



NH Department of Health and Human Services

Provider Revalidation

NH Medicaid

Why Revalidate?

- In accordance with the Affordable Care Act, the New Hampshire Title XIX Medicaid Program requires providers to verify enrollment information at least every five years.

How do I revalidate?

- To simplify the process, New Hampshire developed a quick and easy electronic process.

What information must I provide?

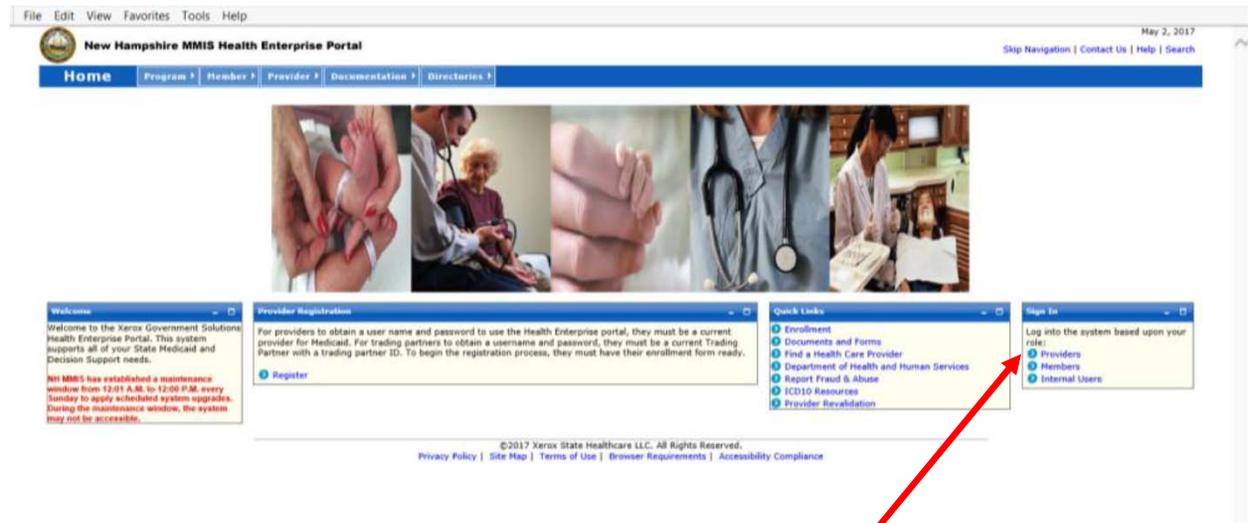
- You must validate the data in your existing provider record.
- You can leave the information as it is, edit the existing data or add new information.
- Name
- Address
- Contact Information
- License/Certification
- SSN/FEIN
- Medicare Information
- NPI
- Exclusions/Sanctions
- Ownership
- Authorized Representative
- Authorized Validator

What should I do now?

- When it is your turn to Revalidate you will receive a letter indicating your revalidation due date and actions to take.
- Upon receipt of the letter, please visit <https://nhmmis.nh.gov> to begin the process. Once logged in, select Revalidation from the Quick Links and an instruction page will be presented. Click on **START Revalidation**. Your current enrollment data will be displayed. You will be given the option to keep or edit the existing information, or add new information.
- If your NH MMIS user login credentials have lapsed, you must complete the **NH MMIS Health Enterprise Portal Registration Form**. The form is available in the NH MMIS portal under QUICK LINKS, Documents and Forms. Once completed, please fax the form to **866-446-3318**.

Let's walk through the process.

Go to - <https://nhmmis.nh.gov>



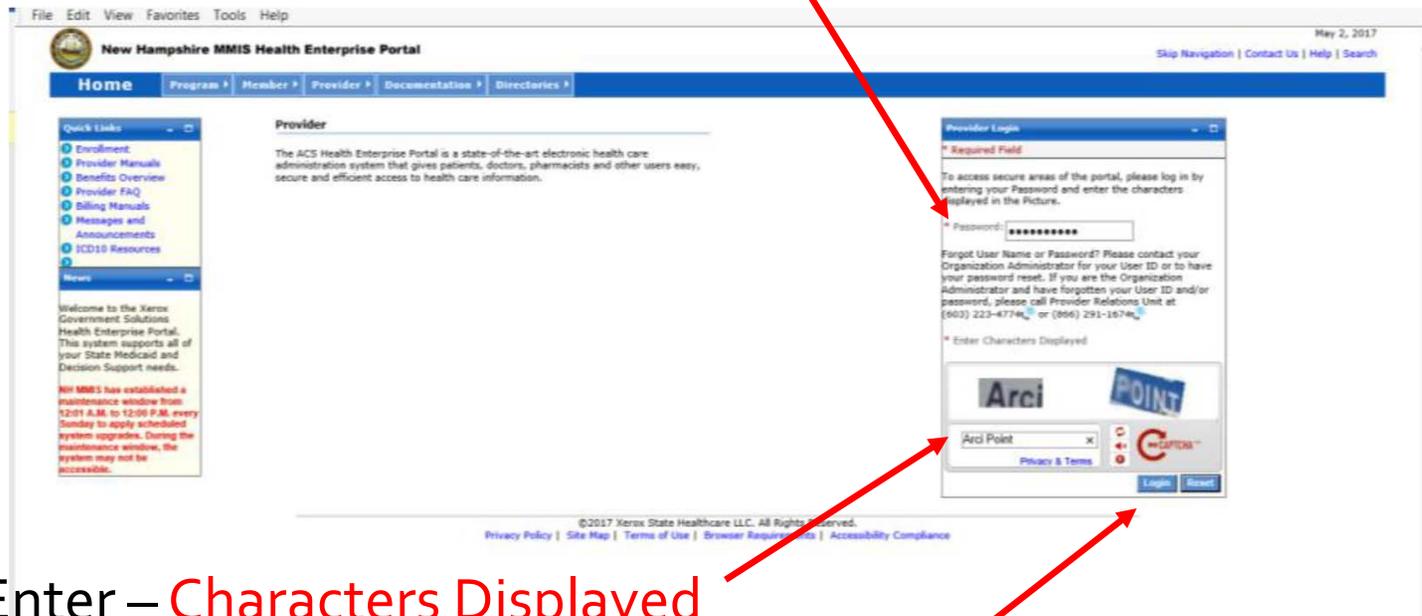
Select - **Provider**

Enter – User ID

The screenshot shows the New Hampshire MMIS Health Enterprise Portal. The page title is "New Hampshire MMIS Health Enterprise Portal" and the date is "May 2, 2017". The navigation menu includes "Home", "Program", "Member", "Provider", "Documentation", and "Directories". A "Quick Links" sidebar on the left lists items like "Enrollment", "Provider Manuals", "Benefits Overview", "Provider FAQ", "Billing Manuals", "Messages and Announcements", and "SCD10 Resources". The main content area is titled "Provider" and contains a description of the ACS Health Enterprise Portal. A "Provider Login" window is open, showing a "Required Field" for "User ID" with a masked input field containing "XXXXXXXX". A red arrow points from the text "Enter – User ID" above to this input field. Below the input field, there is a "Forgot User Name or Password?" section with instructions to contact the Organization Administrator. A "Login" button is at the bottom of the login window. At the bottom of the page, there is a copyright notice: "©2017 Xerox State Healthcare LLC. All Rights Reserved." and links for "Privacy Policy", "Site Map", "Terms of Use", "Browser Requirements", and "Accessibility Compliance".

If your NH MMIS user login credentials have lapsed, you must complete the NH MMIS Health Enterprise Portal Registration Form which is available in the NH MMIS portal under QUICK LINKS, Documents and Forms. Once completed, please fax the form to **866-446-3318**.

Enter – Password



Enter – Characters Displayed

Select – Login

After successful login...

