

PROVIDER BULLETIN

No. 14-32

September 8, 2014

TO: All Providers Participating in the Nebraska Medicaid Program

FROM: Jeanne M. Larsen, Deputy Director *JML*
Division of Medicaid & Long-Term Care

BY: Tim Curtis, Administrator
Medicaid Program Integrity Unit
Division of Medicaid & Long-Term Care

RE: Use Of ACH/EFT Enrollment Form MS-84 Effective October 1, 2014

Please share this information with Administrative, Billing, and IT Staff.

Note: This Provider Bulletin provides information for all providers enrolled in Nebraska Medicaid who render services to recipients in the Fee-for-Service (FFS) delivery system. No changes are required for existing provider enrollments.

The purpose of this Provider Bulletin is to announce that beginning October 1, 2014, Medicaid providers who receive Electronic Funds Transfer (EFT) payments from Nebraska Medicaid must utilize the following form for **new** provider enrollments or when making **changes** to existing provider enrollments:

- **Form MS-84** Medicaid Provider ACH/EFT Enrollment Form

This form is to be used by providers to enroll for EFT payments and designate a bank account for the deposits. The revised April 14, 2014, the form is located at <http://dhhswebsiteauthoring/medicaid/Documents/MS-84.pdf>

Please delete or destroy all previously saved electronic or paper copies of the obsolete versions of this form as they will no longer be accepted after October 1, 2014.

Please refer to Provider Bulletin 14-28, found at <http://dhhs.ne.gov/medicaid/Documents/pb1428.pdf> for further details.

Questions?

Questions regarding this bulletin should be submitted to the Provider Relations Unit by email at DHHS.MedicaidProviderEnrollment@nebraska.gov.