

North Dakota Department of Health and Human Services

How To Enroll

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How to Apply

General Process

1. Submit Online Application
2. Pull your Required Documents Checklist
 - a. Pull the documents listed on the checklist and fill out the checklist
3. Submit Required Documents along with your Checklist
 - a. Regular Email: NDMedicaidEnrollment@noridian.com
 - b. Fax: 701-433-5956, Attention: NDM Provider Enrollment.

If you did not submit all documents, or complete all documents correctly, this may delay the processing of your application. All providers go through the screening process required by CMS. Enrollment is dependent upon successful clearance of the required screening. The time needed to process an application includes the screening process.

After the application is approved, you will receive a letter with the new Medicaid ID (also called Health Enterprise ID#). In order to keep the enrollment active, make sure to send in a copy of all licenses (including DEAs) when they are renewed.

Things to know/gather before starting the online application:

Individual:

1. Social Security Number.
 2. The taxonomy that will be used to bill Medicaid or your Managed Care Network or both.
 3. Use the taxonomy list (see below for link) to determine the specialty and provider type associated with your taxonomy.
 4. Enrollment Effective Date.
 - a. This will be the date your enrollment with North Dakota Medicaid is effective.
 - b. Claims with dates of service before the Enrollment Effective Date will deny.
 - c. This date will not be changed after the application is approved.
 - d. 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.
 - e. 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.**
5. The Medicaid ID of the billing provider ("Fee For Service" = "Traditional Medicaid" providers only)

Group:

1. Tax ID and when that Tax ID was issued.
2. The taxonomy that will be used to bill Medicaid or your Managed Care Network or both.
3. Use the taxonomy list (see below for link) to determine the specialty and provider type associated with your taxonomy.
4. Owner/s and/or Board of Directors/Trustees names, social security numbers, and dates of birth.
5. Managing employees (employees authorized to sign on behalf of the business) names, social security numbers, and dates of birth.
6. After the application is approved, you will receive a letter with the new Medicaid ID (also called Health Enterprise ID#). In order to keep the enrollment active, make sure to send in a copy of licenses when they are renewed in order to keep the enrollment active.
7. Enrollment Effective Date.
 - a. This will be the date your enrollment with North Dakota Medicaid is effective.
 - b. Claims with dates of service before the Enrollment Effective Date will deny.
 - c. This date will not be changed after the application is approved.
 - d. 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.
 - e. 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.**

Please Note:

- 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.

Links:

- Taxonomy List for Individual Applications: [Individual Providers](#)
- Taxonomy List for Group Applications: [Group Providers](#)

- [Online Application Guide](#)
[Online Application](#)
- [Link to Instructions for the SFN 1168](#) (form required for group applications only):

Affiliations

Required for all Clinic (Ambulatory Health Care Facility) Enrollments and
Physicians Billing Groups – Submit After Group is Enrolled

Process

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
4. Submit list of all service locations where the practitioner will be the providing services for the billing provider listed on the form

Submit To:

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

Affiliation Form SFN 1330

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 affiliation request 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? ☐ Yes ☐ No	Requested Effective Date		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		Name of Billing Group (Facility billing for the practitioner's services)	
Billing Provider Name	Billing Provider Health Enterprise Number	7 Digit Medicaid ID of Billing Group (Facility) REQUIRED	
Billing Address	City		
Mailing Address	City	State	ZIP Code

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

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		

Termination

(Whenever a provider is no longer providing services)

1. Submit Termination Form (SFN 1331)

Termination Form SFN 1331