

Nebraska Provider Screening and Enrollment

Updating a Group Member

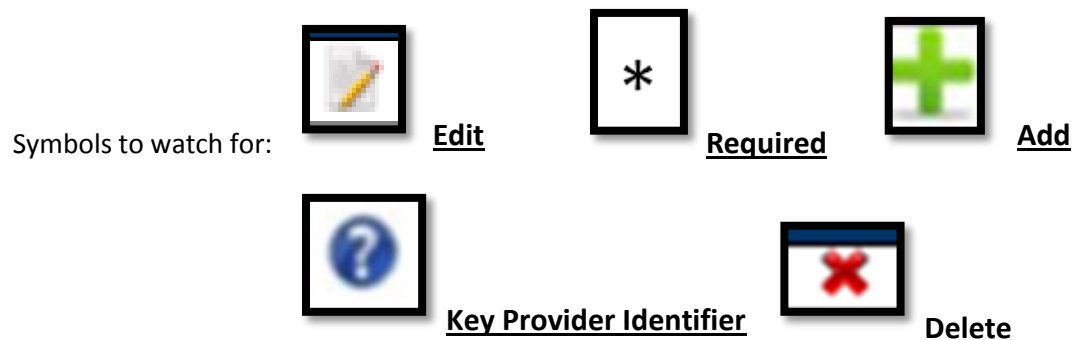
Existing Group Member Profile

The steps below will guide you through 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.



1. After logging into www.nebraskamedicaidproviderenrollment.com, click on the Name of the provider under “Other Providers with the same TaxID”.

This should be done instead of creating a new group member profile.

- If there is no provider listed in the “Other Providers with the same TaxID” see the Group Member Profile New Enrollment Provider Ed & Training Resource.

or

- If there is already an Active group member profile listed under “My Group Member Profiles” select the name of the provider and Update/continue to registration. You can refer to the Group Member Provider Management Home Resource and then return to Step 2: Identification for more information.

Provider Management Home

[Update My Profile](#) Questions?
 Contact MAXIMUS Provider Customer Service at 1-844-374-5022

Provider Summary

Tax ID: [REDACTED]

My Providers

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

[Add New Provider Location](#)

My Group Member Profiles

Provider	Status	Provider Type	NPI	Specialty	Effective Date	Submit Date
No group member profiles found.						

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

[Add Group Member Profile](#)

Other Providers with same TaxID

Provider	Status	Provider Type	NPI	Medicaid ID	Taxonomy Code	Location	Revalidation Due Date	Assigned User
[REDACTED]	Not Submitted	Physicians (MD)	1234567890		208D00000X	88509 - 5026		[REDACTED] Manage

Select a provider to begin managing its registration.

New Registration

* Designates a required field

Category* Group Member Profile

Provider Type* Physicians (MD)

Specialty* Clinic

Taxonomy*

First Name* [REDACTED]

Middle Initial

Last Name* [REDACTED]

Tax ID Type* EIN SSN

Tax ID* [REDACTED]

NPI(if applicable) [REDACTED]

Gender* Female Male Unknown

Date of Birth*

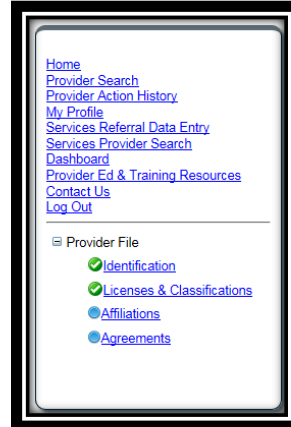
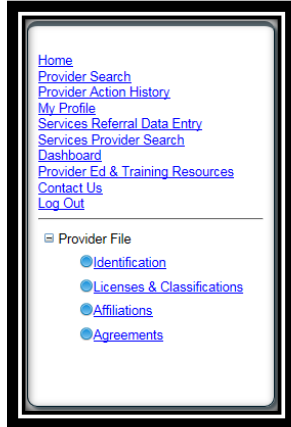
Save
Cancel

- Complete all required fields and confirm all information is accurate.
 - 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.
- 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 field, see the Group Member Provider Management Home Resource.