Select - **Revalidation**

The screenshot displays the New Hampshire MMIS Health Enterprise Portal interface. At the top, there is a navigation bar with the following items: Home, Renewal, Authorizations, Claims, My Account, and Manage Users. The main content area is divided into two sections. On the left, a 'Quick Links' sidebar contains a list of menu items: Messages & Announcements, Provider FAQ, Provider Inquiry, Provider Manuals, Provider Resources, Provider Training Registration, Trading Partner Enrollment, EFT Enrollment, ERA Enrollment, and Revalidation. A red arrow points from the text 'Select - Revalidation' to the 'Revalidation' link in this sidebar. The right section of the page is titled 'Provider Message Center' and contains a table with columns for Status, From, Date, and Subject. The table is currently empty, displaying 'No Data'. Below the table, there is a note: 'If you are unable to view PDFs, please download Adobe Reader.' At the bottom of the page, there is a footer with the text: '©2017 Xerox State Healthcare LLC. All Rights Reserved. Privacy Policy | Site Map | Terms of Use | Browser Requirements | Accessibility Compliance'.

Select – **Start Revalidation**

The screenshot shows the New Hampshire MMIS Health Enterprise Portal. At the top, there is a navigation bar with the following items: Home, Member, Authorizations, Claims, EDI, My Account, and Manage Users. The date May 2, 2017 is displayed in the top right corner. Below the navigation bar, there is a section titled "Revalidation Instruction" with a "Print | Help" link. The main content area contains the text: "Thank you for starting the revalidation process. You will see your existing information displayed. Please verify and update your information as appropriate." At the bottom right of this section, there are two buttons: "Start Revalidation" and "Cancel". A red arrow points from the text "Select – Start Revalidation" above to the "Start Revalidation" button.

What have I done so far?

- You have logged in using your credentials
- Selected Revalidation
- Chosen to Start Revalidation

Now it's time to review the information on your provider record.

Once "Start Revalidation" is selected the information on your current provider record displays.

You must review each section...

The screenshot shows a web application window titled "Provider Revalidation - Demographic". The main content area displays the following information:

- General Information:** Legal Name as it appears on WG: **Jason Bowen**; Doing Business As (DBA) Name: ; Former DBA Name: ; [Edit Information](#)
- Other State Medicaid Program Information:** *Have you revalidated with another state Medicaid program within the last 5 Years? Yes No
- Service Location Address and Contact:** [Address](#)
- Location Numbers:** [Phone #](#): 603-655-5555; [Fax #](#): ; 1 - 1 of 1

The left sidebar contains a navigation menu with the following items:

- Demographic (highlighted with a red arrow)
- Licensure/Specialty
- Financial
- Medicare
- Identifiers
- Exclusions/Sanctions
- Ownership Info
- Authorized Representatives
- Authorized Validator
- Reval Confirmation

and either keep or edit the existing information, or add new information.

There are multiple sections (portlets) on each page.

The screenshot shows a web application interface for 'Provider Registration - Demographic'. The page is divided into several sections, each highlighted with a red box and labeled as a portlet:

- Portlet 1:** General Information section, containing fields for 'Legal Name as it appears on WS' (Jason Bowen) and 'Doing Business As (DBA) Name'. It includes an 'Edit Information' link.
- Portlet 2:** Other State Medicaid Program Information section, with a question: 'Have you revalidated with another state Medicaid program within the last 5 Years?' and radio buttons for 'Yes' and 'No'.
- Portlet 3:** Service Location Address and Contact section, containing an 'Address' field, 'Location Numbers' section, and 'Phone #' and 'Fax #' fields. The phone number '603-555-5555' is entered.
- Portlet 4:** Location Contact Person(s) section, featuring a table with columns: Last Name, First Name, MI, Phone #, Ext., Fax #, and Position. The table contains one entry: Clifton, Lacey, MI, 603-555-5555, 2607, and OS-Supervisor. It includes an 'Edit Information' link.
- Portlet 5:** Billing Address section, containing 'Billing Address' and 'Mailing Address' fields.

On the left side of the page, there is a sidebar with a 'Required Field' section and a list of categories: License/Specialty, Financial, Medicare, Identifiers, Exclusions/Sanctions, Ownership Info, Authorized Representatives, Authorized Validator, and Reval Confirmation.

To edit or add information click - **Edit Information**.

