

Nebraska Provider Screening and Enrollment

Creating and Adding Shared Living and Shared Living Backup Providers






Note: If you do 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 adding Shared Living Group Members to a HCBS Organization providing Shared Living Services. These instructions relate only to the Organization's Individual Provider's Page and the Shared Living/Shared Living Backup Group Member Profile. Please see the other HCBS Enrollment Instructions for information about all other types of enrollments.

All applications must be submitted for review when completed.

Note: Shared Living providers must have a Type 1 NPI.

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.

Follow the same Process for Shared Living Backup Group members

A group member must have an active Group Member Profile (GMP) with the Shared Living or Shared Living Back Up Provider Type. It cannot be in Data Entry. If your group member has an active GMP, skip to Adding Shared Living Group Members below.

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 Tax ID (EIN).

Once logged into the group member’s account click on **Add Group Member Profile** under “My Group Member Profiles.”

Complete all Required Fields.

The Category must be Group Member Profile. All information will be specific to this provider.

(Provider Type, Specialty, Taxonomy, SSN, Date of Birth)

Provider Type will be “Shared Living” or “Shared Living Backup” for this type of Group Member Profile.

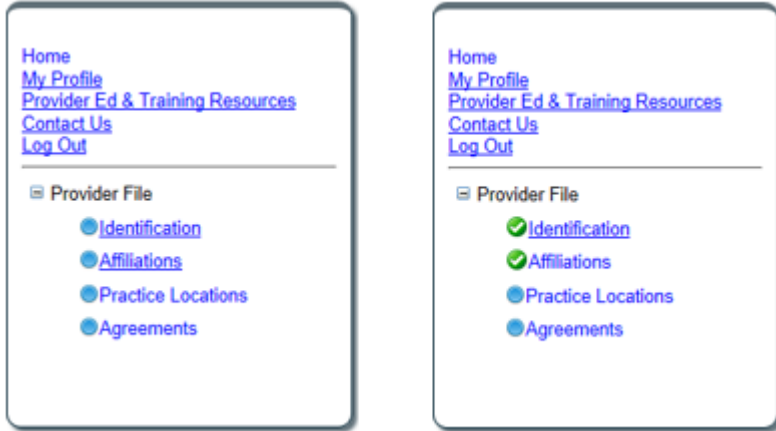
Click **Save**.

This will take you to the Group Member Profile. This must be submitted for review when completed.

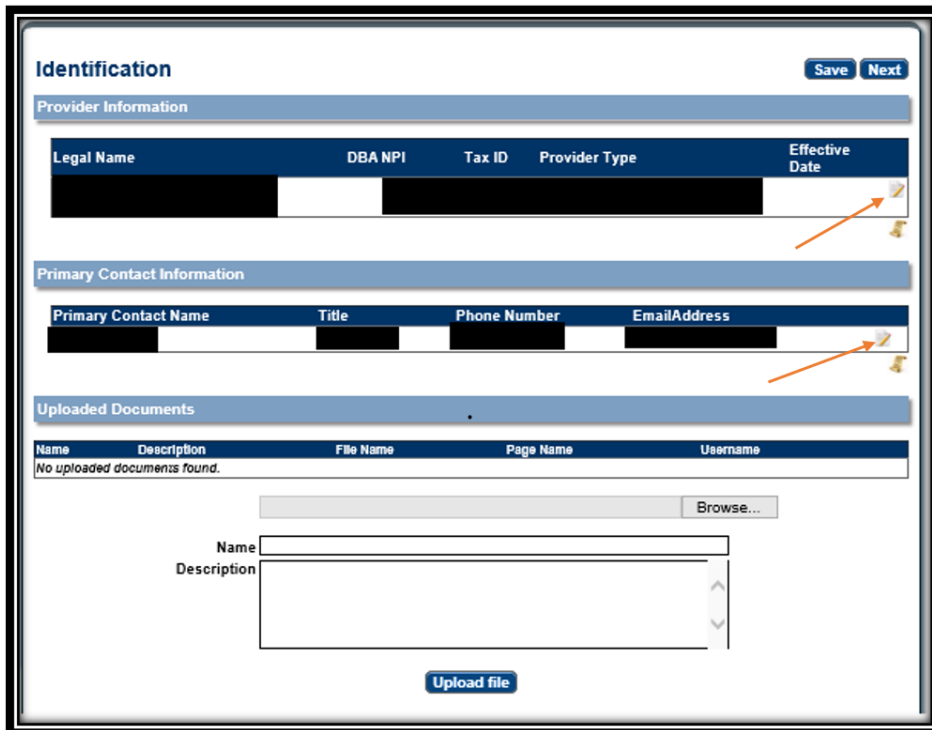
Viewing the Provider Enrollment

If at any time you want to return to the home page, you 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 the pages you need to complete. Each blue bullet point will change to green with a white checkmark when it is completed.



Identification Page



Legal Name	DBA NPI	Tax ID	Provider Type	Effective Date

Primary Contact Name	Title	Phone Number	EmailAddress

Name	Description	File Name	Page Name	Username
No uploaded documents found.				

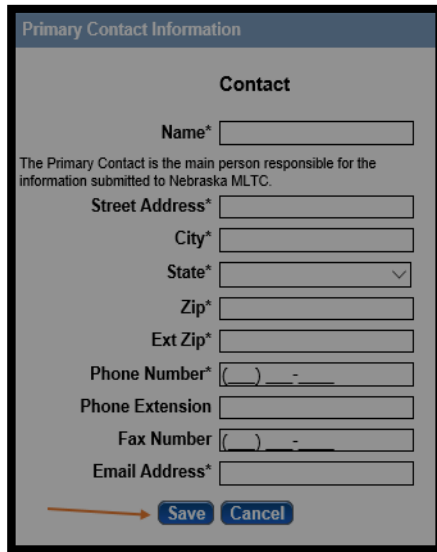
Name:

Description:

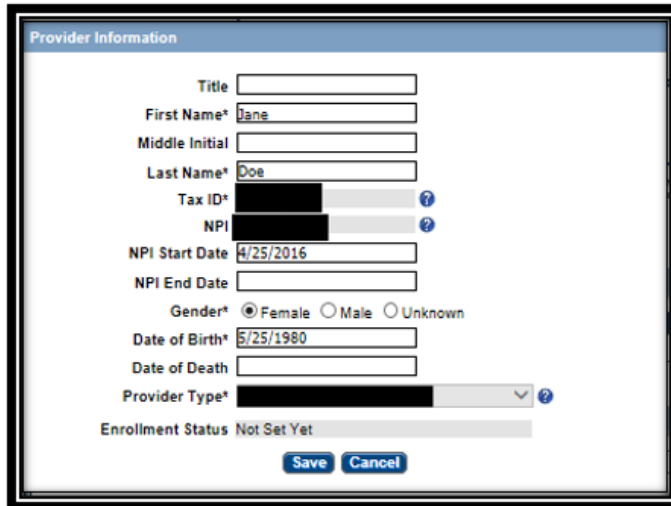
Complete the Provider Information section by selecting the Edit. The following box will open:
Complete all required fields and ensure all the information is correct and select **Save**.

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:



The Primary Contact Information form is titled "Primary Contact Information" and "Contact". It contains the following fields: Name*, Street Address*, City*, State* (dropdown), Zip*, Ext Zip*, Phone Number* (with area code and hyphen), Phone Extension, Fax Number (with area code and hyphen), and Email Address*. At the bottom, there are "Save" and "Cancel" buttons. An orange arrow points to the "Save" button.



The Provider Information form is titled "Provider Information" and contains the following fields: Title, First Name* (filled with "Jane"), Middle Initial, Last Name* (filled with "Doe"), Tax ID* (redacted), NPI (redacted), NPI Start Date (filled with "4/25/2016"), NPI End Date, Gender* (radio buttons for Female, Male, Unknown; Female is selected), Date of Birth* (filled with "5/25/1980"), Date of Death, Provider Type* (dropdown menu), and Enrollment Status (filled with "Not Set Yet"). At the bottom, there are "Save" and "Cancel" buttons.

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

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

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

Affiliations Page

This page shows you which groups this provider is affiliated with. There is nothing to complete on this page. It is informational only. Click **Next** to proceed to the next page.

Practice Locations Page

The screenshot shows a web interface for managing practice locations. At the top, there are buttons for 'Save', 'Previous', and 'Next'. Below this is a section titled 'Provider Physical Address' with a text input field containing the message 'No Provider Physical Address found.' An orange arrow points to a green plus icon in the bottom right corner of this field. Below that is an 'Uploaded Documents' section with a table header: 'Name', 'Description', 'File Name', 'Page Name', 'Username', and 'Upload Date'. The table content shows 'No uploaded documents found.' Below the table is a 'Browse...' button. Underneath are input fields for 'Name' and 'Description'. At the bottom of this section is an 'Upload file' button. At the very bottom of the page, it says 'Practice Locations (144245)' and has 'Save', 'Previous', and 'Next' buttons.

Complete the Provider Physical Address section by selecting **Edit**. This should be the group member's physical home address. This cannot be a P.O. Box. The following box will open:

The screenshot shows a dialog box titled 'Add Provider Physical Address'. It contains several input fields: 'Physical Street*', 'Address Line 2', 'Address Line 3', 'City*', 'State*' (a dropdown menu), 'Country*' (a dropdown menu), 'Zip*' (with the value '68516' and a help icon), 'Ext Zip*' (with a help icon), 'Phone Number*' (with a format '() -'), and 'Fax Number*' (with a format '() -'). At the bottom of the dialog are 'Save' and 'Cancel' buttons.

Click **Save**.

Click **Next** to complete and 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 the agreement.

Place a checkmark in the "I agree" box.

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.

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 5 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.

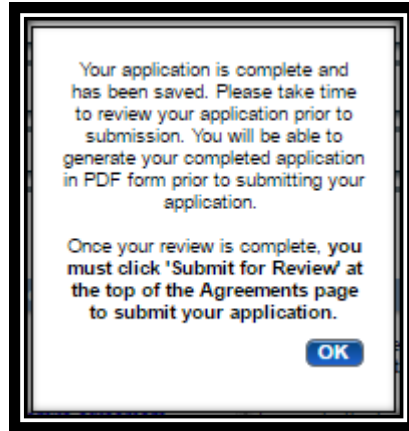
Signature

Please enter the characters in the image above: 

Enter password:

The password requested is your user login password.

Answer all the questions on the Agreements page.
 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:

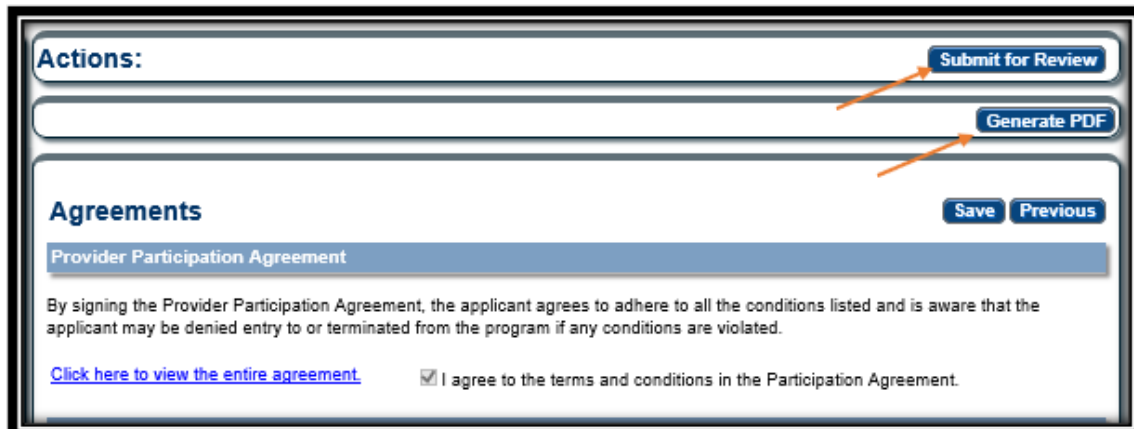


Click **Ok**.

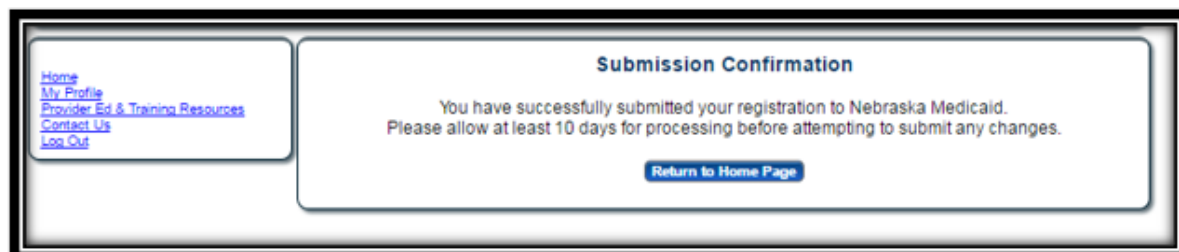
Submit for Review

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

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



When finished, the following screen will be displayed:



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 Shared Living 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. This works the same as an MMIS Group. See Group Revalidations and Adding a Group Member in Provider Education & Training Resources for further instructions. The general Manage Member steps are also listed below.

Adding Shared Living Group Members to the Organization

Shared Living HCBS Groups must have an active 1472 SHARED LIVING – RESIDENTIAL HABILITATION Referral from a Resource Development Worker and a start date before you can add group members.

General Rules About Shared Living Providers:

- Shared Living Providers can only be actively affiliated with three groups at a time.
- Shared Living Backup providers do not have a limit on the number of active affiliations.
- If a provider is a Shared Living Provider and a Backup at a single location, he or she should enroll as a Shared Living Provider at that location. It is possible to be a Shared Living Provider at one location and a Backup at another location.
- Shared Living Provider effective dates are always the date screening is completed and cannot be granted a retro effective date.

Adding Shared Living Group Members Through Manage Members

Log into the correct group account, select '**Manage Members.**' Only use Manage Members if you are adding or updated a small number of providers.

The Agency can also add Shared Living Group Members by selecting '**Update Services Registration.**' This will require the Organization to review and approve all the registration information instead of just the '**Individual Providers**' page and can delay the enrollment of the Shared Living Group Member. Updating the group should be used if you need to add or update a larger number of providers. This works the same as an MMIS Group. See Group Revalidations and Adding a Group Member in Provider Education & Training Resources for further instructions.

If the Agency is due for Revalidation, Manage Members will not be available.

Provider Management Home

Questions?
Contact MAXIMUS Provider Customer Service at 1-844-374-5022

[Update My Profile](#)

Provider Summary

Tax ID: [REDACTED]

My Providers

Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Location	Effective Date	Submit Date	Revalidation Due Date
DDGroup test	Approved	HCBS		11142599	HCBS	68516 - 7744	06/11/19	06/11/19	06/11/24

[Add New Provider Location](#)

My Profiles

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

Create a Profile if you will be practicing as an Affiliate to your own Group.

[Add Profile](#)

Provider Details

DDGroup test 68516 - 7744

Registration Information

Effective Date 06/11/2019
 Revalidation Due Date 06/11/2024
 Term Date [REDACTED]
 Nebraska MLTC Status Active
 Application Status Approved
 Medicaid ID [REDACTED]

Manage Provider

[View Provider File](#)
[Update Services Registration](#)
[Manage Members](#)

Communications

Subject	NPI	Date
Nebraska MLTC Provider Account Created		06/11/2019
Welcome Nebraska Medicaid Provider		06/11/2019

Click **Add Member** to add group members to this group. The screen will expand to enter the group member's information.

Add Affiliations

Signature

Enter password: [Save and Submit](#)

The password requested is your user login password.

* Add and Edit all Members included in this update, then select Save and Submit in order for your changes to be saved.

Individual Providers Associated with Your Group

[+ Add Member](#)

Name	Tax ID	Start Date	End Date	Specialty	License	Affiliation Status	Medicaid ID
No records to display.							

Registration Id: 144247

Partial or Full search using Name and/or NPI. When both fields are used to search, the grid will be filtered by both Name and NPI.

Name
 Tax ID

[Search Associated Providers](#) [Clear Search Filter](#)

Affiliation Status Definitions

Add Affiliations

Signature

Enter password: **Save and Submit**
The password requested is your user login password.
* Add and Edit all Members included in this update, then select Save and Submit in order for your changes to be saved.

Individual Providers Associated with Your Group

Add Member

Name	Tax ID	Start Date	End Date	Specialty	License	Affiliation Status	Medicaid ID
<p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Tax ID <input type="text"/></p> <p>Start Date <input type="text" value="6/13/2019"/> <small>* A Start Date of more than 180 days ago must use the Update Registration option.</small></p> <p>Provider Type <input type="text" value="Shared Living"/></p> <p>Search Cancel</p>							

No records to display
Registration Id: 144247

Partial or Full search using Name and/or NPI. When both fields are used to search, the grid will be filtered by both Name and NPI.

Name
Tax ID

Search Associated Providers **Clear Search Filter**

Enter the group member's information (First Name, Last Name, SSN, Provider Type).
 The Tax ID (SSN) MUST be the group member's SSN and match the Group Member Profile.

Click **Search**.

If a matching Shared Living Group Member Profile is found, confirm the group member by answering the five questions (you will need to scroll to see all questions) and click **Update** or **Save**.

If you have more group members to add you may do so now. To remove a provider that was never active, you can select the Red X.

Add Affiliations

Signature

Enter password: **Save and Submit**
The password requested is your user login password.
* Add and Edit all Members included in this update, then select Save and Submit in order for your changes to be saved.

Individual Providers Associated with Your Group

Add Member

Name	Tax ID	Start Date	End Date	Specialty	License	Affiliation Status	Medicaid ID
<input checked="" type="checkbox"/>	Jane Doe	****3769	6/13/2019			Confirm Group Member	

First Name

Last Name

Tax ID

Start Date * A Start Date of more than 180 days ago must use the Update Registration option.

Provider Type

Affiliation Status

Medicaid ID

Provider

Has there ever been disciplinary action against this provider's license by a licensing board in any state?
 No Yes
If 'YES' a comment is required.

Has the provider ever been sanctioned by Medicare, Nebraska Medicaid, or any state health program?
 No Yes
If 'YES' a comment is required.

Update **Cancel**

If a provider has been actively enrolled but is no longer working with your Organization, you must enter an **END DATE** by selecting the **EDIT** button. This should be completed timely to ensure the enrollment is always current.

When you are finished you **MUST** enter your password and click **Save and Submit**. No changes made will be **SAVED** without entering your password and clicking **Save and Submit**. Once this is done, let the system process.

Add Affiliations

Signature

Enter password: **Save and Submit**

The password requested is your user login password.

* Add and Edit all Members included in this update, then select Save and Submit in order for your changes to be saved.

Individual Providers Associated with Your Group

[+ Add Member](#)

Name	Tax ID	Start Date	End Date	Specialty	License	Affiliation Status	Medicaid ID
Jane Doe	*****3789	5/13/2019				Group Confirmed	

Registration Id: 144247

Partial or Full search using Name and/or NPI. When both fields are used to search, the grid will be filtered by both Name and NPI.

Name

Tax ID

Search Associated Providers **Clear Search Filter**

After you enter your password and click **Save and Submit** you will be directed back to the Provider Management Home Screen.

Please reach out to Customer Service at 844-374-5022 if you need additional assistance.