



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

New Hampshire Medicaid Program

NH Medicaid Non-Billing Provider Revalidation Instructions
Completing the Non-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

New Hampshire MMIS Health Enterprise Portal Jul 25, 2022
Skip Navigation | Contact Us | **Help** | Search

Home Program Member Provider Documentation Directories

Welcome
Welcome to the Conduent Government Solutions Health Enterprise Portal. This system supports all of your State Medicaid and Decision Support needs.
NH MMIS has established a maintenance window from 12:01 A.M. to 12:00 P.M. every Sunday to apply scheduled system upgrades. During the maintenance window, the system may not be accessible.

Provider Registration
For providers to obtain a user name and password to use the Health Enterprise portal, they must be a current provider for Medicaid. For trading partners to obtain a username and password, they must be a current Trading Partner with a trading partner ID. To begin the registration process, they must have their enrollment form ready.
[Register](#)

Quick Links
[Enrollment](#)
[Documents and Forms](#)
[Find a Health Care Provider](#)
[Department of Health and Human Services](#)
[Report Fraud & Abuse](#)
[ICD10 Resources](#)
[Provider Revalidation](#)
[Interoperability Exchange](#)

Sign In
Log into the system based upon your role:
[Providers](#)
[Internal Users](#)

©2022 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](#)

<http://www.dhhs.nh.gov/oii/contact-pi.htm>

- 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

New Hampshire MMIS Health Enterprise Portal

Jul 25, 2022

[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#)

Home | **Program** | **Member** | **Provider** | **Documentation** | **Directories**

Quick Links

- Enrollment
- Provider Manuals
- Benefits Overview
- Provider FAQ
- Billing Manuals
- Messages and Announcements
- ICD10 Resources

News

Welcome to the Conduent Government Solutions Health Enterprise Portal. This system supports all of your State Medicaid and Decision Support needs.

NH MMIS has established a maintenance window from 12:01 A.M. to 12:00 P.M. every Sunday to apply scheduled system upgrades. During the maintenance window, the system may not be accessible.

Provider

The Health Enterprise Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.

Provider Login

*** Required Field**

To access secure areas of the portal, please log in by entering your User ID.

* User ID:

Forgot User Name or Password? Please contact your Organization Administrator for your User ID or to have your password reset. If you are the Organization Administrator and have forgotten your User ID and/or password, please call Provider Relations Unit at (603) 223-4774 or (866) 291-1674

[Login](#)

©2022 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](#)

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

New Hampshire MMIS Health Enterprise Portal

Jul 25, 2022

[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#)

Home | **Program** | **Member** | **Provider** | **Documentation** | **Directories**

Quick Links

- Enrollment
- Provider Manuals
- Benefits Overview
- Provider FAQ
- Billing Manuals
- Messages and Announcements
- ICD10 Resources

News

Welcome to the Conduent Government Solutions Health Enterprise Portal. This system supports all of your State Medicaid and Decision Support needs.

NH MMIS has established a maintenance window from 12:01 A.M. to 12:00 P.M. every Sunday to apply scheduled system upgrades. During the maintenance window, the system may not be accessible.

Provider

The Health Enterprise Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.

Provider Login

*** Required Field**

To access secure areas of the portal, please log in by entering your Password and enter the characters displayed in the Picture.

* Password:

Forgot User Name or Password? Please contact your Organization Administrator for your User ID or to have your password reset. If you are the Organization Administrator and have forgotten your User ID and/or password, please call Provider Relations Unit at (603) 223-4774 or (866) 291-1674

You must read and agree to our [Acceptable Use Policy](#) to access this site.

☒ I have read and agree with the [Acceptable Use Policy](#).

[Login](#) [Reset](#)

©2022 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](#)

- 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



New Hampshire MMIS Health Enterprise Portal

Jul 25, 2022

[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#) | [Log out](#)

HomeMemberAuthorizationsClaimsProviderMy AccountManage Users

Quick Links

➤ Messages & Announcements

➤ Provider FAQ

➤ Provider Inquiry

➤ Provider Manuals

➤ Provider Resources

➤ Provider Training Registration

➤ Trading Partner Enrollment

➤ EFT Enrollment

➤ **ERA Enrollment**

➤ **Revalidation**

News

Welcome to the Conduent Government Solutions Health Enterprise Portal. This system supports all of your State Medicaid and Decision Support needs.

