

# MAXIMUS

# NEWSLETTER

Winter 2018

## PROVIDER EDUCATION & TRAINING RESOURCES

A great tool for Frequently Asked Questions, updates to state and federal requirements, and basic application questions and training manuals may be found at our website:

<https://www.nebraskamedicaidproviderenrollment.com/resources.aspx>

The above website may be accessed by holding the Ctrl key while clicking the link.

### Online Resources!

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.

## 5 YEAR REVALIDATIONS

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

All providers who are enrolled with Nebraska Medicaid must have revalidated a minimum of every 5 years. MMIS Providers who do not revalidate by the deadline will have payments suspended by DHHS until revalidation is complete and may be disenrolled if not completed timely. HCBS Providers must complete revalidate prior to the set revalidation date.

### When revalidating your provider enrollment:

MAXIMUS Health Services will conduct a full screening appropriate to your Risk Level in compliance with federal regulation 42 CFR 455 Subparts B and E.

### If you do not take action:

Your service provider agreement may be closed on the effective end date for non-compliance with revalidation. Once the agreement is ended, Nebraska Medicaid fee for service, managed care services, or Medicaid prescription orders prior to the end date will not be reimbursed by Nebraska Medicaid or the MCO's. Call MAXIMUS if you are uncertain whether your revalidation was completed timely!

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*Please Log On To:*

[NebraskaMedicaidProviderEnrollment.Com](https://www.nebraskamedicaidproviderenrollment.com)

*To Complete & Submit the Application  
Revalidation Process.*

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## FILING SERVICE PROVIDER AGREEMENT (MC-19) ELECTRONICALLY

To increase convenience and timeliness of filing and revalidating 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 the kiosk locations listed below.

## 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 are available at:

[http://dhhs.ne.gov/medicaid/Pages/med\\_providerenrollment.aspx](http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx)

### Contact Us

#### MAXIMUS HEALTH SERVICES

P.O. Box 81890

Lincoln, NE 68501

Office: 844-374-5022

Fax: 844-374-5026

Email: [NebraskaMedicaidPSE@MAXIMUS.com](mailto:NebraskaMedicaidPSE@MAXIMUS.com)

<https://www.NebraskaMedicaidProviderEnrollment.com>

## PASSWORD SECURITY CHANGES

Users will now be required to update their passwords every 60 days. Users will receive advance notice to update their password via email and upon each system log in when their password expiration date is within 14 days. The password can be changed at any time. If the password is not changed during this time period the user will be required to change the password the next time the portal accessed.

## ADULT PROTECTIVE SERVICES/CHILD ABUSE AND NEGLECT REGISTRY CHECK

There is 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.

Providers are now required to obtain their own screenings through the Central Registry online portal ([http://dhhs.ne.gov/children\\_family\\_services/CentralRegistry/Pages/Home.aspx](http://dhhs.ne.gov/children_family_services/CentralRegistry/Pages/Home.aspx)). 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**.

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 provider's service referral.**

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).

**-OR**

2. Complete the paper request form (CFS-5) supplied by MAXIMUS.
  - Request both the Adult Protective Services and Child Abuse and Neglect checks
  - The form must be notarized which may delay the enrollment process.
  - A notary may charge a fee up to \$5.
  - There is a total of \$2.50 screening fee paid to DCFS

**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](mailto:DHHS.CFSCentralRegistry@nebraska.gov).

The Bulletin can be found at <http://dhhs.ne.gov/medicaid/Documents/pb1814.pdf>. Questions concerning this bulletin should be directed to Provider Relations via [DHHS.MedicaidProviderEnrollment@nebraska.gov](mailto:DHHS.MedicaidProviderEnrollment@nebraska.gov) or (402) 471-9297.

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

## **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 or failure to comply with additional requirements. 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>

## **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 MUST 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 and not within 120 days of the Group’s Revalidation Date. 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. Retro date requests 180 days and over must still be requested by updating and submitting the entire Group’s Registration.

All changes must be “Saved and Submitted” in order to take effect. Changes cannot be saved and submitted later when using “Manage Members”.

## **DISENROLLMENT - END DATING AN ENROLLMENT**

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](http://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.

## **HHAG- HOME HEALTH AGENCY**

Enrollment requirements for Home Health Agency providers can be found at 471 NAC 2 Provider Participation and 471 NAC 9 Home Health Agencies. Providers must comply with these regulations.

To be enrolled as a Nebraska Medicaid provider, Home Health Agencies must be enrolled with Medicare or actively certified by an acceptable accreditation source (ACHC, CHAP, or TJC)

- Home Health Agencies are LICENSED agencies providing home health care.
- Home Health Agencies will enroll with Nebraska Medicaid with the following information:
  - Category: Facility
  - Provider Type: Home Health Agency (HHAG)
  - Specialty: May Vary
  - Taxonomy: May vary
  - Must be State licensed

Home Care companies that are NOT licensed and are enrolling as a Home and Community Based Service provider must first be referred by a Department Resource Developer or by one of the Waiver Service Coordination agencies (i.e. Area Agency on Aging or the League of Human Dignity).

## 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:

### 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.



## OTHER CONTACTS

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**Department of Health & Human Services**

*Mailing Address:*

*Nebraska Department of Health & Human Services  
P.O. Box 95026  
Lincoln, Nebraska 68509-5026*

*Phone Number:*

*402-471-3121*

*Customer Service:*

*877-255-3092*

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***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](http://dhhs.ne.gov/medicaid/Pages/med_medcontracts.aspx)

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