



Noridian Medicare Portal

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Agenda

- Endeavor Background
- Noridian Medicare Portal Launched
- Functionality Available
- Registration Process and Challenges
- Portal Resources

Endeavor Background

- One of first MAC portals in 2008
 - Added Jurisdictions as we won contracts
 - Added functionality; often the first offered by any MAC
- It's time for a change!
 - Capacity and Performance Issues
 - Registration Validity Concerns
- **All Endeavor Access Removed May 1, 2016**

Noridian Medicare Portal Launched

- Worked with CMS - Approval Completed November 2015
 - Portal Still Free; Still Secure
- Select Group Registered and Tested December; Expanded in January
- Full Launch February to all Providers
 - Website (User Manuals, Tutorials)
 - Postcards
 - Webinars
 - Emails



Noridian Medicare Portal Functionality

Noridian Medicare Portal: Homepage

The screenshot displays the Noridian Medicare Portal homepage. At the top right, there are links for 'Welcome', 'Manage Account', and 'Sign Out'. Below this, a green header bar contains the Noridian logo and the text 'Noridian Medicare Portal'. On the right side of the header, it shows 'Last Login on 10/22/2015 09:57 AM CDT | Failed attempts: 0' and navigation links for 'Home', 'Contact Us', and 'Help'. A horizontal navigation bar below the header features several tabs: 'Eligibility' (highlighted with a red box), 'Claim Status', 'Appeals', 'Remittance Advices', 'Financials', 'Same or Similar DME', and 'Prior Authorizations'. The main content area is divided into two columns. The left column has a 'System Notices' section with two status indicators: 'System Normal' (green) and 'System Offline' (red). Below these is the text 'All Functions Available'. The right column has an 'Alerts & Notices' section with a 'See All >' link. A prominent alert reads 'Eligibility Unavailable October 17' with a date and time of '10/14/2015 | 11:33 AM' and a message: 'Due to CMS maintenance, eligibility will be unavailable on Saturday, October 17, 2015.' Below the alerts, there are three service cards. The first card is for 'Eligibility', with a description: 'View a beneficiary's Medicare benefits: HMO, MSP, Home Health, Hospice, Hospital, SNF and preventive services.' and a 'Start Inquiry' button (highlighted with a red box). The second card is for 'Claim Status', with a description: 'Locate the status of a claim, view a list of Additional Documentation Requests (ADR) and begin an appeal.' and a 'Start Inquiry' button. The third card is for 'Appeals', with a description: 'Begin an appeal or view the status of existing appeals.' and a 'Start Inquiry' button.

Functionality: Eligibility

Eligibility Benefits Inquiry

Provider/Supplier Details

* TIN or SSN: Clear Provider/Supplier:
 * NPI: Program:

* PTAN:

Beneficiary Details

* HICN:

* Last Name:

* Provide at least one of the following

First Name:

Date of Birth:

Eligibility Benefits Response

New Inquiry
Print Page

Beneficiary:	Provider/Supplier:	View Claim Status
Gender:	NPI:	Same or Similar
DOB:	PTAN:	Prior Authorization
Date of Death:	TIN or SSN:	
HICN:		
Transaction ID:		

View All
Eligibility
HMO/MCO
MSP
HHEH
Hospice
Hospital
SNF
ESRD
Preventive

Eligibility

Functionality: Claim Status

Claim Status Details

[Back to Search Results](#)
[Print Page](#)

ICN: Status: Billed Amount: Finalized Date: Provider Paid Amount: Specialty: Total Deductible:	Receipt Date: MSP Ind: Crossover Ind: Last Worked Date: Check/EFT#:	Submit Appeal View Financials View Full Remittance Claim Specific Remittance Related Claim Details
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Claim Status Line Details

Line	From DOS	To DOS	HCPCS	Modifier	Units	POS	Diagnosis Code	Billed Amount	Allowed Amount	Provider Paid	Reason Code
1											

Reason Code

Reason Narrative

Related Claim Details

ICN	Date of Service	Remit Date	Rendering Name	Billing Phone Number

Functionality: Claim-Specific Remittance Advice

Claim Specific Remittance Advice Results

 Print Page

Remittance Advice Part A Response

1. For best results and full-screen printing, set your printing options to print in Landscape.
2. To print, select the printable version link and then print from your browser.