NH MMIS has established a maintenance window from 12:01 A.M. to 12:00 P.M. every Sunday to apply scheduled system upgrades. During the maintenance window, the system may not be accessible.

Provider Message Center

* Required Field

Delete

StatusFromDateSubject

No Data

0-0 of 0

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



©2022 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](#)

- Select “**Start Revalidation**”



New Hampshire MMIS Health Enterprise Portal

Jul 25, 2022

[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#) | [Log out](#)

HomeMemberAuthorizationsClaimsProviderMy AccountManage Users

Revalidation Instruction

Revalidation Instruction

Thank you for starting the revalidation process. You will see your existing information displayed. Please verify and update your information as appropriate.

Start Revalidation

Cancel

©2022 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](#)

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-C. Enter your Name
 - D. Select a Suffix from the drop-down list if applicable
 - E. Select a Title from the drop-down list if applicable
 - F. Enter your Date of Birth
 - G. Select “Save”

Provider Revalidation - Demographic

Print | Help - □

* Required Field

Save | Reset | Cancel

Revalidation

ID: [REDACTED]

Name: [REDACTED]

Type: 020-Physician, Individual (MD)

Enrollment Type: Non-Billing Rendering

Demographic

- License/Specialty
- Financial
- Medicare
- Identifiers
- Exclusions/Sanctions
- Authorized Representatives
- Authorized Validator
- Signature Page
- Reval Confirmation

General Information

*Last Name : [REDACTED]

*First Name : [REDACTED]

Middle Initial : [REDACTED]

Suffix : [REDACTED]

Title : MD

*Date of Birth : [REDACTED]

1 ☒ Edit Information

General Information

*Last Name

A

*First Name

B

Middle Initial

C

Suffix

D

Title

E

*Date of Birth

F

G

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

Other State Medicaid Program Information

*Have you revalidated with another state Medicaid program within the last 5 years?

2

☒ Yes ☐ No

*Please identify the state.

A

▼

*Have you paid the application fee?

B

☐ Yes ☐ No

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

Service Location Address and Contact

Address

Address

Street Address ▼	City ▼	State ▼	Zip Code ▼

1 - 1 of 1

Location Numbers

Phone # ▼	Fax # ▼

1 - 1 of 1

Location Contact Person(s)

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

1 - 1 of 1

3

☐ Edit Information

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”

Service Location Address and Contact

Address

Address

Street Address	City	State	Zip Code

1 - 1 of 1

Address

Address

Street Address	City	State	Zip Code
Add Numbers			

1 - 1 of 1

Edit Address

*Line 1

Line 2

*City

*State

*Zip Code

Save Reset Cancel

- 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”

Location Numbers

Phone #

Fax #

1 - 1 of 1

Location Numbers

Phone #

Fax #

1 - 1 of 1

Add Numbers

*Phone #

Fax #

Save Reset Cancel

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”

Location Contact Person(s)

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

1 - 1 of 1

Location Contact Person(s)

L

Add Contact Person

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

1 - 1 of 1

Add Contact Person

V

Save

Reset

Cancel

*Last Name

M

*First Name

N

Middle Initial

O

Position

P

*Phone #

Q

Ext

R

Cell Phone #

S

Fax #

T

*E-mail

U

☒ Edit Information

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

Mailing Address

Address

Address

Street Address

City

State

Zip Code

1 - 1 of 1

Location Numbers

Phone #

Fax #

1 - 1 of 1

Location Contact Person(s)

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

1 - 2 of 2

4

Edit Information

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”

The screenshot shows the 'Mailing Address' section of a form. It contains two identical 'Address' blocks. The first block has a blue hyperlink for 'Street Address' circled in orange, with a circled 'A' next to it. Below the first block is an 'Edit Address' section with fields for *Line 1 (circled in orange with a circled 'B'), Line 2 (circled in orange with a circled 'C'), *City (circled in orange with a circled 'D'), *State (a dropdown menu circled in orange with a circled 'E'), and *Zip Code (circled in orange with a circled 'F'). To the right of the 'Edit Address' section are buttons for 'Save' (circled in orange with a circled 'G'), 'Reset', and 'Cancel'. The second 'Address' block is identical to the first.

- 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”

The screenshot shows the 'Location Numbers' section of a form. It contains two identical blocks. The first block has a blue hyperlink for 'Phone #' circled in orange, with a circled 'H' next to it. To the right of the first block is a blue 'Add Numbers' button circled in orange, with a circled 'H' next to it. Below the first block is an 'Edit Numbers' section with fields for *Phone # (circled in orange with a circled 'I') and Fax # (circled in orange with a circled 'J'). To the right of the 'Edit Numbers' section are buttons for 'Save' (circled in orange with a circled 'K'), 'Reset', and 'Cancel'. The second block is identical to the first.

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”

Location Contact Person(s)

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

1 - 2 of 2

Location Contact Person(s)

[Add Contact Person](#)

[L](#)

1 - 2 of 2

Edit Contact Person

*Last Name: *First Name: Middle Initial: Position:

*Phone #: Ext.: Cell Phone #: Fax #: *E-mail:

[Save](#) [Reset](#) [Cancel](#)

☒ Edit Information

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

Provider Revalidation - Demographic

[Print](#) [Help](#) [Save](#) [Reset](#) [Cancel](#)

* Required Field

System successfully saved the Information

Revalidation

ID:

Name:

Type: 020-Physician, Individual (MD)

Enrollment Type: Non-Billing Rendering

☒ Demographic

- [License/Specialty](#)
- Financial
- Medicare
- Identifiers
- Exclusions/Sanctions
- Authorized Representatives
- Authorized Validator
- Signature Page
- Reval Confirmation

General Information

*Last Name: *First Name: Middle Initial: Suffix: Title:

*Date of Birth:

[Edit Information](#)

Other State Medicaid Program Information

*Have you revalidated with another state Medicaid program within the last 5 years? ☐ Yes ☒ No

Service Location Address and Contact

License/Specialty Section

1. Review the information in the License/Certification section and check off Edit Information if anything needs to be edited
- 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”

Provider Revalidation - License / Specialty

Print | Help - □

* Required Field Save | Reset | Cancel

Revalidation

ID: [REDACTED]
Name: [REDACTED]
Type: 020-Physician, Individual (MD)
Enrollment Type: Non-Billing Rendering

- ✓ Demographic
- ▶ **License/Specialty**
- Financial
- Medicare
- Identifiers
- Exclusions/Sanctions
- Authorized Representatives
- Authorized Validator
- Signature Page
- Reval Confirmation

Licensure / Certification

Note: Enter information pertaining to your current licensure and/or certification. The license must be for the state in which services are rendered.

Licensure and Certification List

License # ▾	Licensing Agency ▾	Certification # ▾	Certification Agency ▾	State ▾	Effective Date ▾	Expiration Date ▾
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010

1 - 6 of 6

1 ☒ Edit Information
A ☐ Add Licensure / Certification

License # ▾	Licensing Agency ▾	Certification # ▾	Certification Agency ▾	State ▾	Effective Date ▾	Expiration Date ▾
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010
1000	State of Michigan			New Hampshire	01/01/2010	01/01/2010

1 - 6 of 6

H ☒ Save Reset Cancel

*Are you adding License or Certification information?
☒ License ☐ Certification B

*License # C

*License Agency D ▾

*Effective Date E

*Expiration Date F

*State G ▾

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”

Provider Specialty

Provider Specialty	Certification #	Effective Date	Expiration Date	State	Certification Agency
Emergency Medicine		12/31/2023	12/31/2024	New Hampshire	New Hampshire Board of Medicine
Emergency Medicine		12/31/2023	12/31/2024	New Hampshire	
Emergency Medicine		12/31/2023	12/31/2024	New Hampshire	

1 - 3 of 3

2

☒ Edit Information

A

Add Provider Specialty

Provider Specialty	Certification #	Effective Date	Expiration Date	State	Certification Agency
Emergency Medicine		12/31/2023	12/31/2024	New Hampshire	New Hampshire Board of Medicine
Emergency Medicine		12/31/2023	12/31/2024	New Hampshire	
Emergency Medicine		12/31/2023	12/31/2024	New Hampshire	

1 - 3 of 3

A

Add Provider Specialty

H

Save

Reset

Cancel

*Provider Specialty

B

Certification #

C

*Effective Date

D

*Expiration Date

E

State

F

Certifying Agency

G

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
 - 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
 - E. Select “Save”

The screenshot displays the 'Taxonomy' section of the Provider Revalidation system. It features a table with columns for 'Taxonomy', 'Begin Date', and 'End Date'. Below the table, there is an 'Add Taxonomy' form with fields for '*Taxonomy', '*Begin Date', and '*End Date'. The 'Save' button is highlighted with an orange circle. The 'Edit Information' checkbox is also checked and highlighted with an orange circle. The 'Add Taxonomy' button is also highlighted with an orange circle.

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

The screenshot shows the 'Provider Revalidation - License / Specialty' section. On the left, the 'Revalidation' section is active, showing a list of links: Demographic, License/Specialty, Financial, Medicare, Identifiers, Exclusions/Sanctions, Authorized Representatives, Signature Page, and Reval Confirmation. The 'Financial' link is highlighted with an orange circle. On the right, the 'Licensure / Certification' section is visible, showing a table for 'Licensure and Certification List'. The 'Save' button is highlighted with an orange circle in the top right corner.

Financial Section

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 you unintentionally selected No, please contact the NH Medicaid Provider Relations Call Center at 866-291-1674

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

- 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](#)”

Provider Revalidation - Financial

Print | Help

* Required Field

Revalidation

ID: [REDACTED]

Name: [REDACTED]

Type: 020-Physician, Individual (MD)

Enrollment Type: Non-Billing

Rendering

✓ Demographic

✓ License/Specialty

▶ **Financial**

• **Medicare**

• Identifiers

• Exclusions/Sanctions

• Authorized Representatives

• Authorized Validator

• Signature Page

• Reval Confirmation

SSN/FEIN

SSN/FEIN

Tax ID Type

Social Security Number

*Please confirm Tax ID information is valid.

1

☐ Yes ☐ No

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”

Provider Revalidation - Medicare

Print | Help -

* Required Field

Save | Reset | Cancel

Revalidation

ID: [redacted]

Name: [redacted]

Type: 020-Physician, Individual (MD)

Enrollment Type: Non-Billing Rendering

✓ Demographic

✓ License/Specialty

✓ Financial

Medicare

Identifiers

Exclusions/Sanctions

Authorized Representatives

Authorized Validator

Signature Page

Reval Confirmation

Medicare crossover

Medicare#	Medicare Program	Begin Date	End Date
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

1 - 2 of 2

1

☒ Edit Information

A

Add Medicare Crossover Data

Medicare#	Medicare Program	Begin Date	End Date
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

1 - 2 of 2

Edit Medicare Crossover Data

F

Save | Reset | Cancel

* Medicare#

[redacted] B

* Medicare Program

A

B

C

D

C

* Begin Date

[redacted] D

* End Date

[redacted] E

TRN-PEI-007

Page 14 of 21

March 2023

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 individual, 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”

Provider Revalidation - Identifiers

Print | Help - □

* Required Field

Save | Reset | Cancel

Revalidation

ID: [REDACTED]

Name: [REDACTED]

Type: 020-Physician, Individual (MD)

Enrollment Type: Non-Billing Rendering

✓ Demographic

✓ License/Specialty

✓ Financial

✓ Medicare

Identifiers

• Exclusions/Sanctions

• Authorized Representatives

• Authorized Validator

• Signature Page

• Reval Confirmation

Alternate Provider ID

Alternate ID Type ▾	Alternate ID ▾	Begin Date ▾	End Date ▾
National Provider ID	[REDACTED]	[REDACTED]	[REDACTED]
National Provider ID	[REDACTED]	[REDACTED]	[REDACTED]

1 - 2 of 2

1

✓ Edit Information

Alternate ID Type ▾	Alternate ID ▾	Begin Date ▾	End Date ▾
National Provider ID	[REDACTED]	[REDACTED]	[REDACTED]
National Provider ID	[REDACTED] (A)	[REDACTED]	[REDACTED]

1 - 2 of 2

Edit Alternate ID

E

Save | Reset | Cancel

*Alternate ID Type

National Provider ID ▾

*Alternate ID

(B)

*Begin Date

(C)

End Date

(D)

Exclusions/Sanctions Section

- Select Yes or No for each question. If you select Yes for any question, additional required fields will appear. Check off that 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 “Authorized Representatives”

Provider Revalidation - Exclusions / Sanctions

* Required Field

Revalidation

ID: [REDACTED]
 Name: [REDACTED]
 Type: 020-Physician, Individual (MD)
 Enrollment Type: Non-Billing Rendering

- ✓ Demographic
- ✓ License/Specialty
- ✓ Financial
- ✓ Medicare
- ✓ Identifiers
- ▶ **Exclusions/Sanctions**
- Authorized Representatives
- Authorized Validator
- Signature Page
- Reval Confirmation

Exclusions/Sanctions

? *1. Has any person who has ownership of, or a controlling interest in, the provider's practice or business entity, or who is an agent, managing employee, contract employee, subcontractor, or employee of the provider's practice or business entity, ever been convicted of a criminal offense related to New Hampshire's Medical Assistance Programs, the Medicaid program in another state or territory, the Medicare program, or any other federally funded health or social service program?

☐ Yes ☐ No

☐ I affirm that this information is accurate

? *2. Have you or any member of your immediate family ever been convicted, assessed, debarred, or excluded from the Medicaid, Medicare, or Title XVIII, Title XIX, Title XX Social Security program or any other federal program due to fraud, obstruction of an investigation, or a controlled substance violation?

☐ Yes ☐ No

☐ I affirm that this information is accurate

? *3. Do you, under any name or business identity, have any outstanding overpayments with any state or federal program?

☐ Yes ☐ No

☐ I affirm that this information is accurate

? *4. Have you ever plead guilty, no contest or been sentenced for any felony crime and/or had a criminal fine or restitution order assessed or do you have a felony charge pending under Federal or State law?

☐ Yes ☐ No

☐ I affirm that this information is accurate

? *5. Have you or any of your employees, contract employees, or any person or entity with ownership of your business, ever been sanctioned by the Office of Inspector General (OIG), Medicare, Medicaid, or the Social Security Act, including a state Medicaid program.

☐ Yes ☐ No

☐ I affirm that this information is accurate

? *6. Have you or any of your employees, contract employees, or any person, or entity with ownership of your business, ever been denied malpractice insurance or ever voluntarily or involuntarily agreed to any limitations, restrictions, or conditions to your license, certification, or permit including any formal or informal Professional Board Disciplinary Action(s)?

☐ Yes ☐ No

☐ I affirm that this information is accurate

? *7. Have you or any of your employees, contract employees, or any person or entity with ownership of your business, ever had any Program Exclusions from any federally funded program?

☐ Yes ☐ No

☐ I affirm that this information is accurate

? *8. Have you or any of your employees, contract employees, or any persons or entity with ownership of your business, been involved in any civil litigation whereby a judgment or settlement was entered into, or a Civil Monetary Penalty(s) was paid?

☐ Yes ☐ No

☐ I affirm that this information is accurate

? *9. Do you or any of your employees, contract employees, or any person or entity with ownership of your business have any Judgment(s) or Pending Actions under the False Claims Act?

☐ Yes ☐ No

☐ I affirm that this information is accurate

? *10. Have you, under any name or business identity, ever had payment suspended by any state or federal program?

☐ Yes ☐ No

☐ I affirm that this information is accurate

Print | Help -

Save | Reset | Cancel

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 and submit it along with the revalidation application
- Select “[Save](#)” in the top right corner
- Move to the next section by selecting the link for “[Authorized Validator](#)”

Provider Revalidation - Authorized Representatives

Print | Help - □

* Required Field

Save | Reset | Cancel

Revalidation

ID: [REDACTED]

Name: [REDACTED]

Type: 020-Physician, Individual (MD)

Enrollment Type: Non-Billing

Rendering

✓ Demographic

✓ License/Specialty

✓ Financial

✓ Medicare

✓ Identifiers

✓ Exclusions/Sanctions

▶ Authorized Representatives

- Authorized Validator
- Signature Page
- Reval Confirmation

Authorized Representatives

Last Name ▾	First Name ▾	MI ▾	E-mail ▾	Begin Date ▾	End Date ▾
-------------	--------------	------	----------	--------------	------------

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”

Provider Revalidation - Authorized Validator

Print | Help - □

Save | Reset | Cancel

Revalidation

ID: ██████████

Name: ██████████

Type: 020-Physician, Individual (MD)

Enrollment Type: Non-Billing Rendering

✓ Demographic

✓ License/Specialty

✓ Financial

✓ Medicare

✓ Identifiers

✓ Exclusions/Sanctions

✓ Authorized Representatives

▶ Authorized Validator

• Signature Page

• Reval Confirmation

Authorized Validator Info

Validator is the person completing this revalidation form.

1 Add Authorized Validator

Last Name ▾	First Name ▾	Phone # ▾	E-mail ▾
No Data Available.			

Add Authorized Validator Information

E Save | Reset | Cancel

*Last Name	*First Name	*Phone #	E-mail
A	B	C	D

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

Provider Revalidation - Signature

Print | Help

Save | Reset | Cancel

Required Field

Revalidation

ID: [REDACTED]
Name: [REDACTED]
Type: 020-Physician, Individual (MD)
Enrollment Type: Non-Billing Rendering

Demographic

License/Specialty

Financial

Medicare

Identifiers

Exclusions/Sanctions

Authorized Representatives

Authorized Validator

Signature Page

Reval Confirmation

Signature

Please print, sign, and upload this signature page with your Enrollment Application or Revalidation. You may also fax it to the secure NH Medicaid Provider Relations fax: 1-866-446-3318.

1

Print

Upload Signature Page

Instructions :

Please print, sign, and upload this signature page with your Enrollment Application or Revalidation. If you need assistance with uploading the signature page, please contact NH Medicaid Provider Relations Call Center: 1-866-291-1674.

2

Upload Document

Upload only .jpeg,png,pdf format file

Note: Only one file allowed to upload. If you attach the file incorrectly, please detach the existing attachment and upload the new file.

Date Added	Added By	File Name	Description
------------	----------	-----------	-------------

Add Attachment

C

Save | Reset | Cancel

*File

Browse...

A

Note: Maximum allowed size limit is 10MB

*Description

B

TRN-PEI-007

Page 19 of 21

March 2023

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

Provider Revalidation - Reval Confirmation

Print | Help

* Required Field

Revalidation

ID: [REDACTED]

Name: [REDACTED]

Type: 020-Physician, Individual (MD)

Enrollment Type: Non-Billing Rendering

✓ Demographic

✓ License/Specialty

✓ Financial

✓ Medicare

✓ Identifiers

✓ Exclusions/Sanctions

✓ Authorized Representatives

✓ Authorized Validator

✓ Signature Page

▶ Reval Confirmation

Confirm Submit

Click the CONFIRM SUBMIT button to submit the updated information. A confirmation message will be displayed on the next page. After submitting you will need to call Provider Relations to make any changes to your updated information.

[Confirm Submit](#)

If you have any questions, Please contact Provider Relations @ 603-223-4774 or 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

Submit Complete

Print | Help

* Required Field

Submit Complete

The updated information has been submitted. If you have any questions, Please contact Provider Relations @ 603-223-4774 or 866-291-1674 during business office hours from Monday to Friday 8 AM - 5 PM EST.

Print

The PRINT INFORMATION button may be used to print a copy of the updated information. The copy is for your records only and should not be sent to Provider Relations.

Print Information

Exit