

1915(i) Policy

Provider Enrollment and Provider Integrity 510-08-50

Interested providers, including those currently enrolled as Medicaid providers, must specifically enroll as a 1915(i) provider. Group and individual providers must have a NPI number. Most providers, including providers such as Federally Qualified Health Centers (FQHCs) that are generally reimbursed on an encounter basis, are able to provide 1915(i) services as long as they enroll as 1915(i) providers and follow 1915(i) requirements.

Group and individual providers must meet qualifications specific to each 1915(i) service. 1915(i) providers may enroll to provide one or more 1915(i) services, providing they meet the qualifications for each.

A 1915(i) group Medicaid enrollment application must be submitted and approved prior to rendering services. The 1915(i) requires each individual provider to affiliate with an enrolled 1915(i) group provider. Enrolled group providers are responsible for ensuring services are provided within the service scope and must offer the full scope of service. Group providers are responsible for maintaining qualifications required for their group enrollment and oversight of qualifications for individuals affiliated with their group.

Providers are not required to enroll in Medicaid Expansion; otherwise known as the Managed Care Organization (MCO). Providers can choose to serve certain segments of the population. For example, if an agency specializes in children's services, they can choose to provide 1915(i) services to children and not adults. Likewise, if an agency specializes in services to individuals who have experience an adoption or guardianship, the agency can choose to serve only that population. Providers can also choose which services to provide in each county or service area.

Sole proprietor enrollment isn't allowed for the 1915(i) State Plan due to 1915(i) services requiring supervision. Depending on licensure or certification, certain practitioners are allowed to enroll independently without being affiliated to a clinic, hospital or other agency, and others are not. Examples of practitioners that could enroll independently without being affiliated to a clinic, hospital, or other entity: Licensed Professional Clinical Counselor, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Psychologist, Nurse Practitioner and Physician. These practitioners are considered 'other licensed practitioners' (OLP) in the ND Medicaid State Plan and are allowed to provide any state plan service that is within their scope of practice. These practitioners are allowed to enroll as their own billing group provider if they

choose. If a provider is not an OLP, they must be affiliated to a clinic, hospital or other agency in order to enroll.

All information located in the General Provider Enrollment policy is applicable to 1915(i) provider enrollment other than retroactive enrollment is not applicable to the 1915(i). See the General Provider Enrollment policy at the link below:

[Provider Guidelines, Manuals and Policies | Health and Human Services North Dakota](#)

ND Medicaid Provider Integrity

Regulating Authority: [North Dakota Administrative Code - Title 75 Article 2 Chapter 5 \(nd.gov\)](#)

The purpose of underlying administrative remedies and sanctions in the Medicaid and children's health insurance program is to ensure the proper and efficient utilization of Medicaid funds by those individuals providing services to recipients.