Provider Enrollment Workshop

Conduent
Government Healthcare Solutions

Purpose

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

We will review the following:

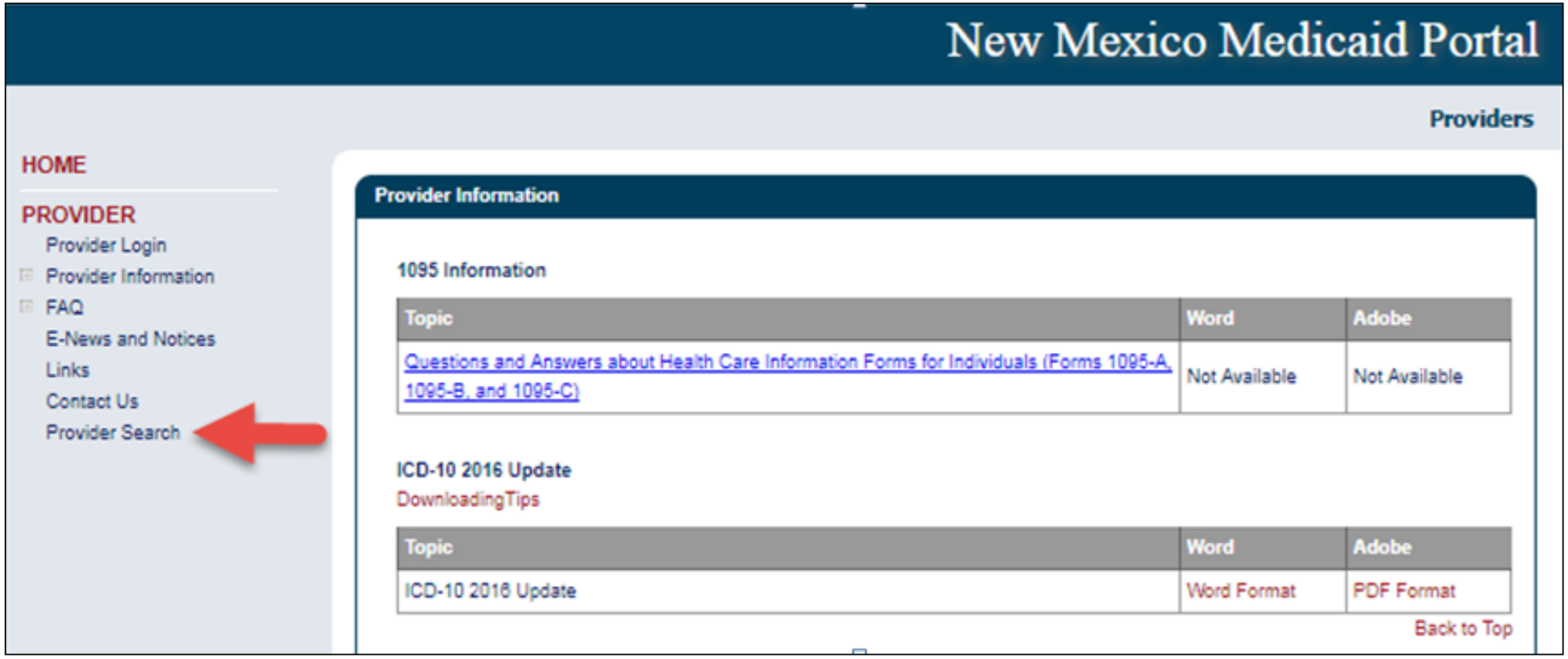
- New Mexico Web Portal Information and Enhancements
- Web Portal Application Submission Process
- Application Tips
- Return to Provider (RTP)
- Turn Around Documents (TAD)
- Update Requests

New Mexico Web Portal Information and Enhancements

Conduent
Government Healthcare Solutions

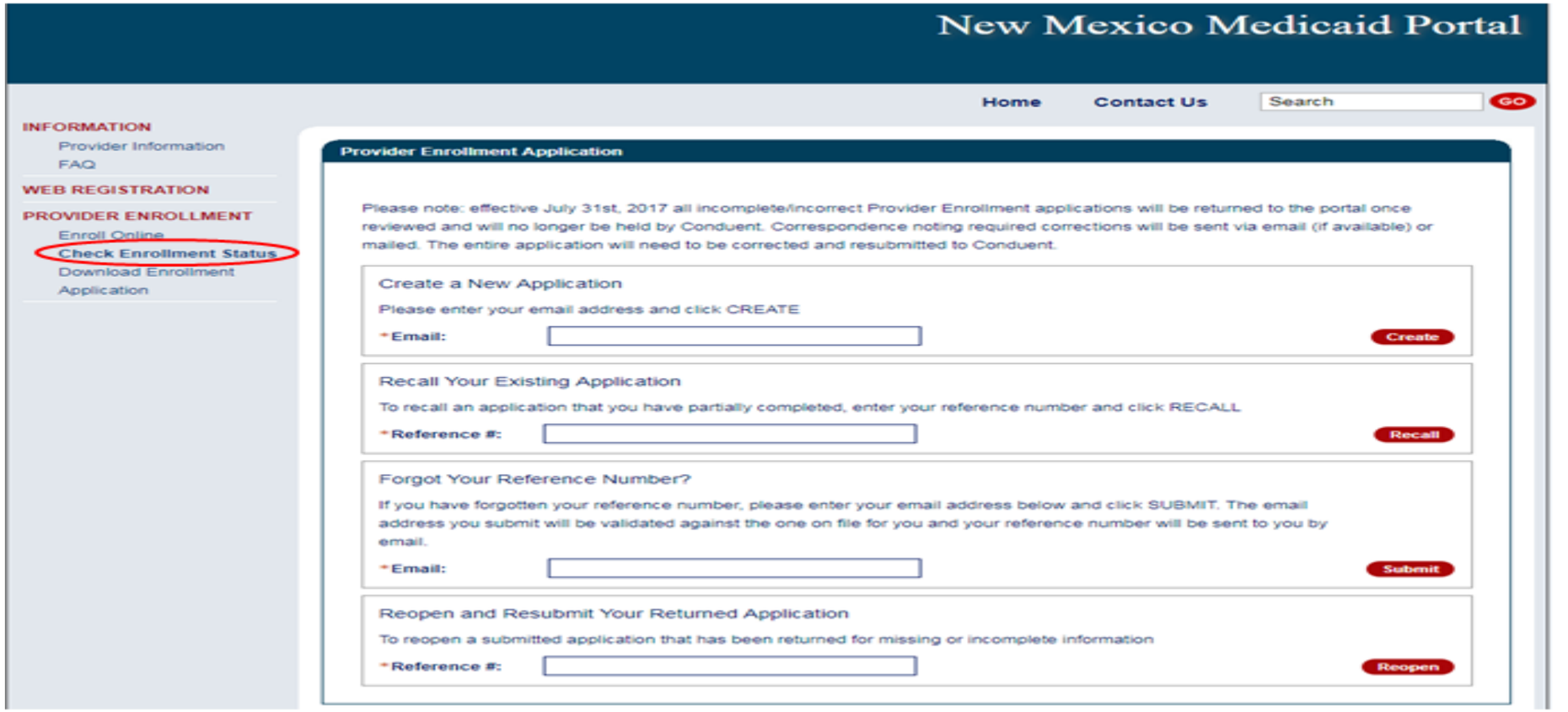
New Mexico Web Portal Information and Enhancements

