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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES

BUREAU OF DEVELOPMENTAL SERVICES

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August 24, 2022

TO: Developmental Services Providers
FM: ^{mat}Melissa A. Hardy, Director, Division of Long Term Supports and Services
RE: Direct Bill

As you are likely aware, the Department of Health and Human Services (“the Department”) and Bureau of Developmental Services (BDS) are working to become compliant with federal Centers for Medicare and Medicaid Services (CMS) regulations, including conflict free case management and Medicaid direct billing requirements.

At present, BDS providers bill all services through Area Agencies which does not comply with 42 CFR §447.10. To comply with this regulatory requirement, providers must have the option to bill for services directly through the State’s Medicaid Management Information System (MMIS) or use a third-party biller.

Under DHHS’ Corrective Action Plan (CAP) with CMS, the State must come into compliance with this requirement no later than **July 1, 2023**. To align with this deadline, the Department is working across state agencies to coordinate many related activities to meet this requirement.

To support this effort and be compliant with federal requirements, all agency-based providers, including all Area Agencies, rendering services under the Developmental Disabilities (DD) Waiver, In-Home Supports (IHS) Waiver and/or Acquired Brain Disorder (ABD) Waiver are required to submit an application to be a Medicaid enrolled provider, whether they intend to bill directly or not.

Agencies who have not yet submitted an application can follow the steps outlined below to get started:

- Visit [NH's MMIS Health Enterprise Portal](#) to submit an application.
 - When you register as a Medicaid enrolled provider, you will need to identify whether you will be the billing provider or if you will use a trading partner under which to bill.
- Webinars on the application process will occur on Wednesday, September 21, 1-2 PM ET and Thursday, October 6, 10-11 AM ET. Dial-in information will be shared soon and will also be posted on the BDS website.

***Please Note*: An approved application *is required* to ensure your agency will be able to render and bill for services with dates of service beginning on July 1, 2023. If a provider does not have an approved application and corresponding Medicaid Provider Identification number, they will not be authorized for billing, and will be at risk of not getting paid for services rendered.**

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If you have already submitted a direct bill application – thank you! If your information has changed, please fill out a Change of Information Form to update your application. Previously submitted applications are currently under review. Agencies who have submitted an application previously will receive correspondence back this fall or winter from the Provider Enrollment team within the Department.

To reduce the risk of disruptions in service billing, all applications must be submitted by December 31, 2022, to give sufficient time for processing.

Thank you