Nebraska Provider Screening and Enrollment

Individual/Solo Practice

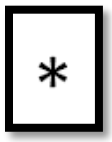
Enrollment and Revalidations

Note: If the Individual Provider's Tax ID does not have a username and password, see the appropriate Account Creation Instructions.

The steps below will guide you through filling out or updating an application for an Individual or Solo Practice.

NOTE: An Individual or Solo Practitioner can use their EIN or SSN but must use their Individual Type 1 NPI. If you must be enrolled with an Organization Type 2 NPI you will need to enroll as a group. See the Group Provider Ed and Training Resources.

All applications must be submitted for review when completed or when a change is made.

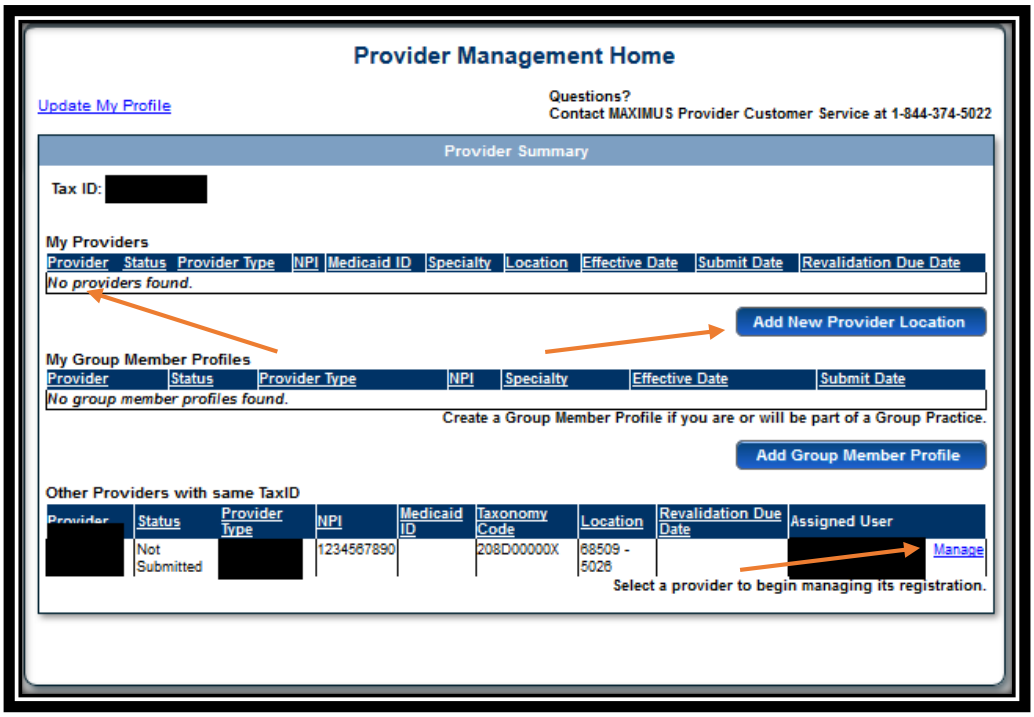
Symbols to watch for:  **Edit**  **Required**  **Add**

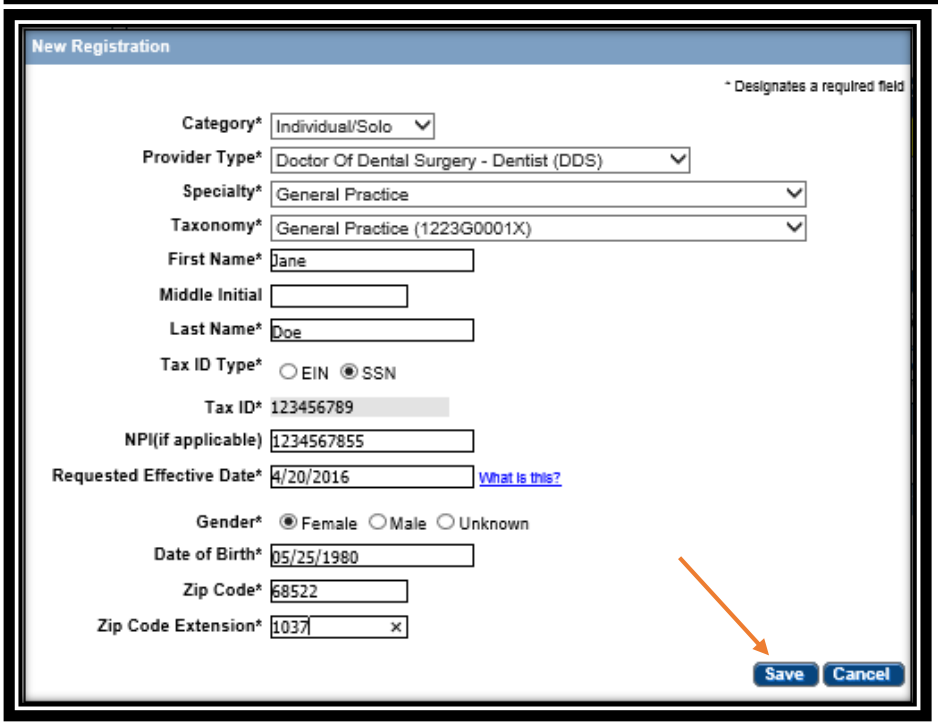
 **Key Provider Identifier**  **Delete**

1. Select the appropriate action:
   - Click on **Manage** in the "Other providers with the same TaxID" section on the appropriate location. This should be done instead of creating a New Provider Location.
   - If this is a new Solo Provider or a Solo Provider new to Medicaid select "**Add New Provider Location**".
   - If this location needs to update information select the name of the location under "My Providers". Select Continue or Update in the Mange Provider section of the Provider Management Home Screen. Go to step 2.

   It is possible for a Solo Provider to also be a group member of a separate group. This provider will have a Solo Provider Location and a Group Member Profile on the Provider Management Home Screen.

- Complete and confirm all Required Fields.
  - All information will be specific to this location. (Provider Type, Specialty, Taxonomy, Name, Business EIN, Organizational NPI, Zip and Zip Extension)
  - New Solo Providers need to pay close attention to the Requested Effective Date.



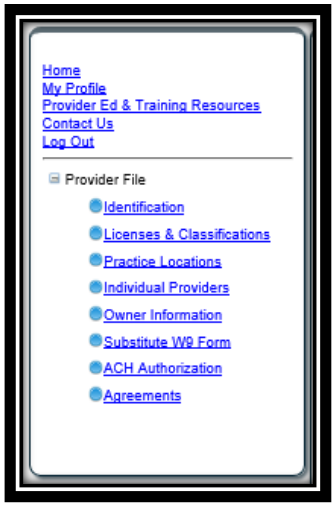


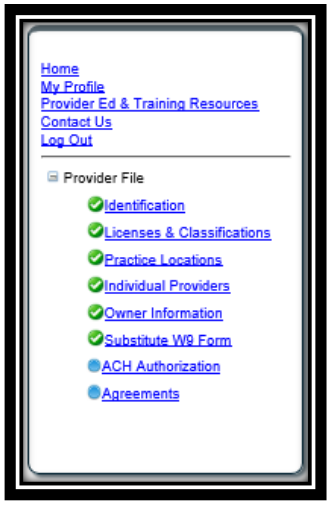
- Click **Save**.

