

WHICH FORMS SHOULD I COMPLETE?

- **Nebraska Medicaid Billing Provider Trading Partner Authorization**

WHERE SHOULD I SEND THE FORM(S)?

- Email to DHHS.MedicaidEDI@nebraska.gov; OR
- Fax to 402-742-2352

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 15 business days

HOW DO I CHECK STATUS?

- Email DHHS.MedicaidEDI@nebraska.gov to check on the enrollment status to confirm you are enrolled for the 837 Claims transaction.
- **Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.**