Nebraska Provider Screening and Enrollment

Home Care Based Services (HCBS)

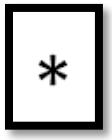
Updating Information

https://www.nebraskamedicaidproviderenrollment.com

The steps below will guide you through updating information for HCBS providers.
All applications must be submitted for review when completed.

Symbols to watch for:

 Edit

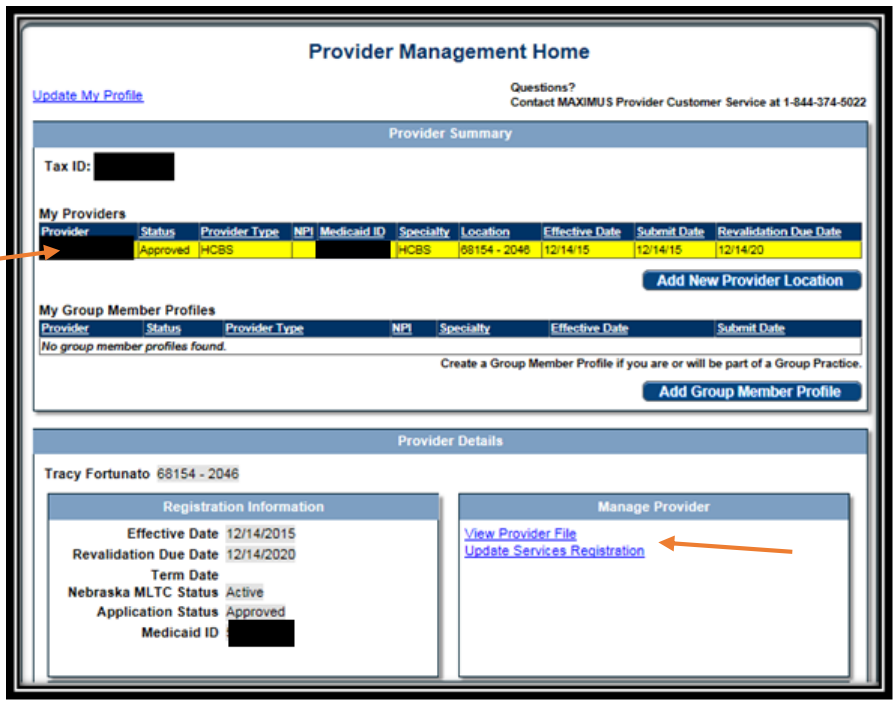
 Required

 Add

 Key Provider Identifier

 Delete

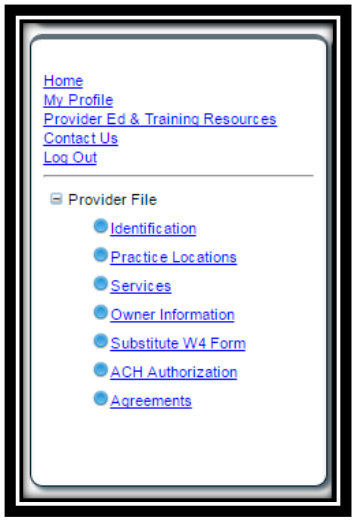
1. Log into the Portal. See Account Creation for Instructions.
2. The provider name must be highlighted by selecting the Provider's **NAME**.
    1. Click **Update Services Registration** to update enrollment information.

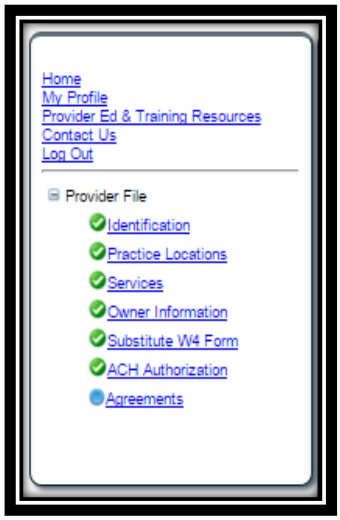


➢This will take you to the application.

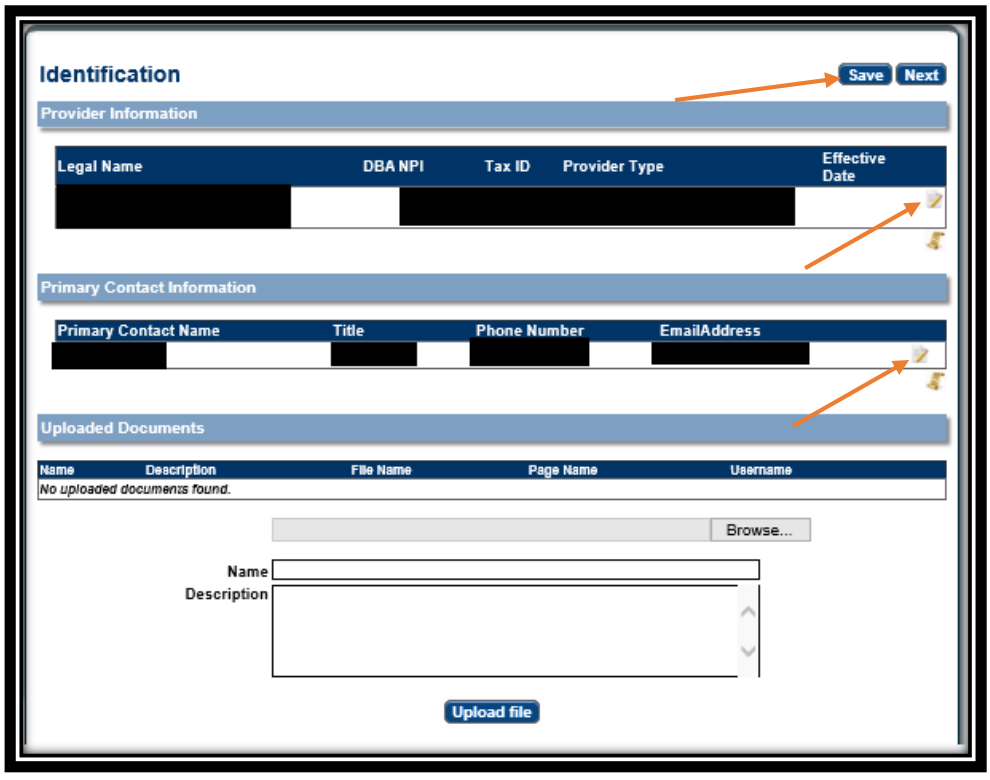
If at any time you want to return to the home page, need to re-enter this application or Edit a Key Provider Identifier, see the HCBS Provider Management Home Resource.

➢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.

