

WHICH FORMS SHOULD I COMPLETE?

- Complete the **Electronic Remittance Advice (ERA) 835 Transaction Form** (Pages 2-4)

WHERE SHOULD I SEND THE FORM(S)?

- Email to DDHS.MedicaidEDI@nebraska.gov
OR
- Fax to (402) 742-2353
OR
- Mail to:
Department of Health and Human Services
Attn: Medicaid EDI Help Desk
PO Box 95026
Lincoln, NE 68509-5026

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 5 business days

HOW DO I CHECK STATUS?

- You may email the Payer at DDHS.MedicaidEDI@nebraska.gov to check on ERA Enrollment status



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").

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

checkbox

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:

checkbox

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):

SUBMISSION INFORMATION

REASON FOR SUBMISSION*: (Select one)

New Enrollment

Change Enrollment

Cancel Enrollment

AUTHORIZED SIGNATURE

Written Signature of Person Submitting Enrollment¹

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.
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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.

Click here to Email

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