



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

New Hampshire MMIS Health Enterprise Portal

Jun 22, 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](#)

- 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”

New Hampshire MMIS Health Enterprise Portal Jul 19, 2022
Skip Navigation | Contact Us | Help | Search

Home | Program | Member | Provider | Documentation | Directories

Provider Enrollment Print | Help - □

*** Required Field**

Become a Billing Provider

If you would like to become a Billing Provider for New Hampshire Medicaid, please complete the appropriate online application. If you are a billing group or individual applying with a Federal Employer Identification Number (FEIN), please select the *Group Provider Enrollment* link below.

If you are an Individual billing provider that does not have an FEIN and would be applying with your Social Security Number (SSN), please select the *Individual Billing Provider Enrollment* link below.

If you have questions, please contact Provider Enrollment at (603) 223-4774 or (866) 291-1674, Monday through Friday, 8 am - 5 pm EST.

[FAQ](#)
[Instructions](#)
[Group Provider Enrollment](#)
[Individual Billing Provider Enrollment](#)

Become a Non-Billing Provider

If you would like to become a Non-Billing Provider for New Hampshire Medicaid, please complete the appropriate online application.

Non-Billing Individual Rendering Providers are providers who, through an affiliation with a billing provider, render services for New Hampshire Medicaid members. Please select the *Non-Billing Rendering Provider Enrollment* link below.

Non-Billing Individual Ordering/Referring/Prescribing (ORP) Providers are providers who enroll for the sole purpose of ordering, referring or prescribing supplies, services and/or pharmaceuticals for New Hampshire Medicaid members. Please select the *Non-Billing ORP Provider Enrollment* link below.

If you have questions, please contact Provider Enrollment at (603) 223-4774 or (866) 291-1674, Monday through Friday, 8 am - 5 pm EST.

[FAQ](#)
[Instructions](#)
[Non-Billing Rendering Provider Enrollment](#)
[Non-Billing ORP Provider Enrollment](#)

Become a Trading Partner

If you would like to become a Trading Partner (EDI) to electronically exchange data with New Hampshire Medicaid, please complete the online Trading Partner application. Select the *Trading Partner Enrollment* link below.

If you have questions, please contact Provider Enrollment at (603) 223-4774 or (866) 291-1674, Monday through Friday, 8 am - 5 pm EST.

[FAQ](#)
[Instructions](#)
[Trading Partner Enrollment](#)

Application Status

To check the status of your New Hampshire Title XIX Program Provider or Trading Partner Application, use your Application Tracking # and click the SUBMIT button.

*Application Tracking # **Submit**

Recall Provider Application

To recall an application that you have partially completed, enter your Application Tracking Number, and SSN / FEIN and click the SUBMIT button.

*Application Tracking #

*SSN/ FEIN

Submit

Recall Trading Partner Application

To recall an application that you have partially completed, enter your Application Tracking Number and SSN / FEIN and click the SUBMIT button.

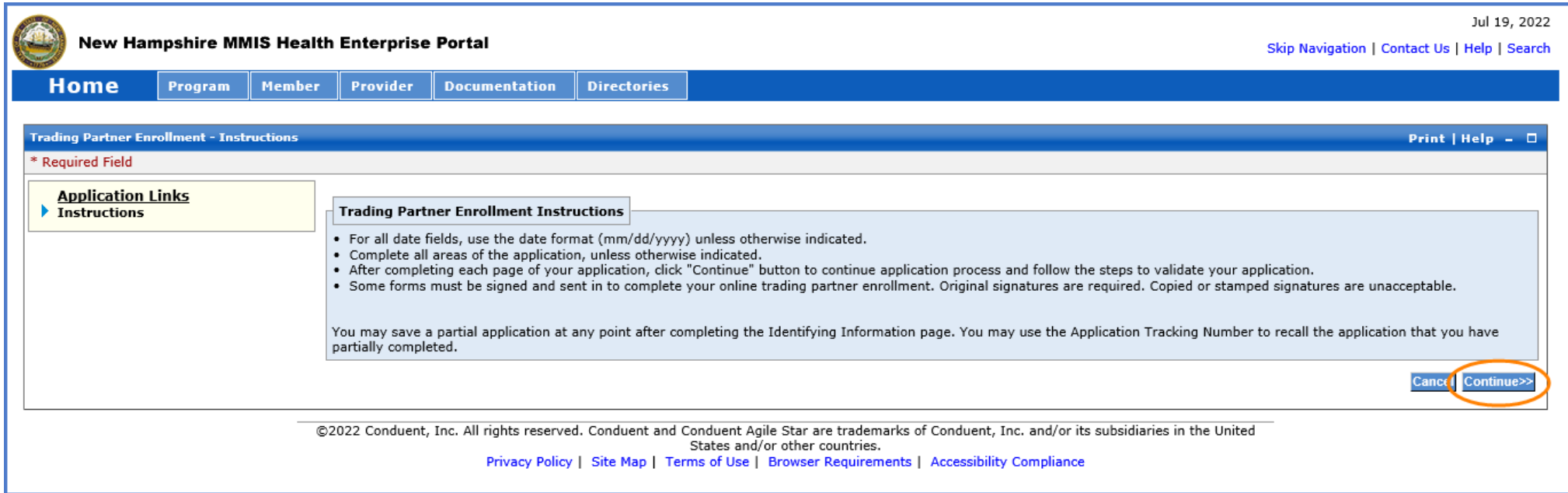
*Application Tracking #

*SSN/FEIN

Submit

©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](#)

➤ Please read the following information and select “Continue”



The screenshot shows the New Hampshire MMIS Health Enterprise Portal. At the top right, the date is Jul 19, 2022, and there are links for Skip Navigation, Contact Us, Help, and Search. The main navigation bar includes Home, Program, Member, Provider, Documentation, and Directories. The current page is titled "Trading Partner Enrollment - Instructions" and includes a "Print | Help" link. A red asterisk indicates a required field. On the left, there are "Application Links" and "Instructions". The main content area is titled "Trading Partner Enrollment Instructions" and contains a list of 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.", and "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." Below this list, it states: "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." At the bottom right of the instructions area, there are "Cancel" and "Continue>>" buttons, with the "Continue>>" button circled in orange. The footer contains copyright information for Conduent, Inc. and links for Privacy Policy, Site Map, Terms of Use, Browser Requirements, and Accessibility Compliance.