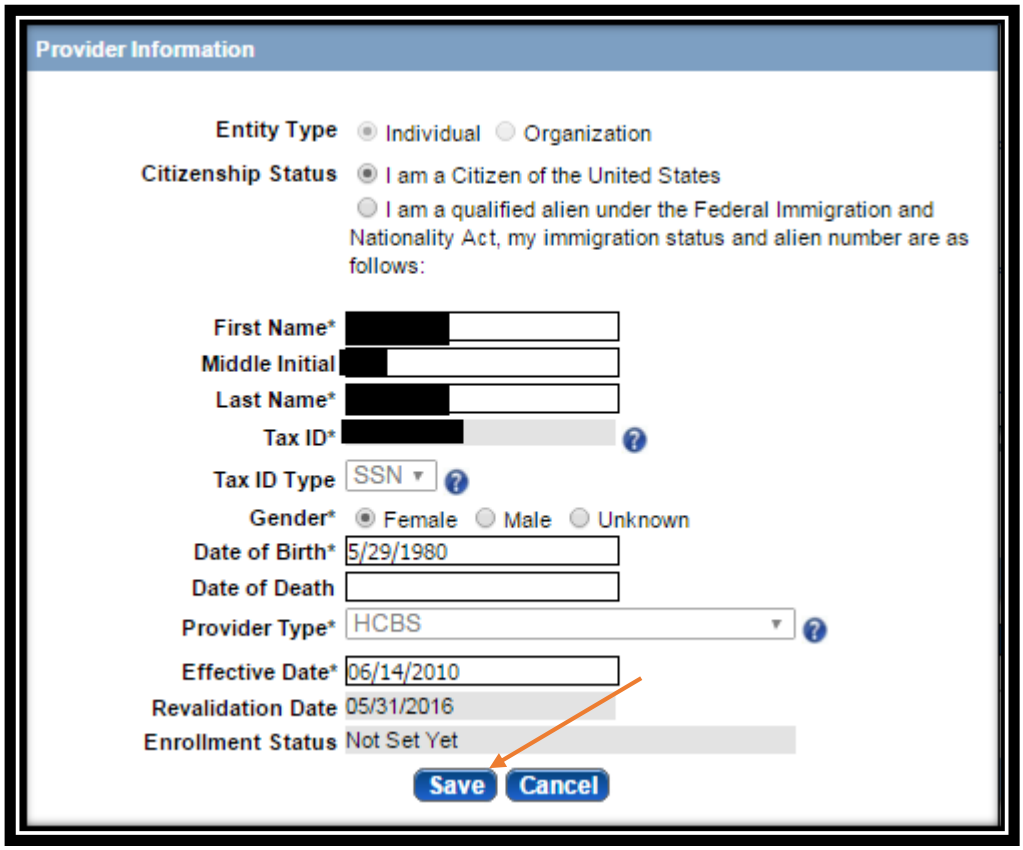




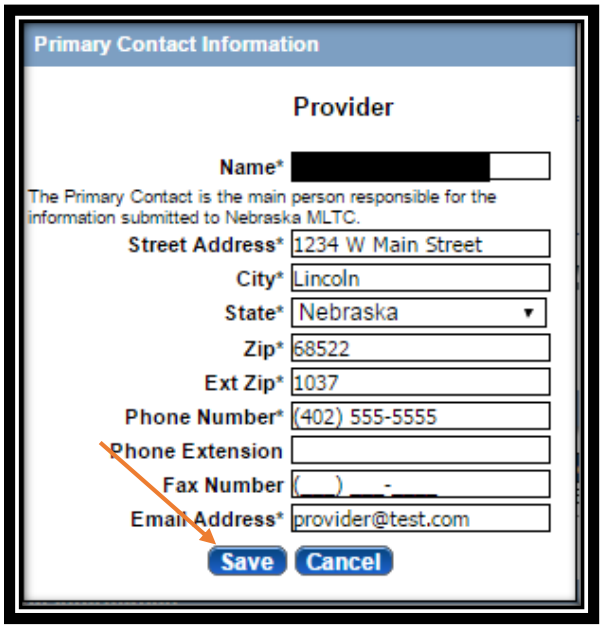
3. Identification:



1. Complete the Provider Information section by selecting the edit symbol. The following box will open:



2. Select the appropriate citizen status, complete all required fields, ensure all the information is correct and select **Save**.
   - If you are a qualified alien under the Federal Immigration and Nationality Act, select the applicable immigration Status and prove your alien number.
   - See the HCBS Provider Management Home Resource if a Key Provider Identifier is incorrect.
3. Primary Contact Information. On the Identification page, select Edit. The following box will open:

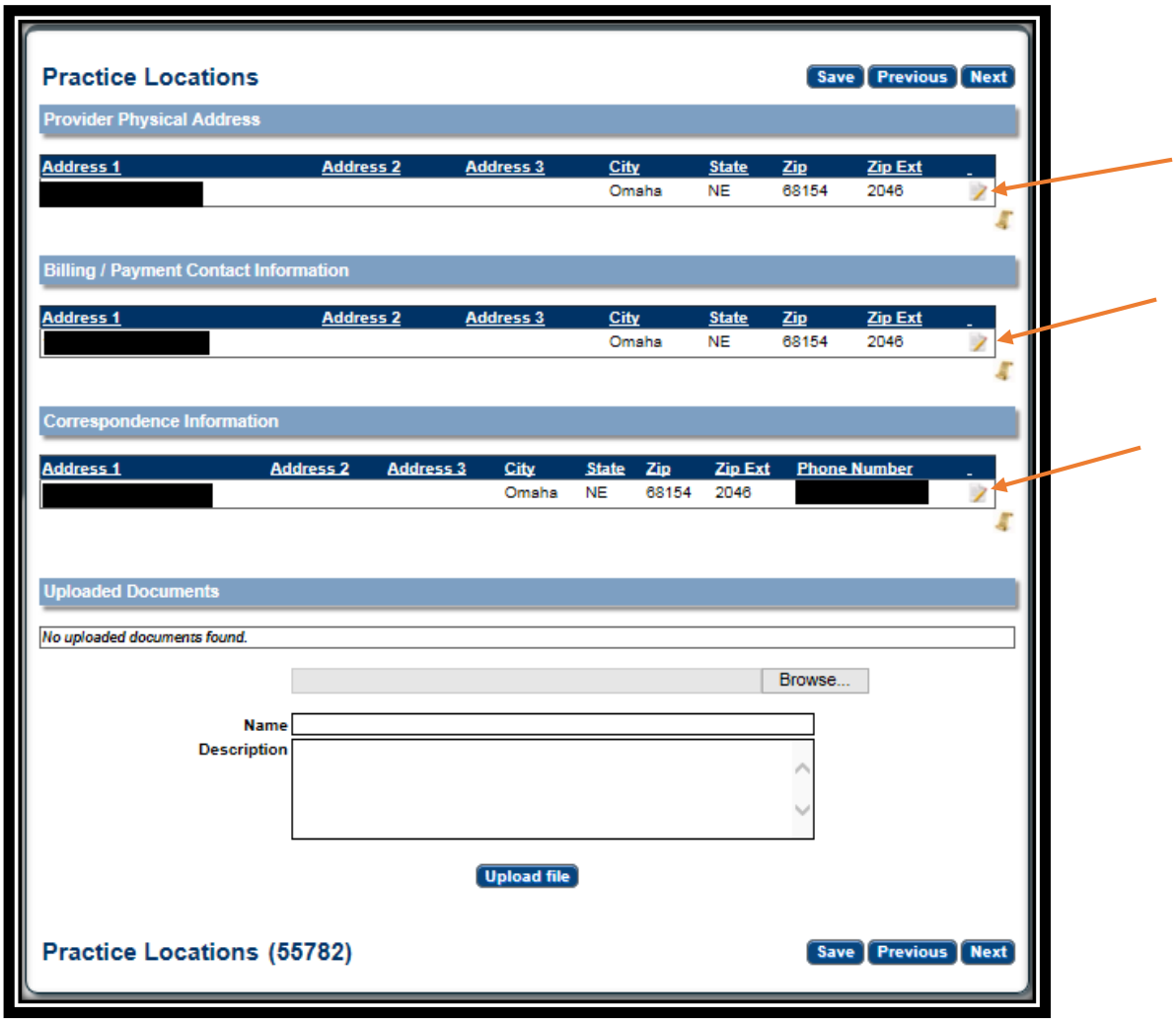


4. Ensure all of the information is correct and select **Save**.

On the Identification page you will not be required to upload any documents, unless you are requesting for a retro effective date.

