

## Requesting Access to the NDIIS

- *The request form says that THOR is only compatible with Microsoft Internet Explorer®. This is true for Blue Cross/Blue Shield of North Dakota THOR applications. The NDIIS, however, is separate from all other THOR applications and will run on Internet Explorer as well as Google Chrome®, Mozilla Firefox® and Apple Safari® internet browsers.*
1. In the drop-down box for the first question “Are you a Billing Agency?” select the option that says **No, employed by the provider.**
  2. Enter the name and address of your provider location.

The screenshot shows a web form titled "Registration Form" with a section for "Site Demographics". The form includes several input fields: "Are you a Billing Agency?" (a dropdown menu), "Site Name", "Address Line 1", "Address Line 2", "City", "State" (a dropdown menu with "North Dakota" selected), and "Zip Code". A green circle highlights the "Are you a Billing Agency?" dropdown menu, and a green arrow points from it to the "No, employed by the provider" option in the expanded menu. The "Yes, provide billing services for a provider" option is also visible in the expanded menu.

3. The Primary Contact information should be the site administrator<sup>1</sup> for your provider site. This is the person who is authorizing you to have access to the NDIIS under the provider location entered above.
  - a. Make sure to enter a valid email address for the Primary and Other contacts so that the NDIIS Support team can contact them for the appropriate user verification.

<sup>1</sup> Before users will be approved for NDIIS access, the NDIIS support team will contact the provider’s site administrator to verify the user is employed by the provider site and that their role is appropriate to have NDIIS Access. The site administrator is designated on the Provider Site Agreement.

**Primary Contact**  
*The Primary Contact is the person authorizing user(s) access to THOR*

First Name

Last Name

Phone  Extension

Email Address

Other Contact (optional)

First Name

Last Name

Phone  Extension

Email Address

4. Click the **Add User** button to enter the new user information.

**User Information**  
 Click on "Add User" below to get started. You must add at least one user.

5. Enter the first and last name, phone number and email address for the new user.

**User Information**

If you would like to register more than one user, click Save then click "Add User" again.

First Name

Last Name

Department

Phone  Extension

Email

6. Select the applications the user will need access to.
- Bulletin Board** and **ND Immunization Information System** are both required for all new NDIIS users.
  - You can request access to other THOR applications on the same form<sup>2</sup>.

<sup>2</sup> Users with access to the NDIIS and other THOR applications will have one set of login credentials (i.e. username and password) even though they are separate web sites.

### Electronic Services This User Will Access

Authorized users may customize their THOR access according to their business needs.

- Bulletin Board**  
Search THOR's Bulletin Board for the information you need on the latest medical policies, news bulletins, and much more.
- Chiropractic Fee Schedule**  
View the Chiropractic Fee Schedule online.
- Claim Correction**  
Correct claims online and re-submit them in a real-time environment.
- Claim Inquiry**  
Check the status of claims and initiate claim adjustments.
- Electronic Payment Listings**  
View your payment listings on THOR.
- Injectables/Other Pharmacy Fee Schedule**  
View the Injectables/Other Pharmacy Fee Schedule online.
- Membership**  
Verify eligibility and coverage information on the member's Benefit Plan, network affiliation and cost share amounts.
- ND Immunization Information System**  
Track vaccine information needed to administer and verify timely immunizations.
- Out Of State Preauthorization**  
Enter Out of State preauthorizations electronically.
- Physician Payment Schedule**  
View the Physician Payment Schedule online.
- Preauthorizations**  
Enter preauthorizations electronically.
- Provider Data Exchange**  
Access to the application allows providers to view and update certain demographic information for their clinics, institutions and/or individual providers.
- Provider Directory**  
Locate information on physicians, hospitals, facilities, dentists and other healthcare providers easily online.
- Real Time Claims**  
Entry of professional claims into the system real-time.
- Referral**  
Enter referrals electronically.

7. After selecting *ND Immunization Information System*, there will be additional data fields that need to be completed.
  - a. The *ND State Immunization Number* is the 4 or 5 digit provider site ID assigned to your provider in the NDIIS<sup>3</sup>. If you don't know what this number is or aren't sure, you can contact the ND Department of Health Immunization Program.
  - b. Under *Security Type*, you can select either **View Immunizations** or **View/Enter/Edit Immunizations**.

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<sup>3</sup> The NDIIS Provider Site ID or Provider Pin Number is assigned to your site once your Provider Site Agreement has been completed. If you have not completed your site agreement, you can download the form at <http://www.ndhealth.gov/Immunize/NDIIS/>.

**ND Immunization Information System**  
Track vaccine information needed to administer and verify timely immunizations.

Identify your state immunization provider number(s):

Provider Name	ND State Immunization Number	Security Type
<input type="checkbox"/> provider name	up to a 5 digit number	-Select-

**Security Type**

- Select-
- Select-
- View Immunizations
- View/Enter/Edit Immunizations

8. If the new user will need to have access under more than one provider site in the NDIIS, you can enter multiple provider sites at one time by clicking the **Add Provider** button.
  - a. The button will update to show how many providers you are adding to the request for access.
  - b. If you pressed the button by mistake, you can click the checkbox next to the *Provider Name* field and it will remove the additional provider site.

Identify your state immunization

**2**

**Provider Name**

<input type="checkbox"/>	provider name	<input type="button" value="Remove"/>
<input type="checkbox"/>	provider name	

9. Once you have finished entering the provider information for all providers, click **Save**.
10. You will be taken back to the main request form where you can either add additional users or submit the form as complete.

Test User