

A L E R T

April 7, 2025

TO: All Providers

RE: Email Contact Information Required for Providers

The Alabama Medicaid Agency (Medicaid) will now require all providers to supply email address information for the following provider contact information fields: service location, pay to, mail to, patient contact/directory and contact person.

Providers in the process of becoming a Medicaid provider should provide this information in the appropriate fields of the electronic enrollment application. This information will also be required and verified for currently enrolled providers during the revalidation process. Initial enrollment applications and/or revalidation documentation submitted without the required contact information will be subject to a request for correction.

Accurate and complete provider information is important for Medicaid, providers and recipients. The provider file is utilized for revalidation, remittance payments, directories and publication communications. **Please log in to the Medicaid Web Portal today to verify and/or provide updated information.**

Providers currently enrolled may view and update fields (e.g., service location, contact information, provider mail to and pay to) by following the steps below.

NOTE: This access is only available to Account Administrator users.

Steps to Add/Update Information:

1. Log on to the Medicaid Interactive Web Portal by going to the following link and selecting Secure Site: <https://www.medicaid.alabamaservices.org/alportal/>.
2. On the **Providers** tab, select **Provider Maintenance**.
3. In the Provider Maintenance panel, select **Provider Location Contact Information** and **Provider Payer Information**.
4. Review completed fields for accuracy and update any incorrect or outdated information.
5. Complete blank fields to provide missing information (e.g., patient contact email, service location email, etc.).
6. Select **Save** to submit new/updated information.

The physical service location address cannot be updated using the process outlined above. An Enrollment Update Request is required to make any changes to this information. The request must be on company letterhead and should include the following information: NPI, Medicaid Provider ID, old service location address and new service location address. A completed [W-9 Tax Form](#) must also be attached.

A L E R T

This form can be found in the Provider Enrollment Forms Library:

https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library.aspx.

Providers should submit requests to update physical service location address electronically via the web portal using the electronic upload process.

Steps to Upload Enrollment Update Requests

1. Log into the Medicaid Interactive Web Portal by going to the following link and selecting Secure Site: <https://www.medicaid.alabamaservices.org/alportal/>.
2. On the **Trade Files** tab select **Forms**.
3. Select Form Name: **ERU – Enrollment Updates** from the dropdown menu.
4. Select **Search** for the appropriate form to display.
5. Complete all form fields.
6. Select **Choose Form** to attach request and/or supporting documentation from your network drive or PC. The selected file must be a PDF file.
7. Select **Submit** to submit update request and supporting documentation.
8. Upon successful submission, a barcode coversheet will be generated.

NOTE: If you do not have a PDF saved version of the request and/or required supporting documentation, the barcode coversheet may be used to fax a completed printed paper version. Fax the request and/or supporting documentation **with the barcode coversheet as page 1** to (334) 215-7416. The barcode coversheet MUST be page 1 to ensure receipt of attachment(s).

For questions or assistance with updating contact information, please contact Provider Enrollment at 1-888-223-3630.