This will take you to the application.

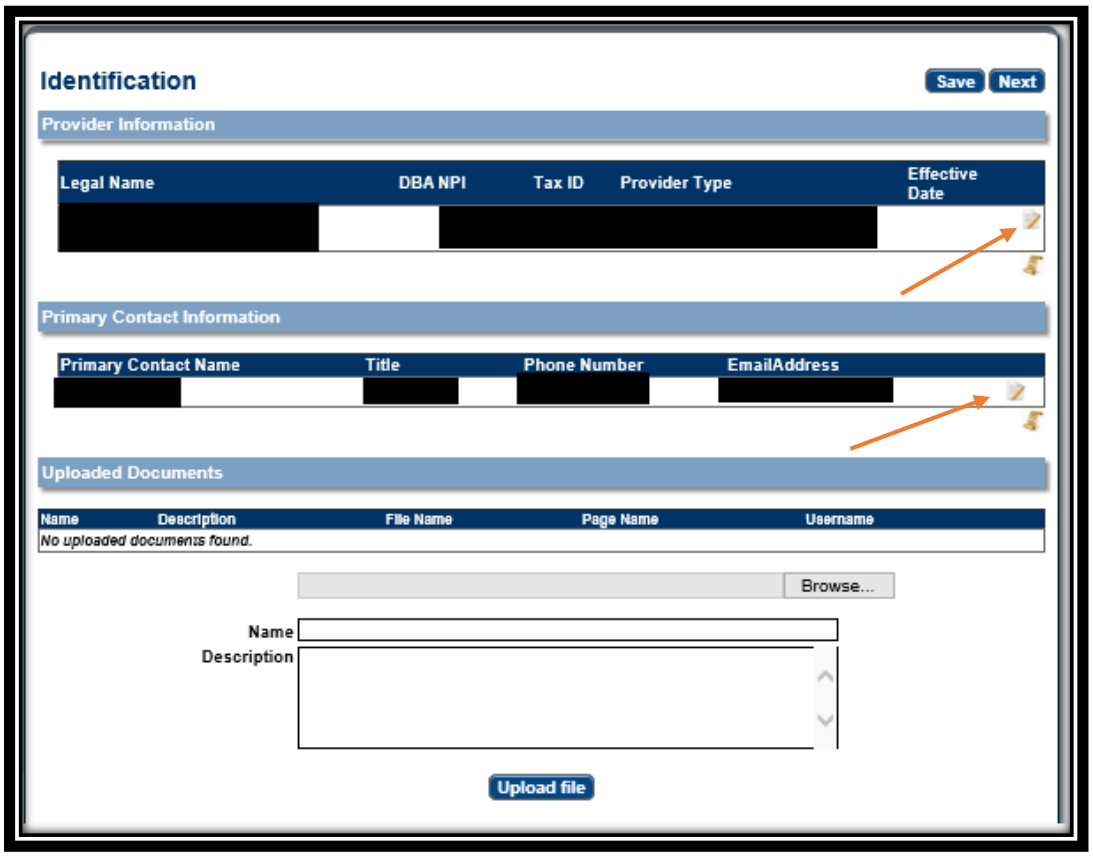
If at any time you want to return to the home page, need to re-enter this application or Edit a Key Provider Identifier, see the Business/Provider Location Provider-Management Home Resource.

2. Identification:

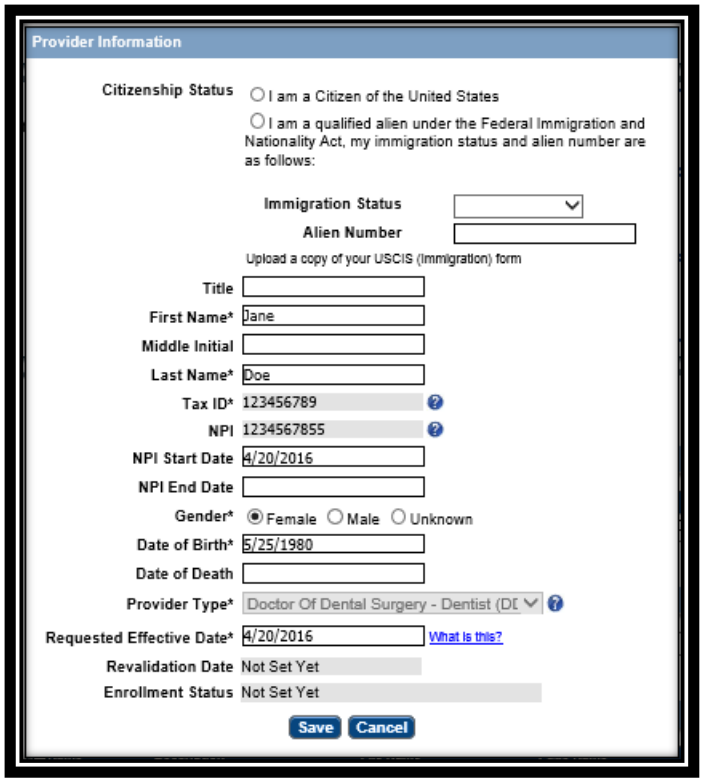




On the Bottom left side of the application you will see a list of all of the pages you need to complete. Each blue bullet point will change to a green checkmark when it is completed.



