STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

New Hampshire Medicaid Program

NH Medicaid Trading Partner Enrollment Instructions
Completing the Trading Partner 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

➢ Select the "Trading Partner 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 FEIN in the Recall Trading Partner Application section and select "Submit"

➢ Please read the following information and select "Continue"

	Jul 19, 2022

New Hampshire MMIS Health Enterprise Portal

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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>>
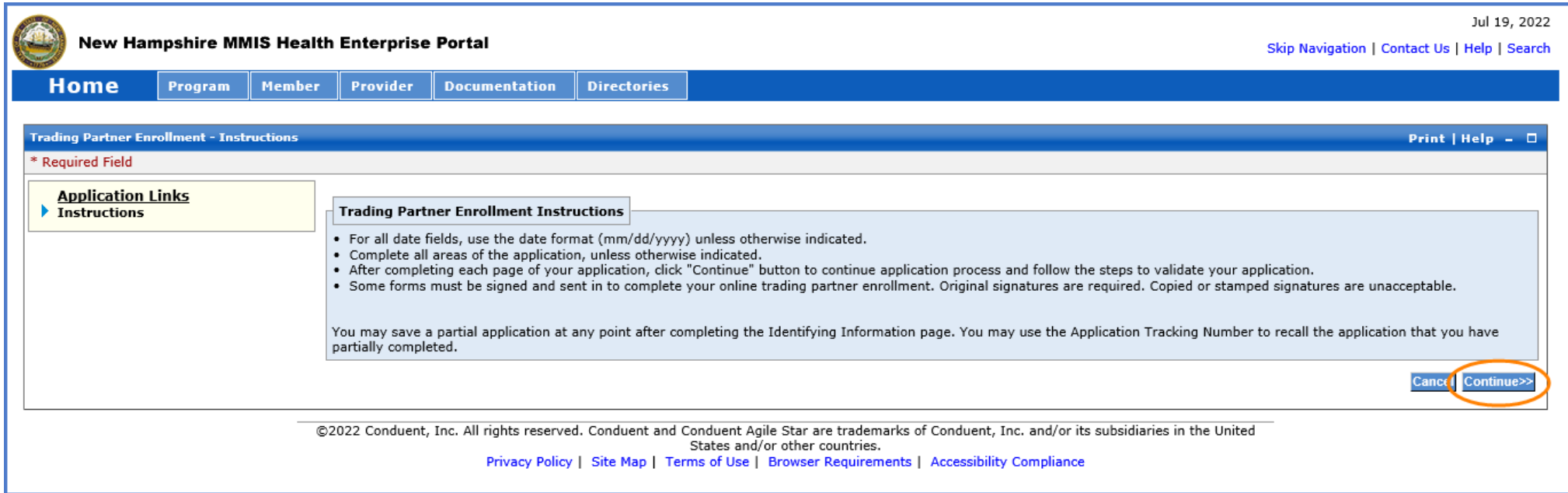
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Identifying Information – Section 1

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

Identifying Information | **Print | Help** ⎯ ☐
* Required Field

Application Links

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

Help

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 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.

Classification

○ Billing Agent ○ Other Payer ○ Carrier ○ Clearing House ○ Switch Vendor

❓ *Are you using software from a vendor?
○ Yes ○ No

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.

○ Individual ○ Business
*Business Name   *FEIN

Address Information

*Street Address:

PO Box, Building, Suite #, etc

*City   *State

*Zip

County

Validate Address

Location Numbers

Add Location Number

Phone # ⬍	Fax # ⬍

Location Contact Person(s)

Add Contact Person

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

Continue>> | Reset | Save | Exit Application

Identifying Information – Section 1

1. Select a classification from the list
   ➢ **Billing Agent** – An entity that offers claims submission services. Providers can choose to have a Billing Agent submit and receive transactions on their behalf.
   ➢ **Other Payer** – Select this if your classification is not listed, or if you are a provider who submits claims on your own behalf.
   ➢ **Carrier** – This selection is for Insurance Carriers. Do not make this selection, as carriers are not currently enrolled.
   ➢ **Clearing House** – Companies that scrub claims by checking for errors and compatibility before forwarding the claims information to Medicaid. They submit and receive transactions on behalf of Providers.
   ➢ **Switch Vendor** – Companies that forward eligibility inquiries from Providers to Medicaid. Do not make this selection, as the State is not taking on any new Switch Vendors.
2. Select Yes or No. If Yes is selected, additional fields will appear to disclose the software vendor details
   A. Enter the Software Vendor Name
   B. Enter the Software Name
   C. Select a Protocol from the drop-down list
   D. Enter the Version ID Number

Identifying Information – Section 1

3. Demographic – The Demographic section will display differently depending on the classification that was selected.
   - ➢ If Billing Agent classification was selected:
   A. Select Individual or Business
   B-D. If Individual was selected, enter the Individual's name
   E. Enter the Individual's SSN

   F. If Business was selected, enter the Business Name
   G. Enter the FEIN

   - ➢ If Other Payer or Clearing House was selected:
   A. Enter the Business Name
   B. Enter the FEIN

Identifying Information – Section 1

4-9. Enter the Address information NOTE: This is your mailing address information and where all correspondence is sent

10. 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"

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

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

➤ 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

Transactions – Section 2

1. Select Yes or No. If you select Yes, the submitting transactions selections will appear
   A. Select the transactions you would like to submit
   - ➢ **Proprietary Interface File(s)** – Do not make this selection as NH Medicaid does not currently use this transaction
   - ➢ **270 (Eligibility Inquiry)** – The 270 transaction is used to transmit eligibility benefit inquiries to Medicaid NOTE: This should be selected if you selected the 271 transaction
   - ➢ **276 (Claim Inquiry)** – The 276 transaction is used to verify the status of a claim submitted to Medicaid NOTE: This should be selected if you selected the 277 transaction
   - ➢ **278 (Service Authorization Request)** – The 278 transaction set is used to request a service authorization NOTE: Do not make this selection, as NH Medicaid does not currently use this transaction
   - ➢ **834 Confirmation (EI)** – The 834 enrollment implementation transaction set is used to electronically exchange health plan enrollment data NOTE: Do not make this selection, as NH Medicaid does not currently use this transaction
   - ➢ **837D (837 Dental)** – The 837D, also known as the ADA dental form, is used to transmit dental claims electronically
   - ➢ **837I (837 Institutional)** – The 837I, also known as a UB-04 claim form, is used to transmit institutional claims electronically
   - ➢ **837P (837 Professional)** – The 837P, also known as a CMS 1500 claim form, is used to transmit professional claims electronically

Transactions for Transmission

? *Would you like to send transactions?
◉ Yes ○ No   (1)

☐ ALL	*Transaction Type
☐	Proprietary Interface File(s)
☐	270 (Eligibility Inquiry)
☐	276 (Claim Inquiry)
☐	278 (Service Authorization Request)
☐	834 Confirmation(EI)
☐	837D (837 Dental)
☐	837I (837 Institutional)
☐	837P (837 Professional)

(A)

Transactions – Section 2

2. Select Yes or No. If you select Yes, the receiving transactions will appear
    A. Select the transactions you would like to retrieve
    B. For any transactions selected, select the Retrieval Connection method
    - **271 (Eligibility Response)** – The 271 transaction is used to provide information about the coverage and eligibility of members, sent in response to a 270 transaction NOTE: This should be selected if you selected the 270 transaction
    - **277 (Claim Inquiry Response)** – The 277 transaction is used to report the status of claims submitted, sent in response to a 276 transaction NOTE: This should be selected if you selected the 276 transaction
    - **278 (Service Authorization Response)** – The 278 transaction set is used to request a service authorization NOTE: Do not make this selection, as NH Medicaid does not currently use this transaction
    - **820 (Premium Payment)** – The 820 transaction provides the EDI format for transmitting information related to payments NOTE: Do not make this selection, as NH Medicaid does not currently use this transaction
    - **834 (Managed Care Enrollment)** – The 834 enrollment implementation transaction set is used to electronically exchange health plan enrollment data NOTE: Do not make this selection, as NH Medicaid does not currently use this transaction
    - **835 (Remittance Advice)** – The 835 transaction provides the claim payment information, used to auto post claim payments into software

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

Provider Affiliations – Section 3

1. Select "Add Provider" to link providers that you will be submitting or receiving transactions on behalf of NOTE: Repeat these steps to add multiple providers
2. Enter the provider's Medicaid ID NOTE: If you do not know the provider's Medicaid ID, enter the provider's NPI
3. Enter the Begin Date of affiliation
4. Enter the End Date of affiliation if applicable
5. Select the applicable retrieval transactions for this provider NOTE: Only transactions selected in the **Transactions** section will be available to select here
6. Select "Save"

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

Submit Application Section

1. Enter the Legal Organization Name
2. Enter the Organization Description
3. Enter a User ID. This will be the User ID that you use to log into the MMIS portal with NOTE: The User ID must be between 6 and 16 alpha-numeric characters and can contain hyphens, underscores, and/or periods
4. Select a Prefix form the drop-down list if applicable

5-7. Enter the Organization Administrator's Name

8. Select a Suffix from the drop-down list if applicable
9. Enter the Organization Administrator's Phone Number
10. Enter the Phone Number Extension if applicable
11. Enter the Organization Administrator's Email Address

➤ 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

Submit Application Section

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. 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

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Trading Partner Enrollment - Submit Complete   Print | 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 :

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   ①

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

②   Print Application   Exit Application

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

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