



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

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 with an MCO)

1095-B Information Contact Us

Números de teléfono de cobertura y aplicación de Medicaid

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

Entre a:

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

· Haga "click" aquí para información sobre el

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 chat icon call, Customers can call 1-800-283-4465 and Providers can call 1-800-299-7304.

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:

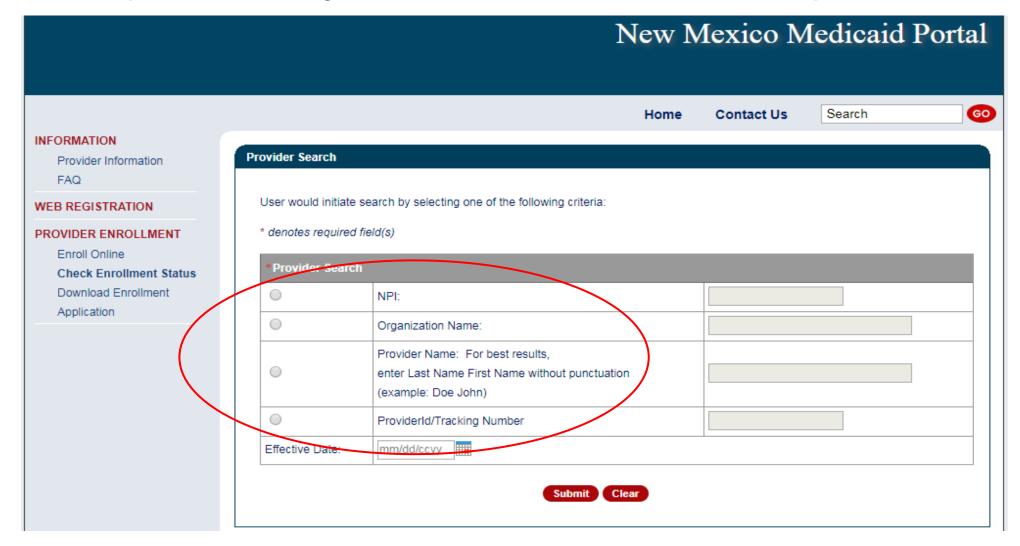
- Provider Online Application
- · Provider Update Form
- · Provider Update Instructions
- Training Presentations and Webinars
- Fee Schedules
- New Mexico Medicaid E-News
- · Provider Information
- Electronic Visit Verification (EVV)
- Self-Direction FMA Forms (Mi Via, Supports Waiver & Self-Directed Community Benefit)
- Centennial Care 2.0 FAQ
- Provider Search
- Vendor Payment Request (VPR)

August 8, 2024



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 Web Portal Information and Enhancements – Provider Search

INFORMATION

Provider Information

FAQ

PORTALADMINISTRATION -

Secure Options

- **■** ADMINISTRATION
- **INQUIRIES**
- REPORTS

WEB REGISTRATION

PROVIDER ENROLLMENT

Enroll Online

Check Enrollment Status

Download Enrollment

Application

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



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

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 Identification Card for Fee-for-Service (Not

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- · View or print remittance advices and other reports.
- MORE