New Mexico Web Portal Information and Enhancements

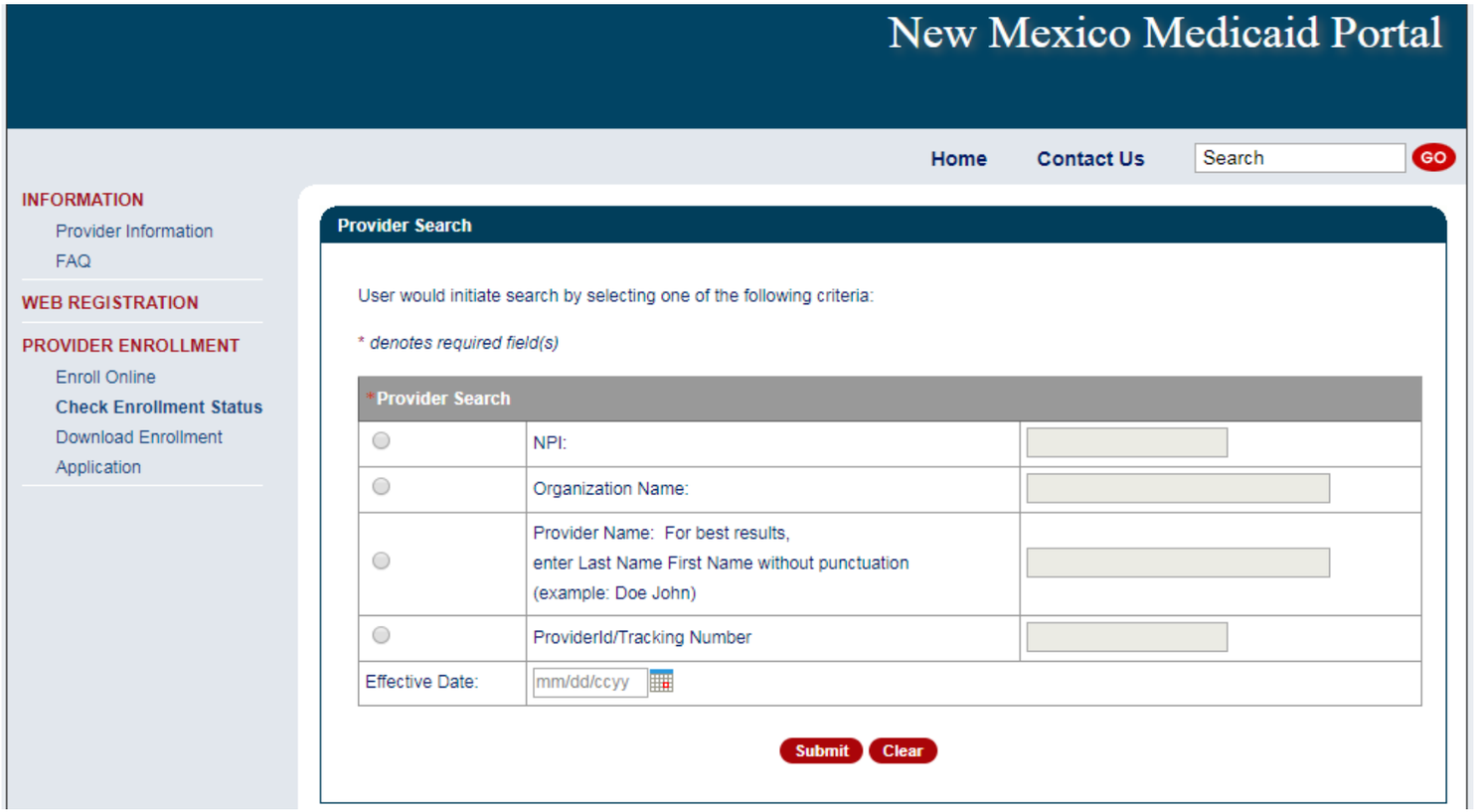


New Mexico Web Portal Information and Enhancements

New Mexico Web Portal Information and Enhancements

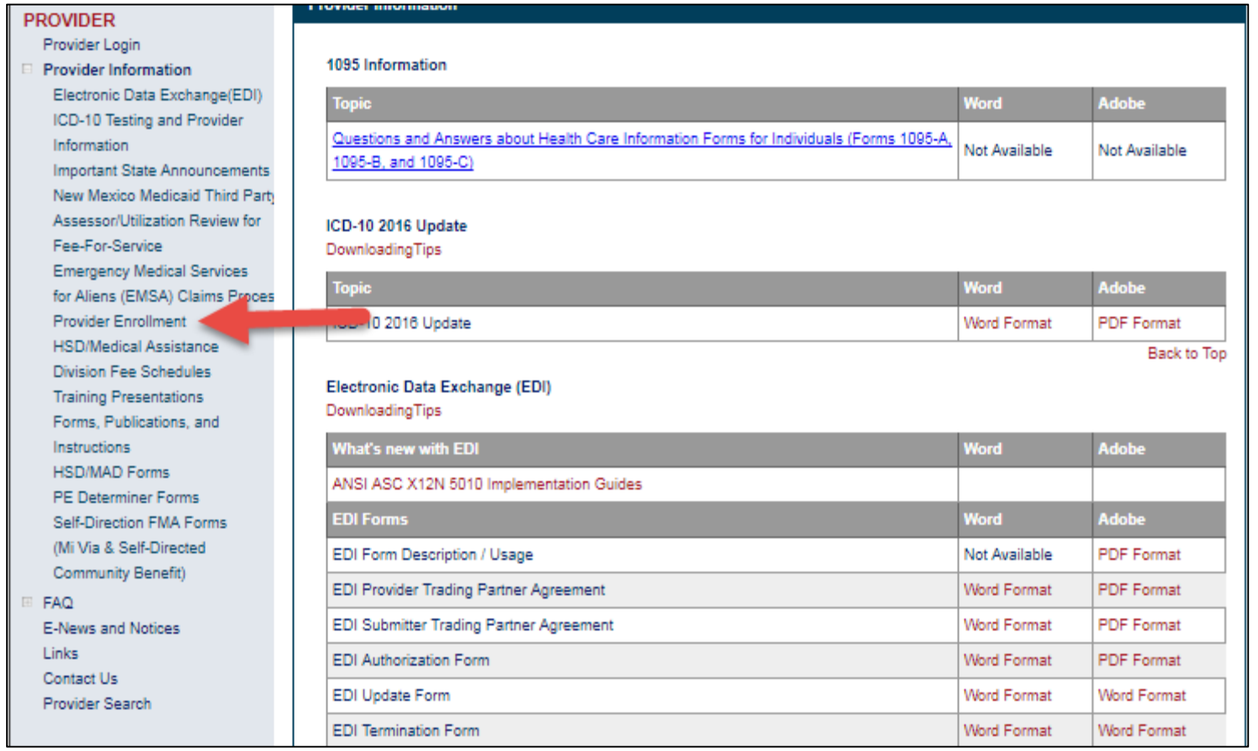


New Mexico Web Portal Information and Enhancements



New Mexico Web Portal Information and Enhancements

New Mexico Web Portal Information and Enhancements



Web Portal Application Submission Process

Conduent
Government Healthcare Solutions

NM Medicaid Web Portal Application Location

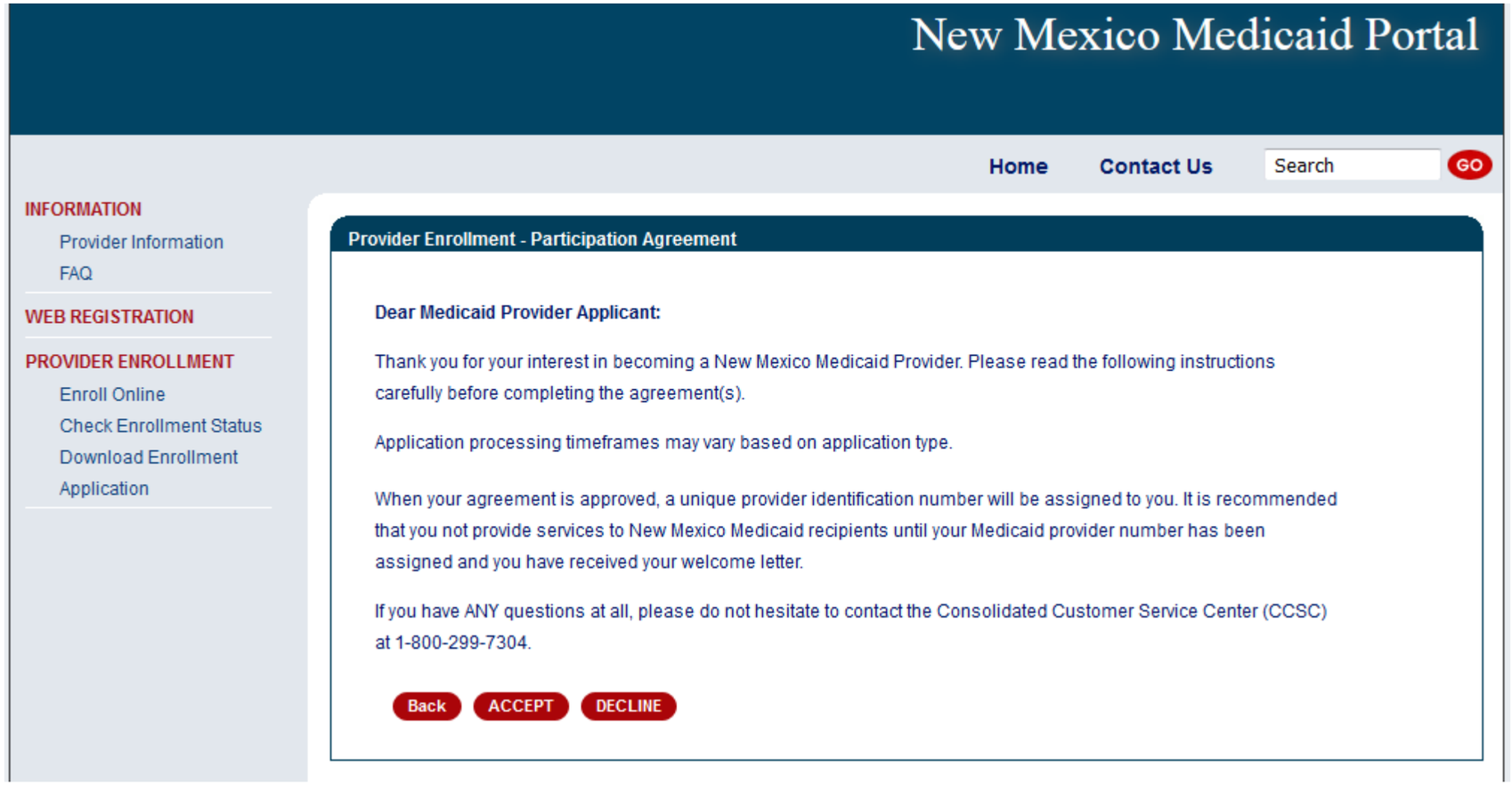
https://nmmedicaid.portal.conduent.com/webportal/enrollOnline

Provider Enrollment Application Initial Screen

Provider Enrollment Application Initial Screen

Begin your application by entering your email

Provider Participation Agreement (Application)



Selecting the Right Application Form

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 INDENTIFICATION NUMBER (FEIN) FOR TAX ID PURPOSES (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	* City or County Business license * Federal tax identification letter * Proof of malpractice, professional liability, or medical liability insurance * Completed W-9 form	* Copy of Physician license * Copy of National Board certification or 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 Business license * Proof of malpractice, professional liability, or medical liability insurance * Completed W-9 form	* Copy of Physician license * Copy of National Board certification or 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	DEA certificate **Specialty 001 does not require specialty certification ** **Specialty 143 does not require specialty certification; however, the provider must also have an additional specialty** **Specialty 047 requires Board Certification** **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 **
302	PHYSICIAN, DO	required - see list below	NO	NO	* City or County Business license * Federal tax identification letter * Proof of malpractice, professional liability, or medical liability insurance * Completed W-9 form	* Copy of Physician license * Copy of National Board certification or 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 Business license * Proof of malpractice, professional liability, or medical liability insurance * Completed W-9 form	* Copy of Physician license * Copy of National Board certification or 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	DEA certificate **Specialty 001 does not require specialty certification ** **Specialty 143 does not require specialty certification; however, the provider must also have an additional specialty** **Specialty 047 requires Board Certification** **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 **

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	www.bcbsnm.com/community-centennial/
Presbyterian	(888) 977-2333	www.phs.org
Western Sky Community Care	(844) 543-8996	www.westernskycommunitycare.com

Web Portal Application Submission Process – MAD 312

Conduent
Government Healthcare Solutions

Web Portal Application Submission Process – MAD 312

- MAD 312 applications are used to enroll individuals who perform services within a group or organization

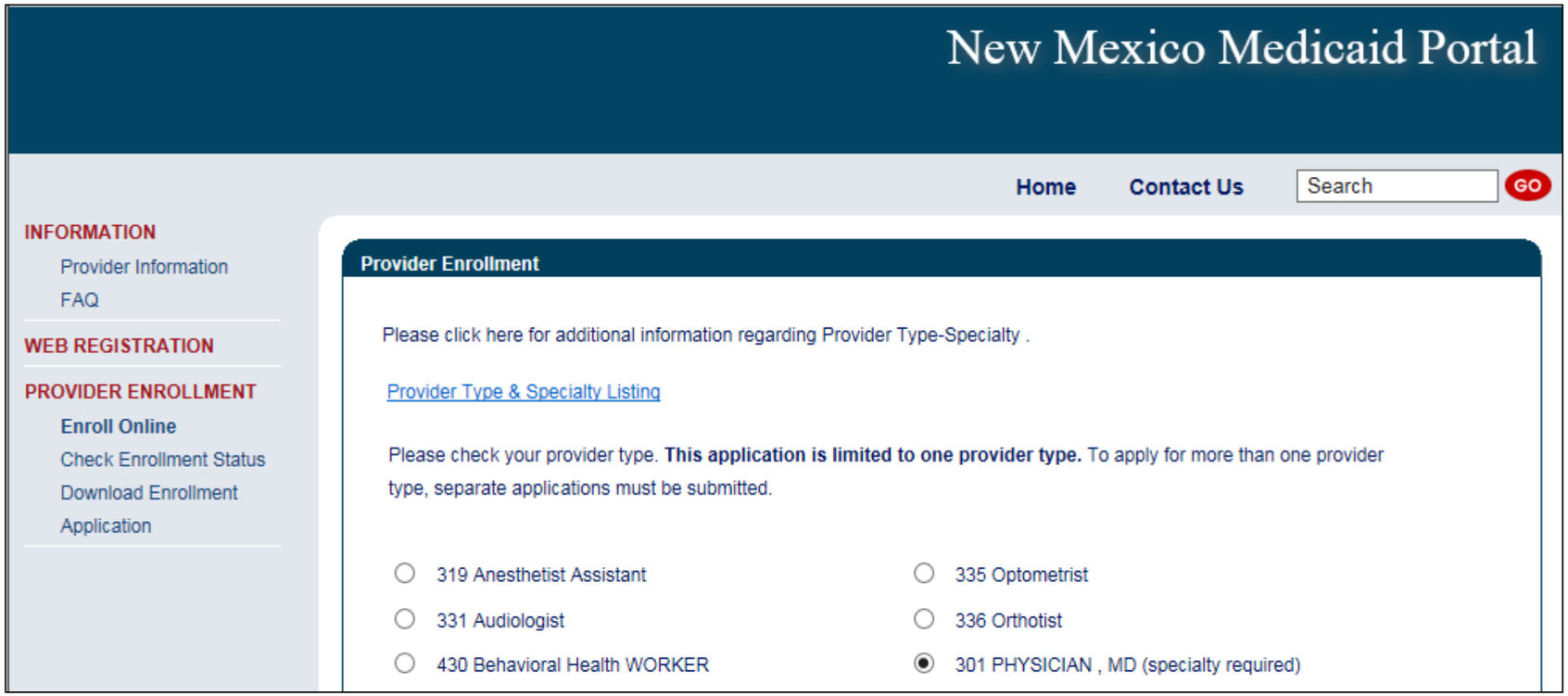
- Select either:
    - Fee-For-Service (FFS) and Managed Care Organization (MCO) network or Fee-For-Service (FFS) only.
    - Managed Care Organization (MCO) Only

- Click on “initial enrollment” and “continue”

Web Portal Application Submission Process – MAD 312

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.



