Medicaid Nebraska
837 and 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDIinsight Enrollment Team using EDIinsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the ERA setup request or contact the payer directly at DHHS.MedicaidEDI@nebraska.gov.

837 Claims Transactions and 835 Electronic Remittance Advice:

1. **5010 Nebraska Medicaid Billing Provider Trading Partner Authorization (3 pages)**

   Complete all applicable fields.

   Provider or Authorized Individual must print name, title, date and sign where indicated on Page 3.

2. **5010 Nebraska Medicaid Trading Partner Authorization and Enrollment for Electronic Remittance Advice (ERA) 835 Transaction Form (3 pages)**

   Complete all applicable fields.

   Under the 'Electronic Remittance Advice Information' section on Page 2, enter your NPI or TIN for your preference of data aggregation.

   Under the 'Submission Information' section on Page 3, check 'New Enrollment' if you have never received ERAs from this payer. If you have, check 'Change Enrollment.'

   Provider or Authorized Individual must print name, title, date, requested effective date, and sign where indicated on Page 3.

Submit to EDIinsight Enrollment Team:

Within EDIinsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment**] record for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional)

CLICK to **"Save and Exit"** notes' window.

Nebraska Department of Health and Human Services
5010 NEBRASKA MEDICAID BILLING PROVIDER TRADING PARTNER AUTHORIZATION

Please note form fields with an * are required fields that MUST be completed.

This Authorization is required of all Nebraska Medicaid Providers who wish to submit or receive electronic transactions directly or through a third party, such as a clearinghouse, to Nebraska Medicaid (hereinafter known as “NE Medicaid”). The submitter of such transactions is hereinafter known as “Trading Partner.”

- NE Medicaid will only exchange transactions with an approved Trading Partner when an Authorization is on file from a NE Medicaid provider.
- The Authorization must list the specific NPI, Taxonomy and Zip+4 for each NE Medicaid Health Care Provider, or the specific provider number for each NE Medicaid Atypical Provider, transaction(s) and the effective start date(s) of the Authorization.
- When a Trading Partner is no longer authorized for any or all of the provider numbers and/or transactions listed, a new Authorization must be completed providing the End Date(s).
- Only one Trading Partner can be authorized per transaction at a time and the authorized dates may not overlap.
- NOTE: When authorizing for multiple provider numbers/entities, if the transaction(s) or effective date(s) information varies for provider numbers/entities, please complete separate Authorizations.

*With this understanding, I,________________________ ________________________,
(*Name) (Title)

*representing:________________________
(*Provider Name)

*authorize: Practice Insight (6149)
(*Trading Partner)

To submit and/or receive the electronic transactions indicated below on behalf of the listed NE Medicaid Providers for the dates indicated:

When authorizing for a NE Medicaid Health Care Provider(s) the following fields are required:

*Provider Name	*NPI Number	*Taxonomy	*Zip + 4
			+
			+
			+
			+

When authorizing for a NE Medicaid Atypical Provider(s) the following fields are required:

*Provider Name	*Medicaid Provider Number

(Note: Please attach a separate sheet for additional provider(s), if necessary)

Submit/Receive 5010 Transactions with Nebraska Medicaid:

Note for each transaction:
- The Start Date is the date upon which NE Medicaid can start accepting that transaction.
- The End Date is the last date upon which a transaction can be accepted.
- The End Date is not required until applicable.

		Start Date[2]	End Date
☐	837 Professional Claim[1]		
☐	837 Institutional Claim[1]		
☐	837 Dental Claim[1]		
☐	270/271 Eligibility Inquiry / Response		
☐	276/277 Claim Status Request / Response		
☐	278 Prior Authorization Inquiry / Response		

[1]Trading Partners will receive a weekly Electronic Claims Activity (ECA) Report, 999, and a TA1 (if requested) Functional Acknowledgements for submitted files; therefore, Providers will not select an ECA or 277CA acknowledgement. Providers will receive the selection made by their Trading Partners.

