North Dakota Medicaid

Two-year Provider Revalidation (PR) Strategy

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I. Introduction and Response to CMS Request

In response to the Centers for Medicare and Medicaid Services (CMS) request for States to submit a comprehensive two-year Provider Revalidation (PR) Strategy, North Dakota Medicaid submits the following plan. This strategy was developed specifically to meet the federal request of States to describe their approach to off-cycle revalidation, prioritization of high-risk providers, and oversight of providers without National Provider Identifiers (NPIs). Provider types who are currently allowed to enroll with North Dakota Medicaid without an NPI include Non-Emergency Medical Transportation (NEMT), Family Home Care (FHC) and Family Personal Care (FPC).

To ensure that our two-year revalidation strategy is both risk based and operationally feasible, we evaluated all provider types and aligned our approach with federal screening processes whenever possible. For Medicare enrolled providers (list below), we will not prioritize revalidation within the two-year plan because we follow and rely on Medicare's screening and revalidation cycles, which already apply federally required risk-based screening standards. When Medicare has already completed a full screening at the appropriate risk level, duplicating that effort at the state level does not meaningfully reduce program risk and would divert resources from higher priority areas.

Medicare Enrolled Clinics, Group Practices, and Organizational Part B Suppliers

- Group Practices / Clinics
- Ambulatory Surgical Centers (ASCs)
- Home Infusion Therapy Suppliers
- Independent CLIA Laboratories
- Independent Diagnostic Testing Facilities (IDTFs)
- Intensive Cardiac Rehabilitation (ICR) Programs
- Mammography Screening Centers
- Pharmacies
- Portable X-Ray Suppliers
- Radiation Therapy Centers
- Ambulance Service Providers

Medicare Enrolled Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

- DME Suppliers
- Prosthetics and Orthotics Suppliers
- Medical equipment Suppliers
- Mail-order Suppliers

Medicare Enrolled Institutional Provider Types

- Community Mental Health Centers

- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals (CAHs)
- End-Stage Renal Disease Facilities (ESRDs)
- Federally Qualified Health Centers (FQHCs)
- Histocompatibility Laboratories
- Home Health Agencies
- Hospice Providers
- Hospitals
- Indian Health Services Facilities
- Opioid Treatment Programs
- Organ Procurement Organizations
- Outpatient Physical Therapy/Occupational Therapy/Speech Pathology Services
- Religious Non-Medical Health Care Institutions
- Rural Emergency Hospitals
- Rural Health Clinics (RHCs)
- Skilled Nursing Facilities

Medicare Enrolled Physician and Non-Physician Practitioners (NPPs)

- Behavioral Health Practitioners
  - Clinical Psychologists
  - Clinical Social Workers
  - Marriage and Family Therapists
  - Mental Health Counselors
- Chiropractors
- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Doctor of Podiatric Medicine (DPM)
- Dentists
- Interns and Residents
- Non-Physician Practitioners
  - Anesthesiology Assistants
  - Audiologists
  - Nurse Practitioners (NPs)
  - Physician Assistants (PAs)
  - Certified Nurse Midwives (CNMs)
  - Certified Registered Nurse Anesthetists
  - Clinical Nurse Specialists (CNSs)
  - Mass Immunization Roster Billers (Individuals)
- Optometrists
- Therapy and Rehabilitation Practitioners
  - Physical Therapists (PTs)
  - Occupational Therapists (OTs)
  - Speech-Language Pathologists (SLPs)

- Other Recognized NPP Types
  - Audiologists
  - Certified Registered Nurse Anesthetists (CRNAs)
  - Registered Dietitians / Nutrition Professionals

For non-Medicare providers, we reviewed each category to determine whether additional, or accelerated, revalidation activity was necessary within the two-year window. For those provider types where we are not proposing changes, our rationale is that:

- Their existing enrollment and monitoring processes already meet the required screening level.
- Available data does not indicate elevated program integrity risk that would justify accelerated revalidation.
- Operational capacity is better directed toward provider types with higher risk profiles or where Medicare screening cannot be leveraged.

