



Contractor/Vendor Enrollment Process

Description and Purpose of this Document

This document is to outline the process in enrolling and revalidating contractors and vendors who wish to work with the Assistive Technology Partnership (ATP). Contractors are defined as those that work with consumers in the consumer's homes or workplaces. Vendors are defined as those that do not but may supply various types of assistive technology. For simplicity, the term contractor will be used throughout this document but the process pertains to both contractors and vendors unless otherwise stated.

There are two types of enrollments for contractors working with ATP. All contractors should be encouraged to become approved under the HHS/Medicaid system. This process is more lengthy but increases the number of projects the contractors can bid. If a contractor declines this process and only requests to bid non-Medicaid/non-HHS projects, s/he is only able to bid projects funded by non-HHS programs.

ATP still requires that all contractors go through the background check process. If an employer reports that background checks are done on their employees, the employer/owner will need to send in a letter on company letterhead stating such. The employer/owner may also send in a copy of their background check policy in lieu of the letter. Background checks are done yearly.

Initial Contact (Phone or Email)

Initial contact with the contractor should include general information about ATP projects.

Some sample subjects to cover on the initial contact should include: ATP is a state agency and funds are provided through state, federal, and local funding sources. ATP projects are tax-exempt. If a contractor requires proof of this, the contractor can contact the ATP Lincoln office. Payment is released after the work is satisfactorily completed, inspected, and signed off on. This can take 45-60 days.

Construction-related projects: The design and specifications are done by ATP Technology Specialists who act as the project managers for each individual project. Bids are requested/obtained after the family has signed a permission form. No changes to these plans can be done without contacting the Technology Specialist and should not be discussed with the family. Field verification is strongly encouraged prior to bidding because additional funds may not be available during the course of the project if a change order is needed. Contractors cannot solicit additional work outside the scope of the plans/specifications. Standard bid forms are available on the ATP website and must be used when submitting bids for work involving construction.



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Projects involving equipment or vehicle modifications need to be submitted on company bid sheets or letterhead.

This is a closed bid process but once the project is awarded, bids are available for public review.

Billing is done by submitting a company invoice or Service Authorization. For construction projects, a copy of the permit or statement as to why one was not needed, needs to accompany the billing. For vehicle vendors, for sales of vehicles, a copy of the application for certificate of title must accompany the billing. For contractors that are approved to work with other funding sources such as Medicare, Medicaid, or private insurance, it is important to note that other types of billing may be needed for certain types of projects such as those involving durable medical equipment. The Service Authorization will note all funding sources involved including consumer/family contribution.

A letter shall be included when mailing out a packet to a contractor. If the contractor requests these documents electronically, the same information in the letter will be included in the email. This information is available in Attachments A and B.

If a contractor prefers to have a Zoom meeting, the following email should be sent out to confirm the meeting and the documentation that the contractor will need to have on hand. (Attachment C)

Documents

Contractor Vendor Information (1 2022 Contractor Vendor Information Form)

The purpose of this document is obtain general information about the business, the contact information, and the scope of work this business performs. There currently is no statewide licensure for contractors in the state of Nebraska. However, there are some cities in the state that require contractors pass exams in order to pull permits for projects. Two of these areas as of right now are the city of Omaha and the city of Bellevue. Licensure is required throughout the state for the electrical and plumbing trades.

This document is also necessary as there are statements regarding a drug free workplace policy, LB 403, provider standards, and Davis-Bacon language the contractor must review, initial individually, and sign off on the entire document.

Contractor Registration with Department of Labor (DOL) (2 Nebraska DOL Contractor Registration)

The purpose of a contractor registering with the Department of Labor is to ensure that the contractor is up to date with their Certificate of Insurance (COI). All contractors are required to register with the DOL according to state statute. If a contractor has employees, it is also necessary for the contractor to have a Worker's Compensation Certification of Insurance



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(ACORD 25). The registration process is specific to the DOL and is also used by the DOL to manage information for taxes and revenue tracking. Registration with the DOL is done separately using the DOL website or by the contractor calling the DOL office directly. There is a fee associated with registering but a sole owner contractor without employees may request that they be exempt from this fee. Please note that ATP does not need copies of these insurance certificates. ATP only requires copies of a contractor's insurance certificate if requested by a property owner or manager during the completion of a specific project. Vendors do not need to be registered with the DOL.

Provider Release of Information Felony/Misdemeanor Statement (3 MC-199 Provider Release of Info Felony Misdemeanor Statement)

This form, when completed and signed by the contractor, allows ATP to complete background checks on any persons with 5% or more direct or indirect ownership. Each person will need to fill out a separate form. Employees of this business will also need to complete this form only if the business does not do their own background checks. If the business does, a statement from the business stating such can be provided in lieu of the employees completing this form or providing a copy of the business background check policy to ATP. Only those employees that will be going into the home or workplace of the consumers need to have a background check.

Nebraska Ownership/Controlling Interest and Conviction Disclosure (4 MLTC-62 Nebraska Ownership/Controlling Interest and Conviction Disclosure)

This form is intended to identify those persons who have a controlling interest in the business and to disclose conviction information of those owners.

W-4 (5 W-4)

This form only needs to be filled out by contractors that are using their social security number, not an IRS EIN (employer identification number). If a contractor has an EIN, this form does not need to be filled out.

Nebraska Service Provider Agreement (6 MC-19 Service Provider Agreement and Instructions)

This document is the enrollment form used to enroll all providers into the Nebraska Medicaid system. The form is lengthy but there are only certain sections and questions that apply to the contractor enrollment process through ATP. The Guide to Contractor/Vendor Enrollment Medicaid Provider Forms document outlines each section and questions that need to be answered. There is also an instruction sheet that HHS has developed to aid in defining certain terms and completing the document.

