MAXIMUS

Nebraska Medicaid Provider Screening and Enrollment

Fall 2019 Newsletter

KEEPING YOUR PROVIDER AGREEMENT CURRENT

All providers should keep their provider agreement current at all times. This includes: name, email, phone number, addresses, household members, owners, group members, banking information, and other identifying information.

Mental Health Providers also need to make sure their Provider Type is always current. Whenever a mental health provider license type changes, the applicable enrollment in Medicaid needs to be ended immediately and an updated enrollment must be submitted for the new license type effective on the license effective date. Failure to do so in a timely manner may result in denial of claims and/or payment at the incorrect rate.

Contact Us

MAXIMUS
P.O. Box 81890
Lincoln, NE 68501
Office: 844-374-5022
Fax: 844-374-5026
Email: NebraskaMedicaidPSE@MAXIMUS.com

HCBS PROVIDERS PERFORMING SERVICES IN THEIR OWN HOUSEHOLD

If your current provider agreement indicates that you provide services in your home, you are required to keep your household members current on your provider agreement. All household members should be listed on your Service Provider Agreement. When household members move out of the household, they need to be removed from your provider agreement. If a new household member moves in, they need to be added to your Service Provider Agreement.

NON-EMERGENCY MEDICAL TRANSPORTATION PROVIDERS (NEMT)

To become a Non-Emergency Medical Transportation Provider, you now enroll with MAXIMUS first. Once this is complete, you will need to enroll with the appropriate Heritage Health Managed Care Organization (MCO). View provider bulletins HERE:

The following are contacts for each Heritage Health Managed Care Organizations (MCO) and vendors:

United Healthcare Community Plan:
Ame Reiling: 402-445-5655, email: ame_reiling@uhc.com
MedTrans: 844-525-3087

Nebraska Total Care:
Jarrod Hartsell: 531-329-8430, email: Jarrod.L.Hartsell@NebraskaTotalCare.com
Medical Transportation Management (MTM): Leslie Fosh: 515-551-3708, email: lfoshe@mtm-inc.net

WellCare:
Kelly Carr: 813-206-2228, email: Kelly.Carr@wellcare.com

IntelliRide: 844-531-3783: Jeff.Achenbaugh@nebraska.gov

Revalidations

As mandated by federal regulation 42 CFR 455, Subpart E, Medicaid programs must revalidate all providers every 5 years, regardless of provider type. Some providers may be required to revalidate more often.

Providers in a revalidation period (within 180 days prior to the revalidation due date) will be subject to the following:

Providers who are currently in a revalidation period will receive revalidation notices monthly, starting 180 days prior to the revalidation date, until the revalidation is complete. A total of 6 monthly notices will be sent. All required attestations, updates, group member confirmations (when applicable), and other required action must be completed in their entirety in order for the revalidation to be completed.

Updates and adding group members through Manage Members will not be available during the 180 day revalidation time period.

If revalidation is not completed (completed meaning Service Provider Agreement has been submitted and all required screenings have been completed) by the revalidation date, the provider agreement will be closed.

Providers who do not revalidate by their due date must start the enrollment process over and may have a gap in enrollment. Note: This may also impact other agreements including the electronic trading partner agreement for claim submission and the receipt of Medicaid Remittance Advice.

Provider Ed & Training Resources

A great tool for basic application questions and training manuals may be found at our website:

Click HERE to Review the Provider Education and Training Resources or find it on the menu

Payment for Nebraska Medicaid payer claims will be impacted for providers who do not revalidate by their revalidation due date. Additionally, prescriber prescription claims will be rejected if the provider is inactive. All prescribers must be active providers in order for prescriptions, medical supplies, and other services that require an order to be covered for the prescriber's patients.

FILING YOUR SERVICE PROVIDER AGREEMENT ELECTRONICALLY

To increase convenience and timeliness of filing and revalidating your application, your online application can be created, completed, maintained, and submitted via our website using a laptop or desktop computer! The site is not mobile friendly.

https://www.nebraskamedicaidproviderenrollment.com

There are also kiosk locations available at the Department of Health and Human Services and at the following locations:

KIOSK LOCATIONS:

Western Service Area Center: Center: 309 Bazile St. Chadron: 1033 East 3rd Gering: 1600 10th St. Lexington: 200 West 7th St. Suite 1 Lexington: 1501 Plum Creek Pkwy. Suite 4 North Platte: Craft State Office Building, 200 South Silber Ogallala: 201 East 5th St. Sidney: 1000 10th Ave (Cheyenne County Courthouse) Scottsbluff: 250114 Skyport Dr.	**Northern Service Area** Ainsworth: 644 East 4th St. Columbus: 2365 39th St. Dakota City: 1401 Pine Fremont: 1959 E. Military Ave Fremont: 839 S. Broad Norfolk: 209 N. 5th St. O'Neill: 128 N. 6th Pender: 415 Main St.
Central Service Area Broken Bow: 2475 South E St. Grand Island: 208 N. Pine Grand Island: 116 S. Pine Grand Island: 2300 West Capital Ave. Hastings: 300 N. St. Joseph Kearney: 24 West 16th St. Ord: 801 S St. Suite 2	**Eastern Service Area** Omaha: 1215 S. 42nd St Omaha: 1500 N. 24th St, Suite 102 Omaha: 1313 Farnam LaVista: 8044 S 84 St.
Southeast Service Area Auburn: 1908 O St. Beatrice: 3000 Lincoln Ave Falls City: 1700 Stone Lincoln: 1050 N St. Nebraska City: 917 Willwood, Suite A York: 824 Lincoln Ave	

FILING YOUR SERVICE PROVIDER AGREEMENT (MC-19) WITH A PAPER APPLICAITON

Providers are encouraged to enroll electronically in the MAXIMUS web portal as described above. However, providers may still opt to enroll using the paper enrollment forms. Completed forms need to be sent to MAXIMUS at P.O. Box 81890, Lincoln, NE 68501.

Paper applications may include the MC-19, MS-84, FA-100, MLTC-62, MC-199, W4/W9 depending on the type of enrollment and what information needs to be updated. Paper application forms are available by contacting MAXIMUS or at the following web address:

http://dhhs.ne.gov/Pages/Medicaid-Provider-Screening-and-Enrollment-Forms.aspx

Shared Living Providers

Shared Living Group Members must have an active Group Member Profile. 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 the Shared Living group members. Shared Living Group Members can only be affiliated with 3 groups MAXIMUM.

Shared Living Provider Instructions can be found at www.nebraskamedicaidproviderenrollment.com under the Provider Education & Training Resources link.

ARE YOU AN INDIVIDUAL NON-EMERGENCY MEDICALTRANSPORTATION (NEMT) PROVIDER OR A HCBS/PAS PROVIDER? WHAT YOU NEED TO KNOW ABOUT ADULT PROTECTIVE SERVICES/CHILD ABUSE AND NEGLECT CENTRAL REGISTRY CHECKS

In June of 2018, there was a change to how the Central Registry screenings are obtained for initial enrollment, annual screening, and 5 year revalidation of provider agreements for Personal Assistance Service (PAS) and Home & Community-Based Waiver Services (HCBS) providers. This means you are responsible for completing this check when you first enroll and every year after.

Providers are now required to obtain their own screenings through the Central Registry online portal. Once you begin your request you will want to remember your PIN and CHECK REQUEST NUMBER to securely check the status of your request in the future.

