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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. At the top, there is a navigation bar with links: Home, Program, Member, Provider, Documentation, and Directories. The main content area is titled "Provider Enrollment" and includes a "Print | Help" link. The page is divided into several sections:

- Become a Provider:** This section provides information on how to enroll as a provider, including a link to the "FAQ" and "Instructions". It also mentions that an individual provider submitting claims to the State of North Dakota will be reported as income under their SSN to the IRS, while a group provider will be reported under the group's EIN.
- Become a Trading Partner:** This section provides information on how to enroll as a trading partner, including a link to the "FAQ" and "Instructions". It mentions that 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.
- Application Status:** This section allows users to check the status of their North Dakota Provider or Trading Partner Application by entering their Application Tracking # and clicking the "Submit" button.
- Recall Provider Application:** This section allows users to recall an application that they have partially completed by entering their Application Tracking Number, SSN / EIN, and clicking the "Submit" button.
- Recall Trading Partner Application:** This section allows users to recall an application that they have partially completed by entering their Application Tracking Number and SSN / EIN and clicking the "Submit" button.

North Dakota MMIS Web Portal

Feb 1, 2013

Skip Navigation | Contact Us | Help | Search

Home | Program | Member | Provider | Documentation | Directories

Provider Enrollment Print | Help

* Required Field

Become a Provider

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

FAQ
Instructions
Group Provider Enrollment
Individual Provider Enrollment
Download a PDF Provider Enrollment Package
Request a Provider Enrollment Package in the Mail

Become a Trading Partner

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

FAQ
Instructions
Trading Partner Enrollment

Application Status

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

*Application Tracking # Submit

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 Submit

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 Submit

https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment#

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

North Dakota MMIS Web Portal

Feb 1, 2013

Skip Navigation | Contact Us | Help | Search

Home | Program | Member | Provider | Documentation | Directories

Instructions Print | Help

* Required Field

Application Links

Instructions
Agreement

Group Provider Enrollment Instructions


- If you are applying for both an individual provider number and a group provider number, you must complete a separate application for each number.
- For all date fields, use the date format (mm/dd/yyyy) unless otherwise indicated.
- Complete all areas of the application, unless otherwise indicated.
- After completing each page of your application, click the "Continue" button to proceed through the application process.
- If additional information is necessary to complete the application please attach the necessary documents to the identifying cover page that will be provided at the end of the application.

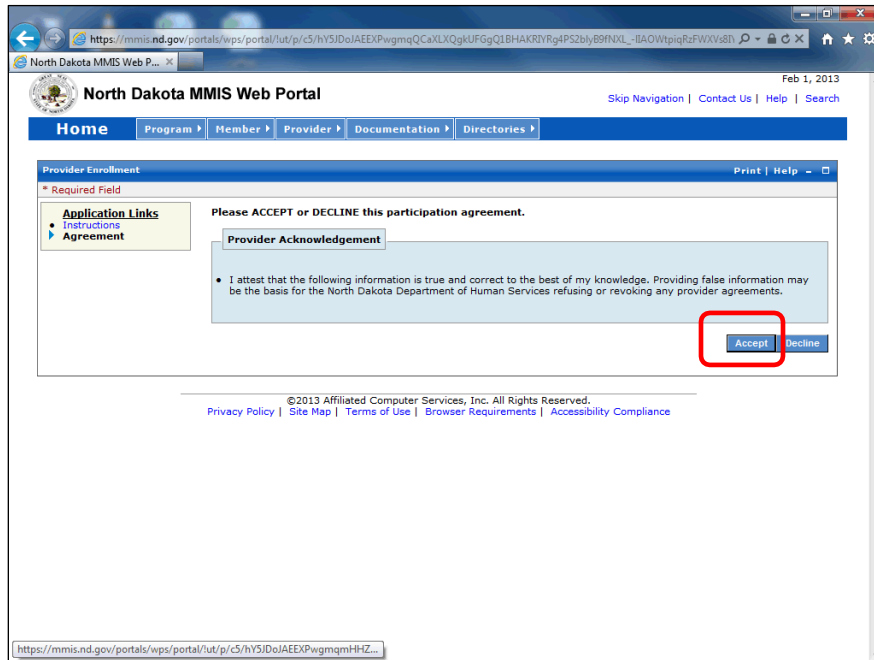
This application is for a group practice or facility. Please enroll using your Employer Identification Number (EIN). If you are enrolling with a Social Security Number (SSN), then you must complete the Individual Enrollment Application.


Continue>>> Cancel

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https://mmis.nd.gov/portals/wps/portal/ut/p/c/h/y5/D0aJAEEXpwmqQCxL...

Step	Action
2.	It is <u>very important</u> 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

The screenshot shows the North Dakota MMIS portal interface. The 'Group Information' section is highlighted with a red box. It contains the following fields and questions:

- Group Organization Name**: A text input field.
- Years Doing Business Under this name**: A text input field.
- Have you ever used a different Doing Business As (DBA) Name?**: A radio button question with 'Yes' and 'No' options.

Below the highlighted section, there are other sections:

- Tax Reporting Information**: Includes fields for Legal Name, EIN, Begin Date, and End Date.
- Current/Previous ND Provider #**: Includes a text input field for Previous ND Provider # and an 'Add Previous ND Provider #' button.
- Non Profit Organization Tax Exempt Status**: Includes a radio button question 'Is this business listed under tax exempt status?' with 'Yes' and 'No' options.

On the left side, there is a sidebar with 'Application Links' and 'Help' sections. The 'Help' section provides instructions for entering the Group Name, EIN, Date, and Current/Previous ND Provider #.

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

The screenshot shows the North Dakota MMIS portal. The 'Tax Reporting Information' section is highlighted with a red box. It contains the following fields:

- Group Information:**
 - *Group Organization Name: [Text Field]
 - *Years Doing Business Under this name: 17
 - Have you ever used a different Doing Business As (DBA) Name? ☐ Yes ☒ No
- Tax Reporting Information (highlighted):**
 - *Legal Name: [Text Field]
 - *EIN: [Text Field]
 - *Begin Date: [Calendar Icon]
 - *End Date: [Calendar Icon]
- Current/Previous ND Provider #:**
 - Please enter your current and/or previous ND provider numbers.
 - Previous ND Provider #: [Text Field]
 - ND Provider #33: [Text Field]
 - Add Previous ND Provider #: [Button]
- Non Profit Organization Tax Exempt Status:**
 - Is this business listed under tax exempt status? ☐ Yes ☒ No

On the left side, there is a sidebar with 'Application Links' and 'Help' sections. The 'Help' section provides instructions for entering the EIN and Date.

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/tut/p/c5/hy5JDoIAEEXPgmgqGhmXLXQwkUFGgQ0hKgbCtCAC>. The page title is "North Dakota MMIS ...". The form is titled "Demographic" and has a "Print | Help" link. A "Required Field" indicator is present. The form is divided into 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. A question asks if the user has ever used a different Doing Business As (DBA) Name, with Yes and No radio buttons.
- Tax Reporting Information:** Fields for Legal Name, Group Name, EIN, Begin Date, and End Date.
- Current/Previous ND Provider #:** A section for entering current and/or previous ND provider numbers. It includes a button labeled "Add Previous ND Provider #" which is highlighted with a red box. Below this is a field for "Previous ND Provider #" and a table for "ND Provider #s".
- Non Profit Organization Tax Exempt Status:** A section for indicating if the business is listed under tax exempt status, with Yes and No radio buttons.

