



ND Medicaid Provider Enrollment

Add an Additional Provider Type

North Dakota Department of Human Services

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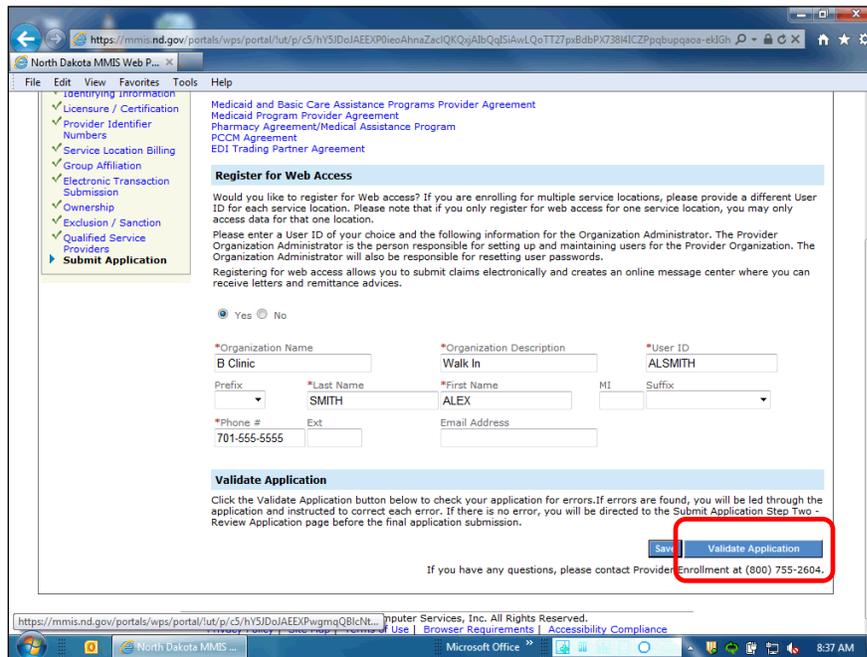
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Add an additional Provider Type

Procedure

At this point, you should be familiar with filling out the application and all the screens from the Individual or Group Application Instructions

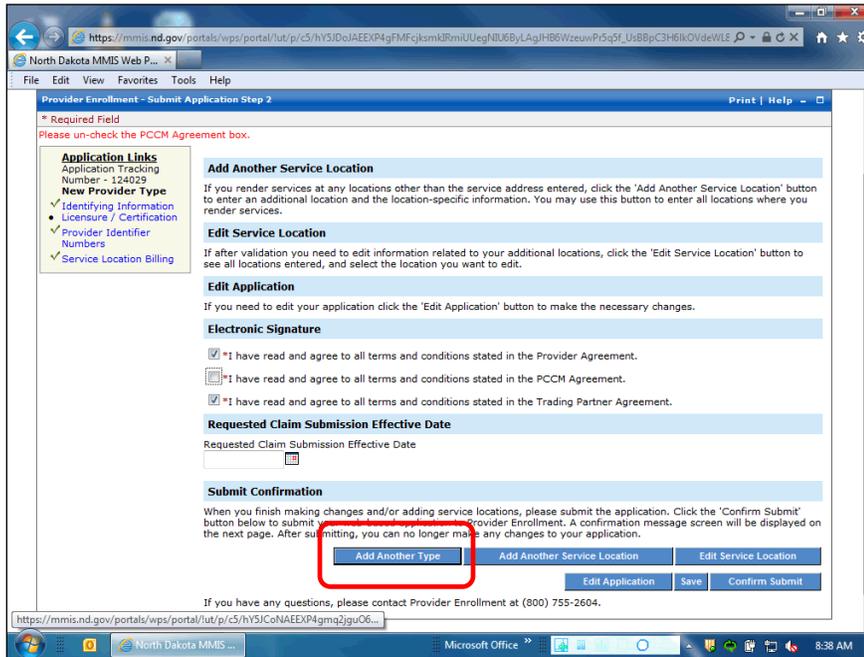


Step	Action
1.	<p>After the Validate Application step, you will have the opportunity to add another Provider Type</p> <p>Click the Validate Application button.</p> <div style="text-align: center;">  </div>

