MAXIMUS NEWSLETTER

Spring 2018

FILING SERVICE PROVIDER AGREEMENT (MC-19) ELECTRONICALLY

To increase convenience and speediness of filing your application, your online application can be created, completed, and submitted via our website!

https://www.NebraskaMedicaidProviderEnrollment.com

The application is also accessible at the Department of Health and Human Services or kiosk locations. Please refer to page 9 for kiosk locations.

FILING SERVICE PROVIDER AGREEMENT (MC-19) PAPER APPLICATIONS

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. Paper application forms may be found at:

http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx

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Please Log On To:

NebraskaMedicaidProviderEnrollment.Com

To Complete & Submit the Application Process.

New Online Training!

For information about how to enroll as a home and community based services (HCBS) provider, please access the link above. Under the NE PSE Provider Education Materials and Training Provider Web Portal Guides, click the link for HCBS providers.

Contact Us

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PROVIDER RISK LEVEL

All provider types must be assigned a risk level based on the increased risk each provider type poses for committing fraud, waste, or abuse against the Medicaid program.

1. CMS determines risk levels for all Medicare provider types.

2. If a provider could fit into more than one risk level, the highest level of screening is applicable.

3. Risk level must be raised to high when any of the following occurs:

• The state Medicaid agency imposes a payment suspension on a provider based on a credible allegation of fraud
• The provider has an existing Medicaid overpayment
• The provider has been excluded by the OIG or another state's Medicaid program within the last 10 years
• The state Medicaid agency or CMS lifted a temporary moratorium for a particular provider type within the previous 6 months

Additional information pertaining to Provider Risk Level may be found at:
http://dhhs.ne.gov/medicaid/Documents/Risk-Levels.pdf

FINGERPRINT COLLECTION & CRIMINAL BACKGROUND CHECKS – FCBC

As mandated by federal regulations, 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 an additional 4-8 weeks to complete this particular screening process. Enrollment may be denied or terminated based on the findings. Additional information about these new requirements can be found here:

NE Medicaid Provider Bulletin: http://dhhs.ne.gov/medicaid/Documents/pb1636.pdf and the

NE Medicaid Fingerprint-Based Criminal Background Check Frequently Asked Questions: http://dhhs.ne.gov/medicaid/Documents/FCBC-FAQ.pdf

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MANAGE MEMBERS

A link titled "Manage Members" has been added under the "Manage Provider" section. This link allows the group to update and make changes to the "Individual Providers Associated with Your Group" without the need to submit the full application. Affiliations with a requested retro date over 180 days <u>MUST </u>be submitted by selecting "Update Registration" or when the registration is in a revalidation process.

The "Manage Members" link will only be available when the Group Provider is in maintenance. As long as the Group Provider is in Maintenance, changes within the "Manage Members" section can take place as often as necessary.

Providers can be managed exactly as if working within the full application. By selecting the edit button on the left, a provider can be confirmed or removed. A provider can be added by selecting the green plus sign in the upper left corner.

All changes must be "Saved and Submitted" in order to take effect. Changes cannot be saved and submitted later.

DISENROLLMENT - END DATING A GROUP

To end date a registration (e.g. disenroll from Nebraska Medicaid), a disenrollment form must be filled out and submitted to MAXIMUS. 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.

DEVELOPMENTAL DISABILITIES PROVIDER - UPDATES & CHANGES

Effective March 1, 2017, new Medicaid HCBS DD Adult Day Services and Comprehensive Services Waivers were implemented. These new services have specific criteria that must be met in order to be or continue to be a provider.

Provider Bulletin 17-07 provides information regarding what verifications are necessary: http://dhhs.ne.gov/developmental_disabilities/Documents/PB17-07.pdf

Developmental Disabilities (DD) Independent Provider Enrollment FAQ: http://dhhs.ne.gov/medicaid/Documents/DD-Provider-Enrollment-FAQ.pdf

The following document provides a quick reference regarding the necessary verifications based on the service waivers being provided:

	Codes	Requirement	Verification Requirements
Training in:	All	Abuse, Neglect, and Exploitation and State Law Reporting Requirements	• Certificate of completion, or • Training verification through previous employer
Identification:		Valid ID indicating the provider is age 19 or older	• Passport, or • Driver's License, or • Government issued ID card
Degree: OR Education (no degree), and/or Work Experience, and/or Life Experience	4479, 2546, 7783, 6845, 2611, 8362, 9695, and 2141	Bachelor's degree in education, psychology, social work, sociology, human services, or related field • **SEE ATTACHED ATTESTATION FORM.** • **4 years education, work, volunteer, or life experience verified**	• Copy of Certified Transcripts
CPR and First Aid:	4479, 2546, 7783, 6845, 2611, 8362, 9695, 2141, 8148, and 9042	Current certification for CPR and first aid from an accredited source	• Photocopy of verification card from: • American Heart Association, or • American Red Cross, or • National Safety Council, or • American Health and Safety Institute
Driver's License	6845, 2611, and 3764	Valid and current state-issued driver's license	• Photocopy of front of license

ACCEPTABLE CPR & FIRST AID ORGANIZATIONS:

1. American Heart Association
2. American Red Cross
3. National Safety Council
4. American Health and Safety Institute
5. Emergency Care and Safety Institute
6. EMS Safety Services (with SKILLS evaluation)
7. Pro-Training (with SKILLS evaluation)
8. Emergency First Response (with SKILLS evaluation)
9. Mine Safety & Health Administration

ACCEPTABLE ABUSE & NEGLECT AND MANDATORY REPORTING TRAINING:

1. OMNI
2. Providence Health Career Institute, LLC.
3. Relias
4. Developmental Services of Nebraska, Inc.
5. Project Harmony

MAXIMUS HEALTH SERVICES
P.O. Box 81890
Lincoln, NE 68501

Medicaid in Public Schools (MIPS) Group Providers

Nebraska Provider Screening and Enrollment

Enrolling and maintaining your enrollment as a provider with Nebraska Medicaid can be confusing. Here are some quick facts that might help you:

- The enrollment portal is https://www.nebraskamedicaidproviderenrollment.com
- Paper applications are available at http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx. Paper applications for enrollments and revalidation must include the MC-19, MLTC-62, W9, and MS-84. Once enrolled all updates made to the enrollment must include a MC-19 and the necessary forms related to the changes being made. It is faster to use the online portal
- You are responsible for ensuring all information is current at all times; this includes address changes, banking updates, and adding and ending affiliated group members. With any changes you must update your online enrollment or send the appropriate paper form
- MIPS Providers can enroll as a Clinic and as a Transportation Provider
  - All MIPS providers providing <u>AT LEAST</u> one of the services listed under #1 below must create a MIPS group as follows: <u>Provider Type - Professional Clinic (13) with Specialty - Miscellaneous (49), with a start date no sooner than 9/1/2017</u>
1. Group Members in your MIPS Clinic/Group may be enrolled with a start date no sooner than 9/1/2017 for the following:
    - Occupational Therapists
      - Provider Type - Occupational Therapist/Medicaid in Public Schools Occupational Therapist (69) with specialty codes that are currently available
    - Registered Physical Therapists
      - Provider Type - **Registered Physical Therapist/Medicaid in Public Schools Physical Therapist (32) with** specialty codes that are currently available
    - Speech Pathologists
      - Provider Type - **Speech Pathologist/Audiologist/Medicaid in Public Schools Speech Pathologist (68) with** specialty codes that are currently available
    - Vision providers
      - Provider Type – OPTOMETRISTS (6) with Specialty – OPHTHAMOLOGY (18)
    - Mental Health/Behavioral Health
      - Provider Type - PHYSICIANS (MD) (1) **with** specialty codes that are currently available
      - Provider Type - DOCTORS OF OSTEOPATHY (DO) (2) **with** specialty codes that are currently available
      - Provider Type – LICENSED PSYCHOLOGIST (PHD) (67) **with** specialty codes that are currently available
      - Provider Type - LICENSED INDEPENDENT MENTAL HEALTH PRACTITIONER (39) **with** specialty codes that are currently available
      - Provider Type - LICENSED MENTAL HEALTH PRACTITIONER (LMHP) (36) with specialty codes that are currently available
      - Provider Type - LICENSED DRUG & ALCOHOL COUNSELOR (LDAC) (78) with specialty codes that are currently available
      - Provider Type - PROVISIONALLY LICENSED DRUG & ALCOHOL COUNSELORS (PDAC) (58) **with** specialty codes that are currently available
      - Provider Type - PROVISIONALLY LICENSED PHD-PPHD (57) **with** specialty codes that are currently available
      - Provider Type - MENTAL HEALTH PROFESSIONAL/MASTERS LEVEL EQUIVALENT (MHP) (37) **with** specialty codes that are currently available
      - Provider Type – Direct Care Staff (35) **with** specialty codes that are currently available
    - Nursing Providers

- Provider Type – Registered Nurse (RN) (30) with specialty codes that are currently available
- Provider Type – Licensed Practical Nurse (LPN) (31) with specialty codes that are currently available
- Provider Type – APRN–Nurse Practitioner (APRN) (29) with specialty codes that are currently available
  - Personal Assistance (PAS)
    - Provider Type 33 - PERSONAL CARE AIDE (PCA) with Specialty – All Other (87)

2. MIPS Transportation Facility – if you provide MIPS transportation services, you must enroll as a MIPS Transportation Facility using the following information:
   - Provider Type - TRANSPORTATION (TRAN) (61) with Specialty – MISCELLANEOUS (49)
   - Transportation for MIPS may be enrolled with a start date no sooner than 9/1/2017

- If you do not need to update information on you enrollment you can view your enrollment by selecting "View Provider File" on the Enrollment Portal.
- Selecting "Update Registration" will move your enrollment into data entry. You must complete or review all pages of you enrollment during this step. Do not forget to hit the final 'Submit for Review' after you have updated your information online. Any updates are not officially accepted until the registration has been submitted, reviewed, and approved. If no changes are made, you should "Cancel the Update" from the home screen.
- Selecting "Manage Member" will allow you to add or remove providers from your group without having to review all pages of the registration. You must enter your password and select "Save and Submit" when you have completed this process online. Any updates are not officially accepted until the registration has been submitted, reviewed, and approved. You cannot save your work and return later during the "Manage Member" process. If you need to add a provider with a retro start date over 180 days, you must do this by selecting "Update Registration" from your Home Page.
- You can find Provider Instruction to assist with navigating the portal by selecting the Provider Ed and Training Resources page on the Enrollment Portal
- MMIS providers are required to revalidate every 5 years. You must submit your current registration online or send the paper applications listed above. You are able start this process 120 days prior to Revalidation Date. You will have the option to "Begin Revalidation" during this time period. Do not forget to hit the final 'Submit for Review' after you have updated your information online. If your revalidation is not submitted, processed, and approved before your revalidation date you may have payment issues

"Tips and Tricks"

Behavioral Health Providers

Nebraska Provider Screening and Enrollment

Enrolling and maintaining your enrollment as a provider with Nebraska Medicaid can be confusing. Here are some quick facts that might help you:

- The enrollment portal is https://www.nebraskamedicaidproviderenrollment.com

- Paper applications are available at http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx. Paper applications for enrollments and revalidation must include the MC-19, MLTC-62, W9, and MS-84. Once enrolled all updates made to the enrollment must include a MC-19 and the necessary forms related to the changes being made. It is faster to use the online portal

- You are responsible for ensuring all information is current at all times. With any changes you must update your online enrollment or send the appropriate paper forms

- Every physical location must have a separate enrollment

- If you do not need to update information on your enrollment you can view your enrollment by selecting "View Provider File" on the Enrollment Portal.

- Selecting "Update Registration" will move your enrollment into data entry. You must complete or review all pages of you enrollment during this step. Do not forget to hit the final 'Submit for Review' after you have updated your information online. Any updates are not officially accepted until the registration has been submitted, reviewed, and approved. If no changes are made, you should "Cancel the Update" from the home screen.

- You can find Provider Instruction to assist with navigating the portal by selecting the Provider Ed and Training Resources page on the Enrollment Portal

- MMIS billing providers are required to revalidate every 5 years. You must submit your current registration online or send the paper applications listed above. You are able start this process 120 days prior to Revalidation Date. You will have the option to "Begin Revalidation" during this time period. Do not forget to hit the final 'Submit for Review' after you have updated your information online. If your revalidation is not submitted, processed, and approved before your revalidation date it may have payment issues

- Currently enrolled billing providers needing to disenroll can find the disenrollment form on the Provider Ed and Training Resources page on the Enrollment Portal

- Enrollment requirements for Behavioral Health providers can be found at 471 NAC 2 Provider Participation, 471 NAC 20 Psychiatric Services for Individuals Age 21 and Older, 471 NAC 32 Mental Health and Substance Abuse Treatment Services for Children and Adolescents, and 471 NAC 35 Rehabilitative Psychiatric Services. Providers must comply with these regulations.

  - There are 5 behavioral health providers that can only be enrolled only as a Group Members of a Group Billing Provider

    - Category: Group Member Profile

    - Provider Type: Choose the appropriate provider type
      1. LDAC- Licensees Drug and Alcohol Counselor (78)
      2. Community Treatment Aid (34)- Mental Health Home Health Care Provider
      3. Personal Care Aid (33)
      4. PDAC- Provisionally Licensed Drug & Alcohol Counselors (58)
      5. SPHD- Specially Licensed PhD/Psychology Resident (64)
    - Specialty: May Vary
    - Taxonomy: May Vary
    - Must be added to a Group Billing Provider as an Affiliated Individual Provider

- There are 7 behavioral health providers that can be enrolled in up to 3 different forms: (1) Group Members of an existing Group Billing Provider, (2) Individual/Solo Billing Provider, or (3) a Group/Institution Provider Type

  - Group Member
    - Category: Group Member Profile
    - Provider Type:
      1. CSW- Community Support MRO Program (44)
      2. Direct Support Staff (35)
      3. (P)MHP- Provisionally Licensed Mental Health Practitioner (37)
      4. Licensed Mental Health Practitioner (LMHP) (36)
      5. LIMHP- Licensed Independent Mental Health Practitioner (39)
      6. Provisionally Licensed PHD-PPHD (57)
      7. PHD- Licensed Psychologist (67)

    - Specialty: May Vary
    - Taxonomy: May Vary
    - Must be affiliate with a Group Billing Provider

  - Individual/Solo Billing Provider
    - Category: Individual/Solo Provider
    - Provider Type:
      1. Direct Support Staff (35)
      2. (P)MHP- Provisionally Licensed Mental Health Practitioner (37) (NEW)
      3. Licensed Mental Health Practitioner (LMHP) (36) (NEW)
      4. LIMHP- Licensed Independent Mental Health Practitioner (39)
      5. Provisionally Licensed PHD-PPHD (57) (NEW)
      6. PHD- Licensed Psychologist (67)
    - Specialty: May Vary
    - Taxonomy: May Vary

  - Group/Institution Provider Type
    - Category: Group/Institution Provider Type
    - Provider Type:
      1. CSW- Community Support MRO Program (44) with CSWs as Affiliated Providers
      2. LIMHP- Licensed Independent Mental Health Practitioner (39) Group with LIMHPs as Affiliated Providers
      3. PHD- Licensed Psychologist (67) Group with PHD-Licensed Psychologists as Affiliated Providers
      4. May also select Professional Clinic (PC) (13) or another applicable Group Provider Type with any of the above providers listed as Affiliated Providers
    - Specialty: May Vary
    - Taxonomy: May Vary
    - Must also be an affiliated Group Members in the group

- **Enrollment changes have occurred for the following providers:** Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Applied Behavioral Analysis (ABA, BCBA, RBT). Refer to provider bulletin: http://dhhs.ne.gov/medicaid/Documents/pb1710.pdf
- **Enrollment changes have occurred for the following provider:** Peer Support. Refer to provider bulletin: http://dhhs.ne.gov/Guidance%20Docs/Provider%20Bulletin%2017-20.pdf
- **As a reminder, all provider bulletins can be found at:** http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx

DEPARTMENT OF HEALTH AND HUMAN SERVICES KIOSK LOCATIONS:

DHHS has provided several kiosk locations throughout Nebraska to increase convenience to those wanting to submit their service provider agreement (MC-19) application online. An applicant will need access to their personal email account in order to activate their account. It should be noted that these kiosks are not capable of accessing outside websites, such as personal email so it is recommended that the applicant use their smartphone or tablet to access their email. Should the application require an attachment, the document will need to be mailed or faxed along with the application referral number to the following:

MAXIMUS HEALTH SERVICES

P.O. Box 81890
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KIOSK LOCATIONS:

Western Service Area
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.

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

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.

Eastern Service Area
Omaha: 1215 S. 42nd St
Omaha: 1500 N. 24th St, Suite 102
Omaha: 1313 Farnam
Omaha: 5211 S. 31 St
Papillion: 1261 Golden Gate Dr.

Southeast Service Area
Auburn: 1908 O St.
Beatrice: 3000 Lincoln Ave.
Falls City: 1700 Stone
Lincoln: 1050 N St.
Nebraska City: 917 Wildwood, Suite A
York: 824 Lincoln Ave.

CONTACTS

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877-255-3092

Customer Service:

Visit the Department of Health and Human Services Heritage Health Page for Managed Care Organization Contact Information:

http://dhhs.ne.gov/medicaid/Pages/med_medcontracts.aspx