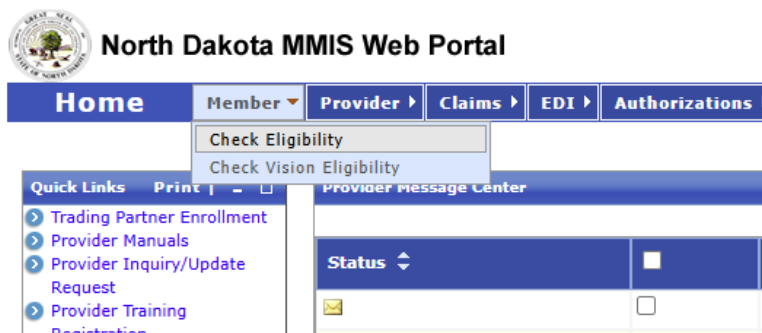# Checking Member Information in MMIS

Checking a member's eligibility status

Go to the MMIS Web portal and click on "Member" and "Check Eligibility"

You must have 3 of the 4 listed pieces of member information:

- Member first name
- Member last name
- Member date of birth
- Member Medicaid ID

If you do not enter a Service from or to date, it will default to the current date. If you are looking for eligibility beginning on a certain date or timeframe, please fill out those fields.

If you misspell a member's name, you will see the below error message.

You will see the below screen if the member is not eligible for the entered time period or as of the current date.

You will see the following information if the member is currently Medicaid eligible. Under "Plan Description" it says "1915(i) Services".

Note the member shown below is 1915(i) Eligible and is on Medicaid Expansion. This information is viewable under "Benefit Plan" and "Plan Description".

Member Information

	Member ID	Date of Birth	Last Name	First Name	MI	Gender	SSN	Service From Date	Service To Date	Service Type	Action
1	▮		▮	▮		˅		11/29/2024	11/29/2024	30-Health Benefit ˅	➕🗑

Search   Reset

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 ⇕
ND▮	▮	▮	▮	▮	M		11/29/2024	11/29/2024	30-Health Benefit	N

1 - 1 of 1

Eligibility Confirmation   Print | Help _ ☐

* Required Field   Close

Eligibility is under ND Medicaid Expansion – Submit medical claims through the MCO and Rx claims through ND Medicaid

Service From Date: 11/29/2024   Service To Date: 11/29/2024   Confirmation Number: ▮
Eligibility As of date: 11/29/2024   Eligibility Status: Yes   Last EPSDT Date:

Member Information

Name: ▮   Suffix: Date of Birth: ▮   Date of Death: ▮   Member ID: ▮
Street Address: ▮   P.O.Box: City: ▮   State: ND   Zip: ▮

Eligibility Status

Program Code ⇕	Case Number ⇕	Case Head Of Household ⇕
M076	▮	▮

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Benefit Plan

Eligibility is under ND Medicaid Expansion – Submit medical claims through the MCO and Rx claims through ND Medicaid

Plan Description ⇕	Copay ⇕	Coinsurance ⇕	Base Deductible ⇕	Remaining Deductible ⇕	Plan From ⇕	Plan To ⇕
1915I Services	$0.00	0%	$0.00	$0.00	11/29/2024	11/29/2024
ACA Medicaid Expansion	$0.00	0%	$0.00	$0.00	11/29/2024	11/29/2024

1 - 2 of 2

Traditional Medicaid Eligibility is noted as Medicaid Fee for Service.

Benefit Plan

Plan Description ⇕	Copay ⇕	Coinsurance ⇕	Base Deductible ⇕	Remaining Deductible ⇕	Plan From ⇕	Plan To ⇕
Health Tracks/Early Perdic Scrn Det Trmt	$0.00	0%	$0.00	$0.00	11/29/2024	11/29/2024
Medicaid Fee For Service	$0.00	0%	$0.00	$0.00	11/29/2024	11/29/2024

1 - 2 of 2

Home and Community-Based Services (HCBS) Waiver or other coverage information

Eligibility for a HCBS Waiver will look like this. The below example shows a member who is also on the Developmentally Disabled (DD) Waiver.

Benefit Plan

Plan Description	Copay	Coinsurance	Base Deductible	Remaining Deductible	Plan From	Plan To
1915I Services	$0.00	0%	$0.00	$0.00	11/29/2024	11/29/2024
Medicaid Fee For Service	$0.00	0%	$0.00	$0.00	11/29/2024	11/29/2024
Developmentally Disabled Waiver	$0.00	0%	$0.00	$0.00	11/29/2024	11/29/2024

1 - 3 of 3

Third Party Liability (other sources of insurance or responsible payors)

Other insurance information can be found under Third Party Liability (TPL) Spans

TPL Spans

Carrier ID	Carrier Name	Insurance Type	Policyholder ID	Policyholder Name	Policy Number	Policy Begin Date	Policy End Date
▬▬▬	FARMERS INSURANCE			▬▬▬	▬▬▬	12/02/2024	12/02/2024

1 - 1 of 1

Recipient Liability

If a member has Recipient Liability, it will be found under "Other General Information" at "Is there Recipient Liability Medicaid (RLM)?

Other General Information

Is there Recipient Liability Medicaid(RLM)
No

Is there any Long Term Care involved?
No

Has the Recipient Liability Amount been met?
NA

RLM amount remaining for upto the last 3 months in Date(s) of Service requested

Type	Begin Date	End Date	Liability Amount Remaining

Is there Recipient Liability Basic Care(RRB)?
No

Is there any Long Term Care involved?
No

Has the Recipient Liability Amount been met?
NA

RRB amount remaining for upto the last 3 months in Date(s) of Service requested
*

Type	Begin Date	End Date	Liability Amount Remaining

Is there Recipient Liability CSHS(RLC)?
No

Has the Recipient Liability Amount been met?
NA

RLC amount remaining for upto the last 3 months in Date(s) of Service requested

Type	Begin Date	End Date	Liability Amount Remaining