



## Instructions for Completing Nebraska Medicaid Trading Partner Authorization Form

- Page1
  - Top section (the paragraph):
    - Your Name & Title
    - Provider Name
  - Middle Section:
    - Provider Name
    - Provider NPI Number
    - Taxonomy code
    - Zip + 4
  - Lower Section: skip
- Page2
  - Enter today's date in the space allotted for 270/271 Start Date
  - End Date: skip
- Page3
  - Complete the following
    - Name of Person Submitting Enrollment
    - Sign
    - Title
    - Date
    - Provider/Office Name
    - Physical Address
    - City, State, Zip
    - Phone Number
    - FAX (optional)
    - Email
    - \*\*\*Discontinue Trading Partner: To discontinue, and replace, your current Clearinghouse with Experian Health for 270/271, please complete this section. This is required only IF you have a current 270/271 Clearinghouse, NEMD will only allow one Clearinghouse. If you do not currently have a Clearinghouse for 270/271, please disregard. Again, this is just for 270/271 ONLY
- Email (preferred) the completed forms as an attachment to [enrollment@experianhealth.com](mailto:enrollment@experianhealth.com) or fax it to 866.921.8415, attention Enrollment
- **Do not fax or email completed enrollment form to Nebraska Medicaid**

**Third Party Agencies:** Please have your client(s) follow the steps outlined above and return the completed forms to you to return to Experian.

Thank you for your interest in Experian Health!

**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 <sup>2</sup>	End Date
<input type="checkbox"/>	837 Professional Claim <sup>1</sup>		
<input type="checkbox"/>	837 Institutional Claim <sup>1</sup>		
<input type="checkbox"/>	837 Dental Claim <sup>1</sup>		
<input type="checkbox"/>	270/271 Eligibility Inquiry / Response		
<input type="checkbox"/>	276/277 Claim Status Request / Response		
<input type="checkbox"/>	278 Prior Authorization Inquiry / Response		

<sup>1</sup>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.

<sup>2</sup>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](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

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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.

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### Type or Printed:

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\*Name of Person Submitting Enrollment:

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Signature:

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\*Title:

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\*Date:

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\*Provider / Office Name:

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\*Address:

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\*City, State, Zip:

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\*Phone Number:

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FAX:

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Email Address:

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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)

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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](mailto: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](mailto:DHHS.MedicaidEDI@nebraska.gov)

[Click here to Email](mailto:DHHS.MedicaidEDI@nebraska.gov)

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