Becoming a Medicaid-Enrolled Developmental Services Provider in New Hampshire
Requirements for Direct Bill
Frequently Asked Questions

The New Hampshire Bureau of Developmental Services (BDS) is working to become compliant with federal Centers for Medicare and Medicaid (CMS) regulations, specifically with conflict-free case management and direct bill. The current system of providers billing for all services through Area Agencies is out of compliance. Per CMS regulations, providers must have the option to bill for services directly through the State's Medicaid Management Information System (MMIS).

The following are frequently asked questions BDS has received about this process that will hopefully provide additional clarification. Please use this document, in addition to the reference presentations and web recordings on the BDS website, to better understand the process and submit an application for Medicaid enrollment.

Key dates:
7/1/23: Direct bill goes live

Contents

General Information & Timeline 1
Who Should Enroll as a Developmental Services Medicaid Provider 3
Provider Type & Specialties 3
National Provider Identification (NPI) 3
Licensing & Certifications 4
Billing 4
Area Agency Role / Third-Party Billing / Trading Partners 5
Ownership 6
Application Changes & Completion 7
Finalizing an Application 8
Providing Services Between Now and 7/1/23 9
Audits 9
MMIS Activity & Privacy 9
Contact Information 9

General Information & Timeline

1. Where do I go to register as a Medicaid provider?

   a. Register and enroll to be a Medicaid provider through NH MMIS Enterprise portal: [www.nhmmis.nh.gov.](http://www.nhmmis.nh.gov) Select *Enrollment* under *Quick Links* and *Group Provider Enrollment* under *Become a Billing Provider.*
   b. A computer is needed to complete this application; there are no paper forms available. You do not need a special username or password to access this website or start an application.
2. When is the deadline to submit my application?
   a. Application must be submitted asap for go live direct bill 7/1/2023.
3. If direct bill is not going live until 7/1/23, why do I need to submit my application by now?
   a. Multiple teams across the State of New Hampshire are working in consort to ensure a smooth transition on 7/1/23. To achieve this, we need all applications for direct bill in as soon as possible so we can conduct appropriate processing of information.
   b. If providers are not enrolled, this could impact timing and payment for service providers.
   c. Timely submission and processing of applications helps to ensure continuity of care for those receiving developmental services in New Hampshire.
4. Please define "provider" or "direct service provider".
   a. A provider is an entity or business, rather than the individual employed or contracted with that entity to provide a service.
5. What type of provider should I submit an application for?
   a. All providers should submit an application to be a Group Billing Provider. The link to this application can be found under the *Become a Billing Provider - Group Provider Enrollment* section of the *Provider Enrollment* page: https://www.nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment
6. How should I list my site locations in my application?
   a. Application with one address = one Medicaid Billing ID
      i. The address listed on the application must complete all back office functions for provider include all HR and billing activities for all services provided regardless of location.
      ii. One site visit required for address listed on the application
      iii. When a claim is submitted under the one Medicaid billing ID each claim must include the address where the services where provided. Whether that is a HCP address, Staffed Res, or another office that services are operated out of (ex. CPS, SEP. ect)
   b. Application with one address listing all service location within application = Medicaid Billing ID per location listed in the application
      i. Each site location listed within the one application will have its own Medicaid Billing ID assigned
      ii. A site visit per location listed within the application is required
      iii. When a claim is submitted, it must include the Medicaid Billing ID corresponding to the service location that matches what was submitted on the application.
   c. Application per service location= Medicaid Billing ID per location
      i. Each location where services are provided will have its own distinct application and its own distinct Medicaid Billing ID will be assigned.
      ii. Each application/site location will require a site visit
      iii. When a claim is submitted, it must include the Medicaid Billing ID corresponding to the service location that matches what was submitted on the application.

