Table of Contents

Medicaid Provider Enrollment 1

Individual Provider Enrollment 1

Individual Provider Introduction 1
Identifying Information 4
Licensure/Certification 9
Provider Identifier Numbers 17
Service Location Billing 23
Group Affiliation 34
Electronic Transaction Submission 36
Ownership 40
Exclusion/Sanction 43
Qualified Service Providers 45
Submit Application 47

Medicaid Provider Enrollment

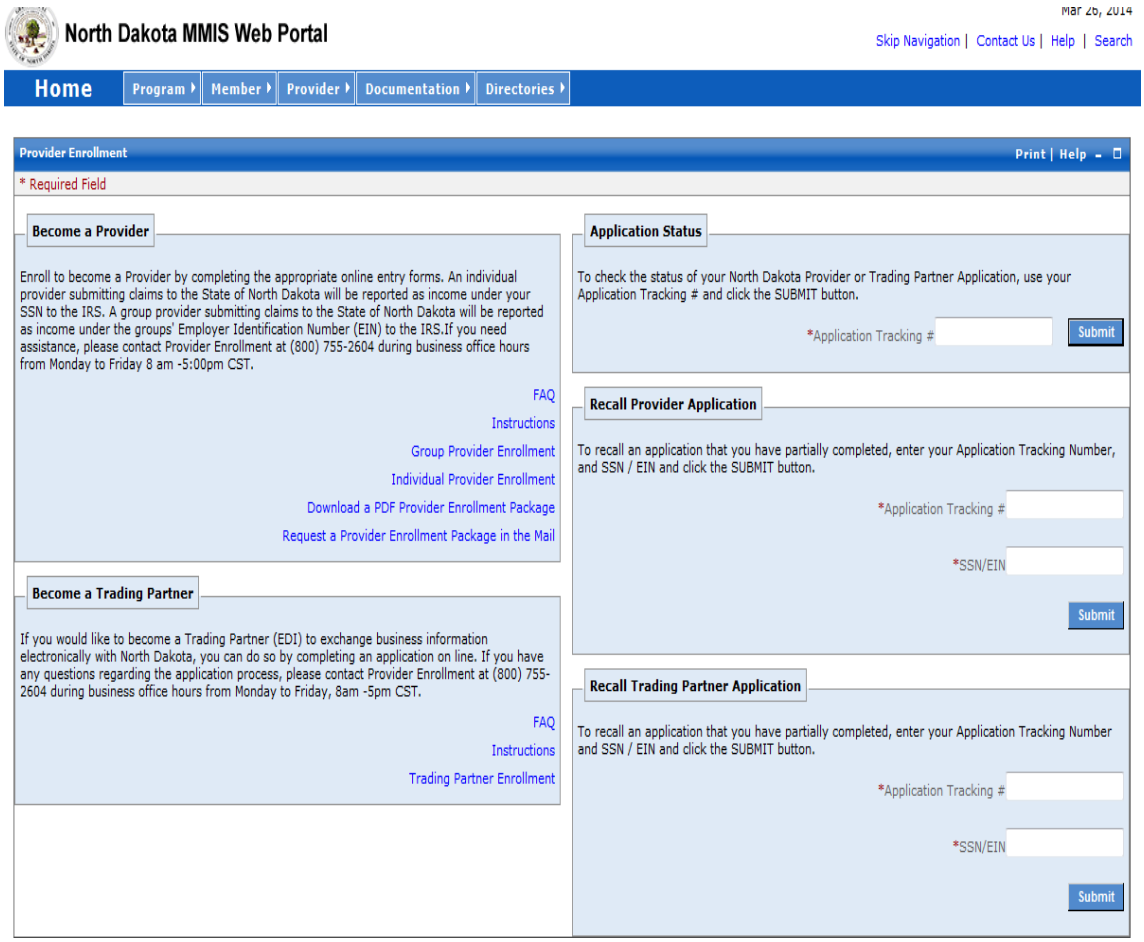
Individual Provider Enrollment

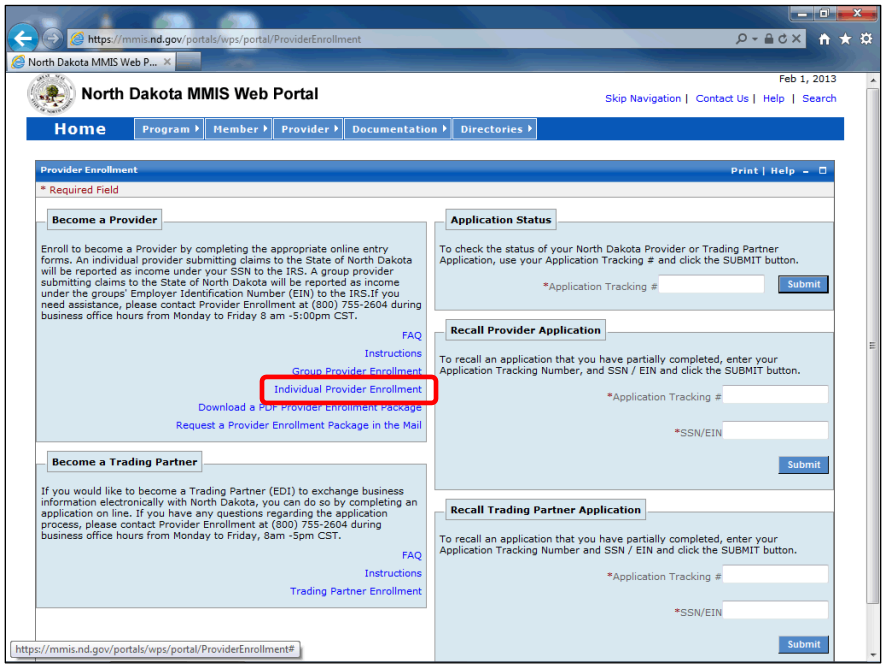
Individual Provider Introduction

Procedure

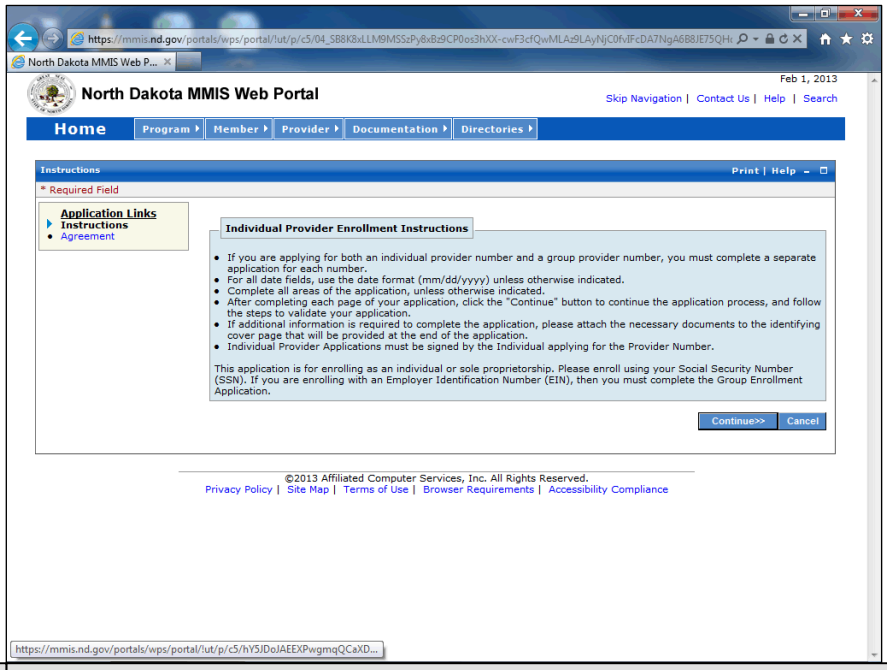
Access ND MMIS Web Portal:

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

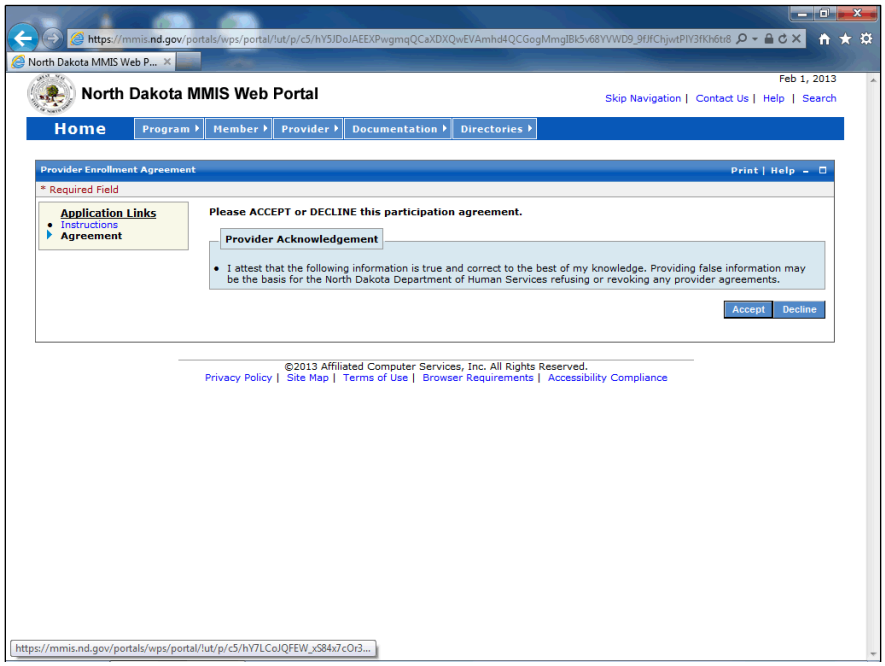




Step	Action
1.	Click the **Individual Provider Enrollment** link. Individual Provider Enrollment



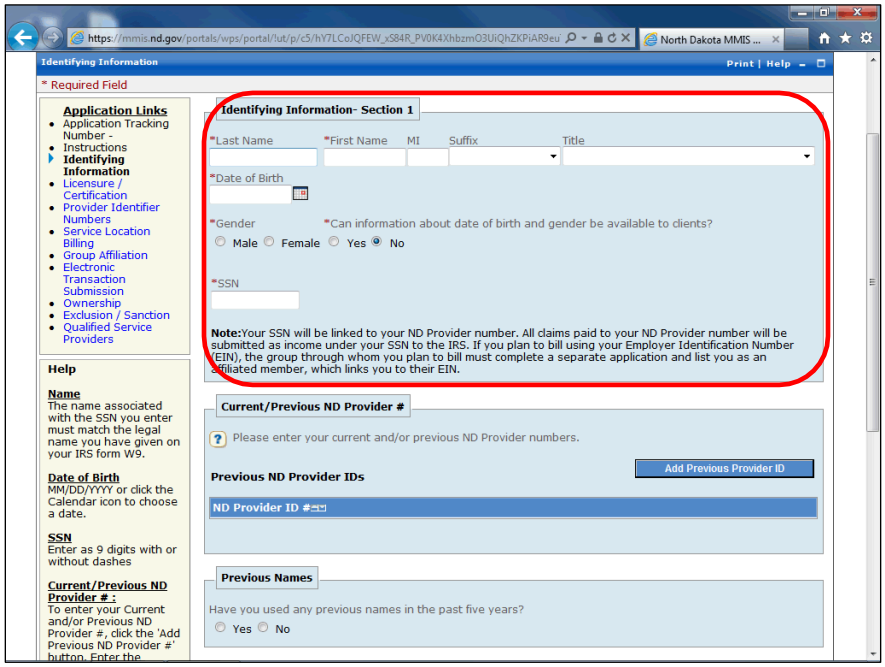
Step	Action
2.	Click the **Continue>>** button. It is **very important** to read all on-screen instructions and notes



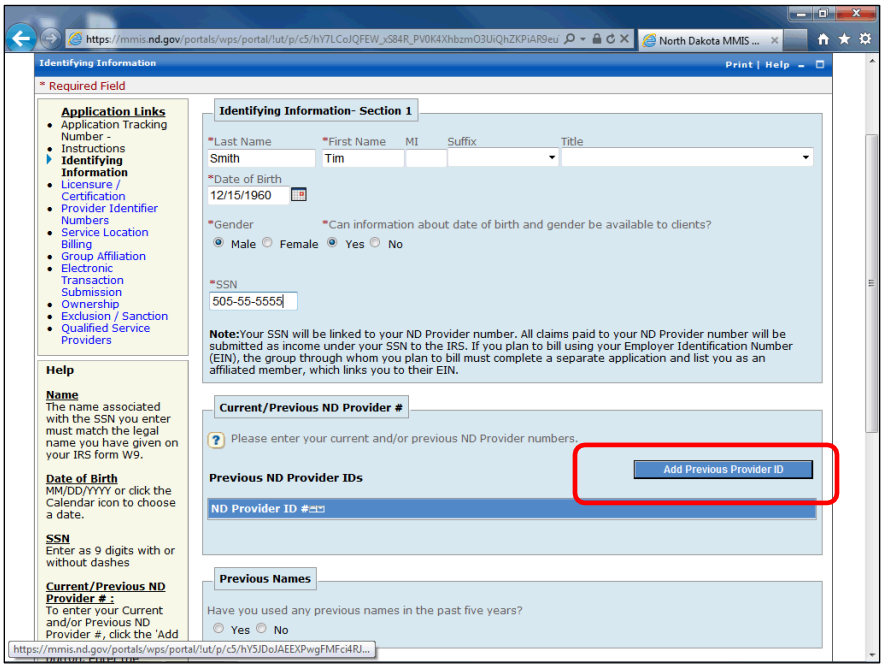
Step	Action
3.	Click the **Accept** button. **This will take you to the first section of the Enrollment Application: Identifying Information** Accept
Step	**Action**
4.	The next section will take you through how to complete the Identifying Information page. **End of Procedure.**

Identifying Information

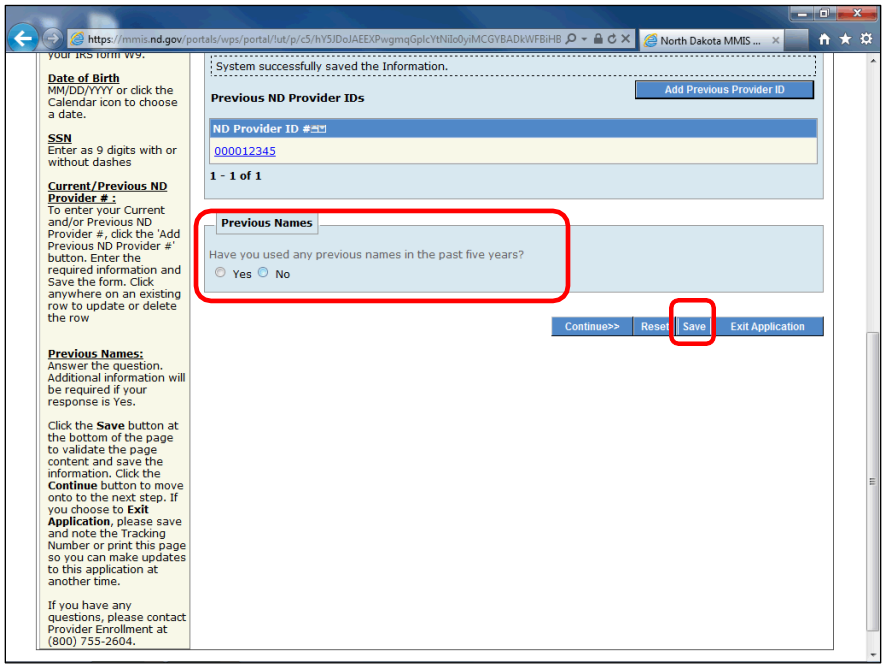
Procedure



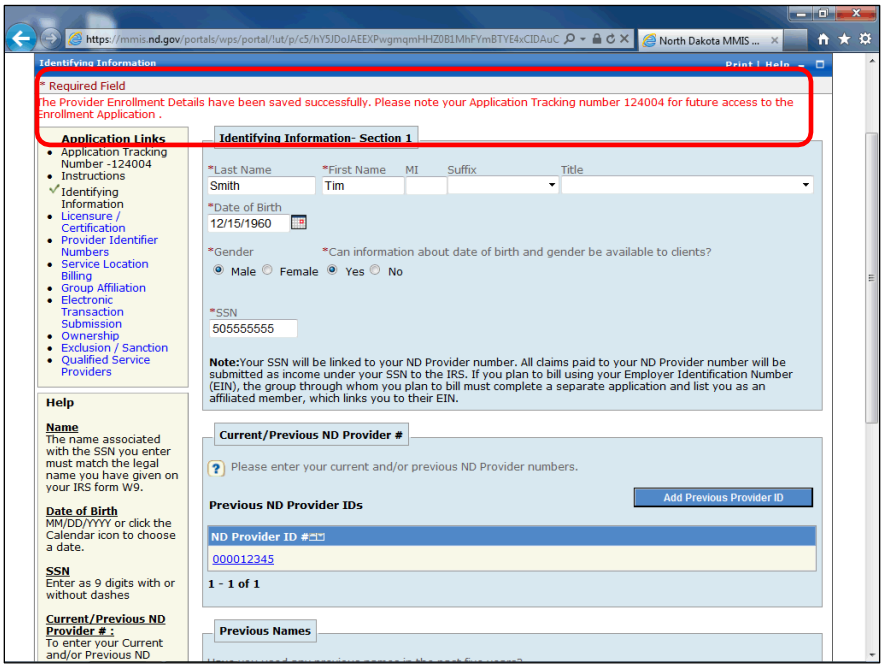
Step	Action
1.	Enter the desired information into the **Last Name** field.
Step	**Action**
2.	Enter the desired information into the **First Name** field.
Step	**Action**
3.	Enter the desired information into the **Date of Birth** field.
Step	**Action**
4.	Click the **Male or Female** option.
Step	**Action**
5.	Click the **Yes or No** option for the question "Can information about date of birth and gender be available to clients".
Step	**Action**
6.	Enter the desired information into the **SSN** field.



