Nebraska Provider Screening and Enrollment

Pharmacy Enrollment and Revalidations

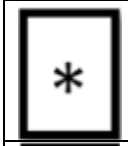
Note: If the Pharmacy's Tax ID does not have a username and password, see the appropriate Account Creation Instructions.

This will be completed at the
Provider Data Management Site (PDMS) for Nebraska Medicaid Provider Screening and Enrollment.

The steps below will guide you through filling out or updating an application for Pharmacies.

All applications must be submitted for review when completed or when a change is made.

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.

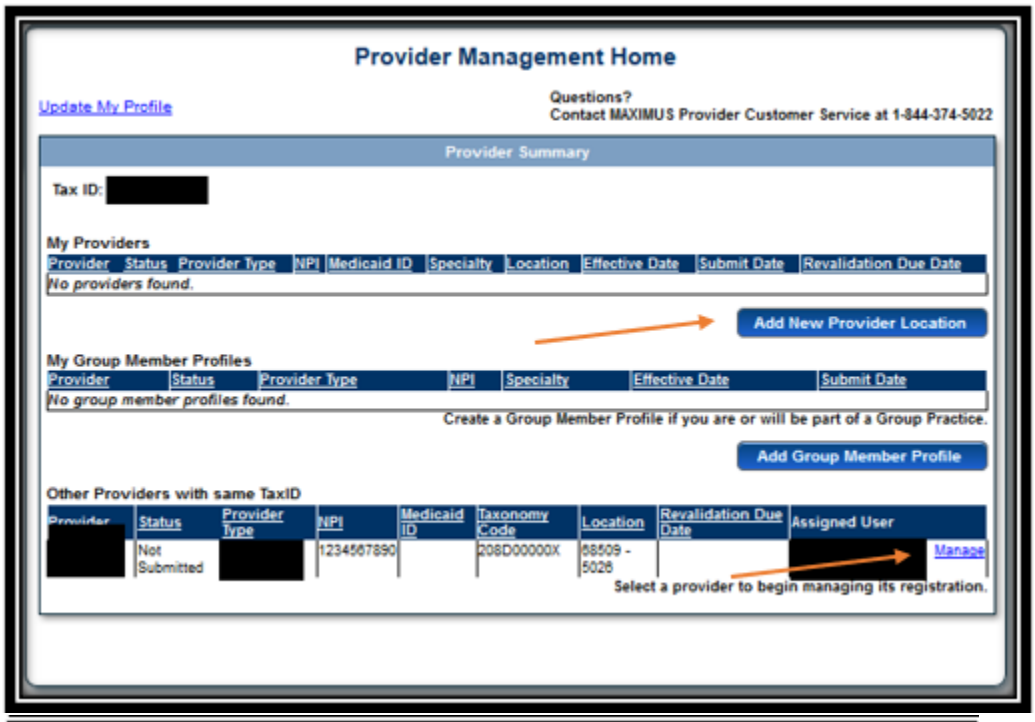
Pharmacy New Enrollment

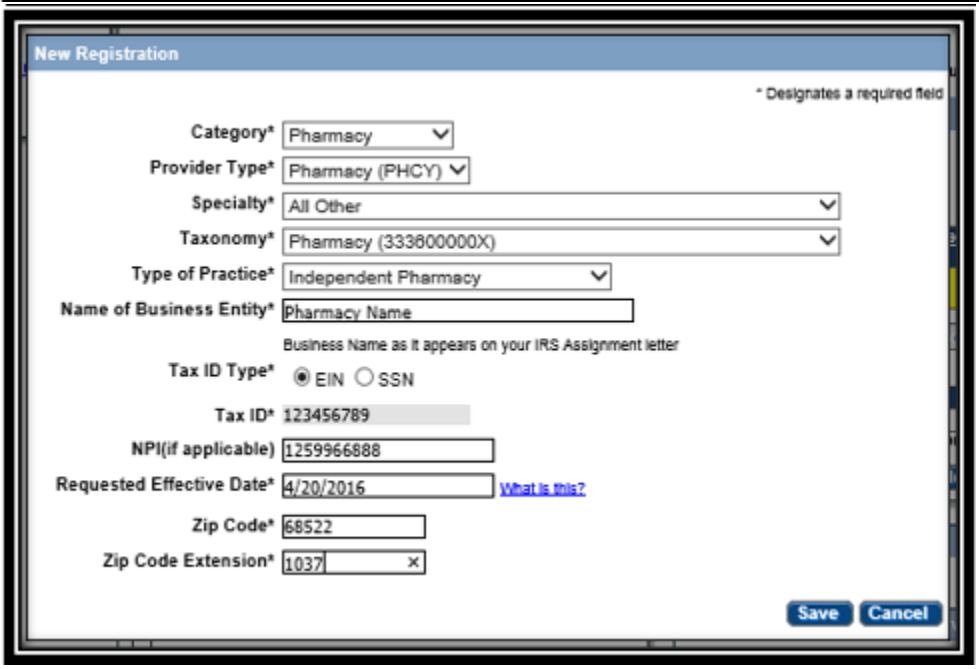
Avoid creating new enrollments. Always update existing enrollments instead of creating a New Provider Location what possible. See the Provider Management Home Screen Instructions for assistance.

If this is a new Pharmacy or a Pharmacy new to Medicaid select "**Add New Provider Location**."

Complete and confirm all Required Fields.

- All information will be specific to this location. (Provider Type, Specialty, Taxonomy, Name, EIN, Type 2 NPI, Zip and Zip Extension)
- New Pharmacies need to pay close attention to the Requested Effective Date.



