



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**New Hampshire Medicaid Program**

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**To:** NH Medicaid Enrolled Providers  
**From:** NH Division of Medicaid Services  
**Date:** August 18, 2023  
**Subject:** Provider Name Requirements

During enrollment, provider names should be entered into the New Hampshire Medicaid Management Information System (MMIS) as they appear on the provider's license. To ensure that the name on the provider record in the MMIS matches the provider's license, fiscal agent staff may edit the below application fields to match the license without contacting the provider:

- Middle Initials
- Title
- Suffixes

If there are any questions on this notice, please contact the Provider Relations Unit at (603) 223-4774 or (866) 291-1674.

Thank you,

NH Medicaid Provider Relations