

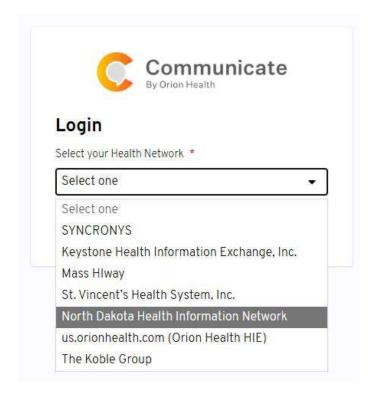
Third Party Biller Policy

North Dakota Medicaid defines a third-party biller as an organization that acts on behalf of another party performing various insurance duties. A third-party biller may assist in the process of insurance coverage or claims submission or perform various other tasks.

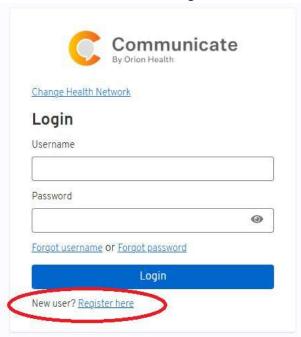
Self-registration must be completed to access ND Medicaid's <u>Direct Secure Messaging (DSM)</u> email system.

To self-register complete the following steps:

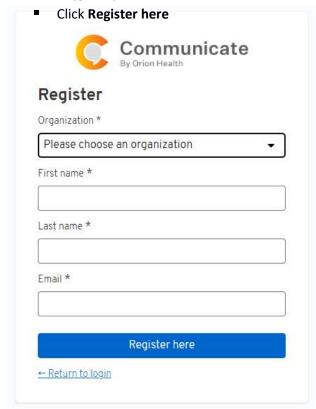
- 1. Select your **Health Network** from the drop-down menu:
 - Choose North Dakota Health Information Network
 - Click Continue



2. New users should click on Register here



- **3.** Select your **Organization** (this should be the facility you work for or bill for. If you don't see your facility on the list, please contact ndhin@nd.gov to inquire about participation)
 - Enter First Name
 - Enter Last Name
 - Enter Email



The DSM administrator for your organization will receive an email requesting they approve your account. Upon their approval, you will receive an email back with your login ID and password.

Congratulations, you are now able to start utilizing Communicate DSM email!

Only Direct Secure Messaging (DSM) email inquiries will be accepted from the Third-Party biller. The ND DSM email address for inquires is ndmedicaid.thirdpartyinquiries@direct.nddhs.ndhin.com.

Before contacting ND Medicaid to check the status of a claim, the third-party biller should verify the status of the claim by checking all previous remittance advices and suspense listings.

All North Dakota Medicaid providers sign a provider agreement, SFN 615. Based on this agreement and relationship, ND Medicaid provides the remittance advice(s) and suspense listings directly to the provider. The third-party biller will need to acquire these documents directly from the ND Medicaid provider.

When submitting an email request to ND Medicaid for a claim status check, the following components must be included in the email by the third-party biller:

- Medicaid member identification number
- Date of service(s)
- Medicaid billing provider number
- > Total charges billed
- Remittance advice date
- Transaction control number (TCN)

ND Medicaid requires a third-party biller to wait 30 days from the date of submission of a claim before checking on the status of it, regardless of the date of service. Claims are processed in the order they are received in the claims payment system, not by the date of service.

Email inquiries will be answered in the order they are received. The third-party biller will receive an email response within 7-10 business days.

Please contact NDHIN with questions:

North Dakota Health Information Network 4201 Normandy St. Bismarck, ND 58503 Email: ndhin@nd.gov