North Dakota Medicaid
1915i Application/Reactivation Checklists

You must fill out the checklist entirely and attach the indicated documents and signed signature pages for the application 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 checklist.

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Health & Human Services

Contents

Individual Application
Checklist 1915i

Have Questions?
Click Here for FAQs and More Resources

New Application   Reactivation

Type of 1915i Services provided (Check all you are enrolling to provide):

Benefits Planning	Care Coordination	Non-Medical Transportation
Family Peer Support	Housing Supports	Respite
Peer Support	Prevocational Training	Training & Supports for Unpaid Caregivers
Supported Education	Supported Employment	

Application Tracking #	
Practitioner Name	
Individual NPI # *	

Practitioner Email					
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:

Contact Name			
Contact Phone		Ext	
Contact Email			
Who is filling out this form?	Name		Date form was completed

All applicants must fully disclose all felonies, class A misdemeanors and class B misdemeanors convictions described in North Dakota Century Code chapter 12.1-16, homicide; 12.1-17, assaults - threats - coercion - harassment; 12.1-18, kidnapping; 12.1-27.2, sexual performances by children; or 12.1-41, Uniform Act on Prevention of and Remedies for Human Trafficking; in North Dakota Century Code section 12.1-20-03, gross sexual imposition; 12.1-20-03.1, continuous sexual abuse of a child; 12.1-20-04, sexual imposition; 12.1-20-05, corruption or solicitation of minors; 12.1-20-06, sexual abuse of wards; 12.1-20-06.1, sexual exploitation by therapist; 12.1-20-07, sexual assault; 12.1-22-01, robbery; 12.1-22-02, burglary, if a class B felony under subdivision b of subsection 2 of that section; 12.1-29-01, promoting prostitution; 12.1-29-02, facilitating prostitution; 12.1-31-05, child procurement; 12.1-31-07, endangering a vulnerable adult; 12.1-31-07.1, exploitation of a vulnerable adult; subsection 1 of section 26.1-02.1-02.1 of North Dakota Century Code, fraudulent insurance acts; or an offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the enumerated North Dakota statutes. A misdemeanor or felony conviction is considered an automatic exclusion from participation in the 1915i program if convicted of any of the above offenses and sufficient time has not passed from the final discharge or release from any term or probation, parole, or other form of community corrections, or imprisonment or if subsequent conviction occurs. Applicants must fully disclose all subsequent convictions. If any criminal action that is not disclosed is found during the enrollment process, the application will be denied for falsified information. A background check will be conducted for all applicants. **Link to 75-02-05-11.2**

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

Click Here to find more information on Effective Dates and Retro Effective Date Policies

What is the Enrollment Effective Date you are requesting?

Required Documents					Submitted
Fax/Email Coversheet					
This Formset					
1915i Individual Attestation					
Driver's License* *Required for Non-Medical Transportation Only*	**Issued**		**Expires**		
Printout of Individual NPI from the NPPES Website*		**Enumeration Date**			
SFN 615	Page 4 of the SFN 615 form must be signed & dated by the Individual Provider who is applying.				

Proof of Insurance is not required for any application. If proof of insurance is submitted with an application, it will be deleted from the file. It remains the provider's responsibility to ensure that the necessary insurance is in place, but proof of insurance is not required to be submitted for any application.

Individual Provider Type: 049- 1915i State Plan Amendment Services				
Specialty	**Taxonomy**		**Specialty**	**Taxonomy**
Benefits Planning (648)	171M00000X		Pre-Vocational (643)	171M00000X
Care Coordination (641)	171M00000X		Respite (086)	171M00000X
Family Peer Support (647)	175T00000X		Education (644)	171M00000X
Housing Supports (650)	171M00000X		Supported Employment (642)	171M00000X
Peer Support (646)	175T00000X		Training & Support for Unpaid Caregivers (645)	171M00000X
Private Vehicle (387)	172A00000X			

Revision   2/13/2024

PRACTITIONER ATTESTATION
1915i Services

_____   _____
Practitioner Name (printed)   **Practitioner NPI***

*An NPI is not required and should not be submitted for the Non-Medical Transportation Specialty

As an individual practitioner enrolling to provide 1915i services under the North Dakota Medicaid Program, I attest the following (<mark>Check all that apply</mark>):

☐ I have been convicted of a felony, class A misdemeanor or class B misdemeanor as described in North Dakota Century Code chapter 12.1-16, homicide; 12.1-17, assaults - threats - coercion - harassment; 12.1-18, kidnapping; 12.1-27.2, sexual performances by children; or 12.1-41, Uniform Act on Prevention of and Remedies for Human Trafficking; in North Dakota Century Code section 12.1-20-03, gross sexual imposition; 12.1-20-03.1, continuous sexual abuse of a child; 12.1-20-04, sexual imposition; 12.1-20-05, corruption or solicitation of minors; 12.1-20-06, sexual abuse of wards; 12.1-20-06.1, sexual exploitation by therapist; 12.1-20-07, sexual assault; 12.1-22-01, robbery; 12.1-22-02, burglary, if a class B felony under subdivision b of subsection 2 of that section; 12.1-29-01, promoting prostitution; 12.1-29-02, facilitating prostitution; 12.1-31-05, child procurement; 12.1-31-07, endangering a vulnerable adult; 12.1-31-07.1, exploitation of a vulnerable adult; subsection 1 of section 26.1-02.1-02.1 of North Dakota Century Code, fraudulent insurance acts; or an offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the enumerated North Dakota statutes.

    1. Name of Felony/Misdemeanor:

    Date of Felony/Misdemeanor Conviction:
    Date of final discharge or release from any term of probation, parole or other form of community corrections, or imprisonment:

    2. Name of Felony/Misdemeanor:

    Date of Felony/Misdemeanor Conviction:
    Date of final discharge or release from any term of probation, parole or other form of community corrections, or imprisonment:

    *If more than 2 felonies/misdemeanors, attach a page which lists the remaining names and dates of the felonies/misdemeanors.

☐ If you checked the first box, have you also been convicted of any felony, class A misdemeanor or class B misdemeanor, not limited to the offenses located in NDAC 75-02-05-11.2?

    ☐ Yes   Name of Felony/Misdemeanor:

Date of Felony/Misdemeanor Conviction:
Date of final discharge or release from any term of probation, parole or other form of community corrections, or imprisonment:

If more than 1 felony/misdemeanor, attach a page which lists the remaining names and dates of the felonies/misdemeanors.

No

I have never been convicted of any of the offenses described in the first check box.

I acknowledge that it is my responsibility to immediately notify North Dakota Medicaid of any subsequent felony, class A misdemeanor or class B misdemeanor convictions for the offenses listed in the first check box. Notification must be made to NDMedicaidEnrollment@noridian.com and must include my name, my North Dakota Medicaid ID or NPI, the date of the conviction, the name of the offense, and the date of final discharge or release from any term of probation, parole or other form of community corrections, or imprisonment, if known.

_____
Signature of Enrolling Practitioner   Date

Please sign and return by Email to NDMedicaidEnrollment@noridian.com or by fax to 701-433-5956

Revision Date 4/26/2021

Group Application
Checklist 1915i

All 4 Sections and Fields are Required unless specifically marked as not required

Section 1: Identifying Information

Type of 1915i Services provided (Check all you are enrolling to provide):

Benefits Planning	Care Coordination	Non-Medical Transportation
Family Peer Support	Housing Supports	Respite
Peer Support	Prevocational Training	Training & Supports for Unpaid Caregivers
Supported Education	Supported Employment	

Application Tracking #	
Provider Name	
Organizational NPI # *	

An NPI is Not Required and should not be submitted for the Non-Medical Transportation Specialty

Service Address	
Billing Address	
Mailing Address	
Facility Phone	

Contact Person	
Phone	
Email	

Section 2: Questions

1. Are you an Out of State Provider (Service location more than 50 miles from the North Dakota border?)	YES	NO

2. Are you enrolling any additional service locations not listed above at this time?	YES	NO

If yes, please include a list with the addresses of all service locations being enrolled (must have the same Provider Type, NPI, EIN, and billing address).
Please note: Service addresses located within North Dakota and bordering cities (within 50 miles of the ND border) cannot be enrolled in the same record as out of state service locations.

3. Are you exempt from FEDERAL taxes?	YES	NO	If Exempt from **FEDERAL** Taxes, submit your **IRS** issued Tax Exempt Letter.

4. Do you have any Individuals or Businesses which have 5% or more interest in the enrolling group? (Interest may be direct or indirect)	YES	NO

5. How many Managing Employees (authorized to sign on behalf of the business) do you have? If more than 3 Managing Employees, attach a list as part of Section IV of the SFN 1168 (page 2). List must contain First Names, Last Names, Dates of Birth, and SSNs	

6. Are you organized as a corporation, a non-profit corporation, or a government agency organized as a corporation?	YES	NO
6a. If Yes, how many Board Members do you have? If not one of the above, board member information is not required. If more than 3 Board Members, attach a list as part of Section IV of the SFN 1168 (page 2). List must contain First Names, Last Names, Dates of Birth, and SSNs		

Section 3: Required Documents

The documents requested below must be returned to the Department in order to process your enrollment. Use the links to obtain the current version of each form. Old Versions cannot be used and will result in a delay in processing your application and may cause a later enrollment effective date.

	Helpful Links	Submitted
1. **Coversheet for Fax/Email**	**Coversheet for Fax/Email**	
2. Group Application Checklist		
3. List of Service Locations (Required if you answered Yes to question 2 above)		
4. **W-9** Printed Name of Signing Managing Employee:	**W-9**	
5. CP 575/147C (Not required if submitting a FEDERAL tax exempt letter issued by the IRS)	**What is the CP575/147C?**	
6. IRS Tax Exempt Letter (Required if you answered Yes to question 3 above) If Exempt from **FEDERAL** Taxes, submit your **IRS** issued Tax Exempt Letter. A State issued letter cannot be substituted. The letter must be issued by the **IRS**.	**IRS Tax Exempt Letter for Government Agencies**	
7. **Group Attestation**		
8. **Group Membership/License** (Required for Housing Supports and/or Respite) **Click Here** for a list of additional documentation requirements	**Additional Documentation Requirements**	
9. NPI Printout from the **NPPES Website** *(An NPI is not required and should not be submitted for the Non-Medical Transportation Specialty)*	**NPPES Website**	
10. **SFN 661** Printed Name of Signing Managing Employee:	**SFN 661**	
10a. Bank Letter/Voided Check Must match the Information provided on the SFN 661		
12. **SFN 1168**	**Simplified Instructions based on FAQs**	
12a. List of Managing Employees attached to Section IV (Page 2) with dates of birth and SSNs		
12b. List of Board Members attached to Section IV (Page 2) with dates of birth and SSNs. (Required if you answered Yes to question 6 above)		
13. **SFN 615** Printed Name of Signing Managing Employee:	**SFN 615**	

Proof of Insurance is not required for any application. If proof of insurance is submitted with an application, it will be deleted from the file. It remains the provider's responsibility to ensure that the necessary insurance is in place, but proof of insurance is not required to be submitted for any application.

Section 4: Enrollment Effective Date

PROVIDER TYPE   049- 1915i State Plan Amendment Services - **See below for Specialties and Taxonomies**

Please coordinate with your billing department and any other applicable area to determine the correct enrollment effective date. **The Department will not make changes to that date once the application is approved** and any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days prior to the date a **complete** application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

Requested Enrollment Effective Date	
Printed Name of Person Requesting the Effective Date	**Date**

Click Here to find more information on Effective Dates and Retro Effective Date Policies

Housing Supports

1 - Member in the NDCOC (North Dakota Continuum of Care)

Respite
- Submit one of the Following -

1 - Child Care Centers License
 (licensed under NDAC 75-03-10)

2 - Division of Developmental Disabilities License
 (licensed under NDAC 75-04-01)

3 - QRTP (Qualified Residential Treatment Program) License
 (licensed under NDAC 75-03-40)

4 - PRTF (Psychiatric Residential Treatment Facility) License
 (licensed under NDAC 75-03-17)

5 - Human Service Center License
 (licensed under NDAC 75-05-00.1)

6 - Supervised Independent Living Programs License
 (licensed under NDAC 75-03-41)

7 - Substance Abuse Treatment Program License
 (licensed under NDAC 75-09.1)

