

Medicaid North Dakota 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDIinsight Enrollment Team using EDIinsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the ERA setup request or contact the payer directly at 1-844-848-0844.

835 Electronic Remittance Advice:

1. North Dakota Medicaid Electronic Remittance Advice (835) Enrollment (2 pages)

Under the 'Provider Contact Information' section on Page 1, complete all fields.

Under the 'Electronic Remittance Advice Information section' on Page 1, you must choose your preference of data aggregation by checking the box next to TIN or NPI and entering the corresponding values.

Under the 'Submission Information' section on Page 1, check the box next to 'New Enrollment' if you have never received ERAs from this payer. If you have, check 'Change Enrollment.'

Provider or Authorized Individual must print date, effective date, and sign where indicated on Page 1.

Submit to EDIinsight Enrollment Team:

Within EDIinsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment]** record for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional)

CLICK to **"Save and Exit"** notes' window.



NORTH DAKOTA MEDICAID
ELECTRONIC REMITTANCE ADVICE (835) ENROLLMENT
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 SFN 583 (9-2020)

* = Required Fields

PROVIDER INFORMATION

Provider Name*		Doing Business As Name (DBA)		
Provider Address:	Street Address*	City*	State/Province*	ZIP Code/Postal Code*

PROVIDER IDENTIFIER INFORMATION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*	<input type="text"/>
National Provider Identifier (NPI)	<input type="text"/>
Other Identifier(s)	Assigning Authority North Dakota Department of Human Services Medical Services
Trading Partner ID	

PROVIDER CONTACT INFORMATION

Provider Contact Name*	
Telephone Number*	Telephone Number Extension
Email Address	Fax Number

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data* <input type="checkbox"/> Provider Tax Identification Number (TIN) <input type="checkbox"/> National Provider Identifier (NPI)	TIN Value <input type="text"/> NPI Value <input type="text"/>
Method of Retrieval* <input type="checkbox"/> Provider Self (Trading Partner Required) <input type="checkbox"/> Clearing House	

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name
Clearinghouse Contact Name
Telephone Number
Email Address

SUBMISSION INFORMATION

Reason for Submission* New Enrollment Change Enrollment Cancel Enrollment

AUTHORIZED SIGNATURE

Printed Name of Person Submitting Enrollment*	
Submission Date (CCYYMMDD)	<input type="text"/>
Requested ERA Effective Date (CCYYMMDD)	<input type="text"/>

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.

* By 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

[Click here to email form](#)