



ND HEALTH ENTERPRISE MMIS PHASE III TRAINING

VERIFYING MEMBER ELIGIBILITY ONLINE

JANUARY 2016

Verifying Member Eligibility Online

Today we will learn how to verify member eligibility online using ND Health Enterprise MMIS.

Learning Objectives:

- Locate check member eligibility link
- Conduct a search
- Interpret member eligibility data

Verifying Member Eligibility Online



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Member ▾

Provider ▸

Claims ▸

EDI ▸

Authorizations ▸

My Account ▸

FES ▸

Check Eligibility

- Quick Links Print | -
- Add Service Location
 - Trading Partner Enrollment
 - Provider Manuals
 - Provider Inquiry/Update Request
 - Provider Training Registration
 - Provider FAQ
 - Provider Resources
 - Messages & Announcements

News - □

Governor's Task Force on Access to Affordable Health Insurance.

Provider Message Center Print | Help - □

[Delete](#)

Status ▾	From ▾	Date ▾	Subject ▾
No Data			

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

Verifying Member Eligibility Online

 **North Dakota MMIS Web Portal** Skip Navigation | Contact Us | Help | Search | Log out

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Check Eligibility Print | Help - □

* Required Field

Eligibility Inquiry

Requester

Provider ID	Provider Name	Payer ID	Payer Name
2543586	North Dakota Dental Clinic	77101	North Dakota Medicaid

To inquire about a specific member's eligibility, you must enter at least 3 of the following criteria:
1. Member ID
2. Date of Birth
3. Last Name
4. First Name

Use of member SSN, gender and middle initial is optional.

Note: If the Service From Date and Service To Date are left blank, the dates will be defaulted to current date.

Member Information

Member ID	Date of Birth	Last Name	First Name	MI	Gender	SSN	Service From Date	Service To Date	Inq Type	Action
1	<input type="text"/>	30	 							

Eligibility Confirmation Print | Help - □

There are three required fields, but they must be three of the four listed here:
Member ID, Date of Birth, Last Name and First Name

Verifying Member Eligibility Online

Check Eligibility

Print | Help

* Required Field

Eligibility Inquiry

Requester

Provider ID: 2543586 Provider Name: North Dakota Dental Clinic Payer ID: 77101 Payer Name: North Dakota Medicaid

To inquire about a specific member's eligibility, you must enter at least 3 of the following criteria:

1. Member ID
2. Date of Birth
3. Last Name
4. First Name

Use of member SSN, gender and middle initial is optional.

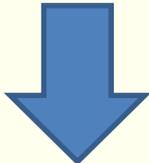
Note: If the Service From Date and Service To Date are left blank, the dates will be defaulted to current date.

Member Information

Member ID	Date of Birth	Last Name	First Name	MI	Gender	SSN	Service From Date	Service To Date	Inq Type	Action
1 ND3857937	05011980	SANDERSON			▼		01032016	01032016	30	+ -
2					▼				30	+ -

Search Reset

You can search for up to 10 members at a time



Eligibility Confirmation

Print | Help

An additional line displays with fields for an additional Member inquiry. Using the + (plus) symbol in the Action field, you can search for up to 10 members at a time.

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* Required Field

Eligibility Inquiry

Requester

Provider ID: 2543586 Provider Name: North Dakota Dental Clinic Payer ID: 77101 Payer Name: North Dakota Medicaid

To inquire about a specific member's eligibility, you must enter at least 3 of the following criteria:

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2. Date of Birth
3. Last Name
4. First Name

Use of member SSN, gender and middle initial is optional.

Note: If the Service From Date and Service To Date are left blank, the dates will be defaulted to current date.

Member Information

Member ID	Date of Birth	Last Name	First Name	MI	Gender	SSN	Service From Date	Service To Date	Inq Type	Action
1 ND3857937	05/01/1980	SANDERSON			▼		01/03/2016	01/03/2016	30	+ -

Search results table

Search Results

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

Member ID	Date of Birth	Last Name	First Name	MI	Gender	SSN	Service From Date	Service To Date	TPL
ND3857937	05/01/1980	SANDERSON	SAM		M		01/03/2016	01/03/2016	N

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Check Eligibility

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* Required Field

Member is ineligible for the requested inquiry period in Row 1.

Eligibility Inquiry

Requester

Provider ID	Provider Name	Payer ID	Payer Name
2543586	North Dakota Dental Clinic	77101	North Dakota Medicaid

To inquire about a specific member's eligibility, you must enter at least 3 of the following criteria:

1. Member ID
2. Date of Birth
3. Last Name
4. First Name

Use of member SSN, gender and middle initial is optional.

Note: If the Service From Date and Service To Date are left blank, the dates will be defaulted to current date.

Member Information

Member ID	Date of Birth	Last Name	First Name	MI	Gender	SSN	Service From Date	Service To Date	Inq Type	Action
1 ND3857937	05/01/1980	Sanderson			▼		12/31/2015	12/31/2015	30	+ -

Member is ineligible for the requested inquiry period.

Ineligible Member

Search Reset

Eligibility Confirmation

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Verifying Member Eligibility Online

ND3857937	05/01/1980	SANDERSON	SAM	M	01/03/2016	01/03/2016	N
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Eligibility Confirmation

Print | Help - □

* Required Field

Close

Service From Date: 01/03/2016
Eligibility As of date: 01/03/2016

Service To Date: 01/03/2016
Eligibility Status: Yes

Confirmation Number: **50168177**
Last EPSDT Date:

Member Information

Name: SAM SANDERSON Suffix: Date of Birth: 05/01/1980 Date of Death: 12/31/9999 Member ID: ND3857937
Street Address: 4242 42ND ST P.O.Box: City: BISMARCK State: ND Zip: 58501

Eligibility Status

Program Code ▾	Case Number ▾	Case Head Of Household ▾
04DF	396846	SANDERSON,SAM

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Benefit Plan

Plan Description ▾	Plan From ▾	Plan To ▾
Medicaid Fee For Service	01/03/2016	01/03/2016

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Primary Care Provider

Provider ID ▾	Provider Name ▾	Plan Description ▾	Organization Name ▾
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Verifying Member Eligibility Online

[TPL Spans](#)

Carrier ID	Carrier Name	Insurance Type	Policyholder ID	Policyholder Name	Policy Number	Policy Begin Date	Policy End Date
0 - 0 of 0							

[Lock-in Spans](#)

Begin Date	End Date	Provider ID	Provider Name	Lockin Type
0 - 0 of 0				

[Other General Information](#)

Is There Any Recipient Liability Involved? No	Is there any Long Term Care involved? No	Has the Recipient Liability Amount been met? No	Recipient Liability Amount 0
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[Choose a Different Member](#)

At the bottom of the record are three expandable sections. TPL Spans, Lock-In Spans and Other General Information.

TPL Spans - this section displays Carrier ID, Carrier Name, Insurance Type, Policyholder ID, Policyholder Name, Policy Number, Policy Begin Date and Policy End Date.

Lock-In Spans - this section displays Begin Date, End Date, Provider ID, Provider Name and Lock-In Type.

Other General Information - Recipient Liability, Long Term Care, Recipient Liability amount met and Recipient Liability Amount.

QUESTION & ANSWER OPEN LINE SESSION

Open Line Question & Answer

We are opening the phone line in order to field any questions you may have. In order to get your question in queue, please perform the following;

- **Press star***, then **pound#** to move into the call queue.
- The operator will advise you when you have the floor.
- Additionally, you are not limited to the number of questions you can ask. However, you will again need to please **press star***, then **pound#** to have the floor.

