Nebraska Provider Screening and Enrollment

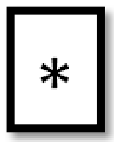
New Groups

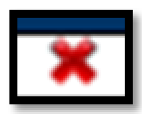
Note: If the group does not have a username and password, see the appropriate Account Creation Instructions.

The steps below will guide you through a new Group Application and adding Group Members.

See Step 5: Individual Providers to Add and Confirm Group Members or the Adding a Group Member to a Group instructions

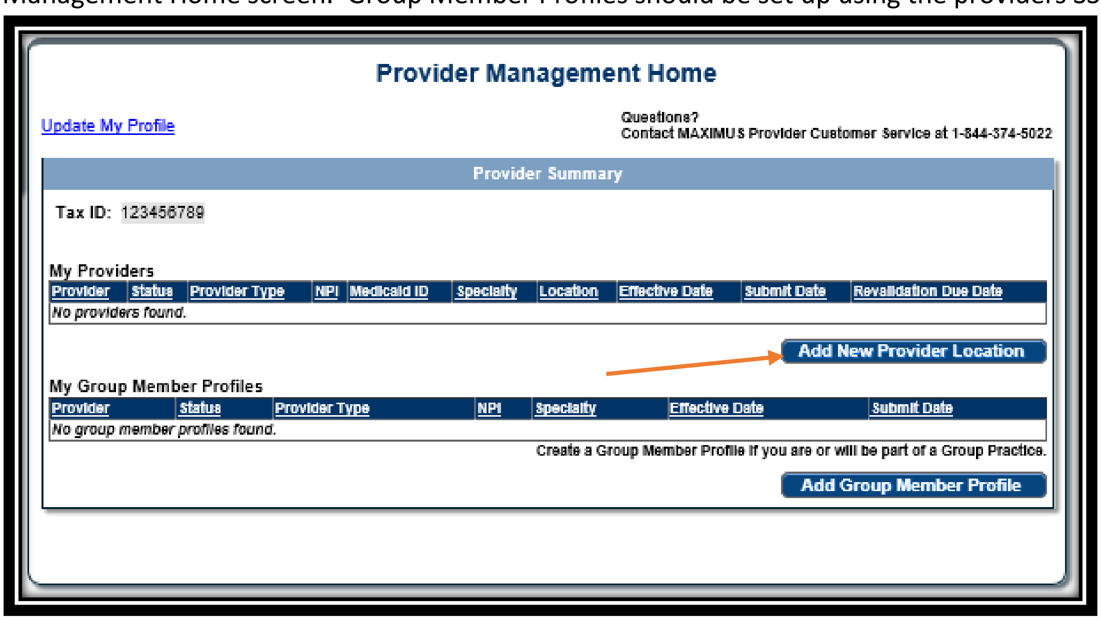
All applications must be submitted for review when completed or when a change is made.

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

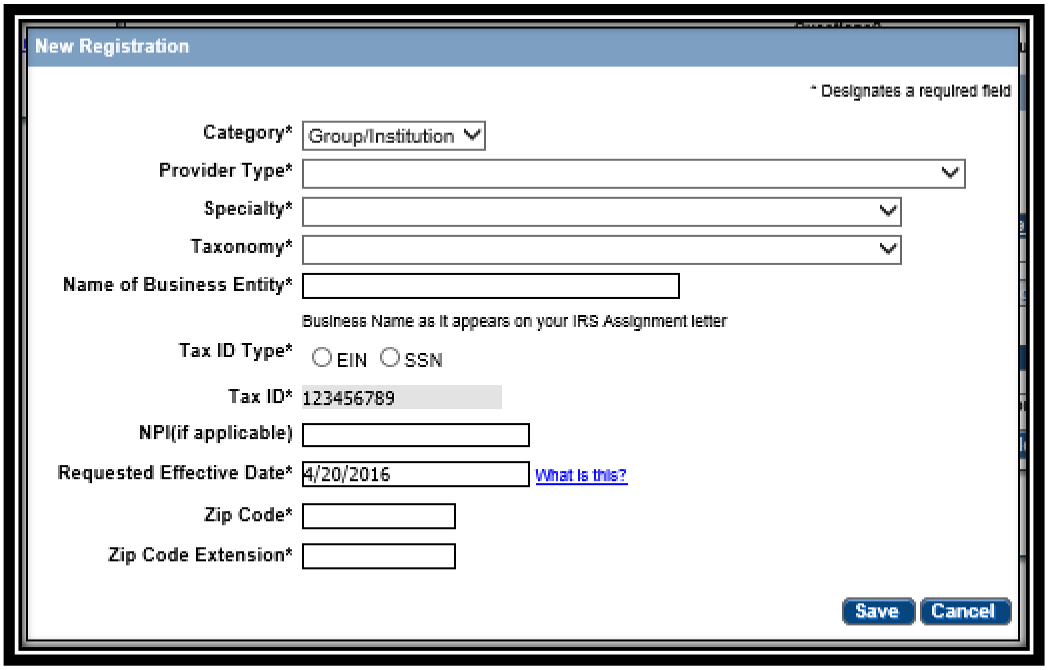
 **Key Provider Identifier**  **Delete**

1. Click "Add New Provider Location".

Note: An account associated with an EIN will NEVER have Group Member Profiles on the Provider Management Home screen. Group Member Profiles should be set up using the providers SSN.



- 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)
  - Pay close attention to the Requested Effective Date. If the group would like to request a retro effective date, change the date here.

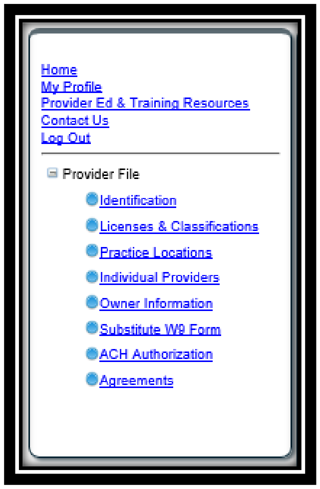


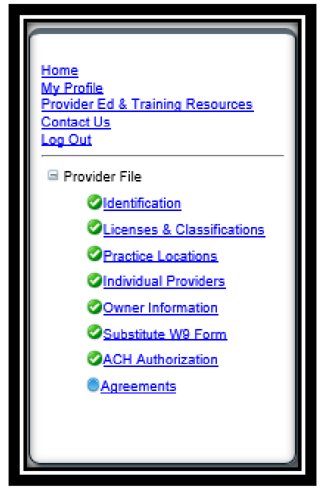
- Click **Save**.

This will take you to the application.

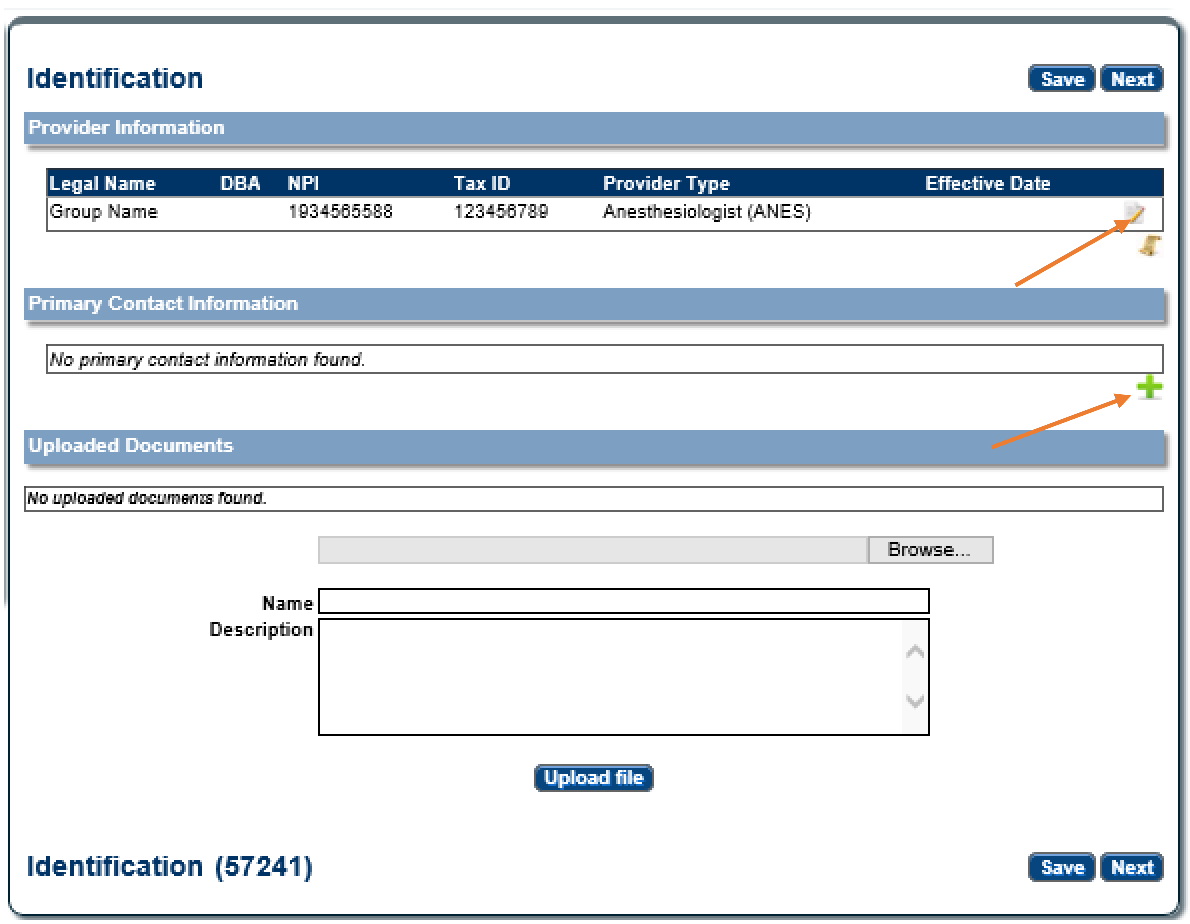
If at any time you want to return to the home page, need to re-enter this application or Edit a Key Provider Identifier, see the Business/Provider Location Provider-Management Home Resource.

