

ND MMIS WEB portal
Check Member Eligibility Training
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## ND MMIS WEB portal Check Member Eligibility Training



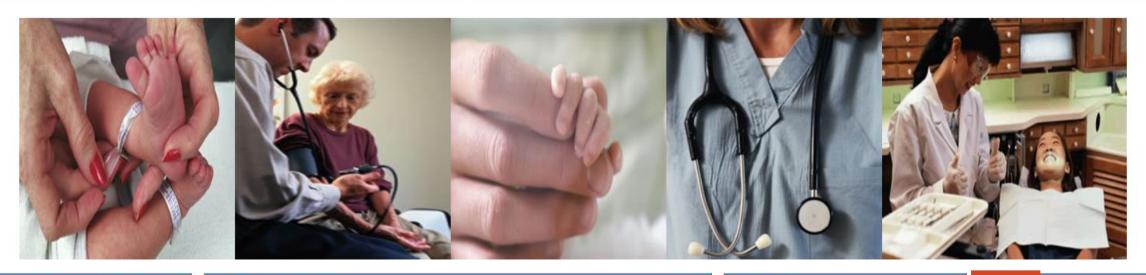
Go to <a href="https://mmis.nd.gov/portals/wps/portal/EnterpriseHome">https://mmis.nd.gov/portals/wps/portal/EnterpriseHome</a>



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

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Log into the system based upon your role:

Providers

Internal Users



Home

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system may not be

accessible.

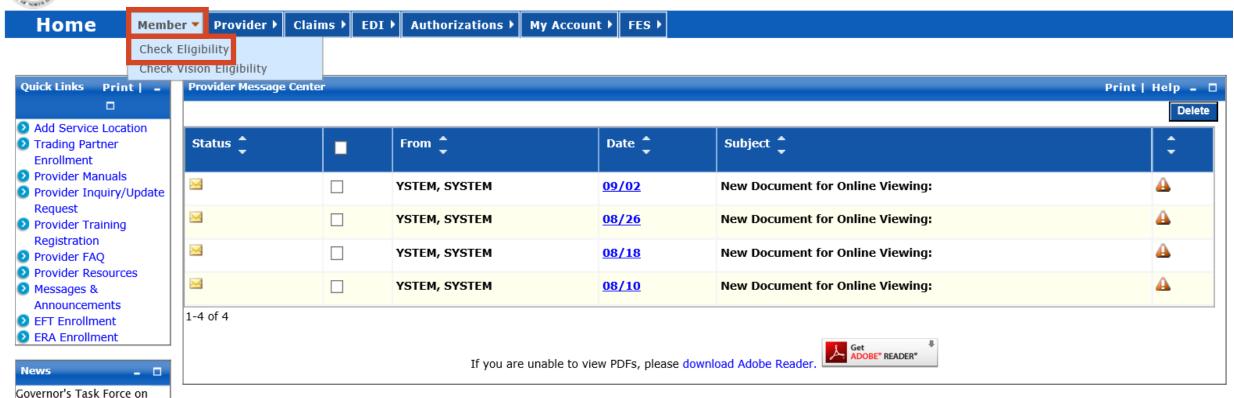
#### Provider

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.

	l
ProviderLogin	- 0
log in by entering Password.	reas of the portal, please your User ID and
* User ID:	
* Password:	
Forgot User Name	or Password ?
	Login Reset

