



ND MMIS WEB portal
Check Member Eligibility Training
LAURA HOLZWORTH, MEDICAL SERVICES DIVISION

NORTH
Dakota
Be Legendary.

Health & Human Services

ND MMIS WEB portal Check Member Eligibility Training



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 - Provider



Home | Program ▶ | Member ▶ | **Provider ▶** | Documentation ▶ | Directories ▶

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



[Home](#)
[Member](#)
[Provider](#)
[Claims](#)
[EDI](#)
[Authorizations](#)
[My Account](#)
[FES](#)

[Check Eligibility](#)
[Check Vision 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](#)
- [EFT Enrollment](#)
- [ERA Enrollment](#)

News

Governor's Task Force on Access to Affordable Health Insurance

Provider Message Center [Print](#) [Help](#) [Delete](#)

Status		From	Date	Subject	
	<input type="checkbox"/>	YSTEM, SYSTEM	09/02	New Document for Online Viewing:	
	<input type="checkbox"/>	YSTEM, SYSTEM	08/26	New Document for Online Viewing:	
	<input type="checkbox"/>	YSTEM, SYSTEM	08/18	New Document for Online Viewing:	
	<input type="checkbox"/>	YSTEM, SYSTEM	08/10	New Document for Online Viewing:	

1-4 of 4

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

- **Member**
 - Check Eligibility

* Required Field

Eligibility Inquiry

Requester

Provider ID Provider Name Payer ID 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	Service Type	Action
1	[]	[]	[]	[]	▼	[]	[]	[]	30-Health Benefit ▼	+ []

Search

Reset

➤ 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	Last Name	First Name	MI	Gender	SSN	Service From Date	Service To Date	Service Type	Action
1	XXXXXXXXXX	XXXXXX		XXXXXXXXXX		▼		03/01/2019	03/31/2019	30-Health Benefit ▼	+ 🗑️

Search

Reset

➤ 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	MI	Gender	SSN	Service From Date	Service To Date	Service Type Code	TPL
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	X	X		03/01/2019	03/31/2019	30-Health Benefit	Y

1 - 1 of 1

➤ Search Results

* Required Field

Close

Service From Date: 03/01/2019
Eligibility As of date: 03/01/2019

Service To Date: 03/31/2019
Eligibility Status: Yes

Confirmation Number: **55912911**
Last EPSDT Date:

Member Information

Name: XXXXXXXXX Suffix: Date of Birth: XXXXXXXXX Date of Death: 12/31/9999 Member ID: XXXXXXXXX
Street Address: XXXXXXXXX P.O.Box: XXXXXXXXX City: XXXXXXXXX State: XX Zip: XXXXXXXXX

Eligibility Status

Program Code	Case Number	Case Head Of Household
04DF	XXXXXXXXXX	XXXXXXXXXX

1 - 1 of 1

➤ Eligibility Confirmation

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

* Required Field

Close

Service From Date: 03/01/2019
Eligibility As of date: 03/01/2019

Service To Date: 03/31/2019
Eligibility Status: Yes

Confirmation Number: **55912911**
Last EPSDT Date:

Member Information

Name: XXXXXXXXXX Suffix: Date of Birth: XXXXXXXXXX Date of Death: 12/31/9999 Member ID: XXXXXXXXXX
Street Address XXXXXXXXXX P.O.Box: XXXXXXXXXX City: XXXXXXXXXX State: XX Zip: XXXXXXXXXX

Eligibility Status

Program Code ▾

Case Number ▾

Case Head Of Household ▾

04DF

XXXXXXXXXX

XXXXXXXXXX

1 - 1 of 1

➤ Eligibility Confirmation Member Information

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

* Required Field

Close

Service From Date: 03/01/2019
Eligibility As of date: 03/01/2019

Service To Date: 03/31/2019
Eligibility Status: Yes

Confirmation Number: 55912911
Last EPSDT Date:

Member Information

Name: XXXXXXXXX Suffix: Date of Birth: XXXXXXXXX Date of Death: 12/31/9999 Member ID: XXXXXXXXX
Street Address: XXXXXXXX P.O.Box: XXXXXXXXX City: XXXXXXXXX State: XX Zip: XXXXXXXXX

Eligibility Status

Program Code	Case Number	Case Head Of Household
04DF	XXXXXXXXXX	XXXXXXXXXX

1 of 1

➤ Eligibility Confirmation Eligibility Status

- Program Code
- Case Number
- Case Head of Household

Eligibility Status

Program Code	Case Number	Case Head Of Household
04DF	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX

1 - 1 of 1

Benefit Plan

Plan Description	Copay	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

1 - 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 - 0 of 0

Primary Care Provider

Provider ID	Provider Name	Plan Description	Organization Name
-------------	---------------	------------------	-------------------

0 - 0 of 0

[TPL Spans](#)

Carrier ID	Carrier Name	Insurance Type	Policyholder ID	Policyholder Name	Policy Number	Policy Begin Date	Policy End Date
XXXXXXXXXXXX						03/01/2019	03/31/2019
						03/01/2019	03/31/2019
						03/01/2019	03/31/2019
	MB		XXXXXXXXXXXX		XXXXXXXXXXXX	03/01/2019	03/31/2019
	MA					03/01/2019	03/31/2019
	M-Part D					03/01/2019	03/31/2019

1 - 6 of 6

[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? **Yes**
 Is there any Long Term Care involved? **No**
 Has the Recipient Liability Amount been met? **Yes**
 Recipient Liability Amount **0.00**

[Choose a Different Member](#)