[2]A start date is required for each 5010 transaction selected. Note that EDI enrollment cannot be backdated; however, claims can be submitted with dates of service within the timely filing requirements (currently six months per Provider Bulletin 13-50).

NOTE: Electronic Fund Transfer (EFT) enrollment is required when a provider enrolls with Nebraska Medicaid.

To receive the 835 Remittance Advice / Refund Requests Report, please complete the **5010 Nebraska Medicaid Trading Partner Authorization and Enrollment for Electronic Remittance Advice (ERA) 835 Transaction** form. This form can be found on our EDI Web site at: http://dhhs.ne.gov/medicaid/Pages/med_edienroll-5010.aspx

When receiving the 835, the Refund Requests Report will be provided electronically.

Authorization

By signing or completing "Name of Person Submitting Enrollment" the submitting individual is attesting and acknowledging on behalf of the Nebraska Medicaid Provider(s) listed above that:

- he or she is authorized to complete and sign this Authorization;
- the information provided is accurate and true;
- electronic submission of claims through a Trading Partner constitutes certification as required by 471 NAC 3-003.02;
- the Trading Partner is responsible to communicate to the Provider any problems or delays in transmission, as well as error/reject information or reports that the provider needs in order to correct, track or complete transactions;
- Nebraska Medicaid will not exchange transactions with a Trading Partner on behalf of a Provider without this Trading Partner Authorization;
- the Trading Partner must have an active Trading Partner Agreement with Nebraska Medicaid, or this Authorization is null and void;
- Any changes to the Provider's NPI, Taxonomy and/or Zip Code +4 will require an updated 5010 NE Medicaid Billing Provider Trading Partner Authorization; and
- this information will be kept current by completing new Authorizations as necessary.

Type or Printed:
*Name of Person Submitting Enrollment:
Signature:
*Title:
*Date:
*Provider / Office Name:
*Address:
*City, State, Zip:
*Phone Number:
FAX:
Email Address:

If you are switching from one Trading Partner to another, please indicate your previous Trading Partner to discontinue submission of the above transactions.
Discontinue Trading Partner (Name)

Please complete and submit this form to Nebraska Medicaid. If using a Trading Partner, you may be requested to return this form to the Trading Partner. If submitting this form directly to Nebraska Medicaid, send as an attachment to DHHS.MedicaidEDI@nebraska.gov or fax or mail to:

FAX: 402-742-2353

Mail:
Department of Health and Human Services
Attn: Medicaid EDI Help Desk
PO BOX 95026
Lincoln, NE 68509-5026

Phone 402-471-9461 (In Lincoln)
866-498-4357 (Outside of Lincoln)

If you have questions, please contact the Nebraska Medicaid EDI Help Desk at:

Email: DHHS.MedicaidEDI@nebraska.gov

Please be sure to save your document then attach to email.

Department of Health and Human Services - State of Nebraska
5010 NEBRASKA MEDICAID TRADING PARTNER AUTHORIZATION AND ENROLLMENT for Electronic Remittance Advice (ERA) 835 Transaction Form

READ INSTRUCTIONS "HERE" BEFORE COMPLETING

This Authorization and Enrollment form is required of all Nebraska Medicaid Providers who wish to receive the 835 Electronic Remittance Advice transactions directly or through a third party, such as a clearinghouse, from Nebraska Medicaid (hereinafter known as "NE Medicaid"). The receiver of such transactions or any reference to clearinghouse is hereinafter known as "Trading Partner."

NOTE:

- When receiving the 835, the Refund Requests Report will be provided electronically.
- Electronic Fund Transfer (EFT) enrollment is required for a provider to enroll with Nebraska Medicaid.
- When a Trading Partner is no longer authorized for the provider number/entity listed and/or the 835 transactions, a new Authorization and Enrollment form must be completed providing the End Date.
- If a provider adds or changes the NPI, taxonomy and/or zip+4 reported to Medicaid Provider Enrollment, a new 835 Transaction form is required to continue to receive the 835, even if continuing with the same Trading Partner.
- Only one Trading Partner can be authorized per 835 transaction at a time and the authorized dates may not overlap.
- When authorizing for multiple provider numbers/entities, please complete a separate 835 Transaction form for each.

Please Complete the Following (required fields are indicated with *)

Enter the 11-digit Nebraska Medicaid-assigned Provider Number*:

Check if atypical provider

☐

NE Medicaid is required to provide a paper Remittance Advice (RA) for three payment cycles for all newly approved 835 transaction for production, if requested.

To select this option, check the box to continue to receive paper RA(s) for three payment cycles after receiving the 835 in production:

☐

If switching from one Trading Partner to another, please indicate the previous Trading Partner to discontinue for the 835 transaction.

Discontinue Trading Partner (Name)

Effective Date (mm/dd/ccyy):

Follow NE Medicaid specific instructions for fields displayed in **BOLD** font.

PROVIDER INFORMATION

Provider Name*

PROVIDER ADDRESS

Street*

City*

State/Province*

Zip Code/Postal Code*

PROVIDER IDENTIFIERS INFORMATION

PROVIDER IDENTIFIERS

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI)

OTHER IDENTIFIERS

Assigning Authority:

NE Medicaid

Trading Partner ID 6149

Provider Taxonomy Code

PROVIDER CONTACT INFORMATION

Provider Contact Name*

Title*

Telephone Number*	Telephone Number Extension

Email Address

Fax Number

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data

Provider Tax Identification Number (TIN)

National Provider Identifier (NPI)

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name*

Practice Insight

SUBMISSION INFORMATION

REASON FOR SUBMISSION*: (Select one)

New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment ☐

AUTHORIZED SIGNATURE

Written Signature of Person Submitting Enrollment[1]

Printed Name of Person Submitting Enrollment[1]*

Printed Title of Person Submitting Enrollment*

Submission Date*

Requested ERA Effective Date (*either this field or the one directly below is required, not both)

Requested ERA End/Cancel Date

[1] **By signing or completing "Printed Name of Person Submitting Enrollment", the submitting individual is attesting and acknowledging on behalf of the Nebraska Medicaid Provider listed above that:**

- He or she is authorized to complete and submit this 835 Authorization and Enrollment Form;
- The indicated Trading Partner is authorized to receive the 835 ERA for the listed Provider;
- The information provided is accurate and true;
- Nebraska Medicaid will not exchange the 835 transactions with a Trading Partner on behalf of a Provider without this Trading Partner Authorization & Enrollment form;
- The Trading Partner must have an active Trading Partner Agreement with Nebraska Medicaid or this 835 Authorization and Enrollment is null and void;
- Any changes to the Provider's NPI, taxonomy and/or zip code+4 will require an updated 5010 Nebraska Medicaid Trading Partner Authorization and Enrollment for Electronic Remittance Advice (ERA) 835 Transaction Form; and,
- This information will be kept current by completing new 835 Authorization & Enrollment forms, as necessary.

Please complete and submit this form to Nebraska Medicaid. If using a Trading Partner, you may be requested to return this form to the Trading Partner. If submitting this form directly to Nebraska Medicaid, send as an attachment to DHHS.MedicaidEDI@nebraska.gov or fax or mail to:

FAX: 402-742-2353

Mail:
Department of Health and Human Services
Attn: Medicaid EDI Help Desk
PO BOX 95026
Lincoln, NE 68509-5026

Phone 402-471-9461 (In Lincoln)
866-498-4357 (Outside of Lincoln)

If you have questions, please contact the Nebraska Medicaid EDI Help Desk at:

Email: DHHS.MedicaidEDI@nebraska.gov

- Click "HERE" for Late/Missing ERA Resolution Procedures.

Please be sure to save your document then attach to email.