MEDICARE Single Claim Report
 FYE: TOB: PAID DATE: DATE: TIME:

PATIENT NAME	PATIENT CNTRL NUMBER	FRM DT	COST	REPTD CHGS	DRG NBR	OUTLIER AMT	REIMB RATE	ALLOWED	INTEREST	
ICN	HIC	THR DT	COVD	NCVD/DENIED	DRG	AMOUNT DEDUCT	MSP PRI	PAYPROC CD	AMT PAT REFUND	
CLAIM #	CLM STATUS	MEDICAL REC NUMBER	PAT ST	NCVDV	CLAIM ADJS	DRG O-C	COINS	PROF COMP	LINE ADJ AMT	PREDIEM AMT
NAME CHG=xx	HIC CHG=x	TOB=xxx	CV LN	NCV L	COVD CHGS	NEW TECH	MSP LIAB	METESRD AMT	CONT ADJ AMT	NET. REIMB
NAME CHG=	HIC CHG=	TOB=								

Group, MOA, Remark and Reason Codes

Functionality: Part B Full Remittance Advice

Select 1 of 2 Options
Due to file size, the display is limited to the last 100 remittance advices.

1 Last 30 Days

[Request Last 30 Days](#)

OR

2 Restricted Inquiry

From Date:

To Date:

Check Amount: \$

To view no-pay remittance advices, enter 0 for check amount.

Remittance Advices

Provider/Supplier:
From Date:

NPI:
To Date:

PTAN:

TIN or SSN:

Full Remittance Advice Results

Date	Check Number	Check Amount	Number of Pages	View
<input type="button" value="New Inquiry"/>				

Redetermination Submission (1 of 4)

Reopening/Redetermination

* Type of Request

- Redetermination
 Reopening

* Will a review of this claim cause an overpayment?

- Yes
 No

Submission Details

* Is this request the result of an overpayment?

- Yes
 No

If Yes, the following fields are required:

* Who initiated the overpayment?

* AR Number:

Contact Person

First Name:

Last Name:

Phone:

Fax:

Email:

Provider Address

Street:

City:

State:

Zip:

Details and Explanation

1,000 character limit.

Claim status Line Details

Check the boxes preceeding the lines to be included in the appeal.

Note: Checking all will initiate an appeal on all lines regardless of whether they are appeal rights.

	Line	From DOS	To DOS	HCPCS	Modifier	POS	Diagnosis Code	Billed Amount	Allowed Amount	Provider Paid	Reason Code
<input type="checkbox"/>											

Ensure all information on this request is correct. Changes may not be made once the request is submitted.

Next

Clear Form

Redetermination Submission (2 of 4)

Reopening/Redetermination - Electronic Signature

All redetermination request should include supporting documentation for the submitted determination. The next page will allow you to browse and upload documents to accompany this appeal.

Electronic Signature and Attestation

Attestation

Do not submit this request again. The review will be conducted within 60 calendar days of receipt. If the determination is a full reversal, the Remittance Advice (RA) and Medicare Summary Notice (MSN) are notifications of the decision. If the determination is partially favorable or unfavorable, a letter is written to the appellant or representation explaining the decision and further appeal rights.

By signing this document, the appellant bears the responsibility for the authenticity of the information being attested to and acknowledges all responsibility in regard to the content of the data. This includes data submitted on this form and all supporting documents which may be submitted to this request.

* Signatory Name:

* I have read the attestation and agree.

Submit

Cancel

Redetermination Submission (3 of 4)

Step 1 ✓

Redetermination/
Reopening
Details

Step 2 ✓

Electronic
Signature

Step 3 ✓

Add
Documents

Step 4

Confirmation

Reopening/Redetermination - Add Documents

Documentation supporting this request may be added.

- Select the Add Document button.
- Provide a title to the document so it is recognizable when reviewing the submission.
- Browse to the document on your computer to upload it.
- Select the Add Document button again to add additional documentation.
- After all have been added, select Next.

