Nebraska Provider Screening and Enrollment

Individual/Solo Practice Enrollment and Revalidations

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

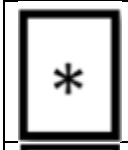
This will be completed at the
Provider Data Management Site (PDMS) for Nebraska Medicaid Provider Screening and Enrollment.

The steps below will guide you through filling out or updating an application for an Individual or Solo Practice.

NOTE: Individual/Solo providers may use an EIN or SSN and must supply a Type 1 NPI. If an EIN is used, an Individual Provider must also supply their Legal Business Name.
If a Type 2 NPI is needed, you must enroll as a GROUP and have your Type 1 NPI listed under your Group Member Affiliation. See the Group Provider Ed and Training Resources.

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.

Individual New Enrollment

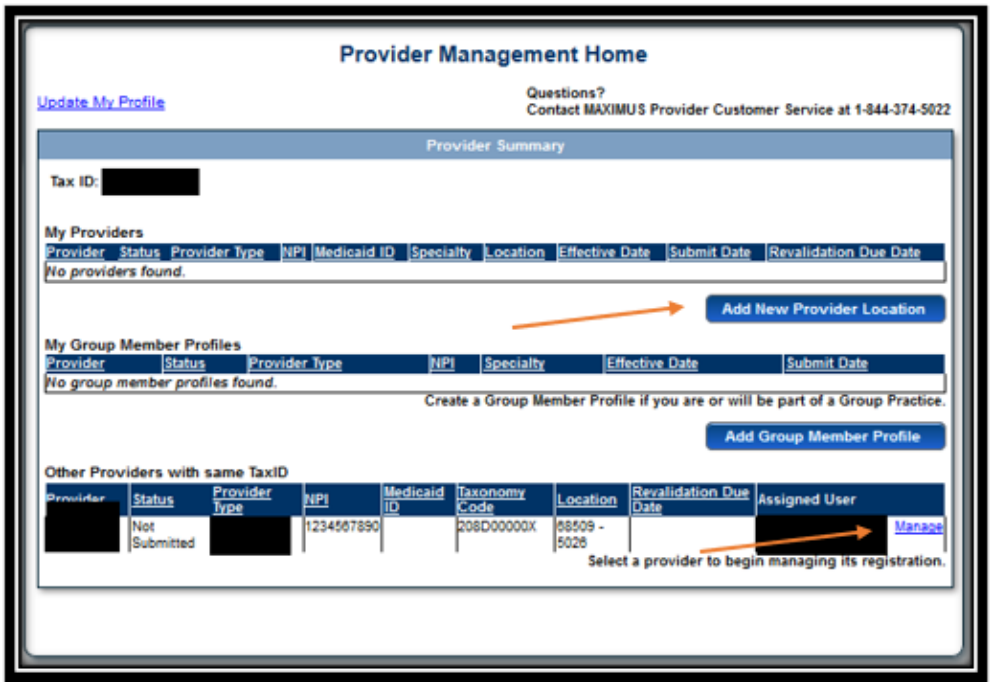
Avoid creating new enrollments. Always update existing enrollments instead of creating a New Provider Location what possible. See the Provider Management Home Screen Instructions for assistance.

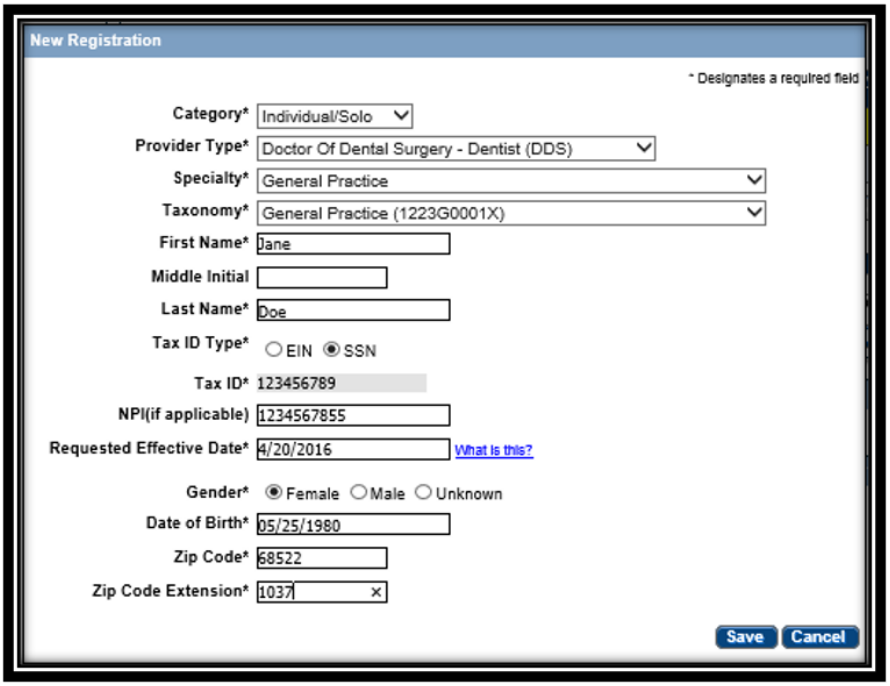
If this is a new Individual Provider to Medicaid select "**Add New Provider Location**."

