

**North Dakota Department of Health and Human  
Services Medicaid Provider Enrollment  
Online Application Guide**

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## General Notes

- **ATN:** When the system assigns your application tracking number (ATN), write it down. You can use this number to recall your application if you are unable to finish it in one sitting. The ATN will be displayed in red lettering on the top of the screen.
- **Navigating:**
  - To ensure the system saves the information on each screen, click “Save” at the bottom of each screen before clicking “Continue”.
  - After clicking on “Continue” the system will review that screen for any required fields that are blank or not filled out correctly. If any issues are noted, you will be taken back to that screen and the issue to fix will be displayed in small red lettering on the top of the screen.
- **Saving:** Throughout the application, there are fields that require extra saves. If a field requires a save, it will have a small “Save” button on the right (usually next to small “Reset” and “Cancel” buttons). Throughout this guide, the extra save is referred to as a “little save” for ease of reference. The “Save” button on the bottom of every screen is referred to as the “big save” for ease of reference. Always click both the little save and the big save before clicking “Continue”.

The image shows two screenshots from a web application. The top screenshot is titled "Board Certified Specialty List" and contains a form for adding specialties. The form has several fields: Specialty (dropdown), Provider Type (dropdown, currently set to "Physicians"), Begin Date (calendar icon), End Date (calendar icon), State (dropdown, currently set to "North Dakota"), and Certification # (text input). At the top right of the form area, there are three buttons: "Save", "Reset", and "Cancel". The "Save" button is circled in green, and an arrow points to it from a box labeled "Little Save". The bottom screenshot is titled "Taxonomy" and shows a table with columns for Taxonomy, Begin Date, and End Date. At the bottom of the screen, there are four buttons: "Continue>>", "Save", "Reset", and "Exit Application". The "Save" button is circled in green, and an arrow points to it from a box labeled "Big Save".

# Individual Application

## Screen 1 - Identifying Information

Notes: Please fill out with Last Name, First Name, and Middle Initial (suffix and title are optional)

## Screen 2 - Licensure/Certification

- A list of Provider Types along with their corresponding Specialties, and Taxonomies can be found on our website. Link: [mmis-individual-provider-code-taxonomy.pdf](#)
- License. Enter the license or certification that is required for the type of services you are enrolling to provide.
  - If no license or certification is required, enter the following as a license:
    - License Number: "DUM00000"
    - State: State you are providing services in
    - Licensing Agency: "Other"
    - Effective Date: The date you are requesting your enrollment to be effective.
    - Expiration Date: 12/31/9999
- Specialty. Certification # is "00000", State is the same as the license, Board Name is Other, begin date is the Claim Submission Effective Date (Date the enrollment with Medicaid will be effective), End date is 12/31/9999.
- Taxonomy
  - Populates after the Provider Type, License, and Specialty are inputted. Make sure the license field and Specialty field are saved and closed. Click the little save on each field to close them. Then click add Taxonomy. The box should have a prepopulated taxonomy.

This is the only taxonomy available for the Provider Type and Specialty you have selected. The Taxonomy cannot be typed, you must use the drop down box.

- Taxonomy should match the provider’s NPI, if not, please determine if you need to select a different Type and Specialty or update the provider’s NPI.
- Taxonomy must be within the provider’s scope of practice.

### Screen 3 – Provider Identifier Numbers

- NPI is required for all providers except Transportation.
- Medicare begin date is the Claim Submission Effective Date (Effective date of enrollment with ND Medicaid) being requested, end date is 12/31/9999.

### Screen 4 – Service Location Billing

- Service Location Information
  - Primary service location address.
    - Enter Address, Click “Validate Address”
    - Choose either the address the system suggests or choose “override verification warning” to use the exact address you entered. Click “Submit”.
  - **Required:** “Location Numbers” – Enter the phone number for the primary service location.
  - **Required:** Enter Service Location Contact Person – Include First and Last Name, Phone, and Email.

- Service Area
  - TDD/TTY is used by deaf and mute individuals to communicate by phone.
  - Public Provider searches display
  - 340b Providers are usually limited to pharmacies.
- CLIA – DO NOT enter a CLIA for an individual provider application. CLIAs are only for group applications.
- Mailing and Billing Addresses are required.  
Include the Mailing and Billing Location Numbers.  
Mailing and Billing Contact Persons are not required.

- EFT – DO NOT mark yes if this is a individual provider. Only individuals who have no billing provider will use EFT (e.g. Transportation Providers or Sole Proprietors reporting under their social security number and not enrolling their business). If there is a billing provider, the EFT information from the billing provider’s application will be used by the system.
- “Other Details” section is not required.

### **Screen 5 – Group Affiliation**

- Required for all individual providers. Enter the name and Medicaid ID # of the billing provider. If you do not know the Medicaid ID#, please contact the organization administrator for your billing group. If you do not know the Medicaid ID#, you may enter the NPI. However, if your billing provider has more than one record with that same NPI, we will be unable to identify which billing provider to affiliate and will be unable to process the application.
- The Effective Date of the affiliation is the same as the Claim Submission Effective Date (Effective date of enrollment with ND Medicaid).

### **Screen 6 – Electronic Transaction Submission**

- If you use vendor software or have a 3<sup>rd</sup> party billing agent or clearinghouse, please consult them with any questions in filling out this section.
- If you will be submitting your claims directly to the Department through our online Web Portal, please select “North Dakota MMIS Web Portal.”

### **Screen 7 – Ownership**

- Answer Yes or No to each question.

### **Screen 8 – Exclusion/Sanction**

- Answer Yes or No to each question.
- If Yes, submit the adverse legal action documentation to the Department with your application documents.

### **Screen 9 – Qualified Service Providers/Non-Medical Provider**

- Section not required.
- If you are a Transportation, Lodging, or Meals Provider, this section is still not required.

### **Screen 10 – Submit Application**

- Registration for Web Access is optional. If the system does not accept the User ID entered, it should give suggestions. If you do not register before submitting the application, you will need

to register after the application is approved. See the “Web Access Registration” section of this guide for more information on registering after the application is approved.

Click “Save”

Click “Validate”

### Screen 11 – Submit

- Electronic Signature:
  1. The first box is always required. Make sure you read and agree to all terms in the Provider Agreement (SFN 615 <https://www.nd.gov/eforms/Doc/sfn00615.pdf>) before checking this box.
  2. The second box is PCCM = Primary Care Case Management Services. This agreement is no longer required. The PCCM program ended effective 12/31/2023.
  3. The third box does not apply. This box is only for Trading Partners which are required to complete a different application.
- Claim Submission Effective Date.
  1. This will be the date your enrollment with North Dakota Medicaid is effective.
  2. Claims with dates of service before the Claim Submission Effective Date will deny.
  3. This date will not be changed after the application is approved.
  4. A retroactive enrollment effective date is limited to no more than ninety (90) days\* prior to the date a complete application packet is received.
  5. Providers who have requested a retroactive effective enrollment date may submit claims for covered services provided prior to receipt of all required enrollment documents if the provider met all eligibility requirements at the time the service was provided and only if appropriate documentation of the services provided is maintained.

\*The PIU may consider a retro enrollment effective date that exceeds ninety days for situations involving emergent care provided to a ND Medicaid member

Please note: The Department has a 180 day timely filing policy; claims not submitted and received by ND Medicaid within 180 days from the date of service will deny and not pay.

Click “Save”

Click “Confirm Submit”

If everything is completed, you will be taken to the submission confirmation page.

# Group Application

## Screen 1 - Identifying Information

Notes:

- Group Organization Name = DBA (Doing Business As).
- Legal Name = Name as Reported to the IRS.
- EIN = Tax ID #/FEIN.
- Begin Date is the EIN was first issued, End Date is 12/31/9999.
- Tax Exempt – If Yes is selected, you will need to submit your Tax Exempt Letter from the IRS (federal, not state) along with your application documents.

## Screen 2 – Licensure/Certification

- A list of Provider Types along with their corresponding Specialties, and Taxonomies can be found on our website. Link: [mmis-group-provider-code-taxonomy.pdf \(nd.gov\)](#)
- License. Enter the license or certification that is required for the type of services you are enrolling to provide.

If no license or certification is required, enter the following as a license:

- License Number: “DUM00000”
- State: State you are providing services in
- Licensing Agency: “Other”
- Effective Date: The date you are requesting your enrollment to be effective
- Expiration Date: 12/31/9999
- Specialty. Certification # is “00000”, State is the same as the license, Board Name is Other, begin date is the Claim Submission Effective Date (Date the enrollment with Medicaid will be effective), End date is 12/31/9999.
- Taxonomy
  - Populates after the Provider Type, License, and Specialty are inputted. Make sure the license field and Specialty field are saved and closed. Click the little save on each field to close them. Then click add Taxonomy. The box should have a prepopulated taxonomy. This is the only taxonomy available for the Provider Type and Specialty you have selected. The Taxonomy cannot be typed, you must use the drop down box.
  - Taxonomy should match the provider’s NPI, if not, please determine if you need to select a different Type and Specialty or update the provider’s NPI.

## Screen 3 – Provider Identifier Numbers

- Group/Organizational NPI is required for all provider types except Transportation, Lodging, Meals, and DD (Developmental Disabilities providers).
- DEA is not required.



- If still enrolled with Medicare, end date is 12/31/9999.

### Screen 4 – Service Location Billing

- Service Location Information
  - Primary service location address.
    - Enter Address, Click “Validate Address”
    - Choose either the address the system suggests or choose “override verification warning” to use the exact address you entered. Click “Submit”.
  - **Required:** “Location Numbers” – Enter the phone number for the primary service location.
  - **Required:** Enter Service Location Contact Person – Include First and Last Name, Phone, and Email.

- Service Area
  - TDD/TTY is used by deaf and mute individuals to communicate by phone.
  - Public Provider searches **display**
  - 340b Providers are usually limited to pharmacies.
- CLIA – Enter if applicable.
- **Required:** Mailing and Billing Addresses/Numbers.  
Include the Mailing and Billing Location Numbers.  
Mailing and Billing Contact Persons are not required. Enter if applicable.
- EFT
  - Enter EFT. Will need to submit the SFN 661 EFT form ([sfn00661.pdf \(nd.gov\)](#)) and a bank letter with your application documents.
- “Other Details” section is not required

### Screen 5 –Affiliation

- Individuals entered in this section must be enrolled prior to the submission of this application.

- Enter the ND Medicaid Provider ID # (7 digits). If you do not know their Provider #, you may enter their NPI.
- The Effective Date of the affiliation is the individual's earliest date of service for your facility.
  - Cannot be before the individual's effective date of enrollment with ND Medicaid.
  - Cannot be before the Claim Submission Effective Date being requested on the group application.
  - Cannot be more than 1 year from the date the group application is approved.

### **Screen 6 – Electronic Transaction Submission**

- If you use vendor software or have a 3<sup>rd</sup> party billing agent or clearinghouse, please consult them with any questions regarding this section.
- If you will be submitting your claims directly to the Department through our online Web Portal, please select “North Dakota MMIS Web Portal”.

### **Screen 7 – Ownership**

- Answer questions 1-5.
- Add Owners in Question 1, if applicable.
- Add Managing/Directing Employees, if applicable.

### **Screen 8 – Authorized Reps**

- Add all Authorized Representatives. Please include a begin date. End date is 12/31/9999.
- Pharmacist In Charge: Only for Pharmacy Applications.

### **Screen 9 – Exclusion/Sanction**

- Answer Yes or No to each question.
- If Yes, submit the adverse legal action documentation to the Department with your application documents.

### **Screen 9 – Qualified Service Providers/Non-Medical Provider**

- Section not required.
- If you are a Transportation, Lodging, or Meals Provider, this section is still not required.

### **Screen 10 – Submit Application**

- Registration for Web Access is optional. If the system does not accept the User ID entered, it should give suggestions. If you do not register before submitting the application, you will need to register after the application is approved. See the “Web Access Registration” section of this guide for more information on registering after the application is approved.

Click "Save"

Click "Validate"

### Screen 11 – Submit

- Electronic Signature:
  1. The first box is required for all Basic Care Providers. Medicaid and Basic Care Assistance Programs Provider Agreement. SFN 308 [00308 \(nd.gov\)](#)
  2. The second box is always required. Make sure you read and agree to all terms in the Provider Agreement (SFN 615 [sfn00615.pdf \(nd.gov\)](#)) before checking this box.
  3. The third box is required for all Pharmacy Providers. Pharmacy Agreement/Medical Assistance Program. SFN 1168 [sfn01169.pdf \(nd.gov\)](#)
  4. The fourth box is PCCM = Primary Care Case Management Services. This agreement is no longer required. The PCCM program ended effective 12/31/2023.
  5. The fifth box does not apply. This box is only for Trading Partners which are required to complete a different application.
  
- Claim Submission Effective Date.
  1. This will be the date your enrollment with North Dakota Medicaid is effective.
  2. Claims with dates of service before the Claim Submission Effective Date will deny.
  3. This date will not be changed after the application is approved.
  4. A retroactive enrollment effective date is limited to no more than ninety (90) days\* prior to the date a complete application packet is received.
  5. Providers who have requested a retroactive effective enrollment date may submit claims for covered services provided prior to receipt of all required enrollment documents if the provider met all eligibility requirements at the time the service was provided and only if appropriate documentation of the services provided is maintained.

\*The PIU may consider a retro enrollment effective date that exceeds ninety days for situations involving emergent care provided to a ND Medicaid member

Please note: The Department has a 180 day timely filing policy; claims not submitted and received by ND Medicaid within 180 days from the date of service will deny and not pay.

Click "Save"

Click "Confirm Submit"

If everything is completed, you will be taken to the submission confirmation page.

# Recalling an Application (Coming back to Application that is not submitted)

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

Provider Enrollment Print | Help

\* Required Field

### Become a Provider

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

[FAQ](#)  
[Instructions](#)  
[Group Provider Enrollment](#)  
[Individual Provider Enrollment](#)  
[Download a PDF Provider Enrollment Package](#)  
[Request a Provider Enrollment Package in the Mail](#)

### Become a Trading Partner

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

[FAQ](#)  
[Instructions](#)  
[Trading Partner Enrollment](#)

### Application Status

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

\*Application Tracking #

### Recall Provider Application

To recall an application that you have partially completed, enter your Application Tracking Number, and SSN / EIN and click the SUBMIT button.

\*Application Tracking #   
\*SSN/EIN

### Recall Trading Partner Application

To recall an application that you have partially completed, enter your Application Tracking Number and SSN / EIN and click the SUBMIT button.

\*Application Tracking #   
\*SSN/EIN

- Enter your ATN and SSN (Individual Application) or EIN (Tax ID# for Group Application)

## Submitting Required Documentation

- Documents required vary depending on the type of application (Individual or Group) and the type of provider (physician, nurse practitioner, counselor, etc.). Please consult the applicable checklist for your enrollment's provider type.
- All documents must be received by Provider Enrollment within 5 business days from the date the online application was submitted. If not received in time, the application will be cancelled. You can check the status of your application to determine if the documents have been received. If it says Pend, no documents have been received. If it says Cancelled, the application has been cancelled.
- Documents cannot be submitted online through our system.
- You have four options to send all documents to the Department:
  1. Standard Email – [NDMedicaidEnrollment@noridian.com](mailto:NDMedicaidEnrollment@noridian.com) (incoming email are secure)
  2. Fax – Providers may fax the required documentation to (701) 433-5956. ATT: NDM Provider Enrollment
  3. Standard mail:
  4. Noridian Healthcare Solutions  
Attn: ND Medicaid Provider Enrollment  
PO Box 6055  
Fargo, ND 58121  
Please Note: All documents sent by standard mail are subject to the same 5 day business rule. Mail takes time to be routed and may not reach Provider Enrollment before this deadline has passed.

## Individual Applications:

- SFN 615 – Medicaid Program Provider Agreement.  
<https://www.nd.gov/eforms/Doc/sfn00615.pdf>
- License - Submit a current legible copy of the license applicable to the provider type you are enrolling as. If enrolling as a physician, the Department would require a copy of your current professional physician license.
- Controlled Substance Registration Certificate (DEA) – Submit a copy of your current DEA certificate (If applicable).
- National Provider Identifier (NPI) - Submit a copy of your NPI registration.  
<https://npiregistry.cms.hhs.gov/>

## Group Applications:

- W-9 - Both name and Tax ID Number must be exactly the way it is reported to the IRS. The Department requires the Social Security Number and Date of Birth of the signee to be included.  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- CP-575 Letter (Only required for billing providers not submitting a Tax Exempt Letter)- The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

- IRS Issued Federal Tax Exempt Letter – (Only required for billing providers with Federal tax exempt status.)
- SFN 1168 - Ownership/Controlling Interest and Conviction Information - Include a list of your Board of Directors and Managing Employees with both their Dates of Birth and Social Security Numbers.  
<https://www.nd.gov/eforms?sfntitle=1168>
- SFN 615 – Medicaid Program Provider Agreement.  
<https://www.nd.gov/eforms?sfntitle=615>
- License - Submit a current legible copy of the license applicable to the provider type you are enrolling as. If enrolling as a hospital, the Department would require a copy of your current hospital facility license. If you are enrolling as a clinic you would send in a copy of a rendering provider (MD).
- Clinical Laboratory Improvement Amendments (CLIA) - Submit a copy of your current CLIA (if applicable).
- National Provider Identifier (NPI) - Submit a copy of your NPI registration.  
<https://npiregistry.cms.hhs.gov/>
- Certificate of Liability Insurance - Submit a copy of your liability insurance.
- Medicare. Letter of enrollment with Medicare with your PTAN.
- Electronic Funds Transfer (EFT) (SFN 661)  
<https://apps.nd.gov/itd/recmgmt/rm/stFrm/eforms/Doc/sfn00661.pdf> - Required for all billing providers requesting Electronic Funds Transfer (EFT).
- Copy of a Voided Check, Deposit Slip, or Documentation from your financial institution with both routing and account numbers – Required for all billing providers requesting EFT.

Out of State DME, Pharmacy, and PRTF providers (Groups only) must also submit the following:

- SFN 509 – Out of State Enrollment Clarification.  
<https://www.nd.gov/eforms?sfntitle=509>
- Medical Records.

Pharmacy Providers (Groups only) must also submit the following:

- SFN 1169 – Pharmacy Agreement/Medical Assistance Program.  
<https://www.nd.gov/eforms?sfntitle=1169>

All Basic Care Providers (Groups only) must also submit the following:

- SFN 308 – Medicaid & Basic Care Assistance Program Agreement.  
<https://www.nd.gov/eforms?sfntitle=308>

## Transportation Application

### Individual (Private Transportation)

- SFN 615 – Medicaid Program Provider Agreement.  
<https://www.nd.gov/eforms/Doc/sfn00615.pdf>
- W-9  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
  - Notes for W-9
    - Both name and Tax ID Number must be exactly the way it is reported to the IRS.
    - The Social Security Number and Date of Birth of the signee must be included on the SFN 1168, Section IV.
- SFN 620 Non-Emergent Medical Transportation is required for all NEMT applications.  
<https://www.nd.gov/eforms/Doc/sfn00620.pdf>
  - Notes for 620:
    - Please have section 4 completed by a county representative.
    - If you have provided any transportation, please indicate the date of service in section 1.
    - If you have not yet provided any transportation, please indicate by email the date you are requesting your enrollment to be effective. This is the earliest date a claim may be submitted.
- Driver’s License – Must show legible license number, issued date, and expiration date.
- Foster License (Required only for foster parents applying to transport foster children).
- SFN 904 or Letter (Required only for foster parents applying to transport foster children)
  - Letter must support why you feel your foster child(ren) qualifies as having medical needs that are “above and beyond” what would be considered a normal frequency.
- SFN 661 EFT (Electronic Funds Transfer)  
<https://www.nd.gov/eforms/Doc/sfn00661.pdf> - Required for all billing providers.
- Copy of a Voided Check, Deposit Slip, or Documentation from your financial institution with both routing and account numbers – Required for all billing providers.

### Group (Commercial Transportation)

- SFN 615 – Medicaid Program Provider Agreement.  
<https://www.nd.gov/eforms/Doc/sfn00615.pdf>
- SFN 1168 Ownership/Controlling Interest And Conviction Information.  
<https://www.nd.gov/eforms/Doc/sfn01168.pdf>
  - Instructions for 1168:  
<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/provider-enrollment-instructions-sfn1168.pdf>
    - Please complete Section II. Certification. If it does not apply to you, please check the “Other” box and write “N/A” for Not Applicable, and sign and date.

- W-9
  - <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
  - Notes for W-9
    - Both name and Tax ID Number must be exactly the way it is reported to the IRS.
    - The Social Security Number and Date of Birth of the signee must be included on the SFN 1168, Section IV.
- SFN 620 Non-Emergent Medical Transportation is required for all NEMT applications.  
<https://www.nd.gov/eforms/Doc/sfn00620.pdf>
  - Notes for 620:
    - Section 4 is not required for Group Applications.
    - If you have provided any transportation, please indicate the date of service in section 1.
    - If you have not yet provided any transportation, please indicate by email the date you are requesting your enrollment to be effective. This is the earliest date a claim may be submitted.
- SFN 661 EFT (Electronic Funds Transfer)  
<https://www.nd.gov/eforms/Doc/sfn00661.pdf> - Required for all billing providers.
- Copy of a Voided Check, Deposit Slip, or Documentation from your financial institution with both routing and account numbers – Required for all billing providers.

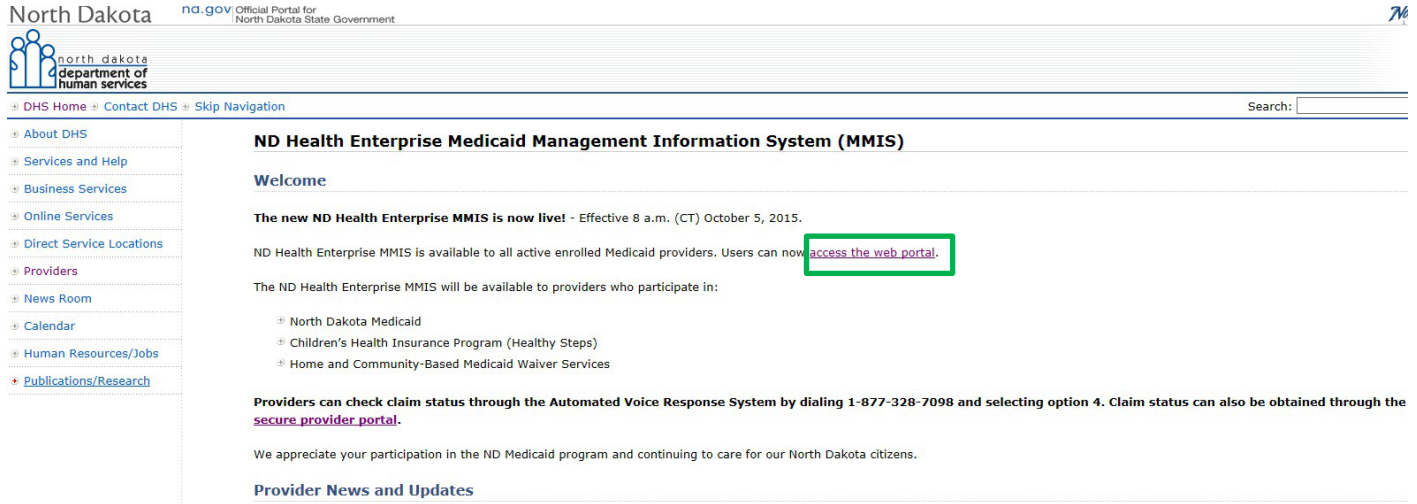


# Web Access Registration

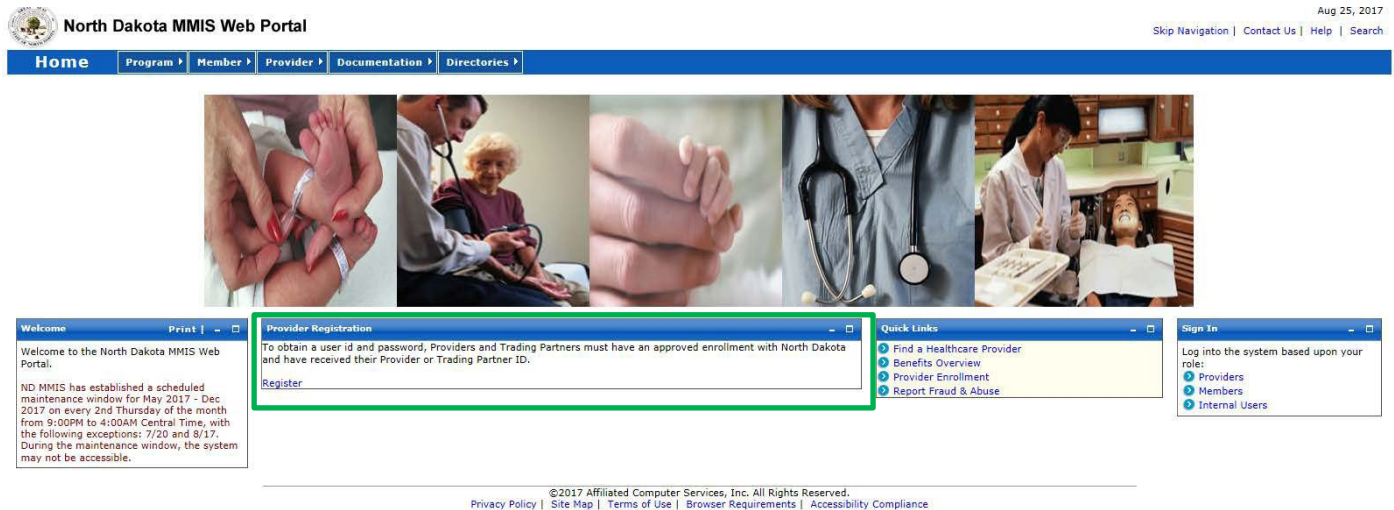
After the application is approved and you have your ND Medicaid Provider ID #, you can register for Access to the Web Portal (If you did not register for web access during the online application).

Link: [MMIS - ND Health Enterprise Medicaid Management Information System | Health and Human Services North Dakota](#)

1. Click on “access the web portal”.



2. Under “Provider Registration”, click on “Register”.



Enter your ND Provider ID # and SSN (individuals) or EIN (groups).

Please contact Customer Service with questions about the Web Portal, Billing, or Claims: 701-328-7098.