

MEDICAID NEBRASKA PRE-ENROLLMENT INSTRUCTIONS - MCDNE



HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard processing time is 2 business days.

WHERE SHOULD I SEND THE FORMS?

- Fax the form to (402) 742-2353; or
- Mail the form to:
Department of Health and Human Services
Attn: Medicaid EDI Help Desk
Lincoln, NE 68509-5026

WHO CAN SIGN THE FORMS?

- The owner of authorized personnel.

WHAT FORM SHOULD I DO?

- Nebraska Medicaid Trading Partner Authorization

HOW DO I CHECK STATUS?

- You can call 1-866-498-4357 and ask if you have been linked to Office Ally's submitter ID 6279.
- Once you have been linked you MUST contact Office Ally at 866-575-4120 option 1 to inform them of the approval BEFORE submitting any claims for electronic transmission. When you call please have your NPI number and Tax ID available.

WHAT PROVIDER NUMBER DO I USE?

- Nebraska Medicaid Provider Number

5010 NEBRASKA MEDICAID BILLING PROVIDER TRADING PARTNER AUTHORIZATION

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 provider number(s), transaction(s) and the effective date(s) of the Authorization. For each transaction, the Start Date is the date upon which NE Medicaid can start accepting that transaction, and the End Date is the last date upon which a transaction can be accepted. The End Date is not required until applicable. 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, if the transaction(s) or effective date(s) information varies for provider numbers, please complete separate Authorizations.

With this understanding, I, _____,
(Name) (Title)

representing: _____
(Provider Name)

authorize: Office Ally
(Trading Partner)

To submit and/or receive the electronic transactions indicated below on behalf of the listed NE Medicaid Providers for the dates indicated:

Authorized for the following NE Medicaid Health Care Provider(s)

Please enter Health Care Providers information with NPI Numbers in the section below

PROVIDER NAME	NPI NUMBER	TAXONOMY	ZIP + 4
			-
			-
			-
			-

Authorized for the following NE Medicaid Atypical Provider(s)

Please enter atypical Providers Information in the section below

PROVIDER NAME	MEDICAID PROVIDER NUMBER

(Note: Please attach a separate sheet for additional provider numbers, if necessary.)

SUBMIT / RECEIVE 5010 TRANSACTIONS WITH NEBRASKA MEDICAID:

		Start Date	End Date
<input checked="" type="checkbox"/>	837 Professional Claim*		
<input type="checkbox"/>	837 Institutional Claim*		
<input type="checkbox"/>	837 Dental Claim*		
<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		
<input checked="" type="checkbox"/>	835 Remittance Advice / Refund Requests Report**		

* Trading partners will receive a weekly Electronic Claims Activity (ECA) Report and a 999/TA1 Functional Acknowledgements for submitted files.

Providers will not select an ECA or 277CA acknowledgement. Providers will receive the selection made by their Trading Partners.

** Electronic Fund Transfer required. EFT enrollment form is available on web site. When receiving the 835, the Refund Requests Report will only be provided electronically.

5010 NEBRASKA MEDICAID BILLING PROVIDER TRADING PARTNER AUTHORIZATION

Authorization

On behalf of the Nebraska Medicaid Provider(s) listed above, the undersigned hereby attests and acknowledges 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; and,
- this information will be kept current by completing new Authorizations as necessary.

Typed or Printed

Name: _____ (Required)

Signature: _____ (Required)

Title: _____ (Required)

Date: _____ (Required)

Provider/Office Name: _____ (Required)

Provider/Office Address: _____ (Required)

City, State, Zip: _____ (Required)

Phone Number: _____ (Required)

FAX: _____

Email Address: _____

If you are switching from one clearinghouse to another, please indicate your previous clearinghouse to discontinue submission of the above transactions.

Discontinue Clearinghouse _____

Please complete and submit this form to Nebraska Medicaid. If using a clearinghouse, you may be requested to return this form to the clearinghouse. If submitting this form directly to Nebraska Medicaid, mail or fax to:

FAX: 402-742-2353

Mail: Department of Health and Human Services
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

Phone 402-471-9461 (In Lincoln)

866-498-4357 (Outside of Lincoln)