Accordingly, the two-year plan focuses on provider groups where state level revalidation adds the greatest value, while continuing to rely on Medicare's revalidation process for Medicare enrolled providers and maintaining current processes for lower risk non-Medicare providers.

North Dakota Medicaid's existing revalidation structure is based on the standard five-year federal revalidation cycle, supported by monthly screening activities, provider directory validation, and targeted program integrity reviews. The two-year PR Strategy represents an enhancement of current operations and establishes a forward-looking model aligned with CMS expectations.

North Dakota Medicaid follows Medicare's established provider risk level definitions and enrolls providers according to those federally defined categories. For Medicaid only providers, the State applies CMS's recommended approach for assigning risk levels by using considerations like those used in Medicare's assessments. These considerations may include, but are not limited to, audit findings such as Government Accountability Office (GAO) or Office of Inspector General (OIG) final reports; insights from law enforcement partners; State Medicaid Fraud Control Unit (MFCU); Congressional testimony; the level of administrative enforcement actions associated with a provider type; the degree of state and federal oversight; the extent of oversight by accrediting bodies; and the State's aggregate experience with that provider type.

Based on this framework, North Dakota has not independently elevated any provider type beyond the federal definitions and therefore does not classify any providers as "high risk" outside of Medicare's guidelines. The State's risk-based enrollment and screening processes remain aligned with Medicare's structure, and we rely on

Medicare's revalidation process when applicable to avoid duplicative screening and ensure consistency with federal standards.

II. State Identified High-Risk Vulnerabilities Service Categories

North Dakota Medicaid has identified three service categories that, while not federally designated as "high risk," require enhanced oversight due to operational vulnerabilities and program integrity concerns. Internal assessments show that Qualified Service Providers (QSP), Non-Emergency Medical Transportation (NEMT), and 1915(i) providers present elevated exposure to fraud, waste, and abuse. These risks stem from factors such as independent contractor structures, limited external credentialing mechanisms, direct service delivery in home and community-based settings, and historically inconsistent NPI usage. Although these categories are not federally classified as high risk, their operational risk profile warrants enhanced oversight and positions them as a central focus of North Dakota Medicaid's two-year PR Strategy.

Providers of applied behavior analysis (ABA) are not included in North Dakota's high-risk service categories because these providers, both analysts and technicians, must enroll as individuals with NPIs and affiliate to an agency. Also, ABA services require prior and continuing authorization from North Dakota Medicaid, and the increases in payments made over the past five years (about 45%) align with increases in number of children served (50%) over the same time period.

All QSP, NEMT, and 1915(i) providers will be included in the 24-month off cycle revalidation plan beginning June 5, 2026.

A. Qualified Service Providers (QSP)

Services provided: In-home and community-based services to public-pay clients, such as personal care, chore services, homemaker services, companionship, supervision, adult foster care, adult day care, extended personal care (non-nurse), and non-medical transportation (driver/escort). QSPs may also enroll to provide care specifically for their family members through programs such as Family Personal Care (FPC) and Family Home Care (FHC).

QSPs with additional qualifications such as a Registered Nurse (RN) license or an associate or bachelor's degree may perform additional services, including nurse education, extended personal care (nurse), residential rehabilitation, community supports, and transition coordination.

Identified risk factors: North Dakota's Home and Community-Based Services (HCBS) program for older adults and adults with physical disabilities carries integrity risks due to the type of services being provided in private homes and the community by individual

QSPs and employees of QSP agencies. The primary vulnerabilities involve provider qualifications and competency, as individual QSPs often have variable training, licensure, and documentation, making consistent verification challenging. Additional risk arises in ensuring that services delivered align with authorized care plans, where documentation inconsistencies can lead to mismatches between assessed needs and actual service delivery. The State's rural geography further contributes to provider capacity and access risks, with limited availability of qualified caregivers increasing the likelihood of service gaps.