Complete and confirm all Required Fields.

It is possible for a Solo Provider to also be a group member of a separate group. This provider will have a Solo Provider Location and a Group Member Profile.

- All information will be specific to this Provider. (Provider Type, Specialty, Taxonomy, Name, SSN, Type 1 NPI, Zip and Zip Extension)
- New Solo Providers need to pay close attention to the Requested Effective Date.



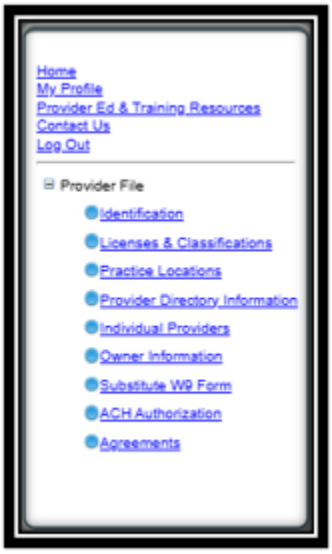


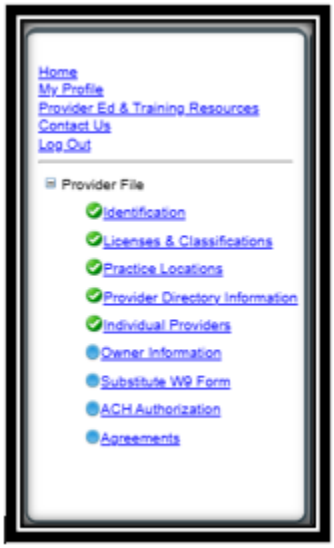
Click **Save**. This will take you to the application.

Viewing the Provider Enrollment

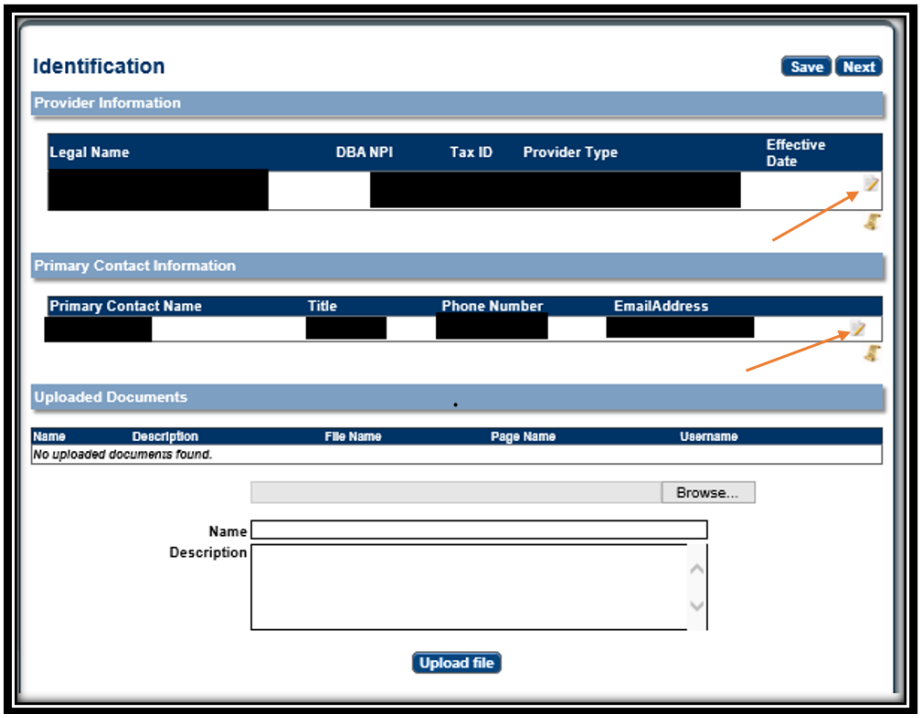
If you want to return to the home page at any time, you need to re-enter this application or Edit a Key Provider Identifier, see the Business/Provider Location Provider-Management Home Resource.

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 check mark when it is completed.

