STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

New Hampshire Medicaid Program

NH Medicaid Non-Billing Rendering Provider Enrollment Instructions
Completing the Non-Billing Rendering Provider Enrollment Application
www.nhmmis.nh.gov

➢ Select "Enrollment" under Quick Links
➢ Additional assistance is located in the blue "Help" hyperlink at the top of each page
➢ Please prepare all documentation needed for this application by first referring to the Required Enrollment Documents to Upload with New Applications document located in the "Documents and Forms" quick link on the NHMMIS home page

➢ Select the "Non-Billing Rendering Provider Enrollment" link

NOTE: You can also check the status of an application on the below page by entering the Application Tracking Number (ATN) in the Application Status section and selecting "Submit"

NOTE: To return to a partially completed application, enter the ATN and SSN in the Recall Provider Application section and select "Submit"

➢ Please read the following information and select "Enroll as Non-Billing Rendering Provider"

NOTE: Fingerprint-based Criminal Background Check (FCBC) Notification is based on the risk level of the provider type, and the provider will be notified by DHHS if required

Identifying Information – Section 1

NOTE: The left side of the application will show the links to each section of the application, as well as instructions for each section.

1. Service Authorization Letters are sent to your provider inbox. If you would like this changed, contact NH Medicaid Provider Relations Call Center at 866-291-1674

2-4. Enter the Provider's Name

5. Select a Suffix from the drop-down list, if applicable
6. Select a Title from the drop-down list, if applicable
7. Enter the Provider's Date of Birth
8. Select Male or Female
9. Select Yes or No
10. Enter the Provider's SSN
11. Select Yes or No NOTE: If you select yes, the field will expand, and you will be required to enter your current or previous Provider Number

➢ Once all required fields are completed, select "Save" and your Application Tracking Number (ATN) will be displayed in a red message at the top of the screen
   NOTE: Note this number somewhere as you will need it to check the status of the application or recall the application

➢ Select "Continue" to move to the next section

Licensure / Certification – Section 2

1. Select your "Provider Type" from the drop-down menu
2. Select "Add Licensure/Certification" to add a License or Certification NOTE: Please refer to your state's Office of Professional Licensure and Certification (OPLC) for licensing information
   A. Select License or Certification
   B. Enter the License Number or Certification Number
   C. Select a License or Certification Agency from the drop-down list
   D. Enter the License or Certification Effective Date
   E. Enter the License or Certification Expiration Date
   F. Select the License or Certification State from the drop-down list
   G. Select "Save"
3. Select "Add Specialty" if applicable and enter the appropriate fields
4. The Taxonomy code is required for all individual providers. Select "Add Taxonomy" to expand the field and enter the requested information.
   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. Enter your 10-digit taxonomy code
   B. Enter the Begin Date of the taxonomy NOTE: This date should be the enumeration date that is listed on your NPI
   C. Taxonomies do not expire, so enter the end date of 12/31/9999
   D. Select "Save"

➢ Select "Save" at the bottom of the section, then select "Continue" to move to the next section

Provider Identifier Number – Section 3

NOTE: Refer to the image on the following page regarding the below numbered instructions

1. Select "Add NPI"
    A. Enter your 10-digit NPI number TIP: You can find your NPI information on the NPI Registry website: https://npiregistry.cms.hhs.gov/
    B. Select "Save"
2. Disclose Medicaid information for other states that you are enrolled with
    A. Select Yes or No. If selecting Yes, an expanded view with options for B and C will appear
    B. Select the additional state that you are enrolled as a Medicaid provider in.
    C. Select the right arrow to move the selected state from the Available box to the Selected box. You can also select a state from the Selected box and use the left arrow to move it back to the Available box NOTE: You can add multiple states to the Selected box as necessary
    D. Select Yes or No. If selecting Yes, an expanded view with options for E and F will appear
    E. Click the dropdown and select the state you've revalidated with within the last 5 years
    F. Select Yes or No
3. Select "Add Medicare" if you are Medicare enrolled and have an assigned Medicare ID NOTE: If you have multiple Medicare numbers, repeat this step
    A. Enter your Medicare number
    B. Check off all Parts that apply
    C. Select "Save"
4. Select "Add History" if you have any former Medicare IDs to enter NOTE: If you have multiple former Medicare IDs, repeat this step
    A. Enter your previous Medicare number
    B. Select a Carrier/Intermediary from the drop-down list
    C. Check off all Parts that apply
    D. Select "Save"
➢ Select "Save" at the bottom of the section, then select "Continue" to move to the next section

Provider Identifier Number – Section 3

Provider Identifier Number- Section 3

National Provider Identifier (NPI)

1 | Add NPI

NPI ⇕

Add NPI   B | Save | Reset | Cancel

*NPI
[A]

Other State Medicaid Program Information

? *Are you currently enrolled as a Medicaid provider in another State? A
  ● Yes ○ No

*Please select all states other than NH in which you are currently enrolled as a Medicaid provider.

Available	C	Selected
Alabama	>	
Alaska	<	
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
Florida		

B

2

*Have you revalidated with another state Medicaid program within the last 5 Years?   ● Yes ○ No   D

*Please identify the state.   [dropdown]   E

*Have you paid the application fee?   ○ Yes ○ No   F

Medicare Crossover Payment- Section 3

Enter the current Medicare Number assigned to you as an individual practitioner. Do not include numbers assigned to group Providers.

Medicare #

3 | Add Medicare

Medicare # ⇕	Parts ⇕

Add Medicare #   C | Save | Reset | Cancel

*Medicare #
[A]

*Please check all applicable Medicare Parts that pertain to Medicare crossover claims that you may submit.
☐ Part B   ☐ Part C   B

Other Medicare Numbers

For historical purposes, please list any former Medicare Provider#(s) and Carrier/Intermediary Name(s).

4 | Add History

Medicare # ⇕	Carrier/Intermediary Name ⇕	Parts ⇕

Add History   D | Save | Reset | Cancel

*Medicare #
[A]

*Carrier/Intermediary Name
[B]   [dropdown]

*Please check all applicable Medicare Parts that pertain to Medicare crossover claims that you may submit.
☐ Part B   ☐ Part C   C

Continue>> | Save | Reset | Exit Application

Service Location Information – Section 4

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

1-5. Enter the primary Service Location physical address with the Zip +4 code NOTE: The address entered here should match what is entered on the Provider Participation Agreement (PPA) document

6. Select "Validate Address" to ensure the address is in proper postal format.
    A. Select the appropriate address from the list NOTE: If none of the addresses are correct, select the Override option to accept the address that you entered
    B. Select "Submit"

7. Select "Add Numbers" to add a phone and fax number for the service location
    A. Enter the service location phone number NOTE: The phone number must be entered as a 10-digit number
    B. Enter the service location fax number if applicable NOTE: The fax number must be entered as a 10-digit number
    C. Select "Save"

8. Select "Add Contact Person" to add a service location contact person NOTE: Repeat this step if you need to add multiple contact persons
    A-H. Enter the appropriate information for the service location contact person
    I. Select "Save"

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

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

NOTE: You should provide contact information for any staff who will need to be apprised of updates to the Medicaid program, including: billing, CFO/CEO, Medicaid administrators, etc. Please add all of these contacts and indicate their role

Service Location Information – Section 4

9. Select the Male, Female, or Both option
10. Check off the age ranges that are served at this service location
11. Select the languages that are supported at this service location. NOTE: Use the left and right arrows to move selections to and from the Available and Selected boxes. You may also enter an Other Language if the language is not listed
12. Select Yes or No
13. Select Yes or No
    A. If Yes is selected, enter the TDD/TTY Phone Number
14. Select Yes or No
    A. If Yes is selected, enter the After Hours Contact Phone Number

Service Location Information – Section 4

15. Select Yes or No. If No is selected, enter the Mailing Address
    - A-E. Enter the Mailing Address Information with the Zip +4 code
    - F. Select "Validate Address" to ensure the address is in proper postal format
    - G. Select the appropriate address from the list. NOTE: If none of the addresses are correct, select the Override option to accept the address that you entered
    - H. Select "Submit"
16. Select "Add Numbers" to add a phone and fax number for the Mailing Address Location
    - A. Enter the mailing address location phone number. NOTE: The phone number must be entered as a 10-digit number
    - B. Enter the mailing address location fax number if applicable. NOTE: The fax number must be entered as a 10-digit number
    - C. Select "Save"
17. Select "Add Contact Person" to add a mailing address location contact person. NOTE: Repeat this step if you need to add multiple contact persons
    - A-H. Enter the appropriate information for the mailing address location contact person
    - I. Select "Save"

NOTE: The mailing address contact person should be someone who handles mailings. They may be contacted for mail related issues
NOTE: Please ensure any contact persons listed have their email address entered

➢ Select "Save" at the bottom of the section, then select "Continue" to move to the next section

Group Affiliation – Section 5

NOTE: All individual affiliated providers, in addition to the group and facility/entity providers, are required to maintain their own provider account information and revalidate every 5 years.

1. Select "Add Group" to add the group providers who you are rendering services under NOTE: Repeat this step as needed to add multiple groups
   A. Enter the affiliated group's 7-digit Medicaid ID NOTE: If you do not have the group's Medicaid ID, enter the group's NPI
   B. Enter the affiliated group's name
   C. Enter the effective date of the providers' affiliation
   D. Select "Save"

➤ Select "Save" at the bottom of the section, then select "Continue" to move to the next section

Exclusion/Sanction – Section 7

➢ Select Yes or No for each question. If you select Yes for any question, additional required fields will appear
NOTE: Any question answered Yes will require a copy of the original adverse action or a dated signed statement from the provider which must be submitted with the application

➢ Select "Save" at the bottom of the section, then select "Continue" to move to the next section

Signature Page Section

1. Select "Print" to print a pre-filled signature page that requires the signature of the provider
   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"
   NOTE: Only one file can be uploaded here. Additional documentation must be submitted with the application in the **Submit Complete Section**


➢ Select "Save" at the bottom of the section, then select "Continue" to move to the next section

Submit Application Section

➢ Select "Save" at the bottom of the section, then select "Validate Application" NOTE: Validating the application will check the application for errors. If any errors are found, it will bring you to the sections that contain the error where you will need to correct it before being able to submit
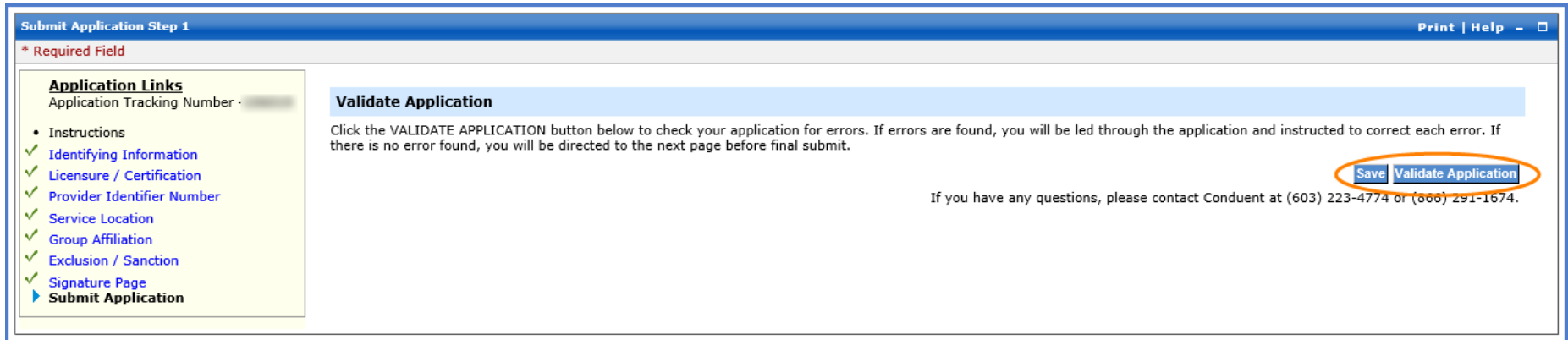
1. If you need to edit the application, select "Edit Application"
2. Select "Save" to save the application
3. Select "Confirm Submit" to submit the application NOTE: You will not be able to make edits to the application after making this selection. If there are any changes needed, you will need to contact the NH Medicaid Provider Relations Call Center at 866-291-1674
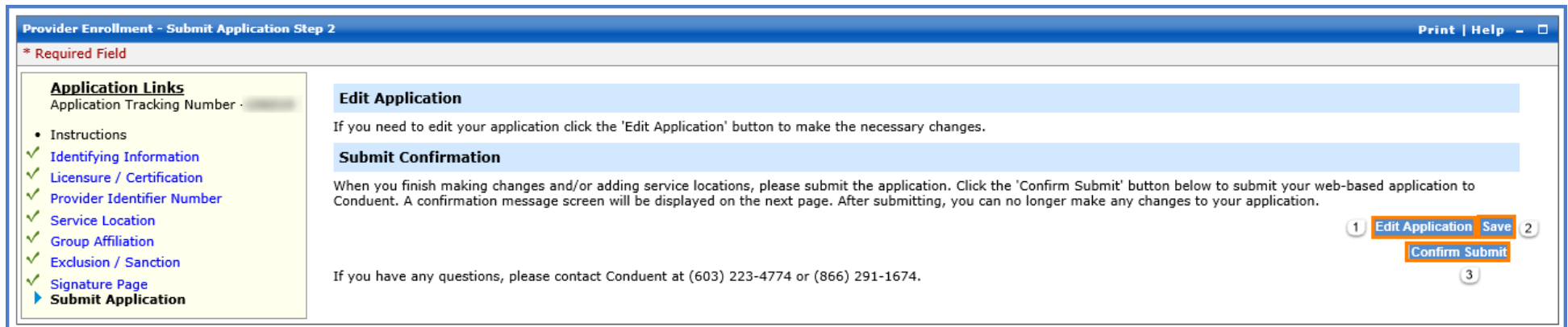
Submit Complete Section

1. Once you submit the application, you will be brought to the Submit Complete page. The required documents for the application will be listed here. When you select the document, you will be able to print and complete it.
2. If you have completed required documents or have any additional documentation, they can be uploaded here. Select "Add Attachment" to upload a document
3. Select "Save All Attachments" to save the attachments once they've been uploaded
4. Select "Print Application" to print a PDF of the entire application that was completed. Then select "Exit Application" to bring you back to the MMIS home page