Nebraska Provider Screening and Enrollment

Home and Community Based Services (HCBS)

Individuals and Organizations

Web Portal Provider Enrollment Guide

For AD Waiver, CDD Waiver, PAS, DDAC Waiver, and TBI providers, program service authorization information must be entered in the Web Portal prior to enrollment, re-enrollment or revalidation. If you have any questions regarding Service Authorization contact your Resource Development Specialist.

Action Required: You must complete, sign and return an Adult Protective Services/Child Protected Services Release of Information (CFS-5) form to enroll, re-enroll, and prior to your annual service renewal date. Contact MAXIMUS Customer Service at 1-844-374-5022 or by email NebraskaMedicaidPSE@maximus.com to request a copy of the correct CFS-5 form or if you have any questions.

After Referral information has been entered or renewed in the Web Portal by a Nebraska Medicaid Resource Development specialist, you will receive a notification from MAXIMUS containing your Referral Number and a link to the Web Portal to complete your enrollment. You may also submit a paper application.

From: nebraskamedicaidPSE@maximus.com [mailto:nebraskamedicaidPSE@maximus.com]
Sent: Thursday, December 10, 2015 4:27 PM
To: provider@email.com
Subject: Referral NFOCUS-7911 Created

Name: Individual or Organization Name
Issue Date: 12-10-2015
Referral Number: NFOCUS-7911

Provider Name

We have received notice that you have met with your Resource Developer and have now been referred to MAXIMUS to complete your enrollment as a Medicaid provider. You must now access the Nebraska Provider Screening and Enrollment portal to create your user account and begin the enrollment process. No payment for services rendered will be made prior to notification from Maximus that you have been successfully enrolled as a Medicaid provider. You must have your referral number available to begin setting up your enrollment.

The Nebraska Provider Screening and Enrollment portal can be accessed at this link: https://www.nebraskamedicaidproviderenrollment.com/Account/Login.aspx

Regards,

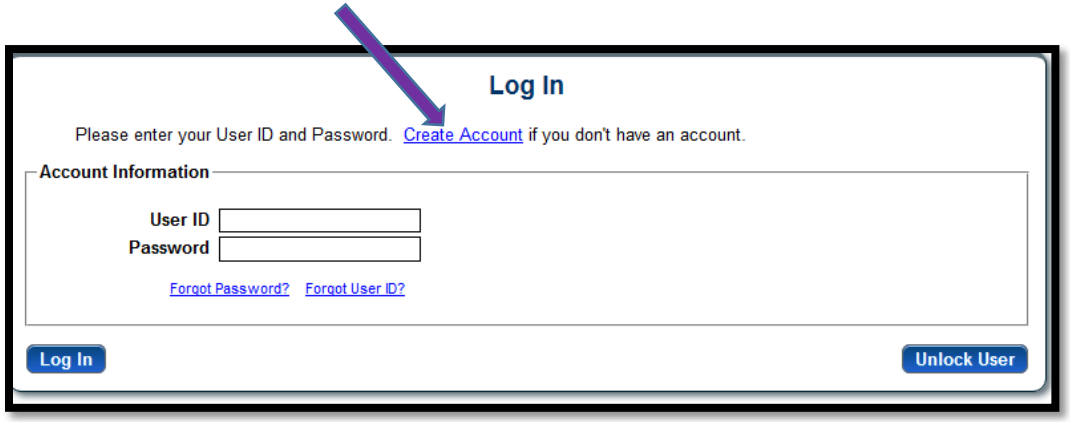
MAXIMUS Provider Screening and Enrollment Customer Service

- **You will need the Referral Number in the notification to complete your enrollment.**
- **The entire referral number, "NFOCUS" and the "–"(dash), and the number, must be entered exactly as it appears in the email notification you received. Ex: NFOCUS-6671 or NFOCUS6671**

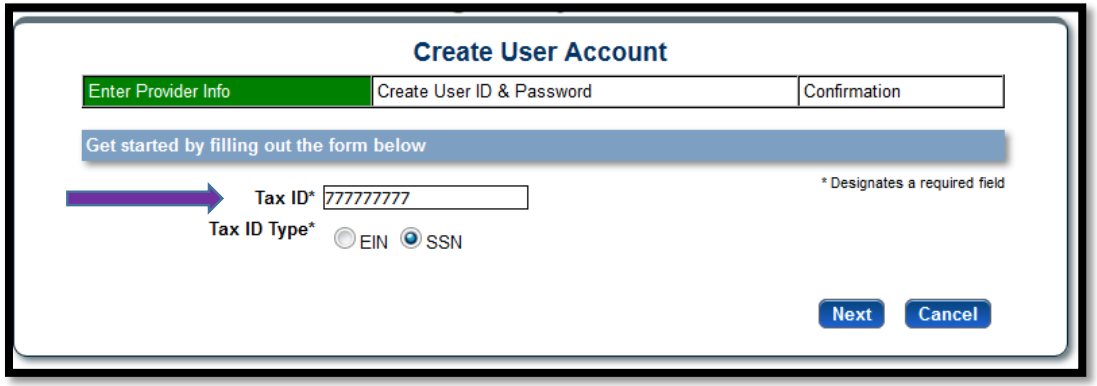
Creating a User Account in the NE PSE Provider Web Portal

After clicking on the link in the email notification

1. **Click on Create Account**

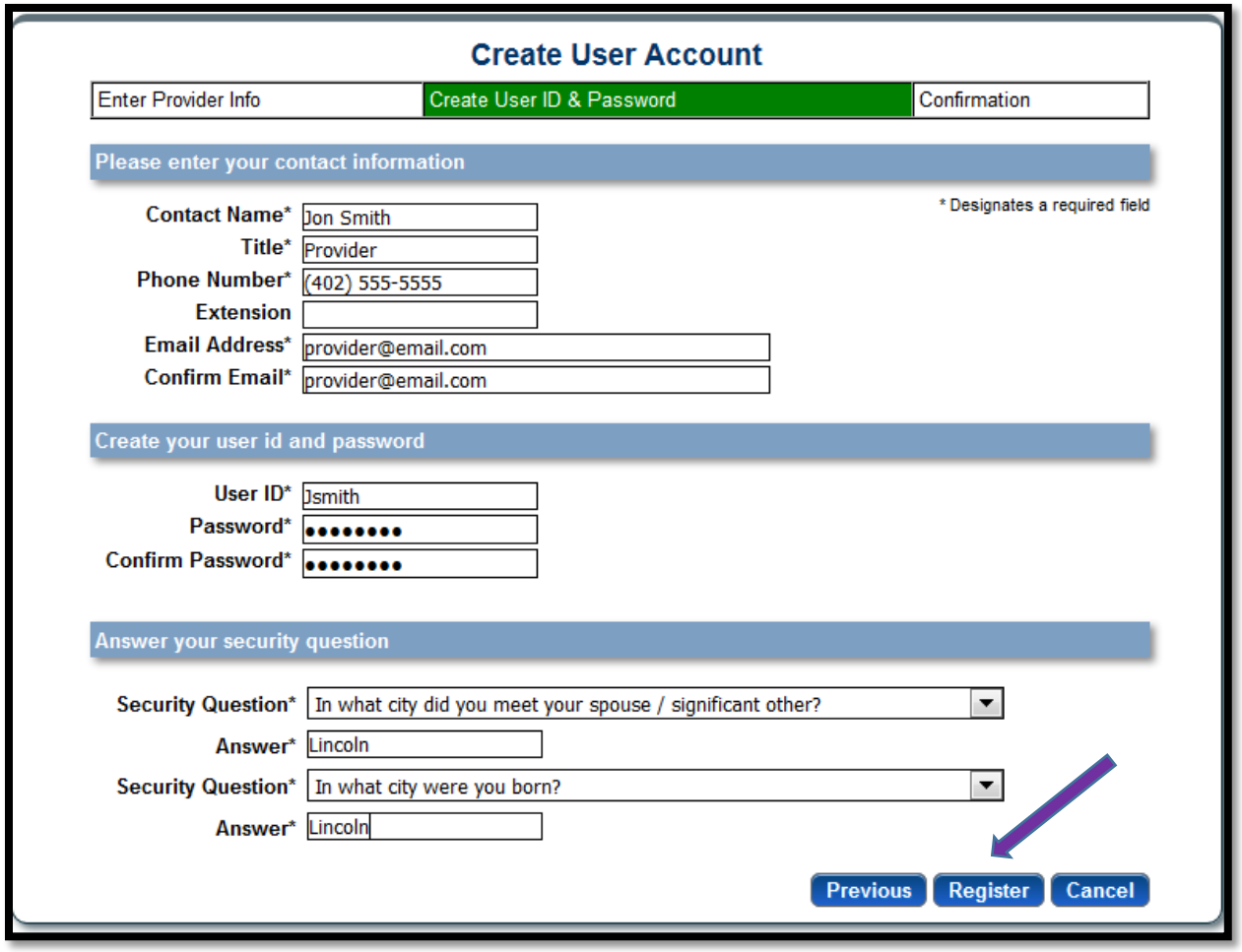


2. **Enter your Tax ID – Either your Social Security Number (Individual) or EIN (Organization)**
3. **Select the correct Tax ID Type**
4. **Click Next**



