

North Dakota Department of Human Services

Affiliations

See page 3 for a [Sample Affiliation Form](#).

In order to bill on a 1500 claim form, the billing group (clinic, practice, etc.) and the individual rendering provider must be enrolled. Also, the rendering provider must be linked (“affiliated”) to the billing provider in the system.

Affiliations can be requested during the group enrollment (if the individual provider is already enrolled with ND Medicaid) or during the individual rendering provider’s enrollment (if the group is already enrolled with ND Medicaid). To request during enrollment, add the provider’s 7 digit Medicaid ID# to the “Affiliation” section of the online application. If you do not know the Medicaid ID, you may enter the NPI of the provider you wish to affiliate. Please Note: When adding a group affiliation to an individual application, if you input the group’s NPI, staff may pull up more than 1 record. If this happens, and both records would allow the affiliation, staff will contact you to request additional information.

If you need to add an affiliation, and both the group and the individual are already enrolled with ND Medicaid, submit an affiliation form (SFN 1330) along with a copy of the provider’s license and DEA (if applicable). The license and DEA must go back to the effective date requested on the form. You may submit copies of multiple licenses and DEAs if needed.

When a provider is no longer providing services, submit a Termination Form (SFN 1331). See the section titled “Termination” for more information.

1. Submit Affiliation Form: SFN 1330
 - a. Individual Provider’s Information goes in the top section
 - b. Billing Provider’s (Group) Information goes in the middle section (the “Affiliate To” section)
 - c. Name, Email, and Phone Number of the person submitting the affiliation form goes in the bottom section. This information is used to send a confirmation email after the affiliation is processed.
2. Submit license/s that cover the requested effective date on your SFN 1330 to present
3. Submit DEAs (if provider has a DEA) that cover the requested effective date on your SFN 1330 to present

Submit To:

1. Regular Email: dhsenrollment@nd.gov
2. Upload by secure link. For an invitation to upload by secure link, email dhsenrollment@nd.gov. An email with the invitation will be sent back to you.
3. Fax: 701-328- ATT: Provider Enrollment.

Sample Affiliation Form



REQUEST TO ADD AN AFFILIATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT
 SFN 1330 (9-2018)

The effective date of the affiliation shall be when the provider started employment at the service location provided below and licensed to provide the affiliation paperwork. Any **Name of Individual Practitioner being Affiliated** staff must ensure the **Date the Form is submitted to the Department** effective date is correct prior to submitting the affiliation paperwork. Any **Date the Form is submitted to the Department** date will not be considered.

Name of Provider	Name of Individual Practitioner being Affiliated	Date	Date the Form is submitted to the Department	The Department will not grant an effective date that is more than one year from the date this form is received.
NPI	NPI of Individual being Affiliated	North Dakota Health Enterprise Number		
Service Location Address	Address where the Individual is providing services		State	
Is this the Primary Service Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Effective Date	Use the date this individual first provided services to a ND Medicaid Recipient, going back no more than one year from date this form is received by the Department		
Is this a Primary Care Provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number	PCP = Only for Practitioners who provide Primary Care services		
Affiliate To				
Billing Provider Name	Name of Billing Group (Facility billing for the practitioner's services)	Billing Provider North Dakota Health Enterprise Number	Medicaid ID of Billing Group (Facility) REQUIRED	
Billing Address		City		
Mailing Address	Billing and Mailing Addresses of the Billing Group	City	State	ZIP Code

Please submit the following documents:

1. Copy of Current License. North Dakota Medicaid requires providers to be licensed in the state where the provider is rendering services.
2. Copy of Current DEA (if applicable).

Options for submitting provider enrollment documentation:

Electronically through a secure link: You must request access to a secure link by emailing dhserollment@nd.gov. Do not email documents to this address. An email will be sent back to you with a link to a secure site to send your documents.

Fax: Providers may fax the required documentation and this form to 701-328-1544.

Standard Mailing Address:

Provider Enrollment
 North Dakota Department of Human Services
 600 E Boulevard Ave. Dept. 325
 Bismarck, ND 58505

Name, Phone, and Email are all Required Fields

dhserollment@nd.gov

Name	Name, phone, and email of person filling out this form - usually credentialing staff.	Telephone Number
Email Address		