

Provider Enrollment Workshop

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

New Mexico Web Portal Information and Enhancements – Provider Search

Recipients	Providers
<p>Click here for additional COVID-19 vaccine information</p> <p>Medicaid Coverage and Application phone numbers</p> <p>I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM</p> <p>Log in to:</p> <ul style="list-style-type: none"> • Check your eligibility • Ask a Service Representative a Question • Reprint a 1095-B IRS Form <p>Click here for the YESNM website in order to:</p> <ul style="list-style-type: none"> • Enroll in or change your managed care plan • Request a Replacement Medicaid Identification Card for Fee-for-Service (Not with an MCO) <p>1095-B Information</p> <p>Contact Us</p> <p>Números de teléfono de cobertura y aplicación de Medicaid</p> <p>YA ESTOY REGISTRADO/A EN EL PROGRAMA DE MEDICAID DE NUEVO MEXICO</p> <p>Entre a:</p>	<p>I AM NOT ENROLLED BUT WOULD LIKE MORE INFORMATION ABOUT THE NEW MEXICO MEDICAID PROGRAM</p> <ul style="list-style-type: none"> • Click here for information about the program • Click here to see if you might be eligible • beWellNM and the New Mexico Insurance pool • Uninsured COVID-19 Testing Application Form • How to activate your EBT card •  Chat with HSD <p>Tip: If the chat window does not appear, turn off pop up blocker or add an exception to allow the HSD web chat pop up to appear. If you continue to have problem accessing the chat icon call, Customers can call 1-800-283-4465 and Providers can call 1-800-299-7304.</p> <p>NO ESTOY REGISTRADO/A, PERO QUISIERA SABER MAS INFORMACIÓN SOBRE EL PROGRAMA DE MEDICAID DE NUEVO MEXICO</p> <ul style="list-style-type: none"> • Haga "click" aquí para información sobre el
	<p>SECURE INFORMATION</p> <p>Log in to:</p> <ul style="list-style-type: none"> • Submit claims online. • Inquire on recipient eligibility, claims, payments, and prior authorizations. • View or print remittance advices and other reports. • MORE <p>PUBLIC INFORMATION</p> <p>View valuable information about the New Mexico Medicaid program, including:</p> <ul style="list-style-type: none"> • Provider Online Application • Provider Update Form • Provider Update Instructions • Training Presentations and Webinars • Fee Schedules • New Mexico Medicaid E-News • Provider Information • Electronic Visit Verification (EVV) • Self-Direction FMA Forms (Mi Via, Supports Waiver & Self-Directed Community Benefit) • Centennial Care 2.0 FAQ • Provider Search • Vendor Payment Request (VPR)

New Mexico Web Portal Information and Enhancements – Provider Search

Enter the provider NPI, Organization or Provider name, or Medicaid provider number to initiate search.

New Mexico Medicaid Portal

Home

Contact Us

Search

GO

INFORMATION

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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"/> <input type="button" value="Calendar"/>

Submit

Clear

New Mexico Web Portal Information and Enhancements – Provider Search

INFORMATION

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[FAQ](#)

PORTALADMINISTRATION -

Secure Options

+

ADMINISTRATION

+

INQUIRIES

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[Upload License Attachment](#)

Provider Search Results

The most current enrollment information is below. For questions or additional information, contact Customer Service at 1-800-299-7304. To contact a specific Managed Care Organization for contract status or other information, please contact

BlueCross BlueShield of New Mexico: (866) 689-1523

Molina Healthcare of New Mexico: (844) 862-4543

Presbyterian: (888) 977-2333

United Healthcare: (877) 236-0826

Provider Search Results								
NPI	Provider Name	Location Address	Enrollment Status	ProviderType	Effective Date	Provider ID	Specialty	Affiliation
1689747552	UNIVERSITY OF NM HOSPITAL	2211 LOMAS BOULEVARD NE /	Enrolled for Medicaid fee for	201 Hospital, General Acute	07/01/1977	00000067		Click Here For Affiliations

New Mexico Web Portal Information and Enhancements – Enrollment Status

New Mexico Medicaid Portal

Recipient/Recipiente



Providers



Recipients

[Click here for additional COVID-19 vaccine information](#)

