



Provider Enrollment Helpful Tips

North Dakota MMIS Web Portal
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Individual professional applications

General Questions

If I am an individual professional and have multiple provider types, do I need to submit multiple applications?

Yes, you must submit an application for each unique provider type. If the individual provider only has one provider type, but multiple specialties under that provider type, then only one application is required.

An Individual applicant should never select the Add Additional Provider Type at the end of the enrollment application. This functionality is currently available in the system, but the Department will be removing this option and are asking that you do not use this function.

If an individual professional practices at multiple locations, does an application need to be submitted for each location?

No, an individual professional should only enroll one time and then use the group affiliations section to affiliate to each location.

Furthermore, if an individual professional practices at multiple locations, it should be up to this individual professional to ensure only one of the locations submit an application on their behalf, if the individual professional is not enrolling on his/her own. The enrollment should come from the primary practice location.

If a specific section asks for an end date or expiration date and it does not apply or there is not an end date, what date should I use?

You can enter 12/31/9999 as an end/expiration date in these situations.

On an individual application, should any group information be entered?

No, only information regarding the individual professional would be entered on an individual application. **The only group information that would be added to an individual application would be in the Group Affiliations section.**

How can I find the status of my application?

The applications are being reviewed internally and the status will not be change until the state is closer to full system implementation. Providers will receive correspondence from the Department, including your new provider information, prior to “going live” with the new Medicaid Management Information System (MMIS). Providers may also receive requests for additional information from the Department in order to approve applications. **There is no need to call the Department to check on the status of an application.**

Identifying Information

Is it required to enter a Current/Previous ND Provider number?

Yes, if you have a current ND Medicaid number, this must be entered on the application. This Medicaid number must be the one associated with the specific location and provider type that is being enrolled. You should only be entering one current ND Medicaid number on each application.

If you currently have more than one (1) ND Medicaid number, enter the number that the individual most commonly uses.

License / Certification Section

What provider type should I select?

A valid list of individual provider types can be found at <http://www.nd.gov/dhs/info/mmis.html> under the document titled: List of Valid Provider Types, Specialty Types, and the Associated Taxonomy Codes for Individual Providers.

Is a license required to be entered?

Yes, all provider types are required to enter information in the license field. If the state issued license does not issue a license number, 00000 can be used as the license number.

Is a specialty or Board Certified Specialty List required to be entered?

Yes, all individual providers are required to enter a specialty. A list of individual specialties can be found at: <http://www.nd.gov/dhs/info/mmis.html> under the document titled: List of Valid Provider Types, Specialty Types, and the Associated Taxonomy Codes for Individual Providers. If a specific specialty does not have a certification number, 00000 can be used as the certification number.

Is a Taxonomy code required to be entered?

Yes, a taxonomy code is required and it must be a valid taxonomy code from the document found at: <http://www.nd.gov/dhs/info/mmis.html> under the document titled: List of Valid Provider Types, Specialty Types, and the Associated Taxonomy Codes for Individual Providers. The only taxonomy codes that will be accepted by ND Medicaid are indicated in this document. Only those provider specialty types listed in the above document that indicates 'No Taxonomy Code Required' will be accepted without a taxonomy code.

Provider Identifier Numbers

Is it required to provide a National Provider Identifier (NPI)?

The National Provider Identifier (NPI) is a unique identification number for covered health care providers. Covered health care providers include: health plans, health care clearinghouses, and

those health care providers who transmit any health in electronic form. Additional information regarding NPIs is located at: <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvidentStand/Downloads/NPIfinalrule.pdf> Entities that do not furnish health care, or do not meet the definition of health care provider are not eligible to receive NPIs. Examples of ND Medicaid provider types that do not have NPIs include: transportation, lodging, meals, Developmental Disability (DD) providers, and Qualified Service Providers (QSPs). Only one NPI number should be entered on an application.

Is a Drug Enforcement Administration (DEA) number required?

A valid DEA number is required for all prescribing providers.

