



MMIS 1915I WEB PORTAL TEMPLATE TRAINING

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NORTH
Dakota | Human Services
Be Legendary.™

ND Health Enterprise Web Portal 1915I Claim Template 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 - □

Log into the system based upon your role:

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

➤ Sign In – Select Provider



Quick Links

- ▶ Enrollment
- ▶ ProviderManuals
- ▶ 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 ?](#)

➤ Provider Login

- Enter **USER ID** and **Password**
 - ✓ Initial login credentials provided by Medicaid Provider Enrollment upon enrolling as a provider of 1915 (i) services

➤ Manage Provider User Security:

https://www.nd.gov/dhs/info/mmis/docs/mmis-managing_user-security-grg.pdf

Creating a Claim Template

The screenshot displays a web application interface with a blue header and a left sidebar. The header contains navigation tabs: Home, Member, Provider, Claims, EDI, Authorizations, My Account, and FES. The 'Claims' tab is selected, and its dropdown menu is open, showing options like 'Create Claims', 'Manage Claims', 'Create Templates', 'Manage Templates', 'Claim Status Inquiry', 'Payment Inquiry', 'Submit e-Attachment', '1099 Inquiry', and 'Pharmacy Claims'. The 'Create Templates' option is highlighted, and its sub-menu is also open, showing options like 'Create Professional Template', 'Create Institutional Template', 'Create Dental Template', 'Create HCBS/DD Template', and 'Create Travel/Lodging Template'. The 'Create Professional Template' option is highlighted. The main content area shows a 'Provider Message' section with a 'Status' dropdown and a 'Subject' dropdown. Below this, there is a 'New Document for Online Viewing:' section with a warning icon. At the bottom, there is a message: 'If you are unable to view PDFs, please download Adobe Reader.' with a 'Get ADOBE READER' button.

➤ Create Claim Template

- Select **Claims**
- **Create Templates**
- **Create Professional Template**

Create Template – Enter Template Name

Print | Help - □

*** Required Field**

In order to create a new template, you must first enter a name by which to identify it. Once you have done so, click 'Continue' to proceed to the claim entry form.

*** Template Name**

Long Description

Enter a description for the new template

Not Required

Characters Remaining 320

Continue

Reset

Cancel

➤ Create Template

- Create **Template Name** – Enter Name of Template
- **Long Description** - Enter a description – **Not Required**
- Select - **Continue**

*Required Field

Basic Claim Info Other Claim Info

Provider Member **Basic Claim** Service Line Items

? Is this a void/replacement?
 Yes No

Submitter Information

Submitter ID

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** **SSN** Location Number

Submitter ID, Medicaid Provider ID and National Provider ID are prefilled based on the sign-on information

➤ Billing Provider

- Enter **Billing Provider Taxonomy Code** – provider group taxonomy code
- Enter **Billing Provider Tax ID** or **SSN Number** – provider group Tax ID

Additional Billing Provider Information

*Entity Qualifier <input type="text"/>	Currency Code <input type="text"/>					
*Org/Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Suffix <input type="text"/>			
*Address 1 <input type="text"/>	*City <input type="text"/>	State <input type="text"/>	Zip and <input type="text"/>	Extension <input type="text"/>	Country <input type="text"/>	Subdivision Code <input type="text"/>
Address 2 <input type="text"/>						

➤ **Additional Billing Provider Information**

- **Entity Qualifier** – Select **Non-Person**
- Enter – **Org/Last Name, Address, City, State and Zip Code**

❖ Note: **Required** fields are **NOT REQUIRED** in a Template

Claim Data

*Patient Account #

*Place of Service

*Assignment Code

*Benefits Assignment Certification

*Release of Information Code

*Assignment Code

Assgnmnt accepted on Clncl lab svc only
Assigned
Not Assigned

➤ **Assignment Code – Select Not Assigned**

*Benefits Assignment Certification

No
Not Applicable
Yes

➤ **Benefits Assignment Certification– Select Not Applicable**

*Release of Information Code

Informed Consent to Release Information
Yes, Provider has signed statement

➤ **Release of Information Code– Select Yes, Provider has signed statement**

New Line Item

Save | Save & Add Other Svc Info/TPL | Reset | Cancel

*Service Date Begin

Service Date End

Place of Service

*Procedure Code

Procedure Description

Modifiers

1. 2. 3. 4.