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](#)

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](#)
- [beWellNM and the New Mexico Insurance pool](#)
- [Uninsured COVID-19 Testing Application Form](#)
- [How to activate your EBT card](#)
-  [Chat with HSD](#)

Tip: If the chat window does not appear, turn off pop up blocker or add an exception to allow the HSD web chat pop up to appear. If you continue to have problem accessing the

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](#)
- [Provider Update Form](#)

New Mexico Web Portal Information and Enhancements – Enrollment Status

New Mexico Medicaid Portal

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WEB REGISTRATION

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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"/>

New Mexico Web Portal Information and Enhancements – Enrollment Status

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Web Portal Application Submission Process

NM Medicaid Web Portal Application Location

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

Recipients		Providers
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Provider Enrollment Application Initial Screen

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Provider Enrollment Application and TAD/Reverification Response Submission

If you are unsure if you or your organization are already enrolled in the New Mexico Medicaid program, please use the Provider Search tool to verify status. If you have any further questions or need assistance, please contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.

Create a New Application

Please enter your email address and click CREATE

*Email:

Create

Recall Your Existing Application or TAD/Reverification

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

*Reference #:

Recall

Provider Enrollment Application Initial Screen

Begin your application by entering your email address.

Create a New Application

Please enter your email address and click CREATE

*Email:

Create

Provider Participation Agreement (Application)

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Enroll Online

Check Enrollment Status

Download Enrollment Application

Upload License Attachment

Provider Enrollment - Participation Agreement

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.

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ACCEPT

DECLINE

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

Web Portal Application Submission Process

– MAD 312

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

☒ 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.

[Back](#)

[Continue](#)

[Exit Application](#)

Web Portal Application Submission Process – MAD 312

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

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[FAQ](#)

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[Upload License Attachment](#)

Provider Enrollment

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

[Provider Type & Specialty Listing](#)

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.

☐ 319 Anesthetist Assistant
 ☐ 331 Audiologist
 ☐ 430 Behavioral Health Worker
 ☐ 341 Chiropractor

☐ 452 Occupational Therapist (OT), Licensed, Not Certified
 ☐ 335 Optometrist
 ☐ 411 Ordering/Referring/Prescribing or Comm Hlth Worker
 ☐ 320 Pharmacist Clinical

Provider Type & Specialty List

HSD MAD Provider Type & Specialty List November 2022							
PROV TYPE	PROVIDER TYPE & SPECIALTY DEFINITIONS	PROVIDER SPECIALTY CODE	MAD 335 FORM	MAD 312 FORM	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) for TAX ID PURPOSES (Documentation must be submitted with the PPA)
201	Hospital, General Acute	N/A	YES	NO	NO	NO	<ul style="list-style-type: none"> • Copy of CMS letter verifying Medicare hospital certification or JCAHO accreditation letter • Fiscal year-end date should be listed in box #31 of MAD 335 form • Copy of Hospital license • Copy of CLIA certificate • Copy of DEA certificate (if applicable) • Proof of malpractice, professional liability, or medical liability insurance • Federal tax identification letter • Completed W-9 form
202	Hospital, Rehabilitation Unit in a General Acute Hospital	N/A	YES	NO	NO	NO	<ul style="list-style-type: none"> • Copy of CMS letter verifying Medicare hospital certification or JCAHO accreditation letter • Fiscal year-end date should be listed in box #31 of MAD 335 form • Copy of Hospital license • Copy of CLIA certificate • Proof of malpractice, professional liability, or medical liability insurance • Federal tax identification letter • Completed W-9 form
203	Hospital, Rehabilitation or Other Specialty						

Web Portal Application Submission Process – MAD 312

Click on the specialty being requested. **Note:** *not all provider types require a specialty.*

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



The screenshot displays the 'New Mexico Medicaid Portal' interface. On the left, a navigation menu includes '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 shows a 'Reference Number: WR17TT6GA7'. Below this, an 'Instructions' section states: 'Your Reference Number is: WR17TT6GA7'. A red circle highlights this reference number. The text continues: 'Please record your reference number. You may use this number to recall your application.' It also provides contact information for a Provider Enrollment Specialist and instructions on saving the application for later recall. At the bottom, there is a 'PDF Files' section with a download icon and three buttons: 'Back', 'Continue', and 'Exit Application'.