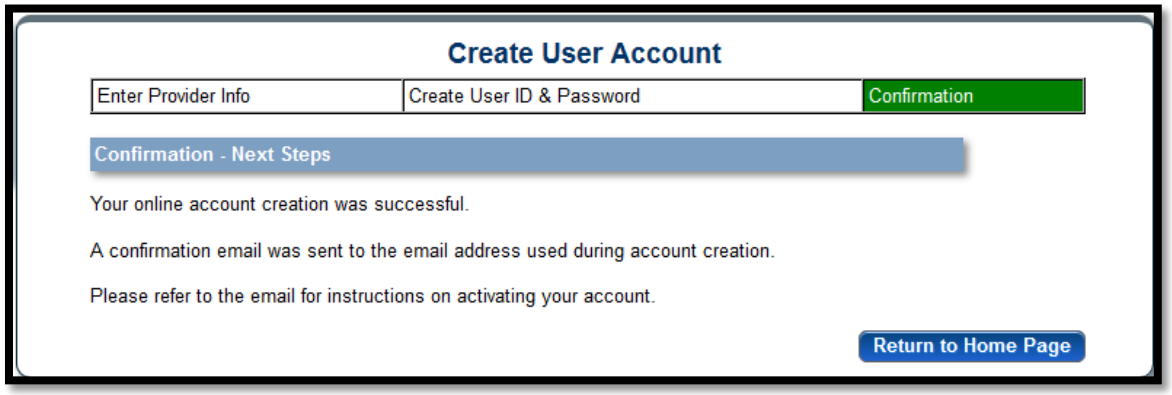
Create User Account

5. **Enter all required information – see example below**
6. **Click Register**



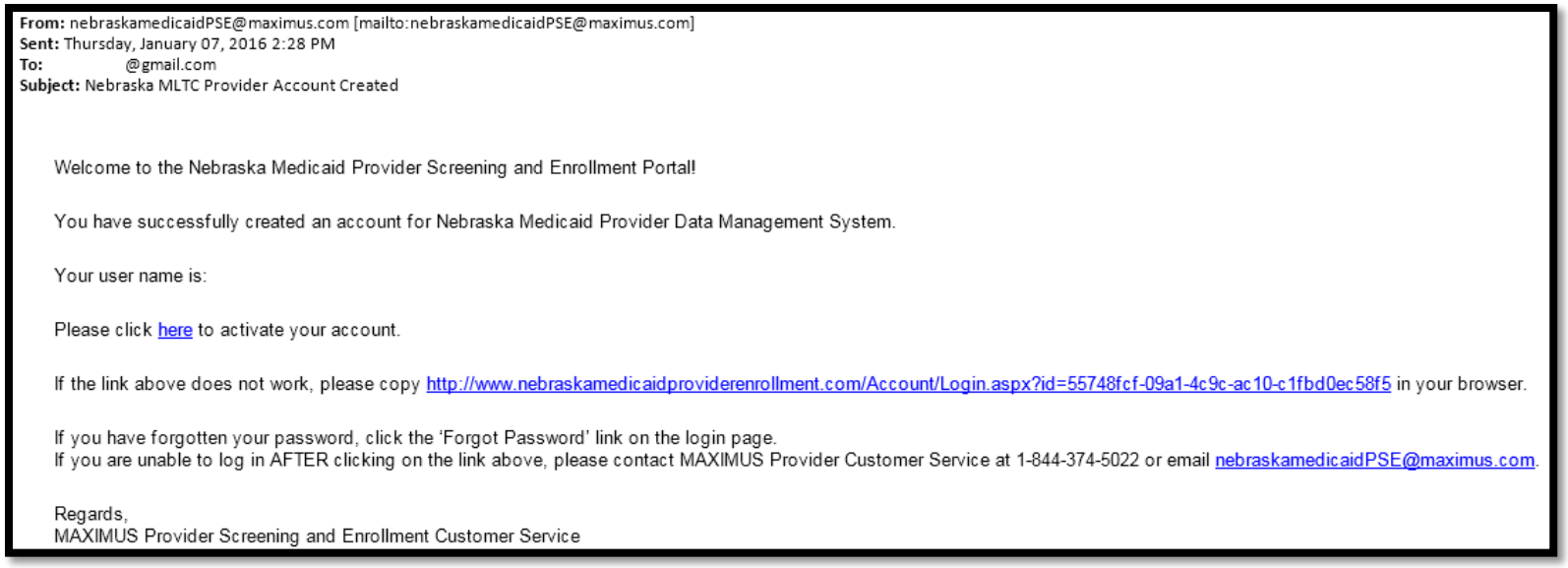
After successfully creating your account a notification will appear on your screen.

A confirmation email will be sent to the email address you provided



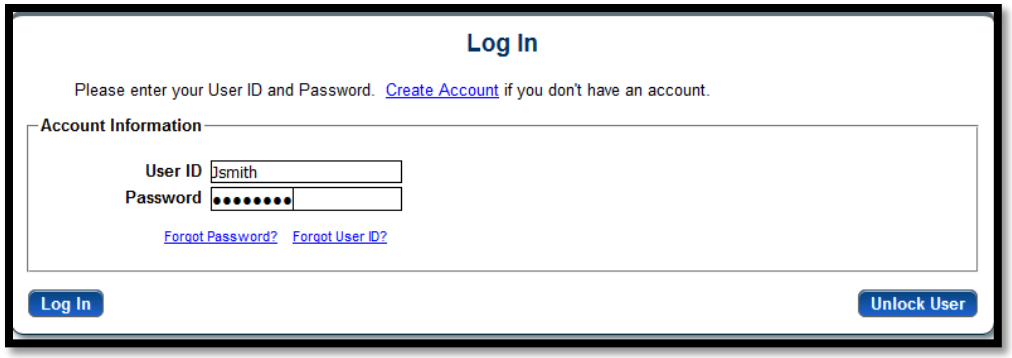
7. **Check your email account.**

You will receive an email with a link taking to the Web Portal to log in to your account using the User Name and Password you created



After clicking on the link in the email notification you will return to the Web Portal

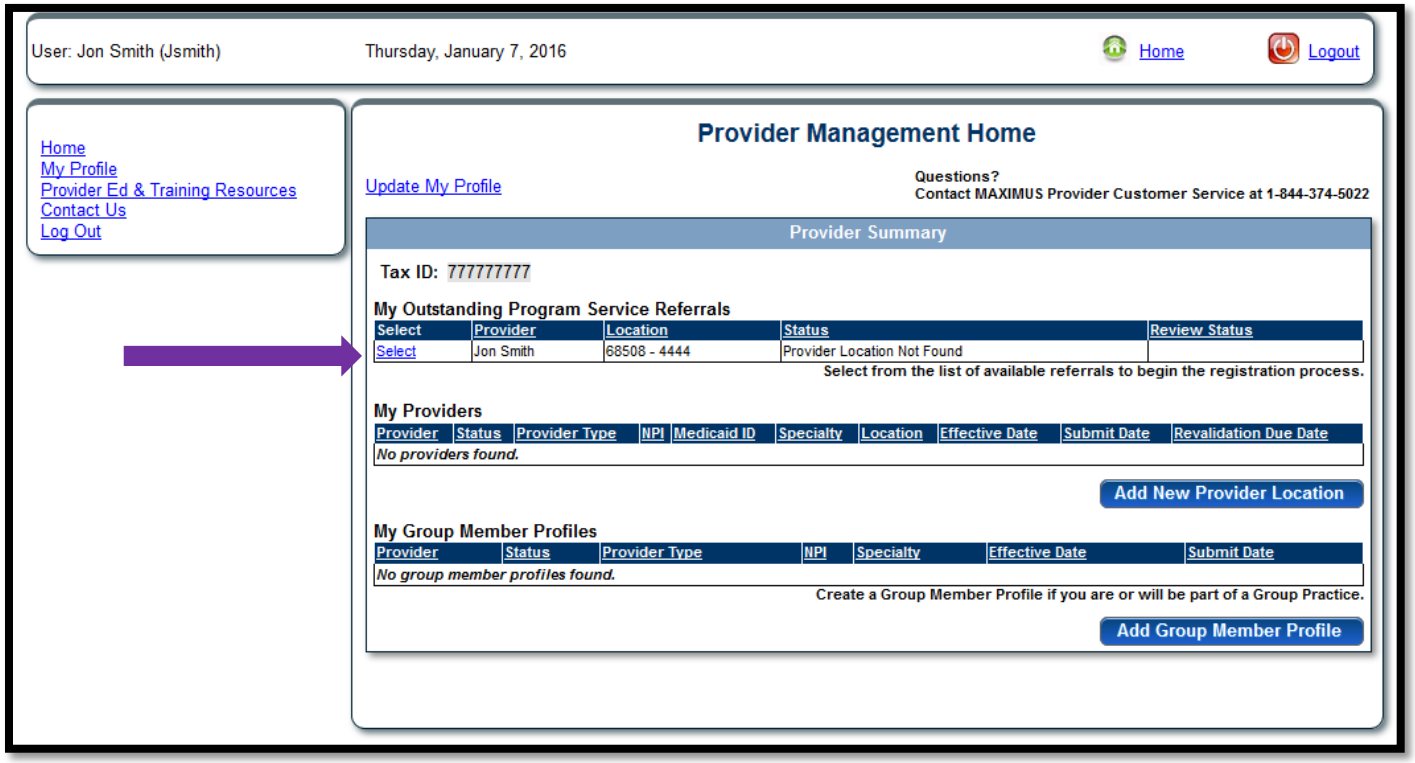
8. **Enter the User ID and Password you created**
9. **Click Log In**



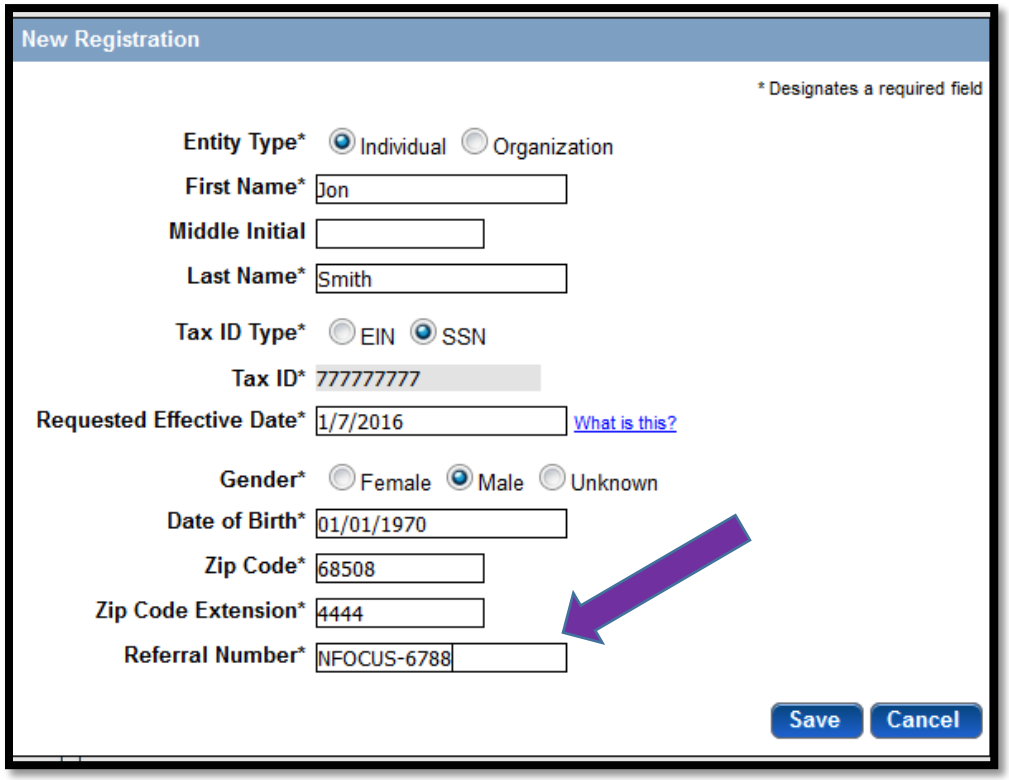
Provider Management Home Page

To begin the enrollment process

1. **Click on "Select" in the "My Outstanding Program Service Referrals" section**



