

# PROVIDER BULLETIN No. 11- 14

February 9, 2011

TO: All Providers Participating in the NE Medicaid Program

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid & Long-Term Care

BY: Bob Kane, Administrator, Medicaid Claims Unit  
Division of Medicaid & Long-Term Care

RE: **Timely Return of Provider Validation and Agreement Forms**

PLEASE SHARE WITH ADMINISTRATIVE, CREDENTIALING AND BILLING STAFF.

Nebraska Medicaid will be implementing the next version of the standard electronic transactions (X12 HIPAA Version 5010) within the Medicaid Management Information System (MMIS), the automated system that supports claims payment. The changes brought about by the new version affect both paper and electronic transactions and contain additional data requirements and improvements to allow for more efficient submission and processing of electronic transactions.

The Medicaid Program has begun mailing packets, containing a Validation and Agreement Form, to Medicaid billing providers. The packets contain provider agreement information currently on file and a request to validate this information and provide some additional information; for example, National Provider Identifiers (NPI), taxonomy and nine-digit zip code. This information is required for the processing and payment of Medicaid claims by the federally required compliance deadline.

THIS BULLETIN IS NOTICE TO PROVIDERS THAT IF THEY HAVE NOT RETURNED THE REQUESTED INFORMATION WITHIN 30 DAYS OF RECEIVING THE VALIDATION AND AGREEMENT FORM, THE PROVIDER'S MEDICAID BILLING NUMBER WILL BE CLOSED UNTIL THE REQUESTED INFORMATION HAS BEEN RECEIVED AND VERIFIED BY NEBRASKA MEDICAID. CLOSURE OF THE PROVIDER BILLING NUMBER WILL RESULT IN A DELAY IN PAYMENTS OF MEDICAID CLAIMS.

If you have any questions regarding this bulletin, please contact Pat Shefferd at [Pat.Shefferd@Nebraska.gov](mailto:Pat.Shefferd@Nebraska.gov) or (402) 471-9297.

If you have questions about the Validation & Agreement Form, please contact the Nebraska Medicaid Provider Validation Customer Service staff at 402-471-7578 or 888-572-5707 or [DHHS.ProviderValidation@nebraska.gov](mailto:DHHS.ProviderValidation@nebraska.gov)

