

Provider Enrollment
Updated: October 2025

Provider Enrollment

PURPOSE

North Dakota Medicaid enrolls all willing and able providers that meet ND Medicaid provider enrollment requirements. All eligible providers must enroll and bill with their own NPI. Providers eligible to enroll may not bill for services under a supervising or peer provider's NPI.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible provider's National Provider Identifier (NPI) must be enrolled on the date of service with ND Medicaid. Providers acting as a locum tenens provider must enroll with ND Medicaid and be listed on the claim form. Please refer to <u>provider enrollment</u> for additional details on enrollment eligibility and supporting documentation requirements.

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 <u>SFN 615</u>, the ND Medicaid Provider Agreement.
- 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.
- Be free of any exclusions from federally funded programs including but not limited to the <u>List of Excluded Individuals and Entities</u> (LEIE), System of Award Management (SAM) or a state Medicaid agency.

TAXONOMY CODES

<u>Taxonomy codes</u> identify a health care provider by the service they provide and area of specialty.

Providers are required to submit taxonomy codes when submitting paper or electronic claims to ND Medicaid. This excludes Qualified Service Providers (HCBS claims) and transportation claims.

There are two separate taxonomy code sets, one for individual providers, and one for group providers. Individual taxonomies cannot be used for group enrollments, just as group taxonomies cannot be used for individuals.

Determine the taxonomy you are going to be billing by searching the following lists to see which specialty and provider type corresponds to that taxonomy.



Provider Enrollment
Updated: October 2025

Health & Human Services

- ND Medicaid Valid Values for <u>Group Providers</u> and <u>Individual Providers</u>
- Provider Type Codes and Provider Specialty Codes

Taxonomy codes listed on a claim MUST match the taxonomy codes on a provider's record or the claims will be denied.

ORDERING, REFERRING AND PRESCRIBING (ORP) PROVIDERS

ND Medicaid requires <u>ORP</u> providers to enroll as a participating provider. ND Medicaid cannot pay for ND Medicaid-covered services requiring a referral, order, or prescription unless the ORP provider is enrolled. Services requiring an order or referral are listed on the <u>Medicaid Covered Services</u> policy.

SUPERVISING PROVIDERS, LIMITED LICENSE PROVIDERS, AND STUDENTS

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. Individual or Group provider types eligible to enroll with North Dakota Medicaid are listed on the website.

Services rendered by 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 be billed through the supervising provider's NPI number so long as the supervisee is not required to enroll and bill under their own NPI. Behavioral health care providers² eligible to render behavioral health rehabilitative services may not bill for services under a supervising practitioner's NPI. Please see the Behavioral Health Rehabilitative Services policy 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.

Services provided by a health care provider with a limited license or a trainee practicing under supervision must be documented in medical records.

Supervising health care providers must be responsible for:

satisfying all applicable state law and regulatory supervision requirements;

¹Supervision 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.

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

Dakota Be Legendary.

NORTH DAKOTA MEDICAID Billing and Policy Manual

Provider Enrollment
Updated: October 2025

Health & Human Services

- ensuring the student isn't excluded from federally funded programs and
- patient care provided by a supervisee.

Students

Services provided by students enrolled in a medical training program may be billed under the supervising provider if:

- The provider provides direct supervision³ of the student for the duration of the time services are being provided to the member.
- There are no more than six (6) students providing services under one (1) direct supervising provider.
- There is a contract with the education institution, or the education institution has a policy in place outlining the requirements for supervising students providing services to Medicaid members. The policy or contract must be provided to ND Medicaid upon request.

OUT OF STATE PROVIDERS

"Out of State provider" means a provider who is located more than fifty (50) miles from a North Dakota border within the United States. ND Medicaid does not enroll Out of State providers if the service is available in state. To enroll as an Out of State provider, a service authorization is required with the exception of services provided in response to an emergency. Please see the Out of State Services policy for detailed information.

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 services provided to a member. Please see the Enrollment Effective Date section below.

PROVIDER ENROLLMENT PROCESS

Enrolling as a provider for ND Medicaid is a four-step process:

- 1. Search for an enrolled provider
 - Prior to completing an application, providers must confirm there is no current enrollment.
- 2. Completion of an online application.
- 3. Completion of application requirements.
 - The list of required documents for each provider type is listed on the Provider Enrollment webpage.
- 4. Submission of application requirements to Noridian.

This process is further defined on the Provider Enrollment webpage.

³ Direct supervision means the supervising provider can visualize, and be immediately available, to the supervisee, or student, at all times while services are being provided to the member.



Health & Human Services

NORTH DAKOTA MEDICAID Billing and Policy Manual

Provider Enrollment
Updated: October 2025

Out of State providers must submit the Out of State/Out of Network Enrollment Clarification Form (SFN 509).

Your application processing does not begin until both your online application is completed and submitted, and your completed required documentation is received.

ENROLLMENT EFFECTIVE DATE

An effective date cannot be prior to an NPI enumeration date. A provider may have numerous NPIs; however, each NPI will have its own specific enumeration date assigned. An original NPI enumeration date cannot be utilized if a new NPI has been established and is being used to open a different enrollment record. The new NPI's enumeration date will be the soonest an effective date can be recognized.

