

# Provider Enrollment Workshop

# Purpose

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The purpose of this workshop is to provide an overview of the enrollment process and maintenance of accurate provider records. Understanding these processes will improve the timeliness of obtaining and maintaining your active provider status with New Mexico Medicaid.

# Objectives

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We will review the following:

- New Mexico Web Portal Information and Enhancements
- Web Portal Application Submission Process
- Application Tips
- Return to Provider (RTP)
- Turn Around Documents (TAD)
- Update Requests

# New Mexico Web Portal Information and Enhancements

# New Mexico Web Portal Information and Enhancements

## New Mexico Medicaid Portal

Recipient/Recipiente
Providers





### Recipients

**I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM**

Log in to:

- Check your eligibility.
- Enroll in or change your managed care plan.
- Request a Replacement Medicaid Identification Card for Fee-for-Service (Not with an MCO).
- Ask a question about your coverage.

[1095-B Information](#)

**YA ESTOY REGISTRADO/A EN EL PROGRAMA DE MEDICAID DE NUEVO MEXICO**

Entre a:

- Chequear su elegibilidad.
- Registrarse o cambiar su plan de cuidado administrativo.
- Solicitar una tarjeta de identificación para el programa de pago por servicio de Medicaid (tarjeta azulino con un plan de cuidado administrativo).
- Hacer una pregunta sobre su cobertura.

[1095-B Informacion](#)

**I AM NOT ENROLLED BUT WOULD LIKE MORE INFORMATION ABOUT THE NEW MEXICO MEDICAID PROGRAM**

- [Click here for information about the program](#)
- [Click here to see if you might be eligible](#)

**NO ESTOY REGISTRADO/A, PERO QUISIERA SABER MAS INFORMACIÓN SOBRE EL PROGRAMA DE MEDICAID DE NUEVO MEXICO**

- Haga "click" aquí para información sobre el programa
- Haga "click" aquí para ver si puede ser elegible

### Providers

**SECURE INFORMATION**

Log in to:

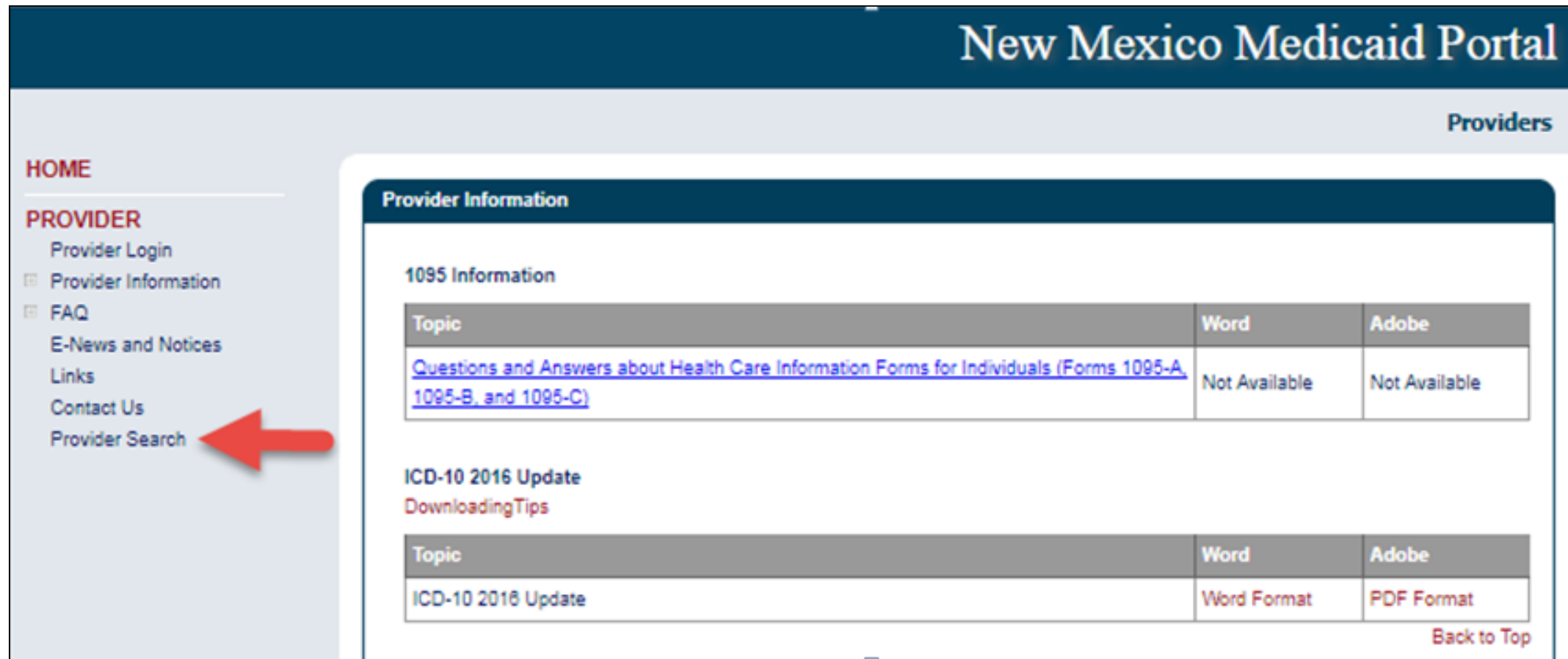
- Submit claims online.
- Inquire on recipient eligibility, claims, payments, and prior authorizations.
- View or print remittance advices and other reports.
- MORE

**PUBLIC INFORMATION**

View valuable information about the New Mexico Medicaid program, including:

- Provider Online Application
- Questions and Answers about Health Care Information Forms for Individuals (Forms 1095-A, 1095-B, and 1095-C)
- ICD-10 2016 Update
- Training Presentations and Webinars
- Fee Schedules
- New Mexico Medicaid E-News**
- Provider Information
- MI Via & Self-Directed Community Benefit

# New Mexico Web Portal Information and Enhancements



**New Mexico Medicaid Portal**

Providers

**HOME**

**PROVIDER**

- Provider Login
- Provider Information
- FAQ
- E-News and Notices
- Links
- Contact Us
- Provider Search

**Provider Information**

**1095 Information**

Topic	Word	Adobe
<a href="#">Questions and Answers about Health Care Information Forms for Individuals (Forms 1095-A, 1095-B, and 1095-C)</a>	Not Available	Not Available

**ICD-10 2016 Update**  
Downloading Tips

Topic	Word	Adobe
ICD-10 2016 Update	Word Format	PDF Format

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# New Mexico Web Portal Information and Enhancements



**New Mexico Medicaid Portal**

Recipient/Recipiente      Providers

**Recipients**

**Medicaid Coverage and Application phone numbers**

**I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM**

Log in to:

- Check your eligibility
- Ask a Service Representative a Question
- Reprint a 1095-B IRS Form

Click here for the YESNM website in order to:

- Enroll in or change your managed care plan
- Request a Replacement Medicaid Identification Card for Fee-for-Service (Not with an MCO)

1095-B Information

**Números de teléfono de cobertura y aplicación de Medicaid**

**YA ESTOY REGISTRADO/A EN EL PROGRAMA DE MEDICAID DE NUEVO MEXICO**

Entre a:

- Chequear su elegibilidad
- Hacer una pregunta sobre su cobertura

**I AM NOT ENROLLED BUT WOULD LIKE MORE INFORMATION ABOUT THE NEW MEXICO MEDICAID PROGRAM**

- Click here for information about the program
- Click here to see if you might be eligible

**NO ESTOY REGISTRADO/A, PERO QUISIERA SABER MAS INFORMACIÓN SOBRE EL PROGRAMA DE MEDICAID DE NUEVO MEXICO**

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**Providers**

**SECURE INFORMATION**

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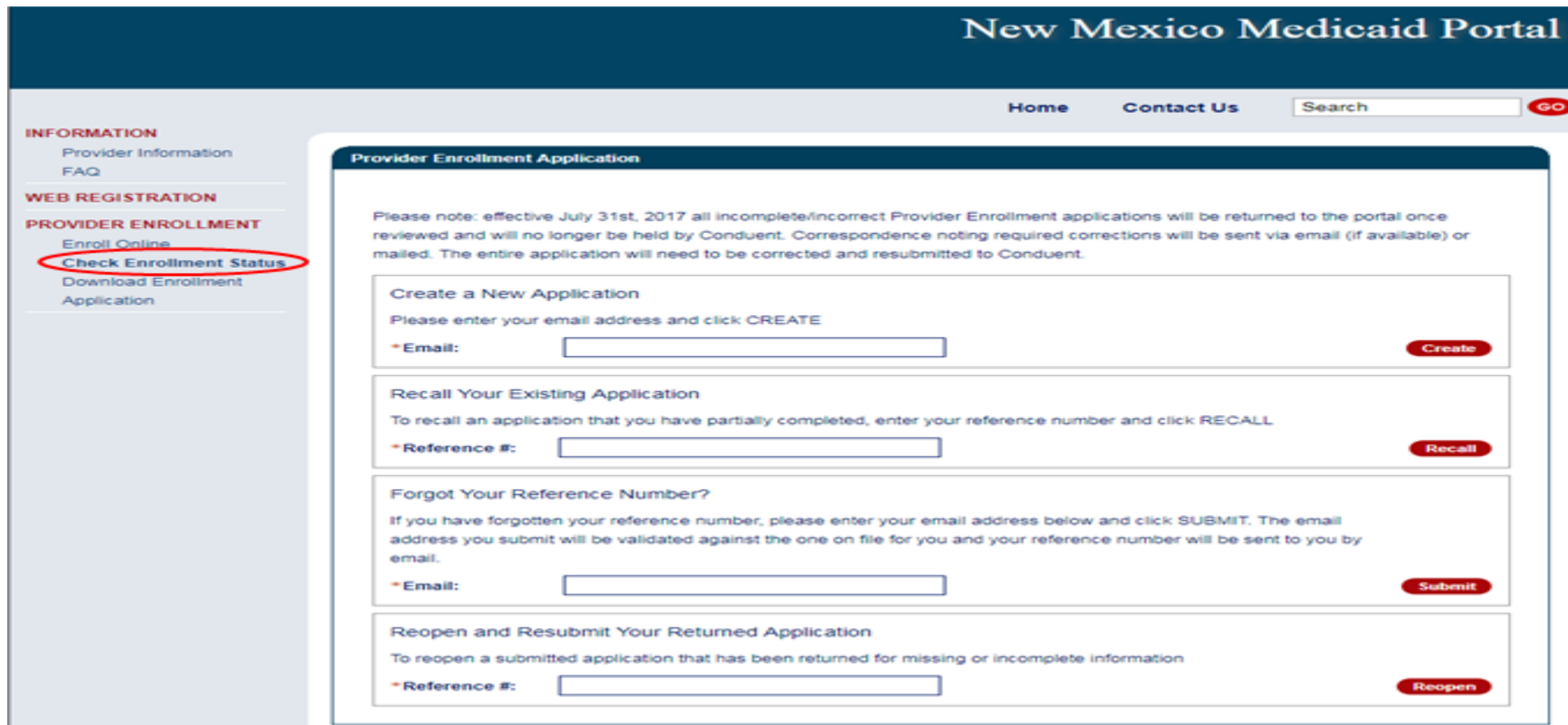
- Submit claims online.
- Inquire on recipient eligibility, claims, payments, and prior authorizations.
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- ICD-10 2016 Update
- Training Presentations and Webinars
- Fee Schedules
- New Mexico Medicaid E-News
- Provider Information
- Mi Via & Self-Directed Community Benefit
- Centennial Care 2.0 FAQ

# New Mexico Web Portal Information and Enhancements



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. The left sidebar contains a menu with sections: 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, **Check Enrollment Status**, Download Enrollment Application). The main content area is titled 'Provider Enrollment Application' and includes a notice about the July 31st, 2017 deadline. Below the notice are four functional sections: 'Create a New Application' (with an email input field and 'Create' button), 'Recall Your Existing Application' (with a reference number input field and 'Recall' button), 'Forgot Your Reference Number?' (with an email input field and 'Submit' button), and 'Reopen and Resubmit Your Returned Application' (with a reference number input field and 'Reopen' button).



# New Mexico Web Portal Information and Enhancements

## New Mexico Medicaid Portal

Home
Contact UsGO

**INFORMATION**

- [Provider Information](#)
- [FAQ](#)

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**WEB REGISTRATION**

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**PROVIDER ENROLLMENT**

- [Enroll Online](#)
- [Check Enrollment Status](#)
- [Download Enrollment Application](#)

### Provider Search


User would initiate search by selecting one of the following criteria:

*\* denotes required field(s)*

* Provider Search		
<input type="radio"/>	NPI:	<input type="text"/>
<input type="radio"/>	Organization Name:	<input type="text"/>
<input type="radio"/>	Provider Name: For best results, enter Last Name First Name without punctuation (example: Doe John)	<input type="text"/>
<input type="radio"/>	ProviderId/Tracking Number	<input type="text"/>
Effective Date:	<input type="text" value="mm/dd/ccyy"/>	

Submit
Clear

# New Mexico Web Portal Information and Enhancements



**New Mexico Medicaid Portal**

**Providers**

**HOME**

**PROVIDER**

- Provider Login
- Provider Information
- FAQ
- E-News and Notices
- Links
- Contact Us
- Provider Search

**Provider Information**

**1095 Information**

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**ICD-10 2016 Update**  
DownloadingTips

Topic	Word	Adobe
ICD-10 2016 Update	Word Format	PDF Format

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**Electronic Data Exchange (EDI)**  
DownloadingTips

What's new with EDI	Word	Adobe
<a href="#">ANSI ASC X12N 5010 Implementation Guides</a>		

EDI Forms	Word	Adobe
EDI Form Description / Usage	Not Available	PDF Format
EDI Provider Trading Partner Agreement	Word Format	PDF Format
EDI Submitter Trading Partner Agreement	Word Format	PDF Format
EDI Authorization Form	Word Format	PDF Format
EDI Update Form	Word Format	Word Format
EDI Termination Form	Word Format	Word Format

# New Mexico Web Portal Information and Enhancements

**PROVIDER**

- Provider Login
- Provider Information**
  - Electronic Data Exchange(EDI)
  - ICD-10 Testing and Provider Information
  - Important State Announcements
  - New Mexico Medicaid Third Party Assessor/Utilization Review for Fee-For-Service
  - Emergency Medical Services for Aliens (EMSA) Claims Process
  - Provider Enrollment 
  - HSD/Medical Assistance
  - Division Fee Schedules
  - Training Presentations
  - Forms, Publications, and Instructions
  - HSD/MAD Forms
  - PE Determiner Forms
  - Self-Direction FMA Forms (Mi Via & Self-Directed Community Benefit)
- FAQ**
  - E-News and Notices
  - Links
  - Contact Us
  - Provider Search

**1095 Information**

Topic	Word	Adobe
<a href="#">Questions and Answers about Health Care Information Forms for Individuals (Forms 1095-A, 1095-B, and 1095-C)</a>	Not Available	Not Available

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<a href="#">EDI Update Form</a>	Word Format	Word Format
<a href="#">EDI Termination Form</a>	Word Format	Word Format

# Web Portal Application Submission Process

# NM Medicaid Web Portal Application Location



**New Mexico Medicaid Portal**

Recipient/Recipiente      Providers

**Recipients**

**I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM**

Log in to:

- Check your eligibility.
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1095-B Information

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1095-B Información

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- New Mexico Medicaid E-News
- Provider Information
- Mi Via & Self-Directed Community Benefit

<https://nmmedicaid.portal.conduent.com/webportal/enrollOnline>

# Provider Enrollment Application Initial Screen



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. A left sidebar contains menu items under three categories: 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Provider Enrollment Application' and features a notice about a July 31st, 2017 deadline. Below the notice are four distinct sections, each with a heading, explanatory text, a form field, and a button: 'Create a New Application' (Email field, Create button), 'Recall Your Existing Application' (Reference # field, Recall button), 'Forgot Your Reference Number?' (Email field, Submit button), and 'Reopen and Resubmit Your Returned Application' (Reference # field, Reopen button). The footer contains 'Terms of Usage', 'Privacy Policy', 'Browser Compatibility', and 'Build Version: 3980-2017-11-01\_09-45-54 - 194'.

