



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

**NEBRASKA MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKNE1						
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Business Services Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information. Nebraska Medicaid Trading Partner Authorization <ul style="list-style-type: none"> • Please complete all requested information. 						
SEND REGISTRATION FORMS TO	Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment Or Fax to: 860-289-0055						
ENROLLMENT CONFIRMATION	Enrollment will be coordinated between Nebraska Medicaid and Emdeon Business Services. Once confirmed Emdeon Business Services will notify the provider's software vendor or office when they may begin sending claims electronically.						
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently submits claims through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.						
CONTACT PHONE NUMBERS	<table border="0"> <tr> <td>Nebraska Medicaid EDI Support</td> <td align="right">402-471-9461 (in Lincoln)</td> </tr> <tr> <td></td> <td align="right">866-498-4357 (Outside of Lincoln)</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td align="right">888-255-7293</td> </tr> </table>	Nebraska Medicaid EDI Support	402-471-9461 (in Lincoln)		866-498-4357 (Outside of Lincoln)	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Nebraska Medicaid – payer ID CKNE1**

Provider/Organization Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group Number: _____
(if applicable)

Group NPI Number: _____
(if applicable)

Name	Number	Rendering	NPI
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____

NEBRASKA MEDICAID 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: Emdeon Dental TP # 174
(Trading Partner)

to submit and/or receive the electronic transactions indicated below on behalf of the listed NE Medicaid Provider Numbers for the dates indicated:

Authorized for the following NE Medicaid Provider(s) and Provider Number(s):

PROVIDER NUMBER (11 digits)	PROVIDER NAME

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

SUBMIT / RECEIVE WITH NEBRASKA MEDICAID:

	Start Date	End Date
<input 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 type="checkbox"/> 835 Remittance Advice / Refund Requests Report**		

*Trading partners will receive an Electronic Claims Activity Report for deleted/rejected claims and 997 Functional Acknowledgements for submitted files.

** 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.

