



ND Medicaid Provider Enrollment

Basic Navigation

North Dakota Department of Human Services

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Basic Navigation

Procedure

This section will show some basic functionality within the application

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

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Identifying Information

*** Required Field**

Application Links

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

Help

Name
The name associated with the SSN you enter must match the legal name you have given on your IRS form W9.

Date of Birth
MM/DD/YYYY or click the Calendar icon to choose a date.

SSN
Enter as 9 digits with or without dashes.

Current/Previous ND Provider #:
To enter your Current and/or Previous ND Provider #, click the 'Add Previous ND Provider #' button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row.

Identifying Information - Section 1

*Last Name Johnson *First Name MI Suffix Title

*Date of Birth 12/01/1970

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

*SSN 55555555

Note:Your SSN will be linked to your ND Provider number. All claims paid to your ND Provider number will be submitted as income under your SSN to the IRS. If you plan to bill using your Employer Identification Number (EIN), the group through whom you plan to bill must complete a separate application and list you as an affiliated member, which links you to their EIN.

Current/Previous ND Provider #

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

Previous ND Provider IDs

ND Provider ID #

Previous Names

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

Continue>>> Reset Save Exit Application

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

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The screenshot shows the 'Identifying Information - Section 1' form. The 'First Name' field contains 'John' and is highlighted with a red box. A red error message 'First Name is required.' is displayed next to the field. The 'Last Name' field contains 'Johnson'. Other fields include 'Date of Birth' (12/01/1970), 'Gender' (Male), and 'SSN' (555555555). A 'Help' section on the left provides instructions for various fields.

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

The screenshot shows the same 'Identifying Information - Section 1' form, but now the 'First Name' field is filled with 'John' and the error message is gone. A red box highlights the 'Add Previous Provider ID' button in the 'Previous ND Provider IDs' section. A success message at the top states: 'The Provider Enrollment Details have been saved successfully. Please note your Application Tracking number 124029 for future access to the Enrollment Application.'

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

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Step	Action
8.	Click the Add Previous Provider ID button. <div style="border: 2px solid black; padding: 5px; text-align: center; margin: 5px auto; width: fit-content;">Add Previous Provider ID</div>

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

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/ut/pi/c5/hy5JDoJAEXpWgmqQCaxSHFQCC0NMCGKdGElkMigCdpb24Auvnr17-S0EGl0xli-iI9umeEI>. The page title is "North Dakota MMS Web P...". The form includes a "Submission" menu with options: Ownership, Exclusion / Sanction, Qualified Service, and Providers. A "Help" section provides instructions for Name, Date of Birth, SSN, Current/Previous ND Provider #, and Previous Names. The "Current/Previous ND Provider #" section has a text input field with "000056789" and an "Add Previous Provider ID" button. The "Previous ND Provider IDs" section shows a table with one row: "ND Provider ID # 000056789". The "Previous Names" section has a question "Have you used any previous names in the past five years?" with radio buttons for "Yes" and "No". At the bottom right, a red box highlights four buttons: "Continue>>", "Reset", "Save", and "Exit Application".

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

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The screenshot shows a web browser window with the URL https://mmis.nd.gov/portals/wps/portal/lut/p/c5/hy5JDoJAEEXpwmqQCaxCC00NNpMQm8MxIF2FgkK7e1o0nsX7-6uW_FHCQqcrufCrbcd121. The page title is 'North Dakota MMS Web P...'. The main content area is titled 'Identifying Information' and includes a message: 'The Provider Enrollment Details have been saved successfully. Please note your Application Tracking number 124029 for future access to the Enrollment Application.' Below this is a sidebar with 'Application Links' and 'Help' sections. The main form area is titled 'Identifying Information - Section 1' and contains several sections: 'Last Name', 'First Name', 'MI', 'Suffix', 'Title' (all filled with 'Johnson', 'John', and a dropdown); 'Date of Birth' (12/01/1970); 'Gender' (Male selected); 'Can information about date of birth and gender be available to clients?' (Yes selected); 'SSN' (555555555); 'Current/Previous ND Provider #' (with a help icon and instruction to enter current and/or previous ND Provider numbers); 'Previous ND Provider IDs' (a table with one entry: 'ND Provider ID #000056789' highlighted with a red box); and 'Previous Names' (with a question: 'Have you used any previous names in the past five years?').

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

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North Dakota MMIS Web Portal

Identifying Information

Name: Johnson, John

Date of Birth: 12/01/1970

Gender: Male

SSN: 55555555

Current/Previous ND Provider #

Previous ND Provider IDs

ND Provider ID # 00056789

1 - 1 of 1

Edit Previous ND Provider IDs

Save | Reset | Delete | Cancel

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

North Dakota MMIS Web Portal

Feb 6, 2013

Home | Program | Member | Provider | Documentation | Directories

Licensure / Certification

Application Links

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

Provider Type

*Provider Type

Licensure and Certification - Section 2

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

Licensure and Certification List

License #	Lic/Cert Agency	Cert #	State	Effective Date	Expiration Date

Board Certified Specialty List

Note: Enter information for all the specialties for which you are board certified or eligible. A specialty requires completion of the appropriate residency program and board certification or eligibility.

Specialty List

Specialty	Provider Type	Certification #	State	Board Name	Begin Date	End Date

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Step	Action
18.	<p>Clicking any section in the Application Links will take you directly to that section</p> <p>Click the Service Location Billing link.</p>

The screenshot shows the 'Service Location Information- Section 4' form. On the left sidebar, the 'Application Links' section is highlighted with a red box. Within this section, 'Service Location Billing' is marked with a green checkmark, while other links like 'Application Tracking Number - 124029', 'Instructions', 'Identifying Information', 'License / Certification', and 'Provider Identifier Numbers' are marked with red X's. The main form area includes fields for physical address (100 W Main Ave), city (Bismarck), state (North Dakota), and zip (58501). It also has a table for 'Service Location Contact Person' and a 'Service- Section 4' section with radio buttons for gender served and checkboxes for age ranges served. A language selection dropdown is also visible.

Step	Action
19.	<p>A Green check indicates the section is complete</p> <p>A Red X indicates the section is not complete</p>

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

Other Details
 If you would like to include your suspended claims on your Remittance Advice, select an option from the Print 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.

Billing Location Phone Numbers Add Billing Location Numbers

Phone #	Fax #

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

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

Remittance Advice

*Requested Delivery Media for Remittance Advices(RAs)
 Electronic (835) Web Portal Inbox Paper


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

Other Details

- Print Suspense: Choose one of the following options if you would like to include your suspended claims on your Remittance Advice
- RA Sort Indicator: How would you like your Remittance Advice sorted? If none is chosen, the RA will default to the Members last name
- Bulletin Media : How would you like to receive your bulletins?

Print Suspense: RA Sort Ind: Bulletin Media:

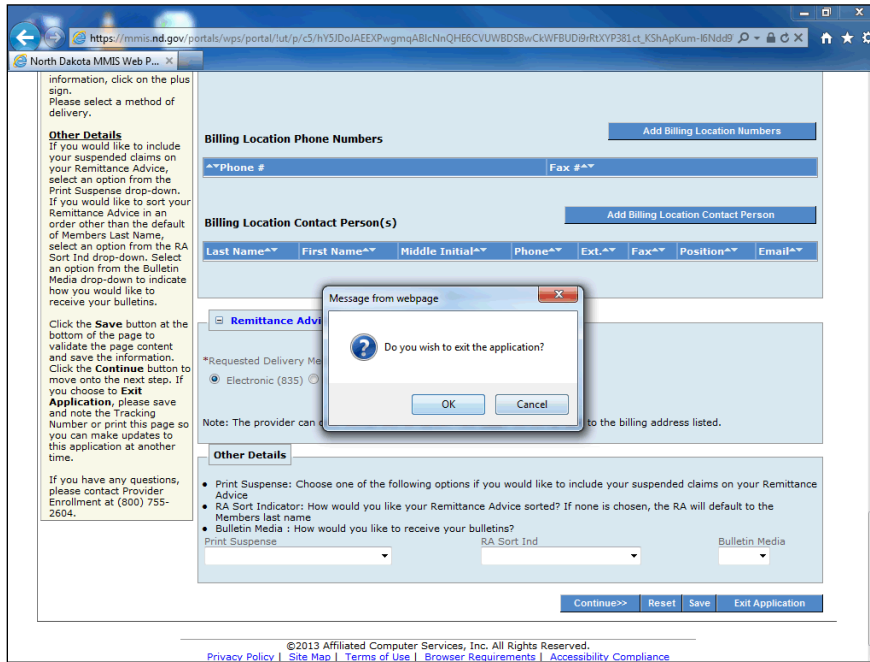
Continue>> Reset Save Exit Application

Step	Action
20.	<p>Exit will close the application and can be accessed at a later time through the Recall Application Function.</p> <p>Any information not saved will be lost.</p> <p>Click the Exit Application button.</p> <p></p>

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