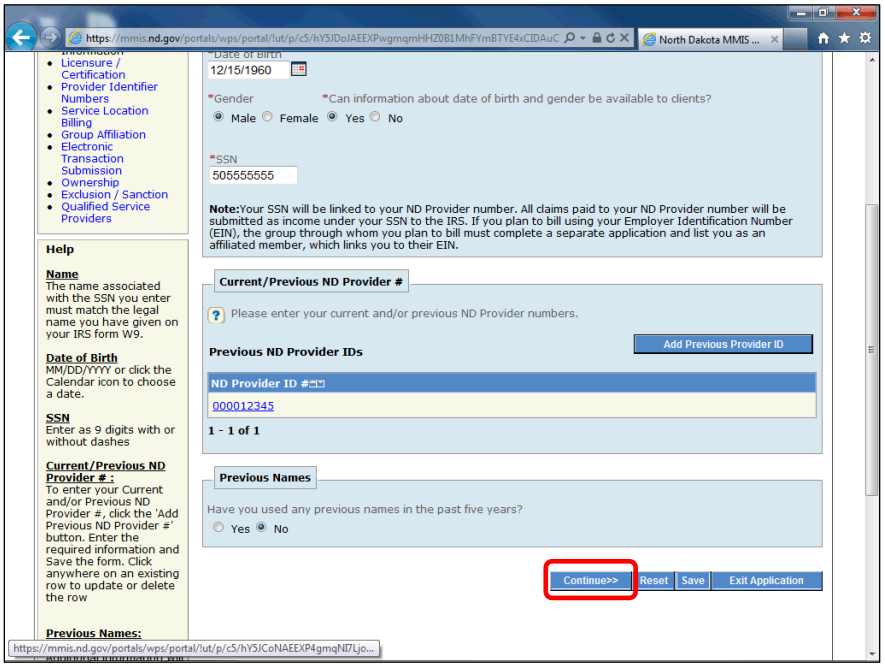
Step	Action
7.	Click the **Add Previous Provider ID** button. By selecting any **"ADD"** options, additional fields open that need to be completed. Add Previous Provider ID
Step	**Action**
8.	Enter the desired information into the **ND Provider ID #** field This is current/previous ND Medicaid numbers. **Enter only one Medicaid number.**
Step	**Action**
9.	**It is Very Important to always click Save within each additional information window pane**
Step	**Action**
10.	Click the **Save** link. Save



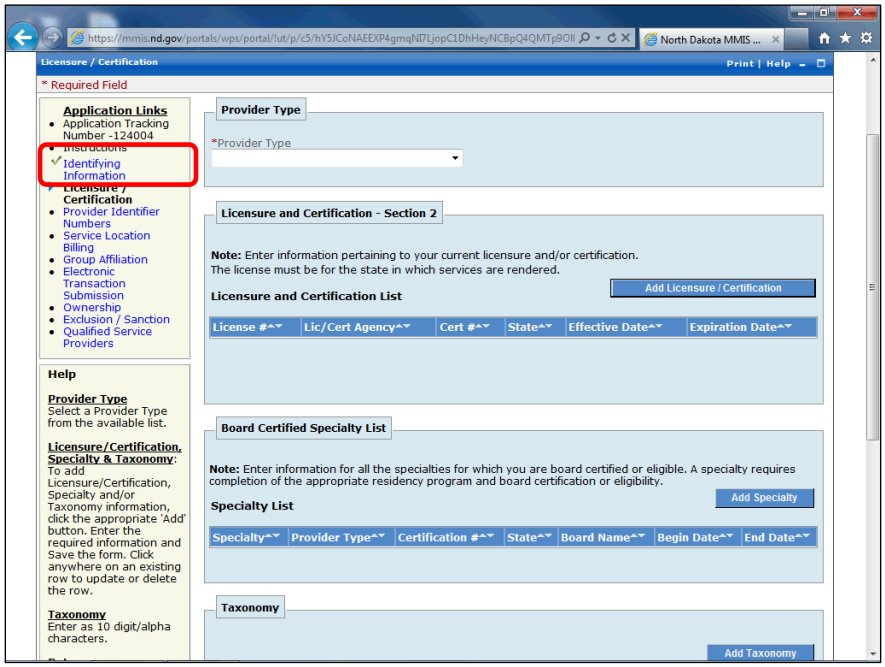
Step	Action
11.	Click the Previous Names **Yes or No** option.
Step	**Action**
12.	Click the **Save** button. Save



Step	Action
13.	**After selecting SAVE, the application tracking number (ATN) will be displayed at the top of the page. It is important to write this number down and keep it for future reference. The ATN is required when submitting any documentation and/or inquiries to the Department.**



Step	Action
14.	Click the **Continue>>** button.

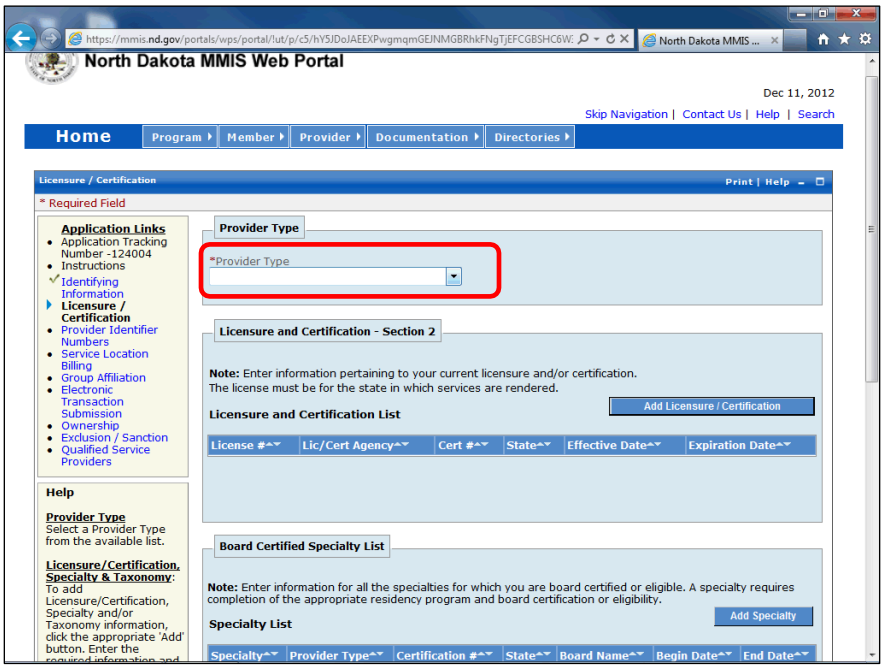


Step	Action
15.	**Clicking continue will bring you to the next section to be completed.**
Step	**Action**
16.	The next section will take you through how to complete the Licensure / Certification page. **End of Procedure.**

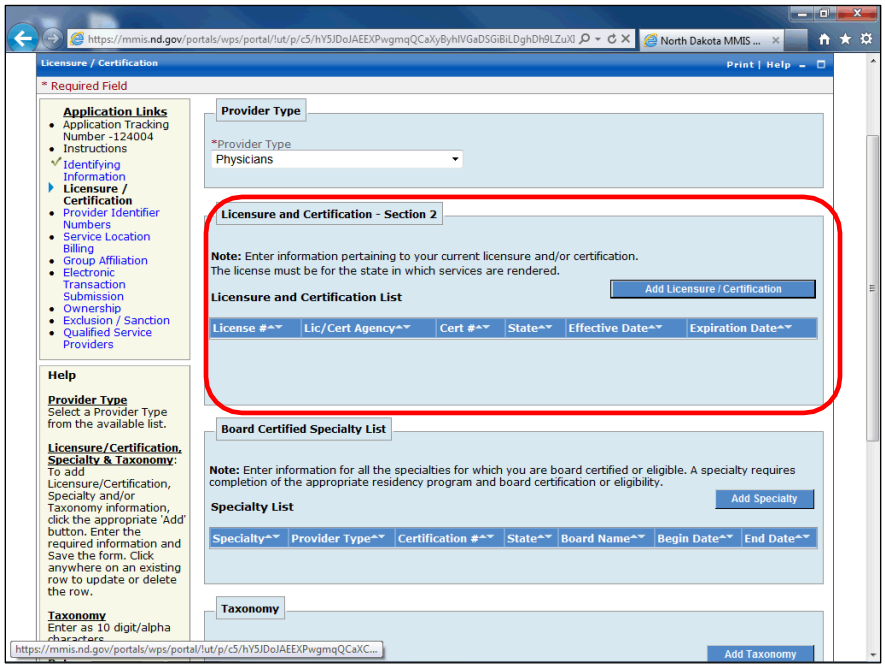
Licensure/Certification

Procedure

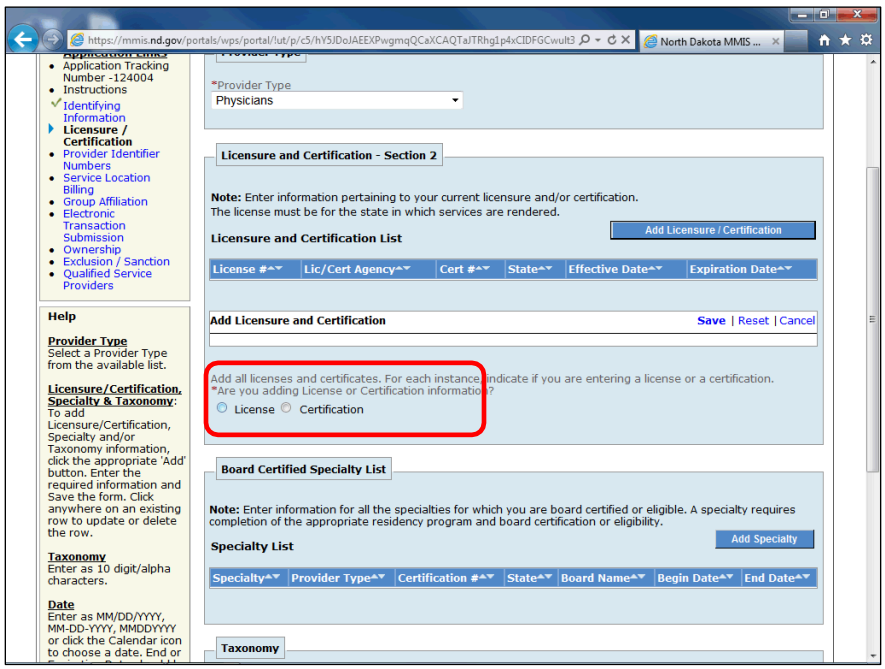
Provider Type: Reference this site for the list of acceptable individual provider type, specialty, and taxonomy codes: https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-individual-provider-code-taxonomy.pdf



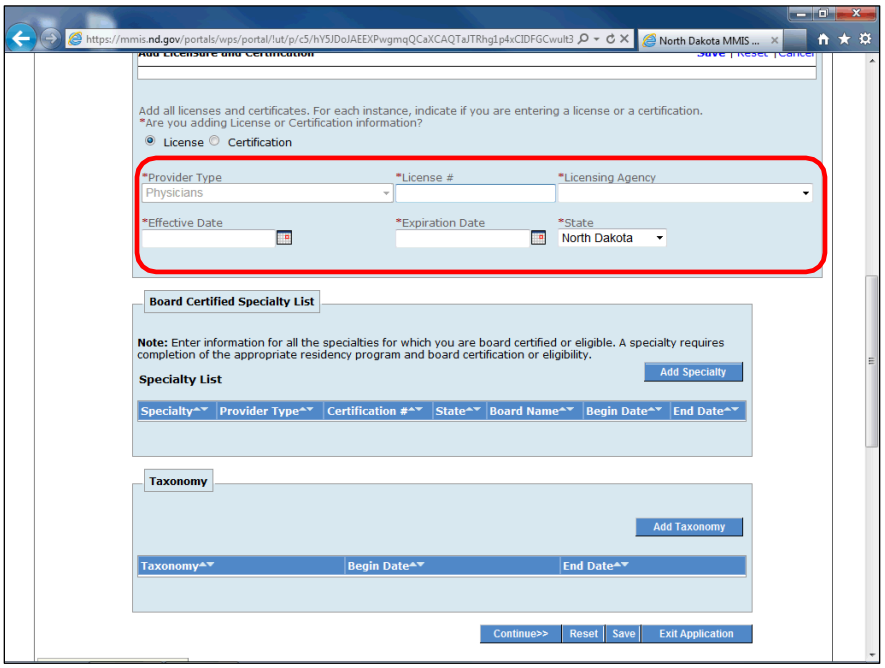
Step	Action
1.	Click the **Provider Type** list.
Step	**Action**
2.	Select the **Appropriate** provider type.



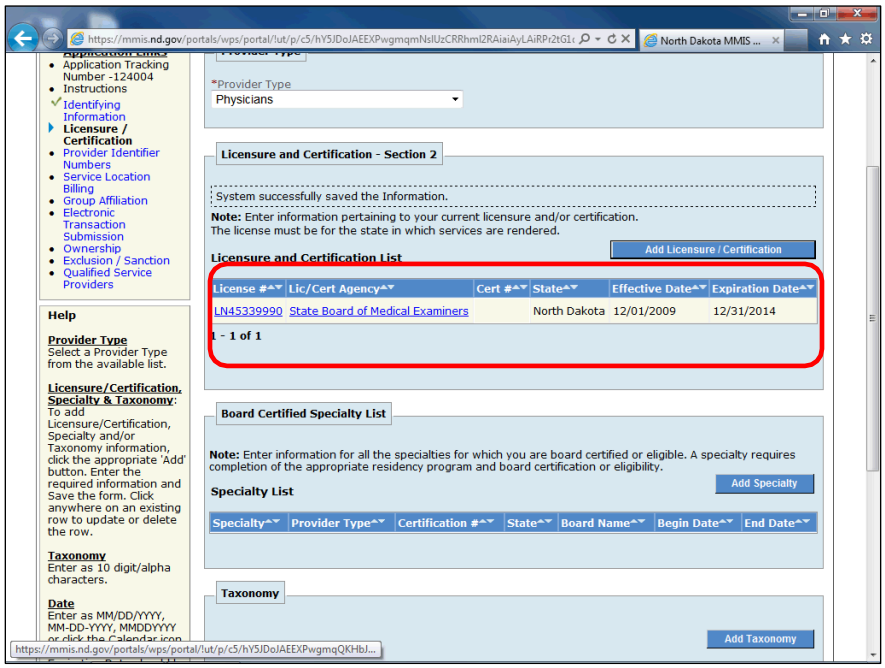
Step	Action
3.	**Section 2 – License is required.**
Step	**Action**
4.	Click the **Add Licensure / Certification** button. Add Licensure / Certification



Step	Action
5.	Click the **License or Certification** option.