Is it required to enter Medicare information?

Yes, if the individual professional has a current Medicare number, it must be entered.

What is Medicare history?

Complete this section if you have been assigned a Medicare number in the past that is no longer in use. This section is for informational purposes only.

Service Location Billing

As an individual professional, what service location address do I use?

You would enter the service location of your primary place of practice.

In Service-Section 4, why is this required?

This section is required, but it is for informational purposes only. This will create the searchable profile for the specific individual.

On an individual application, is it required to enter hours of operation?

No, this section can be left blank.

On an individual application, is it required to enter Interpretive Services Available?

No, this section can be left blank.

When would an Individual professional enter Electronic Funds Transfer (EFT) Payments?

This should only be completed if the individual will be submitting a Medicaid claim as an Independent provider billing under the individual Social Security Number (SSN). If the individual is a rendering provider only, this section should be left blank.

Do not enter the group EFT information on an individual application.

What Remittance Advice option should an individual choose?

If the individual is a rendering provider only, the paper option should be selected as the RA option will be driven by the billing provider/group/entity, not the rendering provider.

If the individual is the billing entity using a social security number, then the RA option selected would be how the individual billing entity would receive the RA.

Group Affiliation

When should a group affiliation be added?

An individual will need to add all groups to whom they are a rendering provider. The ND Provider Number must be the current ND Medicaid number for that group. This number is nine (9) digits and must include the leading zeros. (12345 would be entered as 000012345).

Electronic Transaction Submission

As an individual professional, what option should be selected?

If an individual is a rendering provider only, the individual would only select North Dakota MMIS Web Portal. This is the most common scenario.

If the individual is billing through a group entity, **do not** enter the group information on an individual application. The individual would still select ND MMIS Web Portal and the group would select the appropriate billing transaction.

If the individual is the billing entity and will be submitting claims and receive payment through their social security number and they are billing through vendor software or a billing agent/clearinghouse, then the appropriate option should be selected.

Ownership

On an individual application, is the ownership information required?

No, on an individual application, these questions must all be answered as NO. This information is only required on group applications.

Register for Web Access

On individual professional applications, is it required to register for web access?

No, if the individual professional is only a rendering provider, it is preferred that these individuals do not register for web access.

In order to select "No" to register for web access, the remittance advice option (in the Service Location Billing section) must be selected as paper and the Electronic Transaction Submission section must have ND MMIS Web Portal selected.

Adding Additional Service Locations or Additional Provider Types

At the end of the application, there is an option to add an "Additional Service Location"; if I practice at multiple locations, do I need to add each service location?

No, this functionality should **never** be used on an individual application.

If you practice at multiple service locations, it is only required to enroll under one service location. Use the group affiliations section to associate to all the locations.

At the end of the application, there is an option to add an additional provider type; can I use this if I have multiple provider types I need to enroll as?

No, if you have multiple provider types, it is **required** to submit a separate application for each unique provider type.

This functionality is currently available in the system, but the Department will be removing this option and are asking that you do not use this function. If you submit an application using an additional provider type, only one provider type will be approved and the others will be denied. You will be required to complete separate applications for the denied provider types.

Required Documents

What are the required documents that I must submit to the State after my application is complete?

The documents that are required depend on the type of provider you are. The required documents checklist can be found at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-app.html>

If you are unsure whether or not a specific document needs to be sent in, it is always good to include it. If any documentation is missing, this will delay the approval process.

Group Provider Applications

General Questions

Our Group has multiple provider types; do we need separate applications for each provider type?

Yes, each provider type requires a separate application.

Our group has multiple locations; do we need to submit separate applications for each location?

Yes, each location that will be submitting ND Medicaid claims must submit a separate application.

If a specific section asks for an end date or expiration date and it does not apply or there is not an end date, what should be entered?

You can enter 12/31/9999 as an end/expiration date in these situations.

On a group enrollment, should any individual professional information be entered?

The only individual information that would be added to a group application would be in the Affiliations section.