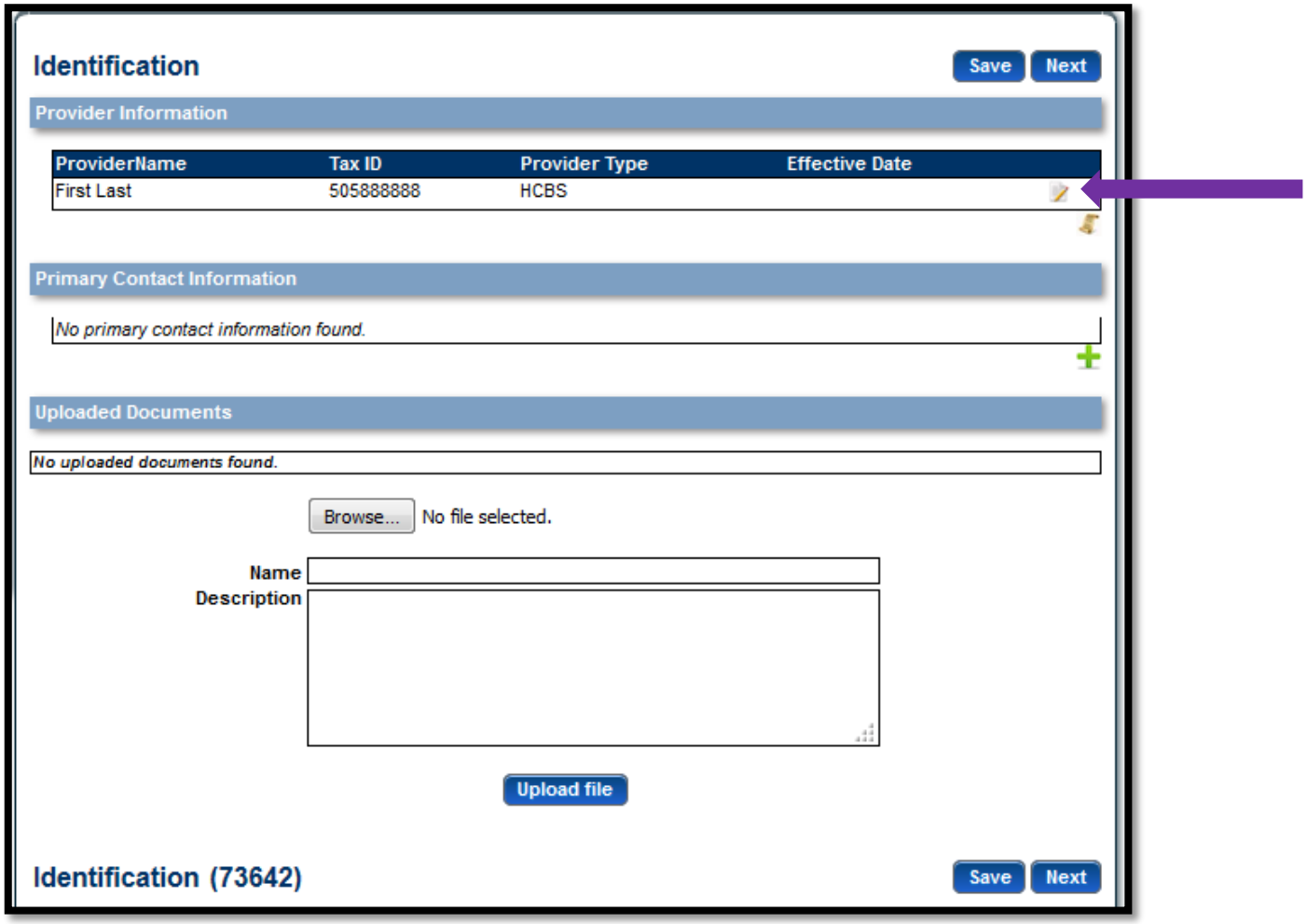
2. **Enter information in all required fields.**
3. **Enter the NFOCUS Referral Number exactly as it appears in your email notification**



4. **Click Save**

Identification

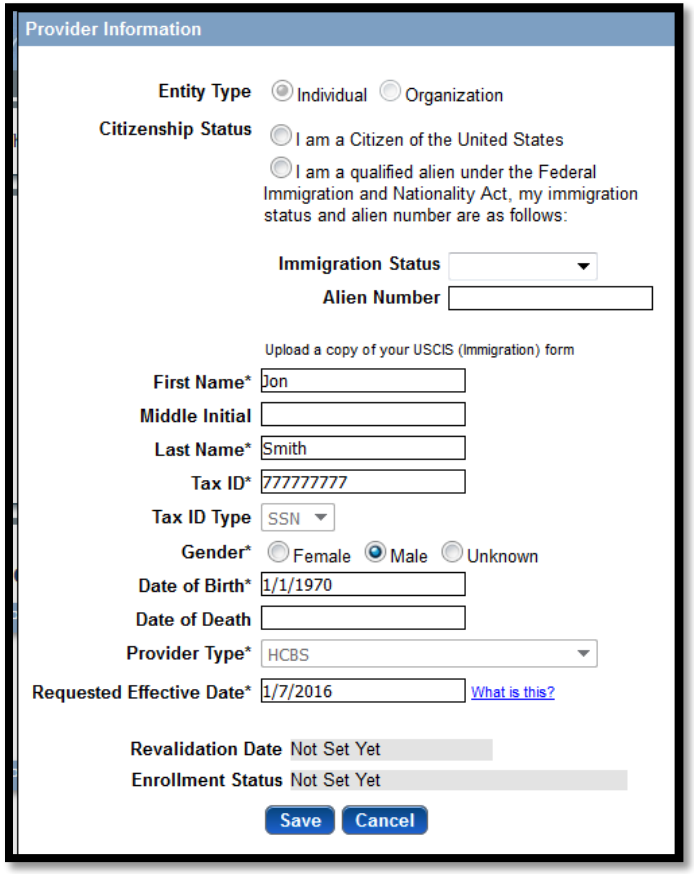
5. **Click on the symbol in the "Provider Information" section to complete Citizenship questions**



6. **Complete the following fields:**
   - **Entity Type**
   - **Citizenship Status**

7. **If you are a qualified alien under the Federal immigration and Nationality Act -**
   - **Select applicable Immigration Status**
   - **Provide your Alien Number**

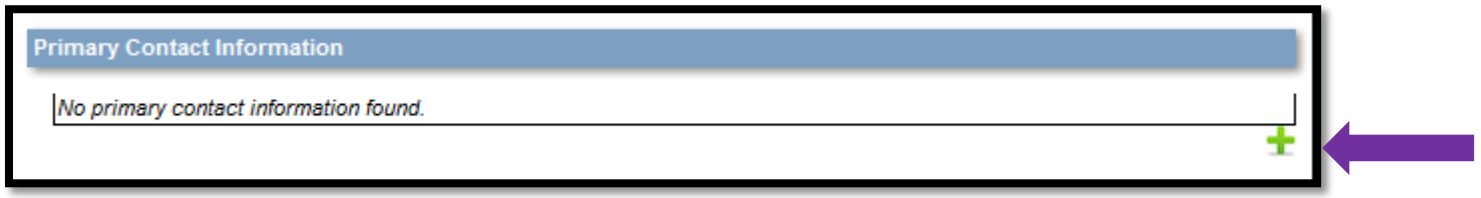
Note: After clicking Save you must upload a copy of your USCIS (Immigration) form using the Upload feature at the bottom of this page



8. **Click Save**

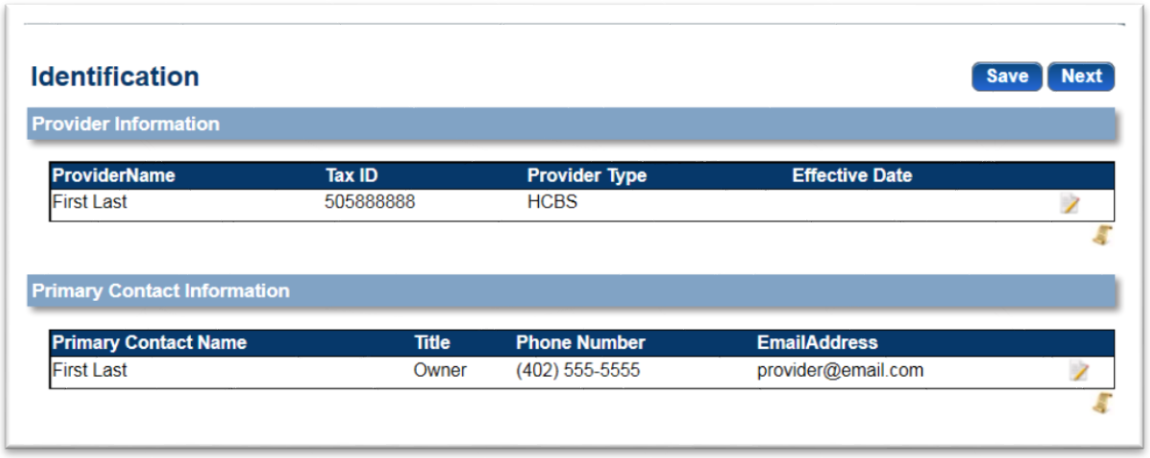
Primary Contact Information

9. **Click the '+' to add primary contact information**



10. **Complete all required fields in the Primary Contact Information section**

11. Click Save
12. Click Next

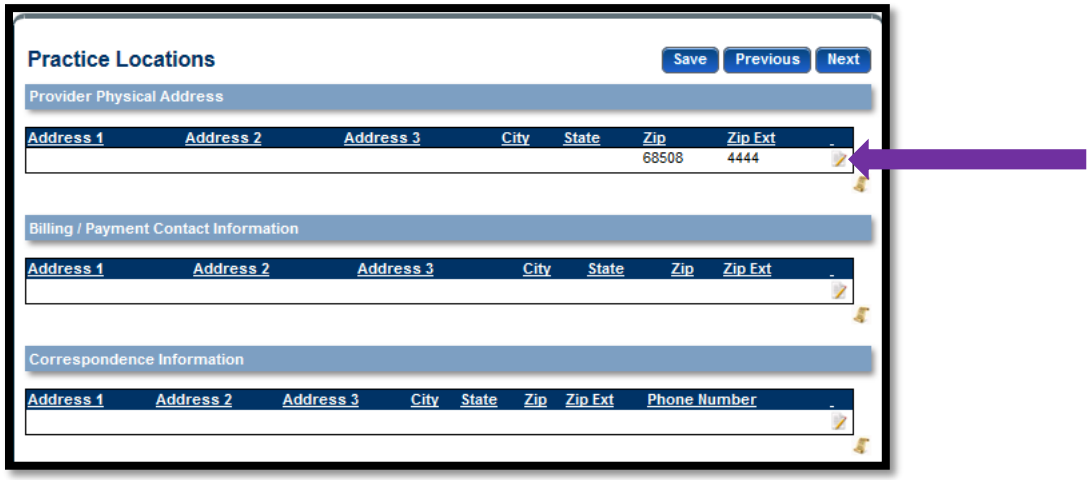


Practice Locations

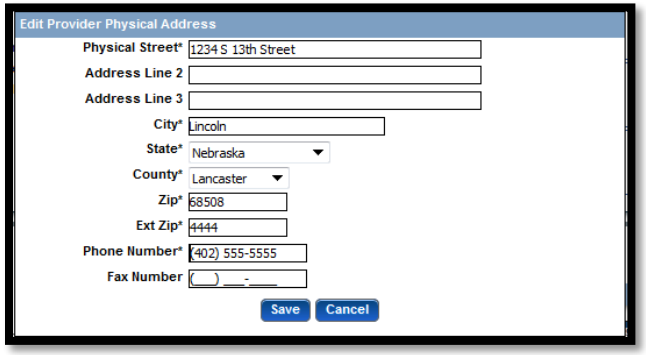
Provider Physical Address, Billing/Payment Contact Information and Correspondence Information are required sections that need to be completed.

NOTE: If you provide services in a client's home do not enter the client's address in the Provider Physical Address section. Enter the address of your primary residence.