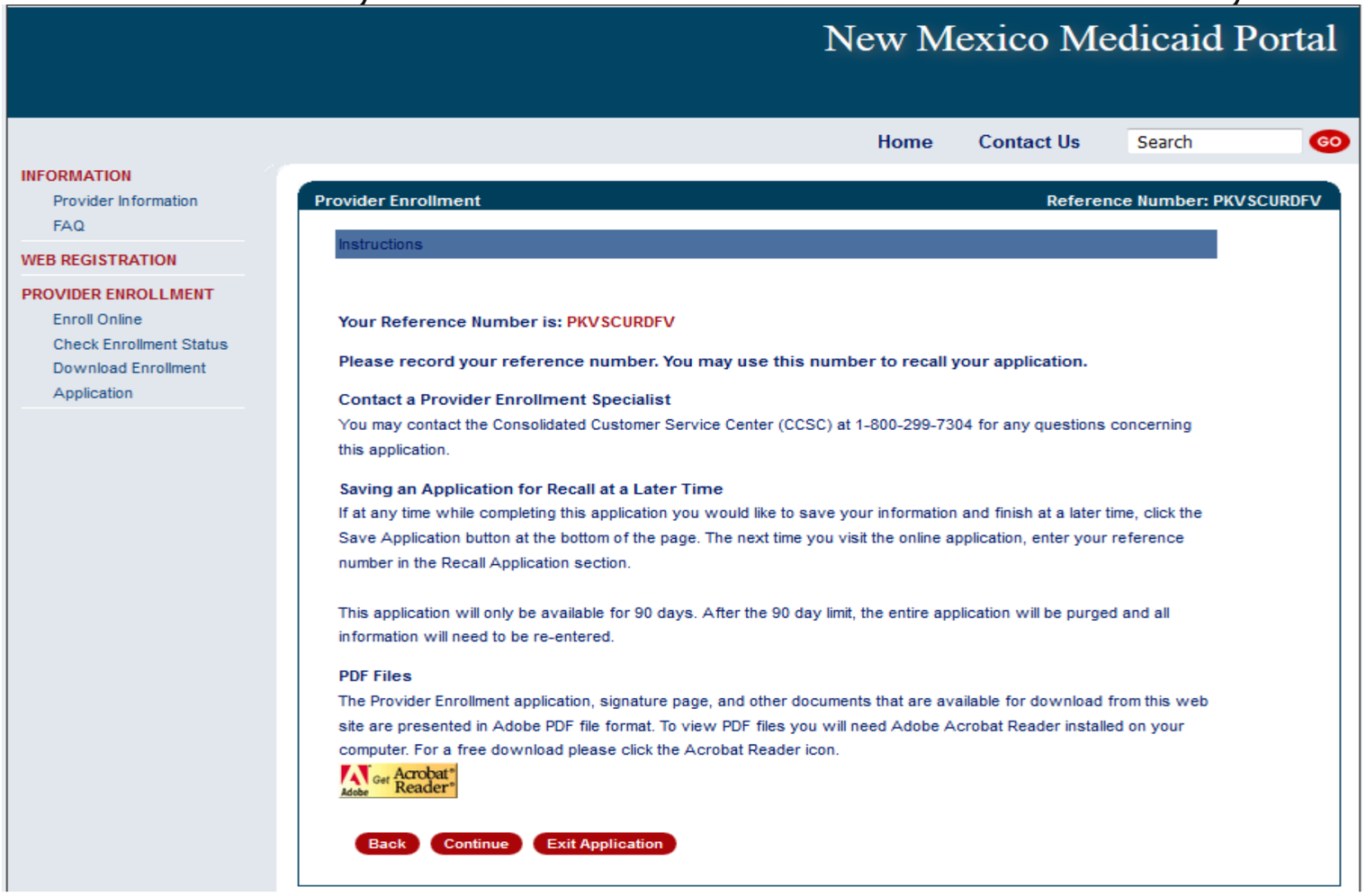
Web Portal Application Submission Process – MAD 312

Please click on the specialty being requested

Note: *not all provider types require a specialty*

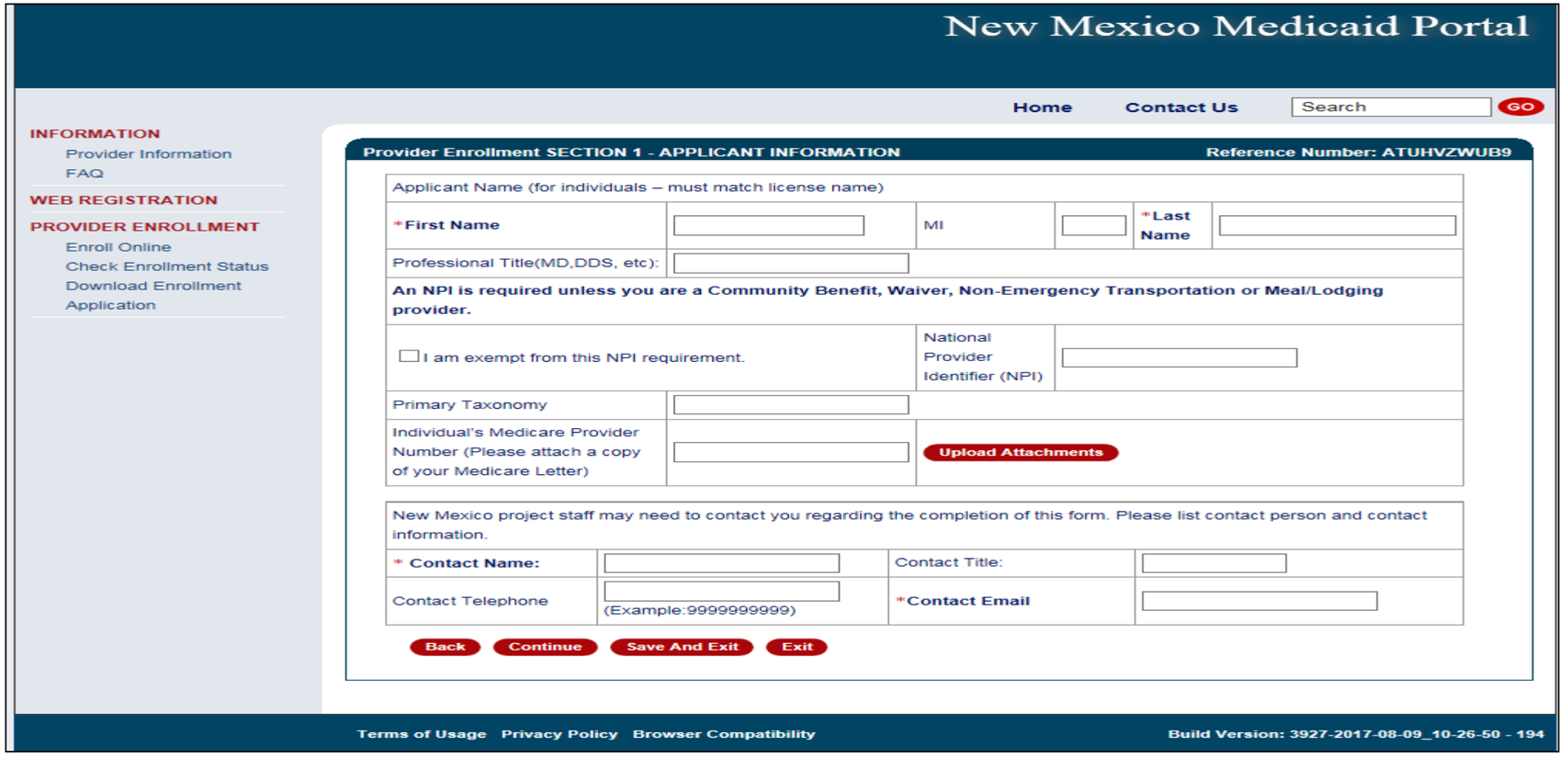
Web Portal Application Submission Process – MAD 312