Total providers targeted in the PR strategy:

- QSP Agencies: 254
- QSP Individuals: 1,221

B. Non-Emergency Medical Transportation (NEMT)

Services provided: NEMT includes services provided by an individual, taxi, van, bus, airline, train, or other commercial carrier. NEMT may also include lodging and meal reimbursement.

Identified risk factors:

NEMT services nationally have been identified as susceptible to fraud. Specifically, providers billing for services that should not be billed, whether that is for trips that did not happen or billing outside of policy requirements (e.g. billing for unloaded miles or billing for distances that are not accurate). Additionally, North Dakota's current NEMT enrollment and oversight structure presents significant program integrity vulnerabilities. The absence of key safeguards—such as NPI requirements, provider affiliation standards, ownership transparency, vehicle registration and insurance verification, mandatory site visits, routine revalidation, and standardized driver licensing requirements—creates conditions in which hidden ownership, shell entities, unverified or uninsured vehicles, incomplete exclusion screening, and the reentry of previously terminated providers can occur undetected. These gaps collectively elevate the risk of fraud, waste, and abuse and undermine member safety. Implementing the recommended reforms would establish a unified provider identity framework, strengthen operational oversight, ensure vehicle and driver legitimacy, and substantially improve program integrity.

Total providers targeted in the PR strategy:

- NEMT Groups: 80
- NEMT Individuals: 37

C. 1915(i)

Services provided:

1915(i) services include care coordination, peer support, housing support, non-medical transportation, supported education, supported employment, respite, benefits planning, pre-vocational training, training and support for unpaid caregivers and community transition services.

Identified risk factors:

North Dakota's 1915(i) program carries several core risks tied to the nature of home and community-based services. The community-based nature of 1915(i) services creates inherent monitoring and verification challenges, as confirming service delivery is more difficult in settings where providers work independently. The most significant involves provider qualifications, as many services are delivered by small agencies or independent practitioners whose licensure, training, and competency documentation can be inconsistent. Additionally, maintaining accurate and up-to-date person-centered service plans is challenging, particularly in rural areas where limited provider availability may constrain service options. Finally, North Dakota's rural geography contributes to provider capacity and access risks, as many regions have few qualified HCBS providers, increasing vulnerability to service gaps and reducing natural program integrity safeguards.

Total providers targeted in the PR strategy:

- 1915(i) Groups: 79
- 1915(i) Individuals: 412

III. Enhanced Enrollment Requirements

High-risk vulnerability services will be subject to strengthened enrollment standards, including:

A. Enhanced Enrollment Requirements for NEMT Providers

1. National Provider Identifiers (NPI)
2. Needs Based Justification
3. Proof of Vehicle Registration
4. Proof of Active Insurance Coverage
5. Driver Requirements
6. Site Visit Requirements
7. Revalidation Frequency (three years)

Under the proposed model:

Effective July 1, 2026, if an NEMT driver is an employee of an agency, the individual must:

- Obtain NPI
- Enroll as an individual provider, and
- Affiliate with their employment agency.

These enhancements are intended to ensure that every person delivering NEMT services undergoes the same federal and state screening processes required for Medicaid participation.

B. Enhanced Enrollment Requirements for QSP Providers

Enhanced requirements for QSP providers will require an administrative code change before implementation. The proposed enhancements focus on strengthening accountability and ensuring that all individuals delivering QSP services are properly screened and tracked.

Under the proposed model:

- Effective January 1, 2027, if a QSP provider is an employee of an agency, the individual must:
  - Obtain NPI
  - Enroll as an individual provider, and
  - Affiliate with their employment agency.

These enhancements are intended to ensure that every person delivering QSP services undergoes the same federal and state screening processes required for Medicaid participation. Once the administrative code change is finalized, these requirements will be fully integrated into the QSP enrollment and revalidation workflow. Anticipated effective date of North Dakota Administrative Code (NDAC) is January 1, 2027.