- Complete the Provider Information section by selecting **Edit**. The following box will open:



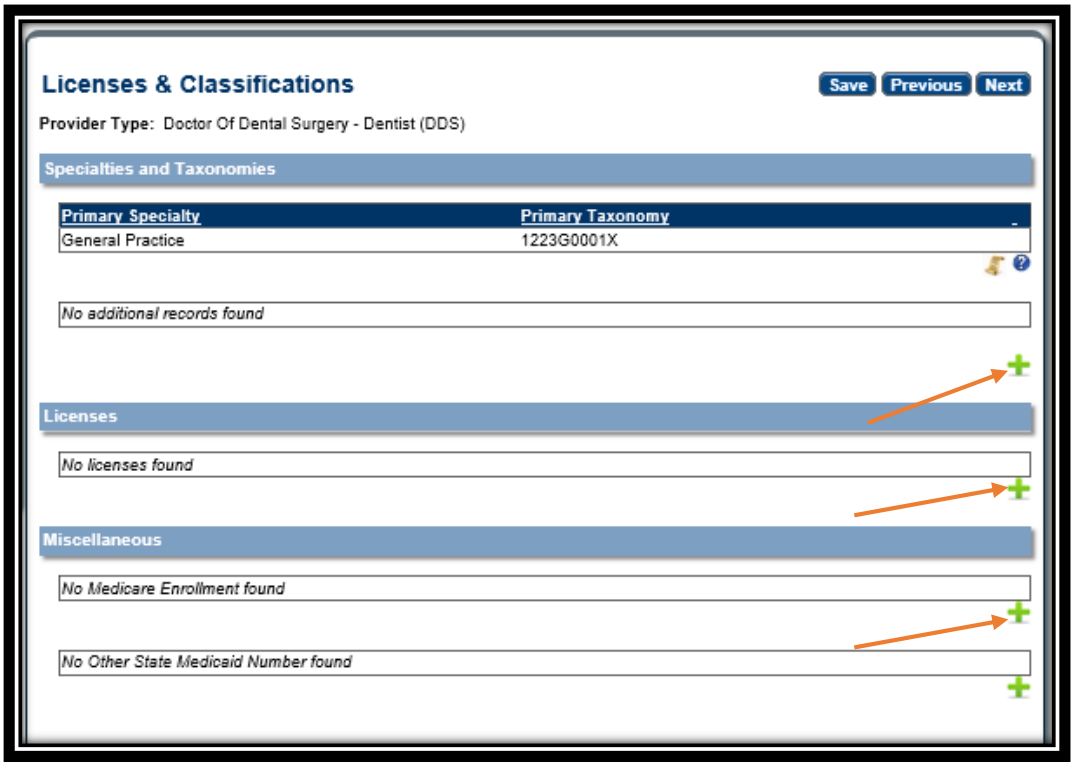
- Complete all required fields, and ensure all the information is correct and select **Save**. .
  - See the Business/Provider Location Provider-Management Home Resource if a Key Provider Identifier is incorrect.
- Primary Contact Information on the Identification page, select **Add** or **Edit**. The following box will open:

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

On the Identification page you will not be required to upload any documents, unless a new solo provider requested a retro effective date.

- Click **Next** to proceed to the next page.

3. Licenses & Classifications:

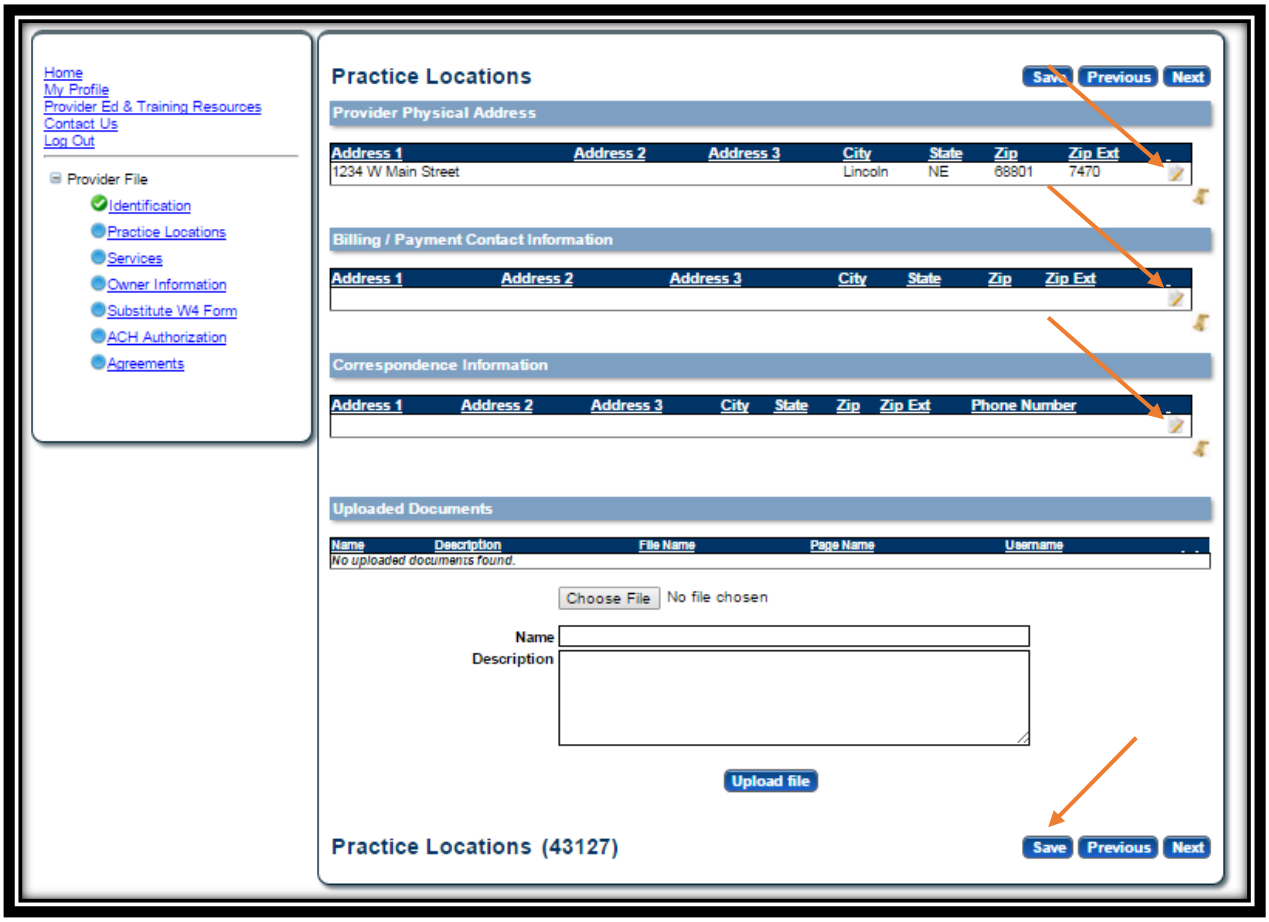


- The Specialties and Taxonomies are listed.
  - You may add a secondary specialty by clicking **Add**.
  - New Locations can change the Specialties and Taxonomies. See the Business/Provider Location Provider-Management Home Resource if a Key Provider Identifier is not what is expected.
- Solo Providers must enter or update license information. Select the **Add** or **Edit** button to enter and confirm the license if required on this page.
- If applicable, in the **Miscellaneous** section select **Add** or **Edit** to enter or confirm the Medicare Enrollment information and Other State Medicaid Enrollment Information. If the provider is a Billing Provider for Medicare or any other state Medicaid you need to fill out this section.

On the Licenses & Classifications page you will only be required to upload a document if you have an out of state license.

