

NH Medicaid Trading Partner Enrollment Instructions

Completing the Trading Partner Enrollment Application

www.nhmmis.nh.gov

- Click on “Enrollment” under Quick Links
- Additional assistance is located in the blue “Help” hyperlink at the top of each page

The screenshot displays the New Hampshire MMIS Health Enterprise Portal. The browser window shows the URL <https://nhmmis.nh.gov/portals/wps/portal/!ut/p/c5/0>. The page header includes the date "Apr 2, 2018" and navigation options: "Skip Navigation | Contact Us | **Help** | Search". The main navigation bar contains "Home", "Program", "Member", "Provider", "Documentation", and "Directories". Below the navigation bar is a banner image showing various healthcare scenes. The "Quick Links" section is highlighted with a yellow starburst, and the "Enrollment" link is circled in blue. The "Sign In" section is also visible, with options for "Providers", "Members", and "Internal Users".

Click on **“Trading Partner Enrollment”** under Quick Links

- Familiarize yourself with **Tips, Notes, & Important Information** at the end of the instruction pages to assist in your Enrollment
 - **NOTE:** Below page is also where you can check on the status of your application, enter the Application Tracking Number (ATN) and select **submit**
 - **NOTE:** To return to a partially completed application, you can go back to it (Recall) by entering the ATN and FEIN and select **submit**

The screenshot displays the 'New Hampshire MMIS Health Enterprise Portal' interface. At the top, there is a navigation bar with 'Home', 'Program', 'Member', 'Provider', 'Documentation', and 'Directories'. The main content area is titled 'Provider Enrollment' and includes a 'Print | Help' link. It is divided into three main sections: 'Become a Provider', 'Become a Trading Partner', and 'Application Status'. The 'Become a Trading Partner' section is highlighted with a green arrow pointing to its title. Below this, the 'Recall Trading Partner Application' form is highlighted with an orange circle, and a yellow starburst icon is placed over the 'Submit' button. The 'Application Status' section also features a 'Submit' button. The footer contains copyright information for Conduent, Inc. dated 2018.

- Please read the following information and then click **“Continue”**
 - **TIP:** The Trading Partner Enrollment Signature Page will be required for this enrollment

New Hampshire MMIS Health Enterprise Portal Feb 28, 2018
[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#)

Home | [Program](#) | [Member](#) | [Provider](#) | [Documentation](#) | [Directories](#)

Trading Partner Enrollment - Instructions [Print](#) | [Help](#) - □

* Required Field

Application Links
Instructions

Trading Partner Enrollment Instructions

- For all date fields, use the date format (mm/dd/yyyy) unless otherwise indicated.
- Complete all areas of the application, unless otherwise indicated.
- After completing each page of your application, click "Continue" button to continue application process and follow the steps to validate your application.
- Some forms must be signed and sent in to complete your online trading partner enrollment. Original signatures are required. Copied or stamped signatures are unacceptable.

You may save a partial application at any point after completing the Identifying Information page. You may use the Application Tracking Number to recall the application that you have partially completed.

[Cancel](#) [Continue >>](#)

©2018 Conduent, Inc. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent, Inc. and/or its subsidiaries in the United States and/or other countries.
[Privacy Policy](#) | [Site Map](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)

Identifying Information – Section 1

Classification Section:

- Select the radio button identifying the classification that best applies and then navigate to the Demographic section or the Software Vendor Details section
 - **NOTE:** The red asterisk * indicates it is a Required Field
 - **NOTE:** The Software Vendor Details section will display if you choose Yes to the question: “Are you using software from a vendor?”

The screenshot shows a web form titled "Identifying Information" with a blue header bar containing "Print | Help" and a close button. Below the header, a red asterisk indicates a required field. The form is divided into two main sections: "Application Links" on the left and "Classification" on the right. The "Application Links" section includes a list of links: "Application Tracking Number:", "Instructions", "Identifying Information" (highlighted in green), "Transactions", "Provider Affiliations", and "Submit Application". The "Classification" section contains several radio button options: "Billing Agent", "Other Payer", "Carrier", "Clearing House", and "Switch Vendor". Below these options, there is a question: "Are you using software from a vendor?" with a help icon (question mark) to its left. Underneath the question are two radio button options: "Yes" and "No". The text "either/or not both" is written in green below each set of radio buttons. Yellow starburst icons are placed over the "Billing Agent" and "Clearing House" radio buttons, and the "Yes" and "No" radio buttons.

Software Vendor Details if Answer Yes:

- Enter the required information in the data fields displayed
- Select the Protocol from the drop down menu and then navigate to the Demographic section

The screenshot shows a web form titled "Software Vendor Details" with a light blue background. It contains several required fields, each marked with a red asterisk: "*Software Vendor Name" (a text input field), "*Software Name" (a text input field), and "*Version ID#" (a text input field). At the bottom left, there is a dropdown menu for "*Protocol" with a list of options: "Cartridge", "Kermit", "MQ Series", and "SNA". A yellow starburst icon is placed over the dropdown menu.

Demographic Section:

- Select the radio button identifying the demographic information that best applies
- Enter the required information in the data fields displayed and then navigate to the Address Information section

Classification
Select the Trading Partner classification. If you answer Yes to the question "Are you using software from a Vendor" additional information will be required.

SSN
Enter as 9 digits with or without dashes.

FEIN
Enter as 9 digits with or without dashes.

Address
Enter the physical address that you prefer to

Demographic

If you bill services using a SSN then enroll as an individual. If you bill services using a FEIN then enroll as a business.
either/or not both

Individual Business

*Business Name
Claims to Fame

*FEIN
029876543

Address Information:

- Enter the required information by in the data fields displayed
- Click on the **"Validate Address"** button to ensure the address meets postal standards
 - **NOTE:** When validating the address, if it is needed to be as entered – select override
- Click on the appropriate radio button and then click on blue **"Submit"** button

Address
Enter the physical address that you prefer to receive correspondence.

Validate
This will provide suggestions based on an official US postal address, you also have the option to override these suggestions.

Phone, FAX & Contact
To add Phone, FAX or Contact information, click the appropriate 'Add' button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row.

Click the **Save** button at the bottom of the page to validate the page content and save the information. Click the **Continue** button to move to the next step. If you choose to **Exit Application**, please save and note the Tracking Number or print this page so you can make updates to this application at another time.

For additional Enrollment Help, click the **Help** link on the blue bar at the top of this form.

Address Information

*Street Address:
2 Pillsbury St
PO Box, Building, Suite #, etc
Ste 200

*City
Concord

*State
New Hampshire

*Zip
03301

County

Validate Address

Alternate Address

2 Pillsbury St, Ste 200, Concord, NH, 03301, 3549, Merrimack County

Override verification warning, and accept address as entered.

Submit **Cancel**

Location Contact Person(s)

Location Numbers

Add Location Number

Phone # Fax #

Add Numbers **Save** **Reset** **Cancel**

*Phone # Fax #

Add Location Number:

- Click on the blue “**Add Location Number**” and complete data fields as appropriate
- Click on the section blue “**Save**” and navigate to the “Location Contact Person(s)” section

Address
Enter the physical address that you prefer to receive correspondence.

Validate
This will provide suggestions based on an official US postal address, you also have the option to override these suggestions.

Phone, FAX & Contact
To add Phone, FAX or Contact information, click the appropriate 'Add' button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row.

Click the **Save** button at the bottom of the page to validate the page content and save the information. Click the **Continue** button to move to the next step. If you choose to **Exit Application**, please save and note the Tracking Number or print this page so you can make updates to this application at another time.

For additional Enrollment Help, click the **Help** link on the blue bar at the top of this form.

Address Information

*Street Address:
2 Pillsbury St

PO Box, Building, Suite #., etc
Ste 200

*City: Concord *State: New Hampshire

*Zip: 03301

County:

Validate Address

Alternate Address

2 Pillsbury St, Ste 200, Concord, NH, 03301, 3549, Merrimack County

Override verification warning, and accept address as entered.

Submit **Cancel**

Location Contact Person(s)

Location Numbers

Add Location Number

Phone # Fax #

Add Numbers **Save** **Reset** **Cancel**

*Phone # Fax #

Location Contact Person(s):

- Click on the blue “Add Contact Person” button to enter the Location Contact Person(s) information
- Click on the section blue “Save”
 - **NOTE:** The Service Location Contact E-Mail is required
 - **TIP:** To add additional contacts, click on the blue Add Contact Person and repeat steps as many times as necessary
- Review your information and when correct click on the blue “Save” button at the bottom of the page and the following will display at the top of the page on the left hand side:

“Trading Partner details have been saved successfully. Please note your Application Tracking number XXXXX for future access to the Enrollment Application”

Location Contact Person(s)

Last Name	First Name	MI	Phone #	Ext.	Fax #	Position
-----------	------------	----	---------	------	-------	----------

Add Contact Save | Reset | Cancel

*Last Name: Penney

*First Name: Money

Middle Initial:

*Phone Number: 6032713330

Ext:

Fax #: 6032719900

E-Mail: missmoneypenney@claims2fame.c

*Position: Business Manager

Continue>> | Reset | Save | Exit Application

©2018 Conduent, Inc. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent, Inc. and/or its subsidiaries in the United States and/or other countries.

[Privacy Policy](#) | [Site Map](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)

- Your Application Tracking Number will be displayed in the Application Links window on the left of the screen
 - **NOTE:** It is very important to record this number as it is your record of the enrollment
- Once you have successfully saved the information, then click on blue “Continue” button

The screenshot displays the 'New Hampshire MMIS Health Enterprise Portal' interface. At the top, there is a navigation bar with 'Home' and several menu items: 'Program', 'Member', 'Provider', 'Documentation', and 'Directories'. Below this is a section titled 'Identifying Information' with a red asterisk indicating a required field. A green message box states: 'Trading Partner details have been saved successfully. Please note your Application Tracking number 70220 for future access to the Enrollment Application.' On the left, an 'Application Links' sidebar lists: 'Application Tracking Number :70220', 'Instructions', 'Identifying Information' (with a green checkmark), 'Transactions', 'Provider Affiliations', and 'Submit Application'. The main content area is titled 'Classification' and contains radio button options: 'Billing Agent' (selected), 'Other Payer', 'Carrier', 'Clearing House', and 'Switch Vendor'. Below these is a question mark icon followed by the text '*Are you using software from a vendor?'.

Transactions – Section 2

Transactions for Transmission:

- Click on either Yes or No to the question: "Would you like to send transactions?" and when completed navigate to the Transactions for Retrieval section
 - If Yes, a selection of transactions will populate, choose the appropriate transactions from the list presented
 - **NOTE:** NEVER select the 834 Confirmation (EI)

Trading Partner Enrollment - Transactions Print | Help - □

* Required Field

Application Links

- Application Tracking Number :
- Instructions
- ✓ Identifying Information
- **Transactions**
- Provider Affiliations
- Submit Application

Help

Answer each of the questions. Additional information will be required if your response is Yes.

Transmission
Select the Transaction Type for each file you will send.

Retrieval
Select the Transaction Type for each file you will retrieve and choose the Retrieval Connection.

Click the **Save** button at the bottom of the page to validate the page content and save the information. Click the **Continue** button to move to the next step. If you choose to **Exit Application**, please save and note the Tracking Number or print this page so you can make updates to this application at another time.

For additional Enrollment Help, click the **Help** link on the blue bar at the top of this form.

Transactions for Transmission

? *Would you like to send transactions?
 Yes No

<input type="checkbox"/> ALL	Transaction Type
<input type="checkbox"/>	Proprietary Interface File(s)
<input type="checkbox"/>	270 (Eligibility Inquiry)
<input type="checkbox"/>	276 (Claim Inquiry)
<input type="checkbox"/>	278 (Service Authorization Request)
<input type="checkbox"/>	834 Confirmation (EI)
<input type="checkbox"/>	837D (837 Dental)
<input type="checkbox"/>	837I (837 Institutional)
<input type="checkbox"/>	837P (837 Professional)

Transactions for Retrieval

? *Would you like to retrieve transactions?
 Yes No

Transactions for Retrieval:

- Click on either Yes or No to the question: "Would you like to retrieve transactions?"
 - If Yes, a selection of transactions will populate, choose the appropriate transactions from the list presented
 - **NOTE:** NEVER select the 820 (Premium Payment)
- Review your information and when correct click on the blue "Save" button at the bottom of the page
- Once you have successfully saved the information, then click on blue "Continue" button

button to move to the next step. If you choose to **Exit Application**, please save and note the Tracking Number or print this page so you can make updates to this application at another time.

For additional Enrollment Help, click the **Help** link on the blue bar at the top of this form.

Transactions for Retrieval

? *Would you like to retrieve transactions?
 Yes No

ALL	*Transaction Type	Retrieval Connection
<input checked="" type="checkbox"/>	271 (Eligibility Response)	Inbox
<input checked="" type="checkbox"/>	277 (Claim Inquiry Response)	Inbox
<input checked="" type="checkbox"/>	278 (Service Authorization Response)	Inbox
<input type="checkbox"/>	820 (Premium Payment)	Inbox
<input checked="" type="checkbox"/>	834 (Managed Care Enrollment)	Inbox
<input checked="" type="checkbox"/>	835 (Remittance Advice)	Inbox

Delivery Destination: Segment Delimiter: Element Delimiter: Sub Element Delimiter:

Continue>> Reset Save Exit Application

©2018 Conduent, Inc. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent, Inc. and/or its subsidiaries in the United States and/or other countries.
[Privacy Policy](#) | [Site Map](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)

PROVIDER AFFILIATIONS

- Click on the blue “Add Provider” button to add your affiliated providers
- Enter the required information in the data fields displayed
- Click on the appropriate Retrieval Transactions from the list presented
 - **NOTE:** NEVER select the 820 (Premium Payment)
- Click on the section blue “Save” button
- Review your information and when correct click on the blue “Save” button at the bottom of the page
- Once you have successfully saved the information, then click on blue “Continue” button

Trading Partner Enrollment - Provider Affiliations Print | Help - □

* Required Field

Application Links

- Application Tracking Number : 70220
- Instructions
- ✓ Identifying Information
- ✓ Transactions
- **Provider Affiliations**
- Submit Application

Help

Provider
To add Provider information, click the appropriate 'Add' button. Enter the required information and Save the form. Click anywhere on an existing row to update or delete the row.

Date
Enter as MM/DD/YYYY, MM-DD-YYYY or MMDDYYYY or click the Calendar icon to choose a date. End Date should be greater than Begin Date.

Transactions
Select the Transaction Type for each file the Provider will retrieve.

Click the **Save** button at the bottom of the page to validate the page content and save the information. Click the **Continue** button to move to the next step. If you choose to **Exit Application**, please save and note the Tracking Number or print this page so you can make updates to this application at another time.

For additional Enrollment Help, click the **Help** link on the blue bar at the top of this form.

Providers

Please enter any providers that will be linked to your Trading Partner ID

[Add Provider](#)

NH Title XIX Provider #	Begin Date	End Date
Add Provider Save Reset Cancel		
*NH Title XIX Provider #	*Begin Date	End Date
*Transactions		
Retrieval		
<input type="checkbox"/>	ALL	
<input type="checkbox"/>	271 (Eligibility Response)	
<input type="checkbox"/>	277 (Claim Inquiry Response)	
<input type="checkbox"/>	278 (Service Authorization Response)	
<input checked="" type="checkbox"/>	820 (Premium Payment)	
<input type="checkbox"/>	834 (Managed Care Enrollment)	
<input type="checkbox"/>	835 (Remittance Advice)	

[Continue>>](#) [Reset](#) [Save](#) [Exit Application](#)

VALIDATE APPLICATION

- Enter the required information in the data fields displayed
- Review your information and when correct click on the blue “Save” button at the bottom of the page
- Once you have successfully saved the information, then click on blue “Validate application” button

Feb 28, 2018
Skip Navigation | Contact Us | Help | Search

New Hampshire MMIS Health Enterprise Portal

Home Program Member Provider Documentation Directories

Trading Partner Enrollment - Submit Application Step 1 Print | Help - □

* Required Field

Trading Partner details have been saved successfully. Please note your Application Tracking number 70220 for future access to the Enrollment Application.

Application Links

Application Tracking Number :70220

- Instructions
- ✓ Identifying Information
- ✓ Transactions
- ✓ Provider Affiliations
- ✓ **Submit Application**

Validate Application

Click the VALIDATE APPLICATION button to check for errors on the application. If errors are found, you will be led through the application and instructed to correct each error. If there is no error found, you will be directed to the Submit Application Step 2 page for any final edits of the application before submitting.

Please enter a User ID of your choice and the following information for the Organization Administrator. The Trading Partner Organization Administrator is the person responsible for setting up and maintaining users for the Trading Partner Organization. The Organization Administrator will also be responsible for resetting user passwords.

*Organization Name	Claims to Fame		*Organization Description	Billing Agent		*User ID	CLAIMS2FAME	
Prefix	*Last Name	*First Name	MI	Suffix				
<input type="text" value=""/>	<input type="text" value="Penney"/>	<input type="text" value="Money"/>	<input type="text" value=""/>	<input type="text" value=""/>		<input type="text" value=""/>		
*Phone #	Ext	E-Mail						
<input type="text" value="603-271-3330"/>	<input type="text" value=""/>	<input type="text" value="missmoneypenney@claims2fa"/>						

If you have any questions, please contact Conduent at (603) 223-4774 or (866) 291-1674.

©2018 Conduent, Inc. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent, Inc. and/or its subsidiaries in the United States and/or other countries.
[Privacy Policy](#) | [Site Map](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)

CONFIRM SUBMIT

- Click on the blue "Edit Application" button if you need to correct or edit any information
- When ready click on the blue "Save" button and then click on the blue "Confirm Submit" button when ready to submit the application

New Hampshire MMIS Health Enterprise Portal Feb 28, 2018
[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#)

Home | [Program](#) | [Member](#) | [Provider](#) | [Documentation](#) | [Directories](#)

Trading Partner Enrollment - Submit Application Step 2 Print | Help

* Required Field

The Trading Partner details have been validated successfully.

Application Links

- Application Tracking Number :70220
- Instructions
- ✓ [Identifying Information](#)
- ✓ [Transactions](#)
- ✓ [Provider Affiliations](#)
- ✓ [Submit Application](#)

If you need to edit your application click the EDIT APPLICATION button to make the necessary changes. When you finish making changes, please resubmit the application.

Confirm Submit

Click the CONFIRM SUBMIT button below to submit your web-based application to Conduent. A confirmation message screen will be displayed and an email confirmation will be sent to your email inbox. After submitting, you can no longer make any changes to your application.


[Edit Application](#) [Save](#) [Confirm Submit](#)

If you have any questions, please contact Conduent at (603) 223-4774 or (866) 291-1674.

©2018 Conduent, Inc. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent, Inc. and/or its subsidiaries in the United States and/or other countries.
[Privacy Policy](#) | [Site Map](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)

SUBMIT COMPLETE

- You will receive the opportunity to print your application, print the required document - Trading Partner signature Page – and exit the enrollment
- **TIP:** This will be your only opportunity to print the completed application, it is strongly suggested you do so

**New Hampshire MMIS Health Enterprise Portal**

Feb 28, 2018
[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#)

HomeProgram ▾Member ▾Provider ▾Documentation ▾Directories ▾

Trading Partner Enrollment - Submit CompletePrint | Help - □

*** Required Field**

Thank you for submitting your application on-line. In order to fully process your application the required documents listed below must be mailed into Conduent. Once all documents have been received and your application reviewed you will be notified via mail with the application decision. Please print this page and send it in with any additional required enrollment documents sent to Conduent.

You may check the status of your application at any time, through the Application Status function located on the main Enrollment home page or by contacting Provider Enrollment Services at the number listed below, and providing your Application Tracking Number.

Application Tracking Number

Application Tracking Number :70220

Please make a record of this Application Tracking Number. Use this number when inquiring about the status of the application.

Print, Sign, and Send in your application

The PRINT APPLICATION button may be used to print a copy of the application. This copy is for your records only and should not be sent to Conduent.

The following Trading Partner Enrollment Signature Page is required to finalize your Trading Partner Enrollment application. Print and sign the form below. Only original signatures will be accepted. Copied or stamped signatures are not acceptable. Mail the Trading Partner Enrollment Signature Page to:

**Conduent, Inc.
PO BOX 2059
Concord, NH 03302 - 2059**

NOTE: Include the Application Tracking Number indicated above on all documents that are mailed to Conduent in reference to your application.

Print Required Documents

1. [Trading Partner Enrollment Signature Page](#)


Once all required documents have been printed, click the EXIT APPLICATION button to return to the Title XIX Provider Enrollment home page.

Print Application

Exit Application

If you have any questions, please contact Conduent at (603) 223-4774 or (866) 291-1674.

If you are unable to view PDFs, please [download Adobe Reader](#).



©2018 Conduent, Inc. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent, Inc. and/or its subsidiaries in the United States and/or other countries.

[Privacy Policy](#) | [Site Map](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)