Groups and Individual Group Members

Section One: Group- How to Create a User Account

Section Two: Group- How to Add a Member

Section Three: Individual Group Member- How to Create a User Account/Activate Account

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SECTION ONE: How to Create a User Account - Group

To add/remove a group member, you <u>must first activate the Group Account</u> associated with the assigned Nebraska Medicaid ID.

The steps below will guide you through the process of creating a User Account which then activates the Group account.

Group Account Activation

1. Click on Create Account

+ https://www.nebraskamedicaidproviderenrollment	com/Account/Login.aspx?ReturnUrl=%2fDefault.aspx 🛛 🖉 🔍 Search	☆	ê (•			
🧟 Most Visited 📄 Getting Started 📄 MassHealth Provider 📄 Suggested Sites 🦳 Web Slice Gallery 📄 WPC References							
- AOfficial Nebraska Government Website							
Nebraska Department of Health & Human Services							
Helping People Live Better Lives							
	Nebraska Provider Data Management System						
Home Provider Ed & Training Resources Contact Us Create Account Log In	Log In Please enter your User ID and Password. Create Account if you don't have an account. Account Information User ID Password Forget Password? Log In						

- 2. Enter Tax ID
- 3. Select Tax ID Type
- 4. Click Next

♦ ▲ https://www	nebraskamedicaidproviderenrollment.com/A	Account/AccountCreation.aspx?ReturnUrl=%2fDefault.aspx	C Q Search	☆ 自 ♥	+	Â	ø	m
Most Visited 🗍 Ge	tting Started 🗍 MassHealth Provider	Suggested Sites Web Slice Gallery WPC References						
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Nebraska Department of Health & Human Services								
Helping People Live Better Lives								
		Nebraska Provider Data Managemen	t System					
	Home	Create Us	er Account					
	Provider Ed & Training Resources	Enter Provider Info Create User ID & Pa	assword	Confirmation	- 1			
	Create Account Log In	Get started by filling out the form below						
C		Tax ID*		* Designates a required field				
		Tax ID Type* © EIN © SSN						
				Next Cancel				

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- 5. Group Providers must complete the following fields with the same information provided to Nebraska Medicaid:
 - Group NPI (Assigned to the practice location you are creating user account for)
 - ✓ Group Taxonomy
 - ✓ Zip Code
 - ✓ Zip Code Extension (+4)
 - Group Medicaid ID (Assigned to the practice location that you are creating the user account for)

Enter Provider Info	Create User ID & Password	Confirmation
Get started by filling out the f	orm below	
Tax ID*		* Designates a required field
Tax ID Type"	EIN OSSN	
There is an existing provider(s) in below to authenticate the creation	the system that uses the Tax ID you have p of your User Account.	rovided. Please supply the additional fields
NPI	(if applicable)	
Taxonomy Code	(if applicable)	
Zip Code*		
Zip Code Extension*	1	
Medicaid ID*	- 1	

6. Click Next

- 7. Complete all required fields (all fields with *symbol are required)
- 8. Take note of the User ID, Password, and answers to the Security Questions in the case you forget your Password.
- 9. Click "Register"

User ID Requirements:

- > At least one (1) character long
- > At most fifty (50) characters long
- > May contain uppercase letters
- > May contain lowercase letters
- May contain numbers
- May contain @ symbol or period symbol

Password Requirements:

- > Between 8 and 10 characters
- > Contain at least one non-alphanumeric character
- > Contain at least one lowercase letter
- Contain at least one uppercase letter

Home		Create User Account	
Provider Ed & Training Resources	Enter Provider Info	Create User ID & Password	Confirmation
Create Account Log In	Please enter your con	tact information	
	Contact Name*	Jane Doe	* Designates a required field
	Title*	Office Manager	
	Phone Number*	(402) 555-5555	
	Extension		
	Email Address*	provider@email.com	
	Confirm Email*	provider@email.com	
	Create your user id ar	nd password	
	User ID*	ianedoe	
	Password*	•••••	
	Confirm Password*	•••••	
	Answer your security	question	
	Security Question*	In what city did you meet your spouse / significant other?	
	Answer*	Lincoln	
	Security Question*	In what city were you born?	
	Answer*	Wahoo	
			Previous Perister Cancel
			revious register cancer

A confirmation e-mail message will display indicating the account was created successfully.

Create User Account						
Enter Provider Info	Create User ID & Password	Confirmation				
Confirmation - Next Steps						
Your online account creation was successful.						
A confirmation email was sent	to the email address used during account creation.					
Please refer to the email for instructions on activating your account.						
		Return to Home Page				

- 10. Next check the email account used to establish the User Account
- 11. Activate the User Account by clicking on the link provided in the confirmation email which will take you to the NE PSE Provider web portal.

Official Nebraska Government Website	
NEBRASKA DEPARTMENT OF HEAL	TH & HUMAN SERVICES Destined Halls Hund Social
Helping People Li	ive Better Lives
	Nebraska Provider Data Management System
Home Provider Ed & Training Resources Contact Us Create Account Log In	Log In Please enter your User ID and Password. <u>Create Account</u> if you don't have an account. Account Information User ID Password Fornot Password?

- 12. Enter the User ID and Password you previously created
- 13. Click "Log In"

- 14. After logging in you will see the Provider Management Home Page for this account
- 15. Click on the Provider Name in the "Converted Not Managed Providers" section to begin managing the group's registration

	Pro	vider Ma	nageme	ent Home			
Update My Profile				Questions? Contact MAXIMU	S Provider Cu	stomer Serv	ice at 1-844-374
		Provi	der Summa	ry			
Tax ID:							
My Providers							
Provider Status Provid	er Type <u>NPI</u> <u>Medicaid I</u>	D Specialty	Location	Effective Date	Submit Date	Revalida	tion Due Date
No providers found.							
					Add	New Prov	vider Locatio
My Group Member Prof	iles						
Provider Status	Provider Type	<u>NPI</u>	Specialty	Effective	Date	<u>Subm</u>	it Date
No group member profiles	found.		Croata a C	roup Mombor Drofi	la if you are or	will be part	of a Crown Drag
			Create a G	roup member Pron	ie il you are or	will be part	or a Group Prac
					Add	d Group M	ember Profile
Converted Not Manage	d Drouidara						
Converted Not Manage	d Providers	uides Tures	NDI		Ci-H	1	Devel define D
HIOVIDEI URCENT CARE CUNIC OF	INCOLN DC Converted Dro	fossional Clinia	(DC)	Medicaid ID	Specially	ECCAUCION COSEDE 7564	Revaildation L
URGENT CARE CLINIC OF		nessional Clinic	(PC)		Urgent Center	00000 - 756	1 12/51/9999

SECTION TWO: How to Add a Member - Group

Provider File Page

16. Click on the Individual Providers link on the left-hand side of the page



ADDING A NEW GROUP MEMBER

17. Click the (\pm) icon to add providers associated with the group

Individual Providers Associated with Your Group								Save Previous Next		
Individua	I Provider	s Associated	l with Your	Group						
in the tabk	e below, ple	ase enter or o	onfirm each	individual pi	rovider that	is associa	ted with your group.			
	and the second se	The second se	THE R. LEWIS CO., LANSING MICH.	THE OWNER AND ADDRESS OF	and the second se			THE REPORT OF THE REPORT OF		
Name	Tax ID	NEI	Start Date	End Date	Specialty.	License	Affiliation Status	Medicald ID		
Name Tod Jones	Tax.ID	NPJ 1111111111	3fart Date 7/14/2011	End Date	Specialty	License	Affiliation Status Member Profile not Found	Medicald ID	2 ×	

18. Add the required information into the appropriate fields [Note: Tax ID = Member's SSN]

Add Group Member	
First Name* Tod	Last Name* Jones
NPI 11111111	* Tax ID* 11111111
Start Date* 7/14/2011	
	Save Cancel

19. Click Save

The image below is an example of what you will see if the Individual providers associated with your Group have not activated their Individual provider User Accounts

	15 A55	ociale		our Gr	oup	Save	Previous	Next
Individual Providers Ass	ociated w	ith Your G	Group					
n the table below, please en	ter or conf	irm each in	dividual provi	ider that is	associated with	your group.		
Name	Tax ID	NPI	Start Date	End Date	Specialty	License Affiliation Status	Medicaid ID	
EKBERG-WOOD, LANA MARIE	*****1484		12/13/2010		General Practice	Active (Conversion)	(1
GREEN, BRIDGET DAWN	*****6963		12/13/2010		General Practice	Active (Conversion)	-	2
GRIFFIN, DANIELLE APRN	*****2361	-	5/31/2013		General Practice	Active (Conversion)	-	2
RICE,DONALD T	*****8833		6/1/2005		General Practice	Active (Conversion)	:	2
TYSER, MICHELLE PA	*****8041		5/31/2013		General Practice	Active (Conversion)	-	2
WYNN WANDA PA	*****4741		5/31/2013		General Practice	Active (Conversion)		1

Next you will see an example of how to confirm an Individual group member that has activated their User Account.

The Provider highlighted in yellow is in "Confirm Group Member" status.

Individual Group member profile has been submitted by the group member, reviewed/approved by a MAXIMUS Provider Enrollment Specialist, and has a Nebraska Medicaid ID.

1. Click on the P symbol to complete the confirmation process

Individual Providers Associated with Your Group								
individual Providers Ass	ociated	viun rour (stoup					
In the table below, please er	nter or con	firm each ir	ndividual provide	er that is associated i	with your group.			
Name	Tax ID	NPI	Start Date End	Date Specialty	License Affiliation Status	Medicaid ID		
EKBERG-WOOD, LANA MARIE	****1484		12/13/2010	General Practice	Active (Conversion)	2		
GREEN, BRIDGET DAWN	****6963		12/13/2010	General Practice	Active (Conversion)	2		
GRIFFIN, DANIELLE APRN	****2361		5/31/2013	General Practice	Active (Conversion)	2		
RICE, DONALD T	****8833		6/1/2005	General Practice	Confirm Group Member	2		
TYSER, MICHELLE PA	*****8041		5/31/2013	General Practice	Active (Conversion)	2		
	*****4741		5/31/2013	General Practice	Active (Conversion)	1		

2. A confirmation pop up window will appear.

3. Confirmation Details: Complete all required fields and answer each question

Note: Specialties listed within Confirmation Details section are <u>the specialties associated to the group</u> <u>member</u>, not the specialties that are applicable to the provider type.

4. Click on "Confirm Association" after completing all required fields

Or

Click on "End Association" and enter an End Date to remove the individual group member

Edit Group Member	
First Name* DONALD Last Name* RICE NPI Tax ID* Tax ID* Start Date* 6/1/2005 What is this? End Date Only enter the End Date when the individual provider has left your group; otherwise, leave bla Affiliation Status Confirm Group Member	nk.
Confirmation Details	
Provider* DONALD RICE - Physicians (MD) Primary Specialty* 01 - General Practice Specialty-2 Specialty-3 License for this Location* Has there ever been disciplinary action against this provider's license by a licensing board in any state? No OYes 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. 	
Is this individual identified on the SAM website as debarred, suspended, proposed for debarment, excluded disqualified under the nonprocurement common rule, or otherwise declared ineligible from receiving Ferry Contracts, Confirm Association End Association Close	¥

Section Three: Individual Group Member - How to Create a User Account

NEW ENROLLMENT

- 1. Go to the Nebraska Medicaid Provider Enrollment Web Portal
- 2. Click on "<u>Create Account</u>" and follow procedure to complete the account activation process in the document: <u>How To Set Up A User Account</u>

- AUTICIAI Nebraska Government Website	
NEBRASKA DEPARTMENT OF HEA Helping People L	LITH & HUMAN SERVICES DHHS
	Nebraska Provider Data Management System
Home Provider Ed & Training Resources Contact Us Create Account Log In	Log In Please enter your User ID and Password. <u>Create Account If you don't have an account.</u> Account Information User ID Password ForcotPassword? Log In

- 3. After creating and logging into your account you will first see your Provider Management Home Page
- 4. Click on "Add Group Member Profile"

		Provid	er Summa	ry				
Tax ID:								
My Providers								
Provider Status Provide	r Type <u>NPI</u> <u>Medicaid ID</u>	Specialty	Location	Effective Date	Submit Date	Revalidation Due Date		
No providers found.								
My Group Member Profi	les				Add	New Provider Location		
Provider Status	Provider Type	NPI	Specialty	Effective	Date	Submit Date		
No group member profiles f	ound.							
Create a Group Member Profile if you are or will be part of a Group Practice.								
					Add	Group Member Profile		

5. Complete the Identification, Licenses & Classifications, and Agreements pages

6. Submit Registration

ENROLLED PROVIDER

- 1. Go to the Nebraska Medicaid Provider Enrollment Web Portal
- 2. Click on "<u>Create Account</u>" and follow procedure to complete the account activation process in the document: <u>How To Set Up A User Account</u>

- Aufficial Nebraska Government Website	
NEBRASKA DEPARTMENT OF HEAI Helping People L	LTH & HUMAN SERVICES
	Nebraska Provider Data Management System
Home Provider Ed & Training Resources Contact Us Create Account Log In	Log In Please enter your User ID and Password. <u>Create Account</u> If you don't have an account. Account Information User ID Password Eorgot Password2 Log In

3. After creating and logging into your account you will first see your Provider Management Home Page

Update My Profile	ofile				Questions? Contact MAXIMUS Provider Customer Service at 1-844-2					
	Provider Summary									
Tax ID:										
My Providers										
Provider Status	Provider Typ	e <u>NPI Medicaio</u>	d ID Specialty	Location	Effective Date Su	ibmit Date Re	evalidation Due D			
No providers foun	d.									
My Group Memi	per Profiles					Add Nev	v Provider Loc			
Provider	Status	Provider Type	<u>NPI</u>	Specialty	Effective Date	<u>e</u>	Submit Date			
No group member	profiles found.									
				Create a Gro	oup Member Profile if	you are or will b	e part of a Group			
						Add Gro	un Mombor P			
						Aud Old				
	I	viders								
Converted Not	wanaged Pro			Madiaaid ID	Specialty	Location	Revalidation			
Converted Not I	Status	Provider Type	<u>NPI</u>	Medicald ID	opecially	Location	Tto Fandation			

- 4. Click on highlighted name in the Converted Not Managed Providers section
- 5. Complete the Identification, Licenses & Classifications, and Agreements pages
- 6. Submit Registration