



ND Medicaid Provider Enrollment

Group Provider Enrollment

North Dakota Department of Human Services

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Medicaid Provider Enrollment

Group Provider Enrollment

Group Provider Introduction

Procedure

Access ND MMIS Web Portal:

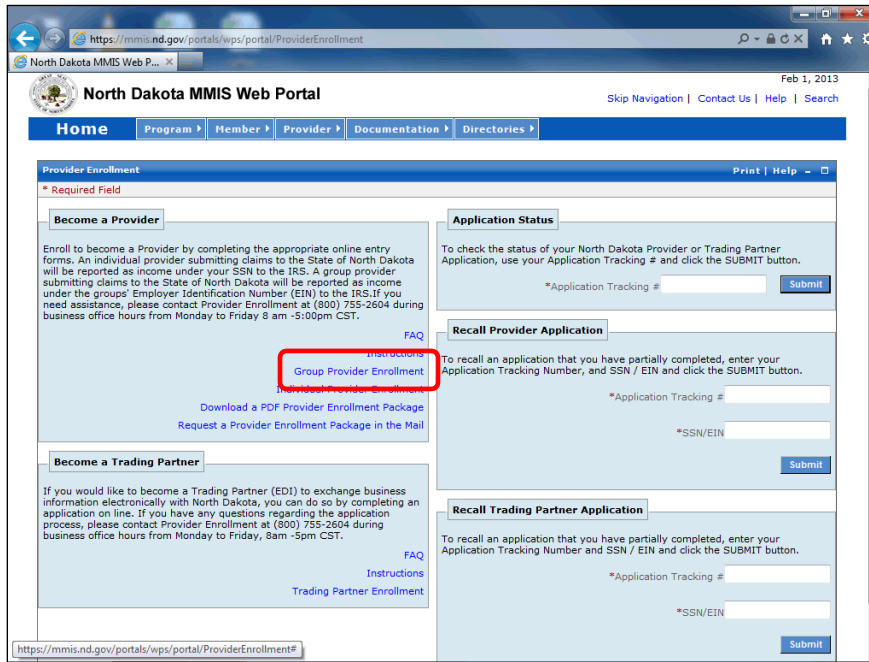
<https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment>

The screenshot shows the North Dakota MMIS Web Portal interface. At the top left is the state seal and the text "North Dakota MMIS Web Portal". At the top right is the date "MAY 25, 2014" and navigation links: "Skip Navigation | Contact Us | Help | Search". Below this is a blue navigation bar with "Home" selected and other options: "Program", "Member", "Provider", "Documentation", and "Directories". The main content area is titled "Provider Enrollment" and includes a "Print | Help" link. A red asterisk indicates a required field. The page is divided into two columns. The left column contains sections for "Become a Provider" and "Become a Trading Partner", each with descriptive text and links for "FAQ", "Instructions", and "Trading Partner Enrollment". The right column contains sections for "Application Status", "Recall Provider Application", and "Recall Trading Partner Application", each with instructions and a "Submit" button. The "Application Status" section has a field for "*Application Tracking #" and a "Submit" button. The "Recall Provider Application" section has fields for "*Application Tracking #" and "*SSN/EIN" and a "Submit" button. The "Recall Trading Partner Application" section has fields for "*Application Tracking #" and "*SSN/EIN" and a "Submit" button.

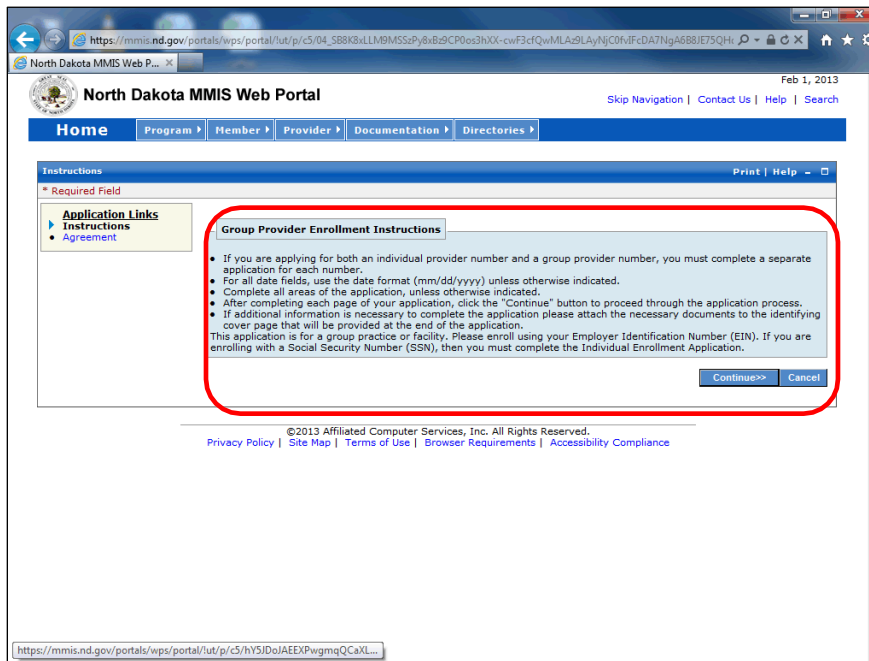
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Step	Action
1.	Click the Group Provider Enrollment link. Group Provider Enrollment

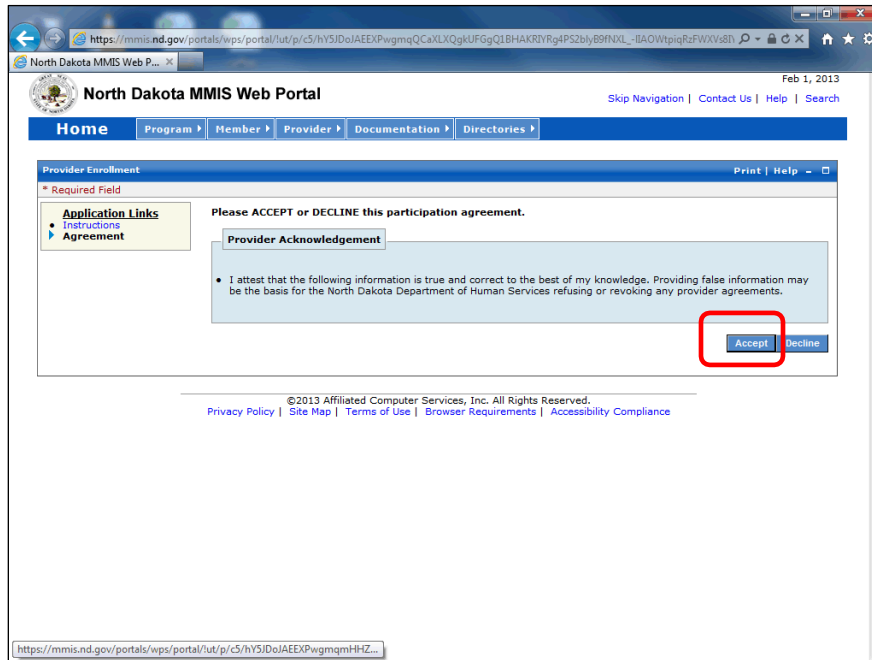


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Step	Action
2.	It is <u>very important</u> to read all on-screen instructions and notes.
Step	Action
3.	Click the Continue button. <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #4f81bd; color: white; text-decoration: none;">Continue>></div>



Step	Action
4.	Click the Accept button. This will take you to the first section of the Enrollment Application. <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #4f81bd; color: white; text-decoration: none;">Accept</div>
Step	Action
5.	The next section will take you through how to complete the Identifying Information page. End of Procedure.

Identifying Information - Group Procedure

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

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tut/p/c5/hy5jDoJAEEpVgmqGhmXlXQwkUFGgQ0hKgbClCAC>. The page title is "Demographic" and it includes a "Print | Help" link. The form is divided into several sections:

- Application Links:** A sidebar menu with links for Application Tracking Number, Instructions, Identifying Information, Licensure / Certification, Provider Identifier, Numbers, Service Location / Billing Information, Group Affiliation, Electronic Transaction Submission, Ownership, Authorized Reps, Exclusions / Sanctions, and Qualified Service Providers.
- Group Information:** Fields for Group Organization Name, Group Name, and Years Doing Business Under this name (set to 17). A question asks if the user has ever used a different Doing Business As (DBA) Name, with radio buttons for Yes and No.
- Tax Reporting Information (highlighted in red):** Fields for Legal Name, EIN, Begin Date, and End Date.
- Current/Previous ND Provider #:** A section for entering current and/or previous ND provider numbers, with an "Add Previous ND Provider #" button.
- Non Profit Organization Tax Exempt Status:** A question "Is this business listed under tax exempt status?" with radio buttons for Yes and No.

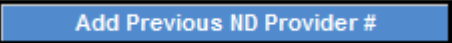
At the bottom of the form, there are buttons for "Continue", "Save", "Reset", and "Exit Application".

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

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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.
	

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The screenshot shows a web browser window with the URL https://mmis.nd.gov/portals/wps/portal/tut/p/c5/nY7LDeIwEEW_xS-YKQ/UZYUGLSCIKBHOAJEHksCEa_3. The page title is "North Dakota MMIS". The form is titled "Demographic" and has a "Print | Help" link. On the left, there is a sidebar with "Application Links" (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, Qualified Service Providers) and "Help" (Group Name, EIN, Date, Current/Previous ND Provider #). The main form has several sections: "Group Information" with fields for Group Organization Name, Group Name, and Years Doing Business Under this name; "Tax Reporting Information" with fields for Legal Name, Group Name, EIN, Begin Date, and End Date; "Current/Previous ND Provider #" with a table for "Previous ND Provider #" and a table for "ND Provider #"; and "Add Previous ND Provider #" which is highlighted with a red box and contains a field for "*ND Provider #", a "Save" link, and "Reset | Cancel" links. Below this is a "Non Profit Organization Tax Exempt Status" section.

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

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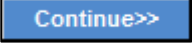
Step	Action
14.	Click the Yes or No option for Tax Exempt Status.
Step	Action
15.	It is also Very Important to click SAVE after completing each section.
Step	Action
16.	Click the Save button. <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #4f81bd; color: white; text-align: center; width: 40px; height: 20px; margin-top: 5px;">Save</div>

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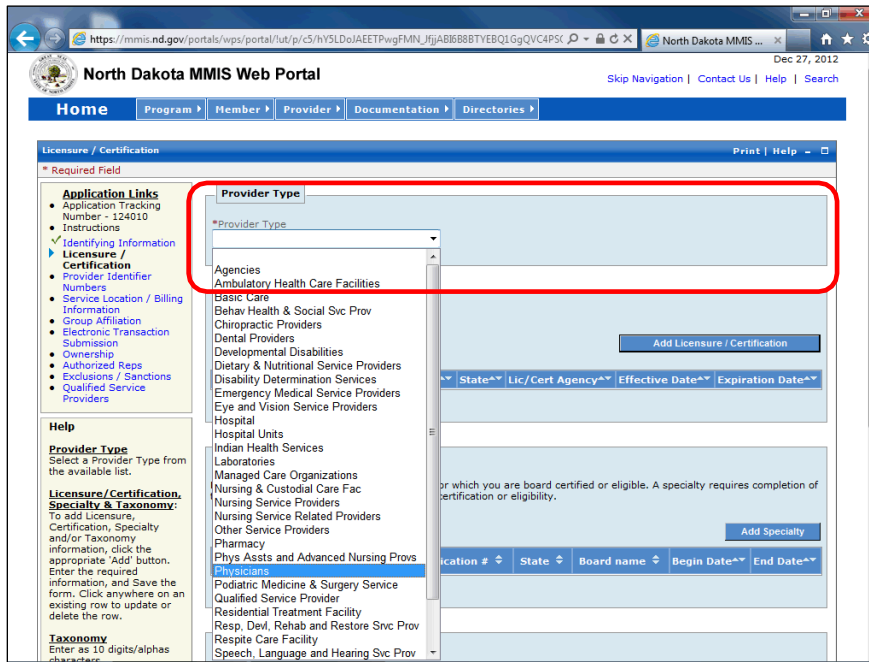
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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tut/p/c5/hy5JDoIAEEXpvgmqQCaxLbQypvFksGFDiDhAZfgQD>. A red box highlights a message: "Required Field: The Provider Enrollment Details have been saved successfully. Please note your Application Tracking Number 124010 for future access to the Enrollment Application." The form includes sections for Group Information, Tax Reporting Information, and Current/Previous ND Provider #.

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

Licensure/Certification - Group
 Procedure

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

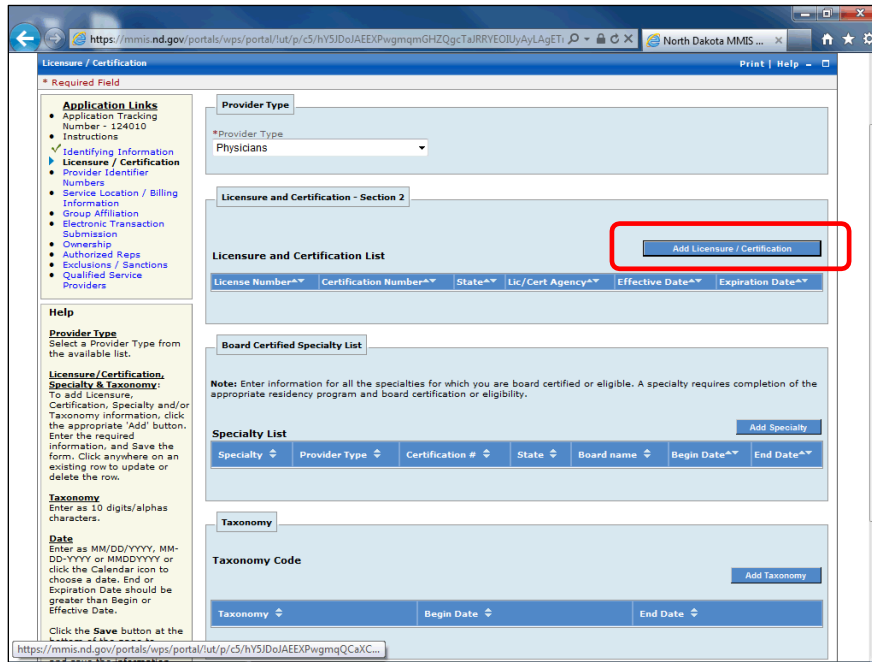


Step	Action
1.	Click the Provider Type drop down and select the appropriate list item. Required.

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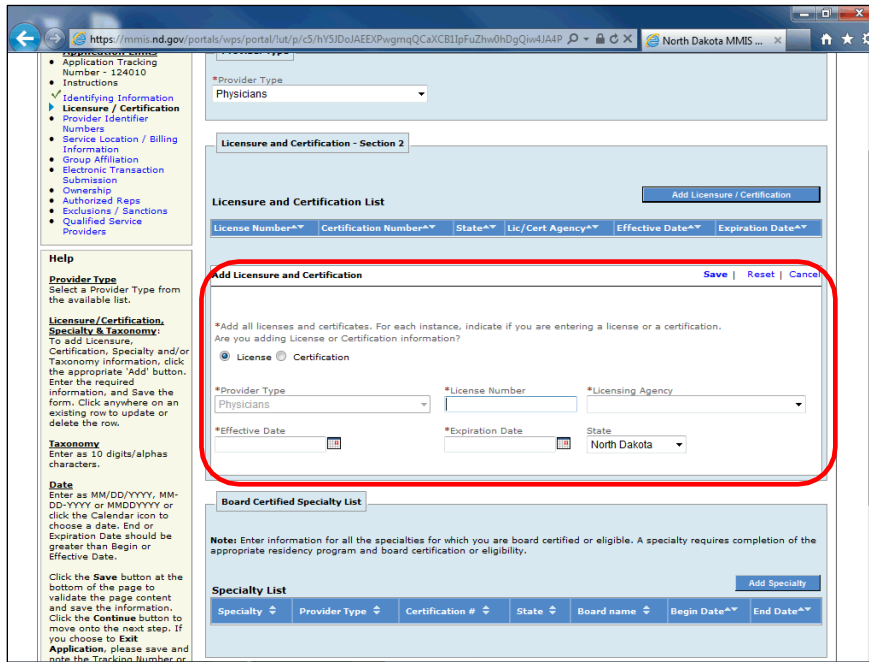


Step	Action
2.	<p>Click the Add Licensure / Certification button.</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #4f81bd; color: white; text-decoration: none;">Add Licensure / Certification</div> <p>*List all license and certifications in this section.</p>

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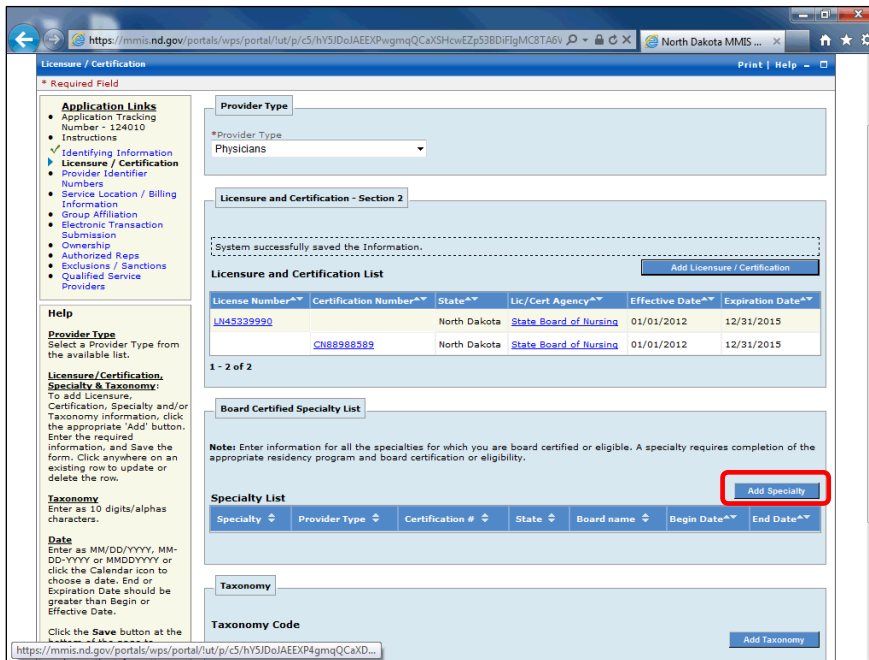
Medicaid Provider Enrollment

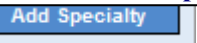
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Step	Action
3.	Click the License or Certification option. License is required. Groups/facilities that do not hold licensure must enter a license for one of the affiliated individual providers.
Step	Action
4.	Enter the desired information into the License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

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



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

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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						

Add Specialty [Save](#) | [Reset](#) | [Cancel](#)

*Specialty: General Practice | *Provider Type: Physicians | *Begin Date: [] | *End Date: []

*State: North Dakota | *Certification #: [] | *Board name: []

Taxonomy

Taxonomy Code [Add Taxonomy](#)


Taxonomy	Begin Date	End Date
Add Taxonomy		

[Continue>>](#) | [Save](#) | [Reset](#) | [Exit Application](#)

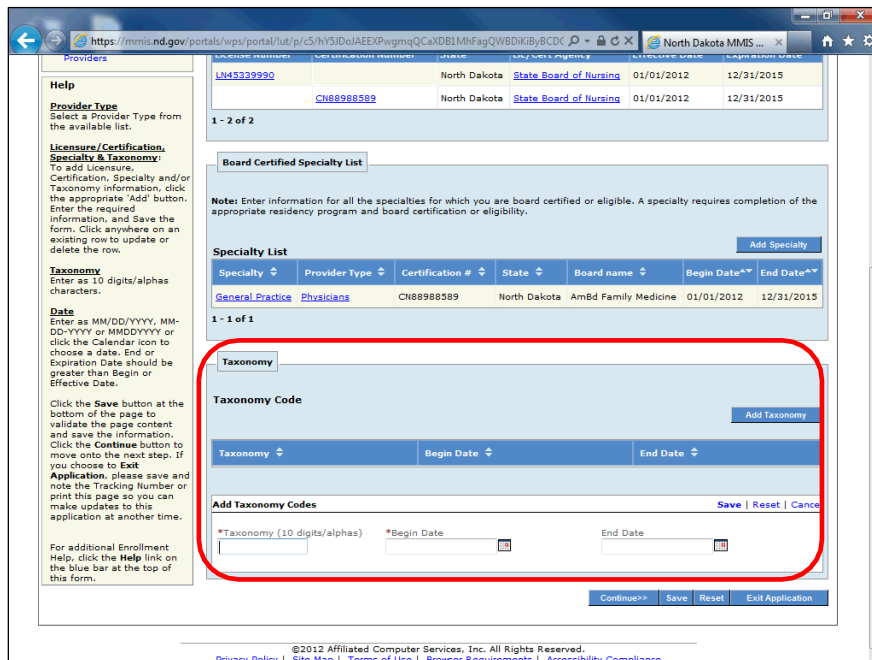
Help

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. 

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>




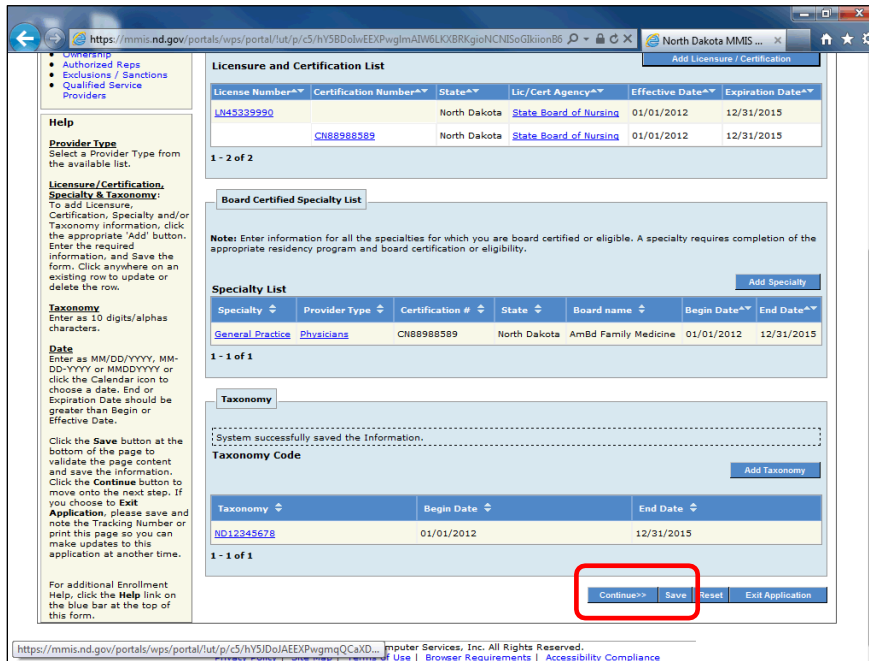
Step	Action
17.	Click the Add Taxonomy button. <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #4f81bd; color: white; text-decoration: none;">Add Taxonomy</div> *A Taxonomy code is required for all providers except Atypical providers (QSP's, Transportation, and Developmental Disabilities).
Step	Action
18.	Enter the desired information into the Taxonomy (10 digits/alphas) field.
Step	Action
19.	Enter the desired information into the Begin Date field. Enter 10/01/2013.
Step	Action
20.	Enter the desired information into the End Date field. Enter 12/31/9999.

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Step	Action
21.	Click the Save link. 



The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tut/p/c5/hy5BDobEEXpWgImAZW6LX0BRKgioNCNIsocGkionB6>. The page title is "Add License / Certification".

