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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

Noridian Medicare Portal

Eligibility
Claim Status
Appeals
Remittance Advices
Financials
Same or Similar DME
Prior Authorizations

System Notices

- System Normal
  - All Functions Available
- System Offline

Alerts & Notices

Eligibility Unavailable October 17
10/14/2015 | 11:33 AM
Due to CMS maintenance, eligibility will be unavailable on Saturday, October 17, 2015.

Eligibility
View a beneficiary’s Medicare benefits: HMO, MSP, Home Health, Hospice, Hospital, SNF and preventive services.

Start Inquiry

Claim Status
Locate the status of a claim, view a list of Additional Documentation Requests (ADR) and begin an appeal.

Start Inquiry

Appeals
Begin an appeal or view the status of existing appeals.

Start Inquiry
# Functionality: Claim Status

## Claim Status Details

<table>
<thead>
<tr>
<th>ICN:</th>
<th>Receipt Date:</th>
<th>Submit Appeal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status:</td>
<td>MSP Ind:</td>
<td>View Financials</td>
</tr>
<tr>
<td>Billed Amount:</td>
<td>Crossover Ind:</td>
<td>View Full Remittance</td>
</tr>
<tr>
<td>Finalized Date:</td>
<td>Last Worked Date:</td>
<td>Claim Specific Remittance</td>
</tr>
<tr>
<td>Provider Paid Amount:</td>
<td>Check/EFT#:</td>
<td>Related Claim Details</td>
</tr>
<tr>
<td>Specialty:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Deductible:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Claim Status Line Details

<table>
<thead>
<tr>
<th>Line</th>
<th>From DOS</th>
<th>To DOS</th>
<th>HCPCS</th>
<th>Modifier</th>
<th>Units</th>
<th>POS</th>
<th>Diagnosis Code</th>
<th>Billed Amount</th>
<th>Allowed Amount</th>
<th>Provider Paid</th>
<th>Reason Code</th>
<th>Reason Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Related Claim Details

<table>
<thead>
<tr>
<th>ICN</th>
<th>Date of Service</th>
<th>Remit Date</th>
<th>Rendering Name</th>
<th>Billing Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Functionality: Claim-Specific Remittance Advice

#### Claim Specific Remittance Advice Results

**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.

<table>
<thead>
<tr>
<th>MEDICARE</th>
<th>Single Claim Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>FYE:</td>
<td>TOB:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>PATIENT CNTRL NUMBER</th>
<th>FRM DT</th>
<th>COST</th>
<th>REPTD CHGS</th>
<th>DRG</th>
<th>NBR</th>
<th>OUTLIER AMT</th>
<th>REIMB</th>
<th>RATE</th>
<th>ALLOWED</th>
<th>INTEREST</th>
<th>NCJD</th>
<th>NCJD/DED</th>
<th>DISC</th>
<th>AMOUNT</th>
<th>DEDUCT</th>
<th>MSP</th>
<th>DIS</th>
<th>DAV</th>
<th>PROC</th>
<th>CD</th>
<th>AMT</th>
<th>DAT</th>
<th>REFUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICN</td>
<td>HIC</td>
<td>THD DT</td>
<td>COVD</td>
<td>NCMP/ISO/ISO</td>
<td>DRG</td>
<td>O-D</td>
<td>OUTLIER AMT</td>
<td>REIMB</td>
<td>RATE</td>
<td>ALLOWED</td>
<td>INTEREST</td>
<td>NCJD</td>
<td>NCJD/DED</td>
<td>DISC</td>
<td>AMOUNT</td>
<td>DEDUCT</td>
<td>MSP</td>
<td>DIS</td>
<td>DAV</td>
<td>PROC</td>
<td>CD</td>
<td>AMT</td>
<td>DAT</td>
<td>REFUND</td>
</tr>
<tr>
<td>CLAIM #</td>
<td>CLM STATUS</td>
<td>MEDICAL REC NUMBER</td>
<td>PAT ST</td>
<td>NCJDV</td>
<td>CLAIM</td>
<td>ADJS</td>
<td>DRG</td>
<td>O-D</td>
<td>COINS</td>
<td>PROF</td>
<td>COMP</td>
<td>LINE</td>
<td>ADJ</td>
<td>AMT</td>
<td>PREDEMIN</td>
<td>AMT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME CH3=x</td>
<td>HIC</td>
<td>CH3=x</td>
<td>TOB=x</td>
<td>CV IN</td>
<td>NCJD</td>
<td>LCOVD</td>
<td>CHGS</td>
<td>NEW TCH</td>
<td>MSP</td>
<td>LIAB</td>
<td>METESD</td>
<td>AMT</td>
<td>CONT</td>
<td>ADJ</td>
<td>AMT</td>
<td>NET</td>
<td>REIMB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Full Remittance
- Claim Specific Remittance

New Inquiry

Provider/Supplier:
- NPI:
- PTAN:
- TIN or SSN:

Full Remittance Advice Results

- Date
- Check Number
- Check Amount
- Number of Pages
- View

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: Please Select
Zip:

Details and Explanation

1,000 character limit.

Claim status Line Details

Check the boxes proceeding 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.

<table>
<thead>
<tr>
<th>Line</th>
<th>From DOS</th>
<th>To DOS</th>
<th>HCPCS</th>
<th>Modifier</th>
<th>POS</th>
<th>Diagnosis Code</th>
<th>Billed Amount</th>
<th>Allowed Amount</th>
<th>Provider Paid</th>
<th>Reason Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Document</th>
<th>Date Submitted</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Document</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**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:**

- Gender:
- DOB:
- HICN:

#### NPI:

**PTAN:**

**TIN or SSN:**

**Medicare Contract:**

#### Receipt Date:

**MSP Ind:**

**Crossover Ind:**

**Last Worked Date:**

**Check/EFT #:**

**ICN:**

**Status:**

**Billed Amount:**

**Finalized Date:**

**Provider/Supplier Paid Amount:**

**Speciality:**

**Total Deductible:**

### Added Documentation

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Date Submitted</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>View Document</td>
</tr>
</tbody>
</table>
Functionality: Appeal Status

**Appeal Status Results:**

- **HICN:**
- **Appeal Status:**
- **Confirmation #:**

<table>
<thead>
<tr>
<th>Confirmation Number</th>
<th>CCN</th>
<th>HICN</th>
<th>Status</th>
<th>Date Submitted</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>View Appeal</td>
</tr>
</tbody>
</table>

**Appeal Status Inquiry**

- **Provider/Supplier Details**
  - TIN or SSN:
  - NPI:
  - PTAN:

**Select 1 of 2 Options**

1. **View Last 100 Appeals**
2. **Search Existing Appeals**

- **HICN:**
- **Appeal Status:**
- **Confirmation #:**
# Functionality: Financial Checks/Payment Floor

## Pending Claims
- Number of Pending: [Blank]
- Submitted Amount: [Blank]

## Month-to-Date Claims
- Number of Claims: [Blank]
- Month-to-Date Paid Amount: [Blank]

## Claims Approved-to-Pay
- Number of Claims: [Blank]
- Approved-to-Pay Submitted Amount: [Blank]

## Claims Year-to-Date
- Number of Claims: [Blank]
- Year-to-Date Amount: [Blank]

## 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.

<table>
<thead>
<tr>
<th>Check Number</th>
<th>Check Amount</th>
<th>Issue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Noridian Medicare Portal Registration Process and Tips
## Noridian Medicare Portal Roles

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Administrator</strong></td>
<td>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.</td>
<td>Soon 25 per Tax ID Each TIN can Only have 5 PAs</td>
</tr>
<tr>
<td><strong>Provider End User</strong></td>
<td>The Provider End User role uses the portal functions for the provider accounts they were authorized to access.</td>
<td>No Limit</td>
</tr>
<tr>
<td><strong>Vendor Administrator</strong></td>
<td>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.</td>
<td>Two per combination</td>
</tr>
<tr>
<td><strong>Vendor End User</strong></td>
<td>The Vendor End User role uses the portal for the provider accounts and functions they were authorized to access.</td>
<td>No Limit</td>
</tr>
<tr>
<td><strong>Dual Role</strong></td>
<td>Access to both Provider Administrator and End User. Currently for Provider Administrators only, CMS did approve expansion to vendors.</td>
<td>Total of 25 or less employees</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
<th>Step 6</th>
<th>Step 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Information</td>
<td>Login to Account</td>
<td>Security Questions</td>
<td>Account Confirmation</td>
<td>Organization Information</td>
<td>Add Providers /Suppliers</td>
<td>Registration Request Submitted</td>
</tr>
</tbody>
</table>

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
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
  - Please Select

- 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**

**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](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).

**Last Updated Mar 14, 2016**

**Noridian Medicare Portal**

View the different roles offered in the Noridian Medicare Portal here...
Thank You