

ENROLLED SCHOOL PROVIDER GROUP ENROLLMENT

ENROLLED SCHOOL PROVIDERS

In order to bill for Medicaid covered services, schools need to complete a

- Group application
- Signed provider participation agreement
- School Superintendent signature
- Application signature page

The healthcare taxonomy code for Local Education Agency (LEA): 251300000X

Group Provider Enrollment

- This application is for all billing entities using a Federal Employer ID Number (FEIN), for-profit and not for-profit.

GROUP PROVIDER ENROLLMENT INSTRUCTIONS

- Complete Section I - "Identifying Information" and click the "Save" button at the bottom of the page to generate an Application Tracking Number that can be used to recall a partially completed application. Retain this tracking number for future access to the application.
- After completing each page of your application, click the "Save" button at the bottom of the page, then click the "Continue" button to continue through the application process.
- Data fields marked with an asterisk (*) are required for application processing.
- For all date fields, use the date format (mm/dd/yyyy) unless otherwise indicated.
- Print, sign, scan and upload the Signature Page with your application.
- Additional required documentation should be scanned and uploaded with the Signature Page. (MMIS Group Provider Enrollment)

NON-BILLING RENDERING PROVIDER ENROLLMENT

NON-BILLING RENDERING PROVIDER ENROLLMENT

Enrollment as a rendering Medicaid provider is not required, and is up to the discretion of the individual provider. Currently, rendering providers are not required on school claims.

This application is for an Individual Provider that is performing the service being submitted on the claim but is not billing directly.

NON-BILLING RENDERING PROVIDER ENROLLMENT STEPS

1. Go to [NH MMIS](#)
2. Select 'enrollment'
3. Complete Section 1: Identifying Information
 - a. After completing, click the "Save" button at the bottom of the page. The system will return an Application Tracking Number that can be used to recall a partially completed application. Retain this number for future access to the application.
4. Complete Section 2: Licensure and Certification
5. Complete Section 3: Provider Identifier Number
6. Complete Section 4: Service Location Information
7. Complete Section 5: Group Affiliation
 - a. This section is the main difference between the ORP and NBR enrollments
8. Complete Section 7: Exclusion/Sanction
9. Complete signature page
 - a. All enrollment documents will be required in this section; they can be uploaded all together
 - b. Additional Documents to submit - located in the documentation tab - this is a list of documentation for ALL providers.
 - c. Schools Providers are required to submit the following documents:
 - i. [NH Medicaid Provider Participation Agreement \(PPA\)](#): Go to 'Documentation' in the toolbar to access PPA. Complete, sign, submit, and keep a copy for your records
 - ii. [Enrollment/Revalidation Signature Page](#): needs to have original signature: print, sign, date, and scan
 - iii. Copy of License verification
 - iv. Copy of NPI verification

PROVIDER ENROLLMENT INFORMATION

PROVIDER ENROLLMENT NOTES

- NPI is required for ordering, referring, and prescribing (ORP) providers
- NPI is required for rendering providers if they choose to enroll with NH Medicaid
- All ordering providers must have an NPI, complete the ORP application, and be enrolled with a Medicaid ID or the claim will be denied.
- Ordering providers are not affiliated with a school, rendering providers must be affiliated with a specific school if enrolled in NH Medicaid

As of **September 1st, 2021**, all ordering providers must be enrolled with NH Medicaid, which requires an NPI number.

NON-BILLING ORP PROVIDER ENROLLMENT

NON-BILLING ORP PROVIDER ENROLLMENT

This application is for the sole purpose of enrolling providers that order, refer or prescribe supplies, services and/or pharmaceuticals for NH Medicaid members. This type of enrollment does not allow NH Medicaid to reimburse the applicant/provider for services provided.

Providers with more than one provider type must complete a separate Enrollment Application for each provider type.

ORP ENROLLMENT STEPS

1. Go to [NH MMIS](#)
2. Select 'enrollment'
3. Select 'ORP provider enrollment'
4. Select 'enroll provider'
5. Complete Section 1: Identifying Information
 - a. SA stands for Service Authorization
 - b. After completing, click the "Save" button at the bottom of the page. The system will return an Application Tracking Number that can be used to recall a partially completed application. Retain this number for future access to the application.
6. Complete Section 2: Licensure and Certification
 - a. To get taxonomy number: Click the link <https://nppes.cms.hhs.gov/#/>, enter NPI, and number will be generated
 - b. Each provider will have their own taxonomy; enter number, start date, end date will be left blank or enter in '12319999'
 - c. Document your tracking #
7. Complete Section 3: Provider Identifier Number
 - a. If you're enrolled in another state you can just answer yes and add the other state.
8. Complete Section 4: Service Location Information
 - a. Click the 'validate' button to confirm correct address
 - b. Phone number must be included (see button at top right hand corner)
 - c. Mailing location can be wherever your prefer to receive mail (the school or home)
9. Complete Section 7: Exclusion/Sanction
 - a. Ten questions to answer as appropriate for the provider's situation, additional information may be requested.
10. Complete signature page
 - a. All enrollment documents will be required in this section; they can be uploaded all together
 - b. Additional Documents to submit - located in the documentation tab - this is a list of documentation for ALL providers.
 - c. Schools Providers are required to submit the following documents:
 - i. [NH Medicaid Provider Participation Agreement \(PPA\)](#): Go to 'Documentation' in the toolbar to access PPA. Complete, sign, submit, and keep a copy for your records
 - ii. [Enrollment/Revalidation Signature Page](#): needs to have original signature: print, sign, date, and scan
 - iii. Copy of License verification
 - iv. Copy of NPI verification
11. Submit Complete
 - a. Print application
 - b. Save a copy for your records