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

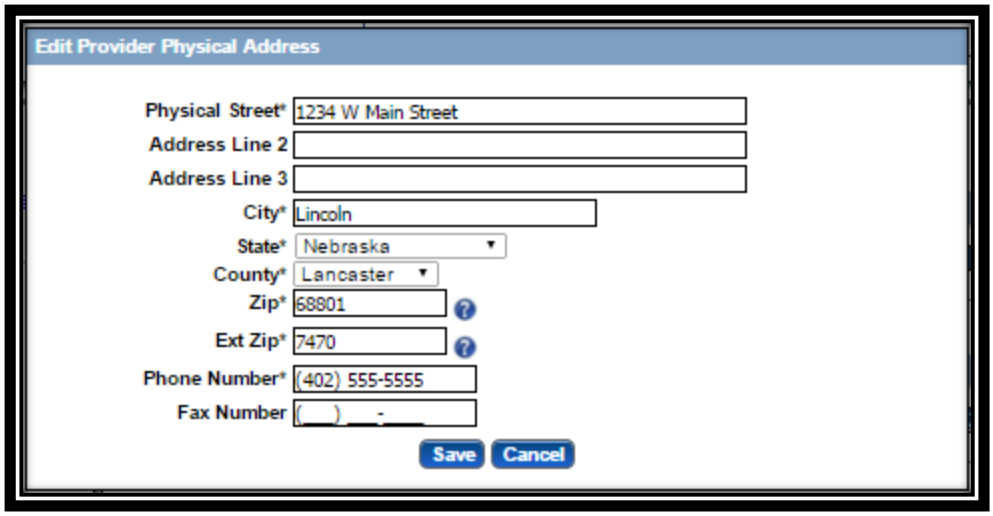
4. Practice Locations:



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

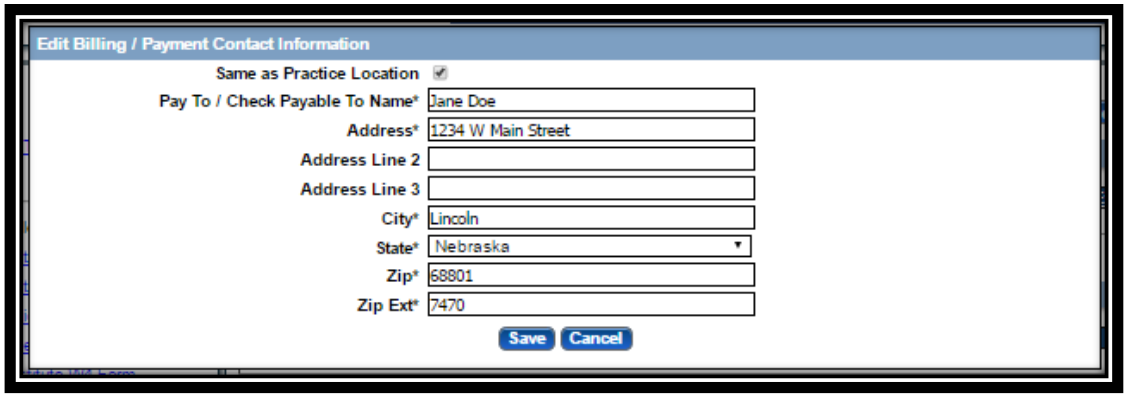
Note: If you provide services in a client's home **do not enter the client's address**. Enter the address of your primary residence.

1. Provider Physical Address:
   - ➢ Click the edit symbol.
   - ➢ The following box will open:



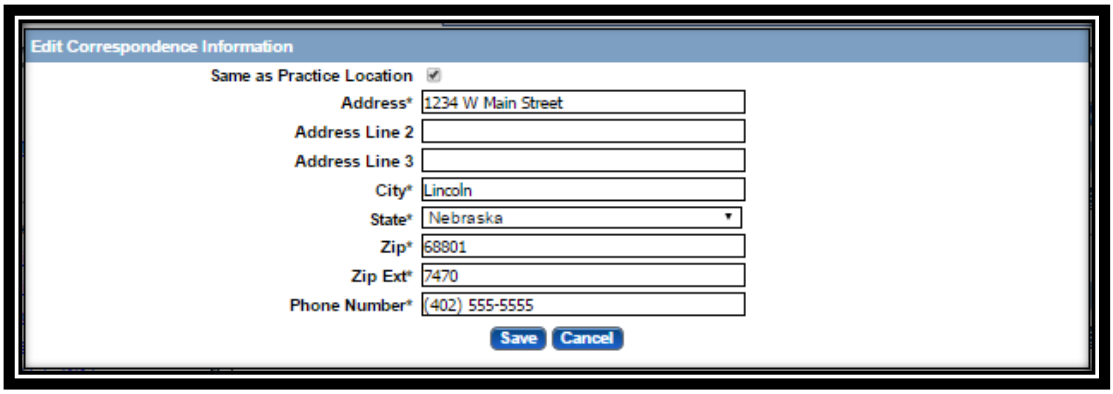
- Complete All required fields, confirm all information is correct, and select Save.
- See the HCBS Provider Management Home Resource if a Key Provider Identifier is incorrect.

2. Correspondence Information:
   - Click the edit symbol.
   - The following box will open:



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

3. Correspondence Information:
   - Click the edit symbol.
   - The following box will open:

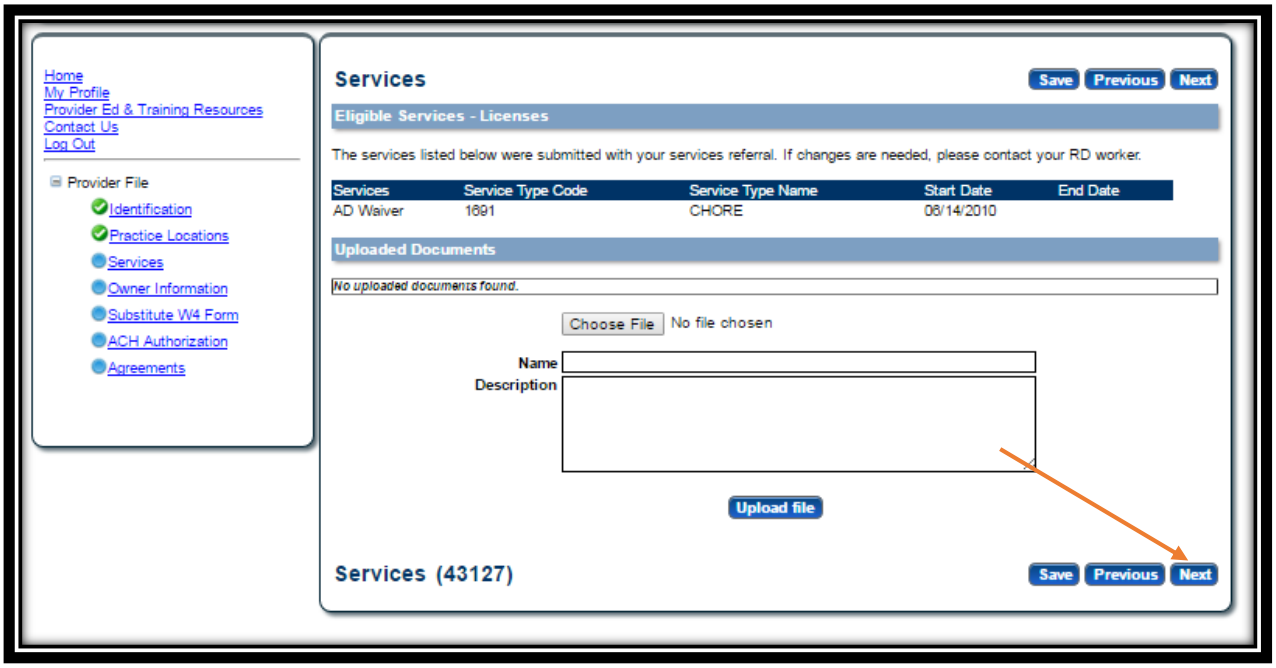


➢ Complete all required fields, confirm all information is correct, and select **Save**.

