

Medicaid Provider Enrollment: This document is archived and is maintained for historical, research or record keeping purposes only.

Basic Navigation

Procedure

This section application

Step	Action
1.	The Application Links shows each section of the application that needs to be completed.

Identifying Information

* Required Field

Application Links

- Application Tracking Number - 124029
- 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 Previous ND Provider #' button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row.

Identifying Information - Section 1

*Last Name Johnson *First Name MI Suffix Title

*Date of Birth 12/01/1970

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

*SSN 55555555

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 #

Previous Names

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

Continue>>> Reset Save Exit Application

Step	Action
2.	The Help pod will give information about the fields to be completed and changes for each section
Step	Action
3.	Fields with a Red Asterisk indicate a required field
Step	Action
4.	The system will return an error when trying to save without a required field completed
Step	Action
5.	Click the Save button.

Identifying Information

* Required Field
First Name is required.

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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

Identifying Information- Section 1

*Last Name Johnson *First Name MI Suffix Title
First Name is required.

*Date of Birth 12/01/1970

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

*SSN 555555555

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 [Add Previous Provider ID](#)

ND Provider ID #

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

Step	Action
6.	The error is shown and needs to be correct before continuing

Identifying Information

* Required Field
The Provider Enrollment Details have been saved successfully. Please note your Application Tracking number 124029 for future access to the Enrollment Application.

Application Links

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- Instructions
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Help

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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

Identifying Information- Section 1

*Last Name Johnson *First Name MI Suffix Title
John

*Date of Birth 12/01/1970

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

*SSN 555555555

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.

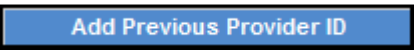
Current/Previous ND Provider #
Please enter your current and/or previous ND Provider numbers.

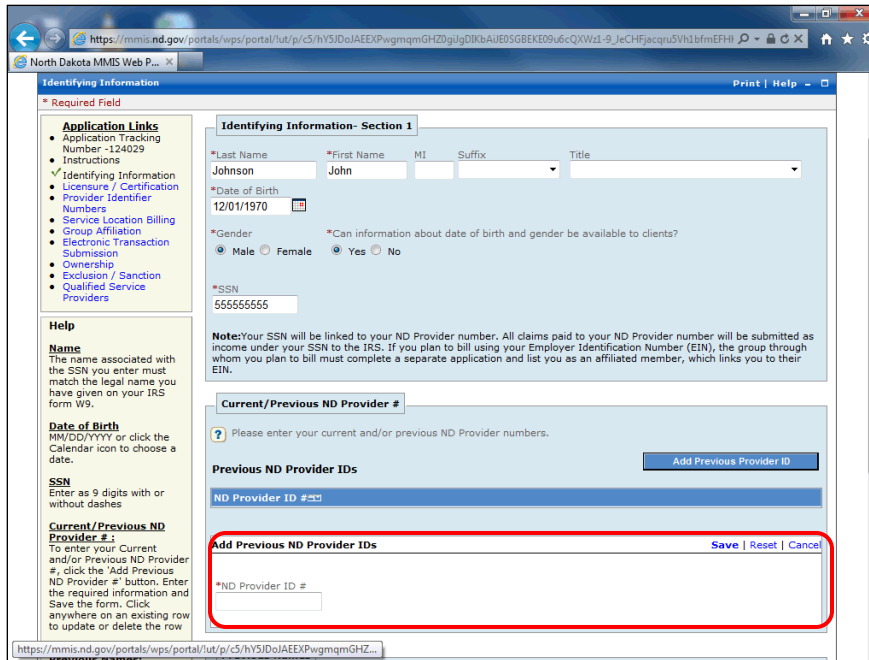
Previous ND Provider IDs [Add Previous Provider ID](#)

ND Provider ID #

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

Step	Action
7.	Clicking "ADD" buttons will open additional fields to be completed

Step	Action
8.	Click the Add Previous Provider ID button. 



Identifying Information - Section 1

*Required Field

Application Links

- Application Tracking Number -124029
- Instructions
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- 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 Previous ND Provider #' button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row

Identifying Information - Section 1

*Last Name: Johnson *First Name: John MI: Suffix: Title:

*Date of Birth: 12/01/1970

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

*SSN: 555555555

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 [Add Previous Provider ID](#)

ND Provider ID #	Save	Reset	Cancel
Add Previous ND Provider IDs			
*ND Provider ID #			

Step	Action
9.	New fields are displayed and are now Required to complete
Step	Action
10.	Three options are also displayed: Save - only saves the information completed in the new fields Reset - Clears information entered into these new fields Cancel - Closes the fields without saving information
Step	Action
11.	The save function in the previous screen will only save information for that sub-section

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 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

*SSN
55555555

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.

System successfully saved the information.

Add Previous Provider ID

Previous ND Provider IDs

ND Provider ID # 000056789

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
12.	The main Save function will save information for the entire application. **It is important to Save at the end of each section
Step	Action
13.	The 4 options at the end of each section: <u>Continue</u> - takes the application to the next section <u>Reset</u> - Clears the all data that was entered <u>Save</u> - Saves the entire application <u>Exit Application</u> - Closes the application

Identifying Information

* Required Field

The Provider Enrollment Details have been saved successfully. Please note your Application Tracking number 124029 for future access to the Enrollment Application .

