Nebraska Medicaid Provider Screening and Enrollment

2022 Newsletter

KEEPING YOUR PROVIDER AGREEMENT CURRENT

All providers should keep their provider agreement current at all times. 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.

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) 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

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

- Email DHHS-DD at DHHS.ddproviderrelations@nebraska.gov
- To receive up-to-date EVV information, please subscribe to the DD EVV website at: http://dhhs.ne.gov/Pages/Therap-Electronic-Visit-Verification.aspx

new MMIS provider Types

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

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

Medically Monitored Inpatient Withdrawal (MMIW), Opioid Treatment Program (OTP), Specialized Add on (in a Nursing Home), PhD Intern, Peer Support Specialists, and Multi Systemic Therapy.

NPI Requirements for all MMIS providers

Nebraska Medicaid is now requiring all MMIS Providers, with the exception of 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. HCBS providers do not currently need to have an NPI.

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 or start your 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).

COVID-19 Information

Nebraska Medicaid Providers can stay up to date with COVID-19 information here.

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. 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) 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)
- Sexual Offender Registry (SOR)

Certain services require the following verifications, which include, but are not limited to:

- Driver's License
- CPR and First Aid Training
- Abuse, Neglect and Exploitation Certification
- Work/Life/Education Experience

Each provider will be notified by email when they are due for Annual Screening. New Child/Adult Abuse and Neglect Central Registry checks can be completed here. It is important to keep your Provider Agreement information current to ensure notifications are received.

https://www.nebraskamedicaidproviderenrollment.com

Contact Us

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

HCBS PROVIDERS PERFORMING SERVICES IN THEIR OWN HOUSEHOLD

If your current Provider Agreement indicates that you provide services in your home, 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. If a new household member moves in, they 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 a MC-19 and MC-199 form. Limited changes can be made online to your provider agreement once you are in Annual Screening.

NEMT Providers

To become a NEMT, you now enroll with Maximus with a Transportation Provider Type first. Individual providers will enroll with an **Individual Net** specialty and must have a valid driver's license. Providers that are certified by the Public Service Commission (PSC) will enroll with a **Commercial Net** specialty. PSC Exempt Transportation providers will enroll with a **PSC Exempt** specialty and should upload documentation. Once this is complete, you will need to enroll with the appropriate Heritage Health Managed Care Organization (MCO). View provider bulletins HERE:

Contacts for each Heritage Health Managed Care Organizations (MCO) and transportation vendors can be found below.

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 it on the menu

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.

Updates and adding group members through Manage Members will not be available during the 180 day revalidation time period.

If revalidation is not completed (completed meaning Service Provider Agreement has been submitted and all required screenings have been completed) by the revalidation date, the Provider Agreement will be closed.

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.

FILING YOUR SERVICE PROVIDER AGREEMENT ELECTRONICALLY

To increase convenience and timeliness of filing and revalidating your application, your online application can be created, completed, maintained, and submitted via our website using a laptop or desktop computer! The site is not mobile friendly.

https://www.nebraskamedicaidproviderenrollment.com

FILING YOUR SERVICE PROVIDER AGREEMENT (MC-19) WITH A PAPER APPLICAITON

Providers are encouraged to enroll electronically in the Maximus web portal as described above. However, providers may still opt to enroll using the paper enrollment forms. Completed forms need to be sent to Maximus at P.O. Box 81890, Lincoln, NE 68501.

Paper applications may include the MC-19, MS-84, FA-100, MLTC-62, MC-199, W4/W9 depending on the type of enrollment and what information needs to be updated. Paper application forms are available by contacting Maximus or at the following web address:

http://dhhs.ne.gov/Pages/Medicaid-Provider-Screening-and-Enrollment-Forms.aspx

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.

WHAT YOU NEED TO KNOW ABOUT ADULT PROTECTIVE SERVICES/CHILD ABUSE AND NEGLECT CENTRAL REGISTRY CHECKS IF YOU ARE AN INDIVIDUAL HCBS OR NEMT SERVICE PROVIDER:

In June of 2018, there was a change to how the Central Registry screenings are obtained for initial enrollment, annual screening, and 5-year revalidation of Provider Agreements for individual providers rendering one or more of these services. This means you are responsible for completing this screening when you first enroll and every year after.

Providers are now required to obtain their own screenings through the Central Registry online portal. Once you begin your request you will want to remember your PIN and CHECK REQUEST NUMBER to securely check the status of your request in the future.

Individual NEMT providers and HCBS providers must successfully pass a screening against the Adult Protective Services (APS) and Child Abuse and Neglect (CAN) Central Registries (see NAC 471 2-001.04). Household members age 13 and older must also complete and pass the Central Registry background check process **if services will be rendered in the provider's home as indicated by the HCBS provider's service referral.** Do NOT list a household member in the Service Provider Agreement IF they are the ONLY client receiving services related to this Provider Agreement. If additional clients are receiving services in the home, list ALL household members. **All information should be kept current and up to date including email, phone number, all addresses, and household member information.**

There are fees associated with the screening process. Nebraska Revised Statute 28-718(3) authorizes the Department of Health and Human Services Division of Children and Family Services (DCFS) to charge a reasonable fee to recover expenses in carrying out Central Registry requests. They began collecting this fee on **June 19, 2018.**

You can find an APS/CAN Registry Check Request FAQ at http://dhhs.ne.gov/Pages/Medicaid-Provider-Screening-and-Enrollment-Requirements.aspx

Please refer to the following instructions to complete the Central Registry screening process.

