

North Dakota Medicaid Individual Provider Application/Reactivation Form Packet

You must fill out the packet entirely and attach the indicated documents and signed signature pages for the packet to be considered complete.

The department does not retain incomplete documents. If this packet is incomplete when it is received, the entire packet will be deleted and you will receive an email notification at the contact email address entered on the page below.



Published by:
Medical Services Division
Provider Enrollment
600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505

April 2020

Streamlined Individual Application Checklist **due to COVID-19**

Are you enrolling to provide services due to COVID-19?

Yes

No

If No go to <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-individual.html> to the standard individual application checklists.

Any applications approved with this checklist are conditional and for the purposes of responding to COVID-19. Any temporary provisional enrollments will be terminated no later than six months from the date the emergency designation is lifted. Unless you have submitted an application that meets all requirements for North Dakota Medicaid participation and that application was subsequently reviewed and approved by the State.

Application Tracking #					
Practitioner Name					
Individual NPI #					
Primary Service Location	Street				
	City		State		Zip
Facility Mailing Address	Street				
	City		State		Zip

Who will be billing for this individual provider's services?

Enrolled Billing Group (Affiliation)

Medicaid ID		Billing Group Name		Facility Phone	
Medicaid ID		Billing Group Name		Facility Phone	

Unenrolled Billing Group. Please Provide Application Tracking Number and/or NPI:

No Billing Group - Practitioner is enrolling as an Ordering, Referring, or Prescribing provider only and will not have affiliations with a billing group. Check this option only if claims will not be submitted for services rendered by this practitioner – only enrolling to order, refer, or prescribe.

Contact Name				
Contact Phone		Ext		
Contact Email				
Who is filling out this form?	Name		Date form was completed	
<i>PROVIDER TYPE</i>				
<i>SPECIALTY</i>				
<i>TAXONOMY</i>				
2nd SPECIALTY				
2nd TAXONOMY				

[What is a Taxonomy? Click Here to find more information on Taxonomies](#)

[Know your Taxonomy? Click here to find out which Provider Type & Specialty is assigned to your Taxonomy](https://www.nd.gov/dhs/info/mmis/docs/mmis-individual-provider-code-taxonomy.pdf)
<https://www.nd.gov/dhs/info/mmis/docs/mmis-individual-provider-code-taxonomy.pdf>

Enrollments in response to COVID-19 may not have an effective date prior to March 1, 2020

What is the Enrollment Effective Date you are requesting?

<u>Required Documents</u>					Submitted
License (must cover requested effective date)		Issued:		Expires:	
DEA (Required for Prescribers only)		Issued:		Expires:	
SFN 615 (8-2019)	Page 4 of the SFN 615 form must be signed & dated by the Individual Provider who is applying.				

Networks		
What Network or Networks is this provider enrolling to participate in?		
<p>Selecting any of the managed care organization (MCO) boxes (PACE or Sanford Health Plan) DOES NOT automatically enroll a provider to render or bill services for the MCO. As all benefits and claims are administrated by the MCO, in order to provide and bill for MCO services, <u>all providers must be contracted directly with the applicable MCO.</u></p>		
Medicaid Fee For Service (Traditional Medicaid)	Medicaid Expansion MCO (Sanford Health Plan)	PACE

Fax this application checklist and required documents to 701-328-4030

Revision 4/1/2020 AMD

Attach a Copy of the License in place of this page.

Copy must be from the Licensing Board and contain the provider's name, license number, license effective date, and license expiration date. If one of these fields is missing, please contact the licensing board to obtain email verification.

Attach a Copy of the DEA in place of this page.

Required if the practitioner has a DEA.

Copy must contain the provider's name, DEA number, DEA effective date, and DEA expiration date. If one of these fields is missing, please obtain from the practitioner or visit the DEA website to obtain.