Individual NEMT providers, Personal Assistance Service (PAS) and Home & Community-Based Waiver Services (HCBS) providers must successfully pass a screening against the Adult Protective Services (APS) and Child Abuse and Neglect (CAN) Central Registries (see NAC 471 2-001.04). Household members age 13 and older must also complete and pass the Central Registry background check process **if services will be rendered in the provider's home as indicated by the PAS and HCBS provider's service referral.** Do NOT list a household member in the Service Provider Agreement IF they are the ONLY client receiving services related to this provider agreement. If additional client(s) are receiving services in the home, list ALL household members. **All information should be kept current and up to date including email, phone number, address, and household member information.**

There are fees associated with the new screening process. Nebraska Revised Statute 28-718(3) authorizes the Department of Health and Human Services Division of Children and Family Services (DCFS) to charge a reasonable fee to recover expenses in carrying out Central Registry requests. They began collecting this fee on **June 19, 2018.**

You can find an APS/CAN Registry Check Request FAQ http://dhhs.ne.gov/Pages/Medicaid-Provider-Screening-and-Enrollment-Requirements.aspx

Please refer to the following instructions to complete the Central Registry screening process.

1. Use this Central Registry web link supplied by MAXIMUS to complete the Identity Verification process to initiate the Central Registry background check. https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/BeginOrgCheck/80274111
    - There is a $1 identity proofing charge, a $2.50 screening fee, and an additional $1.50 online payment convenience fee ($5.00 total)

- Do not complete a self-check

-OR

2. Complete the paper request form (CFS-5) supplied by MAXIMUS. Please contact MAXIMUS to have the most current form sent to you. This will delay the process.
    - Request both the Adult Protective Services and Child Abuse and Neglect checks
    - The form must be notarized
    - There is a total of $2.50 screening fee paid to DHHS Accounting
    - A notary may charge a fee up to $5

Failure to comply with the Central Registry check process will result in denial or termination of the service provider agreement.

If you have questions about the Central Registry screening process, please contact Children and Family Services at (402) 471-9272 or via DHHS.CFSCentralRegistry@nebraska.gov.

See DHHS MEDICAID Provider Bulletin 18-05 and 18-14 for more information and compliance guidance located at: http://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx Questions concerning this bulletin should be directed to Provider Relations via DHHS.MedicaidProviderEnrollment@nebraska.gov or (402) 471-9297.

Questions about enrollment as a Medicaid provider should be directed to MAXIMUS at nebraskamedicaidpse@maximus.com or 1-844-374-5022

REMOVING YOUR NAME FROM THE NEBRASKA MEDICAID EXCLUDED PROVIDER LIST

If you wish to Re-Enroll as a Nebraska Medicaid Provider, you must first re-apply with MAXIMUS through the Portal or submit a paper application. You will be required to complete and pass all required screenings. Thereafter, you will be prompted to complete the NMEP removal process. Medicaid Program Integrity makes the final decision regarding NMEP removal.

If you do not wish to reapply but want your name off the Nebraska Exclusion List you must fill out this questionnaire: http://dhhs.ne.gov/Pages/Program-Integrity-Sanctioned-Providers.aspx and send it to DHHS.MedicaidProgramIntegrity@nebraska.gov . Please call the Inquiry Line, 877-255-3092, with questions.

FINGERPRINT COLLECTION & CRIMINAL BACKGROUND CHECKS – FCBC

As mandated by federal regulation, 42 CFR 455, Subpart E, effective January 15, 2017, Nebraska Medicaid implemented the collection of fingerprint and criminal background checks for high risk providers and their owners. Therefore, applications may need additional time to complete this particular screening process. Service Provider Agreement may be denied or terminated based on the findings or failure to comply with additional requirements. Additional information about these new requirements can be found here:

NE Medicaid Provider Bulletins: http://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx

NE Medicaid Fingerprint-Based Criminal Background Check Frequently Asked Questions: http://dhhs.ne.gov/Pages/Medicaid-Provider-Screening-and-Enrollment-Requirements.aspx

DISENROLLMENT – END DATING A PROVIDER AGREEMENT

To end date a **Billing Provider** registration (e.g. disenroll from Nebraska Medicaid), a disenrollment form must be filled out and submitted to MAXIMUS. Disenrollments should be submitted in a timely manner (within 30 days of the requested end date). Failure to do so may result in a denial of the request and default to the disenrollment request submission date. It is especially important for providers who progress through license types to promptly complete disenrollments and submit enrollment updates to the new license type.

