



CLAIM STATUS INQUIRY ON WEB PORTAL

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NORTH
Dakota
Be Legendary.™

| Human Services

ND Health Enterprise Web Portal Claim Status Inquiry for 837 or Web Portal claims



Go to

<https://mmis.nd.gov/portals/wps/portal/EnterpriseHome>



Home

Program ▶

Member ▶

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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 - Provider



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Quick Links - □

- [Enrollment](#)
- [ProviderManuals](#)
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- [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**
 - **USER ID** and **Password**



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

Quick Links Print | -

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

News - □


Governor's Task Force on Access to Affordable Health Insurance

- Create Claims ▸
- Manage Claims ▸
- Create Templates ▸
- Manage Templates ▸
- Claim Status Inquiry**
- Payment Inquiry
- 1099 Inquiry
- Pharmacy Claims ▸

Provider Message Print | Help - □

Status ▾	From ▾	Date ▾	Subject ▾	Delete
No Data				

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

- **Claims**
- **Claim Status Inquiry**



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- [EDI](#)
- [Authorizations](#)
- [My Account](#)
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Claim Status Inquiry

[Print](#) | [Help](#)

*** Required Field**

To conduct a claim inquiry, please enter the Member ID, Member Last Name, and Member Date of Birth. Then, at a minimum, either the TCN or the claim service period date(s) must be entered. Entering a TCN will return the exact matching claim. Entering date range will return a list of all the claims matching the search criteria. A maximum of 100 results will be returned; if necessary, refine your search by entering additional search criteria.

Billing Provider ID

*Billing Provider ID Org / Last Name First Name MI Suffix

Please enter either a TCN or a Claim Service Period Begin Date range. Claim Service Period Begin Date applies to the earliest date of service on the claim. If no End Date is entered, the End Date will be either today's date or one year forward from the Begin Date entered (whichever is less).

Claim Information

TCN Claim Service Period Begin Date Claim Service Period End Date Patient Account Number Prescription Number

Type Of Bill Total Claim Charge Amount Claim Status

➤ Claim Information


- **REQUIRED**
- TCN or Claim Service Period Begin and End Date

Service Line Information

Member Information

*Member ID *Last Name

First Name MI Suffix

*Date Of Birth 

Gender

➤ Member Information

- **REQUIRED**
- Member ID
- Last Name
- Date of Birth

➤ Search

Claim Header Data

TCN:	[REDACTED]
Status Effective Date:	06/16/2020
Trans Type:	0-Original Claim
Status:	S-Suspended
Claim Status Category Code:	P2
Claim Status Code:	41
Service Period Begin:	06/15/2020
Service Period End:	06/15/2020
RA#	
Claim Type:	P-Practitioner/Physician
Patient Account Number:	[REDACTED]
Type of Bill:	
Total Claim Paid:	

Main	Line Item
<p>Member Data</p> <p>Member ID: [REDACTED] Name: [REDACTED] Gender: [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]</p>	
<p>Provider Data</p> <p>Medicaid ID: [REDACTED] National Provider ID: [REDACTED] Name: [REDACTED]</p>	
<p>Payment Data</p> <p>Total Claim Charge Amount: \$170.00 Payment Method Code: Adjudication Date: 06/16/2020 Check Issue or EFT Effective Date: To Be Paid Amount: Check/EFT: Paid Date: Patient Account #: [REDACTED] Paid Amount: Medical Record #: Prescription Number:</p>	
<p>Payer Data</p> <p>Name: North Dakota Medicaid</p>	
<p>Information Reciever Data</p> <p>Name or Submitting Org: ND MEDICAID</p>	

Cancel

➤ MMIS Claim Search Information Result

- Main Tab

* Required Field

Claim Header Data

TCN: [REDACTED]
 Status Effective Date: 06/16/2020
 Trans Type: 0-Original Claim
 Status: S-Suspended
 Claim Status Category Code: P2
 Claim Status Code: 41
 Service Period Begin: 06/15/2020
 Service Period End: 06/15/2020
 RA#
 Claim Type: P-Practitioner/Physician
 Patient Account Number: [REDACTED]
 Type of Bill:
 Total Claim Paid:

Main

Line Item

Li	Status	Claim Status	Service Line Date	Proc Code	Modifiers	Line Item Charge Amount
1	41	O-To-be-paid	06/15/2020-06/15/2020	92507	GN	\$170.00

1 - 1 of 1

View Line Item Detail

Close

Line #: 1	Line Item Charge Amount: \$170.00
Status Effective Date: 06/16/2020	Non-Covered Charges: \$0.00
Status: O-To-be-paid	To Be Paid Amount:
Claim Status Category Code: P2	Paid Amount:
Claim Status Code: 41	Revenue Code:
Service Line Begin Date: 06/15/2020	Submitted Units: 1.00000
Service Line End Date: 06/15/2020	Paid Units: 1.00
Procedure Code: 92507	Line Item Control Number: S64954K7998K9
Modifiers: GN	

Cancel

➤ MMIS Claim Search Information Result

- Line Item Tab