NDE W-9 & ACH Enrollment Form (7 State of Nebraska W-9 & ACH Enrollment Form)

The purpose of this document is provide tax filing information and ACH enrollment (ACH – Automated Clearing House network). The state directly deposits into the contractor's bank account. The state no longer provides paper checks for payments unless this contractor/vendor



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is a one-time vendor. If a contractor receives more than 3 checks, the state requires ACH payment. The contractor must have the bank account information including the nine-digit routing number of their bank, the bank's contact information, and their account number. The contractor must sign in both the W-9 and ACH enrollment sections. A voided blank check or letter from the bank with the account information on it needs to be filed with this form. A new form will need to be filled out if the contractor changes banks, accounts, or filing status.

Zoom meetings have proven an effective method to assist contractors in completing this paperwork in a timely manner. These Zoom meetings last no more than one hour on average. ATP staff can assist in typing in the answers given by the contractor while screen sharing. Once all paperwork has been completed, ATP staff will then use Adobe Sign to email the forms for the contractor to review and sign. ATP staff will identify all areas the contractor is to initial and sign on all of the forms. When returned, ATP will have a completed packet of the required paperwork.

A contractor can still request this information be emailed, mailed, or faxed to them.

Background Checks

There are various background checks that are completed. These checks are initiated after the MC-199(s) is/are completed, signed, and returned to ATP.

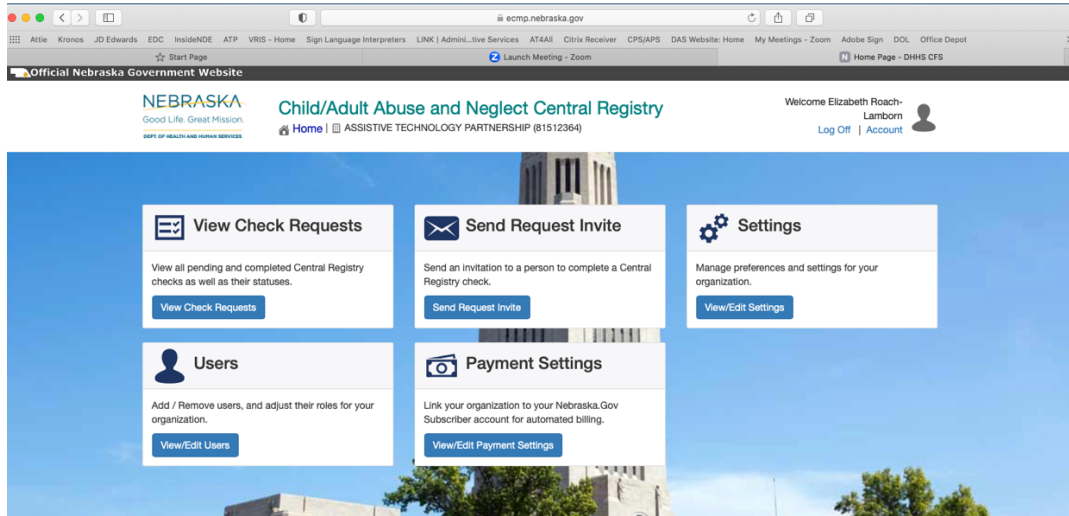
1. Nebraska Child Abuse and Neglect Central Registry (CAN) and the Nebraska Adult Protective Services Central Registry (APS)

Nebraska Child/Adult Abuse and Neglect Central Registry

ATP staff request this check be completed through the online portal. ATP will pay for this check. ATP staff enter the contractor's information including the email address. The contractor will receive an auto-generated email from the system which will instruct them on how to complete the process. ATP staff can log in to check the status of the background check. Otherwise, the contractor receives notification via email that the check is completed. ATP staff should instruct the contractor to notify ATP once the results are received. Staff can also then log in to check the status of the report. Results of the check generally take 3-5 days but can take up to 2 weeks.



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Website for ATP staff to initiate request for CAN/APS

ATP has an account through this portal. The account number is 81512364. This account needs to be linked into the ATP staff log in. Access to this account for new staff is obtained by contacting dhhs.cfscentralregistry@nebraska.gov. The CFS central registry will contact the ATP Director to confirm access for the ATP staff member.



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Background Check Invitation for [REDACTED]



o DHHS.CFSCR@nebraska.gov <DHHS.CFSCR@nebraska.gov>

To: o Lamborn, Elizabeth

Thursday, July 7, 2022 at 11:16 AM

Welcome [REDACTED]

ASSISTIVE TECHNOLOGY PARTNERSHIP has invited you to complete an online Central Registry Check. The on-screen instructions will guide you through the background check process. Use the following link to begin:

[https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/BeginCheck/\[REDACTED\]](https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/BeginCheck/[REDACTED])

(Please paste this address into your browser window if the link is broken)

(This link can only be used once, and will expire 30 days from the date it was sent.)

If you have questions you may call (402) 471-9272.

Thank you,

Nebraska Department of Health & Human Services



If this information has been received in error, the recipient is directed to destroy the information and notify this office of the error immediately.

Example of email contractor receives

At the end of the month, ATP receives a billing for all of the checks that have been initiated. The ATP Director receives this billing and will forward it along with supporting documentation to ATP accounting for payment.

