

## ND Medicaid Provider Enrollment

# Recall Application

North Dakota Department of Human Services

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

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## **Medicaid Provider Enrollment**

## **Recall Application**

#### Procedure

This feature allows you to recall a saved application using the Application Tracking Number and SSN/EIN.

Step	Action
1.	If you have submitted your application you will not be able to recall the application



Step	Action
2.	Click the <b>Provider Enrollment</b> link.
	Provider Enrollment

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

https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment	Arbard
orth Dakota MMIS Web P ×	
	Feb 5, 2013
Rep North Dakota MMIS Web Portal	Skip Navigation   Contact Us   Help   Search
Home Program Member Provider Documentation	Directories
Provider Enrollment	Print   Help - 🗆
* Required Field	
Become a Provider	Application Status
Enroll to become a Provider by completing the appropriate online entry	To check the status of your North Dakota Provider or Trading Partner
will be reported as income under your SSN to the IRS. A group provider	Approxition, use your Approxition Fracking # and clock the Sobert Futton.
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	*Application Tracking # Submit
need assistance, please contact Provider Enrollment at (800) 755-2604 during business office hours from Nonday to Eriday 8 am -5:00pm CST	
EAO	Recall Provider Application
TAQ	
Group Provider Enrollment	To recall an application that you have partially completed, enter your Application Tracking Number, and SSN / EIN and click the SUBMIT button.
Individual Provider Enrollment	
Download a PDF Provider Enrollment Package	*Application Tracking #
Request a Provider Enrollment Package in the Mail	
	*SSN/EIN
Become a Trading Partner	Submit
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	Recall Trading Partner Application
business office hours from Monday to Friday, 8am -5pm CST.	To recall an application that you have partially completed, enter your
FAQ	Application Tracking Number and SSN / EIN and click the SUBMIT button.
Instructions	*Application Tracking #
Trading Partner Enrollment	
	*SSN/EIN
	Submit

Step	Action
3.	Enter the desired information into the <b>*Application Tracking #</b> field.
Step	Action
4.	Enter the desired information into the <b>*SSN/EIN</b> field.
Step	Action
5.	Click the <b>Submit</b> button.

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Submission       O Write Station / Sancian         • Ownership       Exclusion / Sancian         • Durating Service       Providers         • Help       SSS655555         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 the SSN you plan to bill must complete a separate application and list you as an affliated member, which links you to their EIN.         • Date of Birth MMXDD/YYYY or click the SSN you plan to bill must complete a separate application and list you as an affliated member, which links you to their EIN.         • Questing Statistic on Nome of the Your SNN will be link and your previous ND Provider numbers.         • Date of Birth MMXDD/YYYY or click the SSN you plan to bill must complete a separate application and list you as an affliated member, which links you to their EIN.         • Or Previous ND Provider ID         • Previous ND Provider ID #200         • Yes ® No         • No #200         • No #200	Service Location Billing     Group Affiliation     Electronic Transaction	*Gender *Can information about date of birth and gender be available to clients?
	Submission Ownership Exclusion / Sanction	
Help         Name         The name associated with the SSN you enter must built be associated with the solution of the SSN you enter must be associated with the solution the sol	Qualified Service     Providers	*SSN 555555555
match the legal name you     Current/Previous ND Provider #       Atta of Sinth MMXDD/YYYY or click the Calendar icon to choose a date.     Image: Constraint of the constr	Help <u>Name</u> The name associated with the SSN you enter must	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.
Date of Birth MM/DD/YYYY or click the Galendar icon to choose a date.     Please enter your current and/or previous ND Provider numbers.       Previous ND Provider ID     Add Previous Provider ID       SN Enter as 9 digits with or without dashes and/or Previous ND Provider ID     ND Provider ID #==       Previous ND Provider ID #==     Image: State of the state of	match the legal name you have given on your IRS form W9.	Current/Previous ND Provider #
Calendari con to choose a date.       Add Previous ND Provider IDs         SSB       Previous ND Provider ID #SSB         Entra s9 digits with or without dashes       ND Provider ID #SSB         Current/Previous ND Provider ID       #SSB         To enter your Current and/or Previous ND Provider ID       #SSB         Add Previous Provider ID       #SSB         Previous ND Provider ID       #SSB         Previous Names       Have you used any previous names in the past five years?         © Yes ® No       No         Turnis do na/northk/man/northk/man/north/man/northk/man/north/man/northk/man/north/man/northk/man/north/man/northk/man/north/man/	Date of Birth MM/DD/YYYY or click the	Please enter your current and/or previous ND Provider numbers.
SSN Enter as 9 digits with or without dashes     ND Provider ID #=0       Current/Provides ND Foodder #1     Previous ND Provider #1       To enter your Current and other work ND Provider And between ND Provider #1     Previous Names       Previous Names ND Provider #1 button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row     Previous Sames ND Provider #1	Calendar icon to choose a date.	Previous ND Provider IDs Add Previous Provider ID
Current/Previous ND Provider 2: Previous Names  Previous Names  Previous Names  Previous Names  Aue you used any previous names in the past five years?  Previous names in the past five years?  Yes ® No  Provider of detect the row	<u>SSN</u> Enter as 9 digits with or without dashes	ND Provider ID #33
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to update or detect the row (Immis nd nov/postal/strains) and (Immis nd no	the required information and Save the form. Click anywhere on an existing row	○ Yes ♥ No
	to update or delete the row	al/jut/m/r5/04_SB8K8vLLMQMSS+D-8v

Step	Action
6.	The Application is displayed and can be completed
Step	Action
7.	You can click any section to continue your application
Step	Action
8.	
	End of Procedure.