13. Provider Physical Address section: Click '✎' symbol to add the provider's physical address

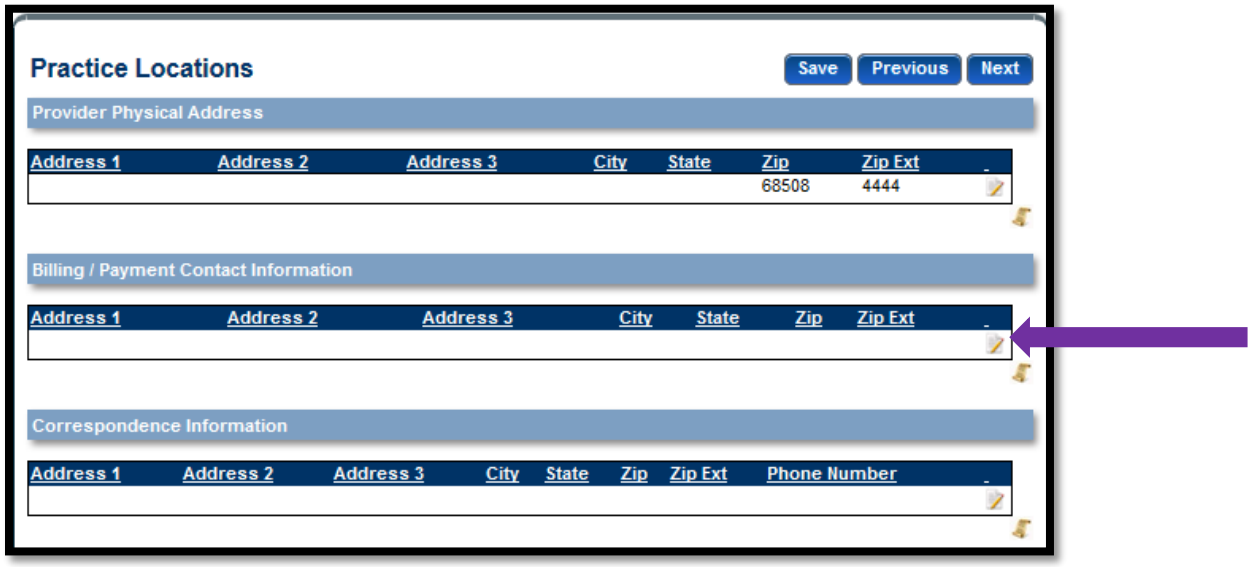


14. Complete all required fields



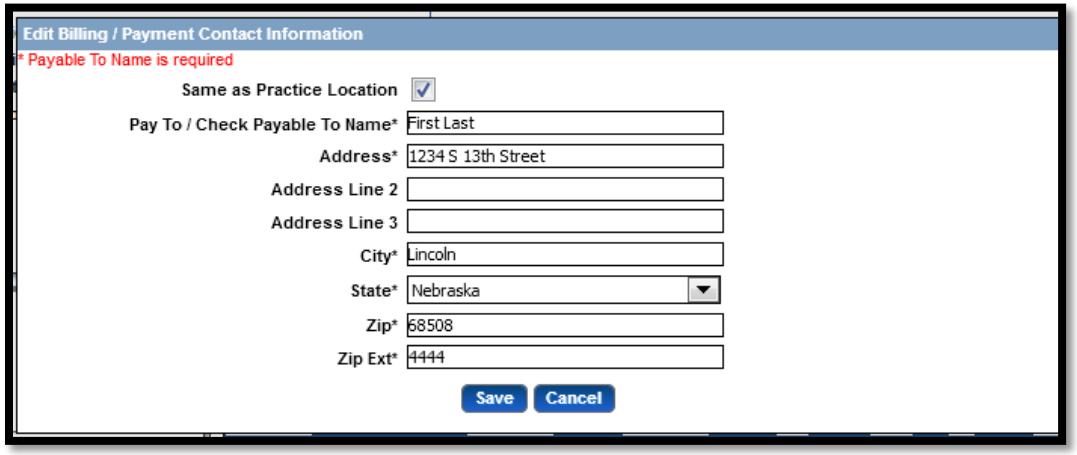
15. Click Save

16. Billing/Payment Contact Information section: Click '✎' to add the provider's billing/payment contact information



17. Enter billing/payment information

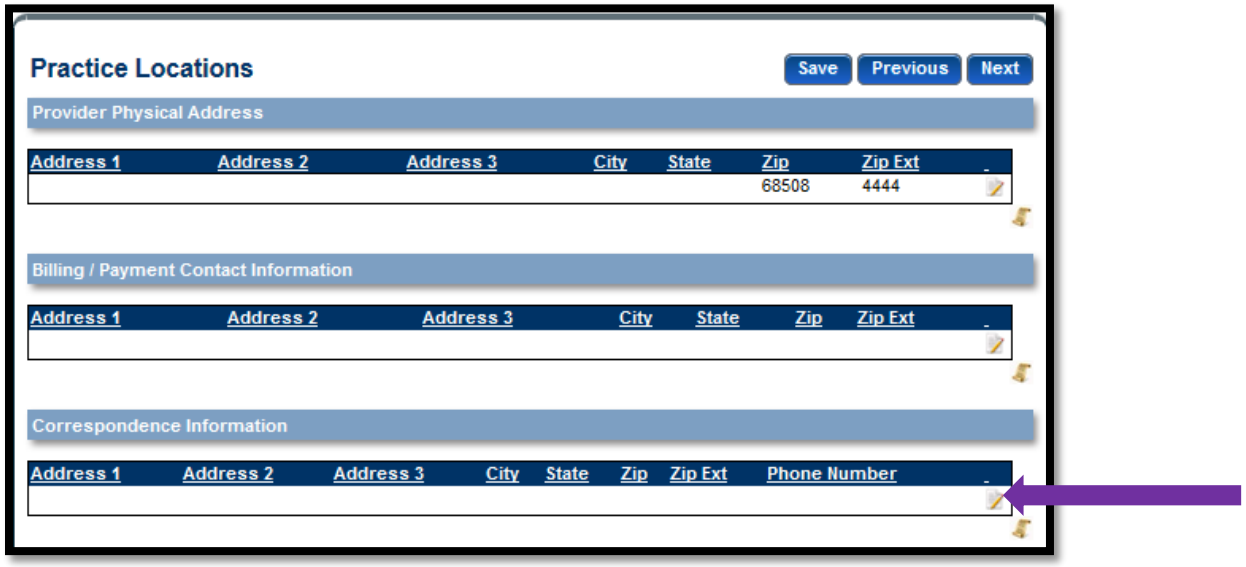
If the information is the **same as the practice location** (physical address), put a check mark in the box and the information will automatically populate except for the Pay To/Check Payable Name, which will need to be completed.



18. Click Save

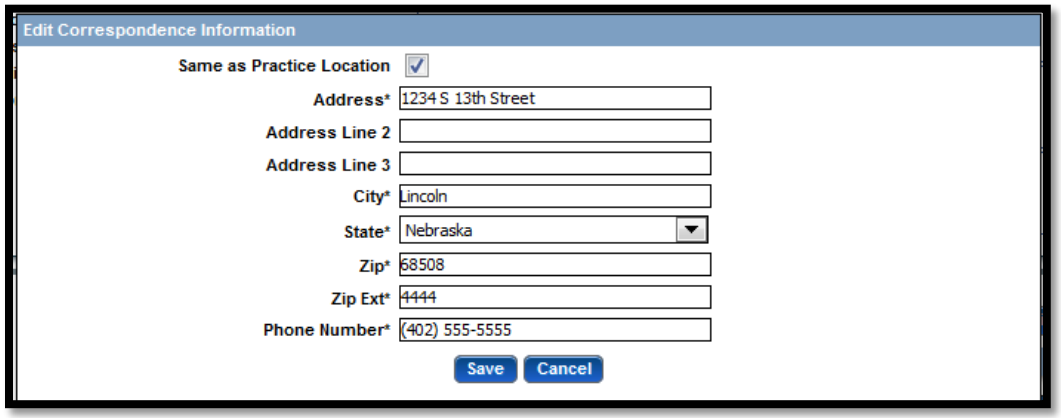
Correspondence Information

19. Click ‘ ’ to add provider correspondence information



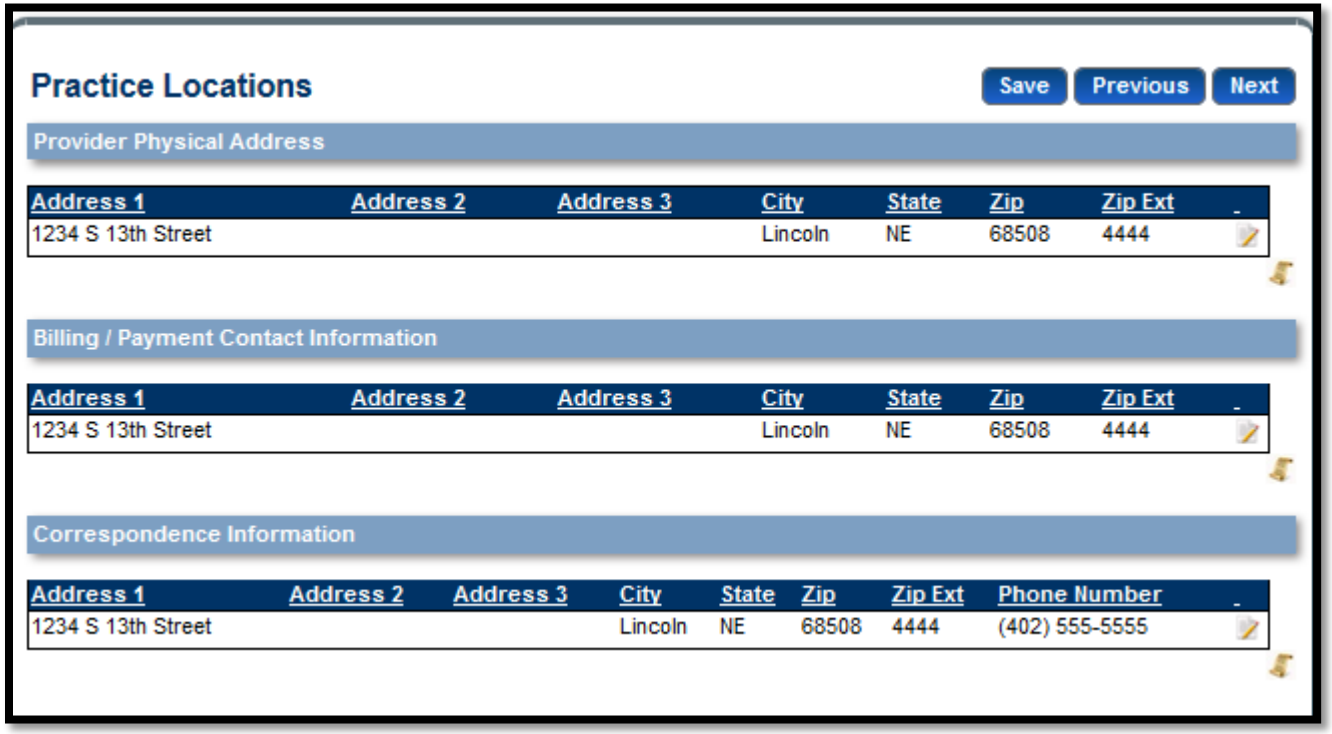
20. Enter correspondence address

If the information is the **same as the practice location** (physical address), put a check mark in the box and the information will automatically populate.