If the results indicate the contractor is on either registry/list, the contractor is ineligible for enrollment. Results must come back stating that there are no results found. The contractor can contact DHHS to expunge the record, but s/he will have to reach out to DHHS directly. Once the record has been expunged, the contractor may request to apply for contractor enrollment with ATP again.

2. CITRIX/NDEN – CITRIX is the software that gives access to NDEN (Nebraska Data Exchange Network). Access is acquired through the Department of Health and Human Services. The ATP HHS Supervisor and/or Director can request access for ATP staff through HHS. Once access is approved and a certificate has been emailed from HHS IT (NFOCUS Help Desk), the NDE IT department should be contacted for set up and installation on the computer. NDEN access provides information pertaining to Nebraska criminal history. Some of the offenses that would make a contractor ineligible are listed

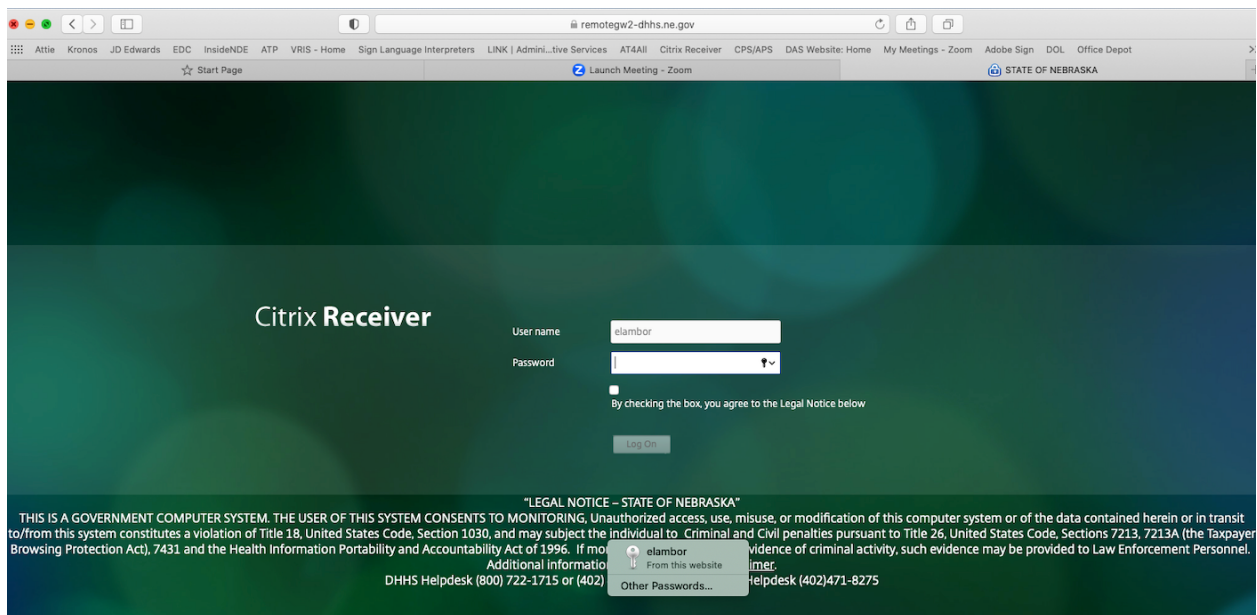
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in the provider standards/provisions section on the Contractor Vendor Information form.

In order to find information specifically about a contractor, ATP staff may need to enter a combination of first name and last name and birth date. Social security information errors out and does not function.

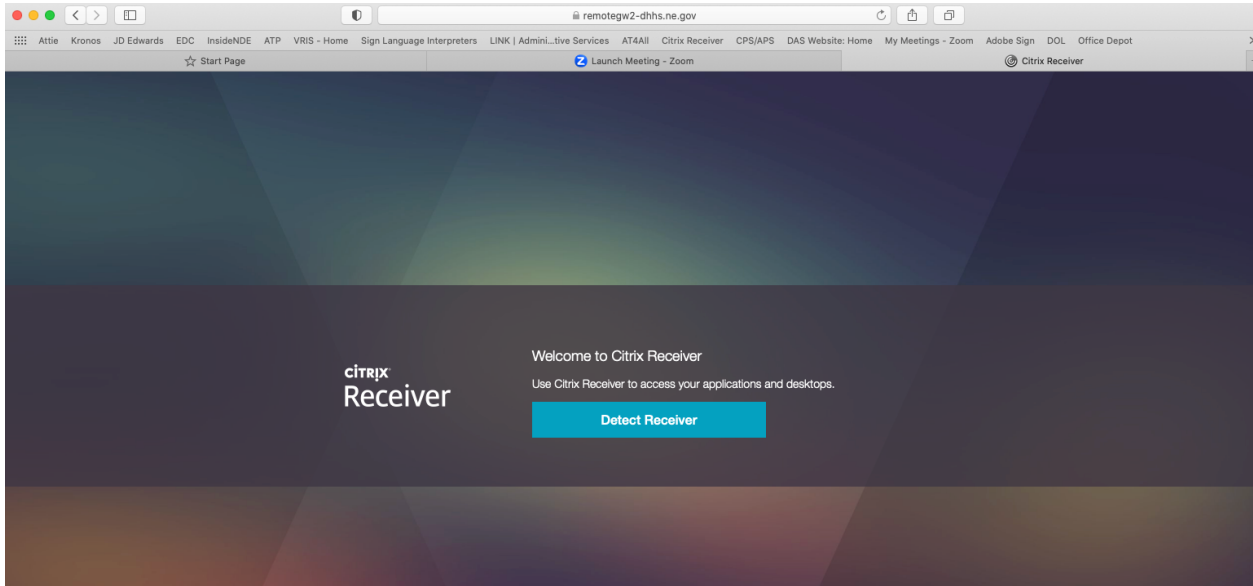
Persons convicted of any felony or a first-degree or second-degree misdemeanor are ineligible for enrollment. There are also third degree misdemeanors that involve abuse or sexual misconduct that make the person ineligible for enrollment.

