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Provider Enrollment

Purpose

ND 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

Providers

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll with ND Medicaid and be listed on the claim form. Please refer to provider enrollment 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 ND Medicaid Provider Agreement (SFN 615);
- 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; and
- Be free of any exclusions from federally funded programs including but not limited to the List of Excluded Individuals and Entities (LEIE), System of Award Management (SAM) or a state Medicaid agency.

Provider Requirements

A provider's signature on the Medicaid Provider Agreement for ND Medicaid signifies the agreement to follow the conditions of participation outlined in the ND Medicaid Provider Agreement. Additional requirements may apply based on provider type or specialty. Conditions may include:

- Providers may not abandon a member in a way that would violate professional ethics.
- Providers may not refuse to serve a member because of race, color, national origin, age, or disability.

- Providers must advise members in advance if services will be provided on a private pay basis only. This notification must be in writing and signed by the member.
- When a provider arranges ancillary services for a member through other providers (such as laboratory services or durable medical equipment), those ancillary providers are considered to have accepted the member and may not bill the member directly.

Taxonomy Codes

Taxonomy codes 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 atypical provider types.

There are two separate taxonomy code sets including:

- 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.

Providers must select the correct taxonomy for billing by reviewing the ND Medicaid taxonomy lists to find the specialty and provider type that match your taxonomy code.

Use the following resources:

- ND Medicaid Valid Values for Group Providers; and
- Individual Providers.

The taxonomy code on the claim must match the taxonomy code in the provider's record. Claims will be denied if the codes do not match.

Providers are required to update their National Plan and Provider Enumeration System (NPPES) record within 30 days of adding any new taxonomy code. Any taxonomy code used for billing or enrollment purposes must be accurately reflected in NPPES to ensure alignment with the provider's Medicaid enrollment record and to prevent claim processing issues.

Ordering, Referring, and Prescribing (ORP) Providers

ND Medicaid requires ORP providers to enroll as a participating provider. ND Medicaid cannot pay for ND Medicaid-covered services requiring a referral, order, or prescription

unless the referring, ordering, or prescribing provider is enrolled. Services requiring an order or referral are listed on the Medicaid Covered Services policy.

Supervising Providers, Limited License Providers, and Students

Services rendered by health care providers with limited licenses—meaning providers licensed as assistants and those who must practice under supervision, where supervision requires the physician or other supervising provider to direct and oversee the service according to the professional requirements in state law, rules, or guidelines of a regulating or licensing board or organization—may be billed through the supervising provider's NPI number as long as the supervisee is not required to enroll and bill under their own NPI. Supervision does not require the supervising provider to be physically present in the room unless the applicable laws or regulations for that profession require in-room presence. Behavioral health care providers, including Behavior Modification Specialists, Licensed Associate Professional Counselors, Licensed Master and Baccalaureate Social Workers, Mental Health Technicians, and Registered Nurses, who are 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 defined scope of practice in law or regulation, may not enroll as North Dakota Medicaid providers and are not permitted to 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 the medical records. Supervising health care providers must be responsible for:

- Satisfying all applicable state law and regulatory supervision requirements;
- 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 supervision of the student for the duration of the time services are being provided to the member. 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.

- There are no more than six (6) students providing services to every 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 providers may enroll with ND Medicaid. "Out-of-state provider" means a provider who is located more than fifty (50) miles from a North Dakota border within the United States. Out-of-state services require a service authorization except when services provided are in response to an emergency. For more information on Out of State services, refer to the Out-of-State Services policy.

Out-of-state emergency services require the submission of a retroactive service authorization to receive payment. Out-of-state providers may apply for a retroactive enrollment date for the date covered services were provided to a member. Refer to the Enrollment Effective Date section for more information.

Required Enrollment Documents

Providers practicing in the state must complete a Provider Enrollment application to enroll with ND Medicaid. Out of state providers must submit the Out of State/Out of Network Enrollment Clarification Form (SFN 509). Required documentation for each provider type is listed under the "Completion of Application Requirements" section (step 3) on the Medicaid Provider Enrollment page.

Required documentation may be submitted by:

- Email: NDMedicaidenrollment@noridian.com;
- Fax: 701-433-5956 ATTN: NDM Provider Enrollment; or
- Mail: Noridian Healthcare Solutions
    - Attn: ND Medicaid Provider Enrollment
    - PO Box 6055
    - Fargo, ND 58108-6055

Application processing does not begin until the online application has been completed and submitted and all required documentation has been received.

Enrollment Effective Date

A provider's enrollment effective date cannot be earlier than the NPI's enumeration date. Providers may have multiple NPIs, but each NPI has its own enumeration date. If a new NPI is issued and used for a new enrollment record, the original NPI's enumeration date cannot be used. The enrollment effective date must be on or after the enumeration date of the new NPI.

Providers may choose an enrollment effective date on the application. This date cannot be more than 90 days before the date the complete application packet is received. If no effective date is selected, the enrollment will be effective on the date the application is received.

Providers who request a retroactive enrollment effective date may provide covered services before all enrollment documents are submitted, as long as all eligibility requirements were met at the time the service was provided and proper service documentation is maintained.

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

ND Medicaid may approve a retroactive enrollment effective date of more than 90 days – but not more than 365 days from the date of service – when emergent care was provided to a member. If the application involves emergency services, the provider must include an explanation of why enrollment could not be submitted within 90 days of the service date, along with the relevant medical notes. Without this information, an effective date beyond 90 days from receipt of a complete application may not be approved.

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

Enrollment Approval

Providers receive a 7-digit Medicaid ID number in one of two ways:

- Providers who complete the security information section during enrollment will receive a letter through the U.S. Postal Service with their enrollment details, including the 7-digit Medicaid ID and the login information needed for the web portal.
- Providers who do not complete the security information section may register for web access after their application is approved. To register, they must use the Provider Registration section on the MMIS web por7-digitlect "Register," and enter their 7 digit

Medicaid ID and either a Social Security Number (for individual providers) or Employer Identification Number (for billing groups).

Revalidation and Provider or Owner Updates/Changes

Federal regulations require providers to revalidate their enrollment at least every five years, except DME, Non-Emergency Medical Transportation, and 1915(i) providers, which must revalidate every three years. Revalidation dates are available in the online provider portal, and ND Medicaid sends reminders to the email addresses associated with each enrollment record.

ND Medicaid updates and posts a revalidation roster and a past due revalidation list monthly. The revalidation roster includes providers with revalidations due within six months of the publication date. The past due list includes providers whose revalidations are already overdue.

Both reports are located at: Provider Enrollment Information | Health and Human Services North Dakota under Revalidation Information.

Provider Updates and Changes to Enrollment

Provider updates including affiliations, terminations, Electronic Funds Transfer (EFT), taxonomy, address, and name must be sent to Provider Enrollment for processing. Please see the Provider Enrollment section of the ND HHS website for more information on how to request these updates.

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. Providers may make changes to their enrollment information through the ND Medicaid provider web portal. Changes that cannot be updated through the provider web portal may be sent to:

- Email: NDMedicaidenrollment@noridian.com; or
- Fax: 701-433-5956 ATTN: NDM Provider Enrollment; or
- Mail: Noridian Healthcare Solutions
    - Attn: ND Medicaid Provider Enrollment
    - PO Box 6055
    - Fargo, ND 58108-6055

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.

Providers that 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 Enrollment

Providers wishing to terminate their ND Medicaid enrollment must submit written notice:

- By email to NDMedicaidEnrollment@noridian.com; or
- By fax to 701-433-5956, Attn: NDM Provider Enrollment.

The notice must include:

- The provider's name;
- NPI (if applicable),
- ND Medicaid ID number, and
- The requested termination date.

A minimum of 30 days' advance written notice is required.

ND Medicaid may also 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.

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

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Documentation Requirements

General Documentation

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 Provider Requirements Policy.

Record Requests

ND Medicaid conducts routine documentation reviews to verify that billed services were delivered, properly documented, and compliant with state and federal requirements. As a HIPAA-covered entity, ND Medicaid may request and receive protected health information (PHI) for oversight activities. Responding to these requests is mandatory. Failure to comply may result in recoupment, audit findings, or administrative sanctions.

"Per NDAC 75-02-05-04, providers are required to make documentation available to the Department upon request. Failure to do so may result in recoveries or sanctions."

Reimbursement Methodology and Claim Instructions

Timely Filing

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The Timely Filing Policy contains additional information.

Third-Party Liability

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The Third Party Liability Policy contains additional information.

Client Share (Recipient Liability)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The Client Share Policy contains additional information.

Reimbursement

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.

Electronic Claims Submissions

Electronic submission of Medicaid claims reduces errors and speeds up payment processing. All electronic service claims must be submitted in a HIPAA compliant format. For additional guidance, refer to Electronic Data Interchange (EDI)/Electronic Claim Billing.

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.

References

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

Contact

Medical Services
600 East Boulevard Ave Bismarck, ND 58505-0250
Phone: (701) 328-2310
Email: dhsmedicalservices@nd.gov

Policy Updates

April 2025

- Taxonomy
  - Added Taxonomy section that was previously on the Provider Enrollment page
- Enrollment Effective Date
  - Changed language from "approved" to "received". Added language around future effective dates.

January 2026

- Supervising Providers
  - Added LMSWs

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October 2026

- Provider requirement language updated
- Revalidation and provider or owner updates/changes
- Added NEMT and 1915i providers in the three-year revalidation cycle
- Provider updates and changes to enrollment
- Added request for information language
- Records Request information added