Who Should Enroll as a Developmental Services Medicaid Provider

7. Who should enroll as a Medicaid provider?
    a. Any provider organization who provides services under the DD, ABD, or IHS Waivers, or wishes to do so, in the State of New Hampshire, should enroll.
8. If a provider has multiple provider types (e.g., developmental services and early intervention), are multiple applications required?
    a. Yes – if you are a developmental services provider in New Hampshire (providing services under the DD, ABD, or IHS Waivers), you must submit a separate application to be able to bill Medicaid directly for these services
9. Can providers enroll as a Home and Community Based Services (HCBS) provider?
    a. Currently, providers have different Medicaid provider identification numbers for each BDS waiver (DD, ABD, IHS). Going forward, only one Medicaid provider identification number will be used for all BDS waivers. All providers will need to enroll under the Developmental Services provider type (236) and will be approved for specialties to provide services.
10. Do individual provider working in an organization also need to apply?
    a. No, the provider/business must apply as a group-billing provider. Individual employees/providers within the organization do not need to enroll as individual non-billing providers.

Provider Type & Specialties

11. How do providers know what specialties or type of provider they are? What services can they provide?
    a. If you would like to provide services for individuals receiving funds from the DD, ABD, or IHS waivers, you will be a developmental services provider (provider type 236). Based on your application materials, BDS Program Integrity will identify what specialties you are authorized to provide.
    b. To provide certified services, you will work with the Certification & Licensing Department of New Hampshire. This occurs after you become enrolled as a Medicaid provider.
12. Does submitting an application to be a Developmental Services provider cover all services provided under the DD, ABD, and IHS waiver?
    a. Yes. Services provided under different waivers, i.e., CFI Waiver, require a separate application for the other provider type.
13. Will Targeted Case Management (TCM) / Non-Community Care Waiver (NCCW) Case Management provider numbers be included in the new provider numbers?
    a. No – TCM/NCCW numbers will stay the same; they are a State Plan service with a different provider type and provider specialty code.
14. Should a provider identify specialties (groups of services) on their enrollment application even if that service is subcontracted out?
    a. Yes.

National Provider Identification (NPI)

15. Do providers need an NPI number to submit an application?

    a. Only entities that meet the conditions to obtain an NPI need one. The specialties requiring NPI include the following: Community Participation Services (CPS), Community Support Services (CSS), Crisis Response Service, Residential Habilitation, Respite, Service Coordination, Specialty Services, Supported Employment.
    b. Per CMS guidelines, all individuals and organizations that meet the definition of health care provider as described at 45 CFR 160.103 are eligible to obtain an NPI. These include health plans, health plan clearinghouses, health care providers who transmit health information electronically, and health care organizations that transmit protected health information to covered entities who require access to the protected health information.
    c. For further information about NPI, please visit: https://nppes.cms.hhs.gov/

16. How do you get an NPI taxonomy code?
    a. Visit http://taxonomy.nucc.org
17. Will taxonomy numbers need to be updated to align with the provider specialties selected?
    a. Yes.
18. If a provider has an existing NPI, can I use that, or do I have to apply for a new one
    a. If your entity already has an NPI, please use that one
19. Do you need an NPI before you begin filling out an application?
    a. No, you can start the application and save your progress. You can then go back and resume progress on your application. With your application tracking number.
20. Is Medicaid Provider ID different than NPI?
    a. Yes.

Licensing & Certifications

21. What licenses or certifications are required to provide services?
    a. Different licenses and certifications are required, depending on the type of service. Based on the information provided in your application, Program Integrity will determine which specialties you are able to provide.
    b. To provide certified services, you will work with the Certification & Licensing Department of New Hampshire. This occurs after you become enrolled as a Medicaid provider.

Billing

22. My organization has multiple offices or addresses used where services are provided. Which should we use on this application? Are separate applications needed in this instance?
    a. The address on the application should be the main address where services will be coordinated from. Additional service locations are added at the end of the application.
23. What if there is one service location and one administrative office?
    a. If there are different addresses for service location vs. administrative location, the main address would be the administrative office location
24. What does "address" refer to on the application?
    a. Address is the location of who is providing the billing
25. What if corporate offices are in a different state?
    a. List the service location (in New Hampshire) and the main address in the other state if New Hampshire will be receiving claim information from the corporate office in the other state
26. If our mail comes to a PO box, how do you answer the address question?
    a. Select "No", and then enter the PO Box information

27. If providers provide services from multiple locations, do we need to provide each location?
    a. Yes – but those locations will be noted on the application; a separate application is not needed for each location if they are not separately billing for services.
28. For managing employees, if we work in multiple states, do we only list NH managing employees or all?
    a. List all managing employees associated with your provider location.

Area Agency Role / Third-Party Billing / Trading Partners

29. Please define "third-party billing" agent/entity.
    a. An outside party that submits claims on behalf of the provider enrolled. The payment is sent directly to the provider who rendered the services.
30. When in the process do providers indicate how they would like to bill (as of 7/1/23)?
    a. As providers complete the application, they will indicate how they would like to bill. If this information is not included in the application, a representative from the Conduent Provider Relations team will reach out.
31. What are the billing options available to me?
    a. Bill through the MMIS portal directly
    b. Bill using a third-party software. The provider is responsible for indicating this and completing any necessary requirements with the software company
    c. Bill through a third-party biller. The third-party biller will need to fill out a trading partner application, and both applications will have to indicate trading partner agreement
32. Where do I find the application for trading partners?
    a. The application can be found on the Provider Enrollment page in the *Becoming a Trading Partner* section: https://www.nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment.
33. Will Area Agencies still bill for providers? Are Area Agencies still the default third party billers?
    a. No – All providers that provide services to Medicaid individuals under the DD, ABD, or IHS Waivers (i.e., Developmental Services) should enroll as Medicaid providers. Providers then choose if they will bill themselves or contract with a third-party vendor to do the billing on their behalf.
    b. A third-party who conducts billing on behalf of the provider is a Trading Partner and has to register as such. Area Agencies can enroll to become trading partners, and then would have to independently contract with providers to bill for them.
34. Can an Area Agency mandate a provider agency go through them to bill?
    a. No, as mandated by federal regulations.
35. Where can providers find the fee agreement that was historically found in the contract between providers and Area Agencies?
    a. Service Authorizations will still be generated for the Medicaid enrolled provider providing the services; providers use the Service Authorization codes and units to bill for the service, whether they bill directly or through a third-party biller.
36. Can a provider have more than one trading partner?
    a. Providers should only have one trading partner.
    b. If a provider currently works with multiple trading partners (such as Area Agencies), it is up to the provider to come to an agreement with that trading partner about future state billing. This is not mediated by BDS.
37. Can a provider change how they would like to bill in the future?

    a. Yes, the provider can always change how they would like to bill in the future (e.g., from billing directly via the MMIS portal to using a third-party biller, or vice versa). The provider would need to indicate this and fill out any required documents in the MMIS in the *Documents and Forms* section of the MMIS website and submit to Conduent. The *Documents and Forms* section can be found here: https://nhmmis.nh.gov/portals/wps/portal/DocumentsandForms

38. How does a provider fill out the form if the vendor receives payment directly from Area Agencies?
    a. Select "Yes" under EFT section of provider application
    b. Medicaid providers who direct bill, even though the Area Agency is putting up the Service Authorization, will directly receive payment for services. The rendering providers will receive the money directly.
39. If a third-party bills for a provider, is the third-party biller's address the one indicated on the application?
    a. No. Include the provider address on the application.
40. Can BDS estimate how many hours it takes to do billing for different amounts of services?
    a. No. BDS recommends you contact third-party billers to discuss needs and get quotes.
41. Currently, are Area Agencies enrolled in direct bill? Will they have to re-enroll?
    a. Yes, right now, Area Agencies are the only BDS Medicaid providers enrolled in direct billing. They will still have to re-enroll under the new BDS provider type. Vendors have contracts with Area Agencies and have agreed to terms within the contracts. Going forward, under direct bill, all providers who provide services to Medicaid individuals can choose to bill directly or hire a third-party biller to bill on their behalf. The provider will receive payment for claims submitted either way.
42. Is a provider's application on hold until the third-party biller / trading partner submits their application?
    a. No.
    b. BDS encourages entities who think they may act as trading partners to submit a Trading Partner application as soon as possible, so they can receive their Trading Partner ID#. Providers who have an agreement with a third-party biller as a trading partner will include the Trading Partner ID# on their application; and vice versa. If you have already submitted an application and would like to add a Trading Partner ID# or provider for which you will do the billing, contact Conduent to update your application.
43. If a provider chooses to not direct bill (and instead, do it through a third-party biller), does the provider still need to go through the enrollment process and get a provider ID? What about going through the re-enrollment process in a few years?
    a. Providers still need to enroll to direct bill even if they choose not to do so; all providers who provide services to Medicaid individuals are required to enroll to become Medicaid providers (Group Billing providers). All Medicaid providers go through regular reenrollment per Federal guidelines.

Ownership

44. Who must be included as owners for a 501(c)(3)? All board members? All management level staff?
    a. Ownership is defined as 5% or greater direct or indirect. This can be an individual and/or an entity. Providers can refer to the Federal regulations at 42 CFR 455.102 for percentages of ownership.

b. Board members: For-profit entities would be board of directors.
c. Non-profit entities would be board of trustees. This would also include voluntary board members.

45. Is nonprofit indirect ownership?
    a. Ownership is defined as 5% or greater direct or indirect. This can be an individual and/or an entity. Providers can refer to the Federal regulations at 42 CFR 455.102 for percentages of ownership. Board members: For-profit entities would be board of directors.
    b. Non-profit entities would be board of trustees. This would also include voluntary board members.
46. If you are going to verify against our last filing with Secretary of State if new board members are now on board, will this be flagged?
    a. Whenever a board member changes, a change of information form should be submitted to Conduent so your current enrollment can be corrected, and the members will have to be screened per the CMS federal regulation.
47. Does a nonprofit have to list all board members? Will this requirement still apply if seeking non-billing status?
    a. Yes.
    b. For-profit entities: list board of directors.
    c. Non-profit entities: list board of trustees. This would also include voluntary board members.
48. How do does an organization update the list of board members?
    a. Send correspondence by mail, secure email, or fax, to Conduent on letterhead with changed information. Make sure your Provider ID is identified in the correspondence.
49. Does the provider enrollment application require the social security numbers (SSN) of all board members?
    a. Yes, this is a federal requirement. If you would like a letter stating this requirements and background, please reach out to the Conduent Provider Relations team via email or calling.

Application Changes & Completion

50. When are applications processed?
    a. We know that some organizations already submitted applications – thank you. The BDS Provider Enrollment and Program Integrity teams, in conjunction with the Conduent teams, will process applications (both existing and new) in the next few months.
51. If my organization has a name change or I need to change a part of my application, do I resubmit an application?
    b. Once the application is submitted, it is no longer accessible to the provider. To make any changes, please contact the Conduent Provider Relations Team.
        i. Call center: 1-866-291-1674 available Mon-Fri 8AM-5PM
        ii. Email: NHProviderRelations@conduent.com
52. If I submitted a non-billing provider application, how do we fix that?
    a. Those enrolling to be BDS developmental services providers need to submit a group billing provider application. If you have submitted another type of application by mistake, cancel that application and submit a group billing application.
53. How will I get notified if something is wrong with my application?

    a. The Provider Relations team from Conduent will contact you if additional information or documentation is required.
54. How will I know if my application is accepted or complete?
    a. When your application is accepted and complete, you will get a welcome letter in the mail from NH DHHS with next steps.
    b. If your application is denied or cancelled, you will receive a letter stating why your application was denied or cancelled. If your application is cancelled, you will need to submit a new one.
55. When do I need to completed a new application to add a new Service Location:
    a. Original application completed with one address = one Medicaid Billing ID
        i. The address listed on the original application must complete all back office functions for provider include all HR and billing activities for all services provided regardless of location. No additional application will be required for new locations.
        ii. When a claim is submitted under the one Medicaid billing ID each claim must include the address where the services where provided. Whether that is a HCP address, Staffed Res, or another office that services are operated out of (ex. CPS, SEP. ect)
    b. Original application completed with one address listing all service location within application = Medicaid Billing ID per location listed in the application
        i. Each site location listed within the original application will have its own Medicaid Billing ID assigned. Therefore, a new separate application must be completed to add a new service location and will be assigned its own distinct Medicaid billing ID.
        ii. When a claim is submitted, it must include the Medicaid Billing ID corresponding to the service location that matches what was submitted on the new application.
    c. Original application per service location= Medicaid Billing ID per location
        i. The new service location will have its own distinct application and its own distinct Medicaid Billing ID will be assigned.
        ii. When a claim is submitted, it must include the Medicaid Billing ID corresponding to the service location that matches what was submitted on the new application.

Finalizing an Application

56. When application is complete and submitted, is there an ability to print a PDF of the application and my answers prior to submission?
    a. Once an application is submitted, you will see the *Submit Complete Page*. From this page, please 1) Note the application tracking number, 2) Print the application to maintain a copy for your records and 3) exit the application. Once you leave the page, you will not have another option to print out the application.
57. How will providers know their application has been approved?
    a. Providers will receive a welcome letter in the mail with additional information, including MMIS portal access, when their application has been approved

Providing Services Between Now and 7/1/23

58. Do providers stop providing services between application submission and 7/1/23?
    a. No. Please continue to use your current provider ID and processes. Services should not be interrupted during this time.
59. Should providers start billing Medicaid directly as soon as they receive confirmation that their application has been approved?
    a. No. Even if your Welcome Letter from NH DHHS has an earlier effective date on it, providers cannot bill directly for services until 7/1/23 and the date of service on the claim is on 7/1/23 or after.

Audits

60. How should providers keep track of attendance?
    a. In keeping with current practice, providers and their staff need to follow through with a visit log and maintain documentation of service delivery for audit purposes.
61. If my licenses or certifications are not required for Medicaid enrollment, does that mean they are not needed?
    a. No, licenses and certifications are very important. Licenses and certifications are not needed to be enrolled as a BDS Medicaid provider. They are required to provide certain services, for which you will work with the Certification & Licensing Department of New Hampshire. All providers need to keep certifications and licenses up to date and available for any audits on the State or Federal Level.

MMIS Activity & Privacy

62. How are SSN being kept confidential and how many people have access to this information?
    a. The information is maintained in the enrollment file with MMIS for the enrolled Provider. MMIS has high security and can ensure the confidentiality of information.
63. Is personal information of all employees working with New Hampshire clients needed for this application?
    a. No.
64. Does the user id get locked or deactivated due to inactivity?
    a. Yes.
65. How often do users have to sign in to avoid account lock out or deactivation?
    a. It is suggested that users log in on a regular basis to ensure their account does not become locked. After 30 days of no activity, the account becomes inactive. TO reactivate the account, contact the organization admin. After 60 days of no activity, the account will become deactivated. To reactivate the account, a user will need to create a new username or fill out a portal request form. Conduent suggests setting a recurring calendar invite to log in to ensure users do not get locked out of their account.
66. What happens if I get locked out or forget my password?
    b. You can reset your password via MMIS.

Contact Information

For questions regarding enrollment application status or questions, contact Conduent:

- Provider Relations Call Center: 866-291-1674
- Provider Relations Email: NHProviderRelations@Conduent.com
- Fax: 866-446-3318

- Brian Parsons: brian.parsons@conduent.com 603-219-1499
- Alyssa Stephenson: Alyssa.stepehnson@conduent.com 603-223-4740