# Provider Enrollment Application Initial Screen

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Begin your application by entering your email

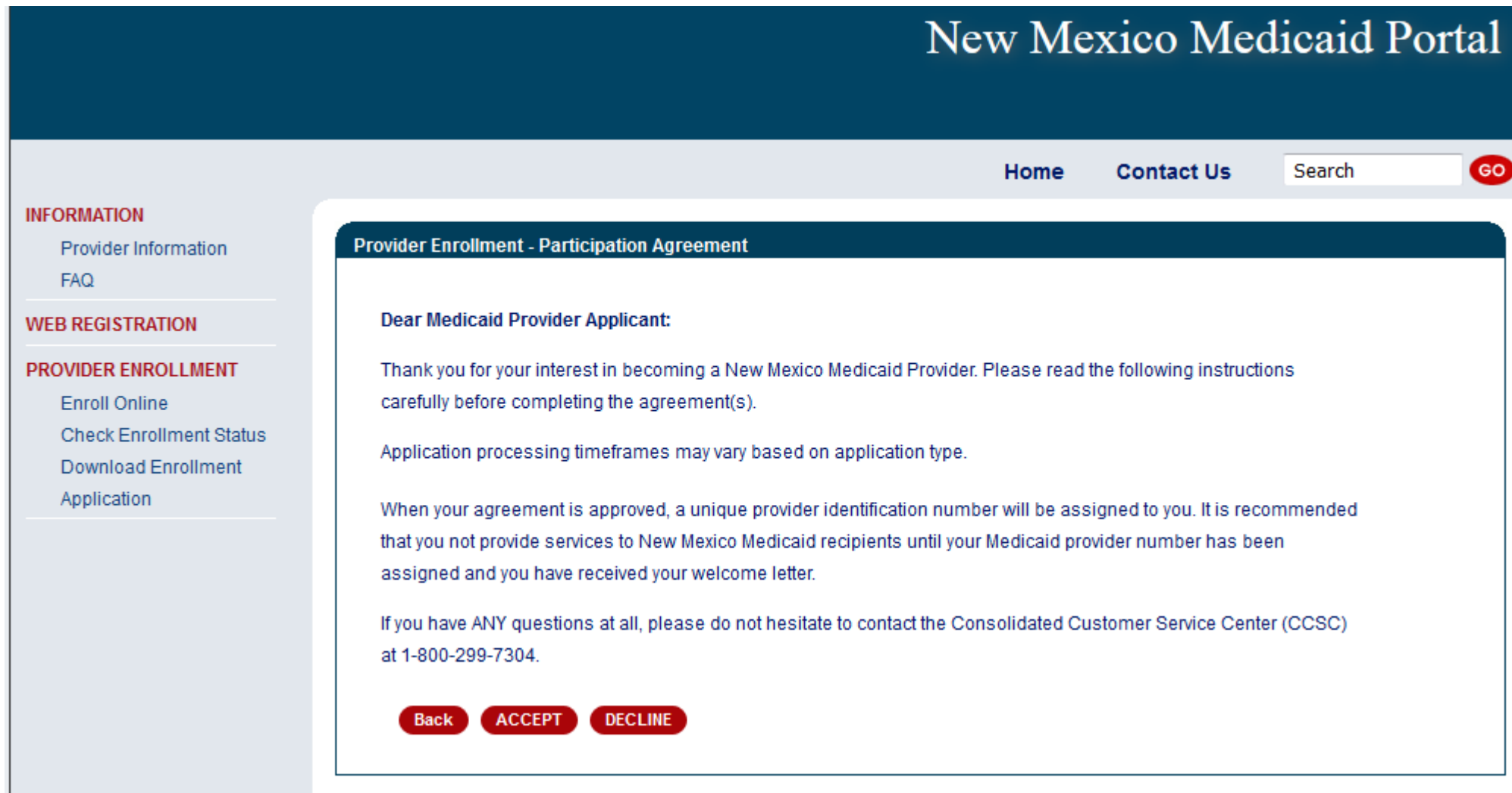
Create a New Application

Please enter your email address and click CREATE

\*Email:

Create

# Provider Participation Agreement (Application)



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a dark blue header with the text 'New Mexico Medicaid Portal'. Below this is a navigation bar with links for 'Home' and 'Contact Us', a search box with a 'GO' button, and a 'Search' label. On the left side, there is a sidebar menu with the following sections: 'INFORMATION' (containing 'Provider Information' and 'FAQ'), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (containing 'Enroll Online', 'Check Enrollment Status', 'Download Enrollment Application', and 'Application'). The main content area is titled 'Provider Enrollment - Participation Agreement' and contains the following text:

**Dear Medicaid Provider Applicant:**

Thank you for your interest in becoming a New Mexico Medicaid Provider. Please read the following instructions carefully before completing the agreement(s).

Application processing timeframes may vary based on application type.

When your agreement is approved, a unique provider identification number will be assigned to you. It is recommended that you not provide services to New Mexico Medicaid recipients until your Medicaid provider number has been assigned and you have received your welcome letter.

If you have ANY questions at all, please do not hesitate to contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.

At the bottom of the main content area, there are three buttons: 'Back', 'ACCEPT', and 'DECLINE'.



## Selecting the Right Application Form

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**MAD 335** - Medicaid Provider Participation Agreement for *groups, organizations, facilities, or individual* applicants to whom payments will be made (including CSAs, FQHCs, Hospitals, Pharmacies, etc.)

**MAD 312** - Medicaid Provider Participation Agreement for *individual* applicant within group (including Psychologists, MDs, CNPs, LCSWs, LMHCs, etc.)

*Please review the Provider Type and Specialty List for a complete list of documents that must be included with the Application, as well as applicable enrollment restrictions*

# Provider Type & Specialty List

PROV TYPE	PROVIDER TYPE AND SPECIALTY DEFINITIONS	PROVIDER SPECIALTY CODE	SITE VISIT REQUIRED? (If required, application processing time may increase)	FINGERPRINTS REQUIRED? (If required, application processing time may increase)	REQUIREMENTS FOR MAD 335 APPLICANTS USING A FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) (Documentation must be submitted with the PPA)	REQUIREMENTS FOR MAD 335 APPLICANTS USING A SOCIAL SECURITY NUMBER (SSN) FOR TAX ID PURPOSES (Documentation must be submitted with the PPA)	REQUIREMENTS FOR MAD 312 APPLICANTS (Documentation must be submitted with the PPA)	OPTIONAL DOCUMENTATION/ ADDITIONAL INFORMATION
301	PHYSICIAN , MD	required - see list below	NO	NO	<ul style="list-style-type: none"> <li>* City or County Business license</li> <li>* Federal tax identification letter</li> <li>* Proof of malpractice, professional liability, or medical liability insurance</li> <li>* Completed W-9 form</li> </ul>	<ul style="list-style-type: none"> <li>* Copy of Physician license</li> <li>* Copy of National Board certification</li> <li>or</li> <li>Proof of Training or Fellowship in the requested Specialty area (residency program certification, or letter from chairperson of Residency program stating that training was received in the Specialty area). * City or County</li> <li>Business license</li> <li>* Proof of malpractice, professional liability, or medical liability insurance</li> <li>* Completed W-9 form</li> </ul>	<ul style="list-style-type: none"> <li>* Copy of Physician license</li> <li>* Copy of National Board certification</li> <li>or</li> <li>Proof of Training or Fellowship in the requested Specialty area, residency program certification, or letter from chairperson of Residency program stating that training was received in the Specialty area. * Proof of malpractice, professional liability, or medical liability insurance</li> </ul>	<p>DEA certificate</p> <p>**Specialty 001 does not require specialty certification**</p> <p>**Specialty 143 does not require specialty certification; however, the provider must also have an additional specialty**</p> <p>**Specialty 047 requires Board Certification**</p> <p>**Specialty 150 requires Self Attestation of meeting AEP Practitioner Requirements as specified in 8.321.2 NMAC Section 10 subsection A; and the provider must also have an additional specialty**</p>
302	PHYSICIAN, DO	required - see list below	NO	NO	<ul style="list-style-type: none"> <li>* City or County Business license</li> <li>* Federal tax identification letter</li> <li>* Proof of malpractice, professional liability, or medical liability insurance</li> <li>* Completed W-9 form</li> </ul>	<ul style="list-style-type: none"> <li>* Copy of Physician license</li> <li>* Copy of National Board certification</li> <li>or</li> <li>Proof of Training or Fellowship in the requested Specialty area (residency program certification, or letter from chairperson of Residency program stating that training was received in the Specialty area). * City or County</li> <li>Business license</li> <li>* Proof of malpractice, professional liability, or medical liability insurance</li> <li>* Completed W-9 form</li> </ul>	<ul style="list-style-type: none"> <li>* Copy of Physician license</li> <li>* Copy of National Board certification</li> <li>or</li> <li>Proof of Training or Fellowship in the requested Specialty area, residency program certification, or letter from chairperson of Residency program stating that training was received in the Specialty area. * Proof of malpractice, professional liability, or medical liability insurance</li> </ul>	<p>DEA certificate</p> <p>**Specialty 001 does not require specialty certification**</p> <p>**Specialty 143 does not require specialty certification; however, the provider must also have an additional specialty**</p> <p>**Specialty 047 requires Board Certification**</p> <p>**Specialty 150 requires Self Attestation of meeting AEP Practitioner Requirements as specified in 8.321.2 NMAC Section 10 subsection A; and the provider must also have an additional specialty**</p>

# Online Provider Enrollment Features

**Reminder:** After your application has been approved, Providers that wish to see managed care recipients must also contact each of the Centennial Care MCOs and follow their instructions for the credentialing and/or contracting process with them.

Centennial Care MCOs	Contact Number	Website
BlueCross BlueShield of New Mexico	(866) 689-1523	<a href="http://www.bcbsnm.com/community-centennial/">www.bcbsnm.com/community-centennial/</a>
Presbyterian	(888) 977-2333	<a href="http://www.phs.org">www.phs.org</a>
Western Sky Community Care	(844) 543-8996	<a href="http://www.westernskycommunitycare.com">www.westernskycommunitycare.com</a>

# Web Portal Application Submission Process

## – MAD 312

## Web Portal Application Submission Process – MAD 312

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- MAD 312 applications are used to enroll individuals who perform services within a group or organization
- Select either:
  - Fee-For-Service (FFS) and Managed Care Organization (MCO) network or Fee-For-Service (FFS) only.
  - Managed Care Organization (MCO) Only
- Click on “initial enrollment” and “continue”

# Web Portal Application Submission Process – MAD 312



**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Provider Enrollment**

**Application Setup**

Select An Application Type

Initial Enrollment

**Service-only (MAD 312)**

- This agreement is for individual applicants who perform services within a group or other organization. Payments will be made only to the group or organization. No payments will be made directly to the individual. If the applicant will be providing services for which payments are to be made directly to the applicant, then this form should not be used. Use Form MAD 335 Instead.

Fee-For-Service (FFS) and Managed Care Organization (MCO) network or Fee-For-Service (FFS) only.

Managed Care Organization (MCO) network only.

**This Application Is :**

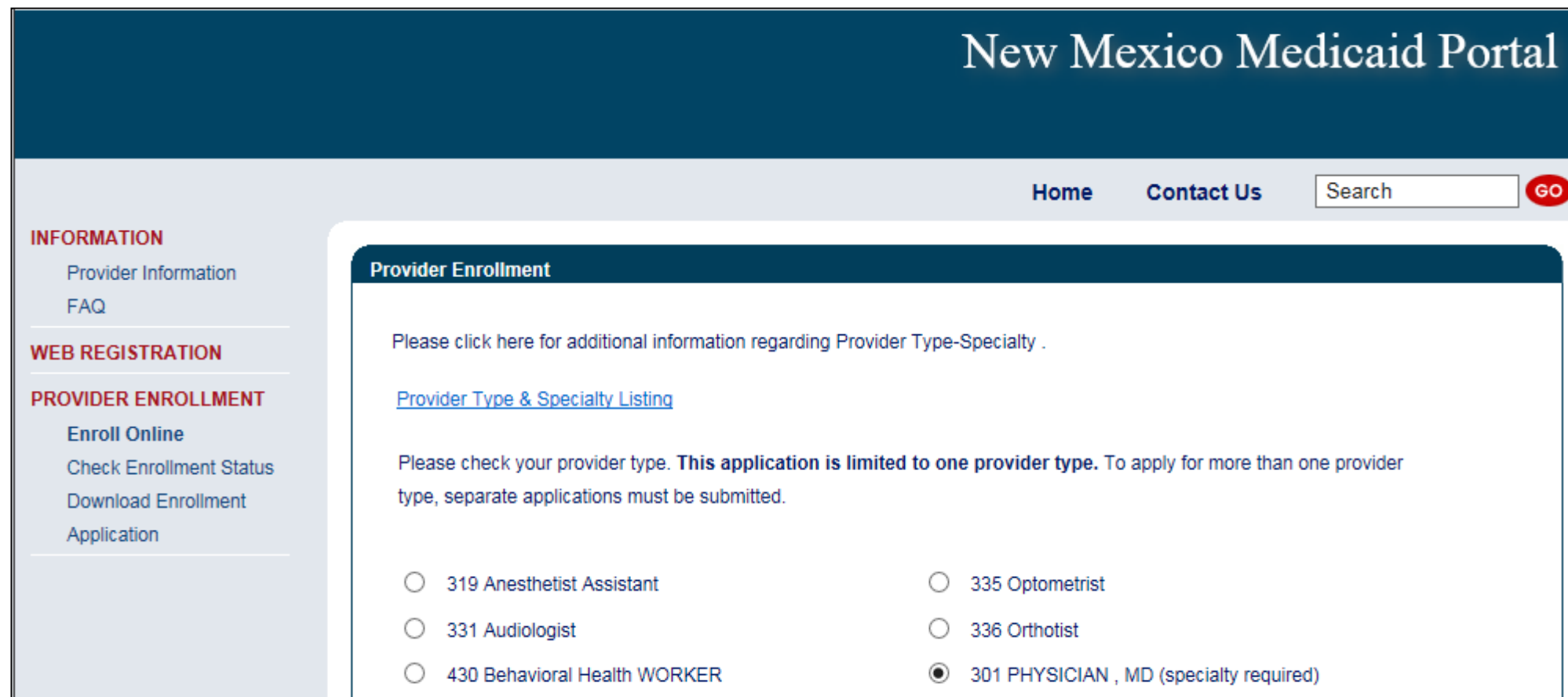
**Initial Enrollment**  
Select to complete a new application for the NM Medicaid program.