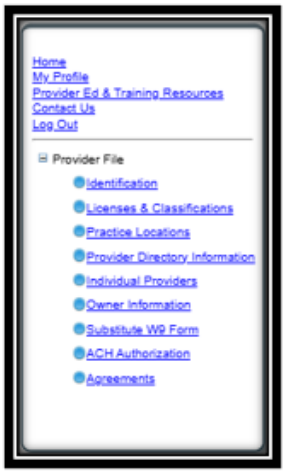


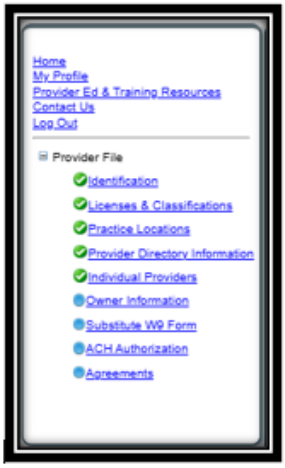
Click **Save**. This will take you to the application.

Viewing the Provider Enrollment

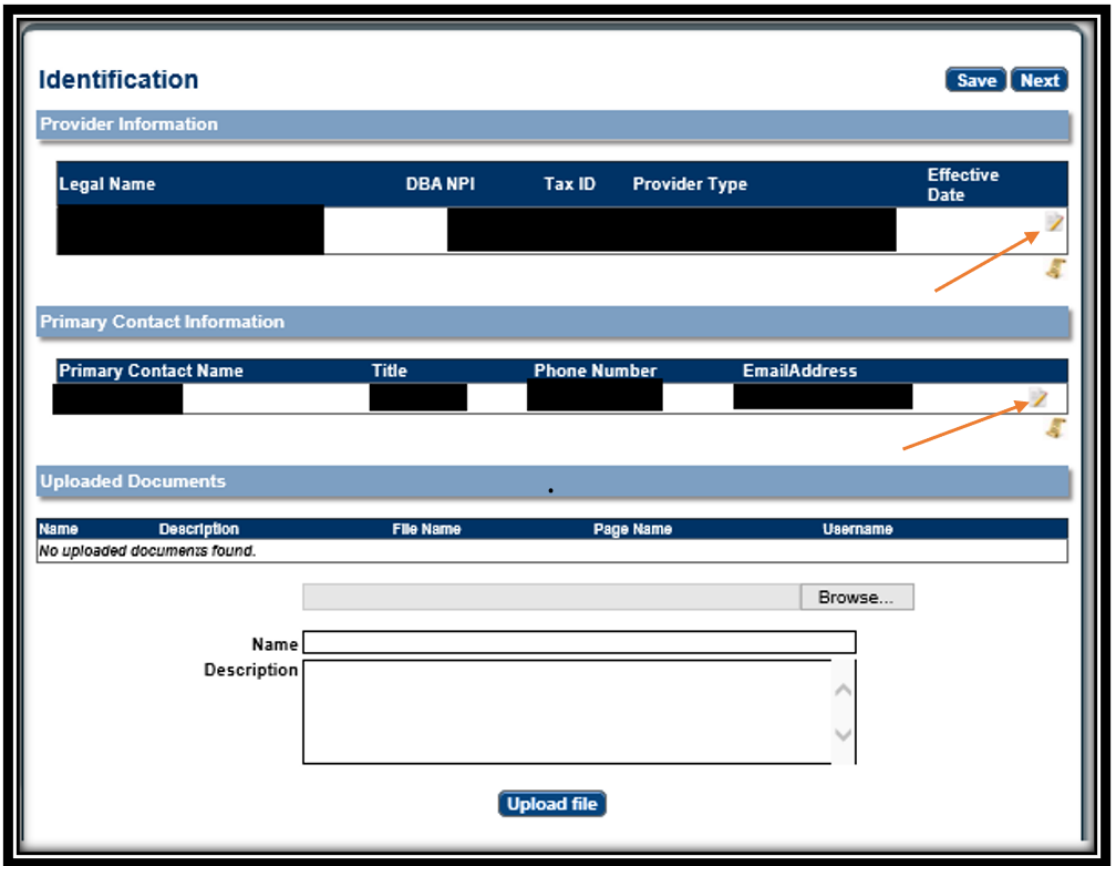
If you want to return to the home page at any time, you need to re-enter this application or Edit a Key Provider Identifier, see the Business/Provider Location Provider-Management Home Resource.

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

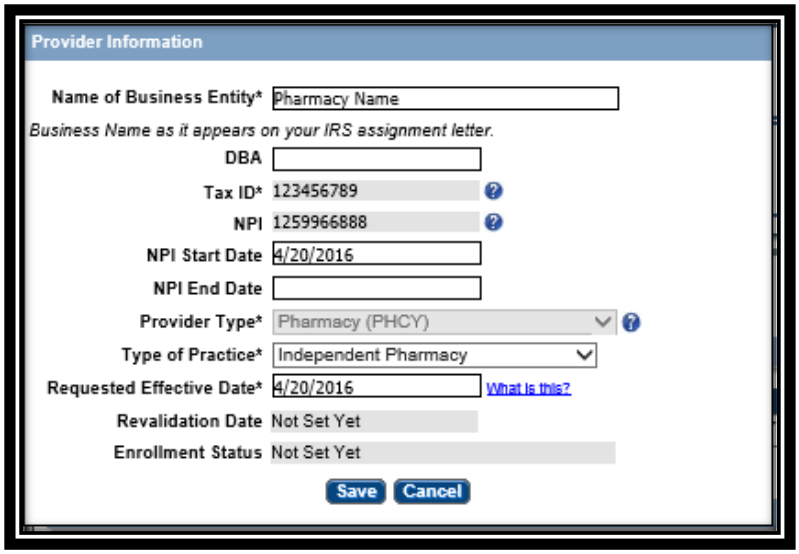




Identification Page



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



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

> See the Business/Provider Location Provider-Management Home Resource if a Key Provider Identifier is incorrect.