Document Name	Document	Date Submitted	Delete
<div style="border: 2px solid red; padding: 2px; display: inline-block;">Add Document</div>			

Skip This Step »

Clear Form

Redetermination Submission (4 of 4)

Attestation

The request was successfully submitted. Print a copy of this request and save it for your records. A full summary of the request will not be offered after leaving this page. A confirmation number will guarantee the most accurate inquiry results.

Confirmation Number: **Beneficiary:**
Status: **Gender:**
Submitted: **DOB:**
Provider/Supplier: **HICN:**
NPI:
PTAN:
TIN or SSN:
Medicare Contract:

Receipt Date: **ICN:**
MSP Ind: **Status:**
Crossover Ind: **Billed Amount:**
Last Worked Date: **Finalized Date:**
Check/EFT #: **Provider/Supplier Paid Amount:**
Speciality:
Total Deductible:

Added Documentation

Document Name	Date Submitted	View
		View Document

[Add Document](#)

Functionality: Appeal Status

Appeal Status Inquiry
Begin New Appeals

Appeal Status Inquiry

Provider/Supplier Details

* TIN or SSN: Clear

* NPI:

* PTAN:

Provider/Supplier:
Program:

[View my Provider/Supplier Combinations](#)

Select 1 of 2 Options
Due to file size, the display is limited to the last 100 appeals.

1 View Last 100 Appeals

[View Last 100 Appeals](#)

OR

2 Search Existing Appeals * At least one field required.

HICN: i

Appeal Status: i

Confirmation #: i

[View Appeal Details](#)
Clear Form

Appeal Status Inquiry
Begin New Appeals

Appeal Status Results:

HICN:	Provider/S
Appeal Status:	NPI:
Confirmation #:	PTAN:
	TIN or SSN:

Confirmation Number	CCN	HICN	Status	Date Submitted		View
						View Appeal

Functionality: Financial Checks/Payment Floor

Pending Claims

Number of Pending:
Submitted Amount:

Month-to-Date Claims

Number of Claims:
Month-to-Date Paid Amount:

Claims Approved-to-Pay

Number of Claims:
Approved-to-Pay Submitted Amount:

Claims Year-to-Date

Number of Claims:
Year-to-Date Amount:

Recent Check Issued

Only the most recent 50 checks are offered through Noridian Medicare Portal. The Contact Center can assist you if older information is required.

Check Number	Check Amount	Issue Date



Noridian Medicare Portal Registration Process and Tips

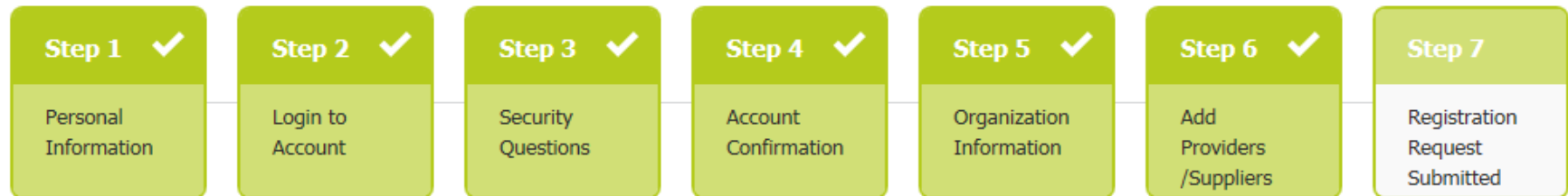
Noridian Medicare Portal Roles

Role	Description	Limit
Provider Administrator	This role is responsible to review and approve/deny of End User registration and data access requests and Vendor Administrators. The Provider Administrator does not have access to functionality.	Soon 25 per Tax ID Each TIN can Only have 5 PAs
Provider End User	The Provider End User role uses the portal functions for the provider accounts they were authorized to access.	No Limit
Vendor Administrator	An administrative role only without access to portal functions or data. This role is responsible to review and approve/deny of Vendor End User registration requests.	Two per combination
Vendor End User	The Vendor End User role uses the portal for the provider accounts and functions they were authorized to access.	No Limit
Dual Role	Access to both Provider Administrator and End User. Currently for Provider Administrators only, CMS did approve expansion to vendors.	Total of 25 or less employees

7-Step Registration Process (1 of 2)

- 7 Steps: Create User Name, Verify Email, Create Security Questions, Org size, NPI Entry, Confirmation
- Provider Administrators auto-approved
- End Users approved by Provider Administrator
- Dual Role Provider Administrators getting End User Inquiry – Approved by Noridian Staff

New User Registration



Congratulations!