2. Identification:

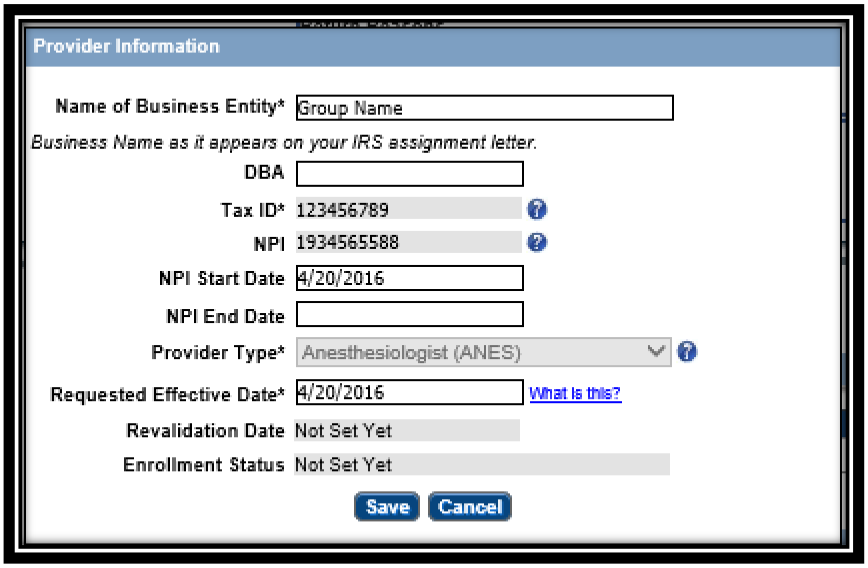




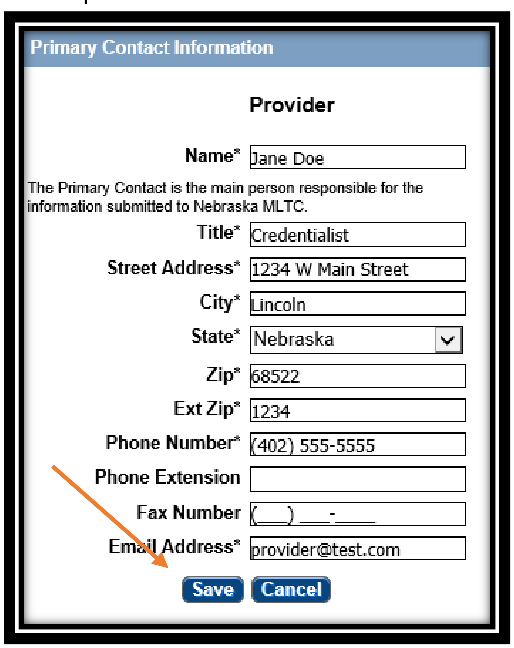
On the Bottom left side of the application you will see a list of all of the pages you need to complete. Each blue bullet point will change to a green checkmark when it is completed.



- 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.
- Complete the Primary Contact Information on the Identification page, select **Add**. The following box will open:

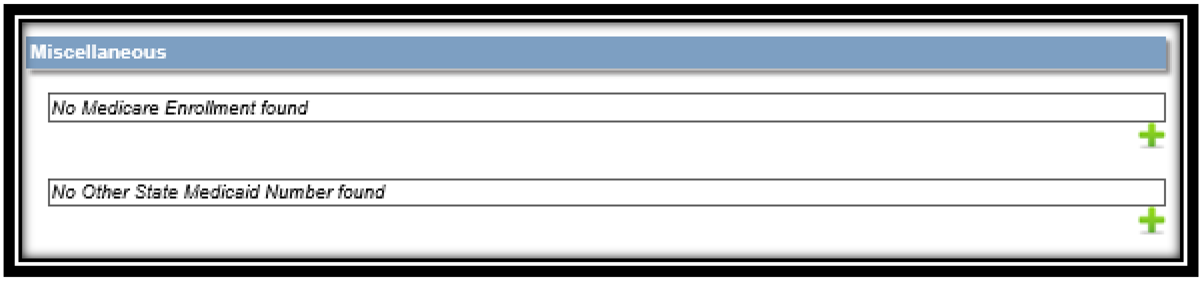


- Complete all required fields and select **Save**.

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

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

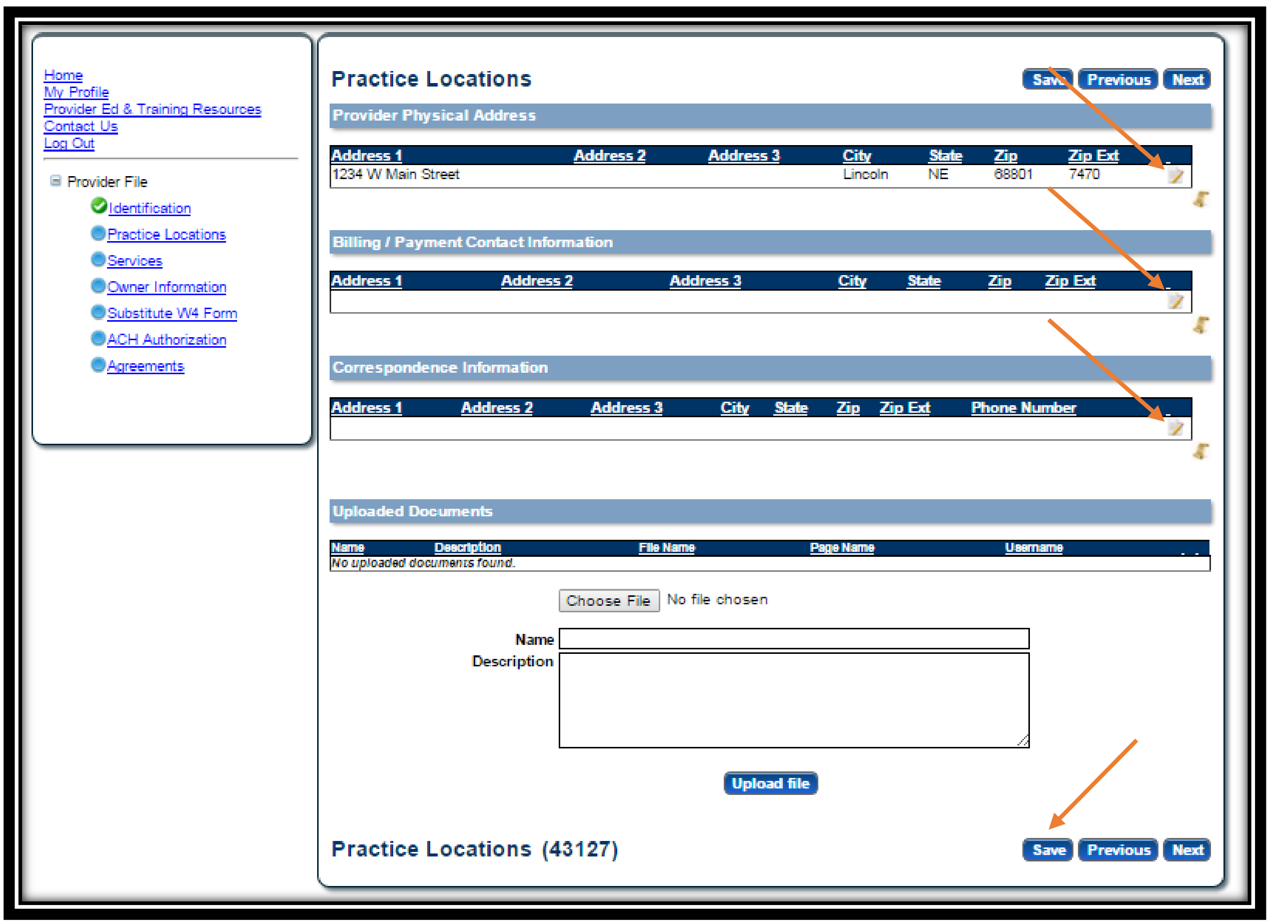
3. Licenses & Classifications:
   - The Specialties and Taxonomies are listed in this section and cannot be changed. You may add a secondary Specialty by clicking **Add**.
   - If applicable, in the **Miscellaneous** section select **Add** or **Edit** to enter or confirm the Medicare Enrollment information 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 not be required to upload any documents.

