Nebraska Medicaid Provider Screening and Enrollment

2024 Newsletter

Contents

Contact Us

Maximus
P.O. Box 81890
Lincoln, NE 68501
Office: 844-374-5022
Fax: 844-374-5026
Email: NebraskaMedicaidPSE@MAXIMUS.com

KEEPING YOUR PROVIDER AGREEMENT CURRENT

All providers should always keep their provider agreement current. This includes: name, email, phone number, addresses, household members, owners, managing employees, group members, banking information, and other identifying information.

Mental Health Providers also need to make sure their Provider Type is always current. Whenever a mental health provider license type changes, the applicable enrollment in Medicaid needs to be ended immediately and an updated enrollment must be submitted for the new license type effective on the license effective date. Failure to do so in a timely manner may result in denial of a retroactive enrollment/disenrollment request, claim rejections, or payment at the incorrect rate.

Billing Issues?

All Provider of Managed Care Organization (MCO)/Heritage Health

All Providers of Managed Care Organization (MCO) covered services need to make sure their enrollment with Nebraska Medicaid matches their enrollment with each MCO (i.e. practice locations, NPIs, taxonomy codes, etc). Providers must be enrolled Medicaid providers (via Maximus) before they can be reimbursed through the MCOs. Failure to do so will impact/delay reimbursement.

Electronic Visit Verification

The Federal 21st Century Cures Act (2016) requires Nebraska Medicaid to implement Electronic Visit Verification (EVV) for applicable Home and Community Based Services (HCBS) (Waiver/PAS) service providers. EVV electronically captures and verifies provider visit information. The full list of mandated EVV services are available via http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx.

If you are providing services and have any questions regarding the EVV project and implementation, please either:

- Email DHHS EVV project team at: DHHS.MedicaidFA-EVV@nebraska.gov
- To receive up-to-date EVV information, please subscribe to the EVV website at: http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx
- Reach out to your Resource Development Worker

What's new to the PDMS System

Nebraska Medicaid and Long-Term Care has added new provider types and services. Please stay up to date with changes at https://dhhs.ne.gov/Pages/Medicaid-Providers.aspx.

New MMIS Provider Types to the Nebraska PDMS System

Here is a list of some of the new Provider Types:

Crisis Service (TFC), Licensed Dental Hygienists (LDH), Board Certified Behavioral Analyst (BCBA), Board Certified Associated Behavioral Analyst (BCaBA), Registered Behavioral Technician (RBT), Case Management, Medically Monitored Inpatient Withdrawal (MMIW), Opioid Treatment Program (OTP), Specialized Add on (in a Nursing Home) (SAO), PhD Intern, Peer Support Specialists, and Multi Systemic Therapy (MST).

Peer Support Specialists, Board Certified Behavioral Analysts (BCBA), (Board Certified Associated Behavioral Analysts (BCaBA), and Registered Behavioral Technicians (RBT) should no longer enroll as Direct Care Staff (DCS), Community Treatment Aids (CTA), or other provider types. If a provider is active under a different provider type this will need to be ended immediately and the provider enrolled correctly.

New HCBS (Waiver/PAS) Services to the Nebraska PDMS System

Here is a list of some of the new programs:

Family Support Waiver (FSW) and Traumatic Brain Injury Waiver (TBI)

Please contact your Resource Development Worker with questions.

NPI Requirements for all Providers

Nebraska Medicaid is now requiring all MMIS Providers, except for Non-Emergency Medical Transportation (NEMT) Providers, to obtain and enroll with a National Provider

Identifier (NPI). The Department is permitted by 45 CFR Part 162 to require all healthcare providers to obtain an NPI for provider screening, enrollment, and billing purposes.

All HCBS (Waiver/PAS) Providers will be required to start suppling an NPI starting the Summer of 2024. See the applicable Provider Bulletin for more information. View provider bulletins HERE.

To request an NPI through the National Plan & Provider Enumeration System (NPPES) registry please go to this site: https://nppes.cms.hhs.gov/#/

Once the necessary NPI(s) is/are obtained, you must complete the necessary actions to update your current Provider Agreement or start your new Provider Agreement through the Department's Provider Screening and Enrollment vendor (Maximus). We can be reached at 844-374-5022 or nebraskamedicaidpse@maximus.com.

Each enrollment can have a single NPI associated with it. Regulatory support for this requested action can be found at 471 NAC 2 005.01 (16) and 471 NAC 3-003 (Billing Requirements).

