

**Training Guide
Medicaid Provider Enrollment**

N.D. 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 interface. At the top left is the state seal and the text "North Dakota MMIS Web Portal". On the top right, it says "M8F 25, 2014" and "Skip Navigation | Contact Us | Help | Search". Below this is a blue navigation bar with "Home" selected and other options: "Program", "Member", "Provider", "Documentation", and "Directories". The main content area is titled "Provider Enrollment" and includes a "Print | Help" link. A red asterisk indicates a required field. The page is divided into four main sections: "Become a Provider", "Application Status", "Become a Trading Partner", and "Recall Trading Partner Application".

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](#)

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 #

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](#)

Recall Provider Application

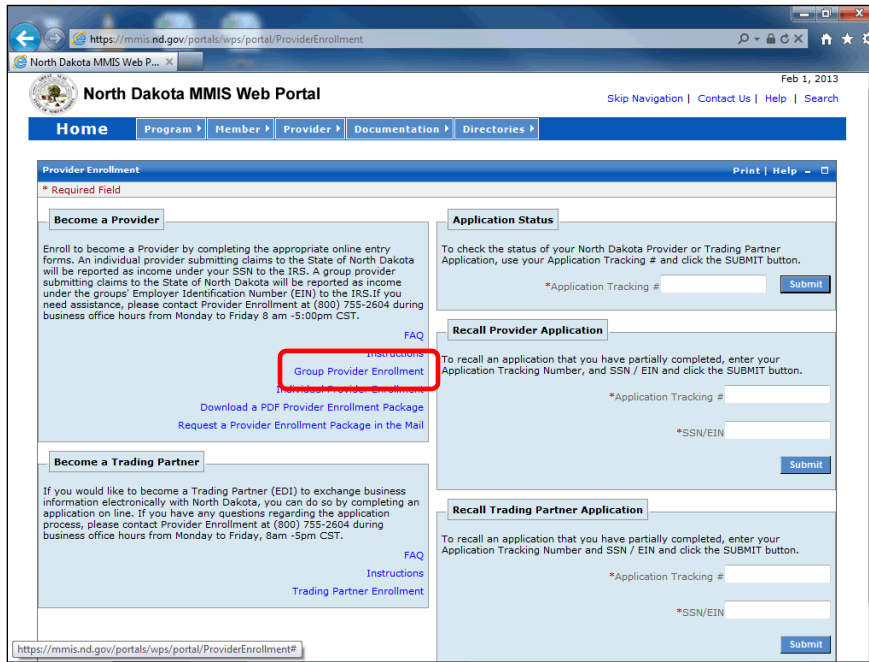
To recall an application that you have partially completed, enter your Application Tracking Number, and SSN / EIN and click the SUBMIT button.

*Application Tracking #
*SSN/EIN

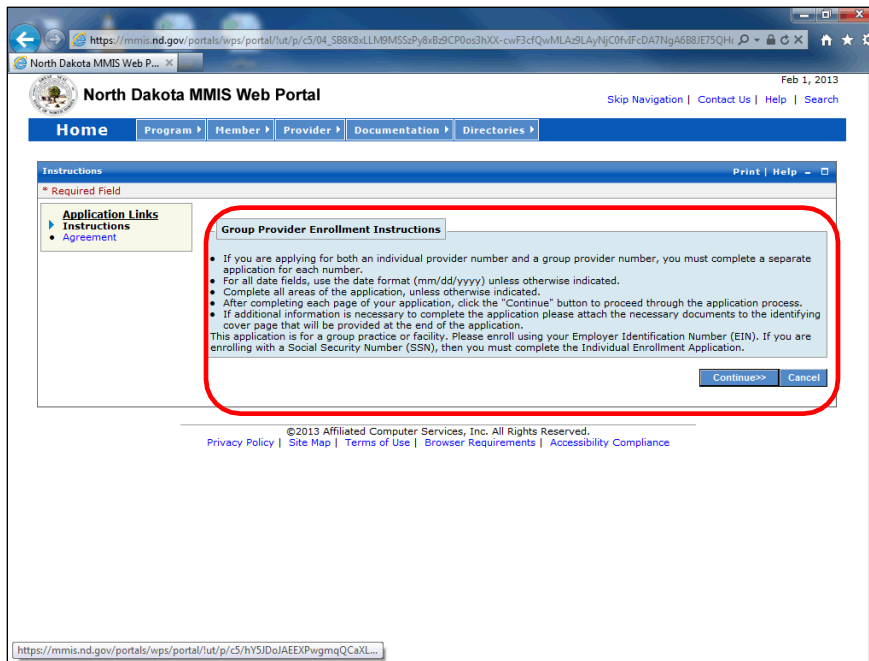
Recall Trading Partner Application

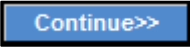
To recall an application that you have partially completed, enter your Application Tracking Number and SSN / EIN and click the SUBMIT button.

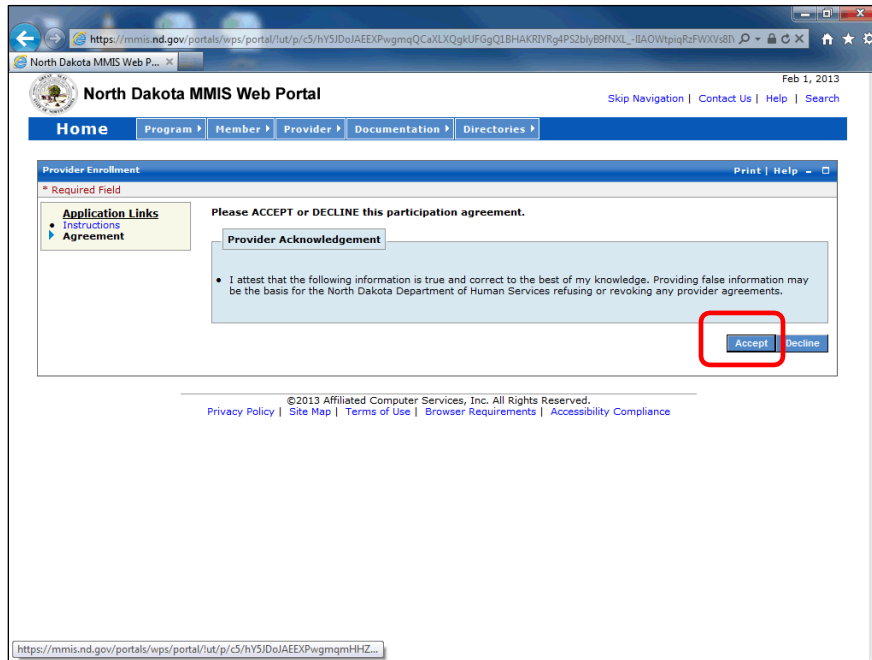
*Application Tracking #
*SSN/EIN




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



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



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

Identifying Information - Group Procedure

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

The screenshot shows a web browser window with the URL <https://mms.nd.gov/portals/wps/portal/tut/p/c5/hy5JdoJAEEpVgmqGhmXlXQwkUFGgQ0hKgbClCAC>. The page title is "North Dakota MMS...". The main content area is titled "Demographic" and contains several sections:

- Application Links:** A list of links including Application Tracking Number, Instructions, 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.
- Group Information:** Fields for *Group Organization Name, Group Name, and *Years Doing Business Under this name (set to 17). A question asks "Have you ever used a different Doing Business As (DBA) Name?" with Yes/No radio buttons.
- Tax Reporting Information (highlighted in red):** 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 "Is this business listed under tax exempt status?" with Yes/No radio buttons.

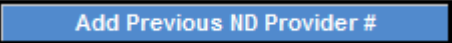
At the bottom of the form, there are buttons for "Continue", "Save", "Reset", and "Exit Application".

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

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/ut/p/c5/hy5JDoJAEXpvgmqGhmXLXQwkUFGgQ0hKgbClCAC>. The page title is "North Dakota MMIS ...". The main content area is titled "Demographic" and contains several sections:

- Application Links:** A list of links including Application Tracking Number, 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.
- Group Information:** Fields for Group Organization Name, Group Name, and Years Doing Business Under this name (set to 17). A question asks "Have you ever used a different Doing Business As (DBA) Name?" with radio buttons for Yes and No.
- Tax Reporting Information:** Fields for Legal Name, Group Name, EIN (123456789), Begin Date (01/01/2000), and End Date (12/31/2013).
- Current/Previous ND Provider #:** A section with a blue button labeled "Add Previous ND Provider #" highlighted with a red box. Below it are fields for Previous ND Provider # and ND Provider #.
- Non Profit Organization Tax Exempt Status:** A section with a question "Is this business listed under tax exempt status?" and radio buttons for Yes and No.

On the left side, there is a "Help" section with sub-sections for Group Name, EIN, Date, and Current/Previous ND Provider #.

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

The screenshot shows a web browser window with the URL https://mmis.nd.gov/portals/wps/portal/tut/p/c5/n7LDeiwEEW_xS-YKQ/UZYUGLSCKBHOAJEHksCEa_3. The page title is "North Dakota MMIS". The main content area is titled "Demographic" and contains several sections:

- Application Links:** A list of links including Application Tracking Number, Instructions, 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.
- 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, with radio buttons for Yes and No.
- Tax Reporting Information:** Fields for Legal Name, Group Name, EIN (123456789), Begin Date (01/01/2000), and End Date (12/31/2013).
- Current/Previous ND Provider #:** A section for entering current and/or previous ND provider numbers. It includes a table with columns for "Previous ND Provider #" and "ND Provider #". A red box highlights the "Add Previous ND Provider #" button and the input field for the "ND Provider #".
- Non Profit Organization Tax Exempt Status:** A section for indicating tax exempt status.

On the left side, there is a "Help" section with instructions for entering the Group Name, EIN, Date, and Current/Previous ND Provider #.

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 ND Provider # field. *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.
Step	Action
12.	<u>It is very important to always click Save within each additional information window pane.</u>
Step	Action
13.	Click the Save link. Save

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

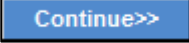
Non Profit Organization Tax Exempt Status

Is this business listed under tax exempt status?
 Yes No

Continue>> Save Reset Exit Application

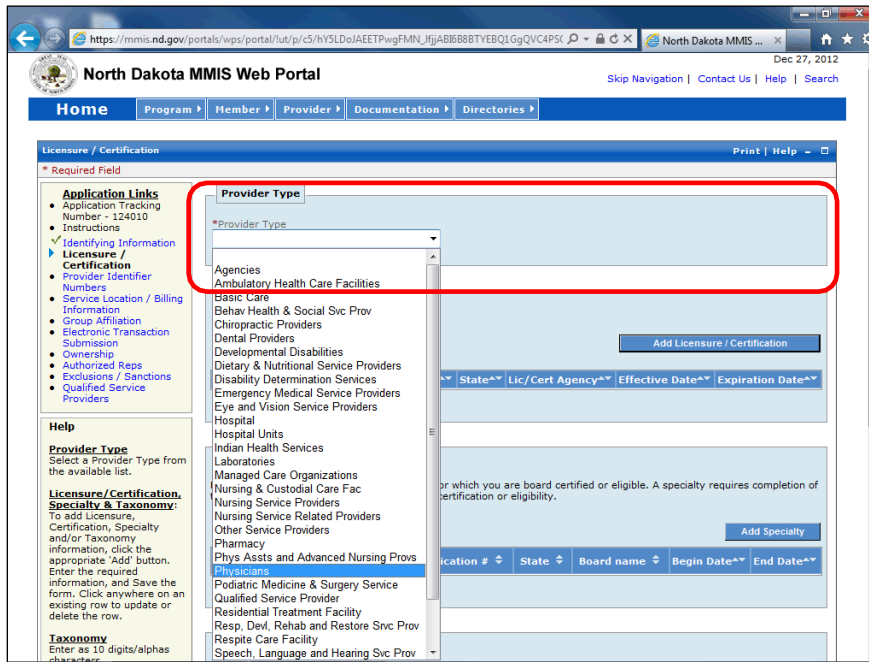
Step	Action
14.	Click the Yes or No option for Tax Exempt Status.
Step	Action
15.	It is also Very Important to click SAVE after completing each section.
Step	Action
16.	Click the Save button. 

The screenshot shows a web browser window with the URL <https://mmsis.nd.gov/portals/wps/portal/tut/p/c5/hy5JDoIAEEXpvgmqQCxLbQypvFksGFDiDhAZfgQD>. The page title is "Demographic". A red box highlights a message: "Required Field The Provider Enrollment Details have been saved successfully. Please note your Application Tracking Number 124010 for future access to the Enrollment Application." The form contains several sections: "Application Checks" (Application Tracking Number - 124010, 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), "Group Information" (Group Organization Name, Group Name, Years Doing Business Under this name - 17, DBA Name question), "Tax Reporting Information" (Legal Name, EIN - 123456789, Begin Date - 01/01/2000, End Date - 12/31/2013), "Current/Previous ND Provider #" (Previous ND Provider # table with 001000015), and "Non Profit Organization Tax Exempt Status" (Is this business listed under tax exempt status?).