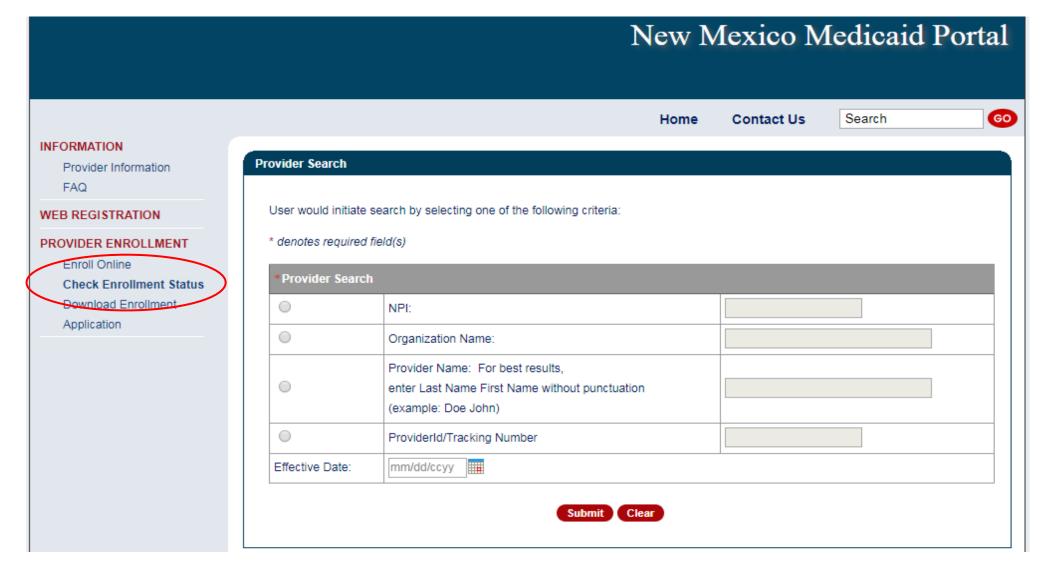
PUBLIC INFORMATION

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 Web Portal Information and Enhancements – Enrollment Status

INFORMATION

Provider Information

FAQ

PORTAL ADMINISTRATION -

Secure Options

- ADMINISTRATION
- **INQUIRIES**

WEB REGISTRATION

PROVIDER ENROLLMENT

Enroll Online

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Download Enrollment

Application

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





Conduent Government Healthcare Solutions



NM Medicaid Web Portal Application Location

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

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

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Providers

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- Provider Update Instructions



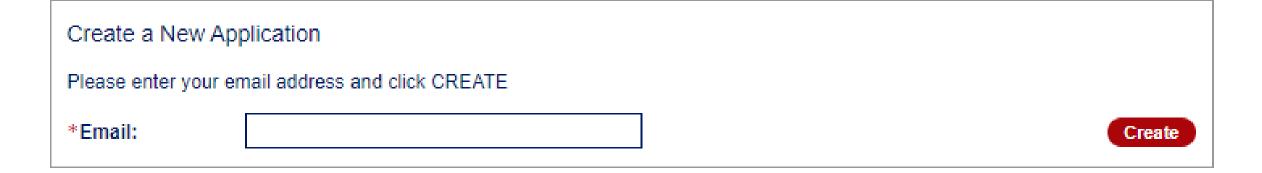
Provider Enrollment Application Initial Screen

INFORMATION Provider Information Provider Enrollment Application and TAD/Reverification Response Submission FAQ PORTALADMINISTRATION -If you are unsure if you or your organization are already enrolled in the New Mexico Medicaid program, please use the Provider Search Secure Options tool to verify status. If you have any further questions or need assistance, please contact the Consolidated Customer Service Center ADMINISTRATION (CCSC) at 1-800-299-7304. **Ⅲ** INQUIRIES ■ REPORTS Create a New Application WEB REGISTRATION Please enter your email address and click CREATE PROVIDER ENROLLMENT Enroll Online Create *Email: Check Enrollment Status Download Enrollment Recall Your Existing Application or TAD/Reverification Application To recall an application or TAD/reverification that you have partially completed, enter your reference number and click Upload License Attachment RECALL *Reference #: Recall



Provider Enrollment Application Initial Screen

Begin your application by entering your email address.





Provider Participation Agreement (Application)

INFORMATION

Provider Information

FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT

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.



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





- 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"



- 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:

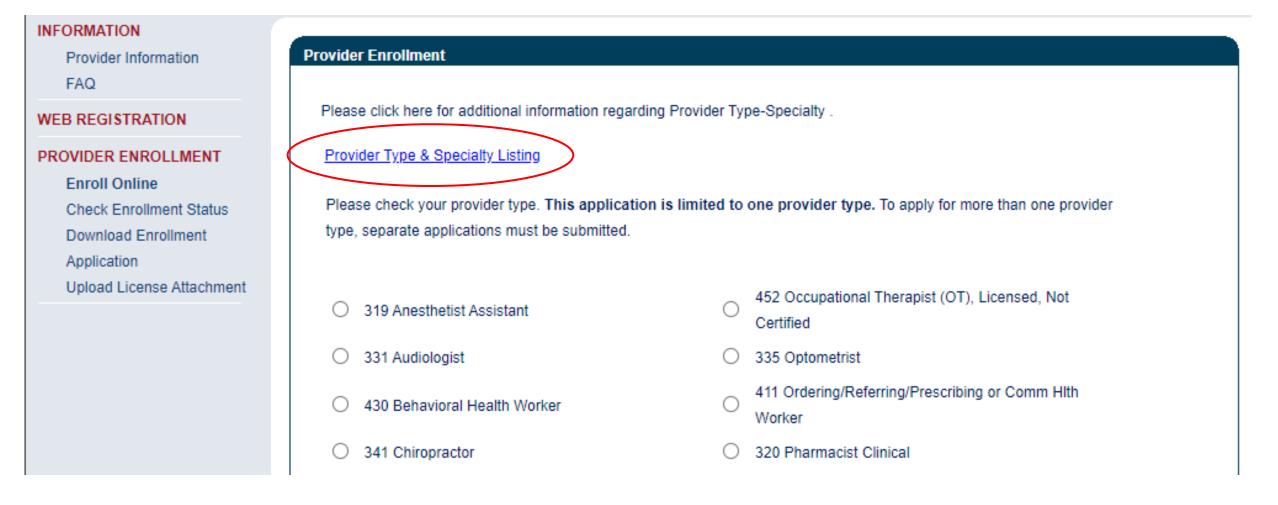
Initial Enrollment

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

Back Continue Exit Application



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.



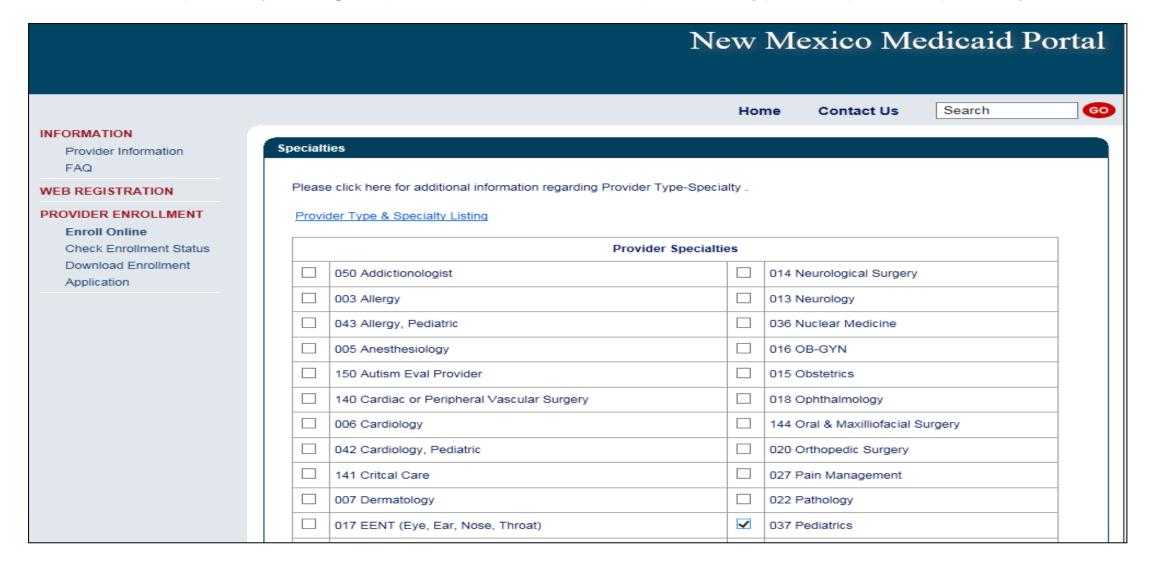


Provider Type & Specialty List

А	υ	U	U	L	ı	G	II .
	HSD MAD Provider Typ	e & Specia	lty List N	ovember	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 INDENTIFICATION NUMBER (FEIN) for TAX ID PURPOSES (Documentation must be submitted with the PPA)
201	Hospital, General Acute	N/A	YES	NO	NO	NO	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	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						

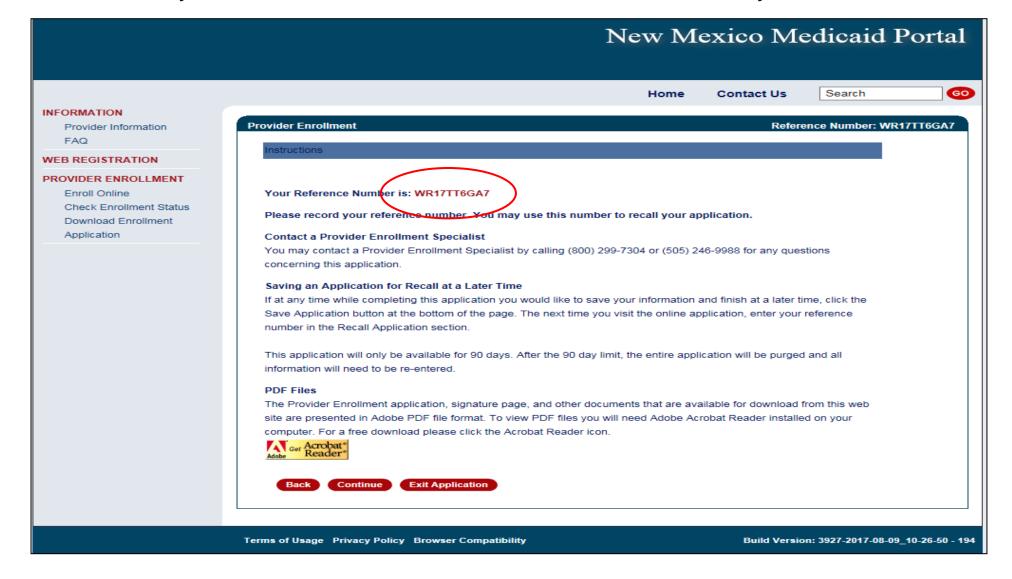


Click on the specialty being requested. *Note:* not all provider types require a specialty.





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





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

ovider Enrollment SECTION 1 - APPLICANT II	NFORMATION		Reference Number: JEMF48JOE
Applicant Name (for individuals – must match li	cense name)		
*First Name	MI	*Last Name	
Professional Title(MD,DDS, etc):			
other names in the field below to avoid having List other names, if applicable:		-	
An NPI is required unless you are a Commu provider.	nity Benefit, Waiver, No	n-Emergency Trans	portation or Meal/Lodging
☐ I am exempt from this NPI requirement.	National Provider Ident	fier (NPI)	
Individual's Medicare Provider Number (Please attach a copy of your Medicare Letter)		Upload	I Attachments

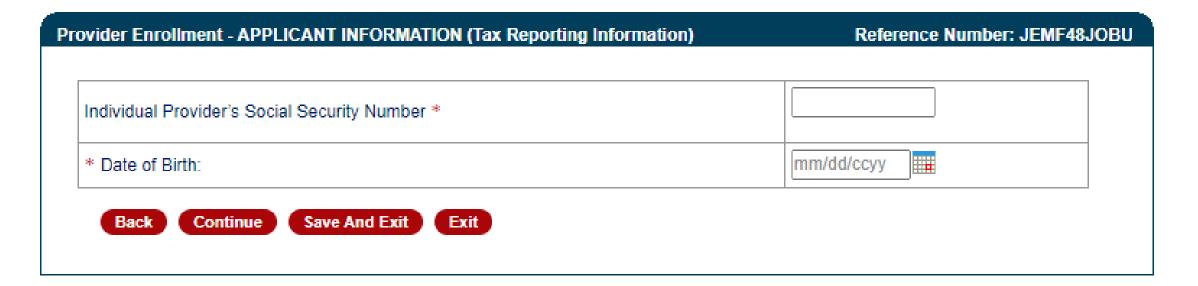


The primary Taxonomy, effective date (cannot be a future date), and contact information are entered here.

*Primary Taxonomy:						
		id Effective Date:	na the completion of thi	mm/dd/ccyy is form. Please list contact person and contact		
information.	,,,,,,,					
* Contact Na	me:		Contact Title:			
Contact Telep	hone	(Example:999999999)	*Contact Em	nail		

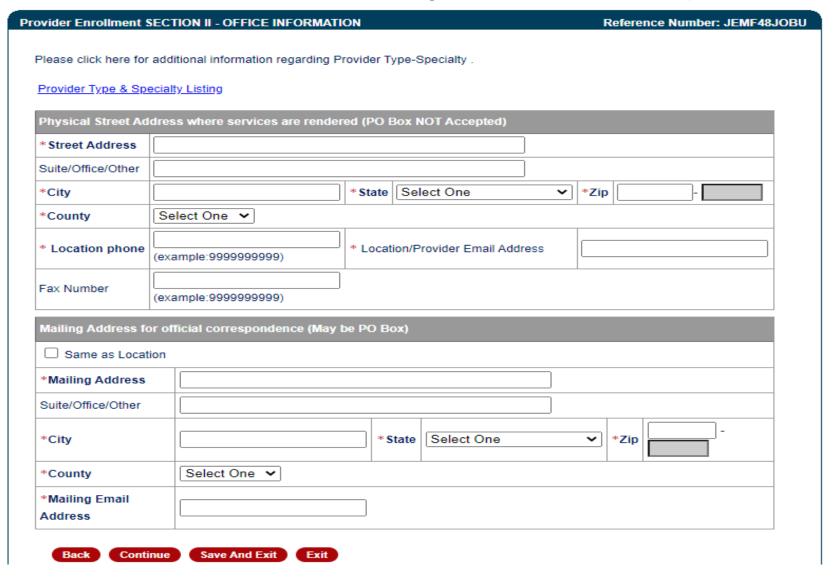


Enter Social Security Number and Date of Birth.



