

1915(i) Individual Provider Application Requirements

Type of Application:

- New application
- Revalidation
- Reactivation

Date Submitted:

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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	

Section 1: Provider Information

Application Tracking # (only used for New application):	
Current Medicaid ID Number (only used for Revalidation and Reactivation):	
Provider Name:	
Individual NPI #:	
Service location address (only used for Revalidation or Reactivation):	
Mailing address (only used for Revalidation or Reactivation and if different than Service location):	
Billing Address:	
Contact Person / Title (as listed in MMIS):	
Contact Phone Number (as listed in MMIS):	
Contact Email (as listed in MMIS):	
Provider Phone Number:	
Provider Email:	

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Enrolled Billing Group (Affiliation) (if more than 2 groups, attach a separate document)

** 1915(i) Individual Providers must be affiliated with a Group*

Medicaid Provider ID	Billing Group Name	Facility Phone

Unenrolled Billing Group Please provide Application Tracking Number

and/or NPI (if applicable): _____

Section 2: Required Documents

- 1915(i) Individual Provider Application Requirements
- [1915\(j\) Individual Attestation](#)
- Copy of Driver’s License (***Required for Non-Medical Transportation Only**)
- [SFN 615](#)- Medicaid Program Provider Agreement

**Must be signed and dated by the Individual Provider who is applying*

1915(i) application documentation may be submitted by:

Email: NDMedicaidenrollment@noridian.com
Fax: 701-433-5956 ATTN: NDM Provider Enrollment
Mail: Noridian Healthcare Solutions
 Attn: ND Medicaid Provider Enrollment
 PO Box 6055
 Fargo, ND 58108-6055

For questions concerning Provider Enrollment, please contact (877) 328-7098 (toll- free) or (701) 328-7098. Live support 8 am - 5 pm CST, Monday – Friday.