

# Nebraska Provider Screening and Enrollment

## New Group Member

### New Group Member Profile (GMP) Notes

The steps below will guide you through filling out or updating a Group Member Profile.






All applications must be submitted for review when completed. This will be completed at the

[Provider Data Management Site \(PDMS\) for Nebraska Medicaid Provider Screening and Enrollment.](#)

Note: If you do not have a username and password, see the appropriate Account Creation Instructions.

**All profiles must be submitted for review when completed or when a change is made. To avoid processing delays do not leave them in a NOT SUBMITTED STATUS**

Symbols to watch for:

	A pencil symbol represents the option to EDIT information. Click on the symbol to open the box and allow edits.
	The asterisk symbol represents when a field is REQUIRED.
	The circle with a question mark symbol represents that there is HELP TEXT when you hover over the symbol.
	The plus mark symbol represents the option to ADD information. Click on the symbol to open the box and add information.
	The ex or cross mark symbol represents the option to DELETE information. Click on the symbol to remove the information.

### New Group Member Profile

Click on **Add Group Member Profile** under “My Group member Profiles”.

Note: All Group Members must have their own Username and Password created using their SSN. The Tax ID on the top left of the page must be the SSN for this Group Member. Do NOT create a group member profile under the business’s Tax ID (EIN).

GMPs are based on SSN, NPI, and Provider Type. These cannot be changed once established. If one of these key identifiers is incorrect or changes a new GMP will be required.

**Provider Summary**

Tax ID: ██████████

**My Providers**

Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Location	Effective Date	Submit Date	Revalidation Due Date
No providers found.									

[Add New Provider Location](#)

**My Group Member Profiles**

Provider	Status	Provider Type	NPI	Specialty	Effective Date	Submit Date
No group member profiles found.						

Create a Group Member Profile if you are or will be part of a Group Practice.

[Add Group Member Profile](#)

Complete all Required Fields.

All information will be specific to this provider. (Provider Type, Specialty, Taxonomy, SSN, Type 1 NPI, Date of Birth)

**New Registration**

\* Designates a required field

Category\*

Provider Type\*

Specialty\*

Taxonomy\*

First Name\*

Middle Initial

Last Name\*

Tax ID Type\*  EIN  SSN

Tax ID\* ██████████

NPI(if applicable)

Gender\*  Female  Male  Unknown

Date of Birth\*

[Save](#) [Cancel](#)

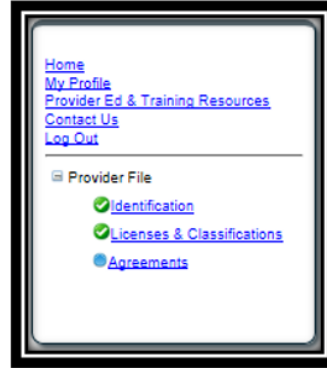
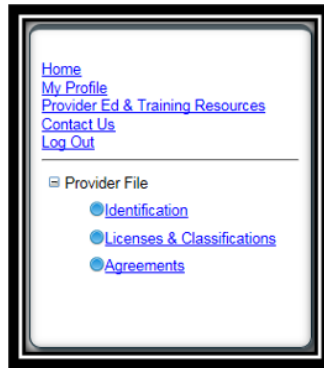
Click **Save**.

This will take you to the application.

## Viewing the Provider Enrollment

If at any time you want to return to the home page, need to re-enter this application or Edit a Key Provider Identifier, see the Group Member Provider Management Home Resource.

On the Bottom left side of the page you will see a list of all of the pages you need to complete. Each blue bullet point will change to a green checkmark when it is completed.



## Identification Page

The screenshot shows the 'Identification' page with a 'Save' and 'Next' button in the top right. The page is divided into three main sections: 'Provider Information', 'Primary Contact Information', and 'Uploaded Documents'.  
1. 'Provider Information' section contains a table with columns: Legal Name, DBA NPI, Tax ID, Provider Type, and Effective Date. The 'Effective Date' column has a small edit icon (a pencil) and an orange arrow points to it.  
2. 'Primary Contact Information' section contains a table with columns: Primary Contact Name, Title, Phone Number, and EmailAddress. The 'EmailAddress' column has a small edit icon and an orange arrow points to it.  
3. 'Uploaded Documents' section contains a table with columns: Name, Description, File Name, Page Name, and Username. Below the table is a 'Browse...' button and a text input field for 'Name'. Below that is a larger text area for 'Description'. At the bottom of this section is an 'Upload file' button.

Complete the Provider Information section by selecting the **Edit**. The following box will open:

**Provider Information**

Title

First Name\*

Middle Initial

Last Name\*

Tax ID\*

NPI

NPI Start Date

NPI End Date

Gender\*  Female  Male  Unknown

Date of Birth\*

Date of Death

Provider Type\*

Enrollment Status

Complete all required fields and ensure all the information is correct and select **Save**.

See the Group Member Provider Management Home Resource if a Key Provider Identifier is incorrect.

Primary Contact Information. On the Identification page, select **Add**. The following box will open:

**Primary Contact Information**

**Provider**

Name\*

The Primary Contact is the main person responsible for the information submitted to Nebraska MLTC.

Street Address\*

City\*

State\*

Zip\*

Ext Zip\*

Phone Number\*

Phone Extension

Fax Number

Email Address\*

Complete all required fields and select **Save**.

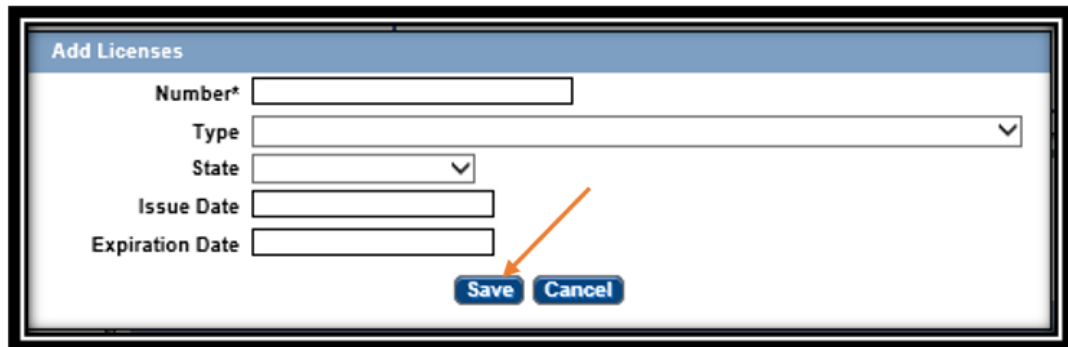
On the Identification page you will not be required to upload any documents.

Click **Next** to proceed to the next page.

## License and Clasifications Page

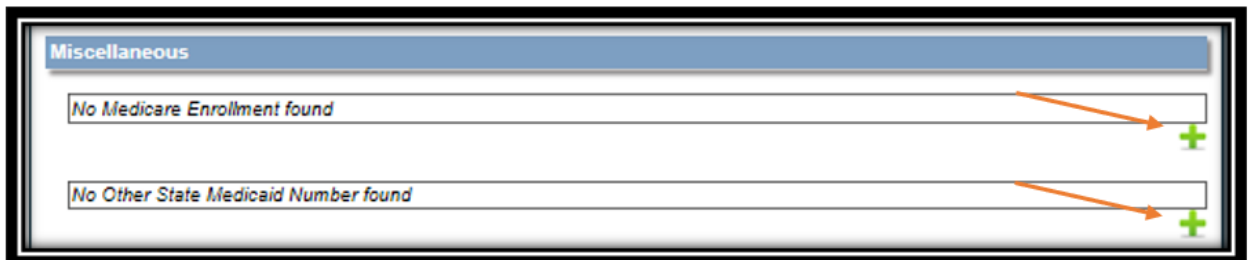
If the Primary Specialty and Primary Taxonomy are incorrect see the Group Member Provider Management Home Resource to Edit these Key Provider Identifier.

In the **Licenses** section select **Add** to enter license information for this group member. All fields are required.



Select **Save**.

If applicable, In the **Miscellaneous** section select **Add** to enter Medicare Enrollment information and Other State Medicaid Enrollment Information.



On the Licenses & Clasifications page you will not be required to upload any documents, unless you have an out of state license. You will need to upload a copy of all out of state licenses.

Click **Next** to proceed to the next page.

## Agreements Page

Click on “Click here to view the entire agreement”. A separate tab will show on your web browser that contains each agreement.

Place a checkmark in the "I agree" or "I attest" box.

Note: The check box is only accessible after clicking the web link.

**Agreements** Previous

**Provider Participation Agreement**

By signing the Provider Participation Agreement, the applicant agrees to adhere to all the conditions listed and is aware that the applicant may be denied entry to or terminated from the program if any conditions are violated.

[Click here to view the entire agreement.](#)  I agree to the terms and conditions in the Participation Agreement.

Answer all of the questions on the Agreements page.

**Questions**

Is the provider an entity identified on the System for Award Management (SAM) website as debarred, suspended, proposed for debarment, excluded or disqualified under the nonprocurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits?

No  Yes

If 'YES' a comment is required.

Is the provider, any facility, employee or contractor providing services under this Agreement identified on the OIG list of Excluded Individuals/Entities website as excluded from receiving payment by a Federal health care program?

No  Yes

If, 'YES' a comment is required.

Has there ever been disciplinary action against this provider license by a licensing board in any state?

No  Yes

If 'YES' a comment is required.

Has the provider ever been sanctioned or terminated by Medicare, Nebraska Medicaid, or any state health program as defined in 42 U.S.C. § 1320a-7?

No  Yes


If, 'YES' a comment is required.

In compliance with Title 8 U.S.C. § 1324a, has employment eligibility been verified for all employees of this provider OR for individual providers, do you attest that you are in the United States legally and eligible to work per Pub.L. no. 104-193 (1997)?

No  Yes

If 'NO' a comment is required.

**Signature**

Please enter the characters in the image above: 

Enter password:

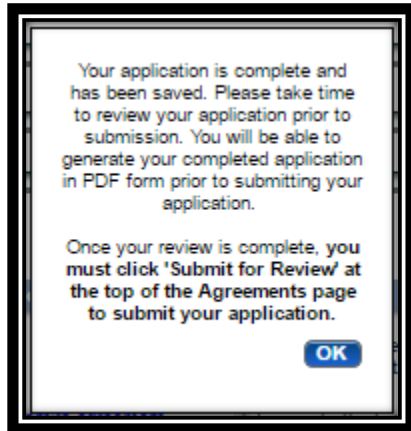
The password requested is your user login password.

In the Signature section, enter the characters in the image (if applicable)

Note: Captcha characters are not case sensitive.

Enter the password used to log into the portal and click **Save**.

This message will be displayed when the application is successfully saved:



Click **OK**.

## Submit for Review

Click **“Generate a PDF”** if you wish to save or print a PDF of the application.

You **MUST** hit **“Submit for Review”** to successfully complete the application process.

When finished the following screen will be displayed:

The screenshot shows a web interface with a navigation menu on the left and a main content area. The navigation menu includes links for Home, My Profile, Provider Ed. & Training Resources, Contact Us, and Log Out. The main content area is titled "Submission Confirmation" and contains the following text: "You have successfully submitted your registration to Nebraska Medicaid. Please allow at least 10 days for processing before attempting to submit any changes." Below this text is a button labeled "Return to Home Page".

## Next Steps

**To avoid processing delays do not leave the GMP in a NOT SUBMITTED STATUS.**

Changes to the GMP are not permitted while the profile is being reviewed.

The Group Member can be added to the group at any time, but the GMP must be approved before the Group Member can be confirmed within the group. The Group must confirm the provider and submit.

An Approved GMP does not mean the provider is actively affiliated with your group. See Group Revalidations and Adding a Group Member in Provider Education & Training Resources for further instructions.