

## ATP 2023 Guide to Contractor/Vendor Enrollment Medicaid Provider Forms

### 1. Contractor Information Form

Fill out entirely for all applicable sections including checking the boxes next to the statements at the end to signify your acknowledgement of these statements.

\*Please note that Contractor/Vendor Name is asking for the owner's name. Business Name is asking for the name of the business.

### 2. Nebraska Contractor Registration Information with the Department of Labor

This sheet is for information only. Please note that you will need to be registered and provide the number and the expiration date as part of this enrollment process.

### 3. MC-199 – DHHS Provider Release of Information Felony/Misdemeanor Statement

Persons with 5% or more of direct or indirect ownership will need to fill this form out. Each will need to fill out a separate form.

Fill out Section I, Section II, and sign in Section V. Section III and IV do not apply for our purposes. This form is necessary for ATP to complete background checks on owners. For those that will be filling this form out, please provide an email address for that particular person or use a business email if that employee does not have one. \*Please provide a copy of your policy regarding background checks on employees. If no policy exists, then we will need MC-199 for each employee that will be doing work in the home.

### 4. MLTC-62 – Nebraska Ownership/Controlling Interest and Conviction Disclosure

This needs to be filled out in its entirety. There are definitions on page 3 to assist in answering the questions. Please note: You will not have a Provider number or National Provider Identifier (NPI) unless you have already been approved to provide Medicaid services. Those questions can be left blank.

### 5. W-4 – If filing taxes using a Social Security number, fill out in its entirety.

### 6. MC-19 – Service Provider Agreement

#### Section A –

1. For new contractors, you will be checking letter a. "Initial Enrollment - New Provider Number." When renewing enrollment, which is done every 5 years, you will be checking letter d. "Revalidation – Current Provider Number." The current provider number can be left blank.
- 2a. Individual/Solo for individual contractors  
Other for larger contracting companies
- 2b. Please note that there are no fees associated with this application/enrollment process.
3. Leave blank – the effective date will be the date all background checks and enrollment are completed and will be filled in by ATP staff.
4. Fill out in its entirety.

5. Fill out in its entirety only if a NPI number is already established.  
5a, b, c. Leave blank.
6. Fill out in its entirety.
7. Check appropriate option.
8. Select no if you are not a Medicare provider.
9. Select no if you are not in the process of Medicaid enrollment.
- 10a. Leave blank
- 10b. Type – Home Modification for construction OR  
Vehicle Modification for adaptive vehicle provider OR  
Assistive Technology for adaptive equipment
- 11a. through 16. Leave blank
17. through 22. Fill out in its entirety.

Section B – Does not apply and can be left blank.

Section C – Read/Sign

7. NDE W9-ACH Form – Fill out in its entirety using either your EIN or SSN. \*Be sure to sign in the W-9 section and ACH section.

***PLEASE NOTE THAT ALL FORMS NEED TO BE RETURNED TO THE ASSISTIVE TECHNOLOGY PARTNERSHIP (NOT TO DHHS) AS ATP FILES THESE FORMS ON BEHALF OF DHHS.***

**These forms can be mailed to:  
Assistive Technology Partnership  
Contractor Enrollment  
3901 North 27th Street, Suite 5  
Lincoln, NE 68521**

**OR**

**You can fax completed forms to 402.471.6052**

**OR**

**Secure email to: [elizabeth.lamborn@nebraska.gov](mailto:elizabeth.lamborn@nebraska.gov)**