

Nebraska Provider Screening and Enrollment

New Group Member

New Group Member Profile


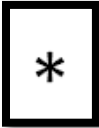



The steps below will guide you through filling out or updating a Group Member Profile.

All applications must be submitted for review when completed.

This profile is completed for the individual service rendering provider by the actual individual or by someone authorized to complete the information on their behalf.

Note: If you do not have a username and password, see the appropriate Account Creation Instructions.

Symbols to watch for:

	<u>Edit</u>		<u>Required</u>		<u>Add</u>
	<u>Key Provider Identifier</u>		<u>Delete</u>		

- After logging into www.nebraskamedicaidproviderenrollment.com, click on **Add Group Member Profile** under “My Group Member Profiles”.

Note: All Group Members must have their own Username and Password created using their Individual SSN. The Tax ID on the top left of the page must be the Individual SSN for this Group Member. Do NOT create a group member profile under the Business Tax ID (EIN).

Provider Summary

Tax ID: XXXXXXXXXX

My Providers


Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	Location	Effective Date	Submit Date	Revalidation Due Date
<i>No providers found.</i>									

[Add New Provider Location](#)

My Group Member Profiles

Provider	Status	Provider Type	NPI	Specialty	Effective Date	Submit Date
<i>No group member profiles found.</i>						

Create a Group Member Profile if you are or will be part of a Group Practice.

 [Add Group Member Profile](#)

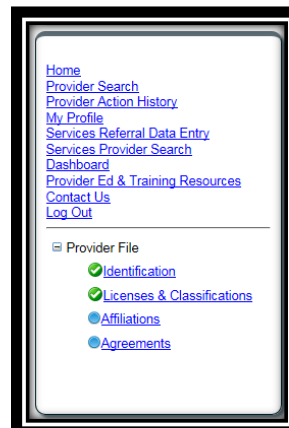
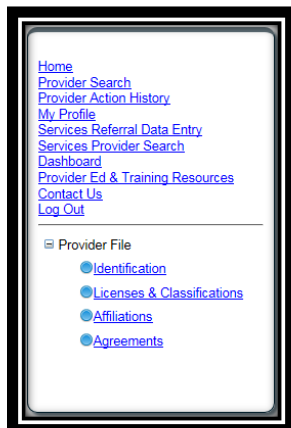
- Complete all Required Fields.
 - All information will be specific to this provider. (Provider Type, Specialty, Taxonomy, Individual SSN, Individual NPI, Date of Birth)
 - The Individual NPI with the profile will be used to identify the individual as the service rendering provider on practitioner claims or prescribing provider.

The screenshot shows a 'New Registration' form with the following fields and options:

- Category*: Group Member Profile (dropdown)
- Provider Type*: (dropdown)
- Specialty*: (dropdown)
- Taxonomy*: (dropdown)
- First Name*: (text input)
- Middle Initial: (text input)
- Last Name*: (text input)
- Tax ID Type*: EIN SSN
- Tax ID*: (text input)
- NPI(if applicable): (text input)
- Gender*: Female Male Unknown
- Date of Birth*: (text input)

Buttons: Save, Cancel. A red arrow points to the Save button.

- Click **Save**.
 - A red screen error will appear if you missed any required information.
 - If at any time you want to return to the home page, need to return to this application or Edit a Key Provider Identifiers, see the Group Member Provider Management Home Resource.
- On the Bottom left side of the page 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.



2. Identification:

The screenshot shows a web form titled "Identification" with "Save" and "Next" buttons in the top right. The form is divided into three main sections:

- Provider Information:** A table with columns: Legal Name, DBA, NPI, Tax ID, Provider Type, and Effective Date. The first row contains "Jane Doe", a redacted DBA, a redacted NPI, a redacted Tax ID, and "Anesthesiologist (ANES)". An "Edit" icon (pencil) is in the Effective Date column, with an orange arrow pointing to it.
- Primary Contact Information:** A text area containing "No primary contact information found." and a green plus icon (+) at the bottom right, with an orange arrow pointing to it.
- Uploaded Documents:** A table with columns: Name, Description, File Name, Page Name, and Username. It contains "No uploaded documents found." Below this is a "Browse..." button, a "Name" input field, a "Description" input field, and an "Upload file" button, with an orange arrow pointing to the "Upload file" button.

At the bottom left, it says "Identification (55784)" and at the bottom right, there are "Save" and "Next" buttons.

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

Provider Information

Title

First Name*

Middle Initial

Last Name*

Tax ID*

NPI

NPI Start Date

NPI End Date

Gender* Female Male Unknown

Date of Birth*

Date of Death

Provider Type*

Enrollment Status

- Complete all required fields, and ensure all the information is correct and select **Save**.
- Grey fields cannot be edited. You will be required to start a new Group Member Profile.
 - See the Group Member Provider Management Home Resource if a Key Provider Identifier is incorrect.
- Primary Contact Information. On the Identification page, select **Add**. The following box will open:

Primary Contact Information

Provider

Name*

The Primary Contact is the main person responsible for the information submitted to Nebraska MLTC.

Street Address*

City*

State*

Zip*

Ext Zip*

Phone Number*

Phone Extension

Fax Number

Email Address*

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

On the Identification page you will not be required to upload any documents.

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

3. Licenses & Classifications:

- If the Primary Specialty and Primary Taxonomy are incorrect see the Group Member Provider Management Home Resource to edit these Key Provider Identifier fields.
- In the **Licenses** section select **Add** to enter license information for this group member. All fields are required.

- Select **Save**.

- If applicable, In the **Miscellaneous** section select **Add** or **Edit** to enter Medicare Enrollment information and Other State Medicaid Enrollment Information. If the provider is an Individual Billing Provider for Medicare or any other state Medicaid you need to fill out this section.