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

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

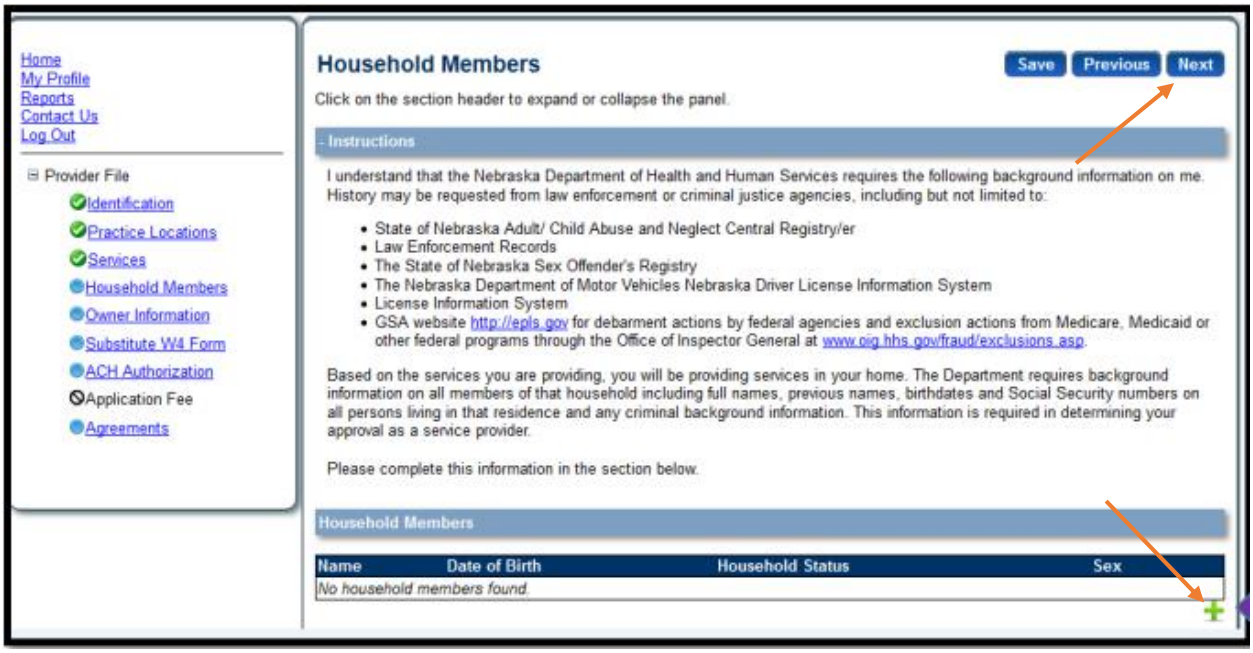
5. Services:
    1. The Program Services Code(s) the provider is authorized to provide will be present on this page. No action is required.



2. Select **Next**.

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

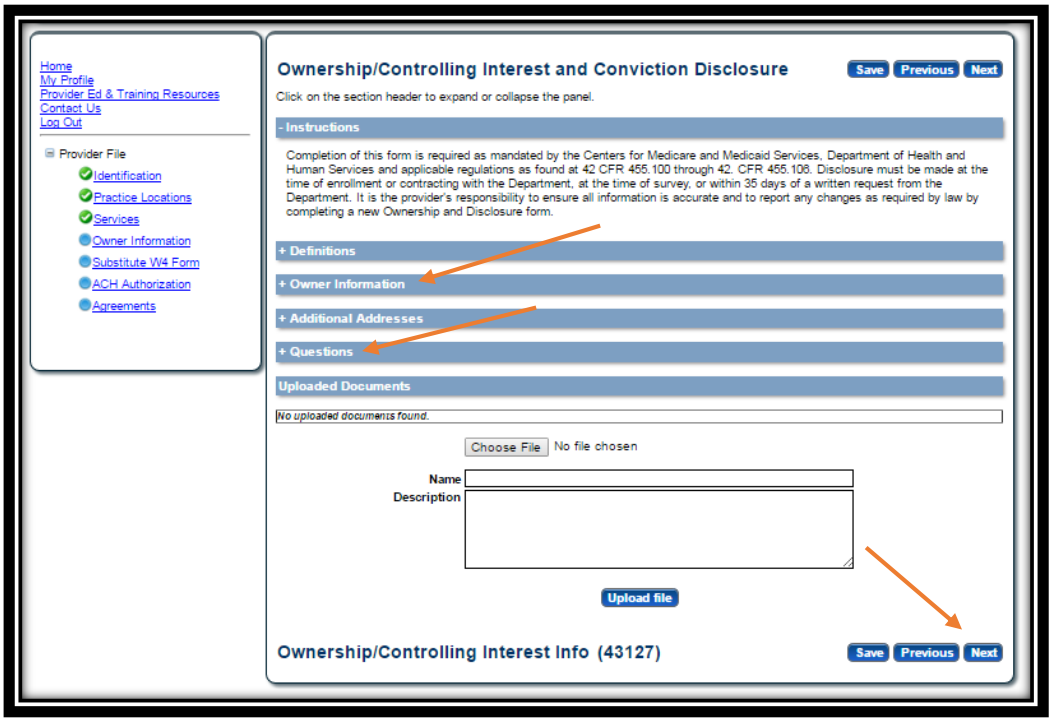
6. Household Members: NOT ALL PROVIDERS WILL HAVE THIS PAGE.
    1. Some HCBS providers are required to list Household Members living in their home. You do not have to list the provider (yourself) or the client. List or confirm ALL other people that live at the Provider's Physical Address.



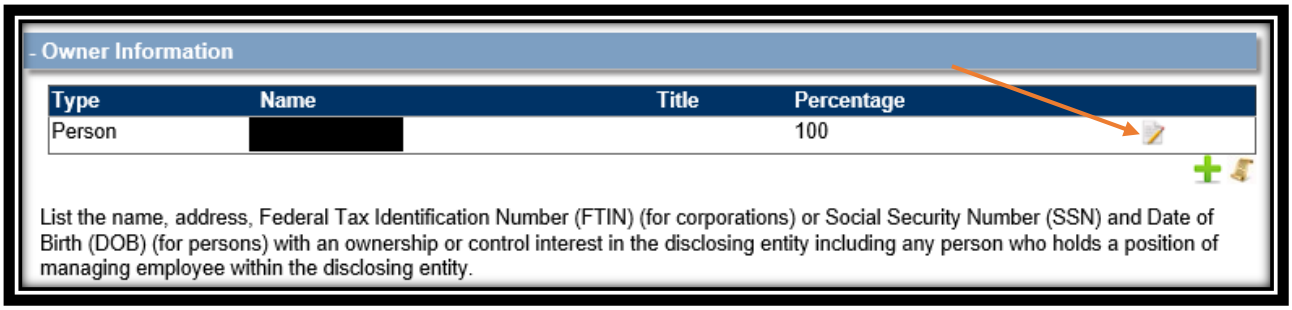
2. Select **Add** or **Edit** to make necessary changes to household members.
3. When all Household Members have been entered click **Next**.

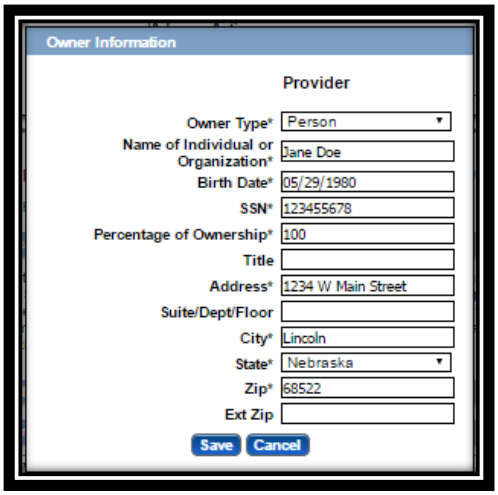
You will not be required to upload any documents on the Household Members page.

7. Ownership/Controlling Interest and Conviction Disclosure:
    1. Expand the "Owner Information" section by clicking on the small white plus.

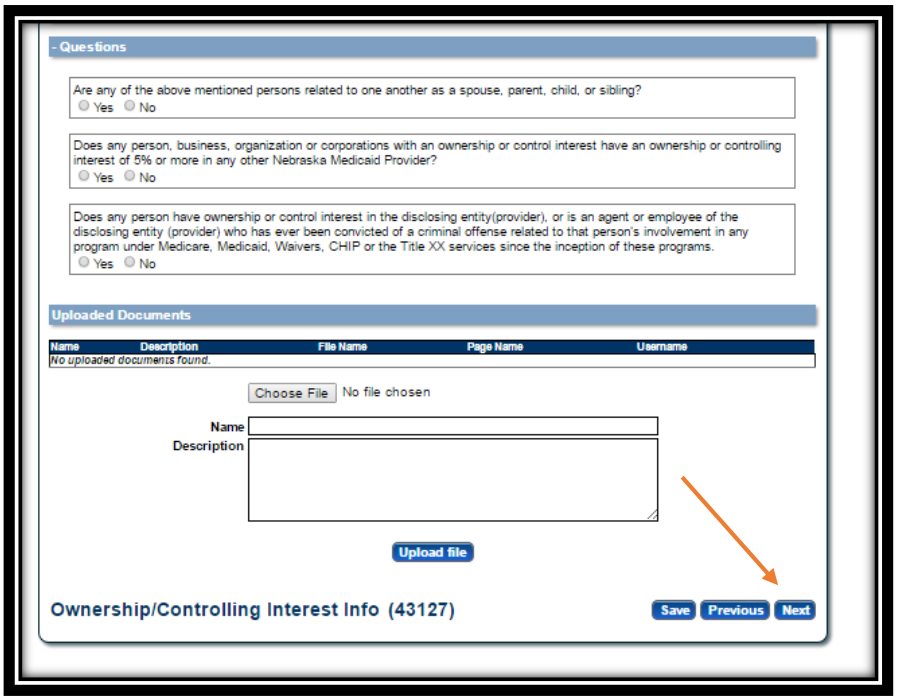


2. Select **Add** of **Edit** to make necessary changes.
   Note: Most HCBS will list themselves as the owner at 100%.





3. Select **Save**.
4. Complete the Additional Addresses section if necessary.

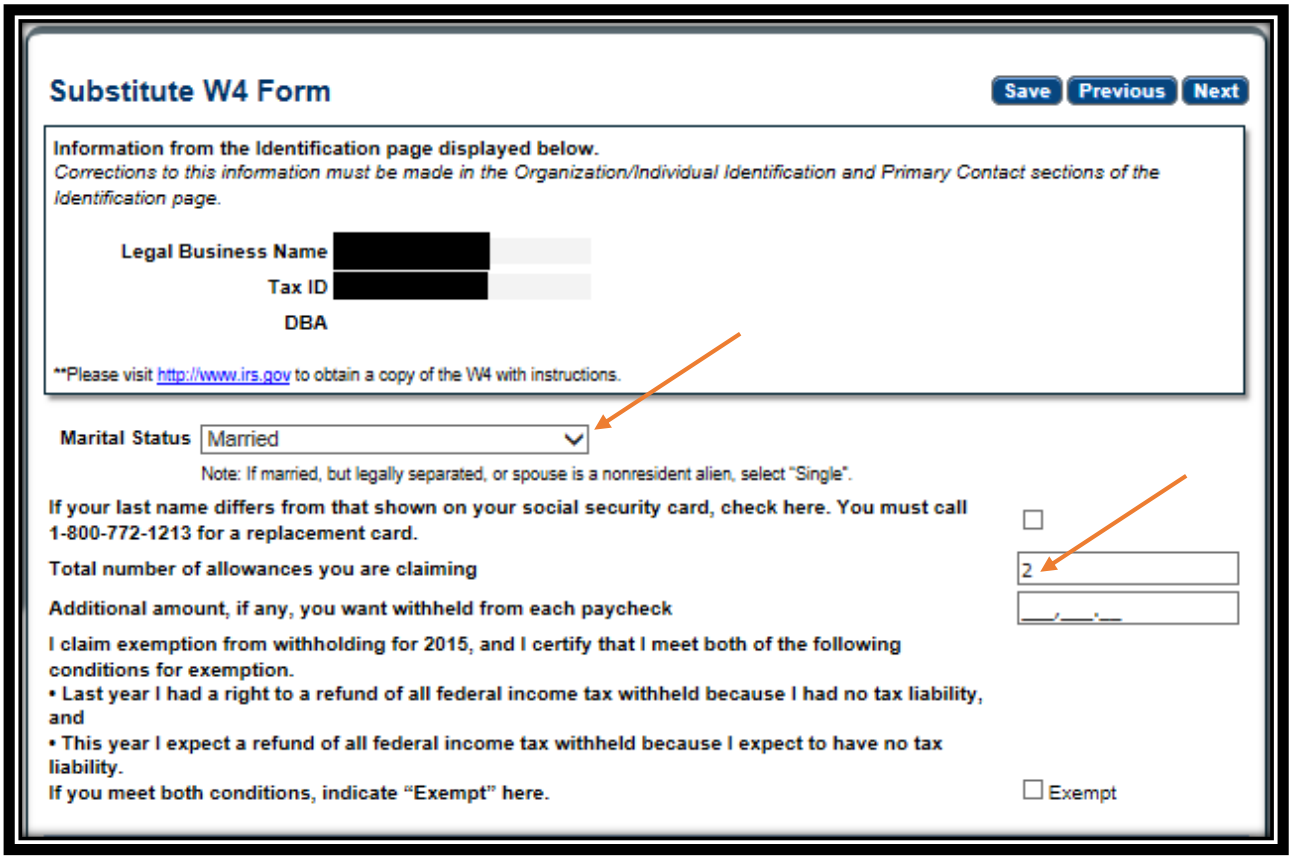


5. Complete the Questions section and click **Next**.

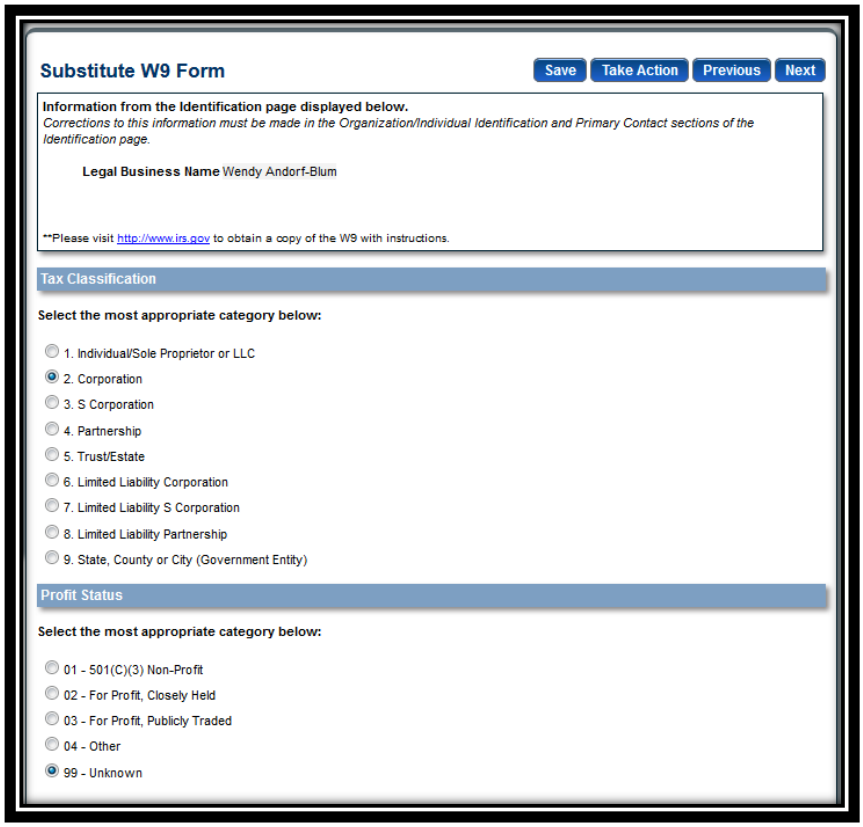
Note: If only one owner is listed, the first question will be answered “No”.

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

8. Substitute W4 Form or W9 Form:
    1. Individuals will have a Substitute W4 Form.
        - ➢Fill out all Applicable fields. Marital Status and Allowances are required.
        - ➢Click **Next**.

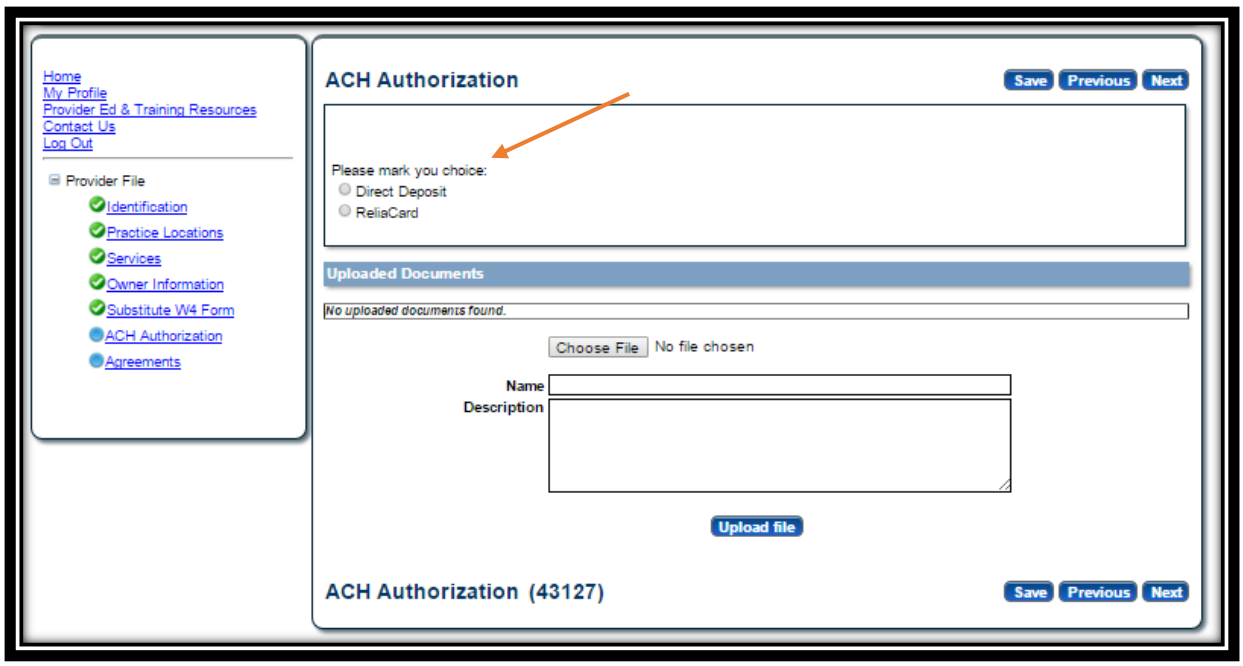


    2. Organizations will complete a Substitute W9 Form.
        - ➢Confirm the appropriate Tax Classification and Profit Status.
        - ➢Click **Next**.

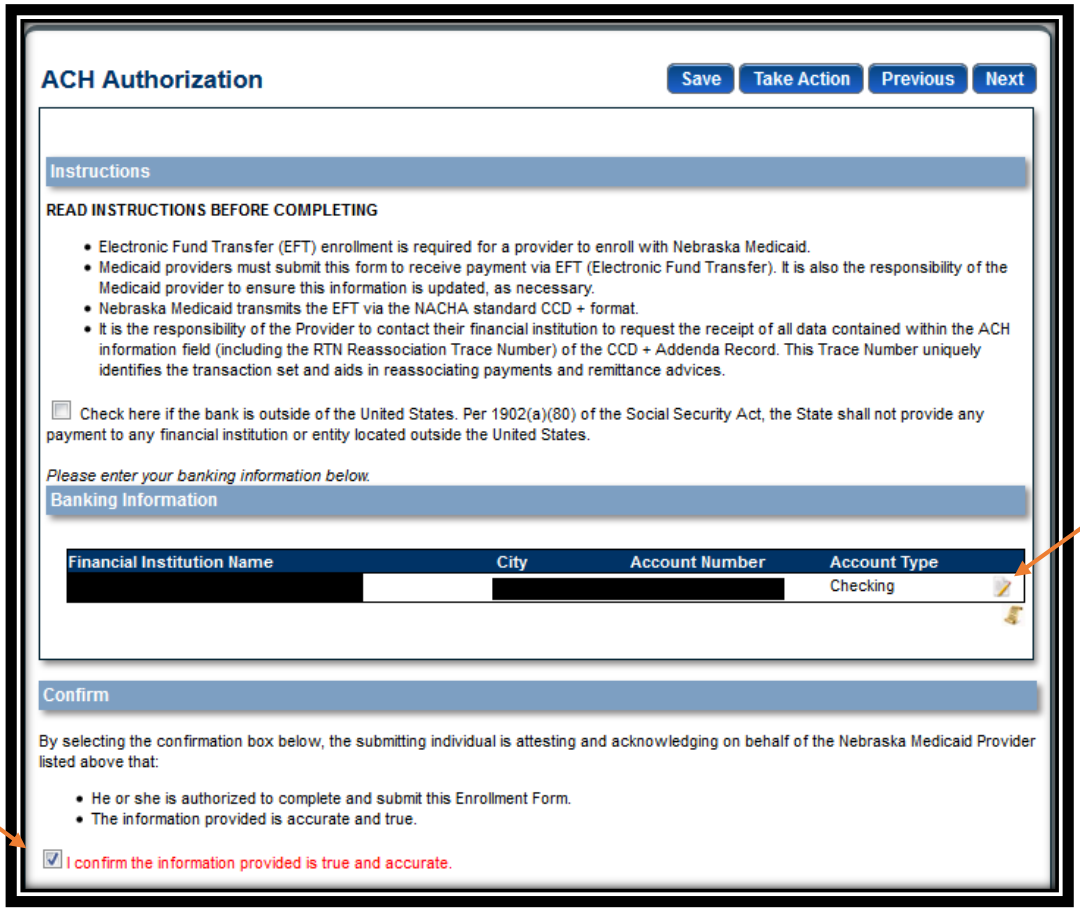


You will not be required to upload any documents on the Substitute W4 or W9 page.

