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:_____
(*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)

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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.

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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: Phone   402-471-9461 (In Lincoln)
                         Department of Health and Human Services   866-498-4357 (Outside of Lincoln)
                         Attn: Medicaid EDI Help Desk
                         PO BOX 95026
                         Lincoln, NE 68509-5026

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

Email: DHHS.MedicaidEDI@nebraska.gov

| **Click here to Email** |

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