License and Certification List

License Number	Certification Number	State	Lic/Cert Agency	Effective Date	Expiration Date
LN45339990		North Dakota	State Board of Nursing	01/01/2012	12/31/2015
	CN8988589	North Dakota	State Board of Nursing	01/01/2012	12/31/2015

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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
General Practice	Physicians	CN8988589	North Dakota	AmBd Family Medicine	01/01/2012	12/31/2015

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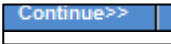
Taxonomy

Taxonomy Code

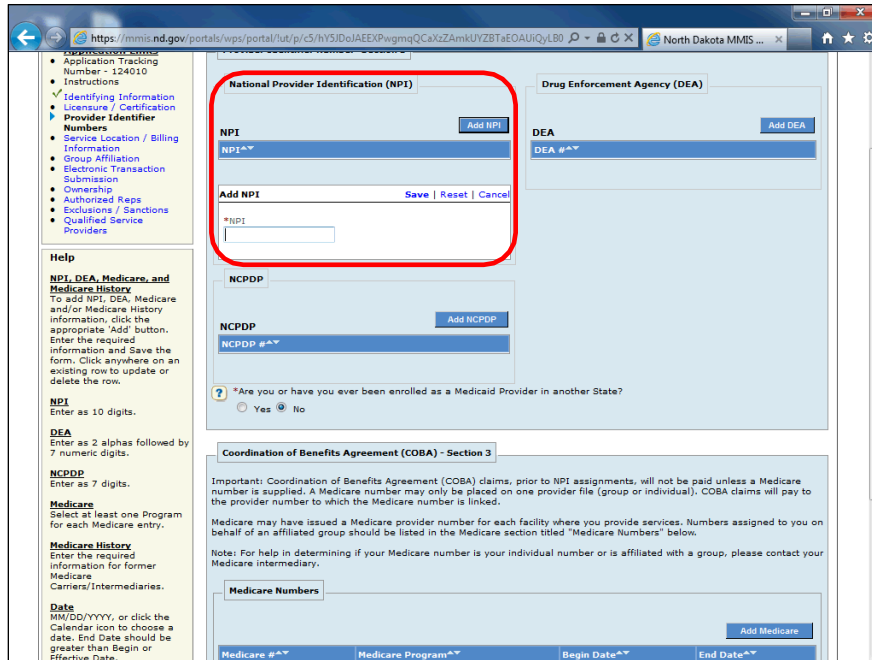
Taxonomy	Begin Date	End Date
ND12345678	01/01/2012	12/31/2015

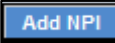

1 - 1 of 1

Buttons: Continue>> **Save** Reset Exit Application

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

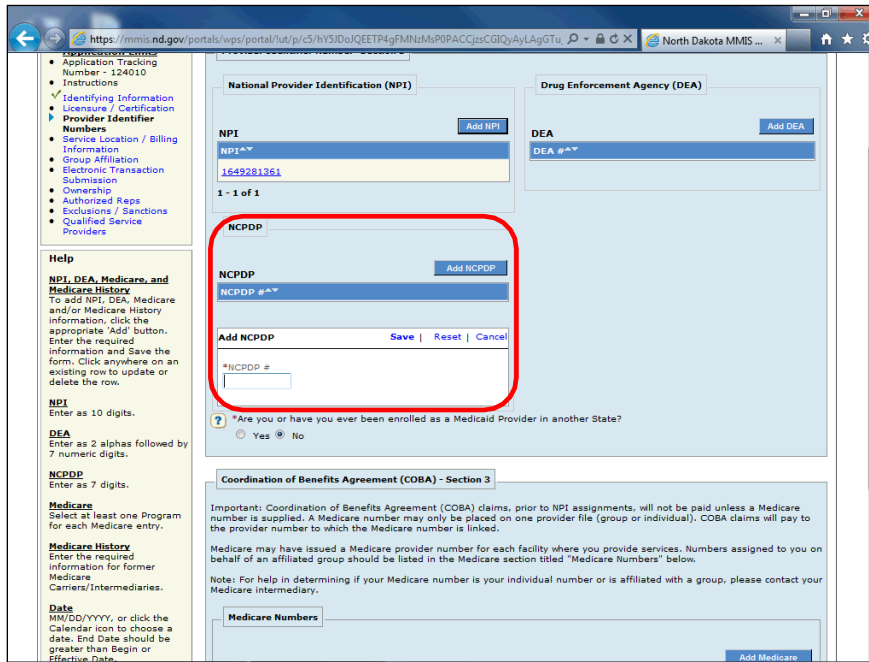


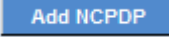

Step	Action
1.	Click the Add NPI button.  *Required for all providers except Atypical (QSP, Transportation, Lodging, and Meals) providers.
Step	Action
2.	Enter the enrolling group's NPI information into the NPI field. Enter only one NPI. If the group has more than one NPI, then a separate application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

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

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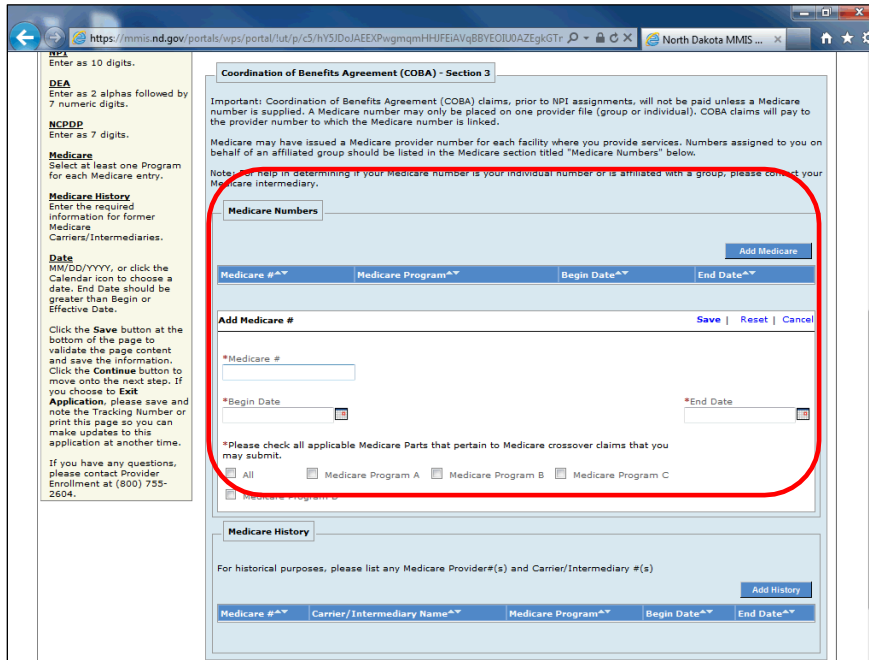
The screenshot shows the 'National Provider Identification (NPI)' and 'Drug Enforcement Agency (DEA)' sections of the enrollment form. The NPI section contains the number 1649281351. The DEA section is currently empty, with an 'Add DEA' button. A red box highlights the DEA section. Below the DEA section, there is a message: 'System successfully saved the Information.' and a question: '*Are you or have you ever been enrolled as a Medicaid Provider in another State?' with radio buttons for 'Yes' and 'No'.

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, but the 'Add DEA' button is no longer visible. Instead, the question '*Are you or have you ever been enrolled as a Medicaid Provider in another State?' is highlighted with a red box. The 'Yes' radio button is selected.

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

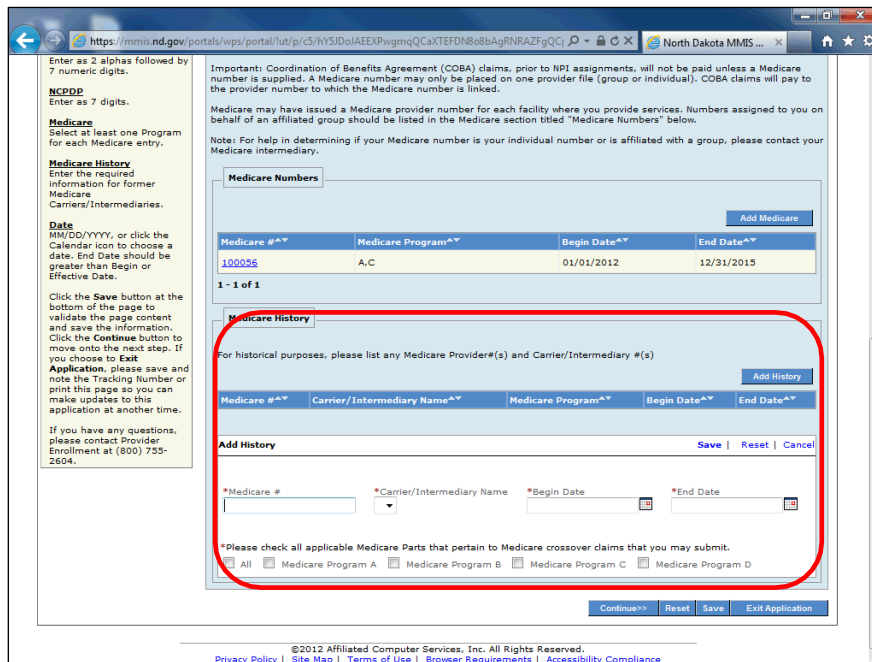


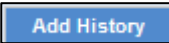

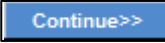
Step	Action
9.	Click the Add Medicare button. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Add Medicare</div>
Step	Action
10.	Enter the group's Medicare information into the Medicare # field.
Step	Action
11.	Enter the desired information into the Begin Date 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. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Save</div>

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

Service Location / Billing Information - Group Procedure

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

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The screenshot shows a web application interface for Medicaid Provider Enrollment. A red box highlights a warning message: "Suggested Address. Select from the list of valid suggestions then click 'Submit', or click 'Cancel' to return to make additional changes. Invalid Service Location Address. Please select one of the Alternative Addresses." Below this message are two radio button options: "100 E Main Ave., Bismarck, ND, 58501, 3846, Burleigh County" (which is selected) and "Override verification warning, and accept address as entered." The background shows a form with fields for Physical Address (100 Main Street), City (Bismarck), State (North Dakota), Zip (58501), and County (Burleigh).



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

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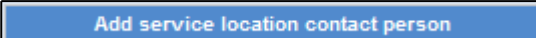

The screenshot shows the 'Service Location Information - Section 4' form in the North Dakota MMIS Web Portal. The form includes fields for Physical Address (100 E Main Ave), City (Bismarck), State (North Dakota), and Zip (58501). A red box highlights the 'Add Service Location Phone Numbers' button and the 'Add Location Numbers' sub-form, which contains 'Phone #' and 'Fax #' input fields. Below this, there is a table for 'Service Location Contact Person(s)' and a 'Service - Section 4' section with radio buttons for gender and age range served, and a list of languages supported.

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

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

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The screenshot shows a web-based form for Medicaid Provider Enrollment. The browser address bar indicates the URL is <https://mmis.nd.gov/portals/wps/portal/jut/p/c5/nysjDoIAEEXpwmqQZZIUAwkWSlUpoNQVEDYvoQD>. The form is titled "Service-Section 4" and is highlighted with a red border. The form includes the following sections:

- Physical Address:** 100 E Main Ave, Bismarck, North Dakota, 58501 3846. Phone: 701-555-5555, Fax: 701-555-5555.
- Service Location Contact Person(s):** A table with one entry:

Last Name	First Name	MI	Phone	Ext.	Fax	Cell Phone	Email	Position
Smith	Tom		701-555-5555					Provider Enrollment Office
- 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. Selected: English.
- Service Area:** Counties Served Distance From Location

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

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tut/p/c5/ny5jD0JAEEKpvgmqQCaX2HqgkWSUm8DUNFAZfGc>. The page is titled "North Dakota MMIS ...". The form contains several sections:

- Phone, FAX and Contact:** Instructions for adding contact information.
- Service:** A section with a red circle around it, containing:
 - Gender: Male, Female, Both (radio buttons)
 - Age: All, 0-5 Years, 6-12 Years, 13-17 Years, 18-21 Years, 22-59 Years, 60+ Years (checkboxes)
 - Language: Available (Albanian, Bangla, Bosnian, Cambodian/Campuchean) and Selected (English) dropdown menus.
 - Other Language: text input field.
 - Section title: **Service Area**
 - Instruction: "Please define your service area by Counties served, or by distance from your location." with radio buttons for "Counties Served" and "Distance From Location".
 - Questions 1-6 with "Yes" or "No" radio button options:
 - 1. "Is this location wheelchair accessible?"
 - 2. "Is this location TDD/TTY Equipped?"
 - 3. "Does this location provide after-hours services?"
 - 4. "Are you a pharmacy or do you provide pharmacy services?"
 - 5. "Are you a 340b Provider?"
 - 6. "Do you wish to be excluded from public provider searches?"
- Hours of Operation:** Includes an "Add Hours of Operation" button and a table with columns for "Day of Week", "Open", and "Close".
- Interpretive Services Available:** Includes an "Add Interpretive Services Available" button and a dropdown menu.
- Special Needs:** Instructions for adding special needs.

