

Online Provider Update

Purpose

The purpose of this workshop is to provide an overview of how to submit an online Provider Enrollment Update request via the New Mexico Medicaid Web Portal.

Objectives

We will review the following:

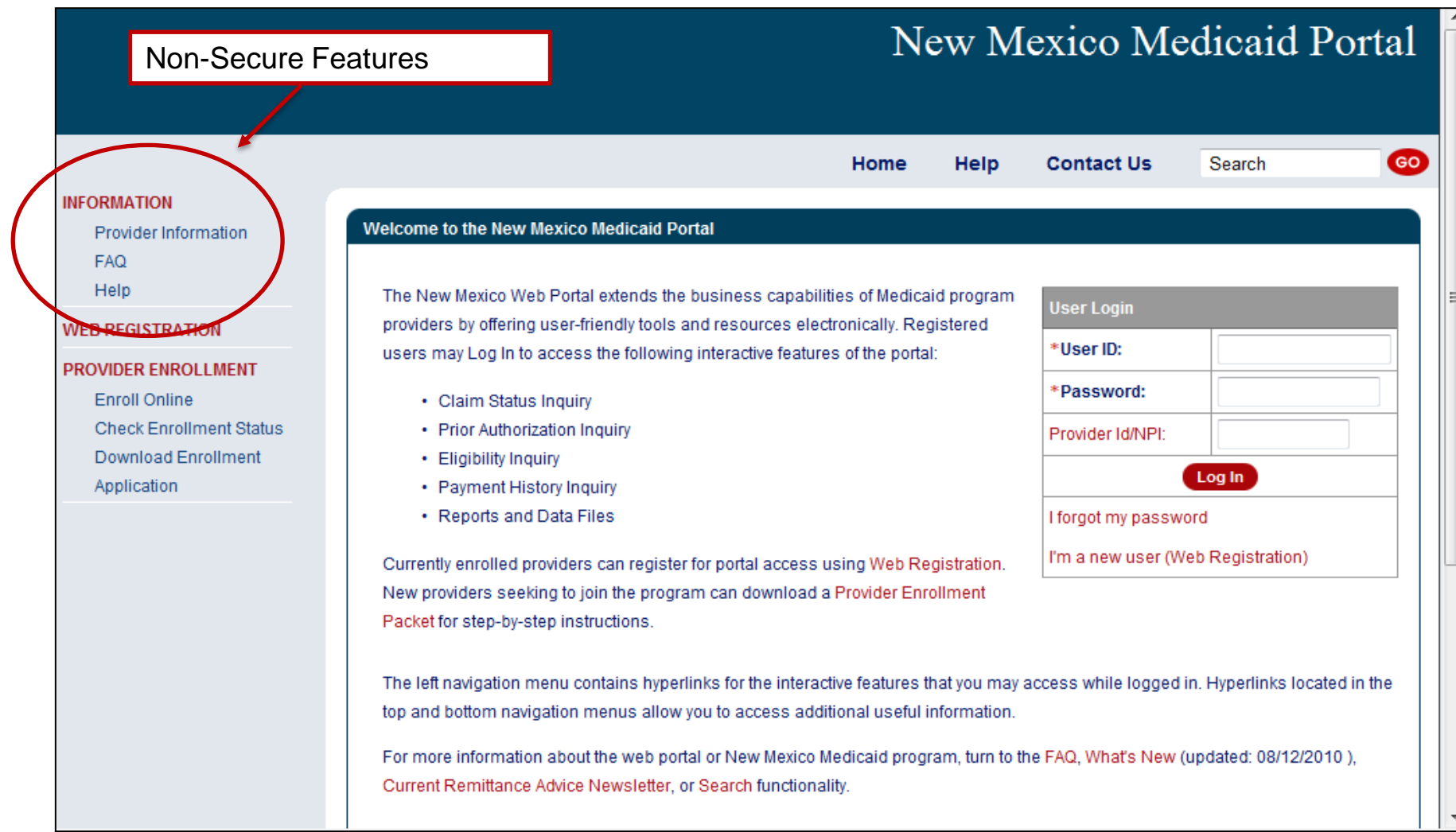
- Advantages of submitting provider updates online
- Logging into the NM Medicaid Portal
- Available online provider updates
- Attaching documents to online provider update requests
- Addendum for each upload option

Advantage of Submitting Updates Online

- Previously, providers were required to manually complete the MAD 304/Provider Update form and submit to Conduent via US Mail, fax, or in person. This could take up to 10 business days to process.
- Submitting update requests online significantly reduces the processing time; within 5 business days to process.
- Using the online form will ensure that providers are using the most up-to-date version for update requests. This will reduce delays in processing of the update.

New Mexico Medicaid Web Portal Login

Log in at: <https://nmmedicaid.portal.conduent.com/static/providerlogin.htm>



Non-Secure Features

New Mexico Medicaid Portal

Home Help Contact Us Search **GO**

INFORMATION

- Provider Information
- FAQ
- Help

WEB REGISTRATION

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Welcome to the New Mexico Medicaid Portal

The New Mexico Web Portal extends the business capabilities of Medicaid program providers by offering user-friendly tools and resources electronically. Registered users may Log In to access the following interactive features of the portal:

- Claim Status Inquiry
- Prior Authorization Inquiry
- Eligibility Inquiry
- Payment History Inquiry
- Reports and Data Files

Currently enrolled providers can register for portal access using [Web Registration](#). New providers seeking to join the program can download a [Provider Enrollment Packet](#) for step-by-step instructions.

The left navigation menu contains hyperlinks for the interactive features that you may access while logged in. Hyperlinks located in the top and bottom navigation menus allow you to access additional useful information.