# > Provider Login

**USER ID** and **Password** 

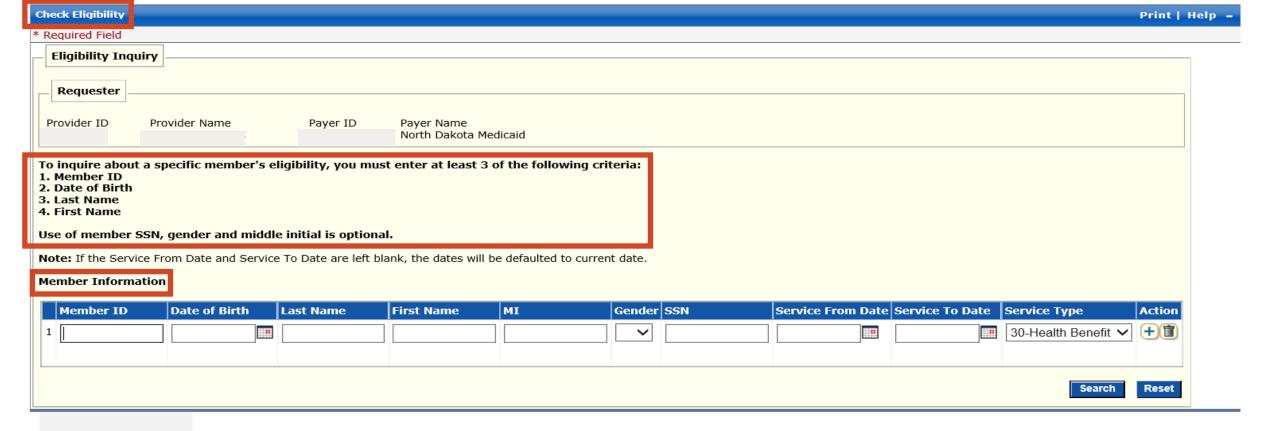


## > Member

Access to Affordable Health

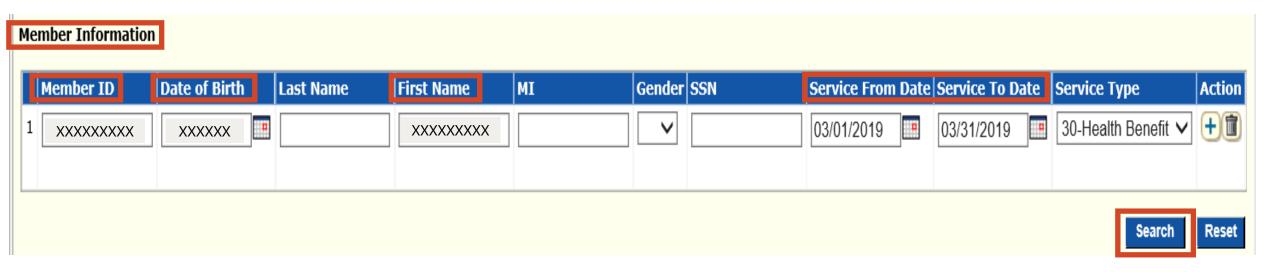
Insurance

Check Eligibility



# > Check Eligibility

- Eligibility Inquiry Must enter at least 3 criteria
  - ✓ Member ID
  - ✓ Date of Birth
  - ✓ Last Name
  - ✓ First Name



### > Member Information

- Member ID
- Date of Birth MM/DD/YYYY
- First Name
- Service From Date
- Service to Date
- Search

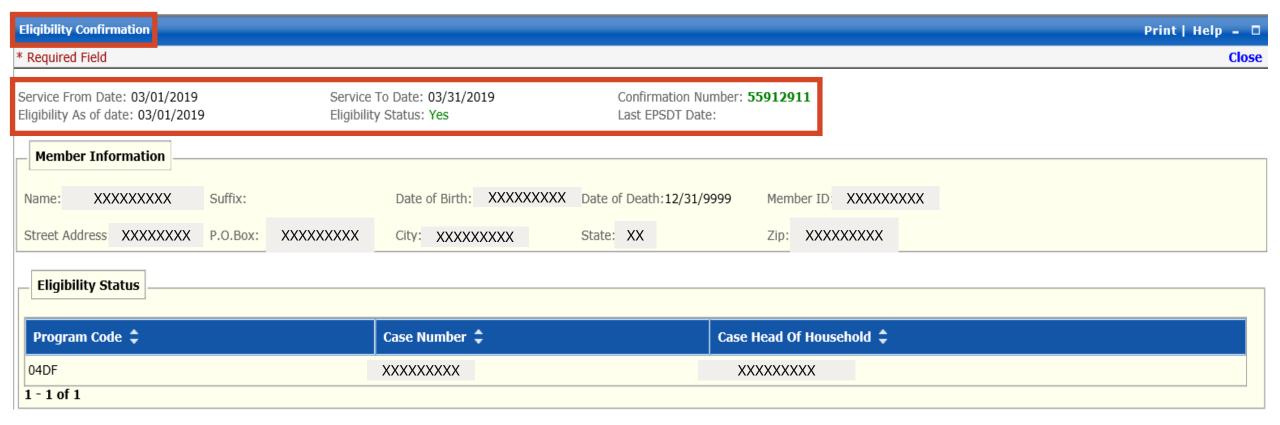
### Search Results

Please click on a row to view the member's eligibility detail.