At the bottom of the form, there are links for "Previous", "Next", "Save", "Cancel", and "Full Application".

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.
	Add Previous ND Provider #

The screenshot shows the North Dakota MMIS portal. The 'Demographic' section is active, and the 'Add Previous ND Provider #' field is highlighted with a red rectangle. The form includes sections for Group Information, Tax Reporting Information, and Current/Previous ND Provider #. The 'Add Previous ND Provider #' section has a text input field and buttons for 'Save', 'Reset', and 'Cancel'.

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 #

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. 

Demographic

Required Field
The Provider Enrollment Details have been saved successfully. Please note your Application Tracking Number **124010** for future access to the Enrollment Application.

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

? Have you ever used a different Doing Business As (DBA) Name? ☐ Yes ☒ No

Tax Reporting Information

? Legal Name *EIN
Group Name 123456789

*Begin Date *End Date
01/01/2000 12/31/2013

Current/Previous ND Provider #

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

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>

The screenshot shows the North Dakota MMIS Web Portal interface. The main navigation bar includes links for Home, Program, Member, Provider, Documentation, and Directories. The 'Licensure / Certification' section is active, and the 'Provider Type' dropdown menu is open, showing a list of provider types. The dropdown is highlighted with a red rectangle. The list includes Agencies, Ambulatory Health Care Facilities, Basic Care, Behav Health & Social Svc Prov, Chiropractic Providers, Dental Providers, Developmental Disabilities, Dietary & Nutritional Service Providers, Disability Determination Services, Emergency Medical Service Providers, Eye and Vision Service Providers, Hospital, Hospital Units, Indian Health Services, Laboratories, Managed Care Organizations, Nursing & Custodial Care Fac, Nursing Service Providers, Nursing Service Related Providers, Other Service Providers, Pharmacy, Phys Assts and Advanced Nursing Provs, Physicians, Podiatric Medicine & Surgery Service, Qualified Service Provider, Residential Treatment Facility, Resp. Dev. Rehab and Restore Svc Prov, Respite Care Facility, and Speech, Language and Hearing Svc Prov.

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

The screenshot displays the 'Licensure / Certification' page in the North Dakota MMIS portal. On the left, a sidebar contains 'Application Links' (Application Tracking, Instructions, Identifying Information, Licensure / Certification, Provider Identifier, Numbers, Service Location / Billing Information, Group Affiliation, Electronic Transaction Submission, Ownership, Authorized Repts, Exclusions / Sanctions, Qualified Service Providers) and a 'Help' section. The main area features a 'Provider Type' dropdown menu currently showing 'Physidans'. Below this is a section titled 'Licensure and Certification - Section 2' which contains a button labeled 'Add Licensure / Certification' highlighted with a red rectangle. Underneath is a table titled 'Licensure and Certification List' with columns for License Number, Certification Number, State, Lic/Cert Agency, Effective Date, and Expiration Date. Further down is a 'Board Certified Specialty List' section with a 'Specialty List' table and an 'Add Specialty' button. At the bottom is a 'Taxonomy' section with a 'Taxonomy Code' table and an 'Add Taxonomy' button. The URL in the browser address bar is https://mmis.nd.gov/portals/wps/portal/ut/p/c/hy5IdoIAEEXpvgmqmGHZQgcTaeRRYEOJyAyLAgET...

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

The screenshot shows the North Dakota MMIS portal. The left sidebar contains a navigation menu with options like 'Application Tracking', 'Identifying Information', 'Licensure / Certification', 'Numbers', 'Service Location / Billing Information', 'Group Affiliation', 'Electronic Transaction Submission', 'Ownership', 'Authorized Reps', 'Exclusions / Sanctions', and 'Qualified Service Providers'. The main content area is titled 'Licensure and Certification - Section 2'. It features a 'License and Certification List' table with columns for License Number, Certification Number, State, Lic/Cert Agency, Effective Date, and Expiration Date. Below this is the 'Add Licensure and Certification' form, which is highlighted with a red rectangle. The form includes a 'Save' button, a 'Reset' button, and a 'Cancel' button. The form fields are: *Provider Type (Physicians), *License Number, *Licensing Agency, *Effective Date, and *Expiration Date. The form also has a 'Board Certified Specialty List' section with a table for Specialty, Provider Type, Certification #, State, Board name, Begin Date, and End Date.

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.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-code-taxonomy.pdf>

The screenshot shows the 'Licensure / Certification' page of the North Dakota MMIS system. The left sidebar contains navigation links such as 'Application Links', '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'. The main content area is divided into several sections: 'Provider Type' with a dropdown menu set to 'Physicians'; 'Licensure and Certification - Section 2' showing a success message and an 'Add Licensure / Certification' button; 'Licensure and Certification List' with a table of existing licenses; 'Board Certified Specialty List' with a table of specialties and an 'Add Specialty' button highlighted in red; and 'Taxonomy' with an 'Add Taxonomy' button. The URL in the browser address bar is <https://mmis.nd.gov/portals/wps/portal/ut/p/c/hY5JD0JAEEXP4gmQCaXSHcwEZp53BDfFgMC8TA6V>.

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

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

Taxonomy

Taxonomy Code

Taxonomy	Begin Date	End Date
Add Taxonomy		

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

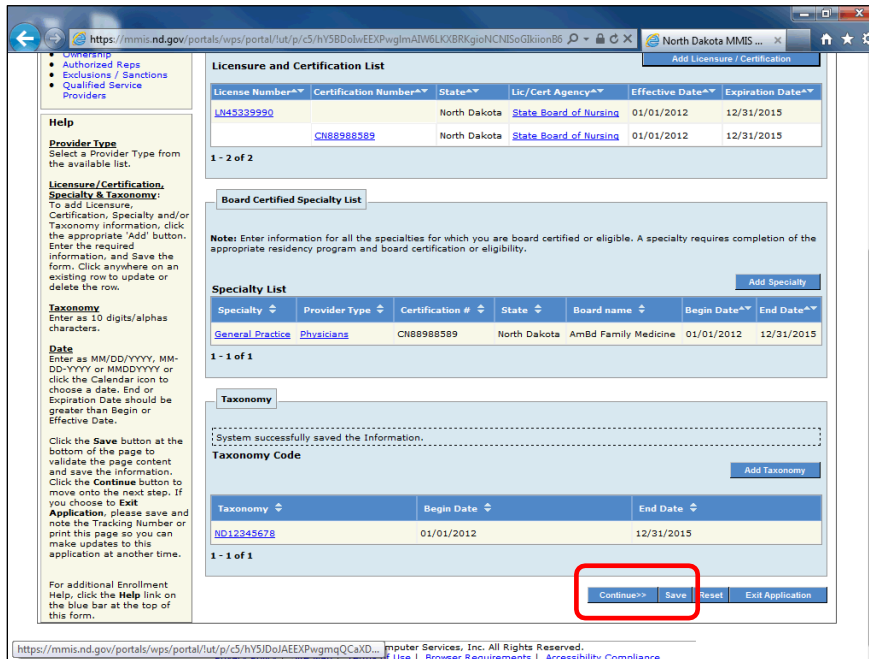
Step	Action
11.	Click the Appropriate Specialty list item.
Step	Action
12.	Enter the desired information into the Begin Date field.
Step	Action
13.	Enter the desired information into the End Date field. Enter 12/31/9999.
Step	Action
14.	Enter the desired information into the Certification # field. If 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. ave

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>


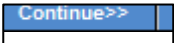
The screenshot shows the North Dakota MMIS portal. The 'Taxonomy' section is highlighted with a red box. It includes a 'Taxonomy Code' table with columns for Taxonomy, Begin Date, and End Date. Below this is the 'Add Taxonomy Codes' section with input fields for Taxonomy (10 digits/alphas), Begin Date, and End Date. The 'Add Taxonomy' button is located at the top right of the 'Taxonomy Code' table.