*Line Item Charge Amount

\$

Diagnosis Pointers

*1. 2. 3. 4.

*Unit Code

*Units

+ [Service Authorization](#)

+ [Additional Service Line Information](#)

? Is there additional line-specific information/TPL to be entered?

Yes No

Save Template

Reset

Cancel

Select **Save Template**

Managing and Editing a Template

The screenshot displays a web application interface with a blue navigation bar at the top containing the following tabs: Home, Member, Provider, Claims, EDI, Authorizations, My Account, and FES. The 'Claims' tab is selected and has a dropdown menu open. The dropdown menu includes the following options: Create Claims, Manage Claims, Create Templates, Manage Templates, Claim Status Inquiry, Payment Inquiry, Submit e-Attachment, 1099 Inquiry, and Pharmacy Claims. The 'Manage Templates' option is highlighted with a red box, and its sub-menu is also visible, containing the option 'View / Edit / Delete Template', which is also highlighted with a red box. On the left side, there is a 'Quick Links' sidebar with various navigation options. The main content area shows a 'Provider Message' section with a table containing one row of data. The table has columns for 'Status', 'Date', and 'Subject'. The data row shows a status of 'EM', a date of '10/19', and a subject of 'New Document for Online Viewing:'. There is a 'Delete' button next to the row. At the bottom of the page, there is a message: 'If you are unable to view PDFs, please download Adobe Reader.' with a 'Get ADOBE READER' button.

➤ **Claims**

➤ **Manage Templates – Select View/Edit/Delete Template**

*** Required Field**

To conduct a search for a previously saved template, enter the name of the template or leave the template name field blank, optionally select a Template Type if it is known, and then click "Search". A search by Template Name will return that template if it exists, while a search without a Template Name will produce a list of existing saved templates. Selecting "Starts With" will produce a list of existing saved templates with the first two characters matching that search criteria. Selecting "Contains" will produce a list of templates with a word or phrase in the template name that matches the search criteria.

Template Name
 Starts With Contains

Template Type

- Dental
- Institutional
- Professional
- HCBS/DD
- Travel/Lodging

➤ Search Template

- Enter **Template Name** – Select **Starts With**
- Click - **Search**

SEARCH RESULTS

Below is a list of templates that met your search criteria. To maintain the template, click on the row associated with the template you wish to display. You will be taken to the web form where you may enter your template.

Template Name ▾	Form Type ⇅	Form Sub Type ⇅	Last Update ⇅	Last Updated By ⇅
TEST 123 H2015	Professional		11/17/2021	MSNERD
TEST 123 T2003	Professional		11/17/2021	MSNERD

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Template Type

- Dental
- Institutional
- Professional
- HCBS/DD
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Search

Reset

➤ Search Template

- Select **Template Type - Professional**
- Click - **Search**

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1 - 2 of 2



Search Results:

- Select - **Template Name** to make any changes to the template

Create Claim from Template

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➤ Create Claim from Template

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➤ Search Template

- Select **Template Type - Professional**
- Click - **Search**

SEARCH RESULTS

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TEST 123 T2003	Professional		11/17/2021	MSNERD

1 - 2 of 2

➤ Search Results:

- Select - **Template Name to complete the claim for submission**

➤ Assistance in completing the 1915(i) Web Portal Claim Instructions:

- **<https://www.behavioralhealth.nd.gov/1915i/trainings>**
- **Billing and Claims: Part 2 - MMIS**