

Nebraska Provider Screening and Enrollment

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Shared Living-Creating and Adding Shared Living Providers

The steps below will guide you through adding Shared Living Group Members to a HCBS Organization providing Shared Living Services.

These instructions relate only to the Organization's Individual Provider's Page and the Shared Living Group Member Profile. Please see the other HCBS Enrollment Instructions for information about all other pages of the enrollment.

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		

Shared Living Group Members

1. A group member must have an active Group Member Profile. If your group member has an active Group Member Profile skip to Step 2 (page 8).
 - a. All group members must have their own Username and Password created using their SSN. The Tax ID on the top left of the page must be the SSN for this group member. Do NOT create a Group Member Profile under the business's Tax ID (EIN).

Once logged into the group member's account click on **Add Group Member Profile** under "My Group Member Profiles".

Provider Summary

Tax ID: ██████████

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](#)

- b. Complete all Required Fields.
- c. The Category must be Group Member Profile. All information will be specific to this provider. (Provider Type, Specialty, Taxonomy, SSN, Date of Birth) Provider Type will be "Shared Living" for this type of Group Member Profile.

New Registration * Designates a required field

Category* 

Provider Type* 

Specialty*

Taxonomy*

First Name*

Middle Initial

Last Name*


Tax ID Type* EIN SSN

Tax ID* ██████████

Entity Type and Tax ID Type are based on referral. If you believe these are incorrect, contact your RD worker.

Gender* Female Male Unknown

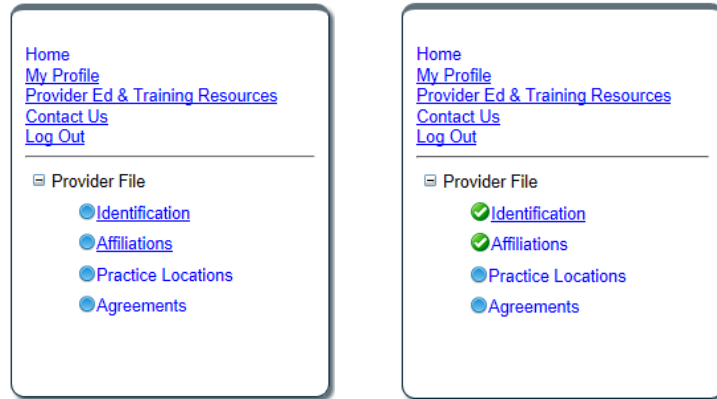
Date of Birth*

 [Save](#) [Cancel](#)

- d. Click **Save**.
- e. This will take you to the Group Member Profile. **This must be submitted for review when completed.**

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 Group Member Provider Management Home Resource.

- f. 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 green with a white checkmark when it is completed.



- g. Identification Page:

Identification Save Next

Provider Information

Legal Name	DBA	NPI	Tax ID	Provider Type	Effective Date
Jane Doe			[REDACTED]	Shared Living	✎

Primary Contact Information

No primary contact information found. +

Uploaded Documents

No uploaded documents found.

Browse...

Name

Description

Identification (144245)
Save Next

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

Provider Information

Entity Type Individual Organization

First Name*

Middle Initial

Last Name*

Suffix

Tax ID*

Tax ID Type

Gender* Female Male Unknown

Date of Birth*

Date of Death

Provider Type*

Enrollment Status

- ii. 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.

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

Primary Contact Information

Contact

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*

- iv. Complete all required fields and select **Save**.
*You will not be required to upload any documents on the Identification page.
- v. Click **Next** to complete and proceed to the next page.

h. Affiliations Page:

- i. This page shows you which groups this provider is affiliated with. There is nothing to complete on this page. It is informational only. Click **Next** to proceed to the next page.

i. Practice Locations Page:

- i. Complete the Provider Physical Address section by selecting the **Edit**. This should be the group member’s physical home address. This cannot be a P.O. Box. The following box will open:

- ii. Click **Save**.
- iii. Click **Next** to complete and proceed to the next page

j. Agreements Page:

- i. Click on **“Click here to view the entire agreement”**. A separate tab will show on your web browser that contains the agreement.
- ii. Place a checkmark in the **“I agree”** box.

