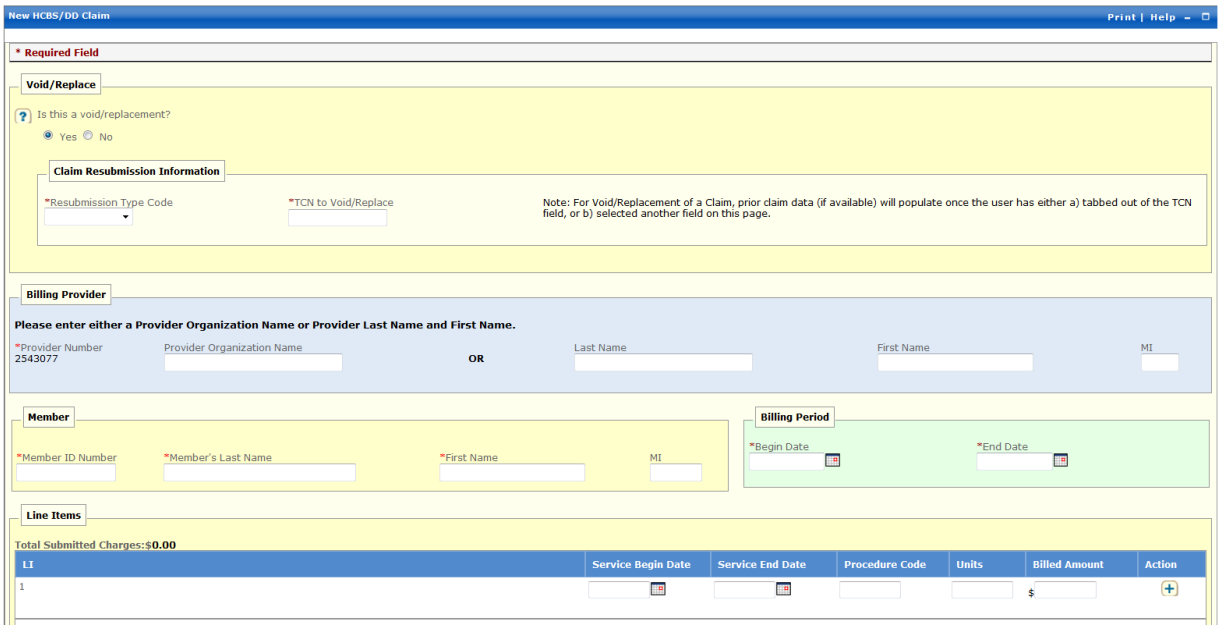


Log on to the system using your USER ID and password.

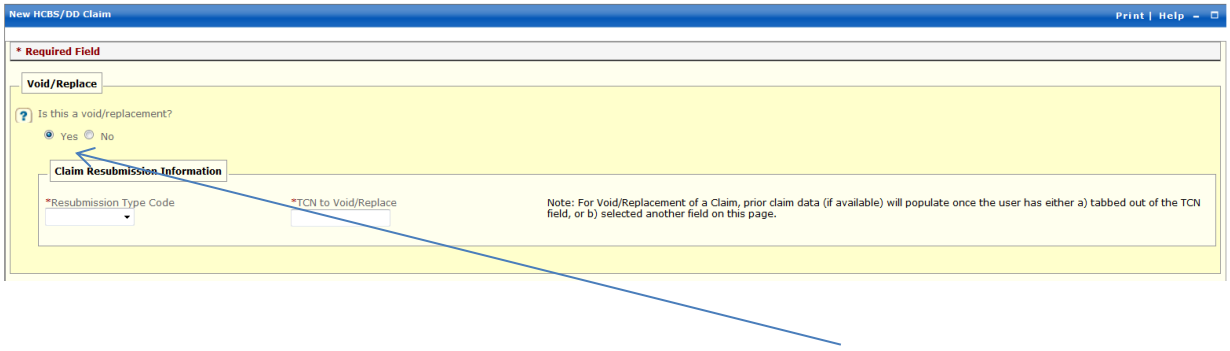


To submit a void/replacement claim, go to the **Claims** tab;
Select **Create Claims** / then select **HCBS/ DD Claim**

The following screen will appear. This is where you will begin entering your claim information. Information must be complete in all required fields in each section. Required fields are indicated by a red asterisk.

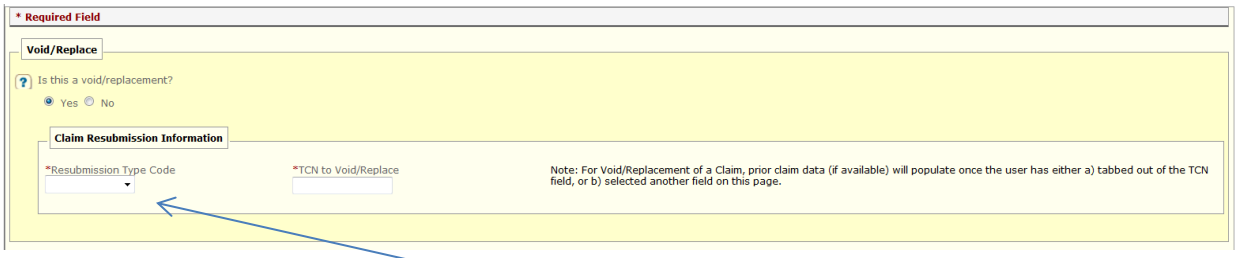


Void/Replace



If you are trying to void or replace a claim the answer must be yes. This question is only answered yes if you are trying to void or replace a claim.

Void means you want to delete the claim and you are not requesting payment.
Replacement means you were paid incorrectly and you want to correct the error.



Claim Resubmission Information

Click the drop down box and choose **Void or Replacement**.

Enter the TCN (Transaction Control Number) of the claim you are trying to void or replace. **Note:** If you are using an ICN (Internal Control Number) from Legacy MMIS (the old billing system) you will need to add the Century **(20)** between the 2nd and 3rd digit of the ICN.

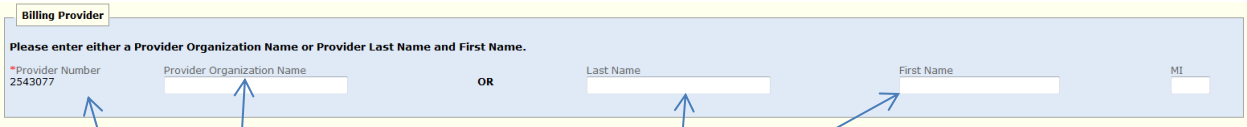
Example: Original Claim Number (ICN) from Legacy MMIS – 1015015320010

Claim number as it should appear here**:** 10**20**15015320010

Note: If you want to VOID the claim, choose **Submit Claim** at the bottom of the screen. Your original claim will be voided. No further action is required.

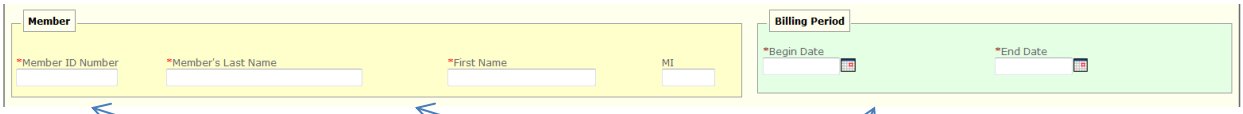
Note: If you are **Replacing** a claim, you **must** fill out the billing detail sections. Follow the instructions below. Fill out the Procedure Code, From Day, Through Day, Units and Billed Amount the **way you want to be paid**. You must complete the **entire claim** for the month. You **can't** just rebill the day(s) you are trying to correct because your original claim will be replaced.

Billing Provider



Your provider ID will automatically populate.
Enter your QSP agency name or your first and last name if you are an individual QSP.

Member



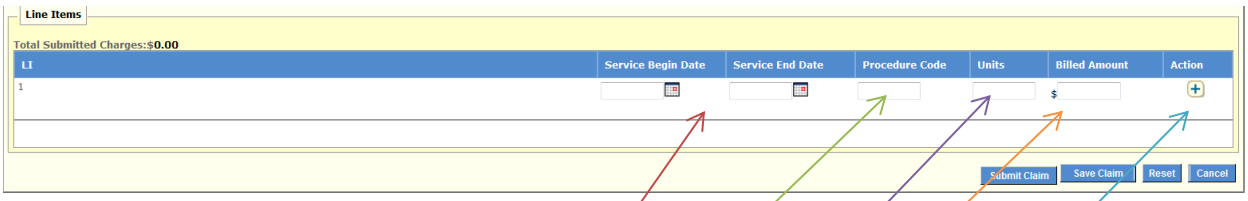
Enter the client's Member ID Number, Last name and First name from the original claim you are trying to replace. This information can be found on the Authorization to Provide Services form you received from the HCBS Case Manager.

Billing Period

Enter the first day and the last day of the month you provided the services from the original claim you are trying to replace. Always use the first day of the month and the last day of the month even if you are only billing for part of the month. You can only bill for one month at a time.

For example, if you are billing for October 2015 but you only provided care one day during the month you would still enter 10/01/2015 in the billing period Begin Date and 10/31/2015 in the billing period End Date.

Line Items



Service Begin Date / Service End Date

Enter the exact days that you provided services in this section.

The **service begin date**, and the **service end date**, will be the same if you are billing using a unit rate procedure code like T1019 or 00010.

If you are billing a daily rate code like 00001 the **service begin date**, and the **service end date**, can span an entire month.

Procedure Code

Enter the **procedure code** for the services that you provided. You can now bill all procedure codes on the same claim.

Units

Enter the number of **units** you provided for that day of service.