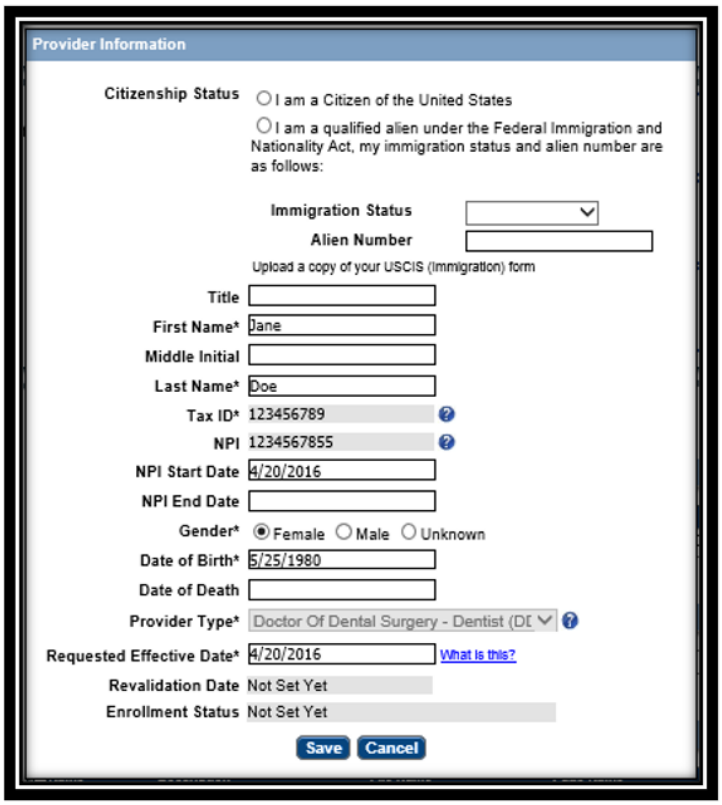




Identification Page



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**.

Your Citizen Status will determine if an Immigration Status and Alien Number are required. It is recommended that documentation is uploaded to help expedite immigration status screening. Useful information includes Alien Number, SEVIS Identifier, I-94 Number, Passport Number, Naturalization/Citizen Number, Card Number (Green Card, Receipt Number, Permanent Resident Number), or Visa number.

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

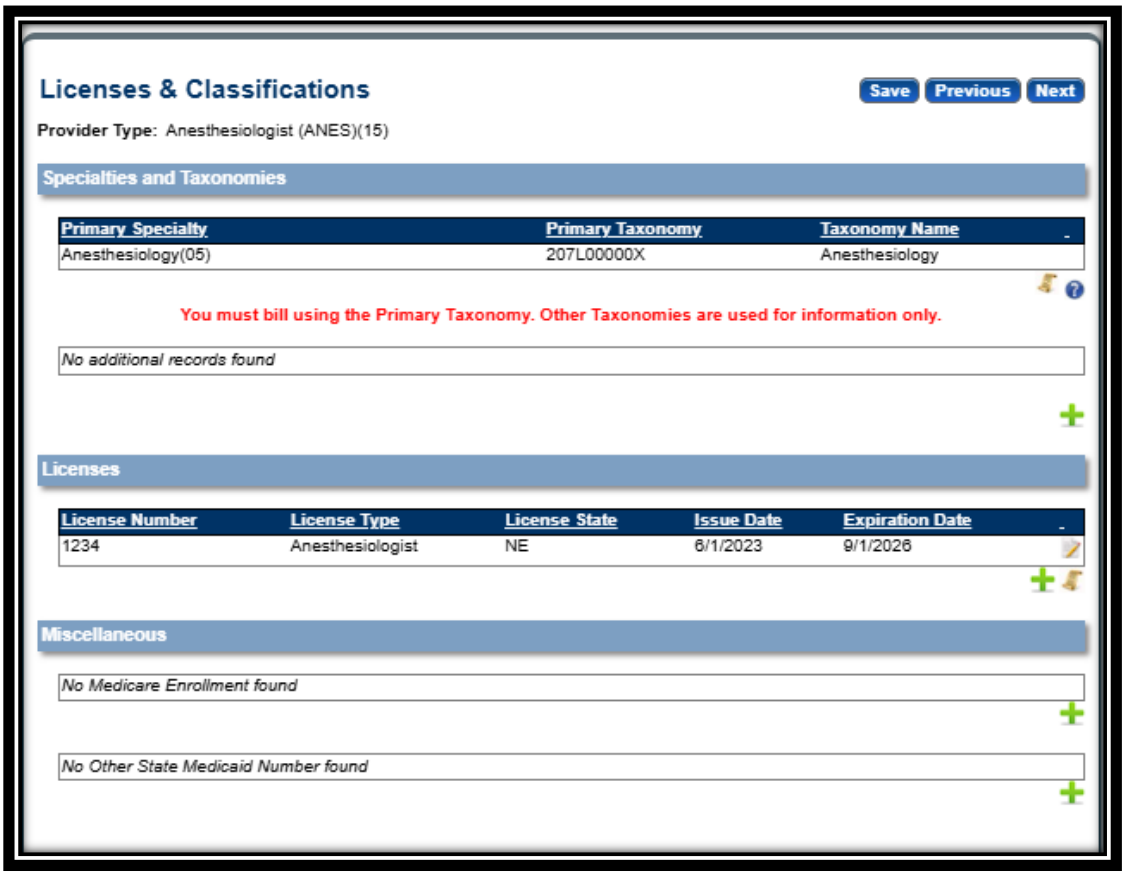
Primary Contact Information on the Identification page, select **Add** or **Edit**. The following box will open:

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

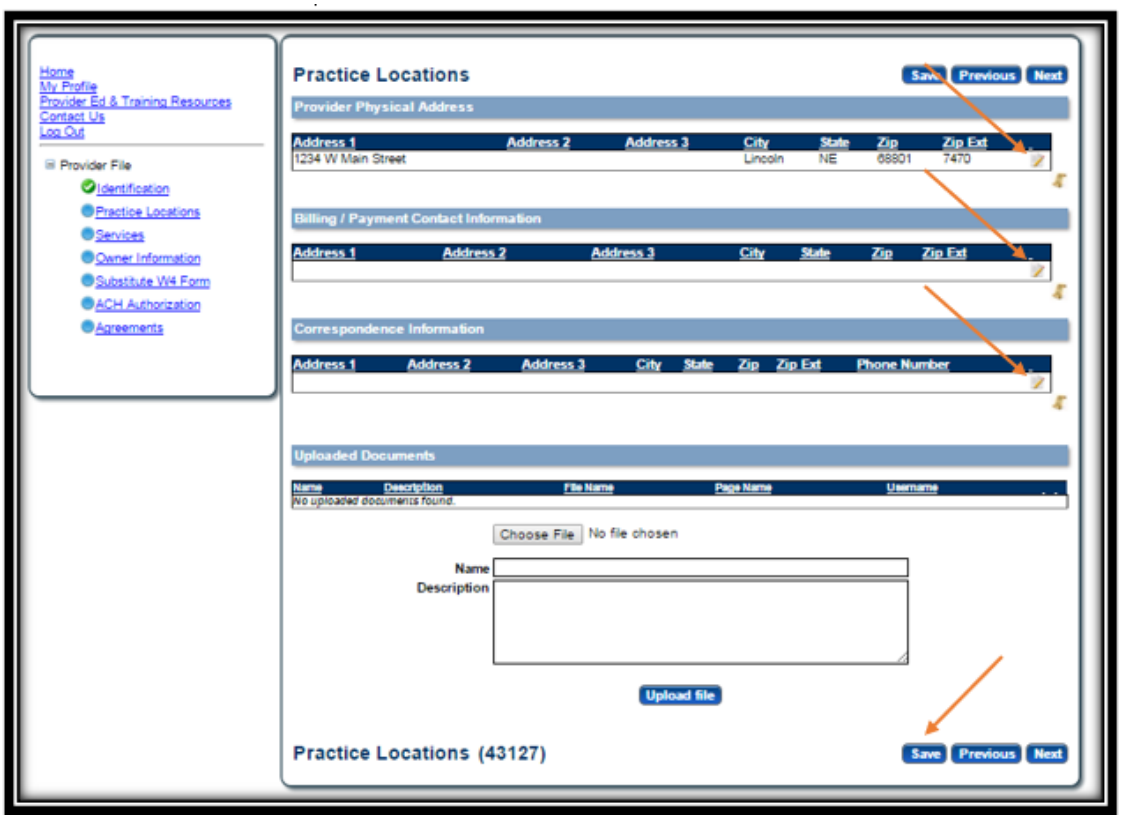
Solo Providers must enter or update license information. Select the **Add** or **Edit** button to enter and confirm the license if required on this page.

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

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.*

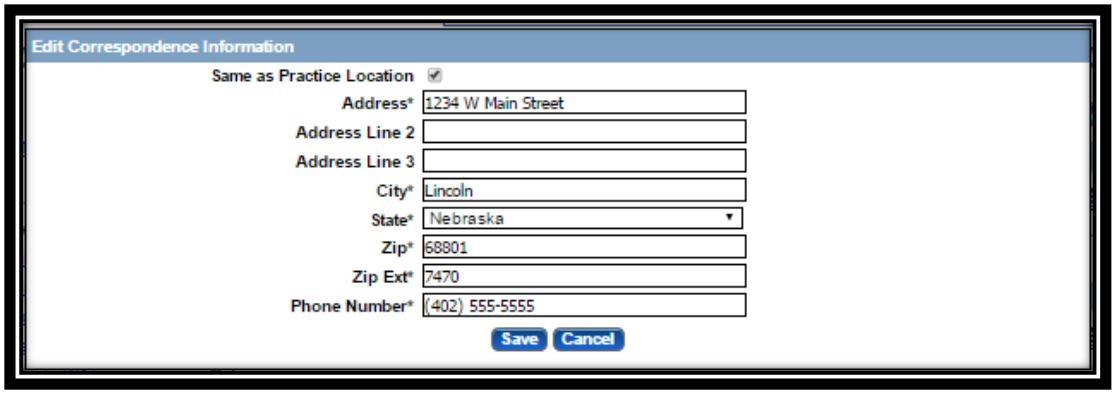
Billing/Payment Contact Information

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.

