

Please return by email to:  
[dhhs.mhcp@nebraska.gov](mailto:dhhs.mhcp@nebraska.gov)  
 OR  
 Fax to: (402) 328-6219

Provider Name		Federal Tax ID Number or MHCP Payee ID Number	
Provider Address	City	State	Zip
Provider Phone Number		Email Address	
Contact Person		Title of Contact Person	
Billing Contact Person	Billing Email (for Secure Correspondence)	Billing Phone Number	
Billing Address	City	State	Zip

The above provider must return the signed original agreement to the Department of Health and Human Services (DHHS) prior to payment of the first claim.

The provider agrees to provide services under the DHHS' Medically Handicapped Children's Program (MHCP) and agrees to:

1. Provide services in accordance with Title 467 of the Nebraska Administrative Code and in compliance with all applicable state and federal law.
2. Accept as payment in full the rate established by DHHS for MHCP after all other sources have been exhausted.
3. Maintain current licensing and certifications required by state law.
4. Be without sanction or other disciplinary action under Medicare or any state's Medicaid program, or the Nebraska Division of Public Health or other relevant state licensing authority, and to immediately notify DHHS if any such sanction or disciplinary action is initiated or imposed.
5. Bill only for medical services which are authorized and actually provided.
6. Submit billing documents after services have been provided and within 6 months from the date of service. Payment shall be made in conjunction with the State of Nebraska Prompt Payment Act, Neb Rev Stat § 81-2401 through §81-2408.
7. Accept payment through electronic fund transfer.
8. Ensure employee screening for APS/CPS and criminal background checks are completed. Providers located outside of Nebraska are to indicate the background checks completed for employees for program review/approval here:  


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9. Not discriminate against, exclude from, or deny any benefits to, any applicant for, or recipient of benefits under the MHCP in any program or service funded by the MHCP, on the basis of race, religion, color, sex, age, disability or national origin.
10. Maintain records on all services provided for which a claim has been made for six years after the date of service.
11. Providers have 45 days to refund any overages or erroneous payments or to show that they refunds have already been made. The provider may contact the program if they feel a refund request was made in error.

\*Provider signature and date required on following page.

**I certify that I have read and understand the standards as stated and referenced above and agree to comply with all the terms of this Agreement.**

Provider Representative Signature

Date

Printed Name

Title

**\*\*This agreement is effective through 6/30/2029.\*\***