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

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The screenshot shows a web-based form for Medicaid Provider Enrollment. On the left, there are instructions for adding hours of operation, interpretive services, special needs, CLIA, date, mailing address, and electronic funds transfer. The main form area includes sections for:

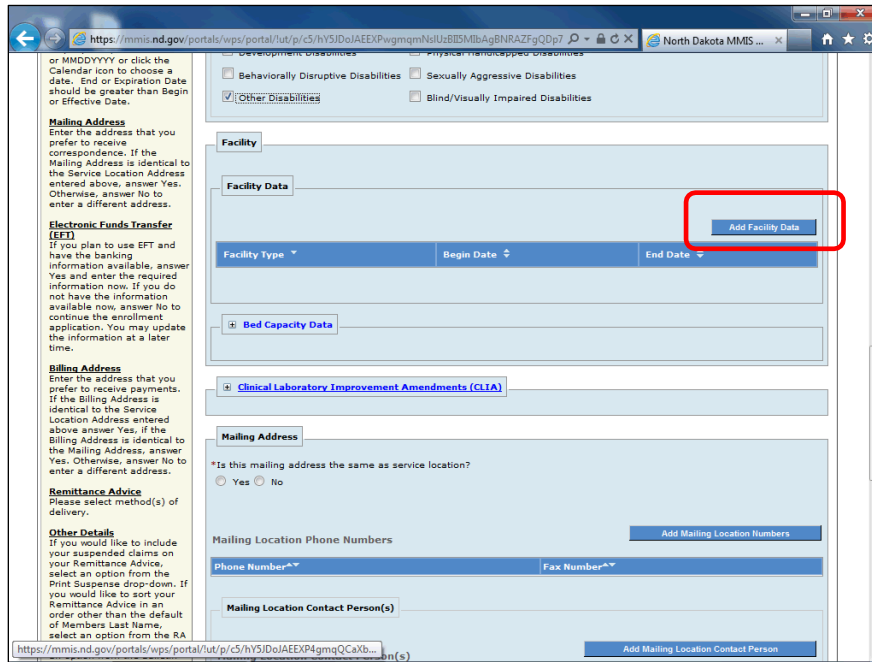
- Hours of Operation:** Includes a table with columns for Day of Week, Open, and Close, and an 'Add Hours of Operation' button.
- Interpretive Services Available:** Includes an 'Add Interpretive Services Available' button and a dropdown menu.
- Special Needs:** A section with a plus sign icon and a list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

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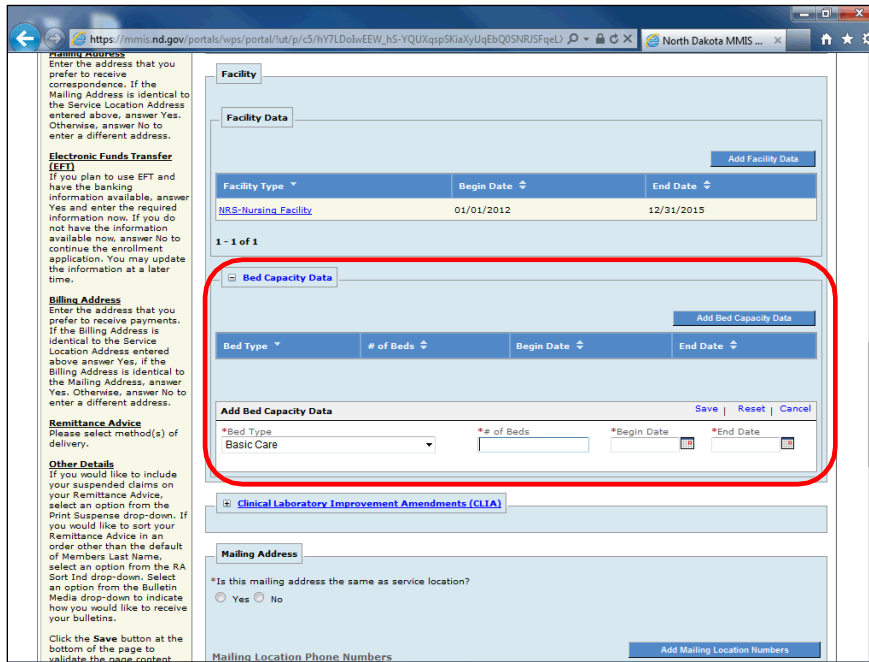



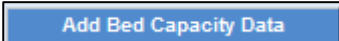

Step	Action
26.	Click the Add Facility Data button. Applicable to institutional enrolling entities. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Add Facility Data</div>
Step	Action
27.	Click the Appropriate Facility list item.
Step	Action
28.	Enter the desired 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 style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Save</div>

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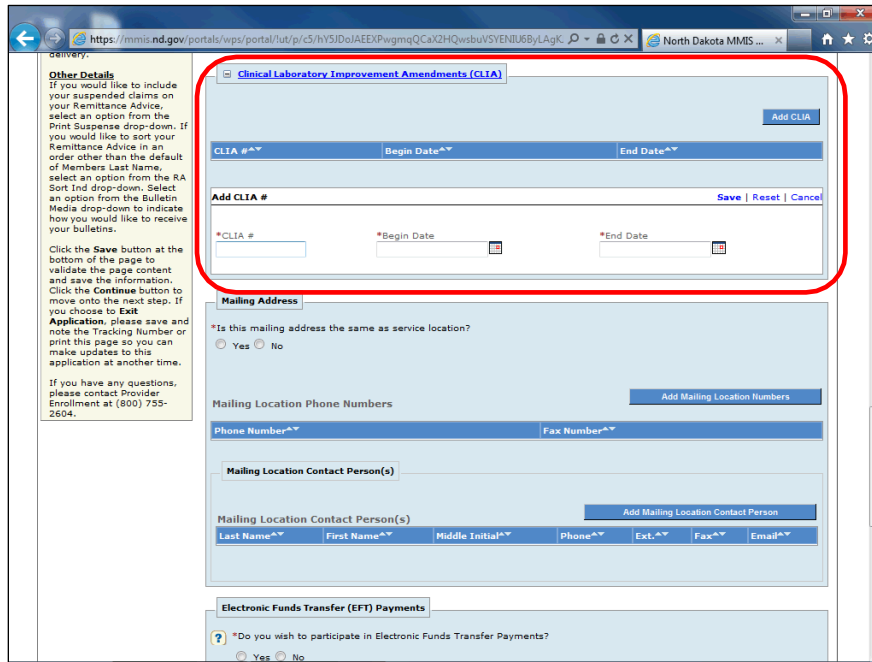


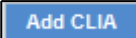

Step	Action
31.	Click the Bed Capacity Data link. Applicable to institutional enrolling entities. 
Step	Action
32.	Click the Add Bed Capacity Data button. 
Step	Action
33.	Click the Appropriate Bed Type list item.
Step	Action
34.	Enter the desired information into the # of Beds field.
Step	Action
35.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

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

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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/jut/pi/c5/hYSJDoJAEEpWgmqQCaxSBM00C2zwJbgGlgMC4LC6>. The page title is 'North Dakota MMIS ...'. The main content area is titled 'Clinical Laboratory Improvement Amendments (CLIA)'. A message at the top says 'System successfully saved the information.' with an 'Add CLIA' button. Below this is a table with columns 'CLIA #', 'Begin Date', and 'End Date'. The first row contains '3501053181', '01/01/2012', and '12/31/2015'. Below the table is a '1 - 1 of 1' indicator. The 'Mailing Address' section is highlighted with a red circle. It contains a question 'Is this mailing address the same as service location?' with 'Yes' and 'No' radio buttons. Below this are fields for 'Mailing Location Phone Numbers' (Phone Number and Fax Number) and 'Mailing Location Contact Person(s)' (Last Name, First Name, Middle Initial, Phone, Ext., Fax, Email). There are also buttons for 'Add Mailing Location Numbers' and 'Add Mailing Location Contact Person'. Below the 'Mailing Address' section is the 'Electronic Funds Transfer (EFT) Payments' section with a question 'Do you wish to participate in Electronic Funds Transfer Payments?' and 'Yes' and 'No' radio buttons. At the bottom is the 'Billing Address' section.

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.

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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.

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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 displaying the Medicaid Provider Enrollment form. The form is titled "Bank" and contains several fields for bank information. The "Billing Address" section is highlighted with a red circle. This section includes a note: "Note: The billing address is equivalent to your Pay To address where your checks will be mailed." Below the note is a question: "Is this billing address the same as the service location?" with radio buttons for "Yes" and "No". Below this are sections for "Billing Location Phone Numbers" and "Billing Location Contact Person(s)". The "Billing Location Phone Numbers" section has fields for "Phone Number" and "Fax Number". The "Billing Location Contact Person(s)" section has fields for "Last Name", "First Name", "Middle Initial", "Phone Number", "Extension", "Fax", "Position", and "Email".


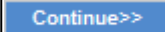
Step	Action
58.	Click the Yes or No Billing Address option. If No, complete Billing Address fields.
Step	Action
59.	Contact person and email address are required.

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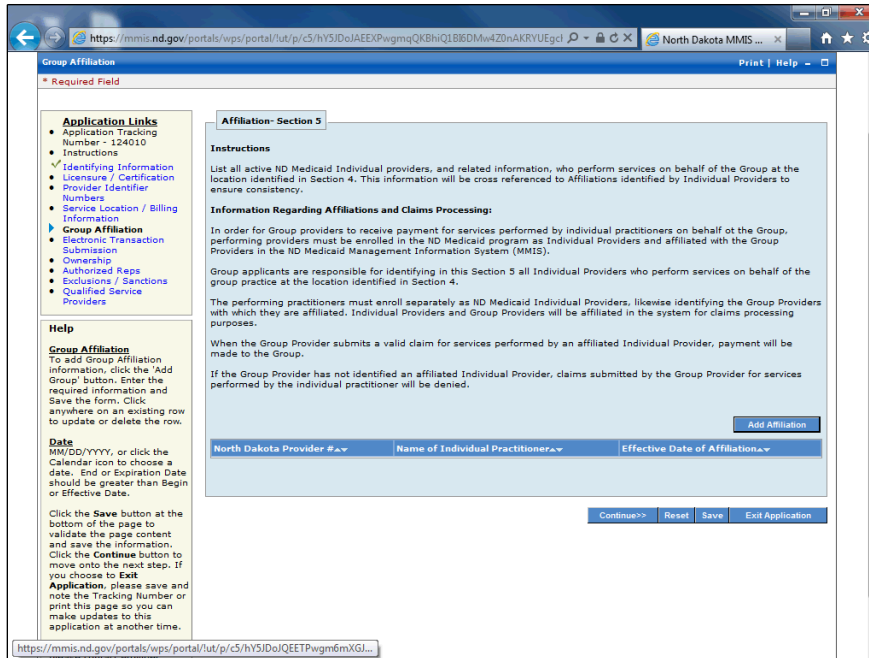
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The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/tut/p/c5/nv5jD0JAEEKpvmqQCaXD0gEvqZhw4BUQORYUEw>. The page is titled "North Dakota MMIS...". The form contains several sections: "Billing Address", "Billing Location Phone Numbers", "Billing Location Contact Person(s)", "Remittance Advice", and "Other Details". The "Remittance Advice" section is highlighted with a red box. It includes a note: "Note: The provider can only choose one RA option. Your paper RA will be sent to the billing address listed." Below the note are three radio button options: "Electronic (835)", "Web Portal Inbox", and "Paper". The "Electronic (835)" option is selected. At the bottom of the form, there are buttons for "Continue>>", "Reset", "Save", and "Exit Application".

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
61.	Click the Save button. 
62.	Click the Continue button. 
63.	The next section will take you through how to complete the Group Affiliation page End of Procedure.