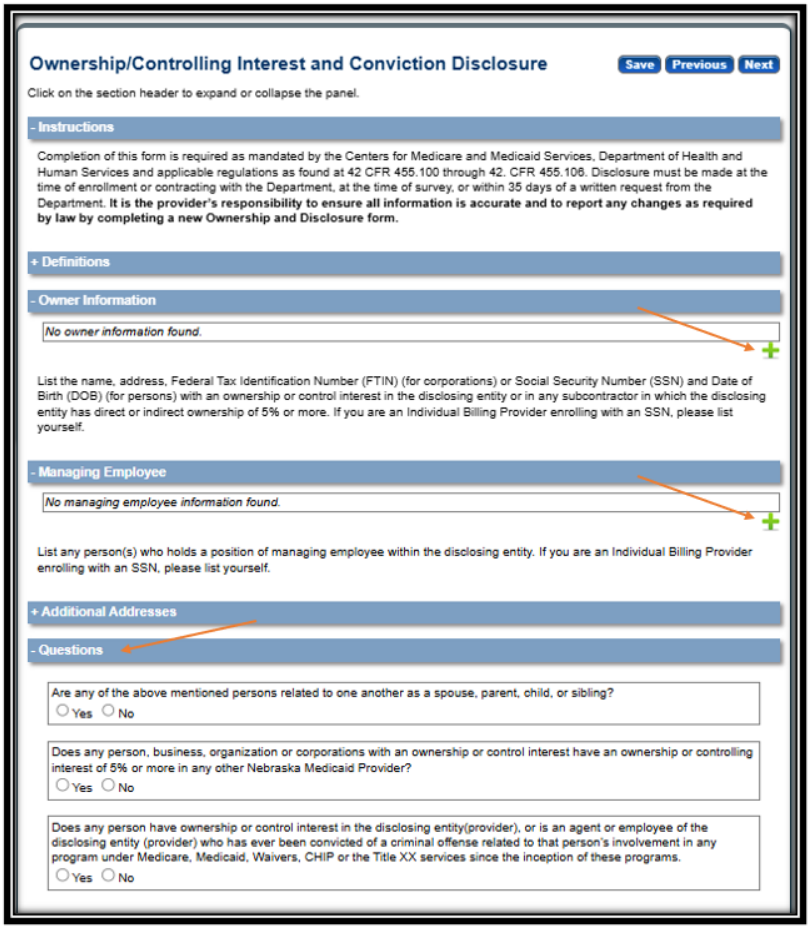
Select **Next** to proceed to the next page.

Provider Directory Information Page

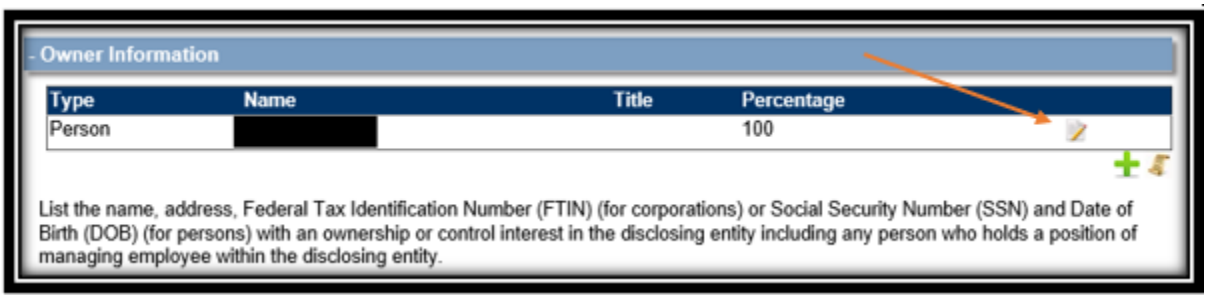
The Provider Screening and Enrollment system now collects Provider Directory information. Responses to the questions will be included on the public Medicaid Provider Directory on the DHHS website, as required by the Centers for Medicare and Medicaid Services (CMS). Questions are optional, but providers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

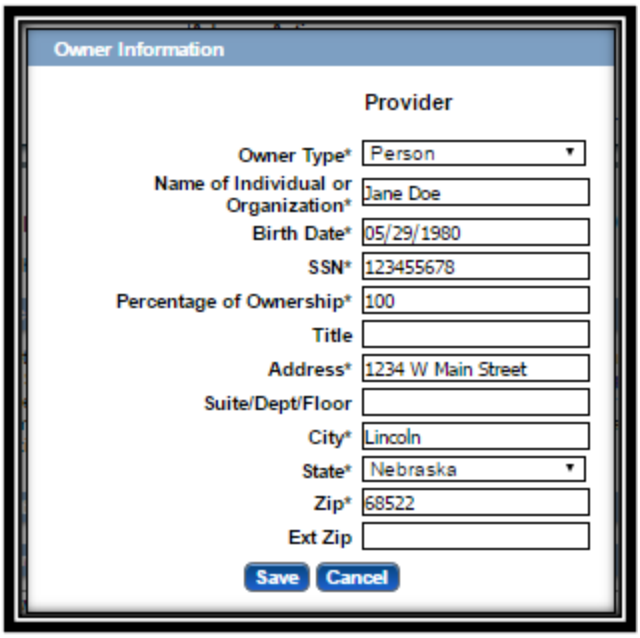
Ownership and Controlling Interest and Conviction Disclosure Page

Expand the “Owner Information” section by clicking on the small white plus.



