

**5010 Nebraska Medicaid Provider Trading Partner Authorization and Enrollment
 for Electronic Remittance Advice (ERA) 835 Transaction Form MS-86
 Instructions**

The following instructions are provided to assist Medicaid Providers to authorize a Trading Partner to receive the 835 Electronic Remittance Advice on their behalf.

- This Authorization is for the 835 remittance advice transaction only. To authorize transmission of other transactions, the MS-85 Form must be used.
- 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 MS-86 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 MS-86 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 separate MS-86 form for each.

NOTE:

- Certain fields require information unique to Nebraska Medicaid.
- The completed form can be submitted via email, fax or mail.
- Required fields are indicated with an asterisk.

Medicaid-assigned Provider Number* Required – The 11-digit provider number assigned by Nebraska Medicaid.

Check if atypical provider Atypical providers do not usually have an NPI and are not considered healthcare providers.

Continuation of Paper Remittance Advice Check only if selecting to continue to receive paper remittance advices for three payment cycles after 835 in production.

Discontinue Trading Partner (Name)

If switching or discontinuing Trading Partner, enter the name of Trading Partner to be discontinued.

Effective Date (mm/dd/ccyy)

Enter date to discontinue receiving 835 from Trading Partner listed above.

Data Elements listed below in **BOLD** have NE Medicaid specific instructions.

PROVIDER INFORMATION	
<u>Data Element Name</u>	<u>Descriptions/Special Instructions</u>
Provider Name*	
Street*	Complete with Provider business physical location.
City*	
State/Province*	
ZIP Code/Postal Code*	Required -- 9-digit Billing Zip code of the provider, as reported to Nebraska Medicaid.

PROVIDER IDENTIFIERS INFORMATION	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	For Healthcare Providers: Required -- The 10-digit NPI of the provider, as reported to Nebraska Medicaid. For Atypical Providers: Leave blank.
Assigning Authority	NE Medicaid
Trading Partner ID	Enter the Nebraska Medicaid-assigned Trading Partner ID and/or Trading Partner name.
Provider Taxonomy Code	For Healthcare Providers: Required – Enter 10-digit Taxonomy code, as reported to Nebraska Medicaid. For Atypical Providers: Leave Blank.

PROVIDER CONTACT INFORMATION	
Provider Contact Name*	Required -- Name of a contact in provider office for handling ERA enrollment.
Title*	
Telephone Number*	

Telephone Number Extension	
Email Address	An electronic mail address at which Nebraska Medicaid can contact the provider regarding this Form.
Fax Number	

ELECTRONIC REMITTANCE ADVISE INFORMATION	
Preference for Aggregation of Remittance Data: Pre-determined by Nebraska Medicaid.	
Provider Tax Identification Number (TIN)	Optional
National Provider Identifier (NPI)	Optional

ELECTRONIC REMMITANCE ADVISE CLEARINGHOUSE INFORMATION	
Clearinghouse Name*	Required -- Name of the provider's Trading Partner

SUBMISSION INFORMATION	
Reason for Submission* (select one)	
New Enrollment	
Change Enrollment	
Cancel Enrollment	

AUTHORIZED SIGNATURE	
Written Signature of Person Submitting Enrollment ¹	Signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. Not required by Nebraska Medicaid. See ¹ below.
Printed Name of Person Submitting Enrollment ^{1*}	Required -- Printed name of individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.
Printed Title of Person Submitting Enrollment*	
Submission Date*	Date form is completed.
Requested ERA Effective Date	Required to begin receiving the 835 via this Trading Partner. NOTE: EDI enrollment cannot be back-dated. An actual date (mm/dd/ccyy) is required. Not required if ending/canceling authorization.
Requested ERA End/Cancel Date	Required when applicable. Enter the last date the 835 is to be transmitted via this Trading Partner. NOTE: EDI end/cancel request cannot be back-dated. An actual date (mm/dd/ccyy) is required.

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 & 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 MS-86 form;
- The Trading Partner must have an active Trading Partner Agreement with Nebraska Medicaid or this 835 Authorization and Enrollment MS-86 form is null and void; and,
- This information will be kept current by completing new MS-86 forms, as necessary.

You may be requested to return this form to your Trading Partner. If submitting this completed form directly to Nebraska Medicaid, send via Email, fax or mail to:

Department of Health and Human Services
Attn: Medicaid EDI Help Desk
PO Box 95026
Lincoln, NE 68509-5026

Fax: (402) 742-2353

Email: DHHS.MedicaidEDI@nebraska.gov

- Be sure to save the completed form and attach it to the email created when clicking the “Click here to Email” button.
- Direct questions to the Medicaid EDI Help Desk at 866-498-4357 or 402-471-9461 (in Lincoln).
- Click "[HERE](#)" for Late/Missing ERA Resolution Procedures.