Group Affiliation - Group Procedure

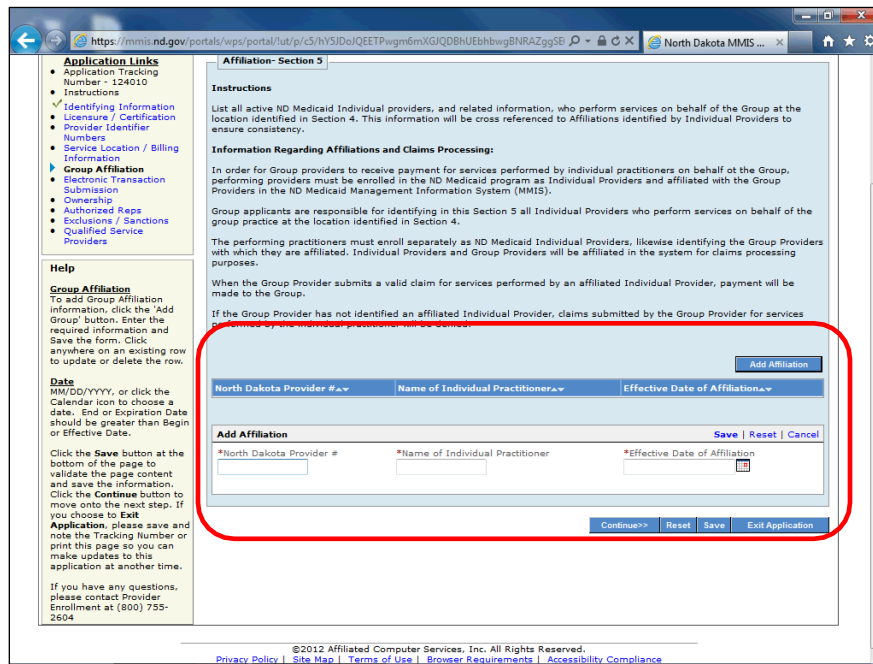





Step	Action
1.	<p><u>Affiliate all active individual providers who perform services on behalf of this group.</u></p> <p>*Use the current individual ND Medicaid number as the provider number.</p> <p>*Multiple Individual Providers can be added.</p>

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

Step	Action
9.	Click the Continue button. <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #4a86e8; color: white; text-decoration: none;">Continue>></div>

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

The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/!ut/p/c5/hYSJDoJAEDXpWgFMFgjkEmIEDQyCmwlwSEQGyWEAb...>. The page title is "Electronic Transaction Submission" and it includes a navigation menu with "Home", "Program", "Member", "Provider", "Documentation", and "Directories".

The main content area is titled "Electronic Transaction Submission- Section 6" and contains the following text:

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.
- Assume 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.

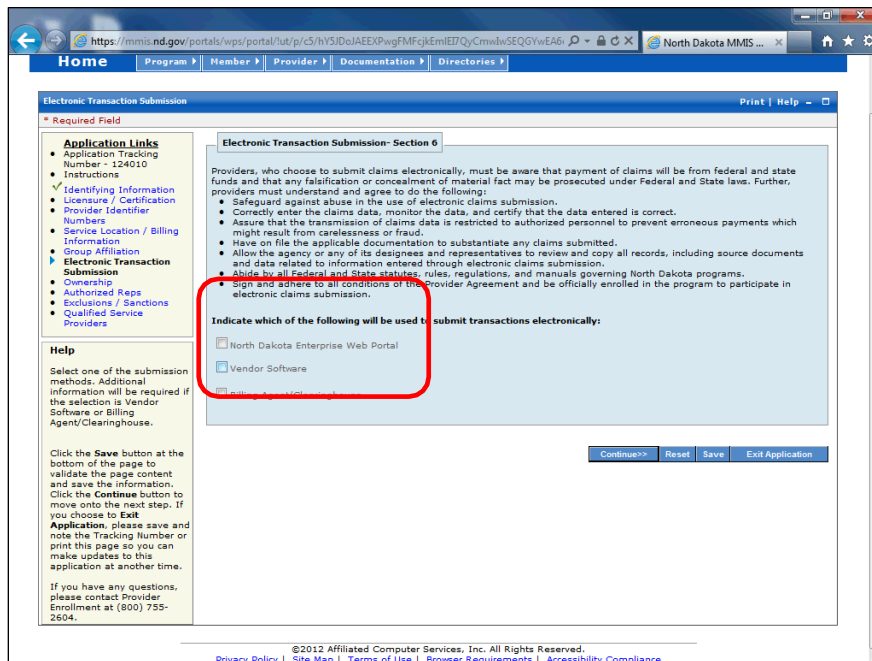
Below this text, a section titled "Indicate which of the following will be used to submit transactions electronically:" contains three radio button options:

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

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

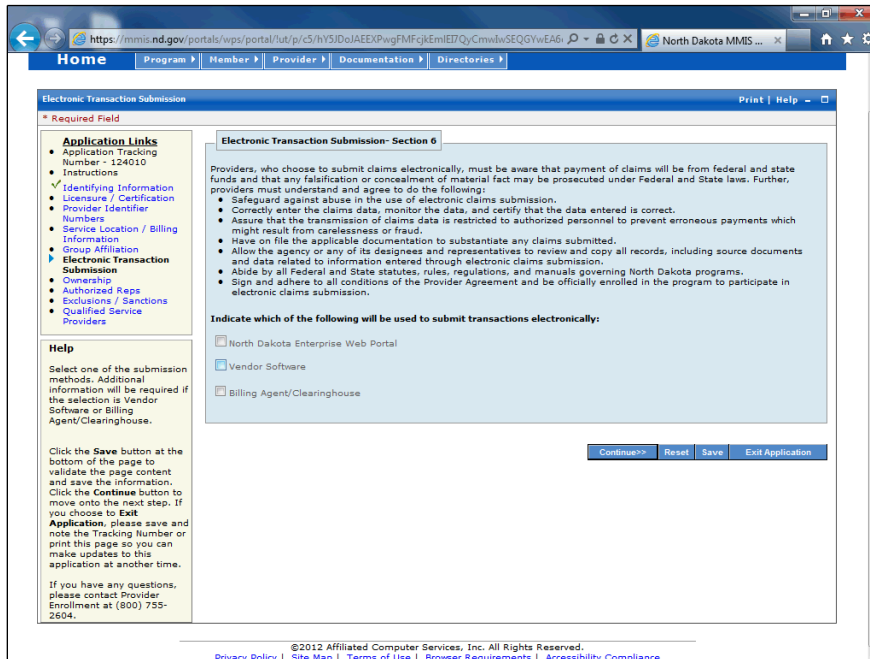
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[Privacy Policy](#) | [Site Map](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)

Step	Action
1.	<p>In this section, you will need to choose 1 of 3 options to submit electronic transactions.</p> <ul style="list-style-type: none"> ● ND MMIS Web Portal – for those that will be entering Medicaid claims directly into the ND MMIS web portal. Pharmacy providers should always select this option. ● Vendor Software – for those that have their own software that creates a batch file and are sent directly to the State to process. PC ACE, for example, would be considered vendor software. A provider selecting this option would be acting as their own Trading Partner. ● Billing Agent/Clearinghouse – for those that use a third party to submit their claims on behalf of the group. The third party is the Trading Partner.



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

Step	Action
4.	<p>If submission is through a Billing Agent/Clearinghouse, the Agent/Clearinghouse will have to enroll as a trading partner through ND MMIS. Those trading partners are required to enroll and identify your group in their affiliations. Trading Partners were notified of this requirement in a separate communication.</p> <p>Note: If you use more than one billing agent/clearinghouse, only one can be entered. Once the State is closer to full implementation of the system and you receive your new provider information from the Department, you will need to work with the Department’s trading partner enrollment specialist to have the additional billing agents/clearinghouses added.</p>



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

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The screenshot shows the 'Electronic Transaction Submission' page. A red circle highlights the following fields:


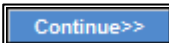
- Software Vendor Name
- Software Name
- Version #

Other visible fields include:

- Protocol (dropdown menu)
- Billing Agent/Clearinghouse (checkbox)
- Submit and Receive checkboxes for various transaction types (e.g., 270 Eligibility Inquiry, 271 TPL Coverage Response, etc.)

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.

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Step	Action
11.	<p>Click the Appropriate Submit and Receive options.</p> <p>Submit options: 270 – Contacting the health insurer about the eligibility and benefits of a patient. 271 – N/A 276 – Contacting the health insurer about the status of a claim. 278 – Sending or receiving referrals or authorizations. 835 – N/A 873D – Submitting dental claims to the health insurer. 873I – Submitting Institutional claims to the health insurer. 837P – Submitting Professional claims to the health insurer.</p> <p>Receive options: 270 – N/A 271 – Receiving information from the health insurer about the eligibility and benefits of a patient. 277 – Receiving information about the status of a claim from the health insurer. 278 – Sending or receiving referrals or authorizations. 820 – N/A 834 – N/A 835 – Receiving payment and/or remittance information from the health insurer for claims. 837I – N/A 837P – N/A</p>
Step	Action
12.	<p>Click the Save button.</p> <p style="text-align: center;"></p>
Step	Action
13.	<p>Click the Continue button.</p> <p style="text-align: center;"></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 a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/ut/p/c5/hYSJDoJAEEXp4gmqQBicttBBFp85glBHAKRlcagchpb>. The page title is "Ownership" and it includes a "Required Field" warning. On the left, there are "Application Links" and "Help" sections. The main content area is titled "Ownership - Section 7" and contains a question: "*1. How many owners of this applicant have a 5% or more ownership interest in the group?" with a text input field. Below this is an "Add Ownership" button and a table with columns: Name, Doing Business As (DBA) Name, Effective Date of Ownership, and Current ND Provider #. Further down, there are questions *2 and *3, and an "Add Employee" button with a table for employee information (Last Name, First Name, MI, Title, Date of Birth). Question *5 is at the bottom regarding family members with ownership.

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

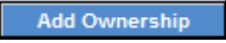

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The screenshot shows a web browser window with the URL https://mmis.nd.gov/portals/wps/portal/jsp/p/c5/ny7LDLhNQFEW_xRec:Q706vOWGpmhXSY9EHqMRAIX. The page is titled "North Dakota MMIS ...". On the left, there is a navigation menu with options like "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". Below the menu is a "Help" section. The main content area contains a form with the following sections:

- Ownership**: A table with columns "Name", "Doing Business As (DBA) Name", "Effective Date of Ownership", and "Current ND Provider #". Below the table is a red box highlighting the "Add Ownership" button and the "Add Ownership Information" section.
- Add Ownership Information**: A section with a "Save | Reset | Cancel" button. It contains a question: "*1. How many owners of this applicant have a 5% or more ownership interest in the group?" with the answer "2". Below this is a radio button question: "*Is the Owner an Individual or Group?" with options "Individual" and "Group" (selected). There are input fields for "*Business Name", "*Doing Business As (DBA) Name", "*EIN", "*Effective Date of Ownership", and "Current ND Provider #".
- Employee**: A section with an "Add Employee" button. It contains a question: "*2. Are any of the persons with an ownership or controlling interest in the provider's company related to one another as spouse, parent, child, sibling or household member?" with options "Yes" and "No". Below this is a question: "*3. What is the total number of managing/directing employees for the group?" with the answer "0".
- Employee**: A table with columns "Last Name", "First Name", "MI", "Title", and "Date of Birth".
- Additional Questions**: A question: "*5. Do any of the members of your immediate family (spouse, parent, child, sibling or household member) have ownership of 5% or greater in a subcontractor to your business or practice? (A subcontractor is an individual, agency, or organization to which an applicant/provider has contracted responsibilities of providing medical care to its patients.)" with options "Yes" and "No".

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.

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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.

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

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

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

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

Ownership, Managing/Directing, Subcontractor, and Relative
To add Ownership, Managing/Directing, Subcontractor, and/or RelativeEmployee and/or Relative information, click the appropriate 'Add' button. Enter the required information, and Save the form. Click anywhere on an existing row to update or delete the row.