Web Portal Application Submission Process – MAD 312

The provider's name, NPI, and Medicare Number (if applicable) are entered here.

Provider Enrollment SECTION 1 - APPLICANT INFORMATION				Reference Number: JEMF48JOB	
Applicant Name (for individuals – must match license name)					
*First Name	<input type="text"/>	MI	<input type="text"/>	*Last Name	<input type="text"/>
Professional Title(MD,DDS, etc):				<input type="text"/>	
If the individual applicant has been known by other names, for example a maiden name or married name, please list all other names in the field below to avoid having this application returned for name discrepancies.					
List other names, if applicable:				<input type="text"/>	
An NPI is required unless you are a Community Benefit, Waiver, Non-Emergency Transportation or Meal/Lodging provider.					
<input type="checkbox"/> I am exempt from this NPI requirement.	National Provider Identifier (NPI)		<input type="text"/>		
Individual's Medicare Provider Number (Please attach a copy of your Medicare Letter)	<input type="text"/>		<input type="button" value="Upload Attachments"/>		


Web Portal Application Submission Process – MAD 312

The primary Taxonomy, effective date (cannot be a future date), and contact information are entered here.

*Primary Taxonomy:	<div> <div>Select One</div> <div>▼</div> </div> <div> Primary Taxonomy is based off the Provider Type you selected. Click Here to look up your taxonomy that is registered with NPES. If your registered taxonomy doesn't match any in the Primary Taxonomy list, please review the list of provider types again. If you still can't find an appropriate match, contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304. </div>		
*Requested Medicaid Effective Date:		<div>mm/dd/ccyy</div> <div>  </div>	
New Mexico project staff may need to contact you regarding the completion of this form. Please list contact person and contact information.			
* Contact Name:	<input type="text"/>	Contact Title:	<input type="text"/>
Contact Telephone	<input type="text"/> (Example:9999999999)	*Contact Email	<input type="text"/>

Web Portal Application Submission Process – MAD 312

Enter Social Security Number and Date of Birth.

Provider Enrollment - APPLICANT INFORMATION (Tax Reporting Information)		Reference Number: JEMF48JOB
Individual Provider's Social Security Number *	<input type="text"/>	
* Date of Birth:	<input type="text" value="mm/dd/ccyy"/> 	
<div> Back Continue Save And Exit Exit </div>		

Web Portal Application Submission Process – MAD 312

Practice location address and mailing address are both required

Provider Enrollment SECTION II - OFFICE INFORMATION
Reference Number: JEMF48JOB

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		* Location/Provider Email Address			
Fax Number					

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					

Back
Continue
Save And Exit
Exit

Web Portal Application Submission Process – MAD 312

The State issuing the professional license and the State in which the provider is practicing must match (except for providers affiliating with IHS) **Note:** *Telemedicine providers should submit the professional license from their home state (not Telemedicine license alone).*

Provider Enrollment SECTION IV - Professional or Facility License
Reference Number: JEMF48JOB

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

Select One

Add Additional License

Upload Attachments

Board or Other Certification Information 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

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

Web Portal Application Submission Process – MAD 312

Enter billing group information.

Provider Enrollment
Provider Enrollment Section VIII - Group Affiliations
Reference Number: JEMF48JOBU

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

Web Portal Application Submission Process – MAD 312

Select type of professional liability insurance coverage.

Provider Enrollment - Malpractice, Professional, Medical, or Other Liability Insurance
Reference Number: JEMF48JOBU

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

Web Portal Application Submission Process – MAD 312

If selecting liability insurance, enter policy and date information and attach documentation.



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 312

Answer additional questions and attach documentation if applicable.

Provider Enrollment
SECTION XI - ADDITIONAL QUESTIONS
Reference Number: JEMF48JOB

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

mm/dd/ccyy

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	Upload Attachments
*Have you ever been convicted of any criminal offense?	<input type="radio"/> Yes <input type="radio"/> No	Upload Attachments
* <input type="checkbox"/> 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	Upload Attachments

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

Web Portal Application Submission Process – MAD 312

Attach remaining required documentation if applicable.

Provider Enrollment - Required Attachments

Reference Number: JEMF48JOBU

If you have not included the required documentation, please use the page below to attach files to be included in your enrollment application.

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

Back

Continue

Save And Exit

Exit

Web Portal Application Submission Process – MAD 312

Read and certify the provider agreement.

ARTICLE IXX – ENTIRE AGREEMENT

This AGREEMENT incorporates all the agreements, covenants, and under-standings between the parties hereto concerning the subject matter contained in this AGREEMENT, and all such covenants, agreements, and under-standings have been merged into this AGREEMENT. No prior agreement, covenants, or understandings, either verbal or otherwise, of the parties or their agents shall be valid or enforceable unless contained in this AGREEMENT.

This AGREEMENT shall not be altered, changed, revised, or amended except by written instrument executed by the parties in the same manner as in this AGREEMENT. Amendments shall contain an effective date. Any amendments to this AGREEMENT shall not be binding upon either party until approved in writing by the DEPARTMENT or its AUTHORIZED AGENTS.

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

Web Portal Application Submission Process – MAD 312

Read and certify the Authorization to Release Information.

Provider Enrollment - AUTHORIZATION TO RELEASE INFORMATION AND AFFIRMATION

Reference Number: WXUM59QTPA

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

Web Portal Application Submission Process – MAD 312

Click Submit to complete the application process.

Provider Enrollment - Submit Application

Reference Number: WXUM59QTPA

Please click Submit to complete the application process and submit your provider participation agreement.

Submit

Save And Exit

Web Portal Application Submission Process – MAD 312

Record the Web Reference Number and Tracking Number and save or print the application.

Provider Enrollment - SUBMISSION CONFIRMATION

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.

The Web Reference Number for your application is **WXUM59QTPA**

The Tracking Number for your application is **0**

Please print or record the information on this page for your reference. You may also print or save a copy of the Enrollment Application for your records. Please note that you cannot print or save the application six (6) months after submission. If you have ANY questions at all, please do not hesitate to contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.

Print or Save Copy of Enrollment

Turquoise Care Managed Care Organizations (MCOs)

Reminder: Claims for recipients who are enrolled in Turquoise Care are submitted directly to the Managed Care Organization they are enrolled with. Following is the contact information for those MCOs.

Turquoise Care MCOs	Contact Number	Website
BlueCross BlueShield of New Mexico	(866) 689-1523	www.bcbsnm.com/turquoise-care
Molina Healthcare	(844) 862-4543	https://www.molinahealthcare.com/members/nm/en-US/pages/home.aspx
Presbyterian	(888) 977-2333	http://www.phs.org/health-plans/turquoise-care-medicaid
United Healthcare Community Plan of NM	(877) 236-0826	https://www.uhc.com/communityplan/new-mexico/plans

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

Provider Enrollment

Application Setup

Select An Application Type

- **Billing (MAD 335)**
 - This agreement is for groups, organizations, or individual applicants to whom payments will be made. If the applicant is an individual applying for a provider number only for identifying services billed through a group practice or other organization and payments will be made to that group or organization, then this form should not be used. Use Form MAD 312 instead.
 - **Fee-For-Service (FFS) and Managed Care Organization (MCO) network or Fee-For-Service (FFS) only.**
 - New Mexico Medicaid general Provider Policy (NMAC 8.302.1) requires that a provider must be enrolled in Electronic Fund Transfer (EFT) in order to receive Fee-for Service (FFS) reimbursement. You have the ability to include EFT information with your provider enrollment application. EFT is required to be an active Medicaid provider.
 - **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 to view your provider type and the required documentation associated with that provider type. Select Individual or Group provider.

Provider Enrollment

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

[Provider Type & Specialty Listing](#)

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.