21. Click Save

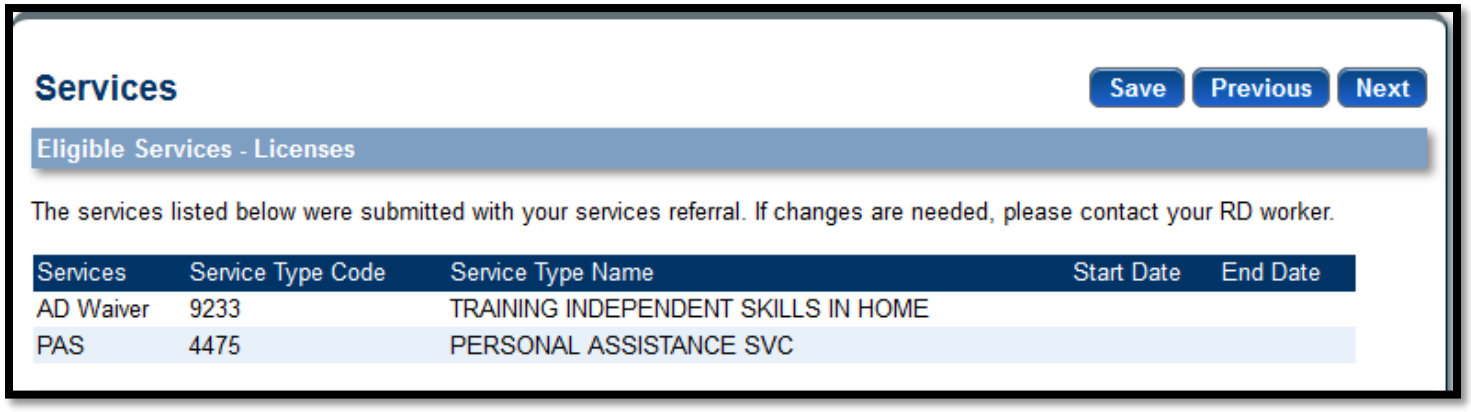
Completed Practice Locations Page



Services

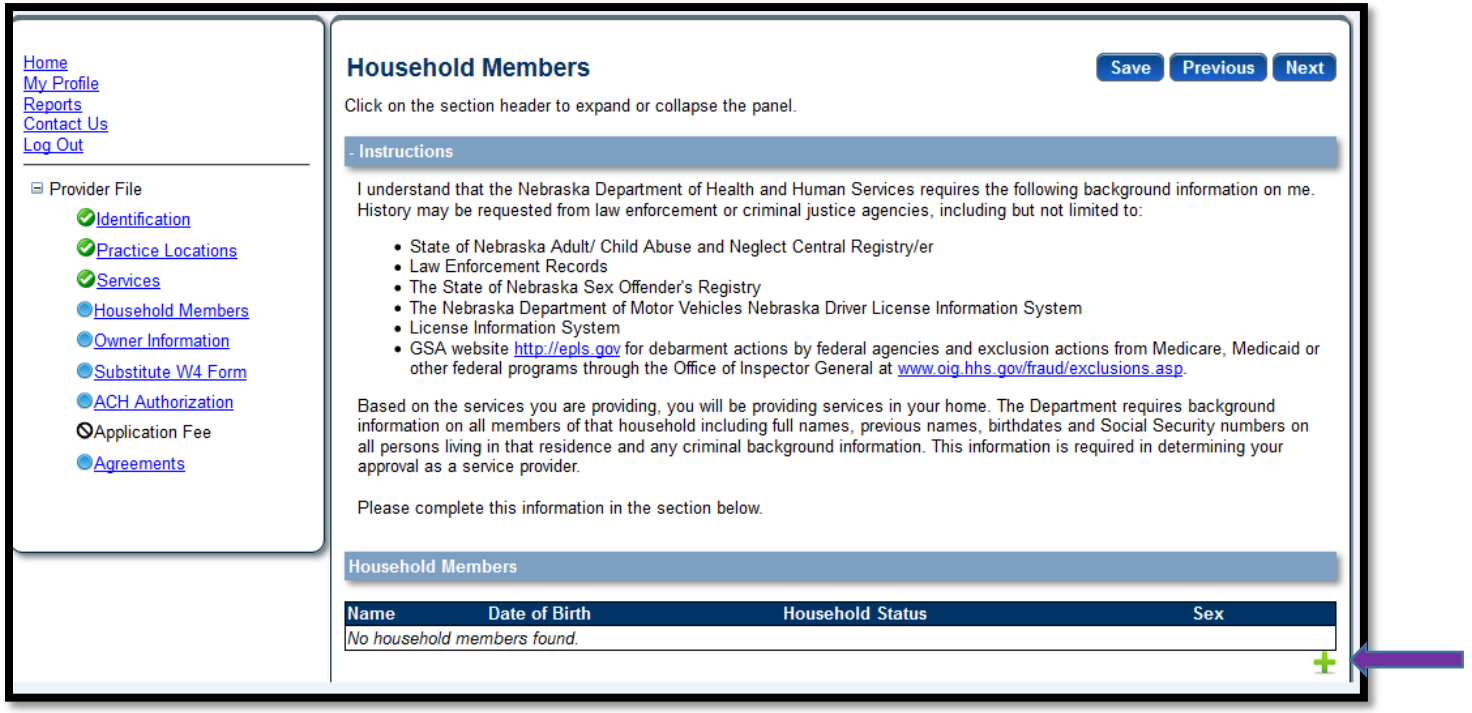
The Program Service Code(s) the provider is authorized to provide will be present on this page. No action is required

22. Click Next

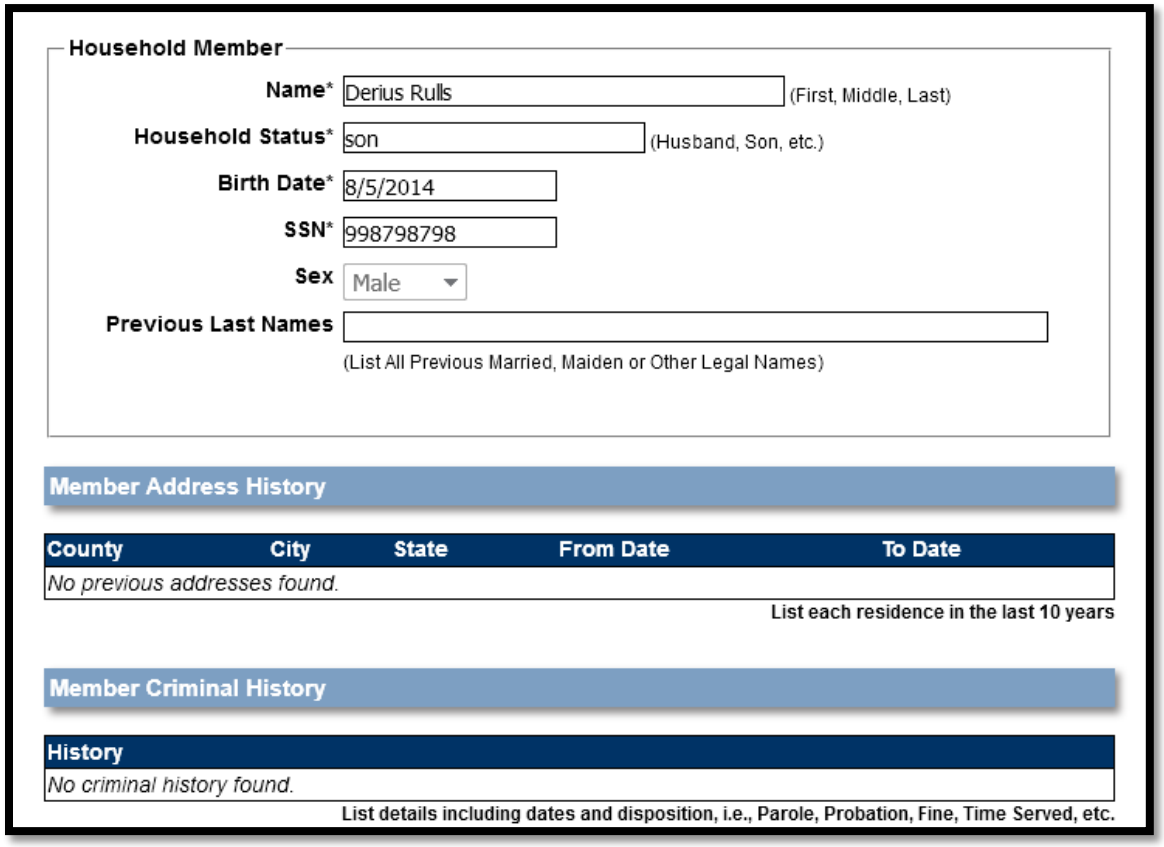


Household Members

23. Click on + symbol to add household member information (if applicable)



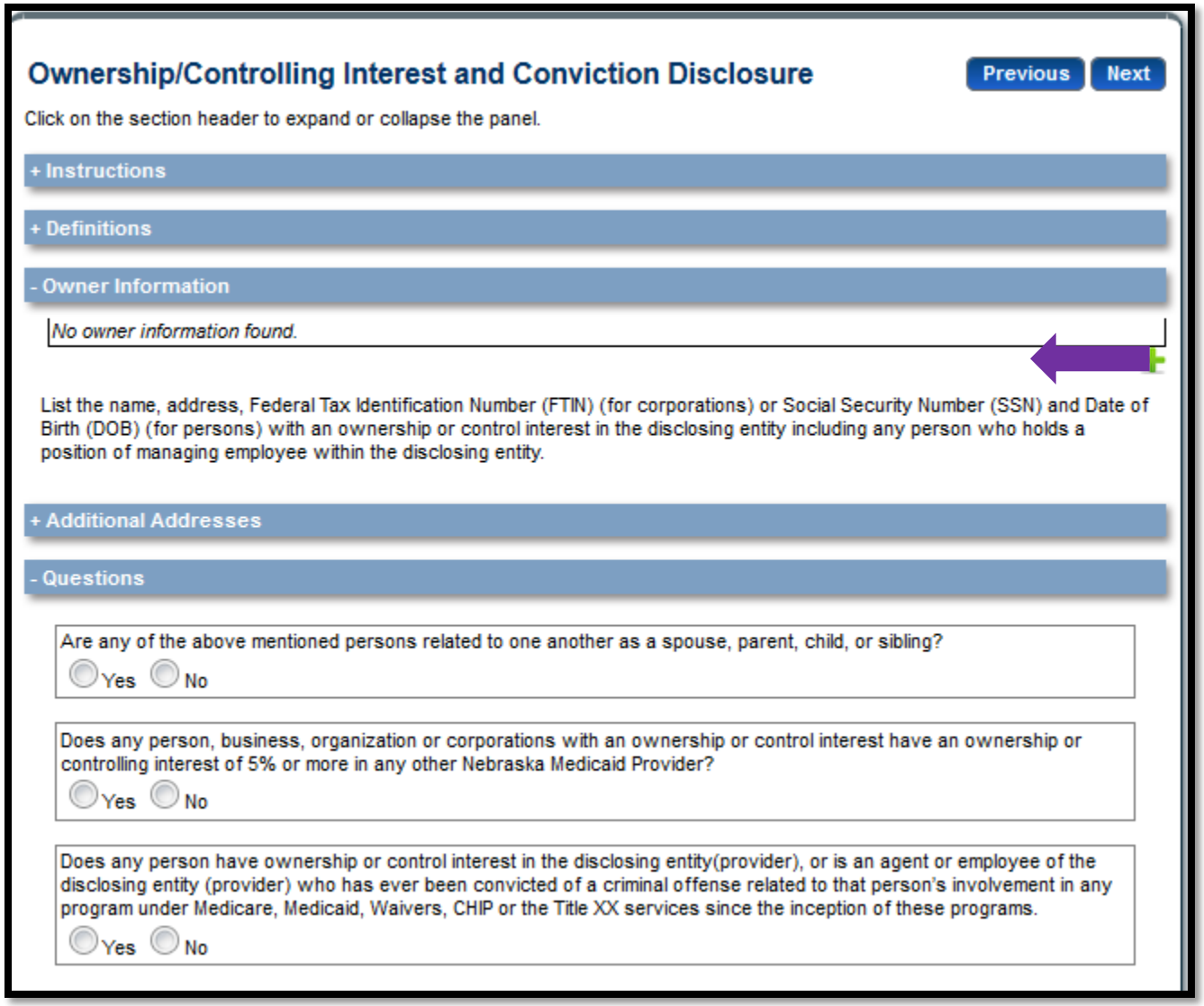
24. Enter Household member information
25. Click Save



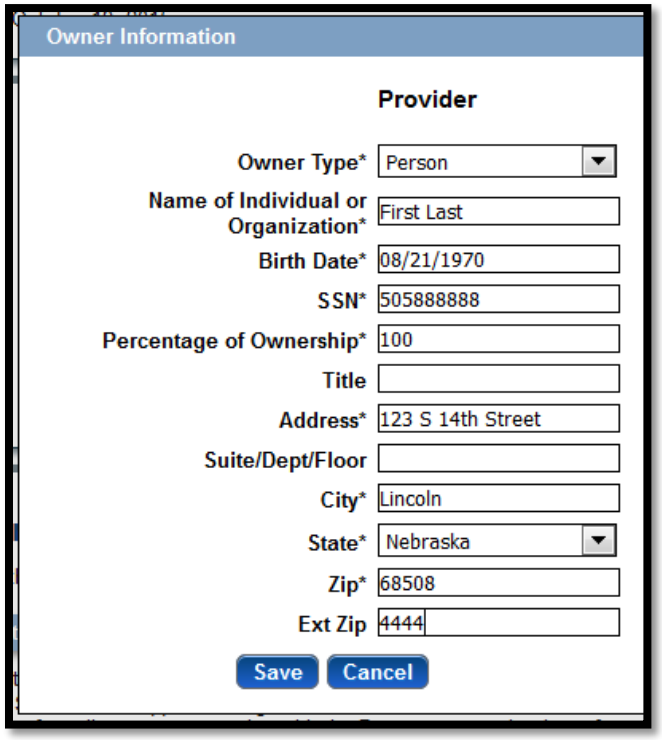
26. Click Next

Owner Information

27. Click on + symbol to add Owner(s) Information



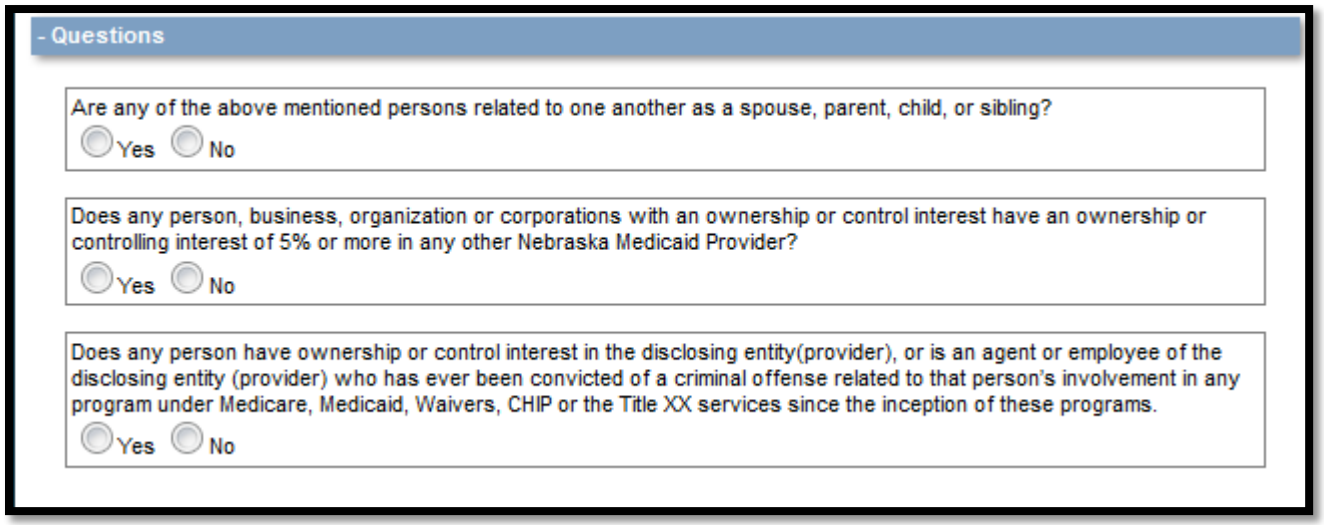
28. Enter required information
29. Click Save



To Add Additional Addresses click on the + symbol to expand the section

30. Click on the + symbol to expand the "Questions" section

31. Answer all Questions. (A box will appear to add comments if you answer Yes.)



32. Click Save
33. Click Next

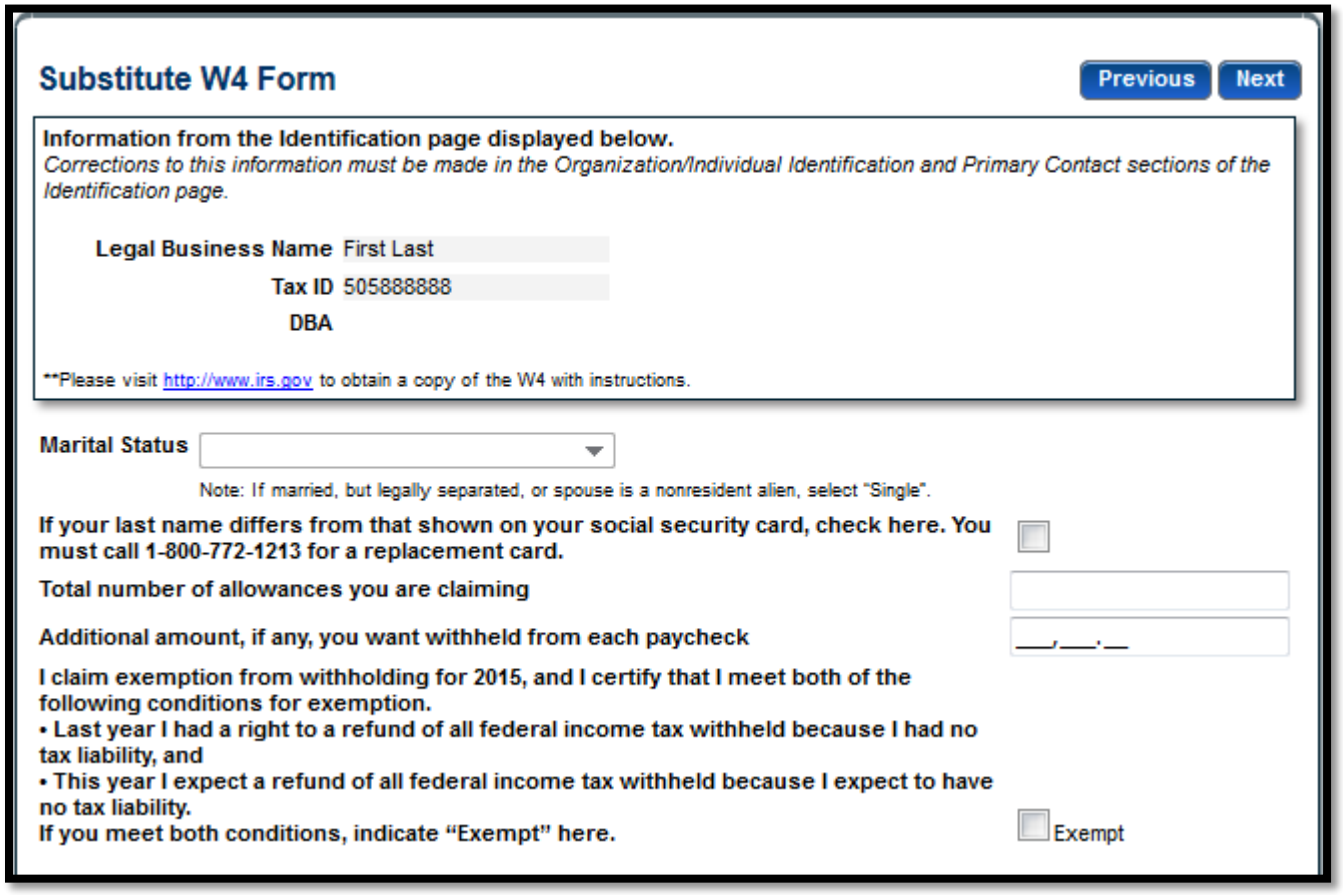
Substitute W4

34. Enter all required information

Note: A link to the IRS website is provided at the bottom of the first section if you need to obtain a current copy of the W4 form

35. Click Save

36. Click Next



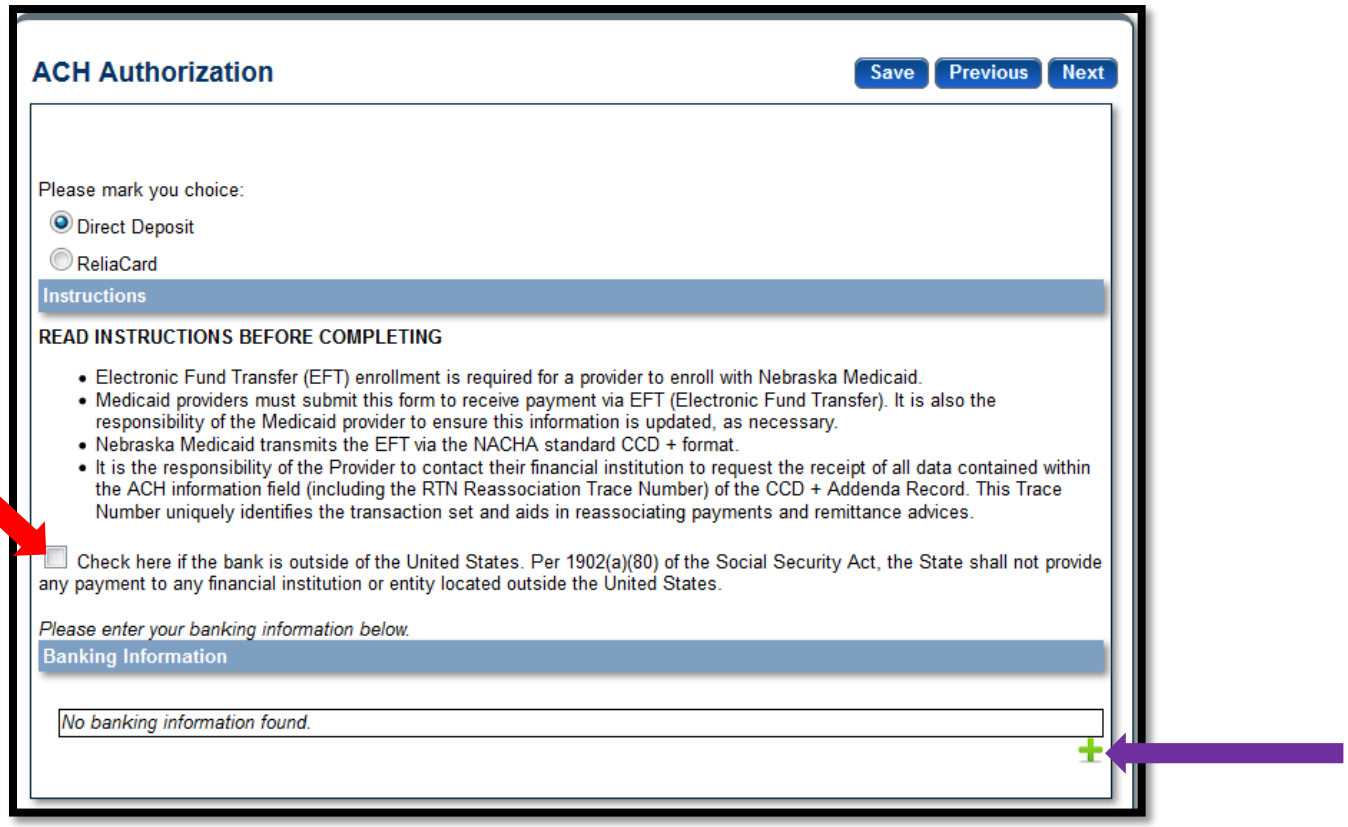
ACH Authorization

37. Select Direct Deposit or ReliaCard

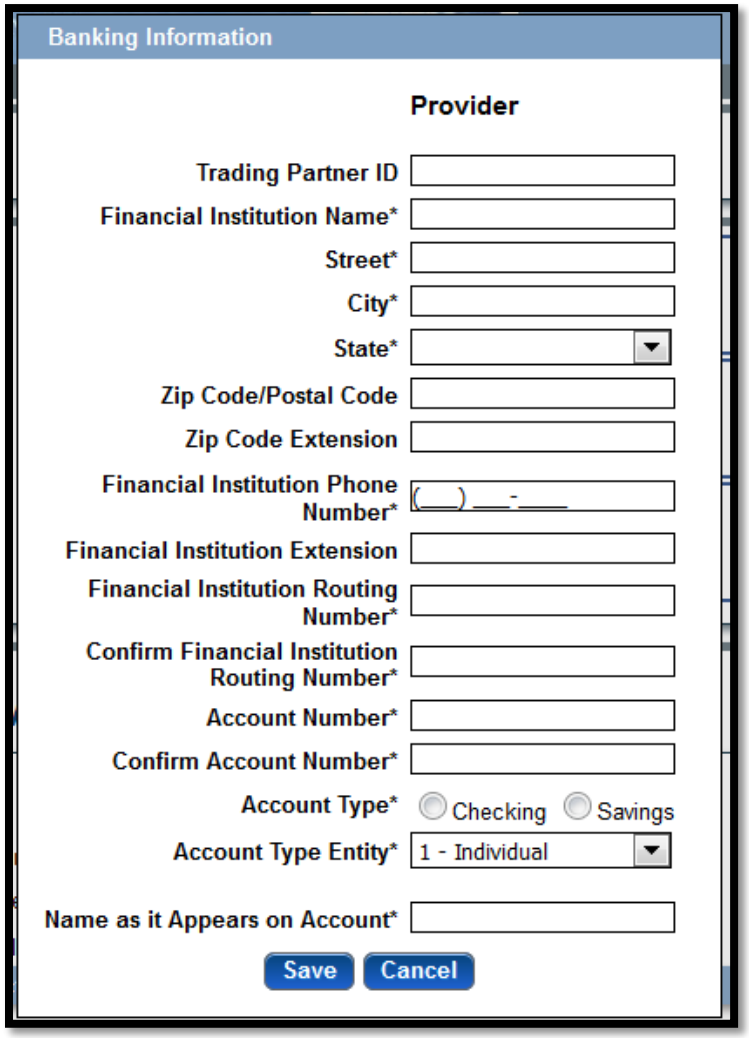
For Direct Deposit

38. Click on + symbol to add Banking Information

Note: Only if your bank is outside of the United States place a check in box below the instructions

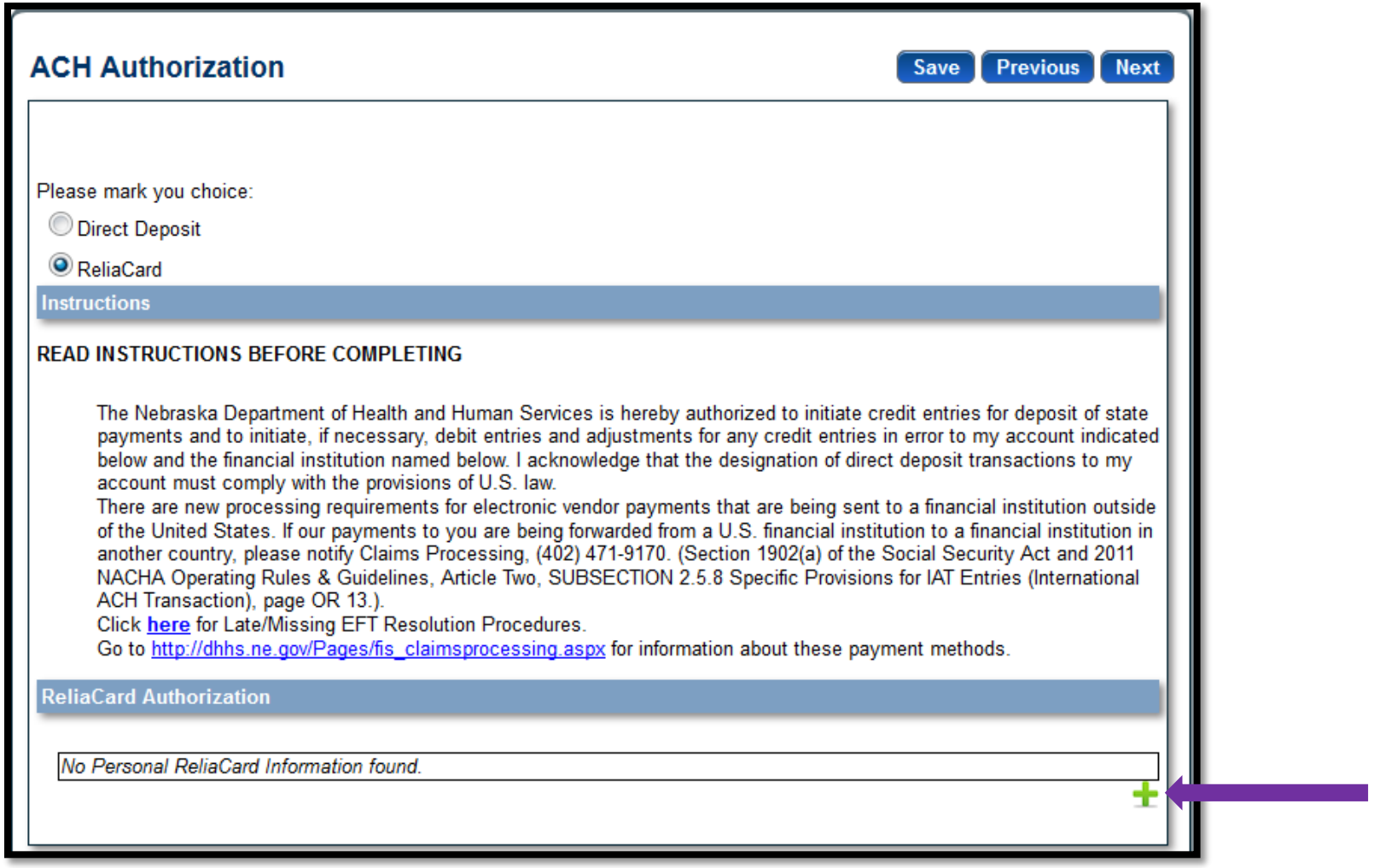


39. Enter Banking information
40. Click Save

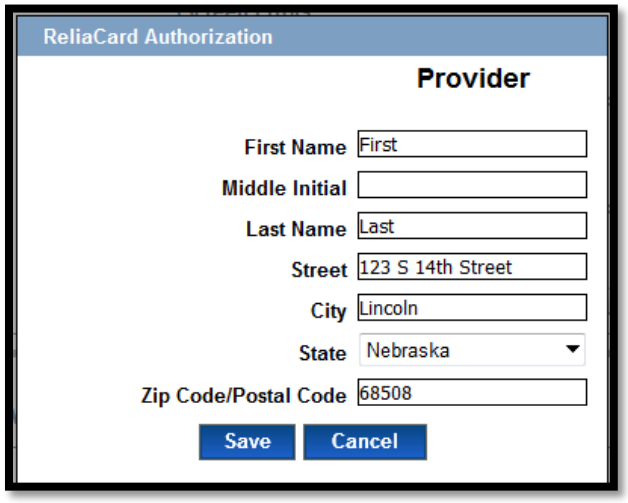


For ReliaCard

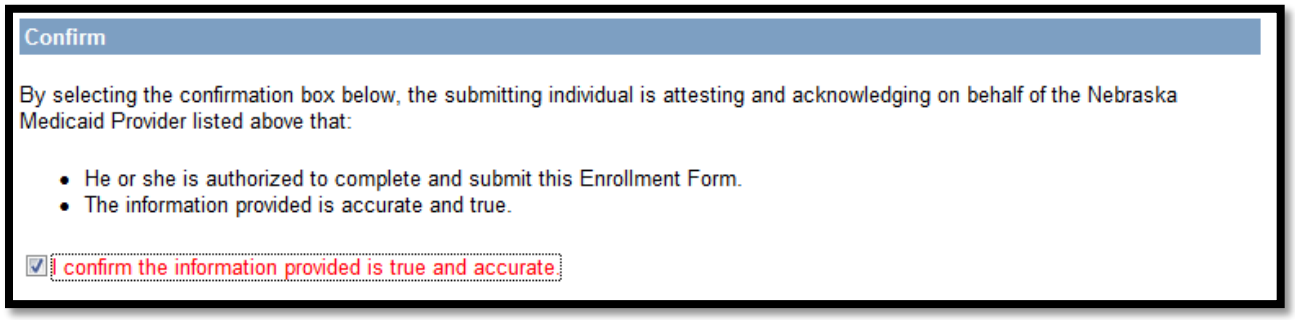
41. Click on + symbol to add ReliaCard Information



42. Enter ReliaCard Authorization Information
Make sure you include your full address including Street
43. Click Save



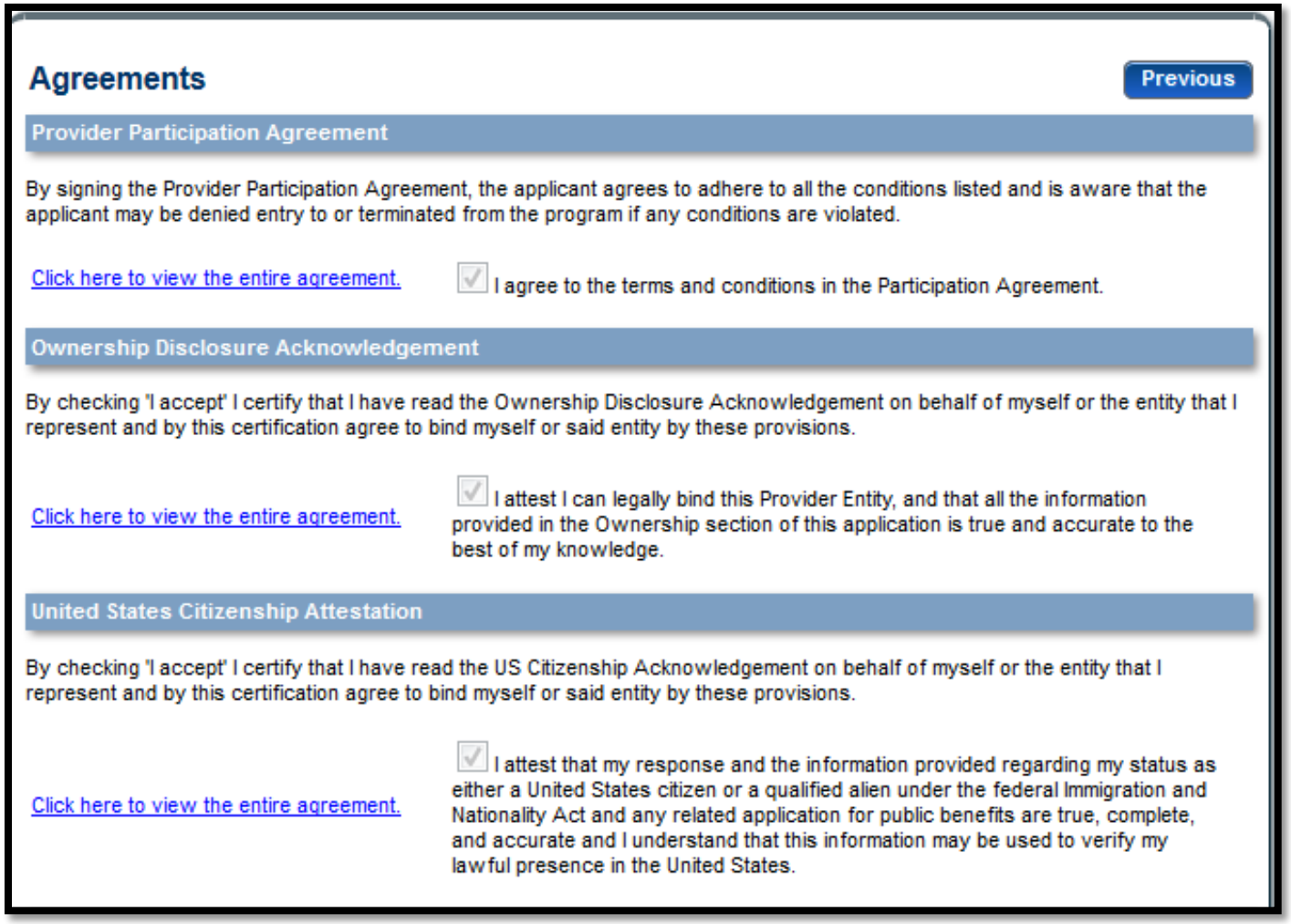
44. Check the box next to "I confirm the information provided is true and accurate



45. Click Save
46. Click Next

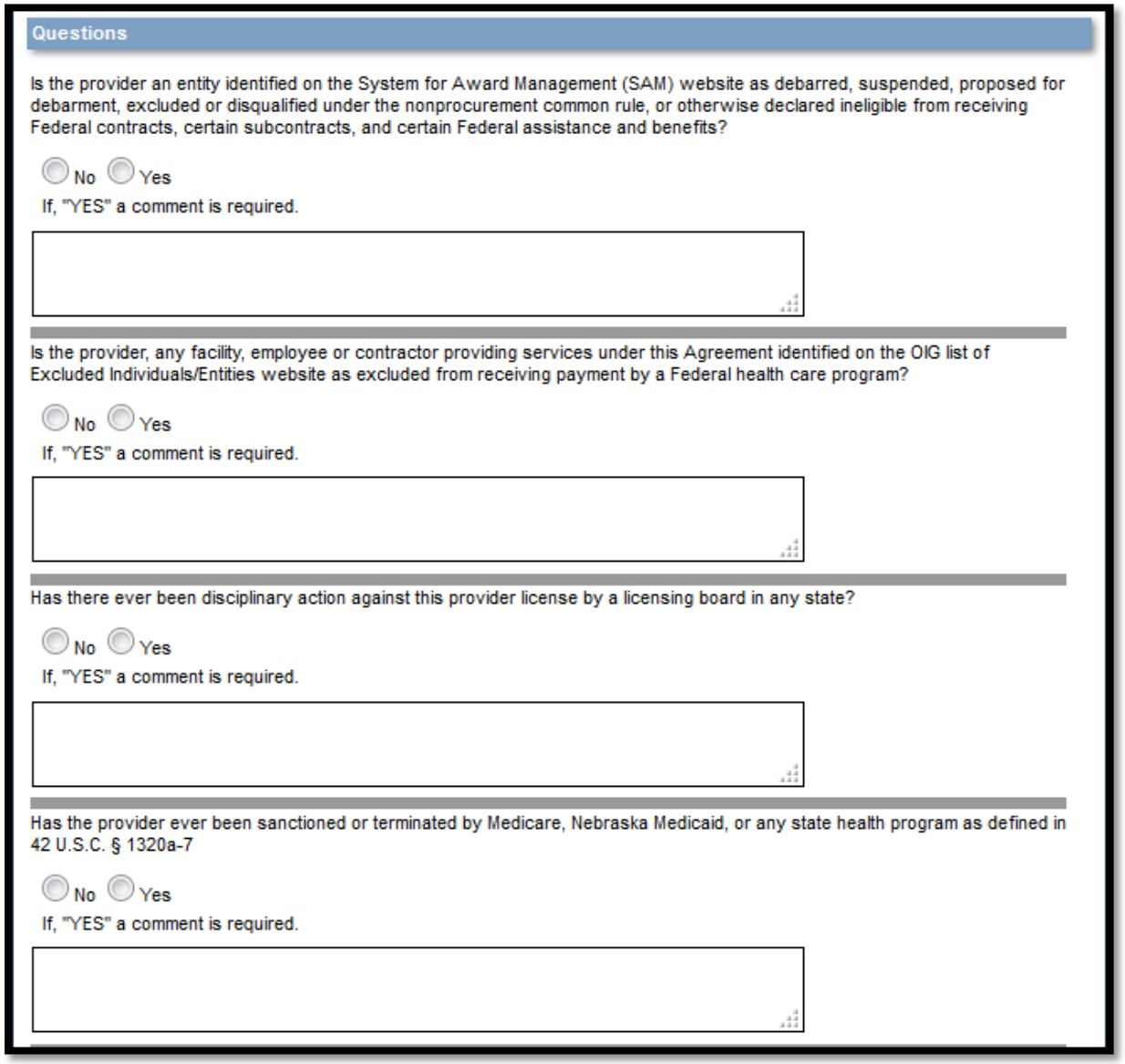
Agreements

47. Click on each web link. A separate tab will show on your web browser that contains each agreement.
48. Place a checkmark in the "I agree" or "I attest" box. (Note: The check box is only accessible after clicking the web link.)



Questions section

49. Click “No” or “Yes” for each question and add any comments if applicable



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

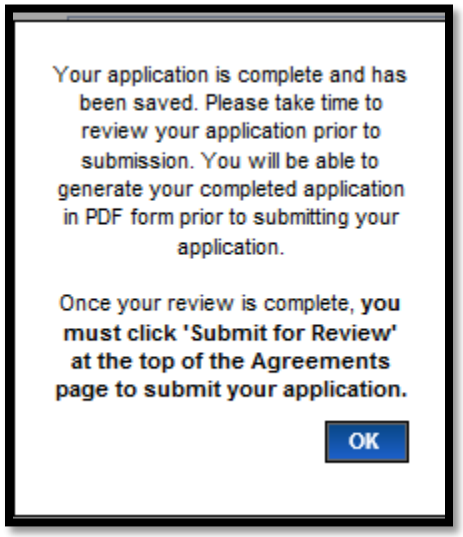
No Yes

If, "YES" a comment is required.

50. Signature section: Enter the characters in the image (not case sensitive)
51. Enter the password you used to log into DecisionPoint
52. Click "Save"

Application complete box will appear

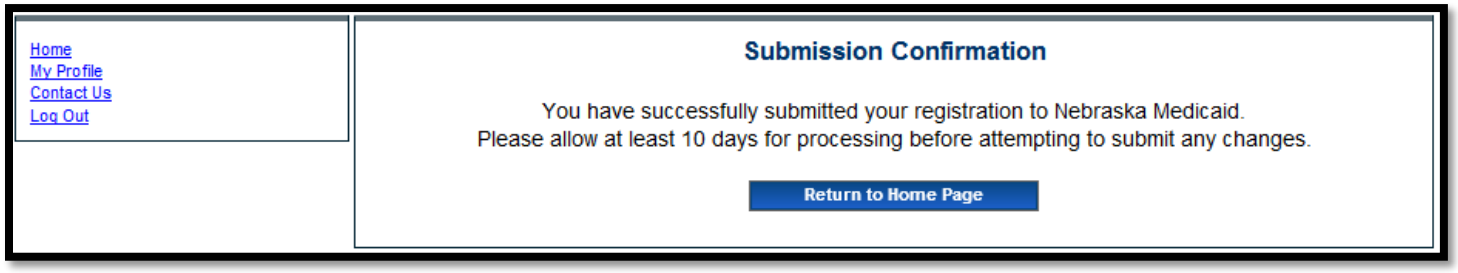
53. Click Ok



54. Click "Generate PDF" under the "Actions" section towards the top of the screen if you would like to save or print a copy of your completed application

55. Click on "Submit for Review" when completed

56. Next you will see the Submission Confirmation Screen indicating you have successfully submitted your registration to enroll in Nebraska Medicaid.



57. Click on "Return to Home Page"

After successfully submitting an application you will be able to track its progress from your Provider Management Home Page

You can contact MAXIMUS Provider Customer Service at 1-844-374-5022 if you have any questions regarding your application or the Nebraska Medicaid provider enrollment and screening process.