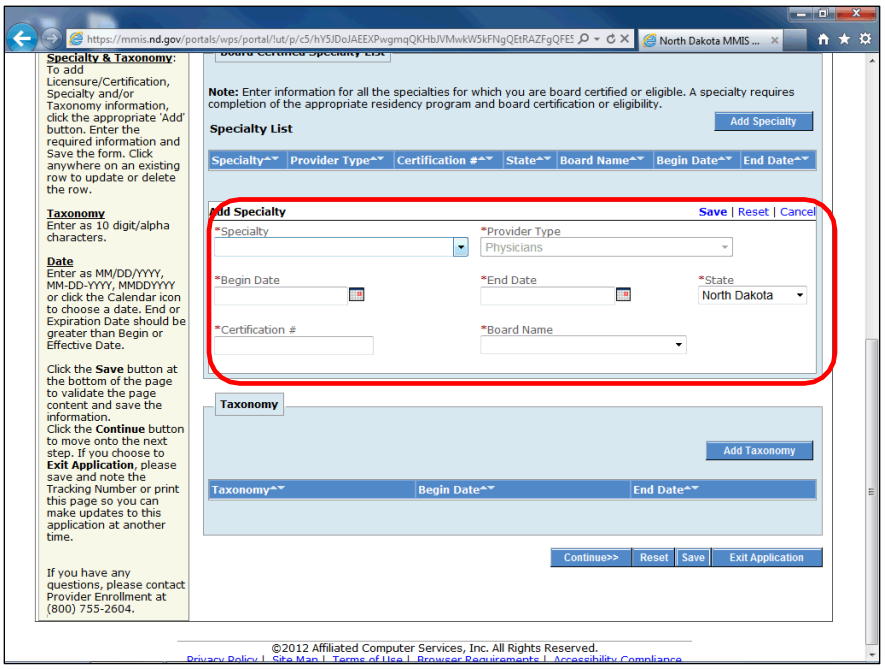


Step	Action
6.	Enter the desired information into the **License #** field. **If the license does not have an assigned number, enter '00000'.**
Step	**Action**
7.	Click the **Licensing Agency** list.
Step	**Action**
8.	Click the **Appropriate Licensing Agency** list item.
Step	**Action**
9.	Enter the **Effective Date.**
Step	**Action**
10.	Enter the **Expiration Date**.
Step	**Action**
11.	Click the **Save** button. Save
Step	**Action**
12.	**If the provider has multiple License/Certifications, repeat steps 4 -11.**



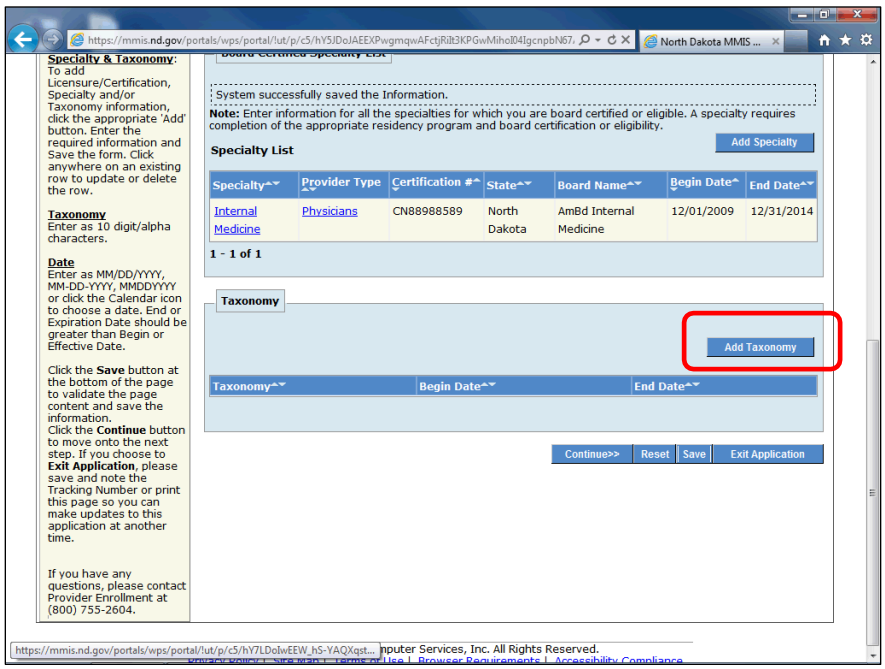
Specialty: Reference this site for the list of acceptable individual provider type, specialty, and taxonomy codes: https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-individual-provider-code-taxonomy.pdf

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

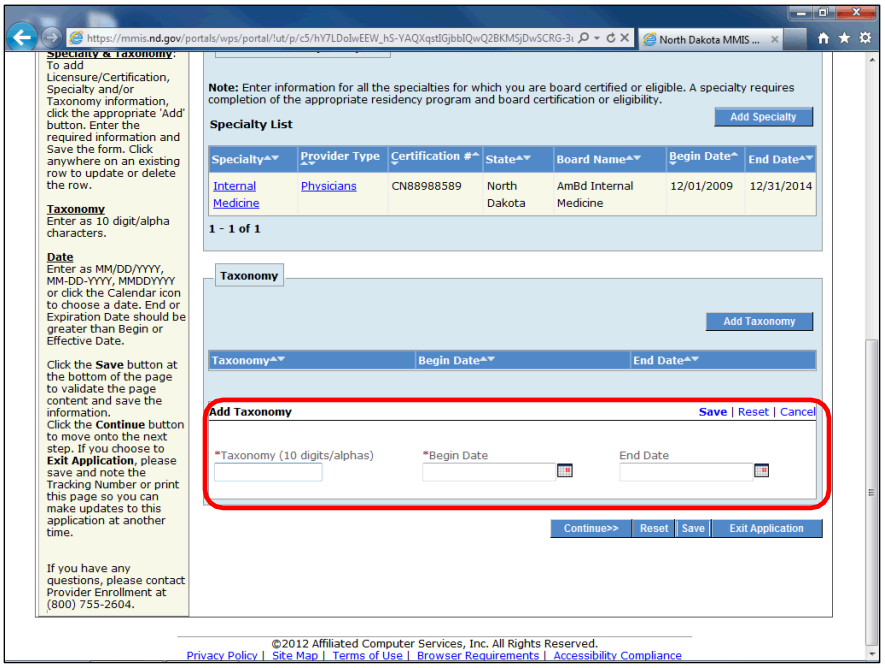


Step	Action
14.	Click the **Specialty** list.
Step	**Action**
15.	Select the **Appropriate Specialty** list item.
Step	**Action**
16.	Enter the **Begin Date**.
Step	**Action**
17.	Enter the **End Date**. **Enter 12/31/9999.**
Step	**Action**
18.	Enter the desired information into the **Certification #** field. **If the certification does not have an assigned number, enter '00000'.**
Step	**Action**
19.	Click the **Board Name** list.
Step	**Action**
20.	Select the **Appropriate Board name** list item.
Step	**Action**
21.	Click the **Save** link. **Save**

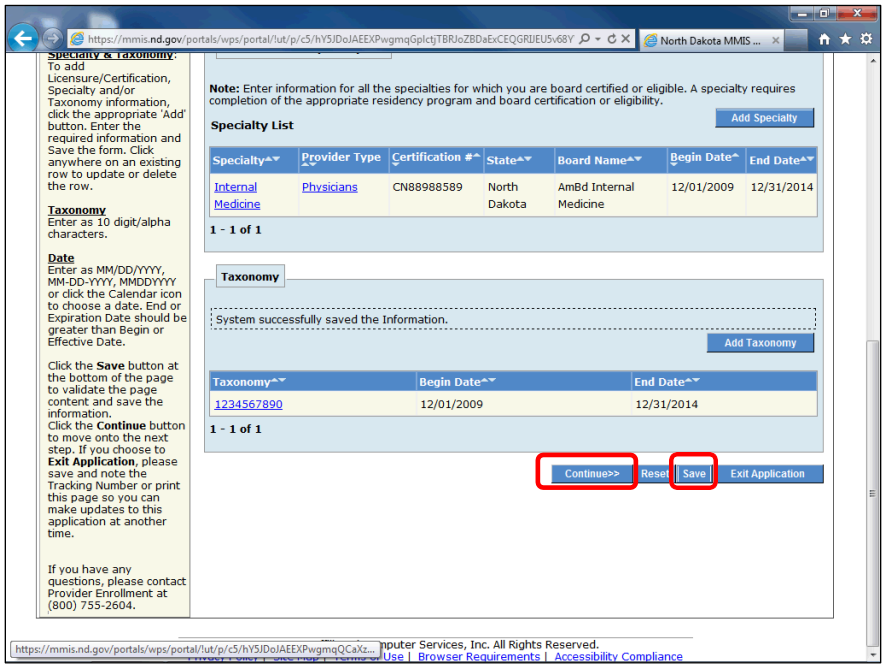
Taxonomy: Reference this site for the list of acceptable individual provider type, specialty, and taxonomy codes:
https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-individual-provider-code-taxonomy.pdf



Step	Action
22.	Click the **Add Taxonomy** button. Add Taxonomy ***A Taxonomy code is required for all providers except Atypical providers (QSP's, Transportation, and Developmental Disabilities).**



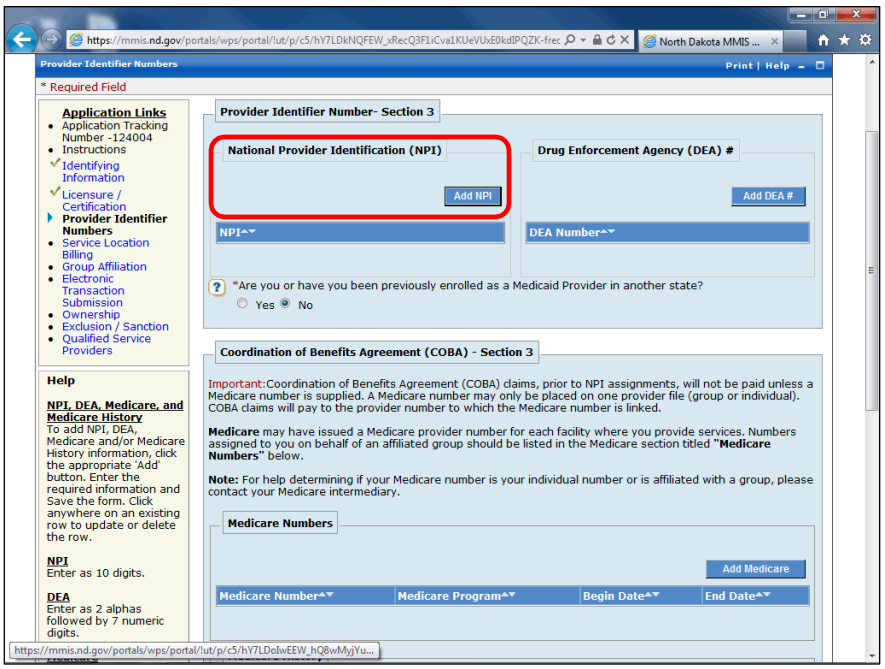
Step	Action
23.	Enter the desired information into the **Taxonomy (10 digits/alphas)** field.
Step	**Action**
24.	Enter the **Begin Date**.
Step	**Action**
25.	Enter the **End Date**. **Enter 12/31/9999.**
Step	**Action**
26.	Click the **Save** link. **Save**



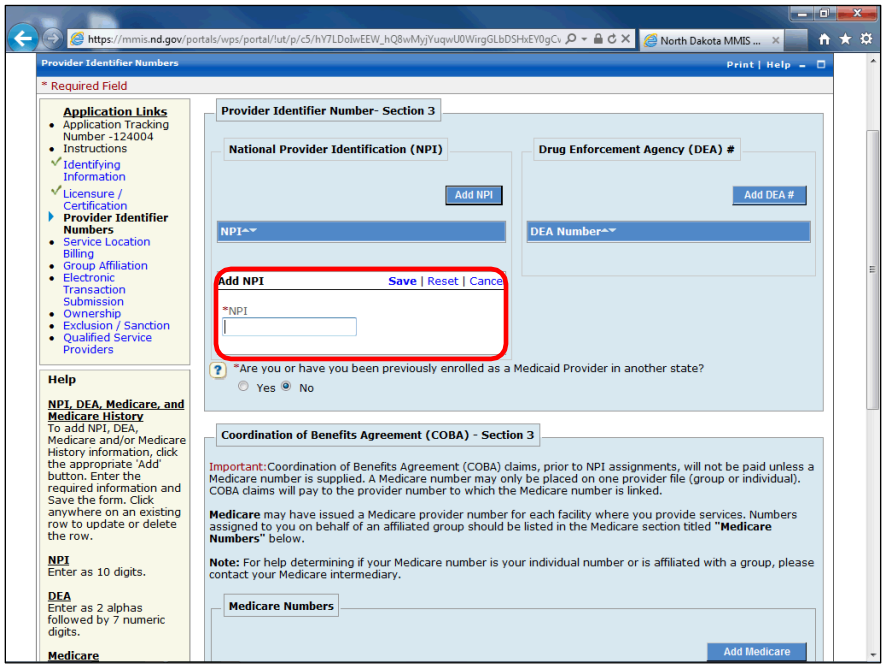
Step	Action
27.	Click the **Save** button. Save
Step	**Action**
28.	Click the **Continue>>** button. Continue>>
Step	**Action**
29.	The next section will take you through how to complete the Provider Identifier Numbers page. **End of Procedure.**

Provider Identifier Numbers

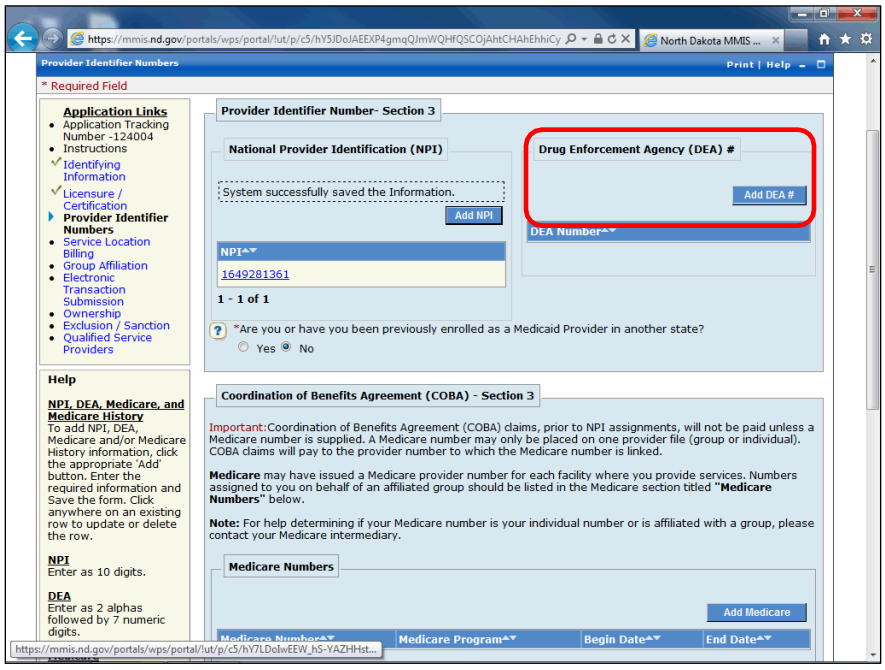
Procedure



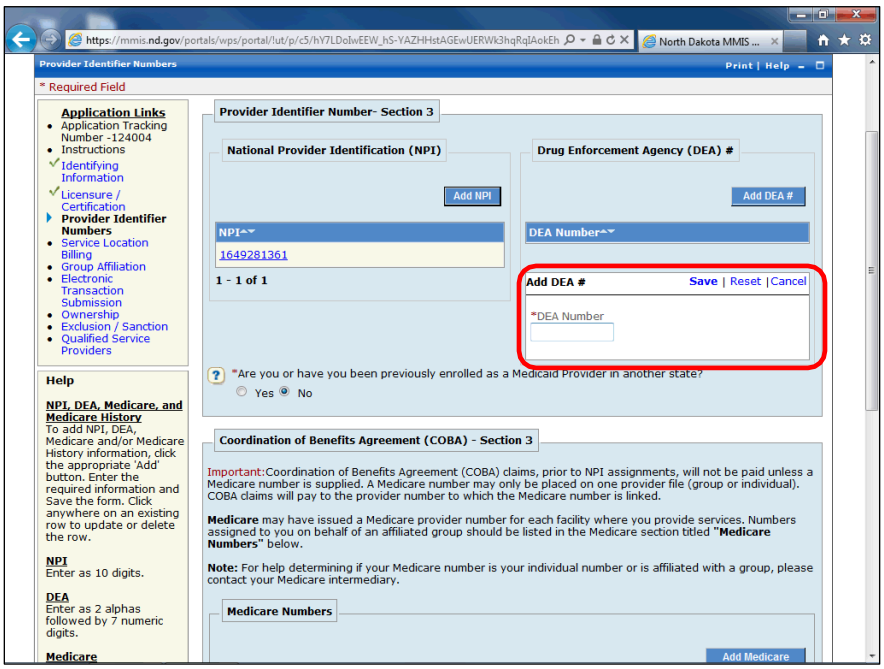
Step	Action
1.	Click the **Add NPI** button. Add NPI ***Required for all providers except Atypical (QSP, Transportation, Meals, and Lodging) providers.**



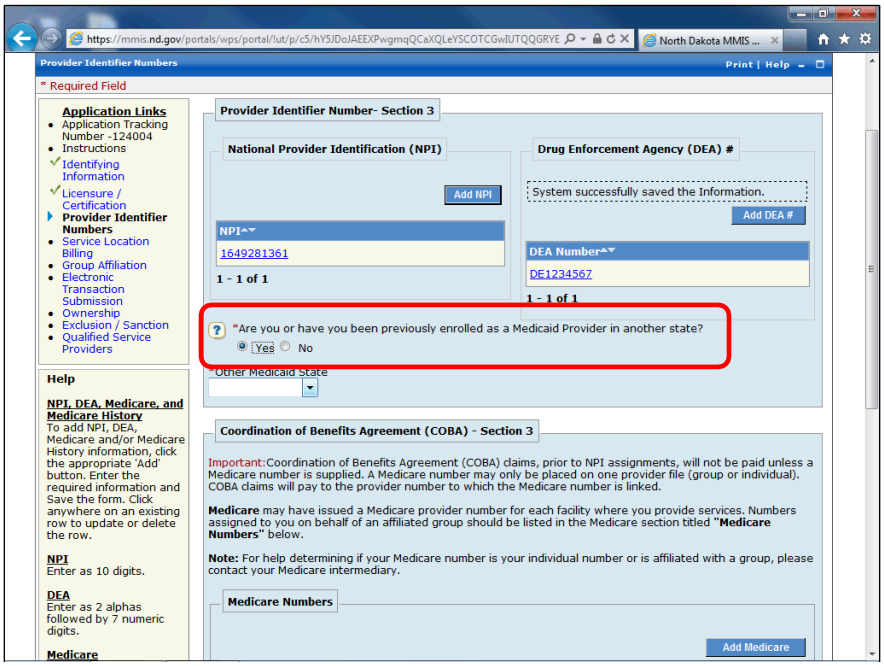
Step	Action
2.	Enter the **individual provider's NPI** information into the **NPI** field.
Step	**Action**
3.	Click the **Save** link. **Save**



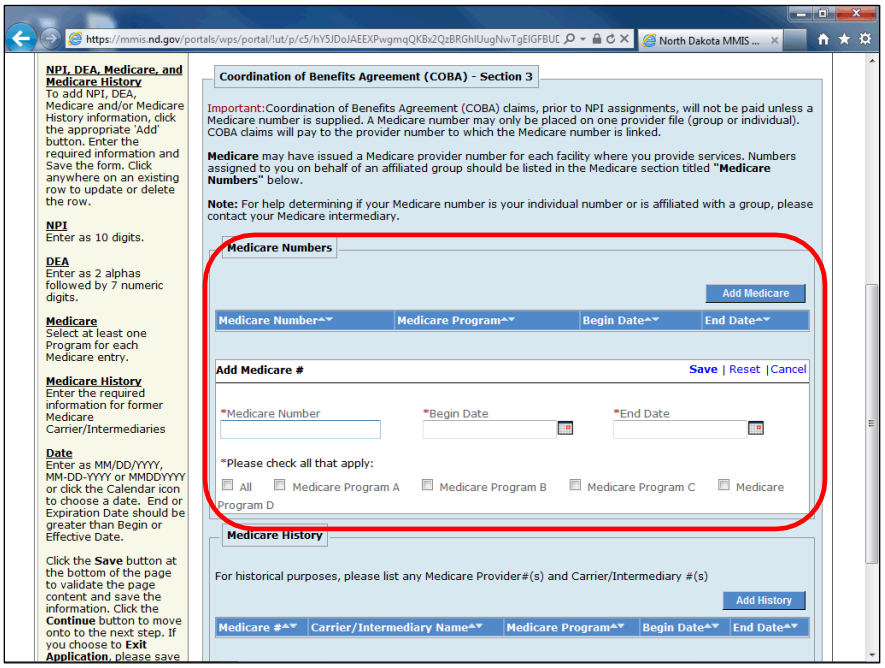
Step	Action
4.	Click the **Add DEA #** button. **Required for individuals with a DEA.** Add DEA #



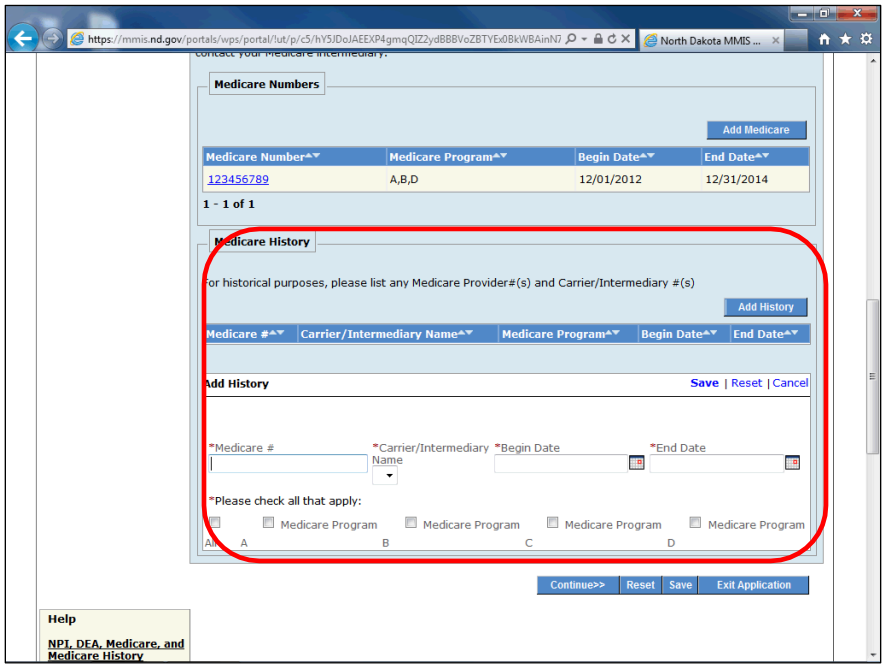
Step	Action
5.	Enter the **individual provider's DEA** information into the **DEA Number** field.
Step	**Action**
6.	Click the **Save** button. Save



Step	Action
7.	Click the **Yes or No** option.
Step	**Action**
8.	If YES, select the **Other Medicaid State** from the list.



Step	Action
9.	Click the **Add Medicare** button. Add Medicare
Step	**Action**
10.	Enter the **individual provider's Medicare** information into the **Medicare Number** field.
Step	**Action**
11.	Enter the **Begin Date**.
Step	**Action**
12.	Enter the **End Date**. **Enter 12/31/9999.**
Step	**Action**
13.	Check all Medicare Programs that apply.
Step	**Action**
14.	Click the **Save** button. Save

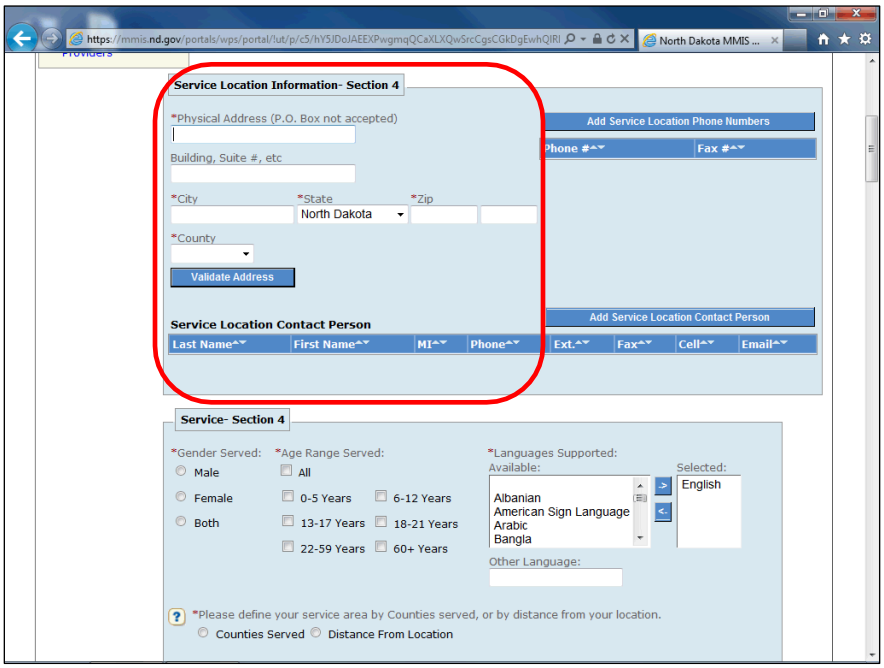


Step	Action
15.	Click the **Add History** button. **Complete this section if you have been assigned a Medicare number in the past that is no longer in use. This section is for informational use only.**
Step	**Action**
16.	Enter the **individual provider's Medicare** information into the **Medicare #** field.
Step	**Action**
17.	Click the **Carrier/Intermediary Name** list.
Step	**Action**
18.	Enter the **Begin Date**.
Step	**Action**
19.	Enter the **End Date**.
Step	**Action**
20.	**Check all Medicare Programs that apply.**
Step	**Action**
21.	Click the **Save** button.
Step	**Action**
22.	Click the **Continue>>** button.

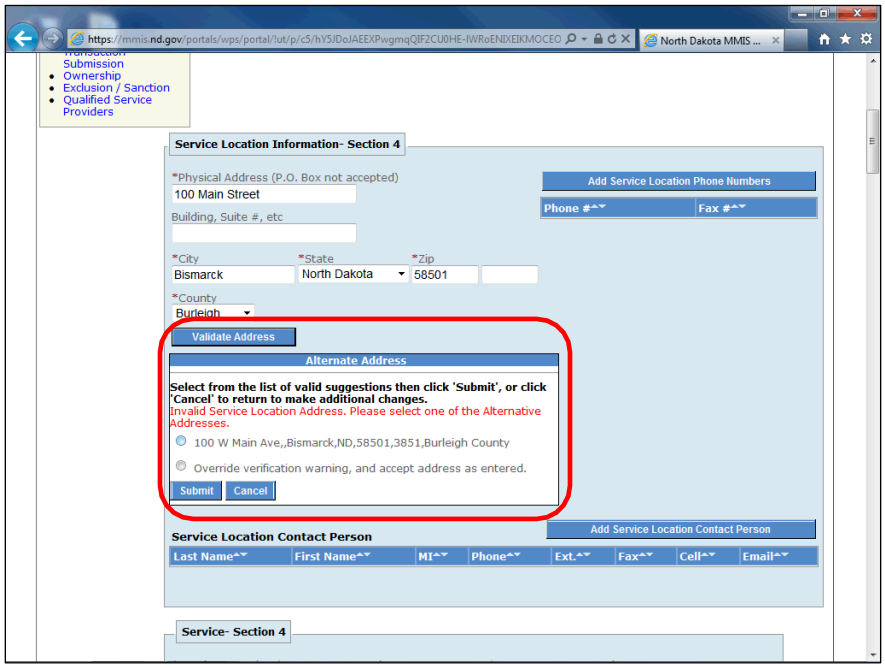
Step	Action
23.	The next section goes through how to complete the Service Location Billing section. **End of Procedure.**

Service Location Billing

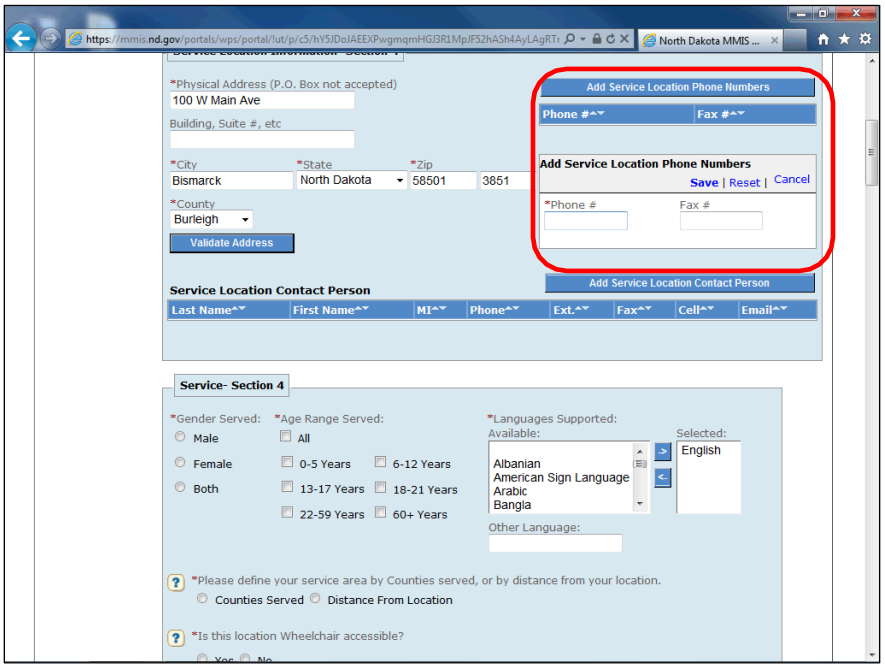
Procedure



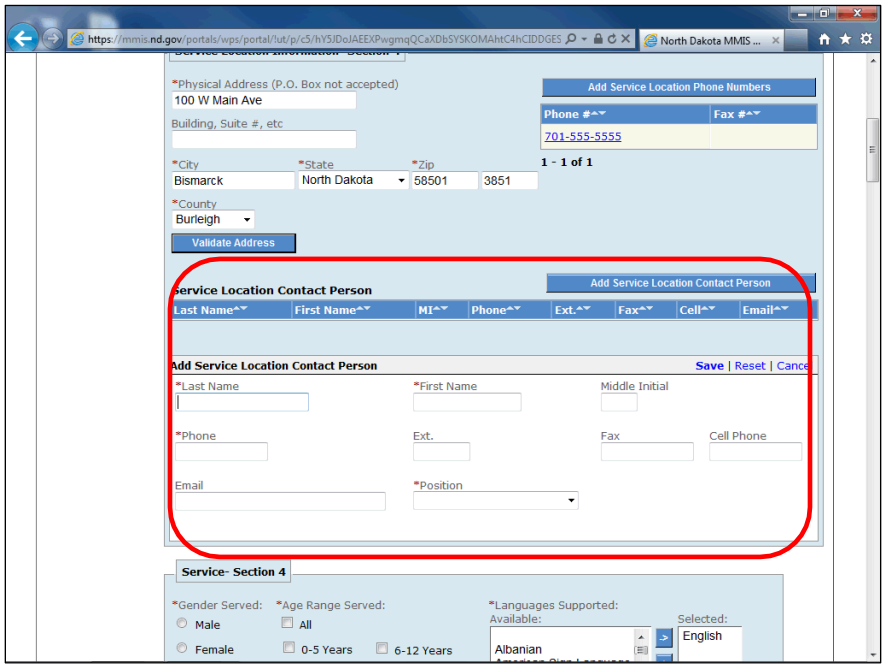
Step	Action
1.	Enter the desired information into the **Physical Address (P.O. Box not accepted)** field.
Step	**Action**
2.	Enter the desired information into the **City** field.
Step	**Action**
3.	Enter the desired information into the **Zip** field.
Step	**Action**
4.	Click the **County** list and select the appropriate County.



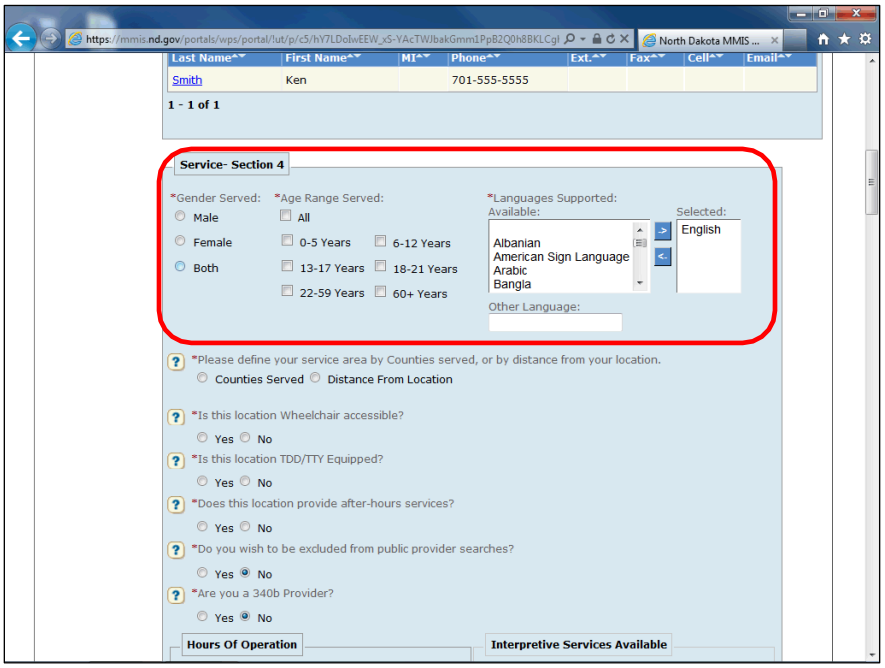
Step	Action
5.	Click the **Validate Address** button. Validate Address
Step	**Action**
6.	Click on the Appropriate address.
Step	**Action**
7.	Click the **Submit** button. Submit



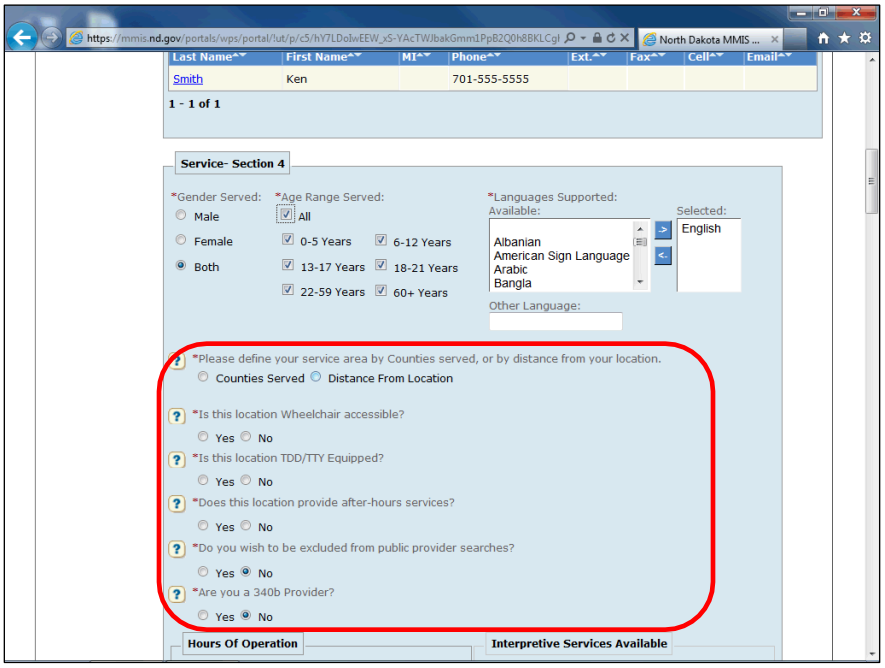
Step	Action
8.	Click the **Add Service Location Phone Numbers** button.
Step	**Action**
9.	Enter the desired information into the **Phone #** field.
Step	**Action**
10.	Click the **Save** link. **Save**



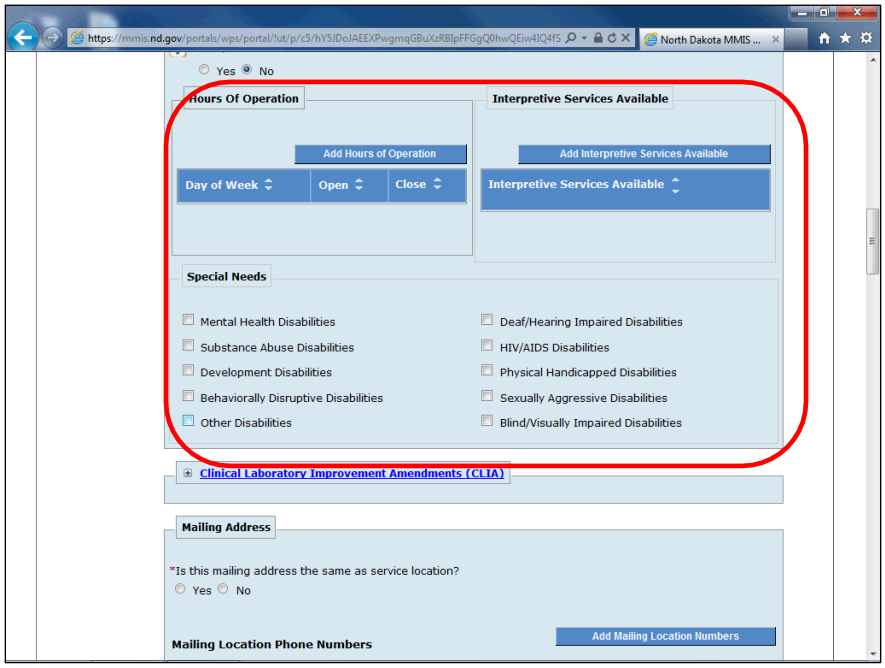
Step	Action
11.	Click the **Add Service Location Contact Person** button. **Contact person and email address is required.**
Step	**Action**
12.	Enter the desired information into the **Last Name** field.
Step	**Action**
13.	Enter the desired information into the **First Name** field.
Step	**Action**
14.	Enter the desired information into the **Phone** field.
Step	**Action**
15.	Click the **Position** list and select the Appropriate list item.
Step	**Action**
16.	Click the **Save** link.

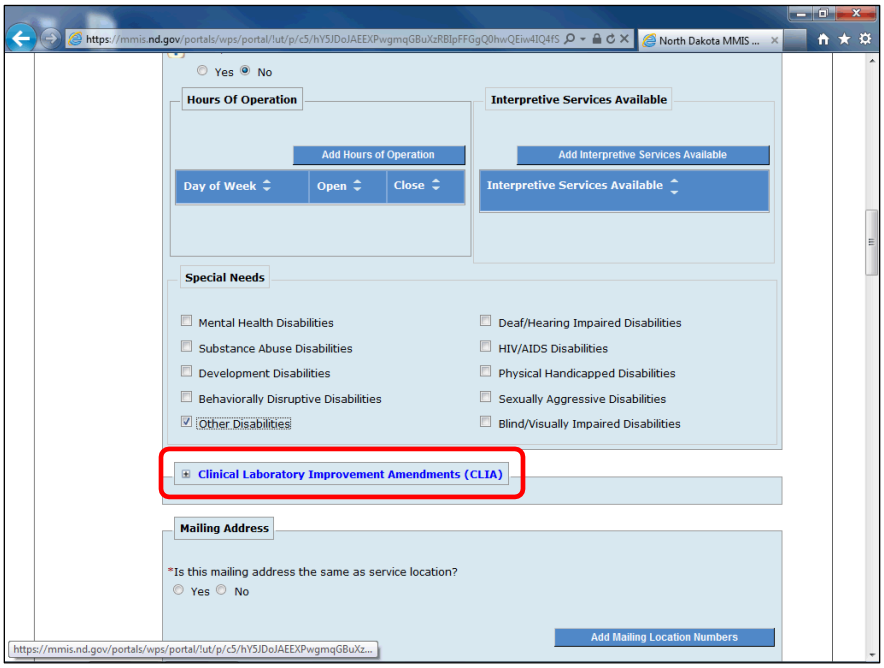


Step	Action
17.	Click the **Appropriate Gender** option.
Step	**Action**
18.	Click the **Appropriate Age Range and Language** options.

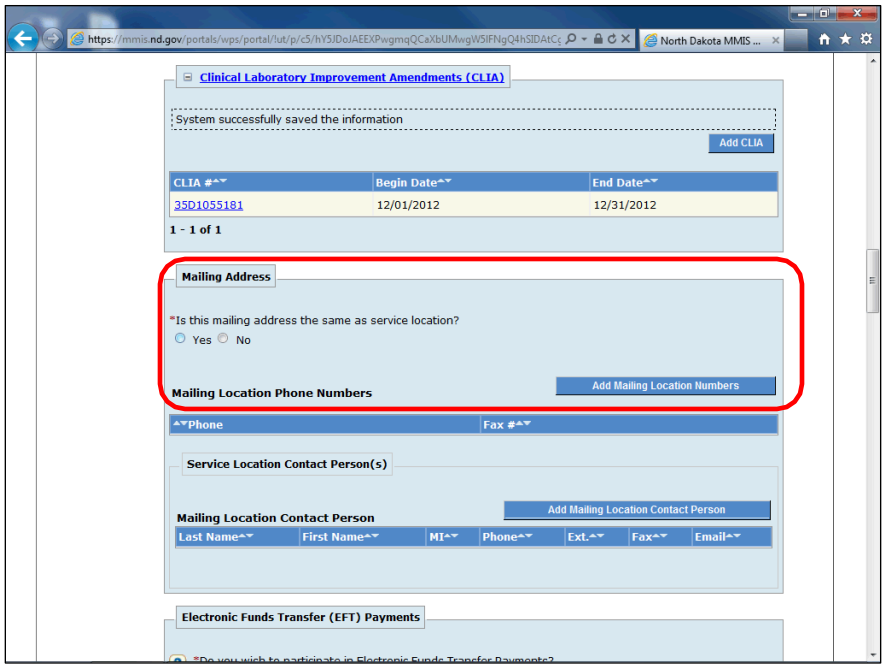


Step	Action
19.	Click the **Counties Served or Distance From Location** option.
Step	**Action**
20.	Click the **Distance From Location or choose the Counties Served** list.
Step	**Action**
21.	Click **Yes or No** on questions 1-6. **Note: The question pertaining to 340b provider is for pharmacy providers only. Select the 'No' radio button.**
Step	**Action**
22.	**Hours of Operation, Interpretive Services, and Special Needs** sections **optional** for individual enrollment applications.

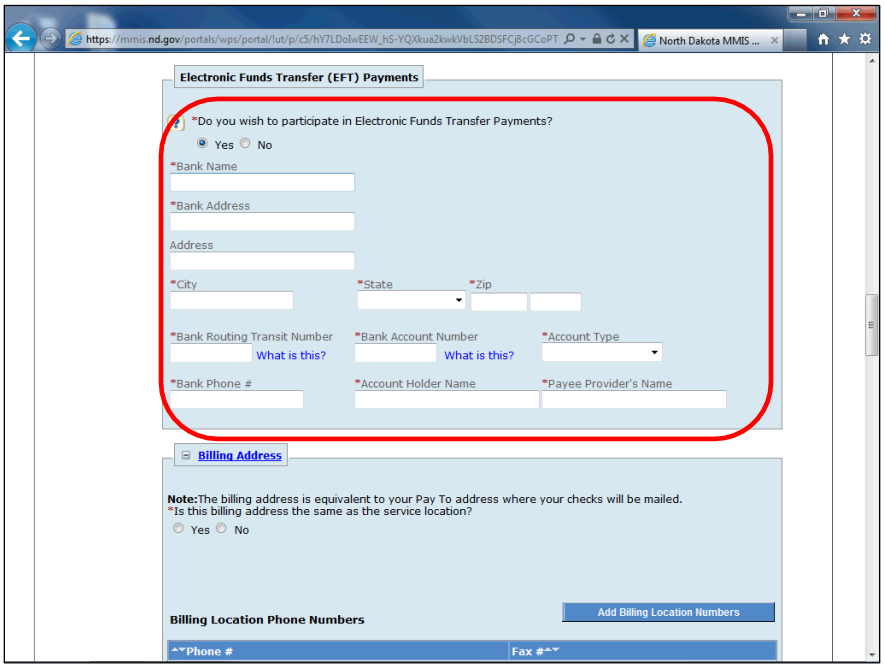




Step	Action
23.	**CLIA section does not apply to individual enrollment applications.** Skip this section.

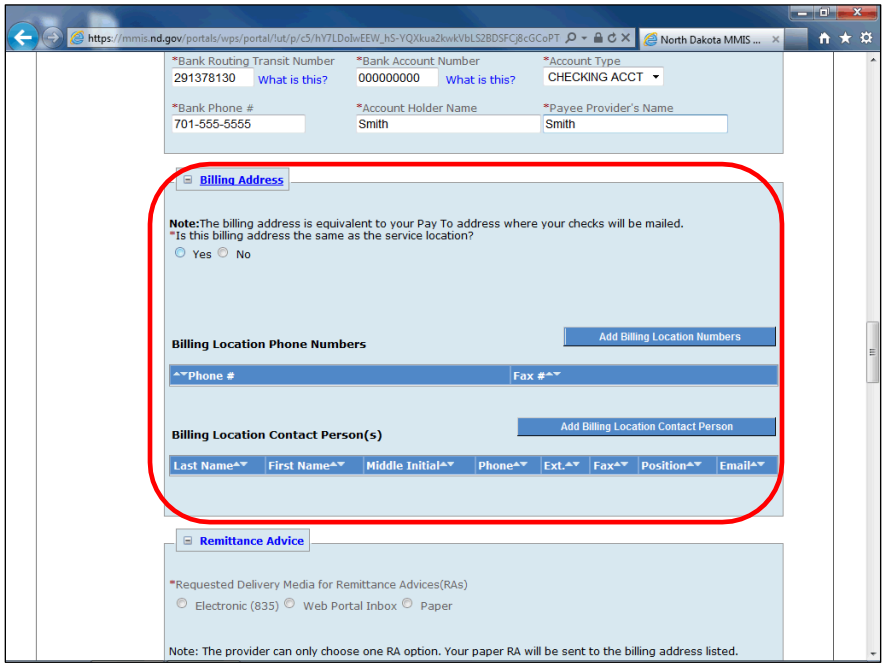


Step	Action
24.	Click the **Yes or No** on the Mailing Address option. If **No**, complete the Mailing Address information.
Step	**Action**
25.	**Contact person and email address is required.**

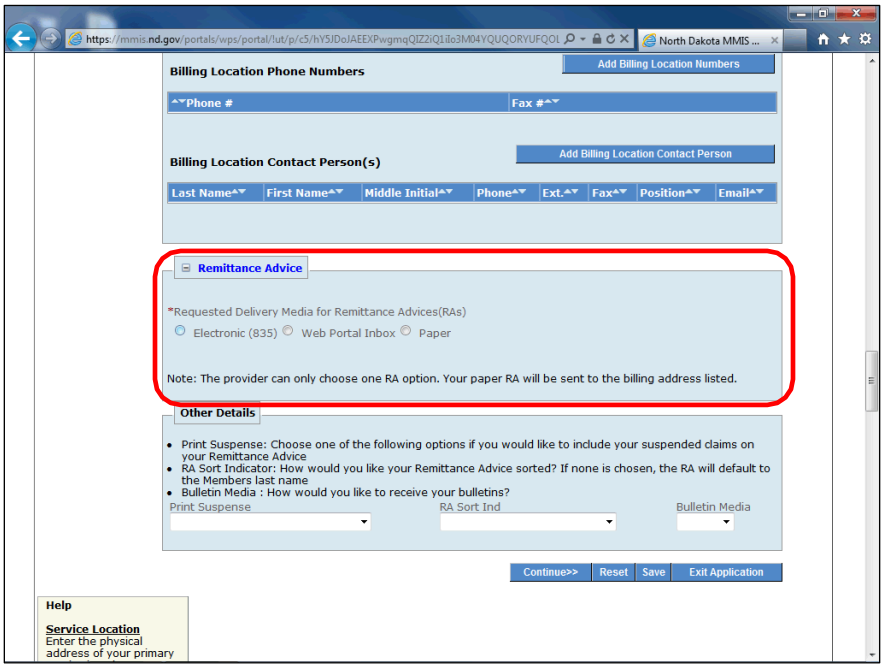


Step	Action
26.	Click the **Yes or No** option for Electronic Funds Transfer Payments. **This should only be completed if the individual will be submitting Medicaid claims as an Independent provider billing under the Social Security Number (SSN). If the individual is a rendering provider only, this section should be left blank. Do not enter the group EFT information on an individual application. Select 'No' if the individual will not be billing independently.**
Step	**Action**
27.	If Yes, Enter the desired information into the **Bank Name** field.
Step	**Action**
28.	Enter the desired information into the **Bank Address** field.
Step	**Action**
29.	Enter the desired information into the **City** field.
Step	**Action**
30.	Click the **State** list.
Step	**Action**
31.	Enter the desired information into the **Zip** field.
Step	**Action**
32.	Enter the desired information into the **Bank Routing Transit Number** field.
Step	**Action**
33.	Enter the desired information into the **Bank Account Number** field.

Step	Action
34.	Click the **Account Type** list.
Step	**Action**
35.	Enter the desired information into the **Bank Phone #** field.
Step	**Action**
36.	Enter the desired information into the **Account Holder Name** field.
Step	**Action**
37.	Enter the desired information into the **Payee Provider's Name** field.



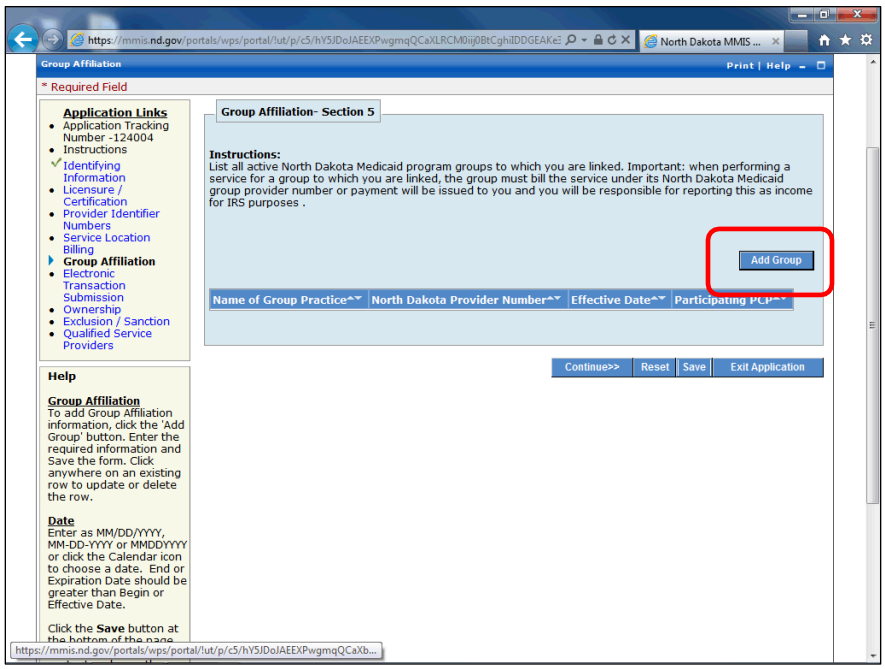
Step	Action
38.	Click the **Yes or No** option for Billing Address. If **No**, Complete the new billing address information.
Step	**Action**
39.	**Contact person and email address is required.**



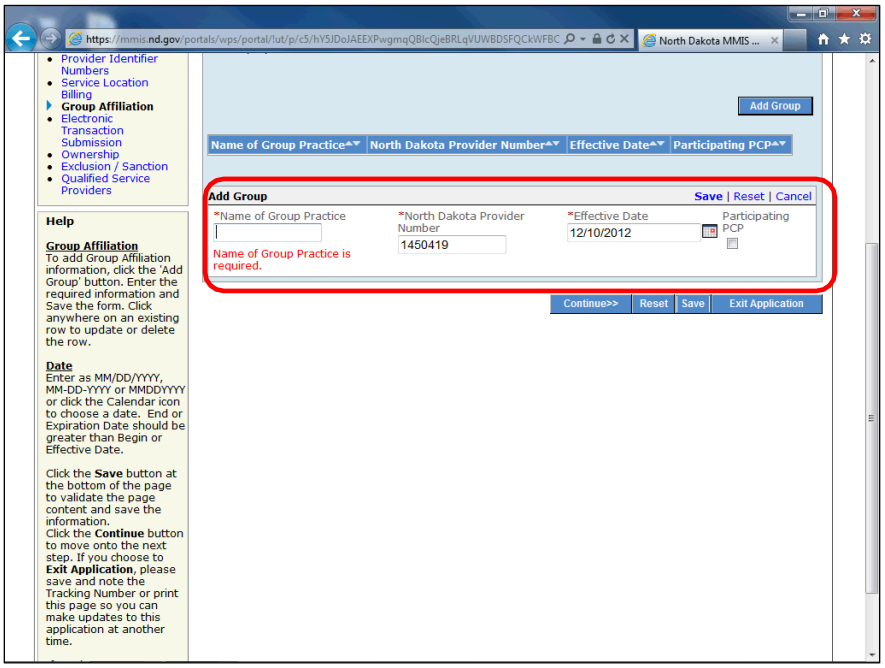
Step	Action
40.	Click the **Appropriate RA** option. **If the individual provider is a rendering provider only, select 'Web Portal Inbox'. The RA option will be driven by the billing provider/group/entity.** **If the individual is a billing entity under the SSN, then the desired RA should be selected.** • Electronic 835 – Receive a HIPAA X12 transaction • Web Portal Inbox – Received in the ND MMIS inbox • Paper – Mailed to the billing address listed
Step	**Action**
41.	Click the **Save** button. Save
Step	**Action**
42.	The next section will take you through how to complete the Group Affiliation page. **End of Procedure.**

Group Affiliation

Procedure



Step	Action
1.	**If the enrolling individual is affiliated to a group or multiple groups, they must be listed in this section to ensure proper payment. <u>This section is required for all rendering providers.</u> *Use the current ND Medicaid group number as the provider number. *Multiple Groups can be added.**
Step	**Action**
2.	Click the **Add Group** button.



Step	Action
3.	Enter the desired information into the **Name of Group Practice** field.
Step	**Action**
4.	Enter the desired information into the **North Dakota Provider Number** field. **This is the group's current ND Medicaid provider number. This number is seven digits long.**
Step	**Action**
5.	Enter the **Effective Date**. Enter the effective date of the affiliation.
Step	**Action**
6.	Click the **Save** link. **Save**
Step	**Action**
7.	Click the **Save** button. Save
Step	**Action**
8.	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

Procedure

In this section, you will need to choose 1 of the 3 options to submit electronic transactions.

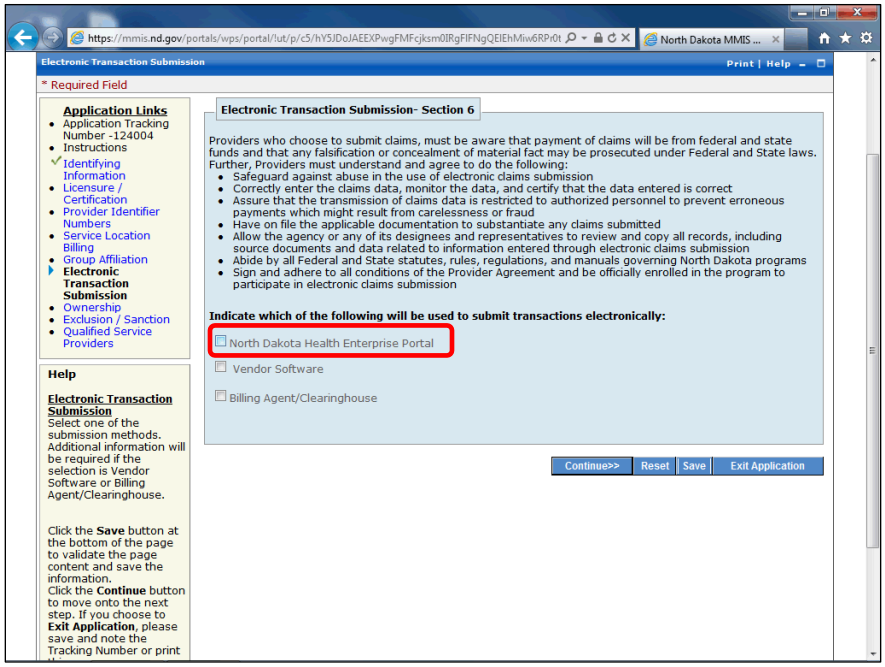
- **ND MMIS Web Portal** – for those that will be entering Medicaid claims directly into the ND MMIS web portal. **Rendering providers billing under a group should select 'North Dakota Web Portal'. This is the most common scenario.**

- **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.

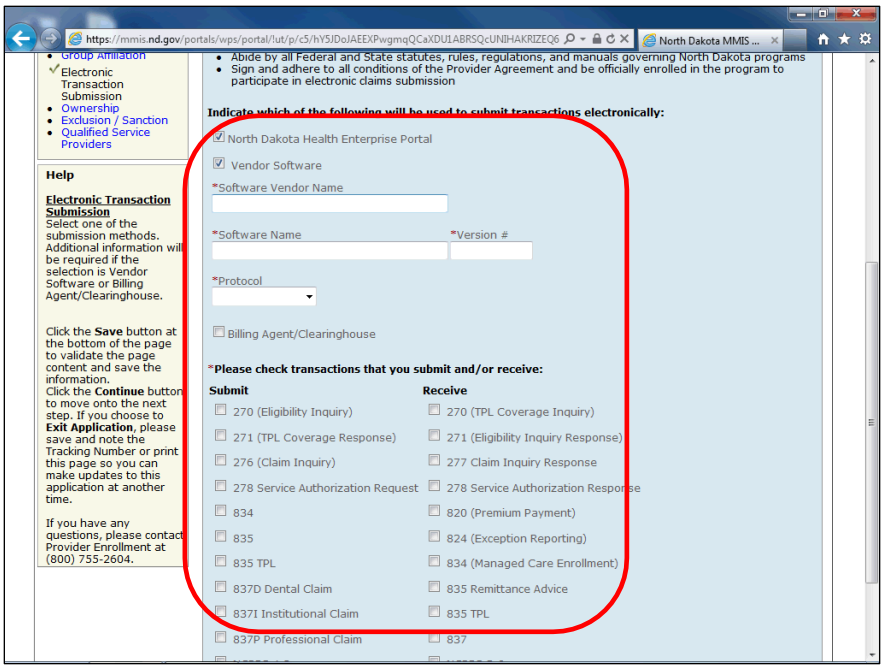
- **Billing Agent/Clearinghouse** – for those that use a third party to submit their claims on behalf of the group. The third party is the Trading Partner.

***Do not enter the group billing information in this section on an individual application.**

***If the individual is the billing entity submitting claims using the SSN and billing through vendor software or a billing agent/clearinghouse, then the appropriate option should be selected.**

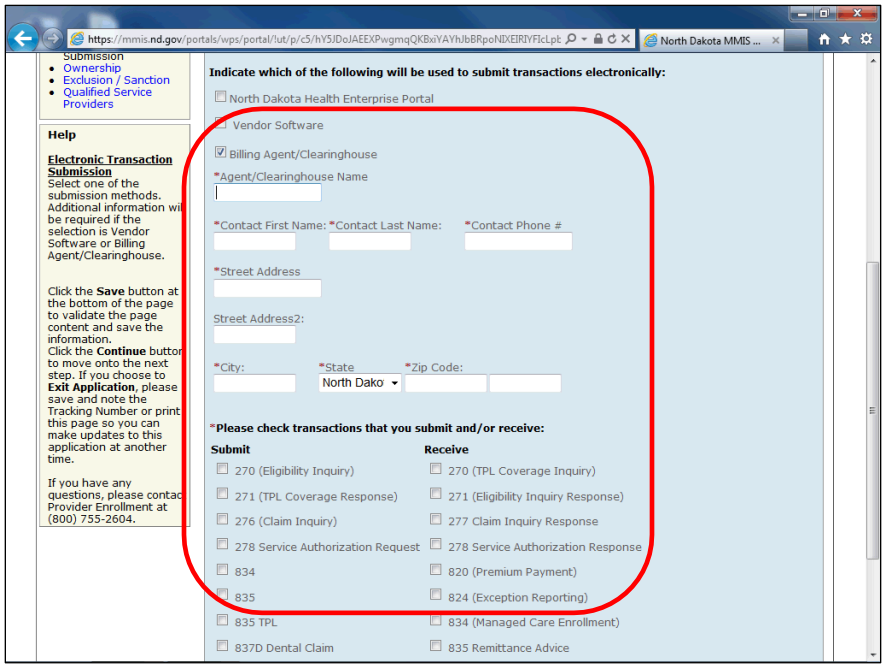


Step	Action
1.	**If using ND MMIS Web Portal, claims can be entered directly into the ND MMIS Web Portal.**
Step	**Action**
2.	Click the **ND MMIS Web Portal** option. **Select this option if the individual is a rendering provider billing under a group.**
Step	**Action**
3.	Click the **Save** button.



Step	Action
4.	**If submission is through a Vendor Software (X12 Transaction), the Provider will be acting as their own Trading Partner.**
Step	**Action**
5.	Click the **Vendor Software** option.
Step	**Action**
6.	Enter the desired information into the **Software Vendor Name** field.

Step	Action
7.	Enter the desired information into the **Software Name** field.
Step	**Action**
8.	Enter the desired information into the **Version #** field.
Step	**Action**
9.	Click the **Protocol** list and select the **Appropriate** list item.
Step	**Action**
10.	Click the **Appropriate Submit and Receive** options.
Step	**Action**
11.	Click the **Save** button.

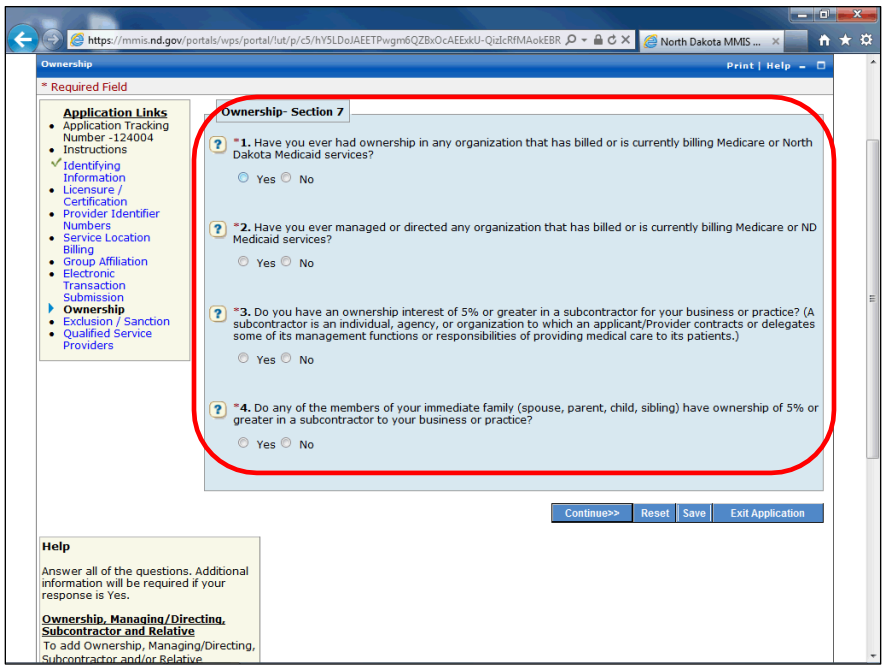


Step	Action
12.	**If submission is through a Billing Agent/Clearinghouse, the Agent/Clearinghouse will have to enroll as a trading partner through ND MMIS Web Portal.**
Step	**Action**
13.	Click the **Billing Agent/Clearinghouse** option.

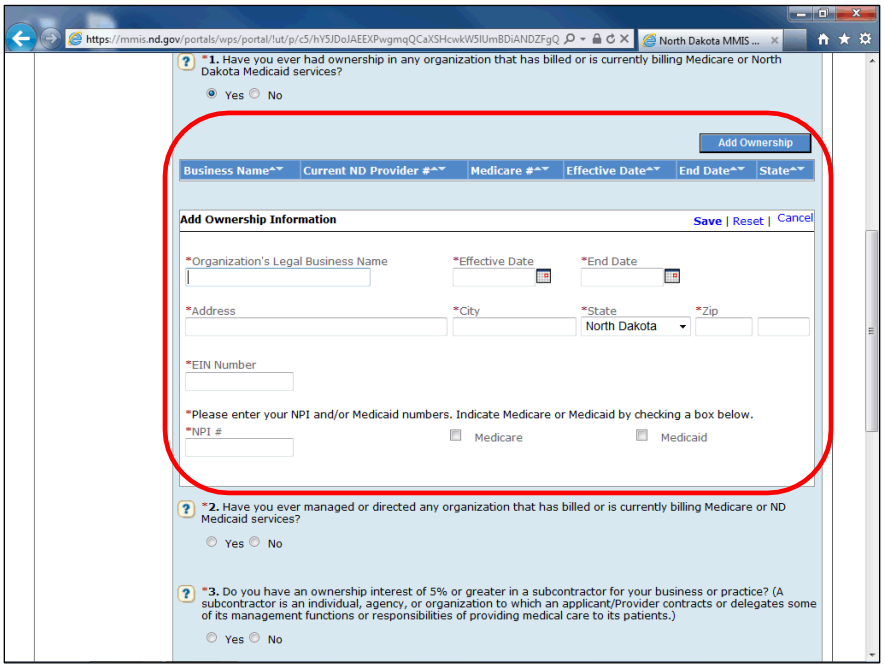
Step	Action
14.	Enter the desired information into the **Agent/Clearinghouse Name** field.
Step	**Action**
15.	Enter the desired information into the **Contact First Name:** field.
Step	**Action**
16.	Enter the desired information into the **Contact Last Name:** field.
Step	**Action**
17.	Enter the desired information into the **Contact Phone #** field.
Step	**Action**
18.	Enter the desired information into the **Street Address** field.
Step	**Action**
19.	Enter the desired information into the **City:** field.
Step	**Action**
20.	Enter the desired information into the **Zip Code:** field.
Step	**Action**
21.	Click the **Appropriate Submit and Receive** options.
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 Ownership page. **End of Procedure.**

Ownership

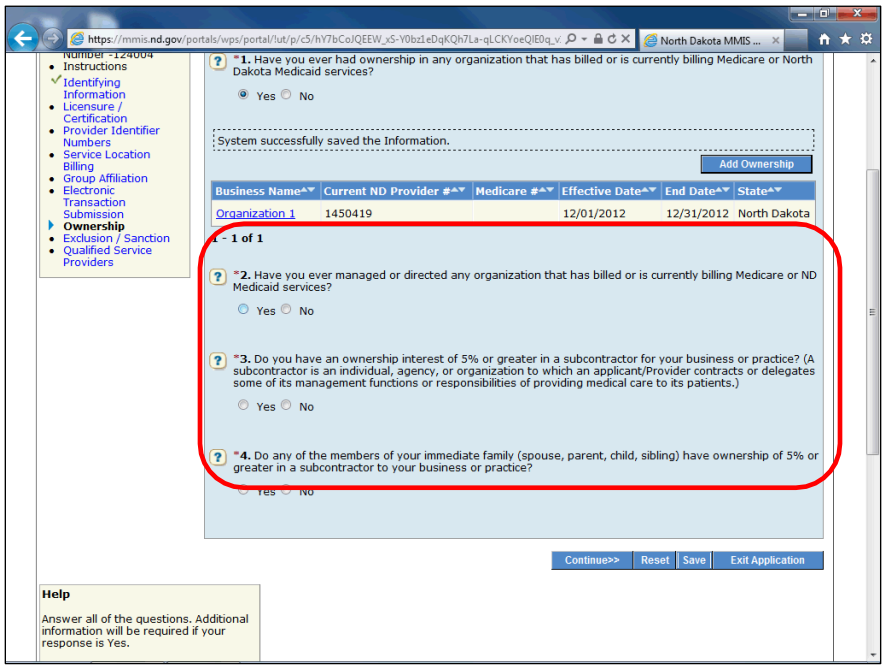
Procedure



Step	Action
1.	Click the **Yes or No** option for questions 1 – 4. If **Yes**, complete the additional fields. If **No**, continue to next section.



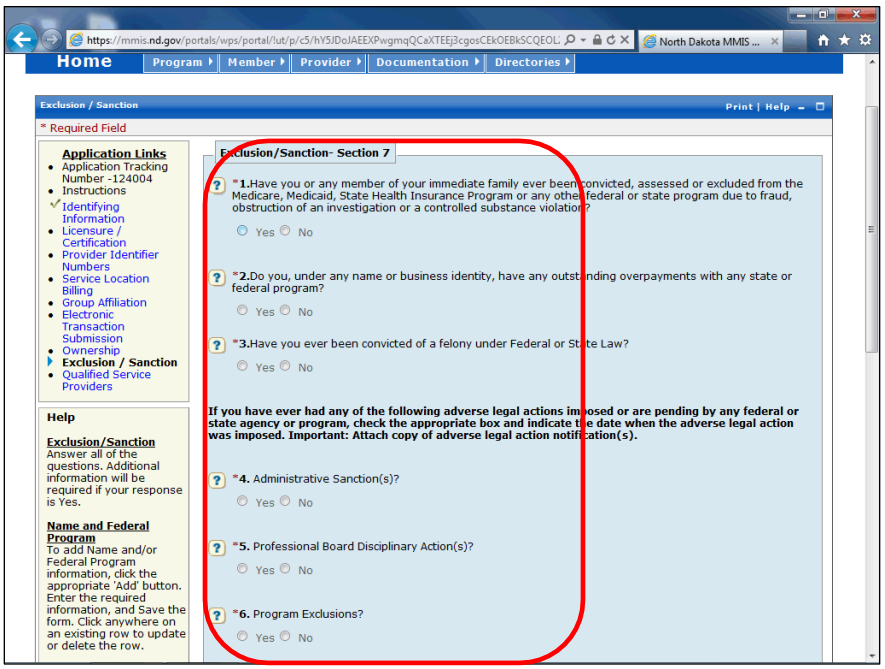
Step	Action
2.	If Yes, Enter the information into the **Organization's Legal Business Name** field.
Step	**Action**
3.	Enter the **Effective Date and End Date**.
Step	**Action**
4.	Enter the desired information into the **Address** field.
Step	**Action**
5.	Enter the desired information into the **City** field.
Step	**Action**
6.	Enter the desired information into the **Zip** field.
Step	**Action**
7.	Enter the desired information into the **EIN Number** field.
Step	**Action**
8.	Enter the desired information into the **NPI #** field.
Step	**Action**
9.	Click the **Appropriate Medicare or Medicaid** option.
Step	**Action**
10.	Enter the desired information into the **Current ND Provider #** field.
Step	**Action**
11.	Click the **Save** link.



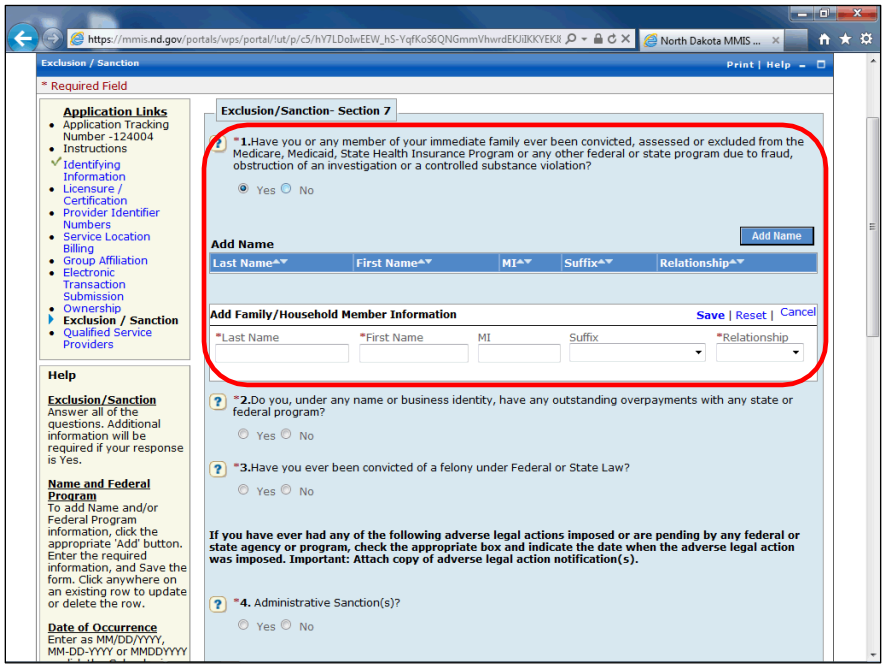
Step	Action
12.	**Repeat the steps for questions 2 – 4.** **Answering Yes to these questions will require additional information to be completed.**
Step	**Action**
13.	Click the **Save** button. Save
Step	**Action**
14.	Click the **Continue>>** button. Continue>>
Step	**Action**
15.	The next section will take you through how to complete the Exclusion / Sanction page. **End of Procedure.**

Exclusion/Sanction

Procedure



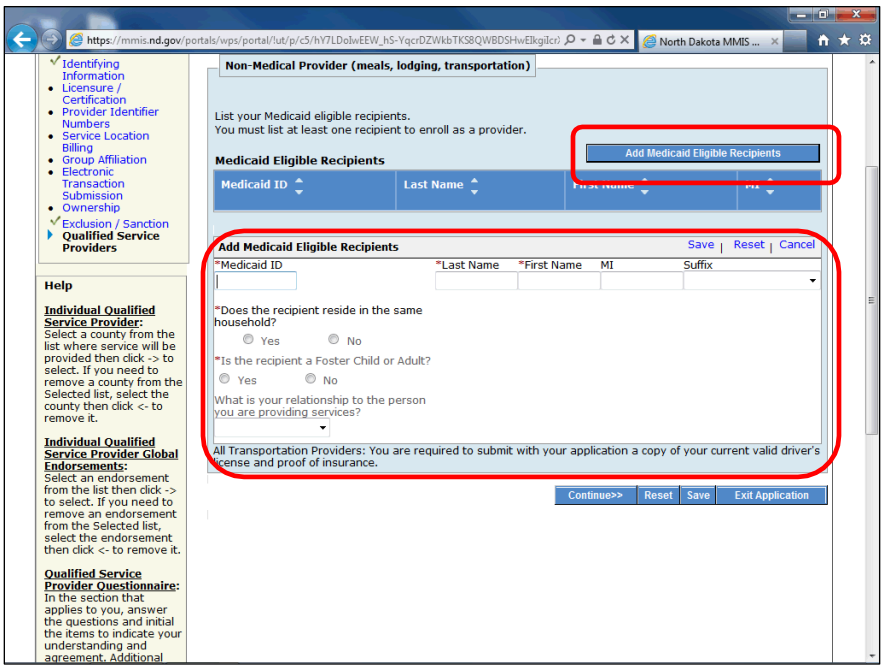
Step	Action
1.	**If YES is answered for any question in this section, you will be required to provide additional information.**
Step	**Action**
2.	Click the **Yes or No** option for questions 1 - 15.



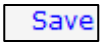
Step	Action
3.	If **Yes**, complete the additional information.
Step	**Action**
4.	**If No is selected, no further information is needed.**
Step	**Action**
5.	Click the **Save** button. Save
Step	**Action**
6.	Click the **Continue>>** button. Continue>>
Step	**Action**
7.	The next section will take you through how to complete the Qualified Service Providers page. **End of Procedure.**

Qualified Service Providers

Procedure

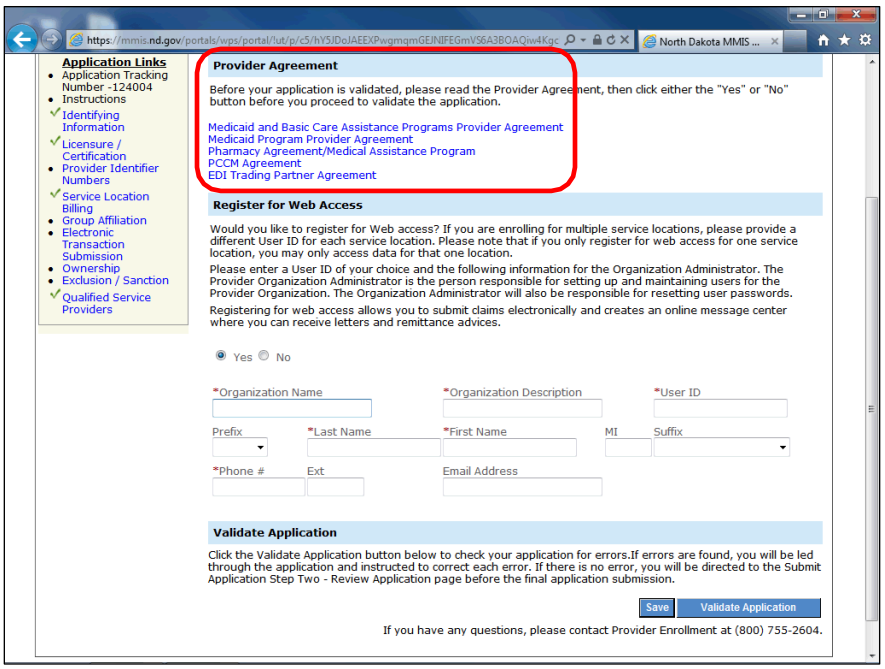


Step	Action
1.	**If not enrolling as a Non-Medical Provider (QSP, Transportation, Meals, and Lodging providers), this section can be skipped.** If you did not select Qualified Service Provider as a Provider Type or one of the following Specialties: 1) Lodging 2) Provide Meals 3) Private Vehicle 4) QSP This Section can be skipped.
Step	**Action**
2.	Click the **Add Medicaid Eligible Recipients** button. Add Medicaid Eligible Recipients
Step	**Action**
3.	Enter the desired information into the **Medicaid ID** field.
Step	**Action**
4.	Enter the desired information into the **Last Name** field.

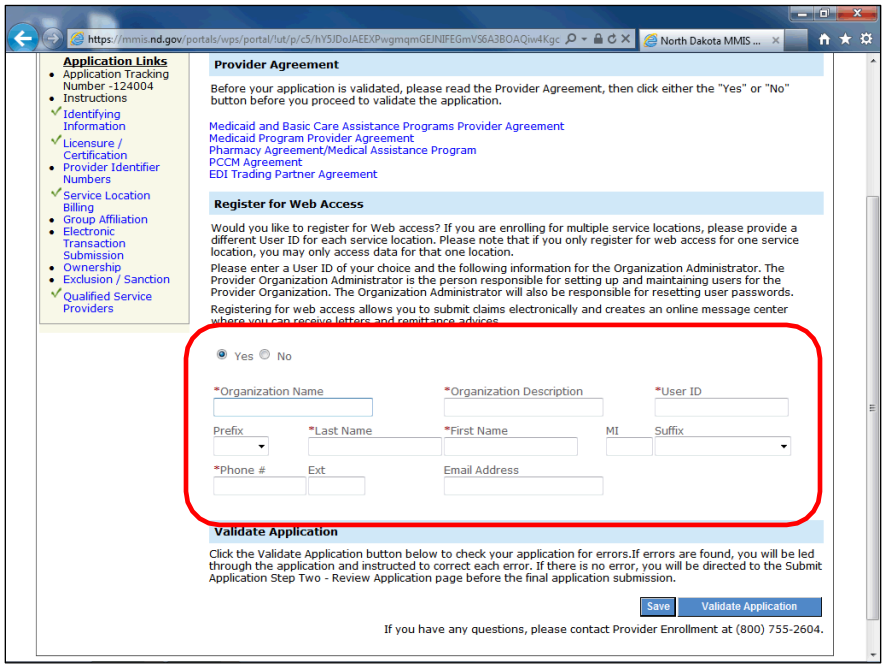
Step	Action
5.	Enter the desired information into the **First Name** field.
Step	**Action**
6.	Click the **Yes or No** option.
Step	**Action**
7.	Click the **Yes or No** option.
Step	**Action**
8.	Click the **What is your relationship to the person you are providing service** list.
Step	**Action**
9.	Click the **Appropriate** list item.
Step	**Action**
10.	Click the **Save** button. 
Step	**Action**
11.	Click the **Save** button.
Step	**Action**
12.	Click the **Continue>>** button.
Step	**Action**
13.	The next section will take you through how to complete the Submit Application page. **End of Procedure.**