Agreements Previous

Provider Participation Agreement

By signing the Provider Participation Agreement, the applicant agrees to adhere to all the conditions listed and is aware that the applicant may be denied entry to or terminated from the program if any conditions are violated.

[Click here to view the entire agreement.](#) I agree to the terms and conditions in the Participation Agreement.

- iii. Answer all of the questions on the Agreements page.

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.

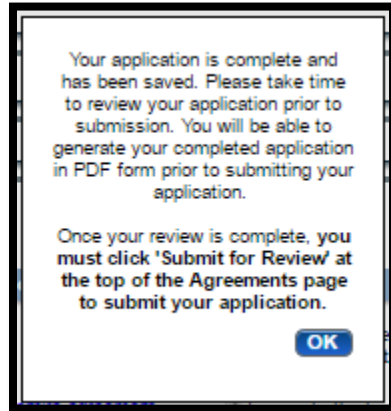
Signature

Please enter the characters in the image above:  **Save**

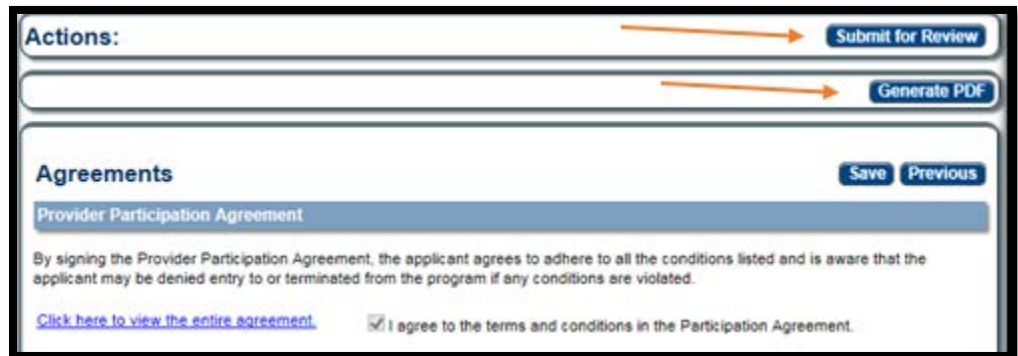
Enter password: **Save**

The password requested is your user login password.

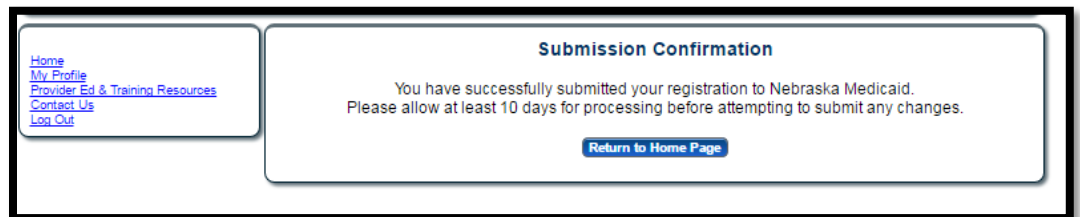
- iv. In the Signature section, enter the characters in the image. *Characters are not case sensitive.
- v. Enter the password used to log into the portal and click **Save**.
- vi. This message will be displayed when the application is successfully saved:



- vii. Click **Ok**.
- viii. Click "**Generate a PDF**" if you wish to save or print a PDF of the Group Member Profile.
- ix. You MUST hit "**Submit for Review**" to successfully complete the application process.