1. Use this Central Registry web link supplied by Maximus to complete the Identity Verification process to initiate the Central Registry background check. This link can also be found on the Provider Ed & Training page of the portal.
   - https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/BeginOrgCheck/80274111
   - There is a $1 identity proofing charge, a $2.50 screening fee, and an additional $1.50 online payment convenience fee ($5.00 total)
   - Do not complete a self-check

-**OR**

2. Complete the paper request form (CFS-5) supplied by Maximus. Please contact Maximus to have the most current form sent to you. This will delay the process.
   - Request both the Adult Protective Services and Child Abuse and Neglect checks
   - The form must be notarized
   - There is a total of $2.50 screening fee paid to DHHS Accounting
   - A notary may charge a fee up to $5

Failure to comply with the Central Registry check process will result in denial or termination of the Service Provider Agreement.

If you have questions about the Central Registry screening process, please contact Children and Family Services at (402) 471-9272 or via DHHS.CFSCentralRegistry@nebraska.gov.

See DHHS MEDICAID Provider Bulletin 18-05 and 18-14 for more information and compliance guidance located at: http://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx Questions concerning this bulletin should be directed to Provider Relations via DHHS.MedicaidProviderEnrollment@nebraska.gov or (402) 471-9018.

Questions about enrollment as a Medicaid provider should be directed to Maximus at nebraskamedicaidpse@maximus.com or 1-844-374-5022

REMOVING YOUR NAME FROM THE NEBRASKA MEDICAID EXCLUDED PROVIDER LIST

If you wish to Re-Enroll as a Nebraska Medicaid Provider, you must first re-apply with Maximus through the Portal or submit a paper application. You will be required to complete and pass all required screenings. Thereafter, you will be prompted 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 COLLECTION & 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 highrisk providers and their owners. Therefore, applications may need additional time to complete this particular 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 FOR PROVIDERS

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.

New Billing Providers should request the appropriate Effective Date when completing their application. 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 or submitted with the paper application (MC-19). The request will automatically be sent to Nebraska Medicaid for approval. Please include the following details in your retro enrollment request:

- Why are you requesting the retro effective date?
- Were emergency services provided to Nebraska Medicaid client(s)?
- Are there any pending NE Medicaid claims? Send a copy of all pending NE Medicaid claims that require the requested retroactive enrollment effective date.
- If there are pending claims, also 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.
- Detail any circumstances that you believe were beyond the provider's control and provide all supporting documentation.

Active Billing Providers 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 approve a new retro date if it is within 180 days of the date the new request is made. Other restrictions apply.
>
> If the new requested Effective Date is over 180 days, a request must be submitted to Medicaid Provider Relations via email to DHHS.MedicaidProviderEnrollment@nebraska.gov. Please supply the same bulleted information as noted above in your retro enrollment request.

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.