If an offense is found, staff should discuss this with the ATP HHS Program Supervisor and/or ATP Director to discuss the severity and length of time and whether or not these offenses make the contractor ineligible.

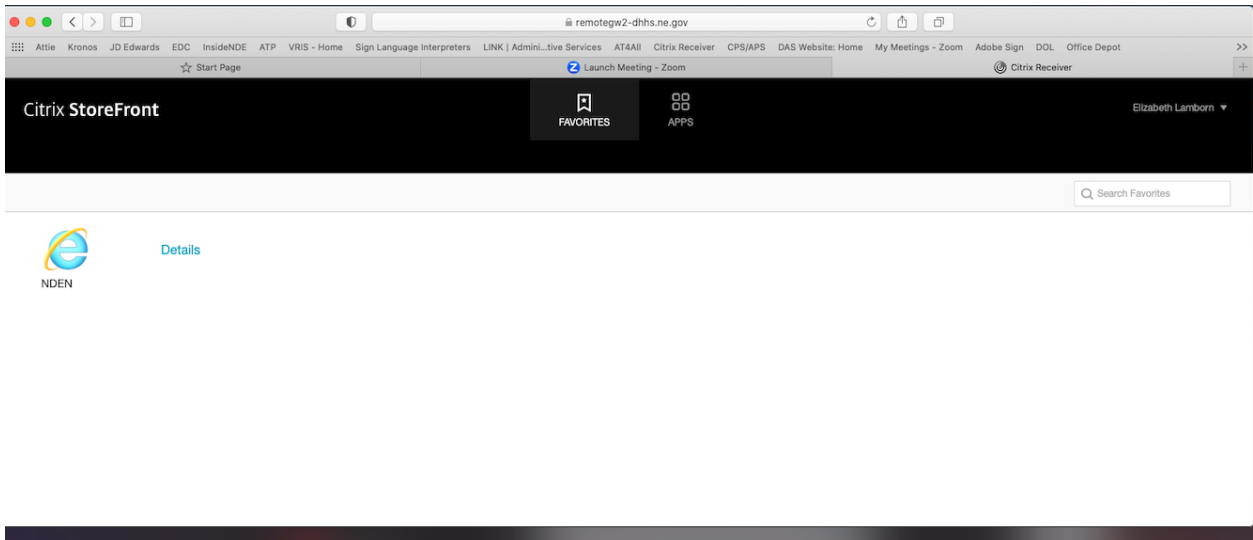


Log in Screen

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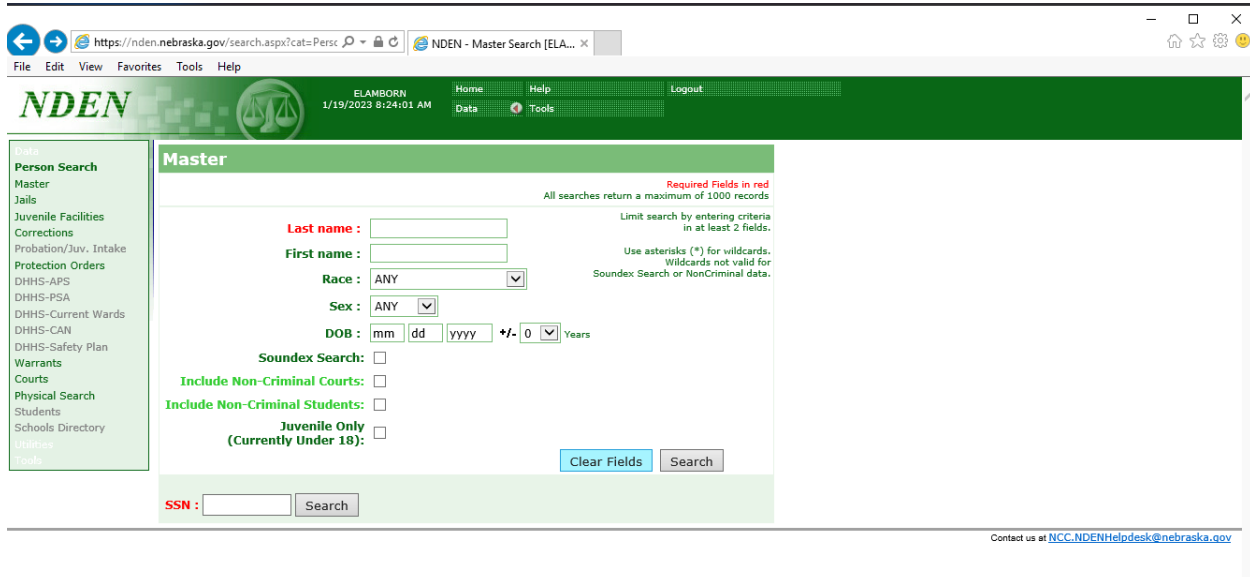


Detect Receiver must be clicked



Click on NDEN

Once on NDEN is accessed, enter your password on the log in screen.



NDEN Search Screen – enter the legal last name, first name, DOB and click search.

Screen shots of all pages needs to be done. No “print” or “save” feature is available.

