

## Out of State Information Listing

THIS WEBSITE WILL LIST ALL THE STATES WEBSTIES

[HTTP://64.82.65.67/medicaid/states.html](http://64.82.65.67/medicaid/states.html)

State Abbreviation	Name	Address 1	Address 2	City	St	Zip	General Phone	Eligibility Phone	WEBSITES	Submission	OUT OF STATE ENROLLMENT EXPIRATION	NPI REGISTRATION
AK	FIRST HEALTH	PO Box 240729		Anchorage	AK	99524-0729	907-561-5650	800-884-3223	ALASKA	One Year	Expires with hospital license	State mailed NPI Notification Form to hosp. Mail back to state with NPI letter att'd
AL	EDS	PO Box 244032		Montgomery	AL	36124	800-727-7848	907-561-5650	ALABAMA	One Year	Enrollment expires with hospitals license	Fax NPI Notification Form (www.medicaid.alabama.gov) and NPI letter to 334-215-4118
AR	MEDICAID	PO Box 1437		Little Rock	AR	72203-1437	501-376-2211	501-682-8323	ARKANSAS	One Year	Enrollment expires with hospitals license	Report via website www.medicaid.state.ar.us *Enrolled providers should have automatic log-on)
AZ	ACCESS	PO Box 1700		Phoenix	AZ	85013	602-417-7670	602-417-7670	ARIZONA	Six months	Expires with hospital license	Fax NPI letter to 602-256-1474 *Access ID should be on cover sheet.
CA	EDS	Out-Of-State-Unit	PO Box 15507	Sacramento	CA	95813-1500	916-636-1960	916-636-1960	CALIFORNIA	Six months	No expiration date	Register via website www.medi-cal.ca.gov *State requires dual use w/ Provider # until Nov 26,2007
CO	CONSULTEC	PO Box 30		Denver	CO	80201-0030	800-237-0044	800-237-0757	COLORADO	Four Months	No expiration date	Mail Correct Provider Update Info Link (www.chcpf.state.co.us) to: Medical Assistance- Colorado P.O. Box 1100 Denver, CO 80201-1100
CT	DSS	PO Box 5007		Hartford	CT	06104	860-409-4500	860-409-4500	CONNECTICUT	No time Frame	If billing is inactive in a 24month period. Provider # will expire.	Mail NPI Provider Info Form (www.ctmedicalprogram.com) to:EDS Attention: Provider Enrollment P.O. Box 5007 Hartford, CT 06104
DC	DCMMIS	PO Box 34693		Washington	DC	20043-4761	866-752-9233	202-906-8318	DISTRICT OF COLUMBIA	One Year	If billing is inactive in a 18 month period. Provider # will expire.	Fax NPI letter w/ Provider #, tax ID# on hospital letterhead to 202-906-8399
DE	EDS	PO Box 909		New Castle	DE	19720	800-990-3371	800-999-3371	DELAWARE	One Year	No expiration date	Fax NPI letter to 302-454-7603
FL	ACS	CONSULTEC	PO Box 7062	Tallahassee	FL	32314-7062	800-955-7799	800-377-2816	FLORIDA	One Year	No expiration date	State mails HIPPA NPI registration letter w/ username and password. Can submit via website https://floridamedicaidnpi.com or mail.
GA	GHP	Out of State Unit	PO Box 7000	McRae	GA	31055	800-766-4456	800-766-4456	GEORGIA	One Year	No expiration date	Fax NPI Submittal Form (dch.georgia.gov) and NPI letter to 866-309-0935
HI	ACS	PO Box 1220		Honolulu	HI	96807-1220	800-235-4378	800-518-8887	HAWAII	One Year	Expires with hospital license	Fax NPI letter to 808-692-8087
IA	DHS	CONSULTEC	PO Box 14422	Des Moines	IA	50306-3422	800-338-7909	800-338-7909	IOWA	One Year	No expiration date	Register via website www.imeservices.org *Need Provider # and tax ID# to log on
ID	EDS	PO Box 23		Boise	ID	83707	800-685-3757	800-685-3757	IDAHO	One Year	Expires with hospital license	Must create NPI Registration Account via website npi.dhw.idaho and register online.
IL	IDPA	PO Box 19128		Springfield	IL	62794-9128	217-782-0502	800-842-1461	ILLINOIS	One Year	Expires with hospital license	Fax NPI letter to 217-557-8800
IN	EDS	PO Box 7271		Indianapolis	IN	46207	800-577-1278	317-655-3240	INDIANA	One Year	No expiration date	State sends NPI Notification Letter to hosp w/ password. Report NPI via website www.indianamedicaid.com/ihcp/providerservices/npi
KS	KMAP	PO Box 3571		Topeka	KS	66601-3571	316-337-7000	800-766-9012	KANSAS	One Year	No expiration date	Fax KMAP Provider Update Form (www.kmap-state-ks.us/public/forms) and NPI letter to 785-26-6112
KY	UNISYS	PO Box 2106		Frankfort	KY	40602-2106	800-807-1232	800-807-1302	KENTUCKY	One Year	No expiration date	Fax NPI letter to 502-607-8400
LA	DHS	PO Box 91030		Baton Rouge	LA	70821	504-342-5774	225-237-3370	LOUISIANA	One Year	If billing is inactive in a 14onth period. Provider # will expire.	Fax NPI letter to 225-216-6392
MA	Masshealth	PO Box 9101		Somerville	MA	02145	877-382-8890	800-841-2900	MASSACHUSETTS	Ninety Days	No expiration date	Can register via phone p/n 800-841-8974 or fax to 617-988-8974 *Takes 6-8 wks to process. State sends confirmation to hospital.
MD	Med.Care Oper.	PO Box 1935		Baltimore	MD	21203	800-492-2134	410-333-3020	MARYLAND	Nine Months	No expiration date	Fax NPI letter to 410-333-5341
ME	Maine Care	M-500 (M-1000adj)		Augusta	ME	04333	207-287-3094	207-287-3094	MAINE	One Year	Must apply for each claim-30day temporary provider number is assigned	Fax NPI letter to 207-287-8450 *State was given 6 month ext on retrieving NPIs
MI	MDCH	PO Box 30043		Lansing	MI	48909	517-335-5477	800-723-8247	MICHIGAN	One Year	Expires with hospital license	Can register via phone p/n 800-292-2550 *State will fax confirmation page
MN	DHS	444 Lafayette Rd		St. Paul	MN	55155	800-383-2000	612-348-7984	MINNESOTA	One Year	If billing is inactive in a 12 month. Provider # will expire	Fax Provider/Organization NPI Submissionmn (its.dhs.state.mn.us) to 651-431-7462 *Hospitals check box# 5 on form.
MO	DSS	DIV of Medical Services	PO Box 6500	Jefferson City	MO	65102-6500	573-751-2896	573-751-2896	MISSOURI	One Year	Expires with hospital license	Report NPI via website dss.mo.gov/dms/providers *Must create account online
MS	EDS	PO Box 23077		Jackson	MS	39201	601-960-2896	800-884-3222	MISSISSIPPI	One Year	Expires with hospital license	Fax Submission form (msmedicaid.acs-inc.com/general/npi) and NPI letter to 601-206-3015
MT	MT Medicaid	Claims processing Unit	PO Box 8000	Helena	MT	59604	800-624-3958	406-442-1837	MONTANA	One Year	Expires with hospital license	Need to enroll as provider first, enrollment packet w/ NPI registration medicaidprovider.hhs.mt.gov
NC	EDS	PO Box 300010		Raleigh	NC	27622	800-723-4337	800-428-4140	NORTH CAROLINA	One Year	4 Months from Discharge. Active per claim	Fax NPI Group Form (www.dhhs.state.nc.us/dma/npi to 919-715-7140

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ND	Claims Process	ND Dept. of Human Svcs	600 E Boulevard Ave-Dept 325	Bismarck	ND	58505-0250	800-428-4140	800-755-2606	NORTH DAKOTA	One Year	If billing is inactive in a 3yr period. Provider # will expire	Must register via online <a href="http://www.nd.gov/humanservices/providers">www.nd.gov/humanservices/providers</a>
NE	DHHS	PO Box 95026		Lincoln	NE	68509-5026	402-471-3121	800-642-6092	NEBRASKA	One Year	Expires every 3yrs from date of enrollment was approved	**State not registering NPIs. Can submit them on claims but does not require them.
NH	EDS	PO Box 2040		Concord	NH	*03302	603-224-1747	603-224-1747	NEW HAMPSHIRE	One Year	Expires with hospital license	Fax NPI letter and NPI update request on hospital letterhead to 603-225-7964 *Can request state contacts us when NPI is updated
NJ	UNISYS	PO Box 4806		Trenton	NJ	*08650-4806	800-776-6334	800-676-6562	NEW JERSEY	One Year	No expiration date	Submit via website <a href="https://emevs.njmmis.com/npi.aspx">https://emevs.njmmis.com/npi.aspx</a> OR fax NPI letter to 609-584-1192
NM	NM MEDICAID	PO Box 26500		Albisquerque	NM	87125-5700	800-705-4452	505-841-7771	NEW MEXICO	Two Years	Expires with hospital license	Must register via website <a href="http://nmmedicaid.acs-inc.com/nm/general">nmmedicaid.acs-inc.com/nm/general</a>
NV	First Hlth Serv.	PO Box 30035		Reno	NV	89520-3035	775-684-6701	800-942-6511	NEVADA	One Year	90 days-Active per claim	Fax Provider Info Change Form ( <a href="http://nevada.fhsc.com/provider">nevada.fhsc.com/provider</a> ) to 775-784-7932
NY	CSC	PO Box 4641		Rensselaer	NY	12144	518-447-9810	800-225-3040	NEW YORK	Ninety Days	No expiration date	Submit via website <a href="http://npi.emedny.org/npientry">npi.emedny.org/npientry</a>
OH	Ohio Dept of Job and Family services	PO Box 18430	PO Box 2645	Columbus	OH	43216-2645	800-686-1516	800-686-1516	OHIO	One Year	Expires with hospital license	Fax NPI letter to 614-995-5904
OK	EDS	PO Box 14956		Oklahoma City	OK	73154	800-522-0114	800-522-0144	OKLAHOMA	180 Days	Expires with hospital license	Fax NPI letter to 405-530-3224
OR	OMAP	PO Box 14956		Salem	OR	97309	800-336-6016	800-336-6016	OREGON	One Year	Expires with hospital license	Complete form and mail to:DHS EDI Support Services DMAP Operations 500 Summer St. NE, E-44 Salem,OR 97301-1079 or fax to 503-947-5359 or e-mail to <a href="mailto:dhs.hipaatesting@state.or.us">dhs.hipaatesting@state.or.us</a>
PA	Promise	225 Grandview Avenue		Camphill	PA	17011	800-822-2901	800-822-2901	PENNSYLVANIA	180 Days	No expiration date	Fax NPI Registration Form ( <a href="http://dpw.state.pa.us/business/npiinfo">dpw.state.pa.us/business/npiinfo</a> ) and NPI letter to 717-772-6765
RI	Dept of Human Serv, Div of Med Svcs MA Prog.	171 Service Ave,Bldg 1,STE100		Warwick	RI	02886	401-784-8100	401-784-8100	RHODE ISLAND	One Year	State will send letter in advance.	Fax NPI letter w/ Provider # and taxonomy# to 401-467-9581
SC	DHHS	Dept of Hospitals	PO Box 8206	Columbia	SC	29202-8206	803-898-2665	888-809-3040	SOUTH CAROLINA	One Year	If billing is inactive in a 12month period. Provider # will expire.	Fax NPI letter to 803-255-8351
SD	DSS	700 Goveners Drive		Pierre	SD	57507	800-452-7691	800-452-7691	SOUTH DAKOTA	One Year	If billing is inactive in a 16-18 month. Provider # will expire	Fax NPI letter to 605-773-5246
TN	TENNCARE	Tenn Bureau of Medciad	PO Box 460	Nashville	TN	37202-0460	615-741-4800	800-852-2683	TENNESSEE	One Year	No expiration date	Tenn must register with their manage care provider. All recipients are on HMO. Fax to 412-457-1454
TX	NHIC	PO Box 200555		Austin	TX	78720-0555	800-925-9126	800-925-9126	TEXAS	Ninety Five Days	No expiration date	Submit via website <a href="http://www.tmhp.com/providerenrollment">www.tmhp.com/providerenrollment</a> (must activate acct) OR request NPI info packet from state and fax to 512-514-4228 *takes 8-10 wks by fax Can register via phone 801-538-6155 OR fax to 801-536-0471
UT	Utah Mediad	PO Box 143106		Salt Lake City	UT	84147	801-538-6155	801-538-6155	UTAH	One Year	Expires with hospital license	State sends NPI Re-enrollment Packet to hosp (can req them p/h 804-270-5105) and fax to 804-270-7027
VA	DMAS	PO Box 27443		Richmond	VA	23261-7443	804-786-6273	800-884-9730	VIRGINIA	One Year	No expiration date	Fax NPI letter to 802-878-3440
VT	EDS	PO Box 888		Williston	VT	05495-0888	802-878-7871	802-878-7871	VERMONT	Two Years	Must apply for each claim-30day temporary provider number is assigned	
WA	Access Wash.	Division of Program Support	PO Box 9249	Olympia	WA	98507-9249	800-562-3022	800-562-3022	WASHINGTON	One Year	If billing is inactive in a 24month period. Provider # will expire.	Fax NPI letter to 360-725-2144
WI	EDS	6406 Bridge Road		Madison	WI	53784-0005	608-221-9883	608-221-9254	WISCONSIN	One Year	If billing is inactive in a 12month period. Provider # will expire.	Does not require NPIs for another 6 months. State is not registering NPIs yet.
WV	WV DHHR	Attn: Out-of-State Unit	PO Box 3766	Charleston	WV	25337-3766	304-346-9864	304-345-0101	WEST VIRGINIA	One Year	If billing is inactive in a 12month period. Provider # will expire.	Fax NPI letter to 304-348-3380
WY	WY Medicaid	CONSULTEC/CLAIM	PO Box 547	Cheyenne	WY	82003-0547	800-251-1270	800-251-1268	WYOMING	One Year	No expiration date	State sends packet to hosp. Send packet via mailing address on packet