

North Dakota Medicaid Individual Provider Application/Reactivation Form Packet

You must fill out the packet entirely and attach the indicated documents and signed signature pages for the packet to be considered complete.

The department does not retain incomplete documents. If this packet is incomplete when it is received, the entire packet will be deleted and you will receive an email notification at the contact email address entered on the checklist.



Published by:
Medical Services Division
Provider Enrollment
600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505

December 2022

General Individual Application/Reactivation Checklist

New Application

Reactivation

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

Have Questions?
[Click Here](#) for FAQs and More Resources

Application Tracking #					
Practitioner Name					
Individual NPI #					
Primary Service Location	Street				
	City		State		Zip
Facility Mailing Address	Street				
	City		State		Zip

Who will be billing for this individual provider's services?

Enrolled Billing Group (Affiliation)

Medicaid ID		Billing Group Name		Facility Phone	
Medicaid ID		Billing Group Name		Facility Phone	

Unenrolled Billing Group. Please Provide Application Tracking Number and/or NPI:

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.

Contact Name				
Contact Phone		Ext		
Contact Email				
Who is filling out this form?	Name		Date form was completed	

PROVIDER TYPE	
SPECIALTY	
TAXONOMY	
2nd SPECIALTY	
2nd TAXONOMY	

[What is a Taxonomy? Click Here to find more information on Taxonomies](#)

[Know your Taxonomy? Click here to find out which Provider Type & Specialty is assigned to your Taxonomy](https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-code-taxonomy.pdf)
<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-code-taxonomy.pdf>

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and 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.

[Click Here to find more information on Effective Dates and Retro Effective Date Policies](#)

What is the Enrollment Effective Date you are requesting?

*If this 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 notes with your application documents.**

A Copy of the Claim/Claims is attached to my documents.

A Copy of the Medical Notes is attached to my documents.

Required Documents	Submitted
Fax/Email Coversheet	
This Formset	
LMSW Only: LMSW Attestation	
BMS Only: BMS Attestation	
MHT Only: MHT Attestation	
1st License (must cover requested effective date)	Issued: <input style="width: 100px;" type="text"/> Expires: <input style="width: 100px;" type="text"/>
2nd License (must cover requested effective date)	Issued: <input style="width: 100px;" type="text"/> Expires: <input style="width: 100px;" type="text"/>
1st DEA (Required for Prescribers only)	Issued: <input style="width: 100px;" type="text"/> Expires: <input style="width: 100px;" type="text"/>
2nd DEA (Required for Prescribers only)	Issued: <input style="width: 100px;" type="text"/> Expires: <input style="width: 100px;" type="text"/>
Printout of Individual NPI from the NPPES Website	Enumeration Date <input style="width: 100px;" type="text"/>
SFN 615 (12-2022)	Page 4 of the SFN 615 form must be signed & dated by the Individual Provider who is applying.

Proof of Insurance is not required for any application. If proof of insurance is submitted with an application, it will be deleted from the file. It remains the provider's responsibility to ensure that the necessary insurance is in place, but proof of insurance is not required to be submitted for any application.

Networks		
What Network or Networks is this provider enrolling to participate in?		
Selecting any of the managed care organization (MCO) boxes (PACE or Expansion) DOES NOT automatically enroll a provider to render or bill services for the MCO. As all benefits and claims are administrated by the MCO, in order to provide and bill these MCO services, <u>all providers must be contracted directly with the applicable MCO.</u>		
Medicaid Fee For Service (Traditional Medicaid)	Medicaid Expansion MCO	PACE

Coversheet for Email or Fax Provider Enrollment

Date Submitted			
Medicaid ID/Application Tracking Number			
Provider Name			
NPI #			

Contact Person			
Phone		Ext	
Email			

Number of Pages Submitted (Including Email/Fax Coversheet):	
---	--

Documents Submitted For (Check All That Apply):

- | | |
|--|---|
| <ul style="list-style-type: none"> New Application Affiliation Taxonomy Update Change of Ownership Address Change Tax ID Change EFT Request/Update Update to Email/Fax Submitted on: | <ul style="list-style-type: none"> Revalidation Reactivation Termination Name Change Change of Managing Employees/Board Members Contact Information Change NPI Change Earlier Fax did not go through. Earlier Fax Submitted on: |
|--|---|

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

North Dakota Medicaid Enrollment Attestation for Licensed Master Social Worker

ND Medicaid enrolls LMSW's as individual providers to render Mental Health Rehabilitative services and bill under their own NPI. LMSW's are not able to bill for services from the professional fee schedule that are reserved for higher licensed practitioners.