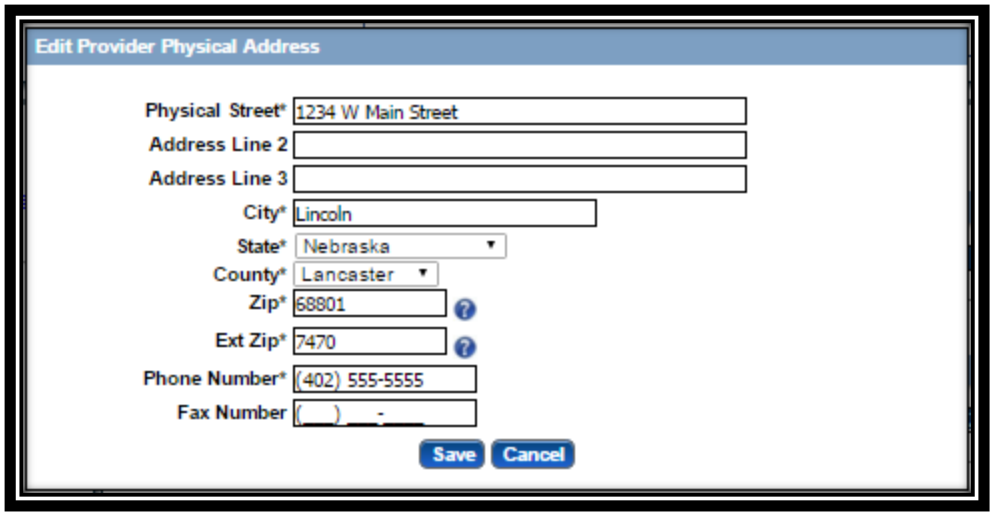
- Click **Next** to proceed to the next page.

4. Practice Locations:



Provider Physical Address, Bill/Payment Contact Information and Correspondence Information are required sections that need to be completed.

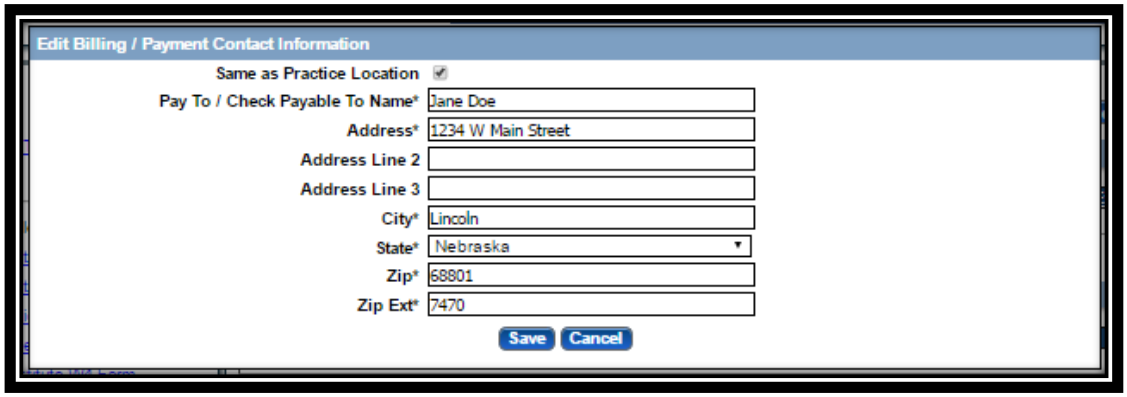
- Provider Physical Address: This is the actual physical address where services are provided.
  - Click the edit symbol.
  - The following box will open:



- Complete All required fields, confirm all information is correct, and select Save.
- See the Business/Provider Location Provider-Management Home Resource if the Zip or Ext Zip is incorrect.

➢ Billing / Payment Contact Information: This is where EOB or similar information should be sent.

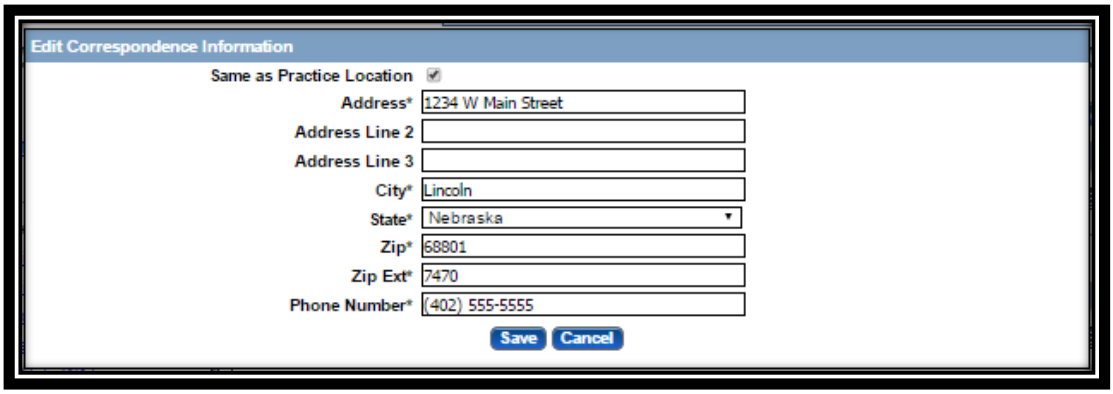
- Click the **Add** or **Edit**.
- The following box will open:



- Complete all required fields, confirm all information is correct, and select Save.

➢ Correspondence Information: This is where general communication materials will be sent.

- Click the **Add** or **Edit**.
- The following box will open:



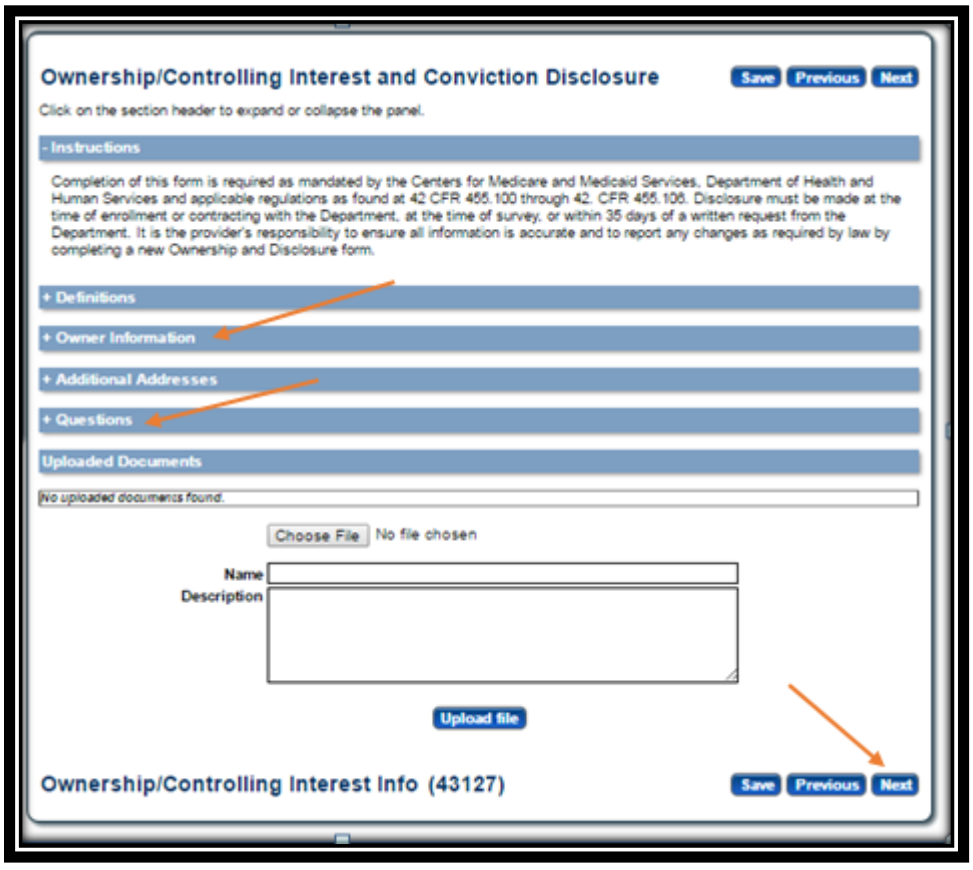
- Complete All required fields, confirm all information is correct, and select Save.

You will not be required to upload any documents on the Practice Locations page.

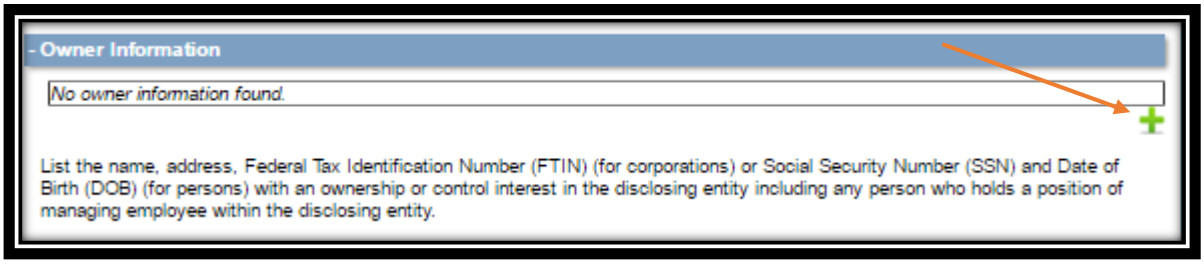
➢ Select **Next** to proceed to the next page.

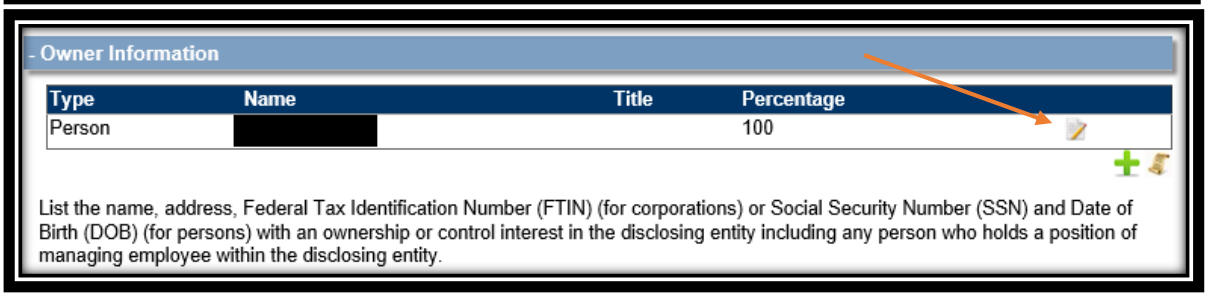
5. Ownership/Controlling Interest and Conviction Disclosure:

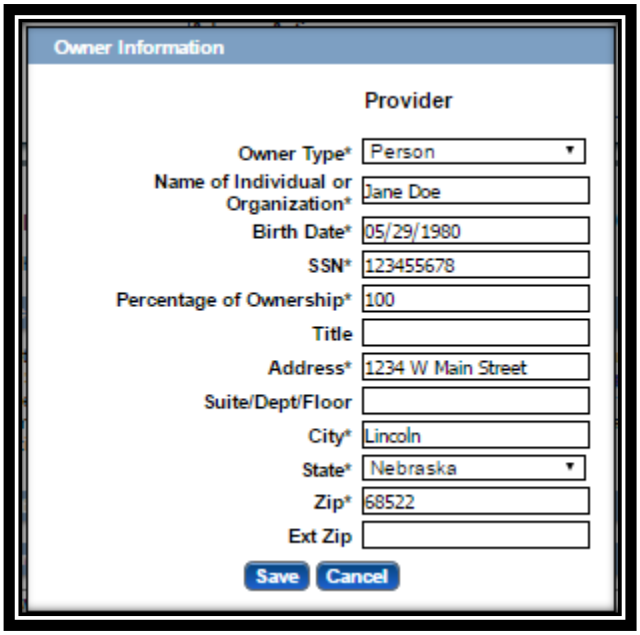
➢ Expand the "Owner Information" section by clicking on the small white plus.



➢ Complete the Ownership Information by selecting **Add** or **Edit**.

