

North Dakota Medicaid

Provider Enrollment FAQ

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Enrollment

How to See if a Provider is Already Enrolled with North Dakota Medicaid

Search By NPI:

Individual Provider: <http://www.nd.gov/dhs/info/mmis/docs/mmis-enrolled-individual-provider-taxonomy-codes.pdf>

Group Provider: <http://www.nd.gov/dhs/info/mmis/docs/mmis-enrolled-group-provider-taxonomy-codes.pdf>

Search By Name:

Go to the MMIS Web Portal:

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

Under Quick Links select “Find a Healthcare Provider.”

The screenshot shows the North Dakota MMIS Web Portal homepage. The navigation bar includes 'Home', 'Program', 'Member', 'Provider', 'Documentation', and 'Directories'. Below the navigation bar is a banner with five images: a newborn baby, a doctor examining an elderly patient, a close-up of hands, a doctor's stethoscope, and a doctor examining a patient. The 'Quick Links' menu is highlighted with a red box, showing the following options: 'Find a Healthcare Provider', 'Provider Enrollment', and 'Report Fraud & Abuse'. Other visible menus include 'Welcome', 'Provider Registration', and 'Sign In'.

From there the following will display:

The screenshot shows the 'Find a Healthcare Provider' search page. The page header includes the North Dakota MMIS Web Portal logo and navigation links. The main content area has a search form with the following fields and options:

- Search for a provider using any of the following criteria: Name, Provider Type, Provider Specialty, Gender, Language, or Location. Please note that no fields are mandatory, but at least one field must be entered.
- Provider Name Search
- Disclaimer: The providers displayed as a result of this search are currently enrolled to participate in the North Dakota Medicaid Program *but they may not be accepting new patients at this time*. The information contained on the search results page is current as of the date generated, but can change at any time.
- If you wish to find a specific provider or group practice/hospital, you must enter at least the first two letters of the last name of the provider or practice below. If you spell the entire name, please be sure to spell the name correctly, as the system will be looking for an exact match to what you entered. To narrow the search for a specific provider, you may optionally enter the first name in the appropriate field. Click on the Search button when you have entered the search criteria.
- Last Name or Practice Name:
- First Name:
- Starts With Phonetic
- Starts With Phonetic

You may search for your providers within that area. The phonetic option does not display reliable results so you should use the correct “starts with” information. I typed in Baker as a last name above and 18 records match and the first three are displayed. To advance to the next page of results, click on the page number in the bottom right corner.

SEARCH RESULTS					
Name	Provider Type	Address	Phone Number	Distance From Location	Map
Baker Drug Co	Supplier	104 S. Main ST, Baker, MT 59313		NA	Map
Baker Family Medicine, PC	Ambulatory Health Care Facilities	4401 Coleman St, Bismarck, ND 58503		NA	Map
BAKER SR, KENNETH W	Qualified Service Provider	7698 EMPHRAIM HILL RD E, ST MICHAEL, ND 58370	7017664167	NA	Map

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*if an enrolled provider indicated they do not want to be part of a published directory they will not show up during this search.

How to Enroll an Individual

Submit a new online application. Here is a link for the online application:

<http://www.nd.gov/dhs/info/mmis/materials.html>

Link to Online Application Guide:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/provider-enrollment-application-guide.pdf>

Within **5 business days** of submitting the online application, submit the required documents. Required documents vary depending on the provider type being enrolled (Physician, Social Worker, Counselor, etc.).

Required Supporting Documentation:

1. Medicaid Provider Application Checklist for the correct Provider Type ([LACs](#), [LAPCs](#), [LBSWs](#), [Physical Therapists](#), [RNs](#), [Targeted Case Managers](#), [Sole Proprietors](#), [Non-Emergent Medical Transportation](#), and [1915\(i\) providers](#) have separate checklists. All other practitioners fill out the [General Individual Checklist](#)).
2. All documents mentioned in the Form Packet or Checklist (usually a copy of the license, DEA if applicable, NPI report from [NPPES](#), and SFN 615 Medicaid Program Provider agreement).

Notes:

- All licenses and DEAs submitted must contain the following information and must be legible:
 - a. Practitioner's Name
 - b. License/DEA number
 - c. Effective Date of License/DEA
 - d. Expiration Date of License/DEA
- If your license/DEA does not show the effective date or expiration date, you can often obtain a copy from the Board's website or by contacting the Board.
- If a complete packet is received, the application will be processed accordingly. If incomplete, an email will be sent to the email address on the checklist with needed corrections. As the Department does not retain incomplete application or reactivation requests, the corrections will need to be made and the **ENTIRE PACKET** resubmitted.