Practitioners Name (printed)

NPI

As a Licensed Master Social Worker (LMSW) enrolling to provide services under the North Dakota Rehabilitative Services State Plan, I attest that I may only provide the following service(s) to Medicaid Members:

CHECK ALL THAT APPLY:

Screening, Triage, and Referral Leading to Assessment

Behavioral Assessment

Crisis Intervention

Behavioral Health Counseling and Therapy (QRTP and Therapeutic Foster Care Only)

Individual or Group Counseling

Intensive In-Home for Children

Skills Restoration

Skills Integration

Assessment for Alleged Abuse and/or Neglect and Recommended Plan of Care
(formerly known as Forensic Interview)

I attest that I will provide the above services in accordance with the North Dakota Behavioral Health Services Manual.



Signature of Enrolling Practitioner



Date

Provider Facility/Organization to complete:

I attest that the practitioner mentioned above will only provide the service(s) marked above in accordance with the North Dakota Medicaid Behavioral Health Services Manual.

Supervisor Name
Provider Facility/Organization Name
Street Address
City, State, Zip Code



Supervisor Signature



Date

Printed Name of Supervisor

Please sign and return by Email to NDMedicaidEnrollment@noridian.com or by fax to 701-433-5956, Attention: NDM Provider Enrollment

NORTH DAKOTA MEDICAID ENROLLMENT ATTESTATION FOR BEHAVIOR MODIFICATION SPECIALIST

Practitioner Name (printed)

NPI

As a Behavior Modification Specialist (BMS) enrolling to provide services under the North Dakota Rehabilitative Services State Plan, I attest that I may only provide the following service(s) to Medicaid Members:

CHECK ALL THAT APPLY:

- Screening, Triage, and Referral Leading to
- Assessment Crisis Intervention
- Skills Restoration
- Skills Integration
- Behavioral Intervention

Medical Services needs confirmation that you have the appropriate training or background as required by the Medical Services Division policies or Medicaid State Plan requirements. I attest that I have met the following requirements:

CHECK ALL THAT APPLY:

1. _____ I have a Master's degree in psychology, social work, counseling, education, child development and family science, human services or communication disorders.

OR

2. _____ I have a Bachelors' degree in psychology, social work, counseling, education, child development and family science, human services or communication disorders.

AND

- a. _____ I have two years of work experience in the respective discipline. The work experience is in a professional setting and supervised by a licensed practitioner in a related field.

I attest that I will provide the above services in accordance with the North Dakota Medicaid Behavioral Health Services Manual.

Signature of Enrolling Practitioner

Date

Provider Facility/Organization to complete:

I attest that the practitioner mentioned above will provide the above services in accordance with the North Dakota Medicaid Behavioral Health Services Manual.

Supervisor Name

Provider Facility/Organization Name

Street Address

City, State, Zip Code

Supervisor Signature

Date

Please sign and return by Email to NDMedicaidEnrollment@noridian.com or by fax to

701-433-5956, Attention: Provider Enrollment

NORTH DAKOTA PROVIDER ENROLLMENT ATTESTATION FOR MENTAL HEALTH TECHNICIAN

Practitioner Name (printed)

NPI

As a Mental Health Technician (MHT) enrolling to provide services under the North Dakota Rehabilitative Services State Plan, I attest that I may only provide the following service(s) to Medicaid Members:

CHECK ALL THAT APPLY:

Skills Integration

I attest that I will provide the above services in accordance with the North Dakota Medicaid Behavioral Health Services Manual.

Signature of Enrolling Practitioner

Date

Provider Facility/Organization to complete:

I attest that the practitioner mentioned above will provide the above services in accordance with the North Dakota Medicaid Behavioral Health Services Manual.

Supervisor Name

Provider Facility/Organization Name

Street Address

City, State, Zip Code

Supervisor Signature

Date

Please sign and return by Email to NDMedicaidEnrollment@noridian.com or by fax to 701-433-5956, Attention: Provider Enrollment

Attach a Copy of the License in place of this page.

Copy must be from the Licensing Board and contain the provider's name, license number, license effective date, and license expiration date. If one of these fields is missing, please contact the licensing board to obtain email verification.

Attach a Copy of the DEA in place of this page.

Required if the practitioner has a DEA.

Copy must contain the provider's name, DEA number, DEA effective date, and DEA expiration date. If one of these fields is missing, please obtain from the practitioner or visit the DEA website to obtain.



MEDICAID PROGRAM PROVIDER AGREEMENT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 SFN 615 (Rev. 12-2022)

Agreement between the Department of Health and Human Services, hereinafter referred to as "the Department" and:

Provider:	NPI:	Medicaid Provider Number	
Mailing Address:	City:	State:	ZIP Code:

hereinafter referred to as "Provider".

1. Participation. As a condition of participation in the North Dakota Medicaid Program, the Provider agrees to submit true, accurate and complete claims for payment in the manner prescribed by the Department. The Department agrees to pay the Provider for services rendered to persons who are eligible for such services under the rules and regulations for the North Dakota Medicaid Program with payment to be in accordance with the payment structure established by the Department and other programs for which payments are made through the same system.

I wish to participate in (check all that apply):

- Medicaid Fee For Service PACE Medicaid Expansion MCO

Selecting any of the above managed care organization (MCO) boxes (PACE or Medicaid Expansion) does not automatically enroll a provider to render or bill services for the MCO. As all benefits and claims are administrated by the MCO, in order to provide and bill these MCO services, all providers must be contracted directly with the applicable MCO.

2. Compliance. As a condition of participation in the North Dakota Medicaid Program, the Provider agrees to comply with all applicable provisions of statute, rules, and federal regulations governing the providing of healthcare and reimbursement of services and items under Medicaid in North Dakota, including the current applicable General information for Providers Manual and any instructions contained in provider information releases or other program notices and applicable manuals. The Provider specifically agrees that it is required to comply with:

Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed thereunder by regulation of the Department of Health and Human Services (45 CFR Part 80) to the end that no person shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the provider receives federal financial participation from the state agency; and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement;

- The Health Insurance Portability and Accountability Act of 1996, 45 CFR parts 160 and 164;
- The Age Discrimination Act of 1975, 45 CFR parts 90 and 91;
- The Americans with Disabilities Act of 1990, 42 USC section 1201 et. seq.;
- The North Dakota Human Rights Act of 1983, NDCC Chapter 14-02.4;
- The Social Security Act, section 1902(a)68);

Section 504 of the Rehabilitation Act of 1973 as amended, to the end that no otherwise qualified disabled individual shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial participation; and

Sections 3, 8, 9, and 15 of the Medicare-Medicaid Anti-Fraud and Abuse Amendments of 1977 (P.L. 95-142) and all requirements imposed there under by regulations of the Department of Health and Human Services (42 CFR Parts 431 and 455) including but not limited to, the maintenance and disclosure of records identifying those persons holding an ownership or control interest in the provider.

If additional beds are added at this facility, it is the responsibility of the provider to notify the Department immediately. If the facility does not currently operate residential or inpatient beds but decides to add beds in the future, it is the responsibility of the provider to notify the Department immediately.

3. Contact. The Provider must advise the Department of its current address or change in ownership. The address must include a physical street address. If a P.O. Box is used, the owner's home address and phone number must be included. All Medicaid correspondence shall be sent to the mailing address on file with the Department and shall be deemed to be received by the Provider.

4. Professionalism. The Provider agrees to be licensed, certified, or registered with the appropriate state authority and to provide items and services in accordance with statute, rules, and professionally recognized standards by qualified staff or professionally-supervised paraprofessionals where their use is authorized. The Provider agrees to screen all employees and contractors to determine whether any of them have been excluded. Compliance with this obligation is a condition of enrollment. The Provider needs to immediately report any exclusion information discovered to the Department.

(Continued next page...)

5. Recordkeeping. The Provider agrees to document each item or service for which Medicaid reimbursement is claimed, at the time it is provided, in compliance with documentation requirements of the Department, applicable rules, and this agreement. Such records shall be maintained according to 42 CFR 424.516 (f) for at least seven years after the date of service or as required by rule. Upon reasonable request, the Department, the U.S. Department of Health and Human Services (DHHS) or their agencies, shall be given immediate access to, and permitted to review and copy all records relied on by the Provider in support of services billed to Medicaid. Copies will be furnished at the Provider's expense. The Provider agrees to follow all applicable state and federal laws and regulations related to maintaining confidentiality of records.

6. Accurate Billing. The provider agrees that all original Medicaid primary claims must be received by the Department within 180 days from the date the service was provided, all original Medicare crossover claims must be received by the Department within 180 days from the date of the Medicare Explanation of Benefits (EOB), and all original Medicaid secondary/tertiary claims (excludes Medicare crossovers) must be received by the Department within 365 days from the date the service was provided. The provider agrees that all requests for replacements, resubmissions, and voids of an adjudicated claim must be received by the Department within 365 days from the date the service was provided. The provider agrees that claims not submitted for payment within these timeframes may not be billed to the client.

7. Overpayment. The Provider agrees that in any event it receives payment for services or goods in an amount in excess of payment permitted by the Department, that such overpayments may be deducted from future payments otherwise payable to the Provider. The Provider acknowledges that such remedy is not the only or exclusive remedy available to the Department. It is the Provider's responsibility to inform the Department of any Medicaid overpayments discovered.

8. Secondary Payer. The Provider acknowledges that Medicaid is a secondary payer and agrees to first seek payment from other sources as required by statute, rule, or regulation.

9. Full Payment. The Provider agrees to accept Medicaid payment for any item or service as payment in full and agrees to make no additional charge. The Provider further agrees:

If Medicaid requires a prior authorization, screening, or an assessment before the item or service is provided, the Provider may not bill Medicaid or the client when any of the before mentioned items were not submitted in a timely manner.

Not to bill the client unless the item or service is not covered or approved for payment by the Department and the client has agreed to be responsible for payment prior to receiving the item or service.

If a third party pays the client, the client may be billed for that amount, and Medicaid may not be billed. The Provider agrees not to bill Medicaid or the client if a third party payment is made to the provider unless the third party payment is less than the amount Medicaid would pay. The Provider shall not refuse to furnish services on account of a third party's potential liability for the services (42 CFR § 447.20).

To sign up for and receive electronic funds transfers from the Department for their Medicaid payments. Any provider exempt from this requirement will have it noted on their provider checklists.

10. Ownership. The Provider agrees to comply with the disclosure of ownership requirements of 42 CFR Part 455, Subpart B and to notify the Department thirty (35) days prior to any change of ownership. This Provider agreement is nontransferrable. The Provider agrees to provide the Department with the information described below:

- a. The name and address of each person directly or indirectly owning a five percent or more interest in the Provider's business;
- b. Whether any of the persons identified in are related as spouse, parent, child, or sibling; and
- c. The name of any other Medicaid provider entity in which a person identified in has indirect or direct ownership of five percent or more.

The provider agrees to furnish to the Department, or the U.S. Department of Health and Human Services or their agencies on request, disclosure by providers of 42 CFR § 455.105 information related to business transactions in accordance with paragraph (b) of the section below.

"(b) *Information that must be submitted.* A provider must submit, within 35 days of the date on a request by the Secretary or the Medicaid agency, full and complete information about:

- (1) The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
- (2) Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the 5-year period ending on the date of the request.

11. Advance Directives. The Provider agrees to maintain written policies and procedures with respect to all adult individuals receiving care; to provide written information to each such individual regarding the individuals rights to make decisions concerning such care, including the right to accept or refuse medical or surgical treatment, the individuals right to formulate advance directives, and the Provider's written policies respecting the implementation of those rights; to document in the individuals medical record whether or not the individual has executed an advance directive; not to condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive; to ensure compliance with state law respecting advance directives; and to provide for education for staff and the community on issues concerning advance directives. "Advance directive" means a written instruction prepared in accordance with N.D.C.C. Chapter 23-06.5, relating to the provision of health care when the individual is incapacitated. The written information must be provided at the time of the individual's admission to a hospital or nursing home; in advance of the individual coming under the care of the provider, in the case of home health care or personal care; at the time of initial receipt of hospice care by the individual from the hospice program and; at the time of enrollment of the individual with a managed care organization.

12. Provider Screening. All current providers and providers applying to participate in the Medicaid program agree to screen their employees and contractors per Federal Regulations under 42 CFR 455.436. To ensure that employees and contractors meet program standards and are not excluded as an individual or an entity, the provider will:

- Upon hire:
 - o Confirm the identity of the employee or contractor and determine their exclusion status
 - o Search the HHS-OIG website by names of any individual or entity
 - o Immediately report any exclusion information discovered to the Department
- Ongoing:
 - o Continue to screen employees/contractors on a routine basis and immediately report any findings to the Department.

Civil monetary penalties may be imposed against Medicaid providers and managed care entities (MCEs) who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid recipients. (Section 1128A(a)(6) of the Act; and 42 CFR section 1003.102(a)(2)).

13. Enrollment. The Provider agrees that each individual provider performing services (except those services performed under the direct or general supervision of an enrolled provider) must be individually enrolled as a provider and that if individual providers within a group fail to enroll separately, payment to the group for services rendered to a Medicaid recipient by the non-enrolled provider will be denied or, if paid in error, recovered.

As a condition of enrollment, the provider must consent to a criminal background check including fingerprinting when required to do so under state law or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider.

The Provider agrees that if the enrollment date precedes the effective date of this agreement that all terms and conditions of this agreement apply to the period between the enrollment date and the effective date.

Providers that are able to enroll with North Dakota Medicaid are required to enroll and are not able to bill for services under a supervising or peer provider's NPI. For a list of provider types eligible to enroll with North Dakota Medicaid, visit <http://www.nd.gov/dhs/info/mmis/taxonomy.html>.

14. Duration and Termination of Agreement. This Agreement shall remain in effect until terminated in writing except the Department may terminate this agreement without notice if no service has been rendered by the Provider within two (2) calendar years. In the event of termination by the Department, the Departments sole obligation shall be to pay for services provided prior to the effective date of termination. This agreement may be terminated by either party without cause by giving thirty (30) days notice in writing to the other party.

This Agreement shall be terminated immediately and without notice if the Provider's license or certification required by law is suspended, not renewed, denied, or is otherwise not in effect at the time service is provided.

The Department may immediately terminate this Agreement in writing when the Provider fails to comply with any applicable statute, rule, regulation, term or provision of this Agreement. The Provider also understands and agrees that its conduct may be subject to additional penalties or sanctions. The Provider further understands that there are federal penalties for false reporting and fraudulent acts committed during the course and scope of this Agreement.

15. Certification. By signing this Agreement, the Provider certifies that neither the Provider nor its principles, are presently debarred, declared ineligible, or voluntarily excluded from participation in transactions with the State or Federal Government by any Department Agency of the Federal Government or the State of North Dakota.

16. Effective Date of Agreement. This Agreement is effective when signed by the Provider. It supersedes all prior agreements. Any variation to the effective date must be approved by the Department.

I have read this Agreement, understand it, and agree to abide by its terms and conditions. I also agree that violation of any of the terms or conditions of this agreement constitute sufficient grounds for termination of this agreement and may be grounds for other action.

Provider Name/Printed Name	Title	Date 
Provider Signature 		

I have completed all the above forms and attached applicable license, DEA (if the practitioner has a DEA). **REQUIRED**

If the requested effective date is prior to the date the complete application packet is received, the following are required:

A Copy of the Claim/Claims is attached to my documents.

A Copy of the Medical Notes is attached to my documents.

Check here if the signature was electronically signed on the Program Provider Agreement (SFN 615).

I have attached a signed page (page 4) of the Program Provider Agreement (SFN 615). **REQUIRED**

If unable to sign electronically, click the Print button below and **submit the complete packet** to Provider Enrollment:

NDMedicaidEnrollment@noridian.com or fax to 701-433-5956.

The Department does not retain incomplete documents. If this packet is incomplete, the entire packet will be deleted and you will receive an email notification at the contact email address entered.

FAQs and Resources

Am I Already Enrolled?

[Click Here](#) to find out. Search by your NPI.

What is North Dakota Medicaid's Application Process?

[Process for Individual Applications](#)

[Process for Group Applications](#)

I am a Sole Proprietor, Would I complete an Individual or Group Application?

It depends on how you want to enroll with ND Medicaid. [Click Here](#) for more details.

Which Checklist should I use?

Click on the link below that matches the service you are providing:

[LAC](#)

[LAPC](#)

[LBSW](#)

[Physical Therapist](#)

[RN](#)

[Targeted Case Managers](#)

[Sole Proprietor \(page 68\)](#)

[Non-Emergent Medical Transportation](#)

[1915\(i\)](#)

[General Individual Checklist \(All other individual practitioners\)](#)

What Documents are Actually Required?

All documents listed on the application checklist are required. If a document is not required for all providers, it is noted specifically as not required next to the document name in the checklist.

Additionally, all fields in all Sections on the checklist must be completed.

What is an Application Tracking Number (ATN)?

An Application Tracking Number (or "ATN" for short) is the 6 digit number assigned by the system once the online portion of the application is submitted in the Web Portal. The ATN may be assigned by the system after clicking save in the application, even before it is submitted. The ATN assigned to your application will show on the top left of each page of the online application when you click "Save" at the bottom of the screen.

What is an NPI?

[Click Here](#) to find more information about NPIs.

What is a North Dakota Medicaid ID?

The North Dakota Medicaid ID is a unique identifier the system assigns to each application once it reaches the "Approved Status". It is 7 digits and replaces your Application Tracking Number. Once assigned a 7 digit Medicaid ID, please include the ID in every correspondence with the Department regarding that record.

Please Note: If you were enrolled in our old system (prior to 2013 - often called "Legacy", please do not use your previous Medicaid ID. The Legacy numbers had place holding zeros and 4-5 numbers at the end. Legacy numbers have been replaced by the new 7 digit numbers as your Medicaid ID. Use of the Legacy numbers on documents may delay your update requests.

Why do I need to indicate who is billing for this practitioner's services?

Practitioners who are on Institutional claims are required to be enrolled, but not affiliated in the system with their billing group. This information is required in order for the Department to identify that there is/will be a billing group using the practitioner on the claims, and thus a need to enroll the practitioner with no affiliated billing group in the system. Additionally, if an issue arises with the practitioner's record after enrollment, the Department needs to know which billing group needs to receive communication of the issue to reach a resolution.

What is an Enrollment Effective Date?

[Click Here](#) to find more information about Enrollment Effective Dates and current back dating policies.

Am I required to use the Provider Enrollment Fax/Email Coversheet or can I use my own?

A coversheet must be submitted with all documents sent to the Department in order to identify the purpose of the documents. The Provider Enrollment Fax/Email coversheet is not required, as long as your coversheet has the following elements: 1. Provider Name; 2. NPI; 3. Medicaid ID or Application Tracking Number; 4. Name of the person in your organization who should be contacted if there are any questions about the documents submitted; 5. Phone number for the contact; 6. Email address for the contact; 7. Purpose you submitted the documents (application, revalidation, affiliation etc.). A sample list of reasons for document submission can be found on the Provider Enrollment Fax/Email Coversheet for reference.

Whose NPI and Medicaid ID goes on the SFN 615?

The NPI and Medicaid ID of the enrolling individual go on the SFN 615. As this is an individual application, do not put the Medicaid ID or NPI of the billing group.

Where do I submit the Documents?

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

I have questions about the Online Application.

[Click Here](#) to find out more about the online Application, including an Online Application Guide and known system issues.

How to populate the taxonomy in the Online Application.

[Click Here](#) for a quick sheet guide on how to get the taxonomy to populate in your online application.

Links:

[Provider Enrollment Website](#)

[Provider Enrollment FAQ](#)

[Checklist for LACs](#)

[Checklist for LAPCs](#)

[Checklist for LBSWs](#)

[Checklist for Physical Therapists](#)

[Checklist for RNs](#)

[Checklist for Targeted Case Management \(Child Welfare, Long Term Care, High Risk Pregnant Women & Infants, SMI/SED\)](#)

[Checklist for Non-Emergent Medical Transportation](#)

[Checklists for 1915\(i\)](#)

[Online Application Guide](#)

[How to Populate the Taxonomy in the Online Application](#)

[List of Enrolled Providers \(by NPI\)](#)

Revision 12/15/2021

How to Enroll an Individual

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

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

Link to Online Application Guide:

<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/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.).

General list of required documents:

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):
<https://www.hhs.nd.gov/human-services/medicaid/provider/medicaid-provider-enrollment-information>
2. SFN 615 – Medicaid Program Provider Agreement (Must be the current version):
<https://www.nd.gov/eforms/Doc/sfn00615.pdf>
3. License - Submit a current legible copy of the license applicable to the provider type you are enrolling as.
4. Controlled Substance Registration Certificate (DEA) – Submit a copy of your the DEA certificate (If applicable).
5. National Provider Identifier (NPI) - Submit a copy of your NPI registration.
<https://npiregistry.cms.hhs.gov/>

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: <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-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.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/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: <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/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/ProviderEnrollment>
 - a. Review the Online Application Guide to help with navigating, saving, and troubleshooting sections you have questions or trouble with: <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/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:

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

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.

North Dakota Department of Human Services

What is an NPI?

“The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

As outlined in the Federal Regulation, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered providers must also share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes.” – Quoted from CMS website:

<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/index.html>

Please visit CMS.gov to obtain more information about NPIs, or use the link above to access their NPI page.

NPIs are obtained and maintained on the “NPPES” website: <https://nppes.cms.hhs.gov/#/>

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.**

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: <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/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

How To: Select a Taxonomy in the Online Application

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.

Link to Provider Type/Specialty/Taxonomy List for Individual Applications:

<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-individual-provider-code-taxonomy.pdf>

Link to Provider Type/Specialty/Taxonomy List for Group Applications:

<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-code-taxonomy.pdf>