How can I find the status of my application?

The applications are being reviewed internally and the status will not change until the state is closer to full system implementation. Providers will receive correspondence from the Department, including your new provider information, prior to “going live” with the new Medicaid Management Information System (MMIS). Providers may also receive requests for additional information from the Department in order to approve applications. **There is no need to call the Department to check on the status of an application.**

Identifying Information

Is the Legal Name required and what name should be entered?

Yes, the legal name is required and it should match exactly what is on the group's W-9. No special characters should be entered such as: apostrophes, commas, periods, or ampersands (& symbol).

What should I enter as the begin date and end date for the Employee Identification Number (EIN)?

The begin date should be the date the EIN was registered and the end date can be 12/31/9999.

Is it required to enter a Current/Previous ND Provider number?

Yes, if you have a current ND Medicaid number, this must be entered on the application. This Medicaid number must be the one associated with the specific location and provider type that is being enrolled. You should only be entering one current ND Medicaid number on each application.

Licensure/Certification

What provider type should I select for our group application?

A valid list of group provider types can be found at <http://www.nd.gov/dhs/info/mmis.html> under the document titled: List of Valid Provider Types, Specialty Types, and the Associated Taxonomy Codes for Group Providers.

Is it required to enter a license or certification under section 2?

Yes, all group providers are required to enter a license. If a specific license does not have a number, 00000 can be used as the license number. Facilities that do not hold licensure must submit a copy of a license for one (1) of the individual providers.

Is it required to enter a Specialty or Board Certified Specialty?

Yes, all group providers must include either their specialty or Board Certified Specialty. For example, a Clinic would select provider type as Ambulatory Health Care Facility and a specialty of Clinic/Center.

A list of Group specialties can be found at: <http://www.nd.gov/dhs/info/mmis.html> under the document titled: List of Valid Provider Types, Specialty Types, and the Associated Taxonomy Codes for Group Providers.

If a specific specialty does not have a certification number, 00000 can be used as the certification number.

Is a Taxonomy code required to be entered?

Yes, a taxonomy code is required and it must be a valid taxonomy code from the document listed above. These are the only taxonomy codes that will be accepted by ND Medicaid.

Only those provider specialty types listed at: <http://www.nd.gov/dhs/info/mmis.html> under the document titled: List of Valid Provider Types, Specialty Types, and the Associated Taxonomy Codes for Group Providers, that indicates 'No Taxonomy Code Required', will be accepted without a taxonomy code.

Provider Identifier Numbers

Is a National Provider Identifier (NPI) number required?

Yes, an NPI is required for all Group applications. The National Provider Identifier (NPI) is a unique identification number for covered health care providers. Covered health care providers include: health plans, health care clearinghouses, and those health care providers who transmit any health in electronic form. Additional information regarding NPIs is located at:

<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProviderStand/Downloads/NPIfinalrule.pdf>

Entities that do not furnish health care, or do not meet the definition of health care provider are not eligible to receive NPIs. Examples of ND Medicaid provider types that do not have NPIs include: transportation, lodging, meals, Developmental Disability (DD) providers, and Qualified Service Providers (QSPs). Only one NPI number should be entered on an application.

On a group application, would we list individual physicians NPI numbers?

No, this would be the NPI for the group/facility only.

Can I enter multiple NPI numbers on an application?

No, since Medicaid claims will be using the NPI as the billing identifying number, only one (1) NPI can be entered on an application. If you have more than 1 NPI that you will be billing Medicaid Claims with, a separate application will be required for each NPI.

Is a Drug Enforcement Administration (DEA) Number required?

A DEA number is required for all groups that have been issued a DEA certificate.

Is a National Council for Prescription Drug Programs (NCPDP) number required?

No, it is not required for a pharmacy to provide a NCPDP number.

Is it required to enter Medicare information?

Yes, if the group has a current Medicare number, it is required to enter their current Medicare number on the application.

What is Medicare History?

