

ND MMIS HCBS/DD WEB PORTAL TRAINING
LAURA HOLZWORTH, MEDICAL SERVICES DIVISION



ND MMIS HCBS/DD Web Portal Claim Form Submission Instructions



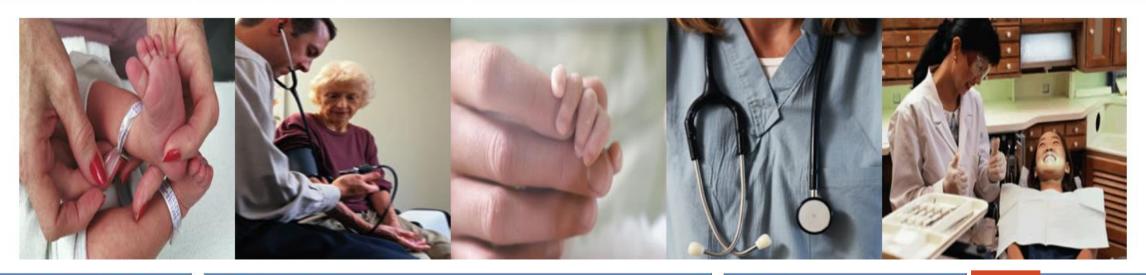
Go to https://mmis.nd.gov/portals/wps/portal/EnterpriseHome



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

_ 0

Log into the system based upon your role:

Providers

Internal Users



Home

Program >

Member ▶ Provider ▶ Documentation ▶ Directories ▶



system may not be

accessible.

Provider

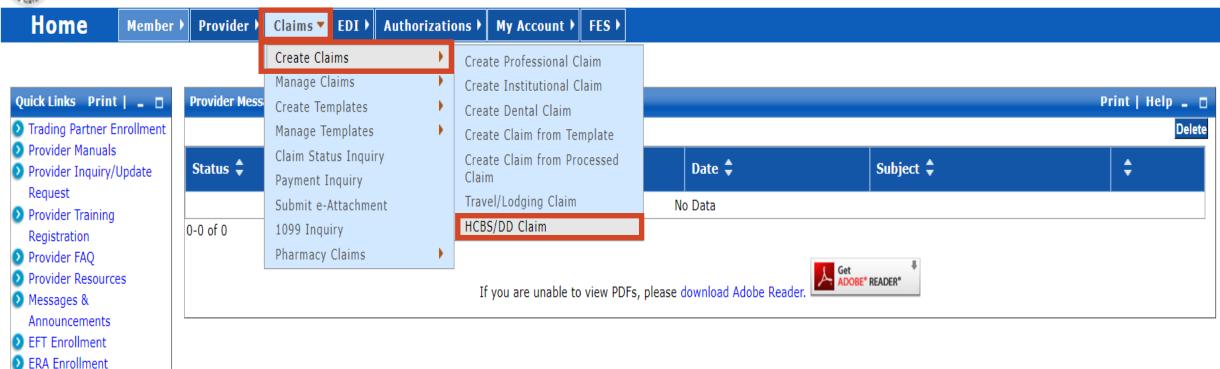
The Health Enterprise Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.

ProviderLogin	- 0	
	areas of the portal, please gyour User ID and	
* User ID:		
* Password:		
Forgot User Name or Password ?		
	Login Reset	

