

PROVIDER BULLETIN No. 15-06

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TO: All Providers Participating in Nebraska Medicaid Program

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Program Integrity

RE: Provider Screening and Enrollment Project

Please share this information with administrative, clinical, and billing staff.

This is a follow-up to Provider Bulletin #12-52 dated October 12, 2012, which advised of new provider screening and enrollment requirements mandated as part of the Affordable Care Act (42 CFR 455 Subpart E). These new rules were published in the February 2, 2011 Federal Register, which can be accessed here: <http://www.gpo.gov/fdsys/pkg/FR-2011-02-02/pdf/2011-1686.pdf>.

The purpose of this bulletin is to announce the upcoming implementation of these new provider screening and enrollment requirements and processes later in 2015.

In order to become compliant with Federal Regulations, Nebraska Medicaid is preparing to implement the screening and enrollment requirements which include but are not limited to:

- Categorical risk levels for all provider types
- Pre- and post-enrollment site visits for moderate and high risk provider types
- Application fee for institutional providers
- Revalidation of enrollment at least every 5 years
- Temporary moratoria

Providers are strongly encouraged to visit and subscribe to the Provider Screening and Enrollment webpage found at <http://dhhs.ne.gov/medicaid/Pages/Provider-Screening-and-Enrollment.aspx> in order to stay informed as additional project-related information becomes available.

Please direct questions to DHHS.MedicaidPSEProject@nebraska.gov. Questions received may be used to update the Frequently Asked Questions document.