

Becoming a Medicaid Enrolled Provider

Program Integrity Requirements

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DEFINITIONS

- **Provider-** Medicaid enrolled entity that will be submitting claims for covered Medicaid services
- **MMIS-** Medicaid Management Information Systems
- **NPI-** A national provider identifier (*NPI*) is a HIPAA-required, unique ten-digit identification number for all healthcare providers in the United States.
- **Re-validation-** Federally required every 5 years to complete a re-enrollment application
- **Trading Partner-** a third party entity that enters into a business relationship with the Medicaid provider to complete transactions, must be enrolled with MMIS, and have completed authorizations from each provider entity to act of their behalf.
- **LEIE-** list of excluded/individual or entities which is a database on the Officer of Inspector General website as a searchable database.

Provider Enrollment

- Each service location is required to be enrolled with a Provider type of Developmental Services, an online application found at: <https://nhmmis.nh.gov/portals/wps/portal/ProviderEnrollment>
- **Note:** Temporary provider type will be “**OTHER**” until Developmental services is active in the system
- In order to bill for Medicaid covered services, a Provider will need to complete an application on-line, and include the following:
 - Signed Provider Participation Agreement (PPA)
 - Signed application signature page
 - Copy of licensure if required
 - Copy of signed W-9
 - IRS verification letter
 - Social Security Number Verification
- If you will be billing with a FEIN, complete the billing group application. If you will be billing with your SSN, complete the billing individual application. An 10 digit National provider Identification number (NPI) is required as well as the taxonomy that identifies the services
 - **Best practice:** When submitting claims by NPI, include the Provider ID as well.

Provider Enrollment Continued:

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- Completed applications must list the Owner/Managing employee for the Provider
 - Complete registration for web access which allows the Provider access to check eligibility, submit claims, and receive remittance advice
 - All enrolling providers will undergo a federally mandated comprehensive screening before their application is approved and the state will complete monthly screenings of the enrolled Provider
 - The Provider must keep copies of the appropriate service provider qualifications per He-M 503 (copy of licensure or documentation of credentials on file) for non-enrolled staff to be screened monthly by the Provider on the LEIE/OIG exclusion site for any sanctions/exclusions.
 - All providers will be required to revalidate every five years by completing a new application and submit signature pages and the state will complete a full screening as part of the revalidation process.

Requirements to Enroll NPI, Licensure

- NPI-National Provider Identification- All individuals and organizations that meet the definition of health care provider as described at [45 CFR 160.103](#) are eligible to obtain a National Provider Identifier (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.
- [NPPES](#) is the National Plan and Provider Enumeration System which is where an individual or organization must submit an application in order to obtain their NPI.
- Website to obtain or check number is <https://npiregistry.cms.hhs.gov/>
- Preliminary review is being done of all service providers qualifications as stated in the State Plan and administrative rules He-M 503 regarding the licensure requirements. At this time, Case Management only providers may require a health facility license. This decision is preliminary and further guidance will be issued from the Department when the final decision occurs.

Claim Submission and Payments

- In order to be paid electronically, complete the enrollment application section 4 for Electronic Funds Transfer (EFT) Application and submit the following documentation
 - EFT Agreement Form
 - EFT Application Form
 - Bank Letter or copy of voided check
- There are three ways to submit claims for payment:
 - MMIS portal submission: With this process the electronic claims are submitted directly into MMIS and receive real time adjudication. A group training session may be offered by Conduent staff or templates can be set up for use.
 - Vendor Software: When using third party vendor software to submit your billing, you must submit the following documentation:
 - a. Electronic Remittance Advice (ERA) application (required for 835 transactions)
 - b. Trading Partner signature page
 - Trading Partner: When using a third party billing agent, the billing agent needs to be enrolled. The billing agent must have a trading partner ID and submit the following documentation:
 - a. Electronic Remittance Advice (ERA) application (required for 835 transactions)
 - b. Billing Agent agreement form
 - c. Trading Partner signature page
- If the Provider determines not to continue with the trading partner, a letter from managing employee of the Provider needs to be sent to MMIS(Conduent) informing of the change.

Federal Screening Requirements

- All providers are required to take the following steps to ensure Federal and State program integrity screening and complete the questions in section 7 Exclusion/Sanction. Any question answered with a Yes will require back up documentation:
 - If the Provider will be using employees to provide the covered Medicaid service, all screenings will be responsibility of the Provider for licensure or certification and OIG screenings.
 - If the Provider is contracting with an individual to provide the covered Medicaid services, all screenings will be responsibility of the Provider for licensure or certification and OIG screenings.
 - If the Provider contracts with outside professional groups to perform the services, the group entity is responsible for completing the screenings required of the furnishing/rendering provider and informing the Provider of any changes. Provider are responsible to ensure the contracted group is performing the required screening.
 - Provider are required to perform screenings upon hire or entering into a contract and every month there after until the Provider no long employs or contracts with the person.
 - Provider are required to search the employee or contractor name on the HHS-OIG list of excluded Individuals and entities(LEIE) website monthly to validate their eligibility for Federal programs.

If the Provider finds a sanctioned individual, then they need to discontinue using this provider for Medicaid services.

Immediately report to NH Medicaid Program Integrity any exclusion information discovered. This information should be sent in writing and should include the individual or business name, provider identification number, and what, if any, action has been taken to date. This should be sent to DHHS-Program Integrity, 129 Pleasant St. Thayer Building, Concord, NH 03301 or programintegrity@dhhs.nh.gov

What Happens after Enrollment

- Responsible for keeping information current in the MMIS, such as submitting change forms when BOD, ownership, or managing employees
- Identify any missed 835 files within 2-3 business days
- Provider maintains staff files with current information and monthly LEIE screenings.
- For any questions call NH Medicaid Provider Relations call center 1-866-291-1674 available Mon-Fri 8AM-5PM