☐ 216 Accredited Residential Treatment Center (ARTC)

☐ 351 Lab, clinical freestanding

☐ 401 Ambulance, air

☐ 353 Laboratory, Clinical with Radiology

Please select one of the following:

☒ Individual

☐ Group

Back

Continue

Exit Application

Provider Type & Specialty List

HSD MAD Provider Type & Specialty List November 2022							
PROV TYPE	PROVIDER TYPE & SPECIALTY DEFINITIONS	PROVIDER SPECIALTY CODE	MAD 335 FORM	MAD 312 FORM	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) for TAX ID PURPOSES (Documentation must be submitted with the PPA)
201	Hospital, General Acute	N/A	YES	NO	NO	NO	<ul style="list-style-type: none"> • Copy of CMS letter verifying Medicare hospital certification or JCAHO accreditation letter • Fiscal year-end date should be listed in box #31 of MAD 335 form • Copy of Hospital license • Copy of CLIA certificate • Copy of DEA certificate (if applicable) • Proof of malpractice, professional liability, or medical liability insurance • Federal tax identification letter • Completed W-9 form
202	Hospital, Rehabilitation Unit in a General Acute Hospital	N/A	YES	NO	NO	NO	<ul style="list-style-type: none"> • Copy of CMS letter verifying Medicare hospital certification or JCAHO accreditation letter • Fiscal year-end date should be listed in box #31 of MAD 335 form • Copy of Hospital license • Copy of CLIA certificate • Proof of malpractice, professional liability, or medical liability insurance • Federal tax identification letter • Completed W-9 form
203	Hospital, Rehabilitation or Other Specialty						

New Mexico Medicaid Portal

Home

Contact Us

GO

INFORMATION

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

WEB REGISTRATION

PROVIDER ENROLLMENT

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

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 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. On the left, a navigation menu includes sections for '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 shows a 'Reference Number: WR17TT6GA7'. Below this, an 'Instructions' section states: 'Your Reference Number is: WR17TT6GA7'. This number is circled in red. Further instructions include: 'Please record your reference number. You may use this number to recall your application.', 'Contact a Provider Enrollment Specialist' (with contact info: (800) 299-7304 or (505) 246-9988), 'Saving an Application for Recall at a Later Time' (explaining the 90-day limit and recall process), and 'PDF Files' (providing download links for the application, signature page, and other documents, with a note that Adobe Acrobat Reader is required). At the bottom of the instructions, there is an Adobe Acrobat Reader icon and three buttons: 'Back', 'Continue', and 'Exit Application'. The footer contains links for 'Terms of Usage', 'Privacy Policy', and 'Browser Compatibility', along with the 'Build Version: 3927-2017-08-09_10-26-50 - 194'.

Web Portal Application Submission Process – MAD 335

The provider's business name or individual name are entered here.

Provider Enrollment SECTION 1 - APPLICANT INFORMATION		Reference Number: J11DUFOEWH	
<p>If you have a previous New Mexico Medicaid provider number, Please return to the application setup page and complete a re-enrollment application.</p> <p>Please click here for additional information regarding Provider Type-Specialty .</p> <p>Provider Type & Specialty Listing</p>			
Provider Name:			
Business Name(DBA):		<input type="text"/>	
<i>or</i>			
Individual Applicant Name:			
First:	<input type="text" value="x"/>	MI:	<input type="text"/>
Last:	<input type="text" value="x"/>		
Professional Title:		<input type="text"/>	
<p>If the individual applicant has been known by other names, for example a maiden name or married name, please list all other names in the field below to avoid having this application returned for name discrepancies.</p>			
List other names, if applicable:		<input type="text"/>	
Federal Tax (Legal) Name:			
Business Name:		<input type="text"/>	
<i>or</i>			
Individual Applicant Name:			
First:	<input type="text" value="f"/>	MI:	<input type="text"/>
Last:	<input type="text" value="e"/>		
Professional Title:		<input type="text"/>	
<p>If the individual applicant has been known by other names, for example a maiden name or married name, please list all other names in the field below to avoid having this application returned for name discrepancies.</p>			
List other names, if applicable:		<input type="text"/>	

Web Portal Application Submission Process – MAD 335

The business type, NPI, primary taxonomy, Medicaid effective date, and contact information are entered here.