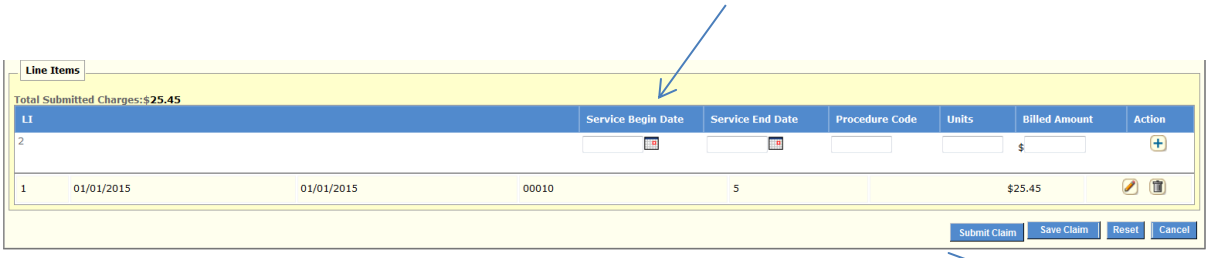
Billed Amount

Enter the amount you want to be paid. You must complete the math. Multiply the number of units you are billing for on this line times your established rate.

Action

You must click the **+** (plus) sign to add your information and save your line.

When you add the first line, a second detail line will appear. Continue to click the **+** (plus) sign to add lines until you have completed your billing detail for the month.

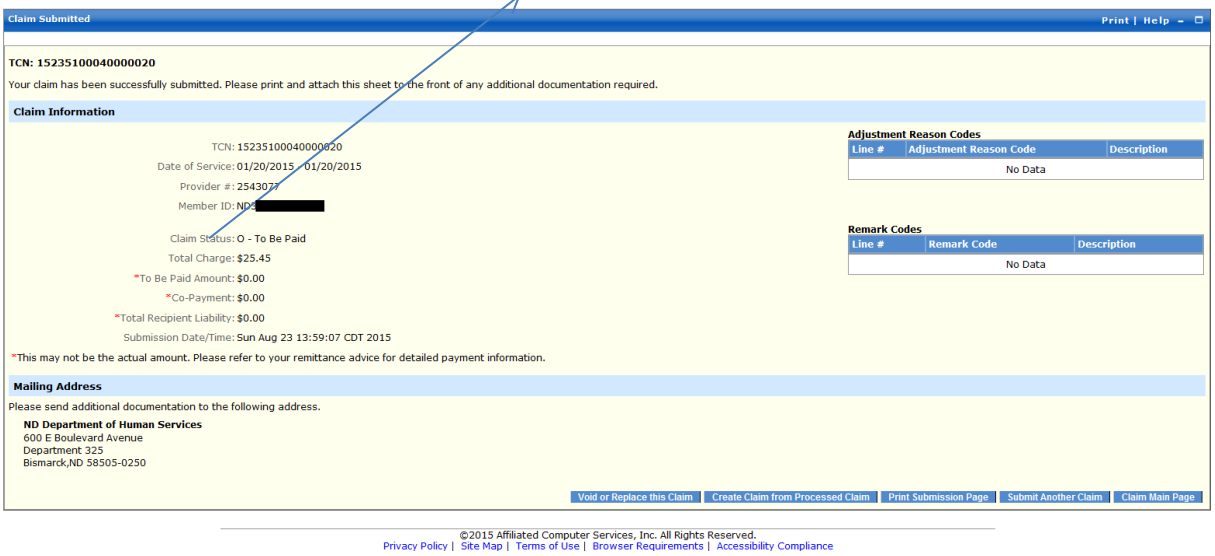


Review the accuracy of the information you submitted. If everything is complete choose **submit claim**.

If you did not complete your claim and want to save and finish later, choose **save claim**.

Reset will clear all of the information you have entered. **Cancel** will cancel the claim and all information will be lost.

After you choose **submit claim**, the replacement claim will be processed immediately. The screen below will appear confirming that your claim was received and processed. It will also show you the status of your claim in the claim status section.



If your claim is in "**To Be Paid**" status the system will also tell you the amount you will be paid in the **To Be Paid** amount section. **Note:** This may not be the exact amount you are paid it may be reduced because of a recipient cost share or SPED responsibility fee. The actual amount you receive will be on your remittance advice (RA)

If the claim is in "**To Be Denied**" status you can correct your error and immediately submit another claim. If you do not understand why your claim denied, you can contact the call center toll free, at **1-877-328-7098** for further information.

If your claim is in "**To Be Suspended**" status, your claim will need to be manually reviewed. Contact the call center toll free at **1-877-328-7098** for further information. **Do not** submit another claim unless you are instructed to do so by the Department.

Note: From this page you can also choose one of the menu items at the bottom of the screen to:

- **Void or Replace This Claim** – Correct billing error discovered after claim was submitted.
- **Create a Claim from a Processed Claim** – Submit another claim using information that has already been entered in the original claim.
- **Print the Submission Page** – Print page to keep for your records
- **Submit Another Claim**- Takes user to a blank claim submission page
- **Claim Main Page** – Takes user back to the claims home page