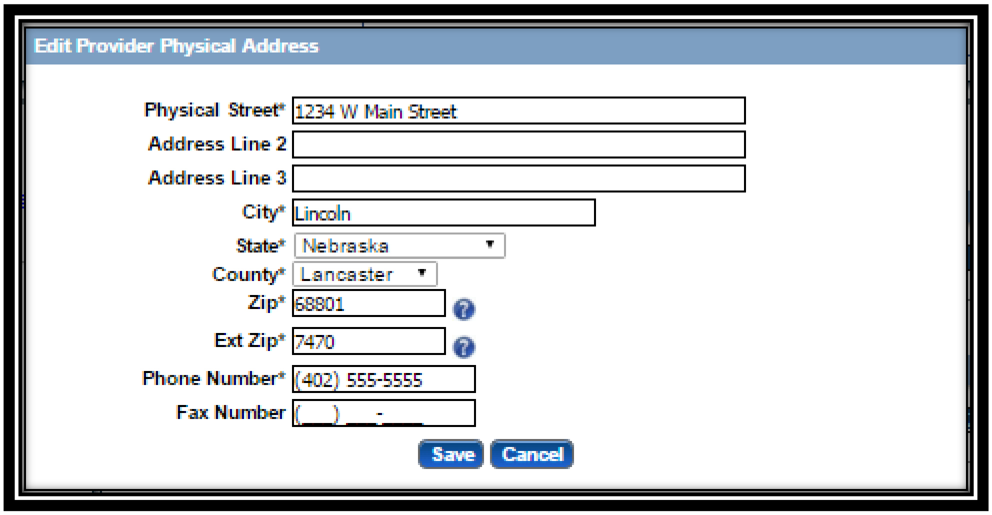
   - Click **Next** to proceed to the next page.

4. Practice Locations:



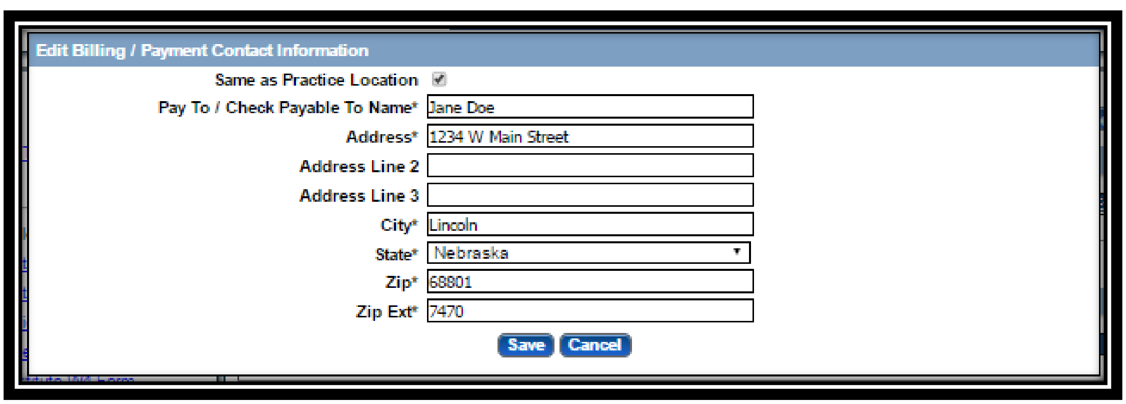
Provider Physical Address, Bill/Payment Contact Information and Correspondence Information are required sections that need to be completed.

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



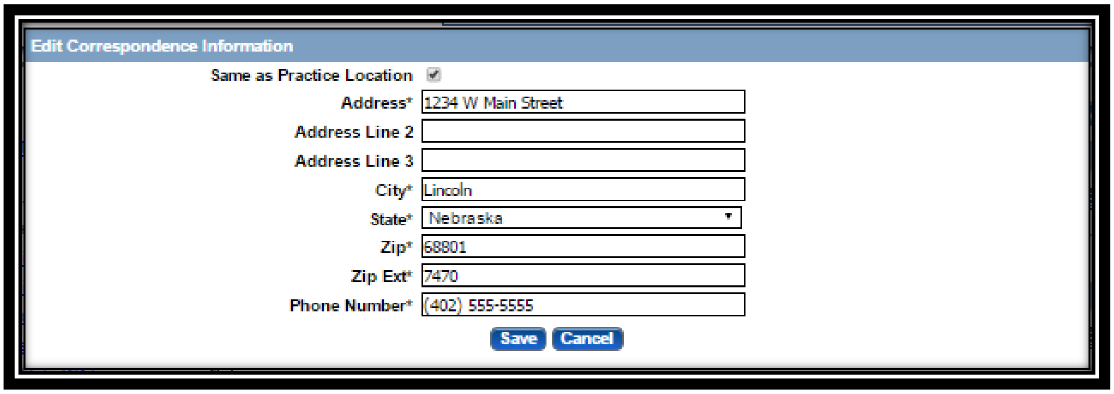
  - Complete all required fields, confirm all information is correct, and select Save.
  - See the Business/Provider Location Provider-Management Home Resource if a Key Provider Identifier is incorrect.

- Billing / Payment Contact Information: This is where EOBs or similar information should be sent.
  - Click the **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 **Edit**.
  - The following box will open:

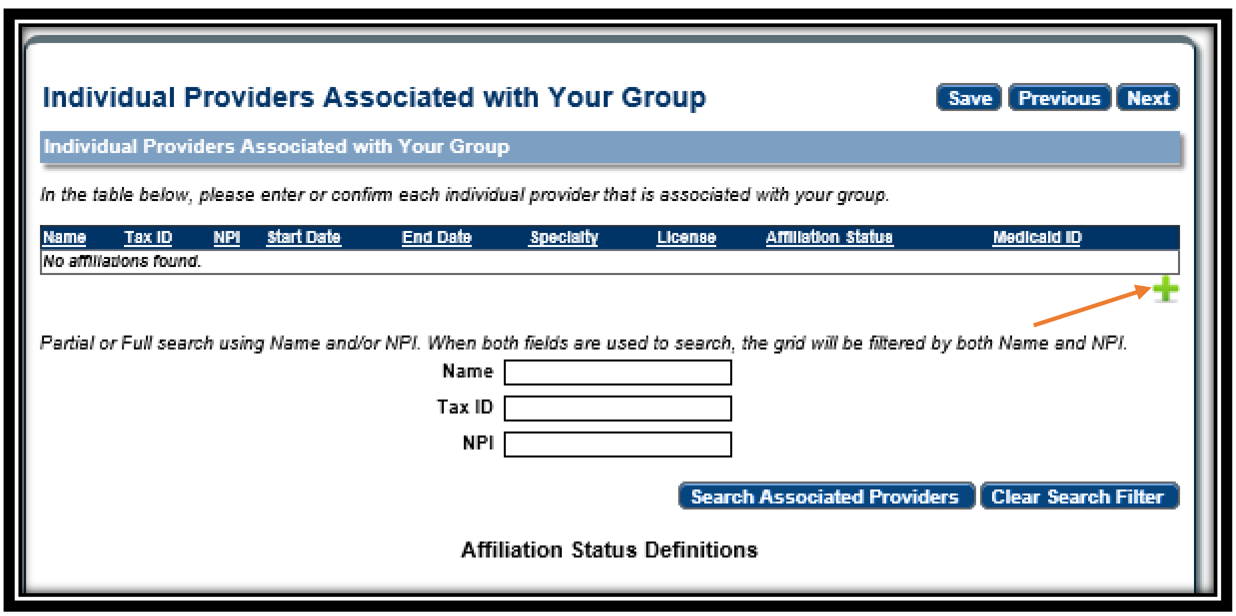


  - Complete all required fields, confirm all information is correct, and select Save.