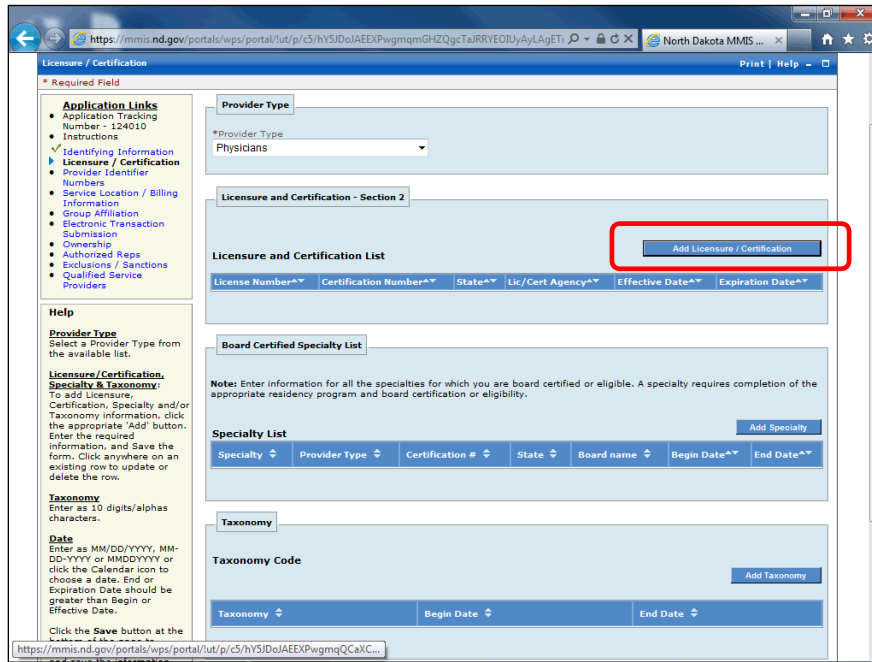
Step	Action
17.	Take note of your Application Tracking Number (ATN) after saving. This ATN will be required on all documentation submitted and/or inquiries to the Department.
Step	Action
18.	Click the Continue button. 
Step	Action
19.	Clicking the continue button will take you to the next section of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

Licensure/Certification - Group Procedure

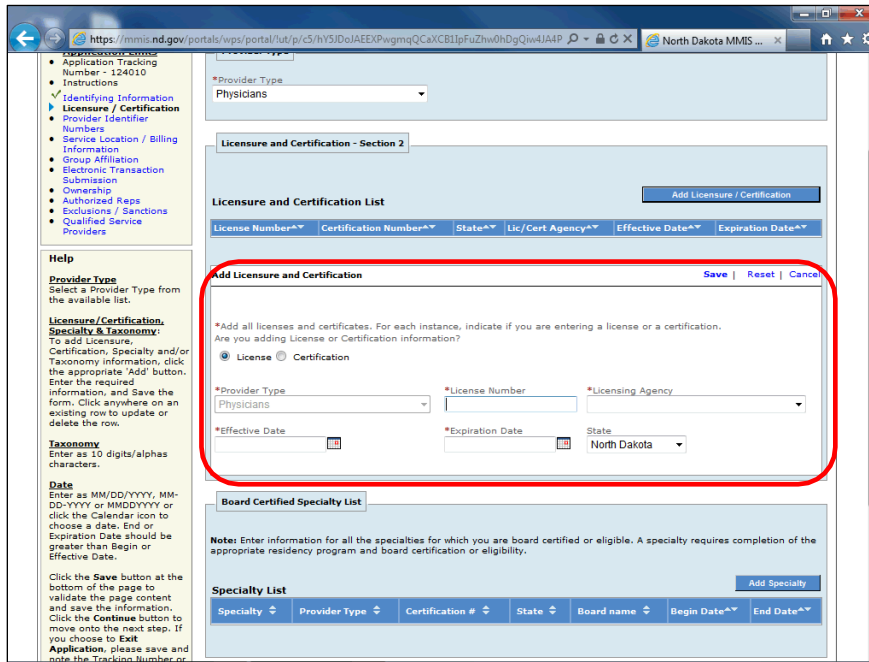
Provider Type: Reference this link for a list of acceptable provider type, specialty, and taxonomy codes. <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-code-taxonomy.pdf>



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

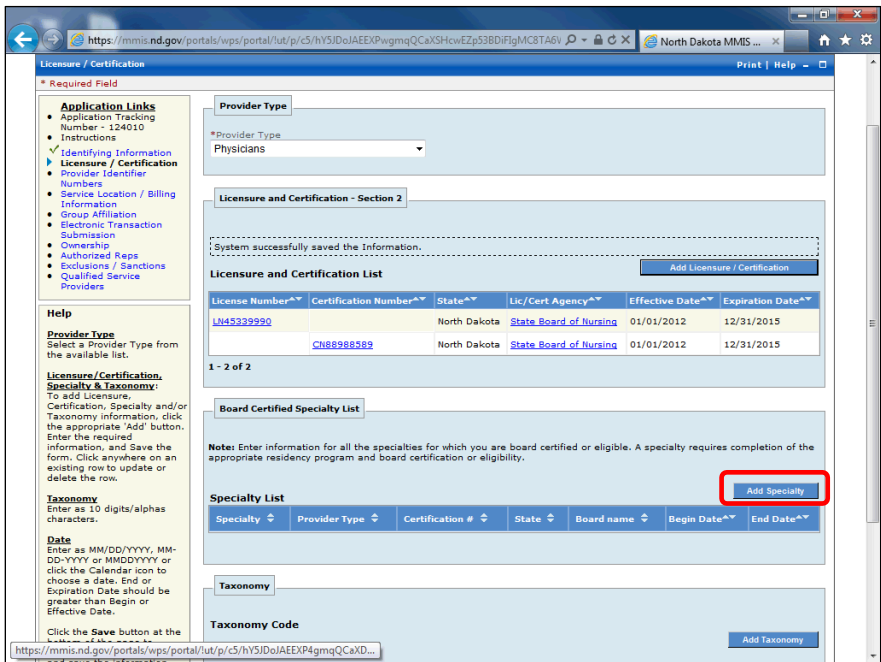


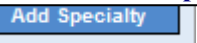
Step	Action
2.	<p>Click the Add Licensure / Certification button.</p> <p></p> <p>*List all license and certifications in this section.</p>



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

Specialty: Reference this link for a list of acceptable provider type, specialty, and taxonomy codes. <https://www.hbs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-code-taxonomy.pdf>



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

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 Add Specialty

Specialty	Provider Type	Certification #	State	Board name	Begin Date	End Date
Add Specialty Save Reset Cancel						
*Specialty General Practice	*Provider Type Physicians	*Begin Date	*End Date	*State North Dakota	*Certification #	*Board name

Taxonomy


Taxonomy Code Add Taxonomy

Taxonomy	Begin Date	End Date
Continue >> Save Reset Exit Application		

Help

Provider Type
Select a Provider Type from the available list.

Licensure / Certification, Specialty & Taxonomy
To add Licensure, Certification, Specialty and/or Taxonomy information, click

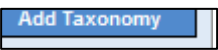
Step	Action
11.	Click the Appropriate Specialty list item.
Step	Action
12.	Enter the desired information into the Begin Date field.
Step	Action
13.	Enter the desired information into the End Date field. Enter 12/31/9999.
Step	Action
14.	Enter the desired information into the Certification # field. If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


Taxonomy: Reference this link for a list of acceptable provider type, specialty, and taxonomy codes. <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-code-taxonomy.pdf>

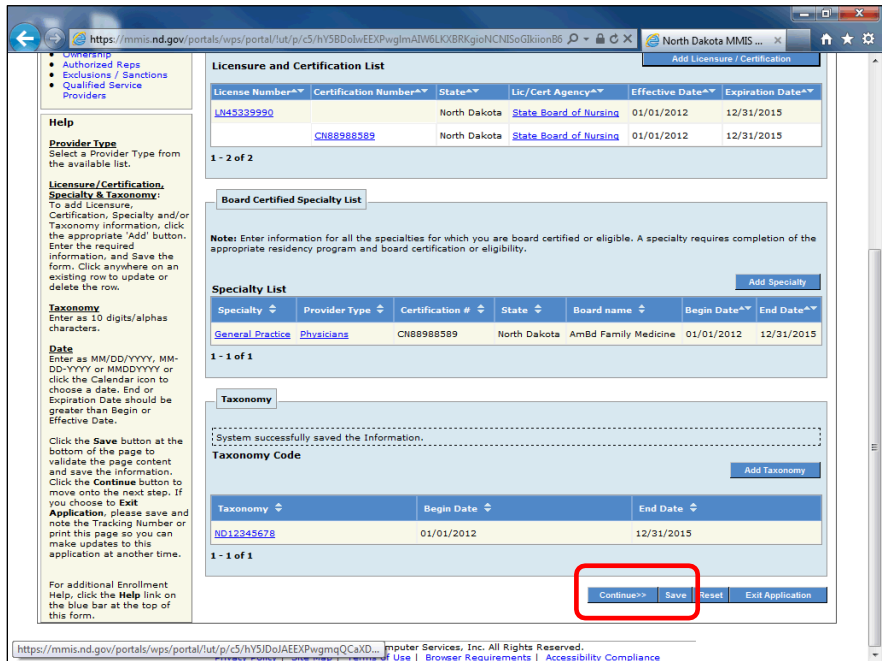
The screenshot shows the 'North Dakota MMIS' web application. The 'Taxonomy' section is highlighted with a red circle. It contains the following elements:

- Taxonomy Code:** A dropdown menu with an 'Add Taxonomy' button.
- Begin Date:** A date field with a calendar icon.
- End Date:** A date field with a calendar icon.
- Add Taxonomy Codes:** A section with a 'Save | Reset | Cancel' button.
- *Taxonomy (10 digits/alphas):** A text input field.
- *Begin Date:** A date input field with a calendar icon.
- End Date:** A date input field with a calendar icon.

At the bottom of the page, there are links for 'Privacy Policy', 'Site Map', 'Terms of Use', 'Browser Requirements', and 'Accessibility Compliance'.

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

Step	Action
21.	Click the Save link. 



The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tut/p/c5/hy5BDobvEEXpwrjlmAZW6LX0BRKgioNCNIsocGkionB6>. The page title is "North Dakota MMIS" and the browser tab is "Add Licensure / Certification".


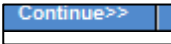
The main content area is titled "Add Licensure / Certification" and contains several sections:

- License and Certification List:** A table with columns: License Number, Certification Number, State, Lic/Cert Agency, Effective Date, and Expiration Date. It shows two entries for North Dakota, State Board of Nursing.
- Board Certified Specialty List:** A section with 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.
- Specialty List:** A table with columns: Specialty, Provider Type, Certification #, State, Board name, Begin Date, and End Date. It shows one entry for General Practice Physicians.
- Taxonomy:** A section with an "Add Taxonomy" button and a table with columns: Taxonomy, Begin Date, and End Date. It shows one entry for ND12345678.

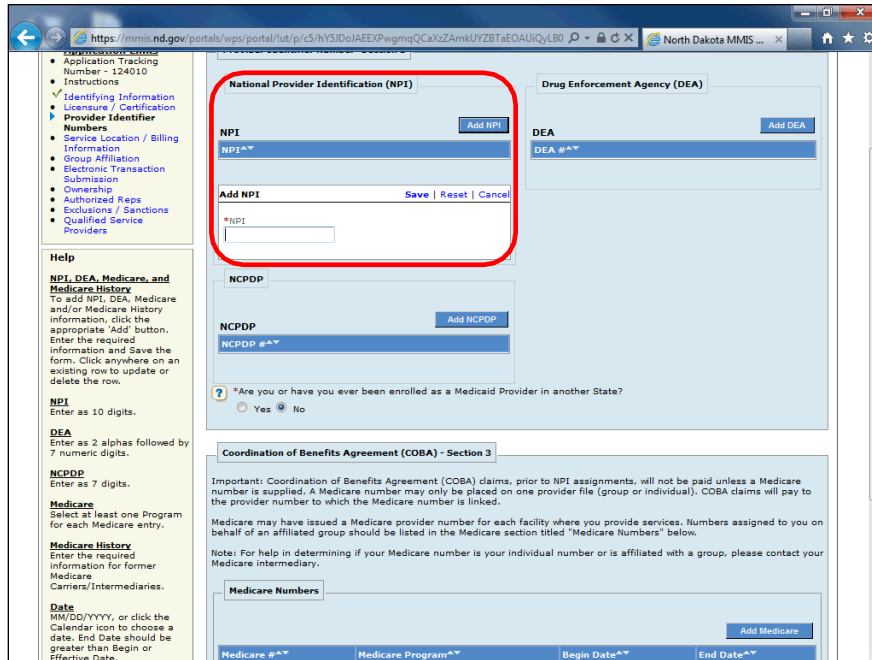
At the bottom of the form, there are four buttons: "Continue>>", "Save", "Reset", and "Exit Application". The "Save" button is highlighted with a red box.