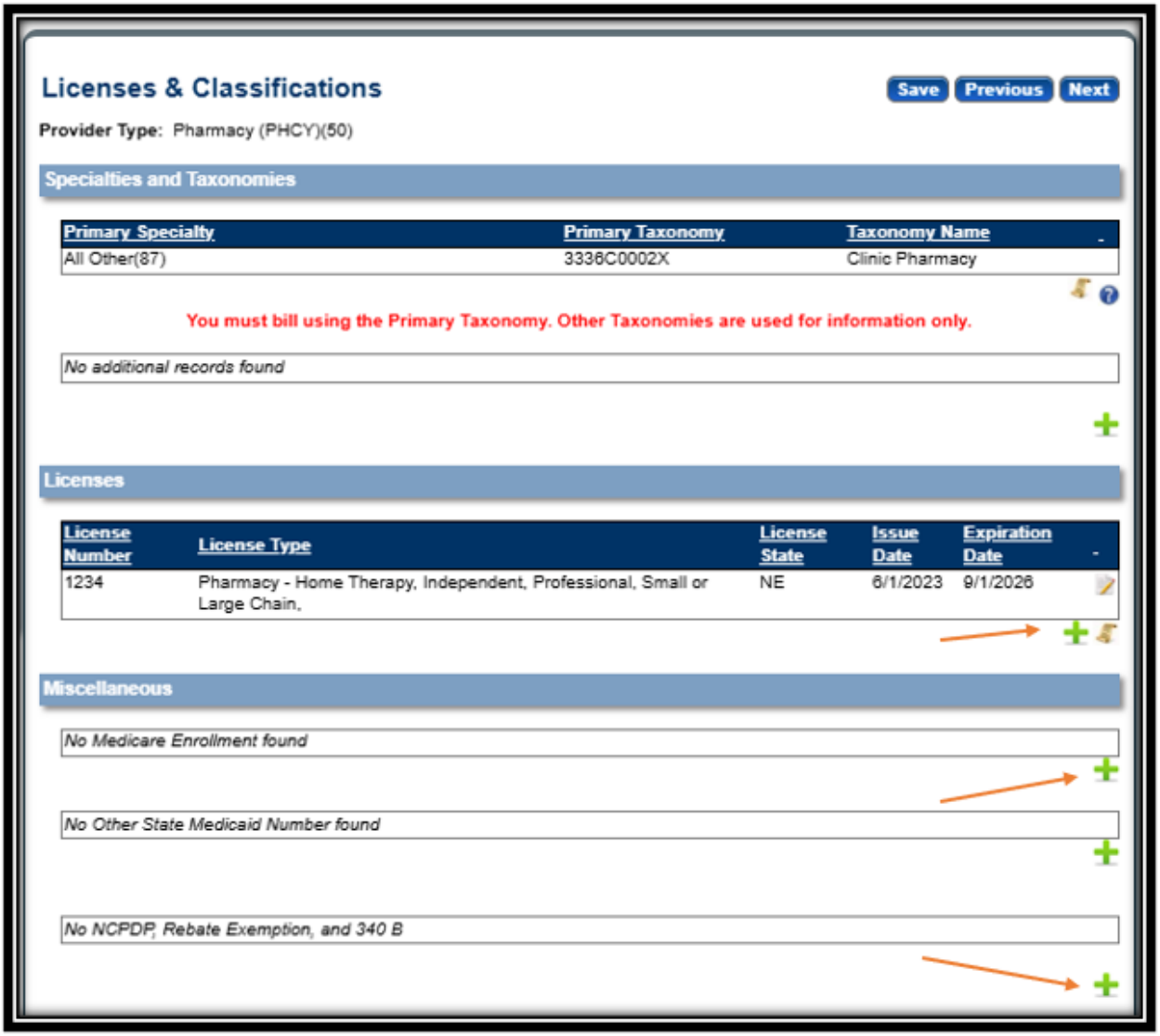
Primary Contact Information on the Identification page, select **Add** or **Edit**. The following box will open:

Complete all required fields and select **Save**. Name should include First and Last.

On the Identification page you will not be required to upload any documents unless a new pharmacy requests a retro effective date.

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

License and Clasifications Page



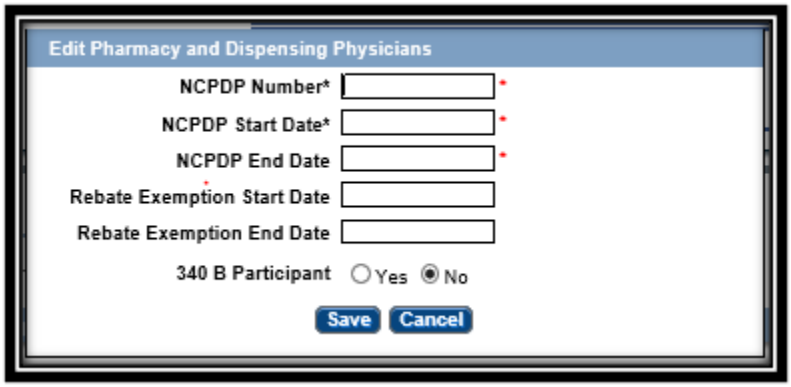
The Specialties and Taxonomies are listed.

