

Division of Medicaid & Long-Term Care

Provider Screening and Enrollment

In response to the coronavirus pandemic, Nebraska Medicaid is making temporary changes to its requirements around provider screening and enrollment for Medicaid providers. These changes will ensure providers can more easily maintain their enrollment and continue to provide services to Nebraska's Medicaid beneficiaries.

Changes to provider screening and enrollment:

Waiver of Site Visits

Per federal law, pre-enrollment and post enrollment site visits are mandated for most providers that have been determined to be moderate or high risk. The purpose of site visits is to ensure that the provider is at the enrolled address and that the Nebraska Medicaid provider is aware of certain information.

Maximus, the Department's contractor for provider screening, will attempt to conduct site visits by visiting the location of the provider to view the address and will contact the provider by phone to complete the site visit questionnaire. In the event that the provider is unable to participate telephonically to complete the site visit questionnaire, the pre-enrollment visit will be waived.

Post enrollment site visits will be delayed and scheduling will be reassessed as the emergency continues.

Revalidation

Per federal law, all providers must revalidate their enrollment as a Nebraska Medicaid provider every five years. Enrollment end dates are tied to revalidation, so failure to revalidate allows the agreement to close. Revalidation includes updating and verifying all information about the provider, owners and managing employees, group members, and signing the agreement. Providers are notified of the need to revalidate starting six months prior to the end of the enrollment.

If providers are able to complete their revalidation when directed, they should do so.

If they are not able to complete revalidation, their end date will be extended six months. The provider will continue to receive reminders to complete the revalidation and they should do so as soon as they are able.

This does not apply to providers that must verify their lawful presence to work through the SAVE system. Those providers must supply update authorizations and documentation to maintain their enrollment.

The extension of the end dates will continue as long as the emergency continues.

Alternative Settings

Nebraska Medicaid regulations for facility based providers list the settings and licensure requirements. In the event that an enrolled provider needs consideration of an alternative setting for their services, they should work with the Department of Public Health to become licensed and then pursue enrollment of that location with Nebraska Medicaid. Questions concerning the alternative settings should be directed to DHHS.MLTCEXperience@nebraska.gov

Developmental Disabilities Waiver Providers

For services provided through the HCBS Developmental Disabilities waivers, initial enrollment and annual compliance with certain requirements is waived until the next annual compliance screening. During the period of the emergency, applicants and providers will not have to complete education about reporting abuse and neglect or maintain first aid and CPR certification.

Contact Information for Provider Screening and Enrollment:

Medicaid Provider Screening and Enrollment

DHHS.MedicaidProviderEnrollment@Nebraska.gov

Maximus

www.nebraskamedicaidproviderenrollment.com or call 1 (844) 374-5022