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.

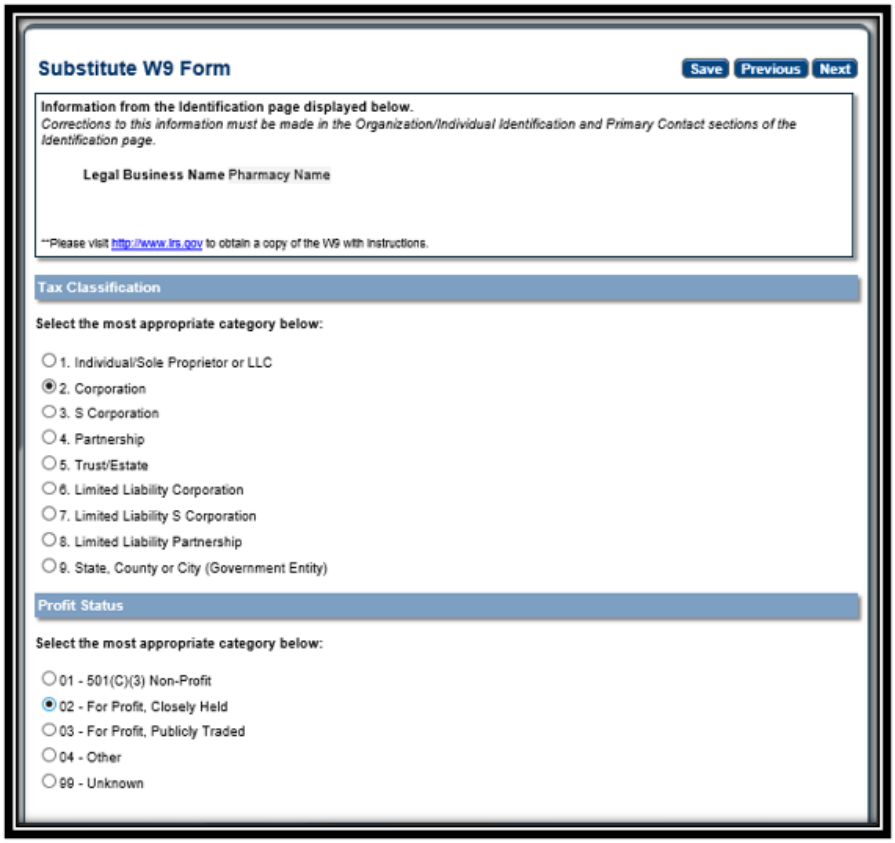
Complete the Questions section and click **Next**.

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

Solo Providers are required to complete a Substitute W9 Form.



Select the appropriate Tax Classification and Profit Status.

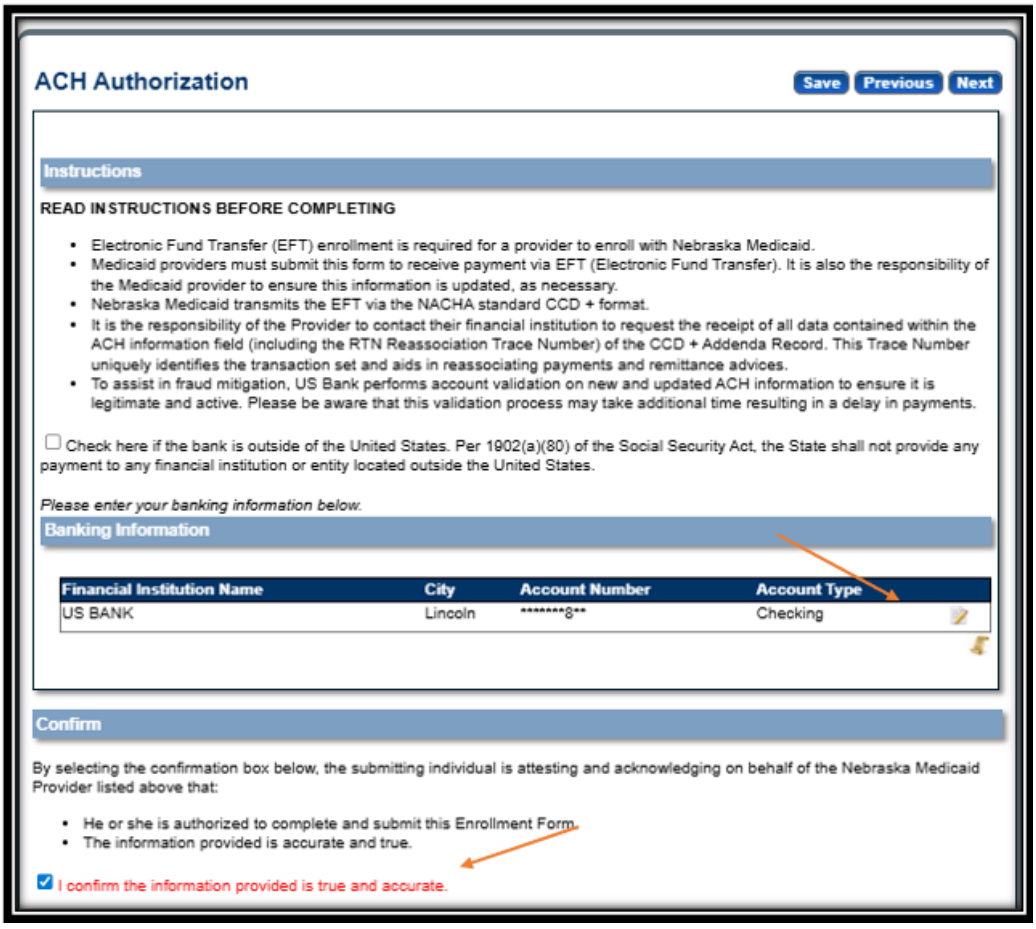
Click **Next**.