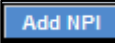

On the left side, there is a "Help" section with the following text:

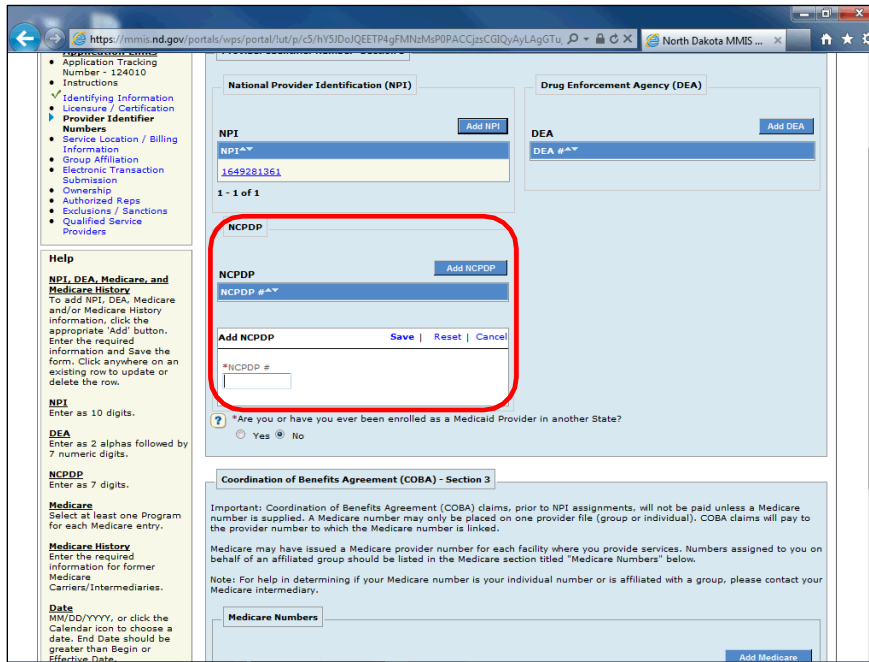
Help
Provider Type
 Select a Provider Type from the available list.
Licensure/Certification, Specialty & Taxonomy:
 To add Licensure, Certification, Specialty and/or Taxonomy information, click the appropriate 'Add' button. Enter the required information, and Save the form. Click anywhere on an existing row to update or delete the row.
Taxonomy
 Enter as 10 digits/alphas characters.
Date
 Enter as MM/DD/YYYY, MM-DD-YYYY or 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.
 For additional Enrollment Help, click the **Help** link on the blue bar at the top of this form.

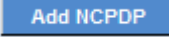

22.	Click the Save button. 
23.	Click the Continue button. 
24.	The next section will take you through how to complete the Provider Identifier Numbers page. End of Procedure.

Provider Identifier Numbers - Group Procedure



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



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

The screenshot shows the MMIS ND.gov portal interface. On the left is a navigation menu with categories like 'Application Tracking', 'Identifying Information', 'Provider Identifier Numbers', and 'Help'. The main content area is divided into several sections:

- National Provider Identification (NPI):** Includes an 'Add NPI' button and a table with one row containing the NPI number '1649281361'.
- Drug Enforcement Agency (DEA):** This section is highlighted with a red box. It contains an 'Add DEA' button and a table with one row for the DEA number.
- NCPDP:** Includes an 'Add NCPDP' button and a table with one row containing the NCPDP number '1000013'.
- Coordination of Benefits Agreement (COBA) - Section 3:** Contains 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'.
- Medicare Numbers:** Includes an 'Add Medicare' button and a table with columns for Medicare #, Medicare Program, Begin Date, and End Date.

Step	Action
7.	Click the Add DEA button (if applicable). 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.

This screenshot is identical to the one above, showing the MMIS ND.gov portal. In this version, the 'Coordination of Benefits Agreement (COBA) - Section 3' section is highlighted with a red box. This section contains the message 'System successfully saved the Information.' and the question '*Are you or have you ever been enrolled as a Medicaid Provider in another State?' with radio buttons for 'Yes' and 'No'.

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

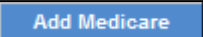

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/ut/p/c5/hYSJD0JAEEKpWgmqmHHFEIAVqBBYEOLU0AZegkGT>. The page title is "North Dakota MMIS ...". The main content area is titled "Coordination of Benefits Agreement (COBA) - Section 3".

On the left side, there is a sidebar with instructions for various fields:

- DEA**: Enter as 2 alphas followed by 7 numeric digits.
- NCPDP**: Enter as 7 digits.
- Medicare**: Select at least one Program for each Medicare entry.
- Medicare History**: Enter the required information for former Medicare Carriers/Intermediaries.
- Date**: MM/DD/YYYY, or click the Calendar icon to choose a date. End Date should be greater than Begin or Effective Date.

The main form area contains the following sections:

- 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**: 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**: Help in determining if your Medicare number is your individual number or is affiliated with a group; please contact your Medicare intermediary.
- Medicare Numbers**: A table with columns: Medicare #, Medicare Program, Begin Date, End Date. Below the table is an "Add Medicare" button and a section for "Add Medicare #" with fields for Medicare #, Begin Date, and End Date, and checkboxes for Medicare Program A, B, and C.
- Medicare History**: A section for listing historical Medicare Provider(s) and Carrier/Intermediary #(s) with an "Add History" button and a table with columns: Medicare #, Carrier/Intermediary Name, Medicare Program, Begin Date, End Date.

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

Enter as 2 alphas followed by 7 numeric digits.
NCPDP
 Enter as 7 digits.
Medicare
 Select at least one Program for each Medicare entry.
Medicare History
 Enter the required information for former Medicare Carriers/Intermediaries.
Date
 MM/DD/YYYY, or click the Calendar icon to choose a date. End 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.

Important: Coordination of Benefits Agreement (COBA) claims, prior to TP1 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 in determining if your Medicare number is your individual number or is affiliated with a group, please contact your Medicare intermediary.

Medicare Numbers

Medicare #	Medicare Program	Begin Date	End Date
100056	A,C	01/01/2012	12/31/2015

1 - 1 of 1

Medicare History

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

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

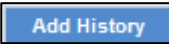

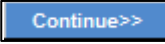
Add History Save | Reset | Cancel

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

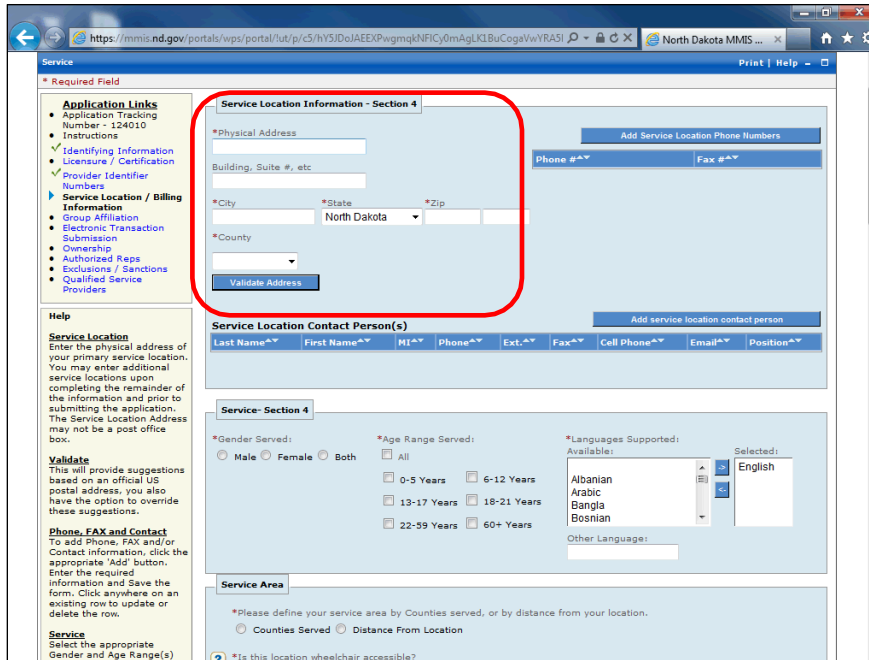
*Please check all applicable Medicare Parts that pertain to Medicare crossover claims that you may submit.
 All Medicare Program A Medicare Program B Medicare Program C Medicare Program D

Continue>> | Reset | Save | Exit Application

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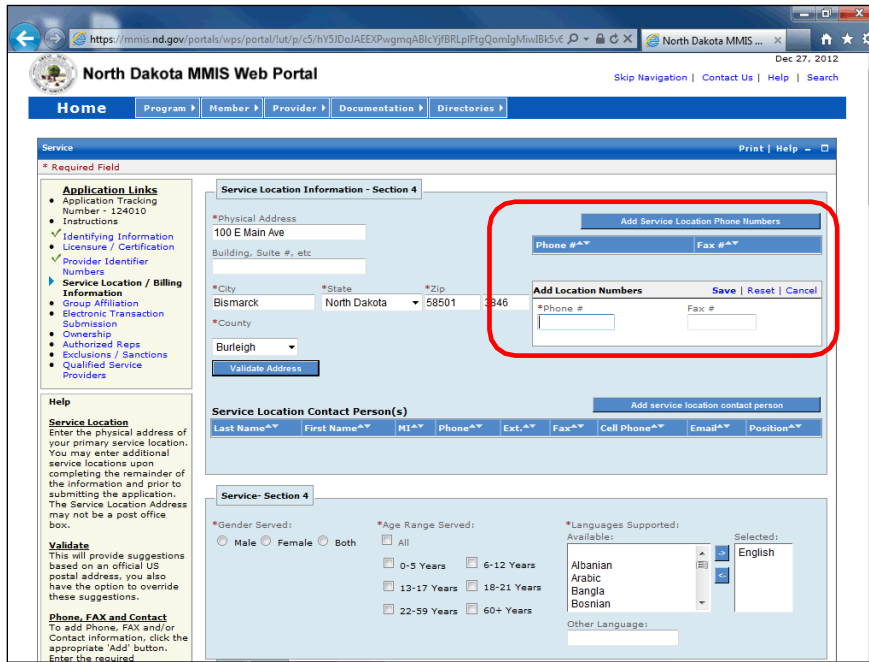
Step	Action
15.	Click the Add History button. Complete this section if the group had a Medicare number in the past that is no longer in use. This section is for informational purposes only. 
Step	Action
16.	Enter Medicare History information.
Step	Action
17.	Click the Save button. 
Step	Action
18.	Click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



Service Location / Billing Information - Group Procedure

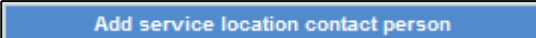



Step	Action
1.	Enter the desired information into the Physical Address field. PO Boxes are not accepted.
Step	Action
2.	Enter the desired information into the City field.
Step	Action
3.	Enter the desired information into the Zip field.
Step	Action
4.	Click the County list and select the appropriate County.
Step	Action
5.	Click the Validate Address button. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Validate Address</div>

Step	Action
6.	Click the appropriate address option.
Step	Action
7.	Click the Submit button.



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

Step	Action
12.	Click the Add service location contact person button. Contact person and email address are required. 
Step	Action
13.	Enter the desired information into the Last Name field.
Step	Action
14.	Enter the desired information into the First Name field.
Step	Action
15.	Enter the desired information into the Phone field.
Step	Action
16.	Click the Appropriate Position list item.
Step	Action
17.	Click the Save link. 

The screenshot shows a web form for adding a service location. The 'Service-Section 4' section is highlighted with a red box. It contains the following fields:

- Gender Served:** Radio buttons for Male, Female, and Both.
- Age Range Served:** Checkboxes for All, 0-5 Years, 6-12 Years, 13-17 Years, 18-21 Years, 22-59 Years, and 60+ Years.
- Languages Supported:** A list of languages (Albanian, Arabic, Bangla, Bosnian) and a 'Selected' dropdown menu currently showing 'English'.

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

based on an official US postal address, you also have the option to override these suggestions.

Phone, FAX and Contact
To add Phone, FAX and/or Contact 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.

Service
Select the appropriate Gender and Age Range(s) served. If a Language other than English is spoken, select the language from the list, then click the -> to select. If English is not spoken, click the <- to remove it. If the language is not available, please enter it as Other Language. This information will be used for the Public Provider Finder. Answer all required questions by selecting yes or no, additional information may be required if answered Yes.

