



New Hampshire Medicaid

NH MMIS Health Enterprise Portal Registration Form

Web Access Registration Instructions:

- Providers and Trading Partners who are enrolled in the NH Medicaid Program must register to establish a user ID and password for access to the secure NH MMIS Health Enterprise Portal.
- The NH MMIS Portal offers secure web-based features such as electronic claims submission and related information management, downloadable Remittance Advices, electronic member eligibility verification, and more.
- Providers must identify an individual employee as their Portal Administrator. The Portal Administrator is the person responsible for setting up and maintaining MMIS portal users for their Provider's Organization. The Portal Administrator will also be responsible for resetting user passwords.
- Please enter a User ID below. User IDs can be a maximum of 16 characters, are not case sensitive, and can be any combination of letters, numbers and symbols. A User ID permits web access to a single service location. Providers with multiple service locations must register for a unique ID for each service location.

* Required Field

REGISTRATION INFORMATION

Organization Information

Individual/Group Name *

Indiv/Group Medicaid Provider # * Organization Description * User ID *

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Service Location Street Address * City * State * Zip *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Portal Administrator Information

Last Name * First Name *

<input type="text"/>	<input type="text"/>
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Phone # * Ext Email Address *

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authorized Representative Name currently on file in the MMIS (Please Print) * Authorized Representative Signature * Date*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is this form for Provider Revalidation * Yes / No

Please return this form to the Medicaid Provider Relations Unit at the address below:

Conduent Provider Relations Unit
P.O. Box 2059
Concord, NH 03302-2059
E-Mail: NHProviderRelations@Conduent.com
FAX: 866-446-3318