



# **ND Medicaid Provider Enrollment**

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## *Group Provider Enrollment*

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*North Dakota Department of Human Services*

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# Medicaid Provider Enrollment

## Group Provider Enrollment

### Group Provider Introduction

### Procedure

Access ND MMIS Web Portal:

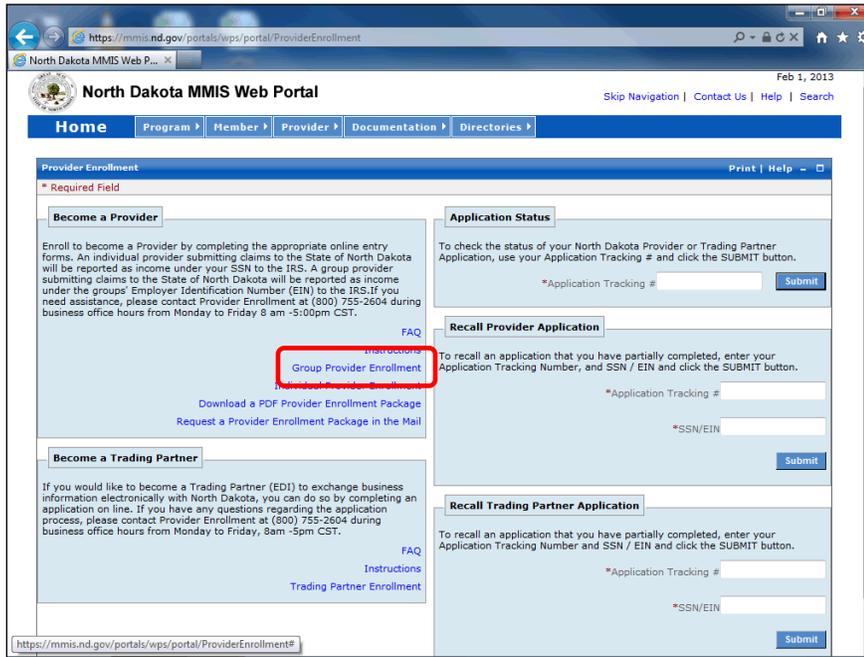
<https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment>

The screenshot shows the North Dakota MMIS Web Portal. At the top right, it says "MAR 26, 2014" and "Skip Navigation | Contact Us | Help | Search". The main navigation bar includes "Home", "Program", "Member", "Provider", "Documentation", and "Directories". The page title is "Provider Enrollment" with a "Print | Help" icon. A red asterisk indicates a required field. The page is divided into two columns. The left column has two sections: "Become a Provider" and "Become a Trading Partner". The "Become a Provider" section includes instructions on enrolling, a list of links (FAQ, Instructions, Group Provider Enrollment, Individual Provider Enrollment, Download a PDF Provider Enrollment Package, Request a Provider Enrollment Package in the Mail), and another set of links (FAQ, Instructions, Trading Partner Enrollment). The "Become a Trading Partner" section includes instructions on becoming a Trading Partner (ED1) and a set of links (FAQ, Instructions, Trading Partner Enrollment). The right column has three sections: "Application Status", "Recall Provider Application", and "Recall Trading Partner Application". Each of these sections contains instructions and a form with a "Submit" button. The "Application Status" form has a field for "\*Application Tracking #" and a "Submit" button. The "Recall Provider Application" form has fields for "\*Application Tracking #" and "\*SSN/EIN" and a "Submit" button. The "Recall Trading Partner Application" form has fields for "\*Application Tracking #" and "\*SSN/EIN" and a "Submit" button.

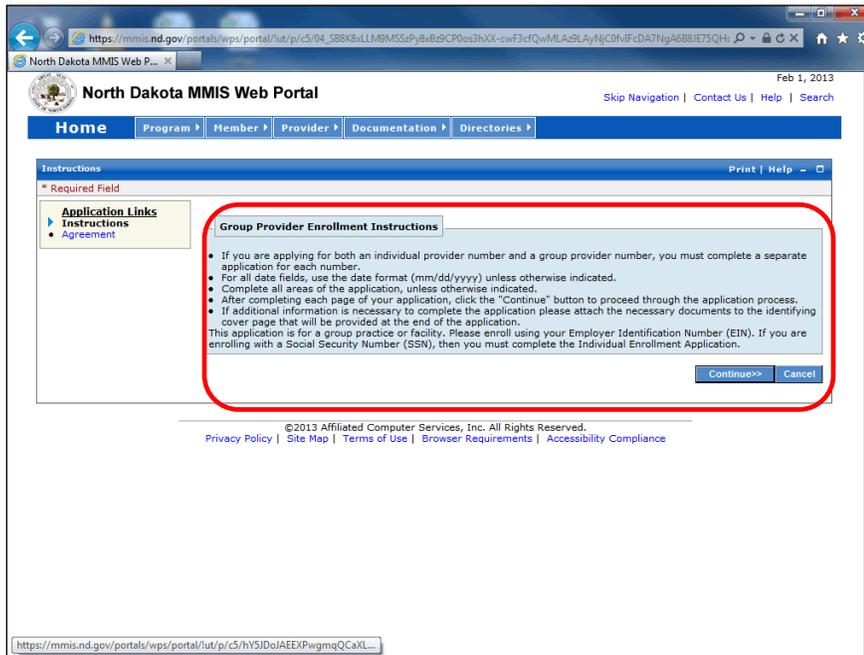
# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services



Step	Action
1.	Click the <b>Group Provider Enrollment</b> link. <a href="#">Group Provider Enrollment</a>

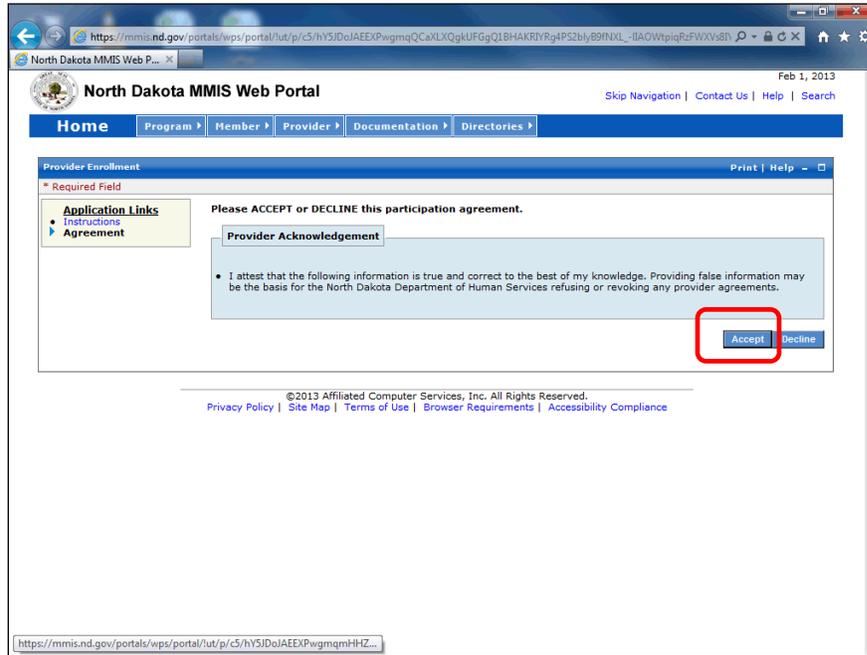


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## Medicaid Provider Enrollment

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Step	Action
2.	It is <b>very important</b> to read all on-screen instructions and notes.
Step	Action
3.	Click the <b>Continue</b> button. <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #4F81BD; color: white; text-decoration: none;">Continue&gt;&gt;</div>



Step	Action
4.	Click the <b>Accept</b> button. <b>This will take you to the first section of the Enrollment Application.</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #4F81BD; color: white; text-decoration: none;">Accept</div>
Step	Action
5.	The next section will take you through how to complete the Identifying Information page. <b>End of Procedure.</b>

## Identifying Information - Group Procedure

Step	Action
1.	Enter the enrolling group’s provider name into the <b>Group Organization Name</b> field.
Step	Action
2.	Enter number of years into the <b>Years Doing Business Under this name</b> field.
Step	Action
3.	Click the <b>Yes or No</b> option to the question ‘Have you ever used a different Doing Business As Name’.

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/ut/p/c/hYSJDoJAEEXPwgmqGhmLXQwkUFGgQhKgbCtCAC>. The page title is "Demographic" and it includes a "Print | Help" link. The form is divided into several sections:

- Application Links:** A sidebar menu with options like Application Tracking, Identifying Information, Licenses / Certification, etc.
- Group Information:** Fields for Group Organization Name, Group Name, and Years Doing Business Under this name (set to 17). A question asks if the user has ever used a different Doing Business As (DBA) Name?
- Tax Reporting Information:** This section is highlighted with a red box. It includes fields for Legal Name, EIN, Begin Date, and End Date.
- Current/Previous ND Provider #:** A section for entering current and/or previous ND provider numbers, with an "Add Previous ND Provider #" button.
- Non Profit Organization Tax Exempt Status:** A question asking if the business is listed under tax exempt status, with Yes/No radio buttons.

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

Step	Action
4.	Enter the desired information into the <b>Legal Name</b> field. <b>Name must match the group's W-9 as reported to the IRS.</b>
Step	Action
5.	Enter the group's Employer Identification Number into the <b>EIN</b> field.
Step	Action
6.	Enter the desired information into the <b>Begin Date</b> field. <b>Enter the date the EIN was registered.</b>
Step	Action
7.	Enter the desired information into the <b>End Date</b> field. <b>Enter 12/31/9999.</b>

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## Medicaid Provider Enrollment

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Step	Action
8.	By selecting any <b>"ADD"</b> options, this will open additional fields that will need to be filled in.
Step	Action
9.	Click the <b>Add Previous ND Provider #</b> button.
	

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The screenshot shows a web browser window with the URL [https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hY7LDolwEEW\\_xS-YKQ/UZYUGLSCRkH0AjEHksCEa3](https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hY7LDolwEEW_xS-YKQ/UZYUGLSCRkH0AjEHksCEa3). The page title is 'Demographic'. On the left, there is a sidebar with 'Application Links' and 'Help'. The main content area has several sections: 'Group Information' with fields for 'Group Organization Name', 'Group Name', and 'Years Doing Business Under this name'; 'Tax Reporting Information' with fields for 'Legal Name', 'EIN', 'Group Name', 'Begin Date', and 'End Date'; and 'Current/Previous ND Provider #'. The 'Current/Previous ND Provider #' section includes a text input field for 'ND Provider #', an 'Add Previous ND Provider #' button, and 'Save | Reset | Cancel' links. A red box highlights the 'Add Previous ND Provider #' button and the text input field.

Step	Action
10.	Previous ND Provider ID # field set is now displayed.
Step	Action
11.	Enter the enrolling group's Medicaid provider number into the <b>ND Provider #</b> field. <b>*This is your ND Medicaid group number and must be the one associated with the specific location and provider type of the provider being enrolled. Enter only <u>one</u> Medicaid number in this field. If the group has more than one Medicaid number, then a separate application for each provider number is required.</b>
Step	Action
12.	<b><u>It is very important to always click Save within each additional information window pane.</u></b>
Step	Action
13.	Click the <b>Save</b> link. <b>Save</b>

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hYSJDoJAEEpWgmqQMYIqgctozVJoTeEOAU0CEEA6>. The page title is "North Dakota MMIS ...".

**Navigation Menu:**

- Electronic Transaction Submission
- Ownership
- Authorized Reps
- Exclusions / Sanctions
- Qualified Service Providers

**Help Section:**

**Group Name:** The name associated with the EIN you enter must match the legal name you have given on your IRS form W9.

**EIN:** Enter as 9 digits with or without dashes.

**Date:** MM/DD/YYYY or click the Calendar icon to choose a date. End Date should be greater than Begin Date.

**Current/Previous ND Provider #:** To enter your Current and/or Previous ND Provider #, click the "Add Previous ND Provider #" button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row.

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 note and save the Tracking Number or print this page so you can make updates to the application at another time.

If you have any questions,

**Tax Reporting Information**

Legal Name: \*EIN  
 Group Name: 123456789  
 \*Begin Date: 01/01/2000  
 \*End Date: 12/31/2013

**Current/Previous ND Provider #**

: System successfully saved the Information.  
 Please enter your current and/or previous ND provider numbers.

**Previous ND Provider #** [Add Previous ND Provider #]

ND Provider #  
 001000015  
 1 - 1 of 1

**Non Profit Organization Tax Exempt Status**

Is this business listed under tax exempt status?  
 Yes  No

[Continue>>] [Save] [Reset] [Exit Application]

Step	Action
14.	Click the <b>Yes or No</b> option for Tax Exempt Status.
Step	Action
15.	<b>It is also Very Important to click SAVE after completing each section.</b>
Step	Action
16.	Click the <b>Save</b> button. 

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**Required Field**  
The Provider Enrollment Details have been saved successfully. Please note your Application Tracking Number **124011** for future access to the Enrollment Application.

**Application Tracking**  
Number - 124010

**Group Information**  
\*Group Organization Name  
Group Name  
\*Years Doing Business Under this name  
17

Have you ever used a different Doing Business As (DBA) Name?  Yes  No

**Tax Reporting Information**  
Legal Name \*EIN  
Group Name 123456789  
\*Begin Date 01/01/2000 \*End Date 12/31/2013

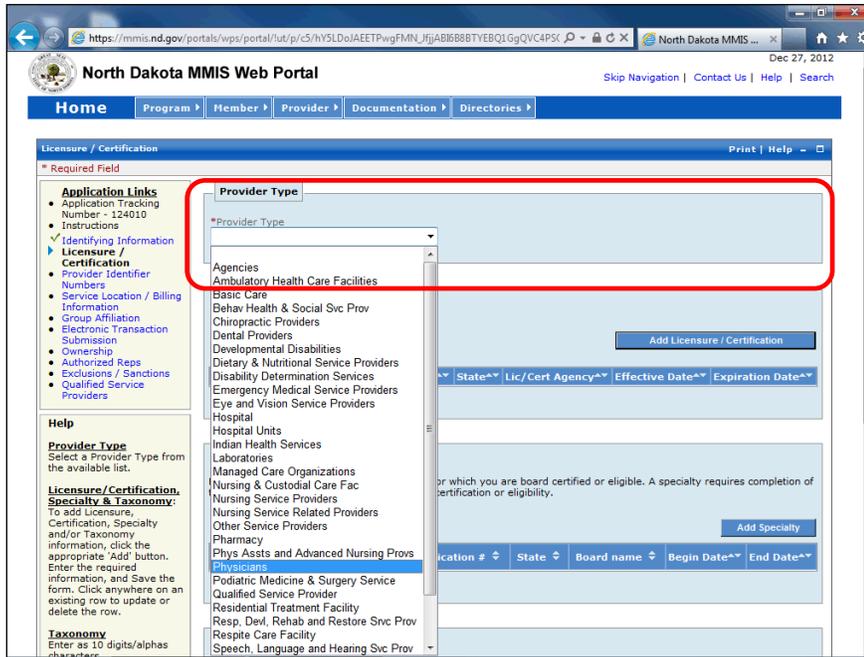
**Current/Previous ND Provider #**  
Please enter your current and/or previous ND provider numbers.  
Add Previous ND Provider #  
ND Provider #  
001000015  
1 - 1 of 1

**Non Profit Organization Tax Exempt Status**  
Is this business listed under tax exempt status?  
 Yes  No

Step	Action
17.	Take note of your Application Tracking Number (ATN) after saving. This ATN will be required on all documentation submitted and/or inquiries to the Department.
Step	Action
18.	Click the <b>Continue</b> button. 
Step	Action
19.	Clicking the <b>continue</b> button will take you to the next section of the application.
Step	Action
20.	The next section will take you through how to complete the Licensure / Certification page. <b>End of Procedure.</b>

Licensure/Certification - Group  
 Procedure

**Provider Type:** Reference this link for a list of acceptable provider type, specialty, and taxonomy codes. <http://www.nd.gov/dhs/info/pubs/docs/medicaid/mmis-group-provider-code-taxonomy.pdf>

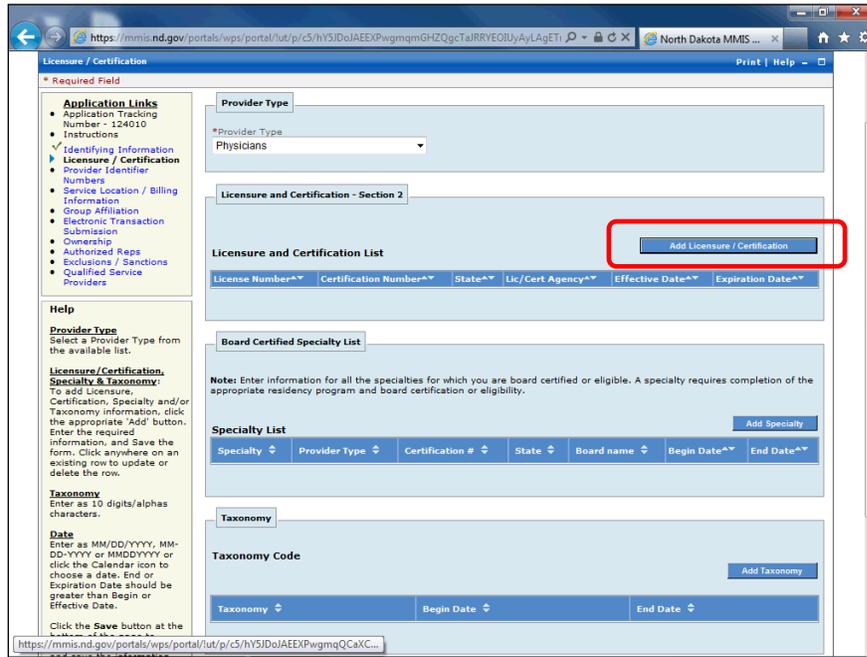


Step	Action
1.	Click the <b>Provider Type</b> drop down and select the appropriate list item. <b>Required.</b>

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### N.D. Department of Human Services

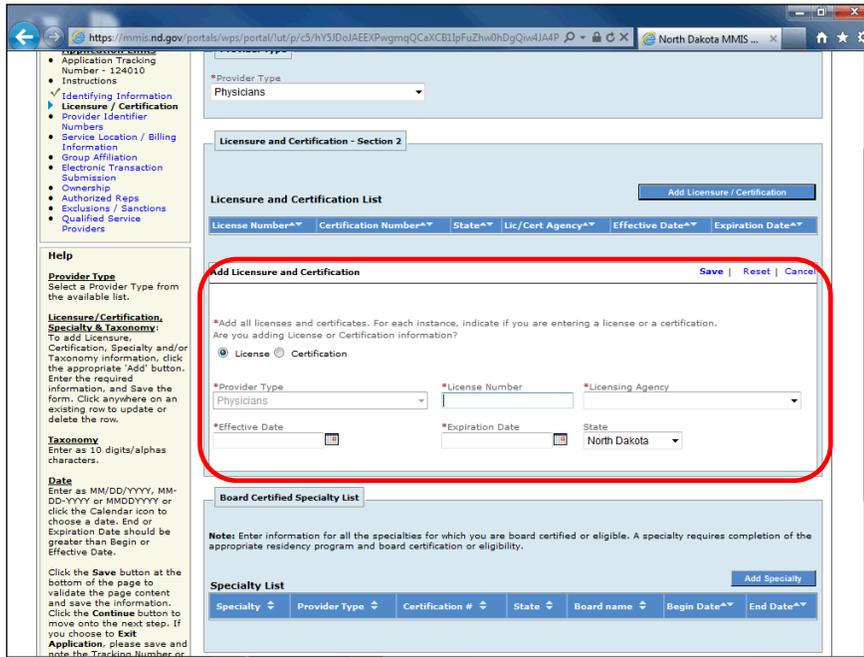


Step	Action
2.	<p>Click the <b>Add Licensure / Certification</b> button.</p>  <p><b>*List all license and certifications in this section.</b></p>

# Training Guide

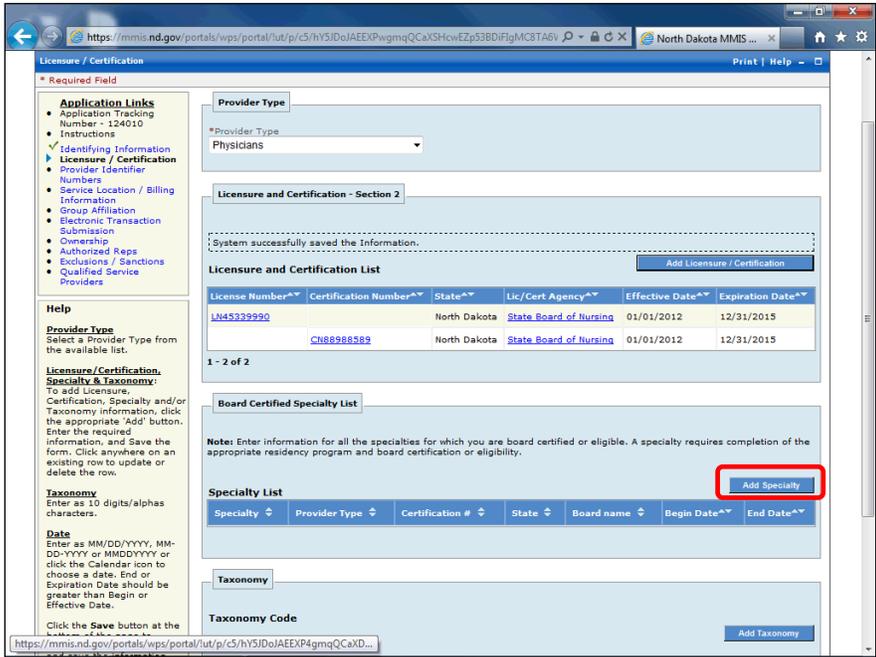
## Medicaid Provider Enrollment

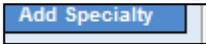
### N.D. Department of Human Services



Step	Action
3.	Click the <b>License or Certification</b> option. <b>License is required. Groups/facilities that do not hold licensure must enter a license for one of the affiliated individual providers.</b>
Step	Action
4.	Enter the desired information into the <b>License Number</b> field. <b>If the license has not been assigned a number, enter '00000'.</b>
Step	Action
5.	Click the <b>Appropriate Licensing Agency</b> list item.
Step	Action
6.	Enter the desired information into the <b>Effective Date</b> field.
Step	Action
7.	Enter the desired information into the <b>Expiration Date</b> field.
Step	Action
8.	Click the <b>Save</b> button. 
Step	Action
9.	<b>Repeat steps 2 - 8 to add additional Licensure / Certifications.</b>

**Specialty:** Reference this link for a list of acceptable provider type, specialty, and taxonomy codes. <http://www.nd.gov/dhs/info/pubs/docs/medicaid/mmis-group-provider-code-taxonomy.pdf>



Step	Action
10.	Click the <b>Add Specialty</b> button.  <b>*A specialty type is required for all enrollments</b>

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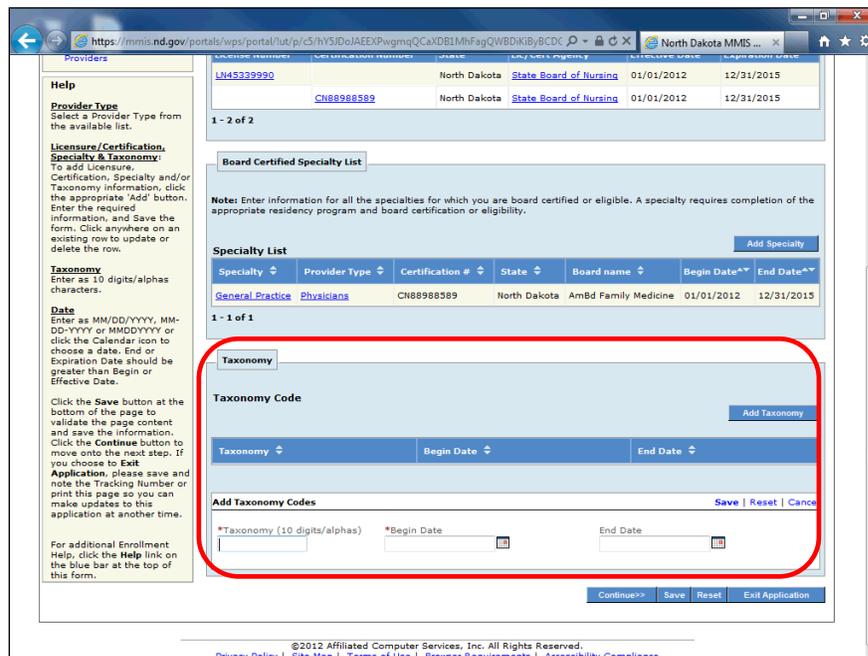
The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hY5JDoJAEEkP4gmqQCaXDbSYCMg8bQgRRAZEgkky>. The page title is "North Dakota MMIS ...". The main content area is titled "Board Certified Specialty List". Below this is a "Specialty List" table with columns for Specialty, Provider Type, Certification #, State, Board name, Begin Date, and End Date. An "Add Specialty" button is located to the right of the table. Below the table is the "Add Specialty" form, which is highlighted with a red box. The form has the following fields:
 

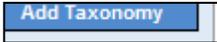
- \*Specialty: General Practice (dropdown)
- \*Provider Type: Physicians (dropdown)
- \*Begin Date: [text input]
- \*End Date: [text input]
- \*State: North Dakota (dropdown)
- \*Certification #: [text input]
- \*Board name: [dropdown]

 To the right of the form are "Save | Reset | Cancel" buttons. Below the form is a "Taxonomy" section with an "Add Taxonomy" button and a table with columns for Taxonomy, Begin Date, and End Date. At the bottom of the page are "Continue>>", "Save", "Reset", and "Exit Application" buttons. A "Help" section is located at the bottom left, containing information about Provider Type, Licensure/Certification, and Specialty & Taxonomy.

Step	Action
11.	Click the <b>Appropriate Specialty</b> list item.
Step	Action
12.	Enter the desired information into the <b>Begin Date</b> field.
Step	Action
13.	Enter the desired information into the <b>End Date</b> field. <b>Enter 12/31/9999.</b>
Step	Action
14.	Enter the desired information into the <b>Certification #</b> field. <b>If the certification was not assigned a number, enter '00000'.</b>
Step	Action
15.	Click the <b>Appropriate Board Name</b> list item.
Step	Action
16.	Click the <b>Save</b> link. <b>ave</b>

**Taxonomy:** Reference this link for a list of acceptable provider type, specialty, and taxonomy codes. <http://www.nd.gov/dhs/info/pubs/docs/medicaid/mmis-group-provider-code-taxonomy.pdf>



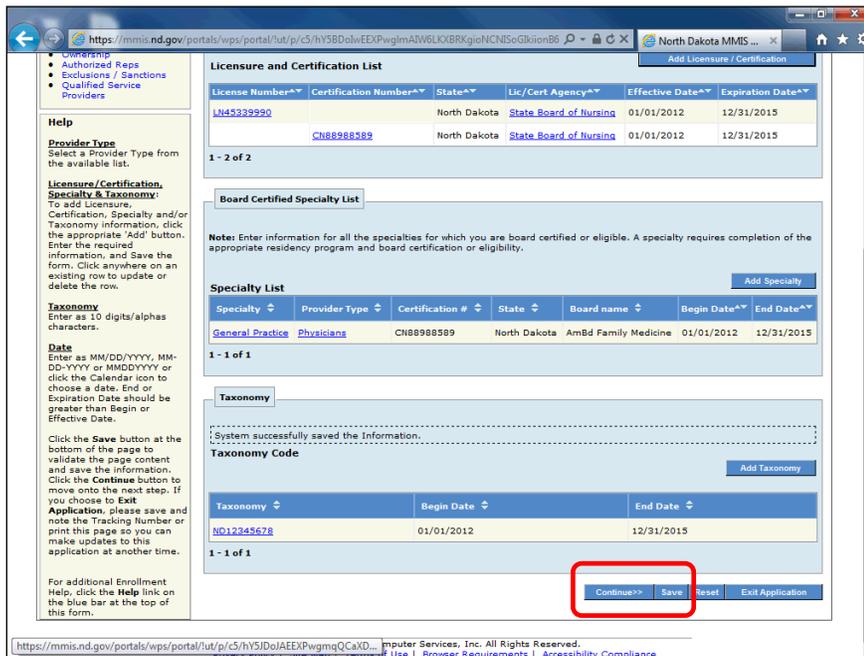
Step	Action
17.	Click the <b>Add Taxonomy</b> button. 
	<b>*A Taxonomy code is required for all providers except Atypical providers (QSP's, Transportation, and Developmental Disabilities).</b>
Step	Action
18.	Enter the desired information into the <b>Taxonomy (10 digits/alphas)</b> field.
Step	Action
19.	Enter the desired information into the <b>Begin Date</b> field. <b>Enter 10/01/2013.</b>
Step	Action
20.	Enter the desired information into the <b>End Date</b> field. <b>Enter 12/31/9999.</b>

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Step	Action
21.	Click the <b>Save</b> link. 



The screenshot shows the 'License and Certification List' page in the Medicaid Provider Enrollment system. The page contains several sections: 'License and Certification List', 'Board Certified Specialty List', 'Specialty List', and 'Taxonomy'. The 'Save' button is highlighted with a red box at the bottom right of the page.

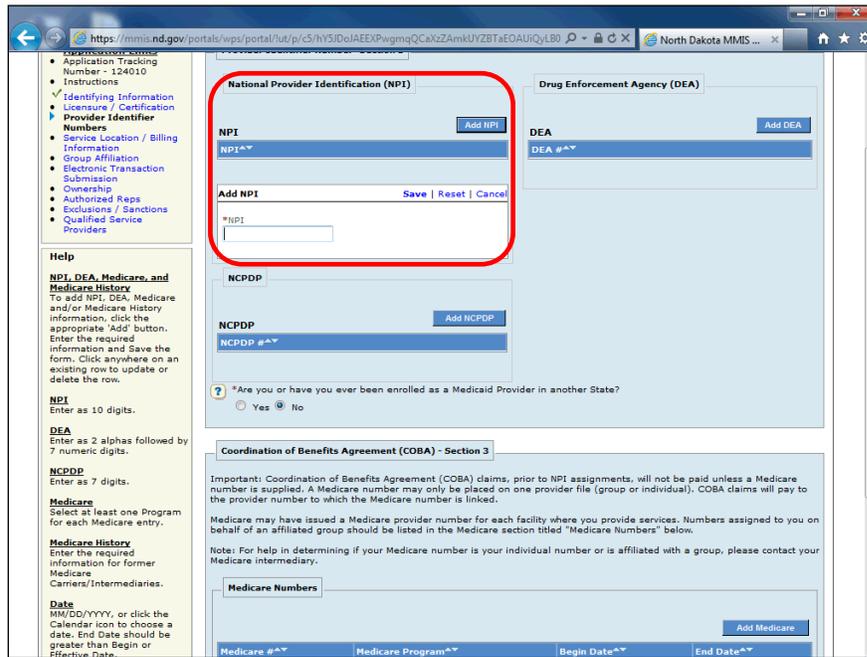
License Number	Certification Number	State	Lic/Cert Agency	Effective Date	Expiration Date
LN45339990		North Dakota	State Board of Nursing	01/01/2012	12/31/2015
	CN8988589	North Dakota	State Board of Nursing	01/01/2012	12/31/2015

Specialty	Provider Type	Certification #	State	Board name	Begin Date	End Date
General Practice	Physicians	CN8988589	North Dakota	AmBd Family Medicine	01/01/2012	12/31/2015

Taxonomy	Begin Date	End Date
ND12345678	01/01/2012	12/31/2015

Step	Action
22.	Click the <b>Save</b> button. 
23.	Click the <b>Continue</b> button. 
24.	The next section will take you through how to complete the Provider Identifier Numbers page. <b>End of Procedure.</b>

## Provider Identifier Numbers - Group Procedure



Step	Action
1.	Click the <b>Add NPI</b> button.  <b>*Required for all providers except Atypical (QSP, Transportation, Lodging, and Meals) providers.</b>
Step	Action
2.	Enter the <b>enrolling group's</b> NPI information into the <b>NPI</b> field. <b>Enter only one NPI. If the group has more than one NPI, then a separate application for each NPI is necessary.</b>
Step	Action
3.	Click the <b>Save</b> link. 

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Step	Action
4.	Click the <b>Add NCPDP</b> button. <b>NCPDP pertains to pharmacy providers only. If this does not apply, skip this section.</b> 
Step	Action
5.	Enter the desired information into the <b>NCPDP #</b> field.
Step	Action
6.	Click the <b>Save</b> button. 

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The screenshot shows the 'National Provider Identification (NPI)' and 'Drug Enforcement Agency (DEA)' sections. The DEA section is highlighted with a red box. The NPI section shows the NPI number 1649281351. The DEA section shows the DEA # field. Below the DEA section, there is a message: 'System successfully saved the Information.' and a question: '\*Are you or have you ever been enrolled as a Medicaid Provider in another State?' with radio buttons for 'Yes' and 'No'. The 'Yes' radio button is selected.

Step	Action
7.	Click the <b>Add DEA</b> button (if applicable). <b>DEA is required for all groups that have been issued a DEA. Enrolling groups that do not hold licensure must submit the DEA of one of the individual affiliates.</b>

The screenshot shows the 'National Provider Identification (NPI)' and 'Drug Enforcement Agency (DEA)' sections. The question '\*Are you or have you ever been enrolled as a Medicaid Provider in another State?' is highlighted with a red box. The 'Yes' radio button is selected.

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Step	Action
8.	Click the <b>Yes or No</b> option for ever being enrolled in Medicaid in another state. If <b>Yes</b> , select the appropriate State.

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/HYSJDoJAEEXpvgmqmHHFEIIVqBBYEQIU0AZegkGT...>. The page title is "Coordination of Benefits Agreement (COBA) - Section 3". The form contains several sections: "DEA", "NCDDP", "Medicare", "Medicare History", and "Date". The "Medicare" section is highlighted with a red circle and contains the following text: "Important: Coordination of Benefits Agreement (COBA) claims, prior to NPI assignments, will not be paid unless a Medicare number is supplied. A Medicare number may only be placed on one provider file (group or individual). COBA claims will pay to the provider number to which the Medicare number is linked." Below this text is a table with columns for "Medicare #", "Medicare Program", "Begin Date", and "End Date". There is an "Add Medicare" button above the table. Below the table is a section for "Add Medicare #" with fields for "Medicare #", "Begin Date", and "End Date", and checkboxes for "All", "Medicare Program A", "Medicare Program B", and "Medicare Program C". There is also a "Save" button and "Reset" and "Cancel" links. The "Medicare History" section is below the "Add Medicare" section and contains a table with columns for "Medicare #", "Carrier/Intermediary Name", "Medicare Program", "Begin Date", and "End Date".

Step	Action
9.	Click the <b>Add Medicare</b> button. 
Step	Action
10.	Enter the <b>group's Medicare</b> information into the <b>Medicare #</b> field.
Step	Action
11.	Enter the desired information into the <b>Begin Date</b> field.
Step	Action
12.	Enter the desired information into the <b>End Date</b> field. <b>Enter 12/31/9999.</b>
Step	Action
13.	<b>Click the appropriate Medicare Programs.</b>
Step	Action
14.	Click the <b>Save</b> button. 

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tuk/pi/c5/hYSJDoJAEEpWgmqQCaxTEFDN8c6bAgRNRAZfgQCjD>. The page contains instructions for entering Medicare information. A table titled 'Medicare Numbers' shows one entry with Medicare # 100056, Program A,C, and dates 01/01/2012 to 12/31/2015. Below it, the 'Medicare History' section is highlighted with a red box. It includes an 'Add History' button and input fields for Medicare #, Carrier/Intermediary Name, Begin Date, and End Date. There are also checkboxes for Medicare Parts A, B, C, and D.

Step	Action
15.	Click the <b>Add History</b> button. <b>Complete this section if the group had a Medicare number in the past that is no longer in use.</b> This section is for informational purposes only. 
16.	<b>Enter Medicare History information.</b>
17.	Click the <b>Save</b> button. 
18.	Click the <b>Continue</b> button. 
19.	The next section will take you through how to complete the Service Location / Billing Information page. <b>End of Procedure.</b>

## Service Location / Billing Information - Group Procedure

Step	Action
1.	Enter the desired information into the <b>Physical Address</b> field. <b>PO Boxes are not accepted.</b>
Step	Action
2.	Enter the desired information into the <b>City</b> field.
Step	Action
3.	Enter the desired information into the <b>Zip</b> field.
Step	Action
4.	Click the <b>County</b> list and select the appropriate County.
Step	Action
5.	Click the <b>Validate Address</b> button. <div style="text-align: center; border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> <span style="background-color: #4f81bd; color: white; padding: 2px 10px;">Validate Address</span> </div>

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The screenshot shows a web browser window with the URL [https://mmis.nd.gov/portals/wps/portal/tut/pi/c5/n7LDaWEEW\\_H5-YAUFWUeD82KCI28sUHRJCFQe](https://mmis.nd.gov/portals/wps/portal/tut/pi/c5/n7LDaWEEW_H5-YAUFWUeD82KCI28sUHRJCFQe). The page is titled "North Dakota MMIS...".

The form is for "Service Location / Billing Information". It includes fields for Physical Address (100 Main Street), City (Bismarck), State (North Dakota), and Zip (58501). A "Validate Address" button is present.

A red box highlights a "Suggested Address" warning: "Select from the list of valid suggestions then click 'Submit', or click 'Cancel' to return to make additional changes. Invalid Service Location Address. Please select one of the Alternative Addresses." Below this warning are two radio button options:
 

- 100 E Main Ave., Bismarck, ND, 58501, 3846, Burleigh County
- Override verification warning, and accept address as entered.

Below the address section is a "Service Location Contact Person(s)" table with columns for Last Name, First Name, MI, Phone, Ext., Fax, Cell Phone, Email, and Position. There is also a "Service - Section 4" section with radio buttons for Gender Served (Male, Female, Both) and Age Range Served (All, 0-5 Years, 6-12 Years, 13-17 Years, 18-21 Years, 22-59 Years, 60+ Years). A "Languages Supported" section includes a list of available languages (Albanian, Arabic, Bangla, Bosnian) and a "Selected" dropdown menu currently set to "English".

Step	Action
6.	Click the appropriate address option.
Step	Action
7.	Click the <b>Submit</b> button.

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The screenshot shows the 'Service Location Information - Section 4' form in the North Dakota MMIS Web Portal. A red box highlights the 'Add Service Location Phone Numbers' section, which includes a table with columns for 'Phone #' and 'Fax #', and a 'Save' button. The form also includes fields for physical address, city, state, zip, and county, as well as a 'Service Location Contact Person(s)' table and a 'Service - Section 4' section for gender, age range, and languages supported.

Step	Action
8.	Click the <b>Add Service Location Phone Numbers</b> button. 
9.	Enter the desired information into the <b>Phone #</b> field.
10.	Enter the desired information into the <b>Fax #</b> field.
11.	Click the <b>Save</b> link. 

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services

Step	Action
12.	Click the <b>Add service location contact person</b> button. <b>Contact person and email address are required.</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Add service location contact person</div>
Step	Action
13.	Enter the desired information into the <b>Last Name</b> field.
Step	Action
14.	Enter the desired information into the <b>First Name</b> field.
Step	Action
15.	Enter the desired information into the <b>Phone</b> field.
Step	Action
16.	Click the <b>Appropriate Position</b> list item.
Step	Action
17.	Click the <b>Save</b> link. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Save</div>

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hYSJDoJAEEXpWgmqQZZiUAwkW5lUpaNQVEDYvoQD>. The page title is "North Dakota MMIS".

The left sidebar contains a navigation menu with the following items:

- Application Tracking
- Instructions
- Identifying Information
- Licensure / Certification
- Provider Identifier Numbers
- Service Location / Billing Information
- Group Affiliation
- Electronic Transaction Submission
- Ownership
- Authorized Reps
- Exclusions / Sanctions
- Qualified Service Providers

The main content area shows the "Service Location" form. The "Physical Address" section is filled with:

- Physical Address: 100 E Main Ave
- City: Bismarck
- State: North Dakota
- Zip: 58501
- County: Burleigh

The "Service Location Contact Person(s)" table is as follows:

Last Name	First Name	NI	Phone	Ext.	Fax	Cell Phone	Email	Position
Smith	Tom		701-555-5555					Provider Enrollment Office

The "Service - Section 4" section, highlighted with a red box, contains the following options:

- 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, Arabic, Bangla, Bosnian
  - Selected: English

The "Service Area" section includes the following options:

- Counties Served
- Distance From Location

A note at the bottom of the "Service Area" section asks: "Is this location wheelchair accessible?"

Step	Action
18.	Click the <b>Appropriate Gender Served</b> option.
Step	Action
19.	Click the <b>Appropriate Age Range Served</b> option.
Step	Action
20.	Click the <b>Appropriate Languages</b> list item.

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tut/pi/c5/hYSJDoJAEEpWgmqQCaXZHqgkWSIUmBDUNFAZFgC...>. The page contains a form for provider enrollment. On the left, there are instructions for 'Phone, FAX and Contact', 'Service', 'Hours of Operation', 'Interpretive Services Available', and 'Special Needs'. The main form area includes a 'Service Area' section with a red circle around it. This section has two radio buttons: 'Counties Served' and 'Distance From Location'. Below this are six questions, each with a 'Yes' or 'No' radio button option:

- \*Is this location wheelchair accessible?
- \*Is this location TDD/TTY Equipped?
- \*Does this location provide after-hours services?
- \*Are you a pharmacy or do you provide pharmacy services?
- \*Are you a 340b Provider?
- \*Do you wish to be excluded from public provider searches?

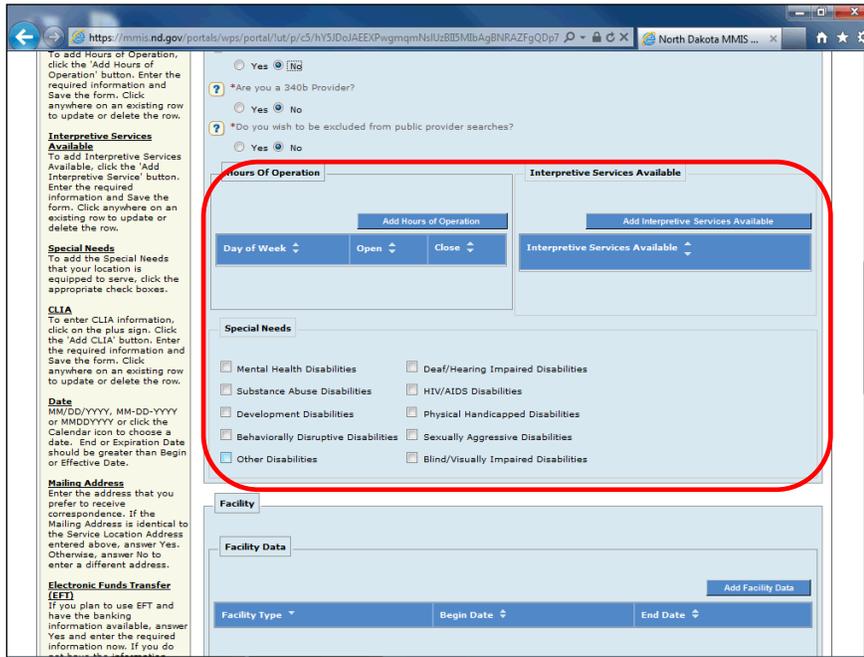
At the bottom of the form, there are sections for 'Hours Of Operation' and 'Interpretive Services Available', each with an 'Add' button and a dropdown menu.

Step	Action
21.	Click the <b>Counties Served or Distance From Location</b> option.
Step	Action
22.	Click the <b>Appropriate Counties or Distance From</b> list item.
Step	Action
23.	Click the <b>Yes or No</b> option for questions 1 - 6. <b>Note: The question that references 340b providers applies to pharmacy providers only. If it does not pertain to this enrollment, select the 'No' radio button.</b>

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services



Step	Action
24.	<b>Special Needs</b> section is <b>optional</b> . This is for informational purposes only.
25.	<b>Hours of Operation</b> and <b>Interpretive Services</b> are <b>optional</b> . This is for informational purposes only.

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/lut/p/c5/hYSJDoJAEXpWgmqmNtUzBBSMbaAgBNRAZfgQDp7>. The page contains several sections:
 

- Disabilities:** Includes checkboxes for Developmental Disabilities, Behaviorally Disruptive Disabilities, Sexually Aggressive Disabilities, Other Disabilities (checked), and Blind/Visually Impaired Disabilities.
- Facility:** A section with an **Add Facility Data** button highlighted by a red box.
- Facility Data:** A table with columns for Facility Type, Begin Date, and End Date.
- Bed Capacity Data:** A section for entering bed capacity information.
- Clinical Laboratory Improvement Amendments (CLIA):** A section for CLIA information.
- Mailing Address:** A section with a question: "Is this mailing address the same as service location?" with Yes/No radio buttons.
- Mailing Location Phone Numbers:** A section with fields for Phone Number and Fax Number, and an **Add Mailing Location Numbers** button.
- Mailing Location Contact Person(s):** A section with an **Add Mailing Location Contact Person** button.

Step	Action
26.	Click the <b>Add Facility Data</b> button. Applicable to institutional enrolling entities. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Add Facility Data</div>
Step	Action
27.	Click the <b>Appropriate Facility</b> list item.
Step	Action
28.	Enter the desired information into the <b>Begin Date</b> field.
Step	Action
29.	Enter the desired information into the <b>End Date</b> field. <b>Enter 12/31/9999.</b>
Step	Action
30.	Click the <b>Save</b> link. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Save</div>

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services

The screenshot shows a web browser window with the URL [https://mmis.nd.gov/portals/wps/portal/lut/p/c5/nY7LDolwEEW\\_J5-YQUXpp5KiaXyUqEbQOSNRJ5FqeD](https://mmis.nd.gov/portals/wps/portal/lut/p/c5/nY7LDolwEEW_J5-YQUXpp5KiaXyUqEbQOSNRJ5FqeD). The page is titled "North Dakota MMIS...".

On the left side, there are several informational sections:

- 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:** Please select method(s) of delivery.
- Other Details:** If you would like to include your suspended claims on your Remittance Advice, select an option from the Print Suspense 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.

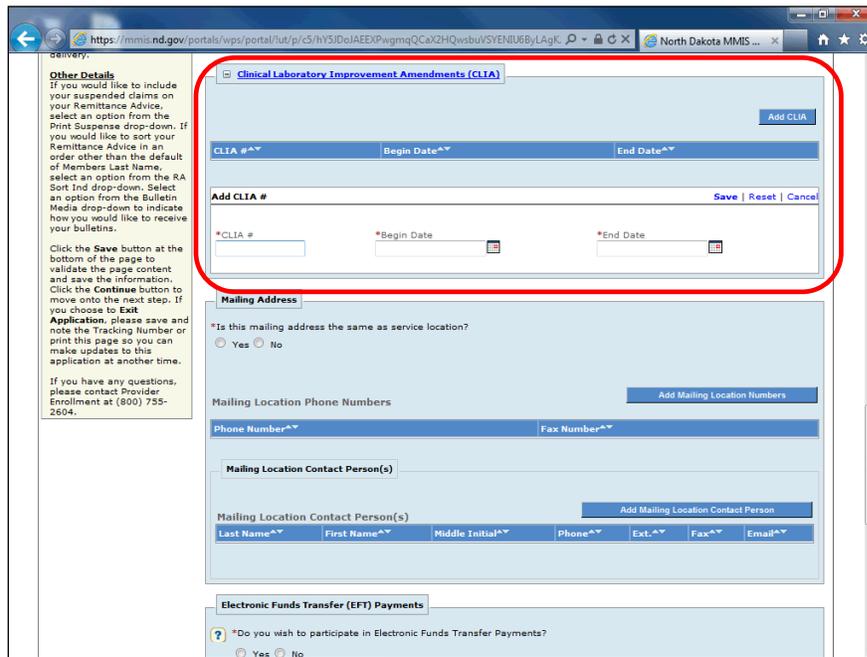
The main content area is titled "Facility" and contains a "Facility Data" table with columns for Facility Type, Begin Date, and End Date. Below this is a "Bed Capacity Data" section, which is highlighted with a red box. It includes a table with columns for Bed Type, # of Beds, Begin Date, and End Date, and an "Add Bed Capacity Data" button. Below the table are fields for \*Bed Type (Basic Care), \*# of Beds, \*Begin Date, and \*End Date, along with "Save", "Reset", and "Cancel" buttons. At the bottom of the page, there is a "Mailing Address" section with a radio button for "Is this mailing address the same as service location?" (Yes/No) and a "Mailing Location Phone Numbers" section with an "Add Mailing Location Numbers" button.

Step	Action
31.	Click the <b>Bed Capacity Data</b> link. Applicable to institutional enrolling entities. 
Step	Action
32.	Click the <b>Add Bed Capacity Data</b> button. 
Step	Action
33.	Click the <b>Appropriate Bed Type</b> list item.
Step	Action
34.	Enter the desired information into the <b># of Beds</b> field.
Step	Action
35.	Enter the desired information into the <b>Begin Date</b> field.
Step	Action
36.	Enter the desired information into the <b>End Date</b> field. <b>Enter 12/31/9999.</b>
Step	Action
37.	Click the <b>Save</b> button. 

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services



Step	Action
38.	Click the <b>Clinical Laboratory Improvement Amendments (CLIA)</b> link. <b>Required for all enrolling entities that have an onsite laboratory.</b>
Step	Action
39.	Click the <b>Add CLIA</b> button. 
Step	Action
40.	Enter the <b>CLIA certification number</b> into the <b>CLIA #</b> field.
Step	Action
41.	Enter the <b>begin date of the current certificate</b> into the <b>Begin Date</b> field.
Step	Action
42.	Enter the <b>expiration date of the current certificate</b> into the <b>End Date</b> field.
Step	Action
43.	Click the <b>Save</b> link. 

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services

**Clinical Laboratory Improvement Amendments (CLIA)**

System successfully saved the information. [Add CLIA](#)

CLIA #^^	Begin Date^^	End Date^^
3501055181	01/01/2012	12/31/2015

1 - 1 of 1

**Mailing Address**

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

**Mailing Location Phone Numbers** [Add Mailing Location Numbers](#)

Phone Number^^ Fax Number^^

**Mailing Location Contact Person(s)** [Add Mailing Location Contact Person](#)

Last Name^^	First Name^^	Middle Initial^^	Phone^^	Ext.^^	Fax^^	Email^^

**Electronic Funds Transfer (EFT) Payments**

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

**Billing Address**

Step	Action
44.	Click the <b>Yes or No Mailing Address</b> option. If No, Enter Mailing Address information.
45.	<b>Contact person and email address is required.</b>

# Training Guide

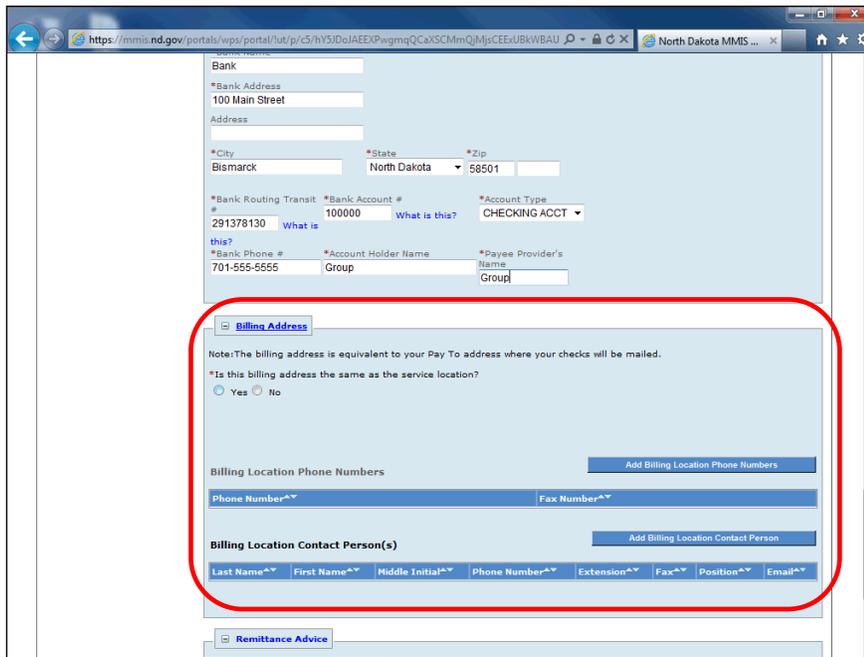
## Medicaid Provider Enrollment

### N.D. Department of Human Services

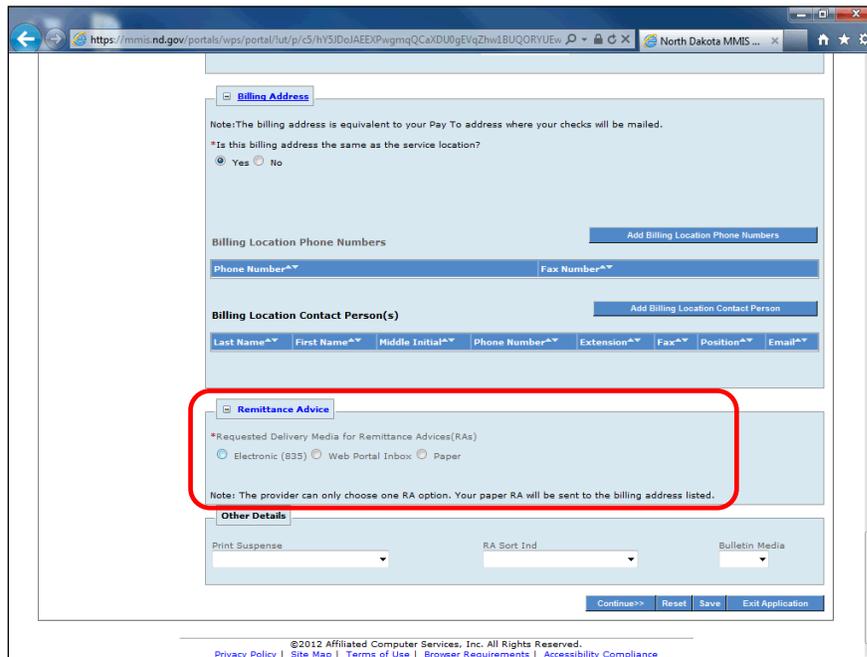
Step	Action
46.	Click the <b>Yes or No EFT</b> option. If Yes, complete the Bank Information.
Step	Action
47.	Enter the desired information into the <b>Bank Name</b> field.
Step	Action
48.	Enter the desired information into the <b>Bank Address</b> field.
Step	Action
49.	Enter the desired information into the <b>City</b> field.
Step	Action
50.	Click the <b>Appropriate State</b> list item.
Step	Action
51.	Enter the desired information into the <b>Zip</b> field.
Step	Action
52.	Enter the desired information into the <b>Bank Routing Transit #</b> field.
Step	Action
53.	Enter the desired information into the <b>Bank Account #</b> field.
Step	Action
54.	Click the <b>Appropriate Account Type</b> list item.

**Training Guide**  
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**N.D. Department of Human Services**

Step	Action
55.	Enter the desired information into the <b>Bank Phone #</b> field.
Step	Action
56.	Enter the desired information into the <b>Account Holder Name</b> field.
Step	Action
57.	Enter the desired information into the <b>Payee Provider's Name</b> field.

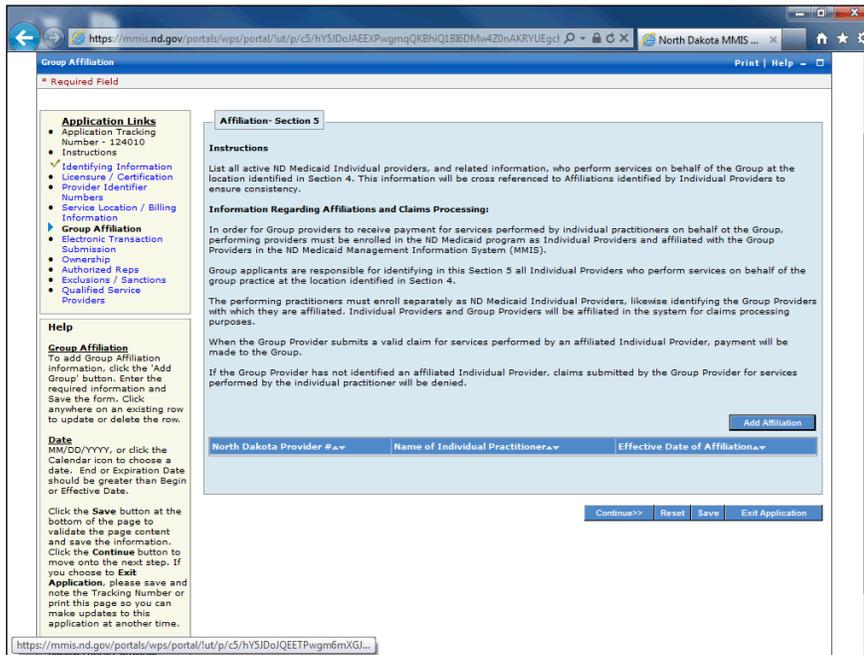


Step	Action
58.	Click the <b>Yes or No Billing Address</b> option. If No, complete Billing Address fields.
Step	Action
59.	<b>Contact person and email address are required.</b>



Step	Action
60.	Click the <b>Appropriate RA</b> option. <ul style="list-style-type: none"> <li>• Electronic 835 – Receive a HIPAA X12 transaction</li> <li>• Web Portal Inbox – Receive in the ND MMIS inbox</li> <li>• Paper – Mailed to the billing address listed in the enrollment application</li> </ul>
Step	Action
61.	Click the <b>Save</b> button. 
Step	Action
62.	Click the <b>Continue</b> button. 
Step	Action
63.	The next section will take you through how to complete the Group Affiliation page <b>End of Procedure.</b>

**Group Affiliation - Group**  
**Procedure**

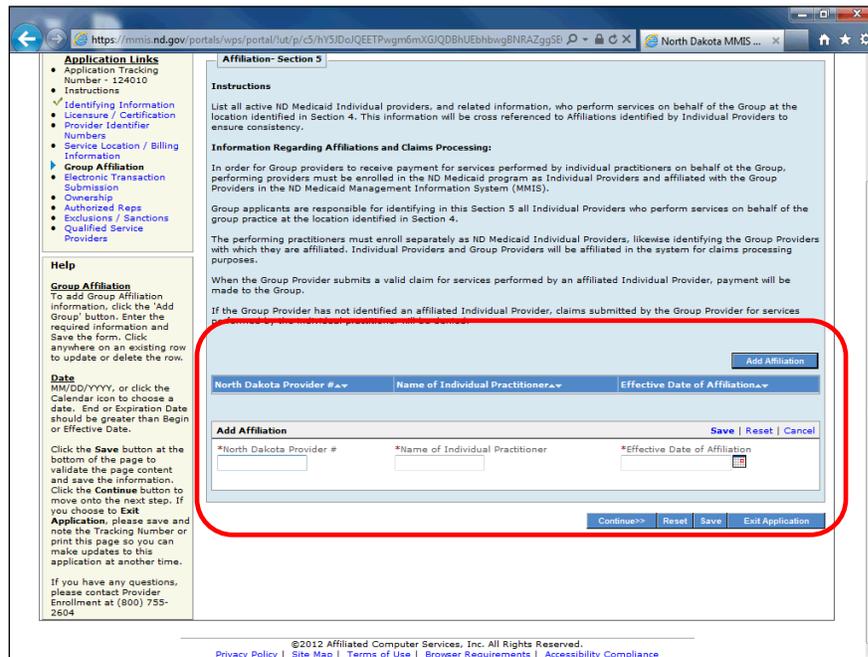


Step	Action
1.	<p><b><u>Affiliate all active individual providers who perform services on behalf of this group.</u></b></p> <p><b>*Use the current individual ND Medicaid number as the provider number.</b></p> <p><b>*Multiple Individual Providers can be added.</b></p>

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services

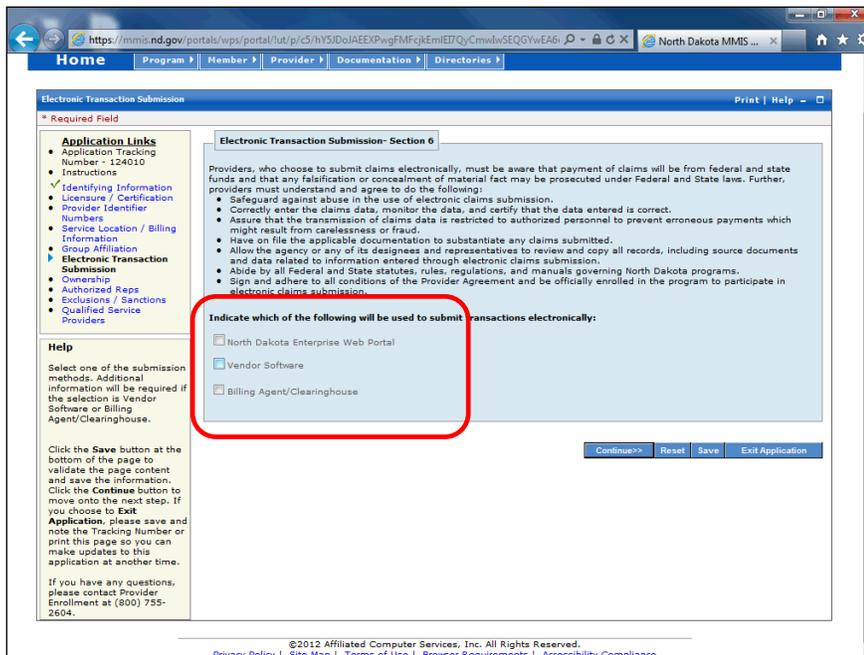


Step	Action
2.	Click the <b>Add Affiliation</b> button. 
3.	Enter the desired information into the <b>North Dakota Provider #</b> field. Enter the individual's current ND Medicaid provider number. This number is nine digits and must include the leading zeros. Example: 000012345.
4.	Enter the desired information into the <b>Name of Individual Practitioner</b> field.
5.	Enter the desired information into the <b>Effective Date of Affiliation</b> field. Enter the effective date of the individual's affiliation to the group.
6.	Click the <b>Save</b> link. 
7.	Repeat steps 2 – 6 until all Individual Practitioners are added.
8.	Click the <b>Save</b> button. 

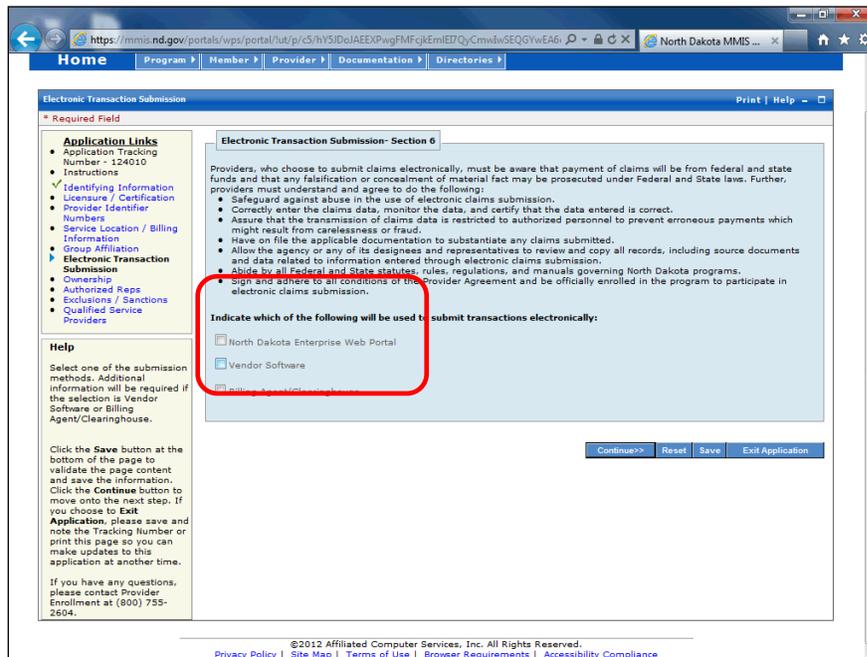
Step	Action
9.	Click the <b>Continue</b> button. <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #4f81bd; color: white; text-decoration: none;">Continue&gt;&gt;</div>

Step	Action
10.	The next section will take you through how to complete the Electronic Transaction Submission page. <b>End of Procedure.</b>

## Electronic Transaction Submission - Group Procedure

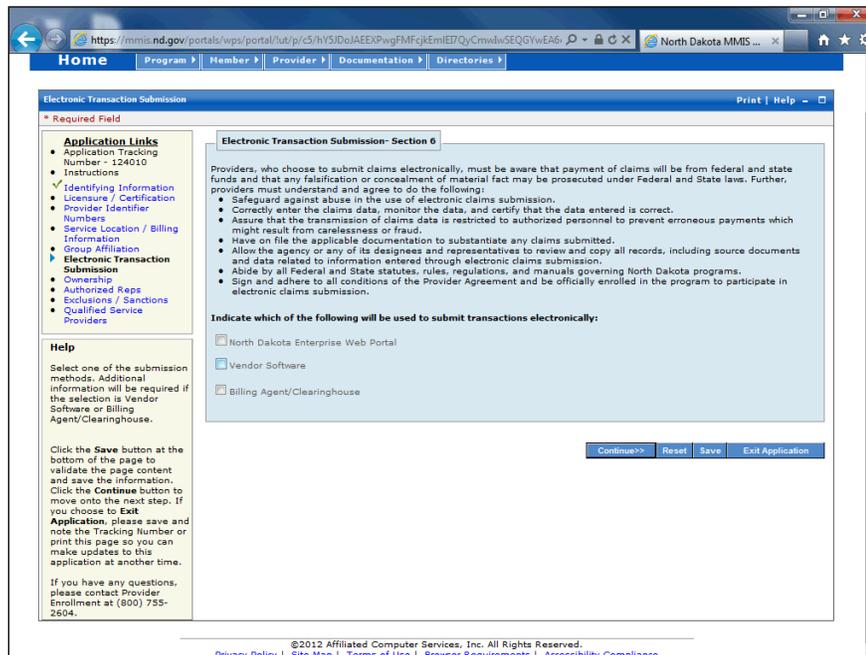


Step	Action
1.	<p><b>In this section, you will need to choose 1 of 3 options to submit electronic transactions.</b></p> <ul style="list-style-type: none"> <li>• <b>ND MMIS Web Portal</b> – for those that will be entering Medicaid claims directly into the ND MMIS web portal. <b>Pharmacy providers should always select this option.</b></li> <li>• <b>Vendor Software</b> – for those 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. A provider selecting this option would be acting as their own Trading Partner.</li> <li>• <b>Billing Agent/Clearinghouse</b> – for those that use a third party to submit their claims on behalf of the group. The third party is the Trading Partner.</li> </ul>



2.	<b>If using ND MMIS Web Portal, claims can be entered directly into the ND MMIS Web Portal.</b>
Step	Action
3.	<b>If submission is through a Vendor Software (X12 Transaction), the Group will be acting as their own Trading Partner.</b>

Step	Action
4.	<p><b>If submission is through a Billing Agent/Clearinghouse, the Agent/Clearinghouse will have to enroll as a trading partner through ND MMIS.</b> Those trading partners are required to enroll and identify your group in their affiliations. Trading Partners were notified of this requirement in a separate communication.</p> <p>Note: If you use <b>more than one billing agent/clearinghouse, only one can be entered.</b> 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’s trading partner enrollment specialist to have the additional billing agents/clearinghouses added.</p>



Step	Action
5.	<b>For the purpose of this training, we will select Vendor Software.</b>
Step	Action
6.	Click the <b>Vendor Software</b> option.

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tut/pi/c5/hYSJDoJAEXpWgFMFkjEmIE7QyCmwbwSEQGyueA6...>. The page title is "Electronic Transaction Submission" and it includes a navigation menu with "Home", "Program", "Member", "Provider", "Documentation", and "Directories".

The main content area is titled "Electronic Transaction Submission - Section 6". It contains a "Required Field" section with a list of "Application Links" including "Application Tracking Number - 124010", "Instructions", "Identifying Information", "License / Certification", "Provider Identifier Numbers", "Service Location / Billing Information", "Group Affiliation", "Electronic Transaction Submission", "Ownership", "Authorized Reps", "Exclusions / Sanctions", and "Qualified Service Providers".

Below the links is a "Help" section with instructions on how to use the submission methods. The main form area includes a "Providers, who choose to submit claims electronically..." section with a list of requirements. Below that is a section titled "Indicate which of the following will be used to submit transactions electronically:" with checkboxes for "North Dakota Enterprise Web Portal" and "Vendor Software".

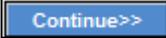
The "Vendor Software" section is highlighted with a red circle and contains the following fields:

- Software Vendor Name
- Software Name
- Version #
- Protocol (dropdown menu)
- Billing Agent/Clearinghouse (checkbox)

At the bottom, there is a section titled "\*Please check transactions that you submit and/or receive:" with two columns of checkboxes for "Submit" and "Receive" transactions, including "270 (Eligibility Inquiry)", "271 (TPL Coverage Response)", "276 (Claim Inquiry)", "278 Service Authorization Request", "270 (TPL Coverage Inquiry)", "271 (Eligibility Inquiry Response)", "277 Claim Inquiry Response", and "278 Service Authorization Response".

Step	Action
7.	Enter the desired information into the <b>Software Vendor Name</b> field.
Step	Action
8.	Enter the desired information into the <b>Software Name</b> field.
Step	Action
9.	Enter the desired information into the <b>Version #</b> field.
Step	Action
10.	Click the <b>Protocol</b> list item and select the appropriate list item. <b>If none of the options apply to this enrollment, choose any option. This does not affect enrollment and is informational only.</b>

**Training Guide**  
**Medicaid Provider Enrollment**  
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Step	Action
11.	<p>Click the <b>Appropriate Submit and Receive</b> options.</p> <p><b>Submit options:</b>            270 – Contacting the health insurer about the eligibility and benefits of a patient.            271 – N/A            276 – Contacting the health insurer about the status of a claim.            278 – Sending or receiving referrals or authorizations.            835 – N/A            873D – Submitting dental claims to the health insurer.            873I – Submitting Institutional claims to the health insurer.            837P – Submitting Professional claims to the health insurer.</p> <p><b>Receive options:</b>            270 – N/A            271 – Receiving information from the health insurer about the eligibility and benefits of a patient.            277 – Receiving information about the status of a claim from the health insurer.            278 – Sending or receiving referrals or authorizations.            820 – N/A            834 – N/A            835 – Receiving payment and/or remittance information from the health insurer for claims.            837I – N/A            837P – N/A</p>
Step	Action
12.	<p>Click the <b>Save</b> button.</p> <p style="text-align: center;"></p>
Step	Action
13.	<p>Click the <b>Continue</b> button.</p> <p style="text-align: center;"></p>
Step	Action
14.	<p>The next section will take you through how to complete the Ownership page.</p> <p><b>End of Procedure.</b></p>

## Ownership - Group Procedure

The screenshot shows the 'Ownership' section of the North Dakota MMIS web portal. A red box highlights question 1: '\*1. How many owners of this applicant have a 5% or more ownership interest in the group?' with an input field below it. Other questions 2, 3, and 5 are also visible, along with an 'Ownership' table and an 'Employee' table.

Step	Action
1.	Enter the desired information into the <b>Owner</b> field. <b>This section is required for all enrolling entities except non-profit organizations and non-corporation government owned entities.</b>

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services

The screenshot shows a web browser window with the URL [https://mmis.nd.gov/portals/wps/portal/lut/pi/c5/ny7LDLNQFEW\\_xRecQ706vOWGpmhxKSY9EHqMRAIX](https://mmis.nd.gov/portals/wps/portal/lut/pi/c5/ny7LDLNQFEW_xRecQ706vOWGpmhxKSY9EHqMRAIX). The page is titled "North Dakota MMIS ...". On the left, there is a navigation menu with options like "Identifying Information", "Licensure / Certification", "Provider Identifier Numbers", "Service Location / Billing Information", "Group Affiliation", "Electronic Transaction Submission", "Ownership", "Authorized Reps", "Exclusions / Sanctions", and "Qualified Service Providers". The "Ownership" section is currently active. The main content area shows a form for adding ownership information. A red box highlights the "Add Ownership" button and the "Add Ownership Information" form. The form includes a question: "1. How many owners of this applicant have a 5% or more ownership interest in the group?" with the answer "2". Below this, there is a table for "Add Ownership Information" with columns for "Name", "Doing Business As (DBA) Name", "Effective Date of Ownership", and "Current ND Provider #". The form also includes a question: "2. Are any of the persons with an ownership or controlling interest in the provider's company related to one another as spouse, parent, child, sibling or household member?" with "No" selected. Another question: "3. What is the total number of managing/directing employees for the group?" with the answer "0". At the bottom, there is a question: "5. Do any of the members of your immediate family (spouse, parent, child, sibling or household member) have ownership of 5% or greater in a subcontractor to your business or practice?" with "No" selected. The "Add Ownership" button is highlighted with a red box.

Step	Action
2.	Click the <b>Add Ownership</b> button. 
3.	Click the <b>Individual or Group</b> option.
4.	Enter the desired information into the <b>Business Name</b> field.
5.	Enter the desired information into the <b>Doing Business As (DBA) Name</b> field.
6.	Enter the desired information into the <b>EIN</b> field.
7.	Enter the desired information into the <b>Effective Date of Ownership</b> field.
8.	Enter the desired information into the <b>Current ND Provider #</b> field.
9.	Click the <b>Save</b> button. 
10.	<b>Repeat steps 2 - 9 until all owners that have at least 5% ownership are added. The number in question 1 above should match how many are added.</b>

# Training Guide

## Medicaid Provider Enrollment

### N.D. Department of Human Services

**Ownership - Section 7**

\*1. How many owners of this applicant have a 5% or more ownership interest in the group?  
2

System Successfully saved the Information.

Name	Doing Business As (DBA) Name	Effective Date of Ownership	Current ND Provider #
Group	17	01/01/2000	1450419

1 - 1 of 1  
Please enter ownership information for each owner included in the number above

\*2. Are any of the persons with an ownership or controlling interest in the provider's company related to one another as spouse, parent, child, sibling or household member?  
 Yes  No

\*3. What is the total number of managing/directing employees for the group?  
Please enter employee information for each employee included in the number entered.  
0

Last Name	First Name	MI	Title	Date of Birth
-----------	------------	----	-------	---------------

\*5. Do any of the members of your immediate family (spouse, parent, child, sibling or household member) have ownership of 5% or greater in a subcontractor to your business or practice? (A subcontractor is an individual, agency, or organization to which an applicant/provider has contracted responsibilities of providing medical care to its patients.)  
 Yes  No

Step	Action
11.	Click the <b>Yes or No</b> option on question # 2.

\*2. Are any of the persons with an ownership or controlling interest in the provider's company related to one another as spouse, parent, child, sibling or household member?  
 Yes  No

\*3. What is the total number of managing/directing employees for the group?  
Please enter employee information for each employee included in the number entered.  
1

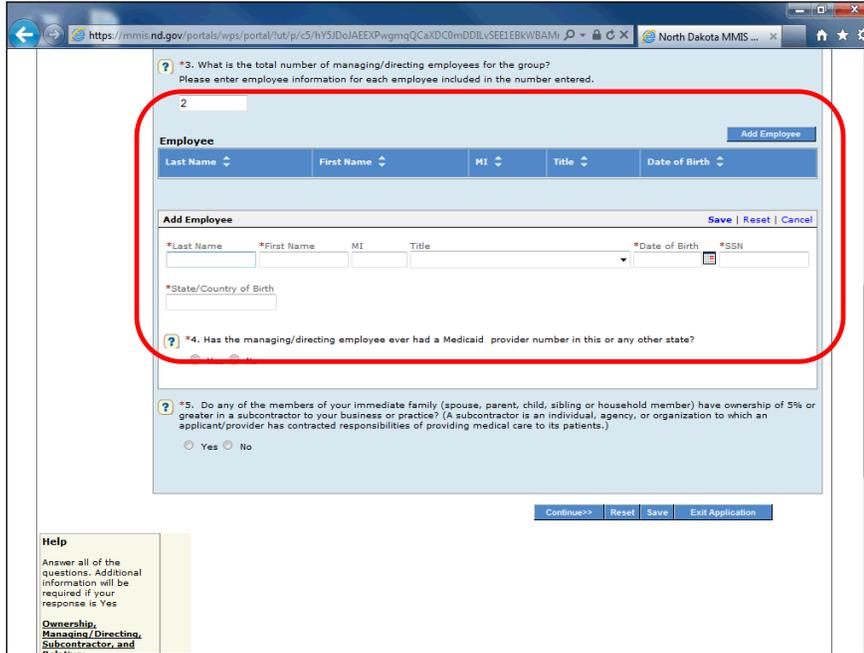
Last Name	First Name	MI	Title	Date of Birth
-----------	------------	----	-------	---------------

\*5. Do any of the members of your immediate family (spouse, parent, child, sibling or household member) have ownership of 5% or greater in a subcontractor to your business or practice? (A subcontractor is an individual, agency, or organization to which an applicant/provider has contracted responsibilities of providing medical care to its patients.)  
 Yes  No

Continue >>    Reset    Save    Exit Application

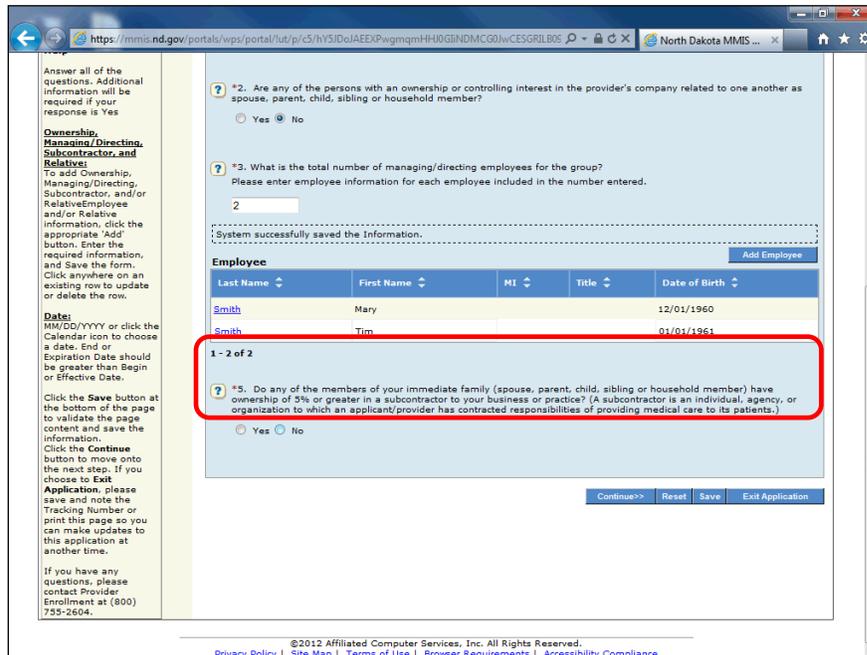
**Training Guide**  
**Medicaid Provider Enrollment**  
**N.D. Department of Human Services**

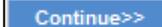
Step	Action
12.	Enter the desired information into the <b>Number of Managing/Directing employee's</b> field. <b><u>This section is required for all enrolling entities. This section must include the signer of the W9, signer(s) of all State forms, all managing employees, and all board members.</u></b>



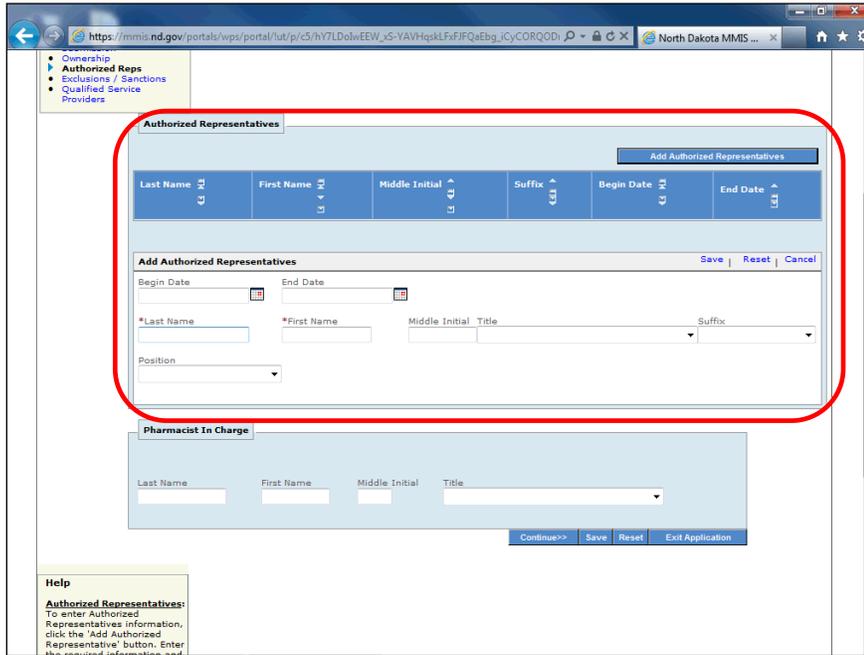
Step	Action
13.	Click the <b>Add Employee</b> button. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Add Employee</div>
Step	Action
14.	Enter the desired information into the <b>Last Name</b> field.
Step	Action
15.	Enter the desired information into the <b>First Name</b> field.
Step	Action
16.	Enter the desired information into the <b>Date of Birth</b> field.
Step	Action
17.	Enter the desired information into the <b>SSN</b> field.
Step	Action
18.	Enter the desired information into the <b>State/Country of Birth</b> field.
Step	Action
19.	Click the <b>Yes or No</b> option on question 4.

Step	Action
20.	Click the <b>Save</b> link. 
Step	Action
21.	<b>Repeat steps 13 - 20 for each Managing/Directing employee.</b>



Step	Action
22.	Click the <b>Yes or No</b> option on question 5.
Step	Action
23.	Click the <b>Save</b> button. 
Step	Action
24.	Click the <b>Continue</b> button. 
Step	Action
25.	The next section will take you through how to complete the Authorized Reps page. <b>End of Procedure.</b>

**Authorized Reps - Group**  
**Procedure**

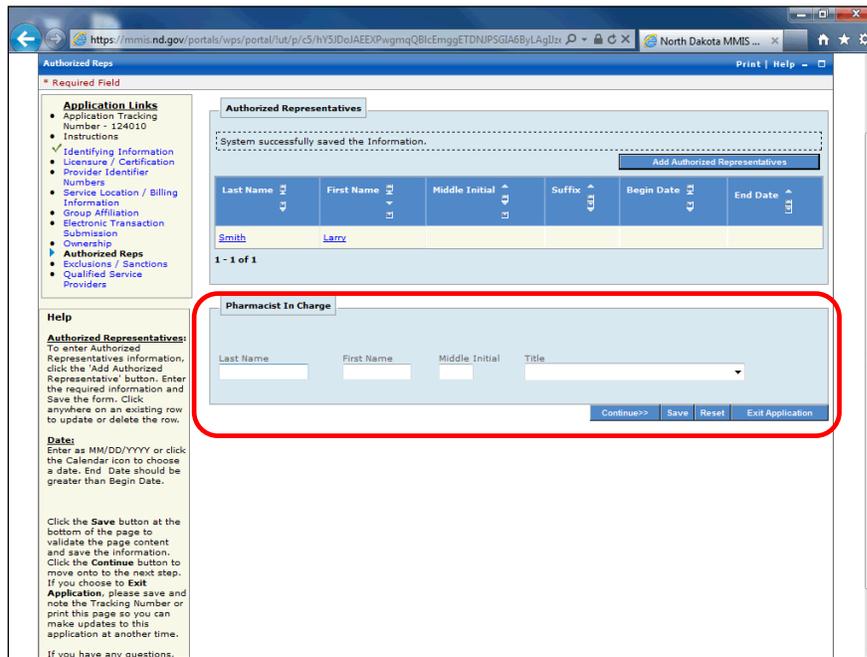


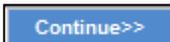
Step	Action
1.	Click the <b>Add Authorized Representatives</b> button. <b>Required. The Authorized Representative is an individual who can act/speak on behalf of the enrolling entity. This individual is the signer of State Form Number (SFN) 1168.</b> 
Step	Action
2.	Enter the desired information into the <b>Last Name</b> field.
Step	Action
3.	Enter the desired information into the <b>First Name</b> field.
Step	Action
4.	Click the <b>Appropriate Position</b> list item.
Step	Action
5.	Click the <b>Save</b> button. 

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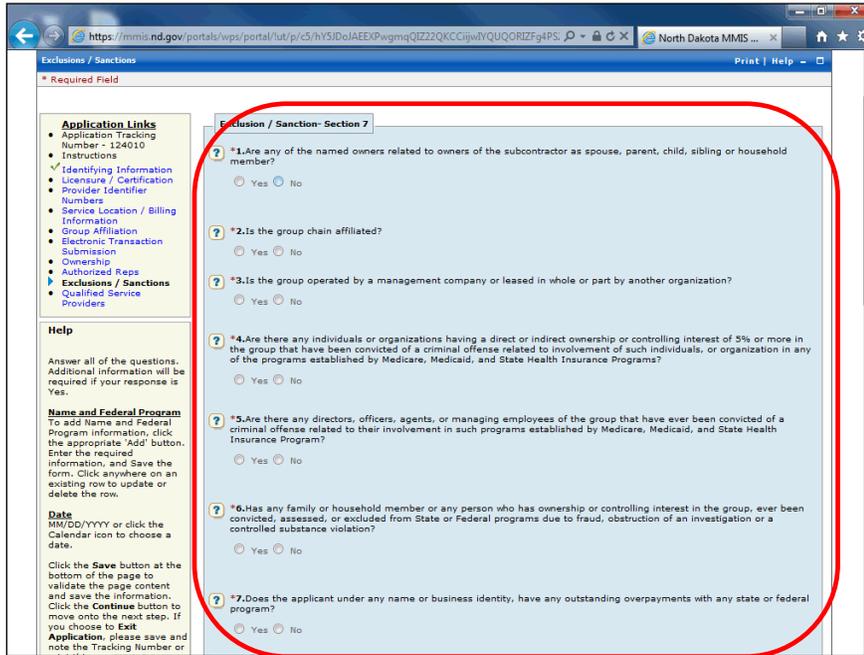
## Medicaid Provider Enrollment

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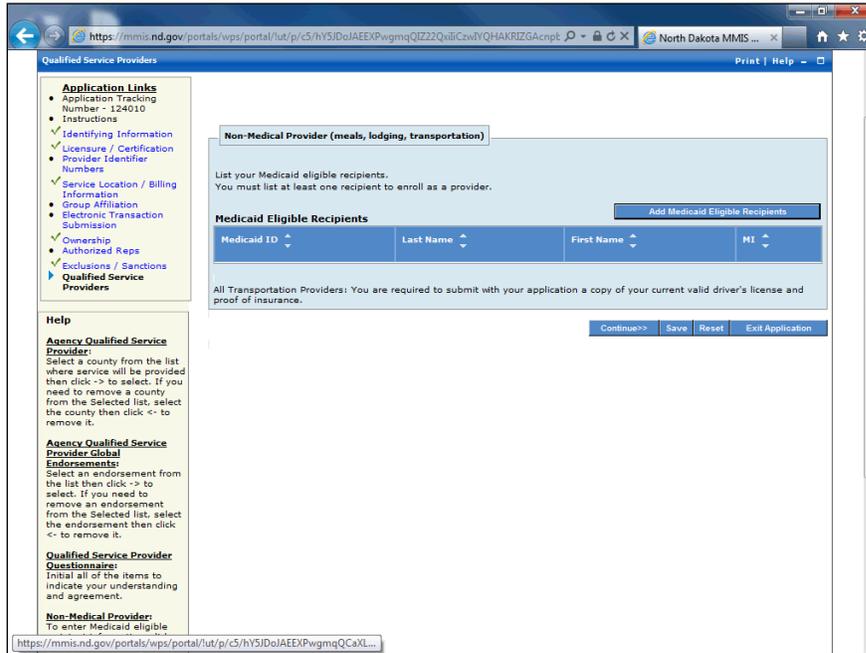
Step	Action
6.	Enter Pharmacist in Charge if applicable. <b><u>Required for all pharmacy providers.</u></b>
Step	Action
7.	Click the <b>Save</b> button. 
Step	Action
8.	Click the <b>Continue</b> button. 
Step	Action
9.	The next section will take you through how to complete the Exclusions / Sanctions page. <b>End of Procedure.</b>

**Exclusions / Sanctions - Group**  
**Procedure**



Step	Action
1.	<b>In this section, if Yes is answered for any question, more information will be required.</b>
Step	Action
2.	Click the <b>Yes or No</b> option on questions <b>1 - 20</b> . If <b>Yes</b> , complete the additional information.
Step	Action
3.	Click the <b>Save</b> button. 
Step	Action
4.	Click the <b>Continue</b> button. 
Step	Action
5.	The next section will take you through how to complete the Qualified Service Providers page. <b>End of Procedure.</b>

## Qualified Service Providers - Group Procedure

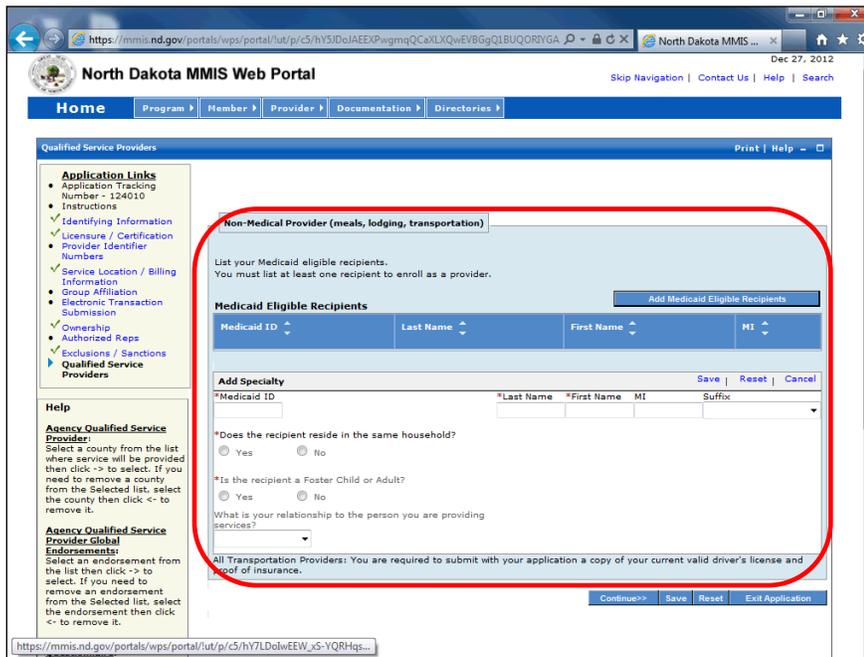


Step	Action
1.	<p><b>If not enrolling as a Non-Medical Provider, this section can be skipped.</b></p> <p>If you did not select Qualified Service Provider as a Provider Type or one of the following Specialties:</p> <ol style="list-style-type: none"> <li>1) Lodging</li> <li>2) Provide Meals</li> <li>3) Private Vehicle</li> <li>4) QSP</li> </ol> <p>This Section can be skipped.</p>

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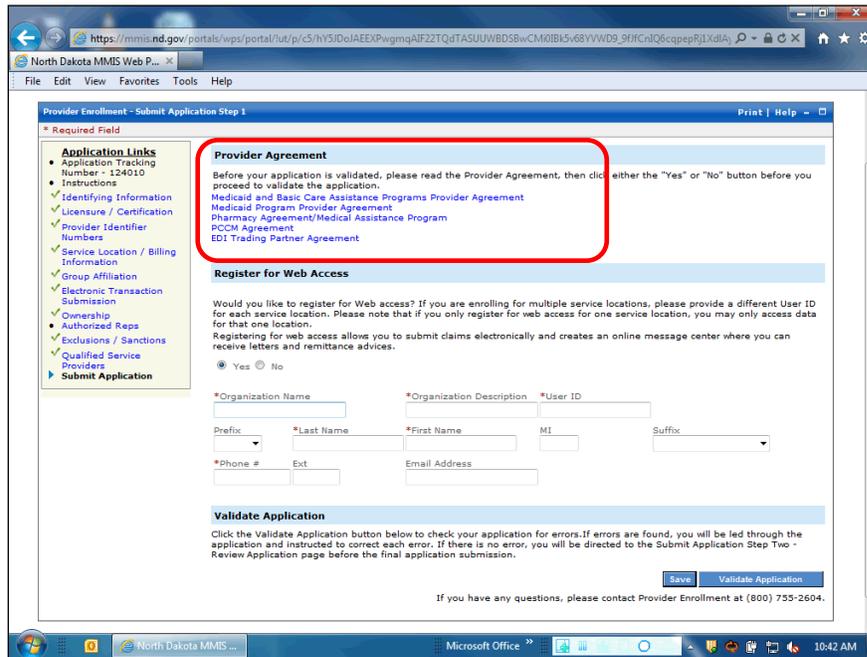
## Medicaid Provider Enrollment

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Step	Action
2.	Click the <b>Add Medicaid Eligible Recipients</b> button. 
3.	<b>Enter Medicaid Eligible Recipients information.</b>
4.	Click the <b>Save</b> button. 
5.	Click the <b>Continue</b> button. 
6.	The next section will take you through how to complete the Submit Application page. <b>End of Procedure.</b>

## Submit Application - Group Procedure

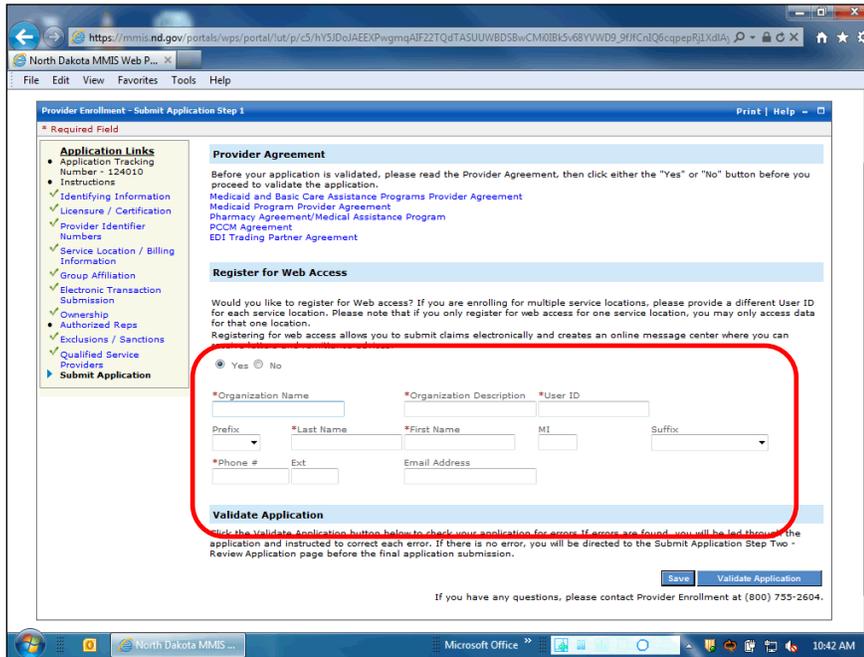


Step	Action
1.	<p><b>Read each of the Provider Agreements that pertains to this enrollment.</b></p> <ul style="list-style-type: none"> <li>• <b>Medicaid and Basic Care Assistance Programs Provider Agreement</b> – Required for all Basic Care providers.</li> <li>• <b>Medicaid Program Provider Agreement</b> - Required for <u>all</u> providers.</li> <li>• <b>Pharmacy Agreement/Medical Assistance Program</b> – Required for all pharmacy providers.</li> <li>• <b>PCCM Agreement</b> – Required for all individual Primary Care Physician providers. This does not pertain to a group enrollment.</li> <li>• <b>EDI Trading Partner Agreement</b> – Required for all providers who selected Vendor Software in the Electronic Transaction Submission section of the application. This provider will be acting as their own trading partner.</li> </ul>

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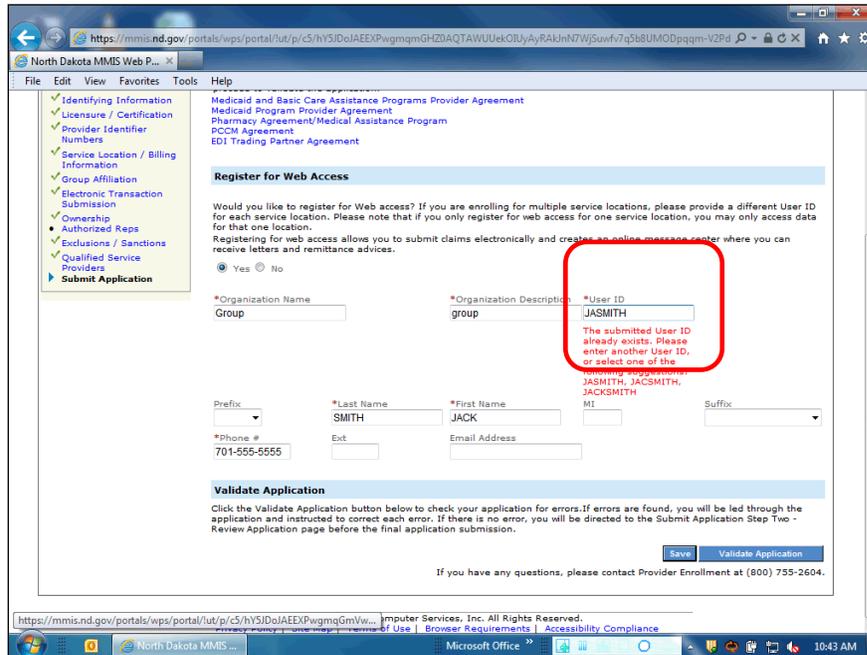
## Medicaid Provider Enrollment

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Step	Action
2.	<b>Registering for Web Access is <u>required</u> for groups and allows providers full access to the ND MMIS web portal and all of the features in the new system. The <u>Organizational Administrator</u> listed in this section will be responsible for maintaining all user IDs and login accounts to access the Web Portal for the enrolling entity.</b>
Step	Action
3.	Enter the desired information into the <b>Organization Name</b> field.
Step	Action
4.	Enter the desired information into the <b>Organization Description</b> field.
Step	Action
5.	Enter the desired information into the <b>User ID</b> field. <b>The USER ID must consist of the first initial of the first name followed by the entire last name of the Organizational Administrator. No spaces or punctuation are allowed. The USER ID can contain between 6-16 characters, no spaces, no special characters, and is case sensitive. Example: The USER ID for Organizational Administrator, Jack Anderson, would be 'janderson'.</b>
Step	Action
6.	Enter the desired information into the <b>Last Name</b> field.
Step	Action
7.	Enter the desired information into the <b>First Name</b> field.
Step	Action
8.	Enter the desired information into the <b>Phone #</b> field.

