

## Third-Party Biller Policy

### PURPOSE

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The Third-Party Biller Policy is an overview of North Dakota Medicaid requirements for assisting Third-Party Billers and calls made by AI platforms.

### APPLICABILITY

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As of January 1, 2026 North Dakota Medicaid will provide two options for third-party billers to contact us for assistance. Billers will be able to contact the live dedicated third-party biller call center line toll free at 1-833-328-7099 or continue to send emails through North Dakota Health Information Network (NDHIN). The call center is available during regular business hours from 8:00 am to 5:00 pm CST and observes the same holidays as the State of North Dakota.

### GUIDELINES

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#### PHONE CALLS TO THE PROVIDER CALL CENTER

The third-party biller is required to provide the following information when calling the call center:

- Medicaid member identification number;
- Claim number / Transaction Control Number (TCN);
- Date(s) of service;
- Medicaid billing provider ID number or National Provider Identifier (NPI);
- Total charges billed; and
- Remittance advice (RA) date.

**NOTE:** Callers who are not able to provide the required information above will not be assisted.

Third-party biller calls will be limited to a maximum of three member inquiries per phone call.

It is the responsibility of the ND Medicaid providers to ensure that third-party billers have the proper resources available to complete job responsibilities. Examples of what providers should make available to third-party billers include:

- Remittance Advices (RAs);
- Claims Information; and
- Member Eligibility.

It is the responsibility of the third-party biller to research claim status, check numbers, and payment dates prior to contacting the call center.

Topics discussed with third-party billers include:

- Understanding a specific claim denial or payment.
- Checking status of a claim that has not appeared on a previous RA.

## **ARTIFICIAL INTELLIGENCE (AI) CALLS**

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AI calls received by the call center will be answered and a human representative will be requested. If a human representative is not provided the call will be disconnected.

## **DIRECT SECURE MESSAGING (DSM) EMAIL SYSTEM**

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### NEW USERS

Self-registration must be completed to access ND Medicaid's Direct Secure Messaging (DSM) email system. In order to self-register, a user must click on the link above and complete the following steps:

- Select "North Dakota Health Information Network" from the drop-down menu, then click "Continue";
- New users click "Register here"; and
- Complete with your:
  - Organization;
  - First name;
  - Last name; and
  - Email.

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

Additional instructions can be found in Third Party Biller DSM.

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 advice and suspense listing.

ND Medicaid providers must 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. These documents must be submitted to the third-party provider by the provider.

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

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(s) of service(s);
- Medicaid billing provider number;
- Total charges billed;
- Remittance advice date; and
- 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.

## DEFINITIONS

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*Artificial Intelligence (AI) Calls* – defined as phone conversations that are handled by artificial intelligence systems instead of human operators. These calls utilize technologies such as speech recognition, natural language processing and voice synthesis to create human-like interactions.

*Third-Party Billers* – defined as outsourced specialized agencies that manage billing processes for healthcare providers. They handle tasks such as claim submissions, follow-ups, and payment collections.

## REFERENCES

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- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)
- [Direct Secure Messaging \(DSM\)](#)
- [Third Party Bill PDF](#)

## CONTACT

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## POLICY UPDATES

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January 2026

Section	Summary
	Policy created