- You may add a secondary Specialty by clicking **Add**.
- New Locations can change the Specialties and Taxonomies prior to be active. See the Business/Provider Location Provider-Management Home Resource if a Key Provider Identifier is incorrect. Once active the Primary Specialty and Taxonomy cannot be changed.

Pharmacies may also be required to enter or update license information. Select the **Add** or **Edit** button to enter and confirm the pharmacies license if required on this page.

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

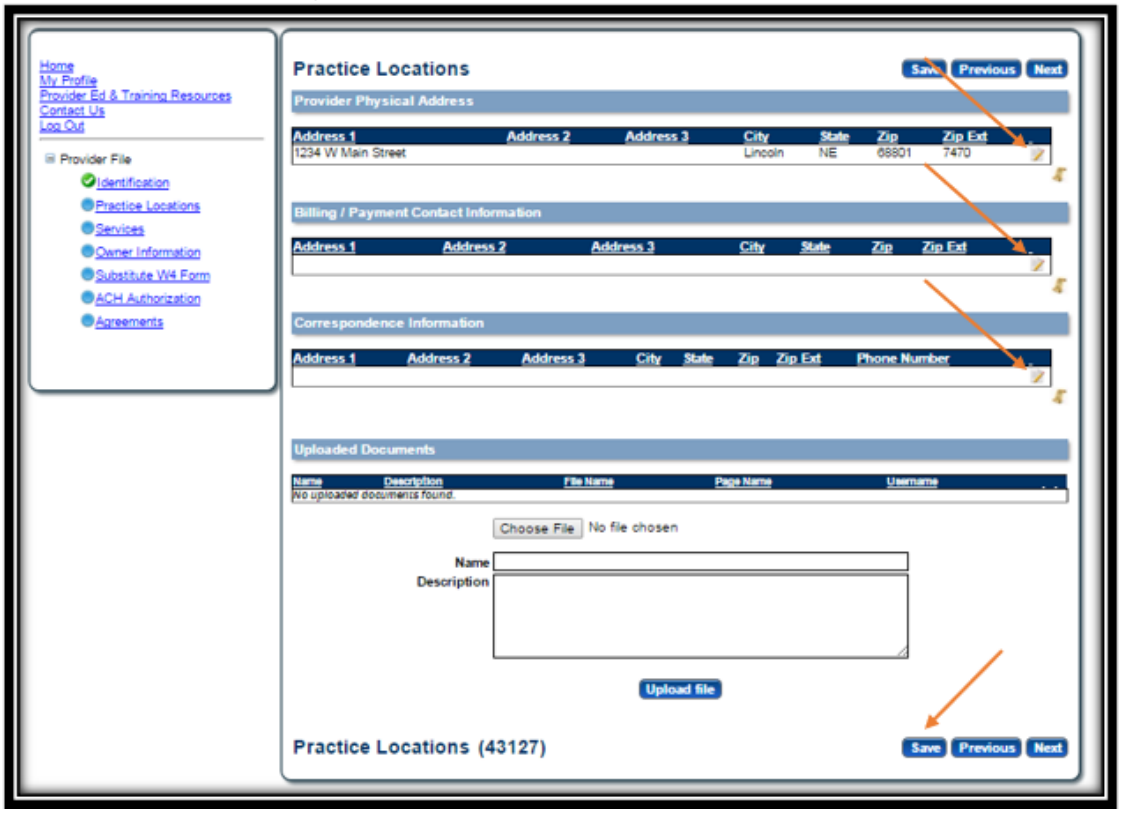
Pharmacies are required to enter or update their Pharmacy information. Select the **Add** or **Edit** button to enter and confirm the NCPDP number. The NCPCP start date entered here should not be prior to the Effective date of this enrollment. This does not represent when the NCPDP number was initially received. It is specific to this enrollment.



On the Licenses & Classifications page you will only be required to upload a document if you have an out of state license.

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

Practice Locations Page



Provider Physical Address, Bill/Payment Contact Information and Correspondence Information are required sections that need to be completed.

Provider Physical

The physical address CANNOT be a PO BOX and should be where the services are physically being provided.

Click the edit symbol. The following box will open:

Complete All required fields, confirm all information is correct, and select Save.

> See the Business/Provider Location Provider-Management Home Resource if a Key Provider Identifier is incorrect.

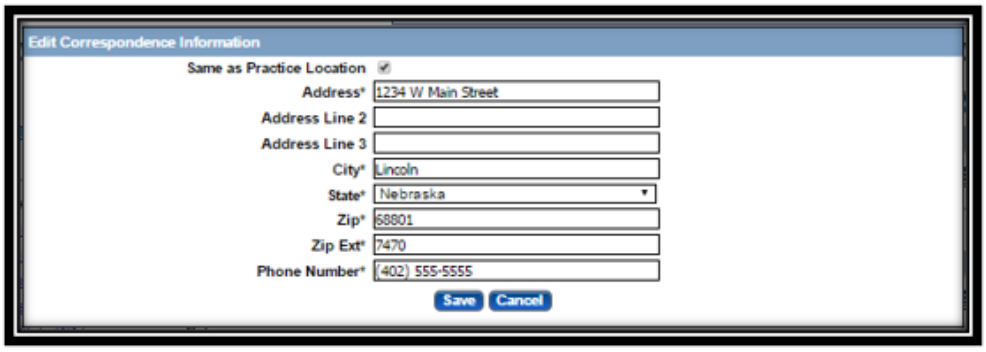
Billing/Payment Contact Information

Click the **Add** or **Edit**. The following box will open:

Complete all required fields, confirm all information is correct, and select Save.

