

Please return by email to:
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. Provide and maintain quality, medically necessary, and appropriate services within acceptable medical community standards and/or accepted national standards for specific services as determined by a body of peers, medical review teams, or investigations conducted by or under contract with MHCP.
3. Accept as payment in full the rate established by DHHS for MHCP after all other sources have been exhausted.
4. Be licensed and/or certified as required by state law.
5. Be without sanction or other disciplinary action by Medicare or Medicaid, or the Nebraska Division of Public Health, and to immediately notify DHHS if any such sanction or disciplinary action is initiated.
6. Bill only for medical services which are authorized and actually provided.
7. 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.
8. Accept payment through electronic fund transfer.
9. Ensure each staff person having direct client contact has been cleared with the Child Abuse/Neglect Central Register, the Adult Protective Services Central Registry, the State Patrol Sexual Offenders Registry and the State Patrol National Criminal History Check.
10. Maintain results of these checks in the provider's employee personnel files and make available to DHHS upon request.
11. Not discriminate against any employee, applicant for employment, or program participant or applicant because of race, age, color, religion, sex, handicap, or national origin.
12. Respect the client's rights to confidentiality and safeguard confidential information.
13. Acknowledge responsibilities for the client's safety and property.
14. Assure that any suspected abuse or neglect will be immediately reported by the provider or employees of the provider to law enforcement and/or the Abuse-Neglect Hotline.

15. Acknowledge this Agreement will be immediately terminated when the provider or the medical service provider is found to have a history of employing staff with convictions for misdemeanor or felony actions that endanger the health and safety of any client. This includes crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, crimes involving moral turpitude on the part of the provider. Crimes would include but are not limited to:
 - a. Child pornography;
 - b. Child or adult abuse;
 - c. Driving under the influence: a DUI conviction within the past eight years;
 - d. Domestic assault;
 - e. Shoplifting after age 19 and within the last three years;
 - f. Felony fraud within the last 10 years;
 - g. Misdemeanor fraud within the last five years;
 - h. Termination of provider status for cause from any Department program within the last 10 years;
 - i. Possession of any controlled substance within the last five years;
 - j. Possession of any controlled substance with the intent to deliver within the past 10 years;
 - k. Felony or misdemeanor assault in the last 15 years;
 - l. Rape or sexual assault;
 - m. Homicide;
 - n. Prostitution or solicitation within the last five years;
 - o. Felony or misdemeanor robbery or burglary within the last 10 years.
16. Maintain records on all services provided for which a claim has been made for six years after the date of service to allow on-site inspection, and furnish, on request, the records to DHHS, the United States Department of Health and Human Services or other agencies so designated. Providers must document services before billing DHHS.
17. Repay or make arrangements for repayment of identified overpayments or otherwise erroneous payments. The provider has 45 days to refund the requested amount, to show that the refund has already been made, or to show why the provider feels the refund request may be in error.

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.	