Step	Action
17.	Click the Add Taxonomy button. <div> Add Taxonomy </div> <p>*A Taxonomy code is required for all providers except Atypical providers (QSP's, Transportation, and Developmental Disabilities).</p>
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 the 'Add Licensure / Certification' form in the North Dakota MMS portal. The form is divided into several sections: 'Licensure and Certification List' with a table of existing licenses, 'Board Certified Specialty List' with a note about residency programs, 'Specialty List' with a table of specialties, and 'Taxonomy' with a table of taxonomy codes. The 'Save' button is highlighted with a red box at the bottom right of the form.

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

Provider Identifier Numbers - Group Procedure

The screenshot shows the North Dakota MMIS portal interface. On the left is a navigation menu with options like 'Application Tracking', 'Identifying Information', 'Provider Identifier Numbers', 'Service Location / Billing Information', 'Group Affiliation', 'Electronic Transaction Submission', 'Ownership', 'Authorized Reps', 'Exclusions / Sanctions', and 'Qualified Service Providers'. The main content area is titled 'National Provider Identification (NPI)' and contains several sections: 'NPI' with an 'Add NPI' button, 'DEA' with an 'Add DEA' button, 'NCPDP' with an 'Add NCPDP' button, and 'Medicare' with an 'Add Medicare' button. A red box highlights the 'Add NPI' button. Below the 'NPI' section, there is a 'Save' button and a 'Reset' button. A question asks if the user has ever been enrolled as a Medicaid Provider in another State, with 'Yes' and 'No' radio buttons. At the bottom, there is a 'Coordination of Benefits Agreement (COBA) - Section 3' section with a 'Medicare Numbers' table and an 'Add Medicare' button.

Step	Action
1.	Click the Add NPI button. Add NPI *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. Save

The screenshot shows the North Dakota MMIS portal. On the left is a navigation menu with options like 'Application Tracking', 'Identifying Information', 'Provider Identifier Numbers', 'Service Location / Billing Information', 'Group Affiliation', 'Electronic Transaction Submission', 'Ownership', 'Authorized Reps', 'Exclusions / Sanctions', and 'Qualified Service Providers'. The main content area is titled 'National Provider Identification (NPI)' and 'Drug Enforcement Agency (DEA)'. Below these are sections for 'NCPDP' and 'Medicare'. The 'NCPDP' section is highlighted with a red box and contains an 'Add NCPDP' button, an 'NCPDP #' field, and a 'Save' button. Below this is a question: 'Are you or have you ever been enrolled as a Medicaid Provider in another State?' with 'Yes' and 'No' radio buttons. The 'Medicare' section includes a 'Coordination of Benefits Agreement (COBA) - Section 3' and a 'Medicare Numbers' section.

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

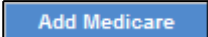

The screenshot shows the North Dakota MMIS portal. The left sidebar contains a navigation menu with options like 'Application Tracking', 'Identifying Information', 'Licensure / Certification', 'Provider Identifier Numbers', 'Service Location / Billing Information', 'Group Affiliation', 'Electronic Transaction Submission', 'Ownership', 'Authorized Reps', 'Exclusions / Sanctions', and 'Qualified Service Providers'. The main content area is divided into sections: 'National Provider Identification (NPI)', 'Drug Enforcement Agency (DEA)', 'NCPDP', 'Coordination of Benefits Agreement (COBA) - Section 3', and 'Medicare Numbers'. The 'DEA' section is highlighted with a red box. It contains a table with columns for 'DEA #^v' and an 'Add DEA' button. Below the table, there is a 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
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 similar to the one above, showing the same North Dakota MMIS portal. However, the 'Drug Enforcement Agency (DEA)' section is not highlighted. Instead, the question '*Are you or have you ever been enrolled as a Medicaid Provider in another State?' with its radio buttons is highlighted with a red box. The rest of the page content remains the same.

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 the 'Coordination of Benefits Agreement (COBA) - Section 3' form. A red circle highlights the 'Medicare Numbers' section. This section includes a table with columns: Medicare #, Medicare Program, Begin Date, and End Date. Below the table is an 'Add Medicare' button. There are also input fields for Medicare #, Begin Date, and End Date, and a 'Save' button. The form also includes a 'Medicare History' section at the bottom.

Step	Action
9.	Click the Add Medicare button. 
Step	Action
10.	Enter the group's Medicare information into the Medicare # field.
Step	Action
11.	Enter the desired information into the Begin Date field.
Step	Action
12.	Enter the desired information into the End Date field. Enter 12/31/9999.
Step	Action
13.	Click the appropriate Medicare Programs.
Step	Action
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 NP1 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 #^v	Medicare Program^v	Begin Date^v	End Date^v
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 #^v	Carrier/Intermediary Name^v	Medicare Program^v	Begin Date^v	End Date^v
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. <div>Add History</div>
Step	Action
16.	Enter Medicare History information.
Step	Action
17.	Click the Save button. <div>Save</div>
Step	Action
18.	Click the Continue button. <div>Continue>></div>
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

The screenshot displays the 'Service Location Information - Section 4' form in the North Dakota MMIS application. A red rectangle highlights the 'Physical Address' section, which contains the following fields: 'Physical Address' (text input), 'Building, Suite #, etc.' (text input), 'City' (text input), 'State' (dropdown menu currently showing 'North Dakota'), 'Zip' (text input), and 'County' (dropdown menu). A 'Validate Address' button is located below these fields. To the right of the address section, there are buttons for 'Add Service Location Phone Numbers' and 'Add service location contact person'. Below these, the 'Service: Section 4' section includes 'Gender Served' (radio buttons for Male, Female, Both), 'Age Range Served' (checkboxes for 0-5 Years, 6-12 Years, 13-17 Years, 18-21 Years, 22-59 Years, 60+ Years), and 'Languages Supported' (Available: Albanian, Arabic, Bangla, Bosnian; Selected: English). The 'Service Area' section at the bottom includes a note to define the service area by Counties served or by distance from the location, with radio buttons for 'Counties Served' and 'Distance From Location'. A final checkbox at the bottom asks 'Is this location wheelchair accessible?'.

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>Validate Address</div>

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

The screenshot shows the North Dakota MMIS Web Portal interface. The main content area is titled 'Service Location Information - Section 4'. It contains several sections: 'Physical Address' (with fields for address, city, state, and zip), 'Service Location / Billing Information' (with a list of links), 'Service Location Contact Person(s)' (with a table for contact details), and 'Service - Section 4' (with fields for gender, age range, and languages). A red box highlights the 'Add Service Location Phone Numbers' section, which includes fields for 'Phone #' and 'Fax #', and an 'Add Location Numbers' button with 'Save', 'Reset', and 'Cancel' links.