Correspondence Information

Click the **Add** or **Edit**. The following box will open: Complete All required fields, confirm all information is correct, and select Save.



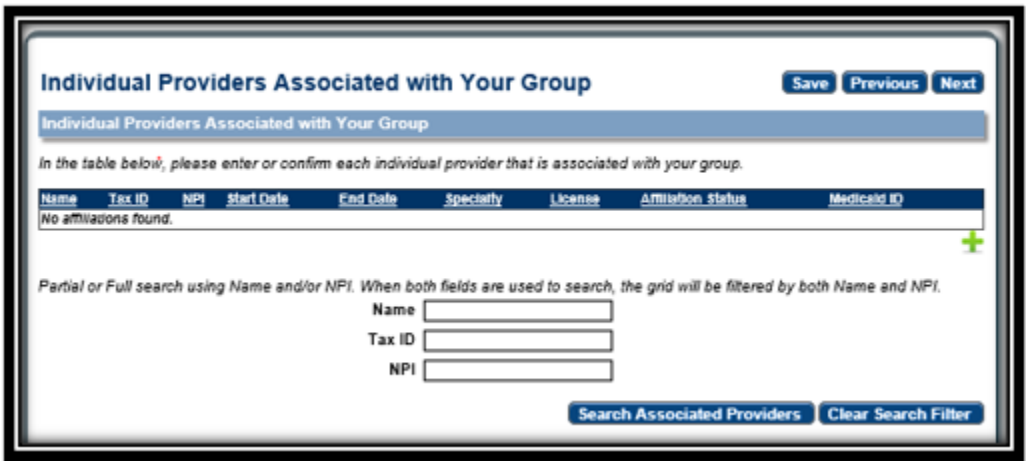
You will not be required to upload any documents on the Practice Locations page.

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

Provider Directory Information Page

The Provider Screening and Enrollment system now collects Provider Directory information. Responses to the questions will be included on the public Medicaid Provider Directory on the DHHS website, as required by the Centers for Medicare and Medicaid Services (CMS). Questions are optional, but providers are responsible for ensuring the accuracy of their information and for updating it regularly in the Provider Data Management System (PDMS).

Individual Providers Associated with Your Group Page

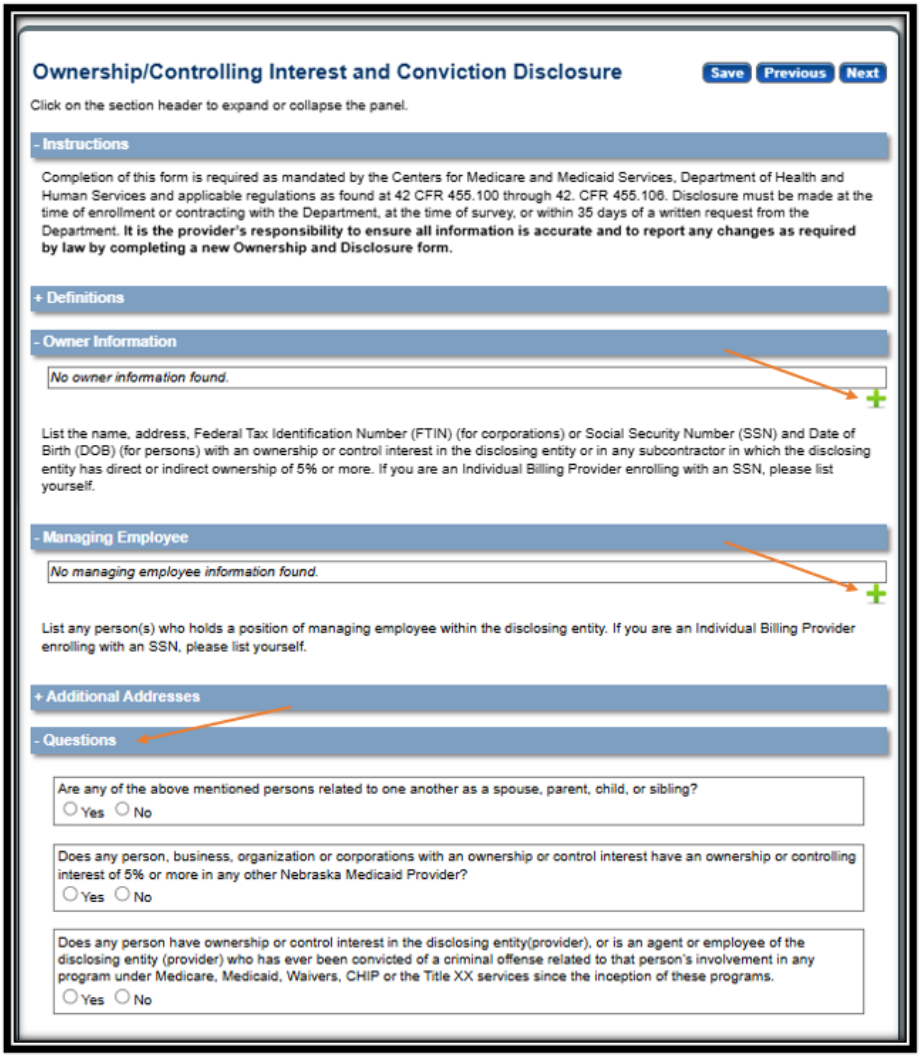


Pharmacists that are proving Tobacco Cessation must be added as group members. No other affiliations are required. See the Group Enrollment Guide for more detailed information on this page.