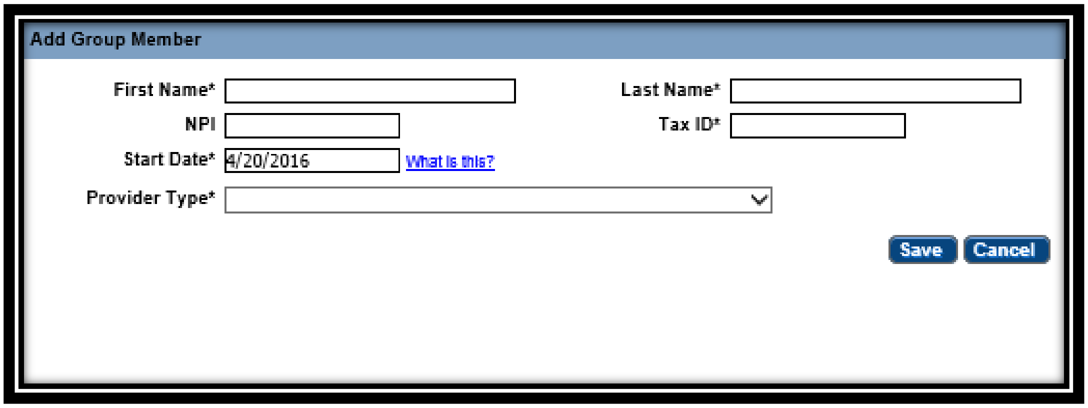
You will not be required to upload any documents on the Practice Locations page.

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

5. Individual Providers:

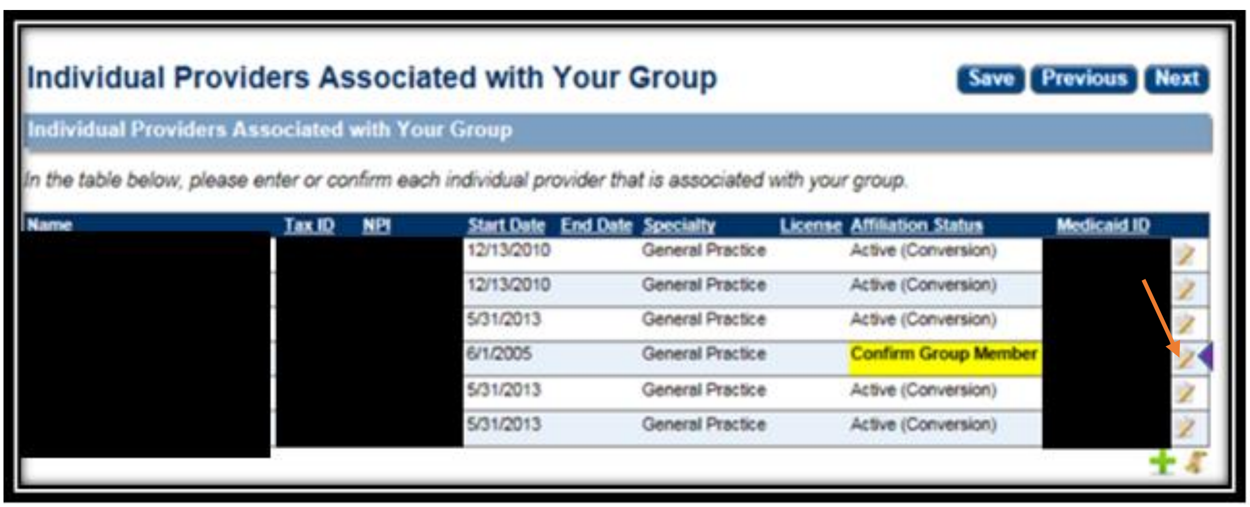


- Click **Add** to add group members to this group.
  - The following box will open:

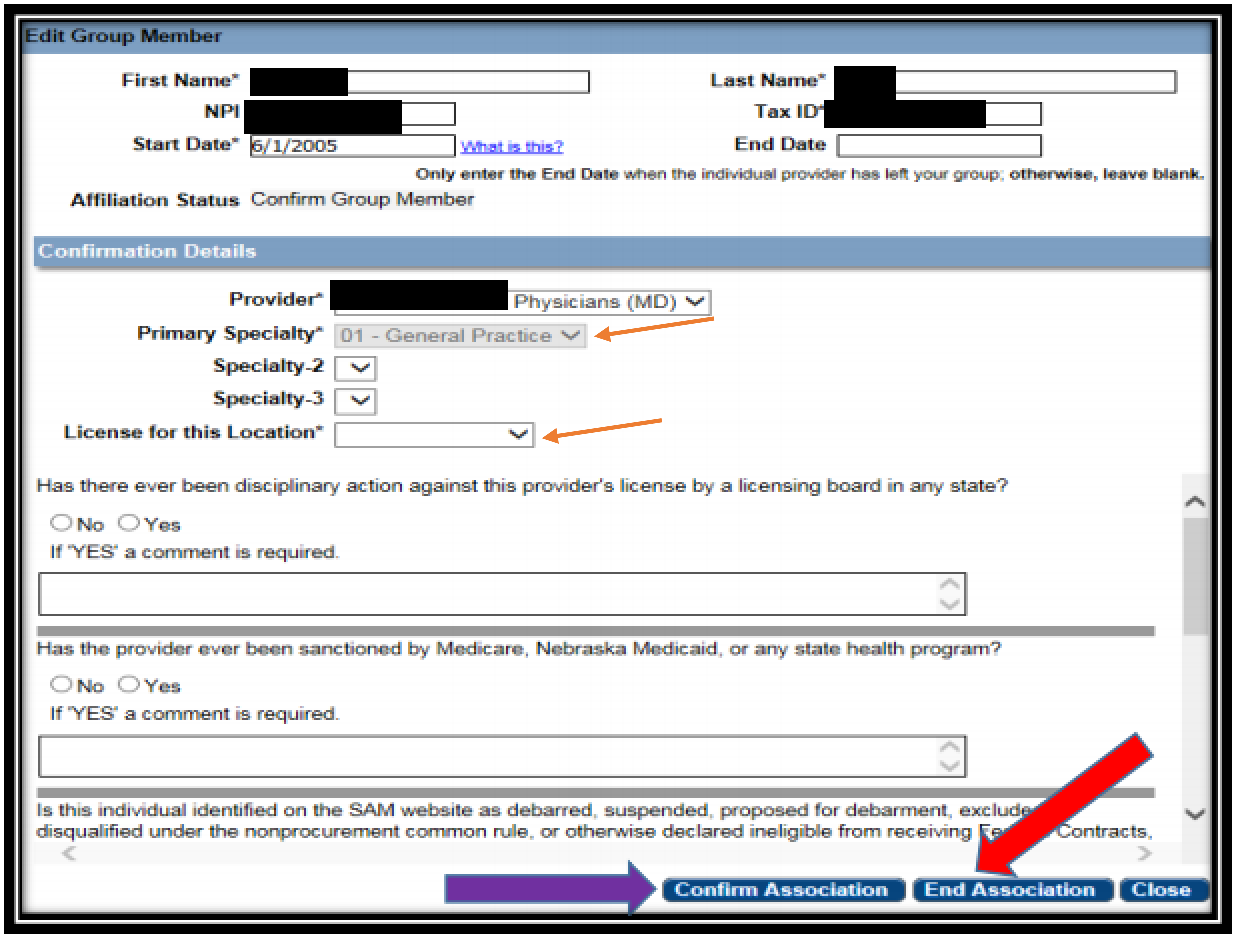


- Enter the Group Member's information.
  - The Tax ID MUST be the Group Member's Individual SSN. The NPI is the Group Member's Individual NPI.
    - All of this information must match the Group Member's Profile. See the appropriate Group Member Profile resource.
  - Pay close attention to the start date listed.
    - The start date cannot be before the group's requested start date.
- Click **Save**.
- Confirm Group Member if the individual provider has an active group member profile.
  - Confirm by selecting **Edit**. The system will automatically move to the next step if the provider has a current Group Member Profile.
- Complete all required fields and answer all questions. 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.
  - Click **Confirm Association**.

