

RN (Registered Nurse) Individual Application Requirements

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:	
Billing Address:	
Mailing Address:	
Facility Phone Number:	
Contact Person/Title:	
Contact Phone Number:	
Contact Email:	
Provider Phone Number:	
Provider Email:	

Will this individual be providing Rehab services?	Yes	No
Will this individual be administering vaccines?	Yes	No
Will this individual be providing services in schools?	Yes	No

Enrolled Billing Group (Add Affiliation Below)

Medicaid Provider ID	Billing Group Name	Facility Phone Number

Unenrolled Billing Group. Please provide Application Tracking

Number and/or NPI (if applicable): _____

Provider Type – 016- Nursing Service Providers
Specialty 129-Registered Nurse
Taxonomy 163W00000X

This application is not associated with an emergency service. We are requesting an effective date of: _____

This application is associated with emergent care. We are requesting an effective date of: _____

*ND Medicaid may consider a retroactive enrollment effective date that exceeds ninety (90) days but not to 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 able to be 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.

Section 2: Required Documents

1. RN Application Requirements
2. Copy of license
3. [RN Rehab Attestation](#) (only required if RN is providing Rehab services) add link
4. [RN Schools Attestation](#) (only required if affiliating with a school)
5. [NPPES Website](#) printout of individual NPI
6. [SFN 615](#) - Medicaid Program Provider Agreement

**Must be signed and dated by the Individual Provider who is applying*

Section 3: Networks (check all that apply)

Medicaid Fee For Service (traditional Medicaid)

PACE

Medicaid Expansion MCO

***NOTE: Selecting this box does not enroll you in Medicaid Expansion. You must contact Blue Cross Blue Shield North Dakota (BCBSND) at providercontracting@bcbsnd.com to enroll with Medicaid Expansion. Questions about Expansion enrollment? Refer to the following: [Medicaid Expansion Provider Resources | BCBSND](#).

Application may be submitted by:

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

For questions concerning Provider Enrollment, please contact (877) 328-7098 (tollfree) or (701) 328-7098. Live support 8 a.m. - 5 p.m. CT, Monday – Friday.