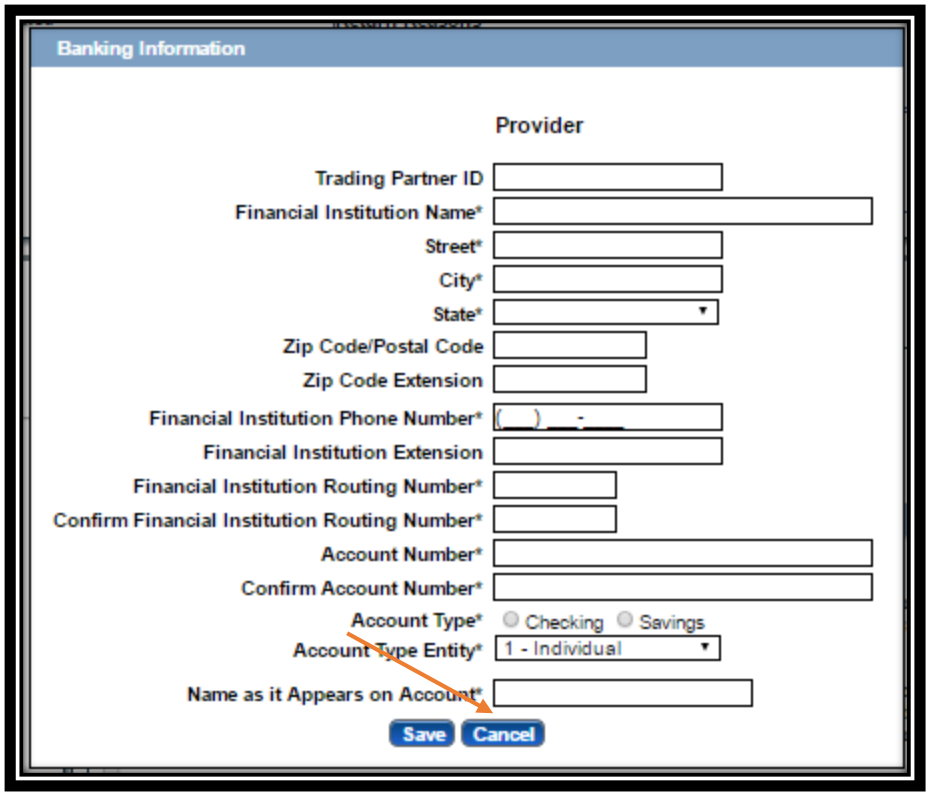
9. ACH Authorization:
    1. Select your payment method.



- If you select Direct Deposit:
  - Only select the Check Box in the Direct Deposit section if you bank is outside the United State.

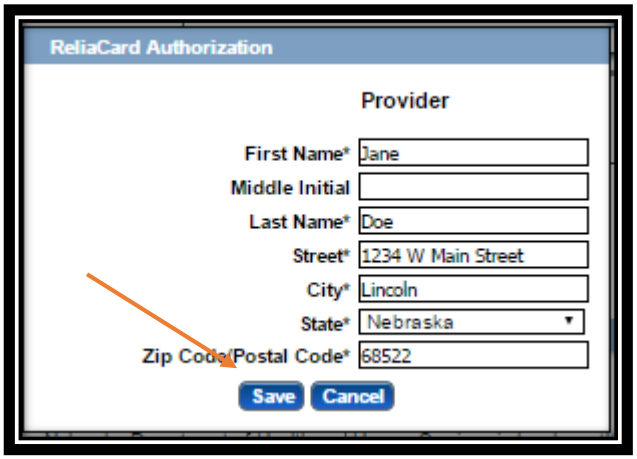


- Click **ADD** or **EDIT** to confirm or change your checking or saving information for deposits. Complete all required fields and click **Save**.
- Select "I confirm the information provided is true and accurate" and click **Next**.



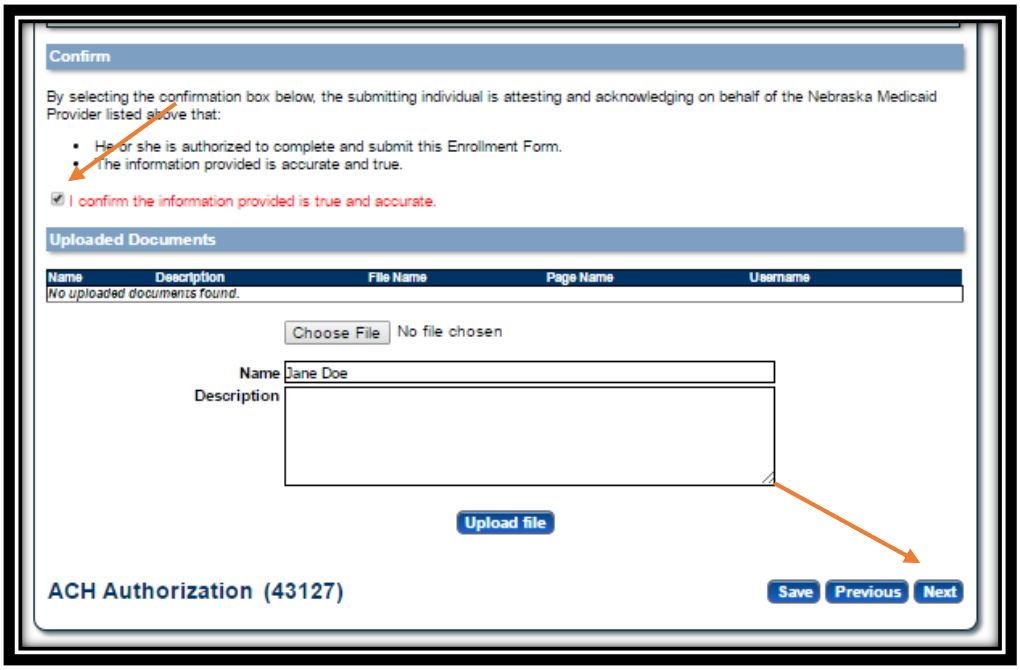
➢If you select ReliaCard:

- Click **ADD** or **EDIT** to confirm the ReliaCard Authorization information.
- Complete all required fields and click **Save**.

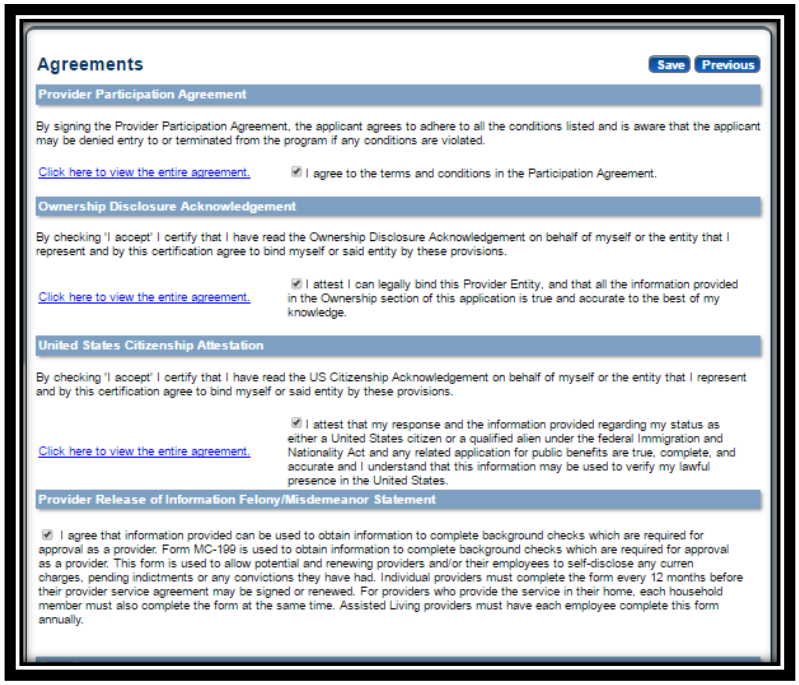


- Check the "I confirm the Information provided is true and accurate" and click **Next**.

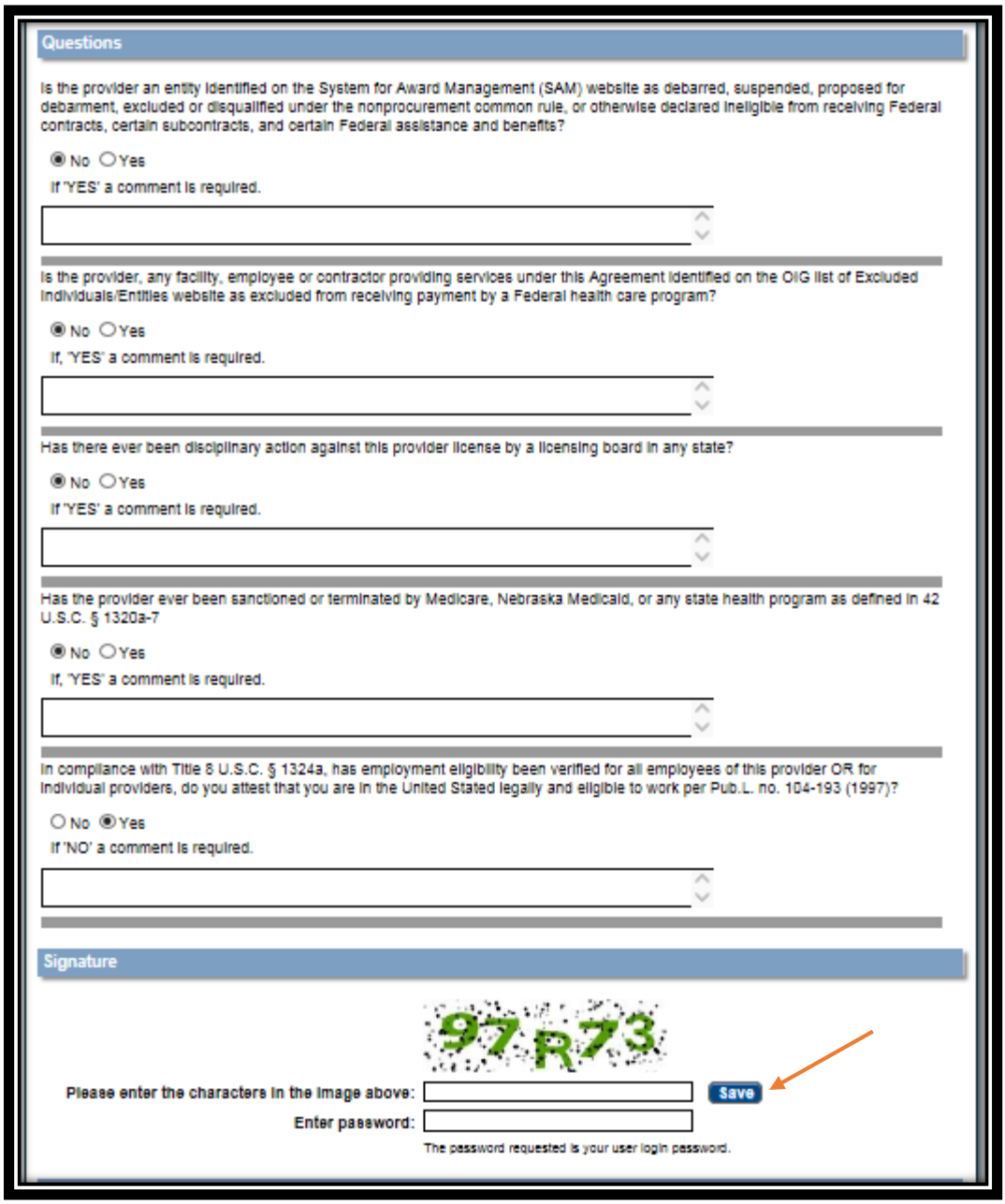
You will not be required to upload any documents on the ACH Authorization page.



10. Agreements:
    1. Click on each “Click here to view the entire agreement”. A separate tab will show on your web browser that contains each agreement.
    2. If you agree with the contents of the agreement, place a checkmark in the “I agree’ or “I attest” box.
       Note: The check box is only accessible after clicking the web link.
    3. Place a checkmark in the Provider Release of Information section.

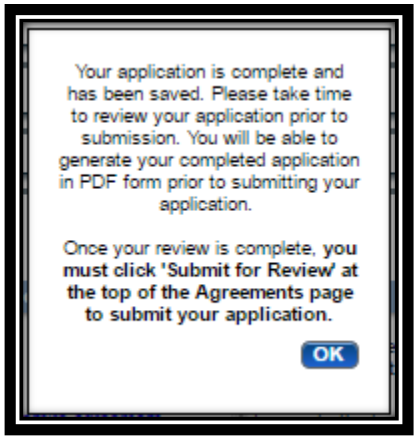


4. Answer all of the questions on the Agreements page.



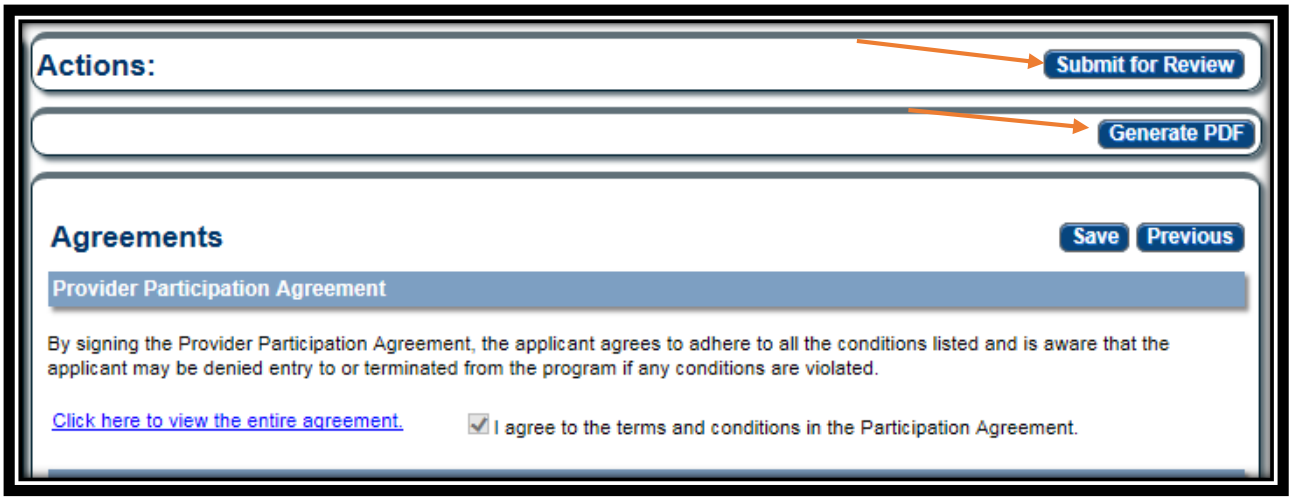
5. In the Signature section, enter the characters in the image
   Note: characters are not case sensitive.
6. Enter the password used to log into the portal and click **Save**.

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



8. Click **OK**.

11. Click "**Generate a PDF**" if you wish to save or print a PDF of the application.
12. You MUST hit "**Submit for Review**" to successfully complete the application process and submit all changes.



13. When finished the following screen will be displayed: