






How to Add an NPI to HCBS Enrollments

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 an NPI to your existing HCBS registration. **All applications must be submitted for review when completed. Customer service can be contacted at 844-374-5022**

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.

Do you have an NPI?

If you do not have an NPI, you must obtain from the [NPPES Site](#)

- **Individual Billing Providers** need a Type 1 (Personal) NPI
- **Agency Providers** need a Type 2 (Organizational) NPI

ADD your NPI to the PDMS System (Maximus)

Log into the Portal. This will be completed at the [Nebraska Medicaid Provider Screening and Enrollment Site \(PDMS\)](#), this includes adding your NPI to your existing registration.

See [Account Creation in the Provider Ed & Training Section](#) for Instructions if needed.

If you have already added your NPI to the PDMS System and received the "Welcome Nebraska Medicaid Provider" email with your NPI listed in the header please see Other Questions below.

Update Services Registration

From your Provider Management Home Screen, ensure that you have selected your existing HCBS registration by clicking on the registration under the MY PROVIDERS section. It will be highlighted yellow once selected.

Click **Update Services Registration** in the MANAGE PROVIDER section on the bottom right to update enrollment information. **This will put your registration into data entry.** If your registration is already in data entry you will select 'Continue Services' in the MANAGE PROVIDER section.

View Provider File will provide a **Read Only** view of your enrollment information. If your only option is VIEW PROVIDER FILE, you have already submitted your registration, and it is in process.

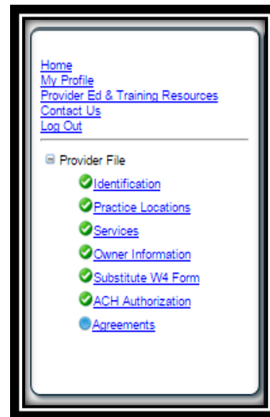
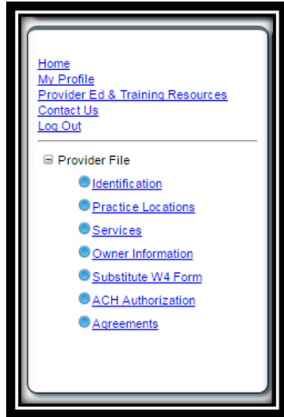
The screenshot displays the 'Provider Management Home' interface. At the top, there is a header with the title 'Provider Management Home', a link for 'Update My Profile', and contact information for 'MAXIMUS Provider Customer Service'. Below this is a 'Provider Summary' section showing a redacted 'Tax ID'. The 'My Providers' section contains a table with one entry for Tracy Fortunato, which is highlighted in yellow. The table columns include Provider, Status, Provider Type, NPI, Medicaid ID, Specialty, Location, Effective Date, Submit Date, and Revalidation Due Date. Below the table are buttons for 'Add New Provider Location' and 'Add Group Member Profile'. The 'My Group Member Profiles' section shows 'No group member profiles found.' and a button for 'Add Group Member Profile'. The 'Provider Details' section for Tracy Fortunato (NPI 68154 - 2046) is divided into 'Registration Information' and 'Manage Provider'. The registration information includes Effective Date (12/14/2015), Revalidation Due Date (12/14/2020), Term Date, Nebraska MLTC Status (Active), Application Status (Approved), and Medicaid ID (55752395). The 'Manage Provider' section contains links for 'View Provider File' and 'Update Services Registration'.

Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Location	Effective Date	Submit Date	Revalidation Due Date
Tracy Fortunato	Approved	HCBS	55752395	55752395	HCBS	68154 - 2046	12/14/15	12/14/15	12/14/20

Once you select 'Update Services Registration' this will take you to your registration and allow you to update and submit for processing. On the 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 a green checkmark when it is completed.

YOU MUST SUBMIT FOR REVIEW after completion of all pages. Changes will not be processed without submitting and then being reviewed and approved by Maximus and Nebraska Medicaid. If you do not need to submit your changes, please go back to the Home Screen and Cancel the Update for your Service 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 HCBS Provider Management Home Resource on Provider Ed & Training.



Add Your NPI on the Identification Page

Review all information on this page. You will add your NPI by selecting the edit button on the right under Provider Information.

Once completed, select **NEXT**. This will save and move you to the next page. **YOU MUST SUBMIT FOR REVIEW after completion of all pages. Changes will not be processed without submitting and then being reviewed and approved by Maximus and Nebraska Medicaid.**

A screenshot of the 'Identification' page in a web application. The page has a title 'Identification' and two buttons, 'Save' and 'Next', in the top right corner. The form 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) next to it, which is pointed to by an orange arrow.
2. 'Primary Contact Information' section contains a table with columns: Primary Contact Name, Title, Phone Number, and EmailAddress. It also has an edit icon next to it.
3. 'Uploaded Documents' section contains a table with columns: Name, Description, File Name, Page Name, and Username. Below the table, there is a 'Browse...' button, a 'Name' input field, a 'Description' input field, and an 'Upload file' button.
The text 'No uploaded documents found.' is displayed below the table.

Provider Information

Entity Type Individual Organization

Citizenship Status I am a Citizen of the United States
 I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows:

First Name*

Middle Initial

Last Name*

Suffix

Tax ID* ?

Tax ID Type ?

NPI ?

NPI Start Date ?

NPI End Date ?

Gender* Female Male Unknown

Date of Birth*

Date of Death

Provider Type* ?

Effective Date*

Revalidation Date

Enrollment Status

Common Questions by Page

Individual Providers Page: Ensure your phone and email address are current to avoid communication delays. This is where you add your NPI. Select Next when you are ready to continue.

Licenses & Classifications Page: Not all providers will have this page. If your registration has a Licenses & Classifications page you should review it for accuracy. During the review process, we will review all information including uploads to ensure all requirements are current. For example, CPR should not be expired, and a current copy is required. When all information has been verified, select Next to continue.

Practice Locations Page: Your physical address **cannot** be a P.O. Box. If you are an Individual Provider, this needs to be your home address. Agencies will supply the address for this service location. Select Next to continue.

Provider Directory Page: Providers are responsible for the accuracy of this information. No fields are required on this page. Select Next to continue.

Services Page: The services listed were submitted with your services referral. If changes are needed, please contact your RD worker otherwise select Next to continue.

Household Members Page: This page is listed only if services are provided in the provider's home as indicated on your services referral. If this page is present, you are required to list all household members. Do NOT list a household member IF they are the client receiving services related to this enrollment. If additional client(s) not residing in the household are receiving services in the home, list ALL household members.

Owner Information Page: This page asks for you to disclose your Owners and Managing Employees. At least one Managing Employee is required. Ownership: It is the provider's responsibility to ensure all information is accurate and to report any changes as required by law by completing a new Ownership and Disclosure form. List the name, address, Federal Tax Identification Number (FTIN) (for corporations) or

Social Security Number (SSN) and Date of Birth (DOB) (for persons) with an ownership or controlling interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more. If you are an Individual Billing Provider enrolling with an SSN, please list yourself.

Substitute W4 Page or Substitute W9 Page:

- The W4 page will be displayed for Individual Providers. Marital Status is required.
- The W9 Page will be displayed for Agency Providers.

ACH Authorization Page: This page asks for Direct Deposit or Reliacard Information. Reliacard is only available for Individual Providers. **DO NOT SELECT THE BOX THAT TO INDICATE THAT YOUR BANK IS OUTSIDE THE U.S.** You must check the box to indicate that the information provided is true and accurate.

Agreements Page: You must click on and open all the agreements. They will open in a new tab. Once reviewed, click the box agreeing or attesting. Answer all questions. This is where you will enter the captcha and your password. Save, click OK, and then Submit for Review. See the section below for more guidance on the Agreements Page.

Continue Through all pages on your Registration and SUBMIT FOR REVIEW on the Agreements Page

YOU MUST SUBMIT FOR REVIEW after completion of all pages. Changes will not be processed without submitting and then being reviewed and approved by Maximus and Nebraska Medicaid.

On the left-hand side of the page, 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.

You will **Submit for Review** from the Agreements Page after all pages are completed:

Agreements Page Help

Provider Participation Agreement Section:

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.

Only Individual Providers currently submitting for Revalidation will be required to ensure a current Adult Protective Services/Child Abuse and Neglect check is completed during this process.

Questions Section: Answer all the questions on the Agreements page.

Agreements

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.

Ownership Disclosure Acknowledgement

By checking 'I accept' I certify that I have read the Ownership Disclosure Acknowledgement on behalf of myself or the entity that I represent and by this certification agree to bind myself or said entity by these provisions.

[Click here to view the entire agreement.](#) I attest I can legally bind this Provider Entity, and that all the information provided in the Ownership section of this application is true and accurate to the best of my knowledge.

United States Citizenship Attestation

By checking 'I accept' I certify that I have read the US Citizenship Acknowledgement on behalf of myself or the entity that I represent and by this certification agree to bind myself or said entity by these provisions.

[Click here to view the entire agreement.](#) I attest that my response and the information provided regarding my status as either a United States citizen or a qualified alien under the federal Immigration and Nationality Act and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Provider Release of Information Felony/Misdemeanor Statement

I agree that information provided can be used to obtain information to complete background checks which are required for approval as a provider. Form MC-199 is used to obtain information to complete background checks which are required for approval as a provider. This form is used to allow potential and renewing providers and/or their employees to self-disclose any current charges, pending indictments or any convictions they have had. Individual providers must complete the form every 12 months before their provider service agreement may be signed or renewed. For providers who provide the service in their home, each household member must also complete the form at the same time. Assisted Living providers must have each employee complete this form annually.

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



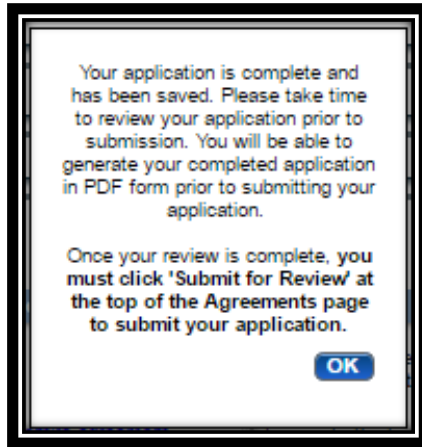
Please enter the characters in the image above:

Enter password:

The password requested is your user login password.

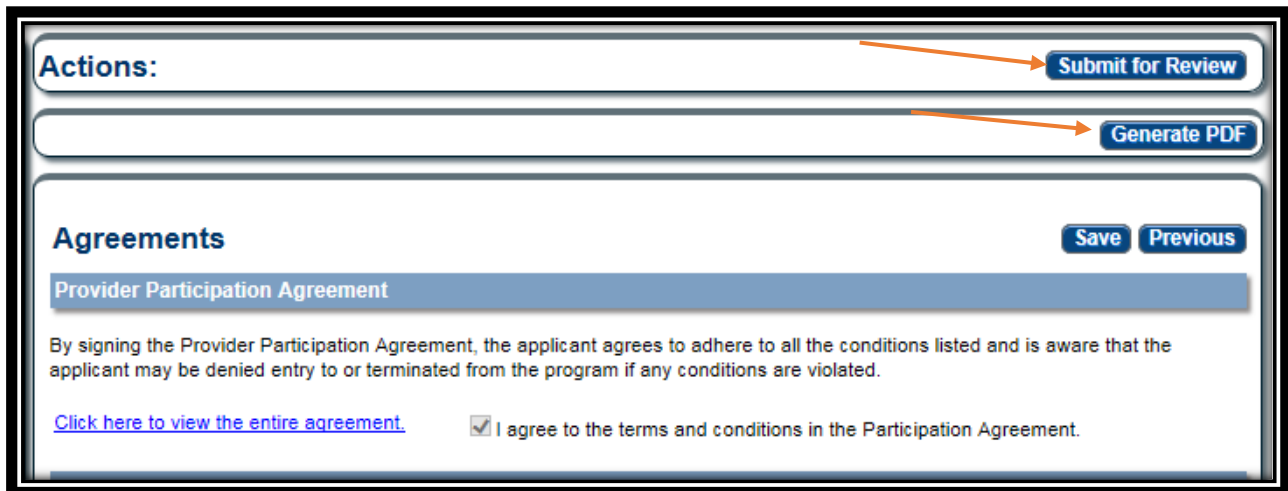
Enter the password used to log into the portal and click **Save**.

This message will be displayed when the application is successfully saved. Click **OK**.

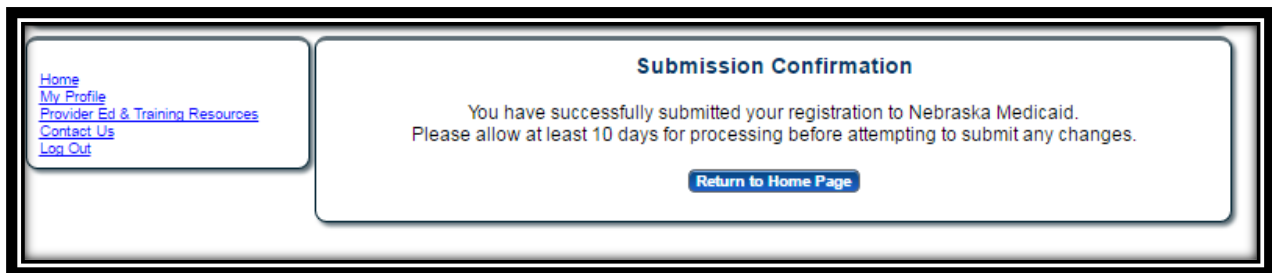


Click **“Generate a PDF”** if you wish to save or print a PDF of the application.

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



When finished the following screen will be displayed: Please allow 10 days for processing.



Other questions

If I add my NPI today, am I done? No, you must submit your enrollment for processing. This process includes a thorough review. Please allow 10 days for processing. Once approved you will receive a "Welcome Nebraska Medicaid Provider" email with your NPI listed in the header.

I have already added my NPI and receive a "Welcome Nebraska Medicaid Provider" email with my NPI listed on the email? Once you receive this letter, it could take 1-2 days for Nebraska Medicaid to send your NPI to the downs teams systems, including EVV, Netsmart, and Therap.

If you have not already, you will need to add your NPI to your Caregiver account in Netsmart and Therap. Contact your Recourse Development Worker directly or Netsmart at 833-483-5587 if you need assistance. The NPI you enter in these systems and the NPI you supplied with Maximus/PDMS must match.

How do I get an NPI? You will visit the [NPPES site](#)

Review Nebraska Medicaid's [FAQ](#) about NPI requirements for HCBS providers, PAS providers, direct care workers, caregiver employees, and contracted care staff hired by an agency.

Who do I contact about services and payment concerns? Contact your Resource Development worker.