> Provider Login

USER ID and **Password**





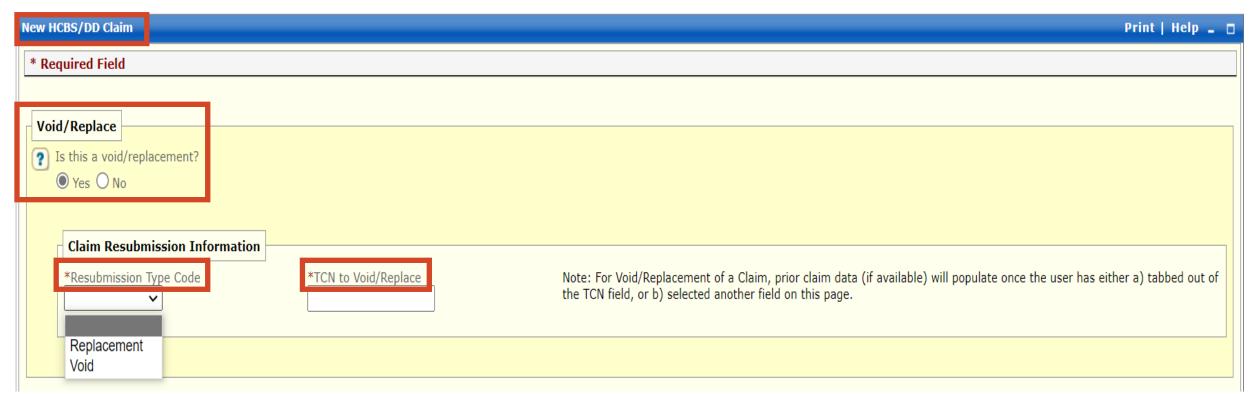
> Submit a Claim

- Claims
- Create Claims
- Create HCBS/DD Claim



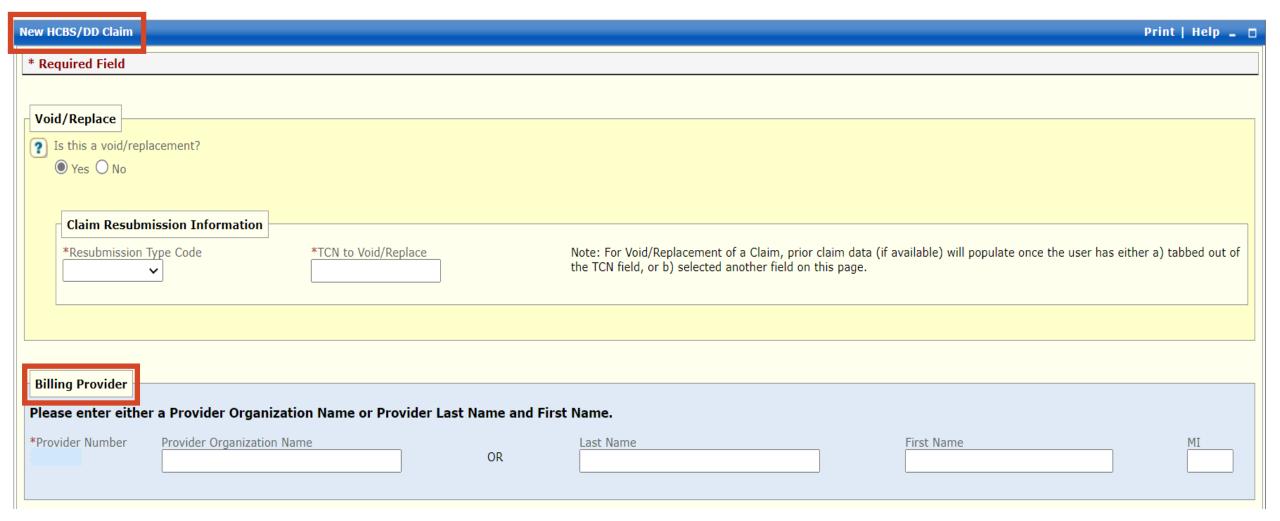
≻New HCBS/DD Claim

- Is this a void/replacement?
 - ✓ Defaults to "No."
 - ✓ Select "Yes" **only** if you are replacing or voiding a previously processed claim.



≻New HCBS/DD Claim

- Is this a replacement/void?
 - ✓ Select "Yes" **only** if you are replacing or voiding a previously processed claim (TCN).
 - ✓ Resubmission Type Code Replacement or Void
 - ✓ TCN to Replace/Void Must be the last TCN in the chain of TCN's