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

Classification

Billing Agent Other Payer Carrier Clearing House Switch Vendor 1

? *Are you using software from a vendor? 2

Yes No

Software Vendor Details

*Software Vendor Name
A

*Software Name
B

*Version ID#
D

*Protocol
C

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

The screenshot shows a 'Demographic' section with a step indicator '3'. Below the title is the instruction: 'If you bill services using a SSN then enroll as an individual. If you bill services using a FEIN then enroll as a business.' Two radio buttons are present: 'Individual' (selected) and 'Business'. Below these are three input fields: '*Last Name' (labeled B), '*First Name' (labeled C), and 'Middle Initial' (labeled D). At the bottom is an input field for '*SSN' (labeled E).

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

The screenshot shows the same 'Demographic' section with step indicator '3'. The instruction is identical. In this case, the 'Business' radio button is selected. Below it are two input fields: '*Business Name' (labeled F) and '*FEIN' (labeled G).

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

The screenshot shows the 'Demographic' section with step indicator '3'. Below the title are two input fields: '*Business Name' (labeled A) and '*SSN/FEIN' (labeled B).

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.
- 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
 - Select “[Submit](#)”
11. Select “[Add Location Number](#)” to add a phone and fax number for the location
- Enter the location phone number **NOTE:** The phone number must be entered as a 10-digit number
 - Enter the location fax number if applicable **NOTE:** The fax number must be entered as a 10 digit number
 - 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
- Enter the appropriate information for the location contact person
 - Select “[Save](#)”

The screenshot displays a web-based form for entering trading partner information. It is divided into several sections:

- Address Information:** Contains fields for Street Address (4), PO Box/Building/Suite #, etc. (5), City (6), State (7), Zip (8), and County (9). A **Validate Address** button (10) is highlighted.
- Alternate Address:** A list of addresses with radio buttons. The first option is "2 Pillsbury St, Ste 200, Concord, NH, 03301, 3549, Merrimack County" (A). A **Submit** button (B) is highlighted.
- Location Numbers:** Includes a **Add Location Number** button (11), fields for Phone # and Fax #, and an **Add Numbers** section with fields for Phone # (A) and Fax # (B). A **Save** button (C) is highlighted.
- Location Contact Person(s):** Features a table with columns for Last Name, First Name, MI, Phone #, Ext., Fax #, and Position. An **Add Contact Person** button (12) is highlighted.
- Add Contact:** A form for entering contact details with fields for Last Name (A), First Name (B), Middle Initial (C), Phone Number (D), Ext. (E), Fax # (F), E-Mail (G), and Position (H). A **Save** button (I) is highlighted.

At the bottom right, there are buttons for **Continue>>**, **Reset**, **Save**, and **Exit Application**.

- 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

<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)

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

Transactions for Retrieval

? *Would you like to retrieve transactions?
 Yes No 2

ALL	*Transaction Type	Retrieval Connection
<input checked="" type="checkbox"/>	271 (Eligibility Response)	Inbox ▼
<input checked="" type="checkbox"/>	277 (Claim Inquiry Response)	Inbox ▼
<input type="checkbox"/>	278 (Service Authorization Response)	Inbox ▼
<input type="checkbox"/>	820 (Premium Payment)	Inbox ▼
<input type="checkbox"/>	834 (Managed Care Enrollment)	<div style="border: 1px solid gray; padding: 2px;"> Connect Direct SFTP Inbox B </div>
<input checked="" type="checkbox"/>	835 (Remittance Advice)	Inbox ▼

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

Continue>>
Reset
Save
Exit Application

- 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”

Providers
1 Add Provider

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

NH Title XIX Provider #	Begin Date	End Date

Add Provider
6 Save | Reset | Cancel

*NH Title XIX Provider #

*Begin Date

End Date

***Transactions**
5

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 type="checkbox"/>	820 (Premium Payment)
<input type="checkbox"/>	834 (Managed Care Enrollment)
<input type="checkbox"/>	835 (Remittance Advice)

Continue>>
Reset
Save
Exit Application

- 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 from 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

Trading Partner Enrollment - Submit Application Step 1 Print | Help

* Required Field

Application Links

- Application Tracking Number :
- 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 <input style="width: 90%;" type="text"/>	*Organization Description <input style="width: 90%;" type="text"/>	*User ID <input style="width: 90%;" type="text"/>
Prefix <input style="width: 90%;" type="text"/>	*Last Name <input style="width: 90%;" type="text"/>	*First Name <input style="width: 90%;" type="text"/>
	MI <input style="width: 90%;" type="text"/>	Suffix <input style="width: 90%;" type="text"/>
*Phone # <input style="width: 90%;" type="text"/>	Ext <input style="width: 90%;" type="text"/>	E-Mail <input style="width: 90%;" type="text"/>

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

- 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

Trading Partner Enrollment – Submit Application Step 2
Print | Help - □

*** Required Field**

The Trading Partner details have been validated successfully.

Application Links

Application Tracking Number : ██████████

- 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

1
2
3

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

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.

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