Application Links

- Application Tracking Number - 124029
- Instructions
- Identifying Information
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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 required information and Save the form. Click

Identifying Information - Section 1

*Last Name: Johnson *First Name: John MI: Suffix: Title:

*Date of Birth: 12/01/1970

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

*SSN: 555555555

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. [Add Previous Provider ID](#)

Previous ND Provider IDs

ND Provider ID #000056789

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

Step	Action
14.	To edit the information that was completed from selecting "ADD" click on the information
Step	Action
15.	Click the 000056789 link.
Step	Action
16.	You can now edit or delete the information that was entered

North Dakota MMIS Web Portal

Identifying Information

Name: Johnson, John

*Date of Birth: 12/01/1970

*Gender: Male

*SSN: 55555555

Current/Previous ND Provider #

Previous ND Provider IDs

ND Provider ID #
00056789

1 - 1 of 1

Edit Previous ND Provider IDs

Save | Reset | Delete | Cancel

Step	Action
17.	Always Save inside the sections when the ADD function is used Click the Save link.

North Dakota MMIS Web Portal

Licensure / Certification

* Required Field

Application Links

- Application Tracking
- Number - 124029
- Instructions
- Identifying Information
- Licensure / Certification**
- Provider Identifier
- Numbers
- Service Location Billing
- Group Affiliation
- Electronic Transaction
- Submission
- Ownership
- Exclusion / Sanction
- Qualified Service
- Providers

Provider Type

*Provider Type

Licensure and Certification - Section 2

Note: Enter information pertaining to your current licensure and/or certification. The license must be for the state in which services are rendered.

Licensure and Certification List

License #	Lic/Cert Agency	Cert #	State	Effective Date	Expiration Date
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Board Certified Specialty List

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

Specialty	Provider Type	Certification #	State	Board Name	Begin Date	End Date
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Step	Action
18.	Clicking any section in the Application Links will take you directly to that section Click the Service Location Billing link.

The screenshot shows the 'Service Location Information- Section 4' form. On the left sidebar, the 'Application Links' section is highlighted with a red box, and the 'Service Location Billing' link is selected. The main form area contains the following sections:

- Physical Address (P.O. Box not accepted):** 100 W Main Ave, Bismarck, North Dakota, 58501, 3851.
- Service Location Contact Person:** A table with columns for Last Name, First Name, MI, Phone, Ext, Fax, Cell, and Email.
- Service- Section 4:** Includes fields for 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), and Languages Supported (Albanian, American Sign Language, Arabic, Bangla, English).

Step	Action
19.	A Green check indicates the section is complete A Red X indicates the section is not complete

information, click on the plus sign. Please select a method of delivery.

Other Details
 If you would like to include your suspended claims on your Remittance Advice, select an option from the Print Suspend drop-down. If you would like to sort your Remittance Advice in an order other than the default of Members Last Name, select an option from the RA Sort Ind drop-down. Select an option from the Bulletin Media drop-down to indicate how you would like to receive your bulletins.

Click the **Save** button at the bottom of the page to validate the page content and save the information. Click the **Continue** button to move onto the next step. If you choose to **Exit Application**, please save and note the Tracking Number or print this page so you can make updates to this application at another time.

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

Billing Location Phone Numbers Add Billing Location Numbers

Phone #	Fax #

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

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

Remittance Advice

*Requested Delivery Media for Remittance Advices(RAs)

Electronic (835) Web Portal Inbox Paper

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

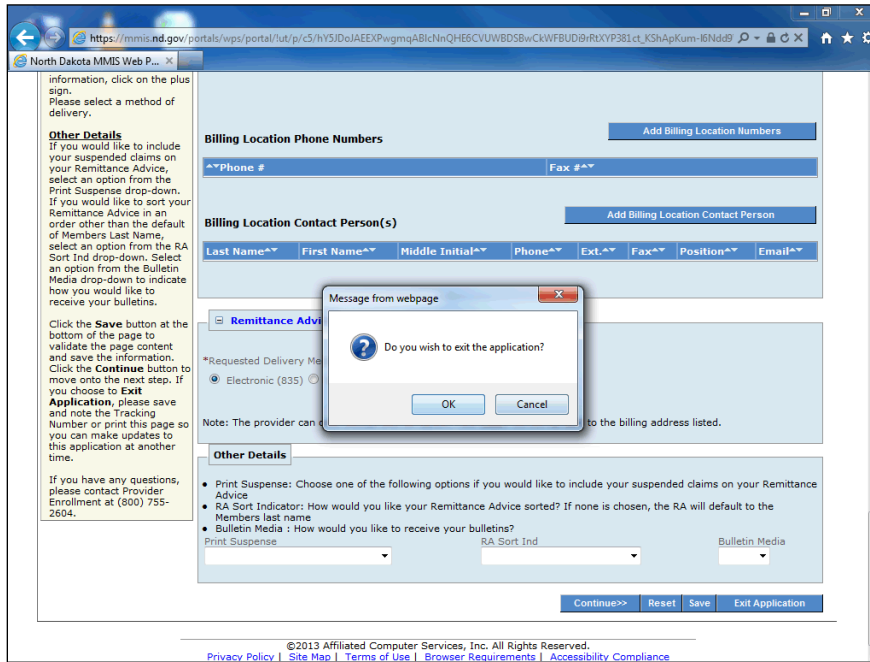
Other Details

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

Print Suspend: [dropdown] RA Sort Ind: [dropdown] Bulletin Media: [dropdown]

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Step	Action
20.	<p>Exit will close the application and can be accessed at a later time through the Recall Application Function.</p> <p>Any information not saved will be lost.</p> <p>Click the Exit Application button.</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> <input type="button" value="Exit Application"/> </div>



Step	Action
21.	Click the OK button.
Step	Action
22.	End of Procedure.