NORTH Dakota Be Legendary.

Health & Human Services

General Individual

Application Requirements

(not for LACs, LAPCs, LBSWs, Physical Therapists, RNs, or Targeted Case Management)

Type of Application: **Date Submitted: _____**

☐ New Application

☐ Revalidation

☐ Reactivation

Section 1: Provider Information

Application Tracking # (New application only):	
Current Medicaid ID # (only used for Revalidation and Reactivation):	
Provider Name:	
Individual NPI#:	
Service Location:	
Mailing Address:	
Billing Address:	
Facility Phone Number:	
Contact Person/Title:	
Contact Phone Number:	
Contact Email:	
Provider Phone Number:	
Provider Email:	

☐ Enrolled Billing Group (Add Affiliation Below)

Medicaid Provider ID	Billing Group Name	Facility Phone Number

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☐ Unenrolled Billing Group. Please provide Application Tracking Number and/or NPI (if applicable): _____

☐ No Billing Group – Practitioner is enrolling as an Ordering, Referring, or Prescribing provider only and will not have affiliations with a billing group. Check this option only if claims will not be submitted for services rendered by this practitioner – only enrolling to order, refer, or prescribe.

Provider Type, Speciality, and Taxonomy can be found here: Individual Provider Code Taxonomy. Fill in below.

Provider Type: _____

Specialty: _____

Taxonomy: _____

2nd Specialty: _____

2nd Taxonomy: _____

☐ This application is not associated with an emergency service. We are requesting an effective date of _____

☐ This application is associated with emergent care. We are requesting an effective date of _____

*ND Medicaid may consider a retroactive enrollment effective date that exceeds ninety (90) days but not to exceed 365 days from the date of service for situations involving emergent care provided to a member. If the application involves an emergency service, an explanation on why enrollment was not able to be submitted within ninety (90) days from the date of service and medical notes must be sent with the application requirements. If you do not submit this information, a date beyond ninety (90) days of receipt of a completed application may not be approved.

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General Individual Application Requirements

Section 2: Required Documents

1. General Individual Application Requirements
2. Copy of license
3. Copy of DEA (if applicable)
4. NPPES Website – printout of individual NPI
5. SFN 615 – Medicaid Program Provider Agreement
6. Licensed Master Social Worker Attestation (if applicable)
7. Behavior Modification Specialist Attestation (if applicable)
8. Mental Health Technician Attestation (if applicable)
9. Behavioral Analyst (if applicable)

Section 3: Networks (check all that apply)

- ☐ Medicaid Fee For Service (traditional Medicaid)
- ☐ PACE
- ☐ Medicaid Expansion MCO

***Providers electing expansion services must also contact Blue Cross Blue Shield North Dakota (BCBSND) at providercontracting@bcbsnd.com to enroll with Medicaid Expansion. For additional questions, refer to the following: Medicaid Expansion Provider Resources | BCBSND.

Submission guidelines on final page.

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Health & Human Services

General Individual

Application Requirements

Application may be submitted by:

Email: NDMedicaidenrollment@noridian.com

Fax: 701-433-5956 ATTN: NDM Provider Enrollment

Mail: Noridian Healthcare Solutions

Attn: ND Medicaid Provider Enrollment

PO Box 6055

Fargo, ND 58108-6055

For questions concerning Provider Enrollment, please contact (877) 328-7098 (tollfree) or (701) 328-7098. Live support 8 a.m. – 5 p.m. CT, Monday – Friday.