

PROVIDER ENROLLMENT

AM I ELIGIBLE TO ENROLL AS A PROVIDER?

To be eligible for enrollment, a provider must:

- Supply a covered service(s) to at least one ND Medicaid eligible member.
- Meet the conditions in this chapter and conditions of the ND Medicaid provider agreement (SFN 615).
- Be a provider with a valid license, certification, accreditation, or registration according to the state laws and regulations of the state in which services are rendered.
 - Health care providers with limited licenses, meaning providers licensed as assistants and those who must practice under supervision¹ pursuant to North Dakota laws and regulations applicable to their profession may not enroll as North Dakota Medicaid providers and cannot bill ND Medicaid for services rendered with their own National Provider Identifier (NPI).
 - **Exception:** Behavioral health care providers² eligible to render Rehabilitative Mental Health Services must enroll with ND Medicaid and bill for those services with their own NPI. (see Behavioral Health Rehabilitative Services chapter of the [Behavioral Health Services Provider Manual](#) for more information).
 - Health care trainees (unlicensed) who are registered with their respective professional regulatory board, pursuant to North Dakota laws and regulations applicable to their profession, and who have a scope of practice in law or regulation may not enroll as North Dakota Medicaid providers and cannot bill ND Medicaid for services rendered.
- Be free of any exclusions from a federally funded program including the List of Excluded Individuals and Entities (LEIE), System of Award Management (SAM) or a state Medicaid agency.

DO I NEED TO ENROLL?

Providers eligible to enroll may not bill for services under a supervising or peer provider's NPI. All eligible providers must enroll and bill with their own NPI. A list of provider types eligible to enroll with ND Medicaid is located under Taxonomy Codes at <https://www.hhs.nd.gov/human-services/medicaid/provider/medicaid-provider-enrollment-information>.

¹ Supervision means the physician or other supervising provider must direct and oversee the service according to professional requirements in state law, rules, or guidelines of a regulating/licensing board or organization. It does not mean that the physician or other supervising provider must be present in the room when the service is rendered unless applicable laws or regulations for the profession require in-room presence.

² Behavior Modification Specialists, Licensed Associate Professional Counselors, Licensed Master and Baccalaureate Social Workers, Mental Health Technicians, Registered Nurses.

PHYSICIANS IN RESIDENCY

You must enroll with Medicaid to bill for services rendered to members if you have:

- A license to practice medicine in North Dakota by the ND Board of Medical Examiners, or
- A temporary special license for foreign medical school graduates as outlined in the Medical Practices Act of ND ([N.D.C.C. § 43-17-18\(4\)](#)).

You cannot bill using a supervising physician's NPI.

OUT OF STATE PROVIDERS

Out of state providers may enroll with ND Medicaid. "Out of state provider" means a provider who is located more than fifty (50) miles from a North Dakota border. Out of state services require service authorization (except in the local trade area within 50 miles of the North Dakota border or services provided in response to an emergency).

Out of state emergency services require a retroactive authorization to receive payment. Out of state providers may apply for a retroactive enrollment date for the date of covered services provided to a member (see below section "What is an Enrollment Effective Date?").

WHAT DO I NEED TO ENROLL?

Providers need to send:

- A [completed online application](#), and
- [Completed packet of supporting documentation](#) (see Required Documents under Enrollment). Supported documentation can be submitted by:
 - Fax to 701-433-5956 Attn: Provider Enrollment; or
 - Secure email. Request access to a secure link by sending an email to NDMedicaidEnrollment@noridian.com. You will be sent a link to a secure site to submit your supporting documentation.
- An Out of State Enrollment Clarification form (SFN 509) if you are an out of state provider. The form is available at www.nd.gov/eforms.

Your application processing does not begin until both your online application is completed and submitted and your completed packet of supporting documentation is received.

WHAT IS AN ENROLLMENT EFFECTIVE DATE?

You will be able select an enrollment effective date on your application. An enrollment effective date is the date your enrollment will be made effective. It is limited to no more than ninety (90) days prior to the date your complete application packet is received. If you do not select an enrollment effective date, your enrollment will become effective on the date that your application is approved.

Providers who request a retroactive effective enrollment date may supply covered services prior to receipt of all required enrollment documents if the provider meets all eligibility requirements at the time the service is provided and only if appropriate documentation of the services supplied is maintained.

ND Medicaid may consider a retroactive enrollment effective date that exceeds ninety (90) days for situations involving emergent care provided to a member. If the application involves an emergency service, a copy of the claim and medical notes must be sent with the application packet. If you do not submit this information a date beyond ninety (90) days of receipt of a completed application will not be approved.

Retroactive enrollment is not applicable to the 1915(i) program.

WHAT HAPPENS WHEN MY APPLICATION IS APPROVED?

You will need a 7-digit Medicaid ID number. You will receive this in one of two ways. If you completed the security information section during your enrollment process, you will receive a letter via the United States Postal Service with enrollment information that includes your 7-digit Medicaid ID number and login information to access the web portal. If you did not complete the security section during the enrollment process, you can register for web access using the Provider Registration section on the home page of the MMIS Web Portal once your application is approved. To register for web access, click the "Register" link, enter your 7-digit Medicaid ID and Social Security Number (for individual providers) or Employer Identification Number (for billing groups).

DO I NEED TO REVALIDATE MY ENROLLMENT?

Yes, you will need to revalidate your enrollment at least once every five (5) years. Your revalidation date is in your online provider portal. ND Medicaid will also send notifications to the email address(es) associated with your enrollment record. A revalidation roster is updated and published on the ND Medicaid website that lists Provider Revalidation Dates that are due within 90 days of the published date. <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/provider-revalidations-dates.xlsx>. Past due revalidations are also posted online at <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/provider-revalidations-past-due.xlsx>.

WHAT IF THERE IS A CHANGE IN MY ENROLLMENT?

It's your responsibility to update your enrollment information. Changes that cannot be updated through the provider web portal may be sent via email to NDMedicaidEnrollment@noridian.com. Changes that include sensitive information such as social security numbers, dates of birth, etc., may be sent via secure fax at 701-433-5956 Attn: Provider Enrollment or via secure email. Please email NDMedicaidEnrollment@noridian.com and request a secure link to send updated information. You will be sent a secure link to send your required information.

To avoid payment delays, notify Provider Enrollment of address of Automated Clearing House (ACH) changes in advance.

WHAT IF THERE IS A CHANGE IN OWNERSHIP?

You have thirty-five (35) days to send changes of ownership for owners who have 5% or more ownership interest. Refer to [42 C.F.R. § 455.104](#) for more information. For tax

reporting purposes, Provider Enrollment must be notified at least 30 days in advance of any changes that cause a change in a tax identification number.

Providers that are enrolled with both Medicare and Medicaid must ensure that the owners and managing employees match. Discrepancies delay application approvals and may result in payment suspensions for enrolled providers.

PROVIDER UPDATES

Provider updates such as affiliations, terminations, EFT, taxonomy, address, name, etc., must be sent to Provider Enrollment for Processing. Please see the [Provider Enrollment](#) section of the ND HHS website for more information on how to request these updates.

TERMINATING MEDICAID ENROLLMENT

Send your notice of termination via email to NDMedicaidEnrollment@noridian.com or fax to 701-433-5956 Attn: Provider Enrollment. Include name, national provider identifier (NPI) if applicable, ND Medicaid number, and the termination date. Notice of termination without cause must be sent in writing and requires 30 days' advance notice. ND Medicaid may also end enrollment under the following circumstances:

- Breach of the provider agreement;
- Demonstrated inability to perform under the terms of the provider agreement;
- Failure to follow applicable North Dakota and United States laws; or
- Failure to follow regulations and policies of the North Dakota Department of Health and Human Services or the ND Medicaid program.

See [N.D. Administrative Code § 75-02-05](#) for more information.

PROVIDER REQUIREMENTS

Your signature on the Medicaid provider agreement for North Dakota Medicaid means you agree to follow the conditions of participation in the provider agreement. The Medicaid Program Provider Agreement (SFN 615) is available at www.nd.gov/eforms. More requirements may apply based on the provider type or specialty. Conditions include:

- You may not abandon a member in a way that would violate professional ethics.
- You may not refuse to serve a member because of race, color, national origin, age, or disability.
- You must advise members in advance if you are accepting them only on a private pay basis. This shall be in writing and signed by the member.
- When a provider arranges ancillary services for a member through other providers, such as a lab or a durable medical equipment provider, the ancillary providers are considered to have accepted the member and they may not bill the member directly.

PROVIDER OBLIGATIONS

You must ensure services are ordered or rendered within the scope of your practice according to state law and release information needed to support services billed to ND Medicaid, as appropriate.

SCOPE OF PRACTICE AND LICENSURE

ND Medicaid realizes there are other professional sources that define the relationship between the member and provider; including certain CPT[®] code definitions, current CDT[®] definitions, American Dental Association Guidelines and Dental Evidence, the American Academy of Pediatric Dentistry Oral Health Policies and Recommendations (the Reference Manual of Pediatric Dentistry), the ASAM Criteria: Treatment of Addictive, Substance-Related, and Co-Occurring Conditions (most current version), The Diagnostic and Statistical Manual of Mental Disorders (5th ed, DSM-5), current HCPCS codes, ethical standards of practice, accepted professional standards of practice, and current evidence-based practice guidelines. Providers are responsible for maintaining the qualification for their licensure and are not eligible to order or render services during any periods in which there is a lapse in their license.

RELEASE OF INFORMATION

You agree to release, upon reasonable request, information needed to support the services billed to ND Medicaid as a condition of your participation in the program. Medicaid is a covered entity under HIPAA and is acting within its authority to request documentation. Supplying the requested documentation is not a HIPAA violation. Laws applicable to supplying documentation are:

[45 C.F.R. § 164.506](#) - uses and disclosures to carry out treatment, payment, or health care operations.

[45 C.F.R. § 164.512\(d\)](#) - allows the disclosure of protected health information to a health oversight agency (which includes ND Medicaid as a government benefit program).

[42 C.F.R. § 456.23](#) - ND Medicaid's authority to conduct a post-payment review.

[North Dakota Administrative Code § 75-02-05-04\(2\)](#) – provider responsibilities, including supplying documentation upon request.

[42 C.F.R. § 431.107\(b\)\(2\)](#) – requiring providers to submit information regarding Medicaid payments for furnishing services.

ELECTRONIC CLAIMS SUBMISSIONS

Medicaid claims sent electronically experience fewer errors and quicker payment. Electronic service claims must be in a Health Insurance Portability and Accountability Act (HIPAA) compliant format. More information on the format and data requirements is available at <https://www.hhs.nd.gov/human-services/medicaid/provider/mmis-nd-health-enterprise-medicaid-management-information-system>.

Providers sending claims for non-medical services are exempt from sending HIPAA compliant claims. These services include home and community-based services, waiver services, and non-emergent transportation/meals/lodging services.