

North Dakota Medicaid Group Revalidation Checklists

You must fill out the checklist for your group entirely and attach the documents indicated on the checklist along with signed signature pages for the 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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Provider Enrollment
600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505

December 2022

Group Revalidation Checklist

Have Questions?
[Click Here](#) for FAQs and More

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

Section 1: Identifying Information	Medicaid ID #			
	Provider Name			
	Organizational NPI			
	*NPI Not Required for NEMT (Non-Emergent medical Transportation) or Meals/Lod in Groups			
	Service Address			
	*Certain types of providers can only have one service location per Medicaid ID, identified on the One Service Location List below.			
	Billing Address			
	Mailing Address			
	Facility Phone			
	Contact Person			
Phone		Ext		
Email				

Section 2: Questions	1. Are you Enrolled in Medicare? NO YES Active enrollment in Medicare is required for certain types of services, identified on the Medicare Required List below.			
	Please Provide your Medicare ID:			
	Is your Medicare Record up to date? NO YES			
	2. Are you Enrolled in Medicaid in another State? NO YES			
	State Abbv: Please Provide your Other State Medicaid ID:			
	3. Do you have any other service locations under this record? YES NO If yes, please attach a list with the addresses of all service locations and their effective dates (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.			
	*Certain types of providers can only have one service location per Medicaid ID, identified on the One Service Location List below.			
	4. Are you exempt from FEDERAL taxes? YES NO If Exempt from FEDERAL Taxes, submit your IRS issued Tax Exempt Letter.			
	5. Do you have any individuals or Businesses which have 5% or more interest in the enrolling group? YES NO (Interest may be direct or indirect)			
	5a. If Yes, how many do you have?			
	6. 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			
7. Are you organized as a corporation, a non-profit corporation, or a government agency organized as a corporation? YES NO				
7a. If Yes, how many Board Members do you have?				
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				
8. LODGING ONLY: Is your establishment held out to the public as a place where sleeping accommodations are furnished for pay to transient guests? YES NO				
9. NEMT ONLY: Are you billing for services provided to Wheelchair Recipients? YES NO				
10. SCHOOLS ONLY: Will you be providing ABA (Applied Behavior Analysis) services? YES NO				
11. SCHOOLS ONLY: Will you be providing Rehab Services services? If yes, Please review the ND Medicaid State Plan for Rehabilitative Services. YES NO				

Section 2: Questions Continued

12. Does this record provide Rehab Services under the Rehab State Plan (Taxonomy 261QM0801X)? If yes, you must read the Rehab Policy and complete the Rehab Attestation (SFN 9) .	YES	NO
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13. Does this record provide Addiction Services under the Addiction Services Policy (Taxonomy 261QR0405X)? If yes, you must read the Rehab Policy and complete the Rehab Attestation (SFN 9) .	YES	NO
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13a. If Yes, please indicate which ASAM levels are provided by your program. At such time as your program decides to provide any additional ASAM levels, you must inform the Department in advance and submit the license which covers the ASAM levels provided. Any levels not found in the list below are not covered by ND Medicaid at this time.							
ASAM Levels:	1	2.1	2.5	3.1	3.2	3.5	3.7

14. MEDICATION ASSISTED TREATMENT (MAT) PROVIDERS ONLY: Have you had full and continuous SAHMSA Accreditation since October 23, 2018? (If yes, submit a copy of your SAHMSA Accreditations going back to October 23, 2018) ND Medicaid MAT Policy	YES	NO
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15. MEDICATION ASSISTED TREATMENT (MAT) PROVIDERS ONLY: Please select the Medication Assisted Treatment or Treatments you will be providing:	
Methadone	Suboxone

Section 3: Required Documents

The documents requested below must be returned to the Department in order to revalidate your enrollment		
Please ensure you use the links provided to obtain the current versions of each form. Outdated versions of forms will not be accepted.		Helpful Links
1. Coversheet for Fax/Email	Coversheet for Fax/Email	Submitted
2. This Checklist		
3. List of Service Locations (Required if you answered Yes to question 3 above)		
4. W-9 (10-2018) Printed Name of Signing Managing Employee:	W-9 (10-2018)	
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 4 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. License. Must show effective and expiration dates. Required for: Ambulance, Basic Care, Community Behavioral Health, DME, Home Health, Hospice, Hospitals, Hospital Units, Human Service Centers, Laboratories (if required by your state), Lodging, Pharmacies, PRTFs, QRTPs, Skilled Nursing Facilities, SUD/Addiction, and Taxi Groups (NEMT).		
License #	Issued:	Expires:
8. SFN 9 Attestation (10-2020) (Required if you answered Yes to question 11, 12, or 13 above)	SFN 9 Attestation	
9. SFN 1168 (8-2020)	Simplified Instructions based on FAQs	
9a. List of Managing Employees attached to Section IV (Page 2) with dates of birth and SSNs		
9b. List of Board Members attached to Section IV (Page 2) with dates of birth and SSNs.		
10. SFN 615 (12-2022) Printed Name of Signing Managing Employee:	SFN 615 (12-2022)	
11. Single Specialty and Clinic/Center Specialties Only: PCP Questionnaire Required for the following Specialties: 503-Single Specialty (193400000X) 359-Clinic/Center (261Q00000X)	PCP Questionnaire	
12. DMEPOS Only: North Dakota Wholesale License - Issued by the ND Board of Pharmacy (It is the responsibility of the provider to keep updated licensure information on file with the state by submitting a copy of the license to provider enrollment each time it is renewed)		
License #	Issued:	Expires:

Section 3:
Required Documents Continued

13. CLIA (if applicable) - Required for Basic Care Facilities, ospitals Laboratories, & Skilled Nursing Facilities					
License #	Issued:	Expires:			
14. TCM Only: TCM Group Attestation for each Targeted Case Management Service this record is enrolled to provide.				Child Welfare	Long Term Care
Links to TCM policies: Child Welfare High Risk Pregnant Women SMI/SED				High Risk Pregnant Women & Infants	SMI/SED
15. MAT Only: SAMHSA - Required if you are providing Methadone <i>(It is the responsibility of the provider to keep updated certification information on file with the state by submitting a copy of the updated certificate to provider enrollment each time it is renewed)</i>					
	Effective:	Expires:			
16. MAT Only: X DEA of a practitioner - Required if you are providing Suboxone <i>(It is the responsibility of the provider to submit the initial X DEA for each practitioner and keep updated X DEA information on file with the state for each practitioner by submitting a copy of the X DEAs to provider enrollment each time they are renewed)</i>					
X DEA Number:	Effective:	Expires:			
17. PRTF Only: COA - Required for PRTFs that are not enrolled in Medicare					
	Issued:	Expires:			
18. 1915i Only: Group Attestation Printed Name of Signing Managing Employee:				Group Attestation	
19. 1915i Only: Membership/Group License Required for Housing Supports and/or Respite Click Here for list of additional documentation requirements				Group License/Cert Requirements	
20. Basic Care Facilities Only: SFN 308 (5-2005) Basic Care Facilities are enrolled under Taxonomy 311Z00000X) Printed Name of Signing Managing Employee:				SFN 308 (5-2005)	
21. Pharmacies Only: SFN 1169 (3-2018) Printed Name of Signing Managing Employee: <i>Required for Pharmacy Records only</i>				SFN 1169 (3-2018)	

Proof of Insurance is not required for any application. If proof of insurance is submitted, 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:
NEMT ONLY
Attestation

NEMT Only: This attestation is only for NEMT (Non-Emergent Medical Transportation) Providers. Must be signed by someone listed on the NEMT's SFN 1168 as an owner, board member, or managing employee.			
I, the undersigned applicant (driver) affirm that the vehicle used to provide transportation is in good operating order, including the brakes, lights, and tires. I understand and agree that the State of North Dakota shall not be liable for any damages which may arise out of or result from the operating condition of the vehicle.			
Printed Name			
Signature		Date	

Submit Revalidation Packet to North Dakota Medicaid, Provider Enrollment:
1. Email to NDMedicaidenrollment@noridian.com
2. Fax – Providers may fax the required documentation to (701) 433-5956. ATT: Provider Enrollment

FAQs and Links

Am I required to revalidate?

If you have received notice that your revalidation is due, or you have checked the ND Medicaid Revalidation Website and your name and NPI are on the list - Yes, you are required to revalidate. Revalidations are required to be performed for all provider records, regardless of provider type, at least every five years (this includes ordering or referring physicians or other professionals) per 42 CFR 455.414. The Department may, at its discretion require revalidation on a more frequent basis.

What Documents are Actually Required?

All documents listed on the revalidation 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. All documents (correctly completed) must be received by your revalidation due date.

What happens if I do not send in all the documents (correctly completed) by the date indicated in my notification?

If all required documents (correctly completed) are not received by your revalidation due date, your record with North Dakota Medicaid will be terminated. Any claims with dates of service after your due date will not pay. You will receive an email notification of the termination to the email address where the original notification was sent.

If my record has been terminated for no revalidation, how can I reactivate my record?

Once terminated, submit the requested documentation/information within 120 days from the termination notice to reactivate your record without a gap in your enrollment. If the documentation (correctly completed) is received after 120 days, your record will reflect a gap in the enrollment.

What is an NPI?

[Click Here](#) to find more information about NPIs.

What is a North Dakota 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.

What is the CP 575/147C?

[Click Here](#) to find more information about the IRS letter CP 575/147C.

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 4 & 5 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.

Am I required to be dually enrolled with Medicare?

[Click Here](#) for a list of Group Provider Types which are required to be enrolled with Medicare in order to remain enrolled with North Dakota Medicaid.

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 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.

The ownership in my Medicare record is not up to date, what should I do?

Contact Medicare immediately to update the ownership in your Medicare record. If you are enrolled with Medicare, we will be unable to complete the revalidation until the update to the Medicare record has been completed.

Where do I submit the Documents?

- | |
|--|
| <ol style="list-style-type: none">1. Email to NDMedicaidEnrollment@noridian.com2. Fax – Providers may fax the required documentation to (701) 433-5956 |
|--|

Links:

[Provider Enrollment Website](#)

[Provider Enrollment FAQ](#)

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](https://twitter.com/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

This E-Bulletin was current at the time it was published or uploaded onto the web. Medicaid and Medicare policies change frequently so links to the source documents have been provided within the document for your reference.

This E-Bulletin was prepared as a service to the public and is not intended to grant rights or impose obligations. This E-Bulletin may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. Use of this material is voluntary. Inclusion of a link does not constitute CMS endorsement of the material. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

July 2016



Medicare Required

Ambulance (034)

DME (033/113 & 116 & 347)

End-Stage Renal Disease Treatment (ESRD) (026/300)

FQHC (026/361)

Home Health (025/082)

Hospice (025/454)

Hospitals (028)

Rehabilitation, Substance Use Disorder Unit (027/623)

RHC (026/268)

Skilled Nursing Facility (031/269)

Swingbed (027/196)

Revision 9/2/2021

One Service Location

Basic Care (043/079)

County Social Service Office (017/468)

DME (033/113)

Federally Qualified Health Center- FQHC (026/361)

Home Health Agency - HHA (025/082)

Hospice (025/454)

Human Service Center (025/453)

Labs (029)

Lodging (034/339)

Meals (034/393)

Pharmacy (033/All Pharmacy Specialties)

Prosthetic Orthotic Supplier (033/347)

Psychiatric Residential Treatment Facility - PRTF (032-258)

QRTP (032-258)

Rural Health Clinic - RHC (026/268)

Skilled Nursing Facility (031-269)

Revision 9/2/2021

Sole Proprietor

Enrollments for a sole proprietor are determined by the way in which the sole proprietor wishes to bill North Dakota Medicaid - through their personal SSN or through their Employer Identification Number (EIN). *Please consult a tax professional to ensure your reporting of taxes is correct.

- If billing ND Medicaid through the sole proprietor's Social Security Number:
 - Submit an individual application.
 - The name on your 1099 will have your individual name (the legal name which matches the SSN)
- If billing ND Medicaid through the Employer Identification Number (also called EIN or FEIN) of the business:
 - Submit a group application to enroll the Tax ID as the billing provider.
 - After the group is enrolled:
 - Both the business (under the Tax ID) and the Individual (under the SSN) will need to be enrolled and affiliated to ensure claims will pay.
 - If you are already enrolled with an individual practitioner record, submit an affiliation form to "link" your individual record with your new group record.
 - If you are not yet enrolled with ND Medicaid with an individual practitioner record, submit an individual application to enroll as the "rendering" provider – Make sure to include your new group record in the Affiliations section on the Individual online application.

If a sole proprietor who enrolls under their SSN, later expands to include another provider in their business:

- Submit a group application to enroll the Tax ID of the business as the billing provider.
 - Please submit a letter along with the group application documents to advise that the business will now be the billing provider instead of the individual sole proprietor. This will allow the Department to update the sole proprietor's individual record so taxes will report under the business.
 - The new provider's services cannot be billed under the sole proprietor's SSN. In order to bill for the new provider, both the Tax ID of the business and the SSN of the new individual provider will need to be enrolled.
- After the group is enrolled
 - Submit an individual application to enroll the new provider (if they are not already enrolled).
 - If already enrolled, submit an affiliation form to "link" their individual record with the business record.

Coversheet for Email or Fax Provider Enrollment

Date Submitted			
Medicaid ID/Application Tracking Number			
Provider Name			
NPI #			

Contact Person			
Phone		Ext	
Email			

Number of Pages Submitted (Including Email/Fax Coversheet):	
---	--

Documents Submitted For (Check All That Apply):

- | | |
|--|---|
| <ul style="list-style-type: none"> New Application Affiliation Taxonomy Update Change of Ownership Address Change Tax ID Change EFT Request/Update Update to Email/Fax Submitted on: | <ul style="list-style-type: none"> Revalidation Reactivation Termination Name Change Change of Managing Employees/Board Members Contact Information Change NPI Change Earlier Fax did not go through. Earlier Fax Submitted on: |
|--|---|

Fax to 701-433-5956 ATTN: NDM Provider Enrollment

Services Provided Questionnaire

To ensure billing groups are enrolled and using the most appropriate taxonomy code, North Dakota Medicaid is requesting the following questions be answered in regard to the types of services that this facility provides. **Please coordinate with your billing department when supplying the information below.**

Medicaid ID/Application Tracking Number	
Provider Name	
NPI #	

1. Does this facility offer primary care provider services, where the majority of the patient's health care needs can be met?

- *Note: See the [Primary Care Case Management Program page](#) for more information on primary care provider services.*

Yes

No

2. If you answered yes to question 1 above, do you have primary care providers that would like to be listed as primary care providers?

Yes

No

Credentialing Contact (Required)	
Credentialing Email (Required)	

Billing Contact (Required)	
Billing Email (Required)	

Date	
------	--

GROUP PROVIDER ATTESTATION
TARGETED CASE MANAGEMENT SERVICES
CHILD WELFARE

Provider Name (printed)

NPI

Please note that you have requested enrolling as a Case Management provider; however, Medical Services needs confirmation that you have the appropriate training or background as required by the Medical Services Division policies or Medicaid State Plan requirements.

This group provider has met all the following requirements:

(CHECK ALL THAT APPLY):

1. _____ Has in place a training process that will ensure that staff have adequate knowledge relating to children involved in unsafe, crisis, and/or unstable situations.
2. _____ Has the ability to be available 24 hours, 7 days a week to eligible clients who are in need of emergency case management services.
3. _____ All Supervisors of case management staff have a minimum of a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice.
4. _____ All Supervisors of case management staff have successfully completed the Department of Human Services approved Wraparound Certification training, or are in "Provisionally Certified" status of successfully completing Wraparound Certification training within twelve months of beginning to provide case management.
5. _____ All Supervisors of case management staff shall maintain Wraparound Certification status through attending a Department of Human Services approved Wraparound Recertification training at least once every two years.

I attest that this provider met the above requirements on _____
(Month/Day/Year).

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

GROUP PROVIDER ATTESTATION
TARGETED CASE MANAGEMENT SERVICES
LONG TERM CARE

Provider Name (printed)

NPI

Please note that you have requested enrolling as a Case Management provider; however, Medical Services needs confirmation that you have the appropriate training or background as required by the Medical Services Division policies or Medicaid State Plan requirements.

This group provider has met the following requirement:

1. _____ Has sufficient knowledge and experience relating to the availability of alternative long term care services for elderly and disabled persons.

I attest that this provider met the above requirement on _____
(Month/Day/Year).

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

GROUP PROVIDER ATTESTATION
TARGETED CASE MANAGEMENT SERVICES
HIGH RISK PREGNANT WOMEN AND INFANTS

Provider Name (printed)

NPI

Please note that you have requested enrolling as a Case Management provider; however, Medical Services needs confirmation that you have the appropriate training or background as required by the Medical Services Division policies or Medicaid State Plan requirements.

This group has met all the following requirements:

(CHECK ALL THAT APPLY):

1. _____ Has at least six months experience in delivering services in a community or home setting.
2. _____ Has the ability to coordinate prenatal care services for individuals, develop relationships with health care and other area agencies in the particular geographical area they are serving, demonstrate experience in assessing the needs of pregnant women and developing case management plans based on the needs of clients and must demonstrate the ability to evaluate an at risk pregnant woman's progress in obtaining appropriate medical care and other needed services.
3. _____ All case management staff supervisors have a minimum of a degree in social work, nursing, education, and have at least three years experience in service delivery and supervision.
4. _____ Has in place a training process that will ensure that staff have adequate knowledge relating to high-risk pregnancy, parenting and other important issues.
5. _____ Has the ability to provide 24 hour, 7 day a week crisis services to eligible women who are in need of emergency case management services.
6. _____ Has at least one practitioner who possesses the appropriate training or background as required by the Targeted Case Management State Plan.

I attest that this provider met the above requirements on _____
(Month/Day/Year).

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

GROUP PROVIDER ATTESTATION

TARGETED CASE MANAGEMENT SERVICES
SERIOUS MENTAL ILLNESS (SMI) OR SERIOUS EMOTIONAL DISTURBANCE (SED)

Provider Name (printed)

NPI

Please fill out this form to confirm required training or background requirements for enrollment as a Targeted Case Management provider. Requirements are per Medical Services Division policies or Medicaid State Plan requirements.

This group provider meets all the following requirements (#6 is needed if the group provider is a North Dakota federally recognized Indian Tribe or Indian Tribal Organization): CHECK ALL THAT APPLY

1. This provider can be available 24 hours, 7 days a week to individuals who need emergency case management services.
2. All Supervisors of case management staff have a bachelor's degree.
3. All individuals providing targeted case management have reviewed the competencies or standards of practice in one of the following:
 - a. The Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies for Integrated Behavioral Health and Primary Care:
- [SAMHSA Core Competencies for Integrated Care](#)
 - OR
 - b. The Case Management Society of America standards of practice.
- [Case Management Society Standards of Practice](#)
4. All individuals providing case management have general knowledge, training and/or experience working with individuals with SMI and/or SED.
5. All Individuals providing case management will either:
 - a. Have a master's degree, OR
 - b. Have a bachelor's degree AND two years of experience working with special population groups² in a direct care setting; OR
 - c. Have at least five years of experience working with individuals with SMI/SED in a supervised, clinical setting.
6. All Individuals providing case management who are employed by North Dakota federally recognized Indian Tribe or Indian Tribal Organizations will possess the necessary cultural sensitivity and background knowledge to provide appropriate services to the Native American population served.

I attest that this provider met the above requirements on _____ (Month/Day/Year)

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

² Special population groups include nursing home or assisted living residents, youth in psychiatric treatment centers or residential facilities, individuals in substance use treatment facilities, individuals in mental health/substance use facilities, and experience working in hospitals with youth and/or adults with serious mental illness or serious emotional disturbance. This list is not exhaustive.

1915i Additional Group Documentation Submission Requirements

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 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

Networks (References Medicaid Program Provider Agreement SFN 615, page 1)

All 1915i practitioners will be made part of both the Medicaid Fee For Service (Traditional Medicaid) and Medicaid Expansion MCO Networks. Please check both boxes when completing the Medicaid Program Provider Agreement - SFN 615.