Submit Application

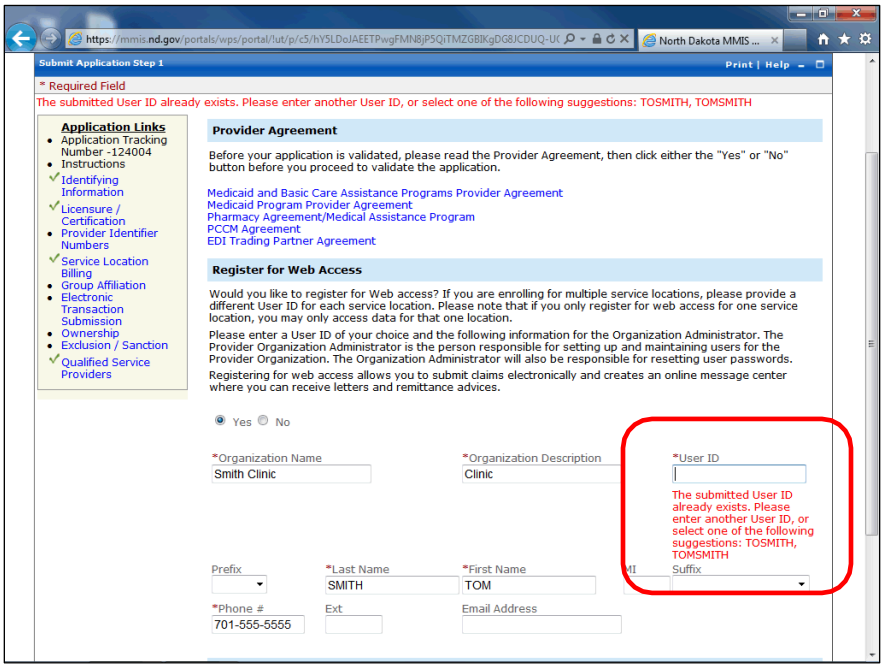
Procedure



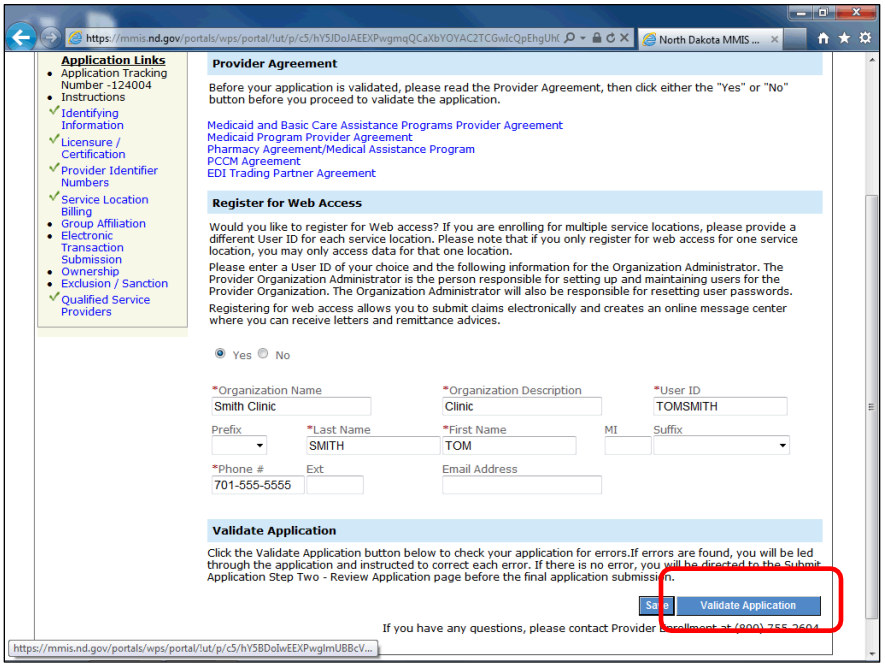
Step	Action
1.	**Read each of the Provider Agreements** that pertains to this enrollment. • **Medicaid Program Provider Agreement** is required for <u>all</u> providers. • **PCCM Agreement** is no longer required. The PCCM Program ended effective 12/31/2023.



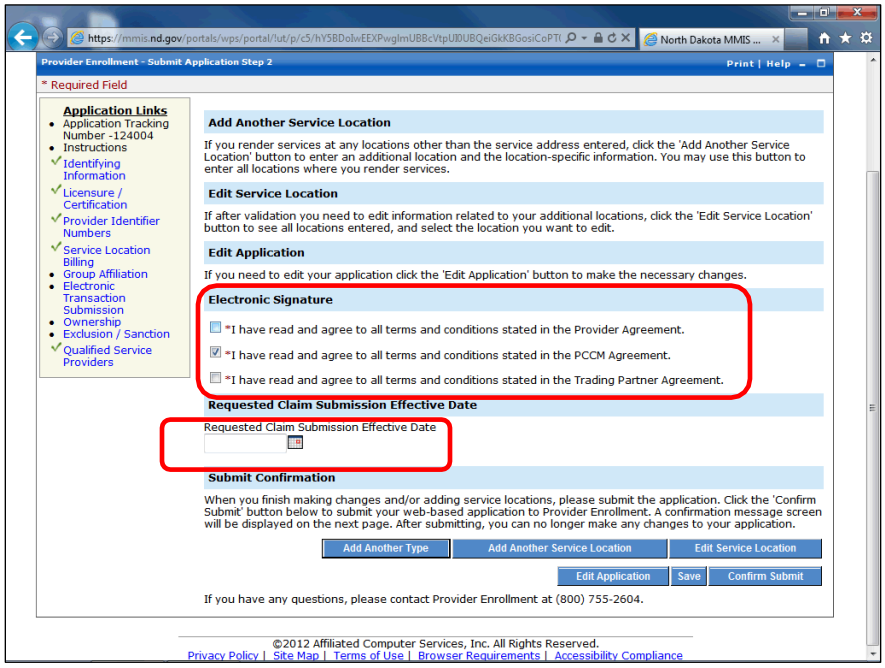
Step	Action
2.	**Registering for Web Access is <u>not recommended for individual rendering providers billing under a group</u>.** Individual providers billing independently may choose to register for web access.
Step	**Action**
3.	Enter the desired information into the **Organization Name** field.
Step	**Action**
4.	Enter the desired information into the **Organization Description** field.
Step	**Action**
5.	Enter the desired information into the **User ID** field.
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. Save



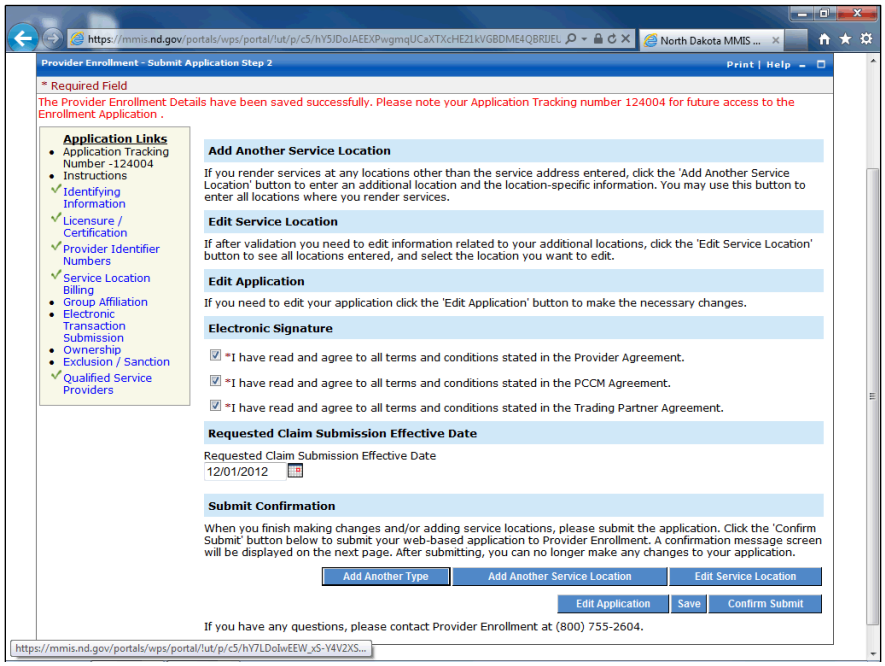
Step	Action
10.	If the User ID already exists, you will be prompted to enter a different User ID.



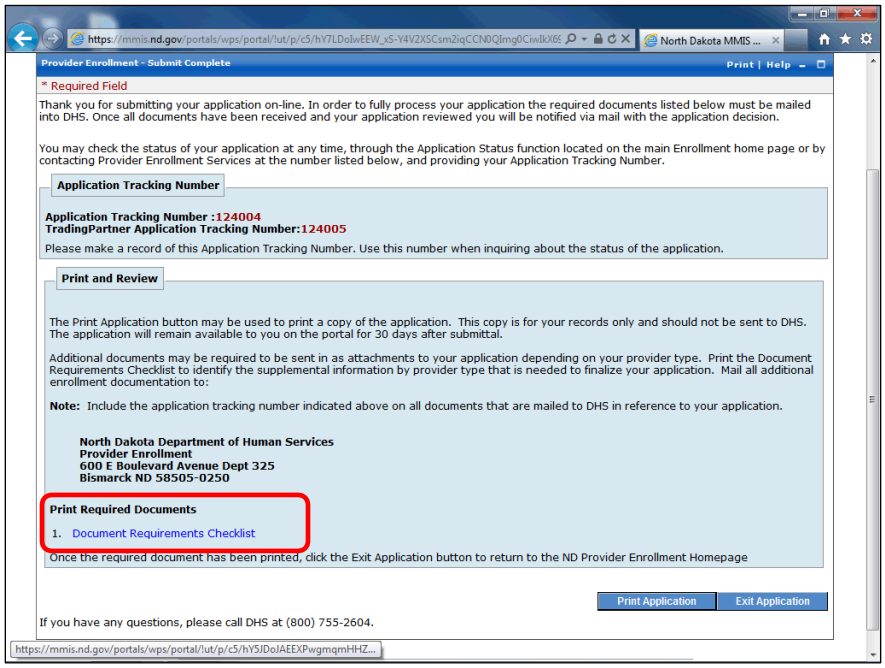
Step	Action
11.	Click the **Validate Application** button. This will check the application for errors. Validate Application



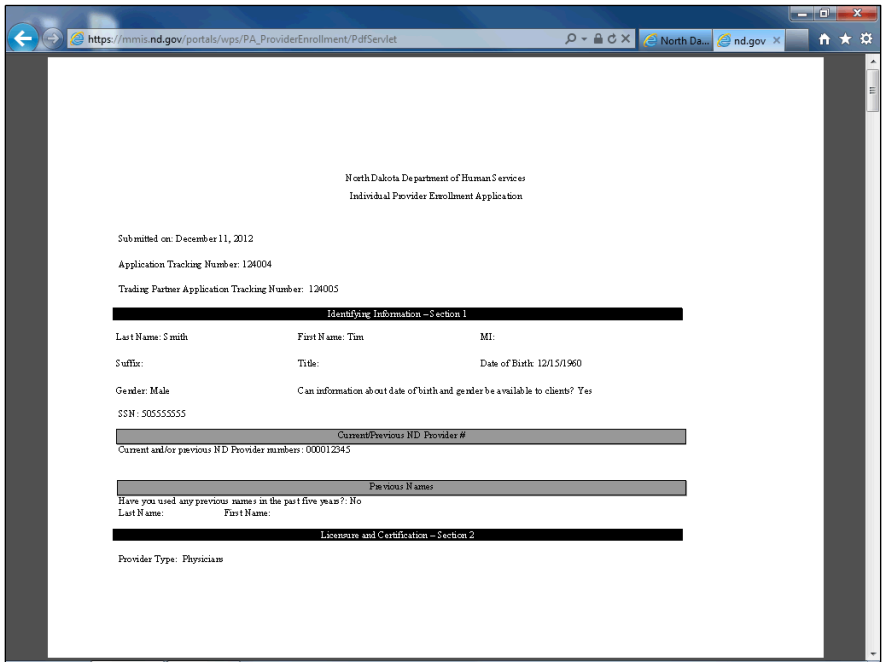
Step	Action
12.	Click the required **Electronic Signature** options.
Step	**Action**
13.	Enter the **Requested Claim Submission Effective Date**.
Step	**Action**
14.	Click the **Save** button. Save



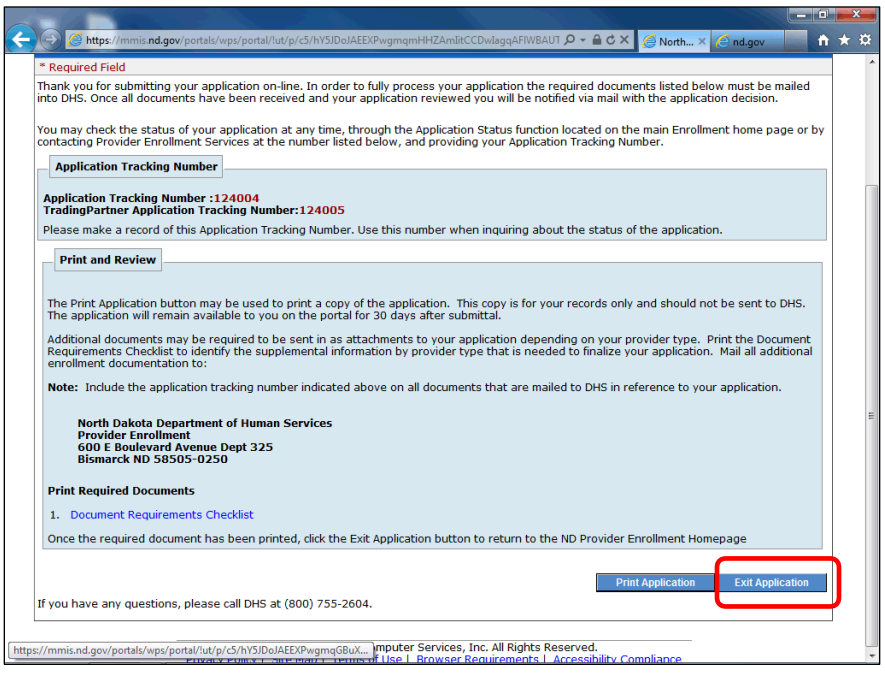
Step	Action
15.	**Review the application for accuracy and completeness before submitting the application.**
Step	**Action**
16.	**Add Another Type** and **Add Another Service Location** **should never be used on an individual application.** If the individual has **more than one provider type**, then a separate application is required. If the individual practices at **multiple locations**, then use the group affiliations page to associate all locations.
Step	**Action**
17.	**If you click the Confirm Submit option, you will not be able to make any further edits to the application.**
Step	**Action**
18.	Click the **Confirm Submit** button if you have no edits or updates to make to the application. Confirm Submit



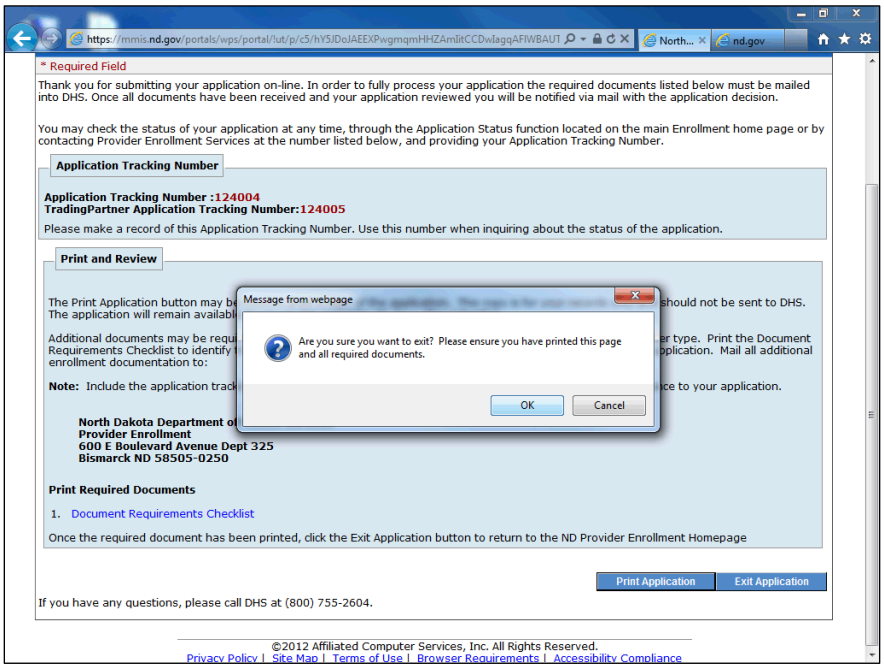
Step	Action
19.	Click **Document Requirements Checklist** to determine what Documents need to be sent to the Department of Human Services. **The above screen needs to be printed and mailed with the required documents to ensure there is a reference to the Application Tracking Number (ATN).
Step	**Action**
20.	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

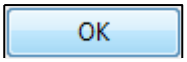


Step	Action
21.	**Print a copy of the application for your own records. <u>Do not</u> submit a printed copy with the required documents.**



Step	Action
22.	Click the **Exit Application** button.



Step	Action
23.	Click the **OK** button. 
Step	**Action**
24.	**End of Procedure.**