

MEDICAID NEBRASKA (MCDNE) ERA ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- Electronic Remittance Advice (ERA) 835 Transaction Form

WHERE SHOULD I SEND THE FORMS?

- Fax the form to (402) 742-2353; or
- Email to DHHS.MedicaidEDI@nebraska.gov; or
- Mail the form 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?

- Email DHHS.MedicaidEDI@nebraska.gov to check on ERA enrollment status.



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

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*

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.