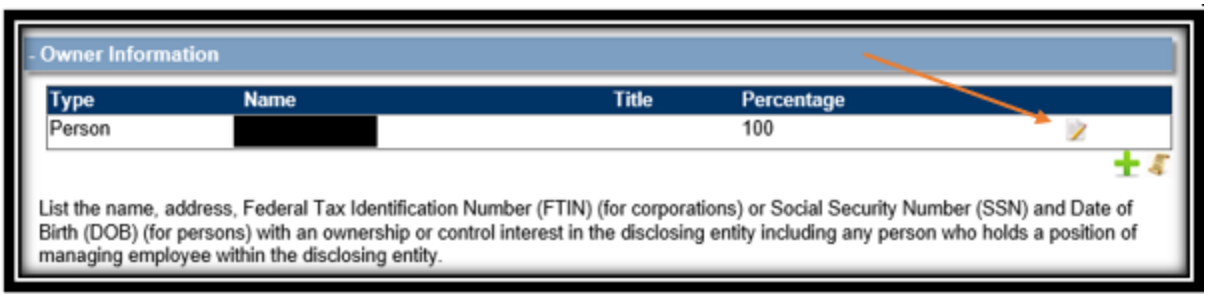
Select **Next** to proceed to the next page.

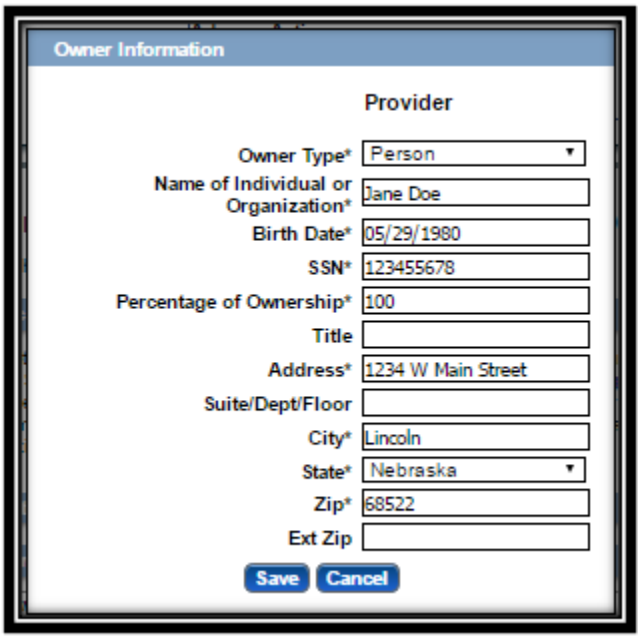
Ownership and Controlling Interest and Conviction Disclosure Page

Expand and collapse each section by clicking on the small white plus or minus.



Complete the Ownership Information by selecting **Add** or **Edit**. You can edit existing information or delete it using the RED X.





Make all necessary changes and select **Save**.

> It is common to have multiple owners and managing employees. Listing at least one Managing Employee is required

Complete the **Additional Addresses** section if necessary.

Complete the Questions section and click **Next**.

> Note: If only one owner is listed, the first question will be answered "No."

You will not be required to upload any documents on the Ownership and Controlling Interest page.

Substitute W9 Page

Pharmacies are required to complete a Substitute W9 Form.

Select the appropriate Tax Classification and Profit Status.

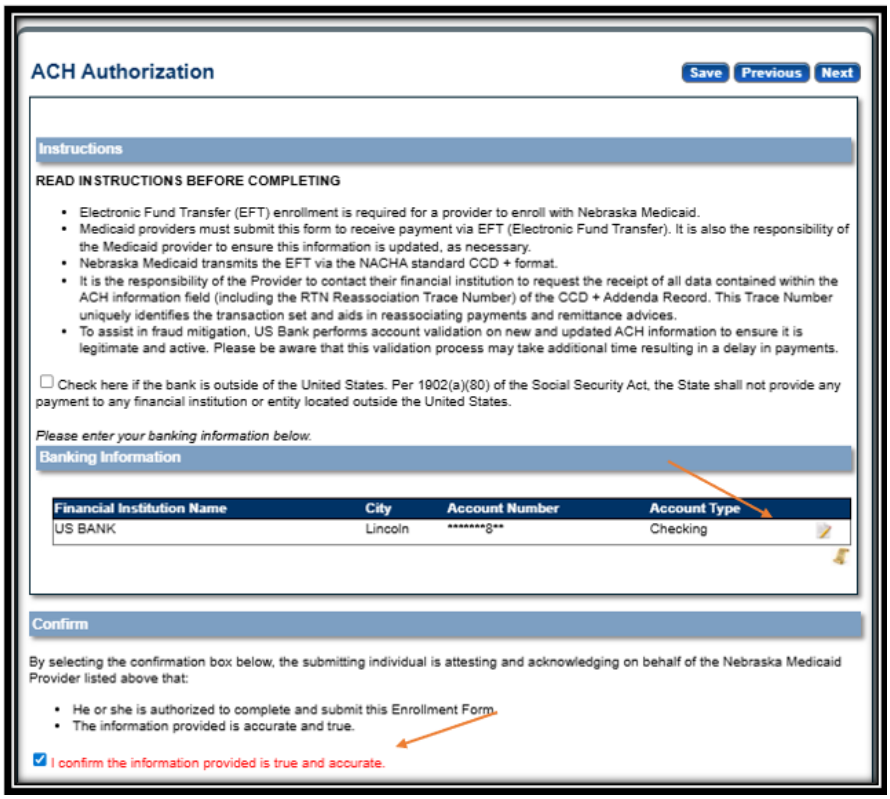
Click **Next**.

