



Updates and Introductions: This document is archived and is maintained for historical, research or record keeping purposes only.

Provider Enrollment

Provider Education Team

medicaidprovidereducation@nd.gov



Becky Todd

- ✓ Create training material
- ✓ Analyze data to find trends that indicate training needs
- ✓ Answer provider questions
- ✓ Outreach to providers with training opportunities
- ✓ Update online material and website resources

Who do we work with?

- ❖ Medicaid Program Administrators
- ❖ Provider offices, individuals, billers, coders

Cheryl Nelson





Please put all questions in the Chat.

Both the slide show, recording and any Q&A will be saved to the Provider Enrollment webpage.

Jennifer Larson, Program Integrity Administrator

- 20 years private sector in MN
- 10 years for the State of SD
- State of ND, Program Integrity Administrator, Dec 2023



Liza Wick, Provider Enrollment Specialist

- State of North Dakota -November 2023
- 16 years working with Medicare Provider Enrollment

Provider Enrollment Mission/Vision

Mission: Enroll providers using efficient processes to ensure members can access quality services through an accurate and robust provider network.

Vision: Provide a positive provider centric experience through intuitive technology and transparent guidance.



Noridian Partnership

The State of ND contracts with Noridian Healthcare Solutions to complete Provider Enrollment for all providers except Qualified Service Providers (QSP). QSP enrollment is completed internally (State).

- **Noridian responsibilities:**

- Applications
- Revalidations
- Changes/updates to enrollment record

- **State responsibilities:**

- Policy/Procedures
- Forms
- Escalated Concerns
- Provider Enrollment webpage



ENROLLMENT

A few exciting updates in Enrollment

Checklists have been replaced by Application Requirements

Attestations (if applicable) have been updated

****To ensure always using the most current forms, GO TO the Provider Enrollment webpage****

Revalidation Highlights

Upcoming and
Past due
Revalidation list

Revalidation
Notice frequency:
90 days, 60 days
and 30 days

Revalidation Notice

Dear Provider,

You are receiving this notice because the following Provider is due for North Dakota Medicaid Revalidation. To avoid suspension of payment, revalidation documentation must be submitted within the next 90 days. Revalidations are required to be performed for all provider records, regardless of provider type, at least every five years (every three years for DME providers) per 42 CFR 455.414. The Department may, at its discretion require revalidation on a more frequent basis.

Provider:
Medicaid ID:

To expedite the revalidation process, ND Medicaid will rely on Medicare screening if the Group or Individual Provider is **ACTIVELY** enrolled in Medicare. To do so, Providers must ensure the below information matches exactly what is in the Medicare record:

- o Individual: Name, NPI, and Social Security number
- o Group: Legal Business Name, Tax Identification number (TIN), Practice Location, and Ownership information

After the Provider confirms the above information matches, the following documents are the only required documents to submit to complete revalidation:

- Individual: SFN 615 (Medicaid Program Provider Agreement) and PE Coversheet
- Group:
 - o General - SFN 615- Medicaid Program Provider Agreement; and), SFN 1168 (Ownership/Controlling Interest Conviction Information), and PE Coversheet
 - o Pharmacy- SFN 1169- Pharmacy Agreement/Medical Assistance Program, SFN 1168 (Ownership/Controlling Interest Conviction Information), and PE Coversheet
 - o NEMT- SFN 620- NEMT, SFN 1168 (Ownership/Controlling Interest Conviction Information), and PE Coversheet

Required forms can be found on the ND Provider Enrollment webpage located at <https://www.hhs.nd.gov/healthcare/medicaid/provider/enrollment-information>.

Upon receiving the above documents, Noridian will verify the above information in PECOS. If discrepancies are found, the Provider/Group will be notified that a full revalidation application is required for submission.

****It is imperative that Providers check PECOS to ensure everything matches prior to submitting abbreviated revalidation documents.**

If the Group or Individual Provider is **NOT ACTIVELY** enrolled in Medicare, a full Revalidation application must be completed. Application Requirements can be found on the ND Provider Enrollment webpage located at <https://www.hhs.nd.gov/healthcare/medicaid/provider/enrollment-information>.

If you wish to terminate your provider enrollment with North Dakota Medicaid, please submit the SFN 1331 (Provider Termination) and PE Coversheet.

Application fees (if applicable) continue to be waived thru 9/19/2027.

Thank you for serving the citizens of North Dakota!

ND Medicaid Provider Enrollment

PROVIDER ENROLLMENT COVERSHEET

Date Submitted:	
Provider Name:	
Application Tracking Number: (New Applications only)	
Medicaid ID Number: (if applicable)	
NPI #:	
Medicare Number: (if applicable)	

Contact Person /Title:	
Phone number:	
Email:	

Document(s) submitted for: (please check all that apply)

- New Application
- Revalidation
- Reactivation
- Address Change (SFN 1299)
- Affiliation (SNF 1330)
- Change of Ownership/Controlling Interest Conviction information (SFN 1168)
- Contact Information Update
- EFT Request/Update (SFN 661)
- Name Change
- NPI Change
- Taxonomy Update (SFN 1302)
- Termination (SFN 1331)

Number of Pages Submitted (Including Provider Enrollment Coversheet)

Documents may be submitted to:
Email: NDMedicaidEnrollment@Noridian.com
Fax: 701-433-5956 ATTN: NDM Provider Enrollment

Provider Enrollment Coversheet

Contact information for MMIS

Real
Time

- Update contact information in real time.

Don't wait

- Don't wait for revalidation!

Update

- Contact information updates can be completed by submitting the PE Coversheet to Noridian



Contact information for Individual Providers on Application Requirements

This will not be shared with the public. This is ONLY for internal use.

General Individual Application Requirements

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

Type of Application:

- New Application
- Revalidation
- Reactivation

Date Submitted:

Section 1: Provider Information

Application Tracking # (New application only):	
Current Medicaid Id Number (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:	

Contact information for Individual Providers on the SFN 615

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SFN 615 (11-2024)
Page 4 of 4

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.

All areas below are required.

Provider Name/Printed Name	Title	
Provider Email Address	Provider Telephone Number	
Signature	Date	

SFN 1168

Ownership/Controlling Interest and Conviction Information

- The SFN 1168 needs to be updated whenever there is a change.
- DO NOT WAIT UNTIL REVALIDATION.
- Must be updated in Medicare- Medicare and Medicaid must match.



OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 1168 (1-2023)

Clear Fields

The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is mandatory for participation in this program by the Centers for Medicare and Medicaid Services, Department of Health and Human Services. (Citation: 42 CFR 455.104, 455.105, and 455.106) [to participate in the North Dakota Medical Assistance Program (Medicaid) as mandated.] Failure to provide the social security number may result in a delay in processing the application. Disclosure must be made at the time of enrollment or contracting with the Department at time of survey, or within 35 days of a written request from the Department. Any change in ownership shall be reported within 35 days after any change.

I. Identifying Information

The address for corporate entities must include, as applicable, primary business address, every business location, and PO Box address.

Legal Name (Must Match Line 1 of W-9)		Doing Business As (Must match Line 2 of W-9)	
Service Address (required)	City	State	ZIP Code
Mailing Address (required)	City	State	ZIP Code
Billing Address	City	State	ZIP Code
List any PO boxes and corresponding address information associated with this facility			Facility Telephone Number (required)
FAX Number	ND Medicaid Provider Number	NPI Number	E-Mail Address (required)

II. Direct/Indirect Ownership Information - All Owners with 5% or more Ownership - Per CFR 42 CFR 455.436

Any Owner (Individual or Company) with 5% or more Ownership must be listed:
 -Individual as an Owner - List your Social Security Number (SSN) and birth date
 -Company as an Owner - List the Tax Identification Number (TIN) of the company that is an owner
 -No Ownership: The group that is enrolling/enrolled would be considered its own owner and that information should be listed here.
 -For providers enrolled with Medicare and Medicaid, any discrepancies noted in 5% or more ownership will be reported to Medicare.

Name	% Ownership	Relationship	SSN/TIN (required)	Date of Birth (required for individual)
Physical Address (required)		City	State	ZIP Code
Billing Address		City	State	ZIP Code
List Any PO Box Information		City	State	ZIP Code
Name	% Ownership	Relationship	SSN/TIN (required)	Date of Birth (required for individual)
Physical Address (required)		City	State	ZIP Code
Billing Address		City	State	ZIP Code
List Any PO Box Information		City	State	ZIP Code
Name	% Ownership	Relationship	SSN/TIN (required)	Date of Birth (required for individual)
Physical Address (required)		City	State	ZIP Code
Billing Address		City	State	ZIP Code
List Any PO Box Information		City	State	ZIP Code

Additional owners attached? Yes No

Expectations

EFT



UPDATED FORM



EXPECTATIONS AND
WHAT NEEDS TO BE
SENT IN

Organization Administrator Roles and Responsibilities

Responsibilities

- Org Admins define the roles/permissions of employees
- Recommend having more than one Organization Administrator.

Update MMIS

- Don't wait to update Organization Administrator delegation

Where can I find more information?

- [MMIS Organization Administrator Fact Sheet](#)

Provider Accounts Security Role Options

Provider Staff Role	Functionality
Provider-Organization Administrator	Ability to create and configure other Provider organizational users and define their role(s) (Security only)
Provider-Primary Accountholder	Has full access (view/add/update) to all provider functions and privileges (including Security)
Provider-Authorizations Staff	Ability to request/edit/view service authorization requests
Provider-Billing Staff	Ability to submit claims via the web portal; check claims status
Provider-Eligibility Staff	Ability to verify member/patient Medicaid eligibility information
Provider-Enrollment Staff	Ability to view/add/update provider enrollment data
Provider-Financial Staff	Ability to view Remittance Advice and other provider accounting information
Provider-FES	Ability to view/add/update the Submit Payment Alert/Hospice Election Form (Functional Eligibility System)
Provider-Trading Partner Enrollment	Ability to view/add/update Trading Partner details



Provider Takeaways

Website

Most current information (to include forms) will be found on the Provider Enrollment website

Contact

Update Contacts as they occur

Update

Update Ownership/Managing Employees as they occur (don't forget to update with Medicare if applicable)

Provide

Provide Individual Provider contact information when requested on the Application Requirements.



WEBSITE REDESIGN UP and Coming

Application Requirements will be categorized by Provider type.

Simplifying the Provider Enrollment website to make it as user friendly as possible.

Website page ultimately becomes the “One stop shop” for Provider Enrollment.

State Provider Enrollment Contact Information

New Provider Enrollment

Email: stateproviderenrollment@nd.gov

[Provider Enrollment Webpage](#)

To subscribe to the Provider Newsletter,
please go to the link below: [Subscribe to
Provider Newsletter](#)



Provider Enrollment Contact Information

Call Noridian with Provider Enrollment questions

provider enrollment specialists are available every day of the week.

(877) 328-7098 (toll-free) or (701) 328-7098.

Live support 8 a.m.- 5 p.m. CT, Monday – Friday.

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



**Thank you for serving
the citizens of North
Dakota!**

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