

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

You are encouraged to complete the Service Provider Agreement electronically through Maximus. Maximus' enrollment web portal can be found at www.nebraskamedicaidproviderenrollment.com. Questions on completing the enrollment process can be directed to Maximus at 844-374-5022 or nebraskamedicaidpse@maximus.com.

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 Maximus Nebraska Medicaid Provider Enrollment, PO Box 81890, Lincoln, NE 68501.

Required attachments for all providers:

- MC-19
- FA-100 if you are an NFOCUS service provider
(see table below for list of NFOCUS service 4 digit Provider Type codes)
- MC-199 if you are an NFOCUS service provider
(see table below for list of NFOCUS service 4 digit Provider Type codes)
- W4 (individual providers enrolling with their Social Security Number)
- W-9 (providers enrolling with an Federal Tax Identification Number/Employer Identification Number)
- MLTC-62

The required forms are available via <https://public-dhhs.ne.gov/Forms/Home.aspx>.

Please note:

- Section A pertains to the Billing provider information.

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 or excluded 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, e.g., through a change of ownership.
- f. Update of information only. Complete the blank line indicating what information you are updating. You MUST also complete the applicable field(s) on the form with the updated information. This is an open text field for you to indicate what information is changing.

2a. Type of Practice

2b. If Agency (see MC-19)

3. Provider Name and Address:

Enter the full legal name of the provider or agency's name. When enrolling as an individual, enter the individual provider's name. Enter the physical location address, city, state, zip code + 4, your telephone and fax number, and an e-mail address to contact you.

Note: A post office box without a physical location address will not be accepted. Each location must enroll separately.

4. Pay to Name and Address (if different from 3):

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 3. A post office box is acceptable in this field.

5. Correspondence Name and address (if different from 3 or 4):

This is the address Medicaid will send any paper correspondence to (excluding payment related information). Examples include letters pertaining to your participation as a Nebraska Medicaid provider. If left blank we will use the address listed for Pay to Name and Address (4).

Note: this is where we will send written, paper correspondence pertaining to your Service Provider Agreement maintenance.

6. Federal Taxpayer Identification Name and Number:

Enter the nine-digit employer identification number of your business (EIN) and the full legal name to whom it was issued. For individuals, this is your social security number (SSN) and the full legal 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-4 (if enrolling as an individual using SSN) or W-9 (if enrolling as a business using a FTIN/EIN) must be provided with this form. **It is your responsibility to ensure the legal name associated with your EIN/SSN is (kept) accurate and up to date.**

7. National Provider Identifier

Enter the ten character code that designates the classification and specialization of the services that you will be providing as an Home Community Based Services (HCBS) Provider. It is your responsibility to enroll with National Plan and Provider Enumeration Systems (NPPES) <https://nppes.coms.hhs.gov/#/> and request a NPI It is the Agency Owner's responsibility to ensure that all their employees have a NPI and they are using that number to screen their employees.

8. Provider Program Name:

List the Programs you are enrolling to provide services. Your choices would be; Medicaid, Medicaid AD Waiver, Medicaid DD-CDD Waiver, Medicaid DD-DDAD Waiver or Medicaid TBI Waiver.

9. Provider Code:

Enter the appropriate Service Code

Please list all service codes you are wanting to provide..

Provider Types

Program	Type Code	Provider Type	
Medicaid	4475	Personal Assistance Service	Individual or Agency
Medicaid-AD Waiver	1113	Respite Care In Home	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	1398	Home Modifications	Individual or Agency
Medicaid-DD (CDD) Waiver	1472	Shared Living	Agency
Medicaid-DD (CDD and DDAD) Waiver	1666	Supported Employment - Follow Along - Remote Delivery	Individual or Agency
Program	Type Code	Provider Type	