3. SAM (System for Award Management) – <https://sam.gov/content/home>
 SAM is the website to access information about businesses that have been excluded from receiving funds through federal and/or state programs. The website searches for entity registration and exclusion records. Entities are defined as contractors or individuals applying for awards who desire to do business with the federal government. An exclusion bars an entity from receiving such awards.

Once on the website: Click on search, All Domains, Entity Information, Exclusions. In Filter By area, click on Excluded Individual. Enter the name and social security number, and then Add Individual. Scroll back to the top and results of the search are located in the area labeled “Select Criteria.” If the contractor is listed, the contractor is ineligible to receive funding and is ineligible for contractor enrollment. Print a copy of this page.



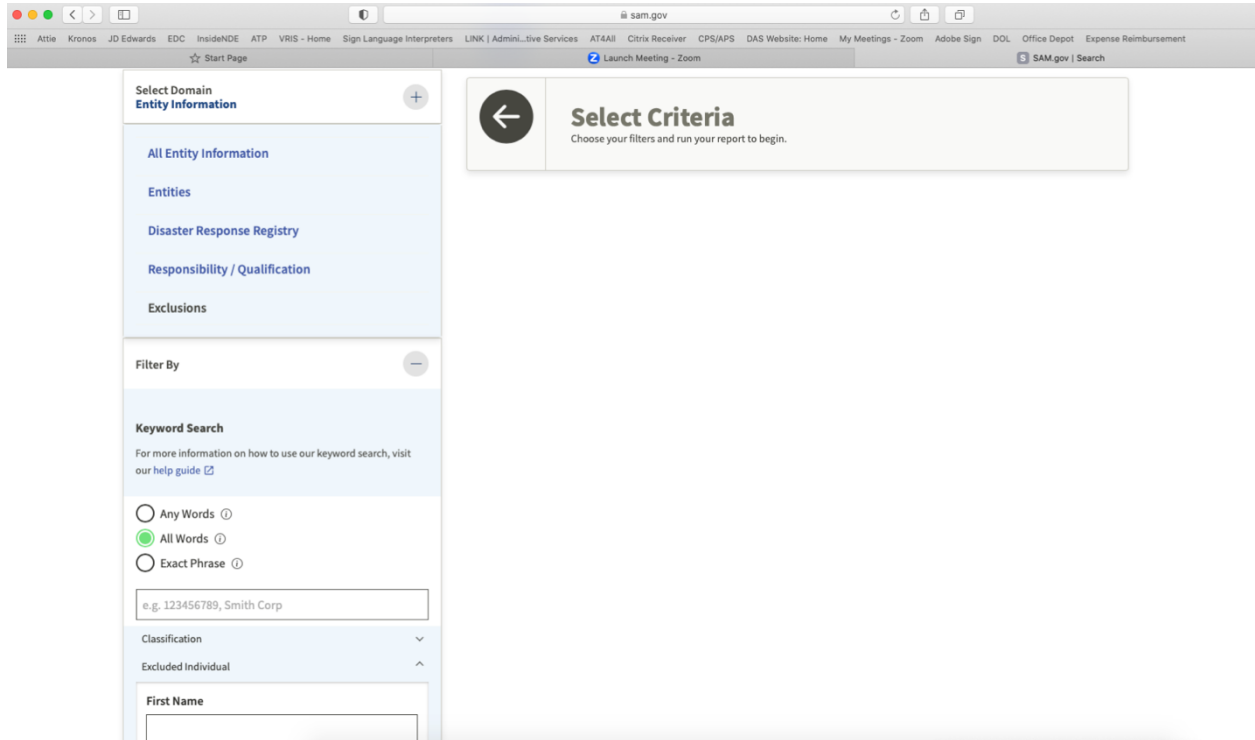
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This screenshot shows the top alerts section of the sam.gov website. It features a navigation bar with various links and a main alert area. The alert area contains two items: 'Entity Validation Ticket Review' dated Jan 17, 2023, and 'Planned Maintenance Schedule' dated Apr 3, 2022. Each item has a 'Show Details' link and a close button (X). A 'See All Alerts' button is located to the right of the alerts. A 'Sign In' button is visible in the bottom right corner of the alert section.

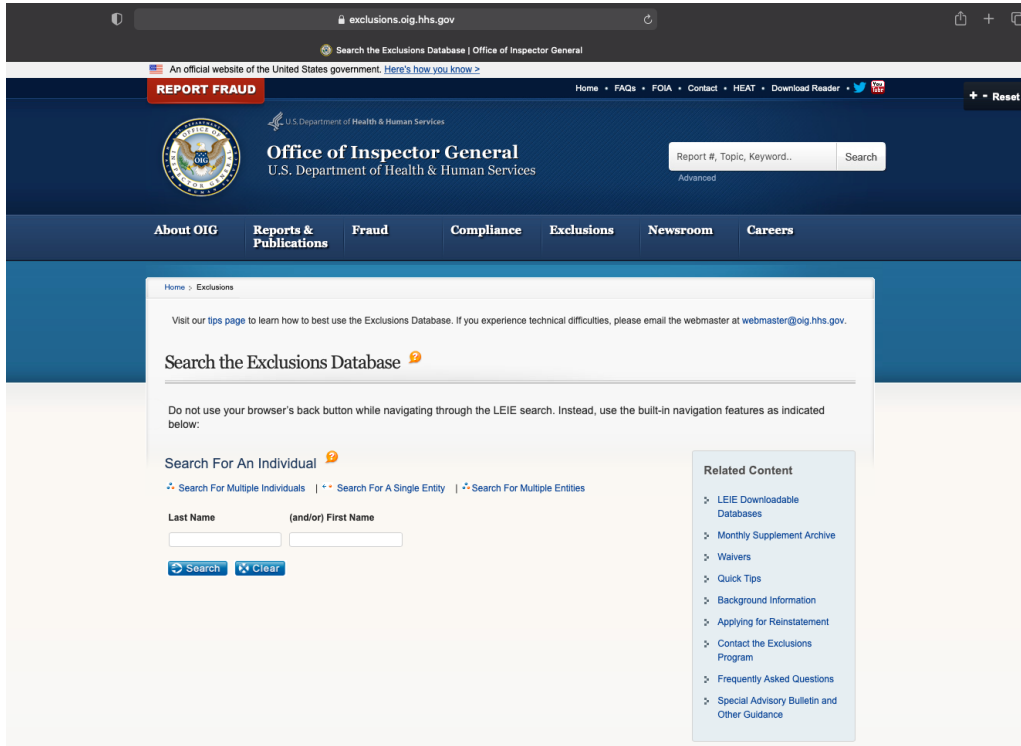
This screenshot shows the main content area of the sam.gov website. It features the SAM.GOV logo and the text 'Official U.S. Government Website 100% Free'. Below the logo, there are two main sections. The left section is titled 'The Official U.S. Government System for:' and lists several categories: Contract Opportunities (was fbo.gov), Contract Data (Reports ONLY from fpds.gov), Wage Determinations (was wdol.gov), Federal Hierarchy (Departments and Subtiers), Assistance Listings (was cfda.gov), Entity Information (Entities, Disaster Response Registry, Exclusions, and Responsibility/Qualification (was fapiis.gov) with a 'NEW' tag), and Entity Reporting (SCR and Bio-Preferred Reporting). The right section is titled 'Register Your Entity or Get a Unique Entity ID' and includes the text 'Register your entity or get a Unique Entity ID to get started doing business with the federal government.' Below this text are three buttons: 'Get Started', 'Renew Entity', and 'Check Entity Status'.

This screenshot is identical to the one above, showing the top alerts section of the sam.gov website with the same navigation bar, alert items, and buttons.

This screenshot shows the search page of the sam.gov website. It features the SAM.GOV logo and a search bar with the text 'All Words' and 'e.g. 1606N020Q02'. Below the search bar, there is a 'Select Domain' dropdown menu with a list of options: 'All Domains', 'Contract Opportunities', 'Assistance Listings', 'Entity Information', 'Federal Hierarchy', and 'Wage Determinations'. To the right of the dropdown menu is a 'Select Criteria' button with a left-pointing arrow and the text 'Choose your filters and run your report to begin.'



4. OIG (Office of Inspector General) – <https://exclusions.oig.hhs.gov/default.aspx>
Enter the last name and/or first name (of the business owner only) and click search. It is the exclusion database for the US Department of Health and Human Services. If the contractor is listed, the contractor is ineligible to receive funding and is ineligible for contractor enrollment. Print a copy of this page.



5. SSDMF (Social Security Death Master File) – Email dhhs.medicaproviderentrollment@nebraska.gov
Request a SSDMF check and include the contractor's (business owner only) name and social security number. Ensure that this email is sent ENCRYPTED to the DHHS email address. An email will be sent (screen shot may be included) indicating what was found. ATP staff should print the email and the screen shot.
6. NPPES (National Plan and Provider Enumeration System) – <https://npiregistry.cms.hhs.gov/search>
An NPI is a unique identification number for covered health care providers, created to help send health information electronically more quickly and effectively. Covered health care providers, all health plans, and health care clearinghouses must use NPIs in their administrative and financial transactions. This is generally only assigned to larger companies that are already established medical providers. Print a copy of this page.



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Search NPI Records

NPI Number

NPI Type

Taxonomy Description

for individuals

First Name **Last Name**

for organizations

Organization Name (LBN, DBA, Former LBN or Other Name)

City **State** **Country** **Postal Code** **Address Type**

Check this box to search for Exact Matches only ⓘ

** This search page is by default set to return similar and close results to your search keywords. You can check the box above if you only want the exact matches for your keywords to be returned in the search results.

Clear

Please Note: Issuance of an NPI does not ensure or validate that the Health Care Provider is Licensed or Credentialed. For more information please refer to [NPI: What You Need to Know](#)

7. SOR (Sex Offender Registry) – <https://sor.nebraska.gov/>
This website is a database for those who are registered sex offenders. All owners and employees need to be checked. If the contractor is listed, the contractor is ineligible for contractor enrollment. Print a copy of this page.



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Official Nebraska Government Website

Nebraska Sex Offender Registry

HOME ABOUT **SEARCH** DOCUMENTS FAQ REGISTRATION INFO
location and maps

Search Offenders by Name

First Name Last Name Exact Only

SUBMIT

USEFUL LINKS

- > Jacob Wetterling Foundation
- > Parents for Megan's Law
- > Center for Sex Offender Management
- > National Center for Missing and Exploited Children
- > Stop It Now!
- > Dru Sjodin National Sex Offender Public Website

8. NMEP (Nebraska Medicaid Excluded Providers) – <https://dhhs.ne.gov/Pages/Program-Integrity-Sanctioned-Providers.aspx>

This is a list of providers that are no longer eligible for working with the Nebraska Medicaid program. This is the business name or the actual provider name. Print the first page and the page associated with the owner or company name to show that they are listed or not listed. If the company/owner is listed, they are not eligible to receive Medicaid funds and are ineligible for Medicaid enrollment. This list is updated monthly by HHS.



