



ND Medicaid Provider Enrollment

Add an Additional Service Location

North Dakota Department of Human Services

Table of Contents

Medicaid Provider Enrollment **1**
 Add an additional Service Location 1

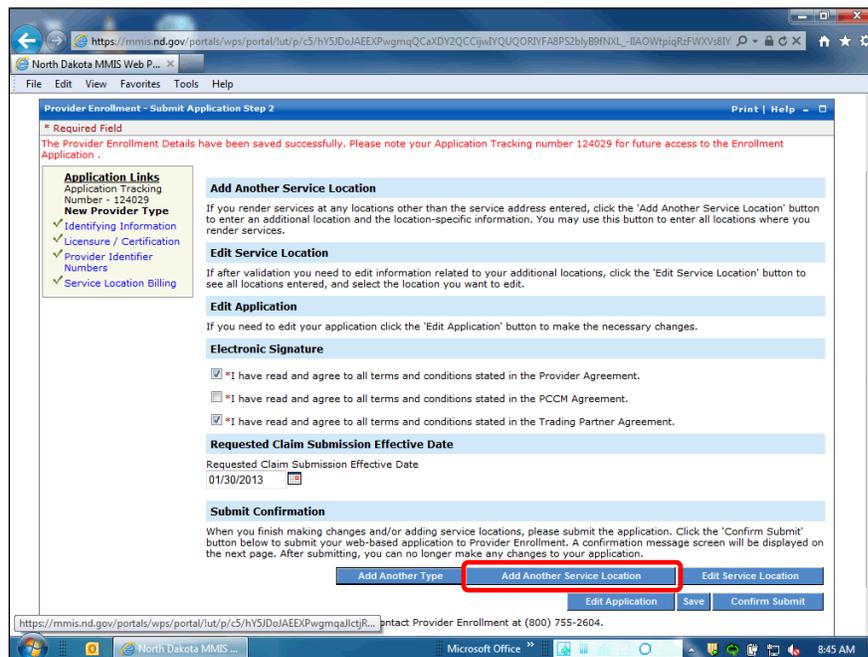
Medicaid Provider Enrollment

Add an additional Service Location

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.	After the application is validated there is an option to add additional service locations. How to Validate is covered in the Submit Application section
Step	Action
2.	It is important to note that each service location will need to assign an Organization Administrator

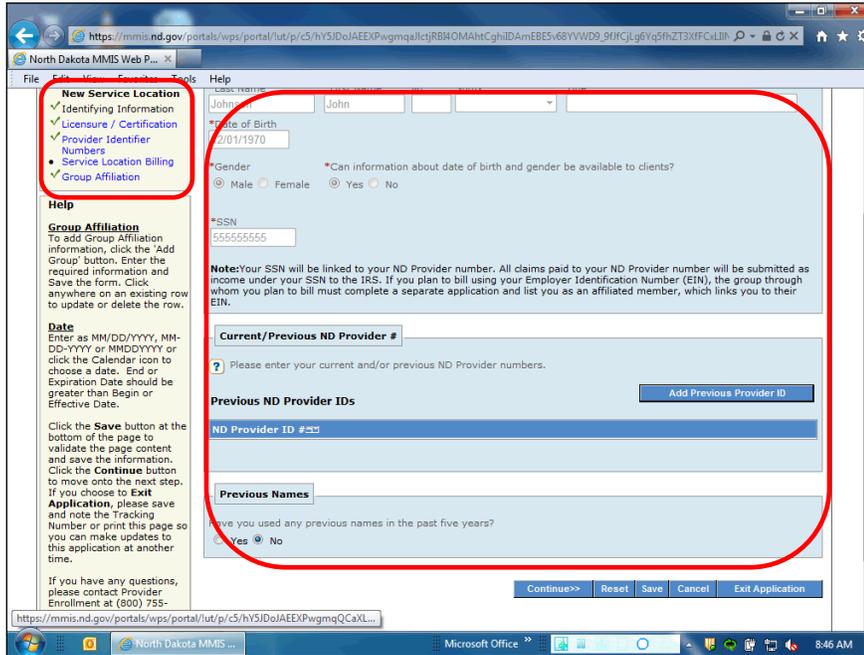


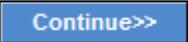
Step	Action
3.	Click the Add Another Service Location button. <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;"> Add Another Service Location </div>

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services

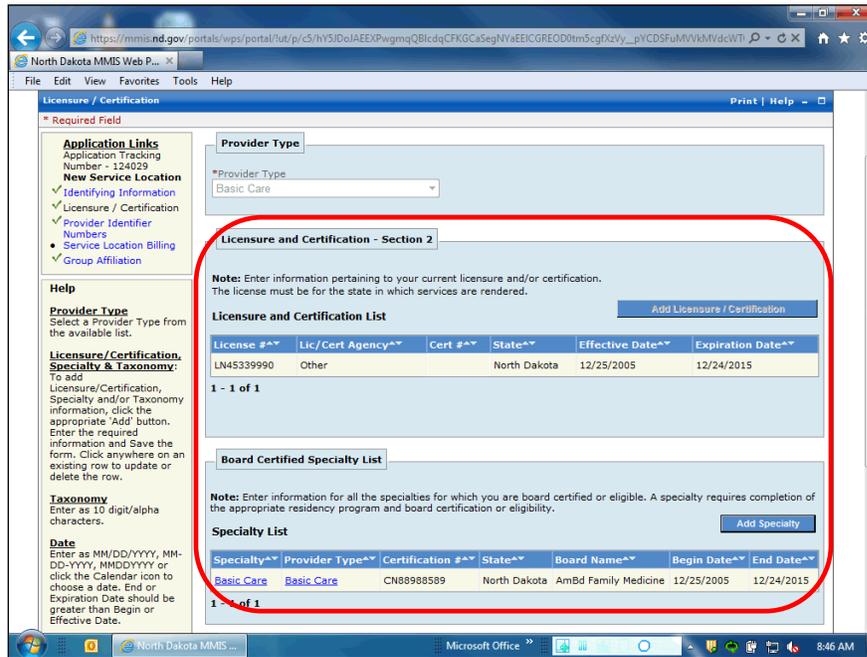


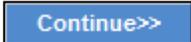
Step	Action
4.	For each additional service location, it is required to complete these sections.
Step	Action
5.	Fields that are locked cannot be edited
Step	Action
6.	Complete the Identifying Information Section
Step	Action
7.	Click the Save button. 
Step	Action
8.	Click the Continue>> button. 

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services

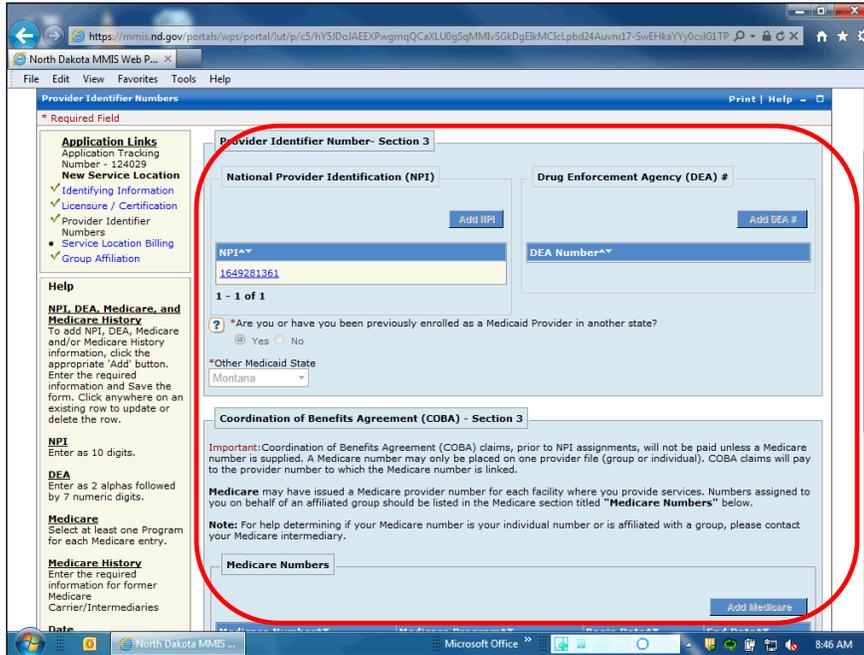


Step	Action
9.	Complete the Licensure / Certification Section
Step	Action
10.	Click the Save button. 
Step	Action
11.	Click the Continue>> button. 

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services



Step	Action
12.	Complete the Provider Identifier Numbers section
Step	Action
13.	Click the Save button. 
Step	Action
14.	Click the Continue>> button. 

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services

Service Location Information- Section 4

*Physical Address (P.O. Box not accepted)

Building, Suite #, etc

*City *State *Zip

*County

Validate Address

Add Service Location Phone Numbers

Phone #** Fax #**

Add Service Location Contact Person

Service Location Contact Person

Last Name** First Name** MI** Phone** Ext.** Fax** Cell** Email**

Service- Section 4

*Gender Served: Male Female Both

*Age Range Served: All 0-5 Years 6-12 Years 13-17 Years 18-21 Years 22-59 Years 60+ Years

*Languages Supported: Available: Albanian, American Sign Language, Arabic, Bangla. Selected: English

Step	Action
15.	Complete the Service Location Billing section

Service- Section 4

*Gender Served: Male Female Both

*Age Range Served: All 0-5 Years 6-12 Years 13-17 Years 18-21 Years 22-59 Years 60+ Years

*Languages Supported: Available: Albanian, American Sign Language, Arabic, Bangla. Selected: English

*Please define your service area by Counties served, or by distance from your location.

Counties Served Distance From Location

*Distance From Location No Limit

*Is this location Wheelchair accessible?

Yes No

*Is this location TDD/TTY Equipped?

Yes No

*Does this location provide after-hours services?

Yes No

*Do you wish to be excluded from public provider searches?

Yes No

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services

Step	Action
16.	Complete Service- Section 4

The screenshot shows a web browser window with the URL https://mms.nd.gov/portals/wps/portal/!ut/p/c5/!vY5JDoJAEEXpWgFMFTMu26xDRkAZBYE4xCIDAmEE5v68YVWD9_9f9CjLgeYqfBZD2TfFC. The page title is "North Dakota MMS Web P...". The browser's address bar shows the URL. The page content includes a sidebar with instructions for "Date", "Mailing Address", "Electronic Funds Transfer (EFT)", "Billing Address", and "Remittance Advice". The main content area has a "Clinical Laboratory Improvement Amendments (CLIA)" section, followed by a "Mailing Address" section which is highlighted with a red circle. This section includes a question: "Is this mailing address the same as service location?" with "Yes" and "No" radio buttons. Below this are "Mailing Location Phone Numbers" and "Service Location Contact Person(s)" sections, each with an "Add" button. The "Mailing Location Contact Person" section has a table with columns: Last Name, First Name, MI, Phone, Ext., Fax, and Email. Below this is the "Electronic Funds Transfer (EFT) Payments" section with a question: "Do you wish to participate in Electronic Funds Transfer Payments?" and "Yes" and "No" radio buttons. At the bottom is a "Billing Address" section.

Step	Action
17.	Complete Mailing Address

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services

Expiration Date should be greater than Begin or Effective Date.

Mailing Address
Enter the address that you prefer to receive correspondence. If the Mailing Address is identical to the Service Location Address entered above, answer Yes. Otherwise, answer No to enter a different address.

Electronic Funds Transfer (EFT)
If you plan to use EFT and have the banking information available, answer Yes and enter the required information now. If you do not have the information available now, answer No to continue the enrollment application. You may update the information at a later time.

Billing Address
Enter the address that you prefer to receive payments. If the Billing Address is identical to the Service Location Address entered above answer Yes, if the Billing Address is identical to the Mailing Address, answer Yes. Otherwise, answer No to enter a different address.

Remittance Advice
To enter Remittance Advice information, click on the plus sign. Please select a method of delivery.

Other Details

Mailing Address
*Is this mailing address the same as service location?
 Yes No

Mailing Location Phone Numbers
Add Mailing Location Numbers

Phone # Fax #

Service Location Contact Person(s)
Add Mailing Location Contact Person

Mailing Location Contact Person

Last Name	First Name	MI	Phone	Ext.	Fax	Email

Electronic Funds Transfer (EFT) Payments

2 *Do you wish to participate in Electronic Funds Transfer Payments?
 Yes No

+ Billing Address

Note: The billing address is equivalent to your Pay To address where your checks will be mailed.
*Is this billing address the same as the service location?
 Yes No

Step	Action
18.	Complete EFT Payments

Billing Address is identical to the Mailing Address, answer Yes. Otherwise, answer No to enter a different address.

Remittance Advice
To enter Remittance Advice information, click on the plus sign. Please select a method of delivery.

Other Details
If you would like to include your suspended claims on your Remittance Advice, select an option from the Print Suspend drop-down. If you would like to sort your Remittance Advice in an order other than the default of Members Last Name, select an option from the RA Sort Ind drop-down. Select an option from the Bulletin Media drop-down to indicate how you would like to receive your bulletins. Click the **Save** button at the bottom of the page to validate the page content and save the information. Click the **Continue** button to move onto the next step. If you choose to **Exit** Application, please save and note the Tracking Number or print this page so you can make updates to this application at another time. If you have any questions, please contact Provider Enrollment at (800) 755-2604.

Billing Address
+ Billing Address

Note: The billing address is equivalent to your Pay To address where your checks will be mailed.
*Is this billing address the same as the service location?
 Yes No

Billing Location Phone Numbers
Add Billing Location Numbers

Phone # Fax #

Billing Location Contact Person(s)
Add Billing Location Contact Person

Remittance Advice

*Requested Delivery Media for Remittance Advices (RAs)
 Electronic (835) Web Portal Inbox Paper

Note: The provider can only choose one RA option. Your paper RA will be sent to the billing address listed.

Other Details

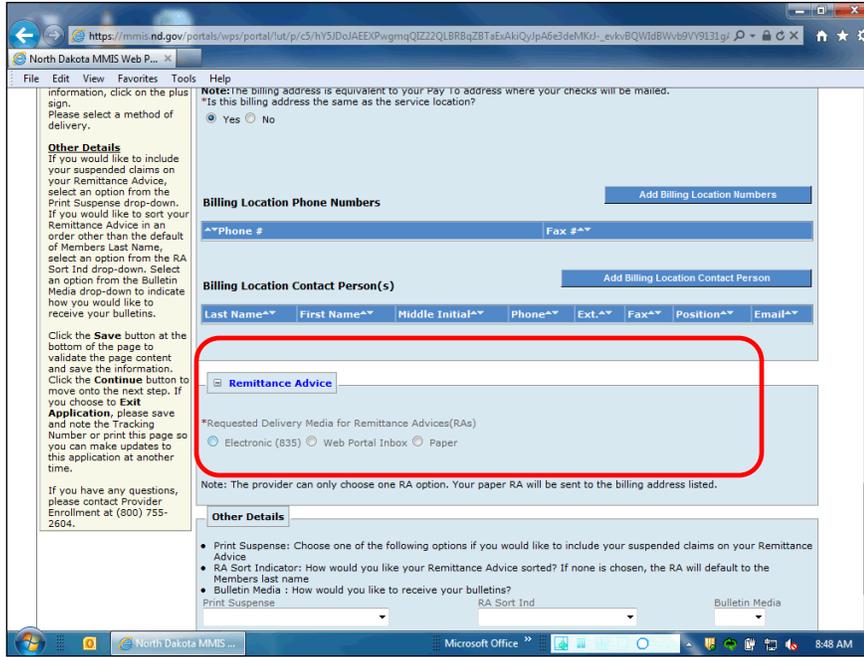
+ Print Suspend: Choose one of the following options if you would like to include your suspended claims on your Remittance

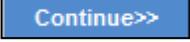
Step	Action
19.	Complete Billing Address

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services

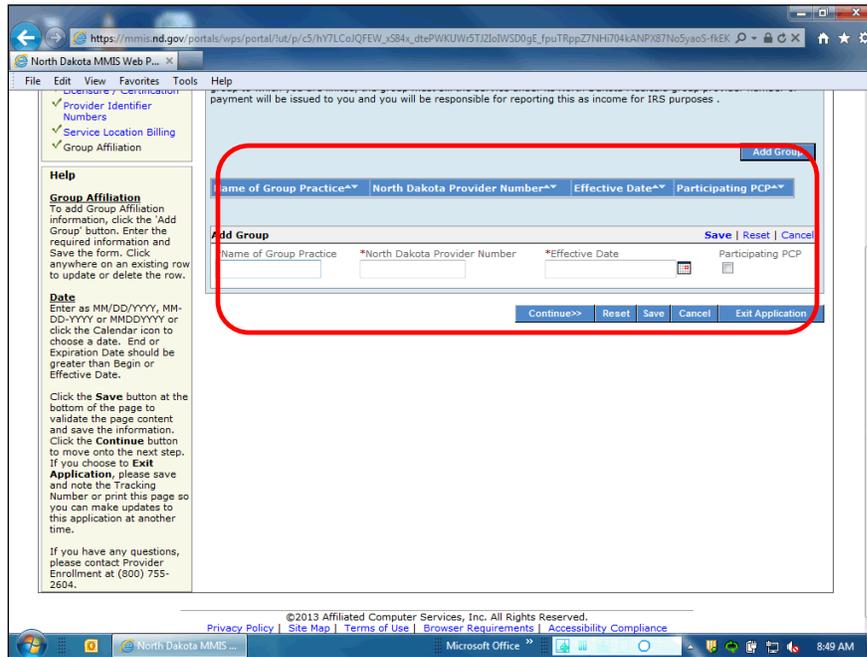


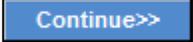
Step	Action
20.	Complete Remittance Advice
Step	Action
21.	Click the Save button. 
Step	Action
22.	Click the Continue>> button. 

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services

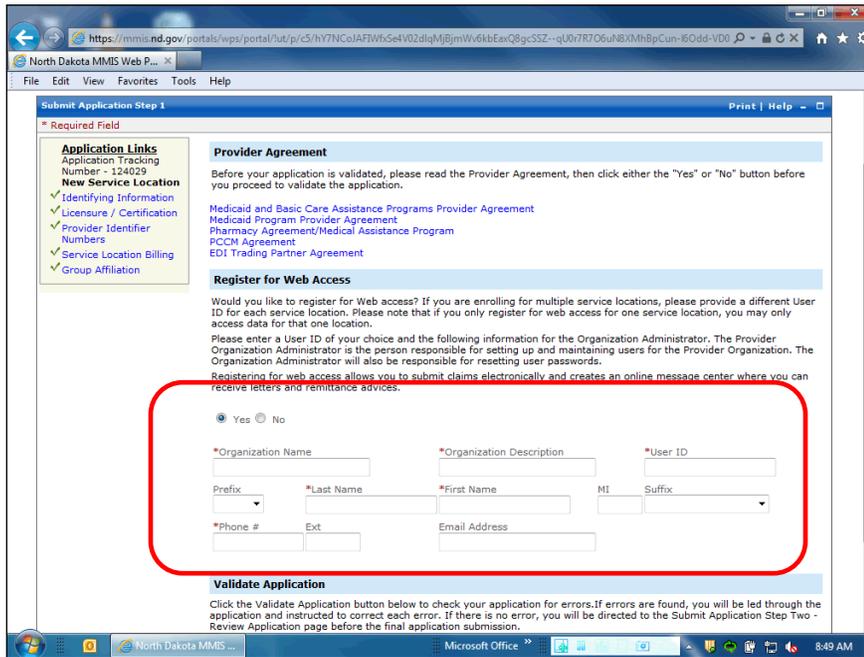


Step	Action
23.	Complete the Affiliation section <u>Individual applications</u> need to add associated groups <u>Group Applications</u> need to associate individuals
Step	Action
24.	Click the Save button. 
Step	Action
25.	Click the Continue>> button. 

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services

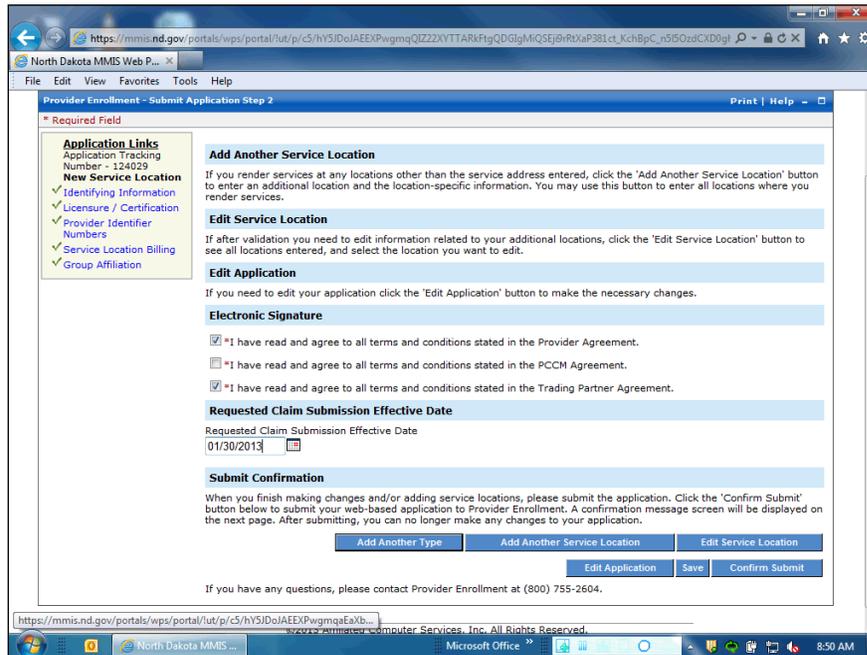


Step	Action
26.	Complete the Register for Web Access section
Step	Action
27.	A unique User ID is required for each Service Location
Step	Action
28.	Click the Save button. 
Step	Action
29.	Click the Validate Application button. 

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services



Step	Action
30.	Click the Save button. 
Step	Action
31.	At this point you can Add, Edit, or Confirm Submit to complete the application
Step	Action
32.	End of Procedure.