Ownership Page Changes

You can find more information about ownership disclosures through CMS here. It is important that you update your ownership and managing employees as changes occur. **Non-Profit providers should always list Managing Employees.**

Please be sure to always keep all other information on your provider agreement current. Failure to do so may result in adverse action being taken by the Department.

Required Annual Screenings

Active Individual HCBS (Home and Community Based Service) (Waiver/PAS) and Individual Non-Emergency Medical Transportation (NEMT) providers are required by Nebraska Medicaid to complete Annual Screenings.

All Annual Screenings include:

- Nebraska Data Exchange Network (NDEN)
- Child/Adult Abuse and Neglect Central Registry (more information below)
    - New Child/Adult Abuse and Neglect Central Registry checks can be completed here.
    - Results cannot be more than 6 months old.
    - Self-Checks and results requested with other agencies are not available to Maximus. It is the Provider's responsibility to ensure Maximus has a copy of the results.
- Sexual Offender Registry (SOR)

Certain services require the following verifications:

- Driver's License
  - Must be active and have fewer than 3 points. Out of State providers must supply a physical copy upon request
- CPR and First Aid Training
  - Must be current (expire every 2 years)
- Abuse, Neglect and Exploitation Certification
  - Does not expire but must be available to review in the Provider Agreement
  - Free Abuse and Neglect Training is available here
- Traumatic Brain Injury Training
  - Does not expire but must be available to review in the Provider Agreement
- Work/Life/Education Experience
  - 48 months or more of related experience must be listed on the provider agreement

Each provider will be notified by email when they are due for Annual Screening. It is important to keep your Provider Agreement information current to ensure notifications are received.

HCBS (Waiver/PAS) Providers Performing Services in Their Own Household

If your current Provider Agreement indicates that you provide services in your home (as indicated by your Resource Development Worker) you are required to keep your household members current on your Provider Agreement. All household members should be listed on your Service Provider Agreement.

When household members move out of the household, they need to be removed from your Provider Agreement. New household members need to be added to your Service Provider Agreement.

If you need to update your household members while you are being processed for Annual Screening, you may need to complete an MC-19 and MC-199 form. Limited changes can be made online to your provider agreement once you are in Annual Screening. Updating your registration outside of your Annual Screenings will limit your risk of having your Provider Agreement closed.

Non-Emergency Transportation (NEMT) Providers

Individual Net (96) Specialty - MMIS Non-Emergency Medical Transportation - Must be Individual with an SSN. EINs are not permitted. These require Child/Adult Abuse and Neglect Central Registry Checks, Driver's License and Annual Screenings. An NPI is allowed but not required. Type of Practice Category is Individual (62).

Commercial NET (95) Specialty - MMIS Non-Emergency Medical Transportation - The Provider will be screened by Maximus for Accreditation by the Public Service Commission (PSC) at https://psc.nebraska.gov/transportation/passenger-carriers. The provider is encouraged to keep the PSC office updated and is NOT required to upload the documentation. The certification is required by the PSC prior to enrollment with NE Medicaid. An NPI is allowed but not required. Type of Practice Category is Facility (00).

PSC Exempt (94) - MMIS Non-Emergency Medical-Public Transportation - A PSC Exempt Letter is required to be uploaded to the provider agreement during data entry. The Provider will be screened by Maximus for this Accreditation which includes making sure the EXCEMPT PSC letter is uploaded. An NPI is allowed but not required. Type of Practice Category is Facility (00). TRIBAL enrollments still need to have this documentation.

View provider bulletins HERE:
Contacts for each Heritage Health Managed Care Organizations (MCO) and transportation vendors can be found below.

Revalidations

As mandated by federal regulation 42 CFR 455, Subpart E, Medicaid programs must revalidate all providers every 5 years, regardless of provider type. Some providers (such as non-citizens of the United States with a time-limited work authorization) may be required to revalidate more often.

Providers in a revalidation period (within 180 days prior to the revalidation due date) will be subject to the following:

Providers who are currently in a revalidation period will receive revalidation notices monthly, starting 180 days prior to the revalidation date, until the revalidation is complete. A total of 6 monthly notices will be sent. All required attestations, updates, group member confirmations (when applicable), and other required actions must be completed in their entirety for the revalidation to be completed. This can include Adult Protective Services/Child Abuse and Neglect Registry Checks, Fingerprints, and a Site Visit as required. Submitting early will help prevent delays.