This disenrollment form can be found at www.nebraskamedicaidproviderenrollment.com under the Provider Education & Training Resources link.

This document can also be requested through MAXIMUS via fax, mail, or email. Once completed, the disenrollment request must be returned to MAXIMUS via fax, mail, or email in order to complete the disenrollment. Payments will not be made for services rendered after the requested disenrollment date.

Group Members can only be end dated within the Group through the portal. Choosing the current date for disenrollment is standard. If a retro disenrollment date is required, please select a date less than 35 days in the past. If an older retro date is required you will need to contact MAXIMUS Customer Support at 844-374-5022 for assistance.

RETRO DATE REQUESTS FOR PROVIDERS

Effective Dates requested 180 days or more in the past for MMIS BILLING PROVIDERS are considered a Retro Date Request and must be approved by Nebraska Medicaid.

New Billing Providers should request the appropriate Effective Date when completing their application. If the requested Effective Date is over 180 days from the date it is requested the enrollment must include a written explanation as to why this Retro Date is necessary. The written explanation is uploaded to the online registration or submitted with the paper application (MC-19). The request will automatically be sent to Nebraska Medicaid for approval. Please include the following details in your retro enrollment request:

- Why are you requesting the retro effective date?
- Were emergency services provided to Nebraska Medicaid client(s)?
- Are there any pending NE Medicaid claims? Send a copy of all pending NE Medicaid claims that require the requested retroactive enrollment effective date.
- If there are pending claims, also provide a narrative describing why the provider was providing services to Nebraska Medicaid client(s) prior to being enrolled with Nebraska Medicaid.
- If there are pending claims, please describe when you were alerted that the client(s) had Nebraska Medicaid coverage.
- Detail any circumstances that you believe were beyond the provider's control and provide all supporting documentation.

Active Billing Providers must supply a Retro Date Request in writing (letter or email) to MAXIMUS. Please email your request to MAXIMUS at NebraskaMedicaidPSE@MAXIMUS.com.

If the Active Billing Provider has a start date and Medicaid ID Number, MAXIMUS can only approve a new retro date if it is within 180 days of the date the new request is made. Other restrictions apply.

If the new requested Effective Date is over 180 days, a request must be submitted to Medicaid Provider Relations via email to DHHS.MedicaidProviderEnrollment@nebraska.gov. Please supply the same bulleted information as noted above in your retro enrollment request.

New Affiliated Group Members should request the appropriate Start Date when adding the provider to the Group online or with the paper application (MC-19). If the requested Start Date is over 180 days from the date it is requested the Group Billing Provider must supply a written request explaining why this Retro Date is necessary. The written explanation is uploaded to the online registration of the Group or submitted with the paper application. The request will automatically be sent to Nebraska Medicaid for approval. Please supply the same bulleted information as noted above with your request.

Active Affiliated Group Members must ask for a Retro Start Date within the Group through the online portal or with a paper application (MC-19). The Group will change the Start Date for the affiliated provider on the Individual Providers page of the Group registration.

> If the NEW Requested Start Date is less than 180 days from that day's date, the date will be processed by MAXIMUS.
>
> If the NEW Requested Start Date is more than 180 days from that day's date, the request will automatically be sent to Nebraska Medicaid for approval. Please supply the same bulleted information as noted above in your retro enrollment request. Questions can be directed to DHHS.MedicaidProviderEnrollment@nebraska.gov or (402) 471-9297.

HCBS providers are not granted Retro Dates. The Effective Dates reflect the date all screenings were complete.

Other Contacts

Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5096
Phone Number: 402-471-3121
Customer Service/Inquiry Lines: 877-255-3092
Email: DHHS.MedicaidProviderEnrollment@nebraska.gov
DHHS Website: www.dhhs.ne.gov
Provider Bulletins: http://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx