

IMPORTANT: REMINDER NOTICE OF ENROLLMENT

Dear Provider:

The new North Dakota MMIS Web Portal – Provider Enrollment was launched in April 2013. At that time you were sent a letter from the Department of Human Services, Medical Services Division advising you that all currently enrolled providers must enroll in the new claims processing system in order to continue participation with North Dakota Medicaid. Your enrollment is necessary because North Dakota Medicaid is transitioning from our current claims processing system to a web-based system (Enterprise).

**Our records indicate that
you have not yet completed your enrollment.**

Failure to complete the enrollment process will result in non-payment in the new system.

There may be a timing issue with when you submitted your online application and when the report was created for this mailing. If you have already submitted your application in Enterprise, you do not need to submit another online application. If you were successful in submitting your application, your status will appear as **Pend** in Enterprise. If your status is appearing as **Incomplete**, then your application was not submitted and you need to go into Enterprise and complete the application process and submit the application.

To begin the enrollment process, you must access the North Dakota MMIS Web Portal at <https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment> . There are a number of training materials and user guides located below to assist you with the enrollment process: <http://www.nd.gov/dhs/info/mmis.html> . **It is important to review the user guides and gather all the documents required to enroll before beginning the enrollment process.**

Common areas to double check:

- You will be issued an Application Tracking Number (ATN) upon “saving” a page in the online application. It is important to make note of the ATN. The ATN is required when submitting documentation or making inquiries regarding the application.
- The application asks for the ‘Medicare end date’, please enter 12/31/9999;
- For facilities, the application asks for the ‘tax reporting end date’, please enter 12/31/9999;
- Provider Type, Licensure, Specialty and Taxonomy sections must be completed;
- If you do not have a ‘certification number’ for the Specialty section, use 00000;
- The application asks for the ‘specialty end date’, please enter 12/31/9999;
- The application asks for the ‘taxonomy end date’, please enter 12/31/9999;
- If you have multiple Medicaid provider numbers, only list one active Medicaid Number in your application;

- If your facility has multiple service locations, you must submit an application for each location;
- Each facility that has a unique National Provider Identifier (NPI) that must have a separate enrollment created;
- Each facility that has more than one provider type associated with it must have a separate enrollment;
- When completing the Ownership/Controlling Interest and Conviction Information form (State Form Number (SFN) 1168), the person signing the document, authorized representative, organization administrator (SFN 1168) and the person who signed the W-9 must also be listed on the SFN 1168, in section III;
 - Section II (ownership) must be completed. The exception would be for entities without owners, such as non-profit agencies and non-corporation government owned entities.
 - Section III (managing/directing) must be completed. Non-corporation government owned entities are the only entities not required to complete this section.
 - Section IX (authorized representatives) must be completed (this individual is the signer of the SFN 1168).
- The Pharmacist In Charge section must be completed for pharmacies;
- If you are a pharmacy and are a 340b provider, please check that box;
- If you are selecting a Billing Agent, YOU CANNOT select the 835 Electronic form for your remittance advice in section 4 (Service Location Billing Tab);
- Vendor Software/Protocol –although it is indicated as a “required” field, it does not matter which option is selected;
- If you are using software with the vender name EDISS, the software name should be indicated as “PCACE PRO32” and the Version is 5010: protocol does not matter.
- A high volume of enrollment applications have been submitted without a Provider Taxonomy code. Additionally there are many cases where the taxonomy code being billed is not consistent with the taxonomy code that was supplied on the provider enrollment application.
- Please review the following documents for a list of acceptable codes used in North Dakota MMIS: Editing will be enforced with the MMIS transition that checks to ensure that the taxonomy code is being billed and that it is consistent with the taxonomy code that was collected during provider re-enrollment.
 - **Group Providers:** <http://www.nd.gov/dhs/info/pubs/docs/medicaid/mmis-group-provider-code-taxonomy.pdf>
 - **Individual Providers:** <http://www.nd.gov/dhs/info/pubs/docs/medicaid/mmis-individual-provider-code-taxonomy.pdf> .

Please review your online application carefully for accuracy and completeness **before submitting**. When the application is submitted to the State, you will no longer have the option to recall the application and make corrections or updates. When you have successfully submitted the online application, click on the Document Requirements Checklist link to view the supporting documentation that pertains to your enrollment. **Print, complete and sign:** a W-9 (Rev. August 2013), an Ownership/Disclosing Interest and Conviction form (SFN 1168), and a Provider Agreement (SFN 615) and submit those forms with the necessary documentation. Please access the most recent version of the state forms at:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-app.html>. **Ensure that you include your ATN on all documents submitted to the Department.** Submit the forms and required documentation to:

North Dakota Department of Human Services
Medical Services Division
ATTN: Provider Enrollment
600 East Boulevard Ave., Dept. 325
Bismarck, ND 58505-0250

Provider enrollment staff will contact your office if additional information is needed.

Due to the large volume of providers that are currently enrolling, it may take a few weeks for the application status to be updated in Enterprise. We appreciate your patience as we work to process the applications as quickly as possible.

The Department has contracted with Xerox and Automated Health Systems (AHS) to assist with processing applications. You may be contacted by one of those entities if additional information is needed. The toll free number for AHS is: 1-855-238-4848, their secure fax line is: 1-412-318-2780 and their email address is: NDproviderservices@automated-health.com

Thank you for promptly completing your enrollment. If you have any questions, please contact the Provider Enrollment staff at dhsenrollment@nd.gov.

Sincerely,

North Dakota Medicaid Provider Enrollment Unit