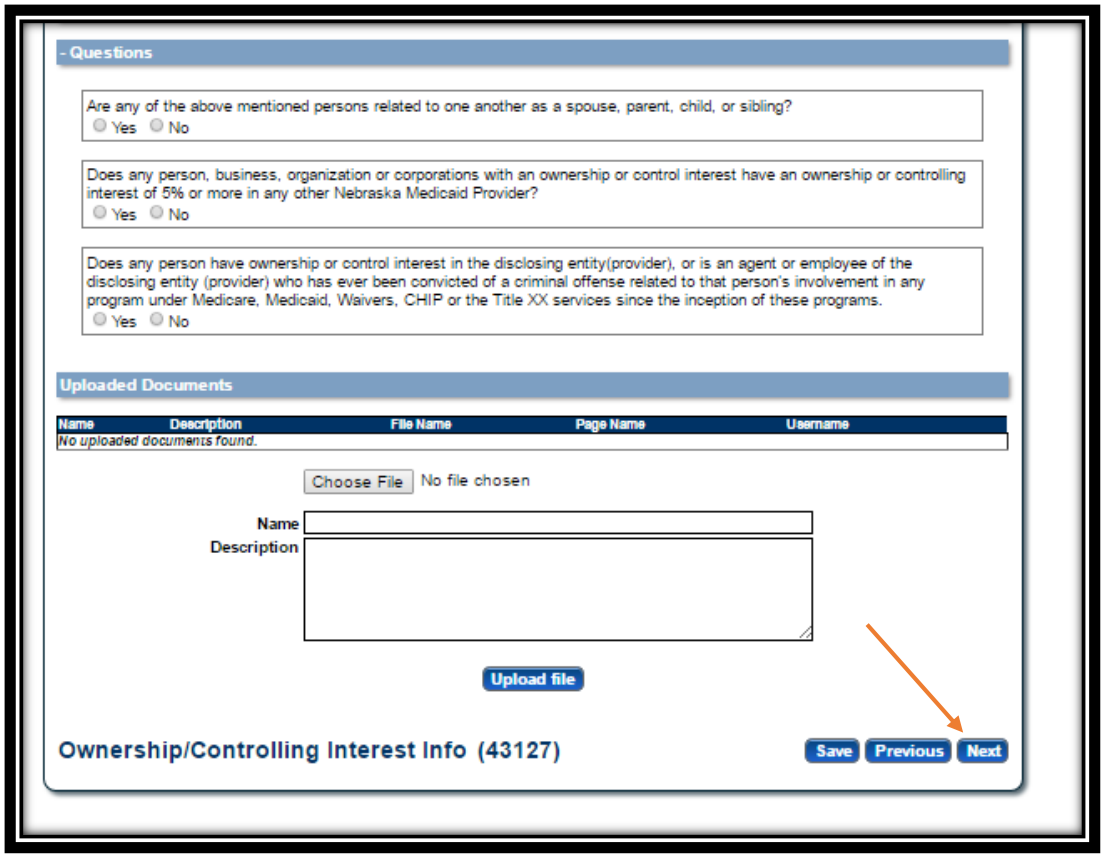






- Make all necessary changes and select **Save**.
  - It is common to have multiple owners and managing employees. . All necessary owners and managing employees should be listed in this section.

- Complete the Additional Addresses section if necessary.

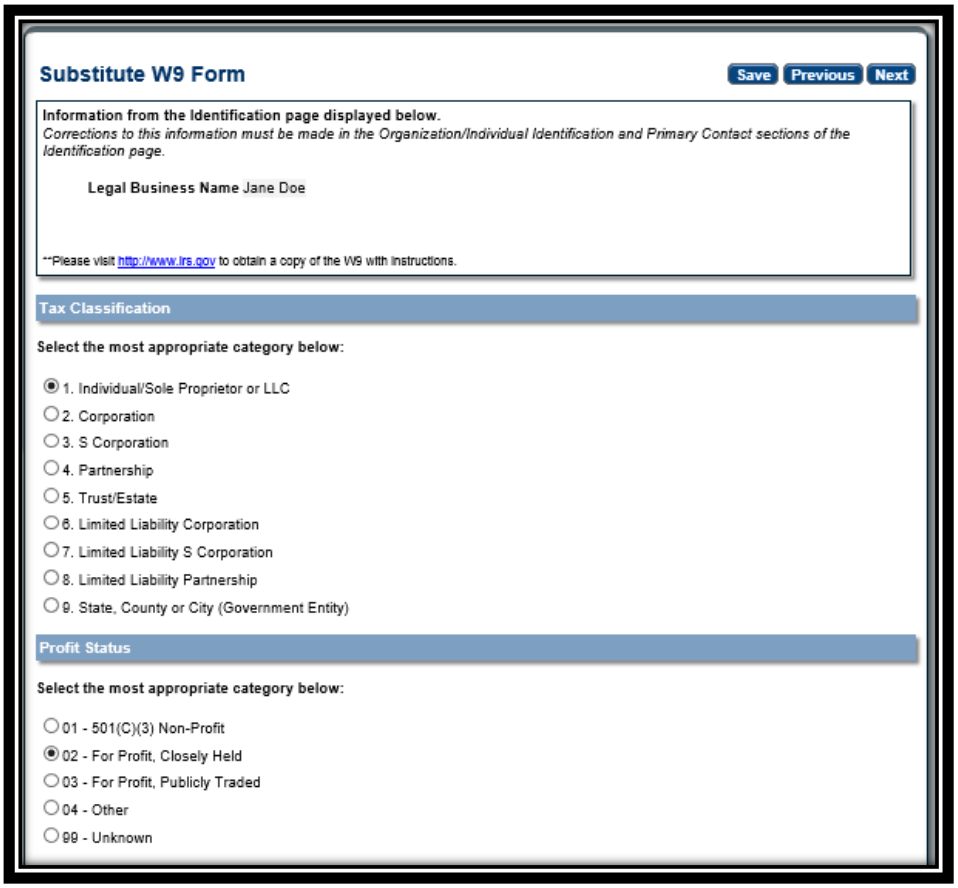


- Complete the Questions section and click **Next**.

  Note: If only one owner is listed, the first question will be answered "No".

You will not be required to upload any documents on the Ownership and Controlling Interest page.

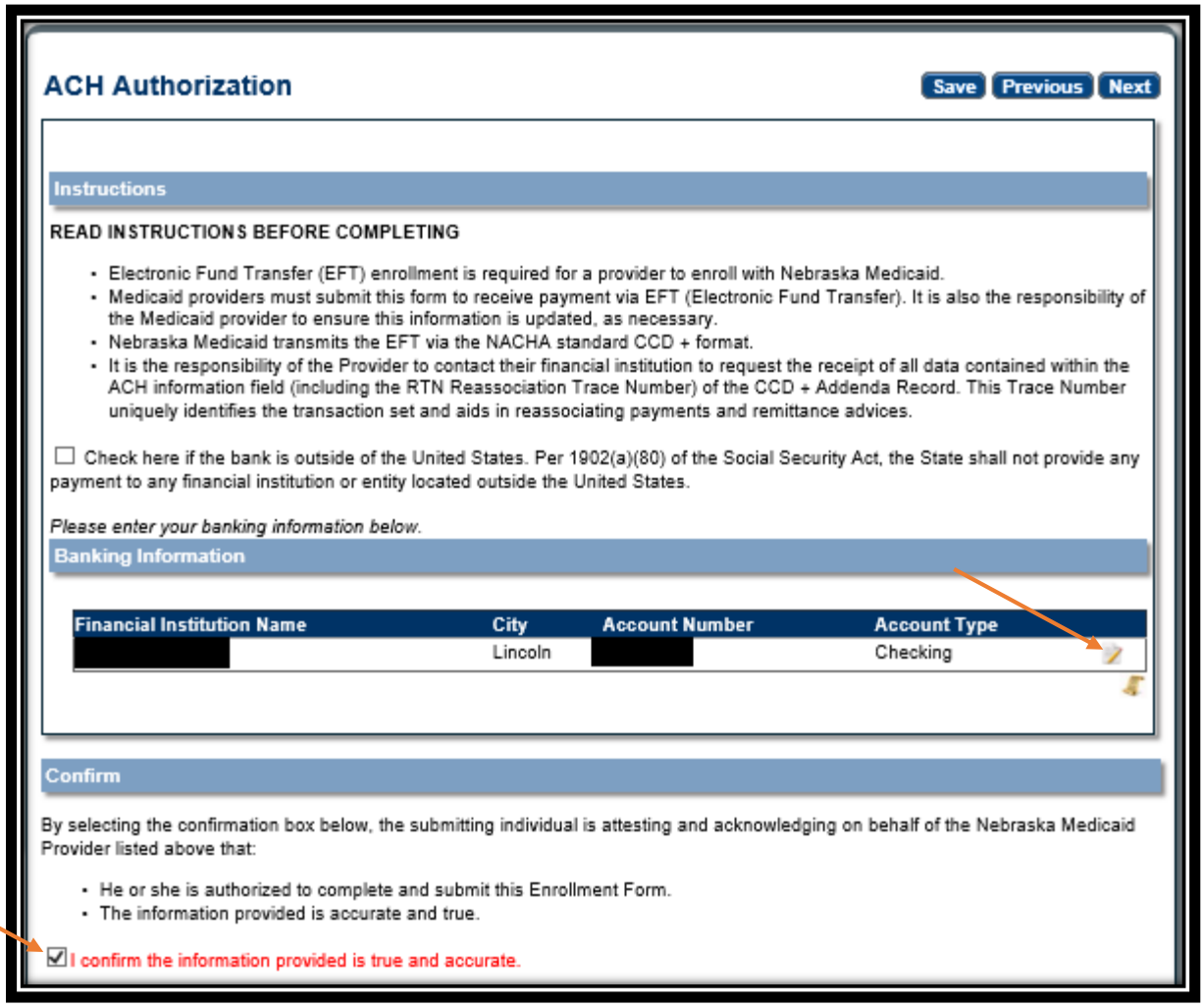
6. Substitute W9 Form:
   - Solo Providers are required to complete a Substitute W9 Form.



