

Health & Human Services

**Rehabilitation, Substance Use Disorder (026-364)  
Group Application**

Type of Application:

Date submitted: \_\_\_\_\_

- New Application**
- Revalidation**
- Reactivation**

**Section 1: Group Information**

<b>Application Tracking # (New Applications only):</b>	
<b>Current Medicaid ID # (used only for Revalidation and Reactivation):</b>	
<b>Legal Business Name:</b>	
<b>Organization NPI #:</b>	
<b>Service Address:</b>	
<b>Billing Address:</b>	
<b>Mailing Address:</b>	
<b>Facility Phone:</b>	
<b>Contact person / Title:</b>	
<b>Contact phone number:</b>	
<b>Contact email:</b>	

1. Are you enrolling any other service locations in addition to the location listed in MMIS? *\*\*\*All service locations must be within the United States.*

**YES            NO**

\*If Yes- List additional service locations below (must have the same Provider Type, NPI, EIN, and billing address).

Address	City	State	Zip Code

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2. Current practicing providers affiliated with this group - [SFN 1330](#)

*\*\*\*Groups can enroll without completing the SFN 1330 but will not be able to bill until a provider is affiliated.*

Affiliations required for billing level 1

Attending required for billing levels 2.1, 2.5, 3.1, 3.2, 3.5, and 3.7

3. 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 Noridian 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**

4. Do you have Accreditation? If yes, please submit a copy.     **YES**     **NO**

5. Does the enrolling facility provide residential or inpatient services to individuals with mental diseases? Mental diseases are diseases listed as mental disorders in the International Classification of Diseases (ICD), with the exception of intellectual disabilities, dementia and neurocognitive disorders such as Alzheimer's disease. Substance use disorders are considered a mental disease. If yes answer the questions below     **YES**     **NO**

a. Does your organization or governing body have any additional facilities that provide residential or inpatient services to individuals with mental diseases?

**YES**     **NO**

b. How many total beds does your facility have? If you have more than one facility, provide the number of beds at each (this is asking about number of beds, not number or rooms. If there are rooms with more than one bed, each bed must be counted). \_\_\_\_\_

c. How many of the total beds are used for services for individuals with mental diseases? \_\_\_\_\_

If you have more than one location, provide number of beds at each location used for behavioral health services. \_\_\_\_\_

## **Rehabilitation, Substance Use Disorder (026-364) Group Application**

Provider Type 026-Ambulatory Health Care Facilities  
Specialty 364-Rehabilitation, Substance Use Disorder  
Taxonomy 261QR0405X

This application is not associated with an emergency service. We are requesting an effective date of

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This application is associated with emergent care. We are requesting an effective date of

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\*ND Medicaid may consider a retroactive enrollment effective date that exceeds ninety (90) days but not to exceed 365 days from the date of service for situations involving emergent care provided to a member. If the application involves an emergency service, an explanation on why enrollment was not able to be submitted within ninety (90) days from the date of service and medical notes must be sent with the application requirements. If you do not submit this information, a date beyond ninety (90) days of receipt of a completed application may not be approved.

### **Section 2: Required Documents:**

1. Group Application Requirements

2. CP 575 or 147C (**\*Not required if submitting a FEDERAL tax-exempt letter issued by the IRS**)

- The IRS Form CP 575 is an Internal Revenue Service (IRS) generated letter providers receive from the IRS granting their Employer Identification Number (EIN). The 147C is a replacement letter from the IRS verifying your Legal Business Name and Tax ID. This letter can be used in place of a CP 575. If unable to locate either of these letters, visit [Lost or Misplaced Your EIN? | Internal Revenue Service \(irs.gov\)](#) for direction.

3. IRS Tax Exempt Letter-501(C3) (**\*If Exempt from FEDERAL Taxes**)

*\*A State issued letter cannot be substituted. The letter must be issued by the IRS.*

- For more information, refer to: [Governmental Information Letter | Internal Revenue Service \(irs.gov\)](#)

4. Program License – (SUD treatment provider/program license)

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5. Accreditation (if applicable)
6. SFN 9 – Medicaid Rehabilitative Services Provider Enrollment Attestation
7. [SFN 661](#) - Electronic Funds Transfer (EFT)
  - Bank letter or voided check. If submitting a bank letter this must be on bank letterhead and include the name on the account (the name must match the Legal Business Name as it is listed on the IRS documentation), account and routing numbers, type of account and be signed by a bank official.
8. [SFN 509](#) - Out of State/Out of Network Enrollment Clarification  
**\*\*\*Only required if services are more than 50 miles outside of the ND border and located within the United States**
  - For more information on Out of State services, refer to: [Out-of-state services](#)
9. [SFN 1168](#) - Ownership/Controlling Interest and Conviction Information
  - List of Managing Employees attached to Section IV (Page 2) with dates of birth and SSNs.
  - List of Board Members attached to Section IV (page 2) with dates of birth and SSNs.
10. [SFN 615](#) - Medicaid Program Provider Agreement
11. *Must be signed and dated by a Managing Employee*

**Application may be submitted by:**

**Email:** [NDMedicaidenrollment@noridian.com](mailto: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 a.m. - 5 p.m. CT, Monday – Friday.