You have been successfully registered as a Provider Administrator within the Noridian Medicare Portal.

1 of 1 of the Providers/Suppliers combinations have been added to your account.

[Continue to the Noridian Medicare Portal](#)

7-Step Registration Process (2 of 2)

Adding Provider/Supplier Information

Enter the required information. A maximum of 25 providers/suppliers can be entered manually. If more than 25 providers/suppliers are needed, a .CSV file can be uploaded in Option 2 or manual entry can continue once logged into your account.

Note: The .CSV file upload option is not available for Provider Administrators.

Things to think about when adding providers

- Enter only Group NPI/PTAN/TIN or SSN. Individual combinations will not be accepted.
- Your data is not saved or validated on this page until "Save and Continue on to Next Step" is selected.

Add Providers/Suppliers Manually (* Required Fields)

* Medicare Program

* Trading Partner ID 

* NPI

* PTAN

* TIN or SSN

* Check Number

* Check Amount

 Add Another Provider/Supplier

 Copy Last Provider/Supplier

Save and Continue on to Next Step

Registration Challenges

- CEDI-issued Submitter ID/Trading Partner ID Unknown to Suppliers
 - Alternative for Registration [Published](#) 4/12
 - Ability to Skip for Now – May need to go back after CR9593 Related CEDI Files Are Discussed
- Provider Administrators; Want 25 not 5 TINs
- Vendor Administrators; Want Dual Role
- Endeavor “grandfathered” Did Not Require EDI Registration
 - New Portal Does Require EDI Registration
- Endeavor Allowed Termed NPIs
 - New Portal does not



Noridian Medicare Portal Resources

Resources

Browse by Topic

Browse by Specialty

Fees & News

Fee Schedules, Articles, Bulletins ...

Policies

LCDs, NCDs, MoIDX, Coverage Articles...

CERT & Reviews

Medical Review, Recovery Auditor...

Education & Outreach

Training Events, Materials, ACTs...

Enrollment

Enroll, Opt Out, Make Changes, Revalidate...

Forms

Downloadable Forms and Links...

JE Part B / Browse by Topic / Noridian Medicare Portal



View Noridian Medicare Portal Workshop Online

BROWSE BY TOPIC

Advance Beneficiary Notice of Noncoverage (ABN)

▶ Appeals

Claim Submission

Documentation Requirements

Drugs, Biologicals and Injections

Durable Medical Equipment (DME)

Electronic Data Interchange

Noridian Medicare Portal Registration

Providers are encouraged to attend one of the many web-based workshops being offered prior to registering for the new Noridian Medicare Portal. The portal is available at <https://www.noridianmedicareportal.com>.

These three steps will help your registration process smoothly.

1. Identify Provider Administrator. Provider Administrator must be registered before any associated End Users may register
2. Ensure your [EDISS Connect](#) account is accurate. Electronic Data Interchange (EDI) issued Trading Partner/Submitter ID will be required **(Part A and B only)**
3. Contact Interactive Voice Response (IVR) to retrieve a check number and amount. Check information may not be the same as it appears on Remittance Advice (RA)

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Noridian Medicare Portal

View the different topics offered in the Noridian Medicare Portal. Login...

Noridian Medicare Portal Resources

[Accounts and Passwords](#)

[Contact Us at 855-609-9960](#)

[Dual Role](#)

[New User Registration](#)

[Registration Checklist](#)

[User Manual: Administrators](#)

[User Manual: End Users](#)

Educational Resources

[Register for a Workshop](#)

[Appeal Status](#) (3 min.)

[Appeal Submission](#) (5 min.)

[Automatic Password Reset](#) (2 min.)

[Claim-Specific Remit](#) (2 min.)

[Claim Status](#) (7 min.)

[Eligibility](#) (7 min.)

Thank You