*Business Type (LLC, Corp, etc.)		Individual/Sole Proprietor	
An NPI is required unless you are a Community Benefit, Waiver, Non-Emergency Transportation or Meal/Lodging provider.			
<input checked="" type="checkbox"/> I am exempt from this NPI requirement.		National Provider Identifier(NPI):	
		<input type="text"/>	
*Primary Taxonomy:	102L00000X Primary Taxonomy is based off the Provider Type you selected. Click Here to look up your taxonomy that is registered with NPES. If your registered taxonomy doesn't match any in the Primary Taxonomy list, please review the list of provider types again. If you still can't find an appropriate match, contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.		
*Requested Medicaid Effective Date:		01/01/2023	
New Mexico project staff may need to contact you regarding the completion of this form. Please list contact person and contact information.			
* Contact Name:		test@test.com	Contact Title:
Contact Telephone	<input type="text"/>	*Contact Email	test@test.com
(Example:9999999999)			
Back		Continue	
Save And Exit		Exit	

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

If services are provided in NM, a CRS (Tax and Revenue) number is needed. Enter either a Federal Tax Number or Social Security Number. Upload all necessary attachments.

Provider Enrollment - APPLICANT INFORMATION (Tax Reporting Information)
Reference Number: J11DUFOEWH

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" value="99"/> - <input type="text" value="999999"/> - <input type="text" value="00"/> - <input type="text" value="9"/>	
*Are NM CRS tax payments current? If not, attach an explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Attachments
*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 checked="" type="radio"/> For Profit <input type="radio"/> Not-for-profit (attach 501(c)3)	Upload Attachments
Federal Tax Number/FEIN (attach IRS letter)	<input type="text"/>	Upload Attachments
*Are Federal tax payments current? If not, attach an explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Attachments

Individual Provider's Social Security Number	<input type="text" value="999558888"/>
Date of Birth:	<input type="text" value="01/01/2023"/> <input type="button" value="Calendar"/>
*A fully executed W-9 is required to be attached.	Test attachment PDF.pdf <input type="button" value="Delete"/>

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

Web Portal Application Submission Process – MAD 335

Practice location address, mailing and billing address are required

Provider Enrollment SECTION II - OFFICE INFORMATION		Reference Number: J11DUFOEWH	
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	<input type="text"/>		
Suite/Office/Other	<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 phone	<input type="text"/>	* Location/Provider Email Address	<input type="text"/>
(example:9999999999)			
Fax Number	<input type="text"/>		
(example:9999999999)			
Mailing Address for official correspondence (May be PO Box)			
Any correspondence from New Mexico Medicaid.			
<input type="checkbox"/> Same as Location			
* Mailing Address	<input type="text"/>		
Suite/Office/Other	<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"/>		
* Mailing Email Address	<input type="text"/>		

Billing Address (May be PO Box)			
Paper Checks and Tax Information			
<input type="checkbox"/> Same as Location Address			
<input type="checkbox"/> Same as Mailing Address			
* Billing Address	<input type="text"/>		
Suite/Office/Other	<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"/>		
Billing Phone	<input type="text"/>	Billing Email Address	<input type="text"/>
(example:9999999999)			

Web Portal Application Submission Process – MAD 335

Enter current license information and upload necessary documents.

Provider Enrollment - Professional or Facility License
Reference Number: J11DUFOEWH

List all current licenses. Please click here for additional information regarding specific license information based on your provider type.

[Provider Type & Specialty Listing](#)

* Business License Information :

☐ I am exempt from this licensing requirement.

* License Number

* Effective Date

mm/dd/ccyy

Expiration Date

mm/dd/ccyy

* State

Select One

Upload Attachments

Professional License Information:

☐ I am exempt from this licensing requirement.

* License Number

* Effective Date

mm/dd/ccyy

* Expiration Date

mm/dd/ccyy

* State

Select One

Add Additional License

Upload Attachments

Board or Other Certification Information 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

Certifications/Registration

*Do you have a DEA Number?

☐ Yes
☐ No

If Yes, please enter the DEA Number.

Upload Attachments

CLIA Number

Upload Attachments

Certification Type:

Select One

Effective Date

mm/dd/ccyy

Expiration Date

mm/dd/ccyy

NCPDP/NABP Number (pharmacies only)

IHS Certified or Tribal 638 Contract Program (If yes, attach copy of certification or contract)

☐ Yes
☐ No

Upload Attachments

Title XVIII Medicare Certified (if yes, attach copy of letter)

☐ Yes
☐ No

Upload Attachments

Fiscal Year End Month

Select One

JCAHO Certified? (If yes, attach copy of letter)

☐ Yes
☐ No

Upload Attachments

Back

Continue

Save And Exit

Exit

Web Portal Application Submission Process – MAD 335

Upload documentation on all providers that will be rendering services for your group.

Provider Enrollment - Individual Affiliations
Reference Number: J11DUFOEWH

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

BackContinueSave And ExitExit

Web Portal Application Submission Process – MAD 335

Select type of professional liability insurance coverage.

Provider Enrollment - Malpractice, Professional, Medical, or Other Liability Insurance
Reference Number: J11DUFOEWH

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.

Back

Continue

Save And Exit

Exit

Web Portal Application Submission Process – MAD 335

If selecting liability insurance, enter policy and date information and attach documentation.



Provider Enrollment - Malpractice, Professional, Medical, or Other Liability Insurance
Reference Number: J11DUFOEWH

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"/>  * To: <input type="text" value="mm/dd/ccyy"/> 
<input type="button" value="Add Additional Carrier"/>	
<input type="button" value="Upload Attachments"/>	

Web Portal Application Submission Process – MAD 335

Answer additional questions and attach documentation if applicable.

Provider Enrollment - ADDITIONAL QUESTIONS		Reference Number: J11DUFOEWH
<p>Please click here for additional information regarding Provider Type-Specialty .</p> <p>Provider Type & Specialty Listing</p>		
<p><u>All providers must answer the following question:</u></p> <p>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.</p>		<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><u>All providers must answer the following question, including non-profit organizations and charities.</u></p> <p>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.</p>		

Web Portal Application Submission Process – MAD 335

Attach remaining required documentation if applicable.

Provider Enrollment - Required Attachments
Reference Number: J11DUFOEWH

If you have not included the required documentation, please use the page below to attach files to be included in your enrollment application.

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

Back
Continue
Save And Exit
Exit

Web Portal Application Submission Process – MAD 335

Read and certify the provider agreement.

ARTICLE IXX – ENTIRE AGREEMENT

This AGREEMENT incorporates all the agreements, covenants, and under-standings between the parties hereto concerning the subject matter contained in this AGREEMENT, and all such covenants, agreements, and under-standings have been merged into this AGREEMENT. No prior agreement, covenants, or understandings, either verbal or otherwise, of the parties or their agents shall be valid or enforceable unless contained in this AGREEMENT.

This AGREEMENT shall not be altered, changed, revised, or amended except by written instrument executed by the parties in the same manner as in this AGREEMENT. Amendments shall contain an effective date. Any amendments to this AGREEMENT shall not be binding upon either party until approved in writing by the DEPARTMENT or its AUTHORIZED AGENTS.

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

Web Portal Application Submission Process – MAD 335

Read and certify the authorization to release information.

Provider Enrollment - AUTHORIZATION TO RELEASE INFORMATION AND AFFIRMATION
Reference Number: J11DUFOEWH

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:	<input type="text"/>
----------------------------------	----------------------

or

FACILITIES AND NON-PRACTITIONER ORGANIZATIONS:

Name of Authorized Representative:	<input type="text"/>
Title / Position:	<input type="text"/>
Address:	<input type="text"/>
Telephone Number:	<input type="text"/>

Back
Accept
Decline
Save And Exit
Exit

Web Portal Application Submission Process – MAD 335

Click Submit to complete the application process.

Provider Enrollment - Submit Application

Reference Number: WXUM59QTPA

Please click Submit to complete the application process and submit your provider participation agreement.

Submit

Save And Exit

Web Portal Application Submission Process – MAD 335

Record the Web Reference Number and Tracking Number and save or print the application.

Provider Enrollment - SUBMISSION CONFIRMATION

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.

The Web Reference Number for your application is **WXUM59QTPA**

The Tracking Number for your application is **0**

Please print or record the information on this page for your reference. You may also print or save a copy of the Enrollment Application for your records. Please note that you cannot print or save the application six (6) months after submission. If you have ANY questions at all, please do not hesitate to contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.

Print or Save Copy of Enrollment

Application Tips

Provider Enrollment Application Screen

Recall Your Existing Application: If you saved an application but did not submit it, you have 90 days to recall the application and submit it.

- Enter the application reference number to recall the application.

Recall Your Existing Application

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

*Reference #:

Recall

- If you do not have the reference number, enter your provider email on file and submit. The reference number will be sent to the email address.

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

Top Errors on Provider Enrollment Applications

Expired License or Insurance Policy

Tip: To ensure processing is not delayed, validate that the license or Certificate of Insurance (COI) expiration date 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 submitted. The NPPES website is <https://npiregistry.cms.hhs.gov/>

Top Errors on Provider Enrollment Applications *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

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

To resubmit your returned application, enter the application reference number in the Reopen and Resubmit box and click Reopen. You have 6 months to submit a corrected application.

Reopen and Resubmit Your Returned Application

To reopen a submitted application that has been returned for missing or incomplete information

*Reference #:

Reopen

Return to Provider

If an application that was returned to the provider is reopened but not resubmitted during that session, the application can then be opened using the Recall option. The application must be resubmitted within 90 days of being reopened.

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)

The purpose of the Turn Around Document (TAD) is to verify that the provider information on file 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 the renewal date (1st & 2nd notices)
- Renewal month (3rd notice)
- One month after the renewal date (4th notice)
- Two months after the renewal date (5th notice)

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

Turn Around Document (TAD)

Common Errors on TADs:

- **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** - The three disclosure questions require initials.
- **Faxing in a TAD** - Faxes are not accepted. Only hard copies with original signature will be processed.

Update Requests

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 - Online

Provider updates may be requested on the web portal. In the secure option menu, click on Provider Update.



The screenshot displays the New Mexico Medicaid Portal interface. At the top, the header reads "New Mexico Medicaid Portal" with a "Logout" link and user information: "User logged in as [test421UAT] 10488227-TEST 312FFS". Navigation links for "Home" and "Contact Us" are present, along with a search bar and a "GO" button. The left sidebar contains several menu categories: "INFORMATION" (Provider Information, FAQ), "PROVIDER - Secure Options" (ADMINISTRATION, CLAIMS ENTRY, INQUIRIES, REPORTS, and the circled "PROVIDER UPDATE" with a sub-link "Provider Update"), "WEB REGISTRATION", "ASK SERVICE REPRESENTATIVE", and "PROVIDER ENROLLMENT" (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area, titled "User Home", displays a welcome message for "test421UAT (UAT 421 Test)!", the current date and time, and a session timeout notice.

Update Requests - Online

Select the provider number to update or enter the provider NPI or ID to update an alternate provider.

INFORMATION

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

PROVIDER - Secure Options

+ ADMINISTRATION

+ CLAIMS ENTRY

+ INQUIRIES

+ REPORTS

- PROVIDER UPDATE

Provider Update

Provider Update

Submit Provider Update For:

☒ 00000067

☐ Another provider

New Npi:

New ProviderId:

Continue

Reset

Update Requests - Online

Click on the type of information to open the update form, enter the new information, and submit.

This process is detailed in the **Online Provider Update Overview** workshop from Conduent. Please see the webinar schedule.

Provider Update

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

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

Update Requests

Common Errors on Updates:

- **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 that 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 Call Center – (800) 299 - 7304

Claim Status, Eligibility, Prior Authorization, Medicaid Updates

Conduent Provider Relations Helpdesk – NMProviderSUPPORT@conduent.com

Claim research assistance and general Medicaid inquiries

Conduent HIPAA Helpdesk – HIPAA.DeskNM@hsd.nm.gov

Assistance on NM Web Portal, EDI inquiries, and Online Claim Submission with DDE (Direct Data Entry)

Conduent Provider Enrollment Helpdesk - NMProviderSUPPORT@conduent.com

Provider Enrollment Applications, Forms & Instructions

Medical Assistance Division, Program Rules – <http://www.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