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

Click the **Save** button at the bottom of the page to validate the page content and save the information.
Click the **Continue** button to move onto the next step. If you choose to **Exit Application**, please save and note the Tracking Number or print this page so you can make updates to this application at another time.
If you have any questions, please contact Provider Enrollment at (800) 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.
1

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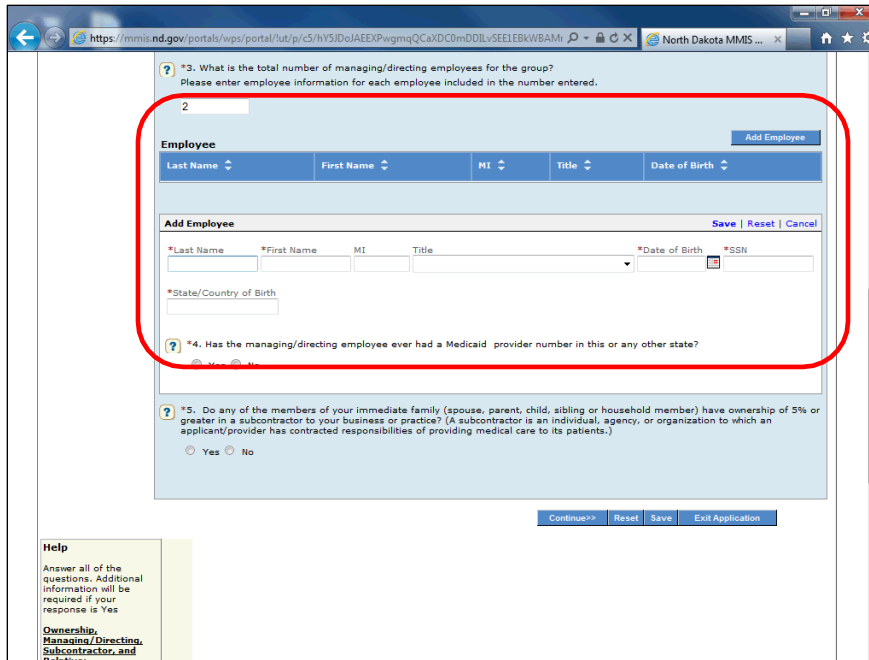
*5. Do any of the members of your immediate family (spouse, parent, child, sibling or household member) have ownership of 5% or greater in a subcontractor to your business or practice? (A subcontractor is an individual, agency, or organization to which an applicant/provider has contracted responsibilities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

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>




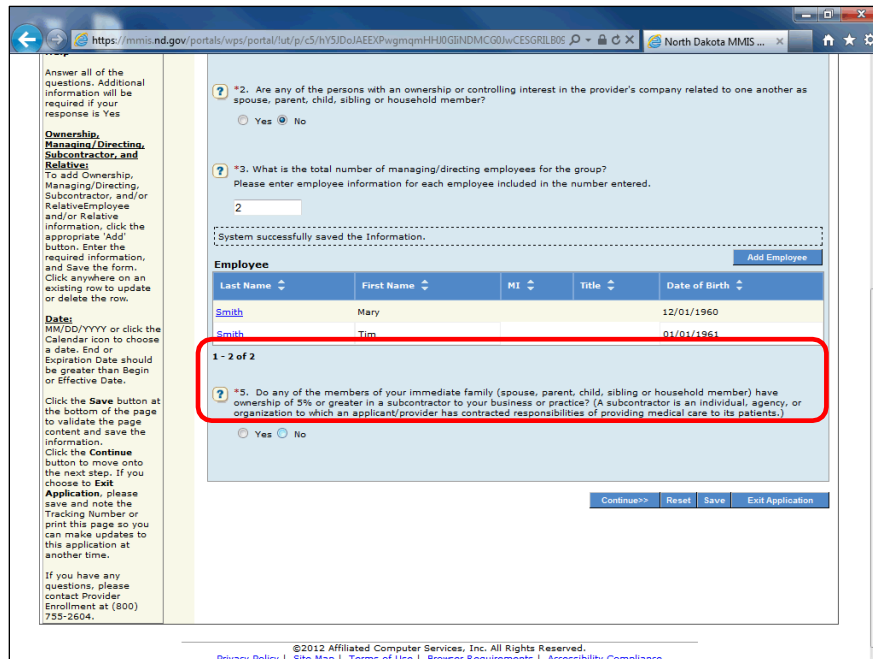
Step	Action
13.	Click the Add Employee button. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Add Employee</div>
Step	Action
14.	Enter the desired information into the Last Name field.
Step	Action
15.	Enter the desired information into the First Name field.
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.

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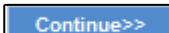
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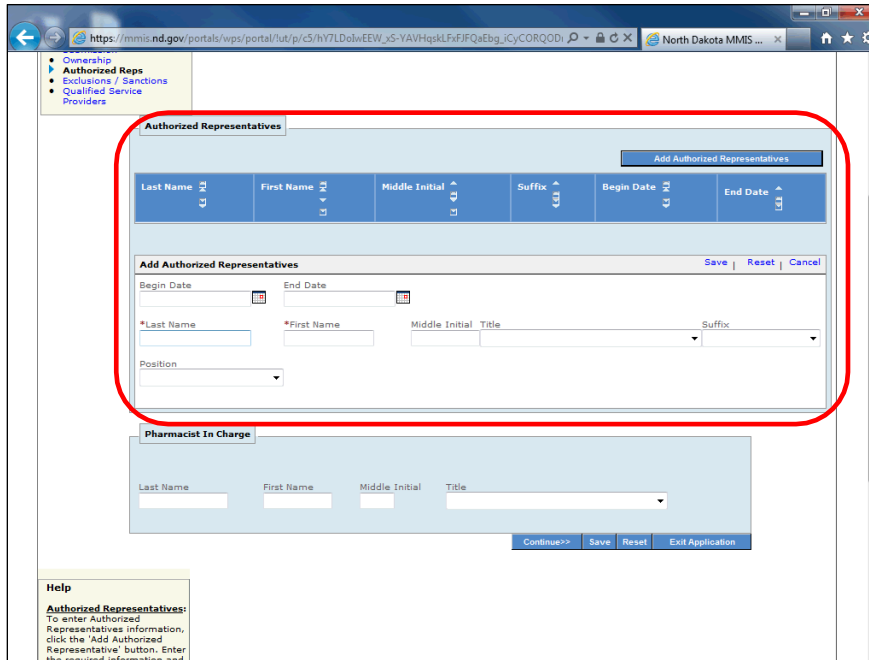
Step	Action
20.	Click the Save link. 
Step	Action
21.	Repeat steps 13 - 20 for each Managing/Directing employee.





The screenshot shows a web browser window with the URL <https://mmis.nd.gov/portals/wps/portal/uk/p/c5/fy5/DoJAEEXpwmqmH4U0GJNDMCG0JwCESGRLLB05>. The page contains a form with several questions. Question 2 asks if any persons with ownership or controlling interest are related. Question 3 asks for the total number of managing/directing employees, with a table below it. The table has columns for Last Name, First Name, MI, Title, and Date of Birth. Two employees are listed: Mary Smith (DOB 12/01/1960) and Tim Smith (DOB 01/01/1961). Question 5, which is circled in red, asks if any immediate family members have ownership of 5% or greater in a subcontractor. At the bottom of the form are buttons for 'Continue>>', 'Reset', 'Save', and 'Exit Application'.

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

Authorized Reps - Group
Procedure

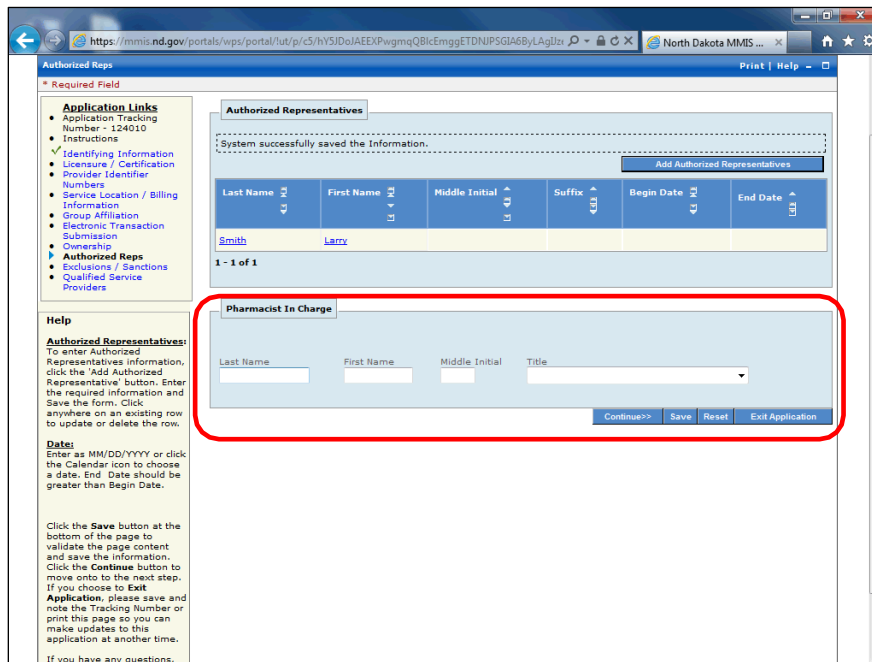



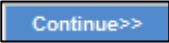
Step	Action
1.	Click the Add Authorized Representatives button. Required. The Authorized Representative is an individual who can act/speak on behalf of the enrolling entity. This individual is the signer of State Form Number (SFN) 1168. 
Step	Action
2.	Enter the desired information into the Last Name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

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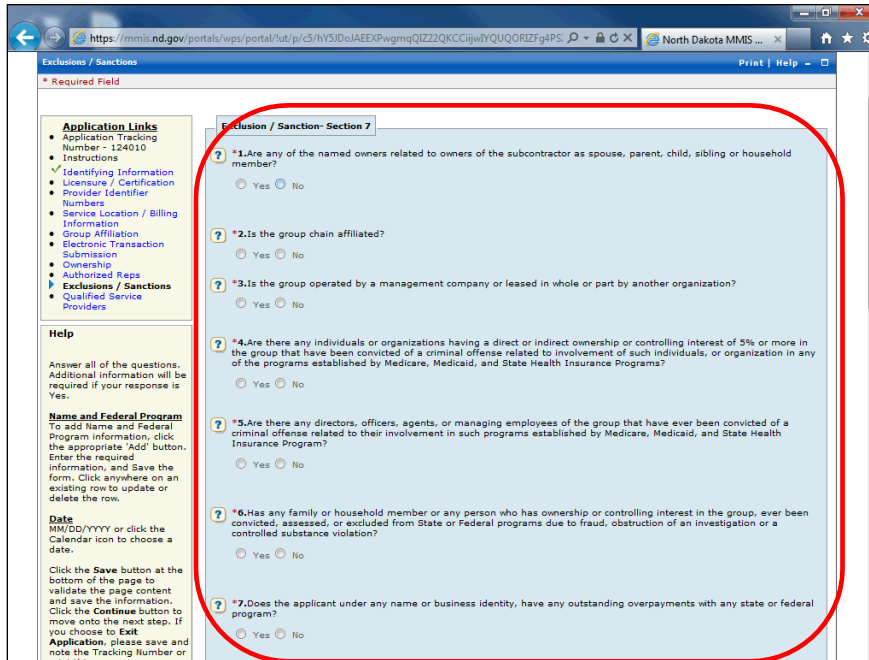
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

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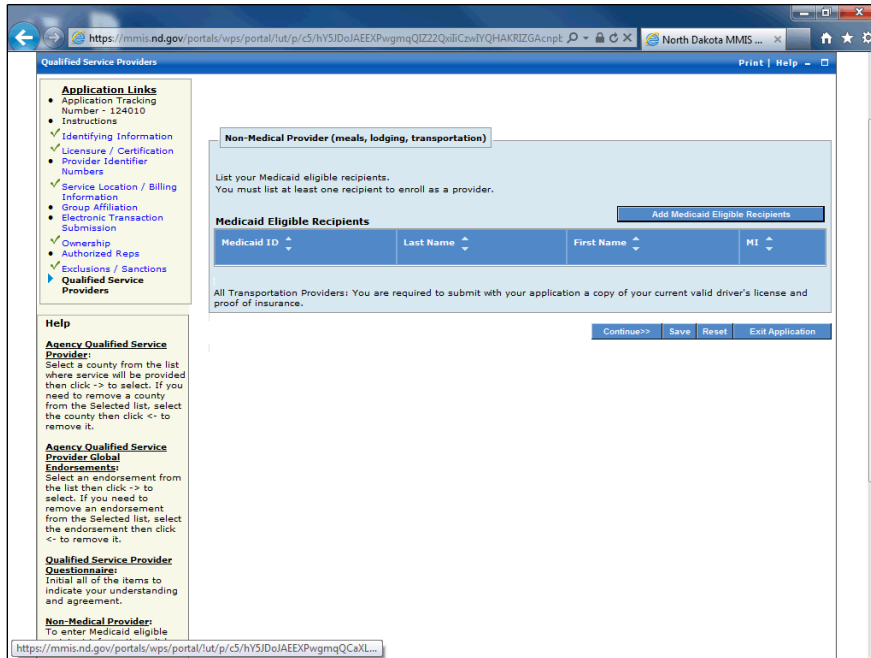
Step	Action
6.	Enter Pharmacist in Charge if applicable. <u>Required for all pharmacy providers.</u>
Step	Action
7.	Click the Save button. 
Step	Action
8.	Click the Continue button. 
Step	Action
9.	The next section will take you through how to complete the Exclusions / Sanctions page. End of Procedure.