8 - Licensed Child Placing Agencies licensed under 75-03-36

Group Provider Type: 049- 1915i State Plan Amendment Services

Group Specialty/Taxonomy Crosswalk	
Specialty	**Taxonomy**
Benefits Planning (648)	251S00000X
Care Coordination (641)	251B00000X
Family Peer Support (647)	251S00000X
Housing Supports (650)	251S00000X
Private Vehicle (387) (Non-Medical Transportation)	251S00000X
Peer Support (646)	251S00000X
Pre-Vocational (643)	251S00000X
Respite (086)	251S00000X
Education (644)	251S00000X
Supported Employment (642)	251S00000X
Training & Support for Unpaid Caregivers (645)	251S00000X

Revision   2/13/2024

GROUP PROVIDER ATTESTATION
1915i SERVICES

_____   _____
Provider Name (printed)   NPI

As an entity enrolling to provide 1915i services under the North Dakota Medicaid Program, I attest that I understand and will adhere to all 1915i state and federal standards and requirements as outlined in the North Dakota Medicaid State Plan, including, but not limited to the following:

   All individual practitioner providers of services meet required qualifications.

   All individual practitioner providers of services have required competencies.

   All services provided will be within the scope of practice of the individual provider.

   Will conduct training per state policies/procedures.

   Will adhere to all 1915(i) standards and requirements.

   Required policies are available for NDDHS review.

_____Provider Facility/Organization Name

_____Street Address

_____City, State, Zip Code

_____   _____
Signature of Authorized Representative   Date

_____
Printed Name of Authorized Representative

Please sign and return by Email to NDMedicaidEnrollment@noridian.com or by fax to 701-433-5956 , ATT: NDM Provider Enrollment

FAQs and Links

I am a Sole Proprietor, Would I complete an Individual or Group Application?

Both. The 1915i requires a group application to bill and an individual application for each practitioner who is enrolling to provide a service.

Which Checklist should I use?

Select the checklist which matches the services you are providing. If unsure of which service applies, identify which taxonomy your group will be billing for its services (cannot be an individual's taxonomy) and choose the checklist which has that taxonomy. If you are billing services under a specific program offered by North Dakota Medicaid, you may need to use the taxonomy deisgnated for that service.

What Documents are Actually Required?

All documents listed on the application checklist are required. If a document is not required for all providers, it is noted specifically as not required next to the document name in the checklist. Additionally, all fields in all Sections on the checklist must be completed.

What is an Application Tracking Number (ATN)?

An Application Tracking Number (or "ATN" for short) is the 6 digit number assigned by the system once the online portion of the application is submitted in the Web Portal. The ATN may be assigned by the system after clicking save in the application, even before it is submitted. The ATN assigned to your application will show on the top left of each page of the online application when you click "Save" at the bottom of the screen.

What is an NPI?

Click Here to find more information about NPIs.

What is a Medicaid ID?

The North Dakota Medicaid ID is a unique identifier the system assigns to each application once it reaches the "Approved Status". It is 7 digits and replaces your Application Tracking Number. Once assigned a 7 digit Medicaid ID, please include the ID in every correspondence with the Department regarding that record.

Please Note: If you were enrolled in our old system (prior to 2013 - often called "Legacy", please do not use your previous Medicaid ID. The Legacy numbers had place holding zeros and 4-5 numbers at the end. Legacy numbers have been replaced by the new 7 digit numbers as your Medicaid ID. Use of the Legacy numbers on documents may delay your update requests.

I am a Government Agency and do not have my Federal Tax Exempt Letter. How can I obtain it?

[Click Here](#) for instructions on how to obtain a Federal Tax Exempt Letter from the IRS for Government Agencies.

How do I complete the SFN 1168?

[Click Here](#) for Instructions/FAQs on the SFN 1168 (different than the instructions on pages 5 & 6 of the SFN 1168)

Why are the SSN and DOB of board members/managing employees required?

[Click Here](#) to read why SSNs and DOBs must be disclosed as part of the federal screening mandate.

What is an Enrollment Effective Date?

[Click Here](#) to find more information about Enrollment Effective Dates and current back dating policies.

Am I required to use the Provider Enrollment Fax/Email Coversheet or can I use my own?

A coversheet must be submitted with all documents sent to the Department in order to identify the purpose of the documents. The Provider Enrollment Fax/Email coversheet from the Department is not required, as long as your coversheet has the following elements: 1. Provider Name; 2. NPI; 3. Medicaid ID or Application Tracking Number; 4. Name of the person in your organization who should be contacted if there are any questions about the documents submitted; 5. Phone number for the contact; 6. Email address for the contact; 7. Purpose you submitted the documents (application, revalidation, affiliation etc.). A sample list of reasons for document submission can be found on the Provider Enrollment Fax/Email Coversheet for reference.

Whose NPI and Medicaid ID goes on the SFN 615?

The NPI and Medicaid ID of the enrolling provider go on the SFN 615. As this is a revalidation for the group, do not put the Medicaid ID or NPI of an individual practitioner.

Where do I submit the Documents?

1. **Standard Email – NDMedicaidEnrollment@noridian.com** (please do not send EFT information, Dates of Birth (DOBs), or Social Security Numbers (SSNs) by unsecured email)

2. **Fax** – Providers may fax the required documentation to (701) 433-5956. ATT: NDM Provider Enrollment

I have questions about the Online Application.

Click Here to find out more about the online Application, including an Online Application Guide and known system issues.

How to populate the taxonomy in the Online Application.

Click Here for a quick sheet guide on how to get the taxonomy to populate in your online application.

Links:

Provider Enrollment Website

Group Provider Checklists

Provider Enrollment FAQ

Online Application Guide

How to Populate the Taxonomy in the Online Application

Enrolled Group Providers (by NPI)

Enrolled Individual Providers (by NPI)

Revision 12/16/2022

North Dakota Department of Human Services

What is an NPI?

"The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

As outlined in the Federal Regulation, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered providers must also share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes." – Quoted from CMS website: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/index.html

Please visit CMS.gov to obtain more information about NPIs, or use the link above to access their NPI page.

NPIs are obtained and maintained on the "NPPES" website: https://nppes.cms.hhs.gov/#/

North Dakota Department of Human Services

What is the CP 575/147C?

The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). A copy of your CP 575 is required to verify the provider or supplier's legal business name and EIN. If you are not able to locate the first EIN letter, you can get a 147C letter from the IRS. This is a different type of EIN verification. See the IRS website for more information on how to obtain the letter: https://www.irs.gov/businesses/small-businesses-self-employed/lost-or-misplaced-your-ein

Governmental Information Letter

Government entities are frequently asked to provide a tax-exempt number or "determination" letter to prove its status as a "tax-exempt" or charitable entity. For example, applications for grants from a private foundation or a charitable organization generally require this information as part of the application process. In addition, donors frequently ask for this information as substantiation that the donor's contribution is tax deductible, and vendors ask for this to substantiate that the organization is exempt from sales or excise taxes. (Exemption from sales taxes is made under state law rather than Federal law.)

The Internal Revenue Service does not provide a tax-exempt number. A government entity may use its Federal TIN (taxpayer identification number), also referred to as an EIN (Employer Identification Number), for identification purposes.

Governmental units, such as states and their political subdivisions, are not generally subject to federal income tax. Political subdivisions of a state are entities with one or more of the sovereign powers of the state such as the power to tax. Typically they include counties or municipalities and their agencies or departments. Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose.

An entity that is not a political subdivision but that performs an essential government function may not be subject to federal income tax, pursuant to Code section 115(1). The income of such entities is excluded from the definition of gross income as long as the income (1) is derived from a public utility or the exercise of an essential government function, and (2) accrues to a State, a political subdivision of a state, or the District of Columbia. Contributions made to entities whose income is excluded income under section 115 may be tax deductible to contributors.

In order for a government entity to receive a determination of its status as a political subdivision, instrumentality of government, or whether its revenue is exempt under Internal Revenue Code section 115, it must obtain a letter ruling by following the procedures specified in Revenue Procedure 2018-1 or its successor. There is a fee associated with obtaining a letter ruling.

Video

- Governmental Information Letter Video

As a special service to government entities, IRS will issue a "governmental information letter" free of charge. This letter describes government entity exemption from Federal income tax and cites applicable Internal Revenue Code sections pertaining to deductible contributions and income exclusion. Most organizations and individuals will accept the governmental information letter as the substantiation they need.

Government entities can request a governmental information letter by calling 1-877-829-5500.

Page Last Reviewed or Updated: 15-Aug-2018

Provider Enrollment Requirements

The Centers for Medicare and Medicaid Services (CMS) is working hard to prevent fraud, waste, and abuse in the Medicaid program and adopted regulations under the Affordable Care Act. These regulations should more effectively prevent fraudulent providers from enrolling, or continuing to participate in, Medicaid or the Children's Health Insurance Program (CHIP). The regulations require State Medicaid agencies (SMAs) to gather and verify relevant provider-submitted information. The SMAs must check specifically named databases to verify eligibility under Federal and State requirements for that provider type. SMAs will phase in using these databases to screen managed care providers by July 1, 2018.[1]

Individual providers must disclose:

- Date of birth and Social Security Number (SSN);
- Licenses and certifications;
- National Provider Identifier;
- Criminal convictions related to Federal health care programs; and
- Ownership of, and significant business transactions with, wholly owned suppliers and subcontractors.[2]

Provider entities such as corporations must disclose:

- Name and addresses of any persons with an ownership or control interest in the entity;
- Whether a person with an ownership interest is related to another person with an ownership or control interest;
- Names of other entities the owner has an ownership or control interest in; and
- Name, address, date of birth, and SSN of any managing employee.[3]

SMAs must revalidate the enrollment of all providers at least every 5 years.[4] Revalidation requires confirming the accuracy of the information disclosed during enrollment, collecting updated disclosures, and rescreening. However, the SMA may generally rely on a screening of the same provider in the same risk category by Medicare within the last 12 months or another State's Medicaid or CHIP program.[5, 6, 7]

States may establish additional or more stringent disclosure requirements for individuals or entities[8] to prevent fraudulent providers from program participation.

For More Information

CMS will provide more recent enrollment information, including information about a recent report from the Department of Health and Human Services, Office of Inspector General, in the forthcoming Provider Enrollment Toolkit. The toolkit will post to the Medicaid Program Integrity Education page at https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website.

To see the electronic version of this E-Bulletin and E-Bulletins on other topics posted to the Medicaid Program Integrity Education page, visit https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website.

Follow us on Twitter 🐦 #MedicaidIntegrity

References

1 42 C.F.R. § 438.600(c)(2). Retrieved July 7, 2016, from http://www.ecfr.gov/cgi-bin/text-idx?SID=9848f1dab9b969c4c8406dcd96e7d301&mc=true&node=se42.4.438_1600&rgn=div8

2 42 C.F.R. § 438.602(b)(2). Retrieved July 7, 2016, from http://www.ecfr.gov/cgi-bin/text-idx?SID=9848f1dab9b969c4c8406dcd96e7d301&mc=true&node=se42.4.438_1600&rgn=div8

3 42 C.F.R. § 455.104(b)(1). Retrieved May 18, 2016, from http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=0338d719892f09081c358f2778322b85&mc=true&n=pt42.4.455&r=PART&ty=HTML#sp42.4.455.b

4 Revalidation of Enrollment. 42 C.F.R. § 455.414. Retrieved June 3, 2016, from http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=048988b786a7a62635c546cae7c84c18&mc=true&n=sp42.4.455.e&r=SUBPART&ty=HTML#se42.4.455_1434

5 42 C.F.R. § 455.410(c). Retrieved June 9, 2016, from http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=d1711af7388f7b09a5cd9d7b896846b6&mc=true&n=sp42.4.455.e&r=SUBPART&ty=HTML

6 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (2011, December 23). Center for Medicaid and CHIP Informational Bulletin, Medicaid/CHIP Provider Screening and Enrollment (pp.2–3). Retrieved June 10, 2016, from https://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-12-23-11.pdf

7 Centers for Medicare & Medicaid Services. (2016, March 21). Medicaid Provider Enrollment Compendium. (p. 35). Retrieved May 3, 2016, from https://www.medicaid.gov/affordablecareact/provisions/downloads/mpec-032116.pdf

8 Other State Screening Methods. 42 C.F.R. § 455.452. Retrieved May 18, 2016, from http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=048988b786a7a62635c546cae7c84c18&mc=true&n=sp42.4.455.e&r=SUBPART&ty=HTML#se42.4.455_1436

Disclaimer

July 2016

North Dakota Department of Human Services

What is an Enrollment Effective Date?

An Enrollment Effective Date is the date your record will be made effective. Any claims submitted with a date of service prior to the enrollment effective date will deny. A retroactive enrollment effective date is limited to no more than ninety (90) days* prior to the date a complete application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

North Dakota Medicaid provider enrollment staff will not process a request for provider enrollment until the Program Integrity Unit (PIU) is in receipt of all required enrollment documents, in addition to submitting the online application. Unless a retroactive enrollment effective date is requested the application effective date will be the date that staff approve the application.

This policy includes adding affiliations, adding service locations and processing taxonomy changes.

Provider specialty checklists ([Individual](#)) ([Group](#)) ([NEMT](#)) ([TCM](#)) ([1915i](#)) clearly indicate the documentation required for enrollment. It is the provider's responsibility to submit complete and accurate documents that are required for enrollment purposes.
NEMT = Non-Emergent Medical Transportation

Consideration for a retroactive enrollment effective date:

- A retroactive enrollment effective date is limited to no more than ninety (90) days prior to the date a complete application packet is received. Providers must request a retroactive enrollment effective date, when submitting the complete enrollment packet.
- Providers who have requested a retroactive effective enrollment date may submit claims for covered services provided prior to receipt of all required enrollment documents if the provider met all eligibility requirements at the time the service was provided and only if appropriate documentation of the services provided is maintained.

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

Online Application – 1ˢᵗ Half of Enrollment Process

Please Note: North Dakota Medicaid provider enrollment staff will not process a request for provider enrollment until the PIU is in **receipt of all** required enrollment documents, in addition to submitting the online application.

A retroactive enrollment effective date is limited to no more than ninety (90) days* prior to the date a complete application packet is received by the Department. If the date requested is outside the 90 day timeframe, the enrollment effective date assigned will be 90 days from the date the complete application packet was received.

If the application is associated with an emergency service, the Department may consider a date more than 90 days prior to the date a complete application packet is received. You must include a copy of the claim and medical records with your application documents.

For More complete coverage of the Online Application screens, please use this link to access the Online Application Guide: https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/provider-enrollment-application-guide.pdf

Link to Online Application: https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment

How to Populate the Taxonomy

Make sure all the fields on the License page are closed.

1. Select the Provider Type that corresponds with your taxonomy (do not know which type to choose, see the links below)
2. Click "Add License"
   a. Add in the license information
   b. Click the small save to the right of the License field.
3. Click "Add Specialty"
   a. Choose the Specialty that corresponds with your taxonomy (do not know which type to choose, see the links below)
   b. The certification # is "00000"
   c. Begin date is the date you are requesting your enrollment to be effective
   d. End date is 12/31/9999
   e. Board is "Other"
   f. Click the small save to the right of the Specialty field
4. Click the save on the bottom of the page
5. Click "Add Taxonomy"
   a. The taxonomy you need should be available in the drop down box
   b. Begin date is the date you are requesting your enrollment to be effective
   c. End date is 12/31/9999
   d. Click the small save to the right of the Taxonomy field
6. Click the save on the bottom of the page.

Will Not Allow the Letter "W" to be Typed

This is a known browser compatibility issue. Workaround: Open Word, type the letter "W", Copy, Paste wherever needed.

End Date Required, But Information is Still Current

Use 12/31/9999

Specialty Requires Certification Number, But There is No Board Certification for this Specialty

Use "00000"

North Dakota Department of Human Services

How To: Select a Taxonomy in the Online Application

Make sure all the fields on the License page are closed.

1. Select the Provider Type that corresponds with your taxonomy (do not know which type to choose, see the links below)
2. Click "Add License"
   a. Add in the license information
   b. Click the small save to the right of the License field.
3. Click "Add Specialty"
   a. Choose the Specialty that corresponds with your taxonomy (do not know which type to choose, see the links below)
   b. The certification # is "00000"
   c. Begin date is the date you are requesting your enrollment to be effective
   d. End date is 12/31/9999
   e. Board is "Other"
   f. Click the small save to the right of the Specialty field
4. Click the save on the bottom of the page
5. Click "Add Taxonomy"
   a. The taxonomy you need should be available in the drop down box
   b. Begin date is the date you are requesting your enrollment to be effective
   c. End date is 12/31/9999
   d. Click the small save to the right of the Taxonomy field
6. Click the save on the bottom of the page.

Link to Provider Type/Specialty/Taxonomy List for Individual Applications:
https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-individual-provider-code-taxonomy.pdf

Link to Provider Type/Specialty/Taxonomy List for Group Applications:
https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-code-taxonomy.pdf