Hours of Operation
To add Hours of Operation, click the 'Add Hours of Operation' button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row.

Interpretive Services Available
To add Interpretive Services Available, click the 'Add Interpretive Services Available' button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row.

Special Needs
To add the Special Needs that your location is equipped to serve, click the appropriate check boxes.

Available: Albanian, Bangla, Bosnian, Cambodian/Campuchean
Selected: English
Other Language:

Service Area
*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

? *Are you a pharmacy or do you provide pharmacy services?
 Yes No

? *Are you a 340b Provider?
 Yes No

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

Hours Of Operation
Add Hours of Operation
Day of Week ↓ Open ↓ Close ↓

Interpretive Services Available
Add Interpretive Services Available
Interpretive Services Available ↓

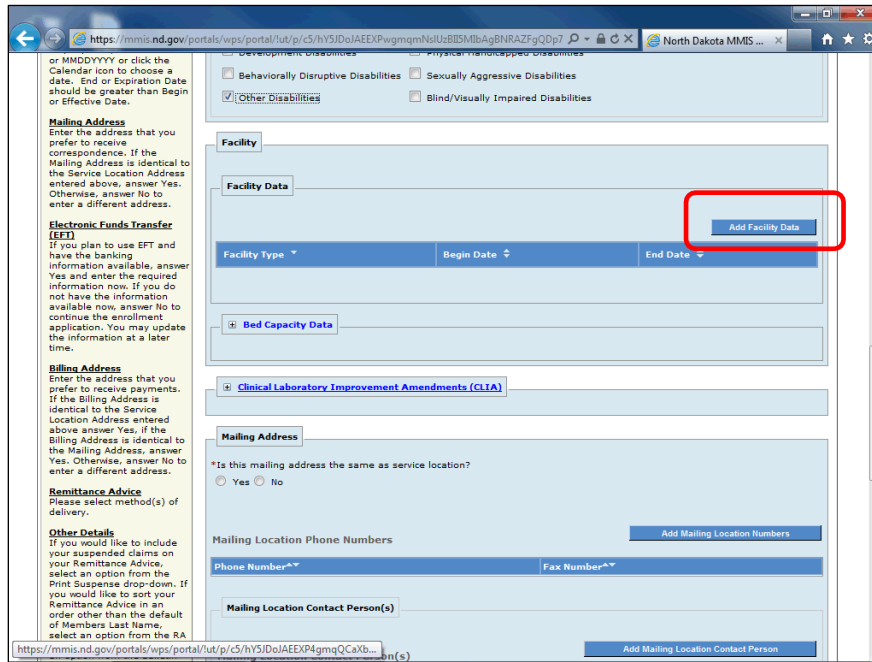
Step	Action
21.	Click the Counties Served or Distance From Location option.
22.	Click the Appropriate Counties or Distance From list item.
23.	Click the Yes or No option for questions 1 - 6. Note: The question that references 340b providers applies to pharmacy providers only. If it does not pertain to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

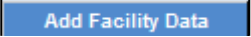

The screenshot shows a web browser window with the URL <https://mms.nd.gov/portals/wps/portal/jut/pi/c5/nysjDoJAEEKpwgmqmNslUzBDSMibAgBNRAZFgQDp7>. The page contains several sections:

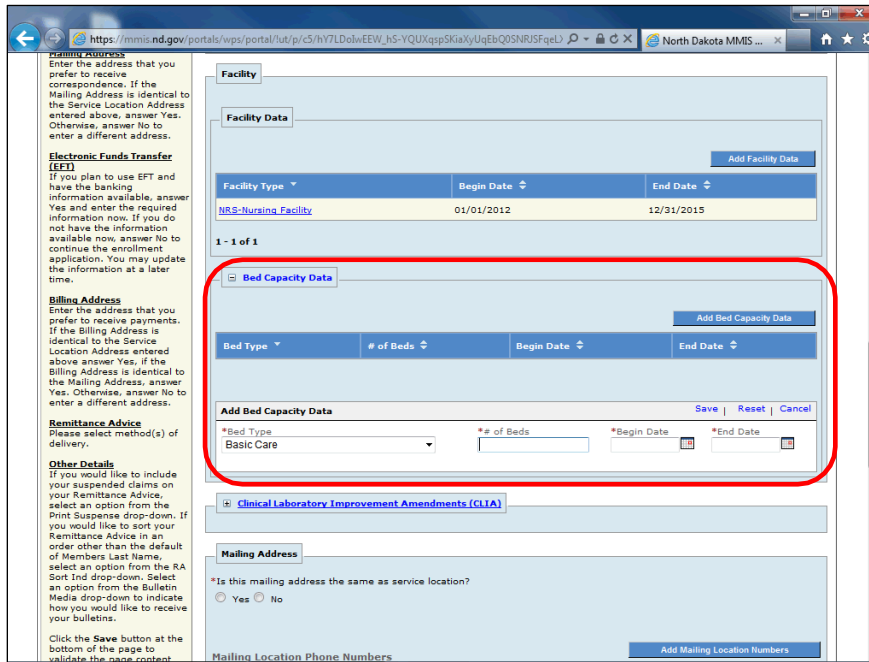
- Hours of Operation:** Includes an "Add Hours of Operation" button and a table with columns for "Day of Week", "Open", and "Close".
- Interpretive Services Available:** Includes an "Add Interpretive Services Available" button and a dropdown menu for "Interpretive Services Available".
- Special Needs:** A section containing a list of checkboxes for various disabilities:
 - Mental Health Disabilities
 - Substance Abuse Disabilities
 - Development Disabilities
 - Behaviorally Disruptive Disabilities
 - Other Disabilities
 - Deaf/Hearing Impaired Disabilities
 - HIV/AIDS Disabilities
 - Physical Handicapped Disabilities
 - Sexually Aggressive Disabilities
 - Blind/Visually Impaired Disabilities
- Facility:** Includes an "Add Facility Data" button and a table with columns for "Facility Type", "Begin Date", and "End Date".


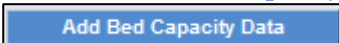

A red circle highlights the "Special Needs" section. On the left side of the page, there is a sidebar with instructions for each section: "Hours of Operation", "Interpretive Services Available", "Special Needs", "CLIA", "Date", "Mailing Address", and "Electronic Funds Transfer (EFT)".

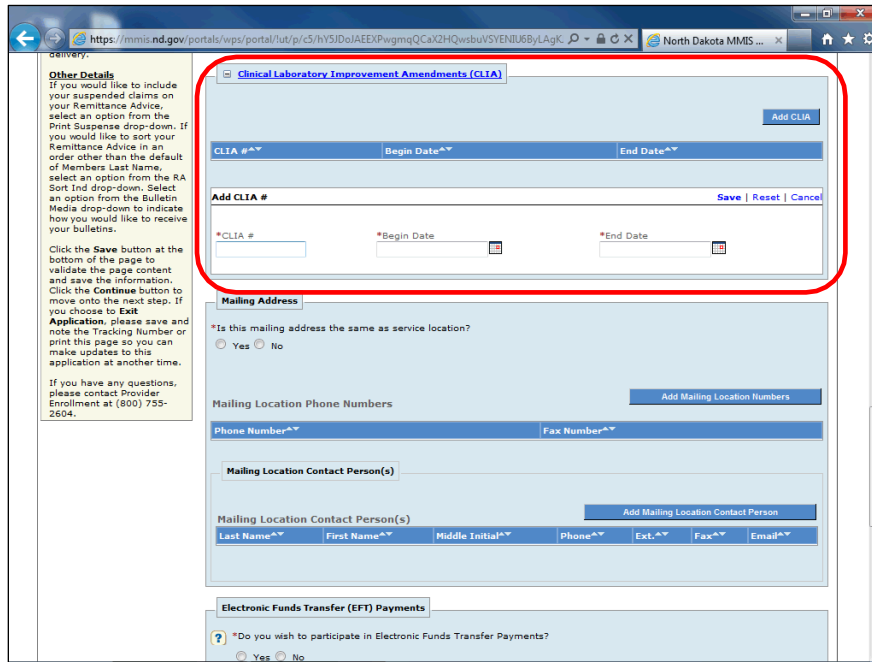
Step	Action
24.	Special Needs section is optional . This is for informational purposes only.
25.	Hours of Operation and Interpretive Services are optional . This is for informational purposes only.

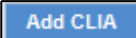



Step	Action
26.	Click the Add Facility Data button. Applicable to institutional enrolling entities. 
Step	Action
27.	Click the Appropriate Facility list item.
Step	Action
28.	Enter the desired information into the Begin Date field.
Step	Action
29.	Enter the desired information into the End Date field. Enter 12/31/9999.
Step	Action
30.	Click the Save link. 



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



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

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.

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.

Clinical Laboratory Improvement Amendments (CLIA)

System successfully saved the information.

Add CLIA

CLIA #	Begin Date	End Date
3501053181	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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Electronic Funds Transfer (EFT) Payments

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

Billing Address

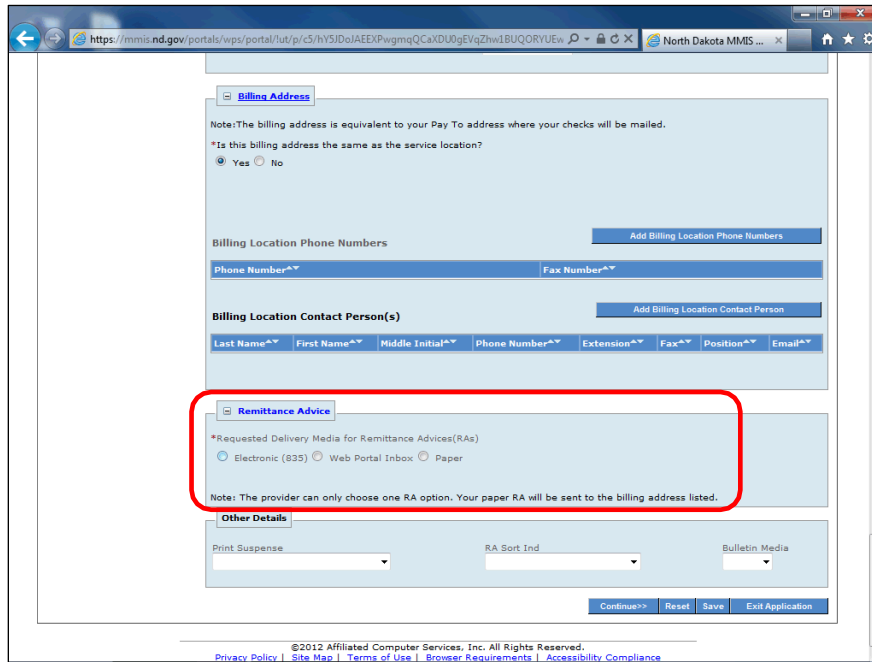
Step	Action
44.	Click the Yes or No Mailing Address option. If No, Enter Mailing Address information.
45.	Contact person and email address is required.


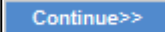
Step	Action
46.	Click the Yes or No EFT option. If Yes, complete the Bank Information.
Step	Action
47.	Enter the desired information into the Bank Name field.
Step	Action
48.	Enter the desired information into the Bank Address field.
Step	Action
49.	Enter the desired information into the City field.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

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

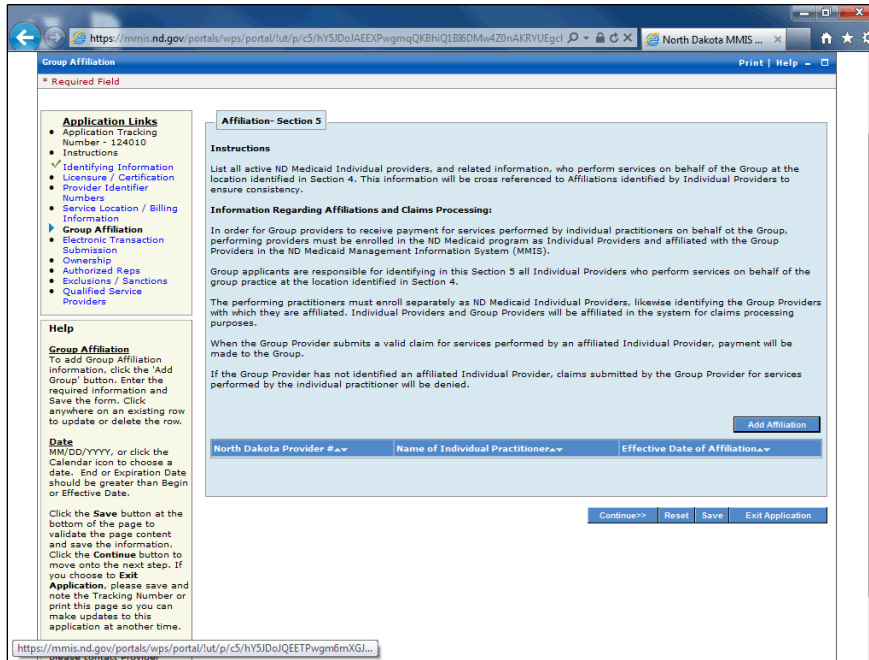
The screenshot shows a web form for entering banking information. The 'Billing Address' section is highlighted with a red circle. It contains a note: 'Note: The billing address is equivalent to your Pay To address where your checks will be mailed.' Below the note are two radio buttons: 'Yes' and 'No'. Underneath are sections for 'Billing Location Phone Numbers' and 'Billing Location Contact Person(s)', each with a table of input fields and an 'Add' button.

