

Frequently Asked Questions for Nebraska Medicaid Provider Screening and Enrollment

Most Recent Update October 2, 2015

1. **Q: When a currently enrolled and active group member is changing licenses (for example when a PLMHP becomes an LMHP) does the “no retro enrollment” process apply to this change in licensure and will there be a gap in the group member’s enrollment because of it? 10/19/12**

A: The answer to both questions is no. The retroactive enrollment process does not apply and there will not be a gap in the group member’s enrollment if the provider submits the information timely. The group member is already known to Nebraska Medicaid, is active under a current license and provider ID, has been screened upon enrollment, and has been screened through monthly database checks. Since this is not a new enrollment, just a license update, the old service rendering provider ID with the old license will be closed and a new service rendering provider ID will be opened with the effective date of the new license.

2. **Q: The CFR says institutional providers must pay an application fee. Has Nebraska Medicaid implemented the collection of this fee? 10/19/12**

A: Nebraska Medicaid has not yet implemented the collection of the application fee. A Provider Bulletin will be issued notifying providers prior to the implementation of this requirement.

3. **Q: What is an institutional provider? 10/19/12**

A: As described by the Centers for Medicare and Medicaid Services (CMS), an institutional provider includes, but is not limited to, entities such as a hospital, clinic, assisted living facility, nursing home, and laboratory. Anytime more than one practitioner is enrolled together with other practitioners under one group provider ID, that group will be required to pay the application fee-for example: an individual physical therapist enrolled as a solo practitioner will not pay the fee, but a group of 2 or more physical therapists enrolling together as group members under one group provider ID will be required to pay the application fee.

4. **Q: Do non-profit facilities have to pay the application fee? 10/2/15**

A: Yes. Nebraska Medicaid is required to collect an enrollment application fee from any institutional entity that enrolls with the state Medicaid program or CHIP.

5. **Q: How much is the application fee? 10/2/15**

A: The fee changes annually and is determined by CMS. The fee for calendar year 2015 is \$553. Each year, CMS will publish the application fee via the Federal Register 60 days prior to the new CY. In addition to the application fee there will be a credit card processing fee of 2.95%, and/or an EFT

processing fee of \$2.50 for providers wishing to make electronic payments. There is no additional cost for submitting the application fee by paper check.

6. **Q: What if payment of the application fee will be a hardship for our office/practice to pay or it is not economical for us to do so because we expect to serve a limited number of Medicaid clients?** 10/2/15

A: Providers may request a waiver of the application fee. The waiver request should be submitted along with the Service Provider Agreement (MC-19) and must include sufficient detail for Nebraska Medicaid to determine whether or not a waiver is appropriate. As applicable, suggested information to include: a narrative describing why payment of the fee would be a hardship, the number of Medicaid clients you expect to serve, document if you are in an underserved area or if the service you provide is specialized and not readily available by other providers. If the waiver is approved by Nebraska Medicaid, it must be forwarded to CMS for a final determination as to whether or not the application fee will be waived. Screening and enrollment activities will not begin until the fee is paid or waived.

7. **Q: If we have multiple locations do we have to pay a fee for each location we enroll?** 10/19/12

A: Yes, an application fee is required for each location that wishes to enroll.

8. **Q: What if we have already paid the application fee to Medicare or another state Medicaid program?** 10/19/12

A: Providers that are already enrolled in Medicare or have already paid the application fee to Medicare or another state Medicaid program are not required to pay the application fee again to Nebraska Medicaid.

9. **Q: We were granted a waiver for the application fee in another state; will we still be required to pay the application fee to Nebraska Medicaid?** 10/2/2015

A: Yes, even if you were granted a hardship waiver in another State's Medicaid program, Nebraska Medicaid is still required to collect an application fee unless you are also approved for a waiver through Nebraska Medicaid.

10. **Q: What are the refund policies regarding the fee?** 10/2/15

A: The application fee is non-refundable, except if submitted with one of the following:

- *A request for hardship exemption that is subsequently approved*
- *An application that is subsequently denied as a result of the imposition of a temporary moratorium*

11. Q: How do providers know what risk level CMS and Nebraska Medicaid have assigned to their provider type? 10/19/12

A: The determination of Nebraska Medicaid provider risk levels has not been finalized. A chart detailing provider risk levels will be posted to the Provider Screening and Enrollment web page once it is finalized and Nebraska Medicaid is prepared to implement the new screening requirements.

12. Q: Why is my risk level important? 10/2/15

A: Different screening requirements are applied to each risk level. Limited risk providers must meet federal and state rules and regulations, have their provider license verified (where applicable) and be screened against certain federal and state databases. Moderate risk providers are subject to the limited screening requirements plus pre- and post-enrollment site visits. High risk providers and their owners are subject to criminal background checks and fingerprinting of their owners.

13. Q: What if I have multiple risk levels? 10/2/15

A: Providers must be screened at the highest applicable risk level.

14. Q: The CFR requires Moderate and High risk provider types to have pre- and post-enrollment site visits. How will providers know when to prepare for these visits? 10/19/12

A: The provider should be prepared for the site visits at the time the Service Provider Agreement (MC-19) is submitted. Since the site visits must be unannounced there will be no notice given to the provider prior to either site visit.

15. Q: What if a provider fails a site visit? 10/19/12

A: If the provider fails the pre-enrollment site visit they may be given the opportunity to correct deficiencies. A second pre-enrollment site visit will then be required. If the pre-enrollment site remains failed, the provider will be denied enrollment. If the provider fails the post-enrollment site visit their enrollment will be terminated from participation in Nebraska Medicaid.

16. Q: Is a site visit still required as part of the application process, if we have recently had a site visit from another Nebraska State Department? 10/2/15

A: Yes. The rule requires the Department to conduct site visits before and after enrollment to:

- *verify information contained within the Medicaid application*
- *ensure that prospective providers meet enrollment requirements*
- *verify that current providers remain operational while continuing to meet required provider standards*

Because these site visits will have a different purpose than existing site surveys performed by other state agencies, the Department may collect different information during these visits for the purposes of complying with these federal requirements. These federal requirements also require the

Department to conduct site visits in addition to those already performed, even while working with other agencies to coordinate site visits where possible.

17. Q: The CFR requires High risk provider types to submit fingerprints and undergo criminal background checks. Can Nebraska Medicaid provide any more information about these requirements? 10/2/15

A: Final guidance from CMS was issued in June 2015 regarding the fingerprinting and criminal background check requirements. Nebraska Medicaid is evaluating how it impacts providers and the screening and enrollment process. Nebraska Medicaid will use the Provider Screening and Enrollment website and provider bulletins to post additional information as it becomes available.

18. Q: What is revalidation? 10/2/15

A: All providers must be revalidated at least every 5 years. The Department may require certain providers to revalidate more frequently. Revalidation consists of the same enrollment and screening activities as an initial enrollment, including payment of the application fee.

19. Q: When will providers have to revalidate? 10/2/15

A: All providers who were already enrolled with Nebraska Medicaid as of March 2011 will need to be revalidated in the initial revalidation cycle which will occur in 2016. Those providers will have a revalidation due date established by Nebraska Medicaid. Providers who enrolled with Nebraska Medicaid after March 2011 will have to complete revalidation by the end of the 5 year period from their enrollment effective date.

20. Q: How will providers know when it's their time to revalidate? 10/2/15

A: Providers will be notified in writing at least 60 days prior to their revalidation due date. Another notice will be sent 30 days prior to the revalidation due date to providers that have not completed revalidation yet.

21. Q: What happens if I do not participate in the revalidation process? 10/2/15

A: Providers that do not complete revalidation by their due date will have their enrollment ended the same date. Providers will not be eligible for claims payment after that date.