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

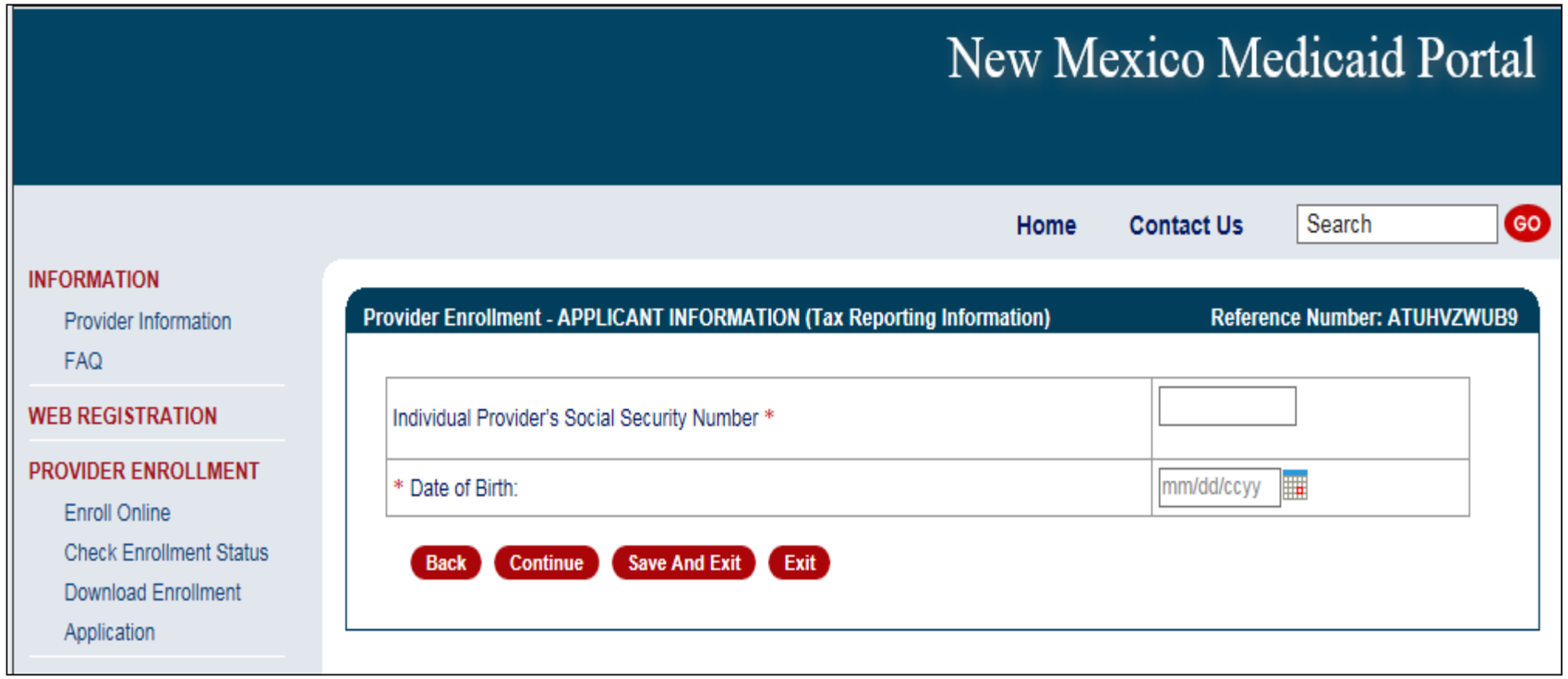


Web Portal Application Submission Process – MAD 312

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

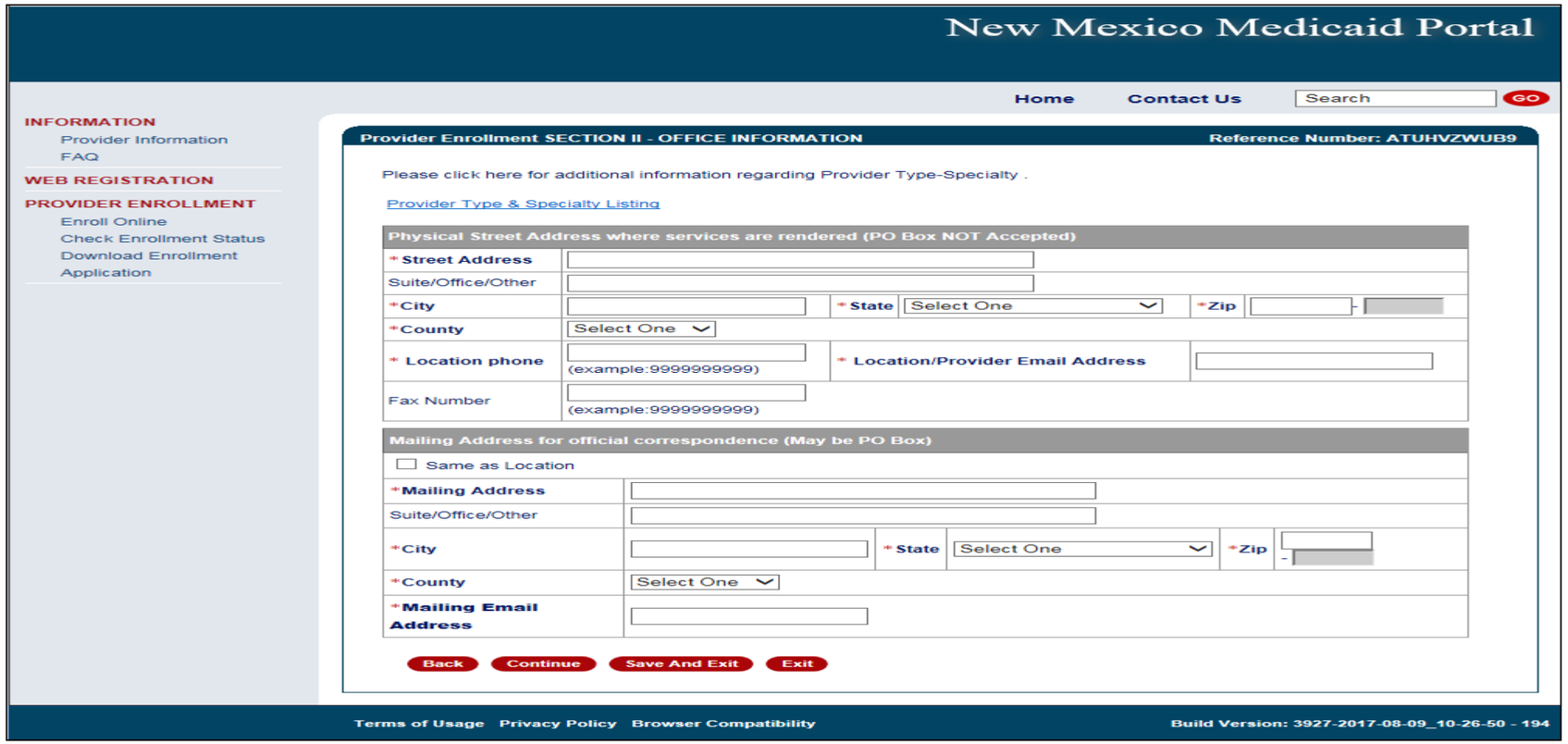


Web Portal Application Submission Process – MAD 312



Web Portal Application Submission Process – MAD 312

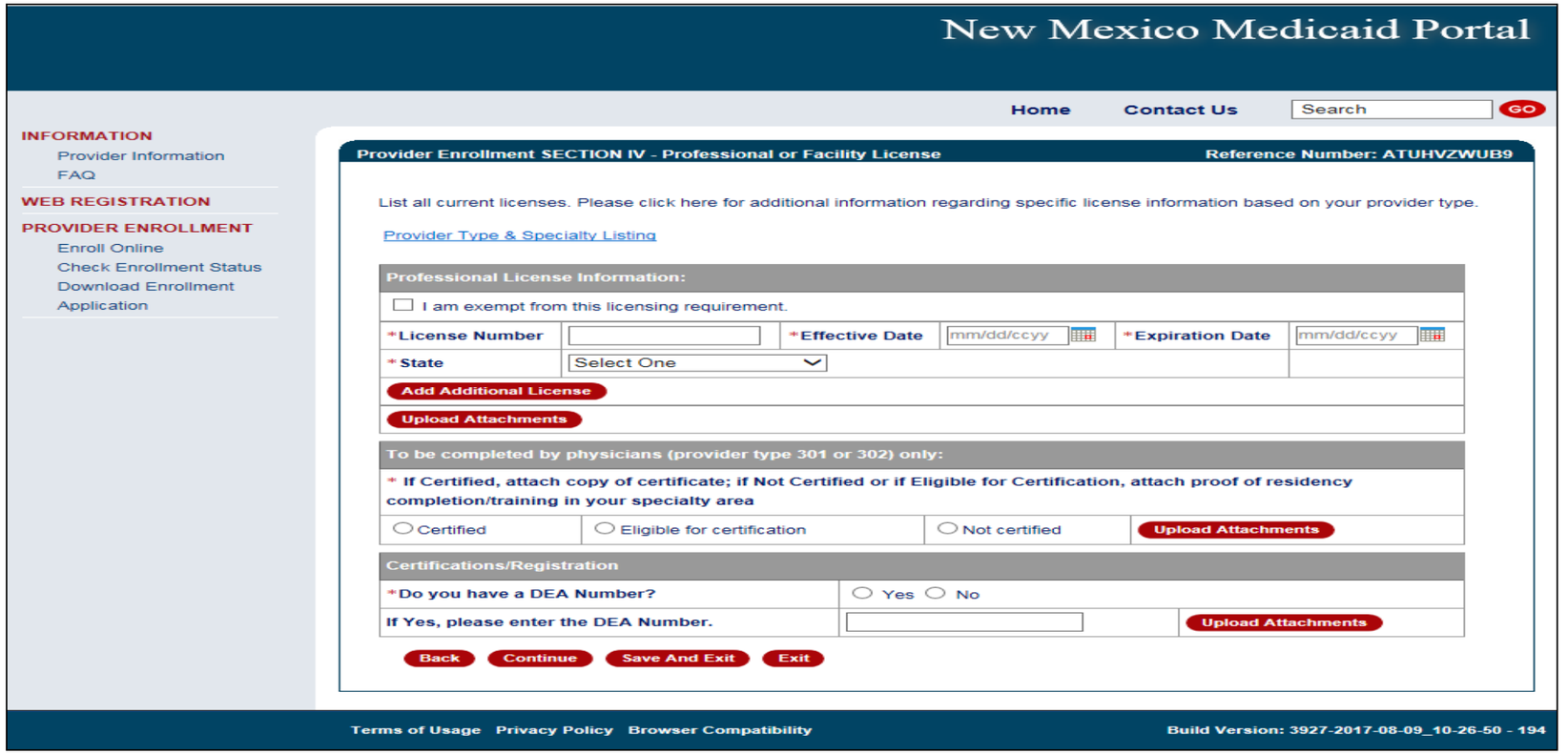
Practice location address and mailing address are both required



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)*



Web Portal Application Submission Process – MAD 312

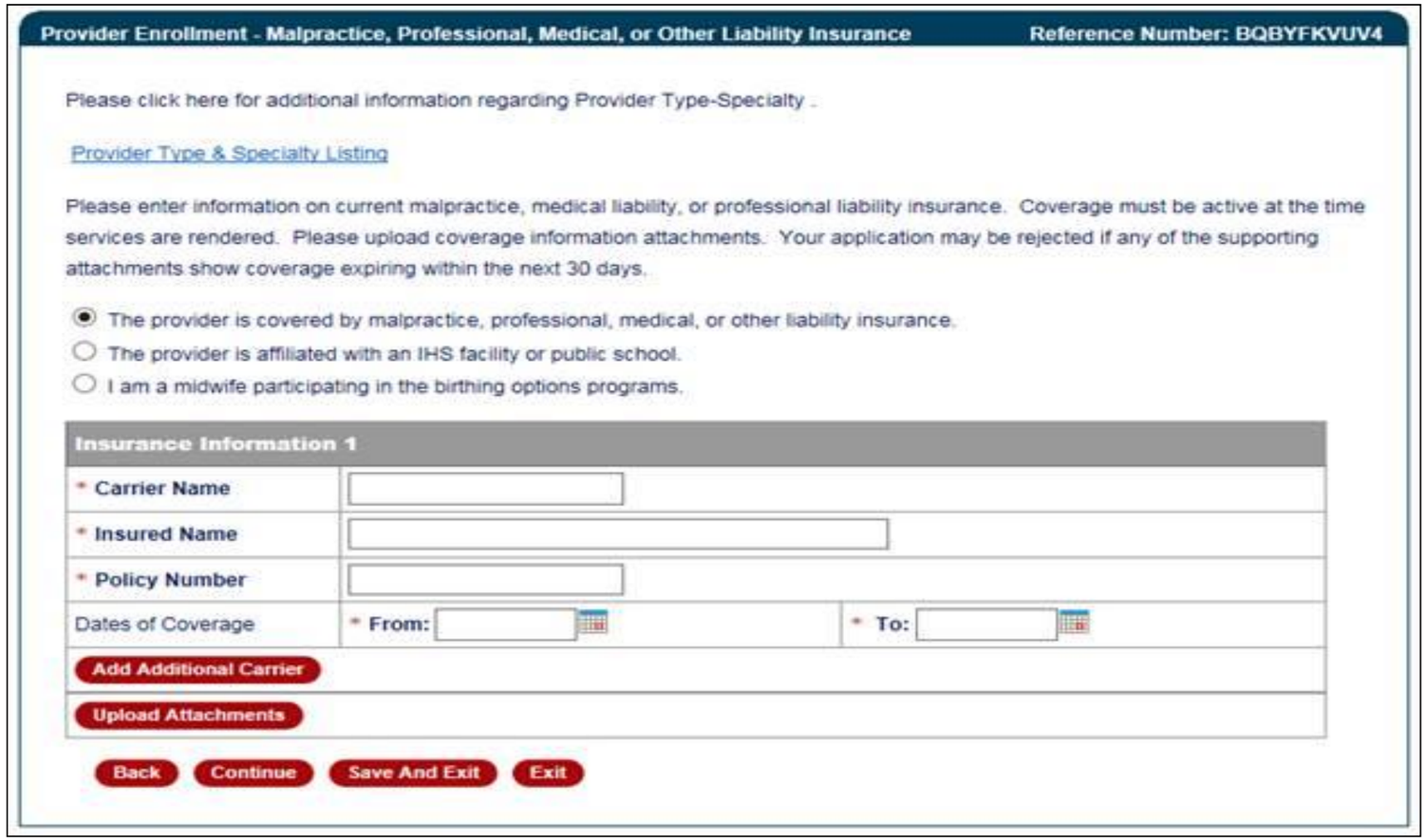
Enter billing group information

Web Portal Application Submission Process – MAD 312

Select professional liability type

Provider Enrollment Application

Attach proof of professional liability if applicable



Web Portal Application Submission Process – MAD 335

Conduent
Government Healthcare Solutions

Web Portal Application Submission Process – MAD 335

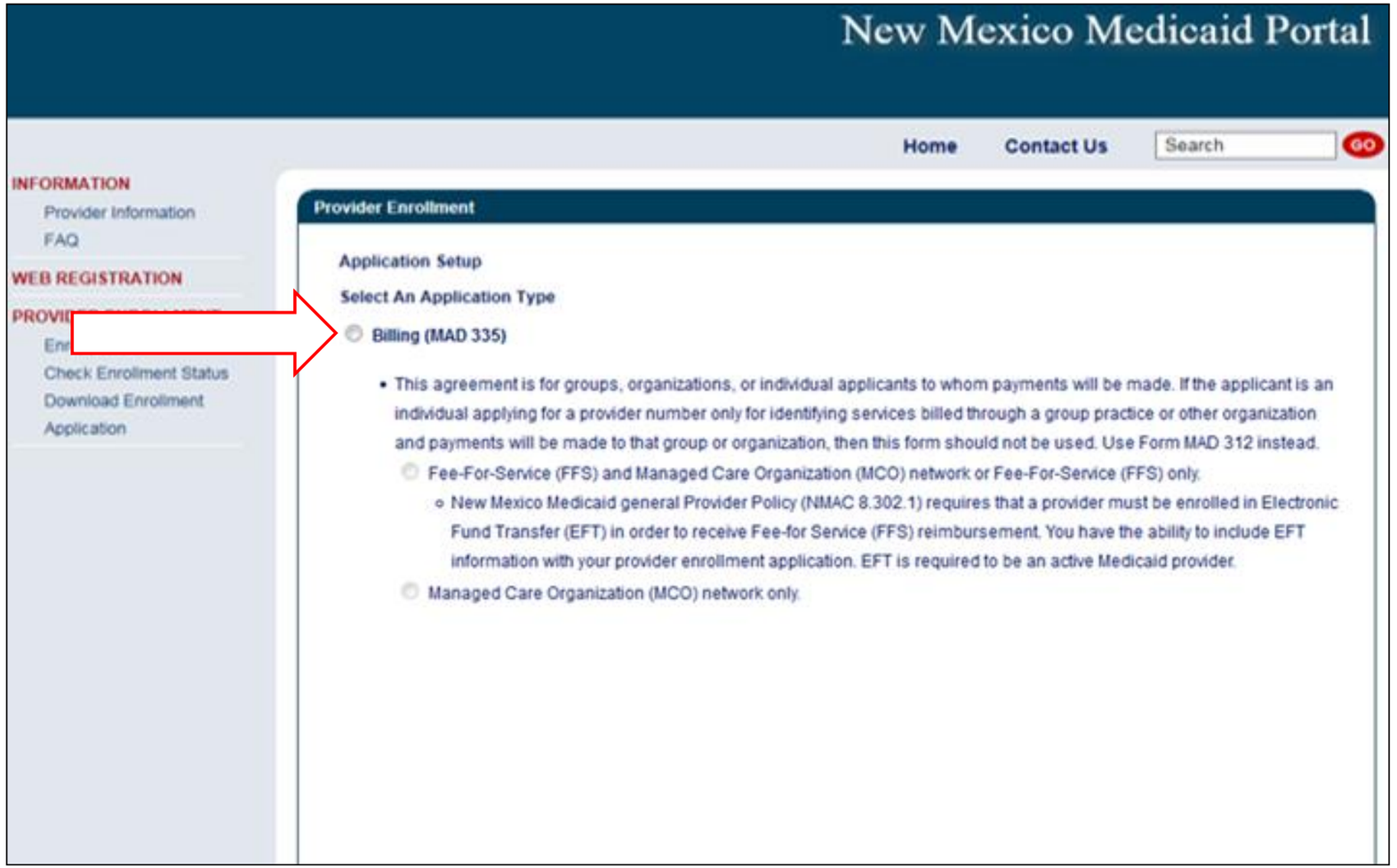
- MAD 335 applications are used to enroll providers to whom payment will be made

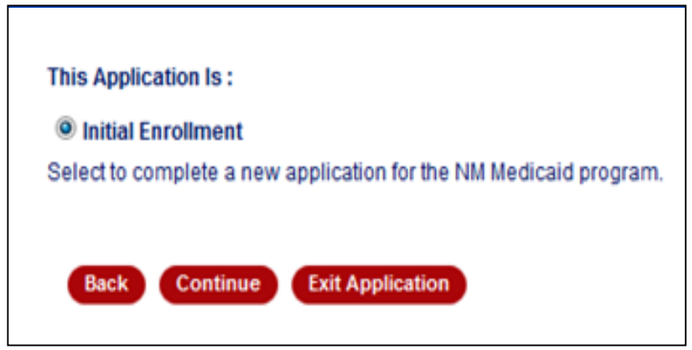
- Select either:

    - 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”

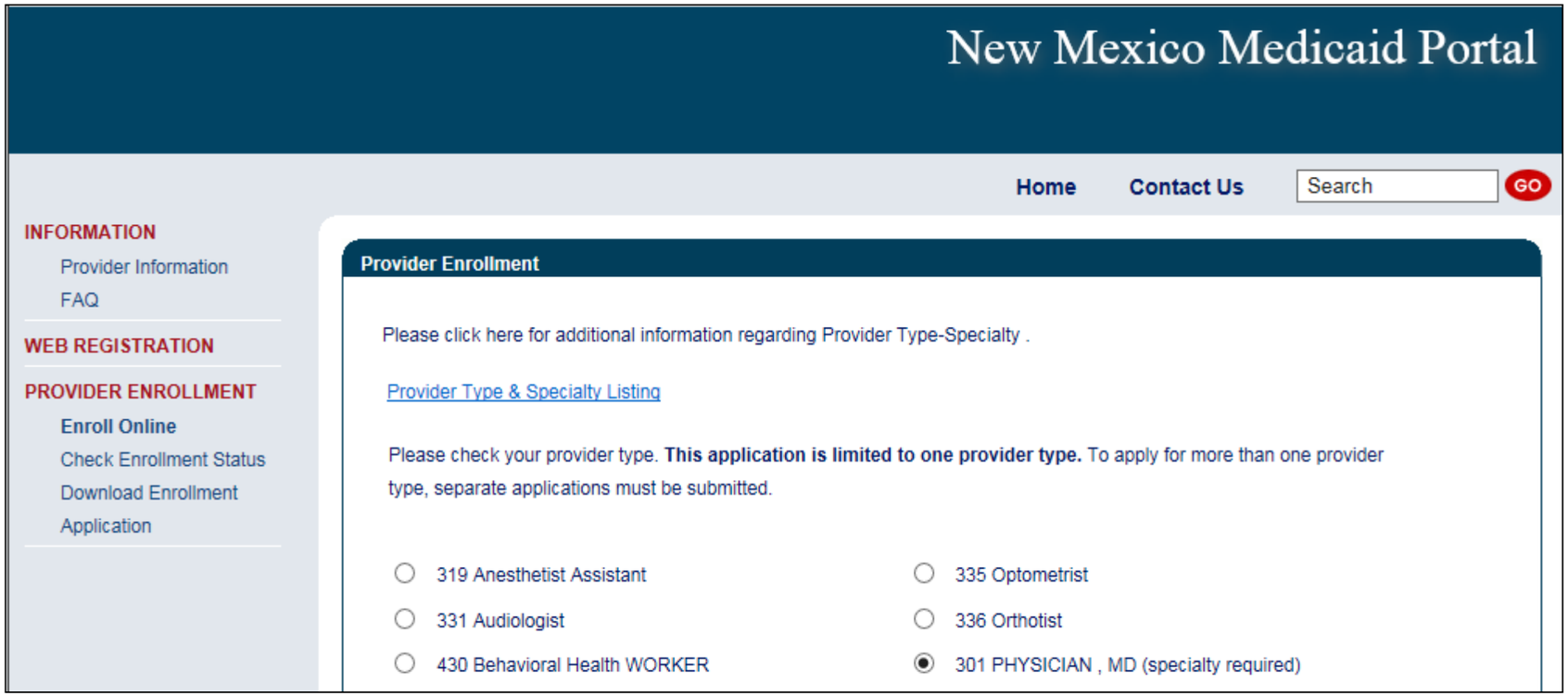
Web Portal Application Submission Process – MAD 335





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.



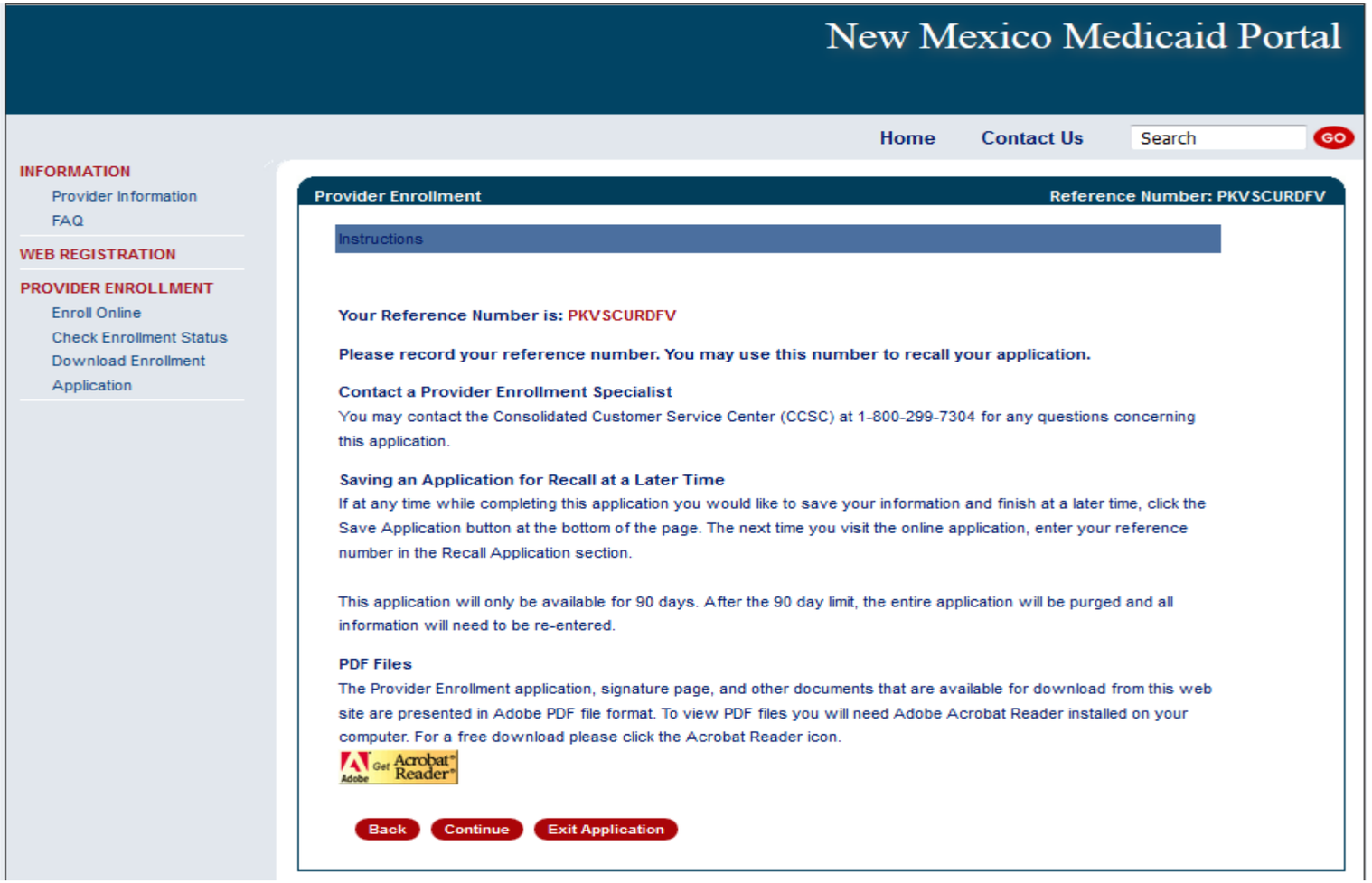
Web Portal Application Submission Process – MAD 335

Click on the specialty being requested

Note: *not all provider types require a specialty*

Web Portal Application Submission Process – MAD 335

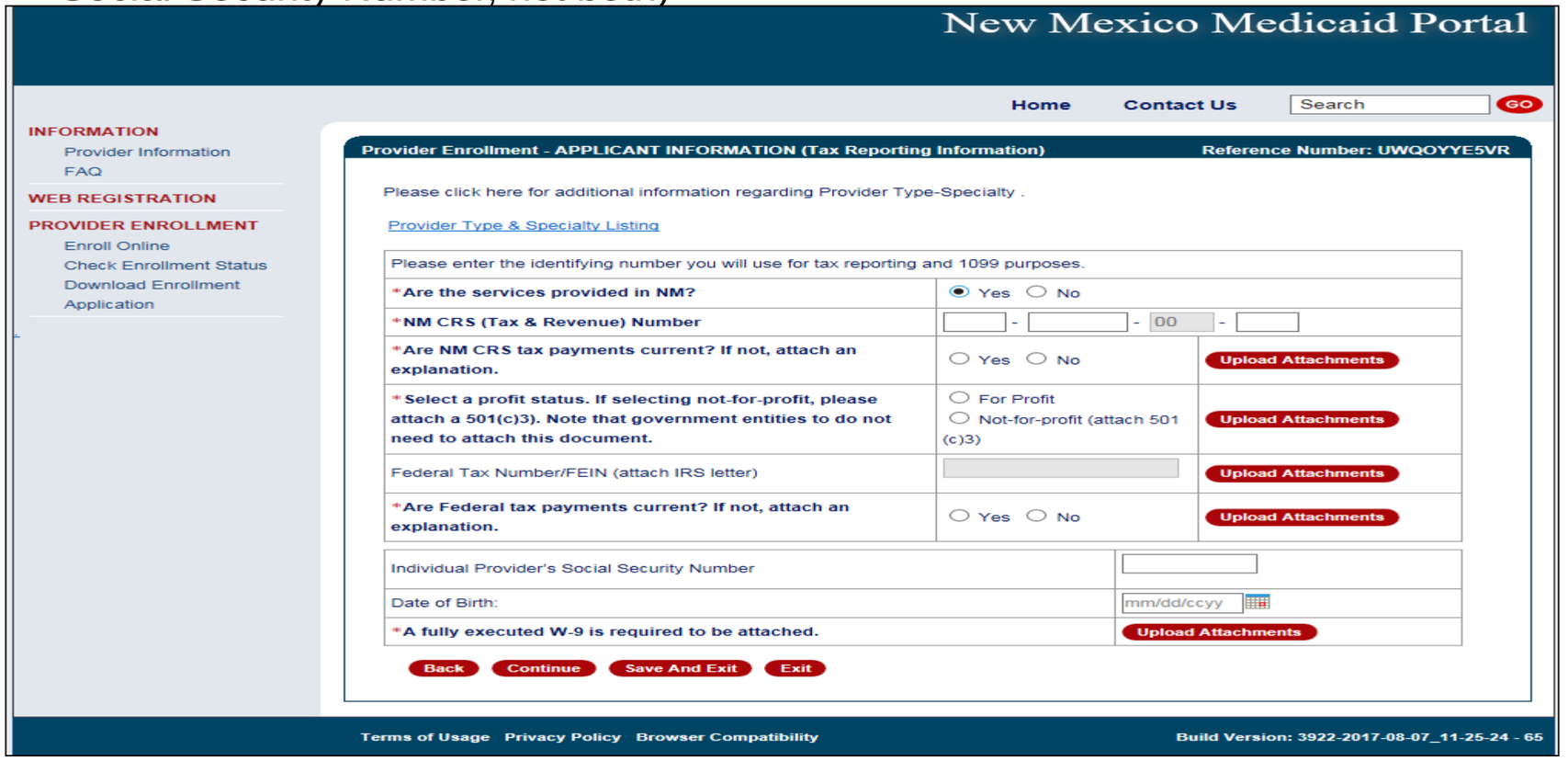
Take note of your Reference Number. This will be the number you use to retrieve the application later.



