

Enrollment FAQs

1. How do I enroll in New Hampshire (NH) Medicaid as a provider?

NH Medicaid has created an online enrollment process for providers. Go to <https://nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment>. From the 'Become a Provider' portal page, select the provider type that you wish to enroll for. Complete all appropriate information on the online application.

2. What types of enrollment applications are available to me as a provider?

NH Medicaid offers four different enrollment applications:

- Billing group provider
- Billing individual provider
- Non-billing Rendering provider
- Ordering, Referring, Prescribing (ORP) provider

3. How do I know which application is right for me?

Below is a brief description of each provider enrollment application:

- Billing group provider: This application is for a corporation, a partnership, or another group-type business entity billing with a Federal Employer ID Number (FEIN).
- Billing Individual Application: This application is for an individual provider or a provider operating as a sole proprietorship billing with a Social Security Number (SSN). This application covers you for rendering, ordering, or prescribing services. You do not need to complete a non-billing rendering provider or non-billing ORP provider application.
- Non-billing rendering provider: This application is for an individual provider rendering services on behalf of a group that will be billing for their services. Rendering providers must be affiliated to a billing group. If you enroll as a rendering provider, you will not need to complete a separate application for the ORP provider type.
- Non-billing ORP provider: An ORP provider is a provider that does not participate (for billing or rendering purposes) with New Hampshire Medicaid (NH), but may order, refer or prescribe to NH Medicaid Fee-for-Service members.

For additional assistance in determining which enrollment application is right for you, please refer to the "[New Hampshire Medicaid Provider Enrollment Application Guidelines](#)"

located on the NH MMIS Health Enterprise Portal in the "Documents and Forms" portal, <https://nhmmis.nh.gov/portals/wps/portal/DocumentsandForms>.

4. Do I have to enroll each service location separately?

At this time all physical service locations are required to be issued their own provider ID. One group application can be completed using the additional service location election to receive those Medicaid ID's. After initial enrollment, the Provider can utilize the self-service portal to submit an additional service location application

5. What is considered a change in ownership (CHOW)?

The following are considered changes in ownership:

- a. Adding owner(s)
- b. Removing an existing owner
- c. Changing the Tax ID
- d. Changing controlling interest direct or indirect – board members or managing employees

6. How do I change the ownership on an existing Medicaid ID?

A CHOW requires a new enrollment application. If there is any change in the ownership (whether a new owner or removal of an existing owner) an existing application cannot be amended.

7. When is the new enrollment application due to NH Medicaid after there has been a change in ownership?

Providers must complete the application to reflect changes in ownership within 35 days of the change.

8. Can I continue to use my current Medicaid ID after submitting the application?

The application will be processed with a new Medicaid ID and effective date for the Provider to use. The old Medicaid ID will be end dated the day before the change took place.

If the state is notified after the timeframe of 35 days, then a claims check will be completed to end date the old Medicaid ID on last paid claim date and start the new Medicaid ID the next day. The Provider should bill using *only* the new Provider ID as soon as you receive that new Provider ID with the welcome letter.

Example: If the Provider completed a sale on October 31, 2021 and the new ownership application is submitted in the next 35 days and no claims were billed, then the effective date of the new Medicaid Provider ID will be 10/31/2021. If the new application is past the 35 days for submission and the old Medicaid ID is used to submit claims, then the new change effective will be after the last claim paid date.

9. What are managing/directing employees of the group and what must I do if they change?

Managing or directing employees are individuals that are in charge at the service location who manage the day to day operations of the provider at that location, for example: Office manager, Chief Financial Office, Chief Operating Officer, etc. All managing employees must be listed on your NH Medicaid application. If these individuals change or are updated, the provider must send the updated information for the screening requirements to Conduent utilizing the "[Managing/Directing Employee Appointment or Removal Form](#)." The removal form is to be completed for the removal of an employee and the appointment form should be completed for the addition of an employee. The form is located on the NH MMIS Health Enterprise Portal in the "Documents and Forms" portal, <https://nhmmis.nh.gov/portals/wps/portal/DocumentsandForms>.

10. Can you verify if a provider is enrolled in NH Medicaid?

You can call the NH Medicaid Provider Relations Call Center at 1-866-291-1674 or 603-223-4774, Mon – Fri, from 8:00 AM to 5:00 PM and they can tell you if a provider is enrolled in NH Medicaid. Billing providers should verify with the ordering provider to ensure they were enrolled in NH Medicaid. If this is not possible, then the provider should call the Provider Relations Call Center.

11. Why do I need to provide the board member's social security number? What happens if they do not provide the information?

The social security number of the owner, managing directors, and board members are required for screening purposes by federal law. If the required information is not provided, the application will be cancelled.

12. How can I upload the application signature page in the application? Can I just fax in the signature page?

You may create a file in which you save all the required documents and then simply upload the file during the application process. You may fax in the documents as well, however there must be an upload done through the application in order to submit the application for processing. Please note, the application requires the provider to upload documents prior to submission. If an applicant desires to fax additional documentation that is also acceptable.

13. How do I submit my application?

The application may be submitted through the portal after it is completed on-line. If there are problems, you may call the NH Medicaid Provider Relations Call Center and they can assist you with the submission. If you are receiving a message that states it cannot be submitted, please provide that information to the agent. If the agent is not able to assist you, they will escalate the issue to the appropriate personnel to assist.

14. Why was my enrollment denied?

The denial letter explains the reason for the denial and offers appeal rights. The Provider should follow the appeal process if they believe the denial was in error. Please contact NH Medicaid Provider Relations Call Center if you do not understand the reason listed on the denial.

15. Where do I find the required documents for enrollment?

The required documents are located on the nhmmis.nh.gov website under the [Documents and Forms](#) area. For a complete list of what is needed for your enrollment, please refer to the [“Required Enrollment Documents to Upload with Application”](#). Providers will be contacted if additional information is required after submitting their application. A provider should respond quickly to these requests in order to complete processing.

16. Who has to sign the documents?

For an individual provider, the individual signing up for NH Medicaid. If the provider is a billing group then the Owner, General Partner, Board Officer, or Managing/Directing Employee must sign most documents.

17. How do I check on the status of my application?

To check the status, <https://nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment>:

- Go to the Provider tab on the main menu bar and select Enrollment.
- Locate the Application Status box on the right-hand side.
- Enter the Application Tracking Number indicated by an asterisk (*) and click Submit.

NOTE: You must have your Application Tracking Number to look up the status of your application. There is no other option to search application status.

18. Who should I contact if I have questions about the provider enrollment process or my enrollment application?

Please contact the NH Medicaid Provider Relations Call Center at 1-866-291-1674 during business office hours from Monday through Friday, between the hours of 8:00 am to 5:00 pm.