**Service-only (MAD 312)**

**Managed Care Organization (MCO) network only.**

# Web Portal Application Submission Process – MAD 312

**Choosing a provider type:** Use the Provider Type & Specialty Listing link on the portal to view your provider type and the required documentation associated with that provider type.



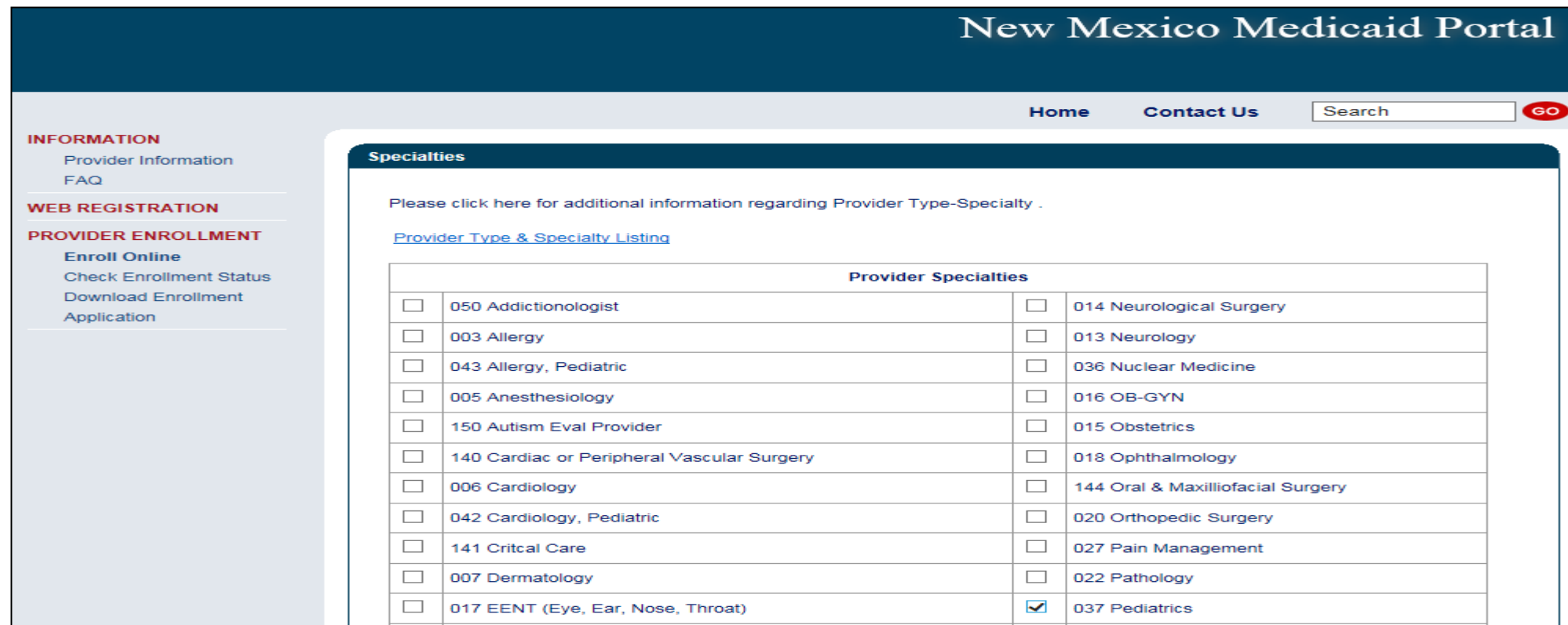
The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a dark blue header with the portal name. Below the header is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. On the left side, there is a sidebar menu with three main sections: 'INFORMATION' (containing 'Provider Information' and 'FAQ'), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (containing 'Enroll Online', 'Check Enrollment Status', 'Download Enrollment Application', and 'Application'). The main content area is titled 'Provider Enrollment' and contains the following text: 'Please click here for additional information regarding Provider Type-Specialty .', a link for 'Provider Type & Specialty Listing', and a note: 'Please check your provider type. This application is limited to one provider type. To apply for more than one provider type, separate applications must be submitted.' Below this text is a list of provider types with radio buttons:

- 319 Anesthetist Assistant
- 331 Audiologist
- 430 Behavioral Health WORKER
- 335 Optometrist
- 336 Orthotist
- 301 PHYSICIAN , MD (specialty required)

# Web Portal Application Submission Process – MAD 312

Please click on the specialty being requested

**Note:** not all provider types require a specialty



The screenshot shows the 'New Mexico Medicaid Portal' interface. On the left is a navigation menu with sections: INFORMATION (Provider Information, FAQ), WEB REGISTRATION, and PROVIDER ENROLLMENT (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Specialties' and includes a search bar with 'Home' and 'Contact Us' links. Below the search bar is a table of 'Provider Specialties' with checkboxes for each specialty. The '037 Pediatrics' checkbox is checked.

**Specialties**

Please click here for additional information regarding Provider Type-Specialty .

[Provider Type & Specialty Listing](#)

Provider Specialties			
<input type="checkbox"/>	050 Addictionologist	<input type="checkbox"/>	014 Neurological Surgery
<input type="checkbox"/>	003 Allergy	<input type="checkbox"/>	013 Neurology
<input type="checkbox"/>	043 Allergy, Pediatric	<input type="checkbox"/>	036 Nuclear Medicine
<input type="checkbox"/>	005 Anesthesiology	<input type="checkbox"/>	016 OB-GYN
<input type="checkbox"/>	150 Autism Eval Provider	<input type="checkbox"/>	015 Obstetrics
<input type="checkbox"/>	140 Cardiac or Peripheral Vascular Surgery	<input type="checkbox"/>	018 Ophthalmology
<input type="checkbox"/>	006 Cardiology	<input type="checkbox"/>	144 Oral & Maxillofacial Surgery
<input type="checkbox"/>	042 Cardiology, Pediatric	<input type="checkbox"/>	020 Orthopedic Surgery
<input type="checkbox"/>	141 Critical Care	<input type="checkbox"/>	027 Pain Management
<input type="checkbox"/>	007 Dermatology	<input type="checkbox"/>	022 Pathology
<input type="checkbox"/>	017 EENT (Eye, Ear, Nose, Throat)	<input checked="" type="checkbox"/>	037 Pediatrics



# Web Portal Application Submission Process – MAD 312

Please take note of your Reference Number. This will be the number you use to retrieve the application later.



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a dark blue header with the text 'New Mexico Medicaid Portal'. Below this, a navigation bar includes 'Home', 'Contact Us', a search box with a 'GO' button, and a 'Reference Number: PKVSCURDFV' field. The main content area is titled 'Provider Enrollment' and contains the following information:

- Instructions**
- Your Reference Number is: PKVSCURDFV**
- Please record your reference number. You may use this number to recall your application.**
- Contact a Provider Enrollment Specialist**  
You may contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304 for any questions concerning this application.
- Saving an Application for Recall at a Later Time**  
If at any time while completing this application you would like to save your information and finish at a later time, click the Save Application button at the bottom of the page. The next time you visit the online application, enter your reference number in the Recall Application section.
- This application will only be available for 90 days. After the 90 day limit, the entire application will be purged and all information will need to be re-entered.
- PDF Files**  
The Provider Enrollment application, signature page, and other documents that are available for download from this web site are presented in Adobe PDF file format. To view PDF files you will need Adobe Acrobat Reader installed on your computer. For a free download please click the Acrobat Reader icon.

At the bottom of the page, there is an Adobe Acrobat Reader logo and three buttons: 'Back', 'Continue', and 'Exit Application'.

# Web Portal Application Submission Process – MAD 312

The provider's name, NPI, Medicare Number (if applicable), and a contact person is entered here.

## New Mexico Medicaid Portal

Home
Contact UsGO

**INFORMATION**

- Provider Information
- FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

**Provider Enrollment SECTION 1 - APPLICANT INFORMATION**
Reference Number: ATUHVZWUB9

Applicant Name (for individuals – must match license name)

<b>*First Name</b>	<input type="text"/>	MI	<input type="text"/>	<b>*Last Name</b>	<input type="text"/>
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Professional Title(MD,DDS, etc):

**An NPI is required unless you are a Community Benefit, Waiver, Non-Emergency Transportation or Meal/Lodging provider.**

I am exempt from this NPI requirement.

National Provider Identifier (NPI)	<input type="text"/>
------------------------------------	----------------------

Primary Taxonomy:

Individual's Medicare Provider Number (Please attach a copy of your Medicare Letter):

Upload Attachments

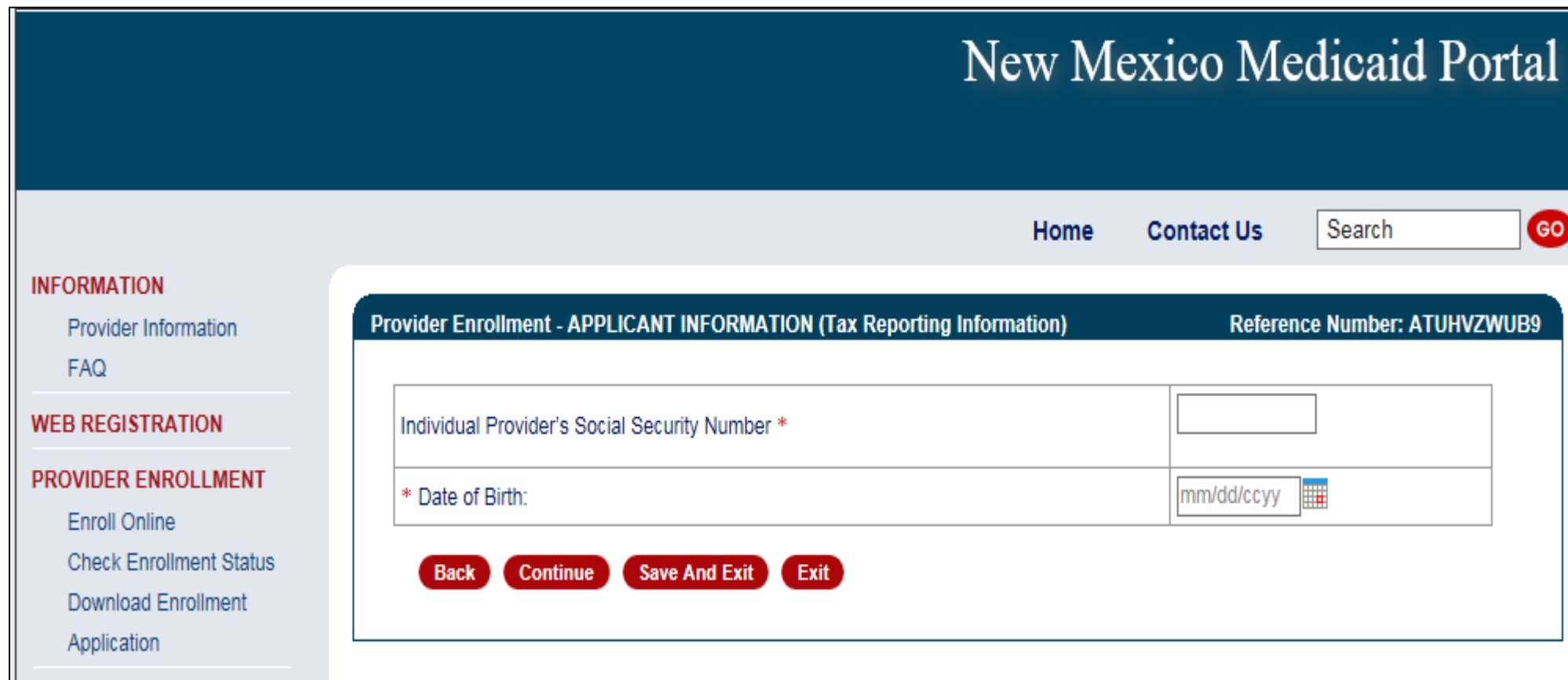
New Mexico project staff may need to contact you regarding the completion of this form. Please list contact person and contact information.

<b>* Contact Name:</b>	<input type="text"/>	Contact Title:	<input type="text"/>
Contact Telephone	<input type="text"/>	<b>*Contact Email</b>	<input type="text"/>
(Example:9999999999)			

Back
Continue
Save And Exit
Exit

Terms of Usage Privacy Policy Browser Compatibility
Build Version: 3927-2017-08-09\_10-26-50 - 194

# Web Portal Application Submission Process – MAD 312



The screenshot displays the New Mexico Medicaid Portal interface. At the top, the title "New Mexico Medicaid Portal" is centered in a dark blue header. Below the header, a navigation bar includes links for "Home" and "Contact Us", a search box with a "GO" button, and a reference number "Reference Number: ATUHVZWUB9".

The main content area is titled "Provider Enrollment - APPLICANT INFORMATION (Tax Reporting Information)". It contains a form with the following fields:

- Individual Provider's Social Security Number \***: A text input field.
- \* Date of Birth:**: A date input field with a calendar icon and the format "mm/dd/ccyy".

At the bottom of the form, there are four red buttons: "Back", "Continue", "Save And Exit", and "Exit".

On the left side of the portal, there is a sidebar menu with the following sections:

- INFORMATION**
  - Provider Information
  - FAQ
- WEB REGISTRATION**
- PROVIDER ENROLLMENT**
  - Enroll Online
  - Check Enrollment Status
  - Download Enrollment Application

# Web Portal Application Submission Process – MAD 312

Practice location address and mailing address are both required

## New Mexico Medicaid Portal

Home
Contact Us

Search

GO

**INFORMATION**

- Provider Information
- FAQ

---

**WEB REGISTRATION**

---

**PROVIDER ENROLLMENT**

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

**Provider Enrollment SECTION II - OFFICE INFORMATION**
Reference Number: ATUHVZWUB9

Please click here for additional information regarding Provider Type-Specialty .  
[Provider Type & Specialty Listing](#)

**Physical Street Address where services are rendered (PO Box NOT Accepted)**

<b>* Street Address</b>	<input style="width: 95%;" type="text"/>		
Suite/Office/Other	<input style="width: 95%;" type="text"/>		
<b>* City</b>	<input style="width: 80%;" type="text"/>	<b>* State</b> <span style="border: 1px solid #ccc; padding: 2px;">Select One</span>	<b>* Zip</b> <input style="width: 15%;" type="text"/> - <input style="width: 10%;" type="text"/>
<b>* County</b>	<span style="border: 1px solid #ccc; padding: 2px;">Select One</span>		
<b>* Location phone</b> <small>(example:9999999999)</small>	<input style="width: 95%;" type="text"/>		
<b>* Location/Provider Email Address</b>	<input style="width: 95%;" type="text"/>		
Fax Number <small>(example:9999999999)</small>	<input style="width: 95%;" type="text"/>		

**Mailing Address for official correspondence (May be PO Box)**

Same as Location

<b>* Mailing Address</b>	<input style="width: 95%;" type="text"/>		
Suite/Office/Other	<input style="width: 95%;" type="text"/>		
<b>* City</b>	<input style="width: 80%;" type="text"/>	<b>* State</b> <span style="border: 1px solid #ccc; padding: 2px;">Select One</span>	<b>* Zip</b> <input style="width: 15%;" type="text"/> - <input style="width: 10%;" type="text"/>
<b>* County</b>	<span style="border: 1px solid #ccc; padding: 2px;">Select One</span>		
<b>* Mailing Email Address</b>	<input style="width: 95%;" type="text"/>		

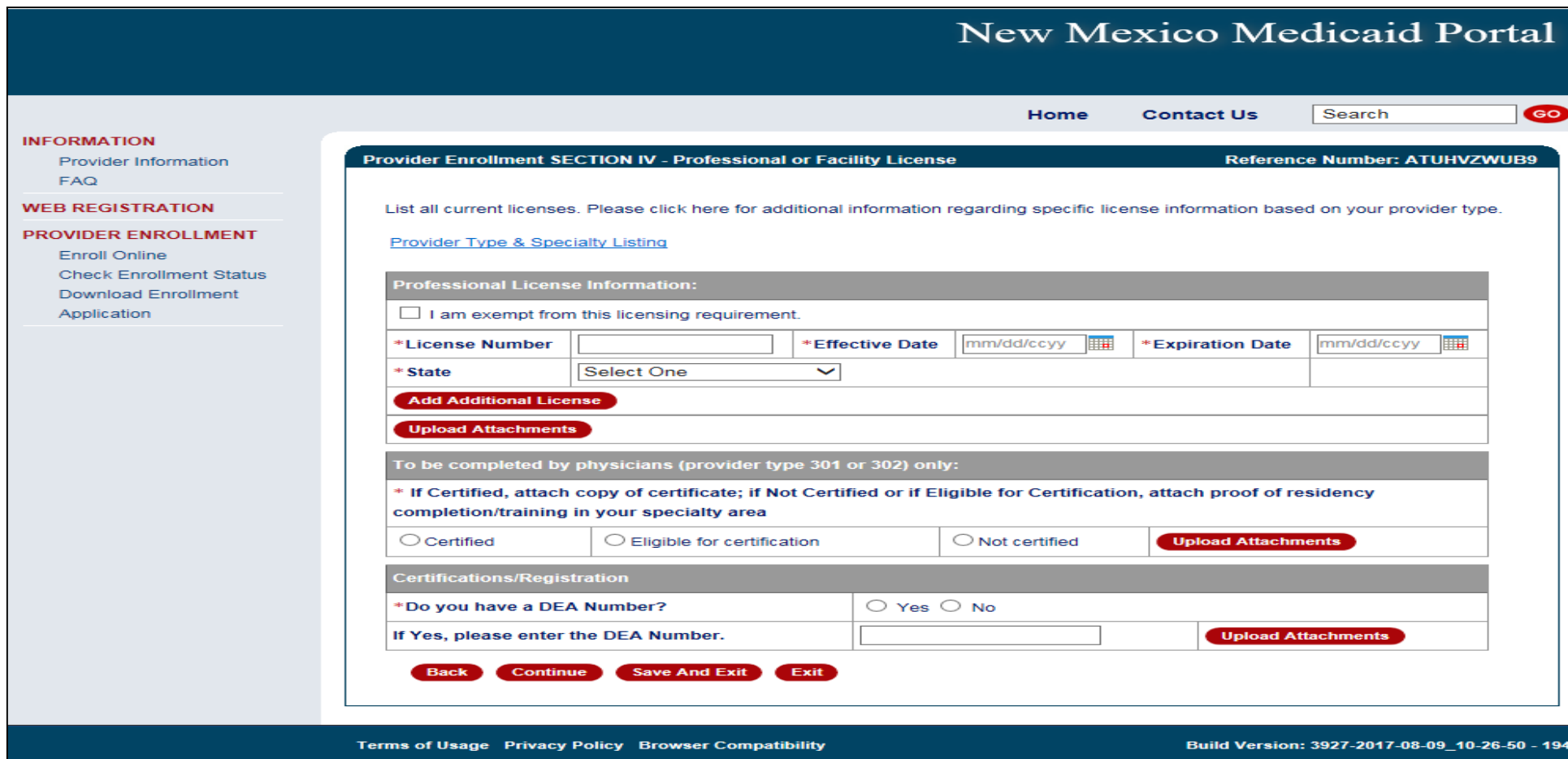
Back
Continue
Save And Exit
Exit

Terms of Usage Privacy Policy Browser Compatibility
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# Web Portal Application Submission Process – MAD 312

The State issuing the professional license and the State in which the provider is practicing must match (with the exception of providers affiliating with IHS)

**Note:** Telemedicine providers should submit professional license from their home state (not Telemedicine license alone)



**New Mexico Medicaid Portal**

Home Contact Us Search **GO**

**INFORMATION**  
 Provider Information  
 FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
 Enroll Online  
 Check Enrollment Status  
 Download Enrollment Application

**Provider Enrollment SECTION IV - Professional or Facility License** Reference Number: ATUHVZWUB9

List all current licenses. Please click here for additional information regarding specific license information based on your provider type.  
[Provider Type & Specialty Listing](#)

**Professional License Information:**

I am exempt from this licensing requirement.

\*License Number  \*Effective Date  \*Expiration Date

\*State

**Add Additional License**

**Upload Attachments**

**To be completed by physicians (provider type 301 or 302) only:**

\* If Certified, attach copy of certificate; if Not Certified or if Eligible for Certification, attach proof of residency completion/training in your specialty area

Certified  Eligible for certification  Not certified **Upload Attachments**

**Certifications/Registration**

\*Do you have a DEA Number?  Yes  No

If Yes, please enter the DEA Number.  **Upload Attachments**

**Back Continue Save And Exit Exit**

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# Web Portal Application Submission Process – MAD 312

Enter billing group information

## New Mexico Medicaid Portal

Home
Contact UsGO

**INFORMATION**

- [Provider Information](#)
- [FAQ](#)

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**

- [Enroll Online](#)
- [Check Enrollment Status](#)
- [Download Enrollment Application](#)

Provider Enrollment Provider Enrollment Section VIII - Group Affiliations
Reference Number: ATUHVZWUB9

Identify the groups or organization(s) to which payments will be made for your Medicaid services.

If needed, please upload a file that includes the following individual information: Name and Title, Provider Type, Specialty, Current NPI, NM Medicaid Provider Number (if currently enrolled).

Each attachment may have a maximum size of 5 MB. It's recommended to attach PDF, JPG, TIF, PNG, and Word document files. Please do not attach ZIP files, PowerPoint, Excel or password-protected files.

Upload Attachments

**Group Information 1**

Is the group or organization to which payments will be made for your Medicaid services an existing New Mexico Medicaid provider?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, NM Medicaid Number	<input type="text"/>
Organization or Group Name	<input type="text"/>		
NPI	<input type="text"/>		
Medicare Number	<input type="text"/>		

Add Groups

Back
Continue
Save And Exit
Exit

Terms of Usage Privacy Policy Browser Compatibility
Build Version: 3927-2017-08-09\_10-26-50 - 194

# Web Portal Application Submission Process – MAD 312

Select professional liability type



**New Mexico Medicaid Portal**

Home Contact Us Search **GO**

**INFORMATION**  
 Provider Information  
 FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
 Enroll Online  
 Check Enrollment Status  
 Download Enrollment Application

**Provider Enrollment - Malpractice, Professional, Medical, or Other Liability Insurance** Reference Number: ATUHVZWUB9

Please click here for additional information regarding Provider Type-Specialty .

[Provider Type & Specialty Listing](#)

Please enter information on current malpractice, medical liability, or professional liability insurance. Coverage must be active at the time services are rendered. Please upload coverage information attachments. Your application may be rejected if any of the supporting attachments show coverage expiring within the next 30 days.

- 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.

**Back Continue Save And Exit Exit**

Terms of Usage Privacy Policy Browser Compatibility Build Version: 3927-2017-08-09\_10-26-50 - 194

# Provider Enrollment Application



Attach proof of professional liability if applicable

**Provider Enrollment - Malpractice, Professional, Medical, or Other Liability Insurance** Reference Number: BQBYFKVUV4

Please click here for additional information regarding Provider Type-Specialty :  
[Provider Type & Specialty Listing](#)

Please enter information on current malpractice, medical liability, or professional liability insurance. Coverage must be active at the time services are rendered. Please upload coverage information attachments. Your application may be rejected if any of the supporting attachments show coverage expiring within the next 30 days.

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.

Insurance Information 1	
* Carrier Name	<input type="text"/>
* Insured Name	<input type="text"/>
* Policy Number	<input type="text"/>
Dates of Coverage	* From: <input type="text"/>  * To: <input type="text"/> 
<input type="button" value="Add Additional Carrier"/>	
<input type="button" value="Upload Attachments"/>	



# Web Portal Application Submission Process


## – MAD 335

## Web Portal Application Submission Process – MAD 335

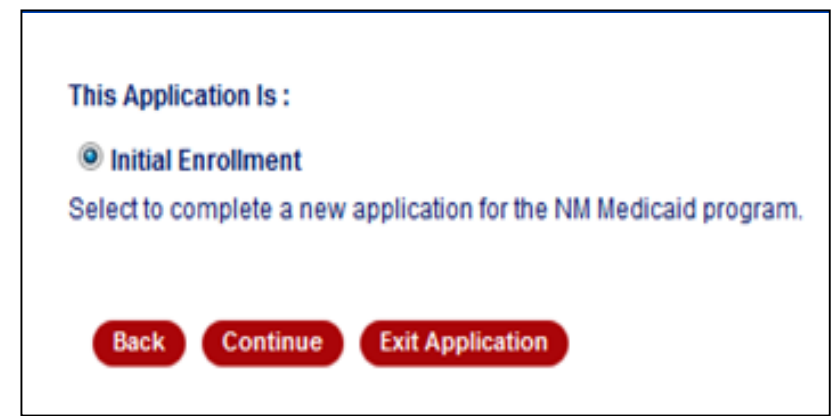
---

- MAD 335 applications are used to enroll providers to whom payment will be made
- Select either:
  - Fee-For-Service (FFS) and Managed Care Organization (MCO) network or Fee-For-Service (FFS) only.
  - Managed Care Organization (MCO) Only
- Click on “initial enrollment” and “continue”

# Web Portal Application Submission Process – MAD 335



The screenshot shows the 'New Mexico Medicaid Portal' with a navigation bar containing 'Home', 'Contact Us', and a search box with a 'GO' button. A left sidebar contains sections for 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enrollment, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Provider Enrollment' and includes 'Application Setup' and 'Select An Application Type'. A red arrow points from the 'Enrollment' link in the sidebar to the 'Billing (MAD 335)' radio button. Below this, there is a detailed description of the agreement and two other radio button options: 'Fee-For-Service (FFS) and Managed Care Organization (MCO) network or Fee-For-Service (FFS) only' and 'Managed Care Organization (MCO) network only'.

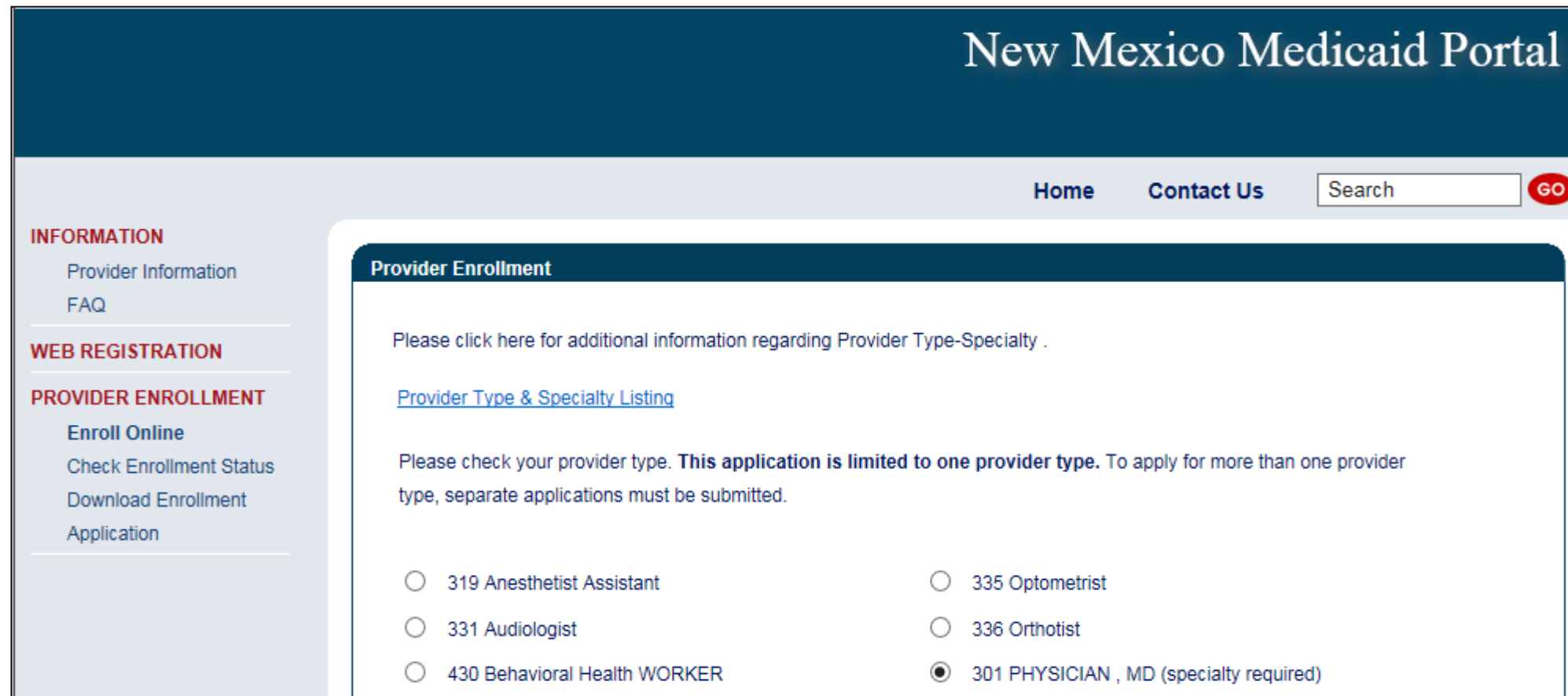


This Application Is :  
 Initial Enrollment  
Select to complete a new application for the NM Medicaid program.

[Back](#) [Continue](#) [Exit Application](#)

# Web Portal Application Submission Process – MAD 335

**Choosing a provider type:** Use the Provider Type & Specialty Listing link on the portal to view your provider type and the required documentation associated with that provider type.



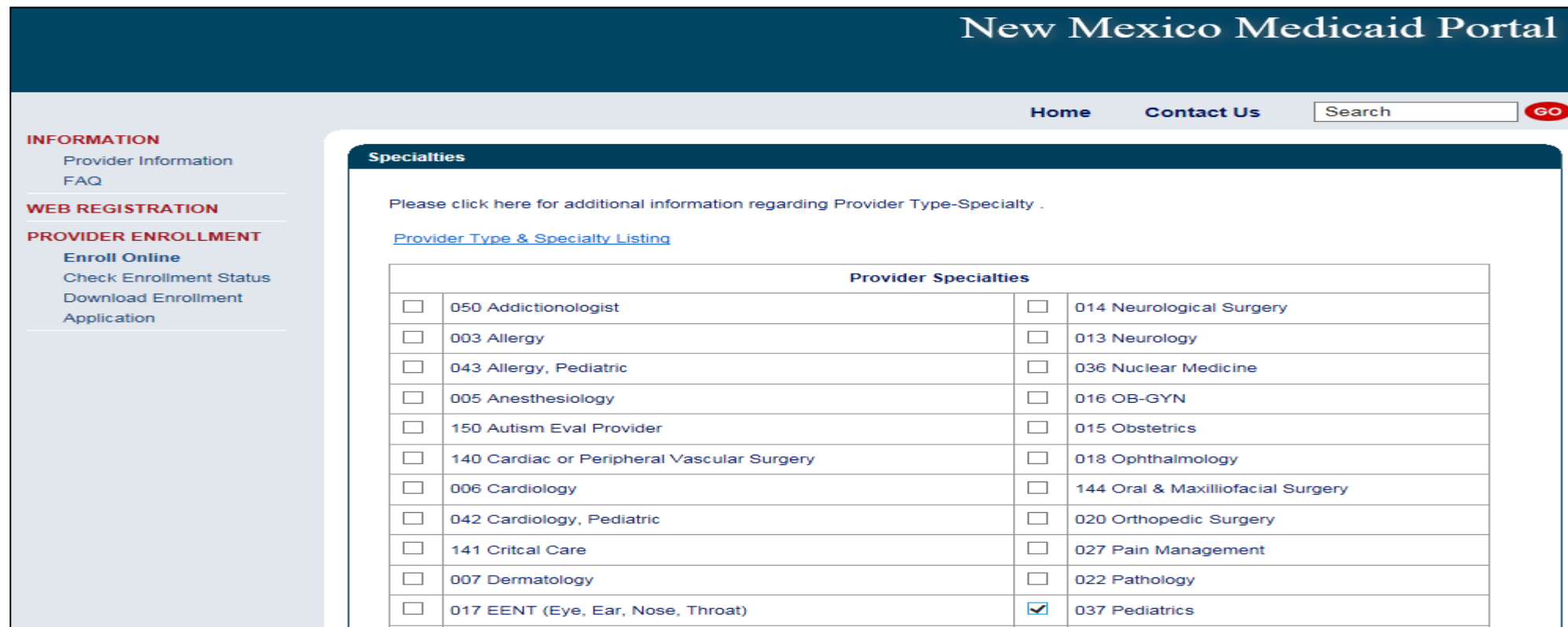
The screenshot shows the 'New Mexico Medicaid Portal' interface. The main header is dark blue with the text 'New Mexico Medicaid Portal'. Below the header is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. On the left side, there is a sidebar menu with three sections: 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Provider Enrollment' and contains the following text: 'Please click here for additional information regarding Provider Type-Specialty .', a link for 'Provider Type & Specialty Listing', and a note: 'Please check your provider type. This application is limited to one provider type. To apply for more than one provider type, separate applications must be submitted.' Below this text is a list of provider types with radio buttons:

- 319 Anesthetist Assistant
- 331 Audiologist
- 430 Behavioral Health WORKER
- 335 Optometrist
- 336 Orthotist
- 301 PHYSICIAN , MD (specialty required)

# Web Portal Application Submission Process – MAD 335

Click on the specialty being requested

**Note:** not all provider types require a specialty

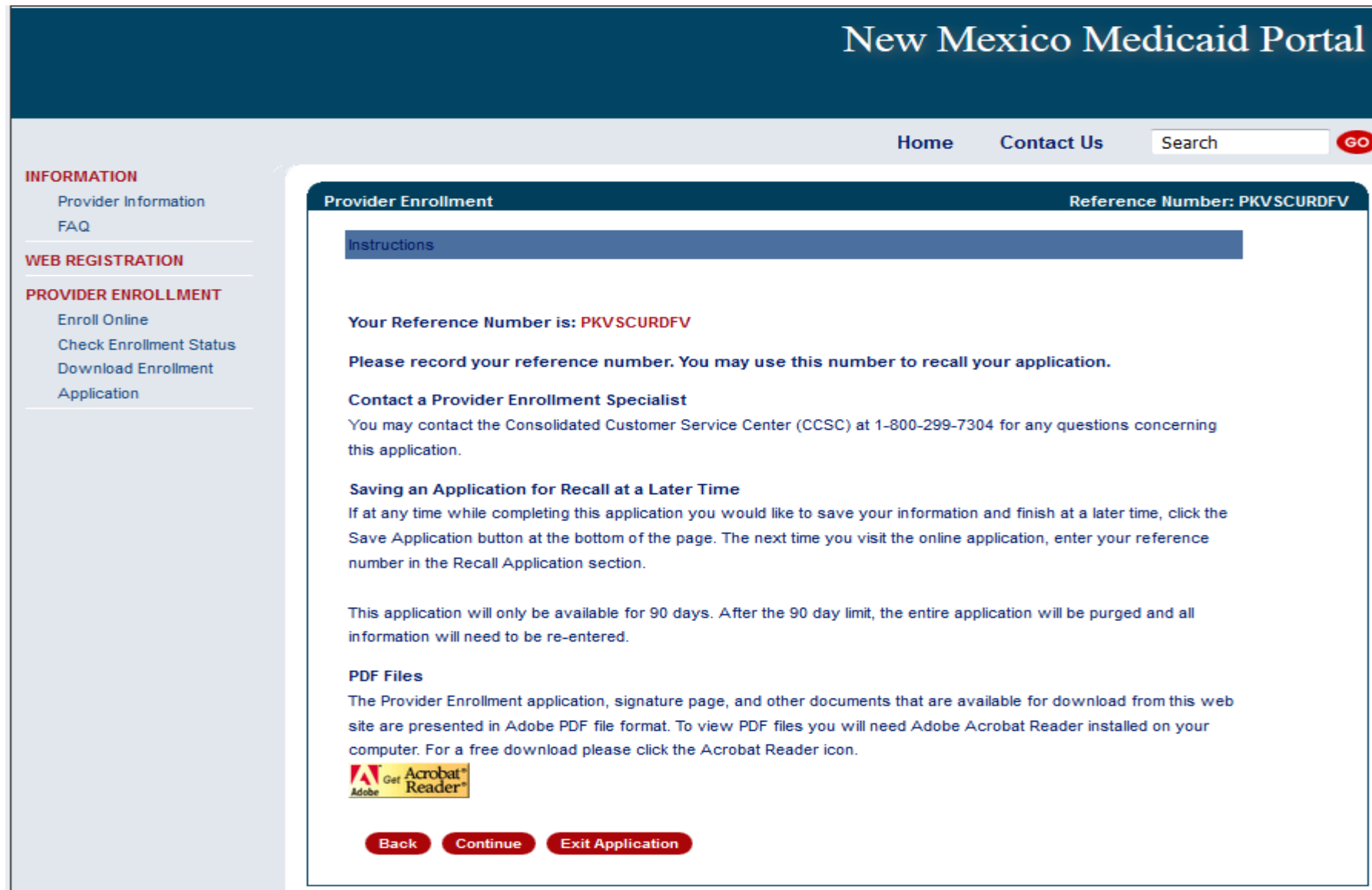


The screenshot shows the 'New Mexico Medicaid Portal' with a navigation bar containing 'Home', 'Contact Us', and a search box. A sidebar on the left lists 'INFORMATION', 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' options. The main content area is titled 'Specialties' and contains a table of provider specialties. The '037 Pediatrics' specialty is selected with a checked checkbox.

Provider Specialties	
<input type="checkbox"/> 050 Addictionologist	<input type="checkbox"/> 014 Neurological Surgery
<input type="checkbox"/> 003 Allergy	<input type="checkbox"/> 013 Neurology
<input type="checkbox"/> 043 Allergy, Pediatric	<input type="checkbox"/> 036 Nuclear Medicine
<input type="checkbox"/> 005 Anesthesiology	<input type="checkbox"/> 016 OB-GYN
<input type="checkbox"/> 150 Autism Eval Provider	<input type="checkbox"/> 015 Obstetrics
<input type="checkbox"/> 140 Cardiac or Peripheral Vascular Surgery	<input type="checkbox"/> 018 Ophthalmology
<input type="checkbox"/> 006 Cardiology	<input type="checkbox"/> 144 Oral & Maxillofacial Surgery
<input type="checkbox"/> 042 Cardiology, Pediatric	<input type="checkbox"/> 020 Orthopedic Surgery
<input type="checkbox"/> 141 Critical Care	<input type="checkbox"/> 027 Pain Management
<input type="checkbox"/> 007 Dermatology	<input type="checkbox"/> 022 Pathology
<input type="checkbox"/> 017 EENT (Eye, Ear, Nose, Throat)	<input checked="" type="checkbox"/> 037 Pediatrics

# Web Portal Application Submission Process – MAD 335

Take note of your Reference Number. This will be the number you use to retrieve the application later.



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a dark blue header with the text 'New Mexico Medicaid Portal'. Below this, a navigation bar includes links for 'Home' and 'Contact Us', a search box with a 'GO' button, and a 'Reference Number: PKVSCURDFV' displayed on the right. The main content area is titled 'Provider Enrollment' and contains several sections: 'Instructions', 'Your Reference Number is: PKVSCURDFV', 'Please record your reference number. You may use this number to recall your application.', 'Contact a Provider Enrollment Specialist' (with contact information for the CCSC), 'Saving an Application for Recall at a Later Time', and 'PDF Files'. At the bottom of the main content area, there are three buttons: 'Back', 'Continue', and 'Exit Application'. A sidebar on the left contains navigation links under 'INFORMATION', 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT'.

**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Home** **Contact Us** Search **GO**

**Provider Enrollment** Reference Number: PKVSCURDFV

**Instructions**

**Your Reference Number is: PKVSCURDFV**

**Please record your reference number. You may use this number to recall your application.**

**Contact a Provider Enrollment Specialist**  
You may contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304 for any questions concerning this application.

**Saving an Application for Recall at a Later Time**  
If at any time while completing this application you would like to save your information and finish at a later time, click the Save Application button at the bottom of the page. The next time you visit the online application, enter your reference number in the Recall Application section.

This application will only be available for 90 days. After the 90 day limit, the entire application will be purged and all information will need to be re-entered.

**PDF Files**  
The Provider Enrollment application, signature page, and other documents that are available for download from this web site are presented in Adobe PDF file format. To view PDF files you will need Adobe Acrobat Reader installed on your computer. For a free download please click the Acrobat Reader icon.



**Back** **Continue** **Exit Application**

# Web Portal Application Submission Process – MAD 335

- If services are provided in NM, a CRS number is needed
- Only one type of tax identification number can be added to this page (either Employer Identification Number or Social Security Number, not both)



**New Mexico Medicaid Portal**

Home   Contact Us   Search  **GO**

**INFORMATION**  
[Provider Information](#)  
[FAQ](#)

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
[Enroll Online](#)  
[Check Enrollment Status](#)  
[Download Enrollment Application](#)

Reference Number: UWQOYYE5VR

**Provider Enrollment - APPLICANT INFORMATION (Tax Reporting Information)**

Please click here for additional information regarding Provider Type-Specialty .  
[Provider Type & Specialty Listing](#)

Please enter the identifying number you will use for tax reporting and 1099 purposes.

*Are the services provided in NM?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
*NM CRS (Tax & Revenue) Number	<input type="text"/> - <input type="text"/> - 00 - <input type="text"/>	
*Are NM CRS tax payments current? If not, attach an explanation.	<input type="radio"/> Yes <input type="radio"/> No	<b>Upload Attachments</b>
*Select a profit status. If selecting not-for-profit, please attach a 501(c)3. Note that government entities to do not need to attach this document.	<input type="radio"/> For Profit <input type="radio"/> Not-for-profit (attach 501(c)3)	<b>Upload Attachments</b>
Federal Tax Number/FEIN (attach IRS letter)	<input type="text"/>	<b>Upload Attachments</b>
*Are Federal tax payments current? If not, attach an explanation.	<input type="radio"/> Yes <input type="radio"/> No	<b>Upload Attachments</b>
Individual Provider's Social Security Number	<input type="text"/>	
Date of Birth:	<input type="text"/> mm/dd/ccyy <input type="button" value="Calendar"/>	
*A fully executed W-9 is required to be attached.		<b>Upload Attachments</b>

[Terms of Usage](#)   [Privacy Policy](#)   [Browser Compatibility](#)
Build Version: 3922-2017-08-07\_11-25-24 - 65

# Web Portal Application Submission Process – MAD 335

Practice location address, mailing and billing address are required

Reference Number: YBEEP4U6E

Provider Enrollment SECTION II - OFFICE INFORMATION

Please click here for additional information regarding Provider Type-Specialty .

[Provider Type & Specialty Listing](#)

Physical Street Address where services are rendered (PO Box NOT Accepted)

<b>* Street Address</b>	<input type="text"/>		
Suite/Office/Other	<input type="text"/>		
<b>* City</b>	<input type="text"/>	<b>* State</b> <span style="border: 1px solid black; padding: 0 5px;">Select One</span> <span style="font-size: x-small;">v</span>	<b>* Zip</b> <input type="text"/> - <input type="text"/>
<b>* County</b>	<span style="border: 1px solid black; padding: 0 5px;">Select One</span> <span style="font-size: x-small;">v</span>		
<b>* Location phone</b> <small>(example: 9999999999)</small>	<input type="text"/>		
<b>* Location/Provider Email Address</b>	<input type="text"/>		
Fax Number <small>(example: 9999999999)</small>	<input type="text"/>		

Mailing Address for official correspondence (May be PO Box)

Same as Location

<b>* Mailing Address</b>	<input type="text"/>		
Suite/Office/Other	<input type="text"/>		
<b>* City</b>	<input type="text"/>	<b>* State</b> <span style="border: 1px solid black; padding: 0 5px;">Select One</span> <span style="font-size: x-small;">v</span>	<b>* Zip</b> <input type="text"/> - <input type="text"/>
<b>* County</b>	<span style="border: 1px solid black; padding: 0 5px;">Select One</span> <span style="font-size: x-small;">v</span>		
<b>* Mailing Email Address</b>	<input type="text"/>		

Billing Address (May be PO Box)

Same as Location Address

Same as Mailing Address

<b>* Billing Address</b>	<input type="text"/>		
Suite/Office/Other	<input type="text"/>		
<b>* City</b>	<input type="text"/>	<b>* State</b> <span style="border: 1px solid black; padding: 0 5px;">Select One</span> <span style="font-size: x-small;">v</span>	<b>* Zip</b> <input type="text"/> - <input type="text"/>
<b>County</b>	<span style="border: 1px solid black; padding: 0 5px;">Select One</span> <span style="font-size: x-small;">v</span>		
<b>Billing Phone</b> <small>(example: 9999999999)</small>	<input type="text"/>		
<b>Billing Email Address</b>	<input type="text"/>		

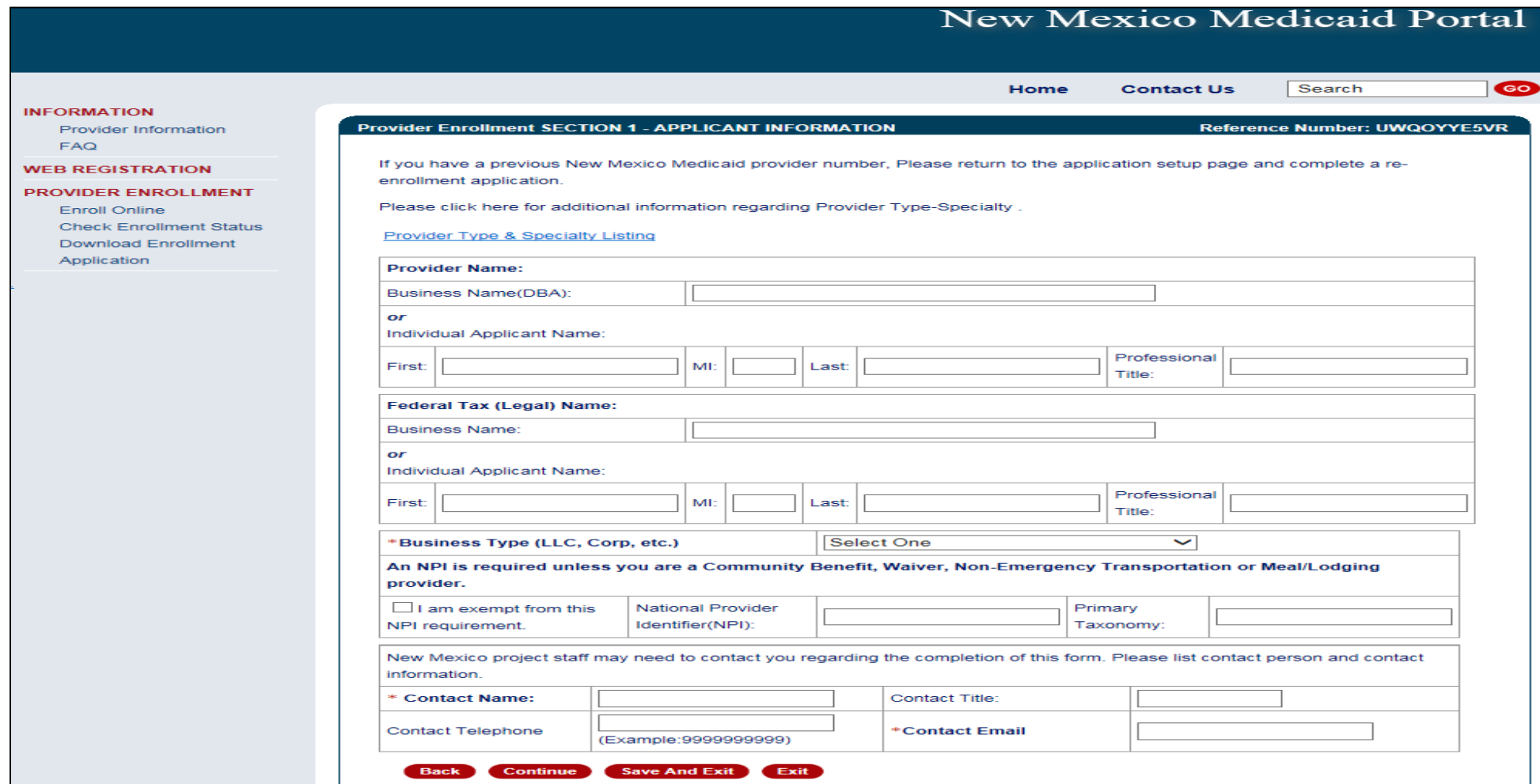
Back
Continue
Save And Exit
Exit



# Web Portal Application Submission Process – MAD 335

Enter business name or individual name

**Note:** Type 1 NPIs are assigned to individual providers, and Type 2 NPIs are assigned to organizational providers



The screenshot shows the 'New Mexico Medicaid Portal' interface. The main content area is titled 'Provider Enrollment SECTION 1 - APPLICANT INFORMATION' with a reference number 'UWQOYYE5VR'. The form includes instructions for re-enrollment and a link to 'Provider Type & Specialty Listing'. It contains two identical sections for 'Business Name' and 'Individual Applicant Name' (First, MI, Last, Professional Title). A dropdown menu for 'Business Type (LLC, Corp, etc.)' is set to 'Select One'. A note states: 'An NPI is required unless you are a Community Benefit, Waiver, Non-Emergency Transportation or Meal/Lodging provider.' Below this are fields for 'I am exempt from this NPI requirement.', 'National Provider Identifier(NPI):', and 'Primary Taxonomy:'. A section for contact information includes fields for 'Contact Name', 'Contact Title', 'Contact Telephone', and 'Contact Email'. At the bottom are buttons for 'Back', 'Continue', 'Save And Exit', and 'Exit'.

# Web Portal Application Submission Process – MAD 335

Select and upload attachments that pertain to your provider type and specialty

Certifications/Registration		
*Do you have a DEA Number?	<input type="radio"/> Yes <input type="radio"/> No	
If Yes, please enter the DEA Number.	<input type="text"/>	<a href="#">Upload Attachments</a>
CLIA Number	<input type="text"/>	<a href="#">Upload Attachments</a>
Certification Type	Select One <input type="button" value="v"/>	
Effective Date	<input type="text" value="mm/dd/ccyy"/> <input type="button" value="Calendar"/>	
Expiration Date	<input type="text" value="mm/dd/ccyy"/> <input type="button" value="Calendar"/>	
NCPDP/NABP Number (pharmacies only)	<input type="text"/>	
IHS Certified or Tribal 638 Contract Program (If yes, attach copy of certification or contract)	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">Upload Attachments</a>
Title XVIII Medicare Certified (if yes, attach copy of letter)	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">Upload Attachments</a>
Fiscal Year End Month	Select One <input type="button" value="v"/>	
JCAHO Certified? (If yes, attach copy of letter)	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">Upload Attachments</a>

[Back](#) [Continue](#) [Save And Exit](#) [Exit](#)

# Web Portal Application Submission Process – MAD 335

Enter any/all providers that are rendering services for your group



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. The main content area is titled 'Provider Enrollment - Individual Affiliations' and includes a 'Reference Number: SCQWECIGA0'. The page instructs users to identify individuals for service and upload a file with specific information. It also provides file size and format guidelines. At the bottom of the main content area, there is an 'Upload Attachments' button and four navigation buttons: 'Back', 'Continue', 'Save And Exit', and 'Exit'. A sidebar on the left contains links for 'INFORMATION', 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT'. The footer contains 'Terms of Usage', 'Privacy Policy', 'Browser Compatibility', and 'Build Version: 3927-2017-08-09\_10-26-50 - 162'.

**New Mexico Medicaid Portal**

Home Contact Us Search **GO**

**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Provider Enrollment - Individual Affiliations** Reference Number: SCQWECIGA0

Identify individuals who will be providing services for which payments will be made to your group or organization. please upload a file that includes the following individual information: Name and Title, Provider Type, Speciality, CurrentNPI, NM Medicaid provider Number(if currently enrolled).

Each attachment may have a maximum size of 5 MB. It's recommended to attach PDF, JPG, TIF, PNG, and Word document files. Please do not attach ZIP files, PowerPoint, Excel or password-protected files.

**Upload Attachments**

**Back Continue Save And Exit Exit**

Terms of Usage Privacy Policy Browser Compatibility Build Version: 3927-2017-08-09\_10-26-50 - 162

# Web Portal Application Submission Process – MAD 335

## Select professional liability type



**New Mexico Medicaid Portal**

Home Contact Us Search **GO**

**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

**Provider Enrollment - Malpractice, Professional, Medical, or Other Liability Insurance** Reference Number: ATUHVZWUB9

Please click here for additional information regarding Provider Type-Specialty .  
[Provider Type & Specialty Listing](#)

Please enter information on current malpractice, medical liability, or professional liability insurance. Coverage must be active at the time services are rendered. Please upload coverage information attachments. Your application may be rejected if any of the supporting attachments show coverage expiring within the next 30 days.

- 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.

**Back Continue Save And Exit Exit**

Terms of Usage Privacy Policy Browser Compatibility Build Version: 3927-2017-08-09\_10-26-50 - 194

# Web Portal Application Submission Process – MAD 335

Attach proof of professional liability if applicable

**Provider Enrollment - Malpractice, Professional, Medical, or Other Liability Insurance** Reference Number: ZGGD9LKCNS

Please click here for additional information regarding Provider Type-Specialty .

[Provider Type & Specialty Listing](#)

Please enter information on current malpractice, medical liability, or professional liability insurance. Coverage must be active at the time services are rendered. Please upload coverage information attachments. Your application may be rejected if any of the supporting attachments show coverage expiring within the next 30 days.

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

Insurance Information 1	
* Carrier Name	<input type="text"/>
* Insured Name	<input type="text"/>
* Policy Number	<input type="text"/>
Dates of Coverage	* From: <input type="text" value="mm/dd/ccyy"/> <input type="button" value="📅"/> * To: <input type="text" value="mm/dd/ccyy"/> <input type="button" value="📅"/>
<input type="button" value="Add Additional Carrier"/>	
<input type="button" value="Upload Attachments"/>	

# Web Portal Application Submission Process – MAD 335

All Managing Employees must be disclosed

## New Mexico Medicaid Portal

Home
Contact Us

GO

**INFORMATION**

- Provider Information
- FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

**Provider Enrollment SECTION XI - ADDITIONAL QUESTIONS**
Reference Number: SCQWECIGA0

Please click here for additional information regarding Provider Type-Specialty .

[Provider Type & Specialty Listing](#)

All providers must answer the following question:

1) Has the provider, or any person who has ownership or control interest in the provider, or any person who is an agent or managing employee of the provider, been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs? If yes, give the name(s) of person(s) and description(s) of offense (s). You may identify up to five individual persons on each section or upload an attachment listing the required response for each question.

Yes
  No

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

2) 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"/> <input type="button" value=""/>					
Street Address	<input type="text"/>					
City	<input type="text"/>	State	<input type="text" value="Select One"/>		Zip	<input type="text"/> - <input type="text"/>
County	<input type="text" value="Select One"/>		Location/Provider Email Address		<input type="text"/>	
Location phone	<input type="text" value="(example:9999999999)"/>		Fax Number		<input type="text" value="(example:9999999999)"/>	

# Web Portal Application Submission Process – MAD 335

Applicants must disclose any ownership of 5% or more

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

3) 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 <input type="button" value="v"/>
Date of Birth:	<input type="text" value="mm/dd/ccyy"/> 	Legal Name:	<input type="text"/>		
Street Address	<input type="text"/>				
City	<input type="text"/>	State	Select One <input type="button" value="v"/>	Zip	<input type="text"/> - <input type="text"/>
County	Select One <input type="button" value="v"/>	Location/Provider Email Address	<input type="text"/>		
Location phone	<input type="text"/> (example:9999999999)	Fax Number	<input type="text"/> (example:9999999999)		

**Add Additional Person**

4) Is any person named in question #3 related to another as spouse, parent, child, or sibling? If yes, give the name(s) of person(s) and relationship(s). You may identify up to five individual persons on each section or upload an attachment listing the required response for each question.

Yes  No

5) Does any person named in question #3 have an ownership or control interest in any other Medicaid provider or in any entity that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVII, or XX of the Social Security Act? If yes, give the name(s), Medicaid provider identification number(s) and address(es) of the Medicaid provider or entity. You may identify up to five individual persons on each section or upload an attachment listing the required response for each question.

Yes  No

# Web Portal Application Submission Process

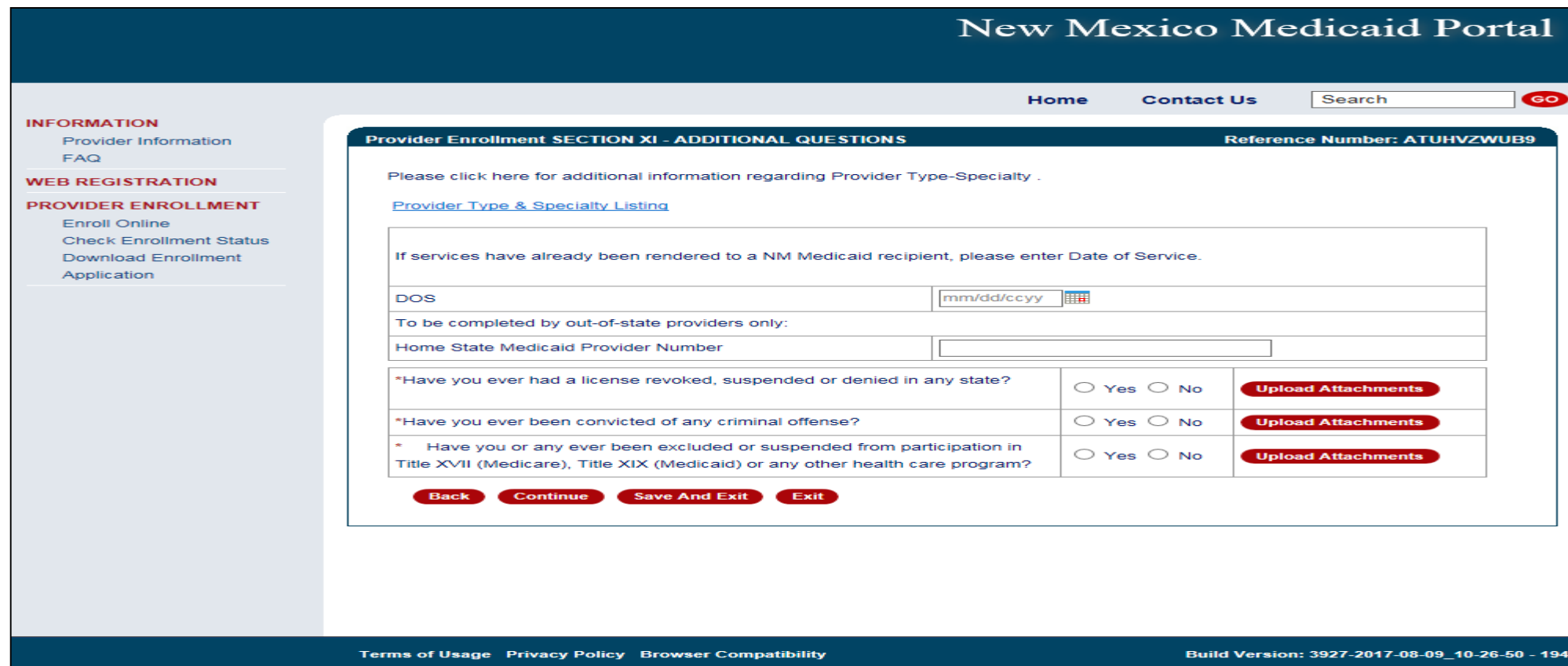
– Continued for both MAD 312 and MAD 335



# Provider Enrollment Application

Any “yes” answers to questions require supporting documentation

**Note:** *If services were rendered to a Medicaid recipient before application approval, ensure dates on all attached documents (license, board cert, insurance) encompass all the Date(s) of Service and are valid for at least 30 days from application submission date.*



The screenshot shows the 'New Mexico Medicaid Portal' interface. The main content area is titled 'Provider Enrollment SECTION XI - ADDITIONAL QUESTIONS' with a reference number 'ATUHVZWUB9'. It includes a navigation menu on the left with sections for 'INFORMATION', 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT'. The main form contains a link for 'Provider Type & Specialty Listing', a 'Date of Service' field, and three questions with 'Yes/No' radio buttons and 'Upload Attachments' buttons. The footer contains 'Terms of Usage', 'Privacy Policy', 'Browser Compatibility', and 'Build Version: 3927-2017-08-09\_10-26-50 - 194'.


**New Mexico Medicaid Portal**

Home Contact Us Search **GO**

**Provider Enrollment SECTION XI - ADDITIONAL QUESTIONS** Reference Number: ATUHVZWUB9

Please click here for additional information regarding Provider Type-Specialty .  
[Provider Type & Specialty Listing](#)

If services have already been rendered to a NM Medicaid recipient, please enter Date of Service.

DOS  

To be completed by out-of-state providers only:

Home State Medicaid Provider Number

*Have you ever had a license revoked, suspended or denied in any state?	<input type="radio"/> Yes <input type="radio"/> No	<b>Upload Attachments</b>
*Have you ever been convicted of any criminal offense?	<input type="radio"/> Yes <input type="radio"/> No	<b>Upload Attachments</b>
* Have you or any ever been excluded or suspended from participation in Title XVII (Medicare), Title XIX (Medicaid) or any other health care program?	<input type="radio"/> Yes <input type="radio"/> No	<b>Upload Attachments</b>

**Back Continue Save And Exit Exit**

Terms of Usage Privacy Policy Browser Compatibility Build Version: 3927-2017-08-09\_10-26-50 - 194

# Provider Enrollment Application

Any additional documentation as required by the provider type and specialty list should be uploaded



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. A left sidebar contains menu items under 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Provider Enrollment - Required Attachments' and includes a 'Reference Number: ATUHVZWUB9'. A message states: 'If you have not included the required documentation, please use the page below to attach files to be included in your enrollment application.' Below this, there are three rows of upload fields: 'NPI Supplement Attachment(healthcare providers only)', 'Certification or Licensure Documentation', and 'Additional Documentation'. Each row has an 'Upload Attachments' button. At the bottom of the main content area, there are four buttons: 'Back', 'Continue', 'Save And Exit', and 'Exit'. The footer contains 'Terms of Usage', 'Privacy Policy', 'Browser Compatibility', and 'Build Version: 3927-2017-08-09\_10-26-50'.

# Provider Enrollment Application

## New Mexico Medicaid Portal

Home
Contact UsGO

**INFORMATION**

- [Provider Information](#)
- [FAQ](#)

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**WEB REGISTRATION**

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**PROVIDER ENROLLMENT**

- [Enroll Online](#)
- [Check Enrollment Status](#)
- [Download Enrollment Application](#)

**Provider Enrollment**
Reference Number: ATUHVZWUB9

This AGREEMENT, between the State of New Mexico (STATE), herein referred to as "the STATE," the New Mexico Human Services Department (HSD), herein referred to as "the DEPARTMENT" and the applicant as provider, herein referred to as "the PROVIDER", specifies the terms and conditions for providing health care services to eligible recipients of Medicaid, other medical assistance programs, and other health care programs administered by the Department and other departments of the State of New Mexico for which the Department is authorized to make payment to the PROVIDER. Administration of health care programs including, but not limited to, service authorizations, billing instructions and payment, may be performed by the DEPARTMENT and its agents including other departments and agencies of the State of New Mexico and their contractors, as authorized by joint power of agreements, contracts, or other binding agreements, herein referred to as its "AUTHORIZED AGENTS". This AGREEMENT shall be effective when completed in full with all required documentation attached and when signed by the PROVIDER and the Human Services Department Medical Assistance Division (HSD/MAD) or its designees and shall remain in effect until terminated pursuant to the terms set forth below.

**ARTICLE 1 – OBLIGATIONS OF THE PROVIDER**

The PROVIDER shall:

- 1.1. Abide by all federal, state, and local laws, rules and regulations, including but not limited to, those laws, regulations, and rules applicable to providers of services under Title XIX (Medicaid) and Title XXI (SCHIP) of the Social Security Act and other health care programs administered by the DEPARTMENT and its AUTHORIZED AGENTS.
- 1.2. Furnish services, bill for services, and receive payment for services only upon approval of this AGREEMENT by the HSD /MAD Director or his/her designees or its AUTHORIZED AGENTS.
- 1.3. Be responsible for the accuracy and validity of all claims for which reimbursement is sought by causing claims to be manually or electronically submitted to the DEPARTMENT or its AUTHORIZED AGENTS.

The provider applicant certifies that he or she has read and understands the information on this page.

Back
Continue
Save And Exit
Exit

Terms of Usage [Privacy Policy](#) [Browser Compatibility](#)
Build Version: 3927-2017-08-09\_10-26-50 - 194

# Provider Enrollment Application

Electronically sign here to acknowledge application is true and correct



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. The main content area is titled 'Provider Enrollment - AUTHORIZATION TO RELEASE INFORMATION AND AFFIRMATION' with a 'Reference Number: QEM9SSXSKJ'. The page contains a disclaimer about false statements, a statement of understanding regarding payment and falsification, and a radio button for certification. Below this is a form section for 'INDIVIDUAL PROVIDER:' with a text input field for 'Name of Individual Practitioner:'. At the bottom of the form are buttons for 'Back', 'Accept', 'Decline', 'Save And Exit', and 'Exit'. A sidebar on the left lists navigation options under 'INFORMATION', 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT'. The footer includes 'Terms of Usage', 'Privacy Policy', 'Browser Compatibility', and 'Build Version: 3922-2017-08-07\_11-25-24 - 65'.

**New Mexico Medicaid Portal**

Home Contact Us Search **GO**

**Provider Enrollment - AUTHORIZATION TO RELEASE INFORMATION AND AFFIRMATION** Reference Number: QEM9SSXSKJ

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or State laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or, where the entity already participates, a termination of its agreement or contract with the State agency.

I understand that payment of claims will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state law.

The provider applicant certifies that the information on this application is true and correct.

**INDIVIDUAL PROVIDER:**

Name of Individual Practitioner:

**Back Accept Decline Save And Exit Exit**

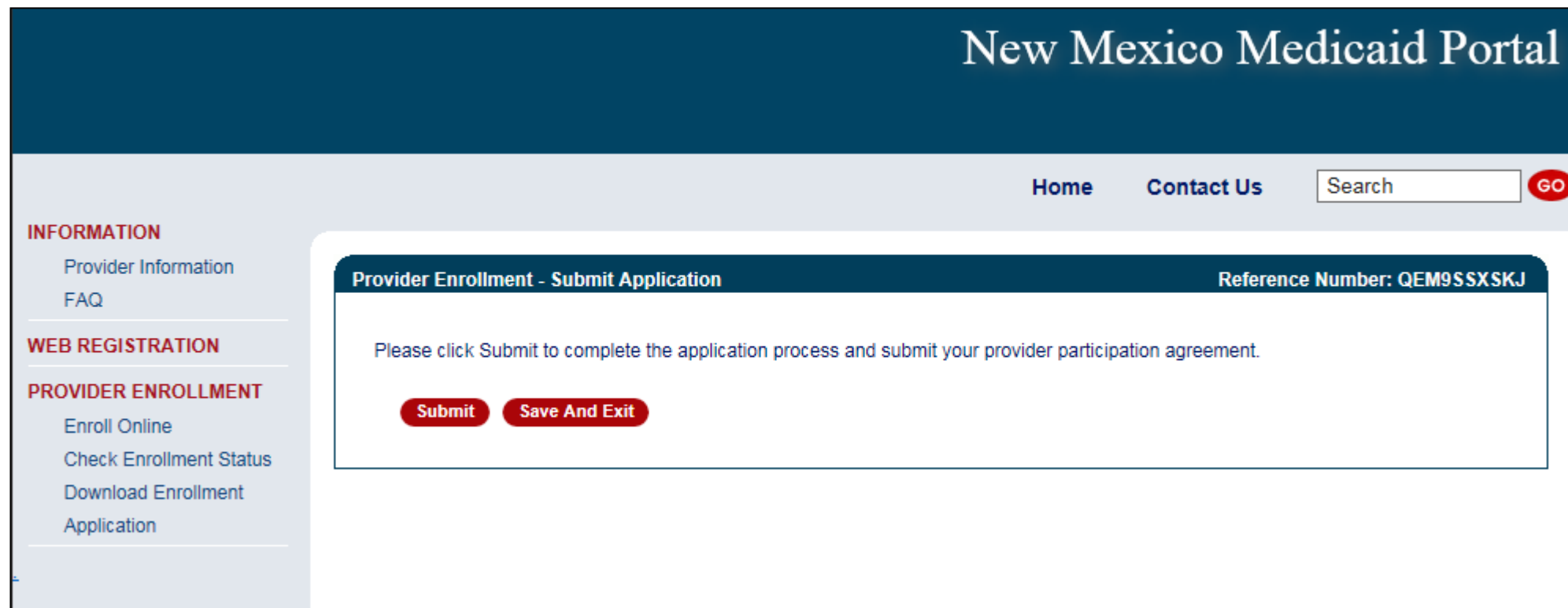
**INFORMATION**  
Provider Information  
FAQ

**WEB REGISTRATION**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment Application

Terms of Usage Privacy Policy Browser Compatibility Build Version: 3922-2017-08-07\_11-25-24 - 65

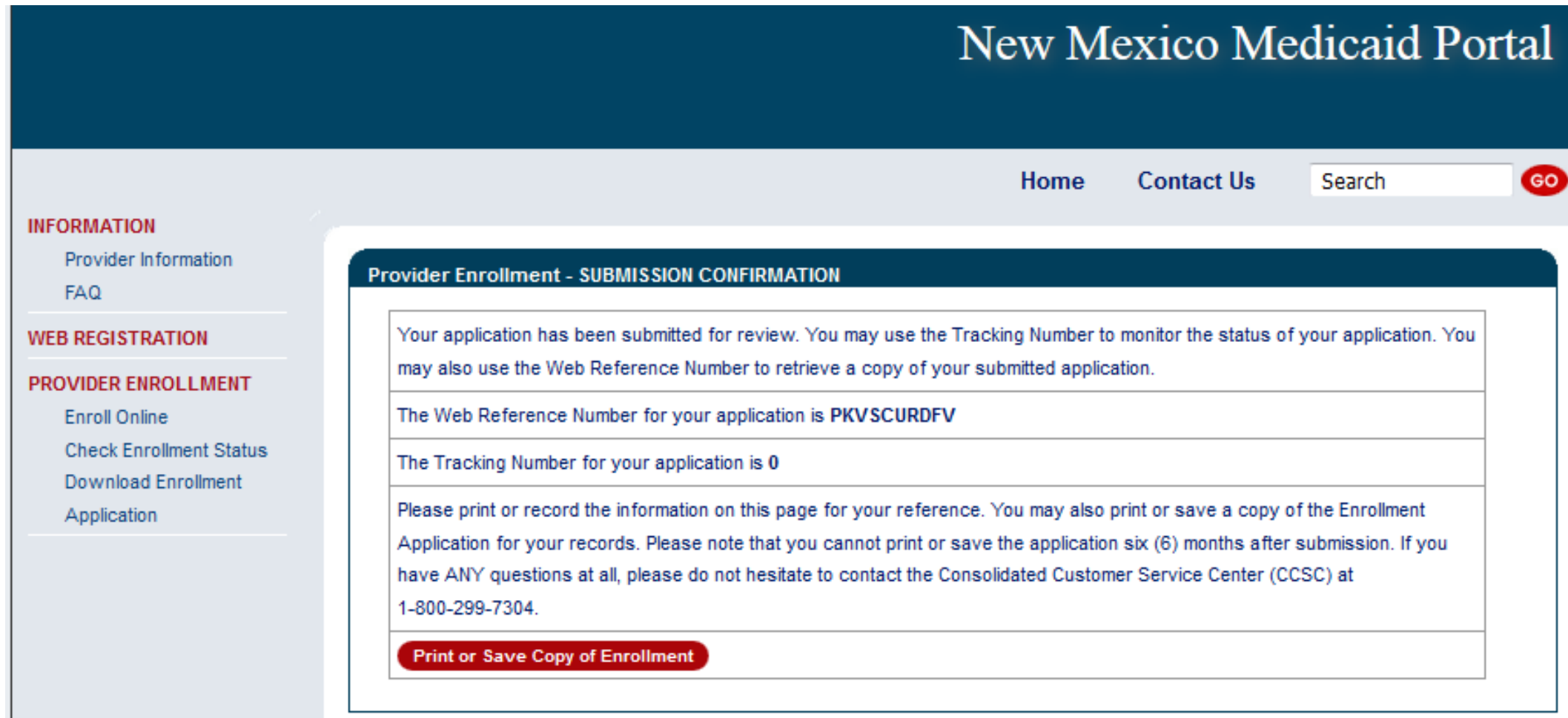
# Provider Enrollment Application



The screenshot displays the New Mexico Medicaid Portal interface. At the top, a dark blue header contains the text "New Mexico Medicaid Portal". Below this, a navigation bar includes links for "Home" and "Contact Us", a search box with the text "Search", and a red "GO" button. On the left side, there is a vertical menu with three sections: "INFORMATION" (containing "Provider Information" and "FAQ"), "WEB REGISTRATION", and "PROVIDER ENROLLMENT" (containing "Enroll Online", "Check Enrollment Status", "Download Enrollment", and "Application"). The main content area features a dark blue header for the current page: "Provider Enrollment - Submit Application" on the left and "Reference Number: QEM9SSXSKJ" on the right. Below this header, a message reads: "Please click Submit to complete the application process and submit your provider participation agreement." At the bottom of this message box are two red buttons: "Submit" and "Save And Exit".

# Provider Enrollment Application

**Congratulations!** Your application has been submitted. Be sure to keep your reference number, tracking number, and correspondence number.



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top right, there are navigation links for 'Home' and 'Contact Us', a search bar with a 'GO' button, and a search input field. On the left side, there is a vertical menu with sections: 'INFORMATION' (containing 'Provider Information' and 'FAQ'), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (containing 'Enroll Online', 'Check Enrollment Status', and 'Download Enrollment Application'). The main content area features a dark blue header for 'Provider Enrollment - SUBMISSION CONFIRMATION'. Below this, a message states: 'Your application has been submitted for review. You may use the Tracking Number to monitor the status of your application. You may also use the Web Reference Number to retrieve a copy of your submitted application.' This is followed by two rows of information: 'The Web Reference Number for your application is PKVSCURDFV' and 'The Tracking Number for your application is 0'. A final paragraph advises users to print or record the information and provides contact details for the Consolidated Customer Service Center (CCSC) at 1-800-299-7304. A red button labeled 'Print or Save Copy of Enrollment' is located at the bottom of the message box.

# Provider Enrollment Application Initial Screen

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Recall Your Existing Application section:

- If a provider left an application incomplete and did **NOT** submit it at all, you will have 90 days to **recall** the application, complete it, and submit via the portal.

Recall Your Existing Application

To recall an application that you have partially completed, enter your reference number and click RECALL

\*Reference #:

[Recall](#)

- If you forgot your reference number, enter your email and click submit.

Forgot Your Reference Number?

If you have forgotten your reference number, please enter your email address below and click SUBMIT. The email address you submit will be validated against the one on file for you and your reference number will be sent to you by email.

\*Email:

[Submit](#)

# Application Tips



# Provider Enrollment Applications Top Errors

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## Expired License or Insurance

**Tip:** To ensure processing is not delayed, validate that the license or Certificate of Insurance (COI) expiration dates is greater than 30 calendar days from the day Conduent receives your application.

## Incorrect National Provider Identification Number (NPI)

**Note:** Applications using a Social Security Number (SSN) need a Type 1 NPI, and applications using a Federal Employer Identification Number (FEIN) need a Type 2 NPI.

**Tip:** We recommend visiting the National Plan and Provider Enumeration System (NPPES) website to ensure the correct NPI is entered on the application. The NPPES website is listed directly below:

<https://npiregistry.cms.hhs.gov/>

# Provider Enrollment Applications Top Errors *Continued*

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## Incomplete or Missing Information – IRS Letter/W-9 or Approval Letters

**Tip:** We recommend you refer to the Provider Type and Specialty List before submitting your application in order to review the required attachments for your specific provider type.

# Return to Provider

## Return to Provider

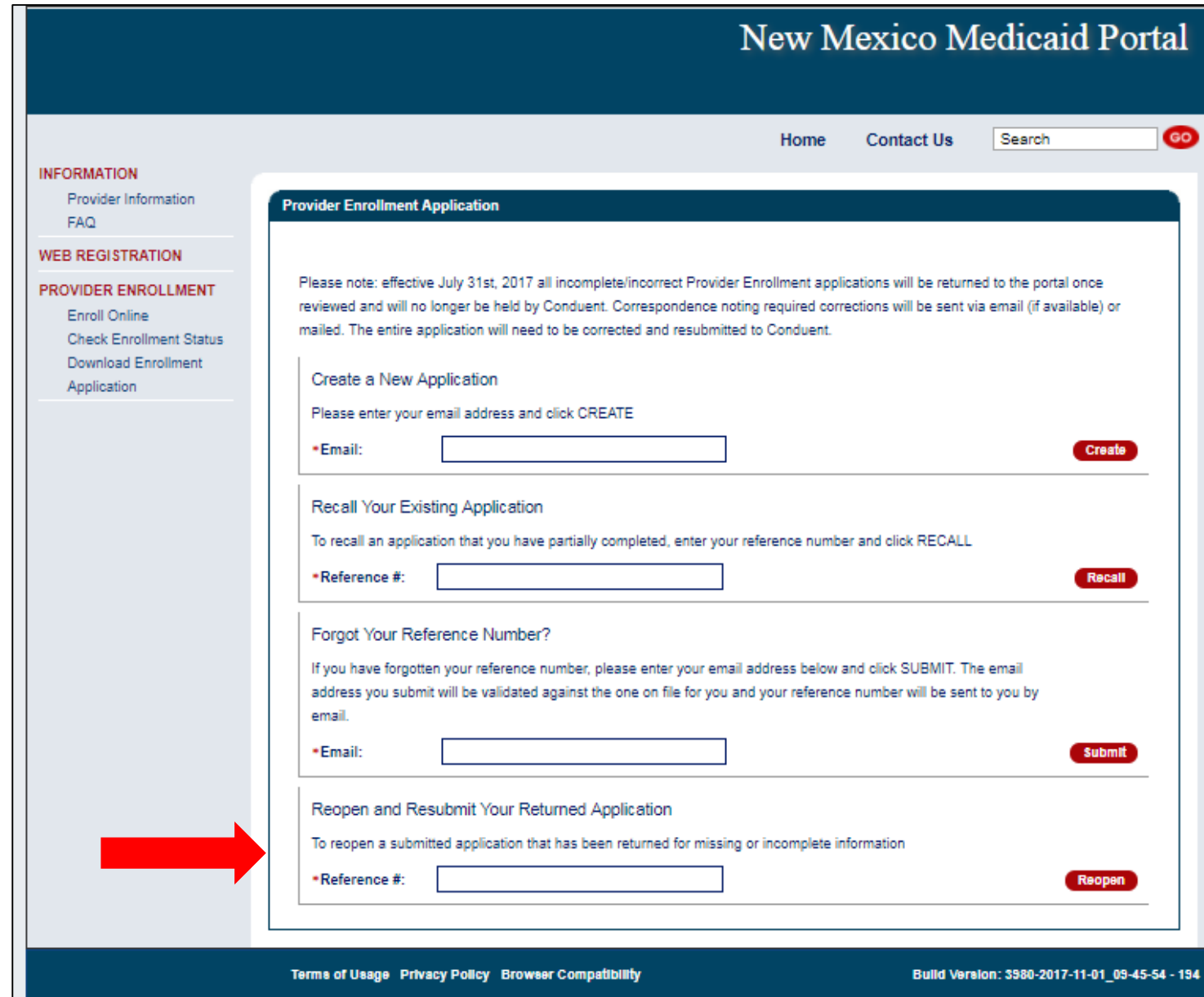
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- If an application contains errors and/or missing/incorrect documentation, the provider will receive timely notification (via email) detailing the corrections needed before resubmitting the complete application to Conduent for review
- This process is referred to as “Return to Provider” (RTP)

# Return to Provider

Reopen and Resubmit Your Returned Application section:

- Have 6 months to **reopen** the application, make corrections and resubmit to us via the portal



The screenshot shows the 'New Mexico Medicaid Portal' interface. The main content area is titled 'Provider Enrollment Application'. It contains several sections: 'Create a New Application', 'Recall Your Existing Application', 'Forgot Your Reference Number?', and 'Reopen and Resubmit Your Returned Application'. A red arrow points to the 'Reopen and Resubmit Your Returned Application' section, which includes a text box for 'Reference #' and a 'Reopen' button. The left sidebar contains navigation links under 'INFORMATION', 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT'. The top navigation bar includes 'Home', 'Contact Us', and a search box. The footer contains 'Terms of Usage', 'Privacy Policy', 'Browser Compatibility', and 'Build Version: 3980-2017-11-01\_09-45-54 - 194'.

# Return to Provider

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If a provider reopens their RTP application and does not resubmit during that session, you will have 90 days to resubmit that application using the **recall** option.

Recall Your Existing Application

To recall an application that you have partially completed, enter your reference number and click RECALL

\*Reference #:

[Recall](#)

# Turn Around Document (TAD)

# Turn Around Document (TAD)

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The purpose of the Turn Around Document (TAD) is to re-verify the provider information we have is current.

TADs are issued to all enrolled providers every three years.

A total of five TADs are issued (if necessary) according to the following schedule:

- Two months prior to renewal date (1<sup>st</sup> & 2<sup>nd</sup> notices)
- Renewal month (3<sup>rd</sup> notice)
- One month after renewal date (4<sup>th</sup> notice)
- Two months after renewal date (5<sup>th</sup> notice)

If the provider fails to submit a completed TAD in response to at least one of the notices, the provider record will be terminated for no re-verification.



# Turn Around Document (TAD)

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## Common Mistakes:

- **Altering a document to match a different person/business** - The TAD belongs to the person/business it is printed for and is identified by the provider number/NPI.
- **Using white out or line out** - If a correction is required, strike a line through it and initial next to the correction.
- **Missing or invalid signature** - Signature must be in **blue ink**.
- **Missing initials** - An initial next to the three disclosure questions is required.
- **Faxing in a TAD** - Faxes are not accepted, only hard copies with original signature will be processed.

# Update Requests

# Update Requests

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Providers may need to update demographic information after enrollment such as:

- Change of address
- Add or change an email or phone number
- Add an NPI
- Update licenses and certifications, affiliations, or enrollment status

Submit an update request form in the event of a change of ownership (NPI/Tax ID changes, sale or corporate restructure).

Provider Enrollment will contact the requestor if further information is needed.

# Update Requests

Update forms are found on the NM Medicaid Portal in the provider enrollment section and can be faxed to 505-246-9085.

<https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#ProviderEnrollment>

Topic	Word	Adobe
MAD 335 box by box Instructions	Word Format	PDF Format
MAD 312 box by box Instructions	Word Format	PDF Format
Provider Type & Specialty Listing	Excel Format	Not Available
New Mexico Provider Update Form	Word Format	Not Available
New Mexico Provider Update Instructions	Word Format	Not Available
Trading Partner Agreement Form	Not Available	PDF Format
New Mexico Medicaid Provider Billing Agent - Submitter Application	Not Available	PDF Format
AIDS, Developmentally Disabled (DD), & Medically Fragile (MF) Waiver Provider Enrollment	Not Available	PDF Format

# Update Requests

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## Common Mistakes:

**Submitting an application to cross reference an active provider to a group** – An update form, rather than an application, should be submitted for cross referencing active providers. Conduent encourages providers to use the Provider Search function on the Web Portal to verify if the provider is active.

**Missing Provider information** - Include provider numbers or NPIs on all correspondence.

# New Mexico Medicaid Resources

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- 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

*Continued on next page . . .*

# New Mexico Medicaid Resources *Continued*

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

**NM Human Services Department** – <http://www.hsd.state.nm.us/mad/>  
Supplements, Memos, Provider Billing Packets and Policy

**Medical Assistance Division** – PE Program Staff – [HSD.PEDeterminers@state.nm.us](mailto:HSD.PEDeterminers@state.nm.us)  
Assistance with PE Applications, PE Determinations, MAD 070, PE Training, PE Certification

**Consolidated Customer Service Center (CCSC) Helpdesk** – (800) 299 - 7304.  
Claim Status, Eligibility, Prior Authorization, Medicaid Updates

**Consolidated Customer Service Center (CCSC) Helpdesk** – [NM.Providers@state.nm.us](mailto:NM.Providers@state.nm.us)  
Claim research assistance, general Medicaid inquiries, Provider Enrollment Applications, Forms & Instructions

**HIPAA Helpdesk** – [HIPAA.desknm@state.nm.us](mailto:HIPAA.desknm@state.nm.us)  
Assistance on NM Web Portal, EDI inquiries, and Online Claim Submission with DDE (Direct Data Entry)

**Consolidated Customer Service Center (CCSC) Helpdesk** – (800) 283-4465  
Eligibility inquiries, Fee-for-Service Replacement Medicaid Identification Card, Enroll or change a Managed Care Organization and Eligibility application status

**Medical Assistance Division, Program Rules** – <http://www.hsd.state.nm.us/providers/rules-nm-administrative-code-.aspx>  
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

**CONDUENT**