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9. SAVE (SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS) – Email dhhs.medicaidproviderentrollment@nebraska.gov

This check verifies that this person is a qualified alien under the federal Immigration and Nationality Act. In the email, request a SAVE check and include the contractor's (business owner only) name and alien number. Ensure that this email is sent ENCRYPTED to the DHHS email address. An email will be sent (screen shot may be included) indicating what was found. ATP staff should print the email and the screen shot.

Background checks are good for one year. This requires that ATP staff contact the enrolled business a month prior to the years end. ATP staff will inform the contractors that background checks are due for completion. This request is generally done via email or by mail. (Attachments D and E)

Full renewals for contractor enrollment are done every 5 years. HHS terms this process revalidation. (Attachments F and G)

A letter is sent out by ATP staff when a contractor is initially approved and fully enrolled. (Attachment H)



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A letter is sent out by ATP staff when a contractor is approved and revalidated at 5 years. (Attachment I)

A letter is sent out by ATP staff if a contractor is found ineligible for enrollment. Coordinate the citing that causes the contractor to be ineligible with the ATP HHS Program Supervisor and the ATP Director. ATP HHS Program Supervisor will look up the policy and/or regulations that would be cited to make the contractor ineligible. This letter must also include the effective date and expiration date of ineligibility. See Attachment J for potential letter wording.

ATP staff will need to notify HHS of the contractor enrollment denial. Contact the HHS Program Relations Program Manager to inform that office of the denial. A copy of the denial letter should be securely emailed.

A email is sent out by ATP staff to encourage the contractor to update paperwork for continued enrollment (revalidation). However, if a contractor fails to renew within 90 days of the notice, the contractor will receive an email or letter informing them they are no longer an approved contractor. (Attachment K and L)

Vendor Enrollment Process

For vendors that are already in Enterprise 1 (E1), and supplying only a product, ATP staff do not have to do anything to set up this vendor.

If they are not in E1, though, vendors will be required to fill out and return the Contractor Vendor Information Form, MC199 Provider Release of Info Felony Misdemeanor Statement – owner(s) only, and the NDE ACH W9.

If they are not supplying equipment for HHS, yearly background checks are needed for the company owner's only.


Final Steps for Contractor Set Up

1. Review paperwork
Once all background checks are complete and the contractor is eligible to receive funding, ATP staff shall review to ensure that all paperwork is signed and filled out completely. A document in Teams is being used to securely manage all contractor documentation.

Complete MC-19 Service Provider Form.

Home Tools
6_MC-19Nebrask... x

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Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid and Long-Term Care

Service Provider Agreement

Medicaid & Long-Term Care Use Only	
Medicaid ID #	
N-Focus ID #	
Connect ID #	

READ INSTRUCTIONS BEFORE COMPLETING - SIGNATURE REQUIRED ON PAGE 6

Failure to complete required provider enrollment documents completely and accurately or submitting false information may be grounds for denial, termination, or civil or criminal prosecution.

Return the Service Provider Agreement application (MC-19) along with all applicable addendum(s) and attachments to: Maximus Nebraska Medicaid Provider Enrollment, PO Box 81890, Lincoln, NE 68501. The Service Provider Agreement, application fee (if applicable), and any required addendums and attachments **must be accurate, completed in their entirety and submitted together in order to begin the enrollment process.**

Section A: General Information

ENROLLMENT INFORMATION

1. Check Type of Enrollment Request:

- a. **Initial Enrollment** - New Provider Number _____
- b. **Re-Enrollment** - Previous Provider Number _____
- c. **Reactivation** - Previous Provider Number _____
- d. **Revalidation** - Current Provider Number _____
- e. **New FTIN for Existing Provider** - Current Provider Number _____
- f. **Add Member to Existing Provider Group** - Current Provider Number _____

2a. Type of Practice:

Individual/Solo
 Group Member
 Group/Institution
 Facility
 Pharmacy

Pharmacy Types: Independent Professional Large Chain Small Chain

Unit Dose, Large Chain Unit Dose, Independent Other _____

2b. If Group, Institution, Facility, Pharmacy:

Check here to request a waiver of the application fee payment

3. Requested Effective Date(s):

1/1/2023-1/1/2028

4. Provider Name and Physical Address:

Legal Name _____

Update Section A 3. Requested Effective Date(s) with today's date through 5 years from today.



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MEDICAID & LONG-TERM CARE USE ONLY	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied
Effective Dates	
1/1/2023	through 1/1/2028
By	
Title	
Program	
Comments	

Fill out Medicaid & Long Term Care Use Only located on last page

2. Request Address Book (AB) Number in Enterprise One (E1).

State of Nebraska- Address Book - Enter Address Book request
Enter Tax ID and click on Find (magnifying glass)

Address Book Request General Instructions:

Adds: If an address book number needs to be added, click Add button (above).

Documentation Requirements:
W-9s: New Vendors, Suppliers, Entities or Businesses - including those using SSNs (Social Security Numbers)
W-8s: Any Foreign (International) entity or individual that does not supply a W-9

Changes: If an address book record needs to be changed, begin by utilizing the Filters box below.

Documentation Requirements:
W-9s: Change of Parent Company or DBA (Doing Business As) Name
 Change of Federal Tax ID (FTIN/EIN)
 Any existing record that does not currently have a W-9 on file
W-8s: Change of Parent Company or DBA (Doing Business As) Name
 Change of Foreign Status (such as obtaining a US Taxpayer ID)
 Any existing foreign record that does not currently have a W-8 on file

1. Search by:
 Tax ID
 Address Number
 Alpha Name
 Search Type
 Long Address Number

2. Once the information has been entered, click on Find (above) to display relevant records in the grid.

3. After selecting the correct row on the grid, double click the radio button or click on Select (above).

Filters

Tax ID Search Type
 Address Number Long Address Number
 Alpha Name

No records found.

Address Number	Tax ID	Alpha Name	Long Address	Sch Typ
Record would be found here				

If a record is found, use the Address Book number assigned.

If no record is found, click on + sign to create a new request.
 Fill out the search type, address information, and bank account fields.

Attach the State of Nebraska W-9 & ACH form along with supporting banking information – this must be a pdf file.

Comments: Please process AB request.

****If you need help with this process, see the central accounting training course on “How to request address book number and changes.”**

Central Accounting will email you the AB number when it is processed in 3-5 days. If something needs corrected, they will email you stating that it is unprocessed and how to correct.

To correct unprocessed requests:

State of Nebraska- Address Book- Work with AB Requests



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STATE OF NEBRASKA > Address Book

Open Applications Recent Reports Favorites

Work with AB Requests - Address Book Requests (Find/Browse)

Personal Form: (No Personalization) Query: All Records

Status Filter

Status - Begin

Status - End D DATA ENTRY REVIEW REQUIRED

NOTE: "A" status records ("Approved") are not available to view

Agency 013 DEPT OF EDUCATION

Alpha Name

Source

Submit Request

No records found.

Request #	Source	Requester Agency	Requester Number	Requester Name	Century	Year	Month	Day	Time Updated	Requester Area Code	Requester Phone	Requester Email	Status	Status Description
-----------	--------	------------------	------------------	----------------	---------	------	-------	-----	--------------	---------------------	-----------------	-----------------	--------	--------------------

Agency- 013- search

Click on request that needs corrected.

Make corrections- You can leave comments or questions in comment section.

Click "Submit Request"

3. Set up new Contractor/ Vendor in Attie

attie.nebraska.gov

Attie Kronos JD Edwards EDC InsideNDE ATP VRIS - Home Sign Language Interpreters LINK | Admin...tive Services AT4All Citrix Receiver CPS/APS DAS Website: Home My Meetings - Zoom Adobe Sign DOL Office Depot

Dashboard

Locations

Serv. Coord.

Vendors

Agencies

Dashboard

New Location New Agency New Vendor New person New Todo

Search (people, vendors, agencies, service requests, users, todos) Search

0 service requests need attention

New Vendor



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The screenshot shows a web form titled "Vendors". It contains several input fields: "Name (required)", "Street (required)", "City (required)", "State (required)" (dropdown), "Zip code (required)", and "County" (dropdown). Below these are checkboxes for "LB 403 Verified", "VR/ICC Forms Completed", "Active?" (with a blue checkmark), "Drug Policy Reviewed", "Provider Standard Verified", and "Medicaid Provider Forms Completed". There are also expandable sections for "Contact Information", "Pay To", "Notes and Categories", and "Attachments". A "Submit" button is at the bottom. On the right, there is a "Vendor Notes" section with a blue header and a button to "Add a new vendor note".

Fill in all known fields under Vendor and Contact Information

Name is business name, if they don't have business name then use owner's name

Click on the Pay To Field - Enter AB# in Pay To Street

No other fields in this section needs completed

Notes and Categories

Note if they are DHHS or NONDHHS approved and set up date and initial.

Note preferred contact method- email, fax, mail.

Attachments

Upload ALL paperwork and results

Vendor Notes are used by ATP staff for private communications.

Click on Submit

4. Email Staff to alert them of contractor/vendor availability

Email Technology Specialists that are in the contractors travel area. Ensure to cc: the ATP Director and Program Supervisors to inform them of the new contractor. Attach the Contractor Vendor Information form to the email. In the email, state that the contractor is set up and ready for work. Include the business name and contact information and if they are HHS approved or not (only for use with EFG, VR, and ICC funds).

ATP staff will email or mail the contractor the Initial Welcome letter (Attachment H) and attach/enclose the Contractor Guide (Attachment M).

5. NE New Hire Form

If the contractor files with a social security number, ATP staff must fill out the New Hire Form and email the completed form to: nde.centralaccounting@nebraska.gov



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Effective October 1, 1997 Nebraska Statute 48-2301 requires all Nebraska Employers, both public and private, to report all newly hired, rehired, or returning to work employees to the State of Nebraska within 20 days of hire or rehire date. Information about new hire reporting and online reporting is available on the web site: www.ne-newhire.com. (Attachment N)

Contractor Information Filing and Retention

ATP policy is to scan any paper copies. Paper copies will be shredded. Emails with contractor enrollment correspondence are deleted, as well, to ensure the confidentiality of sensitive contractor and business information.

Currently, all documents are uploaded into Teams for the management of documentation.

All email correspondence need to be sent encrypted when sending sensitive information including SSN, EIN, banking information, and client name and address. Adobe Sign is a great tool to send documents securely for signatures.

Agency Contact Information

From time to time, these forms are updated by HHS. These forms can be found on the HHS website: <https://public-dhhs.ne.gov/Forms/Home.aspx>

HHS dhhs.medicaidproviderentrollment@nebraska.gov

HHS Provider Relations Program Manager is Melinda Abbott (August 2023)

New forms for NDE can be found on the Inside NDE website:

https://insidende.education.ne.gov/wp-content/uploads/2019/05/ACH__W9_Fillable.pdf

NDE nde.centralaccountinghelp@nebraska.gov