Step	Action
9.	Click the <b>Save</b> button. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"><b>Save</b></div>

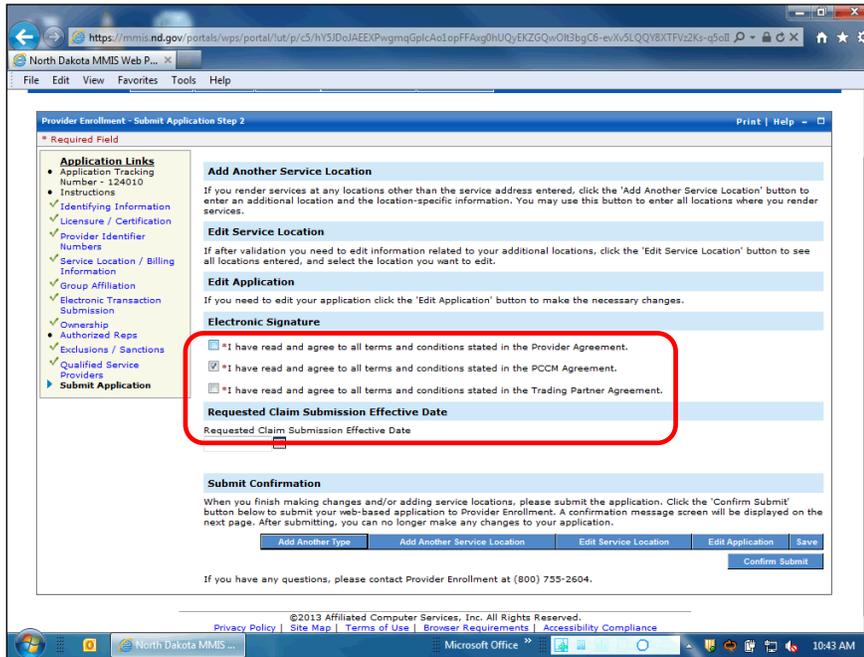


Step	Action
10.	<b>If the User ID already exists, the system will prompt you to enter a different ID.</b> The system will recommend a different user name.
Step	Action
11.	Click the <b>Validate Application</b> button. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"><b>Validate Application</b></div>

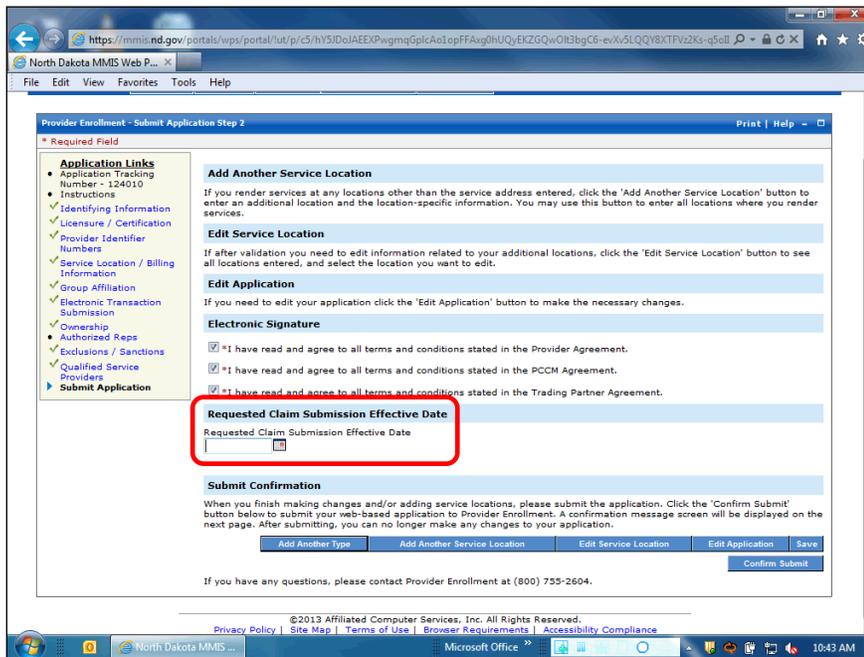
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## Medicaid Provider Enrollment

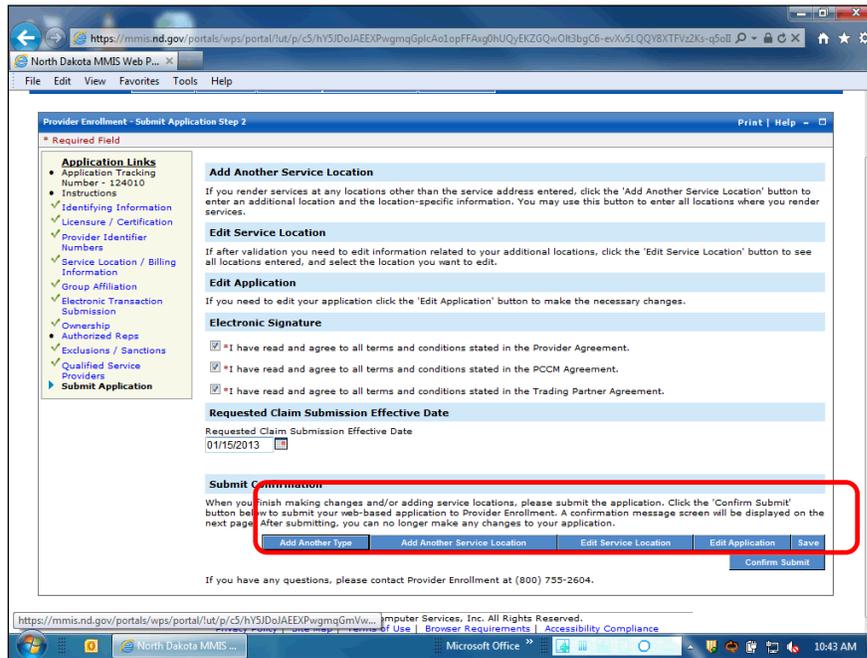
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Step	Action
12.	Click the <b>Electronic Signature</b> options.



Step	Action
13.	Enter the desired information into the <b>Requested Claim Submission Effective Date</b> field.

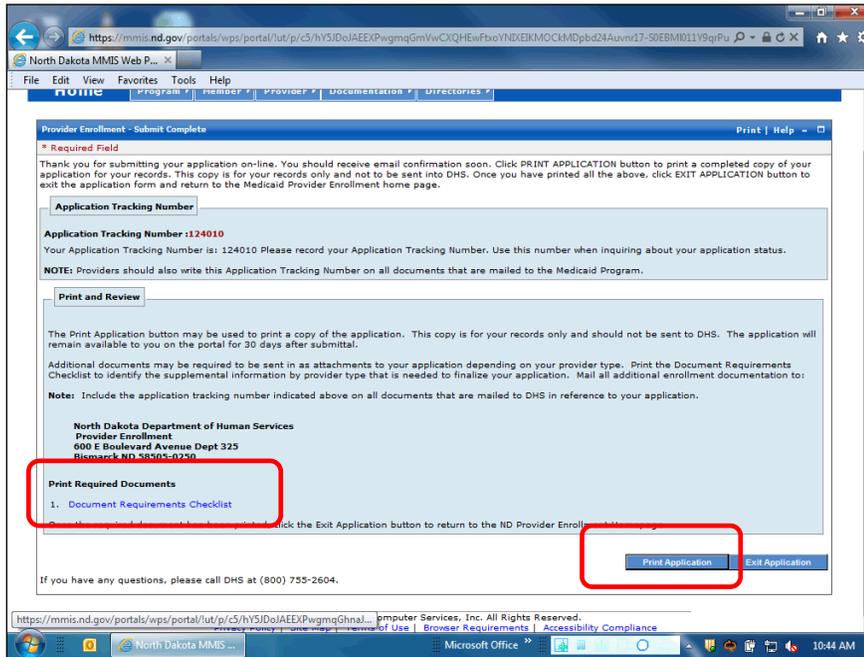


Step	Action
14.	<b><u>Review the application for accuracy and completeness before submitting the application.</u></b>
Step	Action
15.	<b>Add Another Type and Add Another Service Location should <u>never</u> be used.</b> (These features are in the process of being disabled.) If the enrolling group has <b>more than one provider type</b> , then a separate application is required for each provider type. If the enrolling group has <b>multiple locations</b> , then a separate application is required for each location.
Step	Action
16.	<b>If you click the <b>Confirm Submit</b> option, you will not be able to make any further edits to the application.</b>
Step	Action
17.	Click the <b>Confirm Submit</b> button if you have no edits or updates to make to the application. <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <span style="background-color: #4F81BD; color: white; padding: 5px 15px; border-radius: 3px;">Confirm Submit</span> </div>

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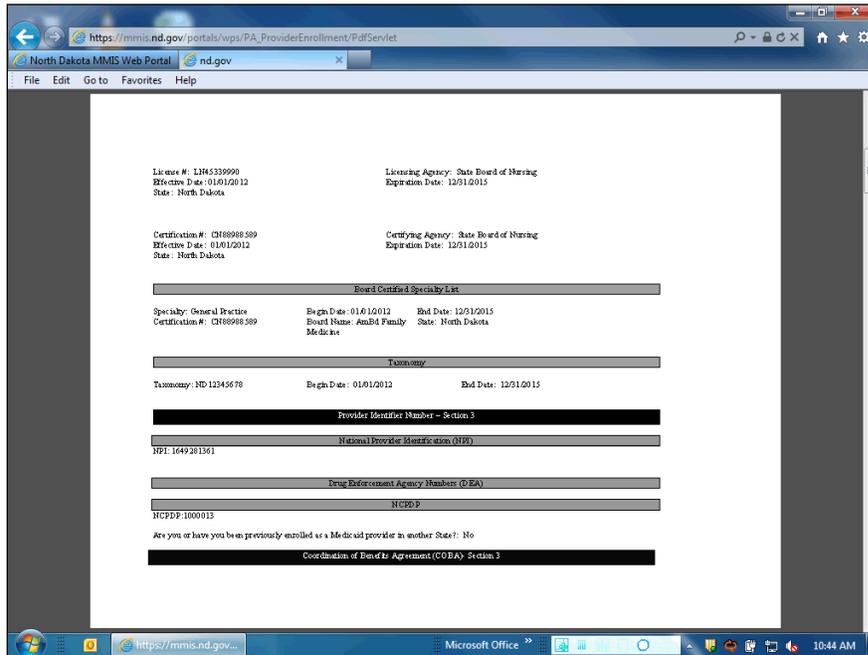


Step	Action
18.	Click <b>Document Requirements Checklist</b> to determine what Documents need to be sent to the Department of Human Services. **The above screen should be printed and mailed with the required documents to ensure there is a reference to the Application Tracking Number (ATN).
Step	Action
19.	Click the <b>Print Application</b> button if you would like to keep a copy for <b>your own records</b> . <b>Do not submit a printed application with your required documents.</b> 

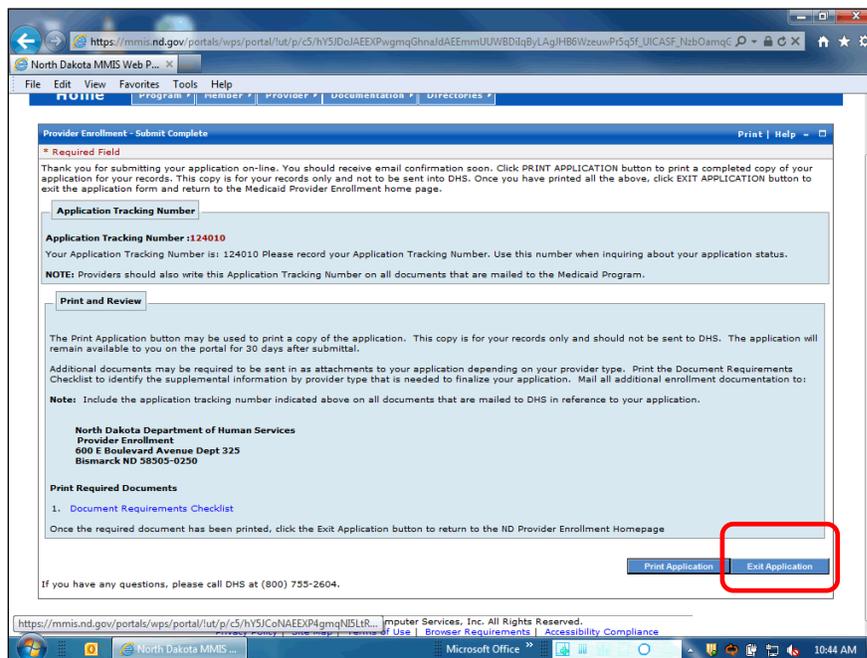
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Step	Action
20.	Print a copy of the application for your own records. <b>Do not</b> submit a printed copy with the required documents.

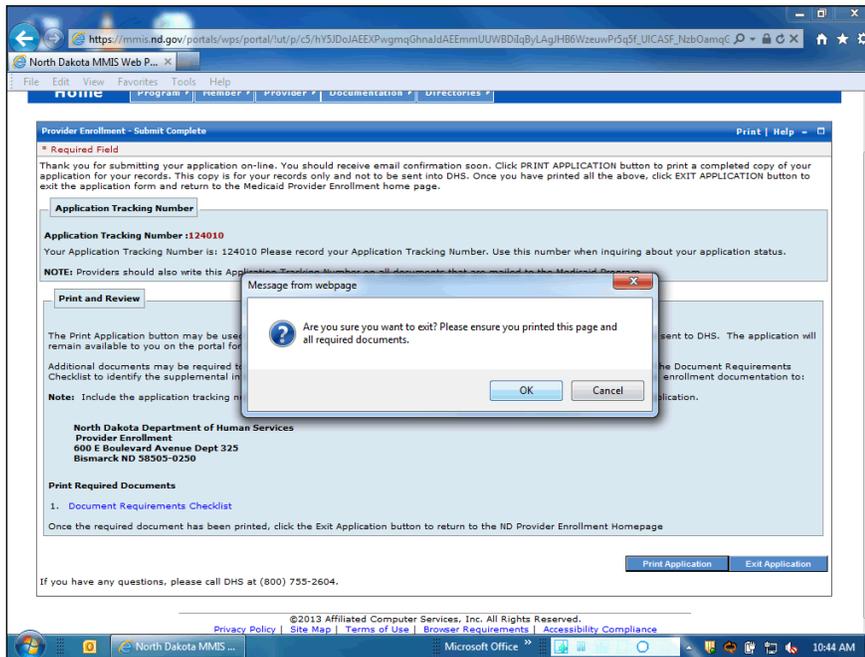


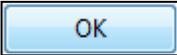
Step	Action
21.	Click the <b>Exit Application</b> button.

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Step	Action
22.	Click the <b>OK</b> button. 
Step	Action
23.	<b>End of Procedure.</b>