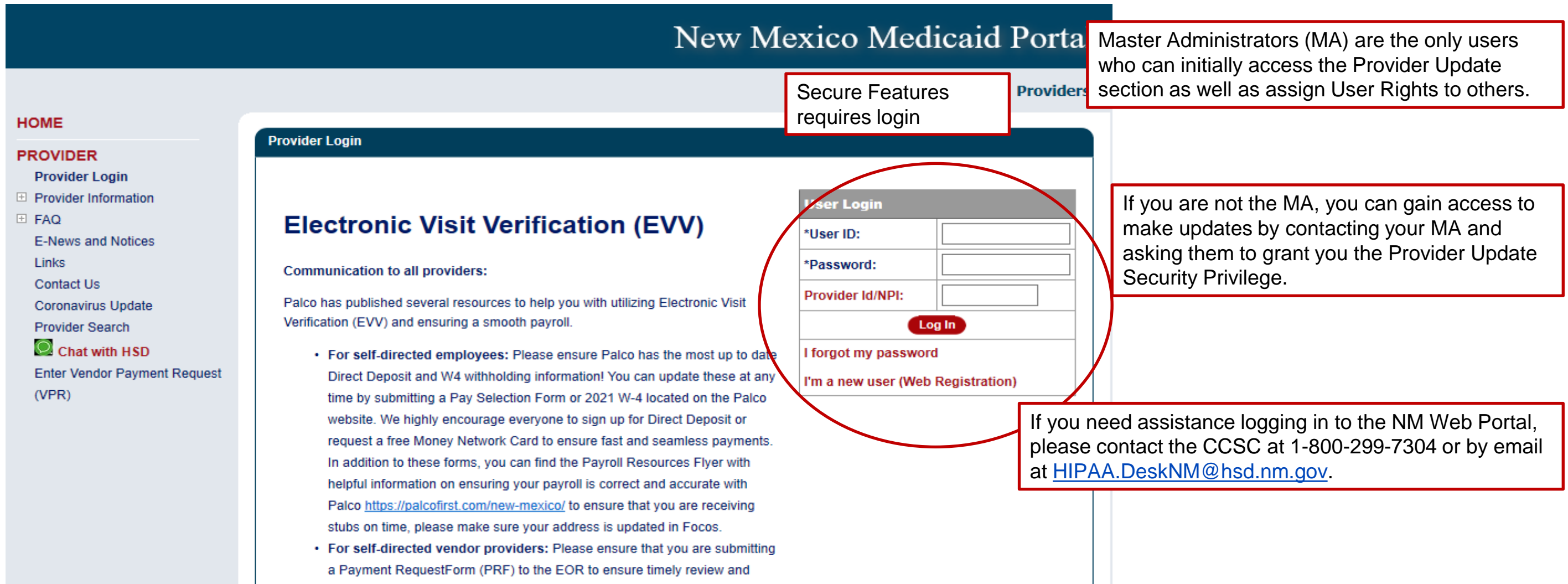
For more information about the web portal or New Mexico Medicaid program, turn to the [FAQ](#), [What's New](#) (updated: 08/12/2010), [Current Remittance Advice Newsletter](#), or [Search](#) functionality.

User Login

*User ID:	<input type="text"/>
*Password:	<input type="password"/>
Provider Id/NPI:	<input type="text"/>
Log In	
I forgot my password	
I'm a new user (Web Registration)	

New Mexico Medicaid Web Portal Login

Log in at: <https://nmmedicaid.portal.conduent.com/static/providerlogin.htm>



The screenshot shows the 'New Mexico Medicaid Portal' header and a 'Provider Login' section. The 'Provider Login' section includes a 'User Login' form with fields for *User ID, *Password, and Provider Id/NPI, along with a 'Log In' button, 'I forgot my password', and 'I'm a new user (Web Registration)' links. A sidebar on the left lists navigation options under 'HOME' and 'PROVIDER'. Three callout boxes provide additional information: one points to the 'Secure Features requires login' text, another explains the role of Master Administrators (MA), and a third provides contact information for assistance.

Secure Features requires login

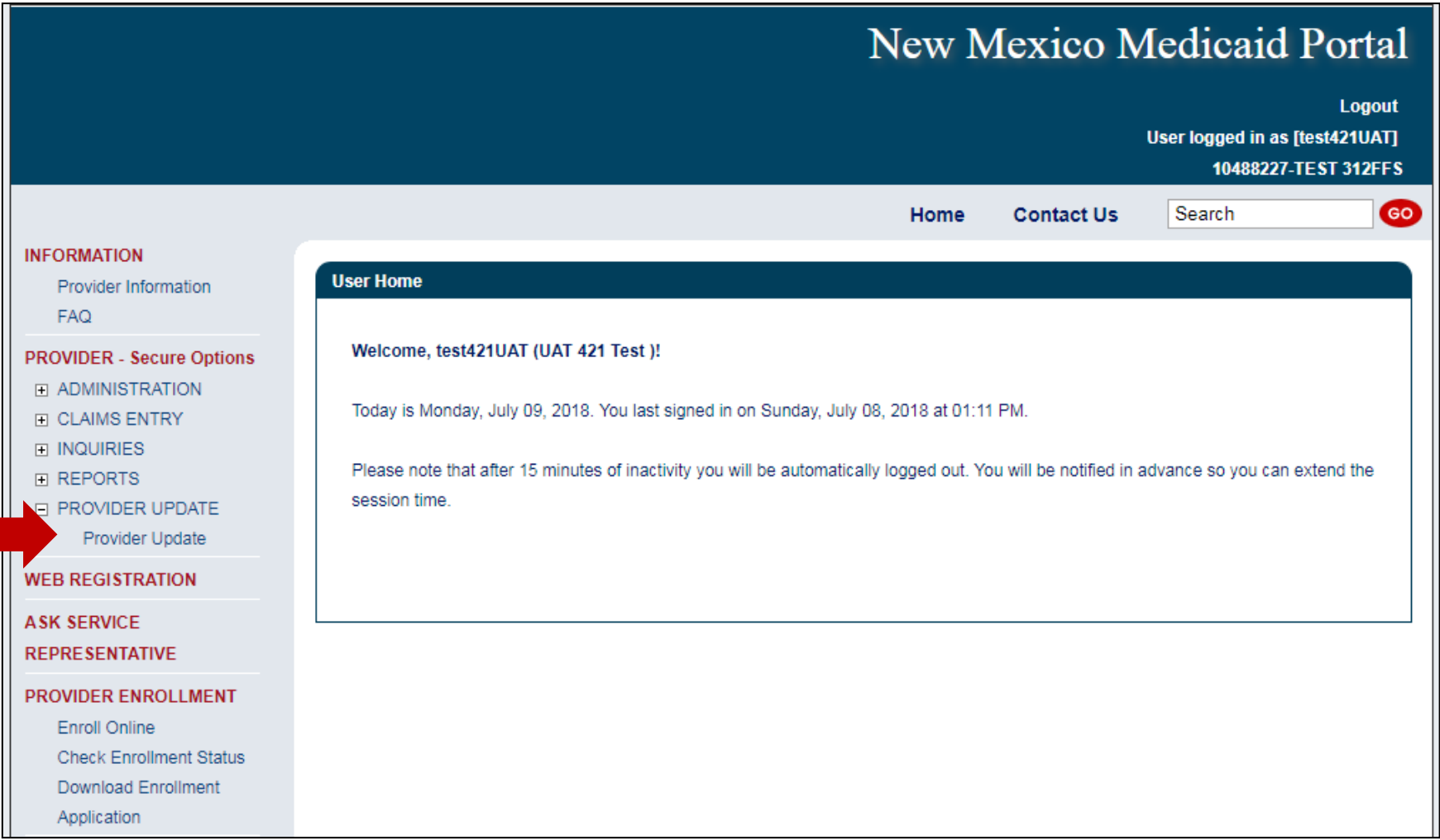
Master Administrators (MA) are the only users who can initially access the Provider Update section as well as assign User Rights to others.

If you are not the MA, you can gain access to make updates by contacting your MA and asking them to grant you the Provider Update Security Privilege.

If you need assistance logging in to the NM Web Portal, please contact the CCSC at 1-800-299-7304 or by email at HIPAA.DeskNM@hsd.nm.gov.

Provider Update

Web Portal Master Administrators and Users with the assigned privilege will be able to access the tool from the left navigation pane after logging in.

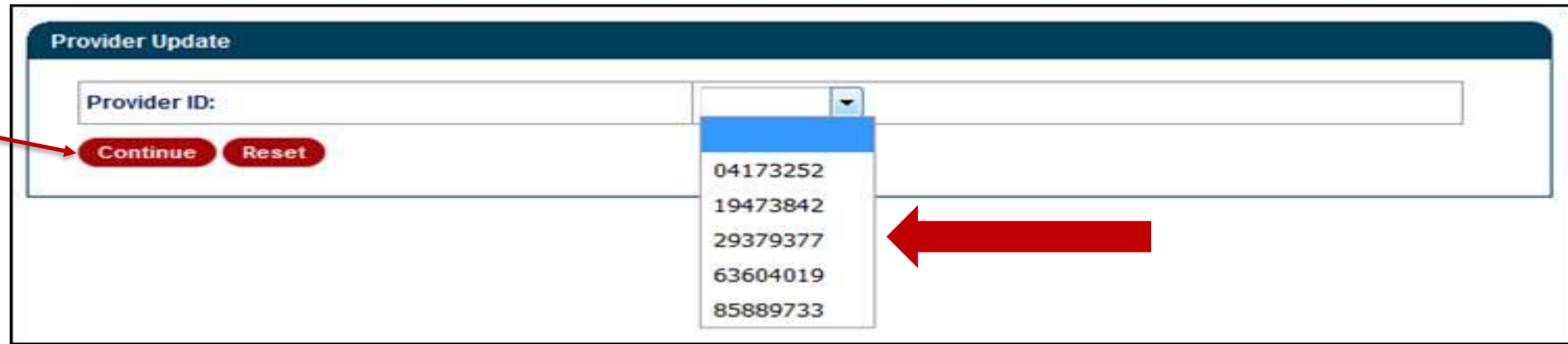


The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top right, it shows 'Logout', 'User logged in as [test421UAT]', and '10488227-TEST 312FFS'. Below this is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. The left navigation pane is organized into several sections: 'INFORMATION' (Provider Information, FAQ), 'PROVIDER - Secure Options' (ADMINISTRATION, CLAIMS ENTRY, INQUIRIES, REPORTS, PROVIDER UPDATE, Provider Update), 'WEB REGISTRATION', 'ASK SERVICE REPRESENTATIVE', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). A red arrow points to the 'PROVIDER UPDATE' link. The main content area, titled 'User Home', displays a welcome message for 'test421UAT (UAT 421 Test)!', the current date and time, and a session timeout notice.

Provider Update Access *Continued*

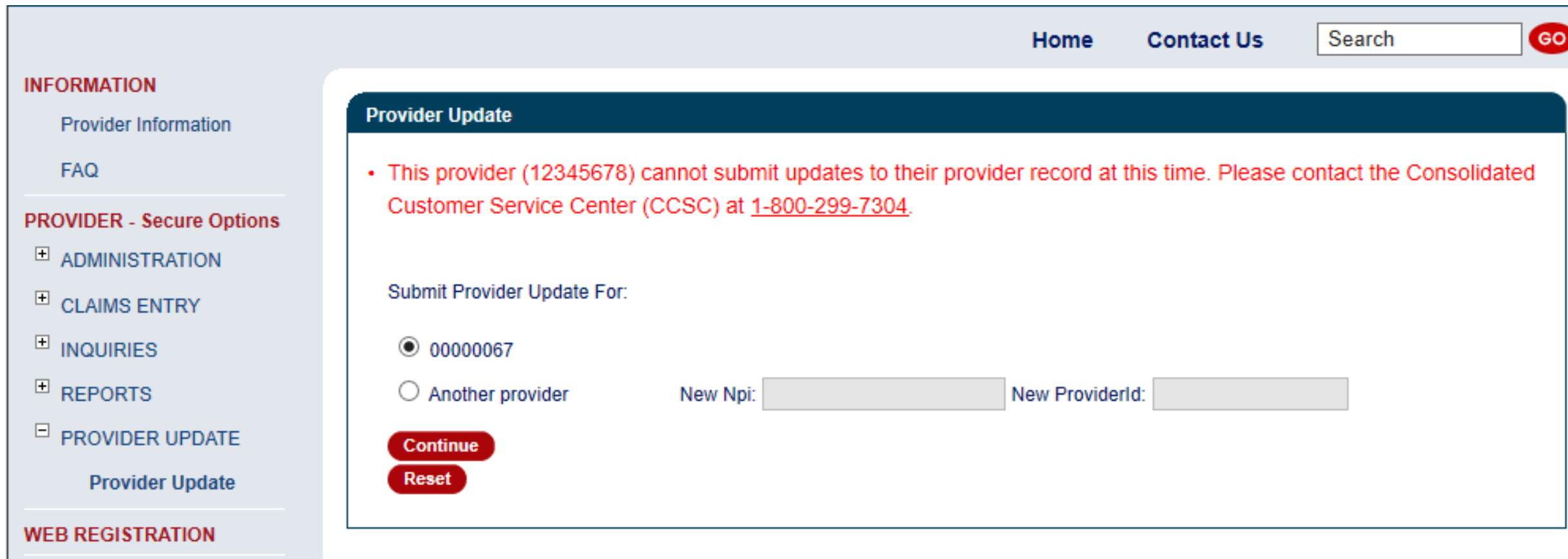


Select 'Continue' after a provider number has been selected.



Provider Update Access

Providers may see the following error message to contact Conduent for guidance on moving forward with any provider record changes.



The screenshot shows a web application interface with a navigation bar at the top containing 'Home', 'Contact Us', a search box, and a 'GO' button. A left sidebar contains menu items under 'INFORMATION', 'PROVIDER - Secure Options', and 'WEB REGISTRATION'. The 'PROVIDER UPDATE' menu item is expanded to show 'Provider Update'. The main content area displays an error message in red text: 'This provider (12345678) cannot submit updates to their provider record at this time. Please contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.' Below the message is a form titled 'Submit Provider Update For:' with two radio button options: '00000067' (selected) and 'Another provider'. To the right of the 'Another provider' option are two input fields labeled 'New Npi:' and 'New ProviderId:'. At the bottom of the form are two buttons: 'Continue' and 'Reset'.

Provider Update Access *Continued*

- Upon enrollment with NM Medicaid, providers are classified as billing providers, rendering/servicing providers, or unrestricted providers.
- Fee for Service billing, rendering, and unrestricted providers will have separate screens tailored to their application needs for updating purposes:
 - **Billing Provider** - A provider or organization that can bill for a claim
 - **Rendering Provider** - A healthcare provider who performs the service(s). Also called 'servicing' provider
 - **Unrestricted Provider** - Providers that are billing **and** servicing providers
- Active providers or providers with a recently expired license will be able to access the tool.

Billing and Unrestricted Providers

Available Updates Online for Billing and Unrestricted Providers

- Name
- NPI, License, Certificate or Insurance Information
- Tax Information and Business Type
- Office or Email Address
- Add or Term Affiliations
- Owner and Manager Information
- Backdate or Terminate Enrollment

In some instances, updating certain information may require the submission of an entirely new provider enrollment application. Providers will be notified in such cases.

Billing and Unrestricted Providers – Select Update Category

Select all categories that need to be updated.

Provider Update

Please check applicable section(s) to review and enter any necessary updates to your New Mexico Medicaid provider record. Each section will contain an Edit and Cancel button. If you would like to change a particular section, please click Edit to enable the fields. If you make changes and click Cancel, your changes and attachments will not be saved. Provider Update requests are transmitted for review once you click Submit and receive the Confirmation Page

Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

I certify by my signature below that I am fully authorized to sign and execute this Enrollment Update on behalf of the aforementioned Provider. I understand that any information requested and provided on this form does not change or alter the terms of my executed Provider Participation Agreement. I further understand that any false claims, statements, documents, or concealment of material fact may be grounds for termination as a New Mexico Medicaid Provider, and/or may be prosecuted under applicable federal and state laws.

Name:	Provider or Representat
Email Address:	provider@conduent.com
Electronic Signature:	Provider or Representat
Date:	07/25/2018
Telephone Number:	5051234567 (example:9999999999)

Please visit the Addendum section of this PowerPoint to learn more on each update option.

These are required fields.

Rendering Providers

Available Updates Online for Rendering Providers

- Name
- NPI, License, Certificate or Insurance Information
- Office or Email Address
- Add or Term Affiliations
- Backdate or Terminate Enrollment

In some instances, updating certain information may require the submission of an entirely new provider enrollment application. Providers will be notified in such cases.

Rendering Providers – Select Update Category

Select all categories that need to be updated.

Provider Update

Please check applicable section(s) to review and enter any necessary updates to your New Mexico Medicaid provider record. Each section will contain an Edit and Cancel button. If you would like to change a particular section, please click Edit to enable the fields. If you make changes and click Cancel, your changes and attachments will not be saved. Provider Update requests are transmitted for review once you click Submit and receive the Confirmation Page

Name
 NPI Information
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

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Name:	Provider or Representat
Email Address:	provider@conduent.com
Electronic Signature:	Provider or Representat
Date:	07/25/2018
Telephone Number:	5051234567 (example:9999999999)

Please visit the Addendum section of this PowerPoint to learn more on each update option.

These are required fields.

Completing the Request

Entering Provider Information

Home
Contact Us

Search

GO

INFORMATION

- Provider Information
- FAQ

PROVIDER - Secure Options

- ADMINISTRATION
- INQUIRIES
- PROVIDER UPDATE
 - Provider Update

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Provider Update

Please check applicable section(s) to review and enter any necessary updates to your New Mexico Medicaid provider record. Each section will contain an Edit and Cancel button. If you would like to change a particular section, please click Edit to enable the fields. If you make changes and click Cancel, your changes and attachments will not be saved. Provider Update requests are transmitted for review once you click Submit and receive the Confirmation Page

Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

Name

Provide documentation for name change. (Examples for individuals: marriage license/divorce decree and professional license reflecting the name change. Examples for organizations: Sales transaction document, W-9 and IRS letter.)

*Provider Name	Provider Name Change	Comment	Reason for name change
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[Test Doc.docx](#)

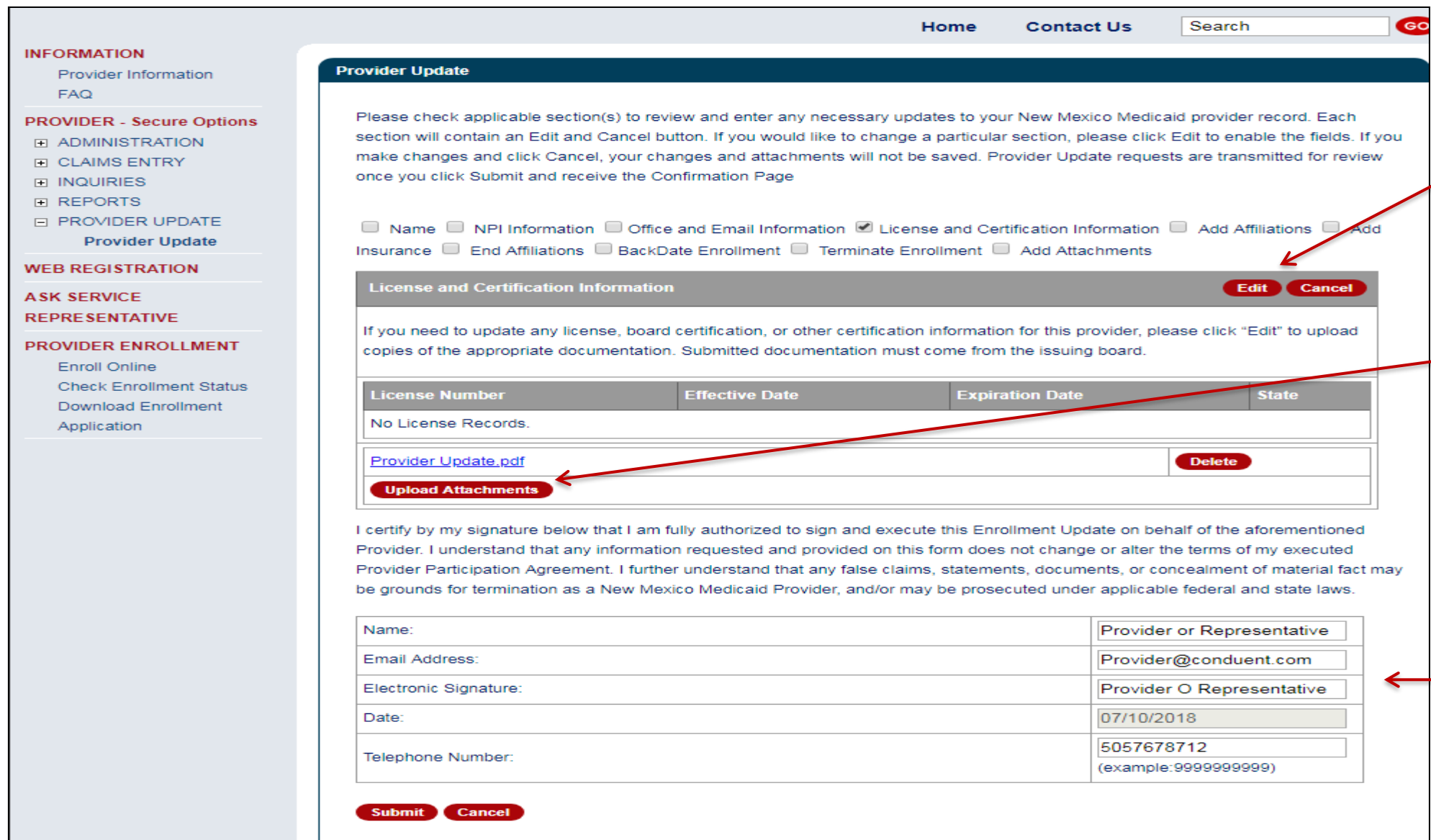
I certify by my signature below that I am fully authorized to sign and execute this Enrollment Update on behalf of the aforementioned Provider. I understand that any information requested and provided on this form does not change or alter the terms of my executed Provider Participation Agreement. I further understand that any false claims, statements, documents, or concealment of material fact may be grounds for termination as a New Mexico Medicaid Provider, and/or may be prosecuted under applicable federal and state laws.

Name:	Provider or Representative
Email Address:	Provider@conduent.com
Electronic Signature:	Provider or Representative
Date:	07/27/2018
Telephone Number:	5051112222 <small>(example:9999999999)</small>

Select 'Edit' if you need to add or modify any data.

Add or make changes in the section fields and upload supporting documentation, if required.

Upload Attachments



The screenshot shows a web form titled "Provider Update" with a sidebar on the left containing navigation links like "INFORMATION", "PROVIDER - Secure Options", "WEB REGISTRATION", "ASK SERVICE REPRESENTATIVE", and "PROVIDER ENROLLMENT". The main form area includes a header with "Home", "Contact Us", and a search bar. Below the header is a "Provider Update" section with a title bar and a "GO" button. The main content area contains instructions, a list of checkboxes for different update categories (Name, NPI Information, Office and Email Information, License and Certification Information, Add Affiliations, Add Insurance, End Affiliations, BackDate Enrollment, Terminate Enrollment, Add Attachments), a table for "License and Certification Information" with columns for License Number, Effective Date, Expiration Date, and State, and an "Upload Attachments" button. At the bottom, there is a signature block with fields for Name, Email Address, Electronic Signature, Date, and Telephone Number, and "Submit" and "Cancel" buttons.

Annotations:

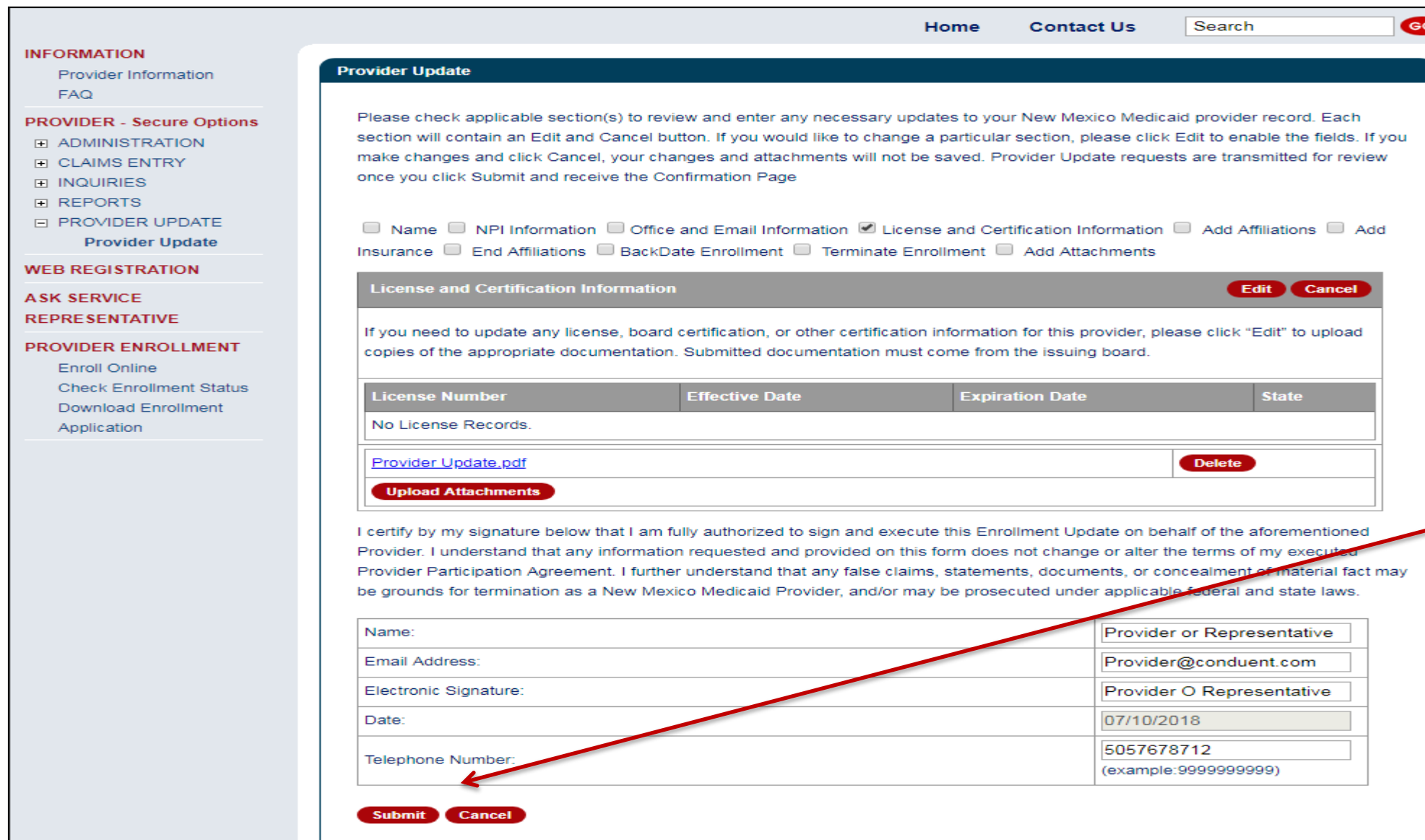
- Red box: "Select 'Edit' if you need to upload supporting documents." (points to the "Edit" button in the "License and Certification Information" section)
- Red box: "Then upload supporting documents." (points to the "Upload Attachments" button)
- Red box: "This section must be completed in order to submit the request." (points to the signature block)

Select 'Edit' if you need to upload supporting documents.

Then upload supporting documents.

This section must be completed in order to submit the request.

Submitting or Cancelling the Update Request



Home Contact Us Search GO

INFORMATION
Provider Information
FAQ

PROVIDER - Secure Options

- ADMINISTRATION
- CLAIMS ENTRY
- INQUIRIES
- REPORTS
- PROVIDER UPDATE
Provider Update

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

Provider Update

Please check applicable section(s) to review and enter any necessary updates to your New Mexico Medicaid provider record. Each section will contain an Edit and Cancel button. If you would like to change a particular section, please click Edit to enable the fields. If you make changes and click Cancel, your changes and attachments will not be saved. Provider Update requests are transmitted for review once you click Submit and receive the Confirmation Page

Name NPI Information Office and Email Information License and Certification Information Add Affiliations Add Insurance End Affiliations BackDate Enrollment Terminate Enrollment Add Attachments

License and Certification Information Edit Cancel

If you need to update any license, board certification, or other certification information for this provider, please click "Edit" to upload copies of the appropriate documentation. Submitted documentation must come from the issuing board.

License Number	Effective Date	Expiration Date	State
No License Records.			

[Provider Update.pdf](#) Delete

Upload Attachments

I certify by my signature below that I am fully authorized to sign and execute this Enrollment Update on behalf of the aforementioned Provider. I understand that any information requested and provided on this form does not change or alter the terms of my executed Provider Participation Agreement. I further understand that any false claims, statements, documents, or concealment of material fact may be grounds for termination as a New Mexico Medicaid Provider, and/or may be prosecuted under applicable federal and state laws.

Name:	Provider or Representative
Email Address:	Provider@conduent.com
Electronic Signature:	Provider O Representative
Date:	07/10/2018
Telephone Number:	5057678712 (example:9999999999)

Submit **Cancel**

Click 'Submit' to proceed or 'Cancel' to remove changes from the page.

Provider Update Confirmation



The screenshot shows the New Mexico Medicaid Portal interface. At the top, it says "New Mexico Medicaid Portal" and "User logged in as [test421UAT] 10488227-TEST 312FFS". There are navigation links for "Home" and "Contact Us", and a search bar with a "GO" button. On the left, there is a sidebar menu with categories: "INFORMATION" (Provider Information, FAQ), "PROVIDER - Secure Options" (ADMINISTRATION, CLAIMS ENTRY, INQUIRIES, REPORTS, PROVIDER UPDATE), "WEB REGISTRATION", "ASK SERVICE REPRESENTATIVE", and "PROVIDER ENROLLMENT" (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area displays a "Provider Update Confirmation" message: "Your Provider Update request has been received and will be reviewed. If you have any questions, please contact the Conduent Provider Enrollment Helpdesk at 1-800-299-7304 or 505-246-9988". Below this, it lists "Provider ID: 10488227", "Update Request Number: X1T55D2EZ7OM", and "Submitted Date: Tue Jul 10 12:49:10 EDT 2018". A red arrow points from a callout box to the "Update Request Number". At the bottom of the message, there is a button that says "Print or Save Copy of Provider Update".

Document your Update Request Number for tracking purposes

Addendum

Addendum – “Name”

Available to Billing, Unrestricted, and Rendering Providers


Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

Name		Edit	Cancel
Provide documentation for name change. (Examples for individuals: marriage license/divorce decree and professional license reflecting the name change. Examples for organizations: Sales transaction document, W-9 and IRS letter.)			
*Provider Name	TEST ONLY - PLEASE DISREGARD	Comment	
<input type="button" value="Upload Attachments"/>			

Addendum – “NPI Information”

Available to Billing, Unrestricted, and Rendering Providers

Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

NPI Information	
Please provide print out from NPPES with new NPI and explanation for NPI change.	
*National Provider Identified(NPI)	<input type="text"/>
Effective Date)	<input type="text" value="mm/dd/ccyy"/> 
Comment	<input type="text"/>
<input type="button" value="Upload Attachments"/>	


Addendum – “Tax Information and Business Type”

Available to Billing and Unrestricted Providers

Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

Tax Information and Business Type
Edit **Cancel**

Provide documentation for any changes. Updates to tax ID and business type require W-9, IRS letter, and a signed letter explaining the change. Note: for change of ownership you must include sales transaction document. You will be notified if a new provider participation agreement (application) is required.

*Business Type (LLC, Corp, etc.)	Corporation ▼
*Tax ID	456789123
Effective Date	mm/dd/ccyy 

Upload Attachments

Addendum – “Office and Email Information”

Available to Billing, Unrestricted, and Rendering Providers

Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

Office Information Edit Cancel

A change in the physical address for an organization requires a copy of your City Business License or a signed letter explaining why you are exempt from this requirement. Addresses must be verifiable with the United States Postal Service.

Location/Provider Email Address(PO Box NOT Accepted)

* Street Address	1720 RANDOLPH RD SE		
Suite/Office/Other			
* City	ALBUQUERQUE	* State	New Mexico
* Physical County	Bernalillo	* Zip	87106 - 4245
* Location/Provider Email Address	Provider@provider.com		
Physical Phone	5052469988	Physical FaxNumber	

Mailing Address for official correspondence (May be PO Box)

Same as Location

* Mailing Address

Suite/Office/Other			
* City		* State	
* Mailing County		* Zip	
* Mailing Email Address			
Mailing Phone		Mailing FaxNumber	

Billing Address (May be PO Box)

Same as Location

Same as Mailing Address

* Billing Address

Suite/Office/Other

* City

* Billing County

Billing Email Address

Billing Phone

Billing FaxNumber

Upload Attachments

Note: Billing address section will not appear for Rendering Providers

Addendum – “License and Certification”

Available to Billing, Unrestricted, and Rendering Providers

Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

License and Certification Information
[Edit](#) [Cancel](#)

If you need to update any license, board certification, or other certification information for this provider, please click “Edit” to upload copies of the appropriate documentation. Submitted documentation must come from the issuing board.

License Number	Effective Date	Expiration Date	State
No License Records.			

[Upload Attachments](#)


Addendum – “Add Affiliations”

Available to Billing, Unrestricted, and Rendering Providers

Name NPI Information Tax Information and Business Type Office and Email Information License and Certification Information Add Affiliations Add Insurance End Affiliations Owner Manager BackDate Enrollment Terminate Enrollment Add Attachments

Add Affiliations Edit Cancel

If affiliations are added or changed, professional liability insurance must be included under the “Add Insurance” section. Please upload a copy of proof of insurance or identify one of the exceptions. Coverage dates must include requested effective date and be valid for at least 30 days after the submission date.

Individual Name	<input type="text"/>
Individual NPI	<input type="text"/>
Individual NM Provider Number	<input type="text"/>
Requested Affiliation Date	<input type="text" value="mm/dd/ccyy"/> 

Delete

Add Affiliations

Upload Attachments

Addendum – “Add Insurance”

Available to Billing, Unrestricted, and Rendering Providers

Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

Add Insurance
Edit
Cancel

Attach proof of liability insurance with valid coverage for 30 days. The liability insurance must cover the requested affiliation effective date.


- The provider is covered by malpractice, professional, medical, or other liability insurance.
- The provider is affiliated with an IHS facility or public school.
- I am a midwife participating in the birthing options programs.

Upload Attachments

Addendum – “End Affiliations”

Available to Billing, Unrestricted, and Rendering Providers

- Name
- NPI Information
- Tax Information and Business Type
- Office and Email Information
- License and Certification Information
- Add Affiliations
- Add Insurance
- End Affiliations
- Owner
- Manager
- BackDate Enrollment
- Terminate Enrollment
- Add Attachments

End Affiliations		Edit	Cancel
Individual Name	<input type="text"/>		
Individual NPI	<input type="text"/>		
Individual NM Provider Number	<input type="text"/>		
Requested Affiliation End Date	<input type="text" value="mm/dd/ccyy"/> 		
		Delete	
Another Affiliation			
Upload Attachments			

Addendum – “Owner”


Available to Billing and Unrestricted Providers



Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

Owner Edit Cancel

All providers must answer the following questions, except individual practitioners.

Provide the name and address of each person (individual or corporation) with an ownership or control interest in the provider or in any subcontractor in which the provider has direct or indirect ownership of five percent or more. You may enter up to twenty (20) individual persons.

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Professional Title:	<input type="text"/>	Tax Number:	<input type="text"/>	Tax Indicator:	Select One ▼
Date of Birth:	<input type="text"/> 	Legal Name:	<input type="text"/>		

Street Address	<input type="text"/>		
City	<input type="text"/>	State	Select One ▼
Zip	<input type="text"/> - <input type="text"/>		
If the named owner has been known by other names, for example a maiden name or married name, please list all other names in the field below to avoid having this application returned for name discrepancies			
List other names, if applicable:	<input type="text"/>		
Requested Effective Date :	<input type="text"/> 	Requested End Date:	<input type="text"/> 
Comment	<input type="text"/>		
Delete			
Add Additional Person			

Addendum – “Manager”


Available to Billing and Unrestricted Providers



Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

Manager [Edit](#) [Cancel](#)

All providers must answer the following question, including non-profit organizations and charities.

Definition: A managing employee is a "general manager, business manager, administrator, director or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of an institution, organization, or agency." (42 CFR section 455.101) Managing employees are in a position to exert influence over the conduct of the provider's operations and includes officers, governing boards, or board of directors. Federal regulation requires the following information to be disclosed on all managing employees. You may enter up to twenty (20) individual persons.


First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Professional Title:	<input type="text"/>	Social Security Number	<input type="text"/>		
Date of Birth:	<input type="text" value="mm/dd/ccyy"/> 				

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text" value="Select One"/> ▼
Zip	<input type="text"/>	-	<input type="text"/>
If the named manager has been known by other names, for example a maiden name or married name, please list all other names in the field below to avoid having this application returned for name discrepancies			
List other names, if applicable:	<input type="text"/>		
Requested Effective Date :	<input type="text" value="mm/dd/ccyy"/> 	Requested End Date:	<input type="text" value="mm/dd/ccyy"/> 
Comment	<input type="text"/>		
Delete			
Add Additional Person			

Addendum – “BackDate Enrollment”

Available to Billing, Unrestricted, and Rendering Providers



Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

BackDate Enrollment		Edit	Cancel
Attach proof of liability insurance and professional license covering the requested backdate.			
Requested Medicaid Effective Date	<input type="text" value="mm/dd/ccyy"/>		
Comment	<input type="text"/>		
<input type="button" value="Upload Attachments"/>			

Addendum – “Terminate Enrollment”

Available to Billing, Unrestricted, and Rendering Providers

Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

Terminate Enrollment	
<div style="text-align: right;"> Edit Cancel </div>	
Indicate the reason(s) for termination and effective date.	
Last day in business	mm/dd/ccyy 
*Reasons for Termination	Select One 
Comment	<input type="text"/>

Addendum – “Add Attachments”

Available to Billing, Unrestricted, and Rendering Providers

Name
 NPI Information
 Tax Information and Business Type
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
 BackDate Enrollment
 Terminate Enrollment
 Add Attachments

NPI Supplement Attachment(healthcare providers only)	Upload Attachments
Certification or Licensure Documentation	Upload Attachments
Upload Attachments	

New Mexico Medicaid Resources

- New Mexico Medicaid Online
 - Provider Information
 - Provider Login Screen Notices
 - Provider E-News Newsletters
- Medicaid Provider Relations Call Center
- Provider Communication Updates
- Provider Field Representative
- Provider Webinars
- Open Forums and Live Training Sessions

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New Mexico Medicaid Resources *Continued*

New Mexico Medicaid Portal – <https://nmmedicaid.portal.conduent.com/static/index.htm>
Claim Inquiries, Eligibility Verification, Electronic Claim Submission, Provider Manuals, E-News

NM Health Care Authority – <http://www.hca.nm.gov>
Supplements, Memos, Provider Billing Packets and Policy

Medical Assistance Division – PE Program Staff – HSD.PEDeterminers@state.nm.us
Assistance with PE Applications, PE Determinations, MAD 070, PE Training, PE Certification

Consolidated Customer Service Call Center – (800) 299 - 7304
Claim Status, Eligibility, Prior Authorization, Medicaid Updates

Conduent Provider Relations Helpdesk – NMProviderSUPPORT@conduent.com
Claim research assistance and general Medicaid inquiries

Conduent HIPAA Helpdesk – HIPAA.DeskNM@hsd.nm.gov
Assistance on NM Web Portal, EDI inquiries, and Online Claim Submission with DDE (Direct Data Entry)

Conduent Provider Enrollment Helpdesk - NMProviderSUPPORT@conduent.com
Provider Enrollment Applications, Forms & Instructions

Medical Assistance Division, Program Rules – <http://www.hca.nm.gov/providers/rules-nm-administrative-code/>
NMAC for Programs administered by the Medical Assistance Division

Yes New Mexico - <https://www.yes.state.nm.us/yesnm/home/index>
Apply, check, update, or renew Medical Assistance (Medicaid) benefits

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