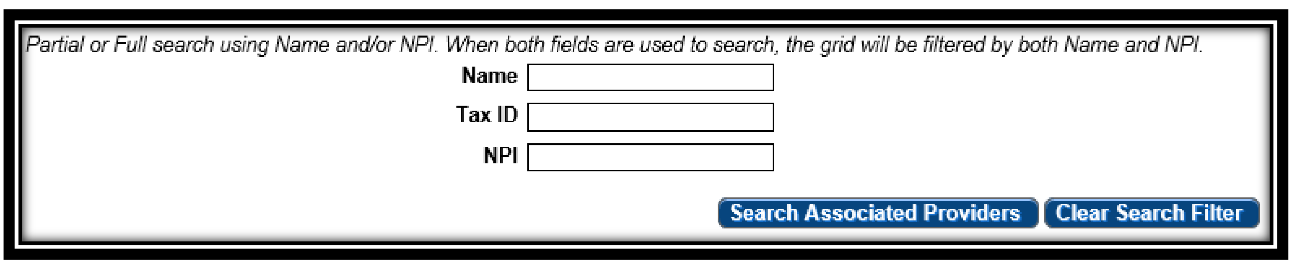
  If the provider needs to be removed from the group, enter an End Date and End Association.



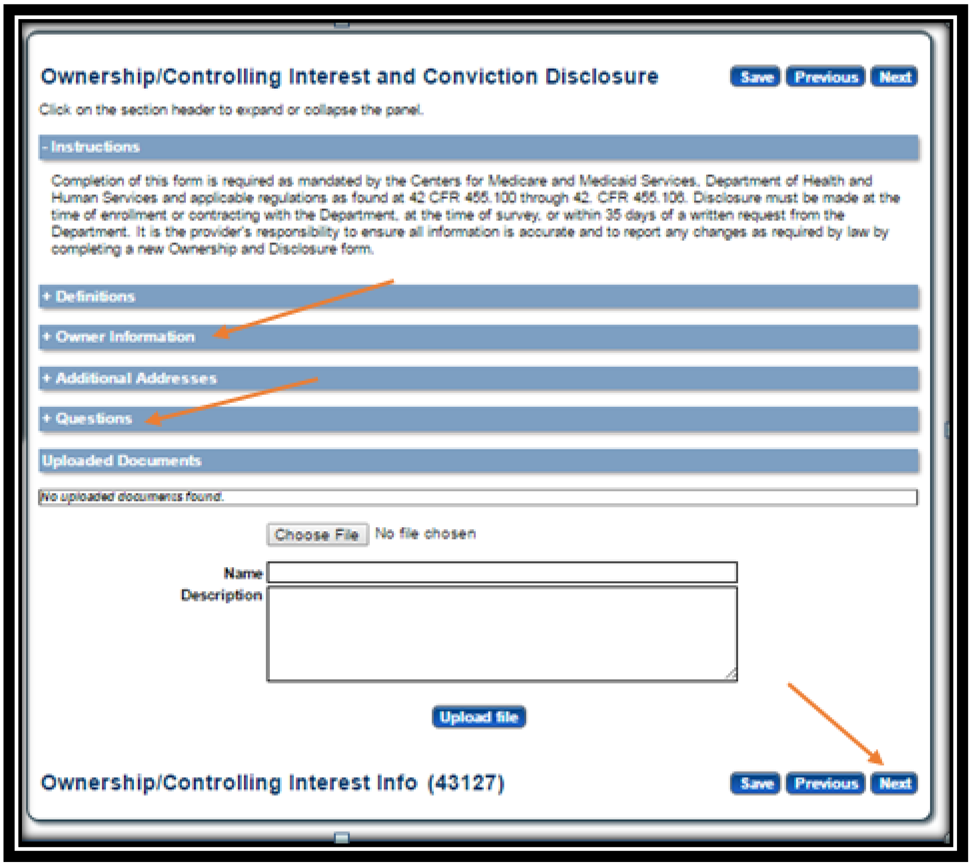
Affiliation Status Definitions can be found on the Individual Providers Associated with Your Group page.



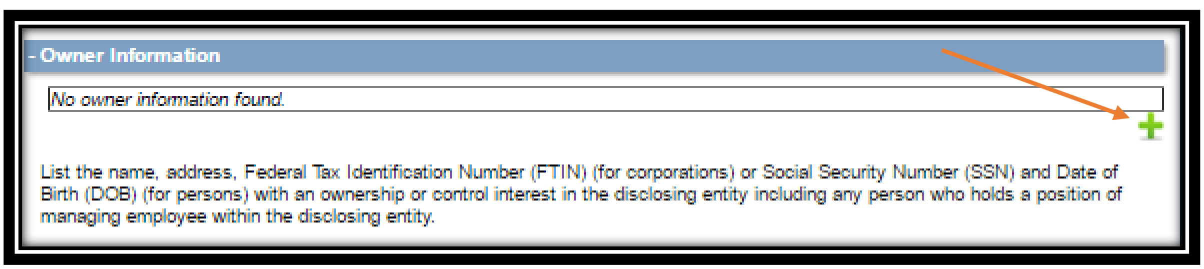
- For large group, use the search option to locate the group member.
  - Enter information into at least one field and click “Search Associated Providers”.

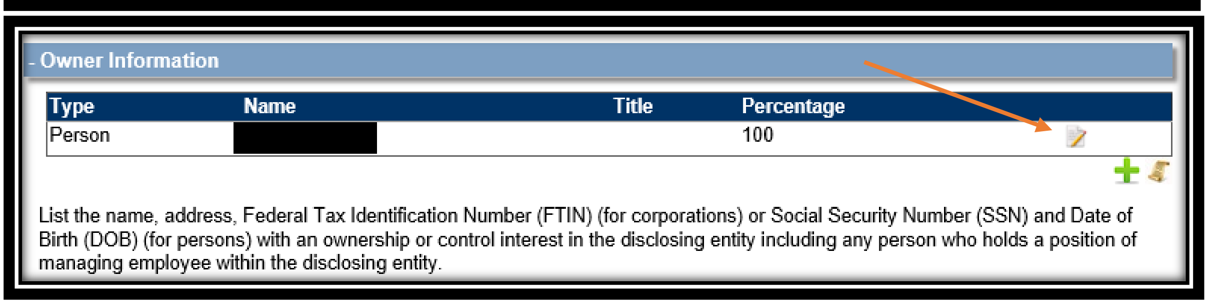


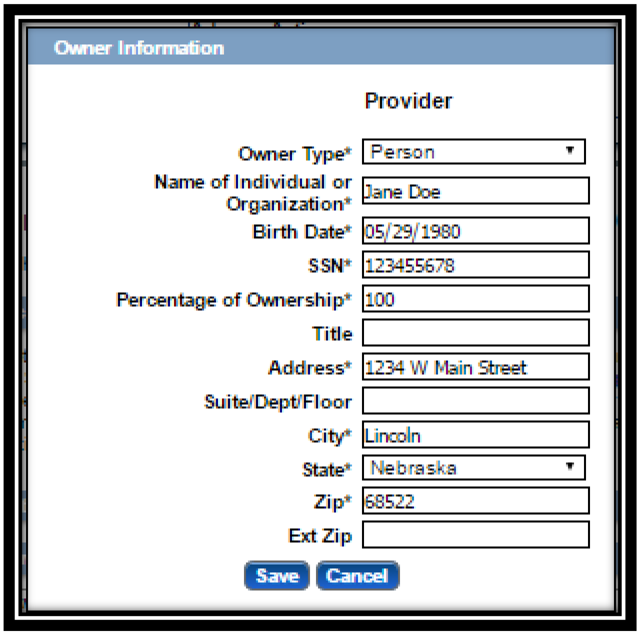
6. Ownership/Controlling Interest and Conviction Disclosure:
   - Expand the “Owner Information” section by clicking on the small white plus.



