

ND Health Enterprise Web Portal Institutional Claim Form Submission Instructions

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



- 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 - □

Log into the system based upon your role:

- [▶ Providers](#)
- [▶ Internal Users](#)

Sign In - Provider



- Home**
- Program ▾
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Quick Links

- [▶ Enrollment](#)
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- [▶ FAQ](#)
- [▶ 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 ?](#)

Log into the system using the **USER ID** and **Password**



[Home](#) |
 [Member](#) |
 [Provider](#) |
 Claims |
 [EDI](#) |
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- Create Claims**
 - Create Professional Claim
 - Create Institutional Claim**
 - Create Dental Claim
 - Create Claim from Template
 - Create Claim from Processed Claim
 - Travel/Lodging Claim
 - HCBS/DD Claim
- Manage Claims
- Create Templates
- Manage Templates
- Claim Status Inquiry
- Payment Inquiry
- 1099 Inquiry
- Pharmacy Claims

Quick Links [Print](#) | [-](#)

- [Add Service Location](#)
- [Trading Partner Enrollment](#)
- [Provider Manuals](#)
- [Provider Inquiry/Update Request](#)
- [Provider Training Registration](#)
- [Provider FAQ](#)
- [Provider Resources](#)
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Governor's Task Force on Access to Affordable Health Insurance

Provider Message				Print Help - □	
Status		Subject			
	<input type="checkbox"/>	YSTEM, SYSTEM	03/04	New Document for Online Viewing:	
	<input type="checkbox"/>	YSTEM, SYSTEM	02/12	New Document for Online Viewing:	
Delete					

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

To submit a claim, go to the **Claims** tab;
 Select **Create Claims**; then select **Create Institutional Claim**

Basic Claim Info Other Claim Info

Provider Member Basic Claim Service Line Items

? Is this a void/replacement?
 Yes No

Submitter Information

Submitter ID
MSNERD

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

Note: Healthcare Providers are required to submit National Provider ID.

Medicaid Provider ID	National Provider ID	Taxonomy Code	*Tax ID	Location Number
1456247	1609035120			

- The “New Institutional Claim” screen will appear
 - Is this a void/replacement?
 - This field will default to “No.” Select “Yes” only if you are voiding or replacing a previously processed claim.

Basic Claim Info

Other Claim Info

[Provider](#) [Member](#) [Basic Claim](#) [Service Line Items](#)

? Is this a void/replacement?

 Yes No

Submitter Information

Submitter ID

MSNERD

Provider Information

Go to [Other Claim Info](#) to enter information for other providers.

Billing Provider

Note: Healthcare Providers are required to submit National Provider ID.

Medicaid Provider ID

1456247

National Provider ID

1609035120

Taxonomy Code

*Tax ID

Location Number

- Enter the Facility Taxonomy Code
- Enter your Tax ID
- Enter the Location Number BI (Billing)

 **Additional Billing Provider Information**

Currency Code

*Org/Last Name

*Address 1

*City

State

Zip **and**

Extension

Country

Subdivision Code

Address 2

 **Contact Information**

○ Additional Billing Provider Information

- REQUIRED
- Enter your Facility Name, Address, City, State and Zip Code

? Is the Billing Provider Address also the Pay-To Address?

Yes No

Pay-To Address

*Address 1

*City

State

Zip and Extension

Country

Subdivision Code

Address 2

- Is the Billing Provider also the Pay-To Address?
 - Will default to “Yes”
 - Required - if Pay-To Address is different, select “No”
 - Complete the Pay-To Address section with the Facility Name, Address, City, State and Zip Code

 Attending Provider

Medicaid Provider ID

National Provider ID

Taxonomy Code

Location Code

○ Attending Provider Information

- REQUIRED
- Enter the Attending Provider's Medicaid Provider ID
- Enter the Attending Provider's NPI (National Provider ID)
- Enter the Attending Provider's Taxonomy Code
- Enter the Location Code AT (Attending)

Member Information

*Member ID	*Last Name	First Name	MI	Suffix	*Date of Birth	*Gender	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Property Casualty Number							
<input type="text"/>							

○ Member Information

- REQUIRED
- Enter the Member's 9-digit ID number
- Enter the Member's Last Name
- Enter the Member's First Name
- Enter the Member's Date of Birth
 - Use format: MM/DD/YYYY
- Enter the Member's Gender
 - F = Female
 - M = Male

[Member Address](#)

*Address 1 *City State Zip and Extension Country Subdivision Code

Address 2

- Member Address
 - REQUIRED
 - Enter the Member's Address, City, State and Zip Code

Claim Data

*Statement From Date



*Statement To Date



*Total Claim Charge Amount

\$

*Patient Account#

*Type of Bill

▼

First 2 Type of Bill digits.

*Claim Frequency Code

▼

Last Type of Bill digits; automatically populated on resubmission.

- Claim Data Information
 - REQUIRED
 - Statement From Date and State to Date
 - Use format: MM/DD/YYYY
 - Total Claim Charge Amount
 - Enter the total amount billed

Claim Data

*Statement From Date

 

*Statement To Date

 

*Total Claim Charge Amount

\$

*Patient Account#

*Type of Bill

First 2 Type of Bill digits.

*Claim Frequency Code

Last Type of Bill digits; automatically populated on resubmission.

○ Claim Information

- REQUIRED
- Patient Account #
 - Enter the internal patient account number
- Type of Bill
- Claim Frequency Code
 - Select the last digit 1-8 for the specific bill type
 - Bill Type List pages 25 - 27

The screenshot shows a form with the following fields:

- *Patient Status**: A dropdown menu.
- Admission Type**: A dropdown menu.
- Admission Source**: A dropdown menu.
- Admission Date / Hour:Minute**: A date picker icon followed by two input boxes labeled 'hh' and 'mm'.
- Discharge Hour:Minute**: Two input boxes labeled 'hh' and 'mm'.

○ Claim Data Information

- REQUIRED
- Patient Status
- Admission Type
- Admission Date/Hour:Minute
 - Use date format: MM/DD/YYYY. Use military format: HH:MM
- SITUATIONAL – Discharge Hour:Minute
 - If patient is other than “Still a Patient” you must enter the hour:minute the member was discharged. Use military format: HH:MM

*Medicare Assignment Code

*Benefits Assignment Certification

*Release of Information Code

○ Claim Data Information

- REQUIRED
- Medicare Assignment Code
- Benefits Assignment Certification
- Release of Information Code

Occurrence Code Information

Add Occurrence

Occurrence Code	Occurrence Date
No Data	

New Occurrence **Save** | Reset | Cancel

*Occurrence Code <input type="text"/>	*Occurrence Date <input type="text"/> 
--	--

- Occurrence Code Information
 - Add Occurrence Code and Occurrence Date
 - Save

Occurrence Span Information

Add Occurrence Span

Occurrence Span Code	Begin Date	End Date
No Data		

New Occurrence Span Code **Save** | Reset | Cancel

*Occurrence Span Code <input type="text"/>	*Begin Date <input type="text"/> 	*End Date <input type="text"/> 
---	---	---

○ Occurrence Span Information

- Add Occurrence Span Code and Begin Date and End Date
- Save

Value Information

Value Code	Value Amount
No Data	

New Value

*Value Code

*Value Amount \$

Save | Reset | Cancel

- Value Information

- REQUIRED

- 80 = Covered Days

- Value Code 80 should equal the sum of the revenue code units

- Enter the value amount

- Value amount should be entered as a dollar amount

- Example: 30 days = 30.00

- SAVE value

- Click on “Save” at the top right of the section

Diagnosis Information

Version #

ICD-09 ICD-10

*Principal Diagnosis Code

Principal Diagnosis POA Code

Admitting Diagnosis Code

- Diagnosis Information
 - REQUIRED
 - Version # - 09 – Ninth Revision (ICD-9-CM) or 10 – Tenth Revision (ICD-10-CM)
 - Principal Diagnosis Code
 - Enter the diagnosis code for the member's primary, secondary condition ect.
 - Principal Diagnosis POA Code

Billing Note

Billing Note Text

80 Characters Remaining

? Does the claim have Attachments?

Yes No

- Billing Note
 - Add any pertinent information for example proving the one year filing limit policy RA Date and TCN number
- Does the claim have Attachments?
 - Yes or No

Service Date Begin <input type="text"/>	Service Date End <input type="text"/>	*Revenue Code <input type="text"/>	Procedure Code <input type="text"/>
*Unit Qualifier <input type="text"/>	*Service Units <input type="text"/>	*Line Item Charge Amount \$ <input type="text"/>	Non-Covered Line Charges \$ <input type="text"/>

Modifiers

1. 2. 3. 4.

Procedure Description

- REQUIRED
- New Line Item
 - Service Date Begin and Service Date End
 - Use format: MM/DD/YYYY
 - Revenue Code
 - Procedure Code – if applicable
 - Unit Qualifier
 - Service Units
 - Line Item Charge Amount
 - Non-Covered Line Charges – if applicable
 - Save

Basic Line Item Information

System successfully saved the Information.

Total Claim Charge Amount: \$1,200.00

Add Service Line Item

Line #	Rev Code	Proc Code	Modifiers				Service Dates		Unit Qualifier	Units	Line Item Charge Amount \$	Non-covered Charges \$
			1	2	3	4	Begin	End				
<u>1</u>	0110						03/19/2020	03/20/2020	Days	2.00000	\$1,200.00	

1 - 1 of 1

- Multiple Services
 - Click Add Service Line Item and add service line information



- All information has been entered on the claim, click “Save Claim”
- System states the information has been “Successfully Saved”
- Submit Claim

TCN: [REDACTED]

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

Claim Information

TCN: [REDACTED]

Date of Service: 03/20/2020 - 03/20/2020

Provider #: [REDACTED]

Member ID: [REDACTED]

Claim Status: C - To Be Dnd

Total Charge: \$200.00

*To Be Paid Amount: \$0.00

*Co-Payment: \$0.00

*Total Recipient Liability: \$0.00

Submission Date/Time: Tue Mar 24 11:28:05 CDT 2020

*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	204	This service/equipment/drug is not covered under the patient's current benefit plan
1	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.)
1	26	Expenses incurred prior to coverage.
1	27	Expenses incurred after coverage terminated.

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Remark Codes

Line #	Remark Code	Description
No Data		

- Print and Save for your records

Bill Type List

- 1 Admit through Discharge Claim
This code is to be used when a member is admitted and discharged in the same month. Member CANNOT be in the “Still a Patient” status.
- 2 Interim – First Claim
This code is used for the first claim and the Discharge Status (fld17) as “Still a Patient.”
- 3 Interim – Continuing Claim
This code is used for the second and any ongoing months that have a Discharge Status (fld17) as “Still a Patient”.
- 4 Interim – Last Claim
This code is used for the Final claim billed for the member.

- 7 Replacement of Prior Claim

A claim replacement may be submitted to modify a previously processed claim. Timely filing limits apply. To submit a claim replacement, complete the claim form fields below:

Field 4: Use 7 as the last digit in the Type of Bill Code

Field 64: Enter the claim's Transaction Control Number (TCN) or Internal Control Number (ICN)

If replacing a claim processed in the ND Health Enterprise MMIS, enter the 17-digit TCN for the previously processed claim.

- 8 Void/Cancel of Prior Claim

Voiding a claim reverses a previously processed Medicaid claim. Timely filing limits apply. To submit a claim void, complete the claim form fields below:

Field 4: Use 8 as the last digit in the Type of Bill Code

Field 64: Enter the claim's Transaction Control Number (TCN) or Internal Control Number (ICN)

If voiding a claim processed in the ND Health Enterprise MMIS, enter the 17-digit TCN for the previously processed claim.