On the Bottom left side of the page 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 the 'Identification' form. At the top right are 'Save' and 'Next' buttons. The form is divided into sections: 'Provider Information' (with a table), 'Primary Contact Information' (with a message and a plus icon), and 'Uploaded Documents' (with a table and a 'Browse...' button). Below these is a form for adding a document with 'Name' and 'Description' fields and an 'Upload file' button. At the bottom left is 'Identification (22696)' and at the bottom right are 'Save' and 'Next' buttons. Three orange arrows point to the 'Effective Date' field in the table, the plus icon in the Primary Contact Information section, and the 'Upload file' button.

Legal Name	DBA	NPI	Tax ID	Provider Type	Effective Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Physicians (MD)	03/01/2004

Name	Description	File Name	Page Name	Username
No uploaded documents found.				

- 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 Group Member 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.

- 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.
 - In the **Licenses** section select **Add** or **Edit** to enter or confirm license information for this group member. All fields are required.

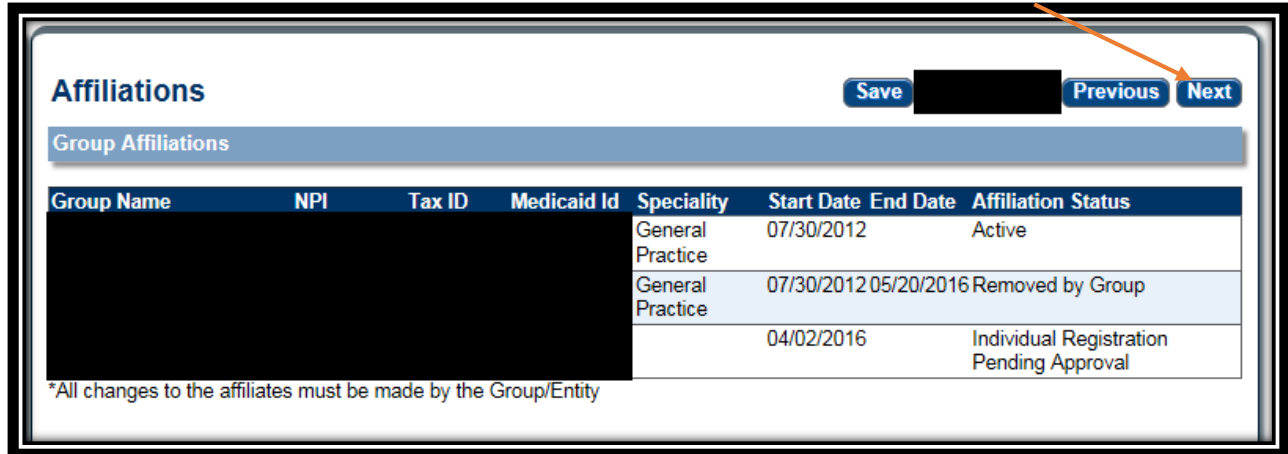
- Select **Save**.
- If applicable, In the **Miscellaneous** section, select **Add** or **Edit** to enter or confirm the Medicare Enrollment information and Other State Medicaid Enrollment Information. If the provider is an Individual Billing Provider for Medicare or any other state Medicaid you need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

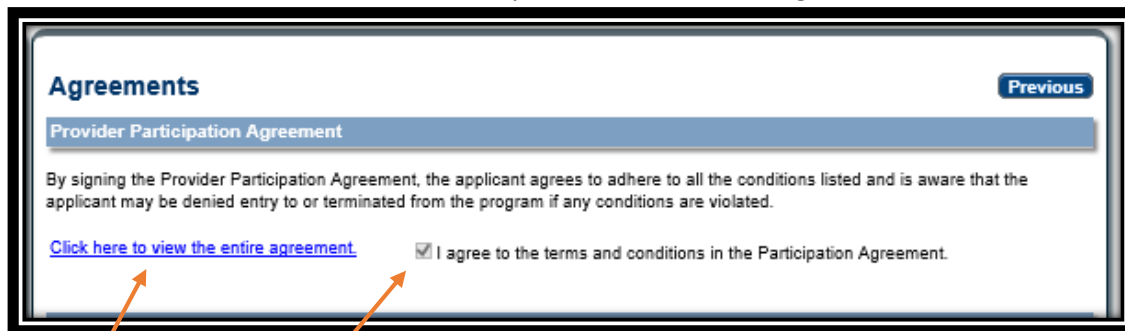
- The affiliations page is a read only page that lists all group affiliations for this Group Member Profile. No changes can be made on this page. Click **Next** to proceed to the next page.



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.



- 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

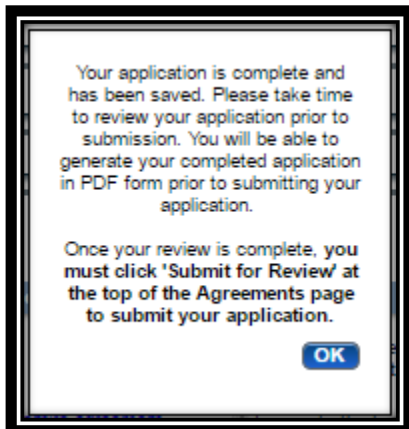


Please enter the characters in the image above:

Enter password:

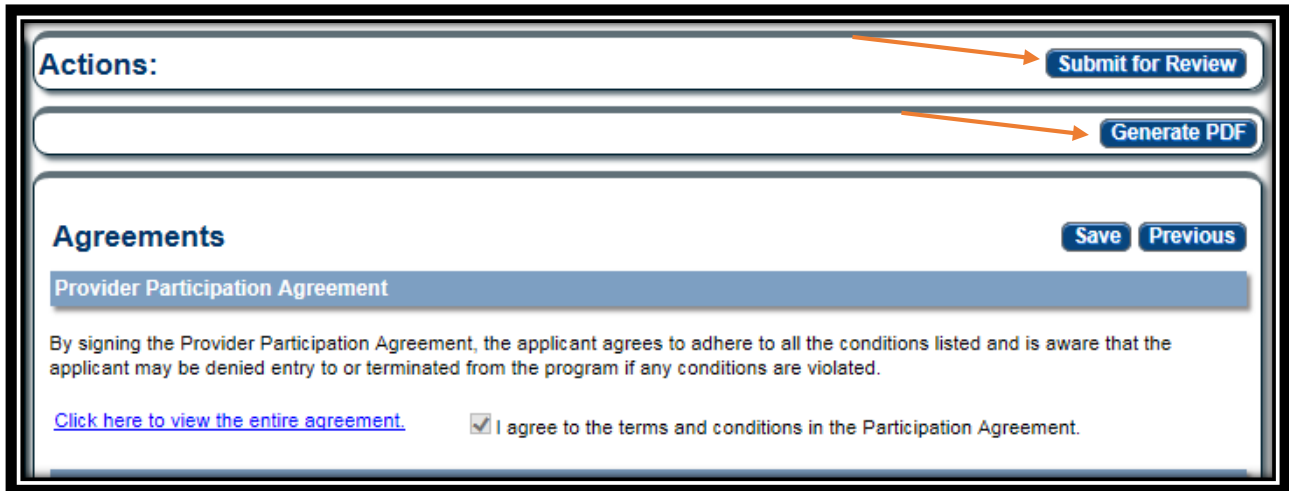
The password requested is your user login password.

- 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:

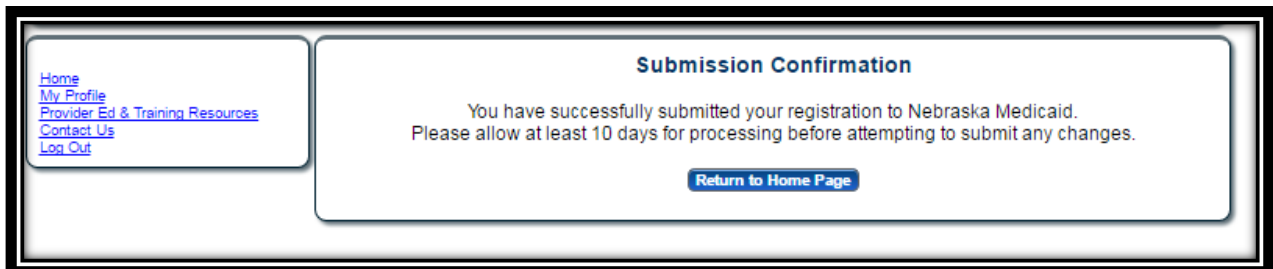


- Click **OK**.

- 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 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.