You have two options to send all documents to the Department:

1. Standard Email – NDMedicaidEnrollment@noridian.com (please do not send EFT information, Dates of Birth (DOBs), or Social Security Numbers (SSNs) by unsecured email)
2. Fax – Providers may fax the required documentation to (701) 433-5956. ATT: NDM Provider Enrollment

How to Enroll a Group

1. Determine what taxonomy you will be billing when submitting claims for your group. There is a separate set of taxonomies for groups. You can find a list of taxonomies that North Dakota Medicaid uses for groups at this link: <http://www.nd.gov/dhs/info/mmis/docs/mmis-groupprovider-code-taxonomy.pdf>
 - a. Once you find the taxonomy, make note of the Specialty and the Provider Type that goes with that taxonomy, you will need it to fill out the online application and checklist you will submit with your documents.
2. Use the following link to pull up the checklist for the Provider Type and Specialty you selected above: <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/group-provider-checklists-pe.pdf>
 - a. Review the checklist, use the links in the checklist to access the documents you do not already have.
 - b. Make sure you have all the documents on the checklist (unless it says it does not apply. For example, the checklist tells you that if you are not tax exempt, you do not need to submit a tax exempt letter).
 - c. Access and Review the simplified instructions for filling out the SFN 1168: <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/provider-enrollment-instructions-sfn1168.pdf>
 - d. Fill out all the documents and complete the checklist.
3. Fill out the online application on the “MMIS” web portal: <https://mmis.nd.gov/portals/wps/portal/EnterpriseHome>
 - a. Review the Online Application Guide to help with navigating, saving, and troubleshooting sections you have questions or trouble with: <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/provider-enrollment-application-guide.pdf>
 - b. After the application is completed, it will bring you to a page where there is nothing for you to fill out. It will give you the one time option to print out the application. You are not required to print out the application, but if you want it for your records, this is the only time you will be able to get documentation of what you filled out.
4. Submit your documents with the checklist as a coversheet to the Department.
 - a. Include with your documents the Application Number that was assigned by the system when you completed the online application:

Notes:

- If a complete packet is received, the application will be processed accordingly. If incomplete, an email will be sent to the email address on the checklist with needed corrections. As the Department does not retain incomplete application or reactivation requests, the corrections will need to be made and the **ENTIRE PACKET** resubmitted.

You have two options to send all documents to the Department:

1. Standard Email: NDMedicaidEnrollment@noridian.com (please do not send EFT information, Dates of Birth (DOBs), or Social Security Numbers (SSNs) by unsecured email)
2. Fax – Providers may fax the required documentation to (701) 433-5956. ATT: NDM Provider Enrollment

Hospitals

Hospitals that will be billing for both Institutional and Professional Fees must submit a separate enrollment application and documents for each. Hospitals cannot bill both Institutional and Professional Fees through the same record. (Rural Health Clinics also must not bill Hospital Professional Fees through their Rural Health Clinic application; Hospital Professional Fees must be billed through a Hospital Professional Billing Group record).

Institutional Fees: Billed through a hospital record (Provider Type 28). Billed on an Institutional claim form. Attending provider is required on the claim. Per CMS, the Institutional claims form requires only that both the Hospital and the Attending be enrolled, it does not require an affiliation. Our system does not review an Institutional claim for affiliation between the Attending and the Hospital.

Professional Fees: Billed for services provided by the individual who provided the service at the hospital. Billed through a Hospital Professional Billing Group record. Usually uses the same NPI and service location as the hospital. Billed on a Professional claim form. Rendering provider is required on the Professional claim. The rendering provider must be affiliated to the Hospital Professional Billing Group in order for the claim to pay. Our system reviews to ensure the rendering is affiliated with the Hospital Professional Billing Group. Enrolled under the 026-Ambulatory Health Care Facilities provider type with specialty 503-Single Specialty (193400000X) or 504-Multi-Specialty (taxonomy 193200000X). However, if there is a (359) Clinic Center operating under the same tax ID and NPI that will be billing the hospital professional fees, that 359 may be used to also bill the hospital professional fees. Please advise provider enrollment if you will be billing your hospital professional fees through your (359) Clinic Center record (NDMedicaidEnrollment@noridian.com or fax to (701) 433-5956. ATT: NDM Provider Enrollment).

FQHC (Federally Qualified Health Center)

FQHCs that will be billing for Optometrist, Chiropractor, or Podiatrist services must submit a separate enrollment application and documents for the Optometrist, Chiropractor, or Podiatrist services. FQHCs may not bill for Optometrist, Chiropractor, or Podiatrist services through the same record as the other FQHC services.

If your FQHC needs to bill Optometrist, Chiropractor, or Podiatrist services, you will need to obtain a new NPI and submit a separate application for these services under taxonomy 193400000X or 193200000X. There is a separate checklist available for each application.

Ambulatory Surgical Centers (ASC)

ASCs that will be billing for both Institutional and Professional Fees must submit a separate enrollment application and documents for each. ASCs cannot bill both Institutional and Professional Fees through the same record.

Institutional Fees: Billed through the ASC enrollment under taxonomy 261QA1903X. No affiliations will be made to the ASC Institutional Billing Group enrollment.

Professional Fees: Billed through the ASC Professional Billing Group for services provided by the rendering. May use the same NPI and service location as the Institutional Billing Group. Billed through a Professional claim. Rendering provider is required on the Professional claim. The rendering provider must be affiliated to the Professional Billing Group in order for the claim to pay. Use either specialty 503-Single Specialty (193400000X) or 504-Multi-Specialty (taxonomy 193200000X).

