



ND Medicaid Provider Enrollment

Individual Provider Enrollment

North Dakota Department of Human Services

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Medicaid Provider Enrollment

Individual Provider Enrollment

Individual 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" link. 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 right column has three sections: "Application Status", "Recall Provider Application", and "Recall Trading Partner Application". Each section contains descriptive text and a "Submit" button next to a text input field for "Application Tracking #". The "Recall" sections also include a text input field for "*SSN/EIN".

North Dakota MMIS Web Portal MAR 26, 2014
Skip Navigation | Contact Us | Help | Search

Home Program Member Provider Documentation Directories

Provider Enrollment Print | Help

* Required Field

Become a Provider

Enroll to become a Provider by completing the appropriate online entry forms. An individual provider submitting claims to the State of North Dakota will be reported as income under your SSN to the IRS. A group provider submitting claims to the State of North Dakota will be reported as income under the groups' Employer Identification Number (EIN) to the IRS. If you need assistance, please contact Provider Enrollment at (800) 755-2604 during business office hours from Monday to Friday 8 am -5:00pm CST.

[FAQ](#)
[Instructions](#)
[Group Provider Enrollment](#)
[Individual Provider Enrollment](#)
[Download a PDF Provider Enrollment Package](#)
[Request a Provider Enrollment Package in the Mail](#)

Become a Trading Partner

If you would like to become a Trading Partner (EDI) to exchange business information electronically with North Dakota, you can do so by completing an application on line. If you have any questions regarding the application process, please contact Provider Enrollment at (800) 755-2604 during business office hours from Monday to Friday, 8am -5pm CST.

[FAQ](#)
[Instructions](#)
[Trading Partner Enrollment](#)

Application Status

To check the status of your North Dakota Provider or Trading Partner Application, use your Application Tracking # and click the SUBMIT button.

*Application Tracking #

Recall Provider Application

To recall an application that you have partially completed, enter your Application Tracking Number, and SSN / EIN and click the SUBMIT button.

*Application Tracking #
*SSN/EIN

Recall Trading Partner Application

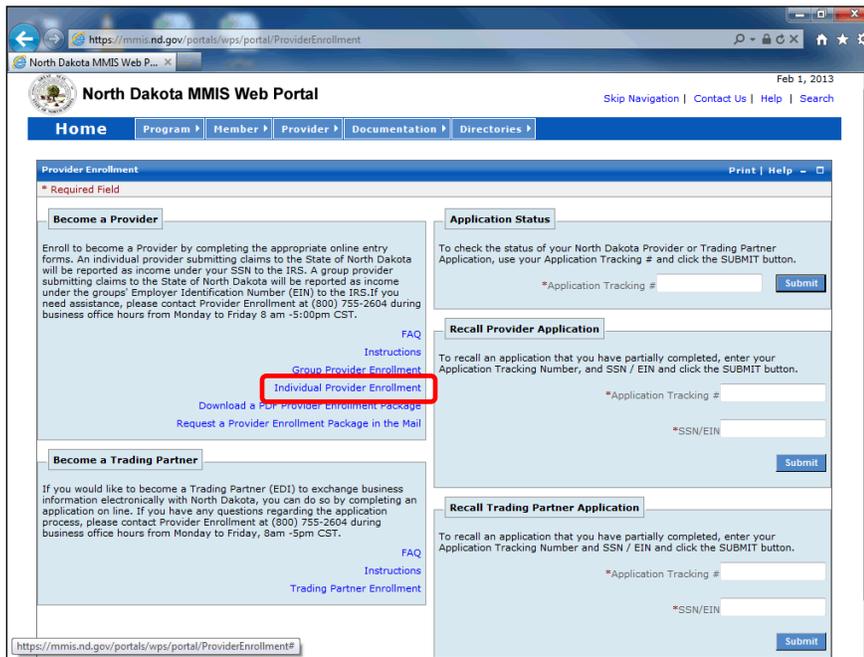
To recall an application that you have partially completed, enter your Application Tracking Number and SSN / EIN and click the SUBMIT button.

*Application Tracking #
*SSN/EIN

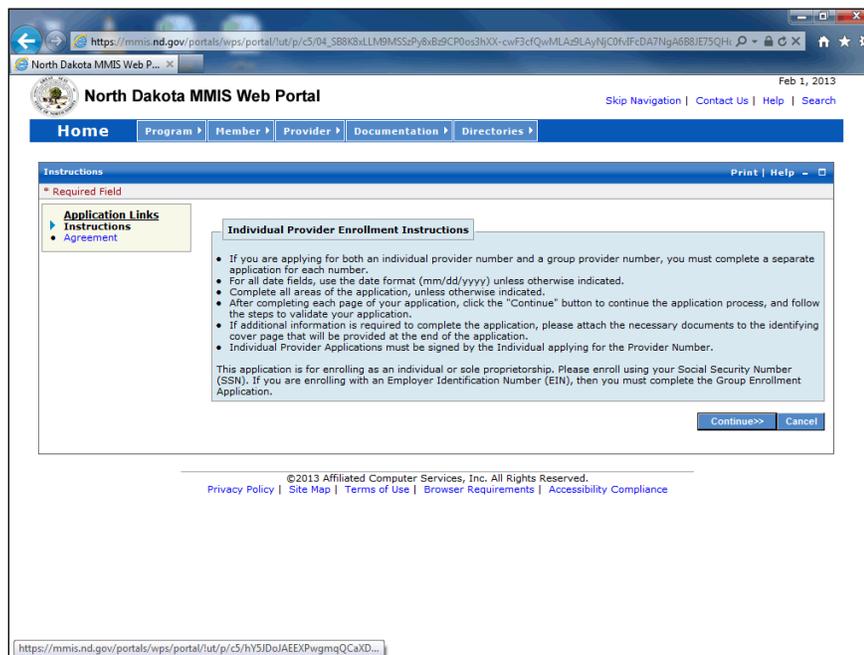
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Step	Action
1.	Click the Individual Provider Enrollment link. Individual Provider Enrollment

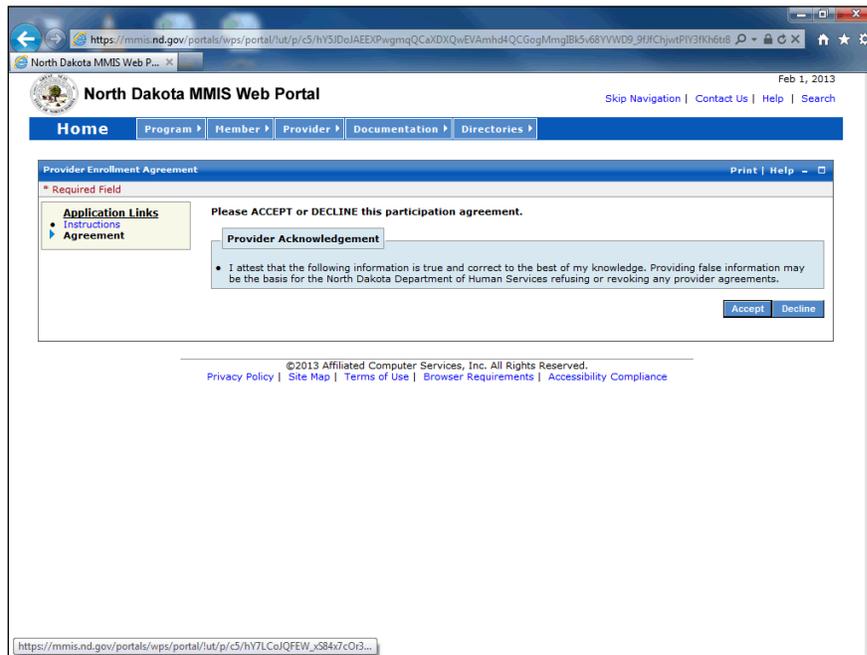


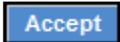
Step	Action
2.	Click the Continue>> button. It is very important to read all on-screen instructions and notes

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Step	Action
3.	Click the Accept button. This will take you to the first section of the Enrollment Application: Identifying Information 
Step	Action
4.	The next section will take you through how to complete the Identifying Information page. End of Procedure.

Identifying Information Procedure

The screenshot shows a web browser window with the URL https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hY7LCo/QFEW_xS84R_PV0K4Xhzm03UiQhZKPiAR9eu. The page title is "Identifying Information" and it includes a "Print | Help" link. A "Required Field" indicator is present. The main form area is titled "Identifying Information- Section 1" and contains the following fields and options:

- *Last Name (text input)
- *First Name (text input)
- MI (text input)
- Suffix (text input)
- Title (text input)
- *Date of Birth (calendar icon)
- *Gender: Male Female No
- *Can information about date of birth and gender be available to clients? Yes No
- *SSN (text input)

A note below the SSN field 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."

Below the note are sections for "Current/Previous ND Provider #", "Previous ND Provider IDs", and "Previous Names".

Help

Name
The name associated with the SSN you enter must match the legal name you have given on your IRS form W9.

Date of Birth
MM/DD/YYYY or click the Calendar icon to choose a date.

SSN
Enter as 9 digits with or without dashes

Current/Previous ND Provider # :
To enter your Current and/or Previous ND Provider #, click the 'Add Previous ND Provider #' button. Enter the

Step	Action
1.	Enter the desired information into the Last Name field.
Step	Action
2.	Enter the desired information into the First Name field.
Step	Action
3.	Enter the desired information into the Date of Birth field.
Step	Action
4.	Click the Male or Female option.
Step	Action
5.	Click the Yes or No option for the question "Can information about date of birth and gender be available to clients".
Step	Action
6.	Enter the desired information into the SSN field.

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Identifying Information - Section 1

Application Links

- Application Tracking Number -
- Instructions
- Identifying Information
- Licensure / Certification
- Provider Identifier Numbers
- Service Location Billing
- Group Affiliation
- Electronic Transaction Submission
- Ownership
- Exclusion / Sanction
- Qualified Service Providers

Help

Name
The name associated with the SSN you enter must match the legal name you have given on your IRS form W9.

Date of Birth
MM/DD/YYYY or click the Calendar icon to choose a date.

SSN
Enter as 9 digits with or without dashes

Current/Previous ND Provider # :
To enter your Current and/or Previous ND Provider #, click the 'Add

Identifying Information - Section 1

*Last Name: Smith | *First Name: Tim | MI: | Suffix: | Title: |

*Date of Birth: 12/15/1960

*Gender: Male Female | *Can information about date of birth and gender be available to clients? Yes No

*SSN: 505-55-5555

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 #

? Please enter your current and/or previous ND Provider numbers.

Previous ND Provider IDs

ND Provider ID #

Add Previous Provider ID

Previous Names

Have you used any previous names in the past five years?
 Yes No

Previous ND Provider IDs

ND Provider ID #

Add Previous ND Provider IDs Save | Reset | Cancel

ND Provider ID #

Step	Action
7.	Click the Add Previous Provider ID button. By selecting any "ADD" options, additional fields open that need to be completed. 
8.	Enter the desired information into the ND Provider ID # field This is current/previous ND Medicaid numbers. Enter only <u>one</u> Medicaid number.
9.	It is Very Important to always click Save within each additional information window pane
10.	Click the Save link. 

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your IRS form W9.

Date of Birth
MM/DD/YYYY or click the Calendar icon to choose a date.

SSN
Enter as 9 digits with or without dashes

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

Previous Names:
Answer the question. Additional information will be required if your response is Yes.

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 to 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.

System successfully saved the Information.

Previous ND Provider IDs Add Previous Provider ID

ND Provider ID #
000012345

1 - 1 of 1

Previous Names

Have you used any previous names in the past five years?

Yes No

Continue>> Reset Save Exit Application

Step	Action
11.	Click the Previous Names Yes or No option.
Step	Action
12.	Click the Save button. Save

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tut/pi/c5/hYSJDoJAEEXPwgmqmHHZ0B1MhFYm8TYE4xCIDAuC>. The page title is "Identifying Information". A red box highlights a message: "Required Field The Provider Enrollment Details have been saved successfully. Please note your Application Tracking number 124004 for future access to the Enrollment Application." Below the message is a navigation menu with "Identifying Information" selected. The form fields include: Last Name (Smith), First Name (Tim), MI, Suffix, Title, Date of Birth (12/15/1960), Gender (Male), SSN (505555555), and a section for "Current/Previous ND Provider #". The "Previous ND Provider IDs" section shows "ND Provider ID # 000012345".

Step	Action
13.	After selecting SAVE, the application tracking number (ATN) will be displayed at the top of the page. It is important to write this number down and keep it for future reference. The ATN is required when submitting any documentation and/or inquiries to the Department.

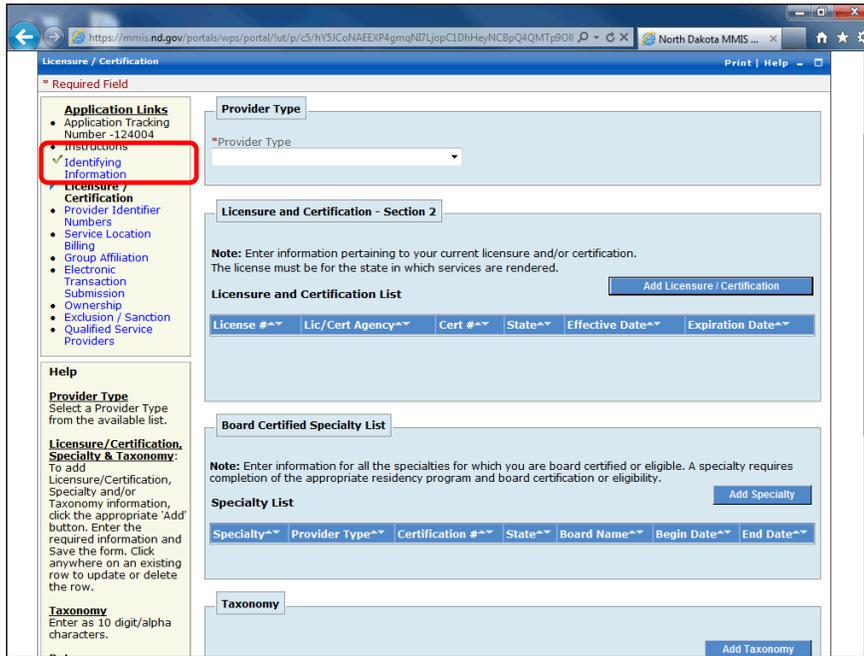
The screenshot shows the bottom section of the application form. It includes a "Help" section with instructions for Name, Date of Birth, SSN, and Current/Previous ND Provider #. The "Current/Previous ND Provider #" section has a text input field and an "Add Previous Provider ID" button. The "Previous ND Provider IDs" section shows "ND Provider ID # 000012345". Below this is a "Previous Names" section with a question: "Have you used any previous names in the past five years?" with radio buttons for "Yes" and "No". At the bottom right, there are four buttons: "Continue>>" (highlighted with a red box), "Reset", "Save", and "Exit Application".

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

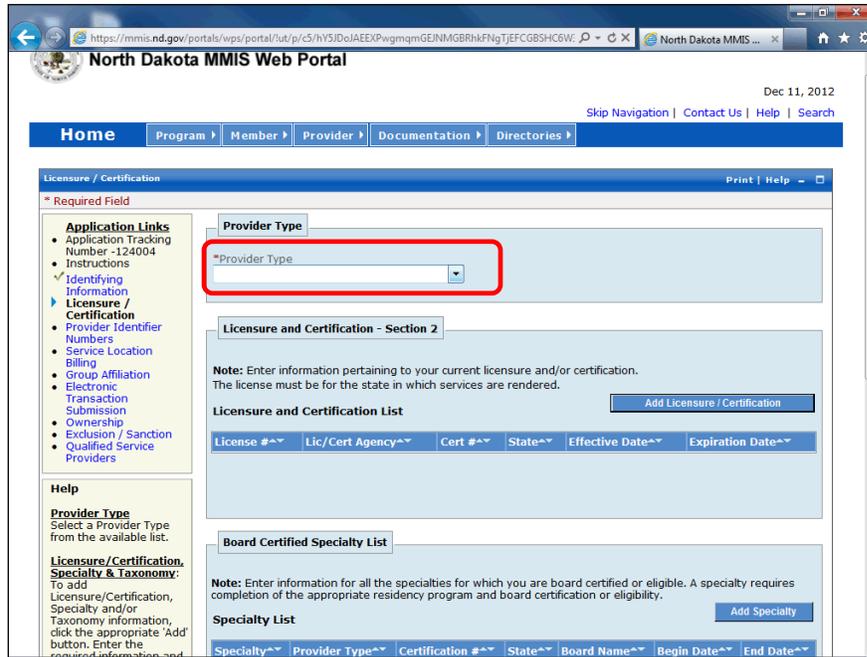


Step	Action
15.	Clicking continue will bring you to the next section to be completed.
Step	Action
16.	The next section will take you through how to complete the Licensure / Certification page. End of Procedure.

Licensure/Certification

Procedure

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

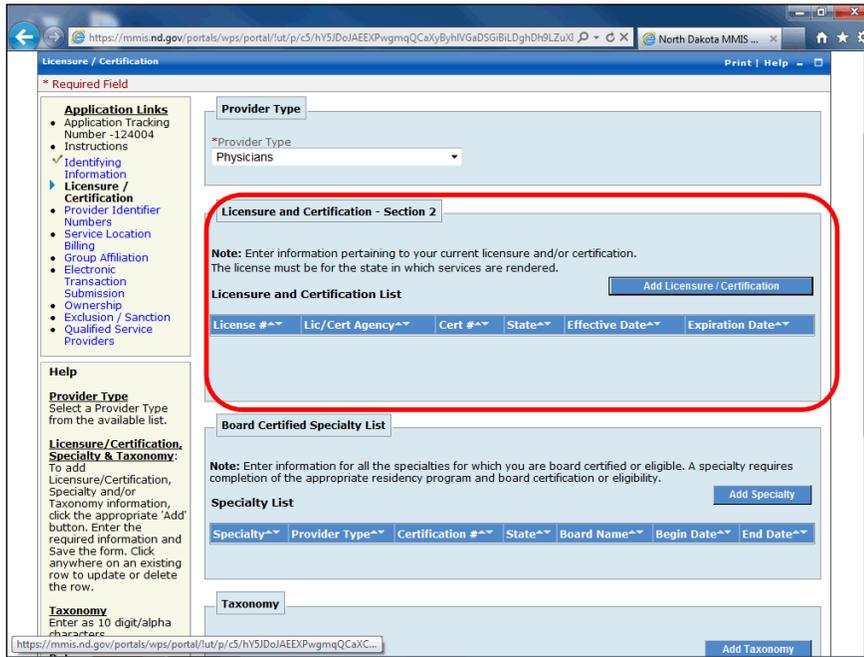


Step	Action
1.	Click the Provider Type list.
Step	Action
2.	Select the Appropriate provider type.

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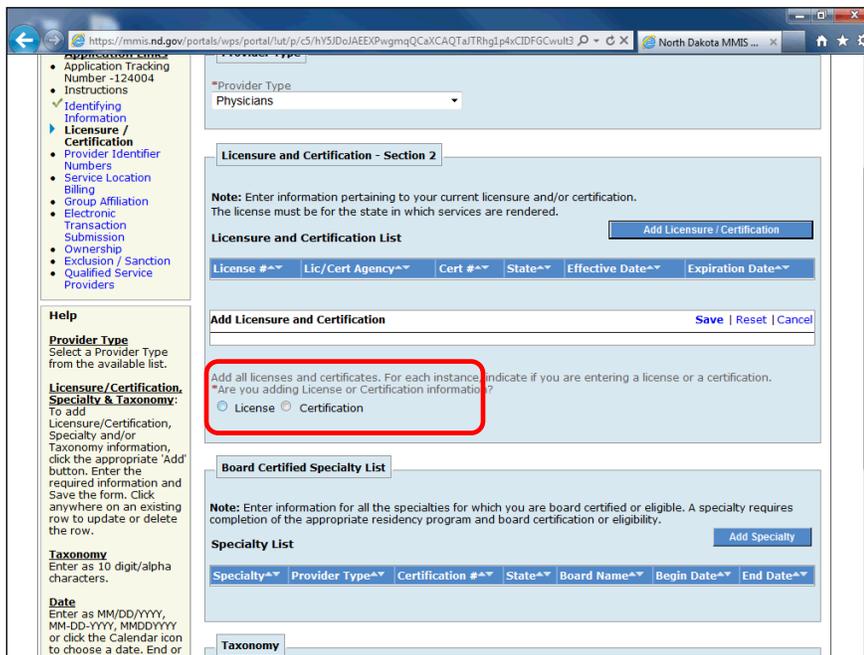
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Step	Action
3.	Section 2 – License is required.
Step	Action
4.	Click the Add Licensure / Certification button.

Add Licensure / Certification



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Step	Action
5.	Click the License or Certification option.

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/ut/p/c5/f/y5JDoJAEXpWgmqQCxKCAQTaTRhg1p4xCIDFGCwul3>. The page title is "Add License or Certification". Below the title, there are instructions: "Add all licenses and certificates. For each instance, indicate if you are entering a license or a certification. *Are you adding License or Certification information?". There are two radio buttons: "License" (selected) and "Certification". Below this, a red box highlights a form section with the following fields: "Provider Type" (dropdown menu with "Physicians" selected), "License #" (text input field), "Licensing Agency" (dropdown menu), "Effective Date" (calendar icon), "Expiration Date" (calendar icon), and "State" (dropdown menu with "North Dakota" selected). Below this section are two expandable sections: "Board Certified Specialty List" and "Taxonomy". The "Board Certified Specialty List" section has a note: "Note: Enter information for all the specialties for which you are board certified or eligible. A specialty requires completion of the appropriate residency program and board certification or eligibility." It includes an "Add Specialty" button and a table with columns: "Specialty", "Provider Type", "Certification #", "State", "Board Name", "Begin Date", and "End Date". The "Taxonomy" section has an "Add Taxonomy" button and a table with columns: "Taxonomy", "Begin Date", and "End Date". At the bottom of the form are buttons for "Continue>>", "Reset", "Save", and "Exit Application".

Step	Action
6.	Enter the desired information into the License # field. If the license does not have an assigned number, enter '00000'.
Step	Action
7.	Click the Licensing Agency list.
Step	Action
8.	Click the Appropriate Licensing Agency list item.
Step	Action
9.	Enter the Effective Date .
Step	Action
10.	Enter the Expiration Date .
Step	Action
11.	Click the Save button. 
Step	Action
12.	If the provider has multiple License/Certifications, repeat steps 4 -11.

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tut/p/c5/hy5JDoJAEXpWgmqmNslUzCRRhm2RAiaiYLAIrPzIGL>. The page is titled "Licensure and Certification - Section 2". A "Provider Type" dropdown menu is set to "Physicians". A message states "System successfully saved the Information." Below this, a "Note" reads: "Enter information pertaining to your current licensure and/or certification. The license must be for the state in which services are rendered." The "Licensure and Certification List" table is highlighted with a red box and contains the following data:

License #^v	Lic/Cert Agency^v	Cert #^v	State^v	Effective Date^v	Expiration Date^v
LN45339990	State Board of Medical Examiners		North Dakota	12/01/2009	12/31/2014

Below the table, there is a "Board Certified Specialty List" section with a "Note" and an "Add Specialty" button. The "Specialty List" table has columns for Specialty, Provider Type, Certification #, State, Board Name, Begin Date, and End Date. There is also a "Taxonomy" section with an "Add Taxonomy" button.

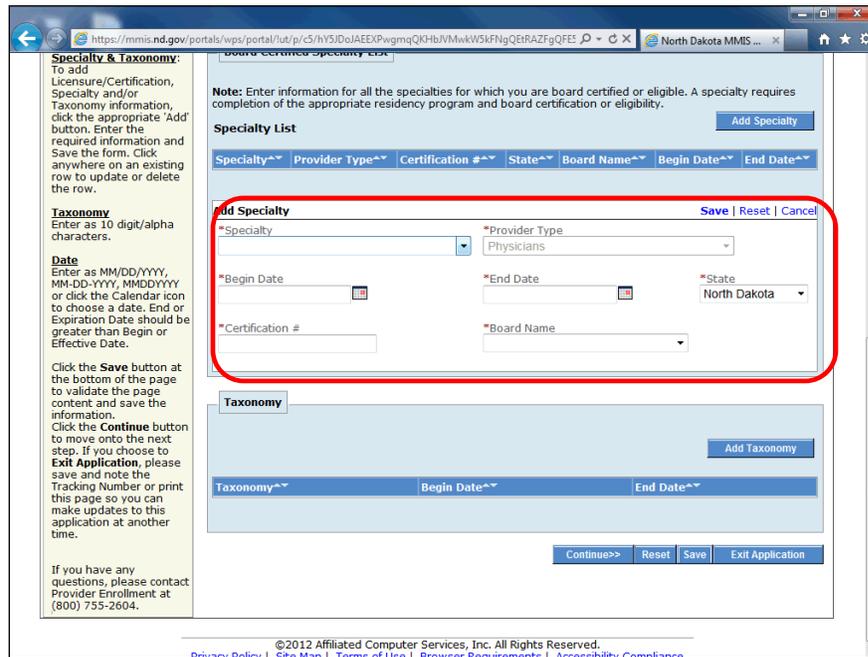
Specialty: Reference this site for the list of acceptable individual provider type, specialty, and taxonomy codes:
<http://www.nd.gov/dhs/info/pubs/docs/medicaid/mmis-individual-provider-code-taxonomy.pdf>

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

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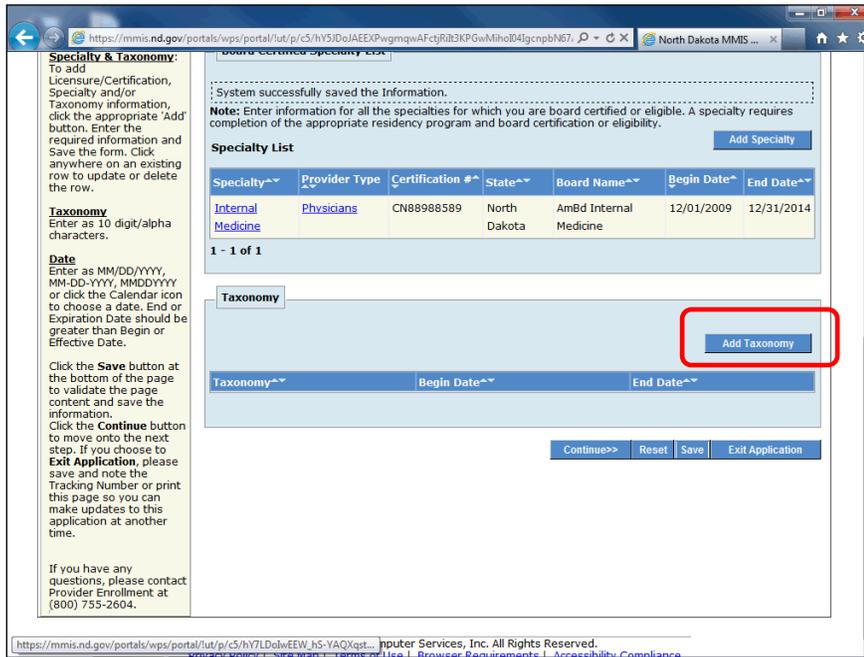
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Step	Action
14.	Click the Specialty list.
Step	Action
15.	Select the Appropriate Specialty list item.
Step	Action
16.	Enter the Begin Date .
Step	Action
17.	Enter the End Date . Enter 12/31/9999 .
Step	Action
18.	Enter the desired information into the Certification # field. If the certification does not have an assigned number, enter '00000'.
Step	Action
19.	Click the Board Name list.
Step	Action
20.	Select the Appropriate Board name list item.
Step	Action
21.	Click the Save link. Save

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



Step	Action
22.	Click the Add Taxonomy button. <div style="text-align: center; margin: 5px 0;"> Add Taxonomy </div> *A Taxonomy code is required for all providers except Atypical providers (QSP's, Transportation, and Developmental Disabilities).

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Specialty & Taxonomy:
To add Licensure/Certification, Specialty and/or Taxonomy information, click the appropriate 'Add' button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row.

Taxonomy
Enter as 10 digit/alpha characters.

Date
Enter as MM/DD/YYYY, MM-DD-YYYY, MMDDYYYY or click the Calendar icon to choose a date. End or Expiration Date should be greater than Begin or Effective Date.

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.

Note: Enter information for all the specialties for which you are board certified or eligible. A specialty requires completion of the appropriate residency program and board certification or eligibility.

Specialty List Add Specialty

Specialty	Provider Type	Certification #	State	Board Name	Begin Date	End Date
Internal Medicine	Physicians	CN88988589	North Dakota	AmBd Internal Medicine	12/01/2009	12/31/2014

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Taxonomy Add Taxonomy

Taxonomy Begin Date End Date

Add Taxonomy Save | Reset | Cancel

*Taxonomy (10 digits/alphas) *Begin Date End Date

Continue>> Reset Save Exit Application

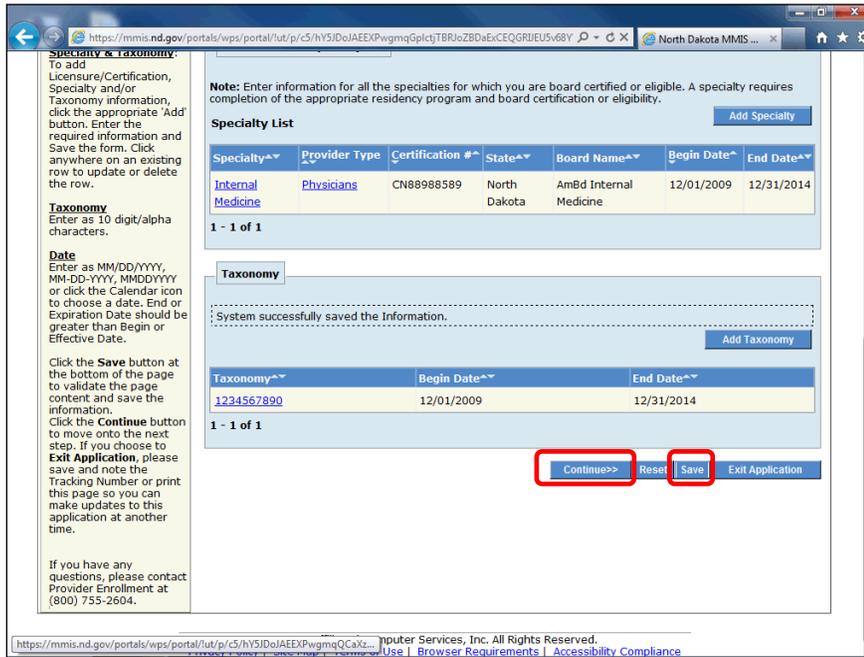
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Step	Action
23.	Enter the desired information into the Taxonomy (10 digits/alphas) field.
Step	Action
24.	Enter the Begin Date .
Step	Action
25.	Enter the End Date . Enter 12/31/9999 .
Step	Action
26.	Click the Save link. Save

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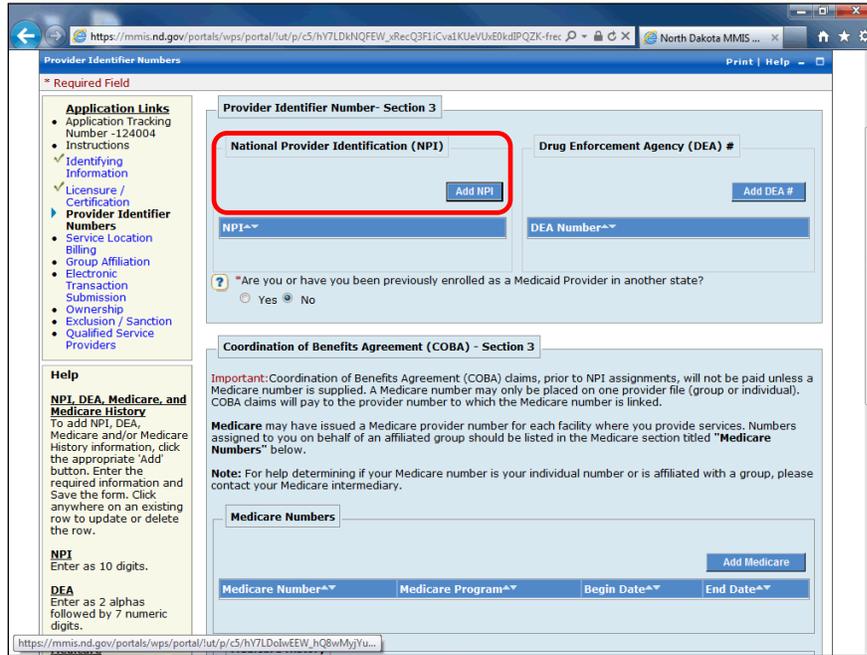
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Step	Action
27.	Click the Save button. 
28.	Click the Continue>> button. 
29.	The next section will take you through how to complete the Provider Identifier Numbers page. End of Procedure.

Provider Identifier Numbers
Procedure



Step	Action
1.	<p>Click the Add NPI button.</p> <p>Add NPI</p> <p>*Required for all providers except Atypical (QSP, Transportation, Meals, and Lodging) providers.</p>

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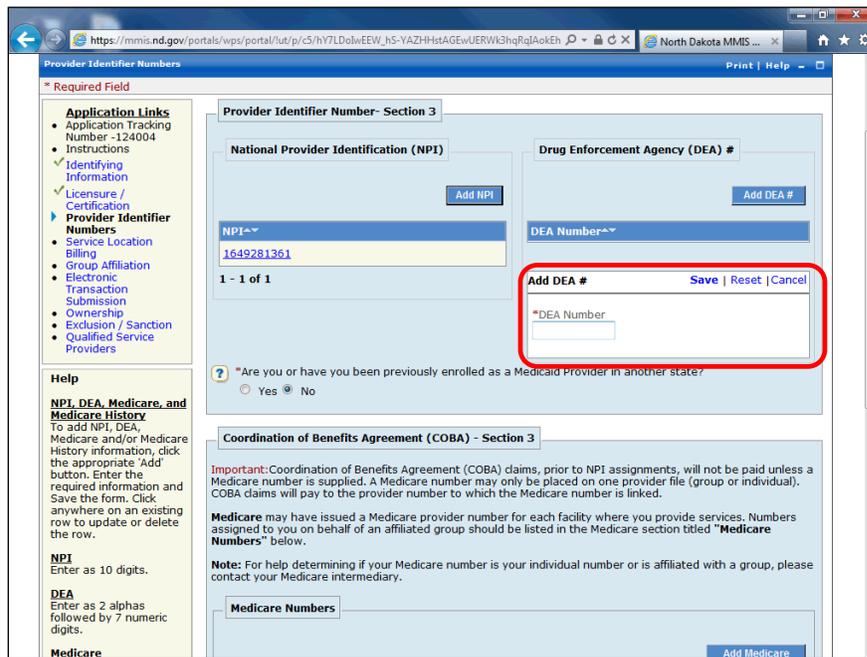
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The screenshot shows the 'Provider Identifier Numbers' section of the Medicaid Provider Enrollment system. The 'National Provider Identification (NPI)' field is highlighted with a red box, and the 'Add NPI' button is also highlighted. The 'Drug Enforcement Agency (DEA) #' field is also visible. The system is displaying a message: 'System successfully saved the Information.' The NPI field contains the value '1649281361'.

Step	Action
2.	Enter the individual provider's NPI information into the NPI field.
Step	Action
3.	Click the Save link. Save

The screenshot shows the 'Provider Identifier Numbers' section of the Medicaid Provider Enrollment system. The 'Drug Enforcement Agency (DEA) #' field is highlighted with a red box. The 'NPI' field contains the value '1649281361'. The system is displaying a message: 'System successfully saved the Information.' The 'Add DEA #' button is also visible.

Step	Action
4.	Click the Add DEA # button. Required for individuals with a DEA. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Add DEA #</div>



Step	Action
5.	Enter the individual provider's DEA information into the DEA Number field.
Step	Action
6.	Click the Save button. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Save</div>

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/ut/pi/c5/hY3IDoJAEXpWgmqQCaxQLYSCOTCGwIUTQQGRYE>. The page title is "Provider Identifier Numbers". On the left, there is a navigation menu with "Application Links" (Application Tracking Number -124004, Instructions, Identifying Information, Licensure / Certification, Provider Identifier Numbers) and "Help" (NPI, DEA, Medicare, and Medicare History). The main content area is titled "Provider Identifier Number- Section 3" and contains two input sections: "National Provider Identification (NPI)" with a value of "1649281361" and "Drug Enforcement Agency (DEA) #" with a value of "DE1234567". A red box highlights a question: "Are you or have you been previously enrolled as a Medicaid Provider in another state?" with radio buttons for "Yes" (selected) and "No". Below this is a dropdown menu for "Other Medicaid State". The form also includes a "Coordination of Benefits Agreement (COBA) - Section 3" section with important information and a "Medicare Numbers" section.

Step	Action
7.	Click the Yes or No option.
Step	Action
8.	If YES , select the Other Medicaid State from the list.

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hY5JDoJAEEkPwgmqQKb2QzBRGhUJugNwTgEIGFBUC...>. The page title is "Coordination of Benefits Agreement (COBA) - Section 3".

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.

Medicare may have issued a Medicare provider number for each facility where you provide services. Numbers assigned to you on behalf of an affiliated group should be listed in the Medicare section titled "Medicare Numbers" below.

Note: For help determining if your Medicare number is your individual number or is affiliated with a group, please contact your Medicare intermediary.

The form includes a section for "Medicare Numbers" with an "Add Medicare" button highlighted in red. Below this is a table with columns: Medicare Number, Medicare Program, Begin Date, and End Date. There is also a "Save" button and a "Reset | Cancel" link.

Add Medicare # Save | Reset | Cancel

*Medicare Number *Begin Date *End Date

*Please check all that apply:

All Medicare Program A Medicare Program B Medicare Program C Medicare Program D

Medicare History

For historical purposes, please list any Medicare Provider #(s) and Carrier/Intermediary #(s)

Add History

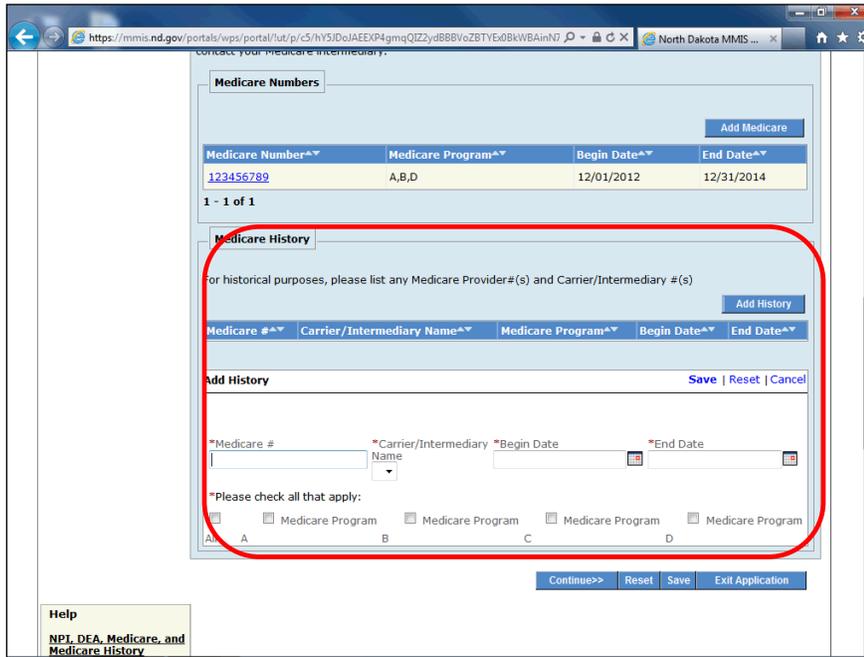
Medicare # Carrier/Intermediary Name Medicare Program Begin Date End Date

Step	Action
9.	Click the Add Medicare button. 
Step	Action
10.	Enter the individual provider's Medicare information into the Medicare Number field.
Step	Action
11.	Enter the Begin Date .
Step	Action
12.	Enter the End Date . Enter 12/31/9999 .
Step	Action
13.	Check all Medicare Programs that apply.
Step	Action
14.	Click the Save button. 

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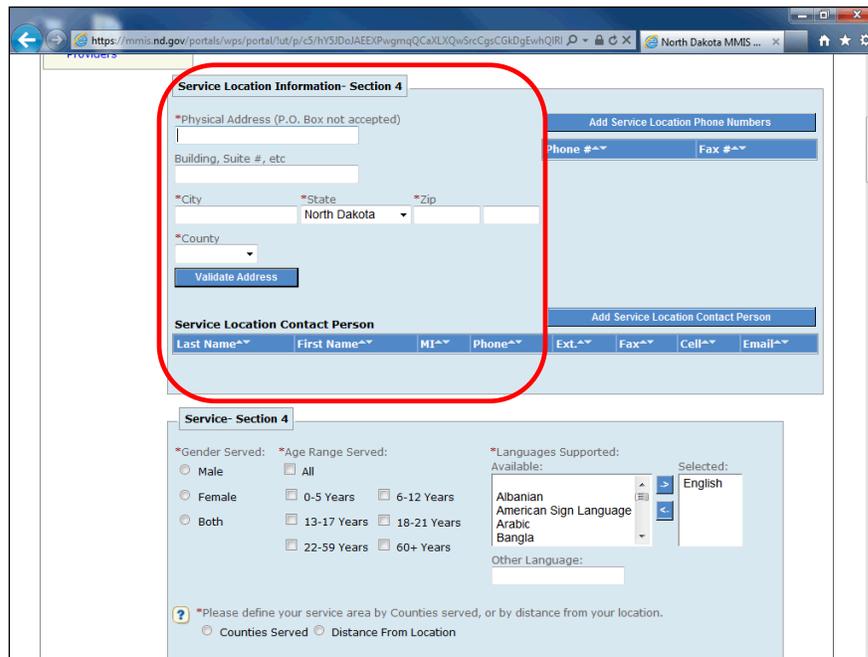
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Step	Action
15.	Click the Add History button. Complete this section if you have been assigned a Medicare number in the past that is no longer in use. This section is for informational use only. <div style="text-align: center;">Add History</div>
Step	Action
16.	Enter the individual provider's Medicare information into the Medicare # field.
Step	Action
17.	Click the Carrier/Intermediary Name list.
Step	Action
18.	Enter the Begin Date .
Step	Action
19.	Enter the End Date .
Step	Action
20.	Check all Medicare Programs that apply.
Step	Action
21.	Click the Save button. <div style="text-align: center;">Save</div>
Step	Action
22.	Click the Continue>> button. <div style="text-align: center;">Continue>></div>

Step	Action
23.	The next section goes through how to complete the Service Location Billing section. End of Procedure.

Service Location Billing
Procedure



Step	Action
1.	Enter the desired information into the Physical Address (P.O. Box not accepted) field.
Step	Action
2.	Enter the desired information into the City field.
Step	Action
3.	Enter the desired information into the Zip field.
Step	Action
4.	Click the County list and select the appropriate County.

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hYSJDoJAEEKpwgmqQF2CU0HE-IWRoENDXEKMOCEO>. The page title is "North Dakota MMIS...". The main content area is titled "Service Location Information - Section 4". It contains a form for entering physical address information. The "Physical Address (P.O. Box not accepted)" section includes fields for "100 Main Street", "Building, Suite #, etc.", "City" (Bismarck), "State" (North Dakota), and "Zip" (58501). The "County" dropdown is set to "Burleigh". A "Validate Address" button is highlighted with a red circle. Below this button, the "Alternate Address" section is visible, containing the following text: "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 text are two radio button options: "100 W Main Ave.,Bismarck,ND,58501,3851,Burleigh County" (selected) and "Override verification warning, and accept address as entered." Below these options are "Submit" and "Cancel" buttons. The "Service Location Contact Person" section is also visible, with fields for "Last Name", "First Name", "MI", "Phone", "Ext", "Fax", "Cell", and "Email".

Step	Action
5.	Click the Validate Address button. 
Step	Action
6.	Click on the Appropriate address.
Step	Action
7.	Click the Submit 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/hYSJDoJAEEXpWgmqmHG3RlMpiF5ZnASH4yLagRTi>. The main form contains the following fields:

- Physical Address (P.O. Box not accepted):** 100 W Main Ave, Building, Suite #, etc.
- City:** Bismarck
- State:** North Dakota
- Zip:** 58501 3851
- County:** Burleigh
- Buttons:** Validate Address, Add Service Location Phone Numbers, Add Service Location Contact Person

The **Add Service Location Phone Numbers** modal is open, showing:

- Phone #** and **Fax #** input fields.
- Buttons:** Save, Reset, Cancel

Service- Section 4 includes:

- 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
- Other Language:** [Text input field]
- Service Area:** Counties Served, Distance From Location
- Accessibility:** Is this location Wheelchair accessible? (Yes/No)

Step	Action
8.	Click the Add Service Location Phone Numbers button.
Step	Action
9.	Enter the desired information into the Phone # field.
Step	Action
10.	Click the Save link. Save

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hYSJDoJAEDPwgmqQCaXDiSYSKOMAHtC4hCIDDGES>. The page displays a form for adding a service location contact person. The form includes fields for physical address (100 W Main Ave), city (Bismarck), state (North Dakota), zip (58501), and county (Burleigh). A red box highlights the 'Add Service Location Contact Person' button and the form fields for Last Name, First Name, MI, Phone, Ext., Fax, Cell, and Email. Below the highlighted area, there are additional fields for Last Name, First Name, Middle Initial, Phone, Ext., Fax, Cell Phone, Email, and Position. At the bottom of the form, there are options for Gender Served (Male, Female), Age Range Served (All, 0-5 Years, 6-12 Years), and Languages Supported (Albanian, English).

Step	Action
11.	Click the Add Service Location Contact Person button. Contact person and email address is required. 
Step	Action
12.	Enter the desired information into the Last Name field.
Step	Action
13.	Enter the desired information into the First Name field.
Step	Action
14.	Enter the desired information into the Phone field.
Step	Action
15.	Click the Position list and select the Appropriate list item.
Step	Action
16.	Click the Save link. 

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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

? *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

? *Are you a 340b Provider? Yes No

Hours Of Operation: _____ Interpretive Services Available: _____

Step	Action
17.	Click the Appropriate Gender option.
Step	Action
18.	Click the Appropriate Age Range and Language options.

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

? *Is this location Wheelchair accessible? Yes No

? *Is this location TDD/TTY Equipped? Yes No

? *Does this location provide after-hours services? Yes No

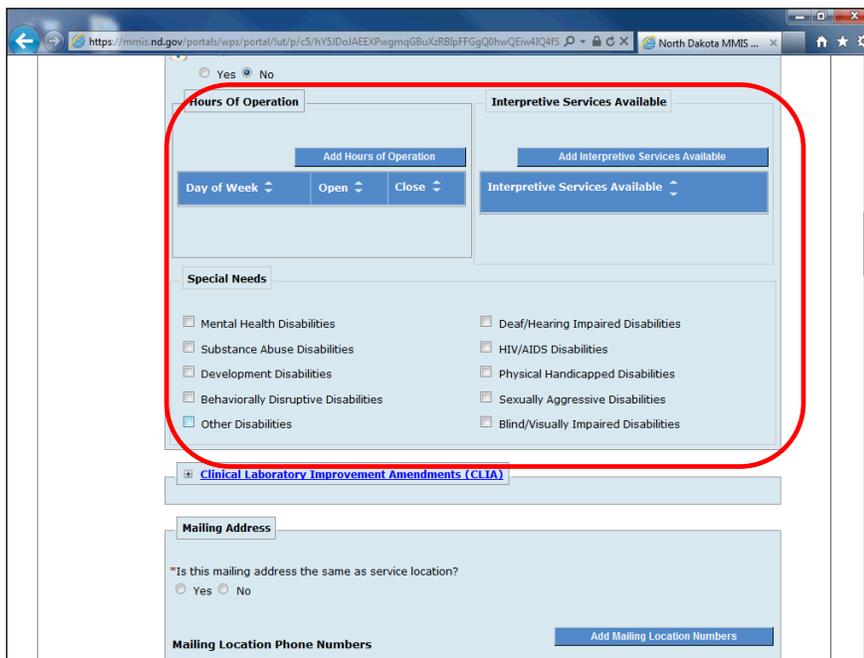
? *Do you wish to be excluded from public provider searches? Yes No

? *Are you a 340b Provider? Yes No

Hours Of Operation: _____ Interpretive Services Available: _____

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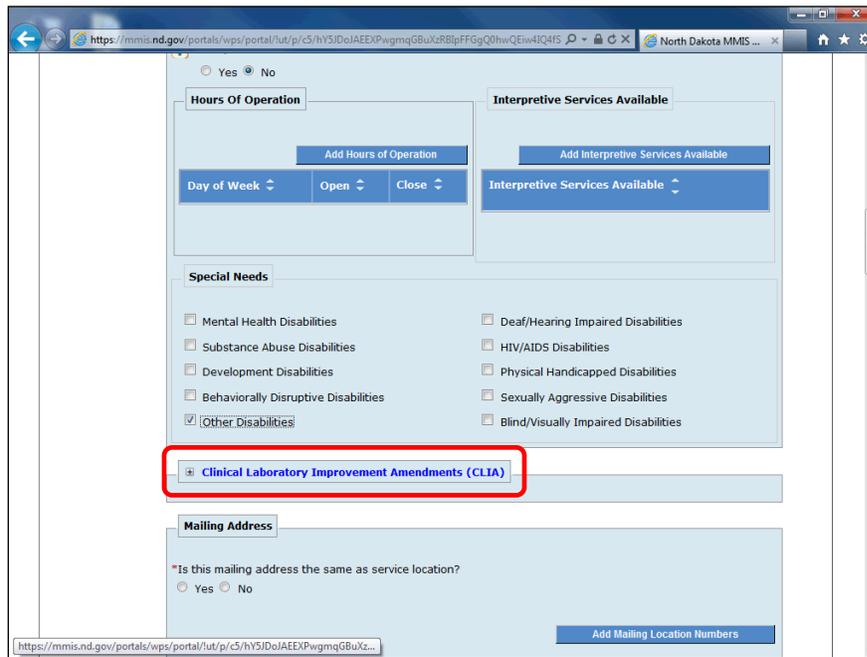
Step	Action
19.	Click the Counties Served or Distance From Location option.
Step	Action
20.	Click the Distance From Location or choose the Counties Served list.
Step	Action
21.	Click Yes or No on questions 1-6. Note: The question pertaining to 340b provider is for pharmacy providers only. Select the ‘No’ radio button.
Step	Action
22.	Hours of Operation, Interpretive Services, and Special Needs sections optional for individual enrollment applications.



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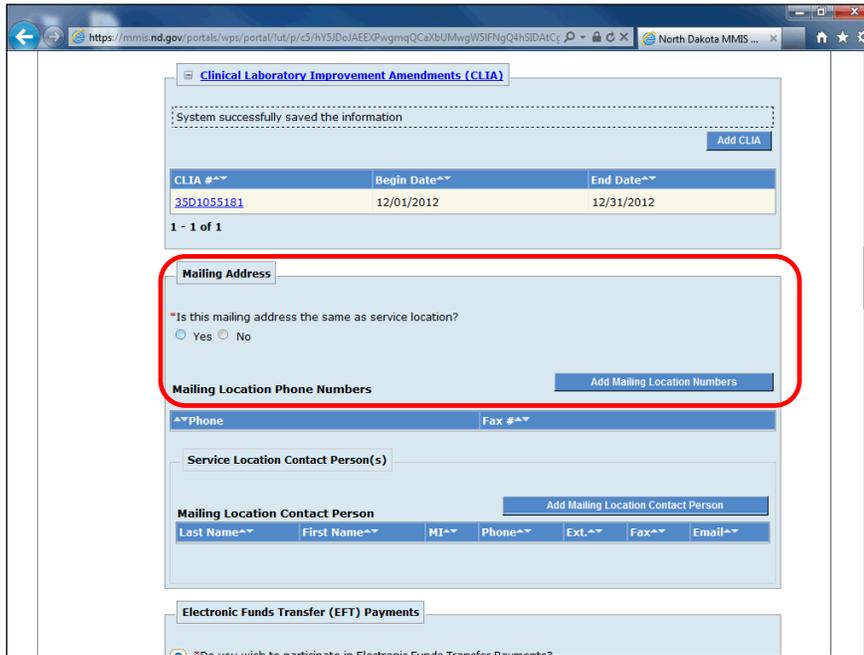


Step	Action
23.	CLIA section does not apply to individual enrollment applications. Skip this section.

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Step	Action
24.	Click the Yes or No on the Mailing Address option. If No , complete the Mailing Address information.
Step	Action
25.	Contact person and email address is required.

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The screenshot shows a web browser window with the URL https://mmis.nd.gov/portals/wps/portal/tuk/pi/c5/nY7LDalwEEW_h5-YQXkua2kwkVbLS2BDSFCj8cGCoPT. The page title is "Electronic Funds Transfer (EFT) Payments". The main content area contains a question: "Do you wish to participate in Electronic Funds Transfer Payments?" with radio buttons for "Yes" (selected) and "No". Below this are several input fields: "Bank Name", "Bank Address", "City", "State" (a dropdown menu), "Zip", "Bank Routing Transit Number" (with a "What is this?" link), "Bank Account Number" (with a "What is this?" link), "Account Type" (a dropdown menu), "Bank Phone #", "Account Holder Name", and "Payee Provider's Name". Below the EFT section is a "Billing Address" section with a note: "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?" and radio buttons for "Yes" and "No". At the bottom, there is a "Billing Location Phone Numbers" section with a "Phone #" field and a "Fax #^^" field, and an "Add Billing Location Numbers" button.

Step	Action
26.	Click the Yes or No option for Electronic Funds Transfer Payments. This should only be completed if the individual will be submitting Medicaid claims as an Independent provider billing under the 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. Select 'No' if the individual will not be billing independently.
Step	Action
27.	If Yes, Enter the desired information into the Bank Name field.
Step	Action
28.	Enter the desired information into the Bank Address field.
Step	Action
29.	Enter the desired information into the City field.
Step	Action
30.	Click the State list.
Step	Action
31.	Enter the desired information into the Zip field.
Step	Action
32.	Enter the desired information into the Bank Routing Transit Number field.
Step	Action
33.	Enter the desired information into the Bank Account Number field.

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Step	Action
34.	Click the Account Type list.
Step	Action
35.	Enter the desired information into the Bank Phone # field.
Step	Action
36.	Enter the desired information into the Account Holder Name field.
Step	Action
37.	Enter the desired information into the Payee Provider's Name field.

The screenshot shows a web browser window with the URL https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hY7LDolwEEW_h5-YQ/xua2kwkVbLS2BD5FCj8cGCoPT. The page displays a form for provider enrollment. The **Billing Address** section is highlighted with a red circle. It includes a note: "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?" with radio buttons for **Yes** and **No**. Below this are sections for **Billing Location Phone Numbers** and **Billing Location Contact Person(s)**, each with an "Add" button. The contact person section has fields for Last Name, First Name, Middle Initial, Phone, Ext., Fax, Position, and Email. At the bottom, there is a **Remittance Advice** section with radio buttons for Electronic (835), Web Portal Inbox, and Paper. A note at the very bottom states: "Note: The provider can only choose one RA option. Your paper RA will be sent to the billing address listed."

Step	Action
38.	Click the Yes or No option for Billing Address. If No , Complete the new billing address information.
Step	Action
39.	Contact person and email address is required.

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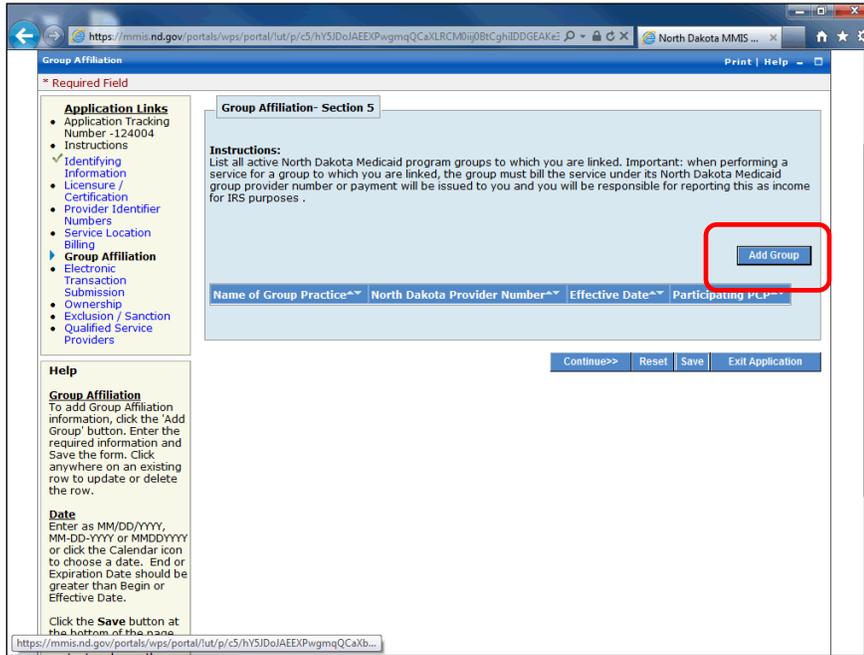
The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wpsi/portal/tut/pi/c5/hY5JDoJAEEpWgmqQIZZiQJlo3M04YQUQORYUFQQL>. The page title is "North Dakota MMIS". The form contains several sections:

- Billing Location Phone Numbers:** Includes fields for Phone # and Fax #, with an "Add Billing Location Numbers" button.
- Billing Location Contact Person(s):** Includes fields for Last Name, First Name, Middle Initial, Phone, Ext., Fax, Position, and Email, with an "Add Billing Location Contact Person" button.
- Remittance Advice:** This section is highlighted with a red box. It contains a note: "*Requested Delivery Media for Remittance Advices(RAs)" and three radio button options: "Electronic (835)", "Web Portal Inbox", and "Paper". Below the options is a note: "Note: The provider can only choose one RA option. Your paper RA will be sent to the billing address listed."
- Other Details:** Contains three bullet points:
 - Print Suspend: Choose one of the following options if you would like to include your suspended claims on your Remittance Advice
 - RA Sort Indicator: How would you like your Remittance Advice sorted? If none is chosen, the RA will default to the Members last name
 - Bulletin Media : How would you like to receive your bulletins?
 Below these are three dropdown menus labeled "Print Suspend", "RA Sort Ind", and "Bulletin Media".

At the bottom of the form are buttons for "Continue>>", "Reset", "Save", and "Exit Application". A "Help" section at the bottom left indicates "Service Location" and "Enter the physical address of your primary".

Step	Action
40.	<p>Click the Appropriate RA option. If the individual provider is a rendering provider only, select 'Web Portal Inbox'. The RA option will be driven by the billing provider/group/entity.</p> <p>If the individual is a billing entity under the SSN, then the desired RA should be selected.</p> <ul style="list-style-type: none"> • Electronic 835 – Receive a HIPAA X12 transaction • Web Portal Inbox – Received in the ND MMIS inbox • Paper – Mailed to the billing address listed
41.	<p>Click the Save button.</p> <p></p>
42.	<p>The next section will take you through how to complete the Group Affiliation page.</p> <p>End of Procedure.</p>

Group Affiliation
Procedure



Step	Action
1.	<p>If the enrolling individual is affiliated to a group or multiple groups, they must be listed in this section to ensure proper payment. <u>This section is required for all rendering providers.</u></p> <p>*Use the current ND Medicaid group number as the provider number.</p> <p>*Multiple Groups can be added.</p>
Step	Action
2.	<p>Click the Add Group button.</p> <div style="text-align: center;">  </div>

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Step	Action
3.	Enter the desired information into the Name of Group Practice field.
Step	Action
4.	Enter the desired information into the North Dakota Provider Number field. This is the group's current ND Medicaid provider number. This number is nine digits and must include the leading zeros. Example: 000012345.
Step	Action
5.	Enter the Effective Date . Enter the effective date of the affiliation.
Step	Action
6.	Check the Participating PCP box to indicate the provider is a PCP at this location.
Step	Action
7.	Click the Save link. 
Step	Action
8.	Click the Save button. 
Step	Action
9.	Click the Continue>> button.

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

Electronic Transaction Submission

Procedure

In this section, you will need to choose 1 of the 3 options to submit electronic transactions.

