Department of Health & Human Services
DHHS
NEBRASKA

Division of Medicaid and Long-Term Care

Nebraska Service Provider Agreement Instructions

Use of this document

Form MC-19, "Nebraska Service Provider Agreement," is –

1. The required enrollment agreement between providers and Medicaid, Aged and Disabled Waiver, Traumatic Brain Injury Waiver, Developmental Disabilities Waiver, Medically Handicapped Children's Program, and Disabled Persons and Family Support programs;

2. The computer input document to establish each provider's computer files for payment; and

3. Required to be signed, approved, and on file with Department before payment for covered services can be made.

4. Required for each physical location where services are being provided.

Completion: The provider or the provider's authorized representative shall complete, sign, and date Form MC-19 and any applicable addenda indicated in the provider type table.

DISTRIBUTION: Fax or mail the Nebraska Service Provider Agreement, required addenda, and any required attachments to the contact facsimile or mailing address provided on the addendum.
* For Medicaid provider types that do not require an addendum, providers need to mail the Form MC-19 and required attachments to Medicaid Provider Screening and Enrollment, PO Box 95026, Lincoln, NE 68509.

Required attachments for all providers:

W-9 MLTC-62 Copy of Professional License (if applicable)

Section A: General Information

1. **Check type of enrollment request:**

   a. Check "Initial Enrollment" if this is the provider's first time enrolling with Nebraska Medicaid
   b. Check "Re-enrollment" if your previous provider agreement expired or you voluntarily closed your previous provider agreement
   c. Check "Reactivation" if your previous provider agreement was terminated by the Department
   d. Check "Revalidation" if you are completing this provider agreement at the request of the Department or as part of the required 5 year revalidation
   e. Check "New FTIN for Existing Provider" if changes in the provider entity result in the issuance of a new FTIN, i.e. through a change of ownership
   f. Ceck "Add Member to Existing Provider Group:" if you are adding a new memeber to a current provider number.

2a. Check the appropriate type of practice

- Check "Individual/Solo" to enroll as an individual or solo practice requesting payment to that individual or entity
- Check "Group Member" to enroll as an individual Service Rendering Provider with a provider group.
- Check "Group/Institution: to enroll as a group practice requesting payment to a group provider number for all members of the group. This type of practice includes all provider types
- Check "Facility" to enroll as a Hospital, Nursing Facility, or Assisted Living Facility.
- Check "Pharmacy" to enroll as a pharmacy. Check appropriate box to indicate the type of pharmacy.

2b. If checked, a narrative must be submitted requesting the waiver. The request must contain detailed information supporting why the provider believes they should not be subject to pay and the provider's reason for requesting the waiver. Institutional providers are subject to the application fee. This includes, but is not limited to entities such as a hospital, clinic, assisted living facility, nursing home, laboratory, and any time more than one practitioner enrolls together with other practitioners under one group provider ID.

3. **Requested Effective Date:** Date you are requesting to begin services. Please note, dates requested in access of the date MC-19 is submitted must include written request with with supporting narrative.

4. **Provider Name and Address:** This is the address DHHS will use for correspondence. Enter the full name of the provider. When enrolling as an individual/solo practice or group member, enter the individual provider's name AND title. When enrolling as a group practice, enter the group name. Enter the physical location address, city, state, zip code + 4, your telephone and fax number, and an e-mail address to contact you. Also provide a contact name for the group, their title, phone and fax numbers. Note: A post office box without a physical location address will not be accepted. Each location must enroll separately. Each group member must enroll separately.

5. **Pay to Name and Address (if different from 4):** This is the address DHHS will send your remittance advice to. Complete only if payment will be made to a name and/or address other than the provider identified in Field 4. A post office box is acceptable in this field. The name in this field must match the FTIN name in field 4.

5a. Primary Organizational NPI #: Enter the National Provider Identification (NPI) number issued to the provider identified in Field 5. If enrolling as a group practice, enter group NPI number. **"For providers NOT eligible for NPI (atypical)**, leave this section blank." Certain "atypical" or non-healthcare providers do not qualify for a National Provider Identifier (NPI) and taxonomy. Nebraska Medicaid defines "atypical" providers as: MHCP (Medically Handicapped Children's Program) clinics, MIPS (Medicaid in Public Schools), Personal Care Aides, Mental Health Personal Care Aides/Community Treatment Aides, Mental Health Home Health Care Aides and Non-Emergency Transportation providers. Not applicable for SSAD, MHCP and DPFS.

5b. Primary Taxonomy Number: Enter the Primary Taxonomy Number for the provider identified in Field 5, if applicable.

5c. Secondary Taxonomy Number: Enter the Secondary Taxonomy Number for the provider identified in Field 5, if applicable.

6. **Federal Taxpayer Identification Name and Number:** Enter the nine-digit employer identification number of your business (EIN) and the name to whom it was issued. For individuals, this is your social security number (SSN) and the full name to whom it was issued. This is the number under which income will be reported to the Internal Revenue Service for Federal 1099 purposes. A W-9 must be provided with this form.

7. **Profit Status:** Check 01 if you are a tax-exempt nonprofit organization with a 501(C)(3) status. Check 02 if you are a privately owned, for profit organization. Check 03 if you are a for profit organization with publicly held shares. Check 04 if none of the previous options applies to your organization. Check 88 if you are enrolling solely as a service rendering provider as part of a group. Check Unknown if you do not know your profit status.

8. **Medicare Enrollment:** Yes or No - If yes, answer additional questions.

9. Check the appropriate box(es) and provide requested information regarding the provider's enrollment in other State Medicaid Programs

10a. Provider Type Code: Enter the appropriate PROVIDER TYPE CODE from the list on the next page.

Choose only ONE.

10b. Provider Type: Enter the appropriate PROVIDER TYPE that corresponds with the Provider Type Code entered in 10a.

Type Code (field 10a)	Program	Type of Provider (field 10b)	
30	Medicaid	Adult Day Care - Bath Services, Registered Nurse	MS-84
9	Medicaid	Ambulatory Surgical Center (ASC)	Copy of License; MS-84
15	Medicaid	Anesthesiologist	Copy of License; MS-84
41	Medicaid	Assertive Community Treatment (ACT MRO Program	MS-84
68	Medicaid	Audiologist	Copy of License; MS-84
83	Medicaid	Autism Waiver - Applied Behavioral Analysis Technician	MS-84
	Medicaid	Autism Waiver - EIBI Autism Waiver	FA-84
83	Medicaid	Autism Waiver - Lead Therapist	MS-84
83	Medicaid	Autism Waiver - Supervising Behavioral Therapist	MS-84
5	Medicaid	Chiropractor	Copy of License; MS-84
12	Medicaid	Clinic - Hospital Based, Licensed Mental Centers	MS-84;
13	Medicaid	Clinic - Professional (PC)	MS-84
44	Medicaid	Community Support (CSW) MRO Program	MS-84;
45	Medicaid	Day Rehabilitation (DAYR) MRO Program	MS-84;
77	Medicaid	Day Treatment Provider (DAY)	MS-84;
40	Medicaid	Dentist (DDS)	Copy of License; MS-84
21	Medicaid	Dispensing Physician (MD)	Copy of License; MS-84
61	Medicaid	Emergency Transportation	MS-84
17	Medicaid	Federally Qualified Health Center (FQHC)	MS-84; CMS Documentation of Status; Out of State rate letter
60	Medicaid	Hearing Instrument Specialist (HEAR)	MS-84
14	Medicaid	Home Health Agency (HHAG)	MS-84
59	Medicaid	Hospice (HSPC)	MS-84
10	Medicaid	Hospital	Copy of License; CLIA certification; CMS-1539
25	Medicaid	Indian Health Hospital Clinic (IHSH)	SSA-1539; MS-84
16	Medicaid	Laboratory (Independent)	CMS-1539
42	Medicaid	Licensed Dental Hygienist (LDH)	Copy of License; MS-84
78	Medicaid	Licensed Drug & Alcohol Counselor (LDAC)	Copy of License; MS-84
39	Medicaid	Licensed Independent Mental Health Practitioner (LIMHP)	Copy of License; MS-84;
63	Medicaid	Licensed Medical Nutrition Therapist (LMNT)	Copy of License; MS-84; list of specific services providing
36	Medicaid	Licensed Mental Health Practitioner (LMHP)	Copy of License; MS-84;
31	Medicaid	Licensed Practical Nurse (LPN)	Copy of License; MS-84
67	Medicaid	Licensed Psychologist (PHD)	Copy of License; MS-84;
69	Medicaid	Medicaid in Public Schools (MIPS) Occupational Therapist	Copy of License; MS-84
32	Medicaid	Medicaid in Public Schools (MIPS) Physical Therapist	Copy of License; MS-84
68	Medicaid	Medicaid in Public Schools (MIPS) Speech Pathologist	Copy of License; MS-84
35	Medicaid	Direct Care Staff	MS-84;
34	Medicaid	Community Treatment Aide (CTA)	MS-84;
37	Medicaid	Mental Health Professional/Masters Level Equivalent (MHP)	Copy of License; MS-84;

Type Code (field 10a)	Program	Type of Provider (field 10b)	
61	Medicaid	Non-Emergency Transportation (NET)	MS-84: MC-211
28	Medicaid	Nurse Midwife (NW)	Copy of License; MS-84
29	Medicaid	APRN-Nurse Practitioner	Copy of License; Copy of National Specialty Certification; MS-84
11	Medicaid	Nursing Facility	Copy of License; MS-84
11	Medicaid	Nursing Facility - Hospice in Nursing Facility	Copy of License; MS-84
69	Medicaid	Occupational Therapist	Copy of License; MS-84
66	Medicaid	Optical Supplier (OPTC)	MS-84
6	Medicaid	Optometrist	Copy of License; MS-84
65	Medicaid	Orthopedic Device Supplier (ORTH)	MS-84
50	Medicaid	Pharmacy - Home Therapy, Independent, Professional, Small or Large Chain, Nursing Facility, or Other	Copy of License; MS-84; Mail Order Pharmacies must attach a copy of their mail order permit
49	Medicaid	Pharmacist-Tobacco Cessation Counselor	Copy of License; MS-84
22	Medicaid	Physician Assistant (PA)	Copy of License; MS-84
2	Medicaid	Physician, DO	Copy of License; MS-84
1	Medicaid	Physician, MD	Copy of License; MS-84
7	Medicaid	Podiatrist (DPM)	Copy of License; MS-84
58	Medicaid	Provisionally Licensed Drug & Alcohol Counselors (PDAC)	Copy of License; MS-84;
57	Medicaid	Provisionally Licensed PHD - PPHD	Copy of License; MS-84;
30	Medicaid	Registered Nurse (RN)	Copy of License; MS-84
32	Medicaid	Registered Physical Therapist (RPT)	Copy of License; MS-84
62	Medicaid	Rental & Retail Supplier	MS-84
46	Medicaid	Residential Rehabilitation (REST)	MS-84;
87	Medicaid	Psychiatric Residential Treatment Facility (PRTF)	MS-84;
20	Medicaid	Rural Health Clinic - Independent	MS-84
23	Medicaid	Rural Health Clinic - Provider Based (Over 50 Beds)	MS-84; CMS Documentation of Status; Out of State rate letter
19	Medicaid	Rural Health Clinic-Provider Based (Less than 50 beds)	MS-84; CMS Documentation of Status; Out of State rate letter
64	Medicaid	Specially Licensed PHD/Psychology Resident (SPHD)	Copy of License; MS-84;
68	Medicaid	Speech Pathologist	Copy of License; MS-84
47	Medicaid	Substance Abuse Treatment Center (SATC)	MS-84;
79	Medicaid	Treatment Crisis Intervention (TCI)	MS-84;
86	Medicaid	Professional Resource Family Care	MS-84;
81	Medicaid	Therapeutic Group Home (TRGH)	MS-84;
26	Medicaid	Tribal 638 Clinic (T638)	MS-84
	Medicaid	Personal Assistance Services	FA-84 - Agencies; FA-100 - Individualsl; MC-190; MC-199
	Medicaid - AD Waiver	Adult Day Health	FA-84; MC-190; MC-199
	Medicaid - AD Waiver	Child Care for Children with Disabilities	MCFA-84 - Agencies; FA-100 - Individuals; MC-190; MC-199
	Medicaid - AD Waiver	Home Care/Chore	FA-84 - Agencies; FA-100 - Individuals; MC-190; MC-199
	Medicaid - AD Waiver	Home Delivered Meals	FA-84; MC-190; MC-199
	Medicaid - AD Waiver	Independence Skills Management	FA-84 - Agencies; FA-100 - Individuals; MC-190; MC-199
61	Medicaid - AD Waiver	Non-Emergency Transportation (NET)	MS-84; MC-190; MC-199

Type Code (field 10a)	Program	Type of Provider (field 10b)	
	Medicaid - AD Waiver	Nutrition Services	FA-84 - Agencies; FA-100 - Individuals; MC-190, MC-199
	Medicaid - AD Waiver	Personal Emergency Response System	FA-84; MC-190; MC-199
	Medicaid - AD Waiver	Respite Care	FA-84 - Agencies; FA-100 - Individuals; MC-190; MC-199
11	Medicaid - AD/TBI Waiver	Assisted Living	MS-84; MC-190; MC-199
	Medicaid - DD Waiver	Assisted Technology	FA-84 - Agencies; FA-100 - Individuals
	Medicaid - DD Waiver	Community Living & Day Support	FA-84 - Agencies; FA-100 - Individuals
	Medicaid - DD Waiver	Home Modification	FA-84 - Agencies; FA-100 - Individuals
	Medicaid - DD Waiver	Homemaker	FA-84 - Agencies; FA-100 - Individuals
	Medicaid - DD Waiver	Personal Emergency Response System	FA-84 - Agencies; FA-100 - Individuals
	Medicaid - DD Waiver	Respite	FA-84 - Agencies; FA-100 - Individuals
	Medicaid - DD Waiver	Specialized Residential Services	FA-84 - Agencies; FA-100 - Individuals
	Medicaid - DD Waiver	Specialized Day Services	FA-84 - Agencies; FA-100 - Individuals
	Medicaid - DD Waiver	Vehicle Modifications	FA-84 - Agencies; FA-100 - Individuals
	Medicaid-MFP	Transistion Planning and Support (TPS)	FA-84 - Agencies; FA-100 - Individuals

11a. Primary Specialty Code: Enter the appropriate PRIMARY SPECIALTY CODE from the list below.

11b. Primary Specialty: Enter the appropriate PRIMARY SPECIALTY that corresponds with the Primary Specialty Code entered in 11a.

Primary Specialty Code (11a)	Primary Specialty Description	Primary Specialty Code (11a)	Primary Specialty Description
01	General Practice	48	Podiatrist - Surgical Chiropodist
02	General Surgery	49	Miscellaneous-MIPS, Ambulatory Surgical Center, Etc
03	Allergy	50	Reserved
04	Otology, Laryngology, Rhinology (ENT)	51	Medical Supply Company with Certified Orthotist (CO) Certification
05	Anesthesiology	52	Medical Supply Company with Certified Prosthetist (CP) Certification
06	Cardiovascular Disease	53	Medical Supply Company with Certified Orthotist-Prosthetist (CPO) Certification
07	Dermatology	54	Medical Supply Company not included in 51, 52, or 53
08	Family Practice	55	Individual Certified Orthotist (CO)
09	Reserved	56	Individual Certified Prosthetist (CP)
10	Gastroenterology	57	Individual Certified Orthotist-Prosthetist (CPO)
11	Internal Medicine (Includes Geriatrics & Nephrology)	58	Individual not included in 55, 56, or 57
12	Internal Medicine (Restricted to group with multi specialties)	59	Ambulance
13	Neurology	60	Public Health or Welfare Agencies (Federal, State & Local)
14	Neurological Surgery	61	Voluntary Health or Charitable Agencies
15	Reserved	62	Licensed Psychologist (Clinical)
16	OB/GYN	63	Portable X-ray supplier (Billing Independently)
17	Ophthamology, Otology, Laryngology, Rhinology (EENT)	64	Audiologists (Billing Independently)
18	Ophthamology	65	Physical Therapist (Billing Independently)
19	Oral Surgery (Dentist only)	66	Hospitals
20	Orthopedic Surgery	67	Urgent Cared Health Plan (OPHP)
21	Reserved	68	Dialysis
22	Pathology - Lab	69	Independent Laboratory (Billing Independently)
23	Peripheral Vascular Disease or Surgery	70	Clinic
24	Plastic Surgery	71	Diagnostic X-ray Clinic
25	Physical Medicine & Rehabilitation	72	Diagnostic Laboratory Clinic
26	Psychiatry/Mental Health/Substance Abuse	73	Physiotherapy
28	Proctology	74	Occupational Therapy
29	Pulmonary Disease	75	Assisted Living Services
30	Radiology - X-ray	76	Other Physician Specialist for HEALTH CHECK Follow-up
32	Radiation Therapy	77	Other Provider (non-MD) for HEALTH CHECK Follow-up
33	Thoracic Surgery	78	Screening Physician & Other Physician Specialist for HEALTH CHECK Follow-up
34	Urology	79	Adult Day Care
35	Chiropractor	80	Rehab Providers (MRO) (DPI)
36	Nuclear Medicine (MD only)	81	Rehab Acute Hospital
37	Pediatrics	82	Hospice
38	Endocrinology, Diabetes	87	All Other-Including AD Waiver
39	Gerontology	88	Unknown - Suppliers
40	Hand Surgery	89	Chemical Dependency
41	Oncology/Hematology	90	Nurse Midwife

Primary Specialty Code (11a)	Primary Specialty Description	Primary Specialty Code (11a)	Primary Specialty Description
42	Epidemiology/Infectious Disease	91	Nurse Practitioner
43	Certified Registered Nurse Anesthetist (CRNA)	94	PSC Exempt (Public Transportation)
44	Nephrology	95	Commercial NET (Licensed by the Public Service Commission)
45	Neonatology	96	Individual NET (Friend, neighbor or family member who is not legally responsible for the client or in the business of transportation for hire).
46	Rheumatology	99	Unknown - Practitioners
47	Physiological Labs (Independent)		

12. License/Certification Number: Enter the license or certification number, if applicable. Providers are required to attach a copy of their licensure or certification.

13. NCPDP #: (For pharmacy and dispensing physicians only). Enter the National Council for Prescription Drug Program (NCPDP) number issued to the provider identified in Field 4.

14. 340 B Participant: By checking "Yes", you are stating that you will bill Medicaid for drugs purchased through the 340 B program. By checking "No", you are stating that you will not bill Medicaid for drugs purchased through the 340 B program. Any changes in billing practices must be immediately communicated to Nebraska Medicaid provider enrollment.

15. CLIA # (Laboratory services only): If laboratory services are provided, enter the CLIA number assigned to the provider identified in Field 7.

16a. If Hospital, must indicate Fiscal Year End and Number of Beds.

16b. If Nursing Facility or ICF/MR must Indicate Type of Ownership and Profit.

17. It is the provider's responsibility to monthly screen all employees, and subcontractors for exclusion status through the General Services Administration (GSA) website located at https://sam.gov . The System for Award Management includes information regarding entities 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 pursuant to the provisions of 31 U.S.C. 6101, note, E.O. 12549, E.O. 12689, 48 CFR 9.404. The SAM contains actions taken by various Federal agencies.

Check "Yes" and provide an explanation if the provider is identified on the SAM website.

18. It is the provider's responsibility to screen facilities, providers, employees and contractors for OIG exclusion status on the List of Excluded Individuals/Entities database through the HHS-OIG website located at www.oig.hhs.gov/fraud/exclusions.asp . No payment will be made by any Federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity. Federal health care programs include Medicare, Medicaid, and all other plans and programs that provide health benefits funded directly or indirectly by the United States (other than the Federal Employees Health Benefits Plan). This payment prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, any hospital or other provider where the excluded person provides services, and anyone else. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person. For exclusions implemented prior to August 4, 1997, the exclusion covers the following Federal health care programs: Medicare (Title XVIII), Medicaid (Title XIX), Maternal and Child Health Services Block Grant (Title V), Block Grants to States for Social Services (Title XX) and State Children's Health Insurance (Title XXI) programs.

Check "Yes" and provide an explanation if the provider is identified on the OIG website.

19. Check "yes" if there has ever been disciplinary action against this provider license by a licensing board in any state, and an explanation must be provided.

20. Check "yes" if the provider has ever been sanctioned or terminated by Medicare or any state health program as defined in 42 U.S.C. 1320a-7, and an explanation must be provided.

21. Check "Yes" if the provider has verified employment eligibility of all employees.

22. This attestation must be completed by all INDIVIDUAL providers wishing to enroll with Nebraska Medicaid. This section does not apply to group members or to individuls enrolling solely as a prescribing, ordering, or referring practitioner unless they are enrolling as a solo practitioner under their own Medicaid provider ID.

Section B: Individual Professionals, Part of a Provider Group

This section is to be filled out by the group to idenfiy all individual Service Rendering Providers they would like to enroll as part of the group.

1a. First Name: Enter the first name of the Service Rendering Provider.

1b. MI: Enter the middle initial of the Service Rendering Provider.

1c. Last Name: Enter the last name of the Service Rendering Provider.

1d. Gender: Identify the gender of the Service Rendering Provider.

1e. Email: Provide the email address for the Service Rendering Provider.

2. Provider Type: Enter the appropriate PROVIDER TYPE CODE and PROVIDER TYPE from the list provided on pages 3-6). Choose only ONE.

3. Provider Specialty: Enter the appropriate PRIMARY SPECIALTY CODE and PRIMARY SPECIALTY from the list provided on page 6-7. Choose only ONE.

4. Requested Date of Enrollment:

5. NPI #: Enter each group member's NPI number, required.

6a. Enter the group member's Social Security Number.

6b. Enter the group member's Date of Birth.

7. Primary Professional License or Certification Number: Enter each group member's license number. Providers are required to attach a copy of their licensure or certification.

8. Check "yes" if there has ever been disciplinary action against this provider by a licensing board in any state, and an explanation must be provided.

9. Check "yes" if the provider has ever been sanctioned or terminated by Medicare or any state health program as defined in 42 U.S.C. 1320a-7, and an explanation must be provided.

10. Check "Yes" if the member is identified on the General Services Administration System for Award Management (SAM).

11. Check "yes" if the member is identified on the Health and Human Services, Office of Inspector General List of Excluded Individuals/Entities (LEIE) database.

12. : Check "Yes" if the employment eligibility of this individual has been verified.

Terms of Agreement

It is the provider's responsibility to read and understand the terms of agreement within Section C.

1. Printed Name and Title of Provider/Authorized Official Completing this Form: The provider or authorized representative/agent must type or print their name and title legibly on the Provider Agreement.

2. Signature of Provider/Authorized Official: The provider or authorized representative/agent must sign and date the Provider Agreement, certifying provider has read and understands the terms of this agreement, and information provided on the agreement by the provider is true, accurate and complete. A stamped signature will not be accepted.

NOTE: It is the provider's responsibility to notify the Nebraska Department of Health and Human Services contact if information provided on this form changes,

It is the provider's responsibility to retain a copy of the completed Agreement.