
Medicaid – NEW HAMPSHIRE Enrollment Instructions 270/271- ELIGIBILITY

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Make a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

MAIL COMPLETED FORMS TO-
ACS EDI Enrollment
2308 Killearn Center Blvd,
Bldg B, 2nd Floor
Tallahassee, FL 32309

270/271 ELIGIBILITY - Initial Provider Enrollment (New) or (Change of Service)

To register the billing provider group and all of the individual providers under the billing group to send real time eligibility requests to MCD MD, complete this form:

1. NH Title XIX EDI Registration (2 pages)

Do NOT complete Page 1. Skip to Page 2.

Page 2 - For each Medicaid NH Billing Provider Group or Individual –

Enter the NH Medicaid Provider ID #, Provider Name, Authorized Signature

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 20 days since request was submitted and you have not yet received confirmation of enrollment, contact EDI support representative or reseller to inquire regarding status of the ERA enrollment. Resellers may contact Practice Insight, Enrollment Department for assistance.