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

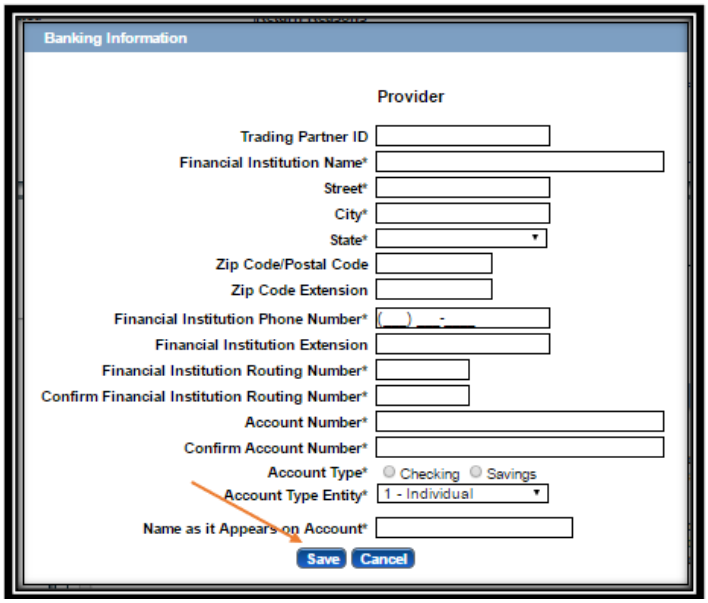
ACH Authorization Page

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**.

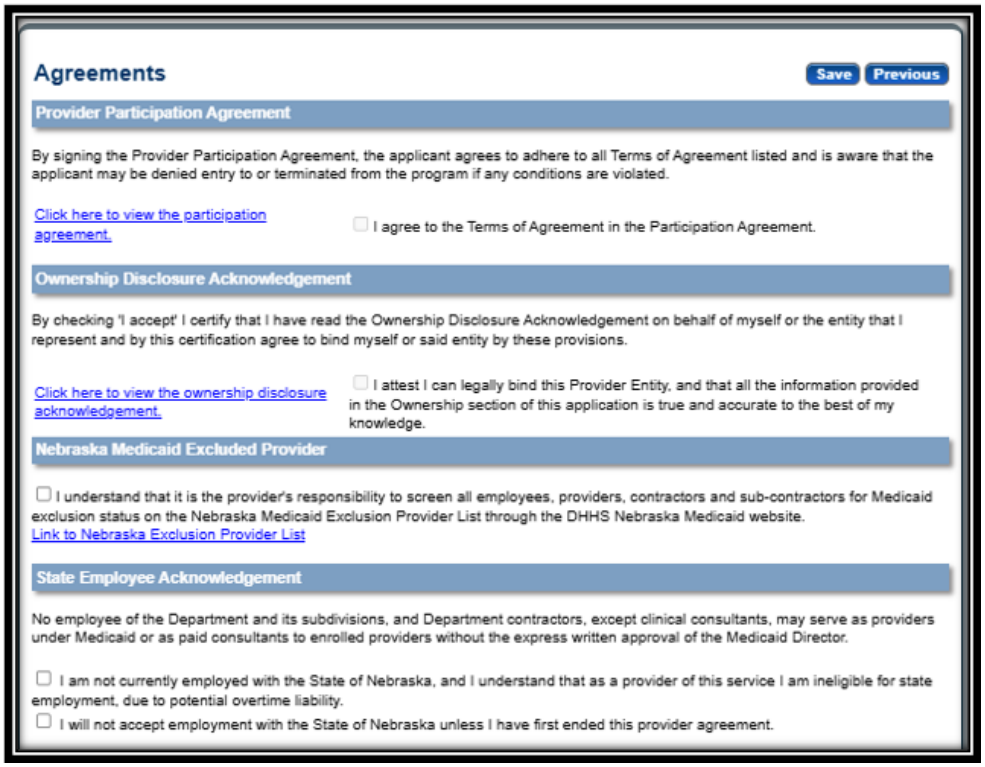
You will not be required to upload any documents on the ACH Authorization page.

Agreements Page

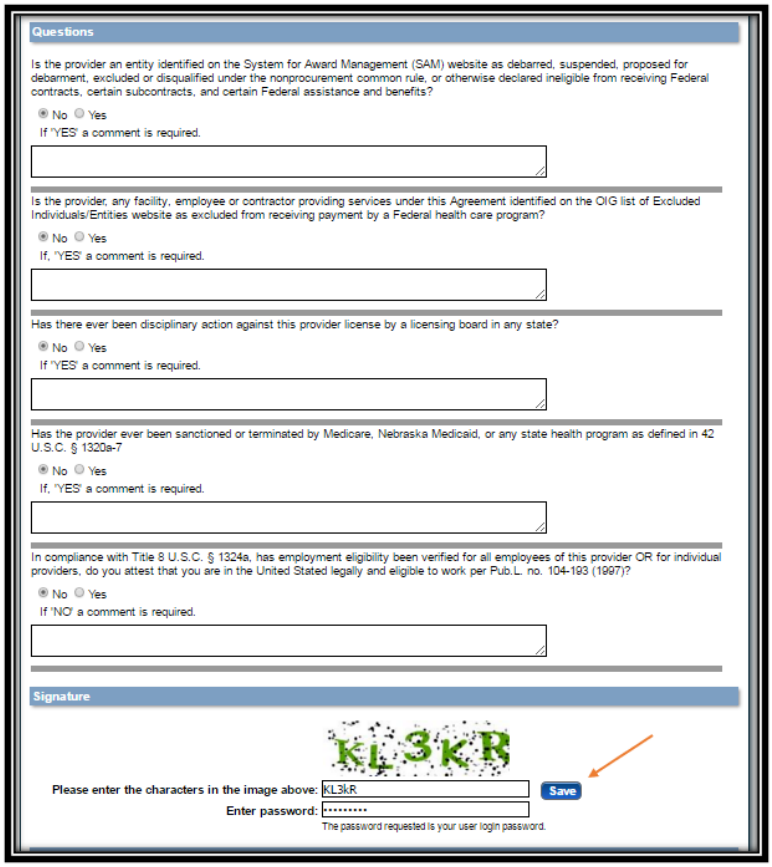
Click on each “Click here to view the entire agreement.” A separate tab will show on your web browser that contains each agreement.

Place a checkmark 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.

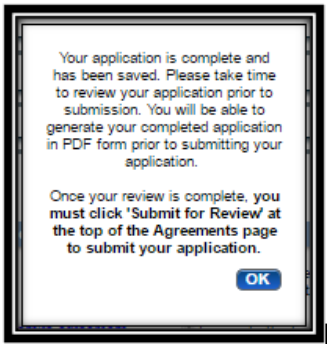


In the Signature section, enter the characters in the image (if applicable)

Note: characters are not case sensitive.

Enter the password and click **Save**.

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

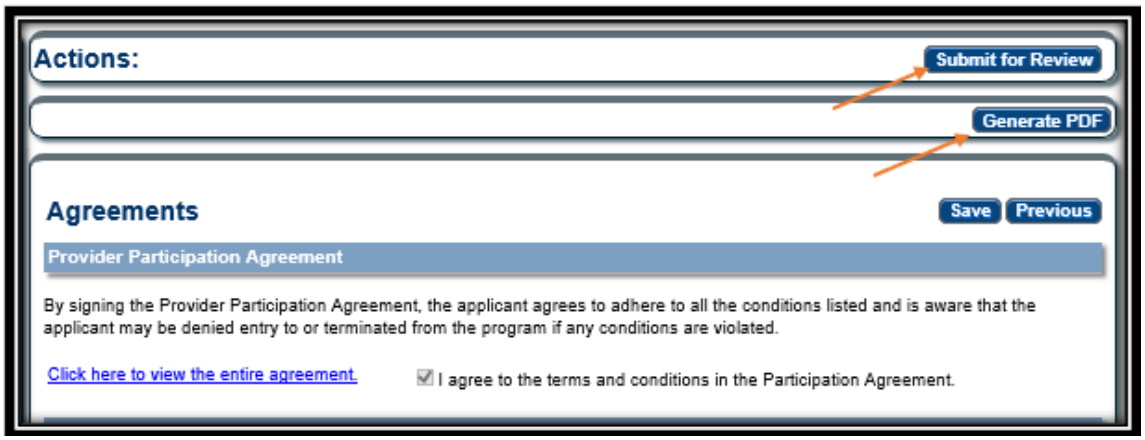


Click **OK**.

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.