You will be able to 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 was received.

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.

Future effective dates will not be approved for more than 60 days prior to a service being provided.

ND Medicaid may consider a retroactive enrollment effective date that exceeds ninety (90) days but does not 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 submitted within ninety (90) days from the date of service 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 may not be approved.

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

APPLICATION APPROVAL

You will receive a 7-digit Medicaid ID number in one of two ways. If you completed the Security 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



Provider Enrollment
Updated: October 2025

the <u>Provider Registration section</u> on the home page of the Medicaid Management Information System (MMIS) Web Portal once your application is approved.

REVALIDATION REQUIREMENTS

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.

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 and past due revalidations list is updated monthly and published on the Provider Enrollment website. The revalidation list will list all providers who have revalidations due within six (6) months of the published date.

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

PROVIDER UPDATES AND CHANGES TO ENROLLMENT

Provider updates such as affiliations, terminations, Electronic Funds Transfer (EFT), taxonomy, address, name, etc., must be sent to Provider Enrollment for processing. Please see the Resources section on the <u>Provider Enrollment</u> website for commonly used forms.

Providers are responsible for ensuring their enrollment information is complete and up to date. Failing to keep enrollment information up to date may be cause for claim denial, recoupment, or termination. Updates or modifications to an enrolled provider's information will need to be submitted using the appropriate paper change request forms located on the Medicaid provider enrollment webpage.

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

OWNERSHIP CHANGES

Federal regulations require providers to report ownership changes to ND Medicaid. Providers 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.



Provider Enrollment
Updated: October 2025

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

TERMINATING MEDICAID ENROLLMENT

30 days' advance notice is required if a provider wants to end their ND Medicaid enrollment. Providers are to utilize the SFN 1331 for both individuals and groups. The notice of termination must be sent via email to NDMedicaidEnrollment@noridian.com or faxed to 701-433-5956 Attn: NDM Provider Enrollment

ND Medicaid may 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.
- The individual is enrolled to provide transportation, but does not possess a current driver's license or has a driver's license that has been suspended or revoked;
- The enrolled provider fails to revalidate its enrollment per federal requirements and according to the re-enrollment schedule established by the department;
- The enrolled provider or practitioner does not submit a Medicaid or children's health insurance program claim to the department for twenty-four months or more;

See N.D. Administrative Code § 75-02-05 for more information.

PROVIDER REQUIREMENTS

A provider signature on the Medicaid Provider Agreement for North Dakota Medicaid is an agreement to follow the conditions of participation in the Medicaid Program Provider Agreement (<u>SFN 615</u>). More requirements may apply based on the provider type or specialty. Conditions may include:

- A provider may not abandon a member in a way that would violate professional ethics.
- A provider may not refuse to serve a member because of race, color, national origin, age, or disability.
- A provider must advise member in advance if the provider is 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 Enrollment Updated: October 2025

ELECTRONIC CLAIMS SUBMISSIONS

Medicaid claims sent electronically experience fewer errors and allow for more timely payments. Electronic service claims must be in a Health Insurance Portability and Accountability Act (HIPAA) compliant format. Please the <u>Electronic Data Interchange</u> (<u>EDI)/Electronic Claim Billing</u> webpage for more information.

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.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the <u>Provider Requirements Policy</u>.

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

ELECTRONIC FUNDS TRANSFER (EFT)

North Dakota Century Code Chapter 50-24.1-42 requires ND Medicaid payments to be made via electronic fund transfers (EFT). No other forms of payment will be permitted. New providers enrolling in ND Medicaid on or after Jan. 1, 2022, are required to set up EFT payments at the time of enrollment. Any changes or updates to EFT information must be reported immediately to avoid sanctions including suspension of payment up to termination of enrollment. The <u>Electronic Funds Transfer Policy</u> contains additional information.

REFERENCES

- North Dakota Administrative Code
- North Dakota Century Code
- Code of Federal Regulations

RELATED POLICIES

Provider Guidelines, Manuals and Policies | Health and Human Services North Dakota



Provider Enrollment
Updated: October 2025

CONTACT

Noridian Healthcare Solutions

Phone: (877)328-7098 (toll-free) or (701)328-7098 Live support 8 a.m. - 5 p.m. CT, Monday - Friday. After-hours voicemail available

SUMMARY OF POLICY UPDATES

January 2025

Section	Update
Supervising providers, limited license providers, and students	Student section added.
Enrollment effective date	Added information related to NPI and enrollment effective date.

April 2025

Taxonomy	Added Taxonomy section that was previously on PE webpage. (4/4/2025)
Enrollment effective date	Changed language from "approved" to "received". Added language around future effective dates. (4/4/2025)

August 2025

Out of State	Updated verbiage
Terminating Medicaid Enrollment	Update verbiage
Reimbursement Methodology and Claims Instructions	Added EFT information

October 2025

Section	Update
	Clarifications added throughout.