

Nebraska Medicaid Trading Partner Profile

5010 Transactions

The State of Nebraska needs specific information in order to begin electronic trading, including contact information and requested transactions. This information is recorded in the following form:

Trading Partner Company Information

Company Name			
Address			
City/State/ZIP Code			
EIN/FTIN:			
Trading Partner Type:	<input type="checkbox"/> Billing Provider	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Billing Agent
Operating System used to transmit:			
Software Vendor (If Applicable):			

Optional Provide public contact information if you are interested in being included on a Trading Partner reference list. This list will be made available for providers to view at Nebraska Medicaid's website.

DBA Name (If different than above)	
Telephone	
E-mail	
Website Address	

Primary Trading Partner Contact Information

*Primary Contacts will receive all Trading Partner Alerts, Downtime Notifications, and other communications via e-mail from the Nebraska Medicaid EDI Help Desk.

Primary Contact Name	
Title	
Address	
City/State/ZIP Code	
Telephone	
E-mail	

Trading Partner Technical Contact Information – Testing

Testing Contact's Name	
Title	
Address	
City/State/ZIP Code	
Telephone	
E-mail	

Trading Partner Technical Contact Information – Production

Production Contact's Name	
Title	
Address	
City/State/ZIP Code	
Telephone	
E-mail	

Trading Partner Contact Information – Other (If Applicable – Please Specify)

Other Contact's Name	
Title	
Address	
City/State/ZIP Code	
Telephone	
E-mail	

EDI Enveloping Information for both SFTP and HTTP/S submissions

The State of Nebraska's EDI Qualifier (ISA05/ISA07) is:	ZZ
The State of Nebraska's EDI ID (ISA06/ISA08) is:	MMISNEBR
The State of Nebraska's Group ID (GS02/GS03) is:	MMISNEBR
The State of Nebraska's Version Number ID (ISA12) is:	00501
Provide your EDI Qualifier (ISA05/ISA07)	
Provide your EDI ID (ISA06/ISA08)	
(This value cannot be MMISNEBR and all ALPHA Characters must be upper case)	
Provide your Group ID (GS02/GS03)	
(This value cannot be MMISNEBR and all ALPHA Characters must be upper case)	

5010 Transaction Sets

All transaction sets are in ASC X12 standard formats, 5010 version. Functional Acknowledgment (999) files indicating receipt of the file are automatically generated for Trading Partners when files are received. In addition, all Trading Partners will receive a TA1 Transaction if the ISA14 segment is sent with a '1' in it. Inbound 999 Functional Acknowledgement files are not required.

All Nebraska Medicaid companion guides and submission requirements are posted on our EDI Submission Requirements (5010) web page: <http://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx>.

Note: Trading Partners will receive either a daily ECA Report which reports rejected claims or the 277CA Claims Acknowledgement transaction for claims submitted in 5010 format. Trading Partners who do not select the 277CA transaction will automatically receive a daily ECA Report.

All Trading Partners will receive a weekly ECA Report for deleted claims and/or denied adjustment requests when selecting the 277CA. Providers will not make a selection between a weekly ECA and 277CA. All Providers will receive the selection made by their Trading Partners.

5010 TRANSACTIONS - SUBMIT / RECEIVE VIA **SFTP** WITH NEBRASKA MEDICAID:

Select the transaction sets that you want to exchange with the State of Nebraska by checking the box to the left of the transaction set.

<input type="checkbox"/>	837P	Health Care Claim: Professional
<input type="checkbox"/>	837I	Health Care Claim: Institutional
<input type="checkbox"/>	837D	Health Care Claim: Dental
<input type="checkbox"/>	277CA	Claims Acknowledgement
<input type="checkbox"/>	835*	Health Care Claim Payment/Remittance Advice
<input type="checkbox"/>	270 / 271**	Health Care Eligibility Benefit Inquiry / Response
<input type="checkbox"/>	276 / 277**	Health Care Claim Status Request / Response
<input type="checkbox"/>	278**	Health Care Prior Authorization Request / Response
<input type="checkbox"/>	834***	Benefit Enrollment and Maintenance
<input type="checkbox"/>	820***	Payroll Deducted and Other Group Premium Payment for Insurance Products
<input type="checkbox"/>	NCPDP***	National Council for Prescription Drug Programs

* If the 835 is selected Trading Partners will receive a proprietary Refund Request in Print Image form. The data file format is available upon request; however, this is not an X12 transaction. Please refer to the [SFTP X12 Submission Requirements Manual](#) for details.

** 270/271, 276/277, and 278 are companion transactions. When a 270 is submitted a 271 will generate. When a 276 is submitted a 277 will generate. When a 278 is submitted an outbound 278 will generate.

***These transactions are **only** available to Nebraska Medicaid's Managed Care Organizations.

Complete the following sections only if you wish to exchange real-time or batch transactions via HTTP/S with Nebraska Medicaid. For more information on real-time and batch HTTP/S services offered by Nebraska Medicaid, please visit our [HTTP/S Connectivity Information](#) website.

5010 TRANSACTIONS - SUBMIT / RECEIVE VIA HTTP/S WITH NEBRASKA MEDICAID:
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TEST IP ADDRESS List the unique static IP address for each computer utilized for HTTP/S test submissions with Nebraska Medicaid. If needed, add more fields for each unique IP address.

1.		5.		9.	
2.		6.		10.	
3.		7.		11.	
4.		8.		12.	

PRODUCTION IP ADDRESS List the unique static IP address for each computer utilized for HTTP/S production submissions with Nebraska Medicaid. If needed, add more fields for each unique IP address.

1.		5.		9.	
2.		6.		10.	
3.		7.		11.	
4.		8.		12.	

Envelope Format to be used for HTTP/S Submissions	SOAP: <input type="checkbox"/>
	MIME: <input type="checkbox"/>

Select the transaction sets that you want to exchange with the State of Nebraska by checking the box to the left of the transaction set.

REAL-TIME:

<input type="checkbox"/>	270 / 271**	Health Care Eligibility Benefit Inquiry / Response
<input type="checkbox"/>	276 / 277**	Health Care Claim Status Request / Response

BATCH:

<input type="checkbox"/>	835*	Health Care Claim Payment/Remittance Advice
<input type="checkbox"/>	270 / 271**	Health Care Eligibility Benefit Inquiry / Response
<input type="checkbox"/>	276 / 277**	Health Care Claim Status Request / Response

* **IMPORTANT:** If the 835 via HTTP/S is selected, Trading Partners will automatically be enrolled for the 835 via SFTP in order to receive a proprietary Refund Request in Print Image form. The data file format is available upon request via SFTP; however, this is not an X12 transaction. Please refer to the [SFTP](#) or [HTTP/S](#) X12 Submission Requirements Manual for details.

** 270/271, 276/277, and 278 are companion transactions. When a 270 is submitted a 271 will generate. When a 276 is submitted a 277 will generate.

Please direct comments or questions to the Medicaid EDI Help Desk at DHHS.MedicaidEDI@nebraska.gov or by phone at 402-471-9461 (local) or 866-498-4357 (toll free).

Data Separators

Nebraska Medicaid uses the following separators:

- * (asterisk) for element separator ASCII 042
- > (greater than) for sub-element separator ASCII 062
- ~ (tilde) for Segment terminator ASCII 126
- ^ (carrot) for repeat character ASCII 094