On the Licenses & Classifications page you will not be required to upload any documents, unless you have an out of state license. You will need to upload a copy of all out of state licenses.

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

4. Affiliations:

- The affiliations page is a read only page that lists all group affiliations for this Group Member Profile. No changes can be made on this page. Click **Next** to proceed to the next page.

The screenshot shows the 'Affiliations' page with a table of group affiliations. The table has columns for Group Name, NPI, Tax ID, Medicaid Id, Speciality, Start Date, End Date, and Affiliation Status. An orange arrow points to the 'Next' button in the top right corner.

Group Name	NPI	Tax ID	Medicaid Id	Speciality	Start Date	End Date	Affiliation Status
				General Practice	07/30/2012		Active
				General Practice	07/30/2012	05/20/2016	Removed by Group
					04/02/2016		Individual Registration Pending Approval

*All changes to the affiliates must be made by the Group/Entity

5. Agreements:

- Click on “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.

The screenshot shows the 'Agreements' page with a section for 'Provider Participation Agreement'. It includes a paragraph of text, a blue hyperlink 'Click here to view the entire agreement.', and a checked checkbox 'I agree to the terms and conditions in the Participation Agreement.'. Two orange arrows point to the hyperlink and the checkbox.

- 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.

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 8 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

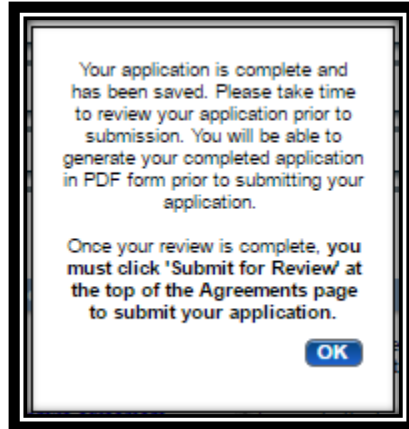


Please enter the characters in the image above:

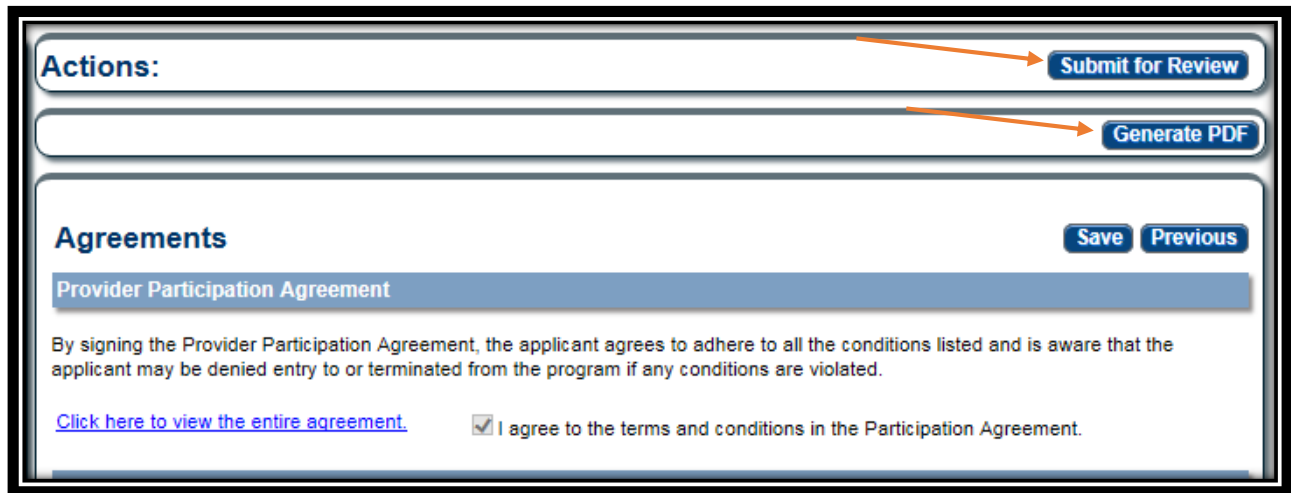
Enter password:

The password requested is your user login password.

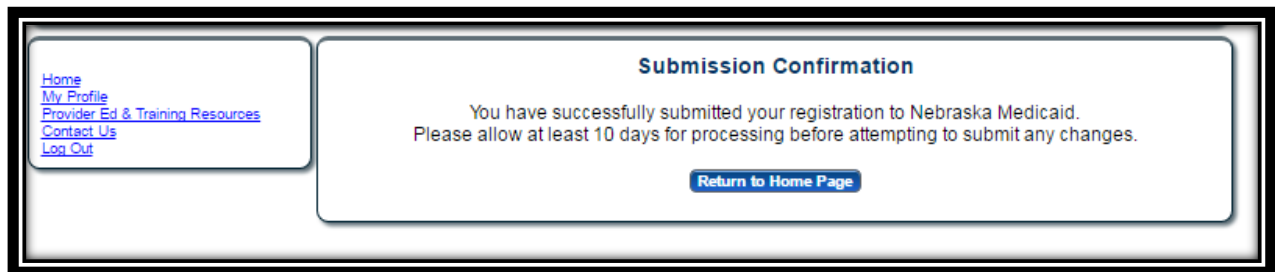
- In the Signature section, enter the characters in the image
- Enter the password used to log into the portal and click **Save**.
- This message will be displayed when the application is successfully saved:



- Click **OK**.
- 6. 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.
- 7. You **MUST** hit **"Submit for Review"** to successfully complete the application process.



- When finished the following screen will be displayed:



The Group Member can be added to the group. The Group Member Profile must be approved before the Group Member can be confirmed within the group. See Group Revalidations and Adding a Group Member in Provider Education & Training Resources for further instructions.