



# NH MEDICAID PROVIDER ENROLLMENT OVERVIEW GUIDE

*The intent of this document is to clarify the basic process of provider enrollment in New Hampshire Medicaid, clarifying the distinctions between enrolling with NH Medicaid (Fee-for-Service) and enrolling with the Managed Care Health Plans that serve the majority of NH Medicaid clients.*

## ENROLLING IN NH MEDICAID (Fee-For-Service)

The first step in the process to providing care to any NH Medicaid recipient is to enroll with the state by submitting the enrollment application on the [MMIS portal](#).

Application Types:

- Billing Provider (Billing Group (FEIN) or Billing Individual Enrollments (SSN))
  - Each rendering provider associated with a *billing provider group* must also individually enroll as a non-billing rendering provider and be affiliated to the billing provider group
  - *Billing individuals* will not need to complete a non-billing rendering or non-billing ordering/referring/prescribing (ORP) application
- Non-Billing Provider (Ordering/Referring/Prescribing (ORP), or Rendering provider)
- Trading Partners (Third Party Billers)

For detailed information on enrollment applications, please visit the [New Hampshire Medicaid Provider Enrollment Application Guidelines](#) and the Enrollment [FAQ](#).

To ensure that your application is processed in a timely manner, the application must be complete and accurate. If you need further direction on filling out your application, please contact [NH Medicaid Provider Relations](#) before submitting your application.

Once the application is submitted:

- Medicaid processes the application, verifies licensure, completes additional screening as needed
  - For certain provider types, this will include an on-site visit and/or fingerprinting
- There is no contracting process, the rates come from the public [NH Medicaid Fee Schedule](#)
- Providers who intend to provide services only to NH Medicaid Fee for Service recipients need only to enroll with the state

There is no standard timeline for application processing under NH Medicaid (Fee-for-Service), as the process is unique to the provider types, the individuals associated with the application, and whether or not the application was complete and accurate at the time of submission.



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## ENROLLING WITH THE MANAGED CARE ORGANIZATIONS (MCOs)

In the State of New Hampshire, most Medicaid clients are enrolled with a Managed Care Health Plan. Providers interested in providing services to these members must first enroll with the state, then enroll (contract and credential) with the MCOs. Once enrolled with NH Medicaid, providers will be assigned a NH Medicaid ID number. Providers may begin the process of enrolling with any/all of the MCOs before the NH Medicaid application is approved, but will not be able to complete their application until the NH Medicaid provider ID is issued by NH Medicaid (Fee-for-Service).

Providers who are interested in enrolling with the MCOs can locate the necessary information on the provider page of the respective MCO sites: [AmeriHealth Caritas New Hampshire](#), [NH Healthy Families](#), and [WellSense Health Plan](#).

There are two steps in the process of enrolling with the MCOs: Contracting and Credentialing

- Contracting: process through which the MCO and provider agree on the services to be provided and the rates that will be paid – two parties need to reach an agreement on these items to become a participating provider
- Credentialing: the process of establishing the qualifications and licensure of a provider
  - Each health plan utilizes CAQH to process provider credentialing applications

These processes can take place simultaneously to ensure provider enrollment is as efficient as possible. The Department dictates an acceptable timeline to the MCOs to follow up on credentialing applications. However, the Department does not dictate a timeline for completion of a contract agreement. Enrollment is not finalized until both steps are completed.

## MCO Credentialing Timeline

- The MCO shall process credentialing applications from all types of providers within prescribed timeframes as follows:
  - For PCPs, within thirty (30) calendar days of receipt of clean and complete credentialing applications; and
  - For specialty care providers, within forty-five (45) calendar days of receipt of clean and complete credentialing applications;
  - For any provider submitting new or missing information for its credentialing application, the MCO shall act upon the new or updated information within ten (10) business days.
  - The start time for the approval process begins when the MCO has received a provider's clean and complete application, and ends on the date of the provider's written notice of network status.



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## Out of Network Services:

Under certain circumstances, providers may be able to serve members out of network pending enrollment completion. Contact MCO Provider Relations, information found on their respective websites, to discuss out of network services with an MCO (health plan). Please contact [NH Medicaid](#) to discuss out of network services for a Fee-for-Service Medicaid member.

## Contacts

NH Medicaid (Fee-for-Service) Enrollment:

- For any specific questions on completing a provider application, please call the Provider Relations Unit at (603) 223-4774 or (866) 291-1674
- With any concerns regarding the enrollment process, reach out to Division of Medicaid Services Provider Relations ([NH.Medicaid.Provider.Relations@dhhs.nh.gov](mailto:NH.Medicaid.Provider.Relations@dhhs.nh.gov))

Contacts for each MCO will be located on their respective provider web pages:

- AmeriHealth Caritas New Hampshire: [Providers | AmeriHealth Caritas New Hampshire](#)
- NH Healthy Families: [New Hampshire Medicaid Plans for Providers | NH Healthy Families](#)
- WellSense Health Plan: [Providers - New Hampshire | WellSense Health Plan](#)