North Dakota Department of Human Services
Affiliations

Click here for a Sample Affiliation Form.

Link to Affiliation Form SFN 1330: https://www.nd.gov/eforms/Doc/sfn01330.pdf

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.

Effective Dates:
A retroactive enrollment effective date is limited to no more than ninety (90) days* prior to the date a complete affiliation request is received.

*The PIU may consider a retro effective date that exceeds ninety days for situations involving emergent care provided to a ND Medicaid member. To request a retro effective date that exceeds ninety days, providers must include a copy of the claim and medical records with their affiliation documents.

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
4. Submit list of all service locations where the practitioner will be the providing services for the billing provider listed on the form

Submit To:
1. Regular Email: NDMedicaidEnrollment@noridian.com
2. Fax: 701-433-5956, ATT: NDM Provider Enrollment.
REQUEST TO ADD AN AFFILIATION
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION/ PROVIDER ENROLLMENT
SFN 1330 (10-2018)

<table>
<thead>
<tr>
<th>Request to Add an Affiliation</th>
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<tbody>
<tr>
<td>North Dakota Department of Human Services</td>
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<tr>
<td>Medical Services Division/ Provider Enrollment</td>
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<tr>
<td>SFN 1330 (10-2018)</td>
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</tbody>
</table>

The Department will not grant an effective date that is more than one year from the date of receipt. Credentialing staff must ensure the effective date is correct prior to submitting the affiliation paperwork. Any future requests to change the date will not be considered.

Name of Provider: [Name]
Date: [Date]
NPI: [NPI]
Service Location Address: [Address]
City: [City]
State: [State]
ZIP Code: [ZIP Code]
Fax Number: [Fax Number]
Requested Effective Date: [Date]
Telephone Number: [Telephone Number]

Is this the primary service location? [Yes] [No]

Please submit the following documentation with this request:

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 license (if applicable).

Submit by fax, email or mail to:
Fax: Providers may fax the required documentation and this form to 701-328-4030.
Email: dhsenrollment@nd.gov

Mailing Address:
Provider Enrollment
Medical Services
North Dakota Department of Human Services
600 E Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250

CONTACT INFORMATION FOR REQUESTOR

Name: [Name]
Email Address: [Email Address]
Telephone Number: [Telephone Number]

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