



Instructions for Completing Nebraska Medicaid Trading Partner Authorization Form

Please complete the following sections:

- 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 including the coversheet as an attachment to csenrollment@experianhealth.com or fax it to 866.921.8415, attention CSEnrollment
- **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!

Payer Enrollment Cover Sheet

To process your payer enrollment correctly, please complete the below before sending in the form.

- Client ID:
- Partner Name (if applicable):
- Facility Name:
- Contact Name:
- Contact Email:
- Contact Phone #:

If you have any questions please email **CSenrollment@experianhealth.com**

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: Passport Health Communications
 (*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)

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

¹Trading 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.

²A 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.

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

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