Exclusions / Sanctions - Group Procedure



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

Qualified Service Providers - Group Procedure

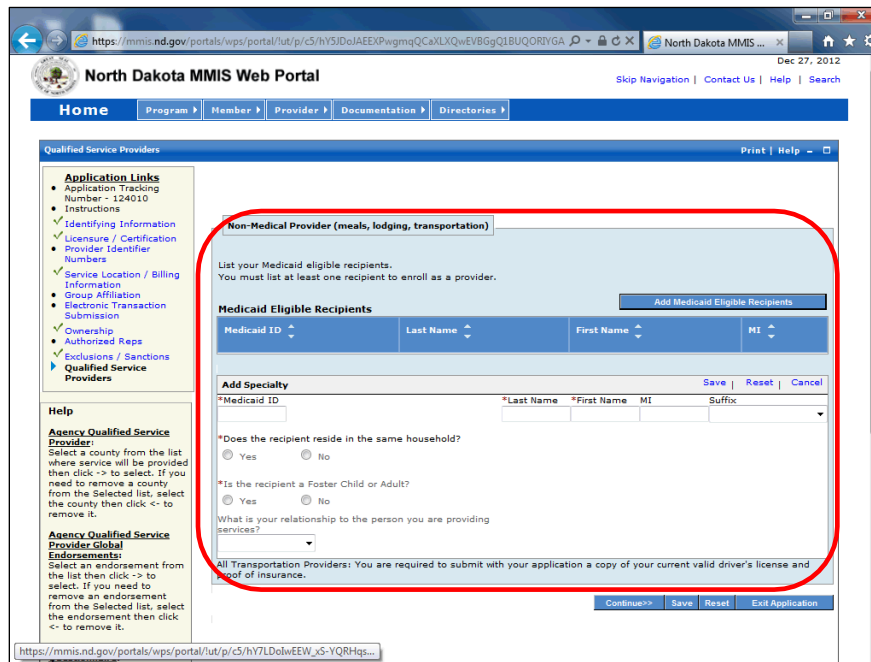




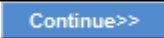
Step	Action
1.	<p>If not enrolling as a Non-Medical Provider, this section can be skipped. If you did not select Qualified Service Provider as a Provider Type or one of the following Specialties:</p> <ol style="list-style-type: none"> 1) Lodging 2) Provide Meals 3) Private Vehicle 4) QSP <p>This Section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

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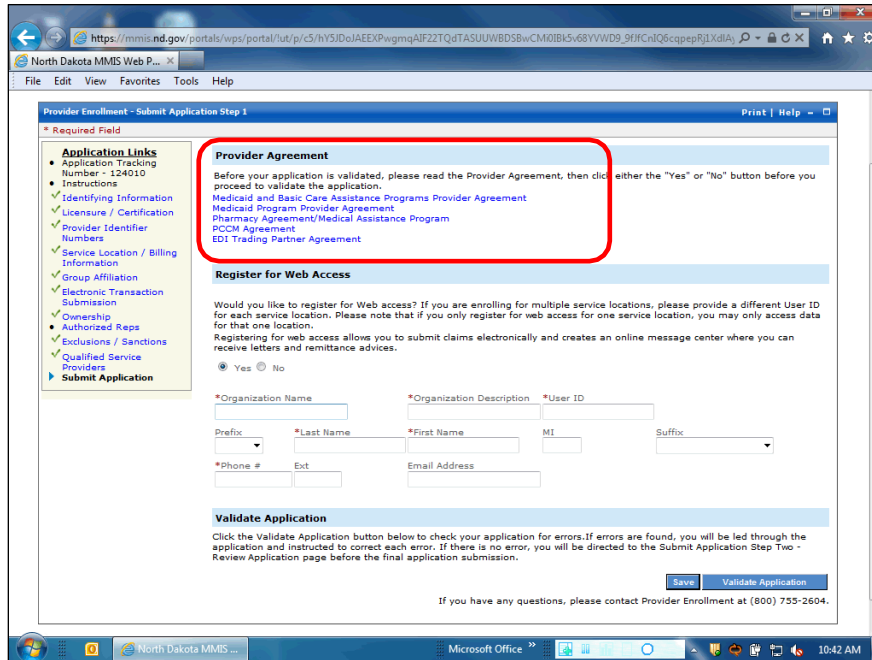
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Step	Action
2.	Click the Add Medicaid Eligible Recipients button. 
3.	Enter Medicaid Eligible Recipients information.
4.	Click the Save button. 
5.	Click the Continue button. 
6.	The next section will take you through how to complete the Submit Application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

Submit Application - Group Procedure

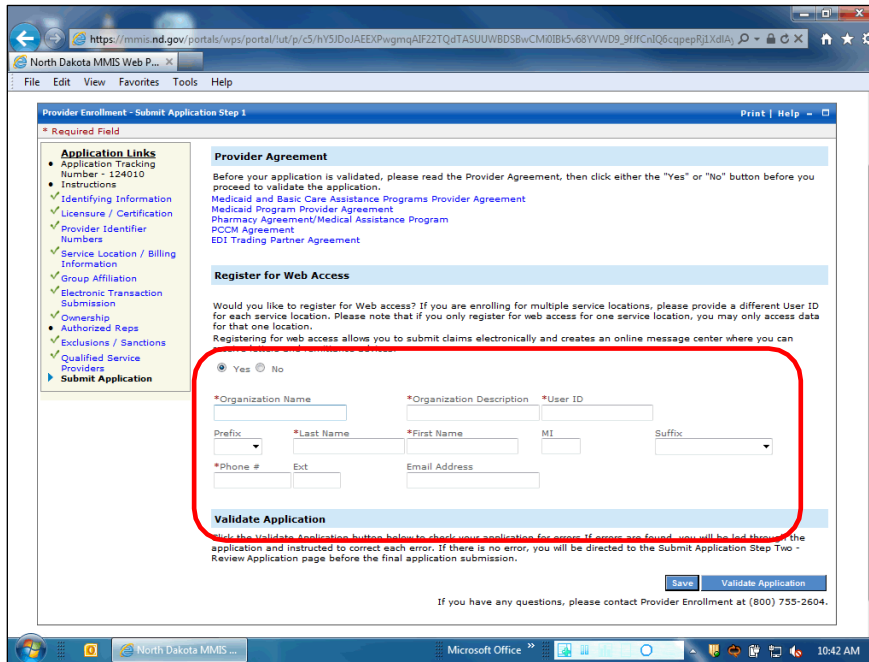


Step	Action
1.	<p>Read each of the Provider Agreements that pertains to this enrollment.</p> <ul style="list-style-type: none"> • Medicaid and Basic Care Assistance Programs Provider Agreement – Required for all Basic Care providers. • Medicaid Program Provider Agreement - Required for <u>all</u> providers. • Pharmacy Agreement/Medical Assistance Program – Required for all pharmacy providers. • PCCM Agreement – No longer required. The PCCM program ended effective 12/31/2023. • EDI Trading Partner Agreement – Required for all providers who selected Vendor Software in the Electronic Transaction Submission section of the application. This provider will be acting as their own trading partner.


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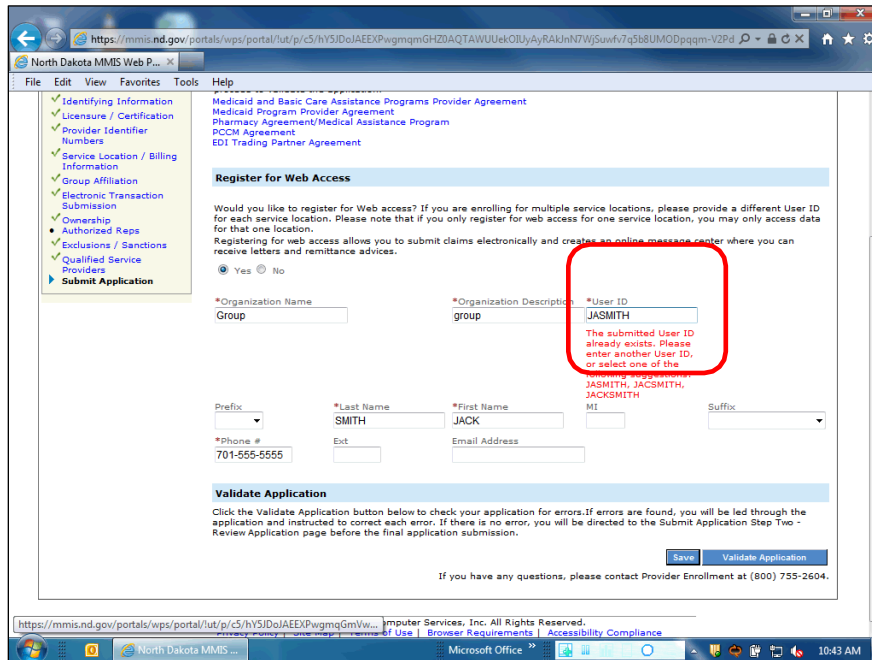
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Step	Action
2.	Registering for Web Access is required for groups and allows providers full access to the ND MMIS web portal and all of the features in the new system. The Organizational Administrator listed in this section will be responsible for maintaining 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. <div style="text-align: center;"></div>

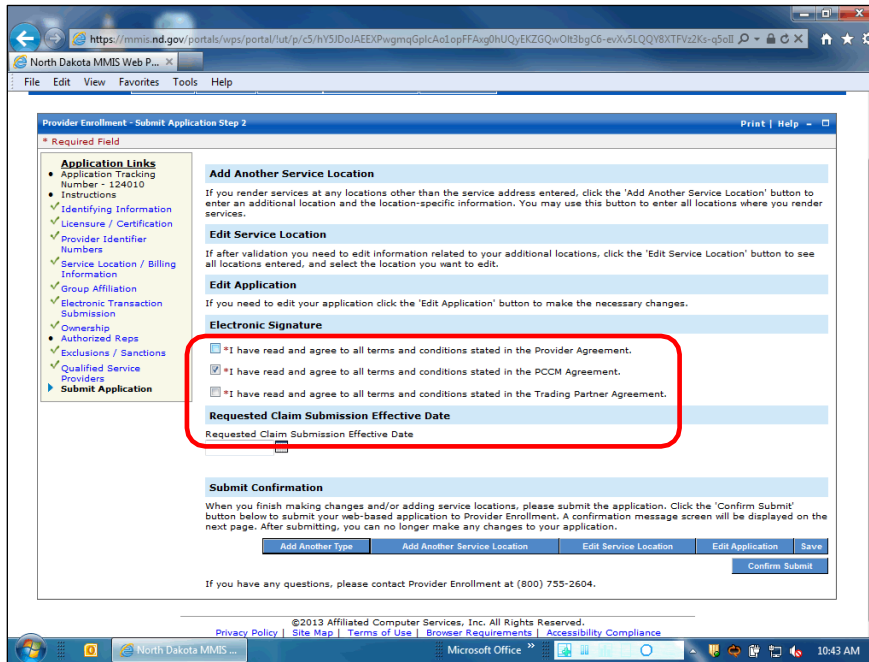


Step	Action
10.	If the User ID already exists, the system will prompt you to enter a different ID. The system will recommend a different user name.
Step	Action
11.	Click the Validate Application button. <div style="text-align: center;"></div>

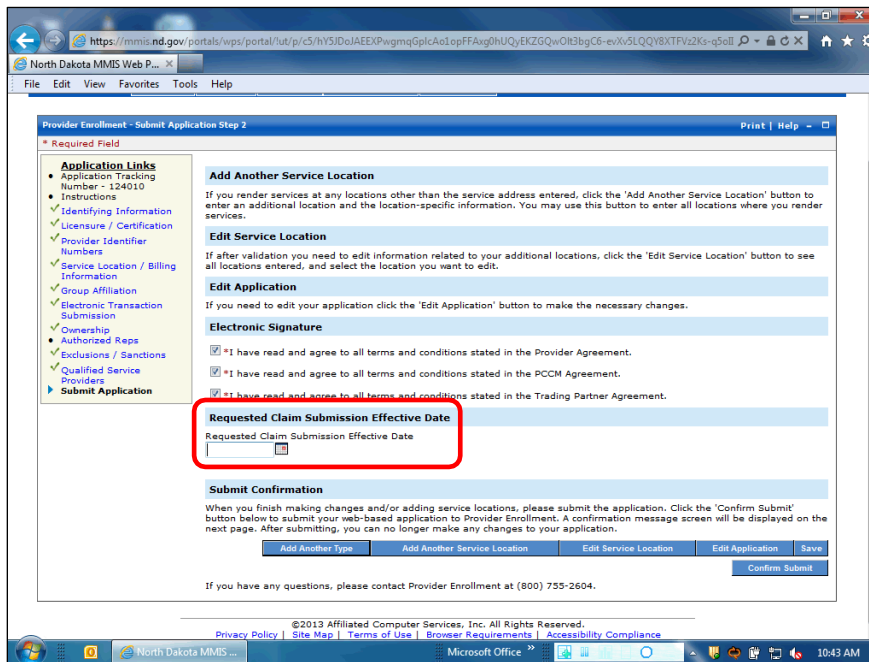
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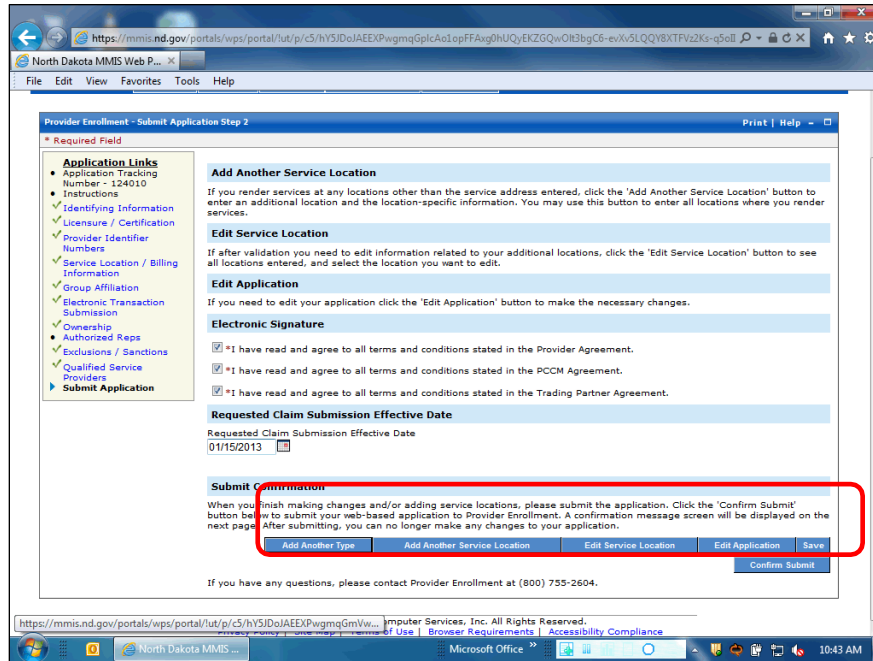
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Step	Action
12.	Click the Electronic Signature options.



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

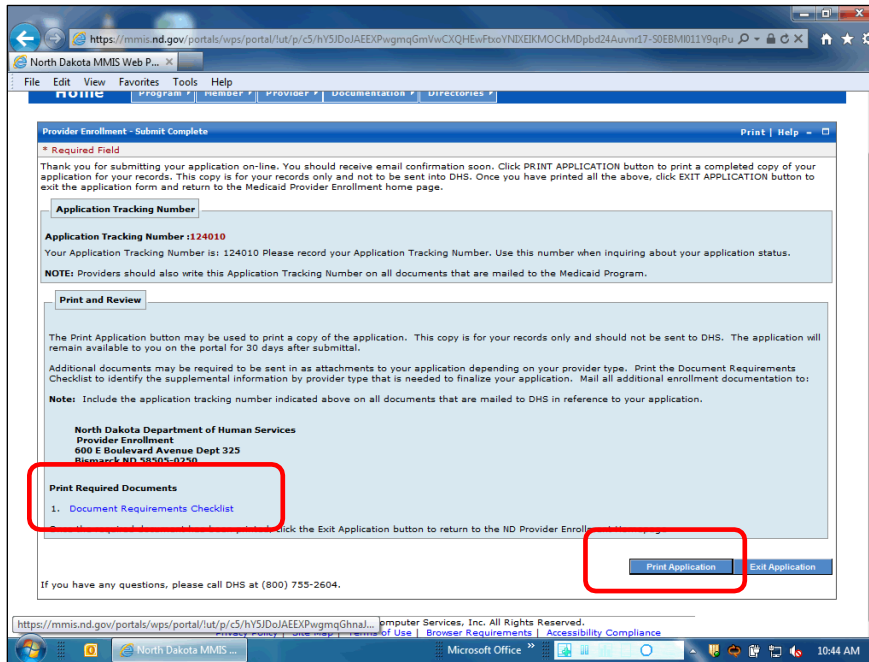


Step	Action
14.	<u>Review the application for accuracy and completeness before submitting the application.</u>
Step	Action
15.	Add Another Type and Add Another Service Location should <u>never</u> be used. (These features are in the process of being disabled.) If the enrolling group has more than one provider type , then a separate application is required for each provider type. If the enrolling group has multiple locations , then a separate application is required for each location.
Step	Action
16.	If you click the Confirm Submit option, you will not be able to make any further edits to the application.
Step	Action
17.	Click the Confirm Submit button if you have no edits or updates to make to the application.
	<div style="border: 1px solid black; padding: 5px; display: inline-block; background-color: #4F81BD; color: white;"> Confirm Submit </div>

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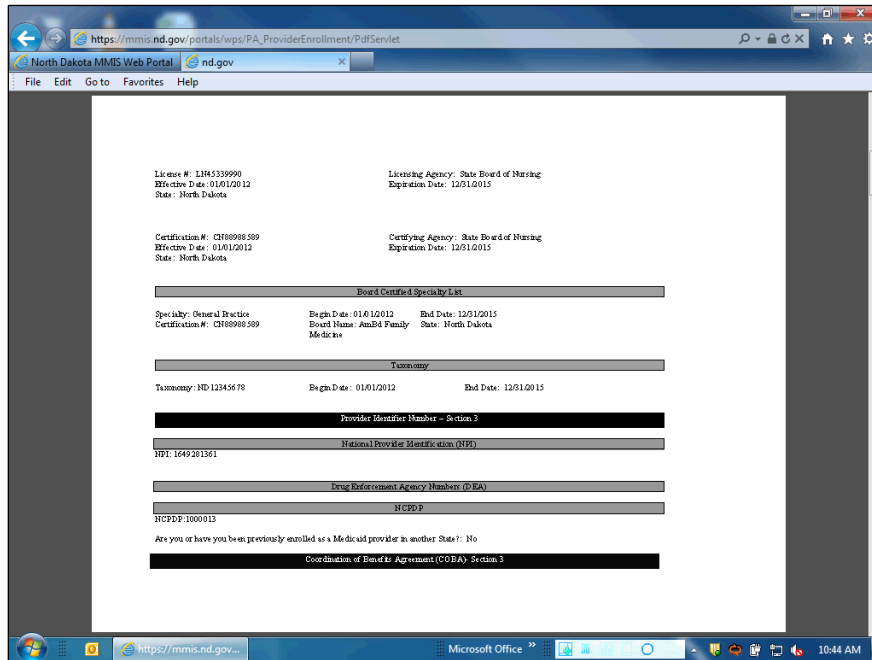
Step	Action
18.	Click Document Requirements Checklist to determine what Documents need to be sent to the Department of Human Services. **The above screen should be printed and mailed with the required documents to ensure there is a reference to the Application Tracking Number (ATN).
Step	Action
19.	Click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



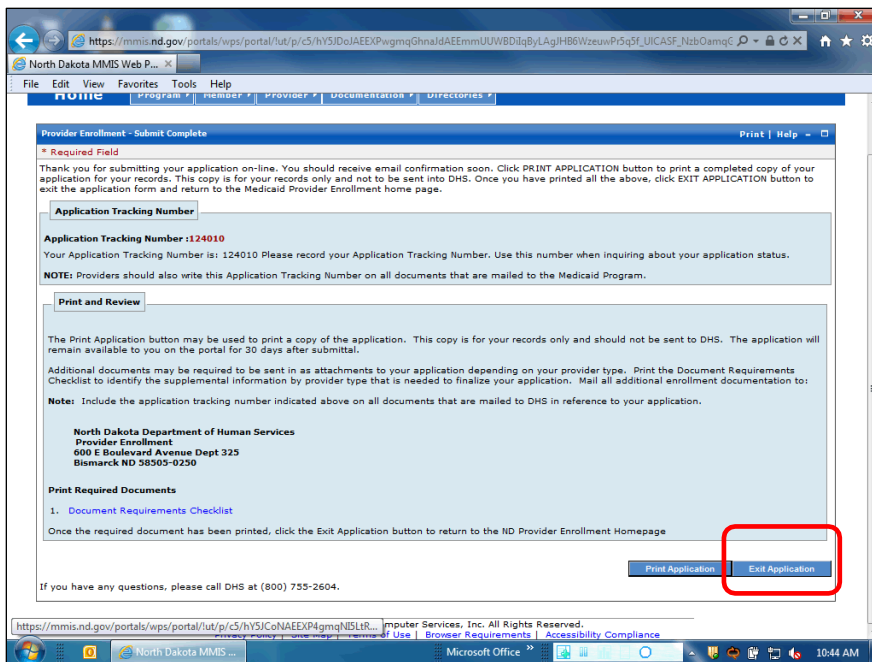
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Step	Action
20.	Print a copy of the application for your own records. Do not submit a printed copy with the required documents.

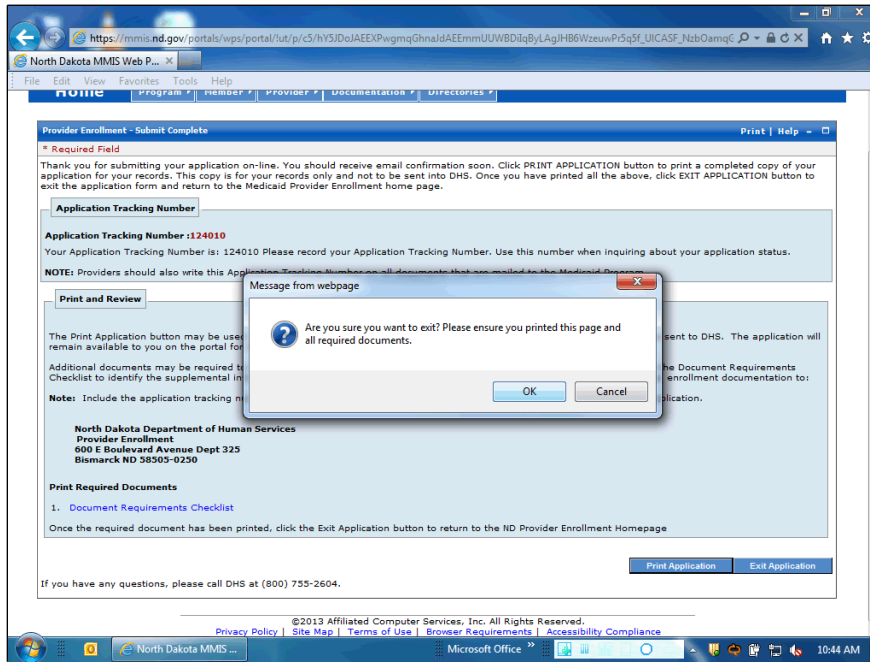


Step	Action
21.	Click the Exit Application button.

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Step	Action
22.	Click the OK button. <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;">OK</div>
23.	End of Procedure.