

### Provider Enrollment Instructions Grid

ATN Link	CRN Attachments	Billing Provider	Non-Billing Rendering Provider	Non-Billing ORP Provider
Enrollment of Providers not currently enrolled NH Medicaid		Complete full application and collect the minimum data requirements in order to file and process claims including NPI Must collect SSN, Employer identification number and Taxpayer Identification number in order to perform the screening requirements: OIG exclusion list and state licensure ( see licensing section for information)	Complete full application and collect the minimum data requirements in order to file and process claims including NPI Must collect SSN, Employer identification number and Taxpayer Identification number in order to perform the screening requirements: OIG exclusion list and state licensure ( see licensing section for information)	Complete full application and collect the minimum data requirements in order to file and process claims including NPI Must collect SSN, Employer identification number and Taxpayer Identification number in order to perform the screening requirements: OIG exclusion list and state licensure ( see licensing section for information)
Demographics	PPA (Provider Participation Agreement)	Verify the Provider Name & Service location address match the information entered in the ATN & that the form is signed by an authorized representative for the group	Verify the Provider Name & Service location address match the information entered in the ATN & that the form is signed by the provider.	
Demographics	Provider License	Confirm provider Name and credentials are correct (spelling of name & credentials ie: MD, DDS) If not in the ATN correct and/or add,suffix if applicable. ATN should match Provider license, then Save		
License/Specialty	Provider License	<p style="color: red;">If the provider is licensed in another state, they need to submit verification of licensure (informal is fine) to <a href="mailto:opclicensing@oplc.nh.gov">opclicensing@oplc.nh.gov</a>. They will receive a letter with an emergency license number (ELXXXX). The license will end when the state of emergency ends.</p> <p>Obtain copy and confirm provider License name, number, state and effective &amp; expiration dates match the provider license attached to ATN.</p> <p>Provider Type needs to match License - <b>***098-NOBillProv needs to be under Provider Specialty***</b></p> <p style="color: red;"><b>**Provider Physician GROUPS do not have a license and should be removed**</b></p>		
Affiliations/Service Location		At least one (1) <u>individual</u> provider affiliation is needed for group	At least one(1) <u>Group</u> provider affiliation is needed	No affiliation is needed.
Financial	Provider Signature page Group - IRS Letter Indiv - SS Card	Name and FEIN or SSN must match the information in the ATN & the the form is signed by an authorized representative for the Group./Indv. <b>Group Billing</b> - Copy of IRS ltr should be attached to confirm FEIN. <b>Indivi billing</b> - Copy of SSN card to confirm #	Verify that the provider name and SSN (may only be the last 4 digits of the SSN) match the ATN & the the form is signed by the provider	
Identifiers	NPI	Verify that the provider name & NPI match the information in the ATN. <b>***ALL RISK LEVELS Do DEX check using the provider NPI# ***</b>		

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Exclusion/Sanction		<p align="center">Confirm that all Exclusion/Sanction questions are answered NO                      **** If any question is answered with a YES, Forward the CRN to the FADS unit for review.</p>		
Ownership Info		<p>Confirm ownership information has been entered on group and individual biller. <b>Awaiting for approval on disclosure information waiver</b></p>	<p align="center">Individual non-billing and ORP provider <b>do not have ownership.</b></p>	
Screening Activities		<p align="center">All Provider risk levels should be routed to PI for validation of enrollment in another state</p> <p>Providers who are Moderate and High Risk Screening and are enrolled with another SMA or Medicare are provisionally enrolled during this state of emergency utilizing the screening components from those entities</p> <p align="center">Providers that are not enrolled in another SMA or Medicare, CMS has waived the following requirements:</p> <p>Application Fee, Criminal background checks associated with fingerprint-based criminal background checks and Site visits.</p>		
Restrictions of Temporary enrollment		<p>1. Allow a retroactive effective date for provisional temporary enrollment that is no earlier than March 1, 2020.</p> <p>2. No new temporary enrollments after the date that the emergency designation is lifted,</p> <p>3. Cease payments to providers who are temporary enrolled within 6 months from the termination of the public emergency unless the Provider has submitted all requirements for participation in Medicaid and was approved prior to the end of the 6 month period.</p>	<p>1. Allow a retroactive effective date for provisional temporary enrollment that is no earlier than March 1, 2020.</p> <p>2. No new temporary enrollments after the date that the emergency designation is lifted,</p> <p>3. Cease payments to providers who are temporary enrolled within 6 months from the termination of the public emergency unless the Provider has submitted all requirements for participation in Medicaid and was approved prior to the end of the 6 month period.</p>	<p>1. Allow a retroactive effective date for provisional temporary enrollment that is no earlier than March 1, 2020.</p> <p>2. No new temporary enrollments after the date that the emergency designation is lifted,</p> <p>3. Cease payments to providers who are temporary enrolled within 6 months from the termination of the public emergency unless the Provider has submitted all requirements for participation in Medicaid and was approved prior to the end of the 6 month period.</p>