- **ND MMIS Web Portal** – for those that will be entering Medicaid claims directly into the ND MMIS web portal. **Rendering providers billing under a group should select ‘North Dakota Web Portal’. This is the most common scenario.**
- **Vendor Software** – 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.
- **Billing Agent/Clearinghouse** – for those that use a third party to submit their claims on behalf of the group. The third party is the Trading Partner.

***Do not enter the group billing information in this section on an individual application.**

***If the individual is the billing entity submitting claims using the SSN and billing through vendor software or a billing agent/clearinghouse, then the appropriate option should be selected.**

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/!ut/p/c/hY5JDojAEEpFwGFMfjksm0RgFFNgQEhMiw6RPh0t>. The page is titled "Electronic Transaction Submission" and "Section 6".

Required Field

Application Links

- Application Tracking Number - 124004
- Instructions
- Identifying Information
- Licensure / Certification
- Provider Identifier Numbers
- Service Location Billing
- Group Affiliation
- ▶ **Electronic Transaction Submission**
- Ownership
- Exclusion / Sanction
- Qualified Service Providers

Help

Electronic Transaction Submission
 Select one of the submission methods. Additional information will be required if the selection is Vendor Software or Billing Agent/Clearinghouse.

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

Electronic Transaction Submission - Section 6

Providers who choose to submit claims, must be aware that payment of claims will be from federal and state funds and that any falsification or concealment of material fact may be prosecuted under Federal and State laws. Further, Providers must understand and agree to do the following:

- Safeguard against abuse in the use of electronic claims submission
- Correctly enter the claims data, monitor the data, and certify that the data entered is correct
- Assure that the transmission of claims data is restricted to authorized personnel to prevent erroneous payments which might result from carelessness or fraud
- Have on file the applicable documentation to substantiate any claims submitted
- Allow the agency or any of its designees and representatives to review and copy all records, including source documents and data related to information entered through electronic claims submission
- Abide by all Federal and State statutes, rules, regulations, and manuals governing North Dakota programs
- Sign and adhere to all conditions of the Provider Agreement and be officially enrolled in the program to participate in electronic claims submission

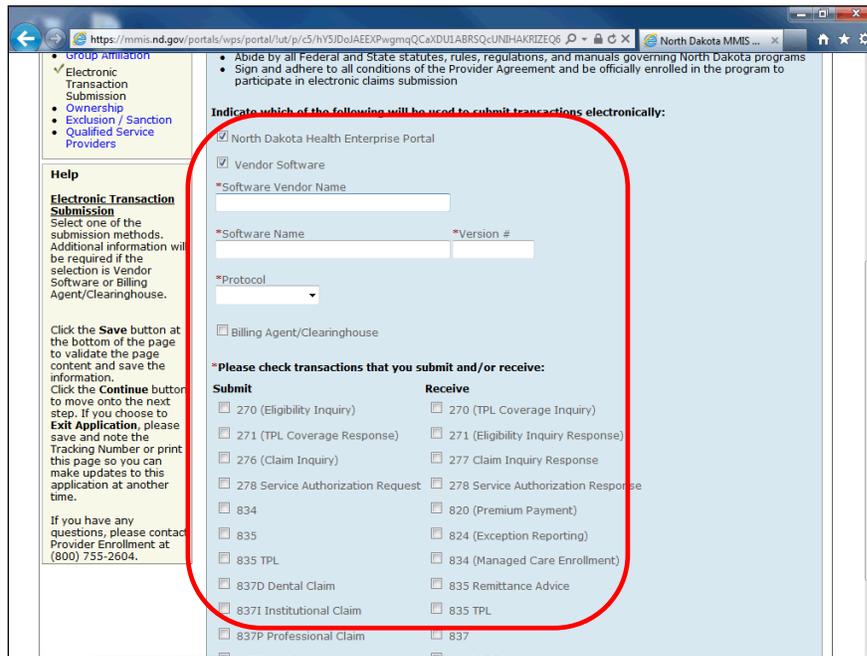
Indicate which of the following will be used to submit transactions electronically:

- North Dakota Health Enterprise Portal
- Vendor Software
- Billing Agent/Clearinghouse

Buttons: **Continue>>>** **Reset** **Save** **Exit Application**

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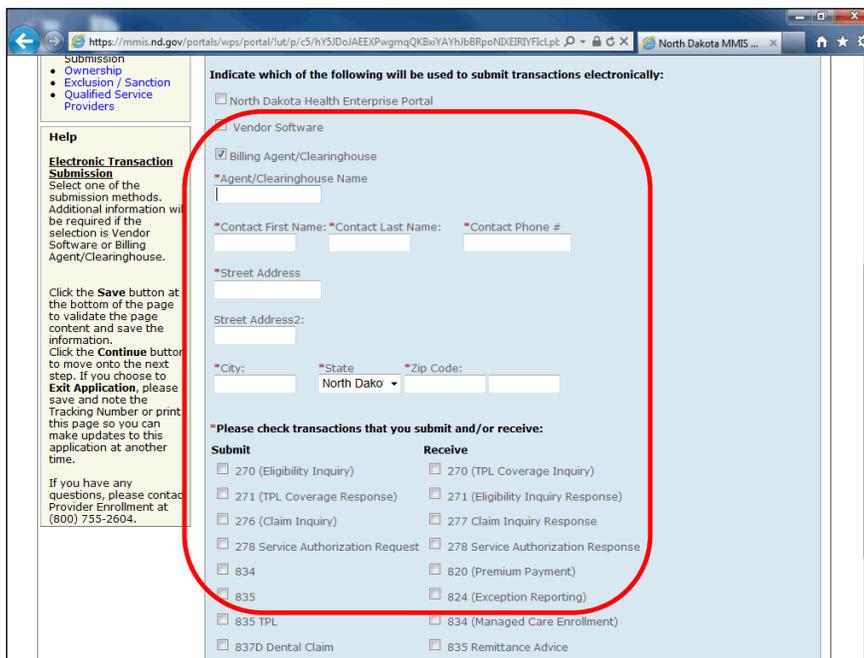
Step	Action
1.	If using ND MMIS Web Portal, claims can be entered directly into the ND MMIS Web Portal.
Step	Action
2.	Click the ND MMIS Web Portal option. <u>Select this option if the individual is a rendering provider billing under a group.</u>
Step	Action
3.	Click the Save button. 



Step	Action
4.	If submission is through a Vendor Software (X12 Transaction), the Provider will be acting as their own Trading Partner.
Step	Action
5.	Click the Vendor Software option.
Step	Action
6.	Enter the desired information into the Software Vendor Name field.

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Step	Action
7.	Enter the desired information into the Software Name field.
Step	Action
8.	Enter the desired information into the Version # field.
Step	Action
9.	Click the Protocol list and select the Appropriate list item.
Step	Action
10.	Click the Appropriate Submit and Receive options.
Step	Action
11.	Click the Save button. 

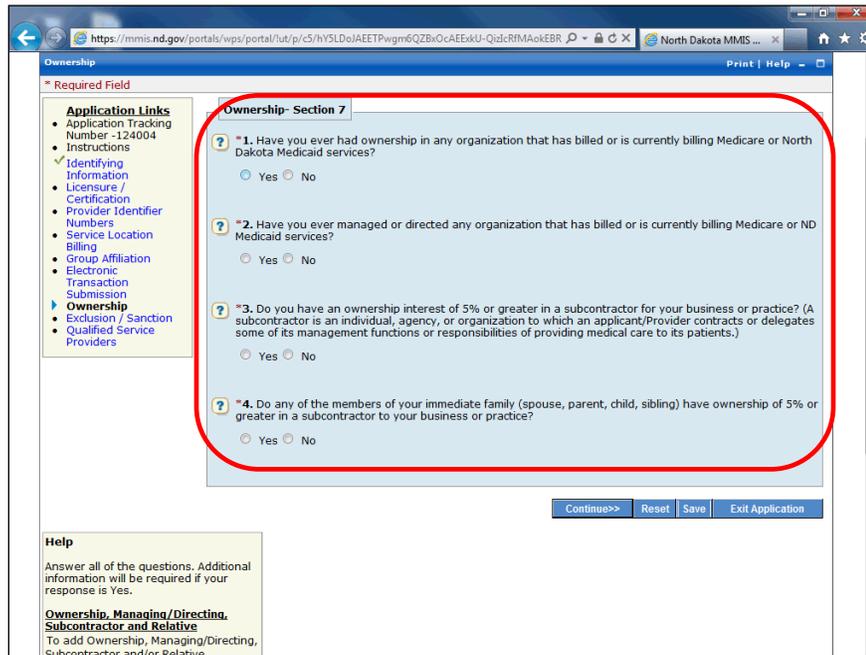


Step	Action
12.	If submission is through a Billing Agent/Clearinghouse, the Agent/Clearinghouse will have to enroll as a trading partner through ND MMIS Web Portal.
Step	Action
13.	Click the Billing Agent/Clearinghouse option.

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Step	Action
14.	Enter the desired information into the Agent/Clearinghouse Name field.
Step	Action
15.	Enter the desired information into the Contact First Name: field.
Step	Action
16.	Enter the desired information into the Contact Last Name: field.
Step	Action
17.	Enter the desired information into the Contact Phone # field.
Step	Action
18.	Enter the desired information into the Street Address field.
Step	Action
19.	Enter the desired information into the City: field.
Step	Action
20.	Enter the desired information into the Zip Code: field.
Step	Action
21.	Click the Appropriate Submit and Receive options.
Step	Action
22.	Click the Save button. 
Step	Action
23.	Click the Continue>> button. 
Step	Action
24.	The next section will take you through how to complete the Ownership page. End of Procedure.

Ownership
Procedure



Step	Action
1.	Click the Yes or No option for questions 1 – 4. If Yes , complete the additional fields. If No , continue to next section.

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

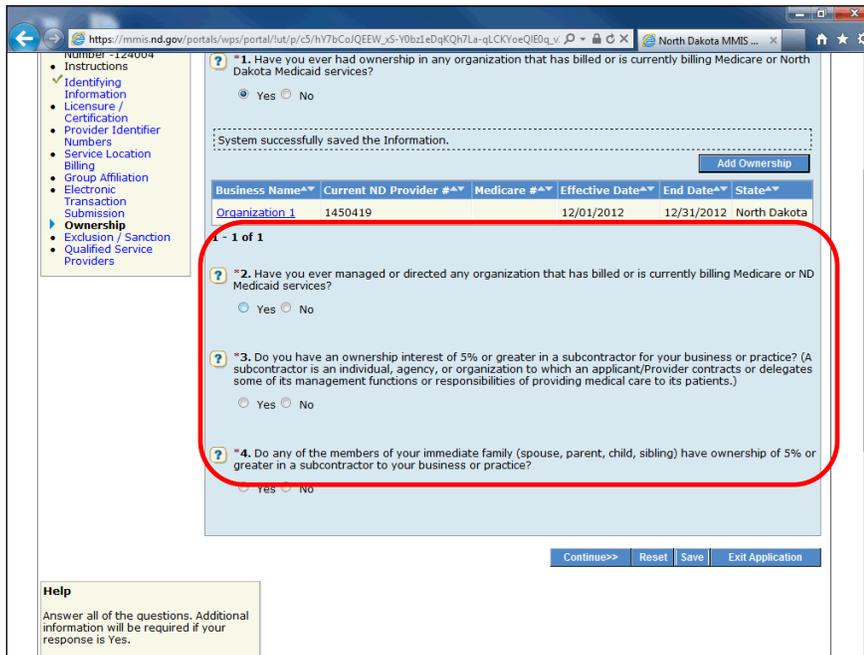
- Question 1: "1. Have you ever had ownership in any organization that has billed or is currently billing Medicare or North Dakota Medicaid services?" with radio buttons for "Yes" and "No".
- "Add Ownership" button.
- Form headers: "Business Name", "Current ND Provider #", "Medicare #", "Effective Date", "End Date", "State".
- "Add Ownership Information" section with "Save | Reset | Cancel" links.
- Fields:
 - *Organization's Legal Business Name
 - *Effective Date
 - *End Date
 - *Address
 - *City
 - *State (North Dakota)
 - *Zip
 - *EIN Number
 - *NPI #
 - Checkboxes for Medicare and Medicaid.
- Question 2: "2. Have you ever managed or directed any organization that has billed or is currently billing Medicare or ND Medicaid services?" with radio buttons for "Yes" and "No".
- Question 3: "3. Do you have an ownership interest of 5% or greater in a subcontractor for your business or practice? (A subcontractor is an individual, agency, or organization to which an applicant/Provider contracts or delegates some of its management functions or responsibilities of providing medical care to its patients.)" with radio buttons for "Yes" and "No".

Step	Action
2.	If Yes, Enter the information into the Organization's Legal Business Name field.
Step	Action
3.	Enter the Effective Date and End Date .
Step	Action
4.	Enter the desired information into the Address field.
Step	Action
5.	Enter the desired information into the City field.
Step	Action
6.	Enter the desired information into the Zip field.
Step	Action
7.	Enter the desired information into the EIN Number field.
Step	Action
8.	Enter the desired information into the NPI # field.
Step	Action
9.	Click the Appropriate Medicare or Medicaid option.
Step	Action
10.	Enter the desired information into the Current ND Provider # field.
Step	Action
11.	Click the Save link.

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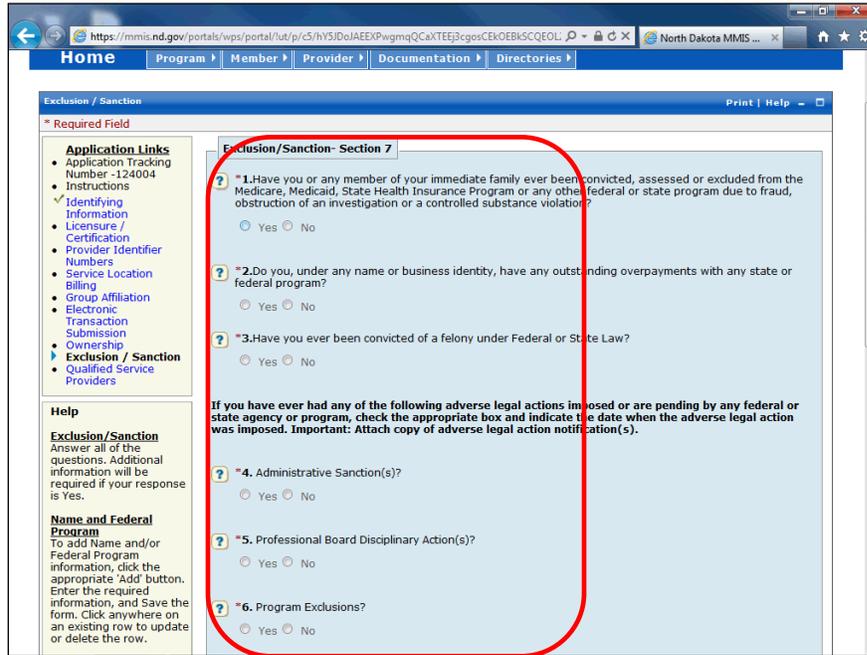
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Step	Action
12.	Repeat the steps for questions 2 – 4. Answering Yes to these questions will require additional information to be completed.
Step	Action
13.	Click the Save button. 
Step	Action
14.	Click the Continue>> button. 
Step	Action
15.	The next section will take you through how to complete the Exclusion / Sanction page. End of Procedure.

Exclusion/Sanction
Procedure



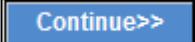
Step	Action
1.	If <u>YES</u> is answered for any question in this section, you will be required to provide additional information.
Step	Action
2.	Click the Yes or No option for questions 1 - 15.

Training Guide

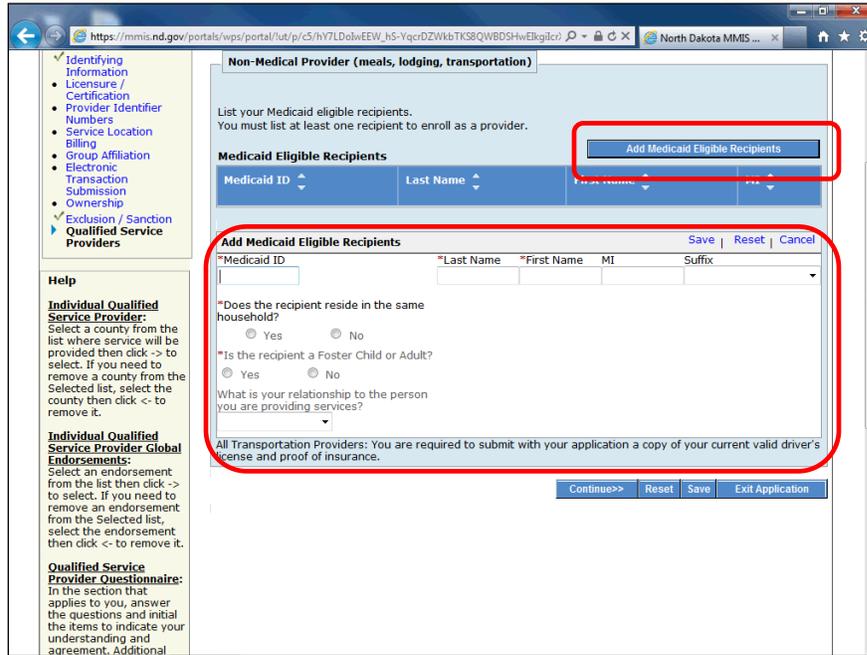
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The screenshot shows a web browser window with the URL https://mmis.nd.gov/portals/wps/portal/lut/p/c5/hy7LDolwEEW_h5-YqfKo56QNgmmVhwrdEKJIKKYEKR. The page title is "Exclusion / Sanction". On the left, there is a sidebar with "Application Links" and "Help". The main content area is titled "Exclusion/Sanction- Section 7". A red circle highlights the first question: "1. Have you or any member of your immediate family ever been convicted, assessed or excluded from the Medicare, Medicaid, State Health Insurance Program or any other federal or state program due to fraud, obstruction of an investigation or a controlled substance violation?" with radio buttons for "Yes" and "No". Below the question, there is an "Add Name" button and a table with columns: "Last Name", "First Name", "MI", "Suffix", and "Relationship". Underneath is the "Add Family/Household Member Information" section with fields for "Last Name", "First Name", "MI", "Suffix", and "Relationship". There are also questions 2, 3, and 4, and a "Save" button.

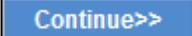
Step	Action
3.	If Yes , complete the additional information.
Step	Action
4.	If No is selected, no further information is needed.
Step	Action
5.	Click the Save button. 
Step	Action
6.	Click the Continue>> button. 
Step	Action
7.	The next section will take you through how to complete the Qualified Service Providers page. End of Procedure.

Qualified Service Providers
Procedure

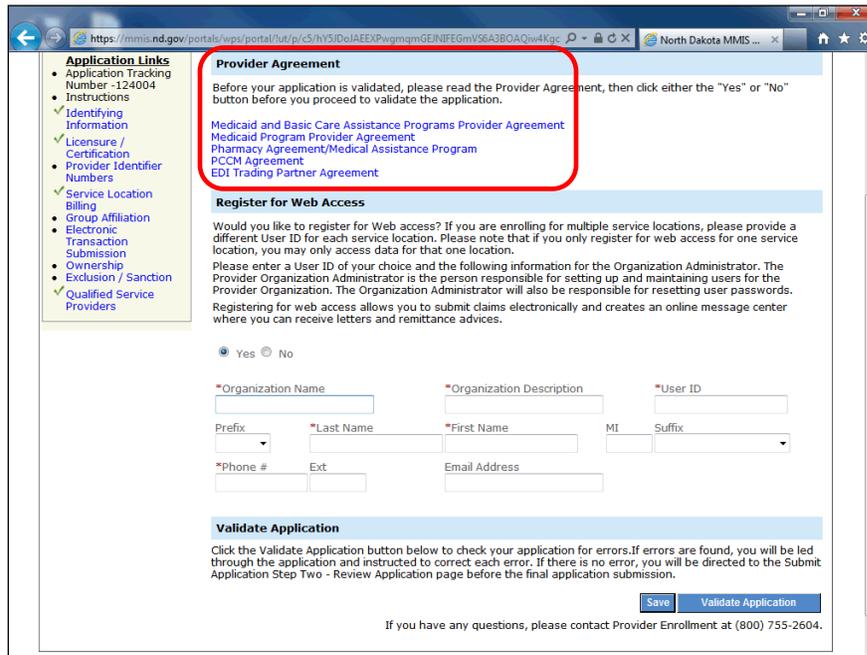


Step	Action
1.	<p>If not enrolling as a Non-Medical Provider (QSP, Transportation, Meals, and Lodging providers), this section can be skipped.</p> <p>If you did not select Qualified Service Provider as a Provider Type or one of the following Specialties:</p> <ul style="list-style-type: none"> 1) Lodging 2) Provide Meals 3) Private Vehicle 4) QSP <p>This Section can be skipped.</p>
2.	<p>Click the Add Medicaid Eligible Recipients button.</p> <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> <p>Add Medicaid Eligible Recipients</p> </div>
3.	Enter the desired information into the Medicaid ID field.
4.	Enter the desired information into the Last Name field.

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Step	Action
5.	Enter the desired information into the First Name field.
Step	Action
6.	Click the Yes or No option.
Step	Action
7.	Click the Yes or No option.
Step	Action
8.	Click the What is your relationship to the person you are providing service list.
Step	Action
9.	Click the Appropriate list item.
Step	Action
10.	Click the Save button. 
Step	Action
11.	Click the Save button. 
Step	Action
12.	Click the Continue>> button. 
Step	Action
13.	The next section will take you through how to complete the Submit Application page. End of Procedure.

Submit Application Procedure



Step	Action
1.	<p>Read each of the Provider Agreements that pertains to this enrollment.</p> <ul style="list-style-type: none"> • Medicaid Program Provider Agreement is required for <u>all</u> providers. • PCCM Agreement is required for <u>all</u> Primary Care Physician type providers.

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Application Links

- Application Tracking Number -124004
- Instructions
- Identifying Information
- Licensure / Certification
- Provider Identifier Numbers
- Service Location Billing
- Group Affiliation
- Electronic Transaction Submission
- Ownership
- Exclusion / Sanction
- Qualified Service Providers

Provider Agreement

Before your application is validated, please read the Provider Agreement, then click either the "Yes" or "No" button before you proceed to validate the application.

Medicaid and Basic Care Assistance Programs Provider Agreement
 Medicaid Program Provider Agreement
 Pharmacy Agreement/Medical Assistance Program
 PCCM Agreement
 EDI Trading Partner Agreement

Register for Web Access

Would you like to register for Web access? If you are enrolling for multiple service locations, please provide a different User ID for each service location. Please note that if you only register for web access for one service location, you may only access data for that one location.

Please enter a User ID of your choice and the following information for the Organization Administrator. The Provider Organization Administrator is the person responsible for setting up and maintaining users for the Provider Organization. The Organization Administrator will also be responsible for resetting user passwords.

Registering for web access allows you to submit claims electronically and creates an online message center where you can receive letters and remittance advice.

Yes No

*Organization Name *Organization Description *User ID

Prefix *Last Name *First Name MI Suffix

*Phone # Ext Email Address

Validate Application

Click the Validate Application button below to check your application for errors. If errors are found, you will be led through the application and instructed to correct each error. If there is no error, you will be directed to the Submit Application Step Two - Review Application page before the final application submission.

If you have any questions, please contact Provider Enrollment at (800) 755-2604.

Step	Action
2.	Registering for Web Access is <u>not recommended for individual rendering providers billing under a group.</u> Individual providers billing independently may choose to register for web access.
Step	Action
3.	Enter the desired information into the Organization Name field.
Step	Action
4.	Enter the desired information into the Organization Description field.
Step	Action
5.	Enter the desired information into the User ID field.
Step	Action
6.	Enter the desired information into the Last Name field.
Step	Action
7.	Enter the desired information into the First Name field.
Step	Action
8.	Enter the desired information into the Phone # field.
Step	Action
9.	Click the Save button. 

