North Dakota Medicaid
Non-Emergent Medical Transportation
Application Checklists

You must fill out the checklist for your application 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.

NORTH Dakota Be Legendary.

Health & Human Services

North Dakota Department of Human Services Non-Emergent Medical Transportation Checklists

Contents

Individual Checklist

☐ Application   ☐ Reactivation

034- 387- Non-Emergent Medical Transportation (Individual Provider)

Have Questions?
Click Here for More Resources

All Fields are Required unless specifically marked as not required - Checklist is 2 Pages

Application Tracking #	
Transporter Name	

Billing Address (where checks are mailed)	
Contact Person	
Phone	
Email	

Required Documents						Helpful Links	Submitted
Fax/Email Coversheet						**Coversheet for Fax/Email**	
This Checklist							
SFN 620 (12-2021)						**SFN 620 (12-2021)**	
W-9 (10-2018)						**W-9 (10-2018)**	
Driver's License*		Issued:		Expires:			
Foster License*		Required only for foster parents applying to transport foster children					
SFN 904 or Letter**		Required only for foster parents applying to transport foster children					
SFN 661 (12-2022)						**SFN 661 (12-2022)**	
Voided Check							
SFN 615 (6-2023)						**SFN 615 (12-2022)**	

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.

PROVIDER TYPE	034-Transportation Services
SPECIALTY	387-Private Vehicle
TAXONOMY	347C00000X

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.

Signature		Date	

*Licenses submitted must be current as of the date the application is approved.

**Letter must support why you feel your foster child(ren) qualifies as having medical needs that are "above and beyond" what would be considered a normal frequency.

Please ensure the enrollment effective date provided below is correct. **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.

Enrollment Effective Date		
Printed Name		Date

Revision 8/2/2023

Group Application Checklist
034- Commercial Non-Emergent Medical Transportation Group

Have Questions?
Click Here for FAQs and More Resources

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

Section 1: Identifying Information

Application Tracking #	
Provider Name	
Organizational NPI # (Not Required)	
Service Address	
Billing Address	
Mailing Address	
Facility Phone	
Contact Person	
Phone	
Email	

Section 2: Questions

1. 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.

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

3. 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

4. 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 III of the SFN 1168 (page 2).
List must contain First Names, Last Names, Dates of Birth, and SSNs

5. Are you organized as a corporation, a non-profit corporation, or a government agency organized as a corporation? ☐ YES ☐ NO

5a. If Yes, how many Board Members do you have?
If more than 3 Board Members, attach a list as part of Section III of the SFN 1168 (page 2).

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**	**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 1 above)		
4. SFN 620 (12-2021) Provide the date business was formed (aproximate date is accepted):	**SFN 620 (12-2021)**	
5. W-9 (10-2018) Printed Name of Signing Managing Employee:	**W-9 (10-2018)**	
6. CP 575/147C (Not required if submitting a FEDERAL tax exempt letter issued by the IRS)	**What is the CP575/147C?**	

Section 3: Required Documents Continued

7. IRS Tax Exempt Letter (Required if you answered Yes to question 2 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**	

8. SFN 661 (12-2022)	**Printed Name of Signing Managing Employee:**		**SFN 661 (12-2022)**
8a. Bank Letter/Voided Check	**Must match the Information provided on the SFN 661**		

9. SFN 1168 (8-2020)		**Simplified Instructions based on FAQs**
	9a. List of Managing Employees attached to Section III (Page 2) with dates of birth and SSNs	
	9b. List of Board Members attached to Section III (Page 2) with dates of birth and SSNs.	

10. SFN 615 (6-2023)	**Printed Name of Signing Managing Employee:**		**SFN 615 (12-2022)**

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: Taxonomy & Enrollment Effective Date

PROVIDER TYPE	034-Transportation Services
SPECIALTY	
TAXONOMY	

What is a Taxonomy? Click Here to find more information on Taxonomies

Already Know your Taxonomy? Click here to find out which Provider Type & Specialty is assigned to your Taxonomy
https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-code-taxonomy.pdf

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.

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

Revision 8/2/2023

Group Application Checklist
034- 389 - Taxi Non-Emergent Medical Transportation Provider

Have Questions?
Click Here for FAQs and More Resources
All 4 Sections and Fields are Required unless specifically marked as not required

Section 1: Identifying Information

Application Tracking #	
Provider Name	
Organizational NPI # (Not Required)	
Service Address	
Billing Address	
Mailing Address	
Facility Phone	
Contact Person	
Phone	
Email	

Section 2: Questions

1. 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.*		

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

3. 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
4. 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 III of the SFN 1168 (page 2). List must contain First Names, Last Names, Dates of Birth, and SSNs		
5. Are you organized as a corporation, a non-profit corporation, or a government agency organized as a corporation?	☐ YES	☐ NO
5a. If Yes, how many Board Members do you have? If more than 3 Board Members, attach a list as part of Section III of the SFN 1168 (page 2).		

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**	**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 1 above)		
4. **SFN 620 (12-2021)** Provide the date business was formed (aproximate date is accepted):	**SFN 620 (12-2021)**	
5. **W-9 (10-2018)** Printed Name of Signing Managing Employee:	**W-9 (10-2018)**	
6. CP 575/147C (Not required if submitting a FEDERAL tax exempt letter issued by the IRS)	**What is the CP575/147C?**	

Section 3: Required Documents Continued

7. IRS Tax Exempt Letter (Required if you answered Yes to question 2 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**

8. City Issued Taxi License - Required if your city issues licenses to Taxis *(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:**	

9. SFN 661 (12-2022) **Printed Name of Signing Managing Employee:**	**SFN 661 (12-2022)**
9a. Bank Letter/Voided Check **Must match the Information provided on the SFN 661**	

10. SFN 1168 (8-2020)	**Simplified Instructions based on FAQs**
10a. List of Managing Employees attached to Section IV (Page 2) with dates of birth and SSNs	
10b. List of Board Members attached to Section IV (Page 2) with dates of birth and SSNs.	

11. SFN 615 (6-2023) **Printed Name of Signing Managing Employee:**	**SFN 615 (12-2022)**

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	034-Transportation Services
SPECIALTY	389-Taxi
TAXONOMY	344600000X

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.

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

Revision 8/2/2023

FAQs and Links

What is North Dakota Medicaid's Application Process?

    [Process for Individual Applications](#)   [Process for Group Applications](#)

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 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.

What is the CP 575/147C? (Groups Only)

    [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? (Groups Only)

    [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? (Groups only)

    [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? (Groups Only)

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

I am enrolled with Medicare, does the ownership information in my Medicare record need to be up to date? (Groups only)

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

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.

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

Provider Enrollment FAQ

Online Application Guide

How to Populate the Taxonomy in the Online Application

How to Enroll an Individual

Submit a new online application. Here is a link for the online application:
https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment

Link to Online Application Guide:
https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/provider-enrollment-application-guide.pdf

Within **5 business days** of submitting the online application, submit the required documents. Required documents vary depending on the provider type being enrolled (Physician, Social Worker, Counselor, etc.).

General list of required documents:

1. Medicaid Provider Application Checklist for the correct Provider Type (LACs, LAPCs, LBSWs, Physical Therapists, RNs, Targeted Case Managers, Sole Proprietors, Non-Emergent Medical Transportation, and 1915(i) providers have separate checklists. All other practitioners fill out the general individual checklist):
   https://www.hhs.nd.gov/human-services/medicaid/provider/medicaid-provider-enrollment-information
2. SFN 615 – Medicaid Program Provider Agreement (Must be the current version):
   https://www.nd.gov/eforms/Doc/sfn00615.pdf
3. License - Submit a current legible copy of the license applicable to the provider type you are enrolling as.
4. Controlled Substance Registration Certificate (DEA) – Submit a copy of your the DEA certificate (If applicable).
5. National Provider Identifier (NPI) - Submit a copy of your NPI registration.
   https://npiregistry.cms.hhs.gov/

You have two options to send all documents to the Department:
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

How to Enroll a Group

1. Determine what taxonomy you will be billing when submitting claims for your group. There is a separate set of taxonomies for groups. You can find a list of taxonomies that North Dakota Medicaid uses for groups at this link: https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/mmis-group-provider-code-taxonomy.pdf
   a. Once you find the taxonomy, make note of the Specialty and the Provider Type that goes with that taxonomy, you will need it to fill out the online application and checklist you will submit with your documents.
2. Use the following link to pull up the checklist for the Provider Type and Specialty you selected above: https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/group-provider-checklists-pe.pdf
   a. Review the checklist, use the links in the checklist to access the documents you do not already have.
   b. Make sure you have all the documents on the checklist (unless it says it does not apply. For example, the checklist tells you that if you are not tax exempt, you do not need to submit a tax exempt letter).
   c. Access and Review the simplified instructions for filling out the SFN 1168: https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/provider-enrollment-instructions-sfn1168.pdf
   d. Fill out all the documents and complete the checklist.
3. Fill out the online application on the "MMIS" web portal: https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment
   a. Review the Online Application Guide to help with navigating, saving, and troubleshooting sections you have questions or trouble with: https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/provider-enrollment-application-guide.pdf
   b. After the application is completed, it will bring you to a page where there is nothing for you to fill out. It will give you the one time option to print out the application. You are not required to print out the application, but if you want it for your records, this is the only time you will be able to get documentation of what you filled out.
4. Submit your documents with the checklist as a coversheet to the Department.
   a. Include with your documents the Application Number that was assigned by the system when you completed the online application:

You have two options to send all documents to the Department:
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

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