Sole Proprietor

Enrollments for a sole proprietor are determined by the way in which the sole proprietor wishes to bill North Dakota Medicaid - through their personal SSN or through their Employer Identification Number (EIN). *Please consult a tax professional to ensure your reporting of taxes is correct.

- If billing ND Medicaid through the sole proprietor's Social Security Number:
 - Submit an individual application.
 - The name on your 1099 will have your individual name (the legal name which matches the SSN)
- If billing ND Medicaid through the Employer Identification Number (also called EIN or FEIN) of the business:
 - Submit a group application to enroll the Tax ID as the billing provider.
 - After the group is enrolled:
 - Both the business (under the Tax ID) and the Individual (under the SSN) will need to be enrolled and affiliated to ensure claims will pay.
 - If you are already enrolled with an individual practitioner record, submit an affiliation form to "link" your individual record with your new group record.
 - If you are not yet enrolled with ND Medicaid with an individual practitioner record, submit an individual application to enroll as the "rendering" provider – Make sure to include your new group record in the Affiliations section on the Individual online application.

If a sole proprietor who enrolls under their SSN, later expands to include another provider in their business:

- Submit a group application to enroll the Tax ID of the business as the billing provider.
 - Please submit a letter along with the group application documents to advise that the business will now be the billing provider instead of the individual sole proprietor. This will allow the Department to update the sole proprietor's individual record so taxes will report under the business.
 - The new provider's services cannot be billed under the sole proprietor's SSN. In order to bill for the new provider, both the Tax ID of the business and the SSN of the new individual provider will need to be enrolled.
- After the group is enrolled
 - Submit an individual application to enroll the new provider (if they are not already enrolled).
 - If already enrolled, submit an affiliation form to "link" their individual record with the business record.

Taxonomies

“The Healthcare Provider Taxonomy Code Set is a hierarchical code set that consists of codes, descriptions, and definitions. Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers.” <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Taxonomy.html>

There are two separate taxonomy code sets, one for individual providers, and one for group providers. Individual taxonomies cannot be used for group enrollments, just as group taxonomies cannot be used for individuals.

Determine the taxonomy you are going to be billing and use the following links to see which specialty and provider type corresponds to that taxonomy.

Individuals – <https://www.nd.gov/dhs/info/mmis/docs/mmis-individual-provider-code-taxonomy.pdf>

Groups – <http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

Online Application – 1st Half of Enrollment Process

Please Note: North Dakota Medicaid provider enrollment staff will not process a request for provider enrollment until the PIU is in **receipt of all** required enrollment documents, in addition to submitting the online application.

A retroactive enrollment effective date is limited to no more than ninety (90) days* prior to the date a complete application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

**If the application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.*

For More complete coverage of the Online Application screens, please use this link to access the Online Application Guide: <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/provider-enrollment-application-guide.pdf>

Link to Online Application: <https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment>

How to Populate the Taxonomy

Make sure all the fields on the License page are closed.

1. Select the Provider Type that corresponds with your taxonomy (do not know which type to choose, see the links below)
2. Click “Add License”
 - a. Add in the license information
 - b. Click the small save to the right of the License field.
3. Click “Add Specialty”
 - a. Choose the Specialty that corresponds with your taxonomy (do not know which type to choose, see the links below)
 - b. The certification # is “00000”
 - c. Begin date is the date you are requesting your enrollment to be effective
 - d. End date is 12/31/9999
 - e. Board is “Other”
 - f. Click the small save to the right of the Specialty field
4. Click the save on the bottom of the page
5. Click “Add Taxonomy”
 - a. The taxonomy you need should be available in the drop down box
 - b. Begin date is the date you are requesting your enrollment to be effective
 - c. End date is 12/31/9999
 - d. Click the small save to the right of the Taxonomy field
6. Click the save on the bottom of the page.

Will Not Allow the Letter “W” to be Typed

This is a known browser compatibility issue. Workaround: Open Word, type the letter “W”, Copy, Paste wherever needed.

End Date Required, But Information is Still Current

Use 12/31/9999

Specialty Requires Certification Number, But There is No Board Certification for this Specialty

Use “00000”

North Dakota Department of Human Services

What is an Enrollment Effective Date?

An Enrollment Effective Date is the date your record will be made effective. Any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days* prior to the date a complete application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

North Dakota Medicaid provider enrollment staff will not process a request for provider enrollment until the Program Integrity Unit (PIU) is in receipt of all required enrollment documents, in addition to submitting the online application. Unless a retroactive enrollment effective date is requested the application effective date will be the date that staff approve the application.

This policy includes adding affiliations, adding service locations and processing taxonomy changes.

Provider specialty checklists ([Individual](#)) ([Group](#)) ([NEMT](#)) ([TCM](#)) ([1915i](#)) clearly indicate the documentation required for enrollment. It is the provider's responsibility to submit complete and accurate documents that are required for enrollment purposes.

NEMT = Non-Emergent Medical Transportation

Consideration for a retroactive enrollment effective date:

- A retroactive enrollment effective date is limited to no more than ninety (90) days prior to the date a complete application packet is received. Providers must request a retroactive enrollment effective date, when submitting the complete enrollment packet.
- 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. To request a retro enrollment effective date that exceeds ninety days, providers **must include a copy of the claim and medical records with their application documents.**

Required Documents – 2nd Half of Enrollment Process

Link to Individual Checklist

<https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/individual-provider-checklist-pe.pdf>

Link to Group Checklists

<https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/group-provider-checklists-pe.pdf>

Link to NEMT (Non-Emergent Medical Transportation) Checklists

<https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/non-emergent-transportation-checklists-pe.pdf>

Where to Submit Enrollment Documents

Submit Documents to North Dakota Medicaid, Provider Enrollment:

1. By regular Email: NDMedicaidEnrollment@noridian.com (please do not send EFT information, Dates of Birth (DOBs), or Social Security Numbers (SSNs) by unsecured email)
2. Electronically through a secure link – For those providers that wish to send the required documentation via secure email, you must request access to a secure link by sending an email to NDMedicaidEnrollment@noridian.com. An email will be sent back to you with a link to a secure site to send your required documents. All correspondence must include your application tracking number in order to match the documents to the enrollment application.
3. Fax – Providers may fax the required documentation to (701) 433-5956. ATT: NDM Provider Enrollment

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Enrolled Providers

Hospitals

Hospitals that will be billing for both Institutional and Professional Fees must submit a separate enrollment application and documents for each. Hospitals cannot bill both Institutional and Professional Fees through the same record. (Rural Health Clinics also must not bill Hospital Professional Fees through their Rural Health Clinic application; Hospital Professional Fees must be billed through a Hospital Professional Billing Group record).

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Professional Fees: Billed for services provided by the individual who provided the service at the hospital. Billed through a Hospital Professional Billing Group record. Usually uses the same NPI and service location as the hospital. Billed on a Professional claim form. Rendering provider is required on the Professional claim. The rendering provider must be affiliated to the Hospital Professional Billing Group in order for the claim to pay. Our system reviews to ensure the rendering is affiliated with the Hospital Professional Billing Group. Enrolled under the 026-Ambulatory Health Care Facilities provider type with specialty 503-Single Specialty (193400000X) or 504-Multi-Specialty (taxonomy 193200000X). However, if there is a (359) Clinic Center operating under the same tax ID and NPI that will be billing the hospital professional fees, that 359 may be used to also bill the hospital professional fees. Please advise provider enrollment if you will be billing your hospital professional fees through your (359) Clinic Center record (NDMedicaidEnrollment@noridian.com or fax to 701-328-4030 ATT: Provider Enrollment).

FQHC (Federally Qualified Health Center)

FQHCs that will be billing for Optometrist, Chiropractor, or Podiatrist services must submit a separate enrollment application and documents for the Optometrist, Chiropractor, or Podiatrist services. FQHCs may not bill for Optometrist, Chiropractor, or Podiatrist services through the same record as the other FQHC services.

If your FQHC needs to bill Optometrist, Chiropractor, or Podiatrist services, you will need to obtain a new NPI and submit a separate application for these services under taxonomy 193400000X or 193200000X. There is a separate checklist available for each application.

Ambulatory Surgical Centers (ASC)

ASCs that will be billing for both Institutional and Professional Fees must submit a separate enrollment application and documents for each. ASCs cannot bill both Institutional and Professional Fees through the same record.

Institutional Fees: Billed through the ASC enrollment under taxonomy 261QA1903X. No affiliations will be made to the ASC Institutional Billing Group enrollment.

Professional Fees: Billed through the ASC Professional Billing Group for services provided by the rendering. May use the same NPI and service location as the Institutional Billing Group. Billed through a Professional claim. Rendering provider is required on the Professional claim. The rendering provider must be affiliated to the Professional Billing Group in order for the claim to pay. Use either specialty 503-Single Specialty (193400000X) or 504-Multi-Specialty (taxonomy 193200000X).

Add a Taxonomy (provider already enrolled)

Submit the Add taxonomy form (SFN 1302):

<https://www.nd.gov/eforms/Doc/sfn01302.pdf>

Submit by email to NDMedicaidEnrollment@noridian.com or fax to (701) 433-5956. ATT: NDM Provider Enrollment

Effective Dates:

A retroactive effective date is limited to no more than ninety (90) days* prior to the date a complete taxonomy change request is received.

*The PIU may consider a retro effective date that exceeds ninety days for situations involving emergent care provided to a ND Medicaid member. To request a retro effective date that exceeds ninety days, providers **must include a copy of the claim and medical records with their add taxonomy form.**

Affiliations

Click here for a [Sample Affiliation Form](#).

Link to Affiliation Form SFN 1330: <https://www.nd.gov/eforms/Doc/sfn01330.pdf>

In order to bill on a 1500 claim form, the billing group (clinic, practice, etc.) and the individual rendering provider must be enrolled. Also, the rendering provider must be linked (“affiliated”) to the billing provider in the system.

Affiliations can be requested during the group enrollment (if the individual provider is already enrolled with ND Medicaid) or during the individual rendering provider’s enrollment (if the group is already enrolled with ND Medicaid. To request during enrollment, add the provider’s 7 digit Medicaid ID# to the “Affiliation” section of the online application. If you do not know the Medicaid ID, you may enter the NPI of the provider you wish to affiliate. Please Note: When adding a group affiliation to an individual application, if you input the group’s NPI, staff may pull up more than 1 record. If this happens, and both records would allow the affiliation, staff will contact you to request additional information.

If you need to add an affiliation, and both the group and the individual are already enrolled with ND Medicaid, submit an affiliation form (SFN 1330) along with a copy of the provider’s license and DEA (if applicable). The license and DEA must go back to the effective date requested on the form. You may submit copies of multiple licenses and DEAs if needed.

Effective Dates:

A retroactive enrollment effective date is limited to no more than ninety (90) days* prior to the date a complete affiliation request is received.

*The PIU may consider a retro effective date that exceeds ninety days for situations involving emergent care provided to a ND Medicaid member. To request a retro effective date that exceeds ninety days, providers **must include a copy of the claim and medical records with their affiliation documents.**

When a provider is no longer providing services, submit a Termination Form (SFN 1331). See the section titled “Termination” for more information.

1. Submit Affiliation Form: SFN 1330
 - a. Individual Provider’s Information goes in the top section
 - b. Billing Provider’s (Group) Information goes in the middle section (the “Affiliate To” section)
 - c. Name, Email, and Phone Number of the person submitting the affiliation form goes in the bottom section. This information is used to send a confirmation email after the affiliation is processed.
2. Submit license/s that cover the requested effective date on your SFN 1330 to present
3. Submit DEAs (if provider has a DEA) that cover the requested effective date on your SFN 1330 to present

Submit To:

1. Regular Email: NDMedicaidEnrollment@noridian.com
2. Fax: (701) 433-5956. ATT: NDM Provider Enrollment

Sample Affiliation Form



REQUEST TO ADD AN AFFILIATION
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT
 SFN 1330 (10-2018)

The Department will not grant an effective date more than one year from the date of receipt. Credentialing staff must ensure the effective date is correct. If the effective date is incorrect, the affiliation paperwork. A change the date will not be considered.

Name of Provider	Date		
NPI	Health Enterprise Number	7 Digit Medicaid ID of the Practitioner being Affiliated	
Service Location Address	City	State	ZIP Code
Is this the primary service location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Effective Date		

Name of Individual Practitioner being Affiliated

Date the Form is submitted to the Department

NPI of Individual being Affiliated

7 Digit Medicaid ID of the Practitioner being Affiliated

Address where the Individual is providing services. If more than one service location, please submit a list of all service locations.

The Department will not grant an effective date that is more than 90 days from the date the affiliation request (correct and complete with all attachments) is received.

Please submit a list of all service location addresses being added for this individual at the time of this request. These service locations must already be added to the Medicaid provider number of the billing provider listed below.

AFFILIATE TO			
Billing Provider Name	Billing Provider Health Enterprise Number		
Billing Address	City	7 Digit Medicaid ID of Billing Group (Facility) REQUIRED	
Mailing Address	City	State	ZIP Code

Name of Billing Group (Facility billing for the practitioner's services)

7 Digit Medicaid ID of Billing Group (Facility) REQUIRED

Billing and Mailing Addresses of the Billing Group

Please submit the following documentation with this request:

1. Copy of current license. North Dakota Medicaid requires providers to be licensed in the state where the provider is rendering services.
2. Copy of current DEA license (if applicable).

Submit by fax, email or mail to:

Fax: Providers may fax the required documentation and this form to 701-328-1544.

Email: dhsenrollment@nd.gov

Mailing Address:

Provider Enrollment
 Medical Services
 North Dakota Department of Human Services
 600 E Boulevard Ave. Dept. 325
 Bismarck, ND 58505-0250

If these items are not received, your affiliation request is not complete

Name, Phone, and Email are all Required Fields

CONTACT INFORMATION FOR REQUESTOR		
Name	Name, phone, and email of person filling out this form - usually credentialing staff.	Telephone Number
Email Address		

No Affiliations

Certain Groups do not require affiliations based on the billing submitted for that type/specialty. These groups must enroll their attending provider or providers, but do not need to affiliate them to the billing group. Instead, notify Provider Enrollment that these providers are attending providers so this can be noted in their file.

- **Hospice** (Provider Type 025, Specialty 454) – Enroll Medical Director or head doctor.
- **Hospitals** (Provider Type 028) – Enroll all attending providers. Will need to bill professional fees on a Provider Type 026 Enrollment. See the Hospitals FAQ for more information.
- **Swing Beds** (Provider Type 027, Specialty 196) – Enroll all attending providers.
- **Nursing Homes** (Provider Type 031) – Enroll Medical Director or head doctor.
- **PRTFs** (Provider Type 032, Specialty 258) – Enroll all attending providers.
- **Basic Care** (Provider Type 043, Specialty 079) – Enroll attending providers.

Ambulatory Surgical Centers (Provider Type 026, Specialty 089) do not allow for affiliations.

This type of enrollment can bill for institutional fees only.

In order to bill for professional fees, a separate enrollment as a professional billing group is needed. This would be Provider Type Ambulatory Health Care Facilities (026) and Single Specialty (503) or Multi-Specialty (504). However, if you have a (359) Clinic Center operating under the same tax ID and NPI that will be billing the ASC professional fees, you may use that record to also bill the professional fees of your ASC. Please advise provider enrollment if you will be billing your ASC professional fees through your (359) Clinic Center record (NDMedicaidEnrollment@noridian.com) or fax to (701) 433-5956. ATT: NDM Provider Enrollment

Termination

When an individual is no longer providing services for a billing provider, that billing provider needs to submit a termination form (SFN 1331). **Ensure the date of termination on the form is correct before submission.**

Link to Termination Form (SFN 1331): <https://www.nd.gov/eforms/Doc/sfn01331.pdf>

Tips:

1. Fill out all the sections.
2. The name, phone number, and email address of the person filling and submitting the form go in the bottom. North Dakota Medicaid staff use this information to request additional information for the termination (if needed).
3. **Ensure the date of termination on the form is correct before submission.**

Add Service Location (Group Record)

A new enrollment is required if:

1. The new service location is in a different state than the location originally enrolled.
- OR
2. The new service location uses a different Tax ID or NPI.

Submit the SFN 1299 (<https://www.nd.gov/eforms/Doc/sfn01299.pdf>)

1. Request must be made by a person listed in the record as a contact, organization administrator, authorized representative, board member, or owner. Contact your organization administrator to ensure the requestor is showing in one of these categories in the web portal.*
2. Please also submit the Tax ID, NPI, and taxonomy of the new location to avoid delays in processing. This may be submitted on the letter or coversheet accompanying your SFN 1299.
3. If the new service locations are out of state, submit an SFN 509 Out of State Clarification (<https://www.nd.gov/eforms/Doc/sfn00509.pdf>) along with Medical Records for the first claim you will be billing for each location.

Once the service location has been added, an email will be sent to the requestor. Please note: **The service location will not be considered added to the record until you receive confirmation from Provider Enrollment.**

***If the person making the request is not listed in our system, we will not be able to process the change.** Your organization administrator is the one who registered to access your group's online record in the web portal. If you have not yet registered an organization administrator, please see the "[Web Access Registration](#)" FAQ. If you have issues with your web portal accounts or passwords, please contact customer service 701-328-7098.

Effective Dates:

A retroactive enrollment effective date is limited to no more than ninety (90) days* prior to the date a complete add service location request is received.

*The PIU may consider a retro effective date that exceeds ninety days for situations involving emergent care provided to a ND Medicaid member. To request a retro effective date that exceeds ninety days, providers **must include a copy of the claim and medical records with their affiliation documents.**

Change Tax ID or NPI

Any change in Tax ID or NPI requires a new enrollment. After submitting your new online application, please submit a cover letter with your application documents that explains the enrollment is due to change in Tax ID or NPI. Please list the old Tax ID and/or NPI and provide the begin date for your new Tax ID and/or NPI. Once the application is approved, staff will end your old record as of the day before your new record begins. For example: If you request a begin date of 01/01/2018 for your new enrollment, your old record will be ended as of 12/31/2017.

Ownership Change – Report within 35 days of change

A new enrollment is required if the change of ownership resulted in a new NPI or Tax ID.

All changes in ownership (both direct and indirect ownership) are required to be reported to the Department. Send the following either by secure link or fax to (701) 433-5956. ATT: NDM Provider Enrollment. Secure link – For those providers that wish to send the request via secure email, you must request access to a secure link by sending an email to NDMedicaidEnrollment@noridian.com. An email will be sent back to you with a link to a secure site to send your required documents.

The following must be submitted

1. Statement of whether or not the NPI and/or Tax ID of the business has changed
2. Old owner/s first and last name/s and termination date/s (if applicable)
3. New SFN 1168: <https://www.nd.gov/eforms/Doc/sfn01168.pdf>
Please see SFN 1168 instructions before beginning:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/provider-enrollment-instructions-sfn1168.pdf>
4. Effective date of change
5. Name and contact information of the person sending this request
6. Request must be made by a person listed in the record as an authorized representative, managing employee, board member, or owner.
 - a. Please contact your [organization administrator](#) to review the record to ensure the requestor is showing in one of these categories in the web portal prior to submitting your request. If they are not yet in the record, please have your organization administrator add them as an authorized representative and submit an updated [SFN 1168 Ownership/Controlling Interest and Conviction form](#) to add them (and any other authorized signers) to the other required sections of the record ([Instructions for the SFN 1168](#)).
 - b. If you have not yet registered an organization administrator, please see the [“Web Access Registration”](#) FAQ.
 - c. If you have issues with your web portal accounts or passwords, please contact customer service 701-328-7098.

***If the person making the request is not listed in our system, we will not be able to process the request.** Your organization administrator is the one who registered to access your group’s online record in the web portal. If you have not yet registered an organization administrator, please see the [“Web Access Registration”](#) FAQ. If you have issues with your web portal accounts or passwords, please contact customer service 701-328-7098.

Board Member or Managing Employee Change – Report within 35 days of change

Only report if business is a Corporation (including Non-Profits) as indicated on the W-9 submitted to the Department at enrollment (or since enrollment).

All changes in Board Membership or Managing Employees (Authorized to sign on behalf of the Corporation) of a Corporation are required to be reported to the Department. Send the following either by secure link or fax to (701) 433-5956. ATT: NDM Provider Enrollment. Secure link – For those providers that wish to send the request via secure email, you must request access to a secure link by sending an email to NDMedicaidEnrollment@noridian.com. An email will be sent back to you with a link to a secure site to send your required documents.

The following must be submitted

1. List of Current Board Members which includes their First and Last Names, Dates of Birth, and Social Security Numbers
2. Effective date of change
3. Name and contact information of the person sending this request
4. Request must be made by a person listed in the record as an authorized representative, managing employee, board member, or owner.
 - a. Please contact your [organization administrator](#) to review the record to ensure the requestor is showing in one of these categories in the web portal prior to submitting your request. If they are not yet in the record, please have your organization administrator add them as an authorized representative and submit an updated [SFN 1168 Ownership/Controlling Interest and Conviction form](#) to add them (and any other authorized signers) to the other required sections of the record ([Instructions for the SFN 1168](#)).
 - b. If you have not yet registered an organization administrator, please see the [“Web Access Registration”](#) FAQ.

***If the person making the request is not listed in our system, we will not be able to process the request.** Your organization administrator is the one who registered to access your group’s online record in the web portal. If you have not yet registered an organization administrator, please see the [“Web Access Registration”](#) FAQ. If you have issues with your web portal accounts or passwords, please contact customer service 701-328-7098.

Address Change

A new enrollment is required if the new address uses or will be using a new NPI or Tax ID.

There is no form to change an address at this time. Please submit a request in writing, either by secure link or fax to (701) 433-5956. ATT: NDM Provider Enrollment. Secure link – For those providers that wish to send the request via secure email, you must request access to a secure link by sending an email to NDMedicaidEnrollment@noridian.com. An email will be sent back to you with a link to a secure site to send your required documents. The request must contain the following:

1. Name and Medicaid ID of the record you are requesting to change.
2. NPI and Tax ID for the new address (if not changing, please still submit the NPI and Tax ID)
3. New service location address.
4. New billing address (if not changing, please advise what the billing address should be).
5. New mailing address (if not changing, please advise what the mailing address should be).
6. Contact information for the new address (office phone, contact person, email).
7. Effective date for the new address.
8. Name and contact information of the person sending this request.
9. Request must be made by a person listed in the record as a contact, authorized representative, board member, or owner. Contact your organization administrator to ensure the requestor is showing in one of these categories in the web portal.*

Please note: If you are requesting to change the service location address, billing address, and/or mailing address of an individual, these cannot be changed if the individual initially enrolled with another billing group, unless the individual is showing in the system as no longer providing services for that billing group (this does not apply to sole proprietors).

***If the person making the request is not listed in our system, we will not be able to process the request.** Your organization administrator is the one who registered to access your group's online record in the web portal. If you have not yet registered an organization administrator, please see the "[Web Access Registration](#)" FAQ. If you have issues with your web portal accounts or passwords, please contact customer service 701-328-7098.

Name Change (Individual)

Send the name change update request in writing, sent either by email to NDMedicaidEnrollment@noridian.com or fax to (701) 433-5956. ATT: NDM Provider Enrollment. **Request must contain the following:**

1. Provider's Medicaid ID or NPI
2. Provider's old name
3. Provider's New name (first and last)
4. Copy of updated license showing the new name
5. Copy of updated DEA (if applicable) showing the new name
6. Copy of NPI showing the new name
7. Name change documentation (such as marriage license, court order, etc.)
8. Name and contact information of the person sending this request

Name Change (Group)

Send the name change request in writing, either by secure link or fax to (701) 433-5956. ATT: NDM Provider Enrollment. Secure link – For those providers that wish to send the request via secure email, you must request access to a secure link by sending an email to NDMedicaidEnrollment@noridian.com. An email will be sent back to you with a link to a secure site to send your required documents.

Request must contain the following:

1. Group Provider's Medicaid ID
2. Copy of updated license showing the new name (if applicable)
3. Copy of NPI showing the new business name
4. New W-9
(<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
5. CP 575 or 147C or other documentation from the IRS showing the legal name change has been processed. This document is not required for a change in DBA (Doing Business As name) only.
6. New SFN 1168 Ownership/Controlling Interest and Conviction
(<https://www.nd.gov/eforms/Doc/sfn01168.pdf>)
7. Effective date of change
8. Name and contact information of the person sending this request
9. Request must be made by a person listed in the record as a contact, authorized representative, board member, or owner. Contact your organization administrator to ensure the requestor is showing in one of these categories in the web portal prior to submitting your request*

If the person making the request is not listed in our system, we will not be able to process the change. Your organization administrator is the one who registered to access your group's online record in the web portal. If you have not yet registered an organization administrator, please see the "[Web Access Registration](#)" FAQ. If you have issues with your web portal accounts or passwords, please contact customer service 701-328-7098.

EFT (Electronic Funds Transfer)

Once an EFT update is made to the record, the system verifies with the bank that the account is valid. After verification, the new EFT takes two billing to go into effect.

Send the following either by secure link or fax to (701) 433-5956. ATT: NDM Provider Enrollment. Secure link – For those providers that wish to send the request via secure email, you must request access to a secure link by sending an email to NDMedicaidEnrollment@nordian.com. An email will be sent back to you with a link to a secure site to send your required documents.

The following must be submitted:

1. SFN 661 - EFT (Electronic Funds Transfer) Form
<https://www.nd.gov/eforms/Doc/sfn00661.pdf>
2. Bank Letter or Voided Check
3. Request must be made by a person listed in the record as an organization administrator, authorized representative, managing employee, board member, or owner. Contact your organization administrator to review the record to ensure the requestor is showing in one of these categories in the web portal prior to submitting your request*

***If the person making the request is not listed in our system, we will not be able to process the change.** Your organization administrator is the one who registered to access your group's online record in the web portal. If you have not yet registered an organization administrator, please see the "[Web Access Registration](#)" FAQ. If you have issues with your web portal accounts or passwords, please contact customer service 701-328-7098.

Guidelines:

- All information on the SFN 661 must match the voided check or bank letter exactly.
- The provider ID in the bottom of the SFN 661 is the 7 digit Medicaid ID that was assigned when the billing group enrolled (the ID usually starts with a 14 or 15).
- EFT is only for billing providers. Since the system uses the billing information in the record that is being used to bill Medicaid, only submit if you are the billing provider.
 - If the business submits taxes under the Tax ID (EIN/FEIN) of the business, the business is the billing provider.
 - If a sole proprietor submits taxes under their Social Security Number, the individual provider is the billing provider.
 - An individual provider who works for an employer will generally not be a billing provider (the employer typically bills for the individual's services)
- Request must be made by a person listed in the record as an authorized representative, managing employee, board member, or owner.

- Please contact your [organization administrator](#) to review the record to ensure the requestor is showing in one of these categories in the web portal prior to submitting your request. If they are not yet in the record, please have your organization administrator add them as an authorized representative and submit an updated [SFN 1168 Ownership/Controlling Interest and Conviction form](#) to add them (and any other authorized signers) to the other required sections of the record ([Instructions for the SFN 1168](#)).
- If you have not yet registered an organization administrator, please see the [“Web Access Registration”](#) FAQ.
- If you have issues with your web portal accounts or passwords, please contact customer service 701-328-7098.

EFT is optional. If a provider does not wish to receive payment by EFT, they will receive payment by paper check (mailed to the billing address on file). Please ensure the billing address on file is correct and send a request to update when it changes.

Where to Submit Documents

Submit to North Dakota Medicaid, Provider Enrollment:

1. By regular Email: NDMedicaidEnrollment@noridian.com (please do not submit Social Security Numbers or EFT information by unsecured email)
2. Fax – Providers may fax the required documentation to (701) 433-5956. ATT: NDM Provider Enrollment

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: <http://www.nd.gov/dhs/info/mmis.html>

1. Click on “access the web portal”.

North Dakota na.gov Official Portal for North Dakota State Government

North Dakota Department of Human Services

DHS Home | Contact DHS | Skip Navigation

Search:

ND Health Enterprise Medicaid Management Information System (MMIS)

Welcome

The new ND Health Enterprise MMIS is now live! - Effective 8 a.m. (CT) October 5, 2015.

ND Health Enterprise MMIS is available to all active enrolled Medicaid providers. Users can now [access the web portal](#).

The ND Health Enterprise MMIS will be available to providers who participate in:

- North Dakota Medicaid
- Children's Health Insurance Program (Healthy Steps)
- Home and Community-Based Medicaid Waiver Services

Providers can check claim status through the Automated Voice Response System by dialing 1-877-328-7098 and selecting option 4. Claim status can also be obtained through the [secure provider portal](#).

We appreciate your participation in the ND Medicaid program and continuing to care for our North Dakota citizens.

Provider News and Updates

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

North Dakota MMIS Web Portal

Aug 25, 2017

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Welcome

ND MMIS has established a scheduled maintenance window for May 2017 - Dec 2017 on every 2nd Thursday of the month from 9:00PM to 4:00AM Central Time, with the following exceptions: 7/20 and 8/17. During the maintenance window, the system may not be accessible.

Provider Registration

To obtain a user id and password, Providers and Trading Partners must have an approved enrollment with North Dakota and have received their Provider or Trading Partner ID.

[Register](#)

Quick Links

- Find a Healthcare Provider
- Benefits Overview
- Provider Enrollment
- Report Fraud & Abuse

Sign In

Log into the system based upon your role:

- Providers
- Members
- Internal Users

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

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

See the [Managing Provider User Security](#) Quick Reference Guide for more information.

Organization Administrator

To log in and utilize your record in the online web portal (MMIS), your authorized staff must have an account ID and password. These accounts are created by one or more individuals in your organization designated as the Organization Administrator. Each Medicaid provider must identify at least one Organization Administrator to self-manage your staff members' access to ND Health Enterprise MMIS. The Department strongly encourages all providers to establish, at a minimum, one primary and one back-up Organization Administrator.

The Organization Administrator can be created when completing the online application. If not created during the application, you can create one after enrollment by following the steps in the [Web Access Registration](#) section of the Provider Enrollment FAQ.

[Establishing an Organization Administrator](#)

[Managing Provider User Security](#)