



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

New Hampshire Medicaid Program

To: NH Medicaid Providers of State Plan Services
From: NH Medicaid’s Fee-for-Service Program
Date: March 27, 2020
Subject: Submitting Service Authorization Requests for Medicaid State Plan Services in Fee-for-Service

NH Medicaid’s Fee-for-Service program is changing the process for submission of Service Authorization requests. (This does not apply to service authorizations for the Division of Long Term Supports and Services Home and Community Based Service Waivers.) This change is being made to assure continuity of operations as staff work remotely as a result of the COVID-19 pandemic.

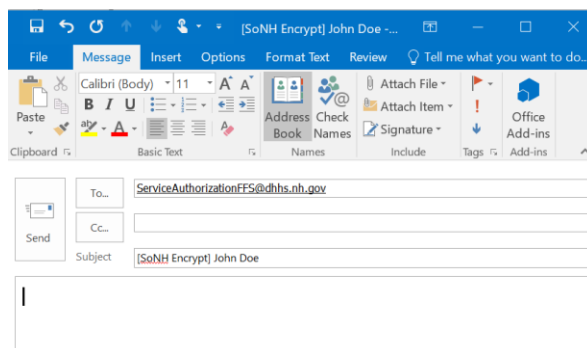
Beginning March 27, 2020 a dedicated email box will be used for all service authorization requests and providers should direct all requests to the following email address:

ServiceAuthorizationFFS@dhhs.nh.gov

All HIPAA protected information must be encrypted. Please follow the steps listed below when sending information to this email address to ensure encryption.

1. Providers must complete the usual *Request for Service Authorization Form* for the service they are providing. These are on the MMIS website, <https://nhmmis.nh.gov>, under *Documentation, Documents and Forms, Service Authorization for Fee-for-Service*.
2. Open a new email and type ServiceAuthorizationFFS@dhhs.nh.gov in the address bar.
3. In the subject line type [SoNH Encrypt] and the name of the Recipient. Note these are square brackets, not parentheses.
4. Attach all the required information you would normally fax with your request. We are able to process .doc, .jpeg, .pdf formats.
5. You will receive a return email confirming your authorization or requesting more information within 72 hours. If desired, print this form for your records.

Your email should look something like this.



If you have questions about this notice, please contact the NH Medicaid Provider Call Center at 866-291-1674 or via email at NHProviderRelations@conduent.com