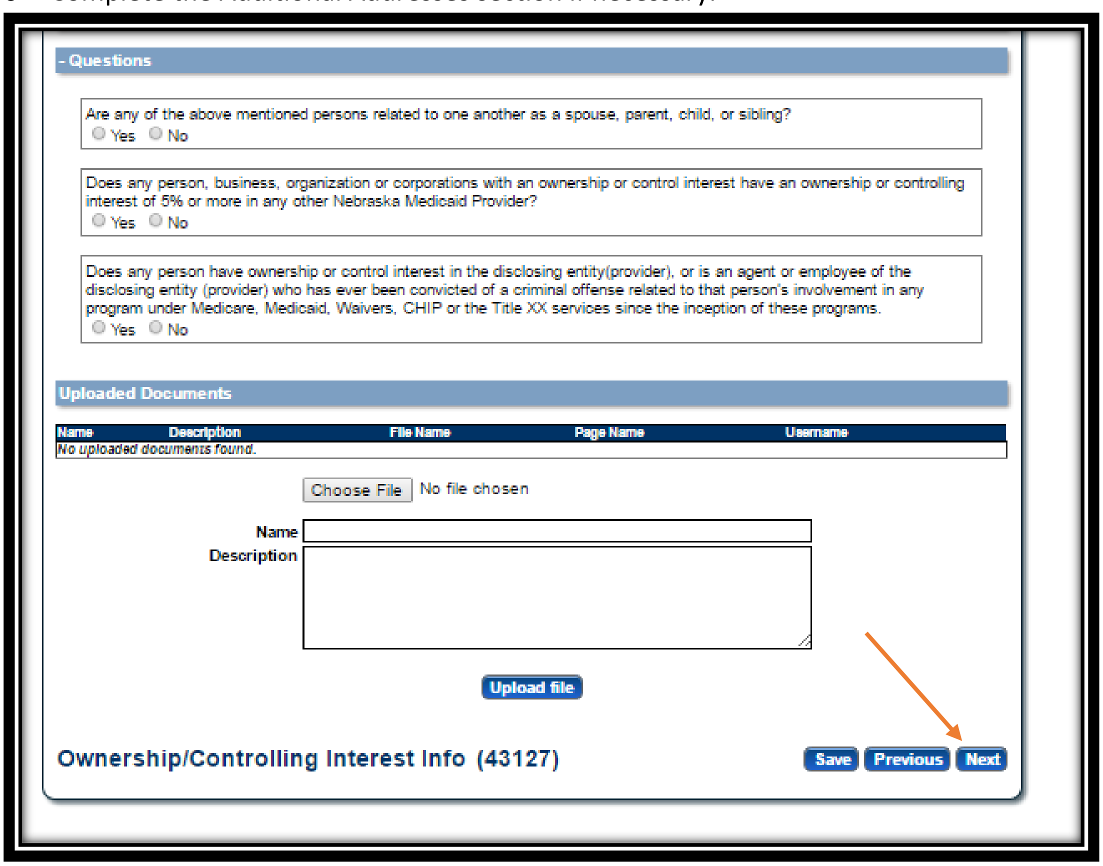
   - Complete the Ownership Information by selecting **Add**.







- 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.

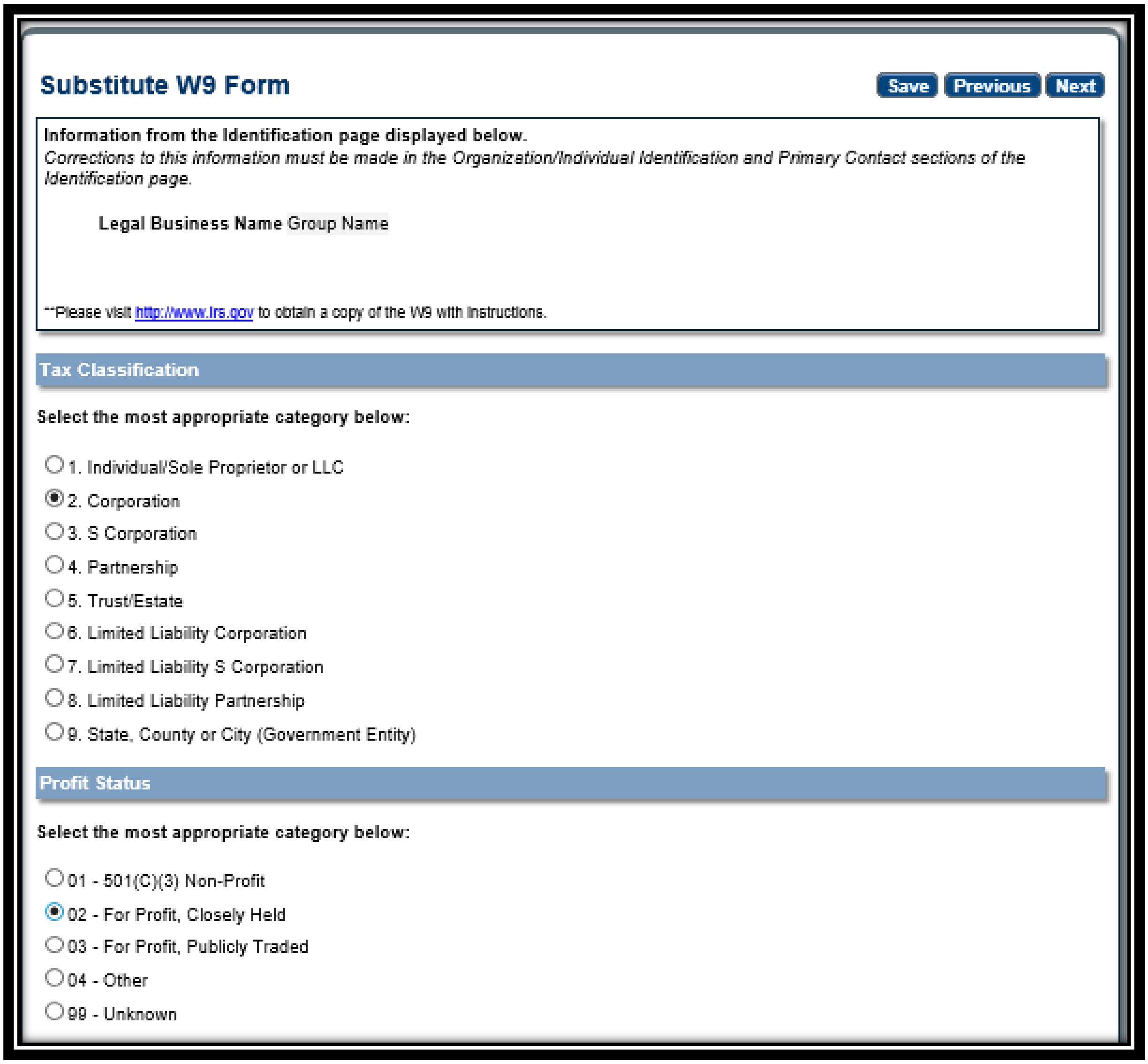


- Complete the Questions section and click **Next**.

  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.

7. Substitute W9 Form:
   - Groups will complete a Substitute W9 Form.
     - Select the appropriate <u>Tax Classification</u> and <u>Profit Status</u>.
     - Click <u>**Next**</u>.



Substitute W9 Form Save Previous Next

Information from the Identification page displayed below.
Corrections to this information must be made in the Organization/Individual Identification and Primary Contact sections of the Identification page.

Legal Business Name Group Name

**Please visit http://www.irs.gov to obtain a copy of the W9 with instructions.

Tax Classification

Select the most appropriate category below:

- ○ 1. Individual/Sole Proprietor or LLC
- ◉ 2. Corporation
- ○ 3. S Corporation
- ○ 4. Partnership
- ○ 5. Trust/Estate
- ○ 6. Limited Liability Corporation
- ○ 7. Limited Liability S Corporation
- ○ 8. Limited Liability Partnership
- ○ 9. State, County or City (Government Entity)

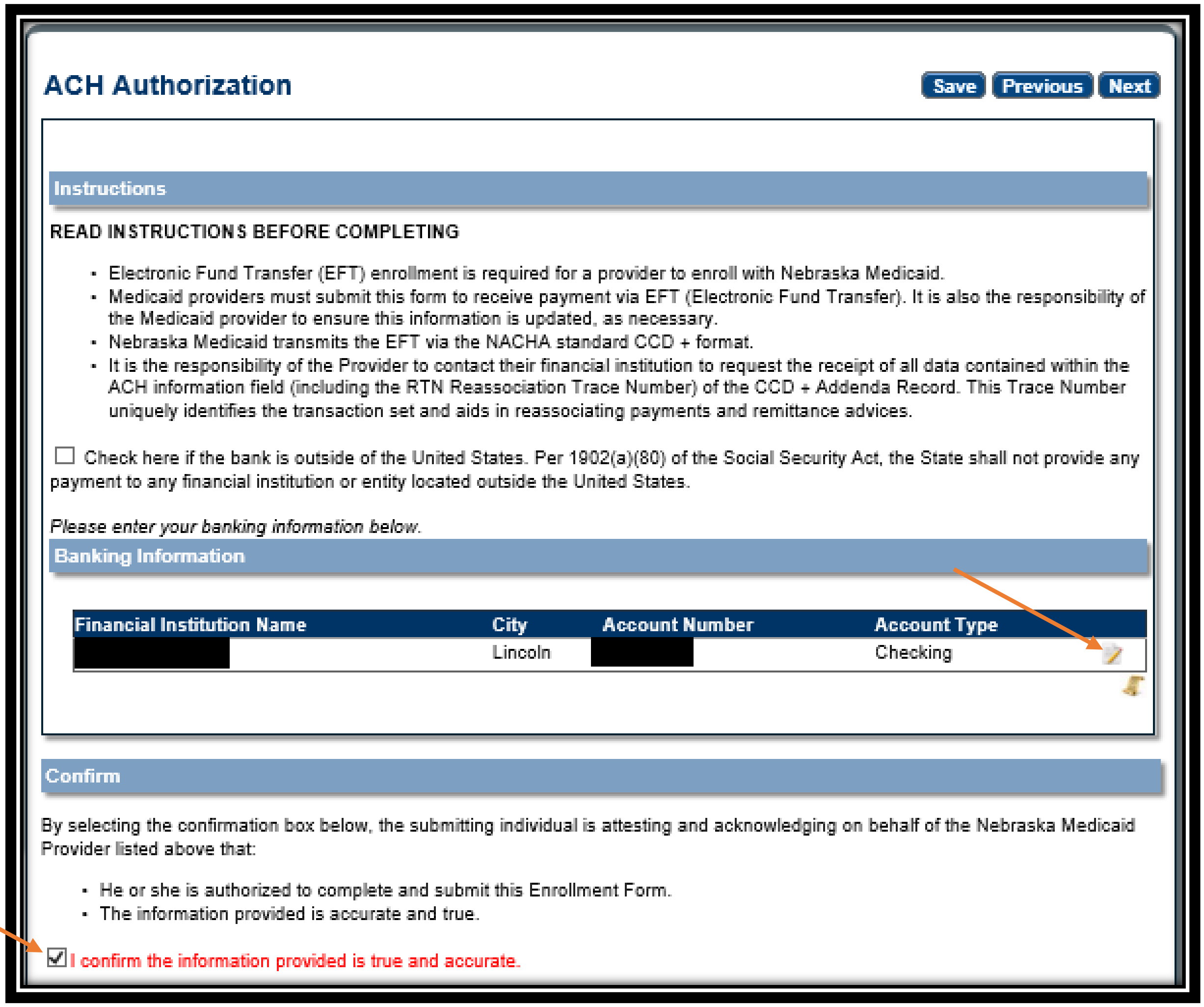
Profit Status

Select the most appropriate category below:

- ○ 01 - 501(C)(3) Non-Profit
- ◉ 02 - For Profit, Closely Held
- ○ 03 - For Profit, Publicly Traded
- ○ 04 - Other
- ○ 99 - Unknown

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

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



ACH Authorization

Save | Previous | Next

Instructions

READ INSTRUCTIONS BEFORE COMPLETING

- Electronic Fund Transfer (EFT) enrollment is required for a provider to enroll with Nebraska Medicaid.
- Medicaid providers must submit this form to receive payment via EFT (Electronic Fund Transfer). It is also the responsibility of the Medicaid provider to ensure this information is updated, as necessary.
- Nebraska Medicaid transmits the EFT via the NACHA standard CCD + format.
- It is the responsibility of the Provider to contact their financial institution to request the receipt of all data contained within the ACH information field (including the RTN Reassociation Trace Number) of the CCD + Addenda Record. This Trace Number uniquely identifies the transaction set and aids in reassociating payments and remittance advices.

☐ Check here if the bank is outside of the United States. Per 1902(a)(80) of the Social Security Act, the State shall not provide any payment to any financial institution or entity located outside the United States.

Please enter your banking information below.

Banking Information

Financial Institution Name	City	Account Number	Account Type
[redacted]	Lincoln	[redacted]	Checking

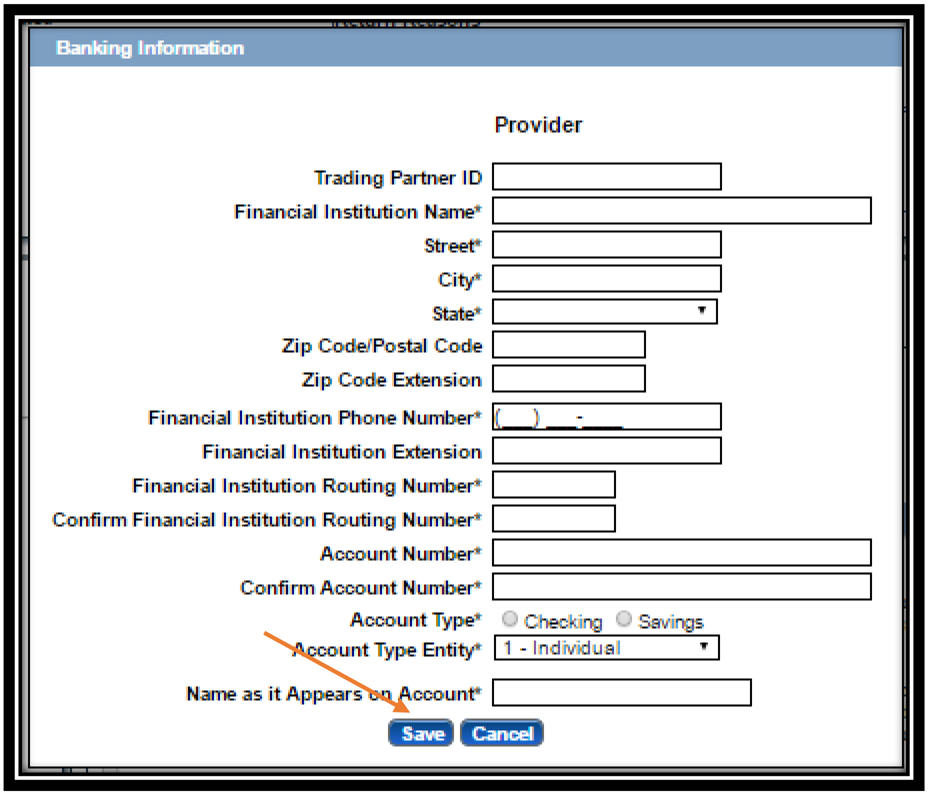
Confirm

By selecting the confirmation box below, the submitting individual is attesting and acknowledging on behalf of the Nebraska Medicaid Provider listed above that:

- He or she is authorized to complete and submit this Enrollment Form.
- The information provided is accurate and true.

☑ I confirm the information provided is true and accurate.

- Click **Add** to enter your checking or saving information for deposits. 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.

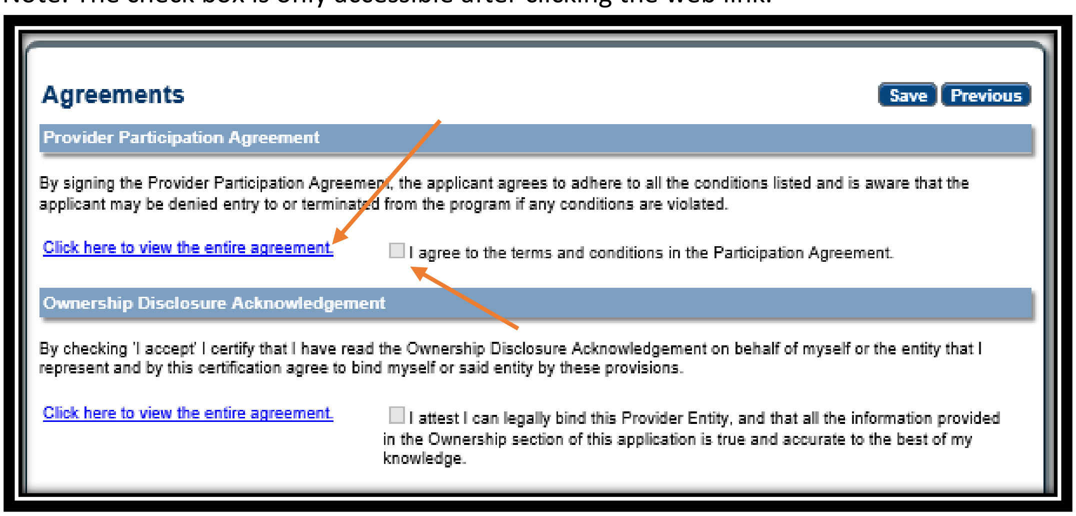


- Check the "I confirm the Information provided is true and accurate" and click **Next**.

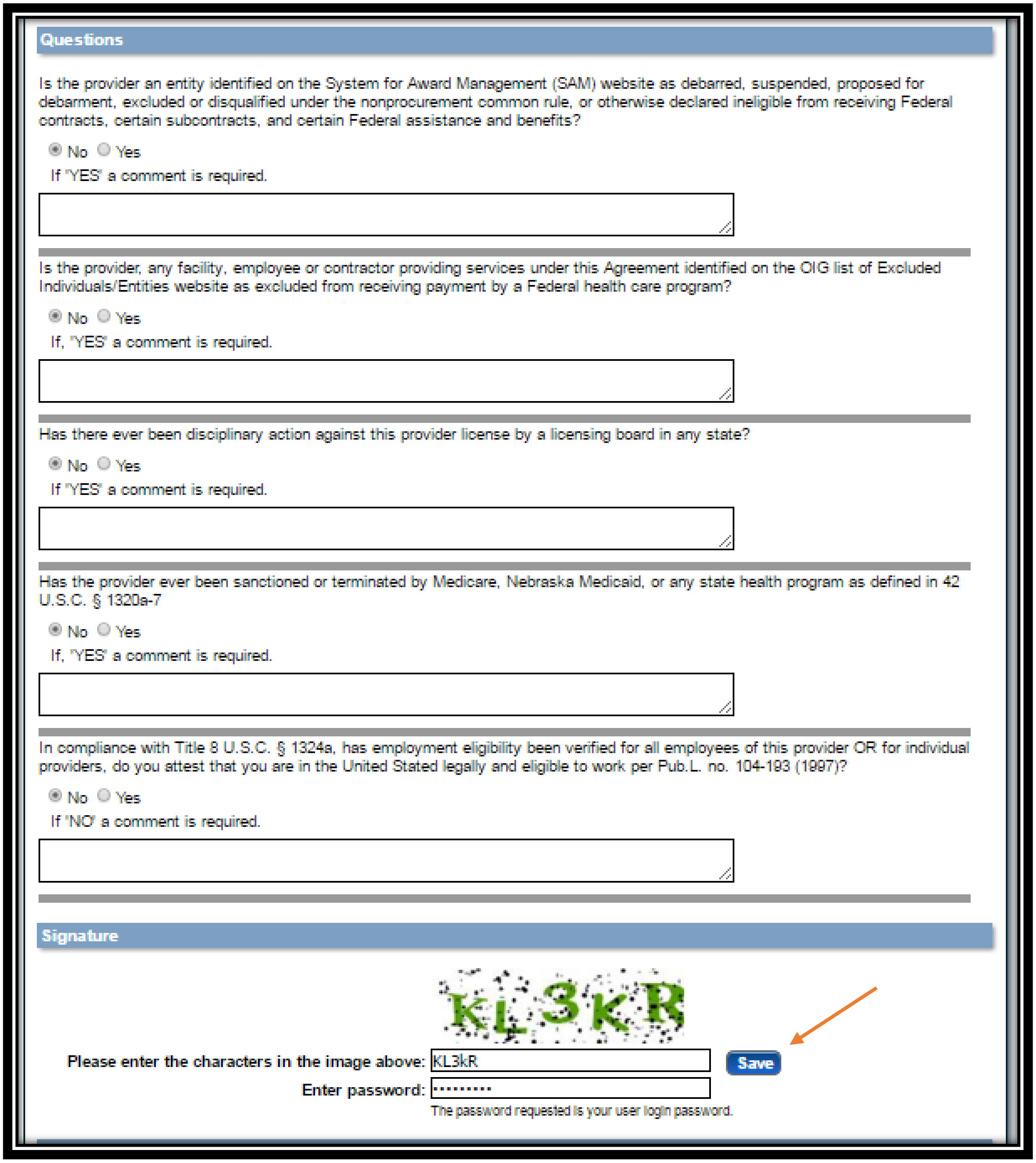
You will not be required to upload any documents on the ACH Authorization page.

9. 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.



- 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 Stated legally and eligible to work per Pub.L. no. 104-193 (1997)?

No Yes

If 'NO' a comment is required.

Signature

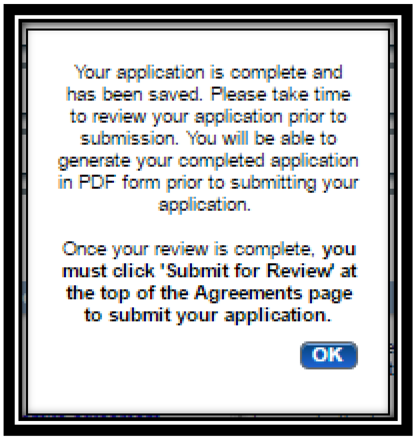
Please enter the characters in the image above: KL3kR Save

Enter password: •••••••••

The password requested is your user login password.

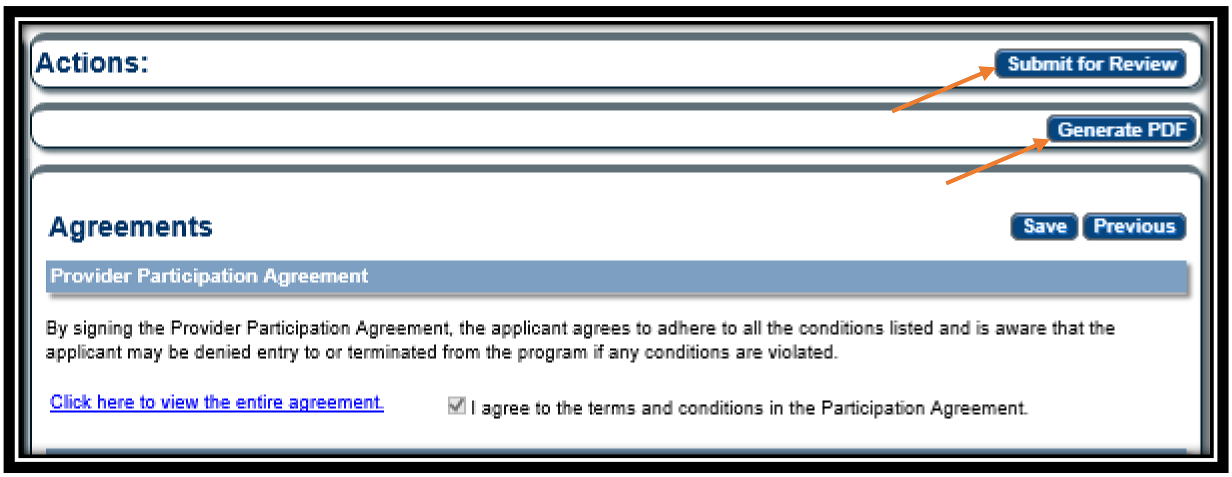
- In the Signature section, enter the characters in the image
  Note: characters are not case sensitive.
- Enter the password used to log into the portal and click **Save**.

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



- Click **OK**.

10. 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.
11. You MUST hit "**Submit for Review**" to successfully complete the application process.



When finished the following screen will be displayed: