STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

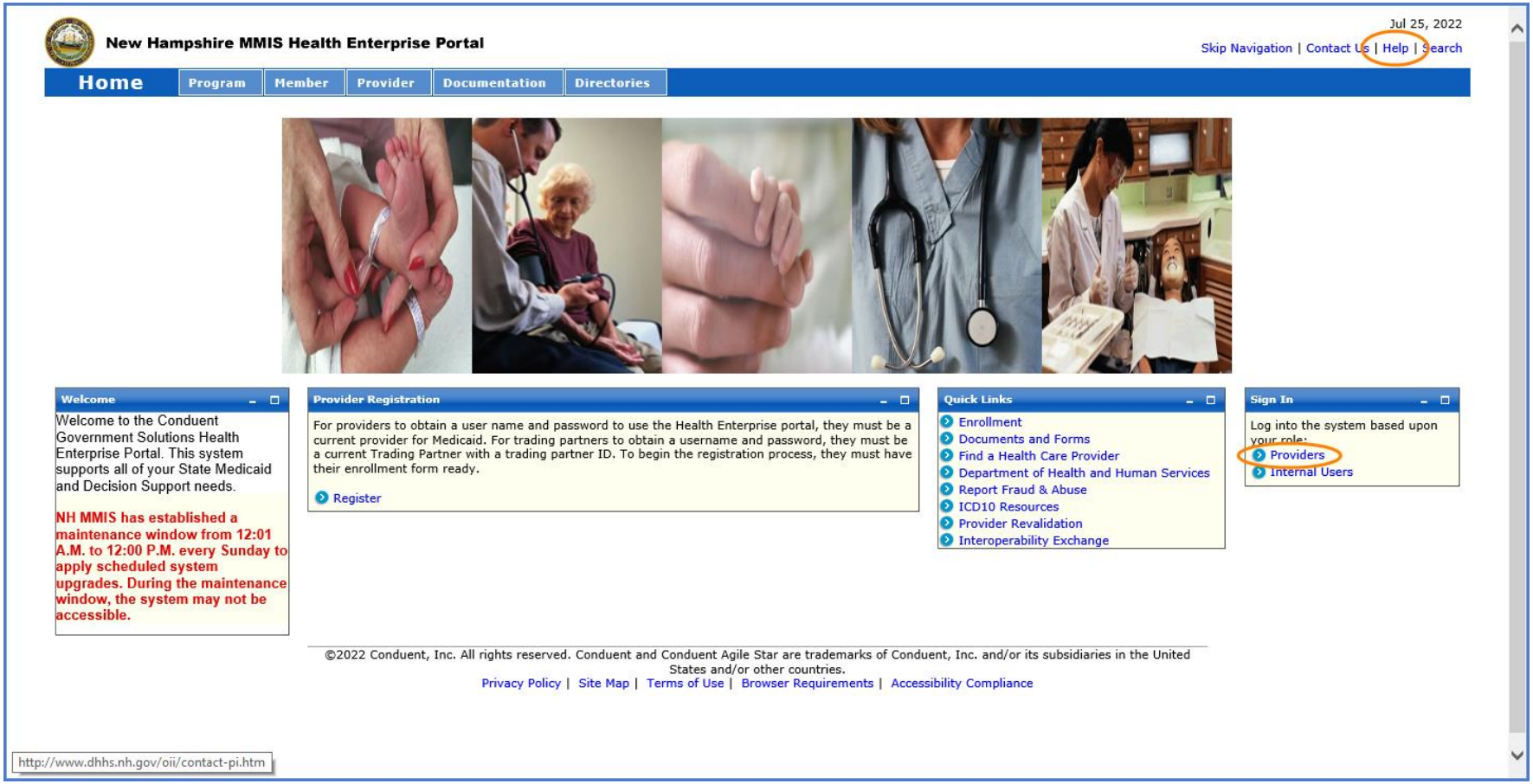
New Hampshire Medicaid Program

NH Medicaid Group Billing Provider Revalidation Instructions

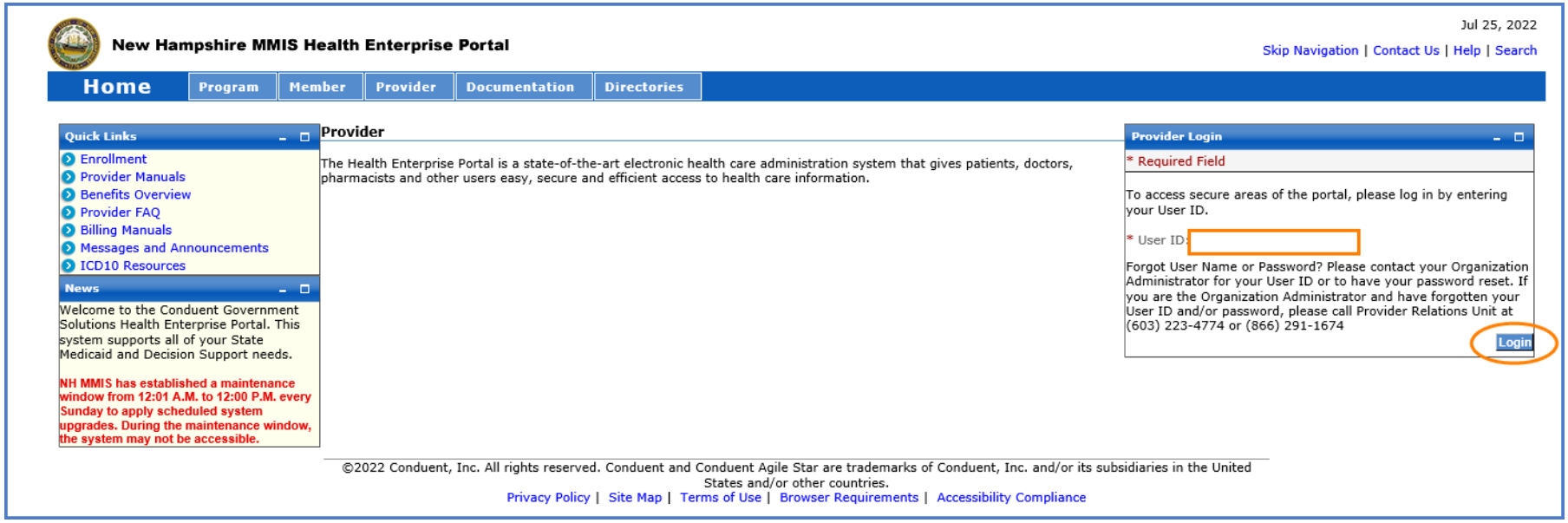
Completing the Group Billing Provider Revalidation Application

www.nhmmis.nh.gov

- Select "Providers" under Sign In
- Additional assistance is located in the blue "Help" hyperlink at the top of each page

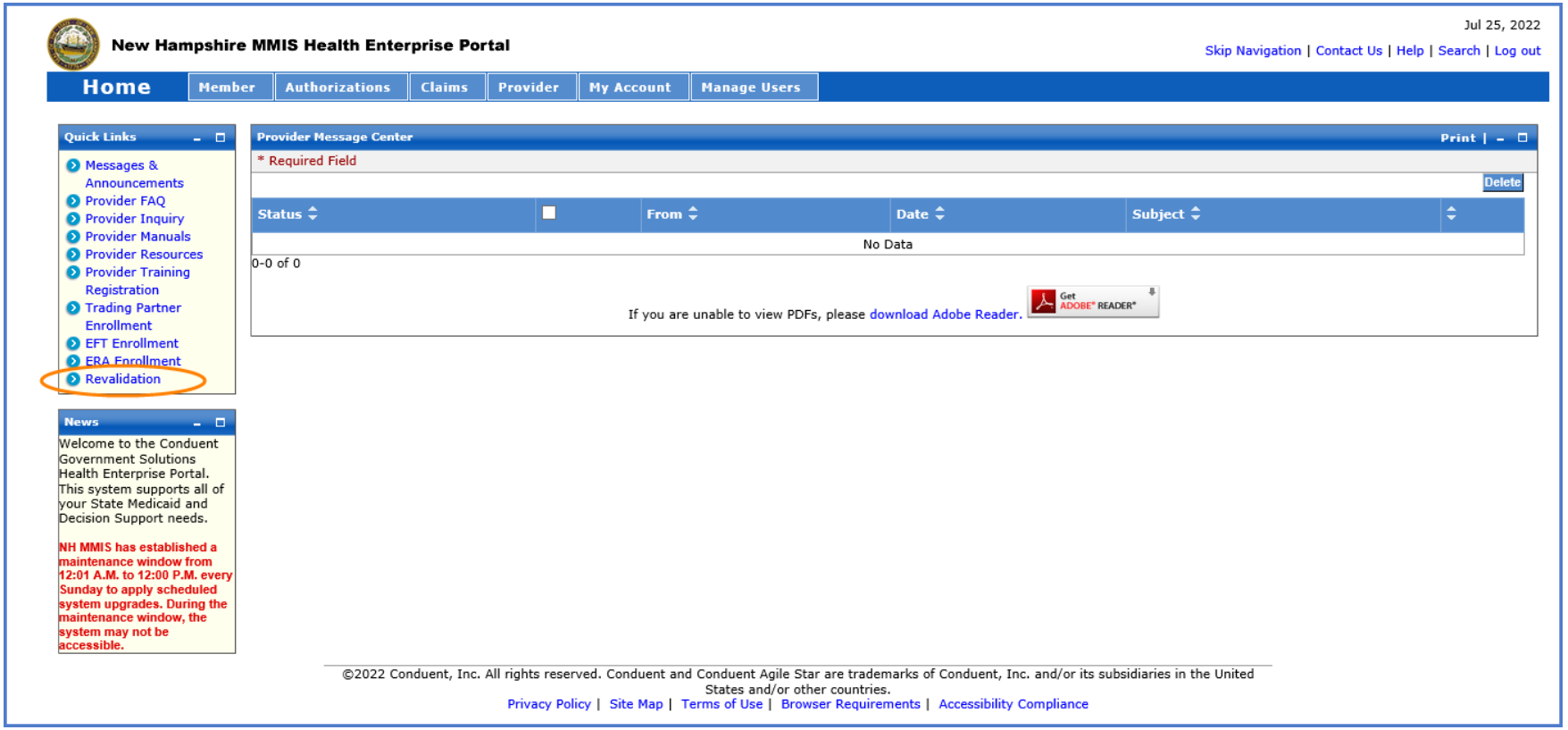


- Enter your User ID and select "Login" NOTE: If you do not have an active User ID to log in with, complete the NH MMIS Health Enterprise Portal Registration Form located on the Documents and Forms page at www.nhmmis.nh.gov

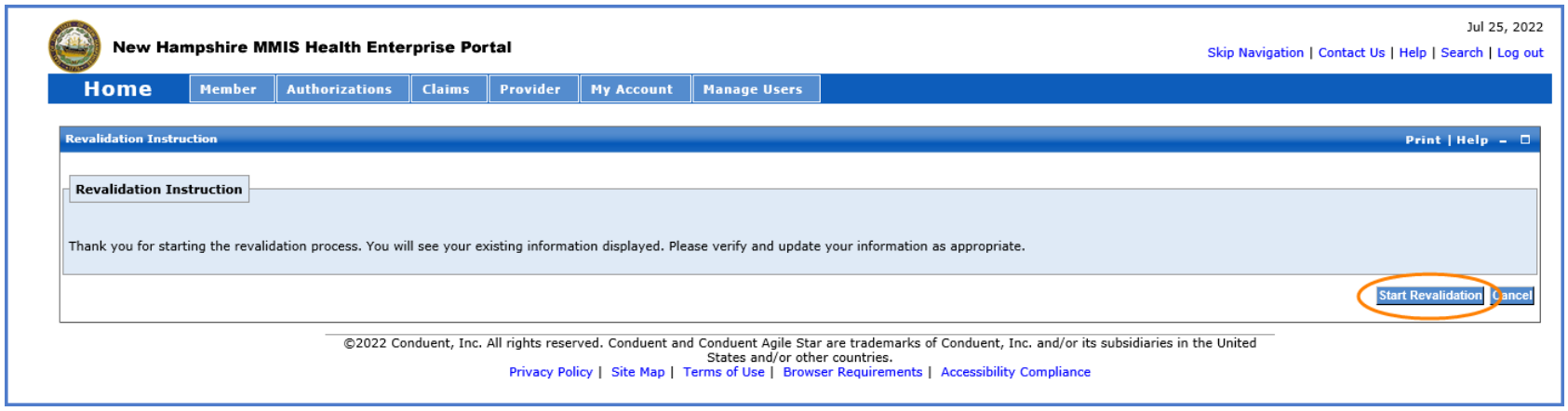


- Enter your Password, check off that you have read and agree with the Acceptable Use Policy, and select "Login"

- Select "Revalidation" under Quick Links NOTE: If this link is greyed out, the Medicaid ID that you are logged in under is not currently due for Revalidation
  NOTE: Prior to submission, you may return to this screen to resume the application if you had not completed



- Select "Start Revalidation"



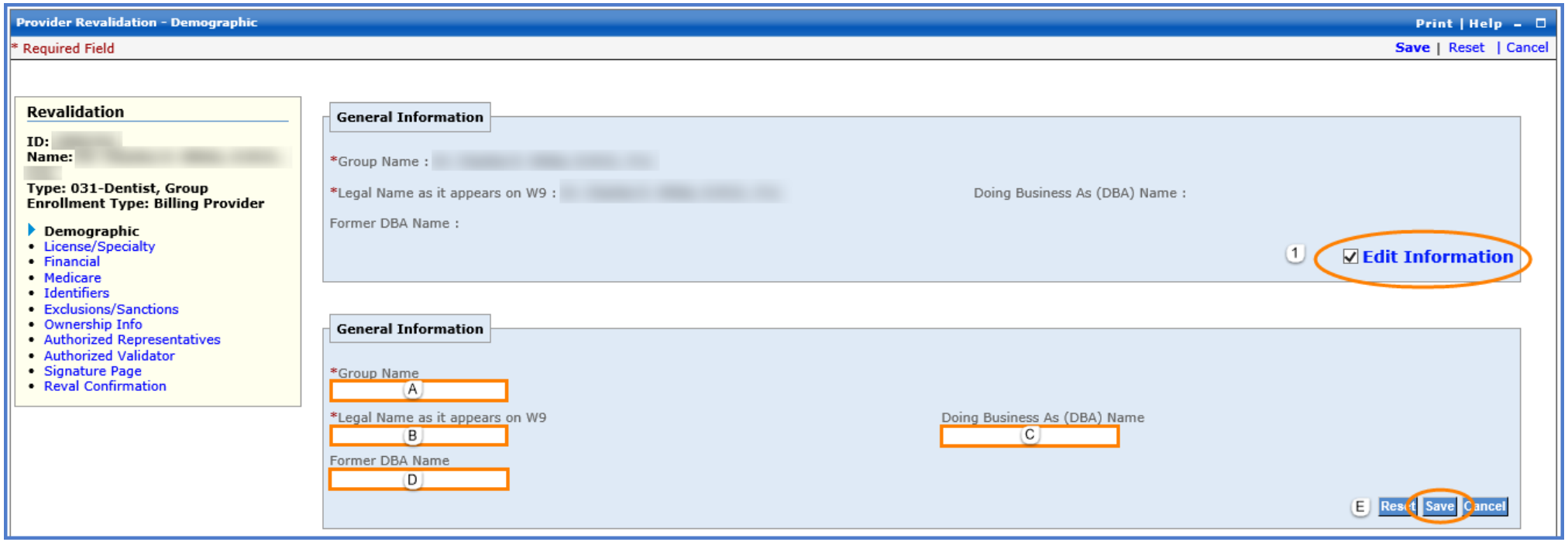
Demographic Section

- The Revalidation Application will show you what is currently on record for your provider information. It will give you the opportunity to update any of the information we have by checking off the Edit Information buttons in each section

  NOTE: Maintenance of an accurate location address is a requirement of participating with NH Medicaid. Providers are responsible for keeping their addresses up to date. Additionally, physical mail to the mailing address on file is the primary method of communicating crucial updates from the Medicaid program to the provider.

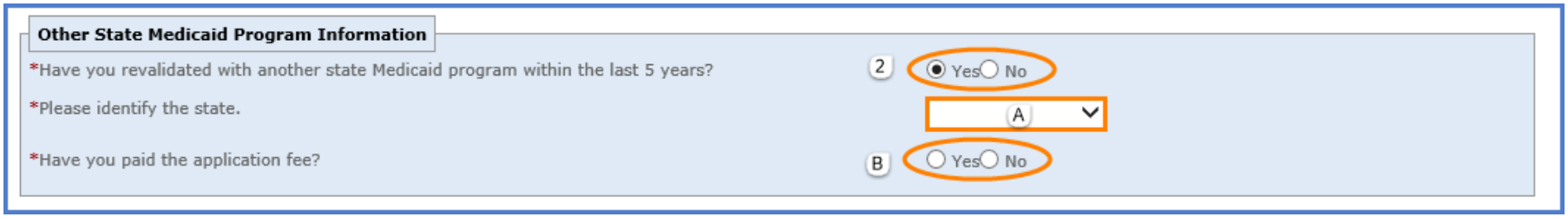
  NOTE: When entering the provider addresses, ensure you enter the Zip + 4 code to ensure proper claim mapping

1. Review the information in the General Information section and check off Edit Information if anything needs to be edited
   - A. Enter the Group Name
   - B. Enter the Legal Name as it appears on W9
   - C. Enter the DBA Name if applicable
   - D. Enter the Former DBA Name if applicable
   - E. Select "Save"

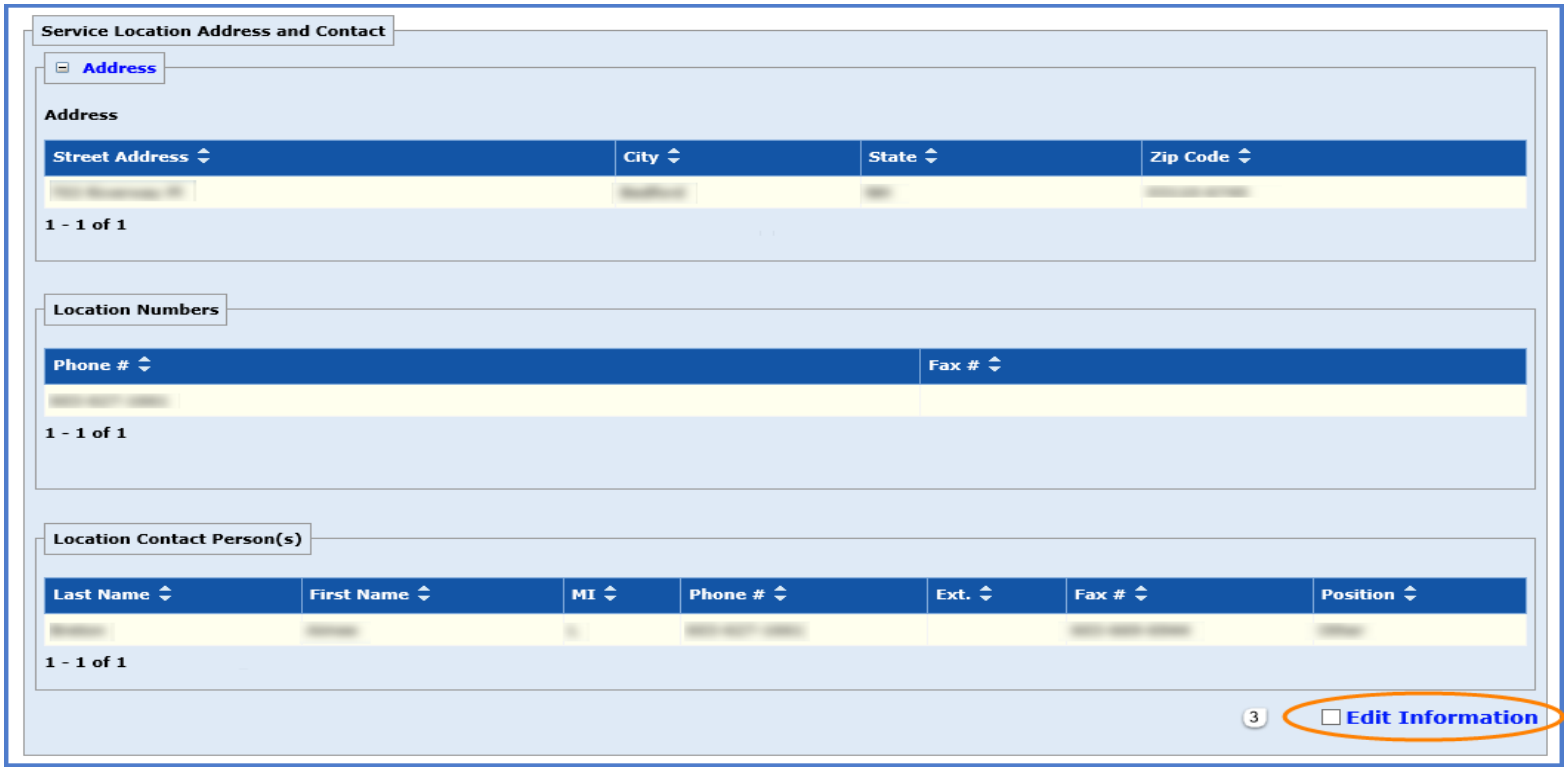


Demographic Section

2. Select Yes or No. If Yes is selected, options for A and B will appear
    A. Select a state from the drop-down list
    B. Select Yes or No



3. Review the information in the Service Location Address and Contact section and check off Edit Information if anything needs to be edited

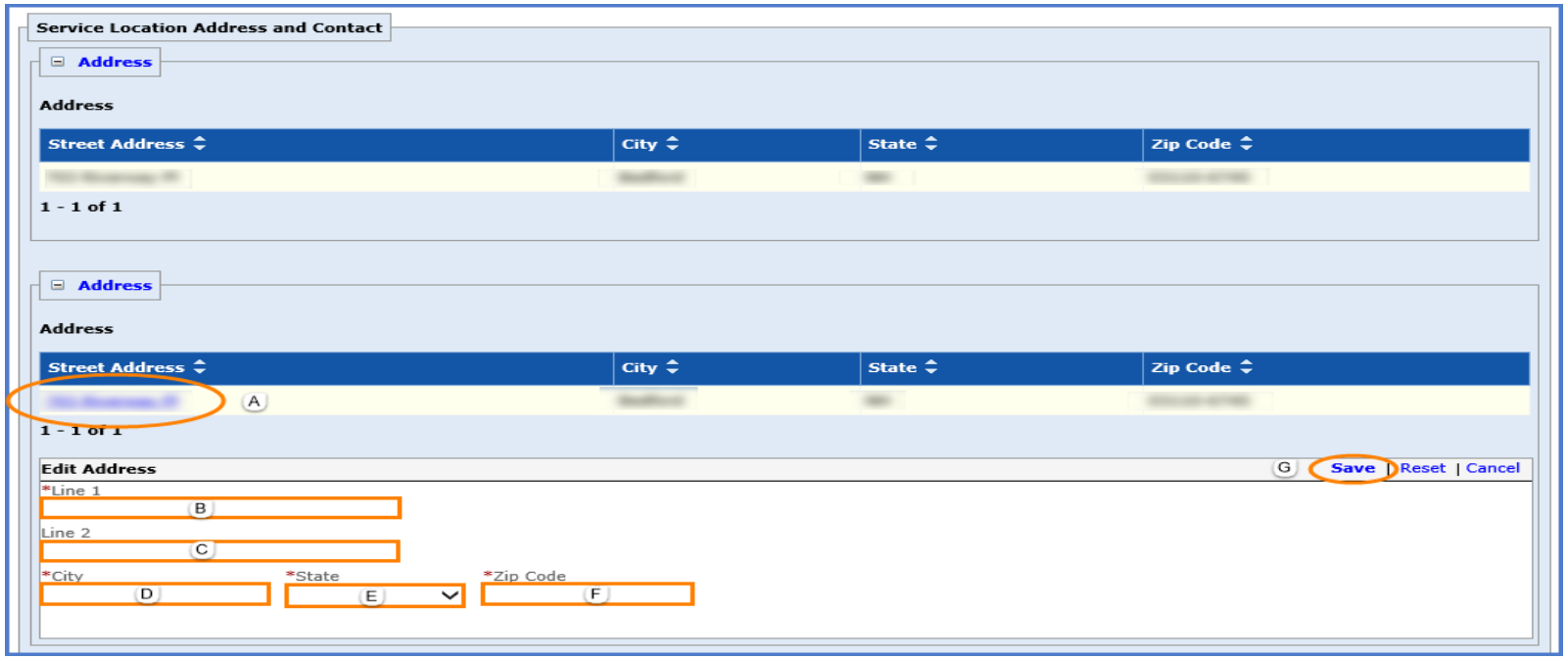


Demographic Section

A. Select the blue hyperlink for the Street Address to edit the Service Location Address

B-F. Enter the updated Service Location Address

G. Select "Save"

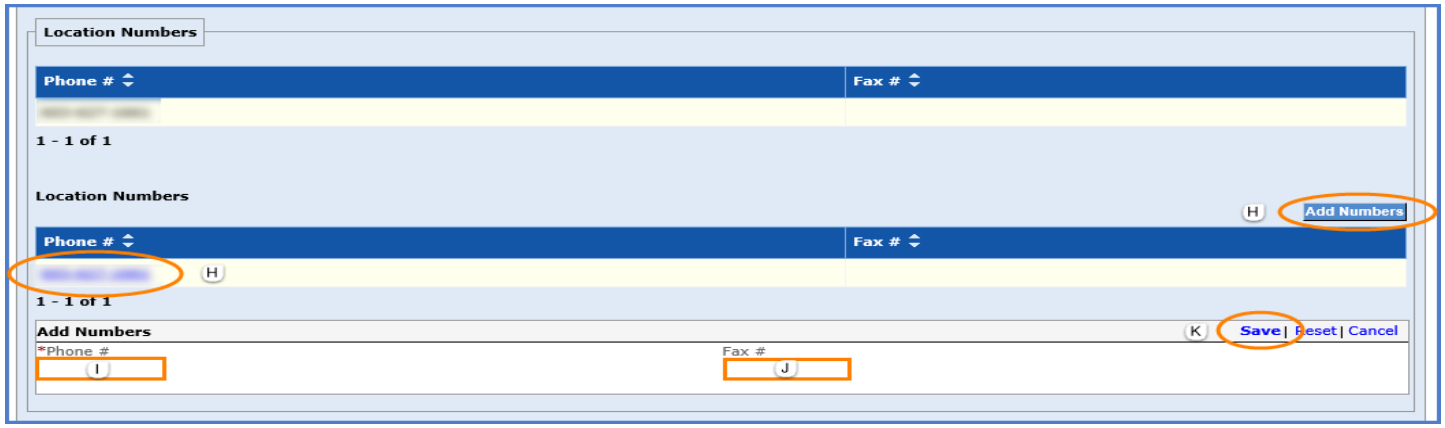


H. Select the blue hyperlink for the Phone Number to edit the current numbers or select "Add Numbers" to add additional numbers

I. Enter the Phone Number

J. Enter the Fax Number if applicable

K. Select "Save"



Demographic Section

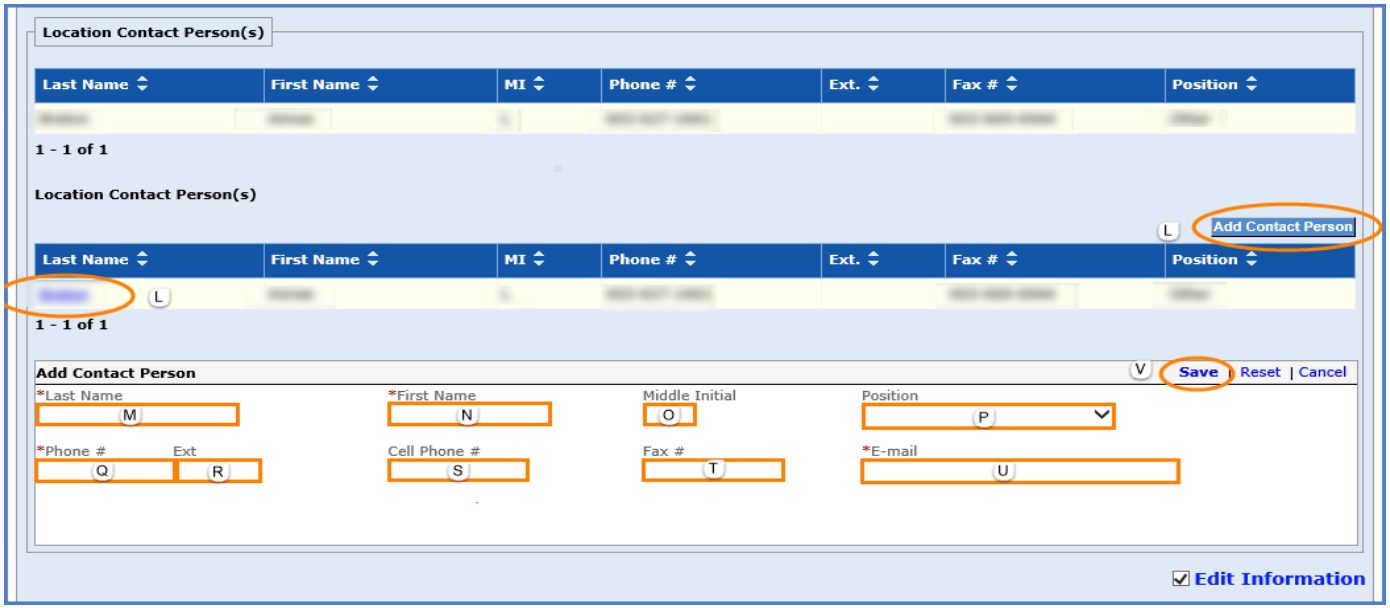
L. Select the blue hyperlink for the Name to edit the current location contact person or select "Add Contact Person" to add additional location contact persons

NOTE: The service location contact person should be someone who can respond to enrollment related issues for this location

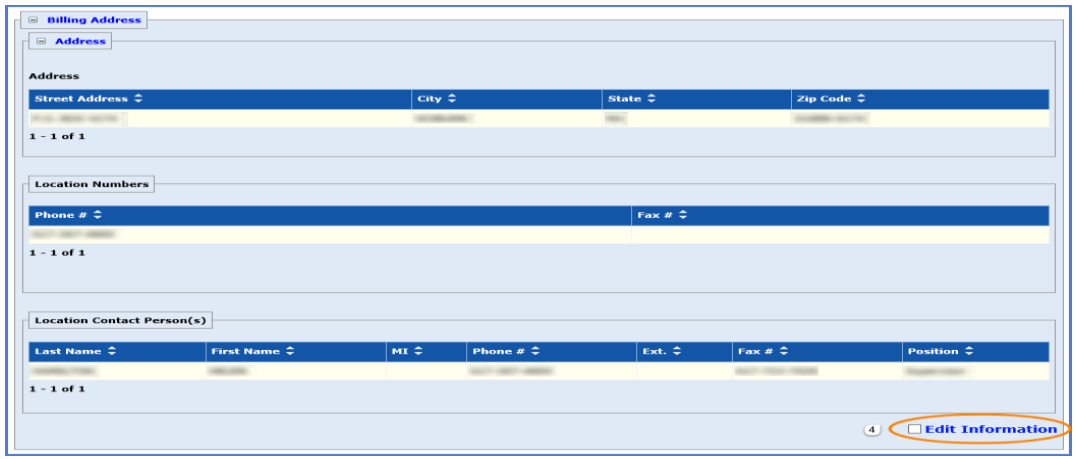
NOTE: Please ensure any current contact persons listed have their email address entered

M-U. Enter the applicable information for the location contact person

V. Select "Save"



4. Review the information in the Billing Address section and check off Edit Information if anything needs to be edited

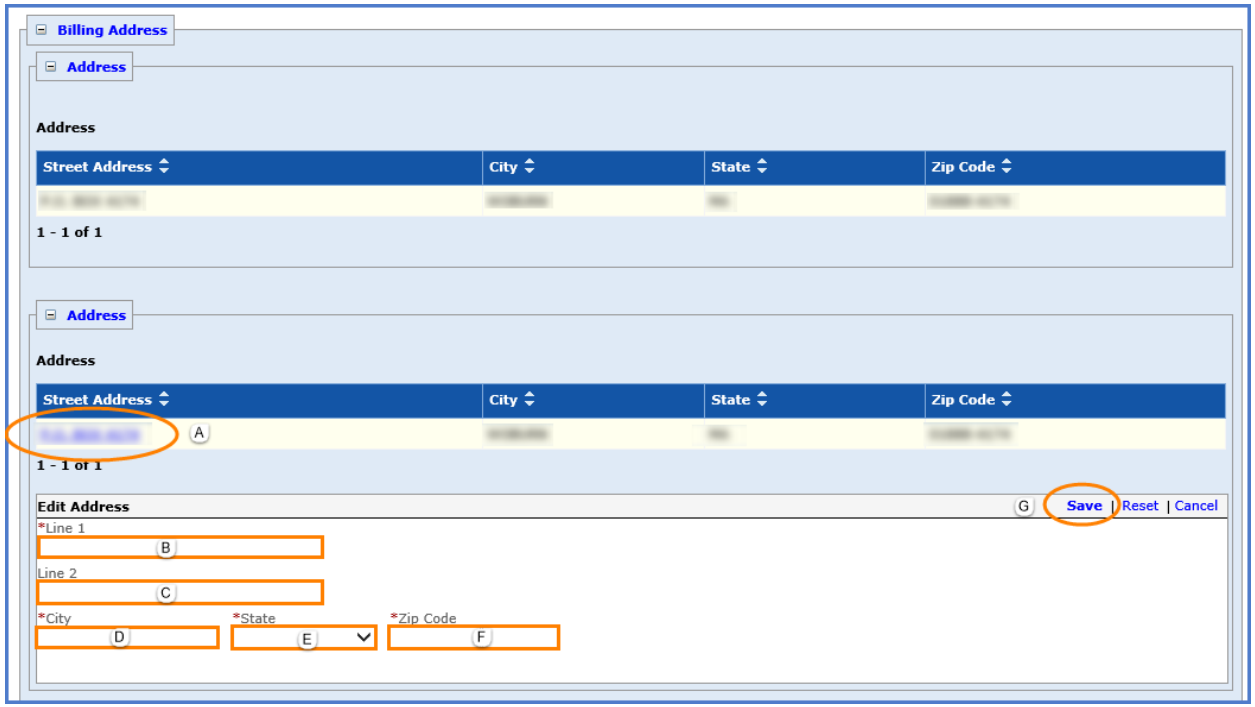


Demographic Section

A. Select the blue hyperlink for the Street Address to edit the Billing Address

B-F. Enter the updated Billing Address

G. Select "Save"

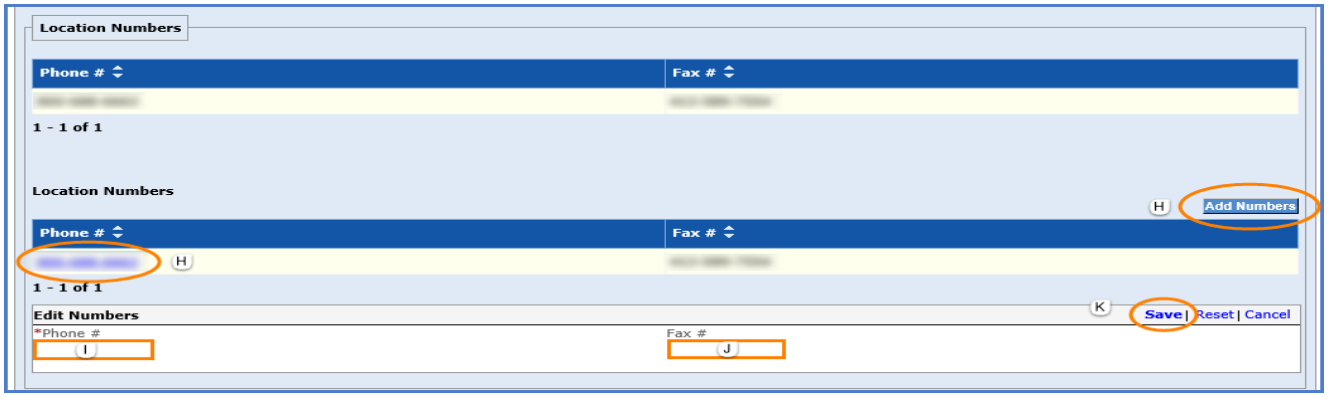


H. Select the blue hyperlink for the Phone Number to edit the current numbers or select "Add Numbers" to add additional numbers

I. Enter the Phone Number

J. Enter the Fax Number if applicable

K. Select "Save"



Demographic Section

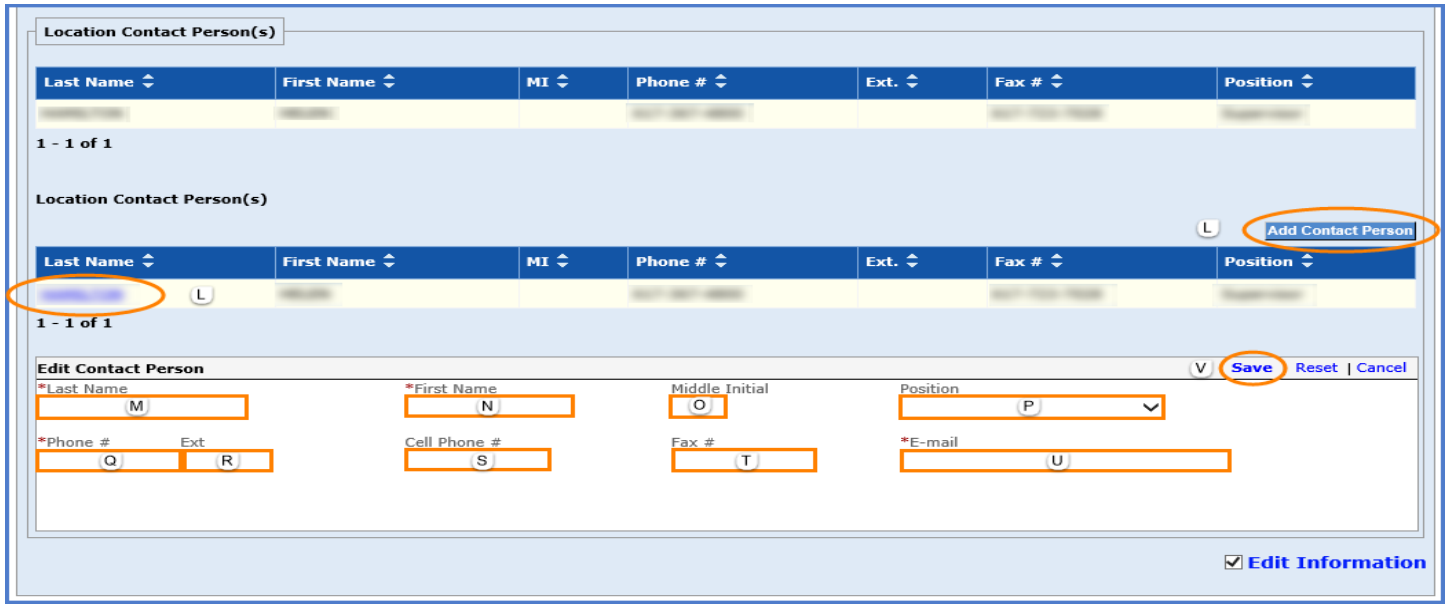
L. Select the blue hyperlink for the Name to edit the current location contact person or select "Add Contact Person" to add additional location contact persons

NOTE: The billing address contact person should be someone who can respond to billing, claims, or payment related issues

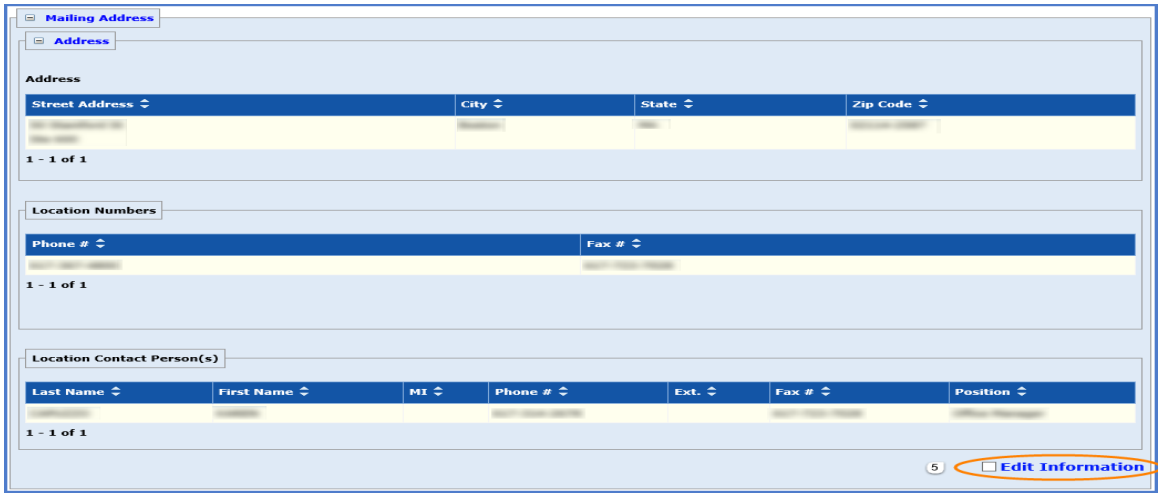
NOTE: Please ensure any current contact persons listed have their email address entered

M-U. Enter the applicable information for the location contact person

V. Select "Save"



5. Review the information in the Mailing Address section and check off Edit Information if anything needs to be edited

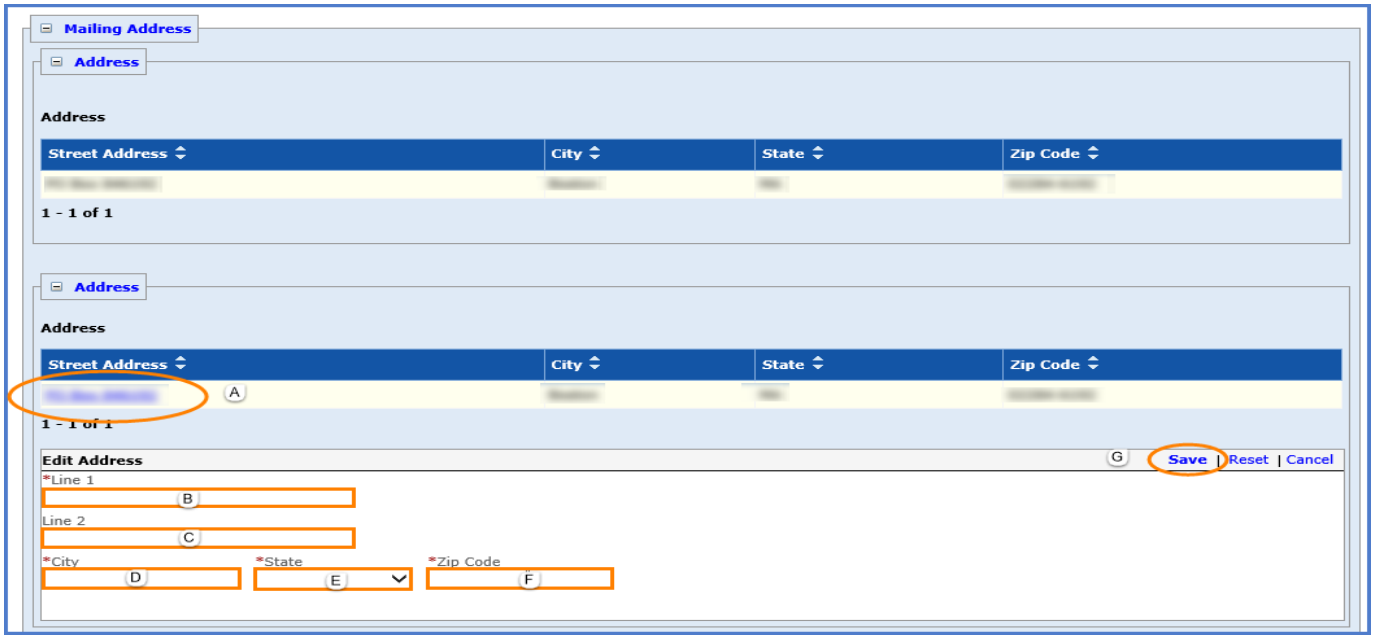


Demographic Section

A. Select the blue hyperlink for the Street Address to edit the Mailing Address

B-F. Enter the updated Mailing Address

G. Select "Save"

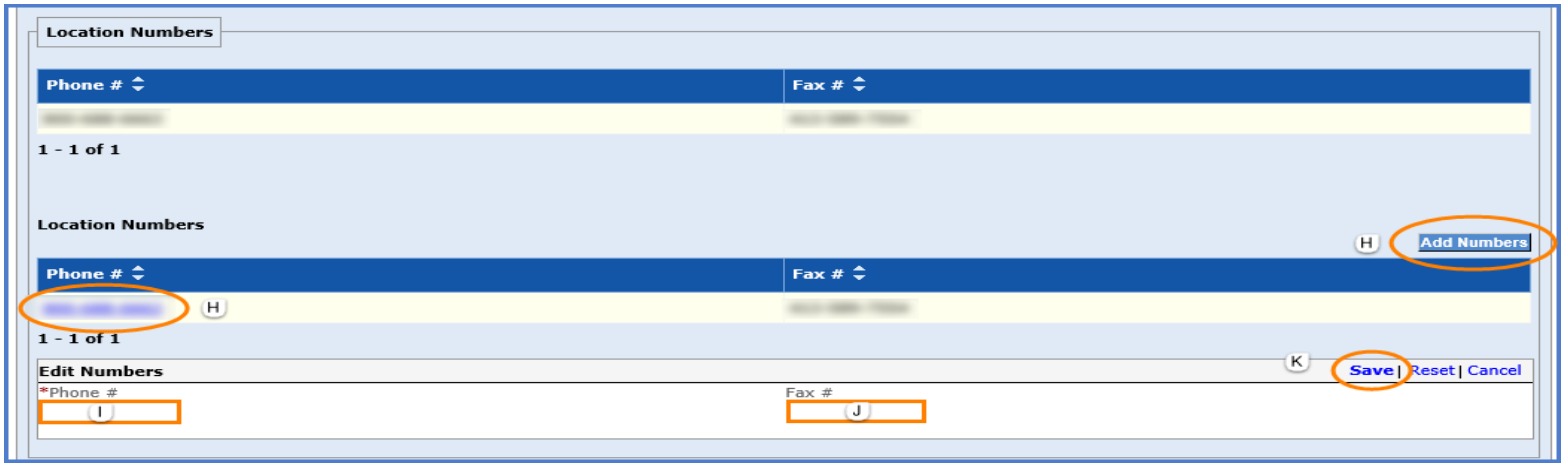


H. Select the blue hyperlink for the Phone Number to edit the current numbers or select "Add Numbers" to add additional numbers

I. Enter the Phone Number

J. Enter the Fax Number if applicable

K. Select "Save"



Demographic Section

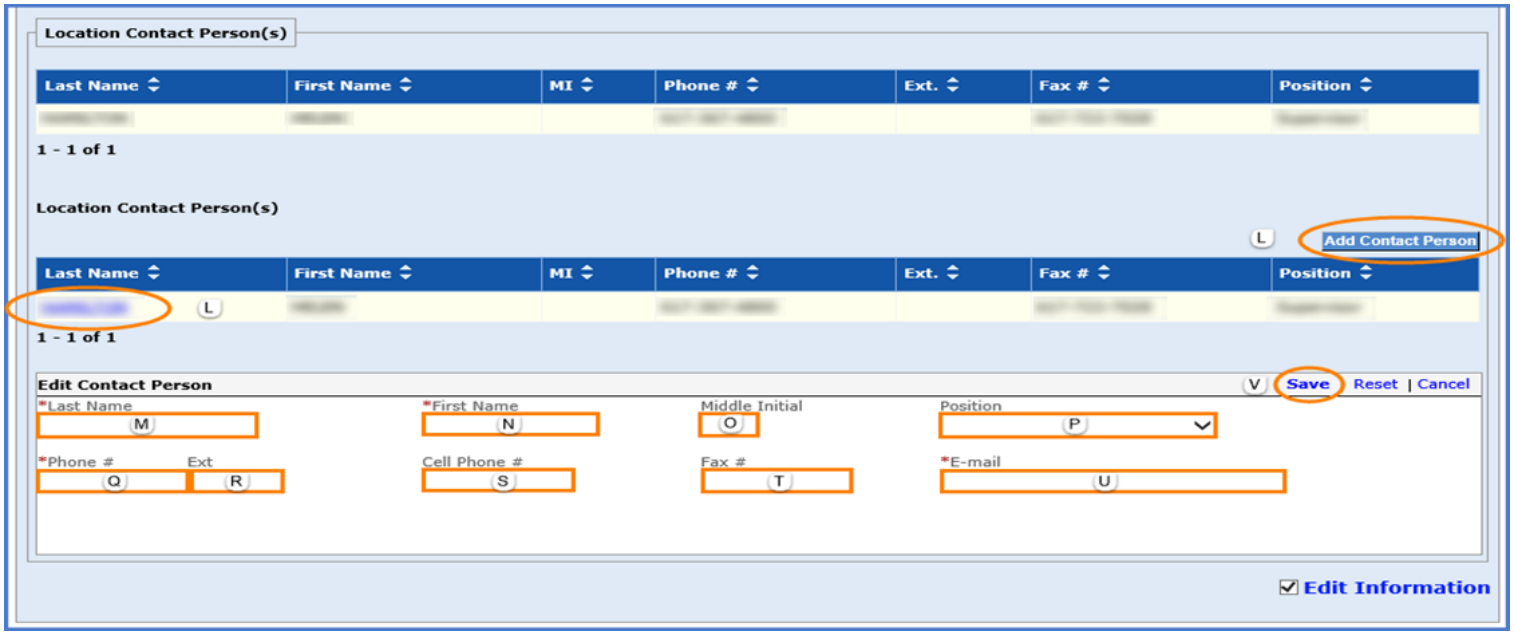
L. Select the blue hyperlink for the Name to edit the current location contact person or select "Add Contact Person" to add additional location contact persons

NOTE: The mailing address contact person should be someone who handles mailings. They may be contacted for mail related issues

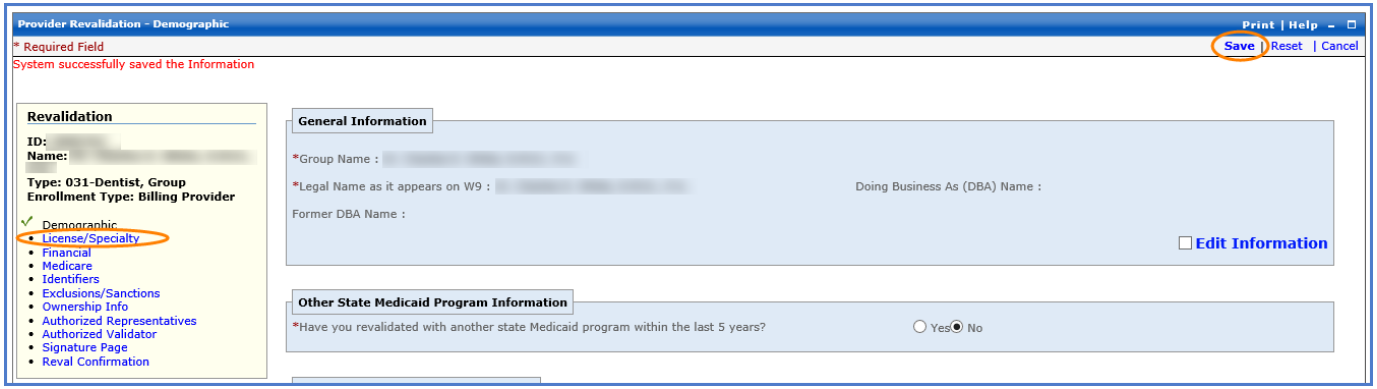
NOTE: Please ensure any current contact persons listed have their email address entered

M-U. Enter the applicable information for the location contact person

V. Select "Save"

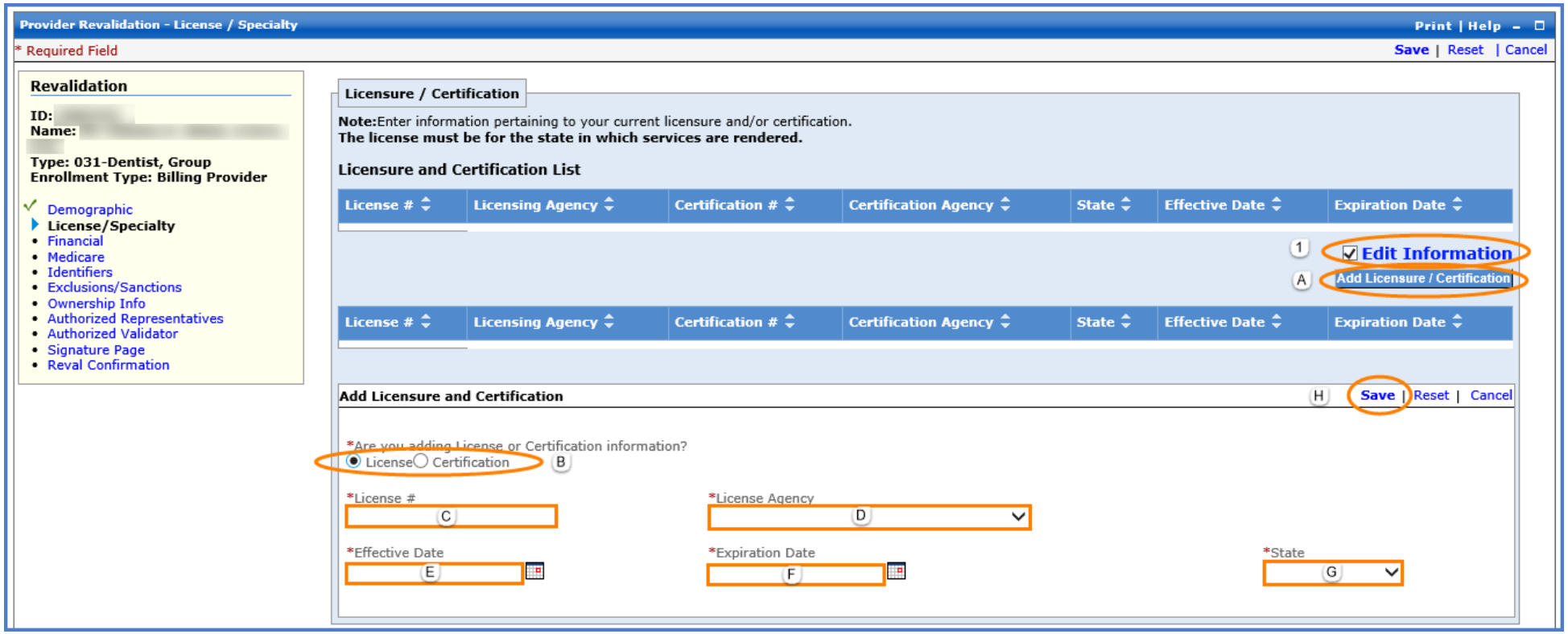


- Select "Save" in the top right corner
- Move to the next section by selecting the link for "License/Specialty"



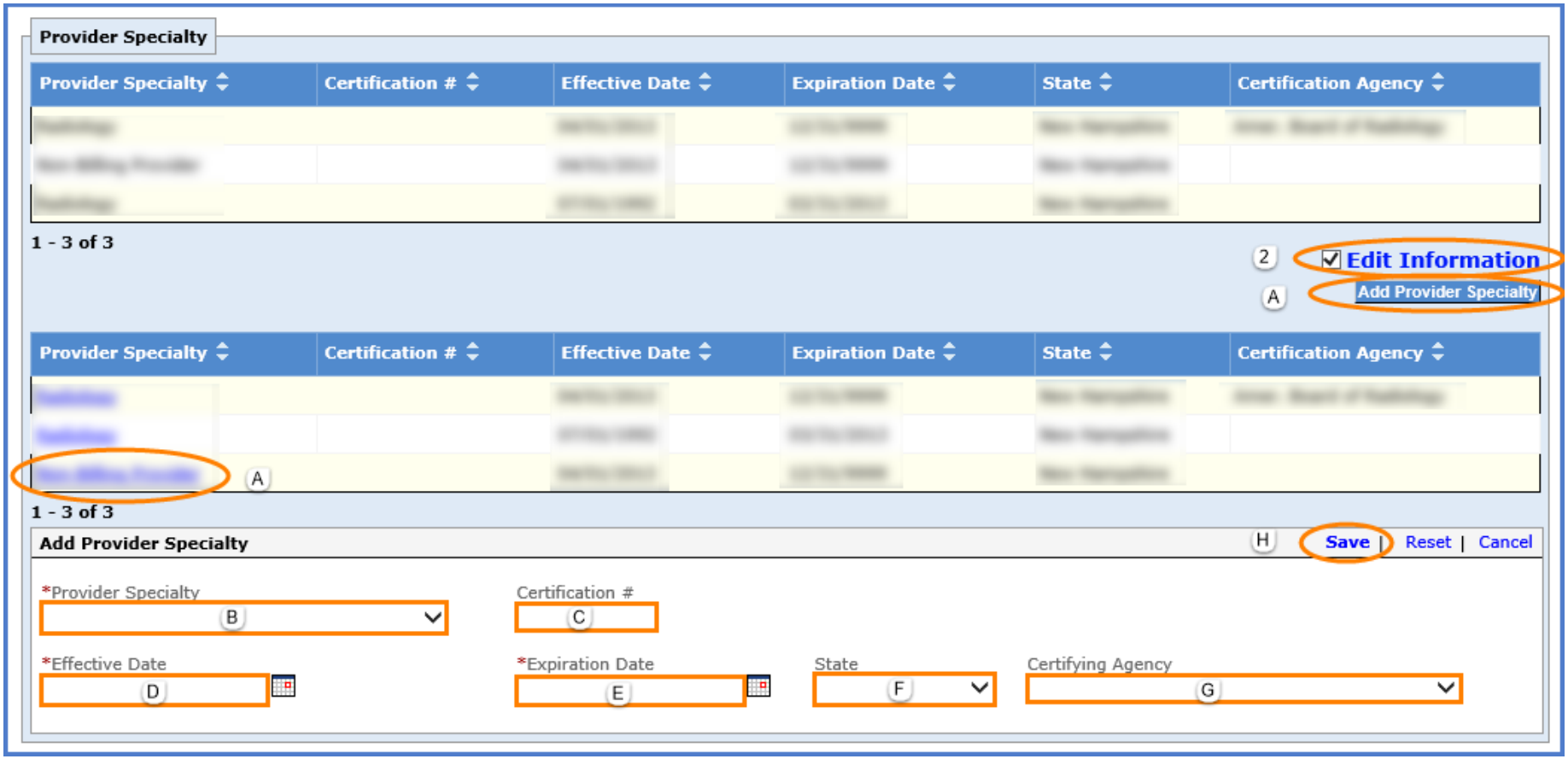
License/Specialty Section

1. Review the information in the License/Certification section and check off Edit Information if anything needs to be edited
   NOTE: Licenses and Certifications are not required for group providers. They may be required for certain facility or entity providers. If you do not have a license or certification, leave this section blank
   A. Select the blue hyperlink for the License Number to edit the current License or Certification or select "Add Licensure/Certification" to add additional Licenses or Certifications
   B. Select License or Certification
   C. Enter the License or Certification number
   D. Select a License Agency from the drop-down list
   E. Enter the Effective Date of the license or certification
   F. Enter the Expiration Date of the license or certification
   G. Select the license or certification's issuing State from the drop-down list
   H. Select "Save"



License/Specialty Section

2. Review the information in the Provider Specialty section and check off Edit Information if anything needs to be edited
    A. Select the blue hyperlink for the Provider Specialty to edit the current Provider Specialty or select "Add Provider Specialty" to add additional Provider Specialties
    B. Select a Provider Specialty from the drop-down list
    C. Enter a Certification Number if applicable
    D. Enter the Effective Date of the Provider Specialty
    E. Enter the Expiration Date of the Provider Specialty
    F. Select the State of the Provider Specialty if applicable
    G. Select the Certifying Agency from the drop-down menu
    H. Select "Save"



License/Specialty Section

3. Review the information in the Taxonomy section and check off Edit Information if anything needs to be edited

   TIP: You can find your taxonomy information on your NPI, which can be located on the NPI Registry website: https://npiregistry.cms.hhs.gov/

   A. Select the blue hyperlink for the Taxonomy to edit the current Taxonomy or select "Add Taxonomy" to add additional Taxonomies

   NOTE: Only enter a taxonomy code that is applicable to your provider type/group specialty

   B. Enter the Taxonomy

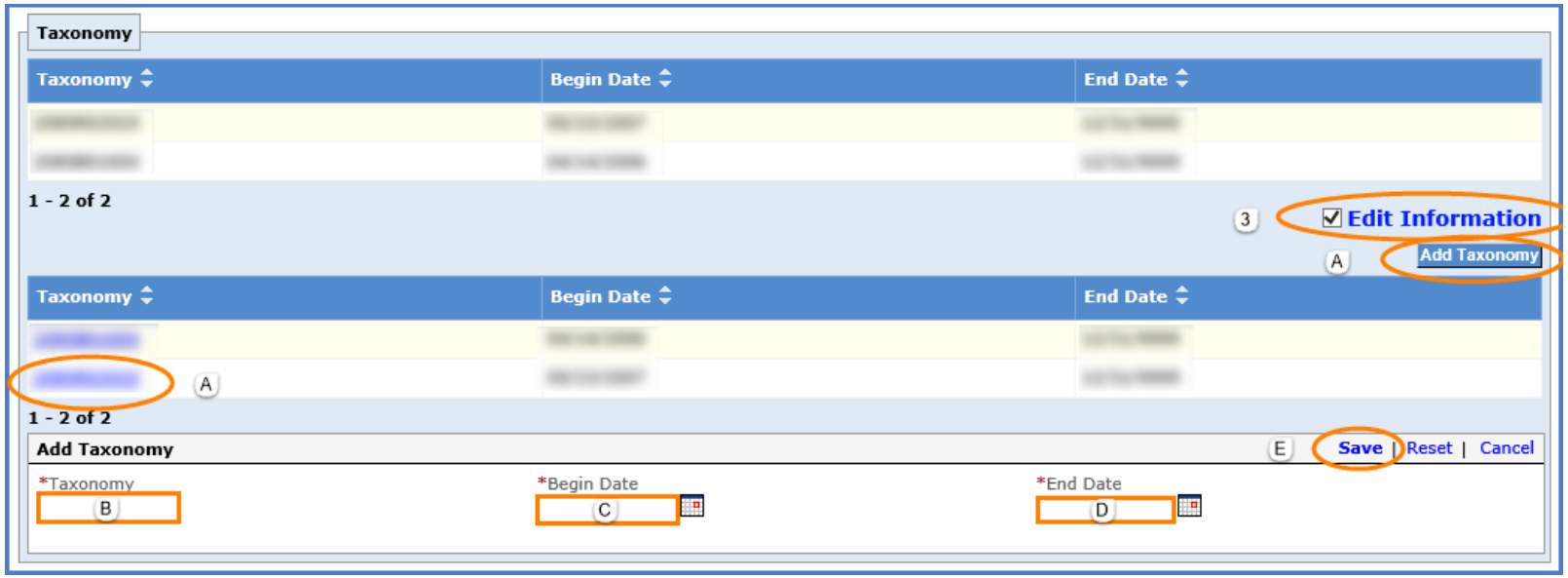
   C. Enter the Taxonomy Begin Date

   NOTE: This date should be the enumeration date that is listed on your NPI

   D. Taxonomies do not expire, so enter the end date of 12/31/9999

   NOTE: If a taxonomy does not apply to this group's specialty, enter the current date as the end date

   E. Select "Save"



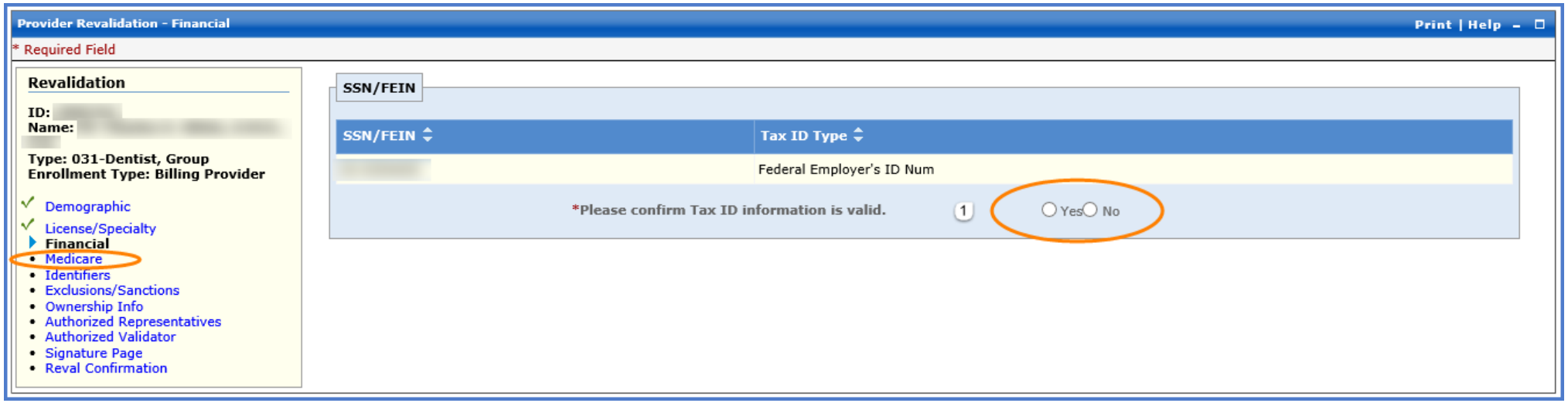
- Select "Save" in the top right corner
- Move to the next section by selecting the link for "Financial"

Financial Section

1. Verify if the FEIN is accurate and select Yes or No.

   IMPORTANT: Be very mindful with your selection in this section. If you select No, the revalidation application will be locked, and you will not be able to change your selection or complete the revalidation.

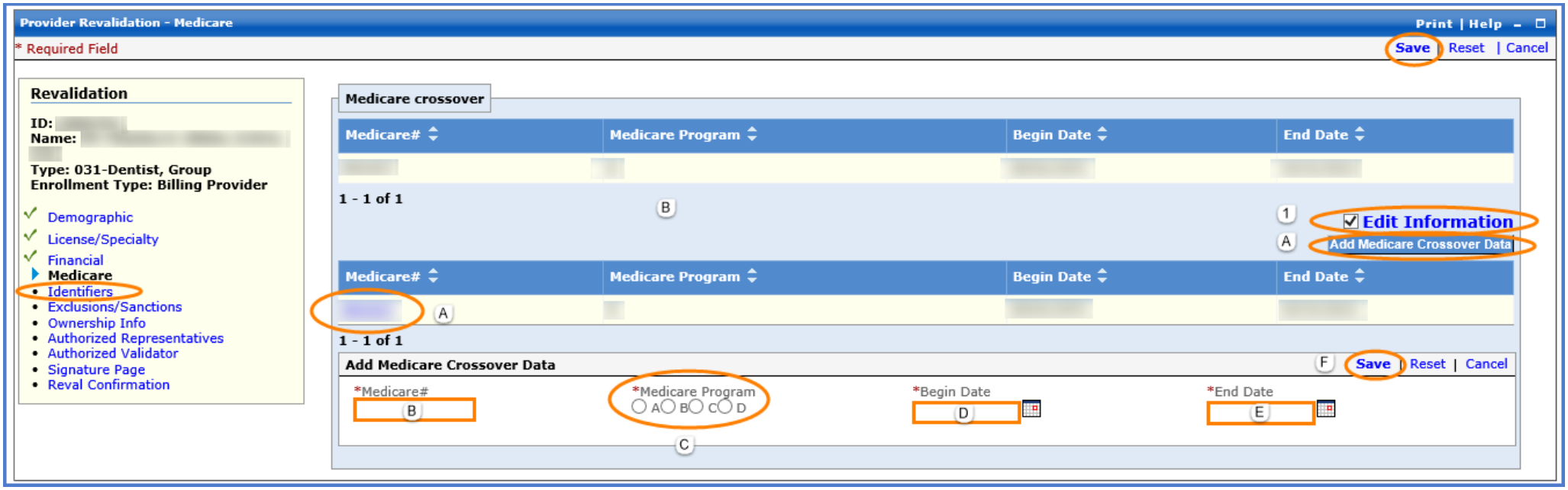
- If No is selected, please contact the NH Medicaid Provider Relations Call Center at 866-291-1674
- If Yes was selected, move to the next section by selecting the link for "Medicare"



Medicare Section

1. Review the information in the Medicare Crossover section and check off Edit Information if anything needs to be edited
    A. Select the blue hyperlink for the Medicare Number to edit the current Medicare Number or select "Add Medicare Crossover Data" to add additional Medicare Numbers
    B. Enter your Medicare Number
    C. Select a Medicare Program Part
    D. Enter the Begin Date of your Medicare Number
    E. Enter the End Date of your Medicare Number
    F. Select "Save"

- Select "Save" in the top right corner
- Move to the next section by selecting the link for "Identifiers"

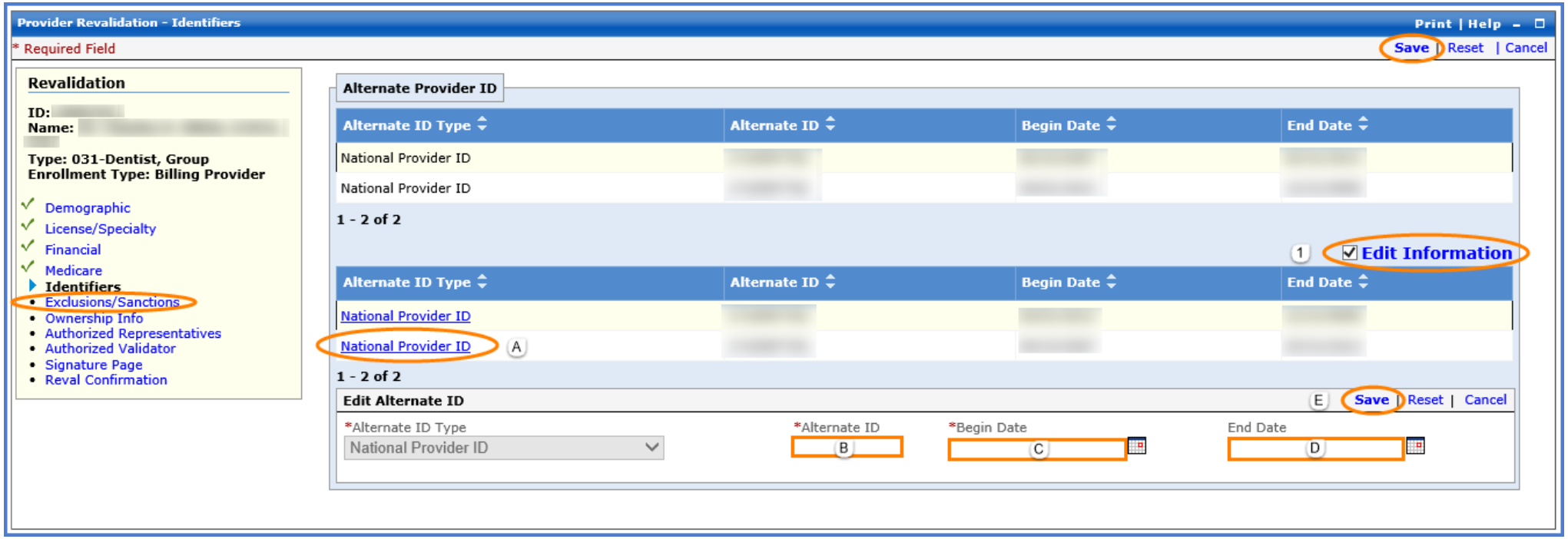


Identifiers Section

1. Review the information in the Alternate Provider ID section and check off Edit Information if anything needs to be edited
   A. Select the blue hyperlink for the National Provider ID to edit the current NPI
   B. Enter your NPI number NOTE: Your NPI information can be located on the NPI Registry website: https://npiregistry.cms.hhs.gov/
   C. Enter the NPI Begin Date NOTE: This date should be the enumeration date that is listed on your NPI
   D. Enter the NPI End Date if applicable

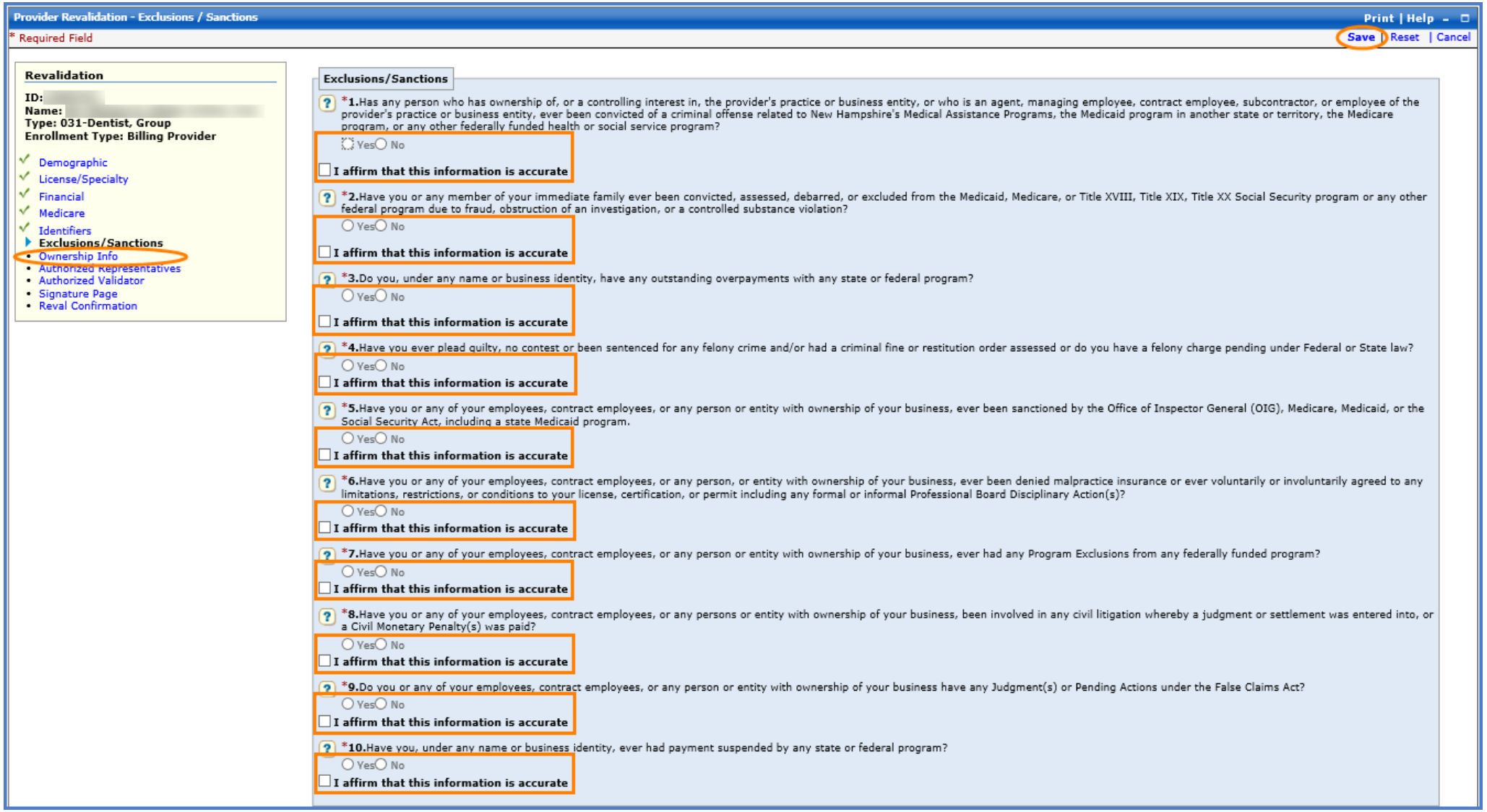
   NOTE: If a NPI is incorrect and does not apply to this group, overwrite the NPI with the correct NPI, and ensure the begin date matches the enumeration date. Or if there is already another span with the correct NPI, then end date the span that has the incorrect NPI using the current date. The incorrect NPI will be removed by the fiscal agent after submitting the revalidation application
   E. Select "Save"

- Select "Save" in the top right corner
- Move to the next section by selecting the link for "Exclusions/Sanctions"



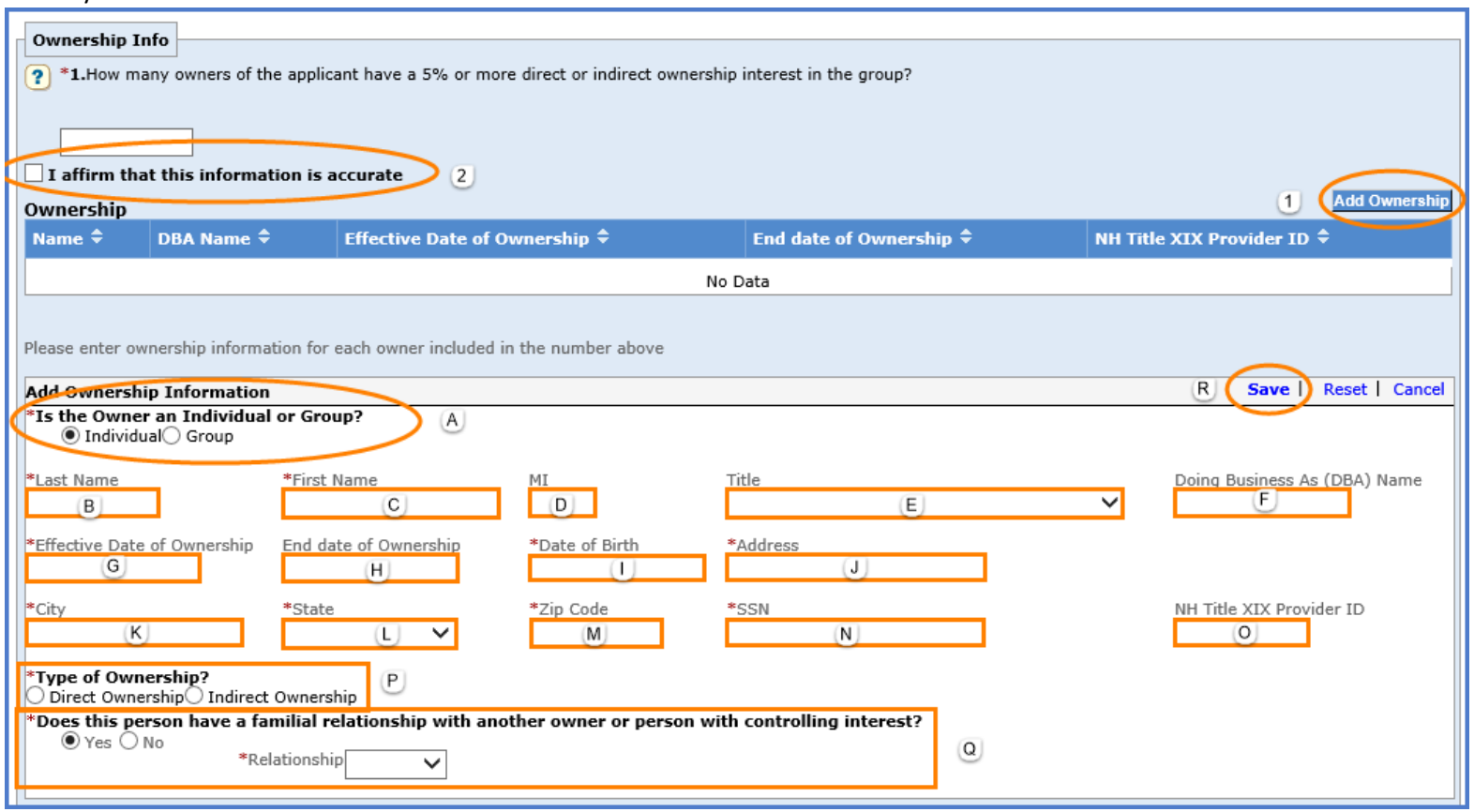
Exclusions/Sanctions Section

- Select Yes or No for each question. If you select Yes for any question, additional required fields will appear. Select that you affirm the information is accurate
  NOTE: Any question answered Yes will require a copy of the original adverse action or a dated signed statement that explains the Yes answer from the provider be sent via secure email to NHProviderRelations@Conduent.com or to the secure fax at 866-446-3318
- Select "Save" in the top right corner
- Move to the next section by selecting the link for "Ownership Info"



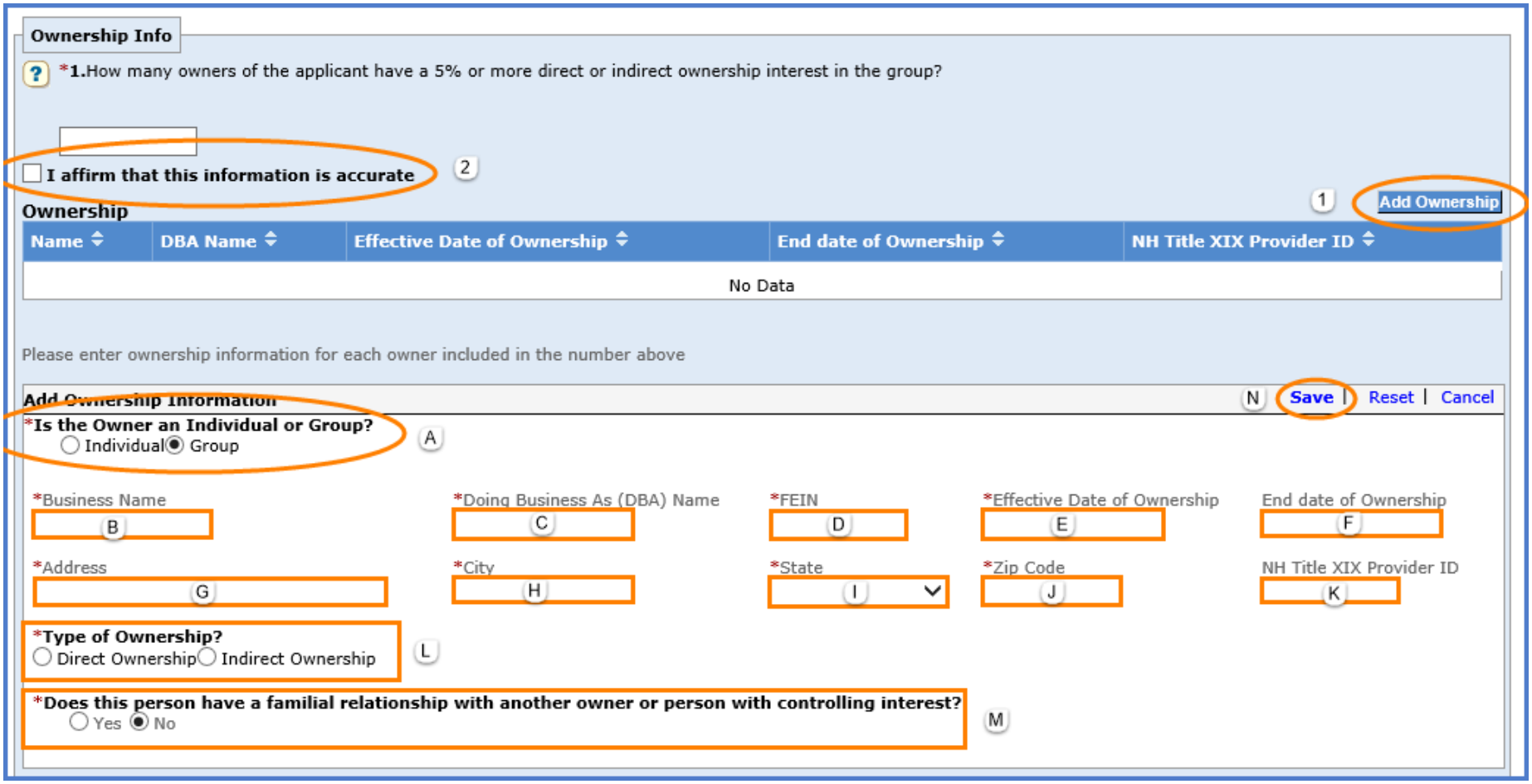
Ownership Info Section

1. Select "Add Ownership" to enter both individual and group owners. Repeat this step if there are multiple owners NOTE: All owners with a 5% or more interest in the group are required to be disclosed. If your group does not have ownership, enter 0
   - A. For individual owners, select Individual
   - B-D. Enter the individual's name
   - E. Enter the individual's Title if applicable
   - F. Enter the DBA Name if applicable
   - G. Enter the individual's Effective Date of Ownership
   - H. Enter the individual's End Date of Ownership NOTE: Enter this as 12/31/9999 if there is not a set end date
   - I. Enter the individual's Date of Birth
   - J-M. Enter the individual's Address
   - N. Enter the individual's SSN
   - O. Enter the individual's NH Medicaid ID if applicable
   - P. Select Direct Ownership or Indirect Ownership NOTE: Direct Ownership is defined as an individual or entity that has possession of equity in the capital, the stock, or the profits of the provider group. Indirect Ownership are owners that indirectly have ownership interest in the provider due to the having ownership interest in the direct owner of the provider.
   - Q. Select Yes or No NOTE: If selecting Yes, a drop-down box will appear where you will be required to select the type of relationship
   - R. Select "Save"
2. Select that you affirm the information is accurate



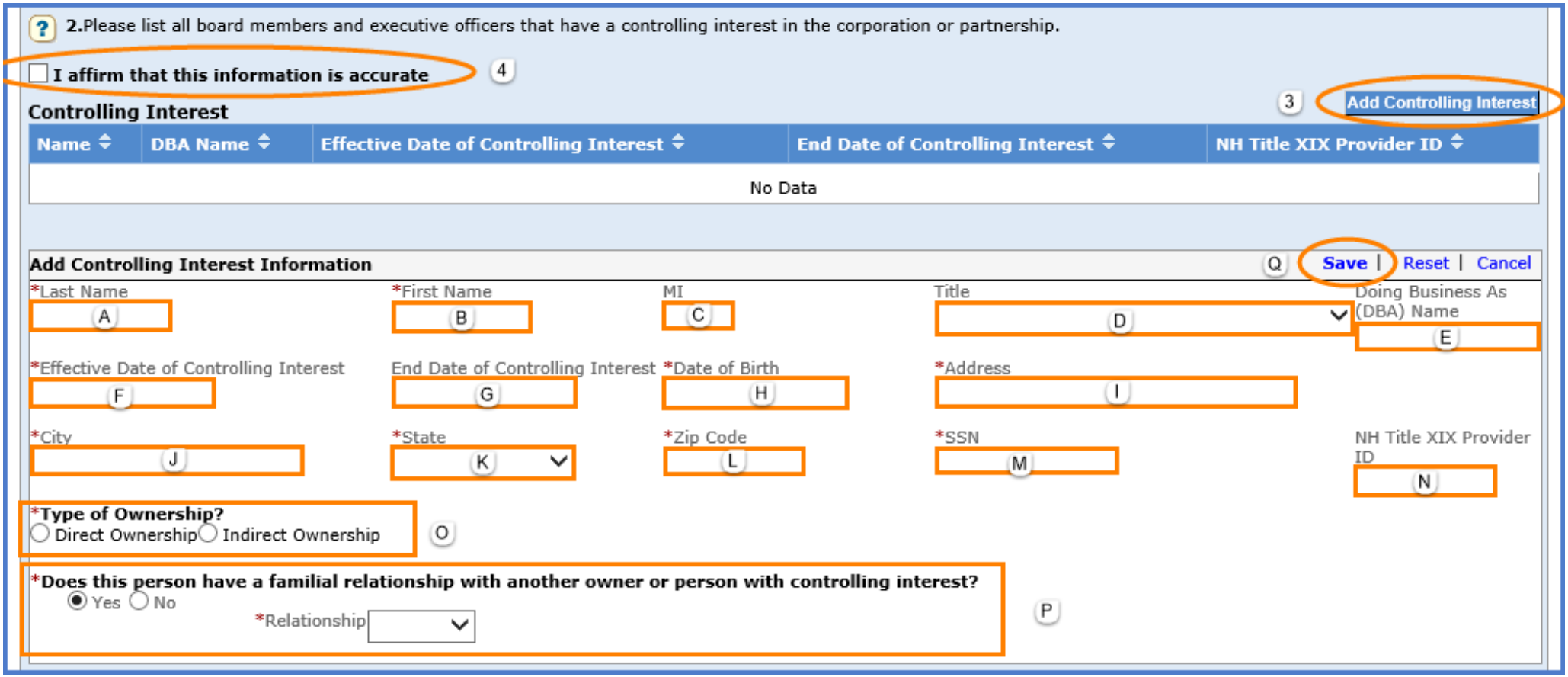
Ownership Info Section

1. Select "Add Ownership" to enter both individual and group owners. Repeat this step if there are multiple owners NOTE: All owners with a 5% or more interest in the group are required to be disclosed. If your group does not have ownership, enter 0
   - A. For group owners, select Group
   - B. Enter the group's Business Name
   - C. Enter the group's DBA Name
   - D. Enter the group's Tax ID (FEIN)
   - E. Enter the group's Effective Date of Ownership
   - F. Enter the group's End Date of Ownership NOTE: Enter this as 12/31/9999 if there is not a set end date
   - G-J. Enter the group's Address
   - K. Enter the group's NH Medicaid ID if applicable
   - L. Select Direct Ownership or Indirect Ownership NOTE: Direct Ownership is defined as an individual or entity that has possession of equity in the capital, the stock, or the profits of the provider group. Indirect Ownership are owners that indirectly have ownership interest in the direct owner of the provider.
   - M. Select No, as this question is only relevant to individual owners
   - N. Select "Save"
2. Select that you affirm the information is accurate



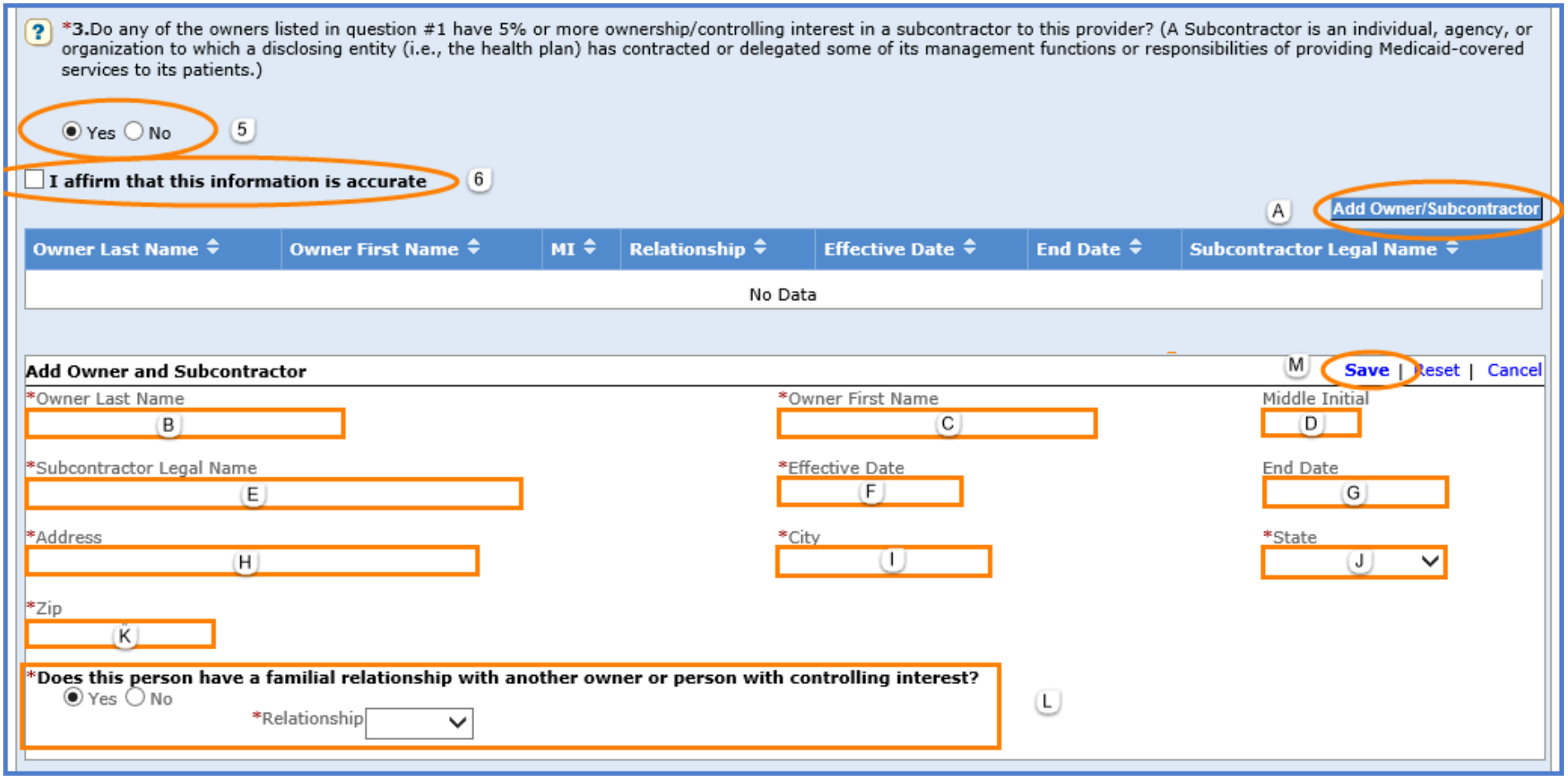
Ownership Info Section

3. Select "Add Controlling Interest" to enter board members and executive officers that have a controlling interest in the provider. Repeat this step if there are multiple Controlling Interest to add. If your group does not have board members or executive officers, enter 0
   - A. Enter the individual's Last Name
   - B. Enter the individual's First Name
   - C. Enter the individual's Middle Initial
   - D. Enter the individual's Title if applicable
   - E. Enter the DBA Name if applicable
   - F. Enter the Effective Date of Controlling Interest
   - G. Enter the End Date of Controlling Interest NOTE: Enter this as 12/31/9999 if there is not a set end date
   - H. Enter the individual's Date of Birth
   - I-L. Enter the individual's Address
   - M. Enter the individual's SSN
   - N. Enter the individual's NH Medicaid ID if applicable
   - O. Select Direct Ownership for any Controlling Interest individual
   - P. Select Yes or No NOTE: If selecting Yes, a drop-down box will appear where you will be required to select the type of relationship
   - Q. Select "Save"
4. Select that you affirm the information is accurate



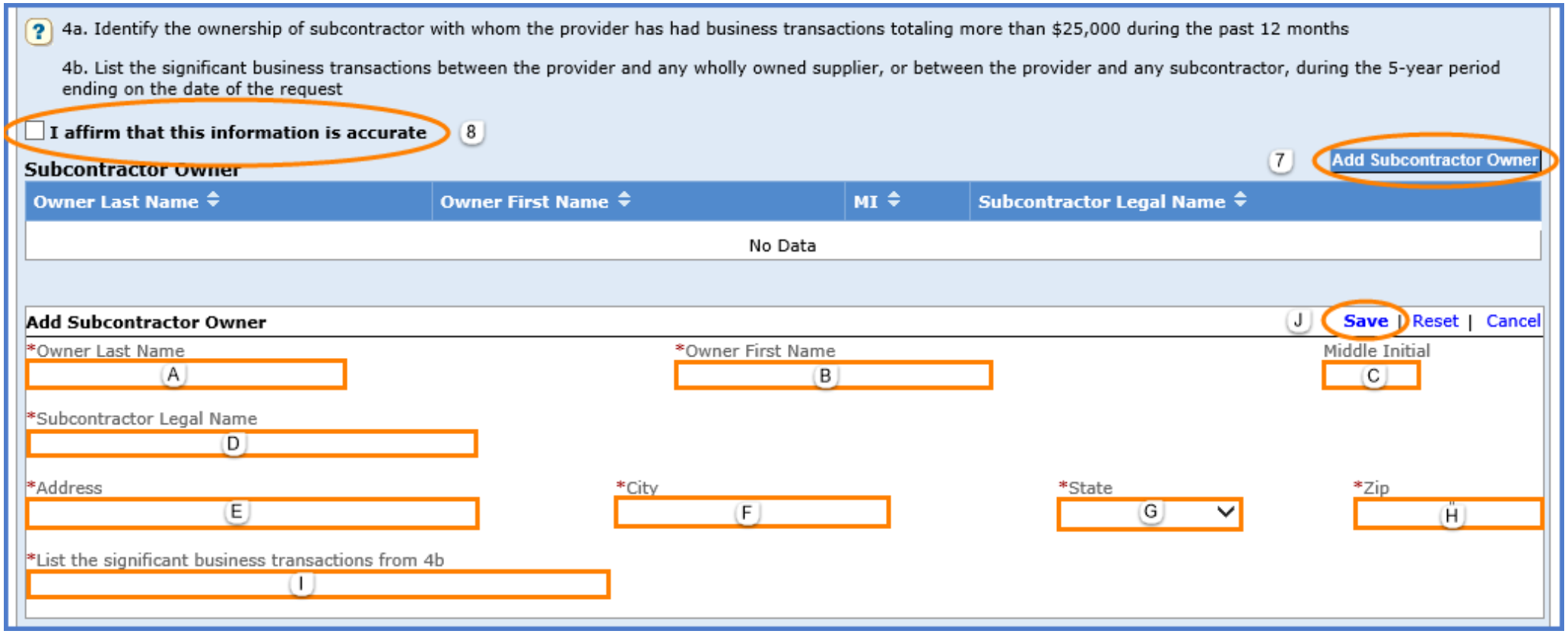
Ownership Info Section

5. Select Yes or No. If Yes is selected, additional required fields will be displayed to disclose the owner and subcontractor information. Repeat this step if there are multiple Owners/Subcontractors to add
    - A. Select "Add Owner/Subcontractor"
    - B-D. Enter the Owner's Name
    - E. Enter the Subcontractor's Legal Name
    - F. Enter the Effective date of ownership
    - G. Enter the End date of ownership if applicable
    - H-K. Enter the Subcontractor Address
    - L. Select Yes or No. If selecting Yes, a drop-down box will appear where you will be required to select the type of relationship
    - M. Select "Save"
6. Select that you affirm the information is accurate



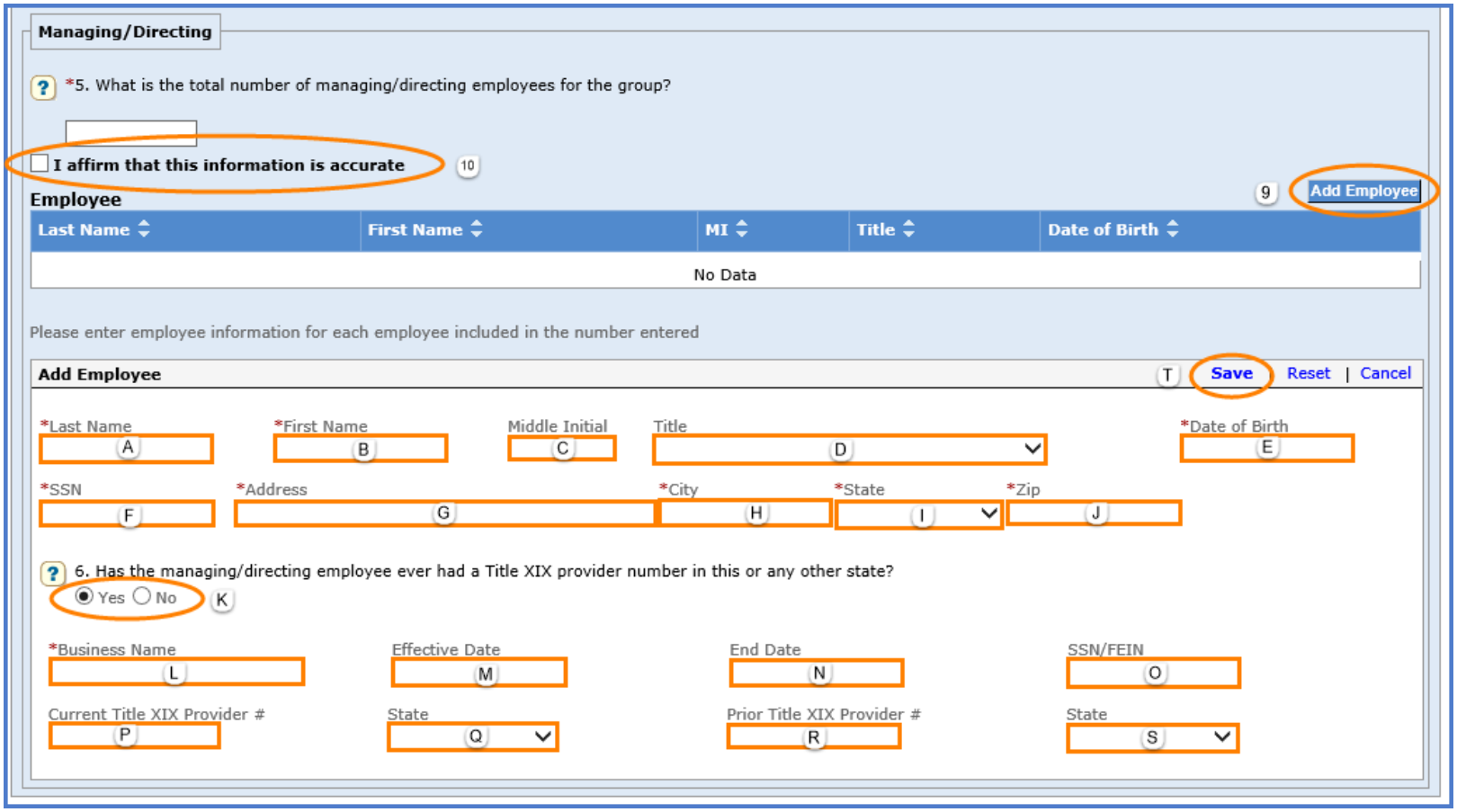
Ownership Info Section

7. Select "Add Subcontractor Owner" to disclose the significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor
   - A-C. Enter the Owner's Name
   - D. Enter the Subcontractor Legal Name
   - E-H. Enter the Subcontractor Address
   - I. Enter the Significant Business Transactions
   - J. Select "Save"
8. Select that you affirm the information is accurate



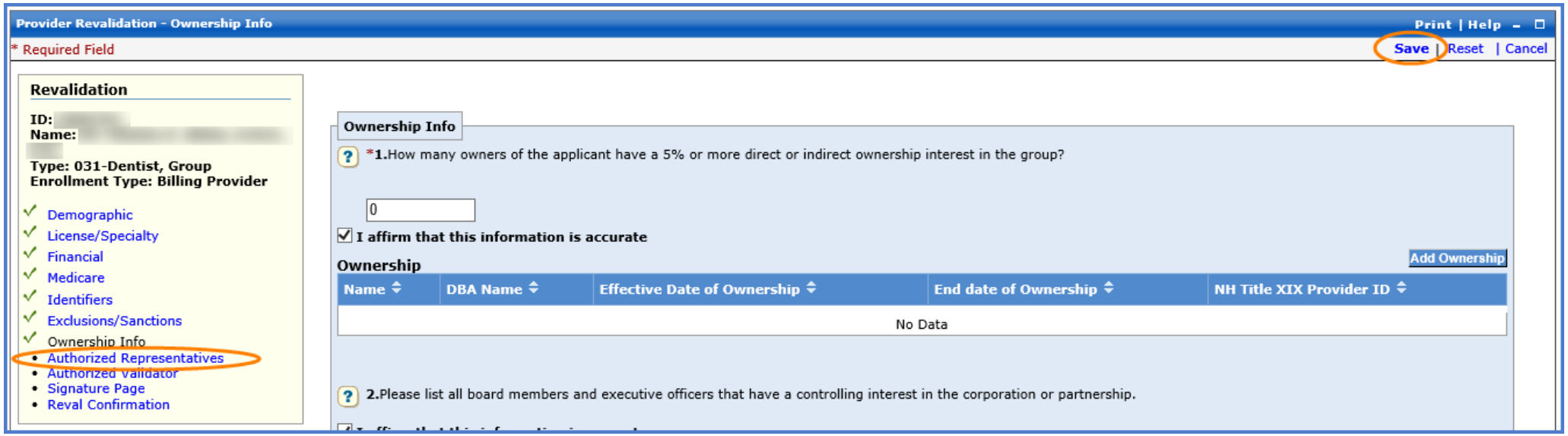
Ownership Info Section

9. Select "Add Employee" to add a Managing/Directing employee. All Managing/Directing employees must be disclosed in this section. If there is only one, add them here. If there are multiple Managing/Directing employees, repeat this step NOTE: A managing director is considered a general manager, business manager, administrator, director, or other individual who has operational or managerial control over the day-to-day operation of the organization
   - A-C. Enter the individual's Name
   - D. Enter the individual's Title if applicable
   - E. Enter the individual's Date of Birth
   - F. Enter the individual's SSN
   - G-J. Enter the individual's Address
   - K. Select Yes or No NOTE: If Yes is selected, additional required fields will appear
   - L. Enter the Business Name
   - M. Enter the Effective Date
   - N. Enter the End Date
   - O. Enter the SSN/FEIN
   - P. Enter the Current Medicaid ID
   - Q. Enter the State of the Medicaid ID
   - R. Enter the Prior Medicaid ID
   - S. Enter the State of the Medicaid ID
   - T. Select "Save"
10. Select that you affirm the information is accurate



Ownership Info Section

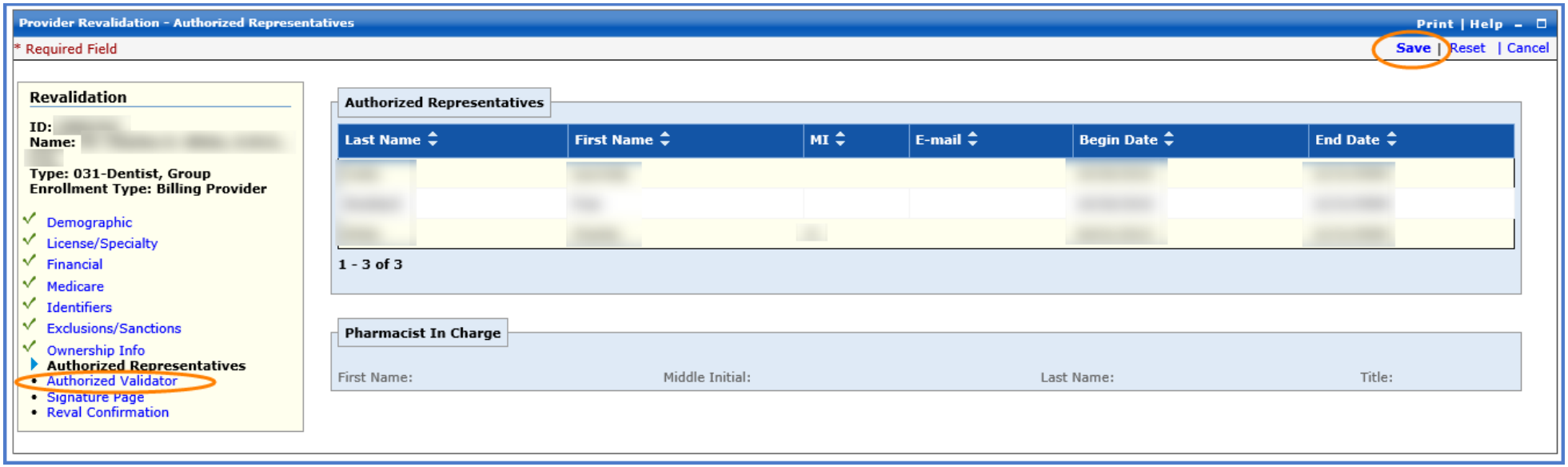
- Select "Save" in the top right corner
- Move to the next section by selecting the link for "Authorized Representatives"



Authorized Representatives Section

NOTE: Authorized Representatives have approval and authorization to make changes to your NH Medicaid Provider ID such as address changes, affiliations and un-affiliations, portal access requests, and demographic changes

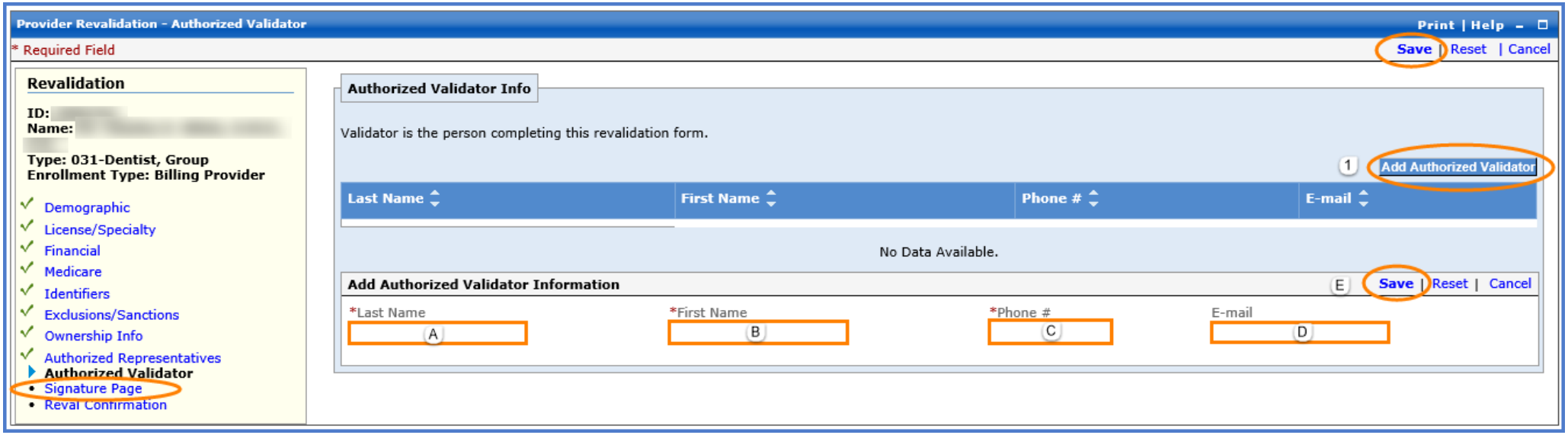
- The Authorized Representatives section will show any current or past Authorized Representatives on your Provider ID. You will not be able to add or remove any of them from this screen. If you need to add or remove any, please complete an Authorized Representative Appointment or Removal form located on the Documents and Forms page at www.nhmmis.nh.gov and submit it along with the revalidation application
- The Authorized Representatives section will also show the Pharmacist In Charge that is listed. You will not be able to add or remove the Pharmacist In Charge from this screen. If you need to remove or add the Pharmacist In Charge, please contact the NH Medicaid Provider Relations Call Center at 866-291-1674
  NOTE: The Pharmacist In Charge section is only applicable to Pharmacies
- Select "Save" in the top right corner
- Move to the next section by selecting the link for "Authorized Validator"



Authorized Validator Section

1. Select Add Authorized Validator to add the person who is completing this revalidation
    A. Enter the Authorized Validator's Last Name
    B. Enter the Authorized Validator's First Name
    C. Enter the Authorized Validator's Phone #
    D. Enter the Authorized Validator's E-mail
    E. Select "Save"

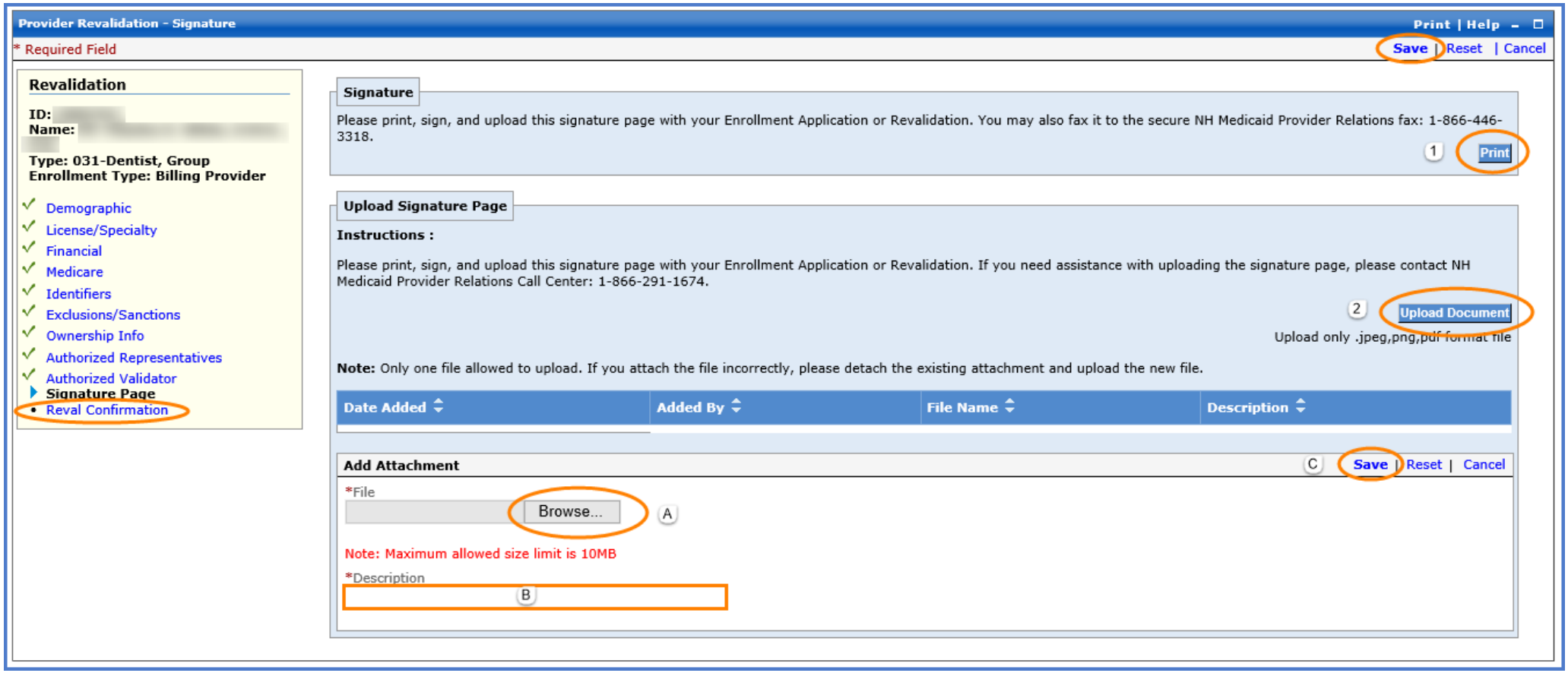
- Select "Save" in the top right corner
- Move to the next section by selecting the link for "Signature Page"



Signature Page Section

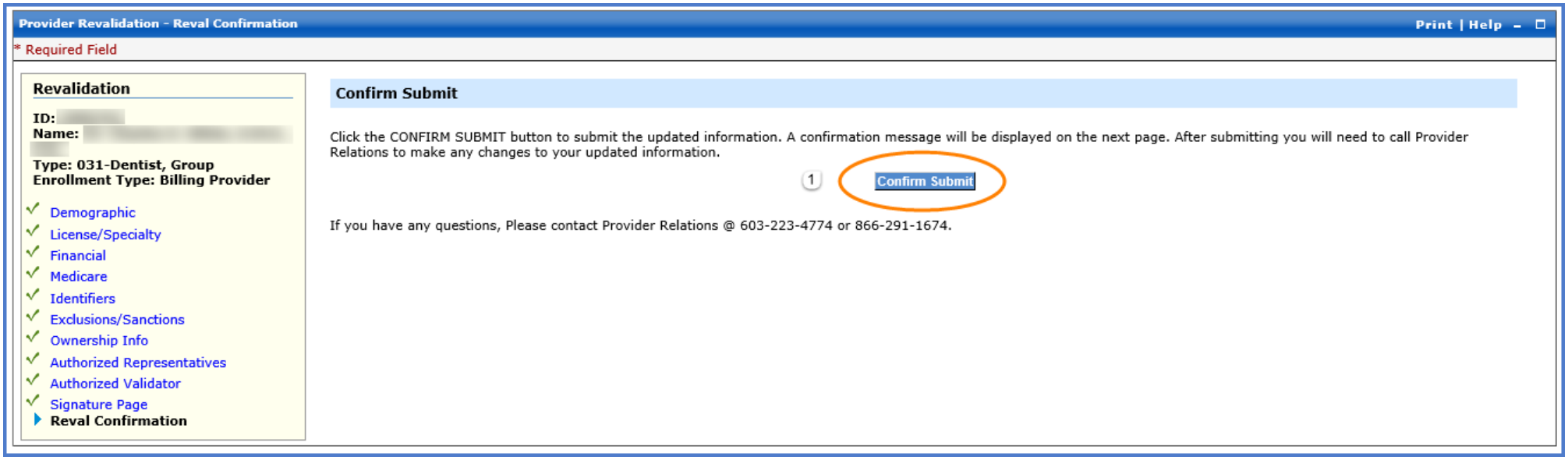
1. Select "Print" to print a pre-filled signature page that requires the signature of an Owner, General Partner, Board Officer, or Managing/Directing Employee
   NOTE: You will need to have the signed signature page scanned back onto your computer and saved as a .jpeg, .png, or .pdf file format
2. Select "Upload Document" to open the Add Attachment section
   A. Select Browse to browse your files for the signature page you saved
   B. Add a Description for the attachment
   C. Select "Save"

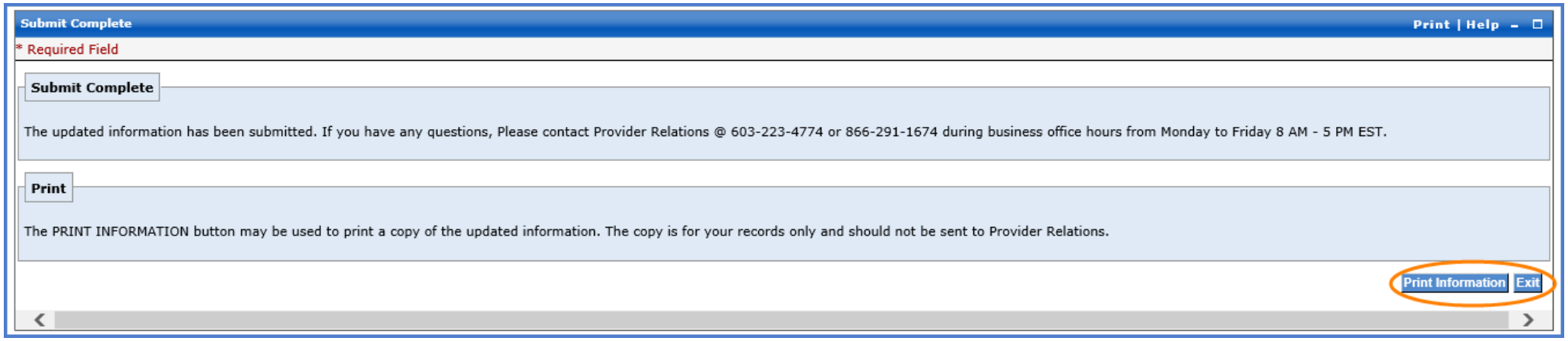
- Select "Save" in the top right corner
- Move to the next section by selecting the link for "Reval Confirmation"



Reval Confirmation Section

1. Select "Confirm Submit" to submit the revalidation application NOTE: You will not be able to make any further changes to your application after submission. If you need to make any edits, please contact the NH Medicaid Provider Relations Call Center at 866-291-1674



Submit Complete Section

- Your Revalidation Application has now been submitted. Select "Print Information" to print a copy of the application that was submitted or select "Exit" to return to your home page