Complete this section if you have been assigned a Medicare number in the past that is no longer in use. This section is for informational purposes only.

Service Location/Billing Information

Is it required to enter Hours of Operation?

No, this is for informational purposes only.

Is it required to enter Interpretive Services Available?

No, this is for informational purposes only.

Is it required to enter Electronic Funds Transfer (EFT) Payments?

No, only if you wish to receive payment by EFT. You will receive payment faster if you choose to use EFT.

Group Affiliation

Is it required to enter affiliations?

Yes, it is required to enter all individual physicians that will be the rendering providers on Medicaid claims. The North Dakota Provider number is the current ND Medicaid provider number assigned to each individual that is affiliated with the group.

The North Dakota Medicaid provider number is nine (9) digits and must include the leading zeros (12345 would be entered as 000012345). (An individual will need to add all groups to whom they are a rendering provider on their individual application.)

What should we use at the effective date of the affiliation?

New enrollments (new to ND Medicaid) should use the actual date of the affiliation.

Re-enrollments (currently enrolled with ND Medicaid) should use 10/01/2013 as their effective date of the affiliation.

Electronic Transaction Submission

What option do I choose for my group application?

ND MMIS Web Portal – For those that will be entering ND Medicaid claims directly into the ND MMIS web portal.

Vendor Software – Groups that have their own software that creates a batch file and are sent directly to the state to process. PC ACE, for example, would be considered vendor software.

Billing Agent/Clearinghouse – Groups that use a third party to submit their claims on behalf of the group.

When I chose Vendor Software, what Protocol do I select?

This is informational only and any option can be selected. The option that you choose will have no effect on your claims submission.

What if I use multiple Billing Agents/Clearinghouses? How do I enter more than one?

At this time, you can only enter one. Once the state is closer to full implementation of the system and you receive your new provider information from the Department, you will need to work with the Department Trading Partner Enrollment specialists to have the additional Billing Agents/Clearinghouses added.

In addition, your billing agent/clearinghouse is also required to enroll as a trading partner and identify your group in their affiliations.

Ownership

As a group or facility, are we required to complete the ownership information?

Yes, this is a CMS/Federal requirement for all groups to provide all the information listed in the ownership section of the group application. The only exception would be for government owned (City, County, or State) groups, they do not need to supply this information.

In addition, the Ownership/Controlling Interest and Conviction Information (SFN1168) must be completed and submitted. You will be directed to the form at the end of the online enrollment on the Required Documents Checklist.

Your application will not be approved unless both the online application ownership information and the SFN1168 are completed.

Authorized Reps

As a group, is it required to provide authorized representatives?

Yes, this information is required for all group enrollments.

As a group, is it required to provide the Pharmacist in Charge?

This is a required section for Pharmacy providers only.

Qualified Service Providers

Is it required to enter a qualified service provider or Non-Medical provider?

This is only required for providers that are submitting Medicaid claims for meals, lodging or transportation. If your group is not submitting these types of claims, do not complete this section.

Registering for Web access

As a group, are we required to register for Web Access?

Yes, the Department is requiring all groups/facilities register for web access. This will give the group the ability to view claims history, request Service Authorizations, and access group information.

Adding Additional Service Locations or Additional Provider Types

At the end of the application, there is an option to "Add an Additional Service Location"; can we use this if we have multiple service locations?

No, if you have multiple service locations, it is required to submit a separate application for each service location.

This functionality is currently still available in the system, but the Department will be removing this option and are asking that you do not use this function.

If you submit an application using an additional service location, only one location will be approved and the others will be denied. You will be required to complete separate applications for the denied locations.

At the end of the application, there is an option to "Add an Additional Type"; can we use this if we have multiple provider types?

No, if you have multiple provider types, it is **required** to submit a separate application for each unique provider type.

This functionality is currently available in the system, but the Department will be removing this option and are asking that you do not use this function. If you submit an application using an additional provider type, only one provider type will be approved and the others will be denied. You will be required to complete separate applications for the denied provider types.

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