Provider Bulletin 26-24

NEBRASKA
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To:	All Providers Participating in the Nebraska Medicaid Program
From:	Jeremy Brunssen, Interim Director
Date:	November 20, 2026
Re:	Nebraska Medicaid Comprehensive Provider Screening, Enrollment, and Revalidation Plan

This purpose of this provider bulletin is to notify Nebraska Medicaid providers of the implementation of a new plan to strengthen the program's provider screening and revalidation processes. This federal initiative enhances existing pre-enrollment checks and ongoing reviews to comply with the Centers for Medicare & Medicaid Services (CMS) requirements and better prevent potential fraud. By protecting program integrity, these updates reinforce our shared commitment to high-quality care standards for all Nebraska Medicaid members.

In support of CMS's initiative, this plan follows an accelerated federal timeline. States, including Nebraska, submitted action plans to CMS and began implementing enforcement strategies in June of 2026 and will implement these initiatives over the next two years. The Medicaid program will provide updates to providers as new initiatives are implemented and will communicate any required actions that need to be taken by providers, if applicable.

Current Strategies that will Continue

- Required monthly screening of all providers and their employees against the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), the System for Award Management (SAM), and Nebraska Medicaid Excluded Providers (NMEP) databases to ensure no banned individuals are enrolled or participating in Nebraska Medicaid.

- Screening of providers identified as Qualified Alien status through the Systematic Alien Verification for Entitlements (SAVE).

- Information of providers enrolled in Medicare or with any of the Managed Care Organizations is verified as matching tax IDs, locations, and ownership to Nebraska Medicaid records.

- Moderate-risk and high-risk providers undergo pre-enrollment and post-enrollment site visits at initial enrollment and revalidation.

- Owners of 5% or more of high-risk providers require fingerprint-based criminal background checks (FCBC) at initial enrollment and revalidation.

- Home and Community-Based Services (HCBS) Providers renew their provider agreement annually.

- HCBS agency provider's policy and procedure review during initial enrollment and revalidation for state approval. These policies are checked for compliance with both federal and state regulations.

- Atypical providers have a National Provider Identifier (NPI) to enroll and submit claims. This requirement applies to both individually enrolled providers of personal assistance/personal care and waiver services and agencies that employ or contract with caregivers to provide these services.

- Nebraska coordinates with local, state, and federal law enforcement partners through its dedicated state agencies, auditors, and specific investigative task forces.

New Initiatives in the Plan

- All providers must disclose all direct and indirect owners holding 5 % or more or controlling interested parties and managing employees unless they are an independent or individual provider. The state is currently reaching out to providers who have not yet reached their revalidation date, directing them to update their enrollment information. [42 CFR 455.100–455.106].

- All provider categories that include services provided to children, services that require personal physical contact or one-on-one time with the participant without direct supervision or additional oversight, and Opioid Treatment Centers are moving to a high-risk screening level. [42 CFR § 424.518].

- Nebraska Medicaid has issued a state-level six-month moratorium on enrolling new Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers. Reference Provider Bulletin PB 26-16 for more information. [42 CFR § 424.570(a)(2)].

- New Home and Community-Based Care (HCBC) Waiver Agencies are under a six-month enrollment moratorium. See Provider Bulletin PB 26-17 Notice of Temporary Medicaid Provider Enrollment Moratorium for HCBS 1915C Waiver Agency Providers for more information. [42 CFR §424.570(a)(2)]

- All Nebraska Managed Care Organization (MCO) partners will be directed to review and validate that all providers credentialed within their MCO are credentialed consistently with how each respective provider is enrolled with Nebraska Medicaid.

- The Program Integrity team will conduct unannounced on-site inspections for selected providers using authority under 42 CFR 455.432(b) to check for undisclosed information or noncompliance that may indicate that the provider does not meet the qualification standards set by the state.

- State staff will conduct random site visits and inspections to ensure providers are located at the address identified on their enrollment and performing services as expected. These brief visits

will be added to the provider's file, and issues will be referred to Program Integrity. [42 CFR § 455.432]

- Specific service types with widespread compliance issues will be checked to detect fraud and to educate the provider using a model based on Medicare's Targeted Probe and Educate program. [Nebraska Revised Statute § 68-974]

- All Provider Directories attached to Medicaid via the state's or Managed Care Organization's websites will be checked for accuracy against the information contained in the State provider management system and the provider notified of any discrepancies with a timeline to make necessary enrollment updates. [Consolidated Appropriations Act, 2023 (CAA 2023)]

- Electronic Visit Verification (EVV) data will be analyzed and cross-referenced with billing and authorization information to actively monitor for potential misuse [Nebraska Revised Statute § 68-974].

- All providers will have access to new universal training to clarify provider expectations and requirements of services delivered.

- State staff will undergo training on recognizing, preventing and reporting potential fraud, waste and abuse.

- The state will review out-of-state provider enrollment standards and practices and make updates to polices and enrollment requirements as necessary.

- Nebraska is in the process of procuring a new Medicaid Provider Screening and Enrollment (PSE) system to replace the current Maximus system, as the existing contract period is ending. To ensure a fair and transparent process, the state is utilizing NASPO ValuePoint cooperative agreements. This open, multi-state competitive bidding framework allows Nebraska to apply a tailored Participating Addendum that aligns with state standards, protects federal funding, and ensures compliance with state and federal rules.

Provider Resources

If you have questions regarding this bulletin, please contact Medicaid Provider Relations via email at: DHHS.MedicaidProviderEnrollment@nebraska.gov or call (402) 471-9018 to leave a voicemail.

Provider Bulletins, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx. Please subscribe to this page to help you stay up to date with