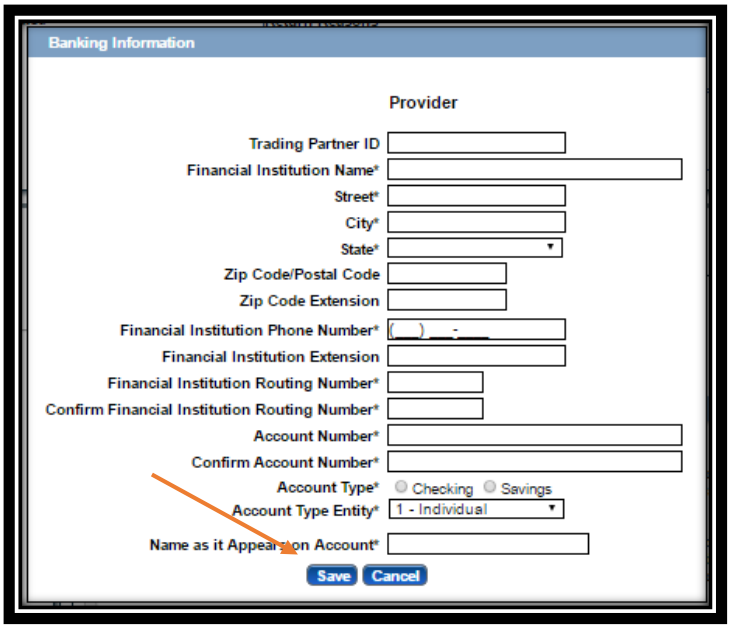
- Select the appropriate Tax Classification and Profit Status.
- Click **Next**.

You will not be required to upload any documents on the Substitute W9 page.

7. ACH Authorization:
   - Only select the Check Box in the Direct Deposit section if you bank is outside the United State. Nebraska Medicaid will not provide any payment to any financial institution or entity located outside the United States.



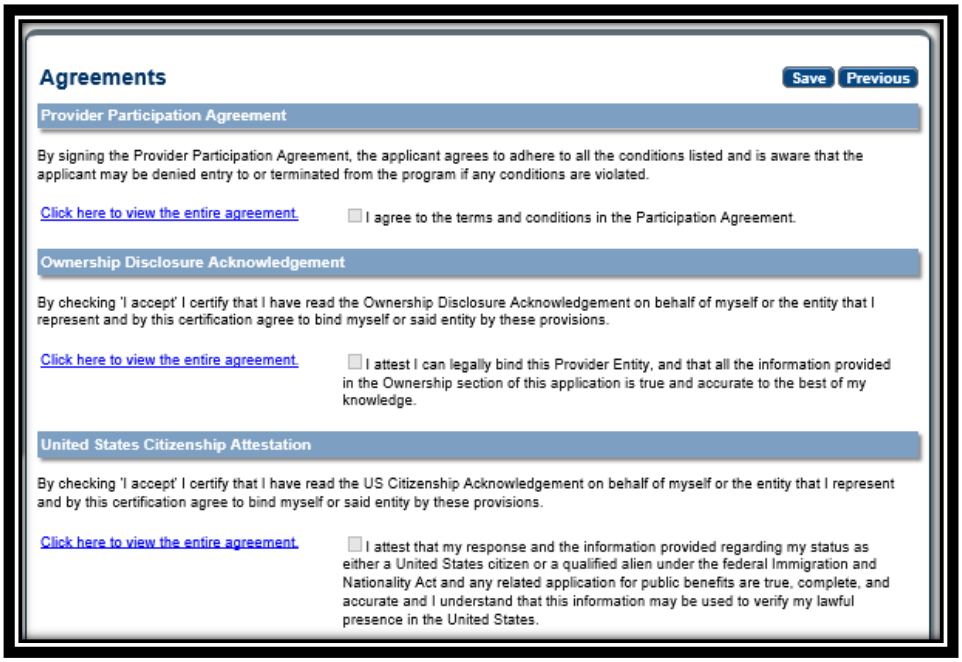
- Click **Add** or **Edit** to enter your checking or saving information. Complete all required fields and click **Save**.
- Please check your data entry to ensure there are no errors. You want to make sure that your payments go to the correct account. Needing to correct this information will cause a delay with payments.