You will not be required to upload any documents on the Substitute W9 page.

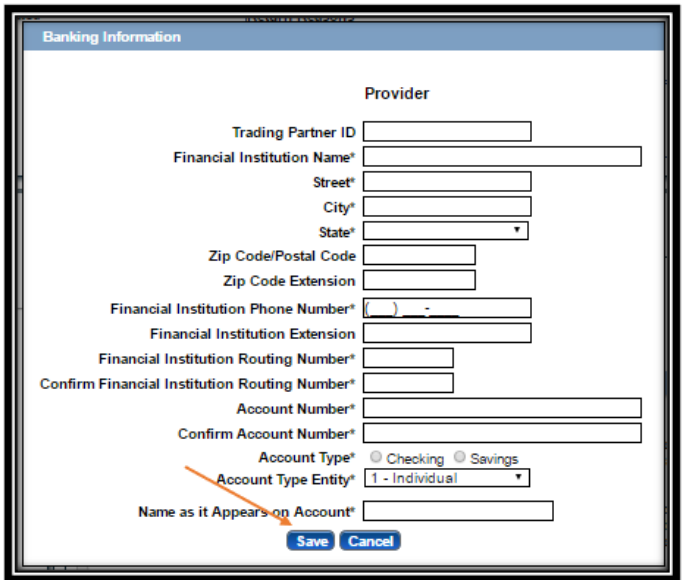
ACH Authorization Page

Only select the Check Box in the Direct Deposit section if you bank is outside the United State. The State will not provide any payment to any financial institution or entity located outside the United States.

To assist in fraud mitigation, US Bank performs account validation on new and updated ACH information to ensure it is legitimate and active. Please be aware that this validation process may take additional time, resulting in a delay in payments.



Click **Add** or **Edit** to enter your checking or saving information for deposits. Complete all required fields and click **Save**.



Check the "I confirm the Information provided is true and accurate" and click **Next**.

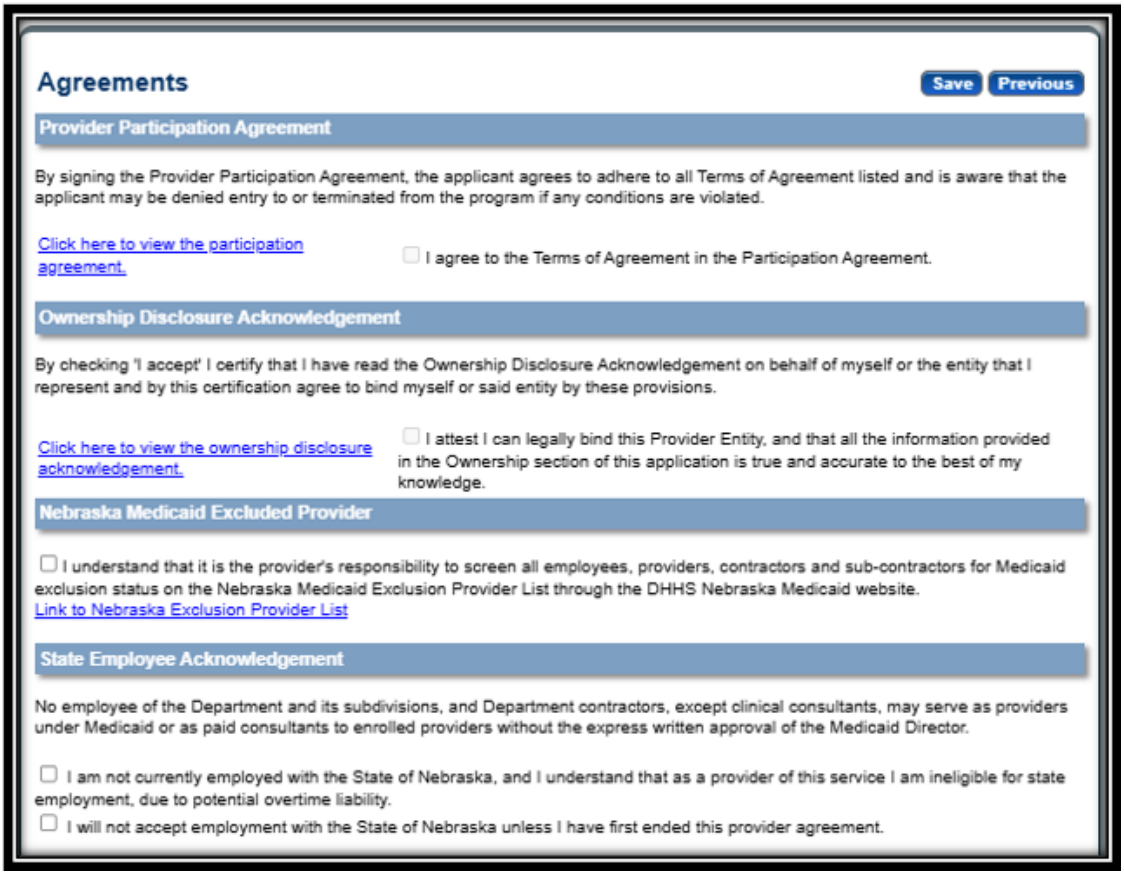
You will not be required to upload any documents on the ACH Authorization page.

Agreements Page

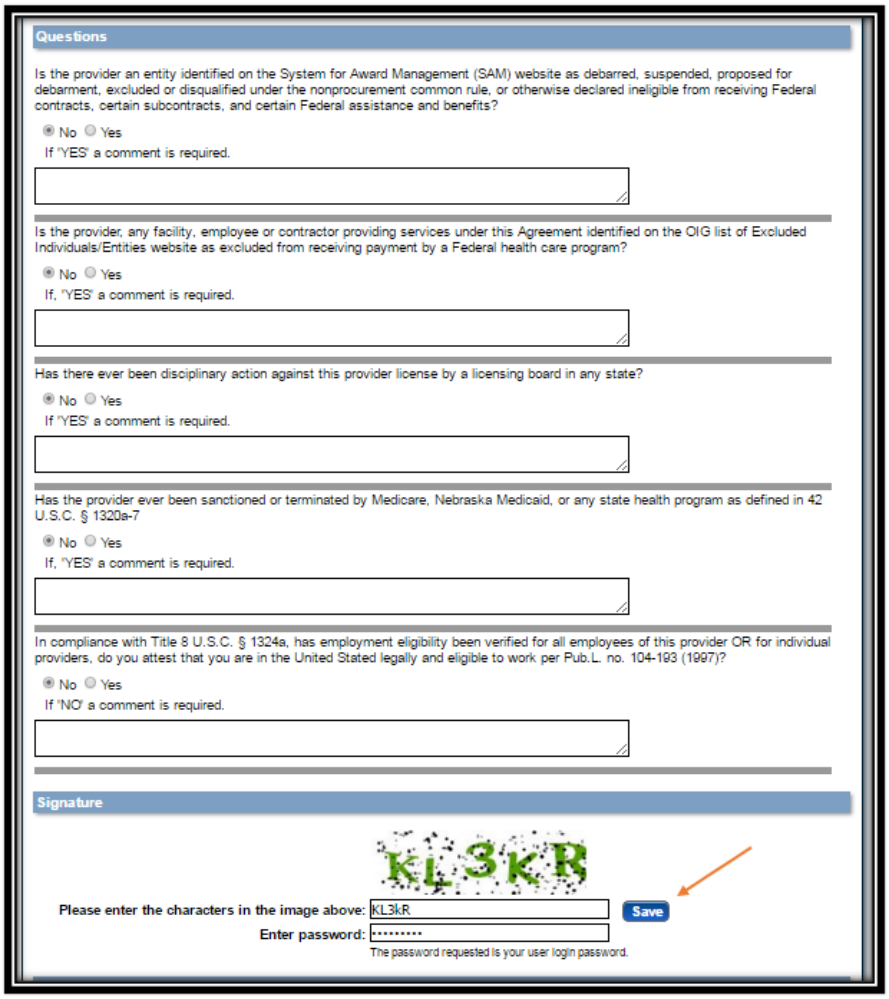
Click on each “Click here to view the entire agreement”. A separate tab will show on your web browser that contains each agreement.

Place a check mark in the “I agree’ or “I attest” box.

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



Answer all questions on the Agreements page.

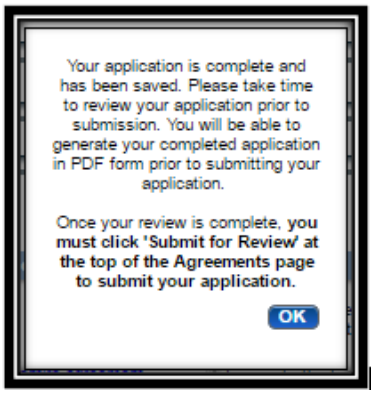


In the Signature section, enter the characters in the image (if applicable)

Note: characters are not case sensitive.

Enter the password and click **Save**.

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

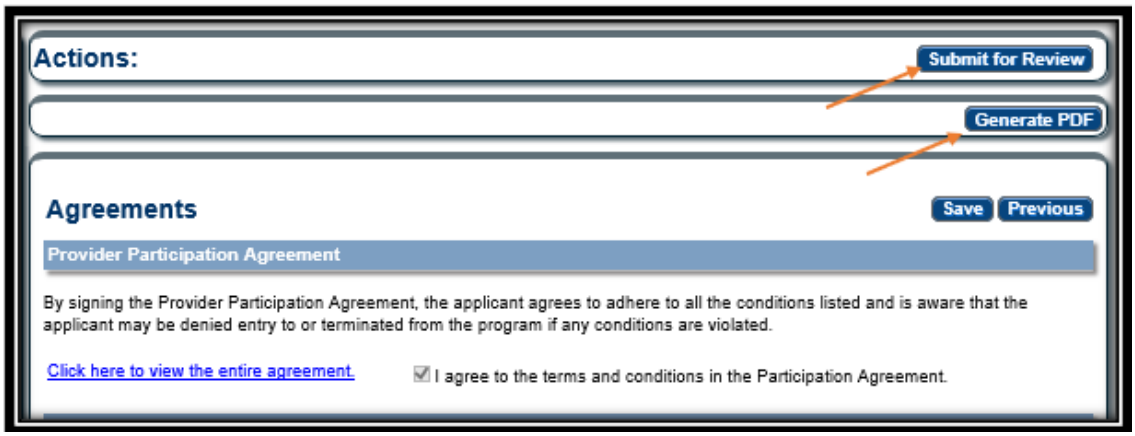


Click **OK**.

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: Changes to your registration are not permitted while the enrollment is being reviewed. New Enrollments and Revalidations are not completed until fully processed. This will result in a Welcome Email and a new Revalidation Date. Watch for email communication.