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

Service Location
Enter the physical address of your primary service location. You may enter additional service locations upon completing the remainder of the information and prior to submitting the application. The Service Location Address may not be a post office box.

Validate
This will provide suggestions 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

Physical Address
100 E Main Ave
Building, Suite #, etc.
City: Bismarck State: North Dakota Zip: 58501 3846
County: Burleigh
Validate Address

Add Service Location Phone Numbers
Phone # 701-555-5355 Fax # 701-555-5355

Add service location contact person
Last Name First Name MI Phone Ext. Fax Cell Phone Email Position

Add Service Location Contact Person(s)
Save | Reset | Cancel
Last Name First Name MI Phone Ext. Fax Cell Phone Email Position

Service- Section 4
Gender Served: Male Female Both
Age Range Served: All 0-5 Years 6-12 Years 13-17 Years 18-21 Years 22-59 Years 60+ Years
Languages Supported: Available: Albanian Arabic Bangla Bosnian English
Other Language:

Step	Action
12.	Click the Add service location contact person button. Contact person and email address are required. Add service location contact person
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. Save

The screenshot shows the 'Service Location' form in the North Dakota MMIS portal. The form is divided into several sections:

- Physical Address:** Includes fields for Address (100 E Main Ave), City (Bismarck), State (North Dakota), Zip (58501), and County (Burleigh).
- Service Location Contact Person(s):** A table with columns for Last Name, First Name, MI, Phone, Ext., Fax, Cell Phone, Email, and Position. The contact person listed is Tom Smith, Provider Enrollment Office.
- Service-Section 4:** This section is highlighted with a red box and contains:
 - 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 available languages (Albanian, Arabic, Bangla, Bosnian) and a 'Selected' dropdown menu currently showing 'English'.
- Service Area:** Includes a section for defining the service area by Counties served or by distance from the location.

Step	Action
18.	Click the Appropriate Gender Served option.
Step	Action
19.	Click the Appropriate Age Range Served option.
Step	Action
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.

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.
Step	Action
22.	Click the Appropriate Counties or Distance From list item.
Step	Action
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.

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 Service' 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.

CLIA
To enter CLIA information, click on the plus sign. Click the 'Add CLIA' 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, 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.

Mailing Address
Enter the address that you prefer to receive correspondence. If the Mailing Address is identical to the Service Location Address entered above, answer Yes. Otherwise, answer No to enter a different address.

Electronic Funds Transfer (EFT)
If you plan to use EFT and have the banking information available, answer Yes and enter the required information now. If you do not have the information,

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

Interpretive Services Available
Add Interpretive Services Available
Interpretive Services Available

Special Needs
☐ 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
Add Facility Data
Facility Data
Facility Type Begin Date End Date

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.

or MMDDYYYY or click the Calendar icon to choose a date. End or Expiration Date should be greater than Begin or Effective Date.

Mailing Address
Enter the address that you prefer to receive correspondence. If the Mailing Address is identical to the Service Location Address entered above, answer Yes. Otherwise, answer No to enter a different address.

Electronic Funds Transfer (EFT)
If you plan to use EFT and have the banking information available, answer Yes and enter the required information now. If you do not have the information available now, answer No to continue the enrollment application. You may update the information at a later time.

Billing Address
Enter the address that you prefer to receive payments. If the Billing Address is identical to the Service Location Address entered above, answer Yes. If the Billing Address is identical to the Mailing Address, answer Yes. Otherwise, answer No to enter a different address.

Remittance Advice
Please select method(s) of 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

Facility

Facility Data

Add Facility Data

Facility Type ▼ Begin Date ▼ End Date ▼

Bed Capacity Data

Clinical Laboratory Improvement Amendments (CLIA)

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

Step	Action
26.	Click the Add Facility Data button. Applicable to institutional enrolling entities. <div>Add Facility Data</div>
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. <div>Save</div>

Facility

Facility Data

Bed Capacity Data

Add Bed Capacity Data

Clinical Laboratory Improvement Amendments (CLIA)

Mailing Address

Step	Action
31.	Click the Bed Capacity Data link. Applicable to institutional enrolling entities. + Bed Capacity Data
Step	Action
32.	Click the Add Bed Capacity Data button. Add Bed Capacity Data
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. Save

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) 755-2654.

Clinical Laboratory Improvement Amendments (CLIA)

[Add CLIA](#)

CLIA #^v Begin Date^v End Date^v

[Add CLIA #](#) [Save](#) [Reset](#) [Cancel](#)

*CLIA # *Begin Date *End Date

Mailing Address

*Is this mailing address the same as service location?
☐ Yes ☐ No

Mailing Location Phone Numbers [Add Mailing Location Numbers](#)

Phone Number^v Fax Number^v

Mailing Location Contact Person(s) [Add Mailing Location Contact Person](#)

Mailing Location Contact Person(s)

Last Name^v First Name^v Middle Initial^v Phone^v Ext.^v Fax^v Email^v

Electronic Funds Transfer (EFT) Payments

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

Step	Action
38.	Click the Clinical Laboratory Improvement Amendments (CLIA) link. Required for all enrolling entities that have an onsite laboratory.
39.	Click the Add CLIA button. Add CLIA
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. Save

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 #^v	Begin Date^v	End Date^v
3501055181	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^v	Fax Number^v

Mailing Location Contact Person(s)

Add Mailing Location Contact Person

Last Name^v	First Name^v	Middle Initial^v	Phone^v	Ext.^v	Fax^v	Email^v

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 browser window with the URL <https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hY5JD0JAEEpWgmqQCxSCMmQJMsCEExUBKWBau>. The page displays a form for entering banking and billing information. The **Billing Address** section is highlighted with a red circle. It includes a note: "Note: The billing address is equivalent to your Pay To address where your checks will be mailed." and a question: "Is this billing address the same as the service location?" with radio buttons for Yes and No. Below this, there are fields for **Billing Location Phone Numbers** (Phone Number and Fax Number) and **Billing Location Contact Person(s)** (Last Name, First Name, Middle Initial, Phone Number, Extension, Fax, Position, and Email). There are also buttons to "Add Billing Location Phone Numbers" and "Add Billing Location Contact Person".

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.

https://mmis.nd.gov/portals/wps/portal/tut/pi/c5/nv5jD0IAEEXpvgmqQCxXDU0gEVgZhw1BUQORYUEw North Dakota MMIS ...

Billing Address

Note: The billing address is equivalent to your Pay To address where your checks will be mailed.
 *Is this billing address the same as the service location?
☒ Yes ☐ No

Billing Location Phone Numbers Add Billing Location Phone Numbers

Phone Number^ Phone Number^ Fax Number^

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

Last Name^ First Name^ Middle Initial^ Phone Number^ Extension^ 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 Suspense RA Sort Ind Bulletin Media

Continue>> Reset Save Exit Application

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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. <div>Save</div>
Step	Action
62.	Click the Continue button. <div>Continue>></div>
Step	Action
63.	The next section will take you through how to complete the Group Affiliation page End of Procedure.

Group Affiliation - Group Procedure

Group Affiliation

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

Group Affiliation
To add Group Affiliation information, click the 'Add Group' 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.

Affiliation- Section 5

Instructions
List all active ND Medicaid Individual providers, and related information, who perform services on behalf of the Group at the location identified in Section 4. This information will be cross referenced to Affiliations identified by Individual Providers to ensure consistency.

Information Regarding Affiliations and Claims Processing:
In order for Group providers to receive payment for services performed by individual practitioners on behalf of the Group, performing providers must be enrolled in the ND Medicaid program as Individual Providers and affiliated with the Group Providers in the ND Medicaid Management Information System (MMIS).
Group applicants are responsible for identifying in this Section 5 all Individual Providers who perform services on behalf of the group practice at the location identified in Section 4.
The performing practitioners must enroll separately as ND Medicaid Individual Providers, likewise identifying the Group Providers with which they are affiliated. Individual Providers and Group Providers will be affiliated in the system for claims processing purposes.
When the Group Provider submits a valid claim for services performed by an affiliated Individual Provider, payment will be made to the Group.
If the Group Provider has not identified an affiliated Individual Provider, claims submitted by the Group Provider for services performed by the individual practitioner will be denied.

Add Affiliation

North Dakota Provider #	Name of Individual Practitioner	Effective Date of Affiliation

Continue >> Reset Save Exit Application

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>

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

Group Affiliation
To add Group Affiliation information, click the Add Group 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.

Affiliation - Section 3

Instructions

List all active ND Medicaid Individual providers, and related information, who perform services on behalf of the Group at the location identified in Section 4. This information will be cross referenced to Affiliations identified by Individual Providers to ensure consistency.

Information Regarding Affiliations and Claims Processing:

In order for Group providers to receive payment for services performed by individual practitioners on behalf of the Group, performing providers must be enrolled in the ND Medicaid program as Individual Providers and affiliated with the Group Providers in the ND Medicaid Management Information System (MMIS).

Group applicants are responsible for identifying in this Section 3 all Individual Providers who perform services on behalf of the group practice at the location identified in Section 4.

The performing practitioners must enroll separately as ND Medicaid Individual Providers, likewise identifying the Group Providers with which they are affiliated. Individual Providers and Group Providers will be affiliated in the system for claims processing purposes.




When the Group Provider submits a valid claim for services performed by an affiliated Individual Provider, payment will be made to the Group.

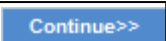
If the Group Provider has not identified an affiliated Individual Provider, claims submitted by the Group Provider for services performed by the individual practitioner will be denied.

Add Affiliation

North Dakota Provider #▲▼	Name of Individual Practitioner▲▼	Effective Date of Affiliation▲▼
<p>Add Affiliation Save Reset Cancel</p> <p>*North Dakota Provider # <input type="text"/> *Name of Individual Practitioner <input type="text"/> *Effective Date of Affiliation <input type="text"/></p> <p>Continue>> Reset Save Exit Application</p>		

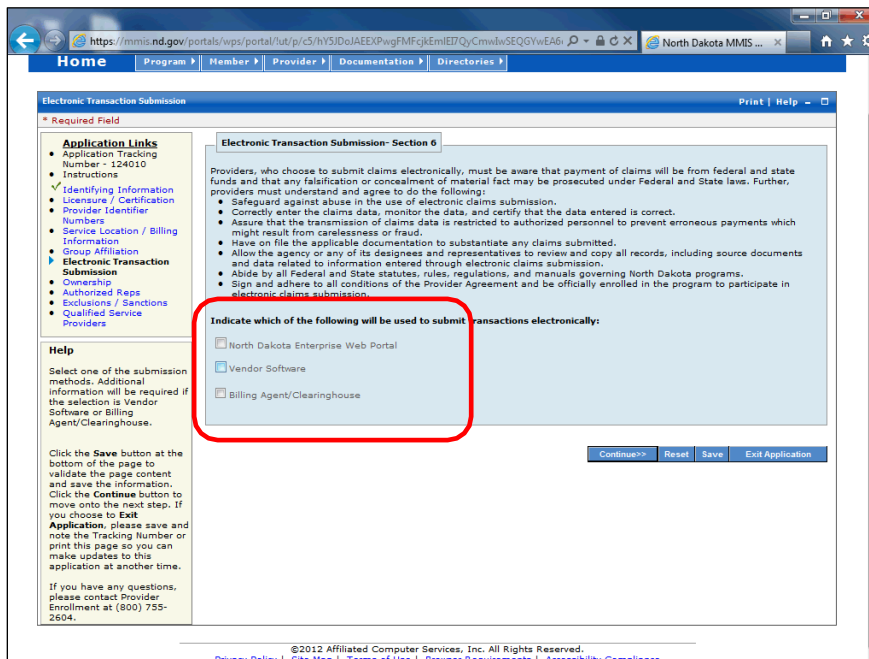
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Step	Action
2.	Click the Add Affiliation button. 
Step	Action
3.	Enter the desired information into the North Dakota Provider # field. Enter the individual's current ND Medicaid provider number. This number is seven digits long.
Step	Action
4.	Enter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

Step	Action
9.	Click the Continue button. 

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

Electronic Transaction Submission - Group Procedure



Home | Program | Member | Provider | Documentation | Directories

Electronic Transaction Submission

* 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.

The screenshot shows the 'Electronic Transaction Submission' page on the ND MMIS web portal. The page is divided into a sidebar and a main content area. The sidebar contains 'Application Links' (Application Tracking Number - 124010, Instructions, Identifying Information, License / Certification, Provider Identifier Numbers, Service Location / Billing Information, Electronic Transaction Submission, Group Affiliation, Ownership, Authorized Reps, Exclusions / Sanctions, Qualified Service Providers) and '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.). The main content area is titled 'Electronic Transaction Submission-Section 6' and contains instructions for providers. A red box highlights the section 'Indicate which of the following will be used to submit transactions electronically:' which includes three radio button options: 'North Dakota Enterprise Web Portal', 'Vendor Software', and 'Billing Agent/Clearinghouse'.

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>

Home Program Member Provider Documentation Directories

Electronic Transaction Submission

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

The screenshot shows the 'Electronic Transaction Submission' form in the North Dakota MMIS portal. The form is divided into several sections. On the left, there is a sidebar with 'Application Links' and 'Help'. The main content area is titled 'Electronic Transaction Submission- Section 6'. It contains instructions for providers, a list of required fields, and a section for indicating which method will be used to submit transactions electronically. A red circle highlights the 'Software Vendor Name' field and the 'Software Name' and 'Version #' fields. Below these fields, there is a 'Protocol' dropdown menu and a section for checking transactions to submit and/or receive.

Application Links

- Application Tracking Number - 124010
- Instructions
- Identifying Information
- License / 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 and 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

Software Vendor Name:

Software Name: Version #:


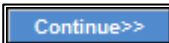
Protocol:

☐ Billing Agent/Clearinghouse

***Please check transactions that you submit and/or receive:**

Submit	Receive
<input type="checkbox"/> 270 (Eligibility Inquiry)	<input type="checkbox"/> 270 (TPL Coverage Inquiry)
<input type="checkbox"/> 271 (TPL Coverage Response)	<input type="checkbox"/> 271 (Eligibility Inquiry Response)
<input type="checkbox"/> 276 (Claim Inquiry)	<input type="checkbox"/> 277 Claim Inquiry Response
<input type="checkbox"/> 278 Service Authorization Request	<input type="checkbox"/> 278 Service Authorization Response

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><u>Submit options:</u></p> <p>270 – Contacting the health insurer about the eligibility and benefits of a patient.</p> <p>271 – N/A</p> <p>276 – Contacting the health insurer about the status of a claim.</p> <p>278 – Sending or receiving referrals or authorizations.</p> <p>835 – N/A</p> <p>873D – Submitting dental claims to the health insurer.</p> <p>873I – Submitting Institutional claims to the health insurer.</p> <p>837P – Submitting Professional claims to the health insurer.</p> <p><u>Receive options:</u></p> <p>270 – N/A</p> <p>271 – Receiving information from the health insurer about the eligibility and benefits of a patient.</p> <p>277 – Receiving information about the status of a claim from the health insurer.</p> <p>278 – Sending or receiving referrals or authorizations.</p> <p>820 – N/A</p> <p>834 – N/A</p> <p>835 – Receiving payment and/or remittance information from the health insurer for claims.</p> <p>837I – N/A</p> <p>837P – N/A</p>
Step	Action
12.	<p>Click the Save button.</p> <p></p>
Step	Action
13.	<p>Click the Continue button.</p> <p></p>
Step	Action
14.	<p>The next section will take you through how to complete the Ownership page.</p> <p>End of Procedure.</p>

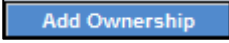

Ownership - Group

Procedure

The screenshot shows the North Dakota MMIS portal. The main content area is titled "Ownership - Section 7". A red box highlights the first question: "1. How many owners of this applicant have a 5% or more ownership interest in the group?". Below this question is a text input field. To the right of the input field is an "Add Ownership" button. Below the input field is a table with the following headers: "Name", "Doing Business As (DBA) Name", "Effective Date of Ownership", and "Current ND Provider #". Below the table is a section titled "Ownership" with a sub-header "Please enter ownership information for each owner included in the number above". Below this section are two questions: "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?" and "3. What is the total number of managing/directing employees for the group?". Below question 3 is a text input field with the value "0". Below the input field is an "Add Employee" button. Below the button is a table with the following headers: "Last Name", "First Name", "MI", "Title", and "Date of Birth". Below the table is a section titled "Employee" with a sub-header "Please enter employee information for each employee included in the number entered.". Below this section are two questions: "4. 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?" and "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?".

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

The screenshot shows the North Dakota MMIS portal interface. On the left is a navigation menu with options like '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'. The 'Ownership' section is currently active. The main content area displays a form for adding ownership information. A red box highlights the 'Add Ownership' button and the 'Add Ownership Information' form. The form includes a question about the number of owners, a section for adding ownership information with fields for business name, DBA name, EIN, effective date, and provider number, and a section for adding employee information. The 'Add Ownership' button is located at the top right of the form. The 'Add Ownership Information' section includes a radio button for 'Individual' and a radio button for 'Group'. The 'Add Employee' section includes a table with columns for Last Name, First Name, MI, Title, and Date of Birth. The 'Save' button is located at the bottom right of the form.

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 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
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? *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 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) 725-2604.

? *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.
0

Employee

Last Name	First Name	MI	Title	Date of Birth
-----------	------------	----	-------	---------------

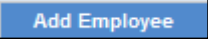
? *5. Do any of the members of your immediate family (spouse, parent, child, sibling or household member) have ownership of 5% or greater in a subcontractor to your business or practice? (A subcontractor is an individual, agency, or organization to which an applicant/provider has contracted responsibilities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


Buttons: Continue, Reset, Save, Exit Application

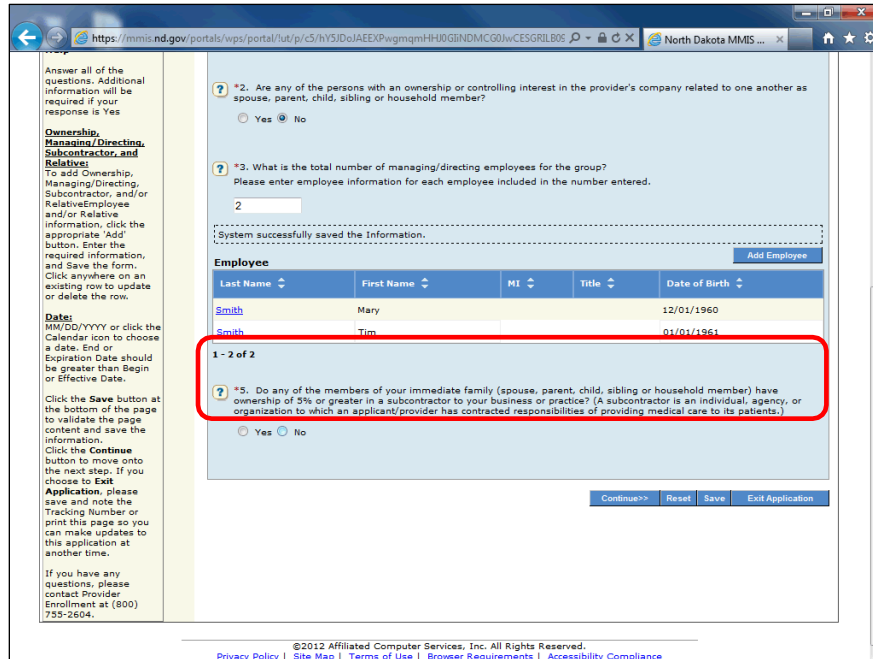
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Step	Action
12.	Enter the desired information into the Number of Managing/Directing employee's field. <u>This section is required for all enrolling entities. This section must include the signer of the W9, signer(s) of all State forms, all managing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

The screenshot shows the North Dakota MMIS portal. A red box highlights the 'Add Employee' section, which includes fields for Last Name, First Name, MI, Title, Date of Birth, and SSN, along with a 'State/Country of Birth' dropdown and a 'Save' button. Below this is question 4 about Medicaid provider numbers and question 5 about family ownership.

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


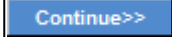
Last Name	First Name	MI	Title	Date of Birth
Smith	Mary			12/01/1960
Smith	Tim			01/01/1951

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.


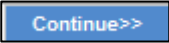
Authorized Reps - Group

Procedure


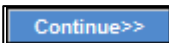
The screenshot shows the 'Authorized Representatives' section of the North Dakota MMIS web application. A red box highlights the 'Add Authorized Representatives' form. This form includes a table with columns for Last Name, First Name, Middle Initial, Suffix, Begin Date, and End Date. Below the table is a section for adding a new representative, with fields for *Last Name, *First Name, Middle Initial, Title, Suffix, and Position. At the bottom of the highlighted area is a 'Pharmacist In Charge' section with fields for Last Name, First Name, Middle Initial, and Title. Buttons for 'Continue>>', 'Save', 'Reset', and 'Exit Application' are located at the bottom right of the form. A 'Help' section is visible at the bottom left of the page.

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. <div>Add Authorized Representatives</div>
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. <div>Save</div>

The screenshot shows the North Dakota MMIS portal. The main content area is titled 'Authorized Reps' and includes a 'Required Field' section. The 'Authorized Representatives' table shows one entry for 'Smith, Larry'. Below this, the 'Pharmacist In Charge' form is highlighted with a red box. The form has fields for 'Last Name', 'First Name', 'Middle Initial', and 'Title'. At the bottom of the form are buttons for 'Continue>>', 'Save', 'Reset', and 'Exit Application'. The left sidebar contains 'Application Links' and 'Help' sections.

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

Qualified Service Providers

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

Agency Qualified Service Provider:
Select a county from the list where service will be provided then click -> to select. If you need to remove a county from the Selected list, select the county then click <- to remove it.

Agency Qualified Service Provider Global Endorsements:
Select an endorsement from the list then click -> to select. If you need to remove an endorsement from the Selected list, select the endorsement then click <- to remove it.

Qualified Service Provider Questionnaire:
Initial all of the items to indicate your understanding and agreement.

Non-Medical Provider:
To enter Medicaid eligible

Non-Medical Provider (meals, lodging, transportation)

List your Medicaid eligible recipients.
You must list at least one recipient to enroll as a provider.

Medicaid Eligible Recipients

Add Medicaid Eligible Recipients



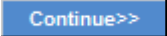
Medicaid ID	Last Name	First Name	MI

All Transportation Providers: You are required to submit with your application a copy of your current valid driver's license and proof of insurance.

Continue>> Save Reset Exit Application

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>

The screenshot shows the North Dakota MMIS Web Portal. The main content area is titled 'Non-Medical Provider (meals, lodging, transportation)'. It includes a section for 'Add Medicaid Eligible Recipients' with a table for entering recipient information. The table has columns for Medicaid ID, Last Name, First Name, and MI. Below the table are fields for 'Add Specialty', 'Last Name', 'First Name', 'MI', and 'Suffix'. There are also radio buttons for 'Does the recipient reside in the same household?' and 'Is the recipient a Foster Child or Adult?'. A dropdown menu for 'What is your relationship to the person you are providing services?' is also present. At the bottom, there are buttons for 'Continue>>', 'Save', 'Reset', and 'Exit Application'.

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

Submit Application - Group Procedure

The screenshot shows the 'Provider Enrollment - Submit Application Step 1' form. On the left is a sidebar with 'Application Links' including Application Tracking, 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, and Submit Application. The main content area has a 'Provider Agreement' section highlighted with a red box, containing a list of agreements to be read before validation. Below this is the 'Register for Web Access' section with a form for organization and user information, and a 'Validate Application' button at the bottom.

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.

Provider Enrollment - Submit Application Step 1

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
- Submit Application

Provider Agreement

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

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

Register for Web Access

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

Registering for web access allows you to submit claims electronically and creates an online message center where you can

☐ Yes ☐ No

Organization Name
 Prefix Last Name First Name MI Suffix

Organization Description

User ID


Phone # **Ext** **Email Address**

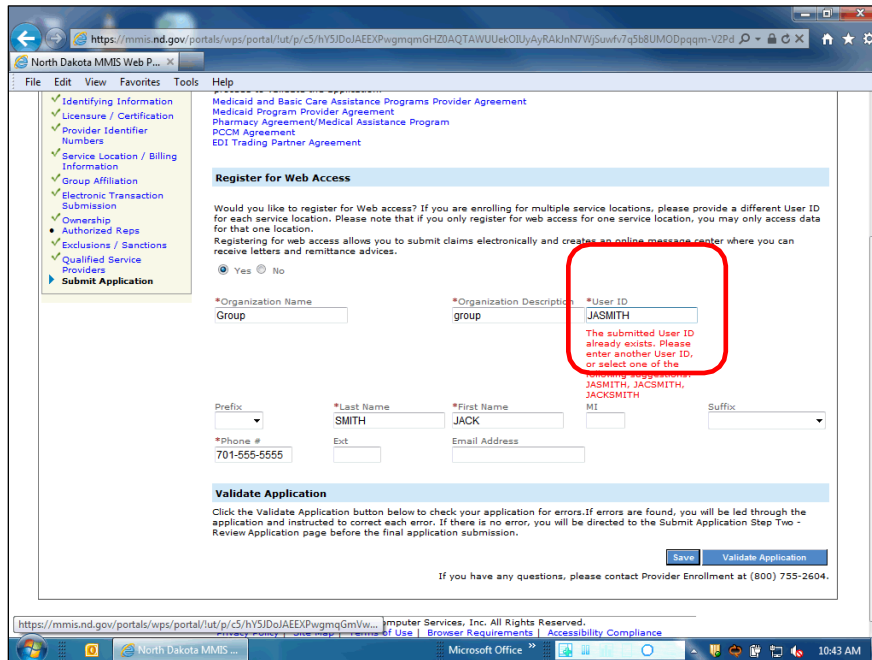
Validate Application

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

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

Step	Action
2.	Registering for Web Access is 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. 



North Dakota MMIS Web Portal

Identifying Information
 Licensure / Certification
 Provider Identifier Numbers
 Service Location / Billing Information
 Group Affiliation
 Electronic Transaction Submission
 Ownership
 Authorized Reps
 Exclusions / Sanctions
 Qualified Service Providers
 Submit Application

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

Register for Web Access

Would you like to register for Web access? If you are enrolling for multiple service locations, please provide a different User ID for each service location. Please note that if you only register for web access for one service location, you may only access data for that one location.
 Registering for web access allows you to submit claims electronically and creates an online message center where you can receive letters and remittance advices.

☒ Yes ☐ No

*Organization Name: Group
 *Organization Description: group
 *User ID: JASMITH
 The submitted User ID already exists. Please enter another User ID, or select one of the following: JASSMITH, JACSMITH, JACKSMITH

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

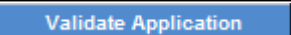
*Phone #: 701-555-5555
 Ext: [Text]
 Email Address: [Text]

Validate Application

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

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

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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.
Step	Action
11.	Click the Validate Application button. 

Provider Enrollment - Submit Application Step 2

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
- Submit Application**

Add Another Service Location

If you render services at any locations other than the service address entered, click the 'Add Another Service Location' button to enter an additional location and the location-specific information. You may use this button to enter all locations where you render services.

Edit Service Location

If after validation you need to edit information related to your additional locations, click the 'Edit Service Location' button to see all locations entered, and select the location you want to edit.

Edit Application

If you need to edit your application click the 'Edit Application' button to make the necessary changes.

Electronic Signature

- ☐ *I have read and agree to all terms and conditions stated in the Provider Agreement.
- ☒ *I have read and agree to all terms and conditions stated in the PCCM Agreement.
- ☐ *I have read and agree to all terms and conditions stated in the Trading Partner Agreement.

Requested Claim Submission Effective Date

Requested Claim Submission Effective Date

Submit Confirmation

When you finish making changes and/or adding service locations, please submit the application. Click the 'Confirm Submit' button below to submit your web-based application to Provider Enrollment. A confirmation message screen will be displayed on the next page. After submitting, you can no longer make any changes to your application.

Buttons: Add Another Type, Add Another Service Location, Edit Service Location, Edit Application, Save, Confirm Submit

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

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Step	Action
12.	Click the Electronic Signature options.

Provider Enrollment - Submit Application Step 2

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
- Submit Application**

Add Another Service Location

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Electronic Signature

- ☒ *I have read and agree to all terms and conditions stated in the Provider Agreement.
- ☒ *I have read and agree to all terms and conditions stated in the PCCM Agreement.
- ☒ *I have read and agree to all terms and conditions stated in the Trading Partner Agreement.

Requested Claim Submission Effective Date

Requested Claim Submission Effective Date

Submit Confirmation

When you finish making changes and/or adding service locations, please submit the application. Click the 'Confirm Submit' button below to submit your web-based application to Provider Enrollment. A confirmation message screen will be displayed on the next page. After submitting, you can no longer make any changes to your application.

Buttons: Add Another Type, Add Another Service Location, Edit Service Location, Edit Application, Save, Confirm Submit

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

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

Provider Enrollment - Submit Application Step 2

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
- Submit Application

Add Another Service Location

If you render services at any locations other than the service address entered, click the 'Add Another Service Location' button to enter an additional location and the location-specific information. You may use this button to enter all locations where you render services.

Edit Service Location

If after validation you need to edit information related to your additional locations, click the 'Edit Service Location' button to see all locations entered, and select the location you want to edit.

Edit Application

If you need to edit your application click the 'Edit Application' button to make the necessary changes.

Electronic Signature

☒ *I have read and agree to all terms and conditions stated in the Provider Agreement.

☒ *I have read and agree to all terms and conditions stated in the PCCM Agreement.

☒ *I have read and agree to all terms and conditions stated in the Trading Partner Agreement.

Requested Claim Submission Effective Date

Requested Claim Submission Effective Date
01/15/2013

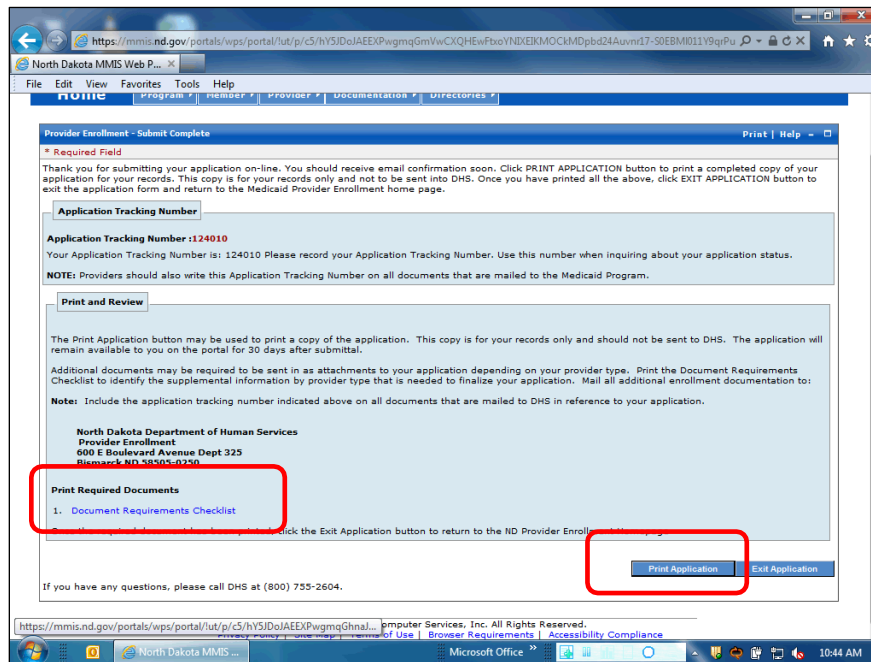
Submit Confirmation

When you finish making changes and/or adding service locations, please submit the application. Click the 'Confirm Submit' button below to submit your web-based application to Provider Enrollment. A confirmation message screen will be displayed on the next page. After submitting, you can no longer make any changes to your application.

[Add Another Type](#) [Add Another Service Location](#) [Edit Service Location](#) [Edit Application](#) [Save](#) [Confirm Submit](#)

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

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.
	Confirm Submit



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. Print Application

License #: 1345339900
Effective Date: 01/01/2012
State: North Dakota

Licensing Agency: State Board of Nursing
Expiration Date: 12/31/2015

Certification #: CH08988589
Effective Date: 01/01/2012
State: North Dakota

Certifying Agency: State Board of Nursing
Expiration Date: 12/31/2015

Board Certified Specialty List

Specialty: General Practice
Certification #: CH08988589
Begin Date: 01/01/2012
End Date: 12/31/2015
Board Name: Ambulatory Medicine
State: North Dakota

Taxonomy

Taxonomy: ND 12345678
Begin Date: 01/01/2012
End Date: 12/31/2015

Provider Identifier Number - Section 3

National Provider Identifier (NPI)

NPI: 1649281361

Drug Enforcement Agency Number (DEA)

HCPCP

HCPCP: 1000013

Are you or have you been previously enrolled as a Medicaid provider in another State? No

Coordination of Benefits Agreement (COBA) Section 3

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.

Provider Enrollment - Submit Complete

* Required Field

Thank you for submitting your application on-line. You should receive email confirmation soon. Click PRINT APPLICATION button to print a completed copy of your application for your records. This copy is for your records only and not to be sent into DHS. Once you have printed all the above, click EXIT APPLICATION button to exit the application form and return to the Medicaid Provider Enrollment home page.

Application Tracking Number

Application Tracking Number: 124010

Your Application Tracking Number is: 124010 Please record your Application Tracking Number. Use this number when inquiring about your application status.

NOTE: Providers should also write this Application Tracking Number on all documents that are mailed to the Medicaid Program.

Print and Review

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

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

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

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

Print Required Documents

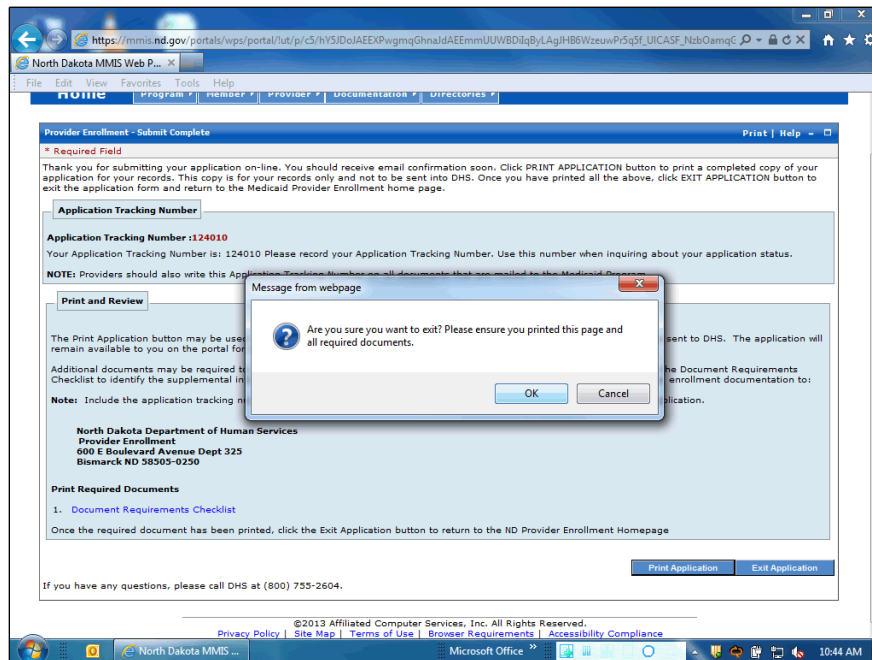
1. Document Requirements Checklist

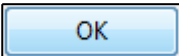
Once the required document has been printed, click the Exit Application button to return to the ND Provider Enrollment Homepage

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

Print Application Exit Application

Step	Action
21.	Click the Exit Application button.



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