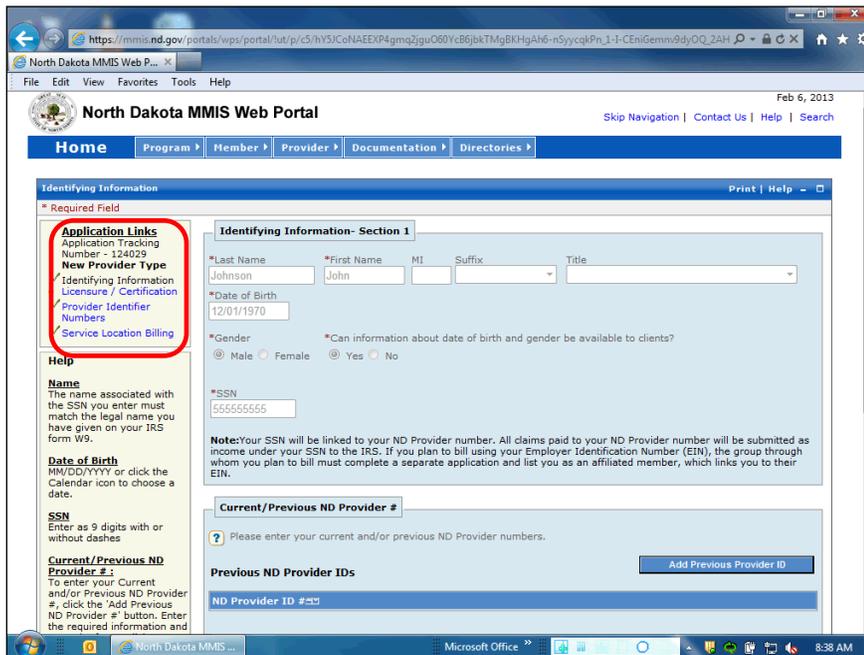
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Step	Action
2.	Click the Add Another Type button.



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Step	Action
3.	For the new Provider Type, it is required to complete these sections
Step	Action
4.	Most of the information is populated from what was previously entered and cannot be changed if fields are locked

The screenshot shows a web browser window with the URL https://mmis.nd.gov/portals/wps/portal/ut/p/c5/hy5JCoNAEE4gma2gu060YcB6j6kTMgBKHgA6-nSyycqPn_1-1-CEniGemm9dyOQ_2AH. The page title is 'North Dakota MMS Web P...'. The main content area is titled 'New Provider Type' and contains several sections:

- Identifying Information:** Includes fields for Last Name (Johnson), First Name (John), MI, Suffix, Title, Date of Birth (12/01/1970), Gender (Male selected), and SSN (55555555). A note states: "Note: Your SSN will be linked to your ND Provider number. All claims paid to your ND Provider number will be submitted as income under your SSN to the IRS. If you plan to bill using your Employer Identification Number (EIN), the group through whom you plan to bill must complete a separate application and list you as an affiliated member, which links you to their EIN."
- Current/Previous ND Provider #:** A section with a question mark icon and the text "Please enter your current and/or previous ND Provider numbers." and an "Add Previous Provider ID" button.
- Previous ND Provider IDs:** A section with a table header "ND Provider ID # 00" and an "Add Previous Provider ID" button.
- Previous Names:** A section with the question "Have you used any previous names in the past five years?" and radio buttons for Yes and No (No is selected).

At the bottom right of the form, there are buttons for "Continue>>", "Reset", "Save", and "Exit Application".

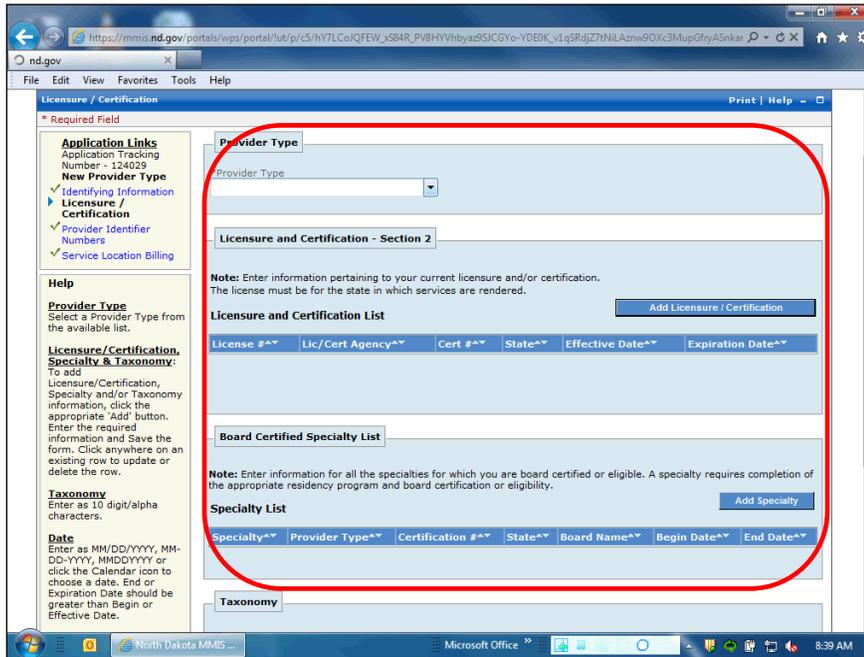
Step	Action
5.	Complete the Identifying Information section
Step	Action
6.	Click the Continue>> button.



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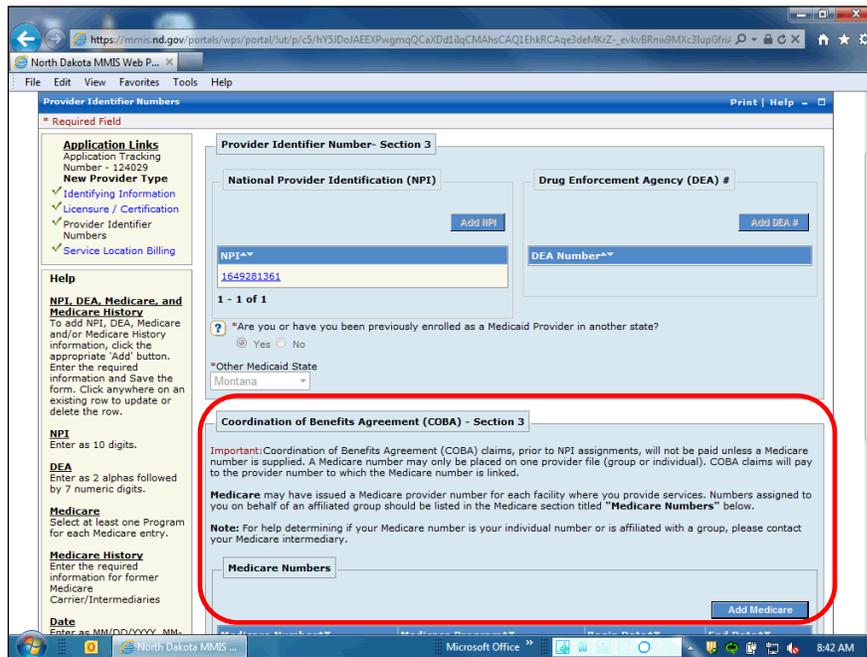


Step	Action
7.	Add the additional Provider Type and Licensure / Certifications
Step	Action
8.	After all information is completed in Licensure / Certification section Click the Save button. 
Step	Action
9.	Click the Continue>> button. 

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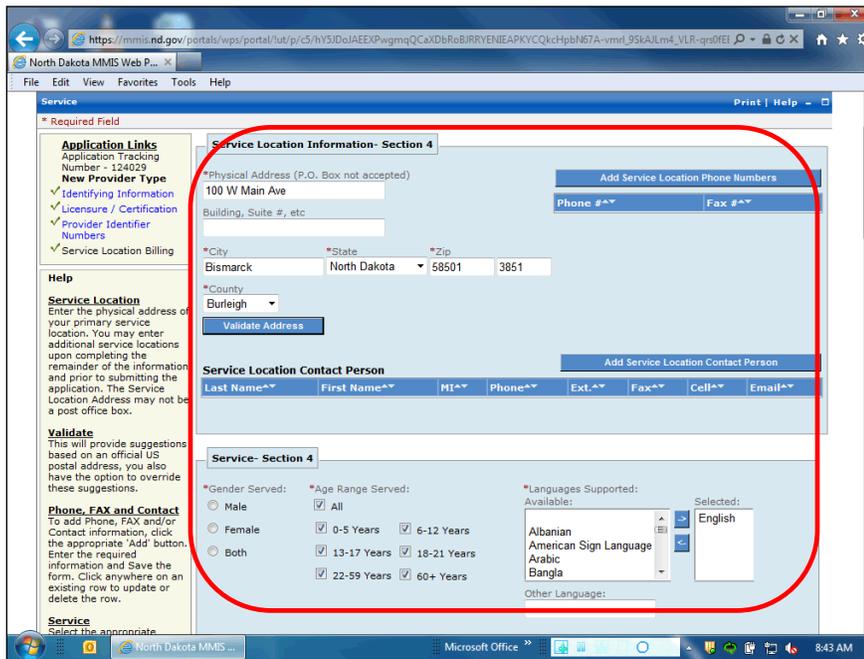


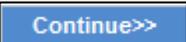
Step	Action
10.	Complete the COBA section if applicable
Step	Action
11.	Click the Save button. 
Step	Action
12.	Click the Continue>> button. 

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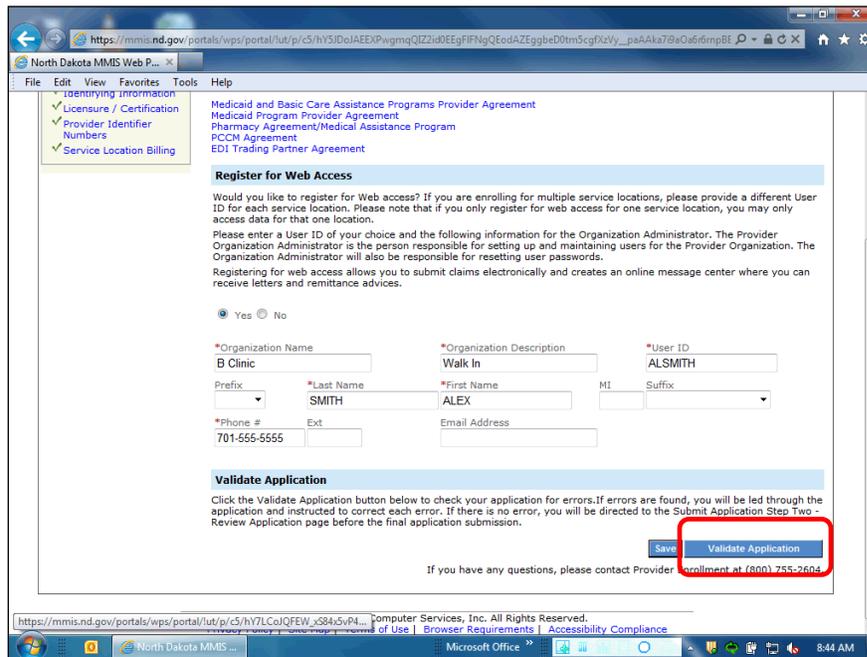


Step	Action
13.	Complete the Service Location Billing section
Step	Action
14.	Click the Save button. 
Step	Action
15.	Click the Continue>> button. 

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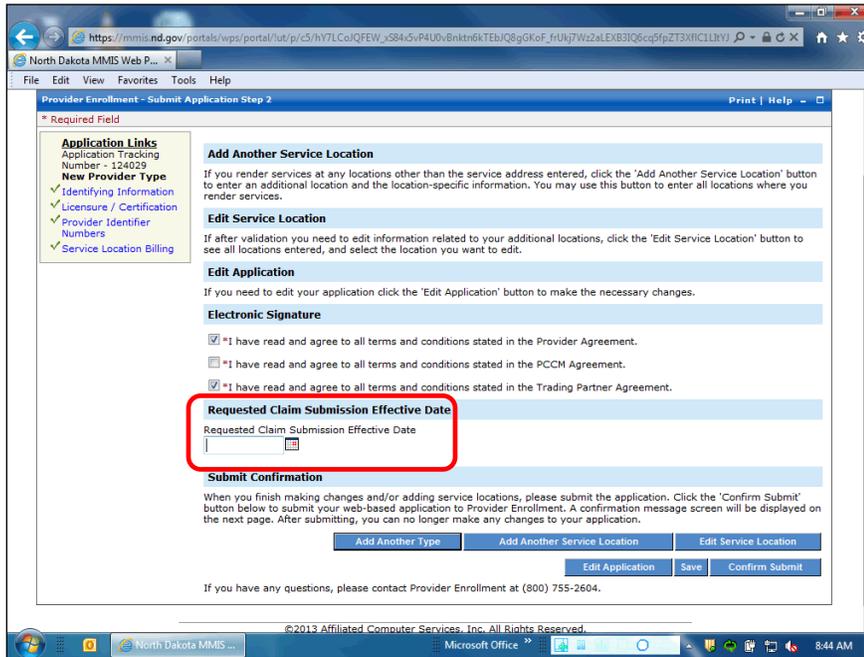


Step	Action
16.	Click the Validate Application button. This will check the application for errors. <div style="border: 1px solid black; padding: 5px; display: inline-block; background-color: #4a7ebb; color: white; text-align: center; width: 150px; margin: 5px auto;">Validate Application</div>

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Step	Action
17.	Enter the desired information into the Requested Claim Submission Effective Date field.
Step	Action
18.	At this point you can edit, add, or Confirm Submit Click the Save button. 
Step	Action
19.	End of Procedure.