C. Enhanced Enrollment Requirements for 1915(i) Providers

1915(i) Risk Level — 1915(i) will be elevated from a limited to a moderate risk category.

- Risk-Based Screening — North Dakota Medicaid will apply the screening requirements outlined in 42 CFR § 455.450, using a risk-based approach aligned with federal provider screening standards.
- Site Visit Requirement — Moderate risk classification triggers a mandatory pre-enrollment or revalidation site visit for all applicable agencies, consistent with CMS screening requirements.
- Site Visit Completion — North Dakota Medicaid or its designated contractor will conduct an on-site review to verify operational capacity, staffing, service delivery locations, and compliance with program integrity standards.

The 1915(i) Quality Improvement Plan, updated in 2025, introduces strengthened competency requirements to improve service quality and program integrity.

Under the updated requirements:

- Competency attestations will increase to an annual requirement. Providers must attest to required competencies every year, rather than on a multi-year cycle.
- Competencies must be demonstrated at initial enrollment and at each revalidation. This ensures that providers meet service specific standards before entering the program and continue to meet them throughout their participation.

These changes are designed to ensure that 1915(i) providers maintain the skills and qualifications necessary to deliver high quality home and community-based services.

D. Increase Revalidation Frequency

Revalidation frequency for QSP, 1915(i), and NEMT providers will shift from a five-year to a three-year cycle following completion of off-cycle revalidation.

E. Require NPIs for Historically Exempt Service Types

To strengthen identity verification, improve screening accuracy, and ensure consistent provider tracking across all Medicaid delivery systems, North Dakota Medicaid will implement standardized NPI requirements for provider types that have historically been exempt. These updates will be incorporated into the two-year off cycle revalidation effort.

The updated NPI requirements are as follows:

- NEMT providers must obtain NPIs for both the agency and all employees. Employees will be required to affiliate with their employment agency to ensure accurate screening and identity management effective July 1, 2026.
- FHC and FPC will be included in off-cycle revalidation and subject to updated screening and identity verification requirements.

These changes ensure that all Medicaid providers regardless of historical exemptions are subject to consistent federal and state screening standards, improving program integrity and reducing vulnerabilities associated with no standardized identification practices.

IV. Two-year Off Cycle Revalidation Strategy

North Dakota Medicaid will conduct a comprehensive off-cycle revalidation of QSP, NEMT, and 1915(i) providers over a 24-month period beginning July 1, 2026. This accelerated review cycle ensures that provider types identified as high-risk vulnerabilities, including those that do not require an NPI, are screened earlier and more

frequently than they would be under standard revalidation timelines. The strategy includes:

- Full state-level screening for QSP, NEMT, and 1915(i) providers
- Implementation of enhanced enrollment requirements during revalidation
- Transition of QSP, 1915(i), and NEMT providers to a three-year revalidation cycle
- Randomized assignment of future revalidation dates to prevent clustering

V. Revalidation Oversight Workflow

North Dakota Medicaid will use a structured workflow to ensure timely and accurate revalidation:

1. Provider Notification
2. Application Review
3. Follow-up Requests
4. Site Visits (as required)
5. Approval or Termination
6. Notification to Managed Care Organizations (MCOs)

VI. Additional Oversight Activities

North Dakota Medicaid supplements its revalidation processes with a range of ongoing program integrity activities, including regular coordination with MFCU, OIG, CMS, and UPIC partners, as well as continuous provider education and technical assistance. To meet federal screening requirements, the State contracts with Noridian Healthcare Solutions to conduct provider enrollment screening functions. Noridian, in turn, contracts with Thomson Reuters to produce a monthly Pondera report using data extracted from the Medicaid Management Information System (MMIS). This report captures and retains both positive and negative results for all federally required ongoing screening checks—including OIG/LEIE, the SSA Death Master File, SAM/EPLS, and NPPES. Through these automated monthly screenings, North Dakota Medicaid maintains continuous monitoring of provider eligibility and compliance and meets all federal timelines for ongoing screening activities.