Web Portal Application Submission Process – MAD 335

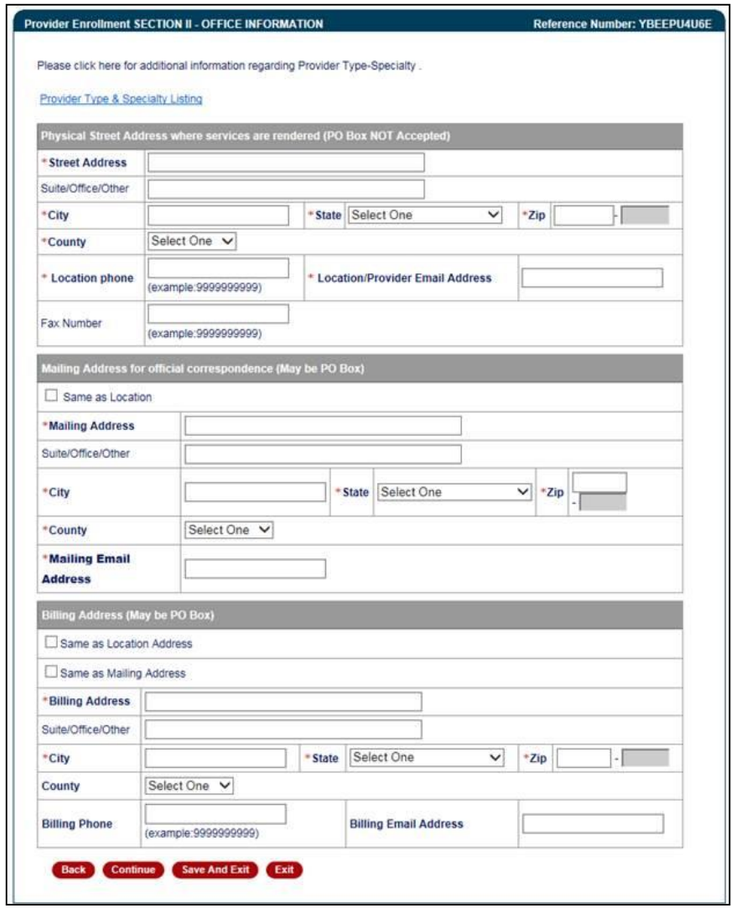
- If services are provided in NM, a CRS number is needed

- Only one type of tax identification number can be added to this page (either Employer Identification Number or Social Security Number, not both)



Web Portal Application Submission Process – MAD 335

Practice location address, mailing and billing address are required



Provider Enrollment SECTION II - OFFICE INFORMATION — **Reference Number: YBEEPU4U6E**

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)

*Street Address					
Suite/Office/Other					
*City		*State	Select One	*Zip	-
*County	Select One				
* Location phone	(example:9999999999)	* Location/Provider Email Address			
Fax Number	(example:9999999999)				

Mailing Address for official correspondence (May be PO Box)

☐ Same as Location					
*Mailing Address					
Suite/Office/Other					
*City		*State	Select One	*Zip	-
*County	Select One				
*Mailing Email Address					

Billing Address (May be PO Box)

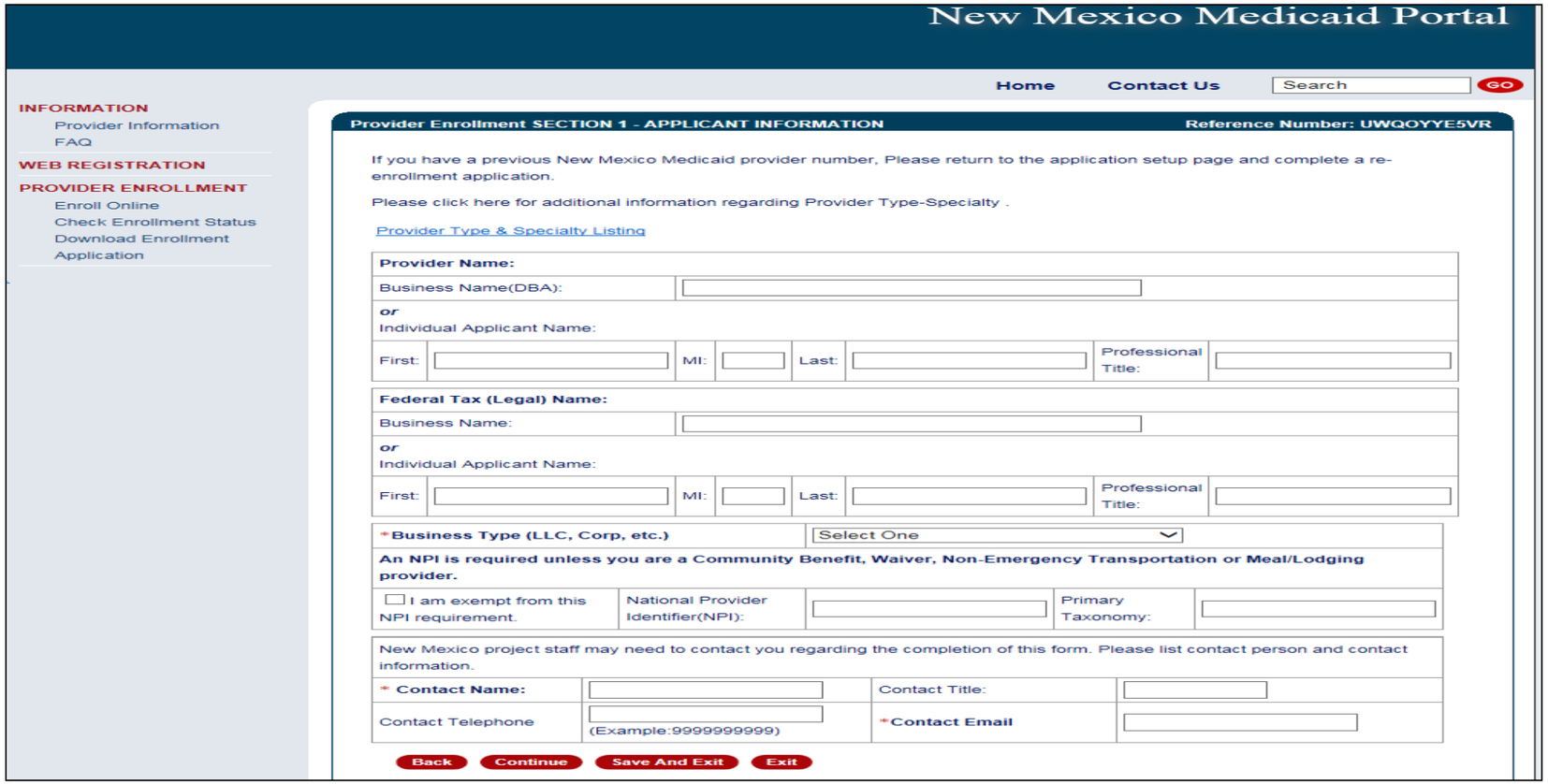
☐ Same as Location Address					
☐ Same as Mailing Address					
*Billing Address					
Suite/Office/Other					
*City		*State	Select One	*Zip	-
County	Select One				
Billing Phone	(example:9999999999)	Billing Email Address			

Back | Continue | Save And Exit | Exit

Web Portal Application Submission Process – MAD 335

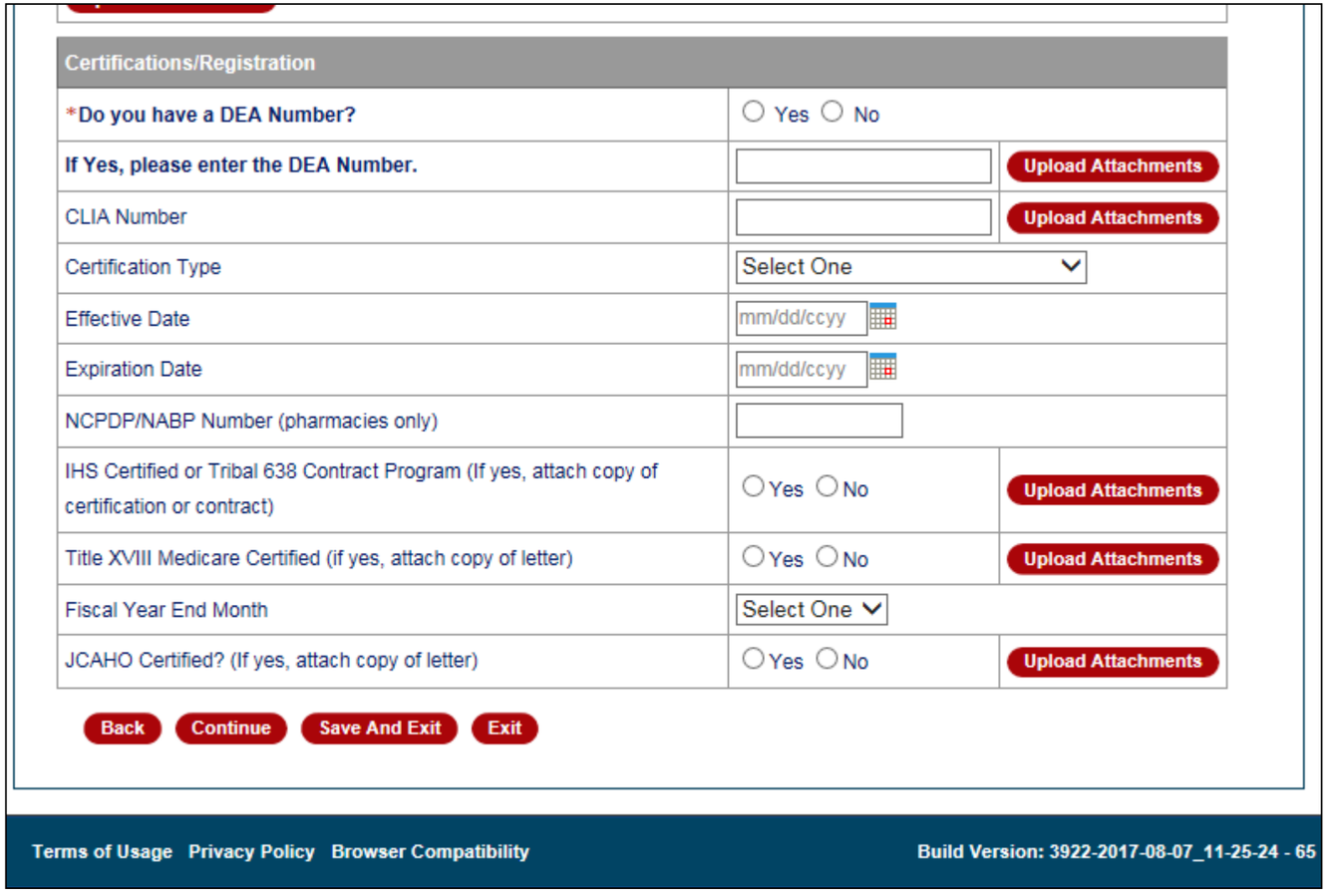
Enter business name or individual name

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



Web Portal Application Submission Process – MAD 335

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



Web Portal Application Submission Process – MAD 335

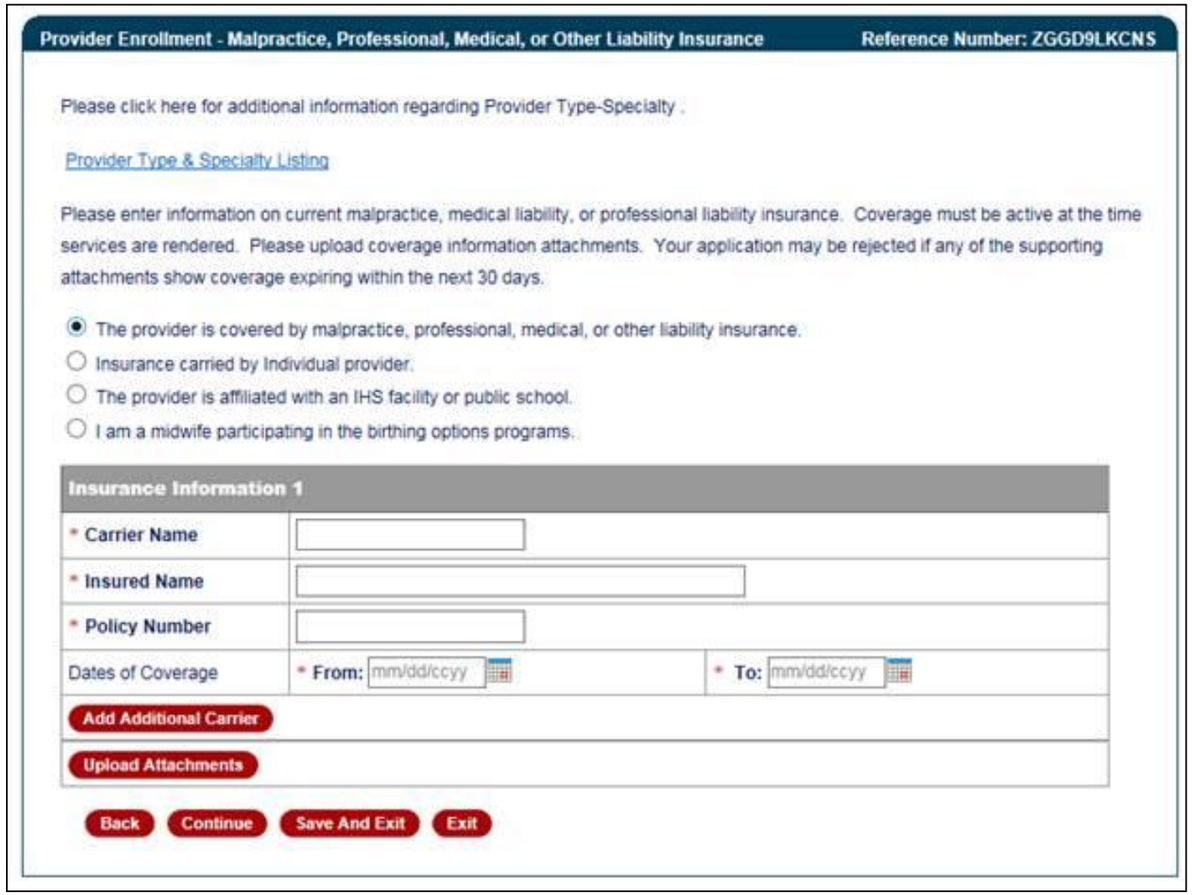
Enter any/all providers that are rendering services for your group

Web Portal Application Submission Process – MAD 335

Select professional liability type

Web Portal Application Submission Process – MAD 335

Attach proof of professional liability if applicable



Web Portal Application Submission Process – MAD 335

All Managing Employees must be disclosed

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:		MI:		Last:	
Professional Title:		Tax Number:		Tax Indicator:	Select One
Date of Birth:	mm/dd/ccyy	Legal Name:			
Street Address					
City		State	Select One	Zip	-
County	Select One	Location/Provider Email Address			
Location phone	(example:9999999999)	Fax Number		(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

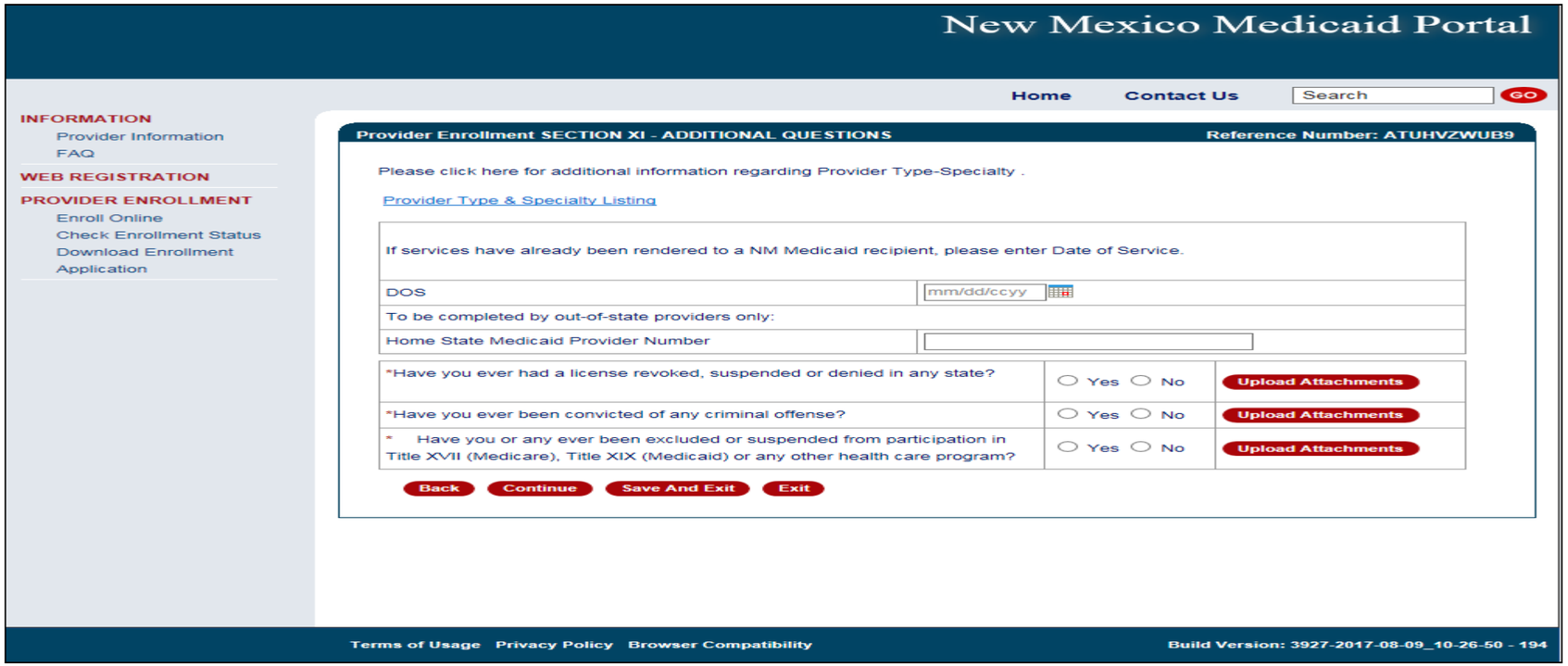
Web Portal Application Submission Process – Continued for both MAD 312 and MAD 335

Conduent
Government Healthcare Solutions

Provider Enrollment Application

Any “**yes**” answers to questions require supporting documentation

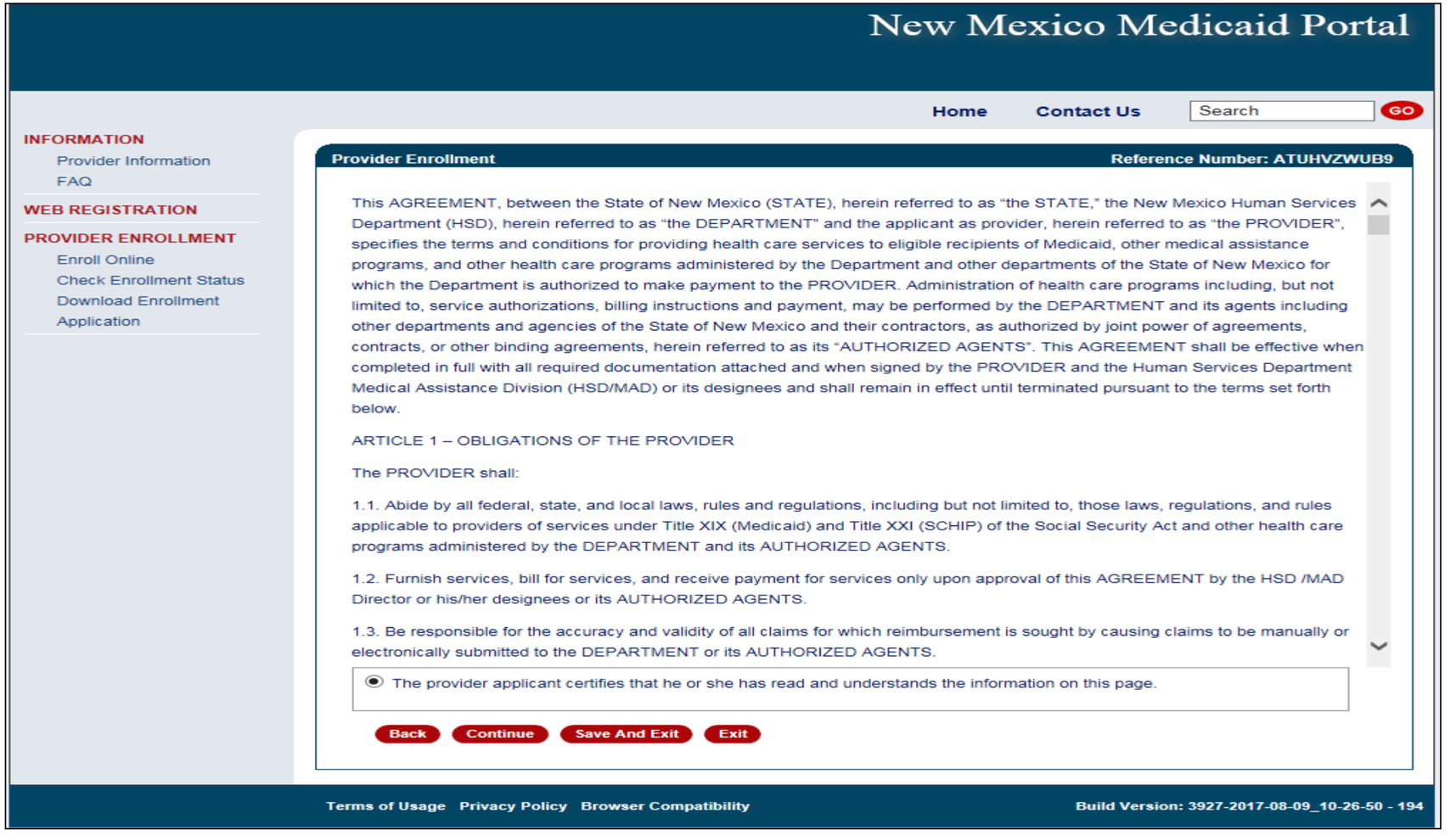
Note: *If services were rendered to a Medicaid recipient before application approval, ensure dates on all attached documents (license, board cert, insurance) encompass all the Date(s) of Service and are valid for at least 30 days from application submission date.*



Provider Enrollment Application

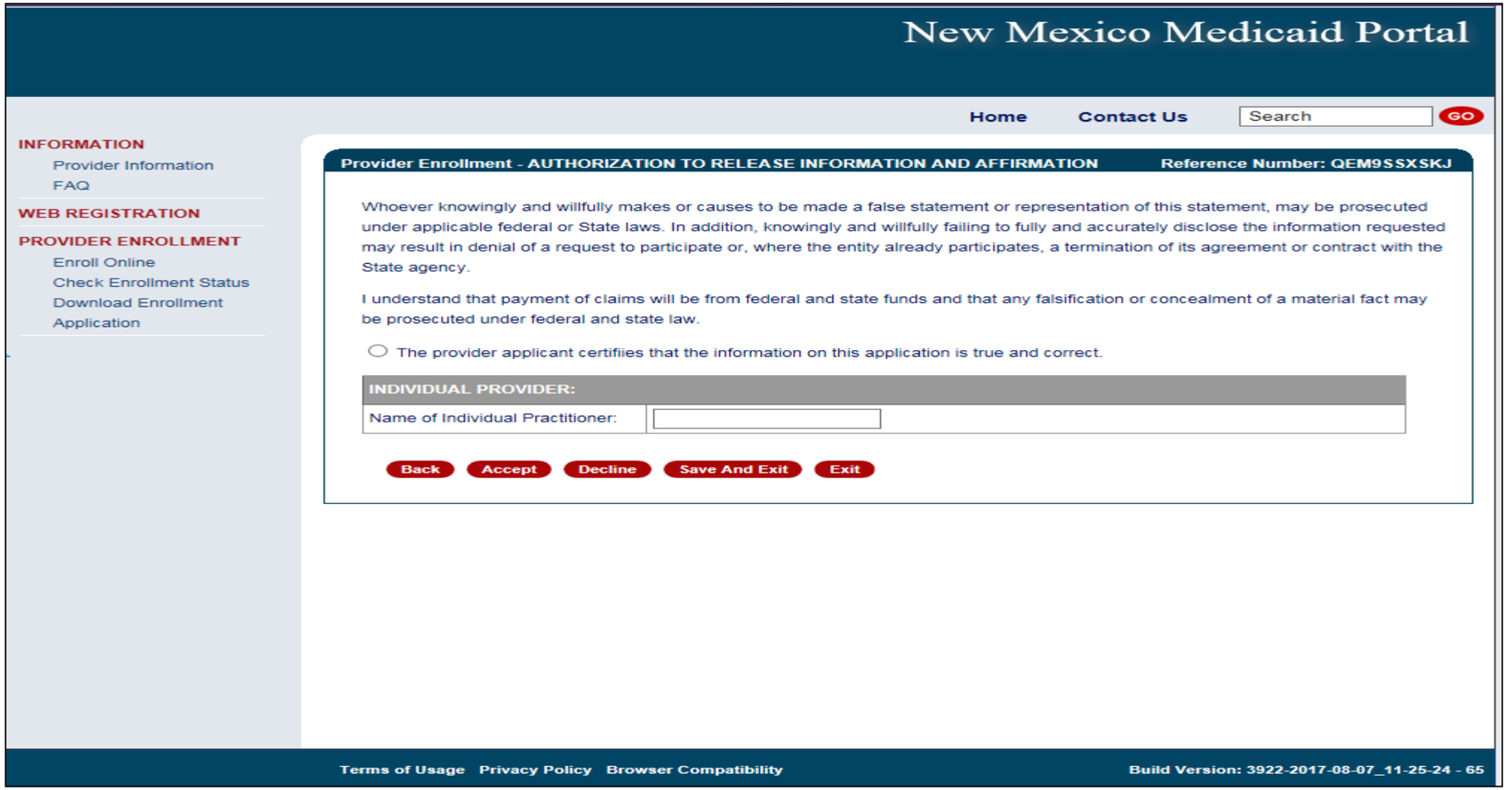
Any additional documentation as required by the provider type and specialty list should be uploaded