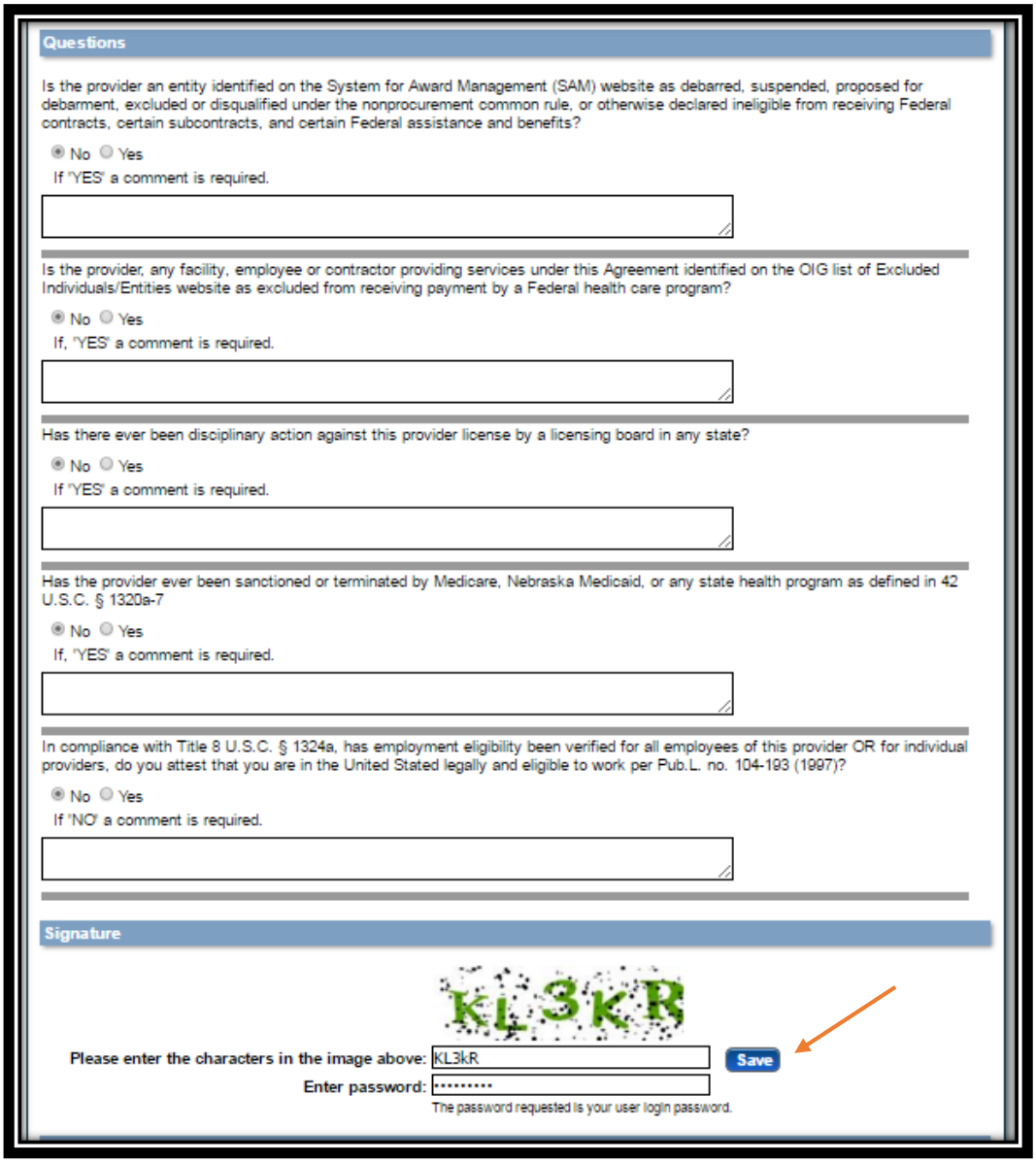
- Check the "I confirm the Information provided is true and accurate" and click **Next**.

You will not be required to upload any documents on the ACH Authorization page.

8. Agreements:
   - Click on each "Click here to view the entire agreement". A separate tab will show on your web browser that contains each agreement. Read the information. You are responsible for following all of the regulations and will be held accountable for them.
   - Place a checkmark in the "I agree' or "I attest" box.
     Note: The check box is only accessible after clicking the web link.

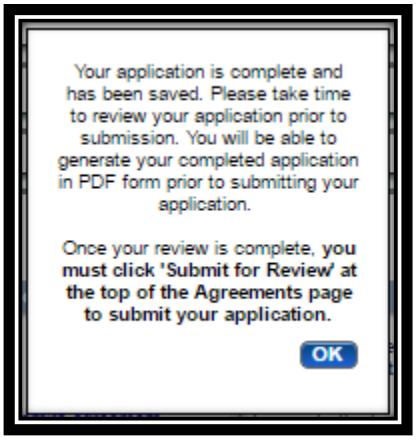


- Answer all of the questions on the Agreements page. You are required to answer all of the questions truthfully. Failure to answer these questions completely and accurately may lead to denial, termination, and administrative, civil, or criminal action.



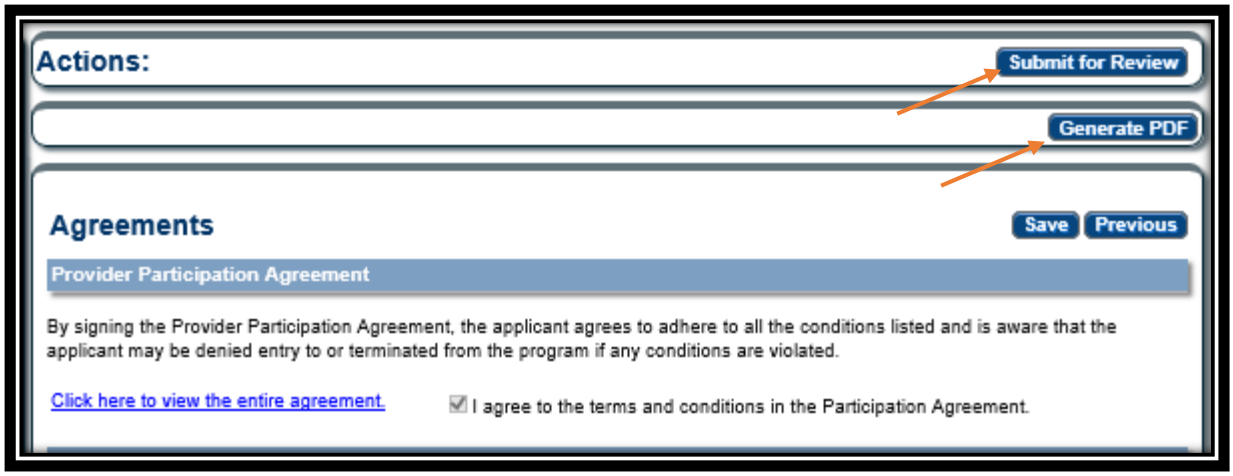
- In the Signature section, enter the characters in the image
  Note: characters are not case sensitive.
- Enter the password used to log into the portal and click **Save**.

- This message will be displayed when the application is successfully saved:



- Click **OK**.

9. Click "**Generate a PDF**" if you wish to save or print a PDF of the application. This is your only opportunity to save or print a PDF.
10. You MUST click "**Submit for Review**" to successfully complete the application process.



11. When finished the following screen will be displayed: