

MEDICAID NORTH DAKOTA (MCDND) ERA ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- Complete the **North Dakota Medicaid 835 Enrollment Form** (Pages 2-3)

HOW SHOULD I SUBMIT THE FORM(S)?

- You can submit the form by:
 - Emailing it to ndmmisedi@nd.gov
 OR
 - o Faxing it to (701) 328-6062 (ATTN: EDI-835)

HOW DO I CHECK STATUS?

 You may call the EDI department at (844) 848-0844 or email <u>ndmmisedi@nd.gov</u> to check on your ERA Enrollment status



NORTH DAKOTA MEDICAID ELECTRONIC REMITTANCE ADVICE (835) ENROLLMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES MEDICAL SERVICES DIVISION SFN 583 (7-2022)

* = Required Fields

PROVIDER INFORMATION				
Provider Name*	Doing Business As Name (DB.	A)		
Provider Address* Address:	City*	State/Province*	ZIP Code/Postal Code*	
PROVIDER IDENTIFIER INFORMATION		•		
Provider Federal Tax Identification Number (TIN) or Employ	er Identification Number (EIN)*			
National Provider Identifier (NPI)				
Other Identifier(s)	Assigning Authority North Dakota Department of	of Human Services	s Medical Services	
Trading Partner ID ND248482				
PROVIDER CONTACT INFORMATION				
Provider Contact Name*				
Telephone Number*	Telephone Number Extension			
Email Address	Fax Number			
ELECTRONIC REMITTANCE ADVICE INFORMATIO	N			
Preference for Aggregation of Remittance Data* Provider Tax Identification Number (TIN)	TIN Value			
□ National Provider Identifier (NPI)	NPI Value			
Method of Retrieval* Provider Self (Trading Partner		use		
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION				
Office Ally, Inc.				
Clearinghouse Contact Name EDI Enrollment Department				
Telephone Number 360-975-7000				
Email Address payerenrollment@officeally.com				
SUBMISSION INFORMATION				
Reason for Submission* New Enrollment Cha	ange Enrollment	l Enrollment		
AUTHORIZED SIGNATURE				
Printed Name of Person Submitting Enrollment*				
Submission Date (CCYYMMDD)				
Requested ERA Effective Date (CCYYMMDD)				

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By Completing the "Printed Name of Person Submitting Enrollment", the submitting individual is attesting and acknowledging on behalf of North Dakota Medicaid Provider listed above that:

- He or she is authorized to complete and submit this 835 Enrollment Form.
- The indicated Trading Partner is authorized to receive the 835 ERA for the listed Provider.
- The Information provided is accurate and true.
- North Dakota Medicaid will not exchange the 835 transactions with a Trading Partner on behalf of Provider without this Enrollment Form.
- The Trading Partner must have an active Trading Partner Agreement with North Dakota Medicaid or this 835 Enrollment Form is null
 and void.
- Any changes to the Provider NPI will require an updated 835 Enrollment Form.
- This information will be kept current by completing a new 835 Enrollment Form as necessary.

	/ entering an "X" in this box, means I have read and agree to all the terms and conditions stated above.

If you have questions or to check the status of this ERA enrollment, please contact the North Dakota EDI Help Desk at: 1-844-848-0844 or ndmmisedi@nd.gov

ATTN: EDI 835 Enrollment ND Department of Human Services 600 E Boulevard Ave Bismarck ND 58505-0250

After completing the form, save a copy, and email as an attachment to ndmmisedi@nd.gov.