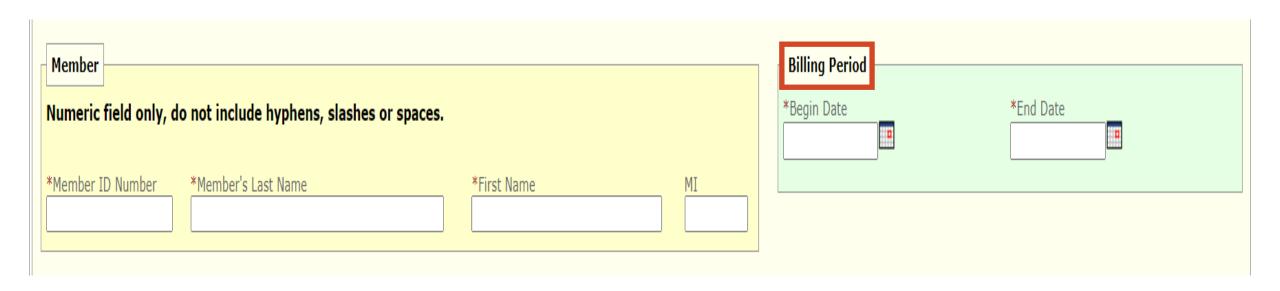
> Billing Provider

- Required
- Enter Provider Organization Name or Last Name, First Name and
 MI



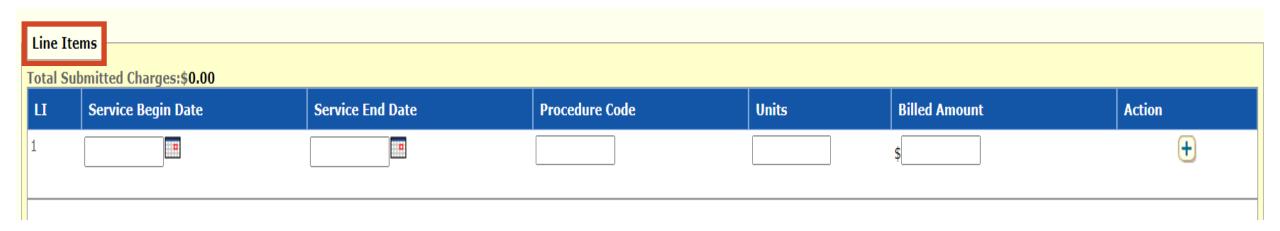
> Member Information

- REQUIRED
- Enter Member's 9-digit Medicaid ID number
- Enter Member's Last Name
- Enter Member's First Name
- Enter Member's Middle Initial



Billing Period

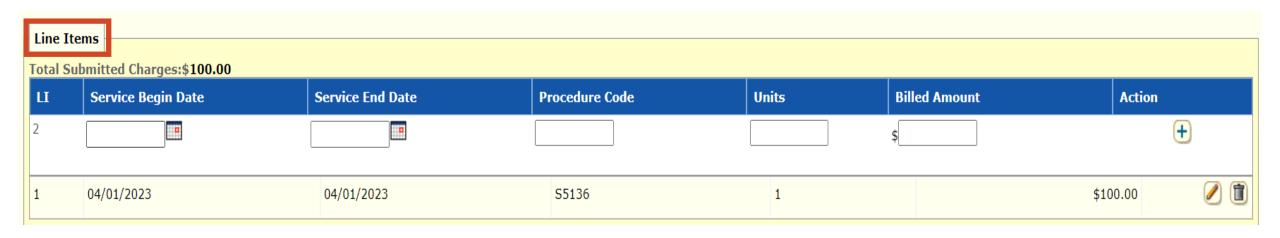
- REQUIRED
- Enter Begin Date Use format: MM/DD/YYYY
- **Enter** End Date Use format: MM/DD/YYYY



> Line Items

- REQUIRED
- Enter Service Begin Date Use format: MM/DD/YYYY
- Enter Service End Date Use format: MM/DD/YYYY
- Enter Procedure Code
- Enter Units
- Enter Billed Amount
- Click plus sign to add the line -





> Line Items - Repeat if more than 1 line

- REQUIRED
- Enter Service Begin Date Use format: MM/DD/YYYY
- Enter Service End Date Use format: MM/DD/YYYY
- Enter Procedure Code
- Enter Units
- Enter Billed Amount
- Click plus sign to add the line -





> File Name

- **Cannot** be more than 55 characters
- Cannot have special characters: example !@#\$

> Select Choose File

Insert/select file that is saved on your computer

Description

Content of attachment

> SAVE



- > System successfully saved the Information
- Save Claim
- Submit Claim

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

Claim Information

TCN

Date of Service: 04/01/2023 - 04/01/2023

Provider #

Claim Status: S - Suspended

Total Charge: \$100.00

*To Be Paid Amount: \$0.00

*Co-Payment: \$0.00

*Total Recipient Liability: \$0.00

Submission Date/Time: Wed May 31 16:38:55 CDT 2023

*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
0	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
0	A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
0	206	National Provider Identifier - missing.
0	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification

