

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

Contents

Individual..... 2

Group (Business) 3

 General NEMT (Non-Emergent Medical Transportation) 3

 NEMT Taxi 4

Individual Application Checklist

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

| | | |
|------------------------|--|--|
| Application Tracking # | | |
| Transporter Name | | |

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

| Check List | Check |
|-----------------------------------|--------------------------|
| SFN 620 (6-2018) | <input type="checkbox"/> |
| W-9 (10-2018) | <input type="checkbox"/> |
| Driver's License* | <input type="checkbox"/> |
| Foster License* | <input type="checkbox"/> |
| SFN 904 or Letter** | <input type="checkbox"/> |
| SFN 661 (6-2010) | <input type="checkbox"/> |
| Voided Check | <input type="checkbox"/> |
| SFN 615 (11-2017) | <input type="checkbox"/> |

| | |
|----------------------|-----------------------------|
| 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 |

Group Application Checklist

034- Commercial Non-Emergent Medical Transportation Group

| | |
|------------------------|--|
| Application Tracking # | |
| Provider Name | |
| Billing Address | |
| Service Address | |

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, EIN, and billing address)

| | |
|----------------|--|
| Contact Person | |
| Phone | |
| Email | |

| Check List | Check |
|--|---|
| SFN 620 (6-2018) | Provide the date business was formed (approximate date accepted): |
| W-9 (10-2018) | Signed By: |
| CP 575/147C* | |
| IRS Tax Exempt Letter | Required if group provider is exempt from federal taxes |
| SFN 661 (6-2010) | Signed By: |
| Bank Letter/Voiced Check | |
| SFN 1168 (6-2018) | Signed By: Instructions for the SFN 1168 |
| Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| List of Board Members/Trustees with dates of birth and SSNs | Required if business is a corporation or non-profit corporation |
| SFN 615 (11-2017) | Signed By: |

PROVIDER TYPE 034-Transportation Services

SPECIALTY

TAXONOMY

ND Medicaid Group Taxonomy List

<http://www.nd.gov/dhs/info/mmis/docs/mmis-group-provider-code-taxonomy.pdf>

*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. Call the IRS at 1-800-829-0115 between the hours of 7 a.m. and 7 p.m. in your local time zone. Request a 147C letter when the IRS agent takes your call.

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 (Requester) | Date |

Group Application Checklist

034- 389 - Taxi Non-Emergent Medical Transportation Provider

| | |
|------------------------|--|
| Application Tracking # | |
| Provider Name | |
| Billing Address | |
| Service Address | |

Are you enrolling any other service locations at this time? YES NO

If yes, please attach a list with the addresses of all service locations being enrolled (must have the same Provider Type, EIN, and billing address)

| | |
|----------------|--|
| Contact Person | |
| Phone | |
| Email | |

| Check List | Check |
|--|---|
| SFN 620 (6-2018) | Provide the date business was formed (approximate date accepted): |
| W-9 (10-2018) | Signed By: _____ |
| CP 575/147C* | |
| IRS Tax Exempt Letter | Required if group provider is exempt from federal taxes |
| City Taxi License** | Issued: _____ Expires: _____ |
| SFN 661 (6-2010) | Signed By: _____ |
| Bank Letter/Voided Check | |
| SFN 1168 (6-2018) | Signed By: _____ Instructions for the SFN 1168 |
| Do you have any Managing Employees (authorized to sign on behalf of the business) not showing on the SFN 1168? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| List of Board Members/Trustees with dates of birth and SSNs | Required if taxi is a corporation or non-profit corporation |
| SFN 615 (11-2017) | Signed By: _____ |

| | |
|---------------|-----------------------------|
| PROVIDER TYPE | 034-Transportation Services |
| SPECIALTY | 389-Taxi |
| TAXONOMY | 344600000X |

ND Medicaid Group Taxonomy List

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| | |
|---------------------------|------|
| Enrollment Effective Date | |
| Printed Name (Requester) | Date |