VII. Implement a Moratorium on Qualified Service Providers (QSP), Developmental Disabilities (DD) and Non-Emergency Medical Transportation (NEMT) Provider Enrollment

North Dakota Medicaid proposes implementing a temporary provider enrollment moratorium to assess current vulnerabilities, strengthen screening protocols, and ensure adequate oversight mechanisms across high-risk service categories. The moratorium would include a targeted exception allowing North Dakota Health and

Human Services to enroll new providers when necessary to maintain access in underserved areas or for critical services.

This action is expected to produce several meaningful outcomes. First, it will support the development of a more secure and accountable provider network by pausing new enrollments while system improvements are implemented. Second, it will reduce exposure to fraud, waste, and abuse by enabling the state to address structural vulnerabilities before onboarding additional providers. Finally, the moratorium will create an opportunity to conduct a comprehensive cleanup and verification of existing enrollment records, ensuring that provider data is accurate, complete, and aligned with strengthened program integrity standards.

North Dakota Medicaid requires dedicated time to clean and reconcile its enrollment systems, align internal roles and responsibilities, and ensure that all QSPs have active and verified accounts in the QSP Portal. This effort is essential to confirm that provider information in the QSP Portal accurately matches the data maintained in MMIS, which serves as the program's source of truth. Completing this alignment will strengthen data integrity, improve operational efficiency, and support more reliable provider oversight.

North Dakota Medicaid will submit moratorium requests for both NEMT and QSP provider types. Each moratorium will begin with the standard six-month period and will be reassessed as needed. The NEMT moratorium will apply statewide, reflecting the uniform risk profile identified across all regions. In contrast, the QSP moratorium will be limited to agency based QSPs and targeted to Cass and Burleigh counties, where enrollment growth and risk indicators are most concentrated.

In addition, North Dakota Medicaid will be requesting a six-month Developmental Disabilities (DD) moratorium on DD agencies in Cass and Burleigh counties as the state has identified significant crossover between QSP and DD providers. A moratorium will help ensure accurate enrollment, proper oversight, and alignment across provider types.

VIII. Off-Cycle Revalidation Timeline

North Dakota Medicaid Provider Enrollment (PE) will officially begin off-cycle revalidation plan on June 5, 2026, focusing on QSP, NEMT, and 1915(i) providers. The full revalidation effort will span June 2026 through June 2028.

Launch and Initial Priorities (Months 1–6)

- North Dakota Medicaid needs time to reconcile and standardize data across its enrollment systems, clarify internal roles and responsibilities, and ensure all QSPs have claimed their Service Now (SNOW) portal accounts with information that matches MMIS, the system of record.
- Begins June 1, 2026.
- Expected completion by December 1, 2026.

NEMT Provider Revalidation Communication, Policy Updates, Training, Education (Month 1)

- Expected completion for NEMT policy updates, provider enrollment documents, provider communication and training is June 30, 2026.

NEMT Provider Revalidation (Months 2-4)

- Begins July 1, 2026, prioritizing those that don't have NPIs, are currently under investigation, or have known compliance issues.
- Expected completion for all NEMT providers by October 1, 2026.

1915(i) Provider Revalidation (Months 5-8)

- Begins October 1, 2026, prioritizing those that are currently under investigation or have known compliance issues.
- Expected completion by May 1, 2027.

QSP Agencies and Individual Revalidation (Months 7–24)

- Begins January 1, 2027, prioritizing those that are currently under investigation or have known compliance issues.
- Expected completion by June 1, 2028.

Transition to New Revalidation Cycle (Post June 2028)

- QSP, 1915(i), and NEMT providers transition to a three-year cycle.