Provider Enrollment Application

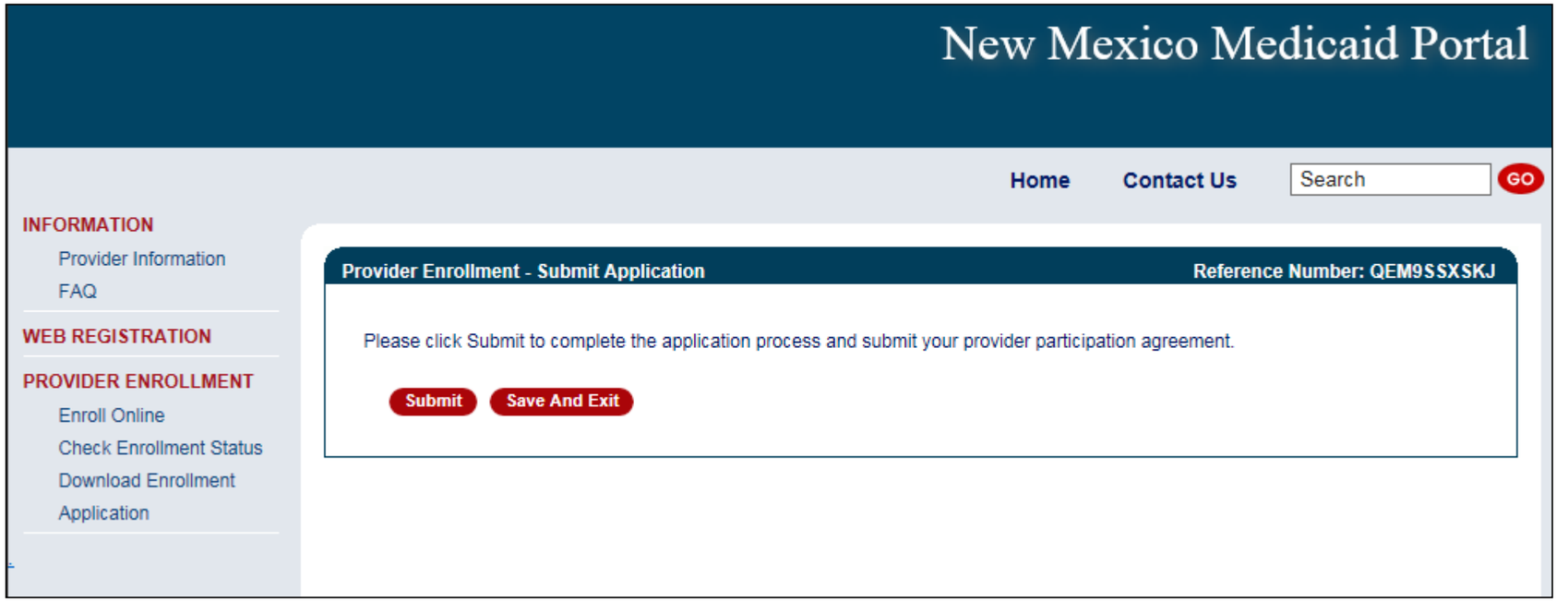


Provider Enrollment Application

Electronically sign here to acknowledge application is true and correct

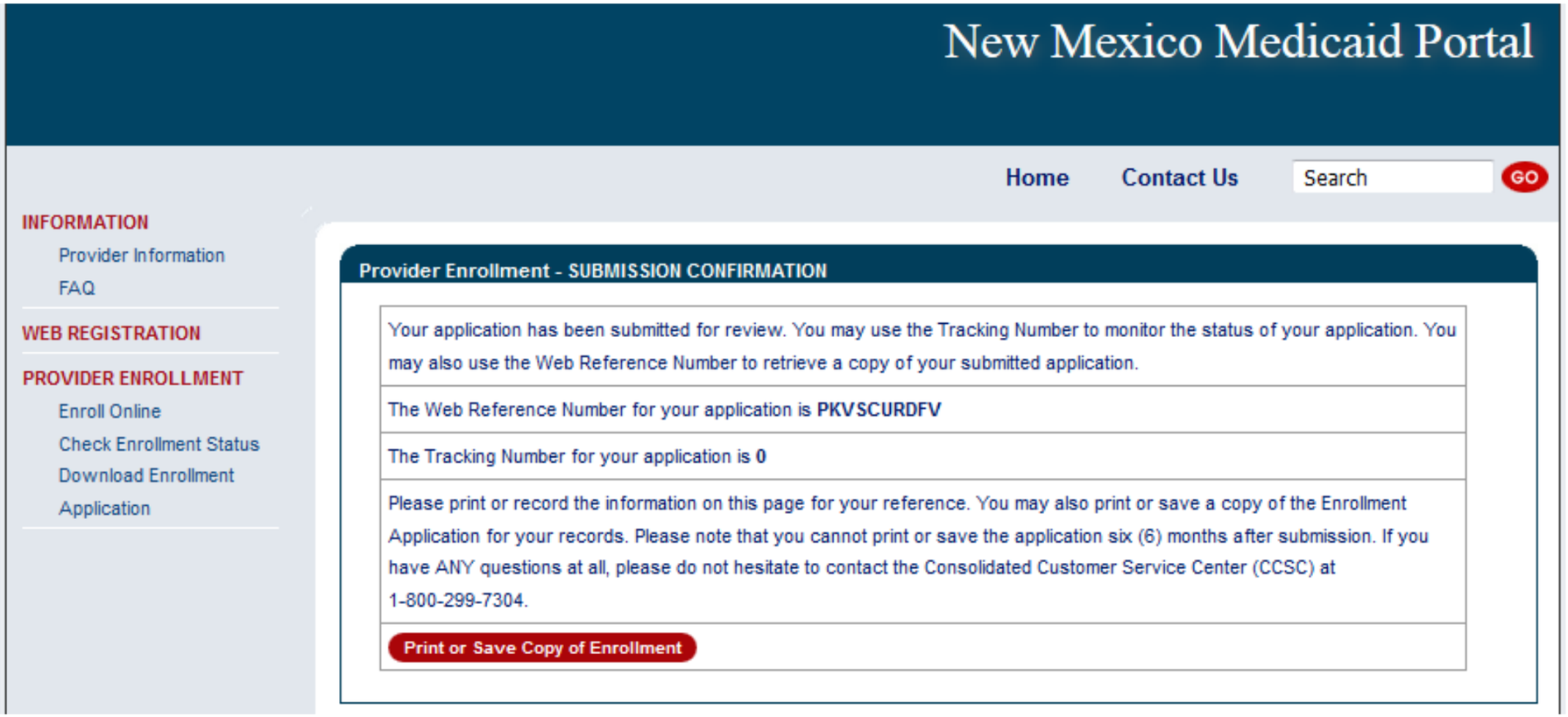


Provider Enrollment Application



Provider Enrollment Application

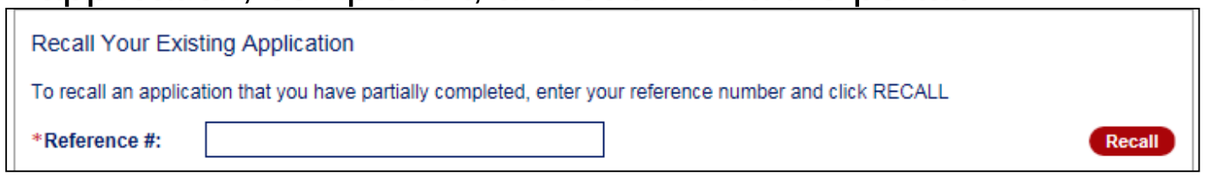
Congratulations! Your application has been submitted. Be sure to keep your reference number, tracking number, and correspondence number.



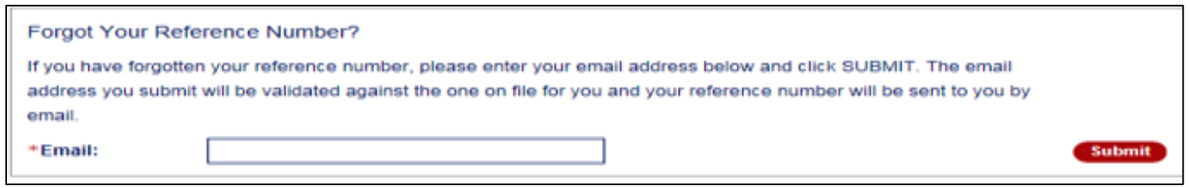
Provider Enrollment Application Initial Screen

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.



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



Application Tips

Conduent
Government Healthcare Solutions

Provider Enrollment Applications Top Errors

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*

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

Conduent
Government Healthcare Solutions

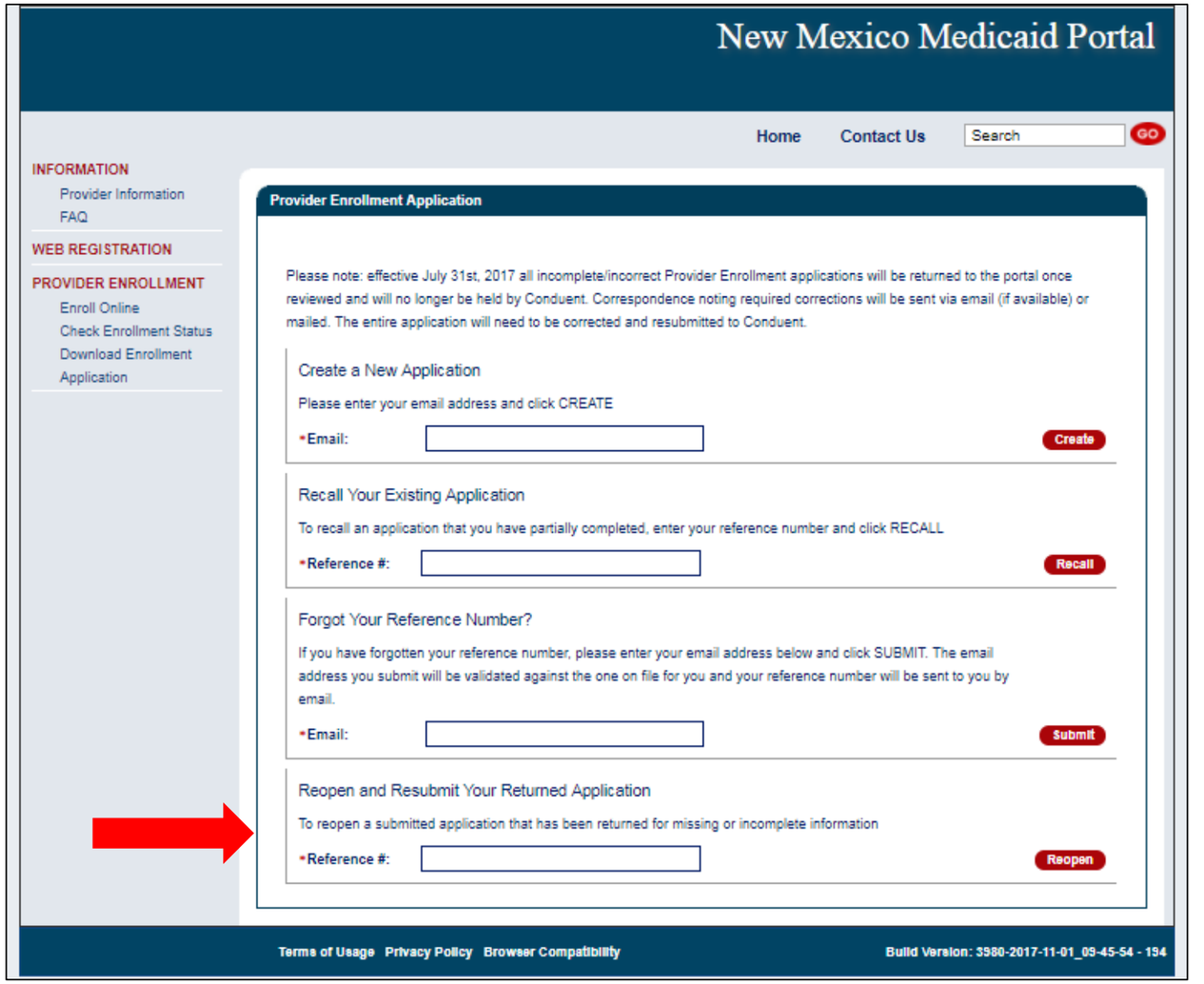
Return to Provider

- 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



Return to Provider

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.

Turn Around Document (TAD)

Conduent
Government Healthcare Solutions

Turn Around Document (TAD)

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 (1st & 2nd notices)
- Renewal month (3rd notice)
- One month after renewal date (4th notice)
- Two months after renewal date (5th 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)

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

Conduent
Government Healthcare Solutions

Update Requests

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

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

- 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*

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
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
Claim research assistance, general Medicaid inquiries, Provider Enrollment Applications, Forms & Instructions

HIPAA Helpdesk – 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

© 2017 Conduent Business Services, LLC. All rights reserved. Conduent and Conduent Agile Star are trademarks of Conduent Business Services, LLC in the United States and/or other countries.