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

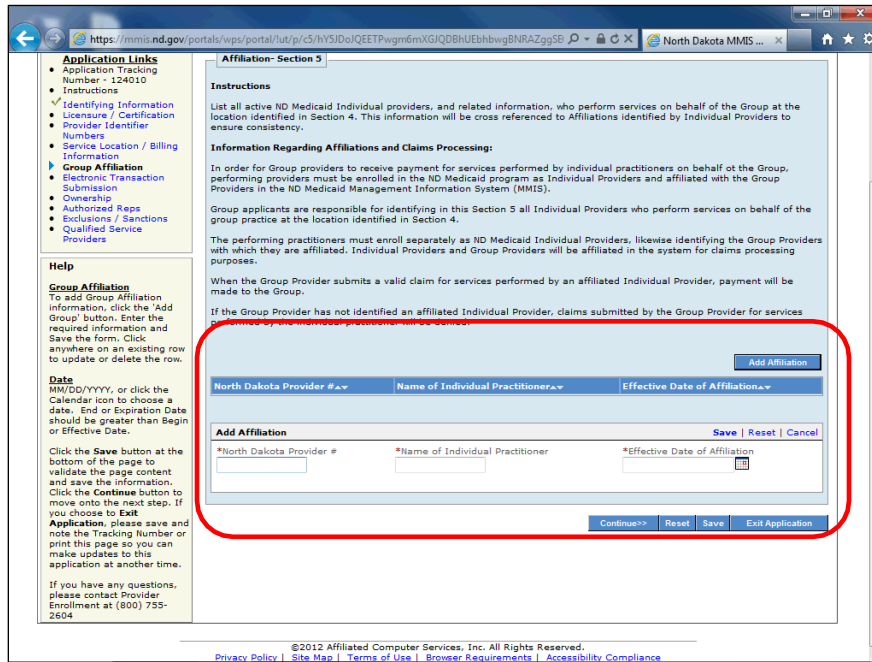





Step	Action
60.	Click the Appropriate RA option. <ul style="list-style-type: none"> • Electronic 835 – Receive a HIPAA X12 transaction • Web Portal Inbox – Receive in the ND MMIS inbox • Paper – Mailed to the billing address listed in the enrollment application
Step	Action
61.	Click the Save button.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

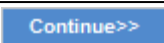
Group Affiliation - Group Procedure



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

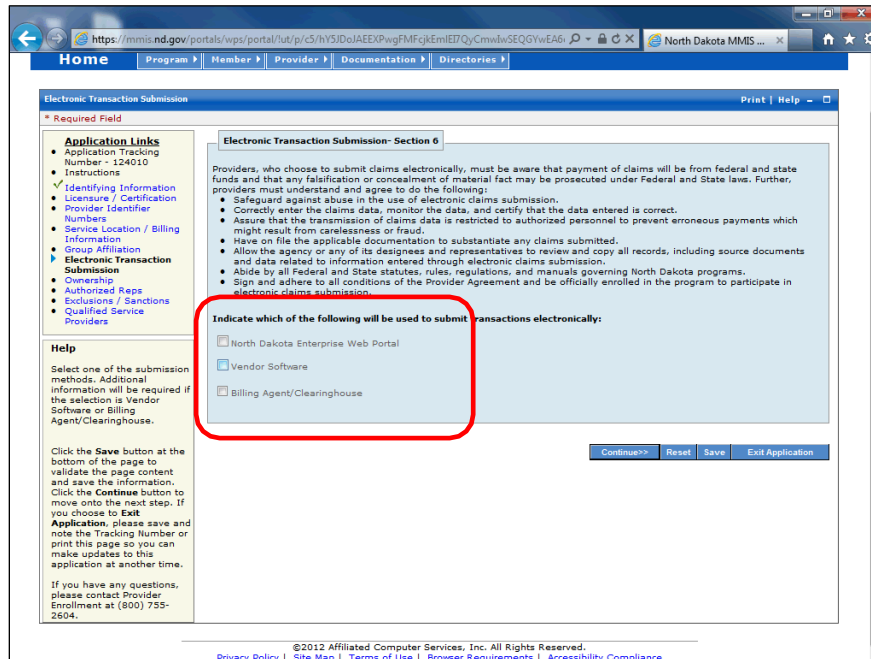


Step	Action
2.	Click the Add Affiliation button. 
3.	Enter the desired information into the North Dakota Provider # field. Enter the individual's current ND Medicaid provider number. This number is seven digits long.
4.	Enter the desired information into the Name of Individual Practitioner field.
5.	Enter the desired information into the Effective Date of Affiliation field. Enter the effective date of the individual's affiliation to the group.
6.	Click the Save link. 
7.	Repeat steps 2 – 6 until all Individual Practitioners are added.
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 - Group Procedure



Home Program Member Provider Documentation Directories

Electronic Transaction Submission Print Help

* Required Field

Application Links

- Application Tracking Number - 124010
- 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

Help

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 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.

Electronic Transaction Submission - Section 6

Providers, who choose to submit claims electronically, 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.

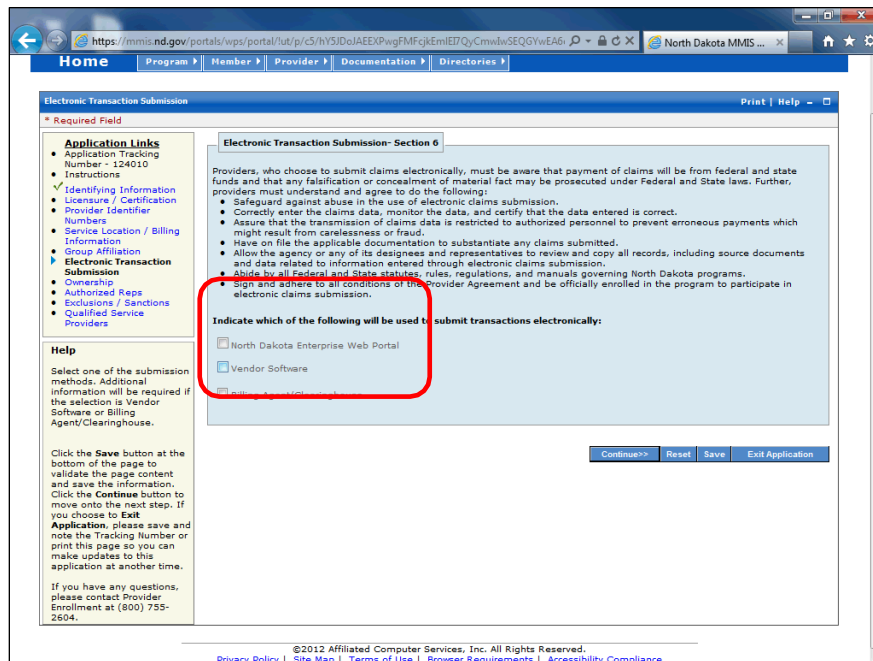
Indicate which of the following will be used to submit transactions electronically:

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

Continue>> Reset Save Exit Application

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Step	Action
1.	<p>In this section, you will need to choose 1 of 3 options to submit electronic transactions.</p> <ul style="list-style-type: none"> • ND MMIS Web Portal – for those that will be entering Medicaid claims directly into the ND MMIS web portal. Pharmacy providers should always select this option. • 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.

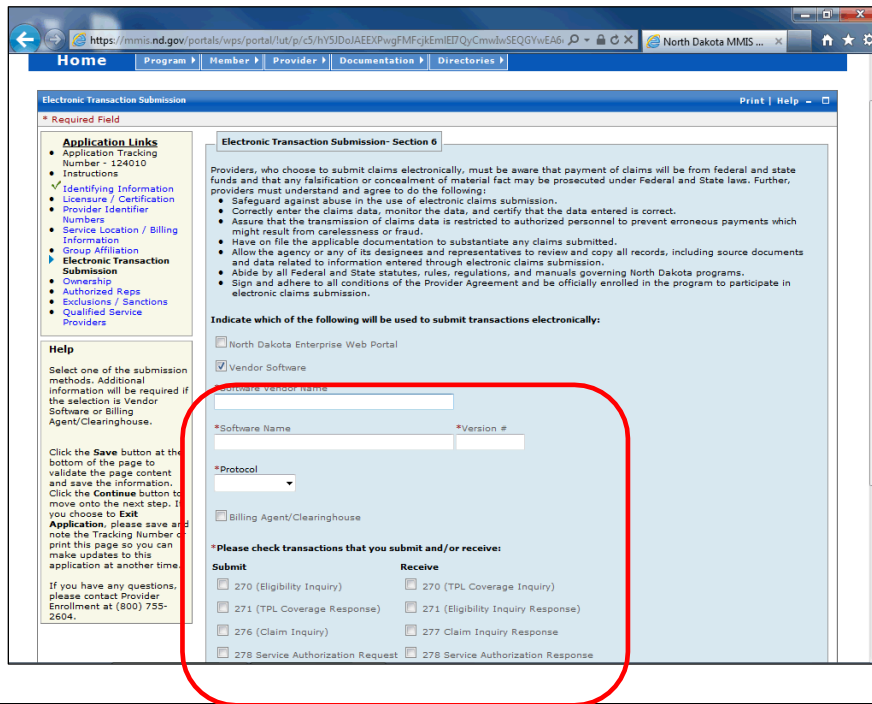


Step	Action
2.	If using ND MMIS Web Portal, claims can be entered directly into the ND MMIS Web Portal.
Step	Action
3.	If submission is through a Vendor Software (X12 Transaction), the Group will be acting as their own Trading Partner.


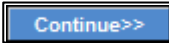
Step	Action
4.	<p>If submission is through a Billing Agent/Clearinghouse, the Agent/Clearinghouse will have to enroll as a trading partner through ND MMIS. Those trading partners are required to enroll and identify your group in their affiliations. Trading Partners were notified of this requirement in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



5.	For the purpose of this training, we will select Vendor Software.
6.	Click the Vendor Software option.



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

Step	Action
11.	<p>Click the Appropriate Submit and Receive options.</p> <p>Submit options: 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>Receive options: 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 Save button.</p> 
Step	Action
13.	<p>Click the Continue button.</p> 
Step	Action
14.	<p>The next section will take you through how to complete the Ownership page.</p> <p>End of Procedure.</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 this, there are sections for 'Ownership' and 'Employee' with their respective tables and questions.

Ownership

Name	Doing Business As (DBA) Name	Effective Date of Ownership	Current ND Provider #
Please enter ownership information for each owner included in the number above			

Employee

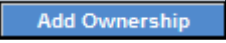

Last Name	First Name	MI	Title	Date of Birth
Please enter employee information for each employee included in the number entered.				

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

The screenshot shows a web browser window with the URL https://mmis.nd.gov/portals/wps/portal/jsp/p/c5/ny7LD1NQFEW_xRec:Q706vOWGpmhXSY9EHqMRAIX. The page title is "North Dakota MMIS...". The main content area is titled "Ownership" and contains the following sections:

- Question 1:** "How many owners of this applicant have a 5% or more ownership interest in the group?" The answer is "2".
- Add Ownership Information:** A section with a "Save | Reset | Cancel" button. It asks "Is the Owner an Individual or Group?" with radio buttons for "Individual" and "Group". Below this are input fields for:
 - *Business Name
 - *Doing Business As (DBA) Name
 - *EIN
 - *Effective Date of Ownership
 - Current ND Provider #
- 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 radio buttons for "Yes" and "No".
- Question 3:** "What is the total number of managing/directing employees for the group?" The answer is "0".
- Employee Information:** A table with columns: Last Name, First Name, MI, Title, Date of Birth. There is an "Add Employee" button.
- 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? (A subcontractor is an individual, agency, or organization to which an applicant/provider has contracted responsibilities of providing medical care to its patients.)" with radio buttons for "Yes" and "No".

A red circle highlights the "Add Ownership" button at the top right of the "Add Ownership Information" section.

Step	Action
2.	Click the Add Ownership button. 
Step	Action
3.	Click the Individual or Group option.
Step	Action
4.	Enter the desired information into the Business Name field.
Step	Action
5.	Enter the desired information into the Doing Business As (DBA) Name field.
Step	Action
6.	Enter the desired information into the EIN field.
Step	Action
7.	Enter the desired information into the Effective Date of Ownership field.
Step	Action
8.	Enter the desired information into the Current ND Provider # field.
Step	Action
9.	Click the Save button. 
Step	Action
10.	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.

Ownership

* Required Field

Application Links

- Application Tracking Number - 124010
- 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

Help

Answer all of the questions. Additional information will be required if your response is Yes

Ownership, Managing/Directing, Subcontractor, and Relative

To add Ownership, Managing/Directing, Subcontractor, and/or RelativeEmployee and/or Relative 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.

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

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.

Ownership

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

Employee

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

Buttons: Add Ownership, Add Employee, Continue, Reset, Save, Exit Application

Step	Action
11.	Click the Yes or No option on question # 2.

Answer all of the questions. Additional information will be required if your response is Yes

Ownership, Managing/Directing, Subcontractor, and Relative

To add Ownership, Managing/Directing, Subcontractor, and/or RelativeEmployee and/or Relative 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.

Date: MM/DD/YYYY 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) 735-2604.

*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

Employee

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

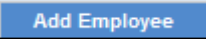
Buttons: Add Employee, Continue, Reset, Save, Exit Application


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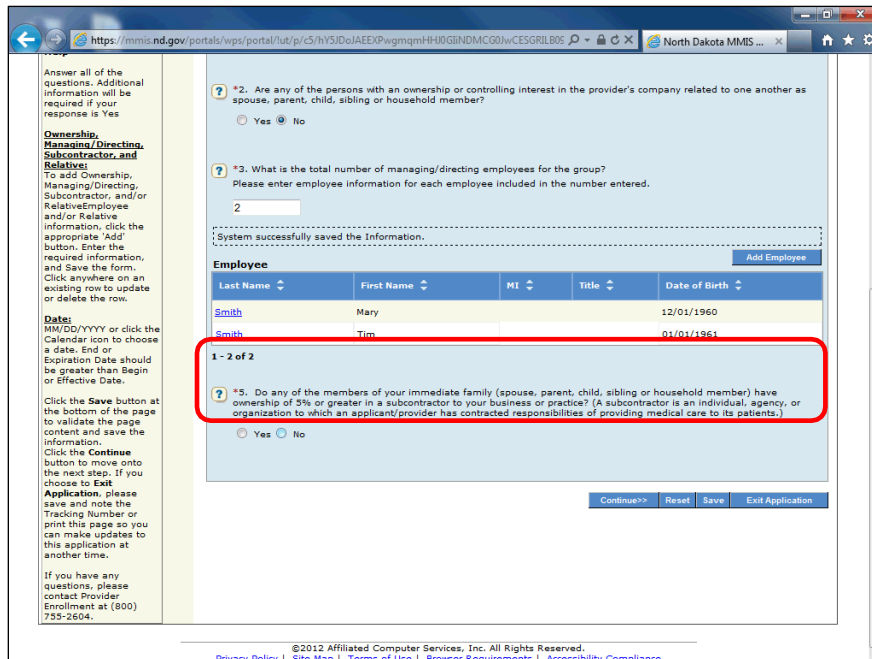
Step	Action
12.	Enter the desired information into the Number of Managing/Directing employee's field. <u>This section is required for all enrolling entities. This section must include the signer of the W9, signer(s) of all State forms, all managing employees, and all board members.</u>

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/utl/p/c5/hY5JDoJAEEXPwgmqQCaXDC0mDDILvSEELEBkWBAMr>. The page title is "North Dakota MMIS". The main content area contains a form with the following elements:

- Question 3: "What is the total number of managing/directing employees for the group?" with a text input field containing the number "2".
- An "Add Employee" button.
- A table header for "Employee" with columns: Last Name, First Name, MI, Title, Date of Birth.
- An "Add Employee" section with a "Save | Reset | Cancel" button.
- Form fields: *Last Name, *First Name, MI, Title, *Date of Birth, *SSN, *State/Country of Birth.
- Question 4: "Has the managing/directing employee ever had a Medicaid provider number in this or any other state?" with radio buttons for Yes and No.
- 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 radio buttons for Yes and No.
- Buttons at the bottom: Continue, Reset, Save, Exit Application.
- Help text: "Answer all of the questions. Additional information will be required if your response is Yes." and "Ownership, Managing / Directing, Subcontractor, and..."

Step	Action
13.	Click the Add Employee button. 
Step	Action
14.	Enter the desired information into the Last Name field.
Step	Action
15.	Enter the desired information into the First Name field.
Step	Action
16.	Enter the desired information into the Date of Birth field.
Step	Action
17.	Enter the desired information into the SSN field.
Step	Action
18.	Enter the desired information into the State/Country of Birth field.
Step	Action
19.	Click the Yes or No option on question 4.

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



Answer all of the questions. Additional information will be required if your response is Yes

Ownership, Managing/Directing, Subcontractor, and Relative:
To add Ownership, Managing/Directing, Subcontractor, and/or RelativeEmployee and/or Relative 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.

Date:
MM/DD/YYYY 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.

*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.
2

System successfully saved the information.

Employee Add Employee


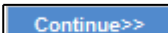
Last Name	First Name	MI	Title	Date of Birth
Smith	Mary			12/01/1960
Smith	Tim			01/01/1961

1 - 2 of 2

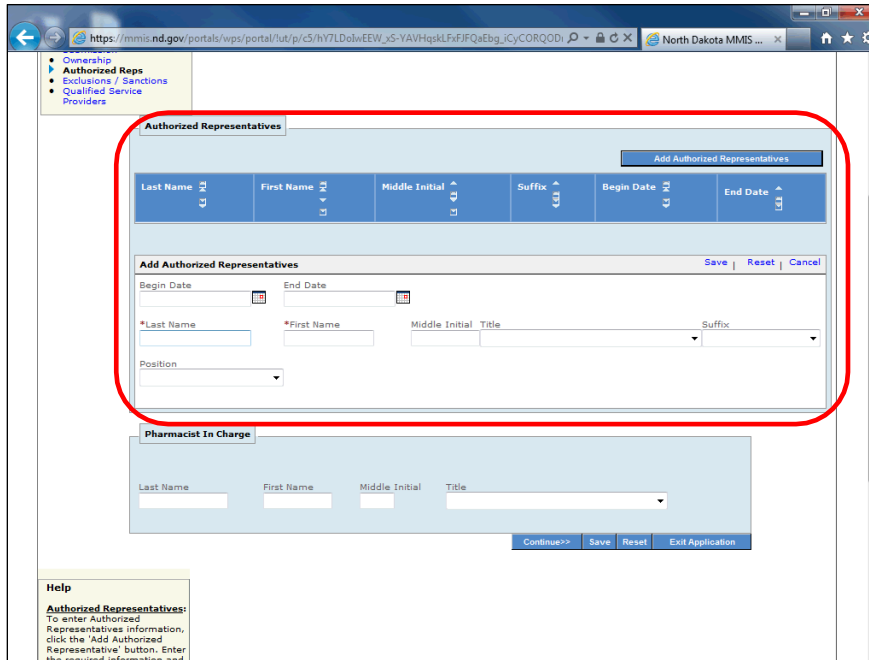
*5. Do any of the members of your immediate family (spouse, parent, child, sibling or household member) have ownership of 5% or greater in a subcontractor to your business or practice? (A subcontractor is an individual, agency, or organization to which an applicant/provider has contracted responsibilities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



Continue>> Reset Save Exit Application

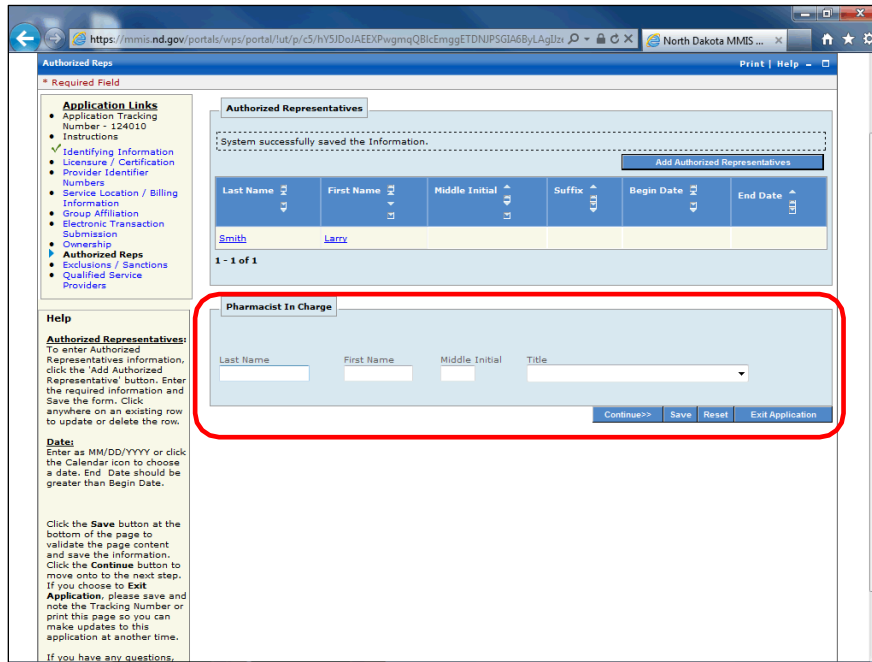
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
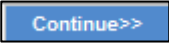
Step	Action
22.	Click the Yes or No option on question 5.
Step	Action
23.	Click the Save button. 
Step	Action
24.	Click the Continue button. 
Step	Action
25.	The next section will take you through how to complete the Authorized Reps page. End of Procedure.

Authorized Reps - Group Procedure

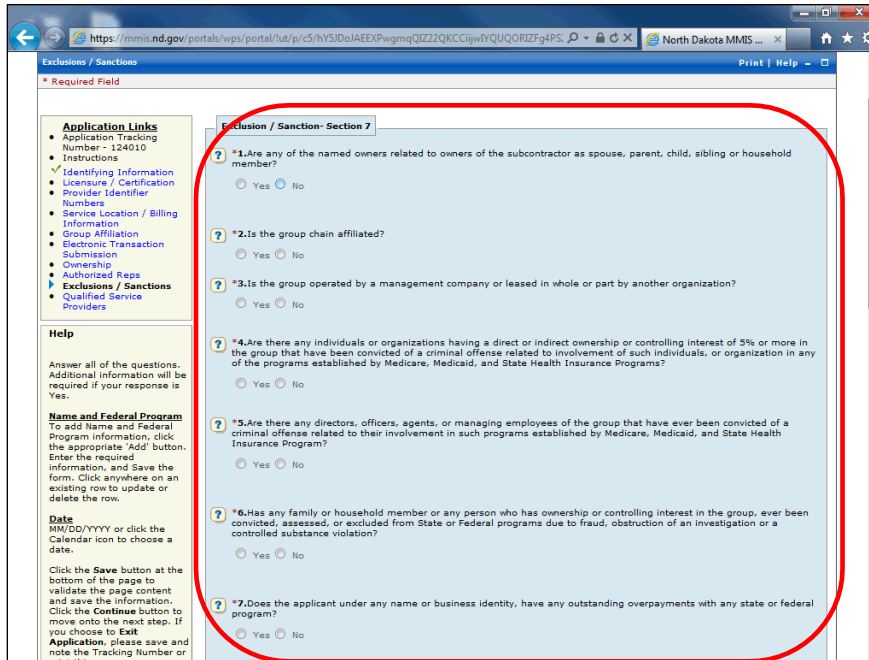




Step	Action
1.	Click the Add Authorized Representatives button. Required. The Authorized Representative is an individual who can act/speak on behalf of the enrolling entity. This individual is the signer of State Form Number (SFN) 1168. 
Step	Action
2.	Enter the desired information into the Last Name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



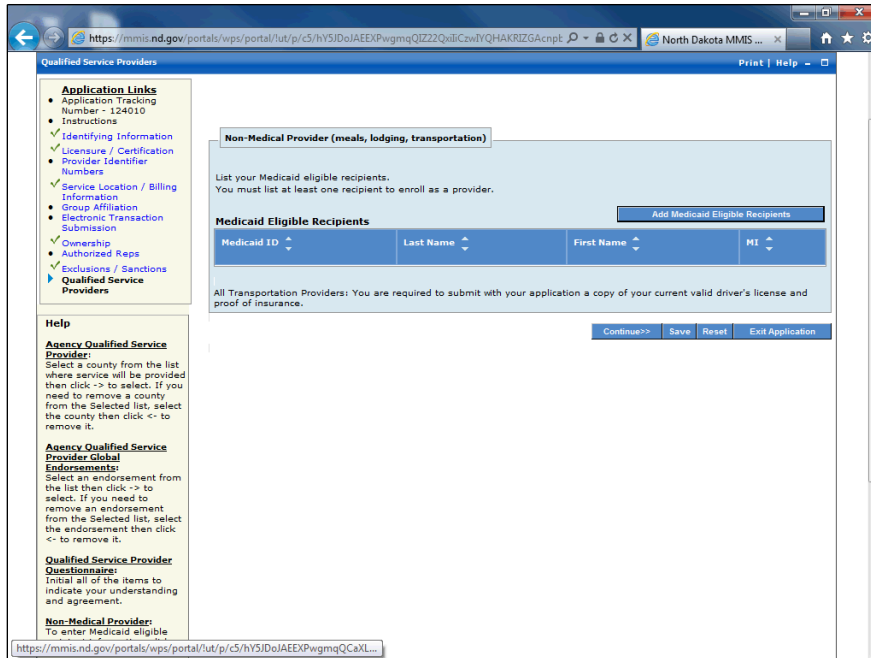
Step	Action
6.	Enter Pharmacist in Charge if applicable. <u>Required for all pharmacy providers.</u>
Step	Action
7.	Click the Save button. 
Step	Action
8.	Click the Continue button. 
Step	Action
9.	The next section will take you through how to complete the Exclusions / Sanctions page. End of Procedure.

Exclusions / Sanctions - Group Procedure

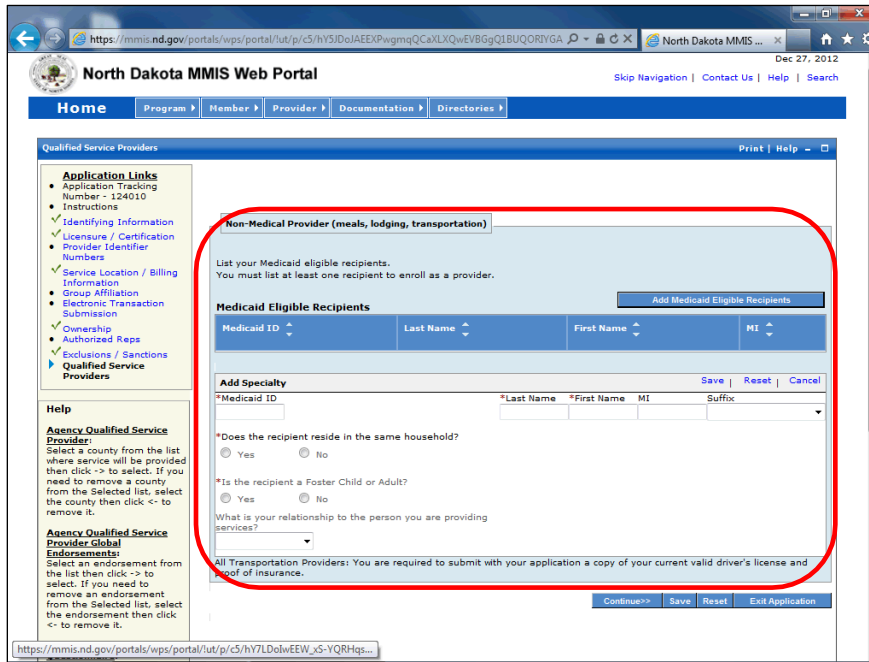




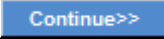
Step	Action
1.	In this section, if Yes is answered for any question, more information will be required.
Step	Action
2.	Click the Yes or No option on questions 1 - 20 . If Yes , complete the additional information.
Step	Action
3.	Click the Save button. 
Step	Action
4.	Click the Continue button. 
Step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

Qualified Service Providers - Group Procedure

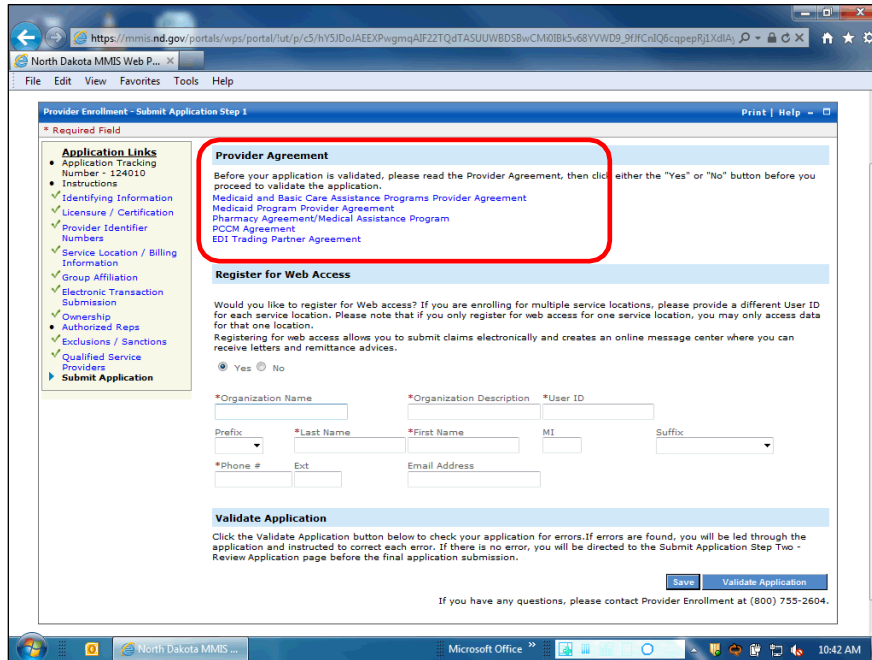


Step	Action
1.	<p>If not enrolling as a Non-Medical Provider, this section can be skipped.</p> <p>If you did not select Qualified Service Provider as a Provider Type or one of the following Specialties:</p> <ol style="list-style-type: none"> 1) Lodging 2) Provide Meals 3) Private Vehicle 4) QSP <p>This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

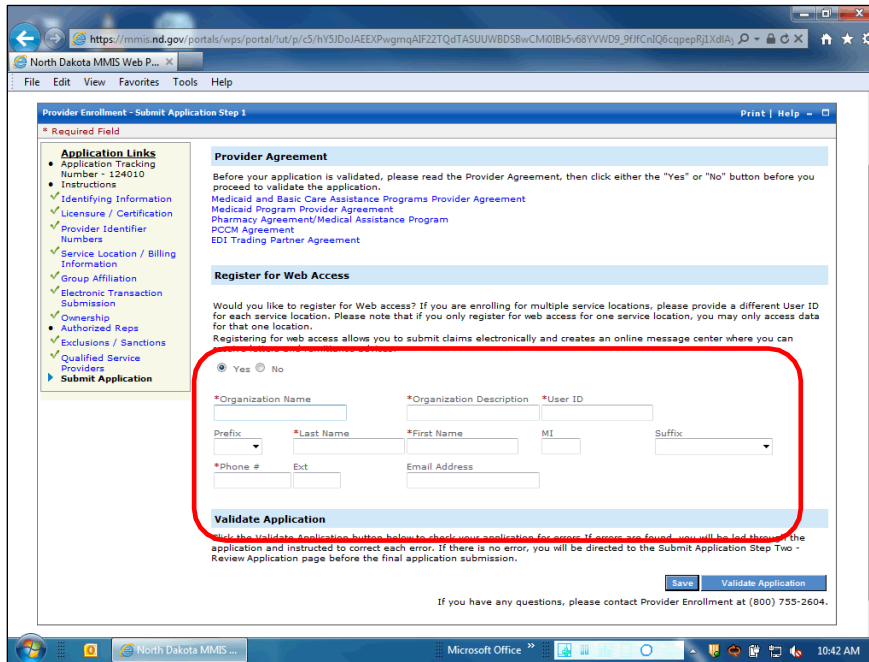


Step	Action
2.	Click the Add Medicaid Eligible Recipients button. 
3.	Enter Medicaid Eligible Recipients information.
4.	Click the Save button. 
5.	Click the Continue button. 
6.	The next section will take you through how to complete the Submit Application page. End of Procedure.


Submit Application - Group Procedure

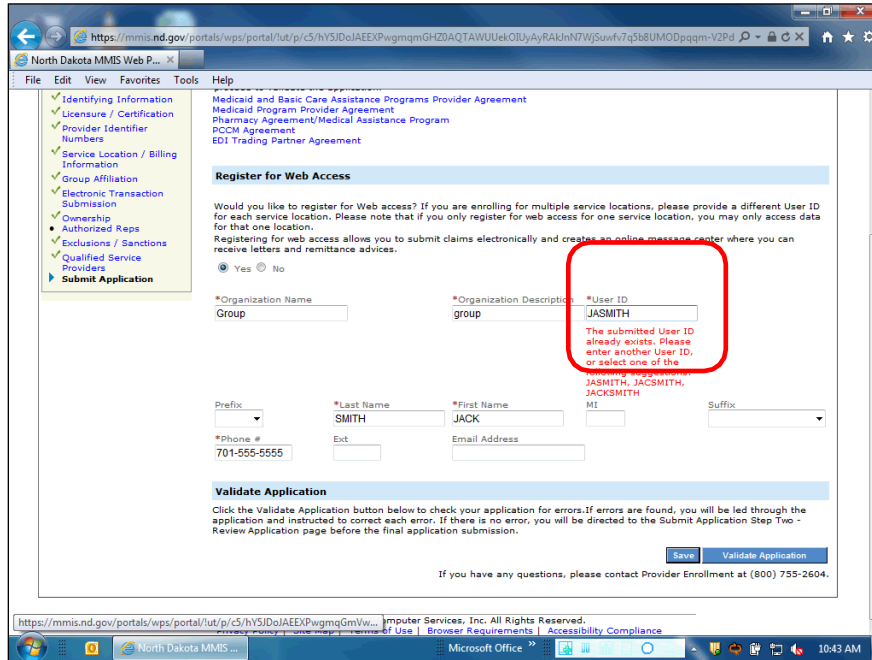



Step	Action
1.	<p>Read each of the Provider Agreements that pertains to this enrollment.</p> <ul style="list-style-type: none"> • Medicaid and Basic Care Assistance Programs Provider Agreement – Required for all Basic Care providers. • Medicaid Program Provider Agreement - Required for <u>all</u> providers. • Pharmacy Agreement/Medical Assistance Program – Required for all pharmacy providers. • PCCM Agreement – No longer required. The PCCM program ended effective 12/31/2023. • EDI Trading Partner Agreement – 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.

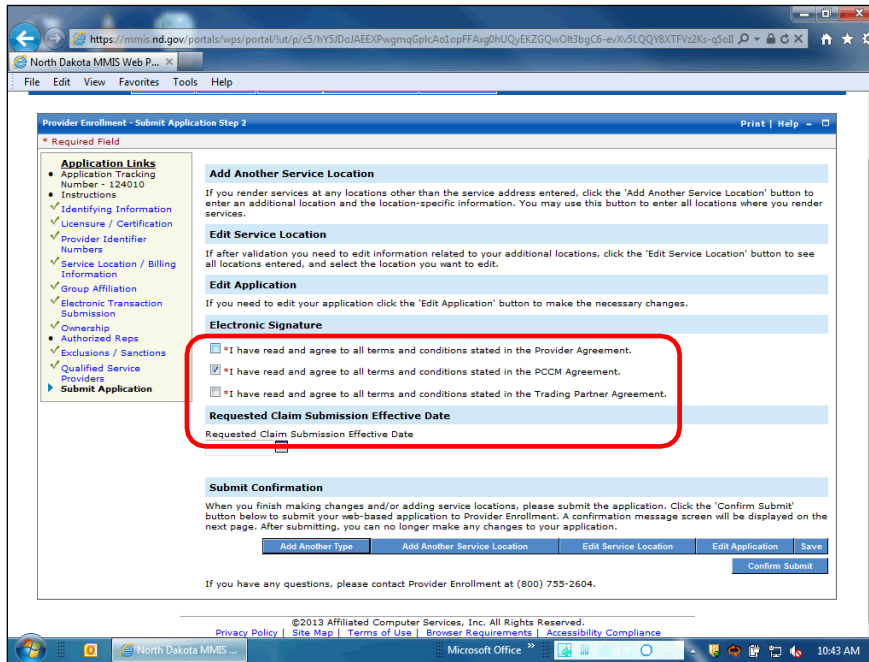


Step	Action
2.	Registering for Web Access is required for groups and allows providers full access to the ND MMIS web portal and all of the features in the new system. The Organizational Administrator listed in this section will be responsible for maintaining all user IDs and login accounts to access the Web Portal for the enrolling entity.
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. 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'.
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.

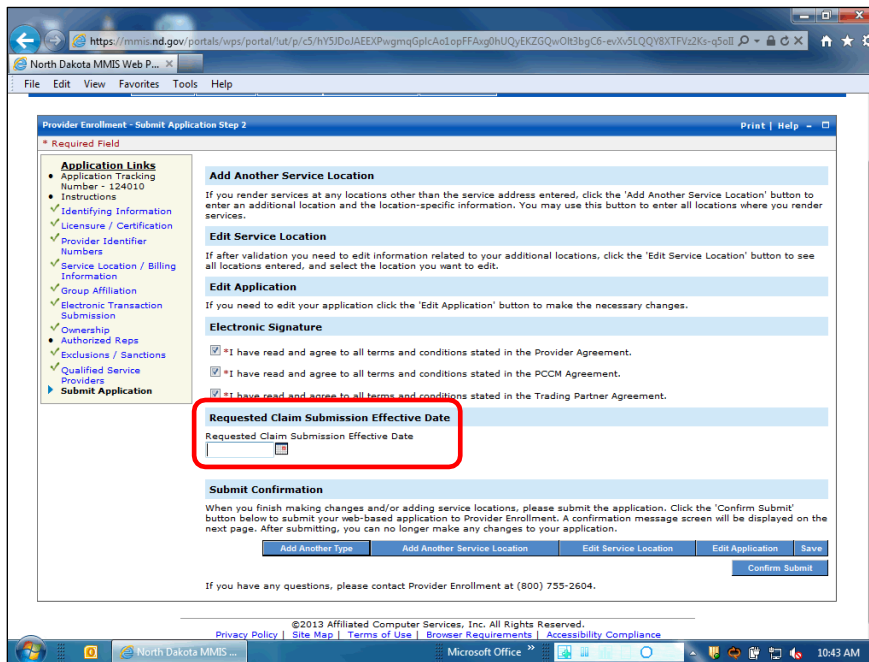
Step	Action
9.	Click the Save button. 



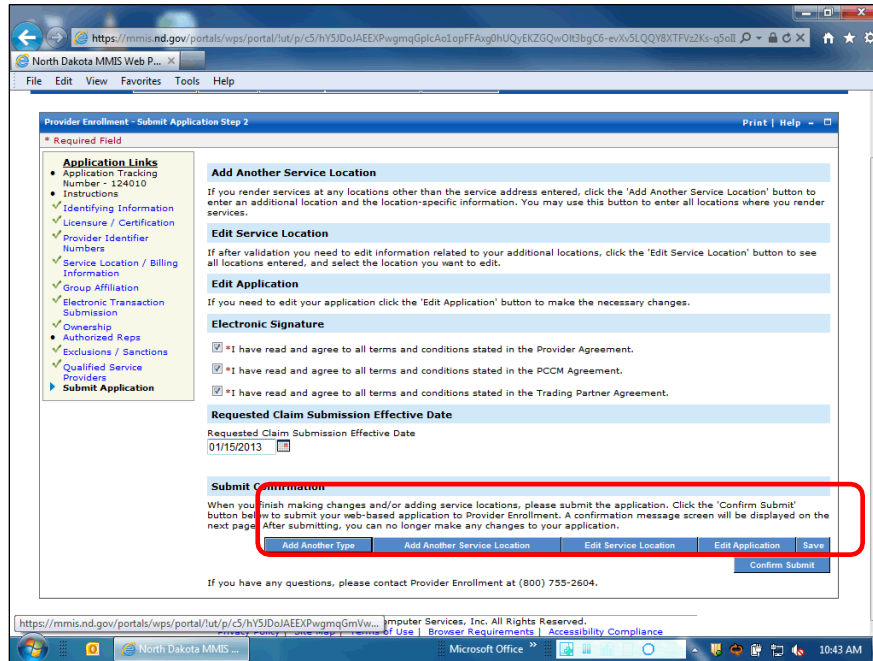
Step	Action
10.	If the User ID already exists, the system will prompt you to enter a different ID. The system will recommend a different user name.
11.	Click the Validate Application button. 

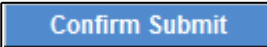


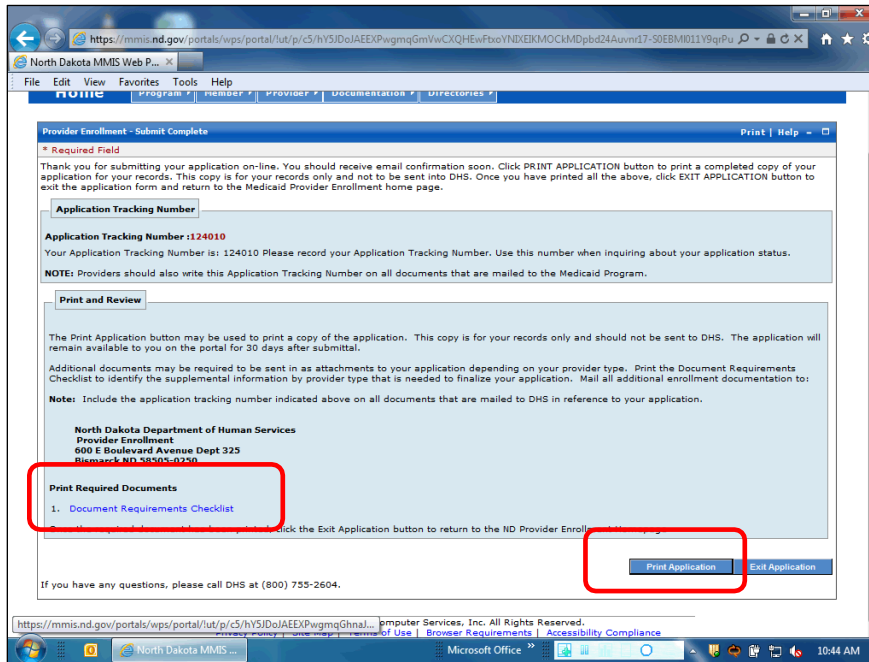
Step	Action
12.	Click the Electronic Signature options.




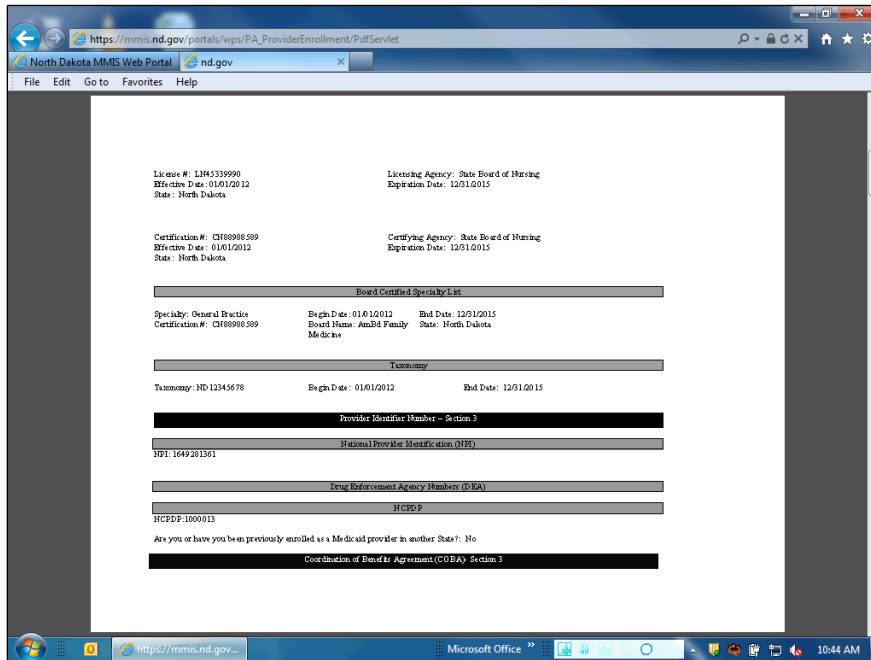
Step	Action
13.	Enter the desired information into the Requested Claim Submission Effective Date field.



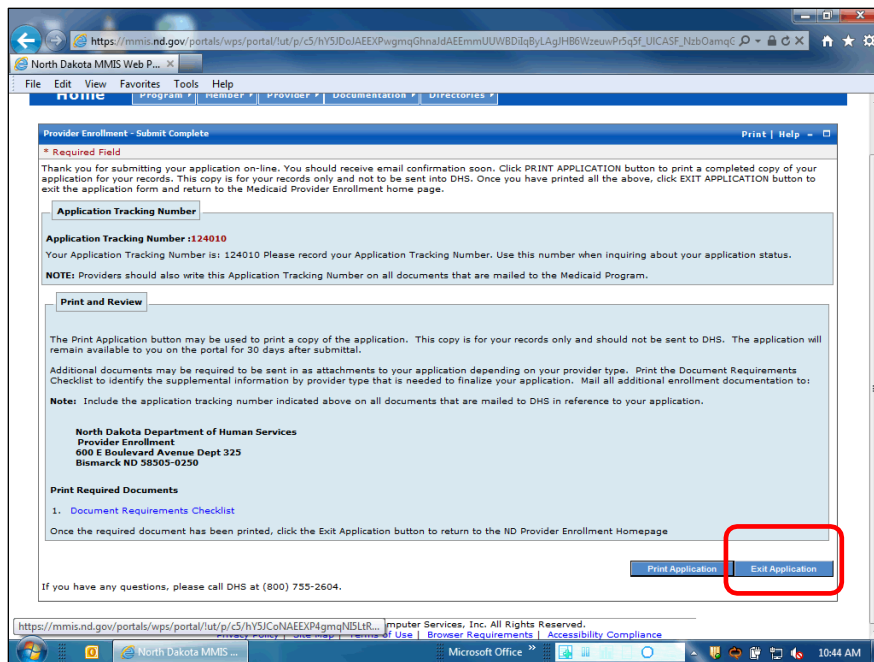
Step	Action
14.	<u>Review the application for accuracy and completeness before submitting the application.</u>
Step	Action
15.	Add Another Type and Add Another Service Location should <u>never</u> be used. (These features are in the process of being disabled.) If the enrolling group has more than one provider type , then a separate application is required for each provider type. If the enrolling group has multiple locations , then a separate application is required for each location.
Step	Action
16.	If you click the Confirm Submit option, you will not be able to make any further edits to the application.
Step	Action
17.	Click the Confirm Submit button if you have no edits or updates to make to the application.
	



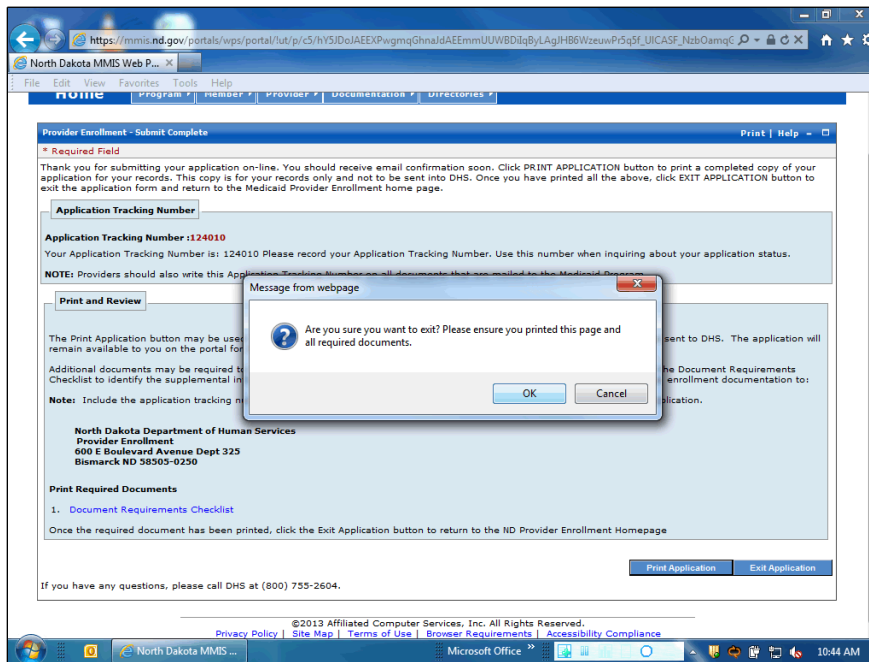
Step	Action
18.	Click Document Requirements Checklist to determine what Documents need to be sent to the Department of Human Services. **The above screen should be printed and mailed with the required documents to ensure there is a reference to the Application Tracking Number (ATN).
Step	Action
19.	Click the 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. 

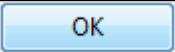


Step	Action
20.	Print a copy of the application for your own records. <u>Do not</u> submit a printed copy with the required documents.



Step	Action
21.	Click the Exit Application button.



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