Medicaid-DD (CDD) Waiver	1796	Behavioral In-Home Habilitation	Agency
Medicaid-DD (CDD and DDAD) Waiver	2141	Supported Employment Follow Along	Individual or Agency
Medicaid-AD Waiver	2500	Disability Related In Home Child Care	Individual or Agency
Medicaid-AD Waiver	2556	Transportation Within Omaha/Lincoln By Commercial Provider	Agency
Medicaid-DD (CDD and DDAD) Waiver	2633	Environmental Modification Assessment	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	2639	Independent Living	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	2656	Respite - Agency	Agency
Medicaid-AD Waiver	2772	Transportation Base Rate By A Commercial Provider	Agency
Medicaid-DD (CDD and DDAD) Waiver	2801	Prevocational - Remote Delivery	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	3447	Emergency Response System	Agency
Medicaid-AD Waiver	3467	Transportation By Commercial Airline	Agency
Medicaid-DD (CDD and DDAD) Waiver	3764	Transportation	Individual or Agency
Medicaid-DD (CDD) Waiver	3992	Residential Habilitation Continuous	Agency
Medicaid-AD Waiver	4592	Escort Services By An Agency Provider	Agency
Medicaid-AD Waiver	4677	Transportation Mileage By A Commercial Provider	Agency
Medicaid-AD Waiver	5390	Nutrition Services	Agency
Medicaid-DD (CDD and DDAD) Waiver	8652	Day Supports	Agency
Medicaid-AD Waiver	5520	Transportation Commercial Bus or Train	Agency
Medicaid-AD Waiver	5761	Personal Care	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	6168	Supported Family Living - Remote Delivery	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	6221	Adult Day Services	Agency
Program	Type Code	Provider Type	
Medicaid-DD (CDD and DDAD) Waiver	6435	Supported Employment - Individual - Remote Delivery	Individual or Agency
Medicaid-DD (CDD) Waiver	6396	Child Day Habilitation	Individual or Agency
Medicaid-AD Waiver	6496	Chore A/D	Individual or Agency
Medicaid-AD Waiver	6579	Transportation by Individual Provider	Individual

Medicaid-DD (CDD and DDAD) Waiver	6722	INDEPENDENT LIVING-REMOTE DELIVERY	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	9845	Community Integration	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	6995	Vehicle Modifications	Agency
Medicaid-AD Waiver	7122	Transportation Base Rate By Commercial Wheelchair Van Provider	Agency
Medicaid-AD Waiver	7272	Escort Services By An Individual Provider	Individual
Medicaid-DD (CDD) Waiver	7286	Therapeutic Residential Habilitation	Agency
Medicaid-AD Waiver	7395	Respite Care	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	7494	Supported Family Living	Individual or Agency
Medicaid-AD Waiver	7593	Transportation Mileage By Commercial Wheelchair Van Provider	Agency
Medicaid-DD (CDD and DDAD) Waiver	7783	Consultative Assessment Service	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	7835	Transitional Services	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	5913	Community Integration - Remote	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	8148	Respite - Independent - In Home	Individual
Medicaid-AD Waiver	8234	Home Again	Individual or Agency
Program	Type Code	Provider Type	
Medicaid-DD (CDD and DDAD) Waiver	8338	Small Group Vocational Support	Agency
Medicaid-DD (CDD and DDAD) Waiver	8362	Prevocational Services	Agency
Medicaid-AD Waiver	8382	Training Independent Skills	Individual or Agency
Medicaid-DD (CDD and DDAD) Waiver	8574	Day Supports - Remote	Agency
Medicaid-AD Waiver	9040	Meals Home Delivered	Agency
Medicaid-DD (CDD and DDAD) Waiver	9042	Respite - Independent-Out	Individual
Medicaid-DD (CDD) Waiver	9220	Medical In-Home Habilitation	Agency
Medicaid-AD Waiver	9233	Training Independent Skills In Home	Individual or Agency
Medicaid-AD Waiver	9245	Adult Day Health Care	Agency
Medicaid-DD (CDD) Waiver	9293	Host Home	Agency
Medicaid-DD (CDD) Waiver	9393	Homemaker - Independent	Individual

Medicaid-DD (CDD and DDAD) Waiver	9418	Assistive Technology and Supports	Individual or Agency
Medicaid-AD Waiver	9510	Companion	Individual or Agency
Medicaid-AD Waiver	9660	Transportation Provided By An Exempt Public Transportation Provider	Agency
Medicaid-DD (CDD and DDAD) Waiver	9695	Supported Employment-Individual	Individual or Agency
Medicaid-AD Waiver	9704	Disability Related Child Care	Individual or Agency
Medicaid-DD (CDD) Waiver	9769	Homemaker - Agency	Agency
Program	Type Code	Provider Type	
Medicaid - AD Waiver	9510	Companion	Individual or Agency
Medicaid - AD Waiver	5761	Personal Care	Individual or Agency
Medicaid - AD Waiver	6496	Chore A/D	Individual or Agency
Medicaid - AD Waiver	7272	Escort Services by and Individual Provider	Individual
Medicaid - AD Waiver	8234	Home Again	Individual or Agency
Medicaid- DD Waiver	6396	Child Day Habilitation	Individual or Agency
Medicaid- DD Waiver	8652	Day Support	Individual or Agency
Medicaid- DD Waiver	9845	Community Integration	Individual or Agency
Medicaid- DD Waiver	2639	Independent Living	Individual or Agency
Medicaid- DD Waiver	7494	Supported Family Living	Individual or Agency
Medicaid- DD Waiver	5913	Community Integration remote	Individual or Agency
Medicaid- DD Waiver	6722	Independent Living Remote Delivery	Individual or Agency
Medicaid- DD Waiver	6435	Supported Employment Individual Remote	Individual or Agency
Medicaid- DD Waiver	1666	Supported Employment Follow Along Remote	Individual or Agency
Medicaid- DD Waiver	6168	Supported Family Living Remote Delivery	Individual or Agency
Medicaid- DD Waiver	9828	Day Support Remote	Individual or Agency
Medicaid- DD Waiver	2801	Prevocational Services Remote Delivery	Individual or Agency
Medicaid-TBI Waiver	2152	Caregiver Training	Individual or Agency
Medicaid-TBI Waiver	3336	TBI Adult Day Health Services	Individual or Agency
Medicaid-TBI Waiver	3471	TBI Respite Care Out of home	Individual or Agency
Medicaid-TBI Waiver	6688	TBI Respite Care in home	Individual or Agency
Medicaid-TBI Waiver	2207	Supported Employment Individual	Individual or Agency

Medicaid-TBI Waiver	8190	Supported Employment Follow Along	Individual or Agency
Medicaid-TBI Waiver	7934	TBI Companion	Individual or Agency
Medicaid-TBI Waiver	6222	TBI Personal Care	Individual or Agency
Medicaid-TBI Waiver	6496	Chore	Individual or Agency
Medicaid-TBI Waiver	2202	Community Connections	Individual or Agency
Medicaid-TBI Waiver	9040	Home Delivered Meals	Individual or Agency
Medicaid-TBI Waiver	7272	Escort by Individual Provider	Individual
Medicaid-TBI Waiver	6579	Transportation by Individual Provider	Individual
Medicaid-Family Support Waiver	1398	Home Modification	Individual or Agency
Medicaid-Family Support Waiver	2633	Environmental Modifications Assessment	Individual or Agency
Medicaid-Family Support Waiver	2639	Independent Living	Individual or Agency
Medicaid-Family Support Waiver	3447	Personal Emergency Response System	Individual or Agency
Medicaid-Family Support Waiver	3764	Transportation Individual Provider	Individual or Agency
Medicaid-Family Support Waiver	6396	Child Day Habilitation	Individual or Agency
Medicaid-Family Support Waiver	7494	Supported Family Living	Individual or Agency
Medicaid-Family Support Waiver	6995	Vehicle Modifications	Individual or Agency
Medicaid-Family Support Waiver	8148	Respite Out-of-Home	Individual
Medicaid-Family Support Waiver	9042	Respite Independent Out	Individual
Medicaid-Family Support Waiver	9393	Homemaker Independent	Individual
Medicaid-Family Support Waiver	9418	Assistive Technology and Supports	Individual or Agency
Medicaid-Family Support Waiver	9845	Community Integration	Individual or Agency

10. 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.

- 11. It is the provider's responsibility to monthly 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.
- 12. It is the provider's responsibility to screen all employees, providers, contractors and sub-contractors for Medicaid exclusion status on the Nebraska Medicaid Exclusion Provider List through the DHHS Nebraska Medicaid website located at <https://dhhs.ne.gov/Documents/Medicaid%20Excluded%20Providers.pdf>. Failure to comply may result in sanctions, which may include education, claim payment recoupment, termination or any combination.**
- 13. This attestation must be completed by all INDIVIDUAL providers wishing to enroll with Nebraska Medicaid.**
No employee of the Department and its subdivisions, and Department contractors, except clinical consultants, may serve as providers under Medicaid or as paid consultants to enrolled providers without the express written approval of the Medicaid Director.
- 14. 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.**
- 15. 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.**
- 16. Check "Yes" if the provider has verified employment eligibility of all employees.**
- 17. 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 individuals 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: Terms of Agreement

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

- 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.