The screenshot displays a web application interface for "Provider Revalidation - Demographic". The page includes a menu bar (File, Edit, View, Favorites, Tools, Help) and a toolbar (Print | Help, Save | Reset | Cancel). A sidebar on the left lists navigation options: ID: 7036129, Name: Jason Bowen, Type: 031 - Dentist, Group, License/Specialty, Financial, Medicare, Identifiers, Exclusions/Sanctions, Ownership Info, Authorized Representatives, Authorized Validator, and Reval Confirmation. The main content area is divided into sections: "General Information" (Legal Name: Jason Bowen, Doing Business As (DBA) Name, Former DBA Name), "Other State Medicaid Program Information" (Have you revalidated with another state Medicaid program within the last 5 Years? Yes/No), "Service Location Address and Contact" (Address), and "Location Numbers" (Phone #: 603-555-5555, Fax #). A red arrow points to the "Edit Information" button in the General Information section.

The portlet opens; existing information is displayed on the top row, and fields for editing on the bottom row.

The screenshot displays the 'New Hampshire MMIS Health Enterprise Portal' interface. At the top, there is a navigation bar with links for 'Home', 'Member', 'Authorizations', 'Claims', 'EDI', 'My Account', and 'Manage Users'. The main content area is titled 'Provider Revalidation - Demographic'. On the left, a sidebar lists various categories: 'Demographic', 'License/Specialty', 'Financial', 'Medicare', 'Identifiers', 'Exclusions/Sanctions', 'Ownership Info', 'Authorized Representatives', 'Authorized Validator', and 'Reval Confirmation'. The main form is divided into two sections, both titled 'General Information'. The top section, labeled 'Existing General Information', shows the 'Legal Name as it appears on W9' as 'Jason Bowen' and a 'Doing Business As (DBA) Name' field. Below this is a 'Former DBA Name' field and an 'Edit Information' button. The bottom section, labeled 'Fields for modifying the General Information', shows the same fields but with empty input boxes for editing. At the bottom of this section are 'Reset', 'Save', and 'Cancel' buttons. A red box highlights the top section, and another red box highlights the bottom section.

Blue underlined data indicates a link to additional information.

License / Certification

Note: Enter information pertaining to your current licensure and/or certification. The license must be for the state in which services are rendered.

License and Certification List

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
00123	Board of Medicine			Massachusetts	12/28/2014	12/27/2016
00123	Board of Medicine			Massachusetts	06/02/2010	12/27/2014

1 - 2 of 2

[Edit Information](#)

[Add Licensure / Certification](#)

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
001231	Board of Medicine			Massachusetts	12/28/2014	12/27/2016
	Board of Medicine			Massachusetts	06/02/2010	12/27/2014

Click on the link to see the additional information

This

Expands to this

[Add Licensure / Certification](#)

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
1 00123	Board of Medicine			Massachusetts	12/28/2014	12/27/2016
2 00123	Board of Medicine			Massachusetts	06/02/2010	12/27/2014

1 - 2 of 2

Edit Licensure and Certification [Save](#) [Reset](#) [Cancel](#)

*Are you adding License or Certification information?
 License Certification

*License Agency: Board of Medicine

*Effective Date: 12/28/2014 *Expiration Date: 12/27/2016 *State: Massachusetts

A + sign indicates more information is available.

Click the + to see the additional information

The screenshot shows a web application window titled "Provider Revalidation - Demographic". The window has a blue header bar with "Print | Help" and "Save | Reset | Cancel" buttons. Below the header, there is a "Required Field" indicator. On the left side, there is a sidebar with a yellow background containing the following information:

- ID: 7036129
- Name: Jason Bowen
- Type: 024 - Dentist
- Demographic
 - License/Specialty
 - Financial
 - Medicare
 - Identifiers
 - Exclusions/Sanctions
 - Ownership Info
 - Authorized Representatives
 - Authorized Validator
 - Reval Confirmation

The main content area is divided into several sections:

- General Information**: Contains fields for "Legal Name as it appears on W9" (Jason Bowen), "Doing Business As (DBA) Name", and "Former DBA Name". There is an "Edit Information" button.
- Other State Medicaid Program Information**: Contains a question "Have you revalidated with another state Medicaid program within the last 5 Years?" with radio buttons for "Yes" and "No".
- Service Location Address and Contact**: Contains a red box around the "Address" link.
- Location Numbers**: Contains fields for "Phone #" (603-555-5555) and "Fax #".

