



## PROVIDER ENROLLMENT REQUIRED DOCUMENTS CHECKLIST

DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES DIVISION

DN 159 (3-2014)

### **The following documents are needed to finalize your enrollment.**

- State forms are located at [www.nd.gov/eforms](http://www.nd.gov/eforms). Choose the public forms option.

### **You will have three options to send all documents to the Department (Medicaid only):**

- Electronically through a secure link – For those providers that wish to send the required documentation via email, you must request access to a secure link by sending an email to [dhsenrollment@nd.gov](mailto:dhsenrollment@nd.gov). **Do not email documents to this address.** An email will be sent back to you with a link to a secure site to send your required documents. All correspondence must include your application tracking number in order to match the documents to the enrollment application.
- **Standard mail** – Medicaid Provider Enrollment, ND Dept of Human Services, 600 E Boulevard Ave Dept 325, Bismarck ND 58505-0250
- **Fax** – Providers may fax the required documentation to (701) 328-1544.

### **Medicaid Providers**

- **W9 (August 2013 version)** – Required for all billing providers. Name and Tax ID must be exactly as reported to the IRS. The Signer of the W9 must be listed in the Managing/Directing section of the enrollment application.
- **License, certification, accreditation** – must be a current, legible copy. *Facilities that do not hold licensure must submit a copy of one (1) of your individual providers.*
- **DEA Controlled Substance Registration Certificate** (if applicable) – must be a current, legible copy.
- **CLIA Certificate of Compliance** (if applicable) – must be a current, legible copy.
- **Proof of Medicare enrollment** – must include your Medicare number.
- **Proof of Liability Insurance** – must be a current, legible copy.
- **National Provider Identifier (NPI)** – Required for all providers except Transportation, Lodging, Qualified Service Providers (QSP), and Developmental Disability (DD) providers. Submit a copy of the NPI registry from <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- **Copy of a Voided Check, Deposit Slip, or Documentation from your financial institution with both routing and account numbers** – Required for all billing providers requesting EFT.
- **Ownership/Controlling Interest and Conviction Information (SFN 1168)** – Required for all billing providers.
- **Medicaid Program Provider Agreement (SFN 615)** – Required for all providers.
- **Pharmacy Agreement/Medical Assistance Program (SFN 1169)** – Required for all Pharmacy providers.
- **Medicaid and Basic Care Assistance Programs Provider Agreement (SFN 308)** – Required for all Basic Care providers.
- **Rate Letter/Cost Report** – Required for all Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), Basic Care, Mental Health, Psychiatric Residential Treatment Facilities (PRTF), Nursing Homes, Critical Access Hospitals, and Home Health providers.

### **Out of State (OOS) Providers**

*All of the above mentioned documentation as well as:*

- **Out of State Enrollment Clarification Form (SFN 509)** – Required for all OOS providers.
- **Medical Records** for the ND Medicaid Recipient

### **Transportation Providers**

- **W9 (August 2013 version)** – Required for all billing providers. Name and Tax ID must be exactly as reported to the IRS.
- **Driver's License** – Must be a current, legible copy.
- **Proof of Automobile Insurance** – Must be a current, legible copy.
- **Foster Care License** (if applicable) – Must be a current, legible copy.
- **Ownership/Controlling Interest and Conviction Information (SFN 1168)** – Required for all billing providers.
- **Medicaid Program Provider Agreement (SFN 615)**

### **Qualified Service Providers**

*(See the QSP handbook for instructions to complete the forms and forms required for other specialty services)*

- **W9** - Required for all providers
- **Current license, certification, accreditation** - Required for a CNA, RN, LPN, and Agencies
- **Documentation of Competency (SFN 750)** - Required if a provider does not have a CNA, RN, or LPN license/certification. **Proof of Automobile Insurance** - Required for all transportation providers
- **Motor Vehicle Record** - Required for all transportation providers
- **Statement of Actual Costs/In Home Services (SFN 55)** - Required for Adult Day Care, ERS
- **Proof of Bonding** - Required for Environmental Modification
- **Adult Residential Services** - Cost report will be mailed by Program Administrator
- **Child Abuse and Neglect Background Inquiry (SNF 433)** - required for all individual providers and agency staff.
- **Ownership/Controlling Interest and Conviction Information (SFN 1168)** - required for all providers.
- **Medicaid Program Provider Agreement (SFN 615)** - Required for all providers
- **Electronic Funds Transfer (SFN 661)** - Required if you want payments deposited directly into your bank account.
- **Proof of Automobile Insurance, copy of driver's license, motor vehicle record, and written statement about road worthiness of vehicle** - Required for transportation providers.
- **Proof of Workforce Safety & Insurance, Unemployment Insurance & licensure with the ND Secretary of State** - Required for agencies

### **Adult Family Foster Care Providers**

- **W9** - Required for all providers
- **Current license, certification, accreditation**-Required for a CNA, RN, LPN
- **Documentation of Competency (SFN 750) or CNA, RN, or LPN license/certification.**
- **Background check address disclosure (SFN 466-This form is available at the County Social Service Office or the Division Office)** - Required for all providers
- **Personal Authorization for Criminal Record Inquiry (SFN 467-This form is available at the County Social Service Office or the Division Office)** - Required for all providers
- **Ownership/Controlling Interest and Conviction Information (SFN 1168)**
- **Child Abuse and Neglect Background Inquiry (SNF 433)**
- **AFFC Home Affidavit of Standard Compliance in Lieu of License (SFN 915-This form is available at the County Social Service Office or the Division Office)**-This form is required for providers who live on a reservation or a military base.
- **Fingerprint cards -(This form is available at the County Social Service Office or the Division Office)** -Required for all providers if they have lived outside of ND within the previous 11 years from the application date.

### **Developmental Disabilities Providers**

- **The DD Provider Licenses as issued by the DD Division; and**
- **The Purchase of Service agreement and addendums as agreed to between the provider and the Department of Human Services.**