- x. When finished, the following screen will be displayed:



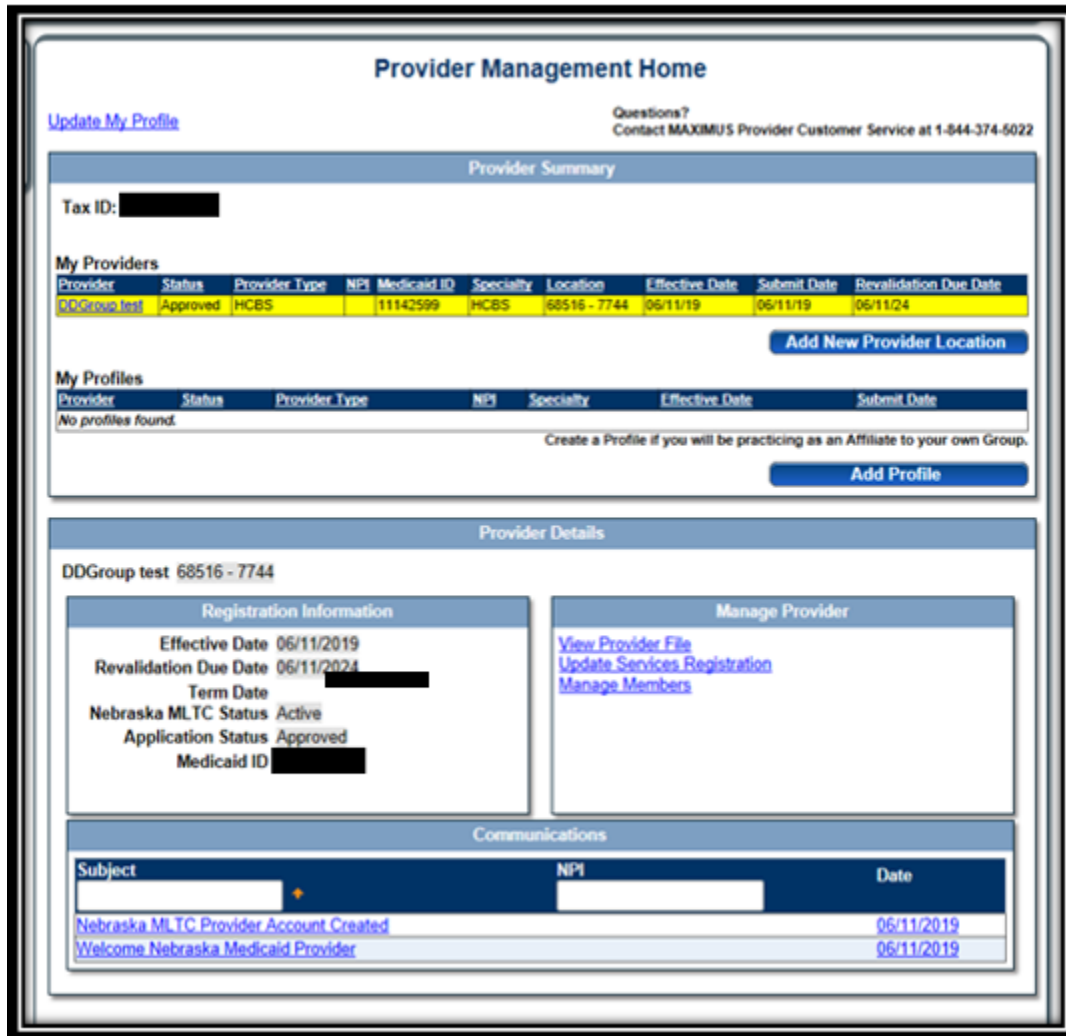
The Group Member can be added to the group. The Group Member Profile must be approved before the Group Member can be confirmed within the group.

Adding Shared Living Group Members to the Organization

2. Adding Individual Providers to your group:

**** Shared Living Groups must have an active 1472 SHARED LIVING – RESIDENTIAL HABILITATION Referral from a Resource Development Worker and a start date before you can add group members.**
*****Shared Living Providers can only be affiliated with 3 groups MAXIMUM.**

- a. Log into the correct group account, select ‘Manage Members’.
 - i. The Organization can also add Shared Living Group Members by selecting ‘Update Services Registration’. This will require the Organization to review and approve all of the registration information instead of just the ‘Individual Providers’ page and can delay the enrollment of the Shared Living Group Member.



- b. Click **Add Member** to add group members to this group.

The screenshot shows the 'Add Affiliations' page. At the top, there is a 'Signature' section with a password field and a 'Save and Submit' button. Below this, a message states: 'The password requested is your user login password.' and a red note: '* Add and Edit all Members included in this update, then select Save and Submit in order for your changes to be saved.' The main section is titled 'Individual Providers Associated with Your Group' and contains a '+ Add Member' link. Below the link is a table with columns: Name, Tax ID, Start Date, End Date, Specialty, License, Affiliation Status, and Medicaid ID. The table is currently empty, with the text 'No records to display.' and 'Registration Id: 144247'. At the bottom, there are search fields for 'Name' and 'Tax ID', and buttons for 'Search Associated Providers' and 'Clear Search Filter'.

- c. The screen will expand to enter the group member's information.

The screenshot shows the 'Add Affiliations' page with the form expanded. The form includes fields for 'First Name', 'Last Name', and 'Tax ID'. The 'Start Date' field is pre-filled with '6/13/2019' and has a red note: '* A Start Date of more than 180 days ago must use the Update Registration option.' The 'Provider Type' dropdown menu is set to 'Shared Living'. There are 'Search' and 'Cancel' buttons. Below the form, there is a message: 'No records to display' and 'Registration Id: 144247'. At the bottom, there are search fields for 'Name' and 'Tax ID', and buttons for 'Search Associated Providers' and 'Clear Search Filter'. Orange arrows point to the 'First Name', 'Last Name', and 'Tax ID' fields.

- i. Enter the group member's information (First Name, Last Name, SSN).
- ii. The Tax ID (SSN) MUST be the group member's SSN and match the Group Member Profile.
- iii. Click **Search**.

- d. If a matching Shared Living Group Member Profile is found, confirm the group member by answering the 5 questions (you will need to scroll to see all questions) and click **Update**.

Add Affiliations

Signature

Enter password: **Save and Submit**

The password requested is your user login password.

* Add and Edit all Members included in this update, then select Save and Submit in order for your changes to be saved.

Individual Providers Associated with Your Group

[+ Add Member](#)

	Name	Tax ID	Start Date	End Date	Specialty	License	Affiliation Status	Medicaid ID
	Jane Doe	****3789	6/13/2019				Confirm Group Member	

First Name:

Last Name:

Tax ID:

Start Date: * A Start Date of more than 180 days ago must use the Update Registration option.

Provider Type:

Affiliation Status:

Medicaid ID:

Provider:

Has there ever been disciplinary action against this provider's license by a licensing board in any state?

No Yes

If "YES" a comment is required.

Has the provider ever been sanctioned by Medicare, Nebraska Medicaid, or any state health program?

No Yes

If "YES" a comment is required.

Update **Cancel**

- e. If you have more group members to add you may do so now.
- i. To remove a provider that was never active, you can select the Red X
 - ii. If a provider has been actively enrolled but is no longer working with your Organization, you must enter an END DATE by selecting the EDIT button. This should be completed timely to ensure the enrollment is always current.
- f. When you are finished you **MUST** enter your password and click **Save and Submit**. Any changes made will not be SAVED without entering your password and clicking **Save and Submit**.

Add Affiliations

Signature

Enter password: **Save and Submit**

The password requested is your user login password.

* Add and Edit all Members included in this update, then select Save and Submit in order for your changes to be saved.

Individual Providers Associated with Your Group

[+ Add Member](#)

Name	Tax ID	Start Date	End Date	Specialty	License	Affiliation	Status	Medicaid ID
Jane Doe	*****3789	6/13/2019				Group	Confirmed	

Registration Id: 144247

Partial or Full search using Name and/or NPI. When both fields are used to search, the grid will be filtered by both Name and NPI.

Name
 Tax ID

Search Associated Providers
Clear Search Filter

- g. After you enter your password and click **Save and Submit** you will be directed back to the Provider Management Home Screen.

Please reach out to Customer Service at 844-374-5022 if you need additional assistance.