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From your Provider Relations team.

## **Enrollment Tip Sheet**

When submitting enrollment requests through the website or through email it is important to understand a few key details:

- There are two products that you may enroll practitioners under and it is important to indicate which product
  when submitting your enrollment. Each product also has Behavioral Health and Medical components meaning
  that you can actually enroll in four different networks:
  - NH Healthy Families Medical
  - NH Healthy Families Behavioral Health
  - o Ambetter Medical
  - o Ambetter Behavioral Health
- NH Healthy Families and Ambetter from NH Healthy families (Ambetter) have different enrollment requirements. To be in the NH Healthy Families network you are required to have a NH Medicaid ID. This is not the case for Ambetter and therefore in some cases providers are not enrolled in both networks.
- When an enrollment is submitted the network that is selected is driven by your contract rate exhibits.
   Contracts should include all products and provider types that are applicable for the services being provided to the member community.
- Additionally a provider's taxonomy code is used to determine the type of service that will be rendered to a
  member and therefore which network will support the payment of those claims. Example: (BH taxonomy
  will drive enrollment in the BH network, Medical taxonomy will drive enrollment in the Medical network).
- Typically the CAQH form is used to enroll a medical provider and a PSP form is used to enroll a behavioral health provider. If you are enrolling five or more practitioners a roster may be submitted.
- If a provider is not enrolled for the type of services (medical/behavioral health) being provided the claims will deny for "non par" or "authorization required" indicating the provider potentially is not enrolled for that type of service.
- When enrolling a provider it is important to enroll all locations where a member can make an appointment.
   If a provider is not enrolled for a location claims will deny for "non par" or "authorization required" indicating the provider is potentially not enrolled for that location.
- Please indicate whether the location is primary, secondary or covering. Find a Provider display limitations have been set in order for our directory to be compliant with CMS requirements. Limitations are as follows:
  - o A maximum of five locations can be displayed for a specialist
  - o A maximum of three locations can be displayed for a primary care provider

Understanding and following these steps will help to reduce inappropriate non-par denials and help NH Healthy Families and Ambetter from NH Healthy Families keep the provider directory current and accurate so that members can access the providers that best meet their needs.