As North Dakota Medicaid transitions to a three-year revalidation cycle, provider revalidation due dates will be randomly assigned. All dates will remain within the federal five-year requirement, and providers will receive advance notice of their new due date. Because of the transition, some revalidation dates may fall outside the ideal three-year spacing during the first cycle; however, full alignment with the three-year cycle will begin with the next revalidation period in 2029.

IX. Ensuring Accuracy of Provider Enrollment Data

North Dakota Medicaid maintains ongoing data accuracy through:

- Routine provider revalidation cycles
- Monthly monitoring of NPPES, SSA Death Master File, OIG LEIE, and SAM/EPLS
- Inactive Provider report (monthly)
- Department of Transportation report (monthly)

In alignment with 42 CFR § 455.436, screening is conducted through a combination of manual review (Dex, NPPES), automated tools (Clear Report), and monthly PONDERA Report screening for all active providers, owners, and managing employees.

North Dakota Medicaid Provider Enrollment (PE) verifies ownership at:

- Initial enrollment
- Revalidation
- Licensing reviews
- Compliance audits and/or investigations

Providers must update ownership whenever changes occur. Failure to disclose or misrepresentation may result in sanctions or termination.

X. Ensuring Consistency and Accuracy of Provider Data Across Fee-for-Service (FFS) and Managed Care Delivery Systems

North Dakota Medicaid ensures consistency and accuracy of provider data across both FFS and Managed Care delivery systems through coordinated data management, standardized validation processes, and aligned oversight activities. Accurate and synchronized provider information is essential to ensure proper claims adjudication, beneficiary access, and compliance with federal screening requirements.

To maintain alignment across systems, North Dakota Medicaid:

- North Dakota Medicaid launched a new online provider directory in October 2025 that complies with the existing provider directory requirements in 42 CFR 438.10 (provider directory), 42 CFR 438.68 (network adequacy), and 42 CFR 438.206 (availability of services). The directory is updated nightly through a data load directly from MMIS to provide the most real time information available.
- Requires the Managed Care Organization (MCO) to use the State's provider enrollment results. ND's MCO is Blue Cross Blue Shield of North Dakota (BCBSND). The MCO may not enroll or retain providers who have not been screened and approved through the State's Medicaid Provider Enrollment (PE) process.
- Ensures all MCO network providers are enrolled in Medicaid, including full screening, ownership verification, and exclusion checks consistent [illegible] and [illegible].
- Conducts regular data reconciliation between State and MCO provider files, including comparisons of active rosters, termination lists, NPIs, taxonomy data, and ownership information.
- Requires MCO to update their provider directory based on State enrollment actions. When North Dakota Provider Enrollment (PE) terminates or suspends a provider, MCO must remove the provider from their networks and directories within required timeframes. The MCO for North Dakota uses an online provider

directory that complies with the existing provider directory requirements in 42 CFR 438.10 (provider directory), 42 CFR 438.68 (network adequacy), 42 CFR 438.206 (availability of services), and 42 CFR 438.207 (assurances of adequate capacity and services). The directory is updated weekly with a file from State.

- Performs monthly cross checks of MCO provider files to ensure:
  - No terminated or excluded providers remain active
  - NPIs match State enrollment records
  - Provider types and specialties align with approved enrollment categories
- Coordinates with MCO during off-cycle revalidation to support outreach and ensure network compliance.
- Uses PONDERA analytics to identify discrepancies in provider identifiers, service locations, ownership information, and enrollment status.
- Requires MCO to report provider changes to the State, including ownership changes, address updates, network terminations, and credentialing changes.

These processes ensure that provider data remains accurate, synchronized, and compliant across all Medicaid delivery systems, reducing program integrity risks and ensuring beneficiaries have access to valid, enrolled providers.

XI. Coordination with State and Federal Law Enforcement Partners

North Dakota Medicaid maintains strong coordination with state and federal law enforcement partners to support the detection, investigation, and resolution of potential fraud, waste, and abuse. These partnerships ensure that provider screening, enrollment oversight, and revalidation activities align with broader program integrity efforts.

1. Medicaid Fraud Control Unit (MFCU)

The Program Integrity Unit (PIU) collaborates closely with the North Dakota MFCU through:

- Referral of all credible allegations of fraud (42 CFR § 455.23)
- Regular case coordination meetings
- Information sharing to support criminal and civil investigations
- Alignment of administrative actions with MFCU findings

2. Federal Oversight Partners

North Dakota Medicaid collaborates with:

- HHS OIG
  - Exchange of exclusion data
  - Coordination on sanctions and investigations
- CMS
  - Technical assistance

    - Oversight of screening and revalidation compliance
    - Support during federal audits
- UPIC
    - Joint investigations
    - Data sharing on aberrant billing patterns
    - Coordination on audits and payment suspensions

3. State Law Enforcement Agencies

The PIU works with:

- North Dakota Bureau of Criminal Investigation (BCI)
- Local law enforcement agencies
- State licensing boards (Nursing, Social Work, EMS, Behavioral Health)

These partnerships support investigations involving identity fraud, falsified credentials, unlicensed practice, and other violations.

4. Internal Coordination Within North Dakota Health and Human Services (HHS)

The PIU collaborates with:

- **HHS Legal Division**
    - Administrative actions (terminations, sanctions, suspensions)
- **Provider Enrollment Unit**
    - Ensuring enrollment decisions reflect investigative findings
- **Managed Care Oversight Unit**
    - Ensuring MCO remove terminated or sanctioned providers

5. Information Sharing and Reporting

North Dakota Medicaid ensures timely reporting of:

- Provider terminations for cause
- Payment suspensions
- Ownership or control discrepancies
- Suspected fraudulent activity identified through analytics or screening

These coordinated activities strengthen the State's ability to identify and address program integrity risks across all Medicaid delivery systems.

XII. Metrics to Measure the Effectiveness and Progress of the PR Strategy

North Dakota Medicaid will assess the effectiveness, timeliness, and overall progress of the two-year PR Strategy through a combination of quantitative performance metrics,

the State's Provider Enrollment dashboard, and program integrity monitoring tools. These mechanisms ensure that revalidation activities occur as scheduled, high-risk providers receive appropriate oversight, and data accuracy is consistently maintained across all Medicaid delivery systems.

To support transparency and systemwide alignment, the State maintains a public-facing Provider Enrollment dashboard that tracks key enrollment indicators. Because MCO (BCBSND) enrollment requires active North Dakota Medicaid enrollment, the dashboard integrates MCO information with North Dakota Medicaid provider enrollment status, providing a unified view of provider eligibility for both the State and the MCO.

As part of its program integrity responsibilities, North Dakota Medicaid will also monitor critical enforcement metrics that help safeguard the Medicaid program and ensure appropriate oversight of provider activity. These include the number of referrals to the MFCU for suspected fraud, waste, or abuse, as well as the number of payment suspensions initiated under 42 CFR § 455.23 based on credible allegations of fraud.

ND Medicaid will report to CMS its progress on the revalidation effort on at least a quarterly basis. To meet this requirement, North Dakota Medicaid will monitor and report progress using a defined set of measures that evaluate the effectiveness and timeliness of the two-year PR Strategy. These measures include the percentage of providers completing revalidation within required timeframes, the number and percentage of providers overdue for revalidation, and the average time from revalidation initiation to completion. North Dakota Medicaid will also track the number of providers terminated for failure to revalidate and completion rates for the three provider types addressed in this strategy—QSP, NEMT, and 1915(i).

Together, these measures provide a comprehensive view of North Dakota Medicaid's progress, support timely identification of operational challenges, and ensure that revalidation activities remain on track throughout the two-year cycle.

XIII. Conclusion

North Dakota Medicaid's two-year PR Strategy strengthens oversight of high-risk service categories, enhances enrollment requirements, improves data accuracy across delivery systems, and establishes a sustainable revalidation framework aligned with federal expectations.