Member ID 🕏	Date of Birth 🕏	Last Name 🕏	First Name 🕏	мі 💠	Gender 🕏	SSN 🕏	Service From Date 🕏	Service To Date 🕏	Service Type Code 🕏	TPL ‡
XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	X	X		03/01/2019	03/31/2019	30-Health Benefit	Υ

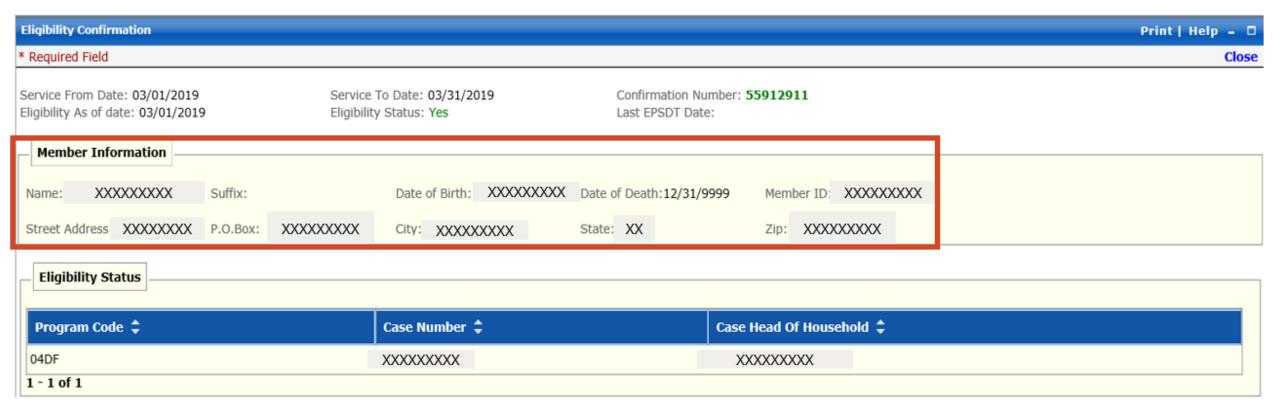
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### > Search Results



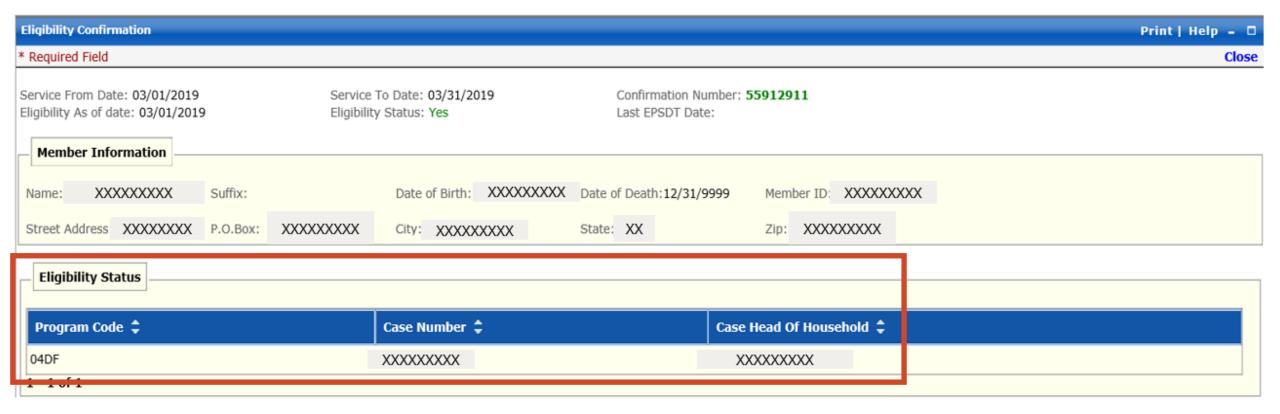
## > Eligibility Confirmation

- Service From Date
- Service To Date
- Confirmation Number
- Eligibility As of Date
- Eligibility Status



## > Eligibility Confirmation Member Information

- Member Name
- Date of Birth/Date of Death
- Member ID
- Street Address/PO Box
- City, State and Zip



# **Eligibility Confirmation Eligibility Status**

- Program Code
- Case Number
- Case Head of Household

Eligibility Status									
Program Code 💠		Case Number 💠			Case Head Of Household 🕏				
04DF		XXXXXXXXX			XXXXXXXXXXXX				
l - 1 of 1									
Benefit Plan									
Plan Description 💠	Сорау 🕏	Coinsurance 🕏	Base Deductible 💠		Remaining Deductible 🕏		Plan From 💠		Plan To 💠
Medicaid Fee For Service	\$0.00	0%	\$0.00		\$0.00		03/01/2019		03/31/2019
l - 1 of 1									
Service Type									
Copay details are available on DHS Website									
Service Type Code 🕏	Service Type Code Description 🕏		Service Type 🕏	Copay 🕏	Coinsurance 💠	Base Deductible 🕏		Remaining Deductible 🕏	
) - 0 of 0	<u>'</u>		•	<u>'</u>	'	•			
Primary Care Provider									
Provider ID 🕏	Provider N	Provider Name 💠				Organization	Organization Name 🕏		

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