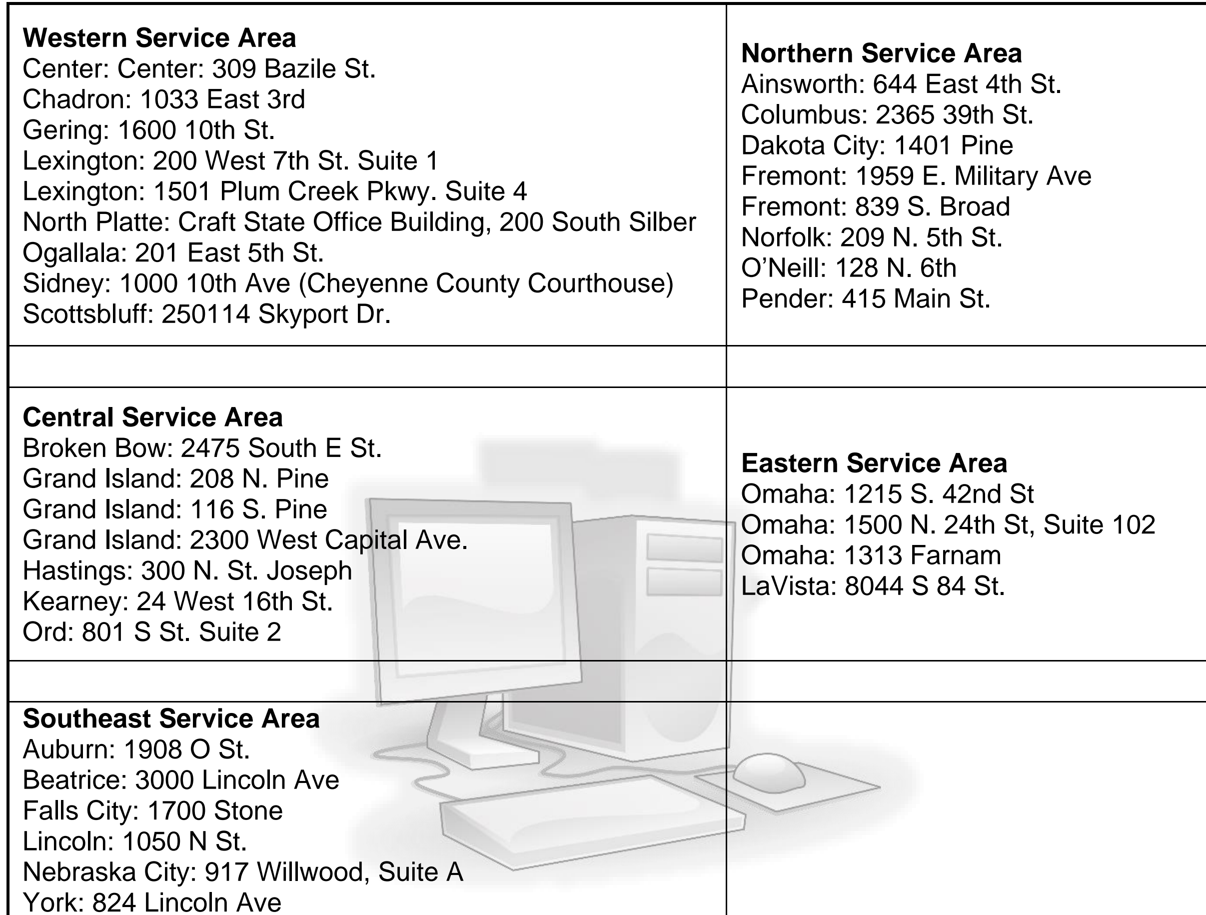
Active Affiliated Group Members must ask for a Retro Start Date within the Group through the online portal or with a paper application (MC-19). The Group will change the Start Date for the affiliated provider on the Individual Providers page of the Group registration.

> 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.MedicaidProviderEnrollment@nebraska.gov or (402) 471-9018.

HCBS providers are not granted Retro Dates. The Effective Dates reflect the date all screenings were complete.

There are also kiosk locations available at the Department of Health and Human Services and at the following locations:

KIOSK LOCATIONS:



Western Service Area Center: Center: 309 Bazile St. Chadron: 1033 East 3rd Gering: 1600 10th St. Lexington: 200 West 7th St. Suite 1 Lexington: 1501 Plum Creek Pkwy. Suite 4 North Platte: Craft State Office Building, 200 South Silber Ogallala: 201 East 5th St. Sidney: 1000 10th Ave (Cheyenne County Courthouse) Scottsbluff: 250114 Skyport Dr.	**Northern Service Area** Ainsworth: 644 East 4th St. Columbus: 2365 39th St. Dakota City: 1401 Pine Fremont: 1959 E. Military Ave Fremont: 839 S. Broad Norfolk: 209 N. 5th St. O'Neill: 128 N. 6th Pender: 415 Main St.
Central Service Area Broken Bow: 2475 South E St. Grand Island: 208 N. Pine Grand Island: 116 S. Pine Grand Island: 2300 West Capital Ave. Hastings: 300 N. St. Joseph Kearney: 24 West 16th St. Ord: 801 S St. Suite 2	**Eastern Service Area** Omaha: 1215 S. 42nd St Omaha: 1500 N. 24th St, Suite 102 Omaha: 1313 Farnam LaVista: 8044 S 84 St.
Southeast Service Area Auburn: 1908 O St. Beatrice: 3000 Lincoln Ave Falls City: 1700 Stone Lincoln: 1050 N St. Nebraska City: 917 Willwood, Suite A York: 824 Lincoln Ave	

Wellcare offers Community Welcome Rooms for Provider Enrollment.

To contact the Welcome Rooms, call 866-755-2192, Monday – Friday, 8 a.m. to 5 p.m. Central Time.

Omaha RSO 2910 K. St. Omaha, NE 68107	**Kearney** 2714 2nd Ave., Ste. A Kearney, NE 68847
Scottsbluff 2621 5th Ave. Scottsbluff, NE 69361	**Norfolk** 500 S. 13th St. Norfolk, NE 68701

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
Provider Bulletins: http://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx
Tax Questions: DHHS.TaxData@nebraska.gov

Heritage Health:

Heritage Health: 888-255-2605
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: Member Services- 844-385-2192
https://www.nebraskatotalcare.com/providers.html
Transportation: Medical Transportation Management (MTM): 844-385-2192

Healthy Blue (Wellcare of NE): Provider Services- 855-588-1406
https://provider.healthybluene.com/nebraska-provider/home
Transportation: IntelliRide: 844-531-3783

Dental:

MCNA-Dental: 844-353-6262
www.mcnaNE.net