



ND Medicaid Provider Enrollment

Recall Application

North Dakota 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 Provider Enrollment link. Provider Enrollment

Training Guide

Medicaid Provider Enrollment

N.D. Department of Human Services

The screenshot shows the North Dakota MMIS Web Portal interface. The main content area is titled 'Provider Enrollment' and contains several sections:

- Become a Provider:** Includes instructions on enrolling as a provider, with links for FAQ, Instructions, Group Provider Enrollment, Individual Provider Enrollment, Download a PDF Provider Enrollment Package, and Request a Provider Enrollment Package in the Mail.
- Application Status:** A section for checking the status of an application, featuring an input field for '*Application Tracking #' and a 'Submit' button.
- Recall Provider Application:** A section for recalling a partially completed application, featuring input fields for '*Application Tracking #' and '*SSN/EIN', and a 'Submit' button. This section is highlighted with a red box in the original image.
- Become a Trading Partner:** Includes instructions on becoming a Trading Partner (EDI), with links for FAQ, Instructions, and Trading Partner Enrollment.
- Recall Trading Partner Application:** A section for recalling a partially completed trading partner application, featuring input fields for '*Application Tracking #' and '*SSN/EIN', and a 'Submit' button.

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

Submit

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The screenshot shows a web browser window displaying the 'Identifying Information' section of a Medicaid Provider Enrollment application. The browser address bar shows a URL from mmsis.nd.gov. The page title is 'North Dakota MMS Web P...'. The form includes a sidebar with 'Application Links' and 'Help' sections. The main form area is titled 'Identifying Information- Section 1' and contains the following fields and sections:

- Required Field** (indicated by a red asterisk)
- Application Links** (a list of links including Application Tracking, Instructions, Identifying Information, License, etc.)
- Identifying Information- Section 1**
 - *Last Name: Johnson
 - *First Name: John
 - MI: [dropdown]
 - Suffix: [dropdown]
 - Title: [dropdown]
 - *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 button
- Previous ND Provider IDs**
 - Table with 1 column: ND Provider ID #
- Previous Names**
 - Have you used any previous names in the past five years? Yes No

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

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.