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Medicaid Provider Enrollment

N.D. Department of Human Services

Submit Application Step 1

*** Required Field**
The submitted User ID already exists. Please enter another User ID, or select one of the following suggestions: TOMSMITH, TOMSMITH

Application Links

- Application Tracking Number -124004
- Instructions
- Identifying Information
- Licensure / Certification
- Provider Identifier Numbers
- Service Location
- Billing
- Group Affiliation
- Electronic Transaction Submission
- Ownership
- Exclusion / Sanction
- Qualified Service Providers

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Yes No

*Organization Name: Smith Clinic
*Organization Description: Clinic
*User ID: [Empty field with error message: The submitted User ID already exists. Please enter another User ID, or select one of the following suggestions: TOMSMITH, TOMSMITH]

Prefix: [Dropdown]
*Last Name: SMITH
*First Name: TOM
MI: [Dropdown]
Suffix: [Dropdown]

*Phone #: 701-555-5555
Ext: [Empty field]
Email Address: [Empty field]

Step	Action
10.	If the User ID already exists, you will be prompted to enter a different User ID.

Submit Application Step 1

*** Required Field**
The submitted User ID already exists. Please enter another User ID, or select one of the following suggestions: TOMSMITH, TOMSMITH

Application Links

- Application Tracking Number -124004
- Instructions
- Identifying Information
- Licensure / Certification
- Provider Identifier Numbers
- Service Location
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Yes No

*Organization Name: Smith Clinic
*Organization Description: Clinic
*User ID: TOMSMITH

Prefix: [Dropdown]
*Last Name: SMITH
*First Name: TOM
MI: [Dropdown]
Suffix: [Dropdown]

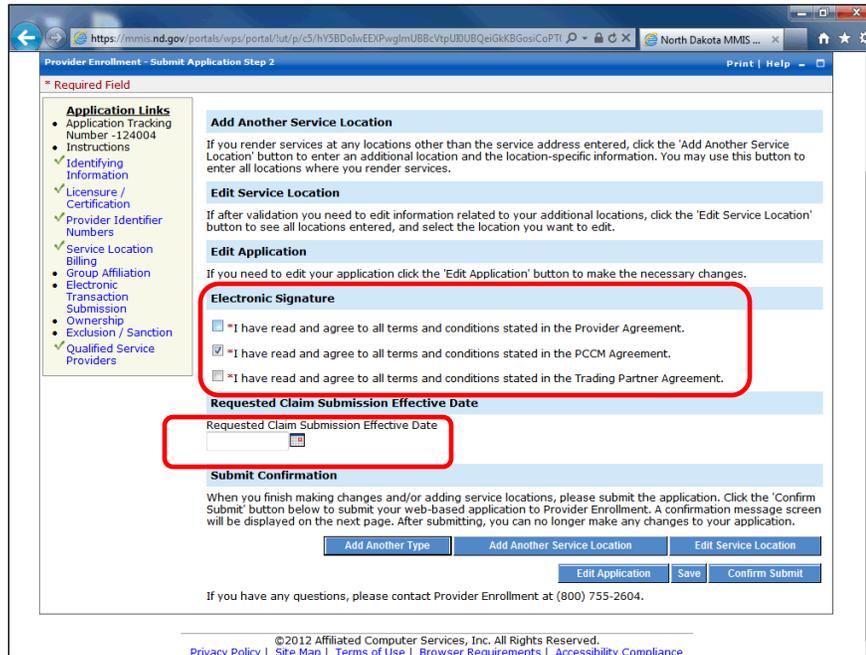
*Phone #: 701-555-5555
Ext: [Empty field]
Email Address: [Empty field]

Validate Application

Click the Validate Application button below to check your application for errors. If errors are found, you will be led through the application and instructed to correct each error. If there is no error, you will be directed to the Submit Application Step Two - Review Application page before the final application submission.

If you have any questions, please contact Provider Enrollment at (800) 755-9604

Step	Action
11.	Click the Validate Application button. This will check the application for errors. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">Validate Application</div>

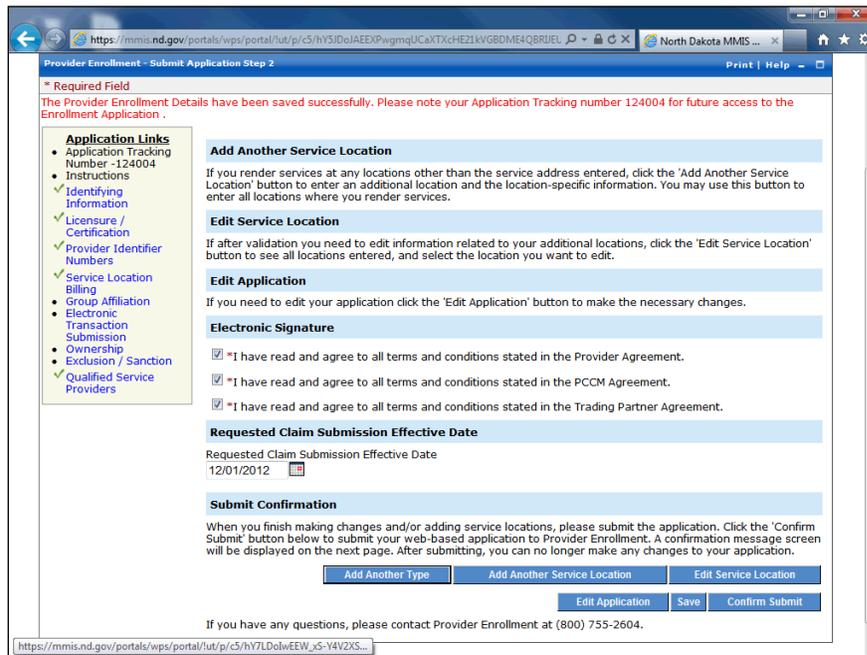


Step	Action
12.	Click the required Electronic Signature options.
Step	Action
13.	Enter the Requested Claim Submission Effective Date .
Step	Action
14.	Click the Save button. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">Save</div>

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Medicaid Provider Enrollment

N.D. Department of Human Services

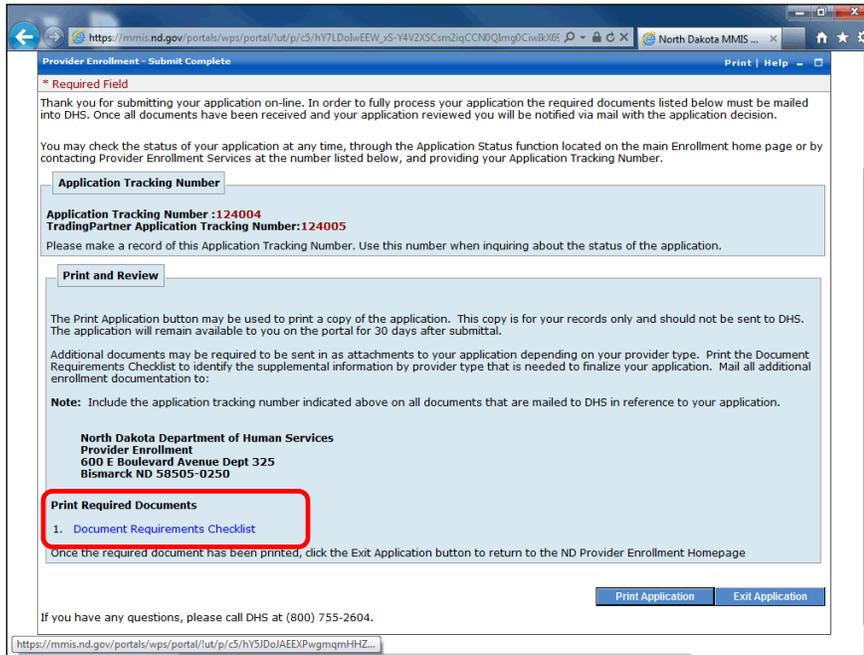


Step	Action
15.	<u>Review the application for accuracy and completeness before submitting the application.</u>
Step	Action
16.	Add Another Type and Add Another Service Location should <u>never</u> be used on an individual application. If the individual has more than one provider type , then a separate application is required. If the individual practices at multiple locations , then use the group affiliations page to associate all locations.
Step	Action
17.	If you click the Confirm Submit option, you will not be able to make any further edits to the application.
Step	Action
18.	Click the Confirm Submit 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;"> Confirm Submit </div>

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Medicaid Provider Enrollment

N.D. Department of Human Services



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

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Medicaid Provider Enrollment

N.D. Department of Human Services

North Dakota Department of Human Services
Individual Provider Enrollment Application

Submitted on: December 11, 2012
Application Tracking Number: 124004
Trading Partner Application Tracking Number: 124005

Identifying Information – Section 1

Last Name: Smith First Name: Tim MI:
 Suffix: Title: Date of Birth: 12/15/1960
 Gender: Male Can information about date of birth and gender be available to clients? Yes
 SSN: 505555555

Current/Previous ND Provider #
 Current and/or previous ND Provider numbers: 00012945

Previous Names
 Have you used any previous names in the past five years? No
 Last Name: First Name:

License and Certification – Section 2
 Provider Type: Physician

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

Required Field

Thank you for submitting your application on-line. In order to fully process your application the required documents listed below must be mailed into DHS. Once all documents have been received and your application reviewed you will be notified via mail with the application decision.

You may check the status of your application at any time, through the Application Status function located on the main Enrollment home page or by contacting Provider Enrollment Services at the number listed below, and providing your Application Tracking Number.

Application Tracking Number

Application Tracking Number :124004
TradingPartner Application Tracking Number:124005

Please make a record of this Application Tracking Number. Use this number when inquiring about the status of the application.

Print and Review

The Print Application button may be used to print a copy of the application. This copy is for your records only and should not be sent to DHS. The application will remain available to you on the portal for 30 days after submittal.

Additional documents may be required to be sent in as attachments to your application depending on your provider type. Print the Document Requirements Checklist to identify the supplemental information by provider type that is needed to finalize your application. Mail all additional enrollment documentation to:

Note: Include the application tracking number indicated above on all documents that are mailed to DHS in reference to your application.

North Dakota Department of Human Services
 Provider Enrollment
 600 E Boulevard Avenue Dept 325
 Bismarck ND 58505-0250

Print Required Documents

1. [Document Requirements Checklist](#)

Once the required document has been printed, click the Exit Application button to return to the ND Provider Enrollment Homepage

[Print Application](#) [Exit Application](#)

If you have any questions, please call DHS at (800) 755-2604.

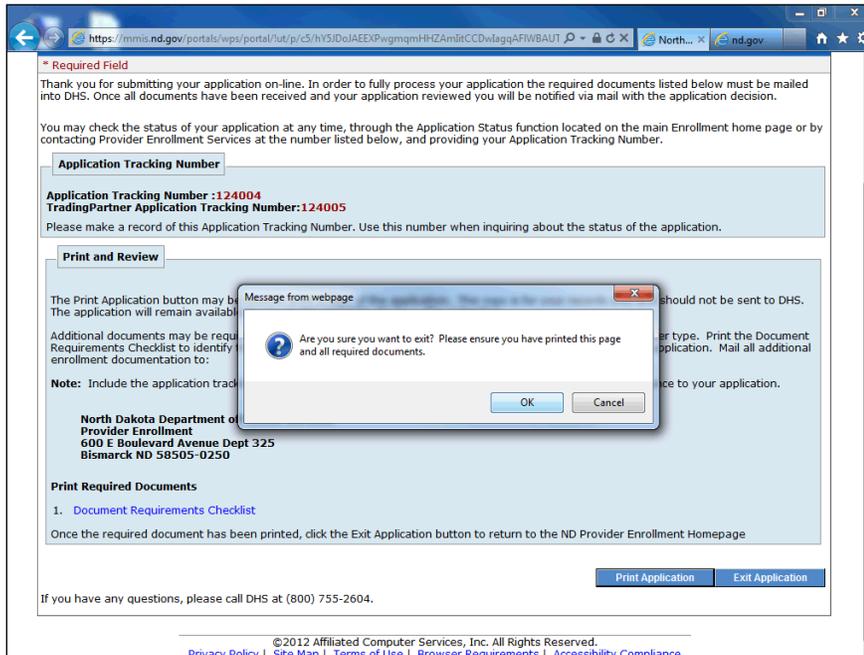
https://mmis.nd.gov/portals/wps/portal/ut/p/c5/hYSJDoJAEXpWgmqGbuX...mputer Services, Inc. All Rights Reserved.
[Privacy Policy](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)

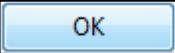
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Step	Action
22.	Click the Exit Application button. 



Step	Action
23.	Click the OK button. 
Step	Action
24.	End of Procedure.