Updates and adding group members through Manage Members can be completed as part of the Revalidation process.

If revalidation is not completed by the revalidation date, the Provider Agreement will be closed. The revalidation is not completed when you submit; all required screenings and processes must be completed by Maximus and Nebraska Medicaid.

Providers who do not revalidate by their due date must start the enrollment process over and may have a gap in enrollment. Note: This may also impact other agreements including the electronic trading partner agreement for claim submission and the receipt of Medicaid Remittance Advice.

Payment for Nebraska Medicaid payer claims will be impacted for providers who do not revalidate by their revalidation due date. Additionally, prescriber prescription claims will be rejected if the provider is inactive. All prescribers must be active providers for prescriptions, medical supplies, and other services that require an order to be covered for the prescriber's patients.

Shared Living Providers

Shared Living Agency Providers must have an active Group Member Profile. Shared Living Agencies must be actively enrolled for the SHARED LIVING – RESIDENTIAL HABILITATION service (code 1472) before adding Shared Living Group Members. Shared Living Group Members can only be affiliated with 3 groups MAXIMUM.

Shared Living Provider Instructions can be found at www.nebraskamedicaidproviderenrollment.com under the Provider Education & Training Resources link.

Provider Ed & Training Resources

A great tool for basic application questions and training manuals may be found at our website:

Click HERE to Review the Provider Education and Training Resources or find

Removing your Name from the Nebraska Medicaid Excluded Providers List

If you wish to Re-Enroll as a Nebraska Medicaid Provider, you must first re-apply with Maximus through the Portal. You will be required to complete and pass all required screenings. Thereafter, you will be contacted by Nebraska Medicaid to complete the NMEP removal process. Medicaid Program Integrity makes the final decision regarding NMEP removal.

If you do not wish to reapply but want your name off the Nebraska Exclusion List you must fill out this questionnaire: http://dhhs.ne.gov/Pages/Program-Integrity-Sanctioned-Providers.aspx and send it to DHHS.MedicaidProgramIntegrity@nebraska.gov

Please call the Inquiry Line at 877-255-3092 with questions.

Fingerprint Criminal Background Checks – FCBC

As mandated by federal regulation 42 CFR 455, Subpart E, effective January 15, 2017, Nebraska Medicaid implemented the collection of fingerprint and criminal background checks for high-risk providers and their owners. Therefore, registrations may need additional time to complete this screening process. Service Provider Agreement may be denied or terminated based on the findings or failure to comply with additional requirements. Additional information about these requirements can be found here:

NE Medicaid Provider Bulletins: http://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx

NE Medicaid Fingerprint-Based Criminal Background Check Frequently Asked Questions: http://dhhs.ne.gov/Pages/Medicaid-Provider-Screening-and-Enrollment-Requirements.aspx

Disenrollment – End Dating A Provider Agreement

To end date a **Billing Provider** Agreement (e.g. disenroll from Nebraska Medicaid), a disenrollment form must be filled out and submitted to Maximus. Disenrollments should be submitted in a timely manner (within 30 days of the requested end date). Failure to do so timely may result in a denial of the requested disenrollment effective date and default to the disenrollment request submission date. It is especially important for providers who progress through license types to promptly complete disenrollments and submit enrollment updates for the new license type.

This disenrollment form can be found at www.nebraskamedicaidproviderenrollment.com under the Provider Education & Training Resources link.

This document can also be requested through Maximus via fax, mail, or email. Once completed, the disenrollment request must be returned to Maximus via fax, mail, or email to complete the disenrollment. Payments will not be made for services rendered after the requested disenrollment date.

Group Members can only be end dated within the Group through the portal. Choosing the current date for disenrollment is standard. If a retro disenrollment date is required, please select a date less than 35 days in the past. If an older retro date is required, you will need to contact Maximus Customer Support at 844-374-5022 for assistance.

Retro Enrollment Effective Date Requests

Billing Provider Retro Dates

New Billing Providers should request the appropriate Effective Date when completing their application.

Effective Dates requested 180 days or more in the past for MMIS BILLING PROVIDERS are considered a Retro Date Request and must be approved by Nebraska Medicaid.

If the requested Effective Date is over 180 days from the date it is requested the enrollment must include a written explanation as to why this Retro Date is necessary. The written explanation is uploaded to the online registration. The request will automatically be sent to Nebraska Medicaid for approval. If more information is needed, you will be contacted directly. Not responding will result in a denial of your retro effective date.

Please include the following details in your retro enrollment request:

- Include this information with your NEW Registration:
    1. Why are you requesting the retro effective date?
    2. Were emergency services provided to Nebraska Medicaid client(s)?
    3. Detail any circumstances that you believe were beyond the provider's control and provide all supporting documentation
- Are there any pending NE Medicaid claims?
    - DO NOT UPLOAD CLAIMS to the system. Send a copy of all pending NE Medicaid claims that require the requested retroactive enrollment effective date directly to DHHS Medicaid Provider Retro Program at DHHS.MedicaidRetroProviderEnrollment@nebraska.gov
    - In the Email to DHHS with Claims:
        - List the enrollment Name, NPI, and Physical Address
        - Provide a narrative describing why the provider was providing services to Nebraska Medicaid client(s) prior to being enrolled with Nebraska Medicaid.
        - If there are pending claims, please describe when you were alerted that the client(s) had Nebraska Medicaid coverage.
        - Include the answers to numbers 1-3 above.

Active Billing Providers

- Retro dates less than 180 days in the past must supply a Retro Date Request in writing (letter or email) to Maximus. Please email your request to Maximus at NebraskaMedicaidPSE@MAXIMUS.com
    - If the Active Billing Provider has a start date and Medicaid ID Number, Maximus can only consider a new retro date if it is within 180 days of the date the new request is made. Other restrictions apply.
    - Maximus will forward requests to Nebraska Medicaid Provider Relations as needed.

- If the requested Effective Date is over 180 days, a request must be submitted to Nebraska Medicaid Provider Relations via email to DHHS.MedicaidRetroProviderEnrollment@nebraska.gov or (402) 471-9018.

    - Please supply the same bulleted information as noted above in your retro enrollment request.

New Affiliation Provider Retro Dates (Service Rendering Providers)

New Affiliated Group Members should request the appropriate Start Date when adding the provider to the Group online or with the paper application (MC-19). If the requested Start Date is over 180 days from the date it is requested the Group Billing Provider must supply a written request explaining why this Retro Date is necessary. The written explanation is uploaded to the online registration of the Group or submitted with the paper application. The request will automatically be sent to Nebraska Medicaid for approval. Please supply the same bulleted information as noted above with your request.

Active Affiliated Group Members must ask for a Retro Start Date within the Group through the online portal. The Group will change the Start Date for the affiliated provider on the Individual Providers page of the Group registration.

If the NEW Requested Start Date is less than 180 days from that day's date, the date will be processed by Maximus.

If the NEW Requested Start Date is more than 180 days from that day's date, the request will automatically be sent to Nebraska Medicaid for approval. Please supply the same bulleted information as noted above in your retro enrollment request. Questions can be directed to DHHS.MedicaidRetroProviderEnrollment@nebraska.gov or (402) 471-9018.

HCBS (Waiver/PAS) Providers

HCBS (Waiver/PAS) providers are not granted Retro Dates. The Effective Dates reflect the date all screenings were completed.

Other Contacts

Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5096
Phone Number: 402-471-3121
DHHS Customer Service/Inquiry Lines: 877-255-3092
Medicaid Provider Relations: 402-471-9018
Medicaid Provider Relations Email: DHHS.MedicaidProviderEnrollment@nebraska.gov
DHHS Website: www.dhhs.ne.gov
Medicaid Provider Relations Retro Date Requests:
DHHS.MedicaidRetroProviderEnrollment@nebraska.gov
Provider Bulletins: http://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx
Tax Questions: DHHS.TaxData@nebraska.gov

Heritage Health

Heritage Health: Council for Affordable Quality Healthcare (QAQC): (888) 255-2605
http://www.NEHeritagehealth.com

United Healthcare Community Plan: Provider Services: (866) 331-2243
http://www.uhcprovider.com
Transportation: National MedTrans: (833) 583-5683

Nebraska Total Care: Provider Services: (833) 890-0329
https://www.nebraskatotalcare.com/providers.html
Transportation: Medical Transportation Management (MTM): (844) 385-2192

Molina Healthcare: Provider Services: (844) 782-2678
https://www.molinahealthcare.com/providers/ne/medicaid/home.aspx
Transportation: Medical Transportation Management (MTM): (888) 889-0421

Dental is now included under health plans.