Once clicked, the full address displays.

The screenshot displays a web form titled "Service Location Address and Contact". It is divided into several sections:

- Address:** A table with columns for Street Address, City, State, and Zip Code. The data row shows "97 Main Street", "Laconia", "NH", and "05240-2012". This section is highlighted with a red box.
- Location Numbers:** A table with columns for Phone # and Fax #. The data row shows "603-555-5555".
- Location Contact Person(s):** A table with columns for Last Name, First Name, MI, Phone #, Ext., Fax #, and Position. The data row shows "Clifton", "Lacey", "", "088-445-5372", "3007", "", and "DB-Supervisor".

At the bottom right of the form, there is an "Edit Information" link. Below the form, there is a section for "Billing Address".

There are three types of addresses. Each address has an associated telephone number, fax number and contact person.

Why are there so many address types?

The screenshot displays a software interface with three main sections, each highlighted with a red box and a red line pointing to its respective label in the interface:

- Servicing Location:** A red box contains the text: "Servicing Location – The physical address, telephone number, fax number and contact person where the services are preformed. Cannot be a P.O. Box". A red line points from this box to the "Address" field in the "Service Location Address and Contact" section.
- Billing Address:** A red box contains the text: "Billing Address– The address, telephone number, fax number and contact person for billing issues or inquiries.". A red line points from this box to the "Billing Address" field in the "Location Numbers" section.
- Mailing Address:** A red box contains the text: "Mailing Address– The address, telephone number, fax number and contact person for materials that are mailed to the provider (excluding billing items.)". A red line points from this box to the "Mailing Address" field in the "Location Contact Person(s)" section.

The "Location Contact Person(s)" section includes a table with the following data:

Last Name	First Name	MI	Phone #	Ext.	Fax #	Position
Clifton	Lacey		603-555-5555	2007		06-Supervisor

The address, telephone number, fax number and contact can be the same in each portlet.

There are multiple “Saves” on each page.

Portlet Save

Header Save

It's all about the
SAVE!

The screenshot displays the 'New Hampshire MMIS Health Enterprise Portal' interface. The page title is 'Provider Revalidation - Demographic'. The header includes navigation links: Home, Member, Authorizations, Claims, EDI, My Account, and Manage Users. The date 'May 3, 2017' and utility links 'Skip Navigation | Contact Us | Help | Search | Log out' are also present. The main content area is divided into several sections:

- General Information (Top):** Contains fields for 'Legal Name as it appears on W9' (filled with 'Jason Bowen') and 'Former DBA Name'. A 'Save' button is located in the top right corner of this section, with a red arrow pointing to it labeled 'Header Save'. An 'Edit Information' checkbox is also visible.
- General Information (Middle):** Contains fields for 'Legal Name as it appears on W9', 'Doing Business As (DBA) Name', and 'Former DBA Name'. A 'Save' button is located in the bottom right corner of this section, with a red arrow pointing to it labeled 'Portlet Save'.
- Other State Medicaid Program Information:** Contains a question: 'Have you revalidated with another state Medicaid program within the last 3 Years?' with radio buttons for 'Yes' and 'No'.
- Service Location Address and Contact:** Contains an 'Address' field.

A 'Required Field' indicator is visible at the top left of the form area. The overall layout is clean and professional, typical of a government web portal.

When making changes you **MUST** save both at the Portlet and Header level.

What are the green check marks?



New Hampshire MMIS Health Enterprise Portal

Skip Navigation | Contact Us | Help | Search | Log out

Home Member Authorizations Claims EDI My Account Manage Users

Provider Revalidation - Medicare

Required Field Save Reset Cancel

Revalidation

ID: 7036129
Name: Jason Bowen
Type: 031 - Dentist, Group

Demographic
License/Specialty
Financial

Medicare

- Identifiers
- Exclusions/Sanctions
- Ownership Info
- Authorized Representatives
- Authorized Vail Enter
- Signature Page
- Reval Confirmation

Medicare crossover

Medicare #	Medicare Program	Begin Date	End Date
001231	B	04/01/2013	12/31/9999

1 of 1

Edit Information

✓ Indicates completed sections.

What does a red X mean?

Required Field

ID: 7036129
Name: Jason Down

License / Specialty

Financial
Medical
Identifiers
Exclusions/Sanctions
Ownership Info
Authorized Representatives
Authorized Validator
Signature Page
Renew Confirmation

License / Certification

Notes: Enter information pertaining to your current licensure and/or certification. The license must be for the state in which services are rendered.

License and Certification List

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
001231	Board of Medicine			Massachusetts	12/28/2014	12/27/2016
001231	Board of Medicine			Massachusetts	06/02/2010	12/27/2014

1 - 2 of 2

Edit Information

Add License / Certification

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
001231	Board of Medicine			Massachusetts	12/28/2014	12/27/2016
001231	Board of Medicine			Massachusetts	06/02/2010	12/27/2014

1 - 2 of 2

Provider Specialty

Provider Specialty	Certification #	Effective Date	Expiration Date	State	Certification Agency
Neurology		08/04/2010	03/31/2013	Massachusetts	
Non-billing Provider		04/01/2013	12/31/9999	Massachusetts	

1 - 2 of 2

Edit Information

X Indicates required information is missing.

Let's walk
through a
change
together.

In this example you
will learn how to:

- Review existing information
- Initiate the edit process
- Expand a portlet to view all available information
- Modify existing information
- Save at the portlet level
- Save at the header Level
- Collapse a portlet

Step 1: Review the existing information

Provider Revalidation - Demographic Print | Help -

* Required Field Save | Reset | Cancel

Revalidation

ID: 7036129
Name: Jason Bowen
Type: 031 - Dentist, Group

- ▶ Demographic
- License/Specialty
- Financial
- Medicare
- Identifiers
- Exclusions/Sanctions
- Ownership Info
- Authorized Representatives
- Authorized Validator
- Signature Page
- Reval Confirmation

General Information

*Last Name: Bowen	*First Name: Jason	Middle Initial :	Suffix :	Title :
*Date of Birth : 06/26/1950	*Legal Name as it appears on W9 : Jason Bowen	Doing Business As (DBA) Name :		
Former DBA Name :				

Other State Medicaid Program Information

*Have you revalidated with another state Medicaid program within the last 5 Years? Yes No

Step 2: Select Edit Information

Provider Revalidation - Demographic Print | Help - C

*** Required Field** Save | Reset | Cancel

Revalidation

ID: 7036129
Name: Javon Bowen
Type: 031 - Dentist, Group

Demographic

- License/Specialty
- Financial
- Medicare
- Identifiers
- Exclusions/Sanctions
- Ownership Info
- Authorized Representatives
- Authorized Validator
- Signature Page
- Reval Confirmation

General Information

*Last Name: Bowen	*First Name: Jason	Middle Initial :	Suffix :	Title :
*Date of Birth : 06/26/1950	*Legal Name as it appears on ID : Jason Bowen	Doing Business As (DBA) Name :		
Former DBA Name :				

Other State Medicaid Program Information

*Have you revalidated with another state Medicaid program within the last 5 Years? Yes No

Step 3: Make modifications

We added a Doing Business As (DBA) name

The screenshot shows a web form titled "Provider Revalidation - Demographic". On the left is a sidebar with a "Revalidation" section containing ID: 7036129, Name: Jason Bowen, and Type: 031 - Dentist, Group. Below this is a "Demographic" section with a list of links: License/Specialty, Financial, Medicare, Identifiers, Exclusions/Sanctions, Ownership Info, Authorized Representatives, Authorized Validator, Signature Page, and Reval Confirmation. The main form area has two "General Information" sections. The top section shows fields for Last Name (Bowen), First Name (Jason), Middle Initial (E), Suffix, Title (MD), Date of Birth (06/26/1950), Legal Name as it appears on W9 (Jason Bowen), and Former DBA Name. The bottom section shows the same fields but with a new "Doing Business As (DBA) Name" field containing "Bowen Dental". A red arrow points from the text above to this field. Another red arrow points from the text below to the Date of Birth field, which now shows "06/20/1950". Buttons for "Save", "Reset", and "Cancel" are visible at the bottom right of the form.

Changed Date of Birth from 6/26/1950 to 6/20/1950

Step 4: Save at the portlet level

Notice the successful **SAVE** message

It appears **inside** the portlet

Provider Revalidation - Demographic

Required Field

Save | Reset | Cancel

Revalidation

ID: 7036129
Name: Jason Bowen
Type: 031 - Dentist, Group

- License/Specialty
- Financial
- Medicare
- Identifiers
- Exclusions/Sanctions
- Ownership Info
- Authorized Representatives
- Authorized Validator
- Signature Page
- Reval Confirmation

General Information

*Last Name: Bowen *First Name: Jason Middle Initial: Suffix: Title

*Date of Birth: 06/26/1950 *Legal Name as it appears on W9: Jason Bowen Doing Business As (DBA) Name: Former DBA Name: Edit Information

General Information

System successfully saved the information

Last Name: Bowen First Name: Jason Middle Initial: Suffix: Title: Doctor of Dental Medicine

*Date of Birth: 06/26/1950 *Legal Name as it appears on W9: Jason Bowen Doing Business As (DBA) Name: Bowen Dental

Former DBA Name:

Click Save

Reset Save Cancel

There is one more step to successfully save.....

Step 5: Save at the header level

Notice the successful **SAVE** message

It appears at the top **"HEADER"** of the page

The screenshot shows a web application window titled "Provider Revalidation - Demographic". At the top right, there are links for "Print | Help" and buttons for "Save | Reset | Cancel". A red box highlights a message in the top left corner: "* Required Field" and "System successfully saved the Information". A red arrow points from this message to the "SAVE" button. Another red arrow points from the text "Click Save" to the "SAVE" button. The main content area is divided into two sections, both titled "General Information". The top section shows a summary of the provider's information: Last Name: Bowen, First Name: Jason, Middle Initial: , Suffix: , Title: , Date of Birth: 06/26/1950, Legal Name as it appears on W9: Jason Bowen, and Doing Business As (DBA) Name: . There is an "Edit Information" button with a checkmark. The bottom section shows the same information in a form layout with input fields and dropdown menus. The "Save" button is highlighted in blue.

Click Save

Now your change is successfully saved.

Step 6: Collapse the portlet

Deselect the "Edit Information" box

Provider Revalidation - Demographic Print | Help - □

* Required Field Save | Reset | Cancel

Revalidation
ID: 7036129
Name: Jason Bowen
Type: 031 – Dentist, Group
✓ Demographic
• License/Specialty
• Financial
• Medicare
• Identifiers
• Exclusions/Sanctions
• Ownership Info
• Authorized Representatives
• Authorized Validator
• Signature Page
• Reval Confirmation

General Information
*Last Name : Bowen *First Name Jason Middle Initial Suffix : Title
*Date of Birth : 06/26/1950 *Legal Name as it appears on W9 : Jason Bowen Doing Business As (DBA) Name :
Former DBA Name :
 Edit Information

Other State Medicaid Program Information
*Have you revalidated with another state Medicaid program within the last 5 Years? Yes No

Now you are ready to move to the next section!

Let's add new
information.

In the previous example you learned how to
modify existing information.

In this example you will learn how to add new
information.

In this example we are adding new licensure information.

Step 1: Select Edit Information

Required Field

Save | Reset | Cancel

Revalidation

ID: 7026129
Name: Jason Down
Type: 020 - Physician, Individual (MD)

- Demographic
- Licensure / Specialty**
- Financial
- Medicare
- Identifiers
- Exclusions/Sanctions
- Ownership Info
- Authorized Representatives
- Authorized Validator
- Signature Page
- Reval Confirmation

Licensure / Certification

Note: Enter information pertaining to your current licensure and/or certification. The license must be for the state in which services are rendered.

Licensure and Certification List

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
001231	Board of Medicine			Massachusetts	12/28/2014	12/27/2016
001231	Board of Medicine			Massachusetts	06/02/2010	12/27/2014

1 - 2 of 2

Edit Information

Add Licensure / Certification

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
001231	Board of Medicine			Massachusetts	12/28/2014	12/27/2016
001231	Board of Medicine			Massachusetts	06/02/2010	12/27/2014

1 - 2 of 2

Step 2: Select Add Licensure/Certification

The ADD portlet opens and
all fields are blank.

The screenshot displays a web application interface for managing licensure and certification. At the top right, there is a button labeled "Add Licensure / Certification". Below this is a table with the following columns: License #, Licensuring Agency, Certification #, Certification Agency, State, Effective Date, and Expiration Date. The table contains two rows of data:

License #	Licensuring Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
001231	Board of Medicine			Massachusetts	06/02/2010	12/27/2014
001231	Board of Medicine			Massachusetts	12/28/2014	12/27/2016

Below the table, there is a section titled "Add Licensure and Certification" with a "Save | Reset | Cancel" link. This section contains a radio button question: "Are you adding License or Certification information?" with "License" selected. Below this are several input fields, all of which are currently blank:

- *License #:
- *License Agency:
- *Effective Date:
- *Expiration Date:
- *State:

Complete all required fields.

[Add Licensure / Certification](#)

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
001231	Board of Medicine			Massachusetts	06/02/2010	12/27/2014
001231	Board of Medicine			Massachusetts	12/28/2014	12/27/2016

1 - 2 of 2

Add Licensure and Certification [Save](#) | [Reset](#) | [Cancel](#)

*Are you adding License or Certification information?
 License Certification

*License # *License Agency

*Effective Date *Expiration Date *State

Select Save 

The newly added information is saved and added to the revalidation record.

System successfully saved the Information

Add License / Certification

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
001231	Board of Medicine			Massachusetts	06/02/2010	12/27/2014
001231	Board of Medicine			Massachusetts	12/28/2014	12/27/2016
001231	Board of Medicine			New Hampshire	01/01/2017	12/31/2018

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Remember to save at the **HEADER** level.

Where is that Header Save again?

Professional Information - License / Specialty Print | Help

Required Field Save | Reset | Cancel

Revalidation
ID: T030128
Name: Jason Gowen
Type: 021 - Dentist, Group
D)

- Demographic
- License/Specialty
- Financial
- Medicare
- Identifiers
- Exclusions/Sanctions
- Ownership Info
- Authorized Representatives
- Authorized Validator
- Signature Page
- Reval Confirmation

Licenseure / Certification

Note: Enter information pertaining to your current licensure and/or certification. The license must be for the state in which services are rendered.

Licenseure and Certification List

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
001231	Board of Medicine			Massachusetts	12/28/2014	12/27/2016
001231	Board of Medicine			Massachusetts	06/02/2010	12/27/2014

Edit Information

[Add Licenseure / Certification](#)

License #	Licensing Agency	Certification #	Certification Agency	State	Effective Date	Expiration Date
001231	Board of Medicine			Massachusetts	12/28/2014	12/27/2016

Header Save

Helpful Information

- The Exclusions, Sanctions and Ownership sections have been modified and require new responses to all questions.
- Newly added information can be deleted, existing information cannot.
- For places where “End/Expiration” dates are required; if there is no obvious date enter 12/31/9999.
- Authorized Validator is the person(s) completing the revalidation information.
- Wet signatures are no longer required; signature pages can be printed, scanned and uploaded.

What happens after I complete the revalidation process?

- Once you click submit, your record is routed to the NH Medicaid Provider Enrollment team.
- Provider Enrollment reviews the data before adding it to the permanent provider record.
- A letter is issued to the provider acknowledging the revalidation information has been Accepted.
- If additional information is needed, the Provider Enrollment team will contact the person listed as the Authorized Validator on the revalidation record.

If you have further questions,
contact New Hampshire Provider Relations
between the hours of 8:00 a.m. to 5:00 p.m.,
Monday through Friday, at 603-223-4774 or
866-291-1674.