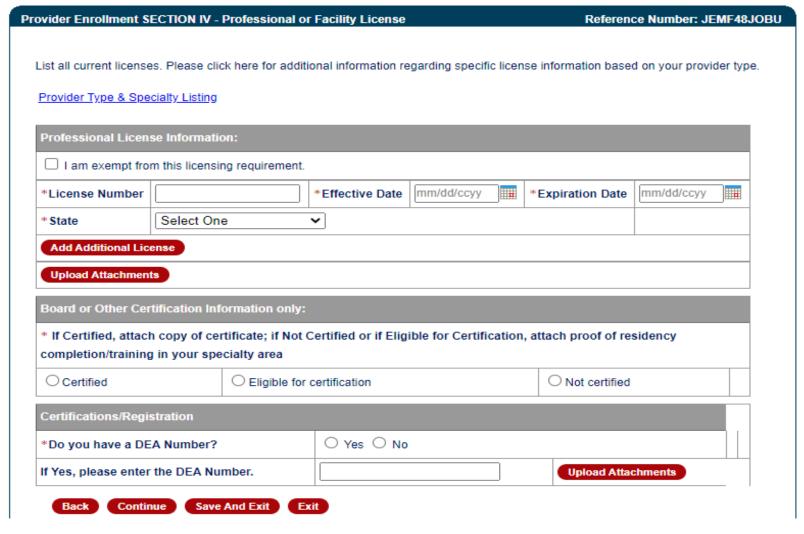


Practice location address and mailing address are both required



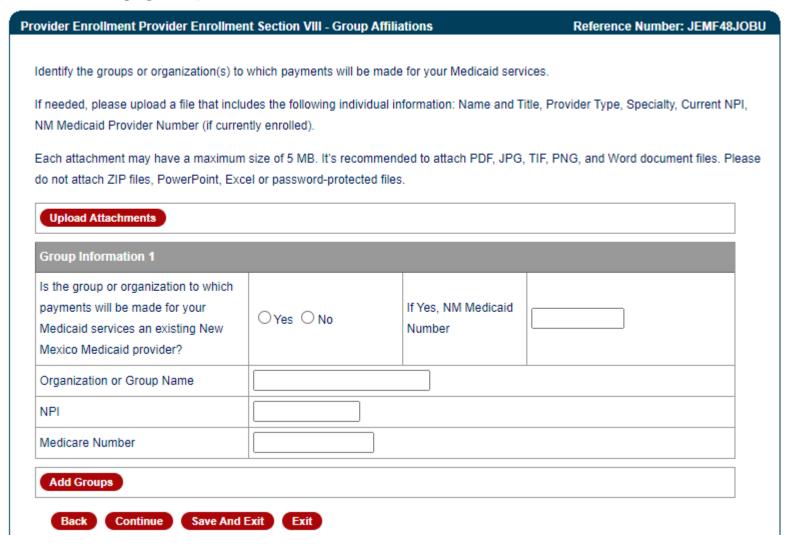


The State issuing the professional license and the State in which the provider is practicing must match (except for providers affiliating with IHS) *Note:* Telemedicine providers should submit the professional license from their home state (not Telemedicine license alone).





Enter billing group information.



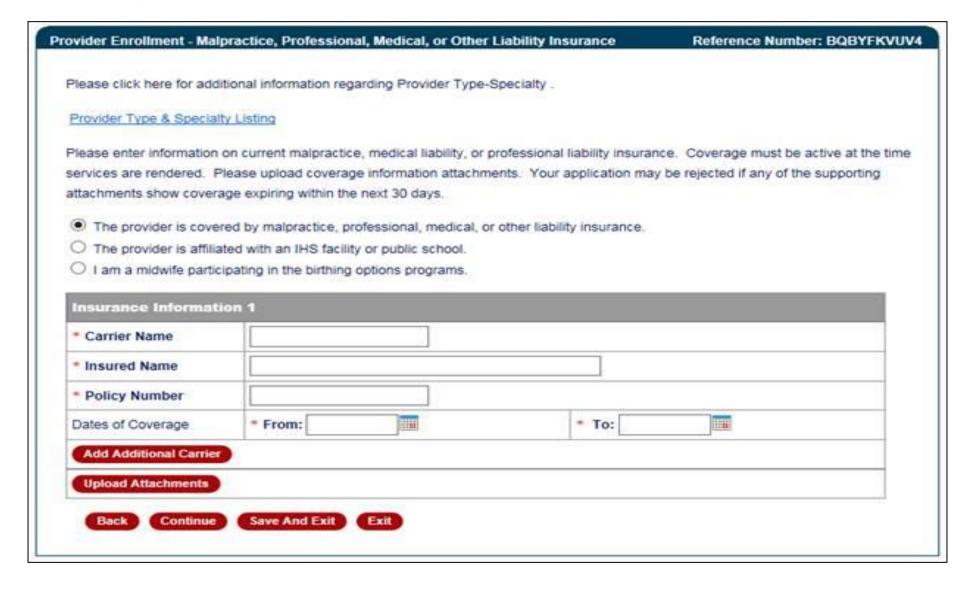


Select type of professional liability insurance coverage.

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 services are rendered. Please upload coverage information attachments. Your application may be 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	



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



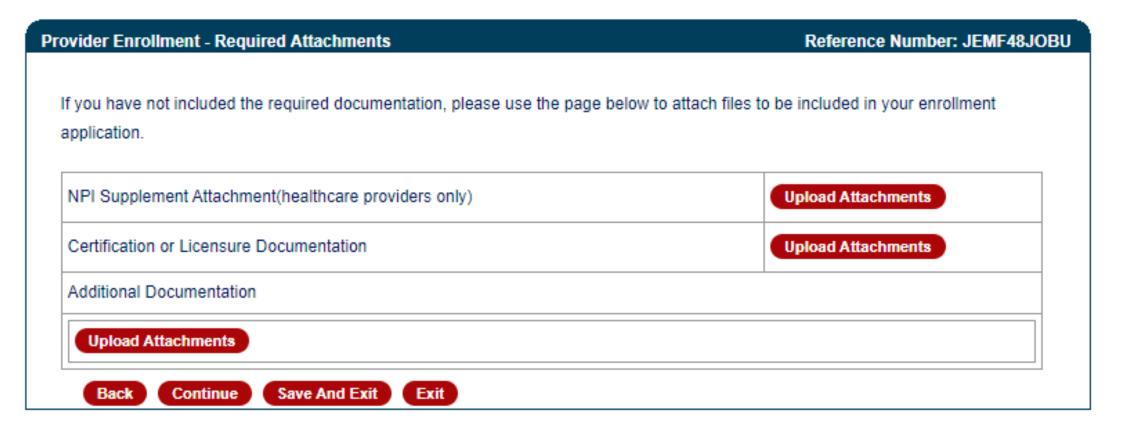


Answer additional questions and attach documentation if applicable.

rovider Enrollment SECTION XI - ADDITIONAL QUESTIONS	Reference Number: JEMF48JOBU				
Please click here for additional information regarding Provider Type-Specialty . <u>Provider Type & Specialty Listing</u>					
If services have already been rendered to a NM Medicaid recipient, please en	ter Date of Service.				
DOS mm/dd/ccyy	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?	○ Yes ○ No	Upload Attachments			
*Have you ever been convicted of any criminal offense?	○ Yes ○ No	Upload Attachments			
* Have you or any ever been excluded or suspended from participation in Title XVII (Medicare), Title XIX (Medicaid) or any other health care program?	○ Yes ○ No	Upload Attachments			
Back Continue Save And Exit Exit					



Attach remaining required documentation if applicable.





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.

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

Back

Continue

Save And Exit

Exit

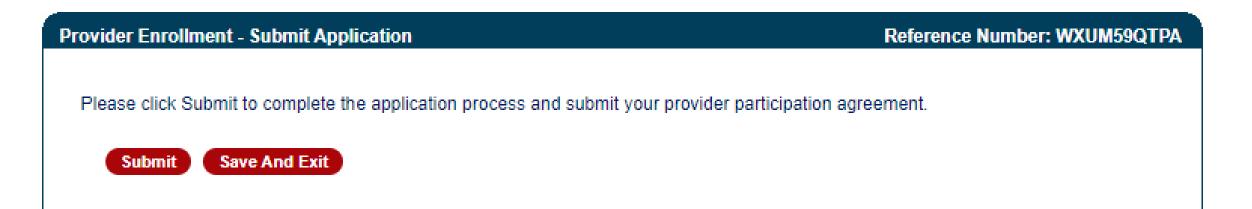


Read and certify the Authorization to Release Information.

rovider Enrollment - AUTHORIZATION TO RELEASE INFORMATION AND AFFIRMATION	Reference Number: WXUM59QTPA
Whoever knowingly and willfully makes or causes to be made a false statement or representat	tion of this statement, may be prosecuted
under applicable federal or State laws. In addition, knowingly and willfully failing to fully and ac	ccurately disclose the information requested
may result in denial of a request to participate or, where the entity already participates, a terminal	
State agency.	
I understand that payment of claims will be from federal and state funds and that any falsificati	on 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:	
INDIVIDUAL FROM DETAIL	
Name of Individual Practitioner:	
Back Accept Decline Save And Exit Exit	
Back Accept Decline Save And Exit Exit	



Click Submit to complete the application process.





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.molinahealthcar e.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/commu nityplan/new-mexico/plans





- 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"



Provider Enrollment

Application Setup

Select An Application Type



- 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.



Continue

Exit Application



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 1 Provider Type & Specialty Listing	Type-Specialty .
Please check your provider type. This application is limited to type, separate applications must be submitted.	to one provider type. To apply for more than one provider
216 Accredited Residential Treatment Center (ARTC)	351 Lab, clinical freestanding
O 401 Ambulance, air	353 Laboratory, Clinical with Radiology
Please select one of the following:	
Individual	
○ Group	
Back Continue Exit Application	

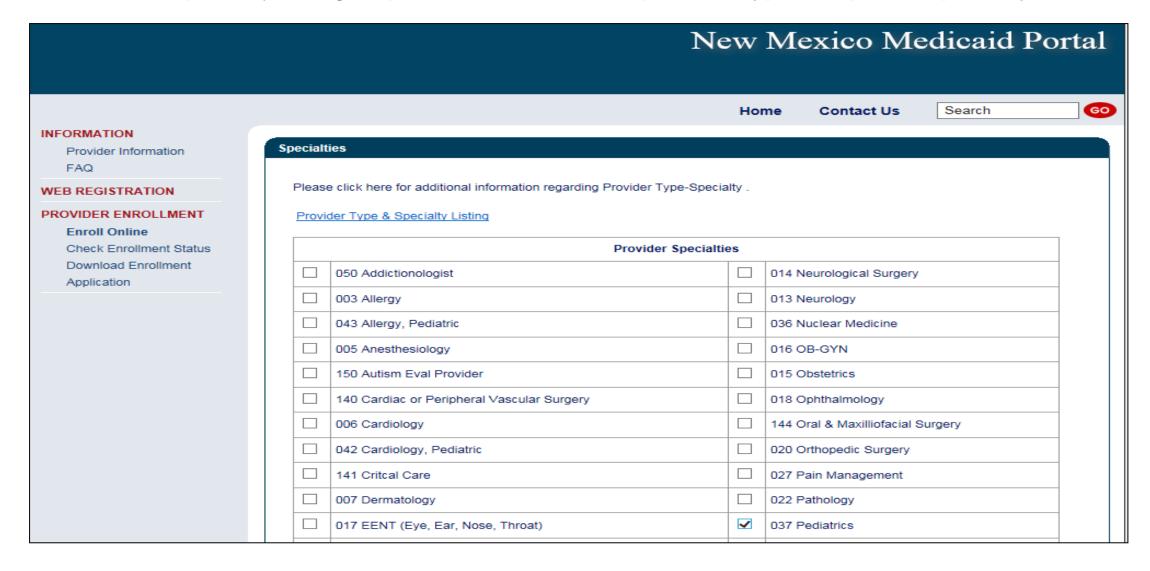


Provider Type & Specialty List

H	U		U	L	ı	U	II II	
	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 INDENTIFICATION NUMBER (FEIN) for TAX ID PURPOSES (Documentation must be submitted with the PPA)	
201	Hospital, General Acute	N/A	YES	NO	NO	NO	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	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							

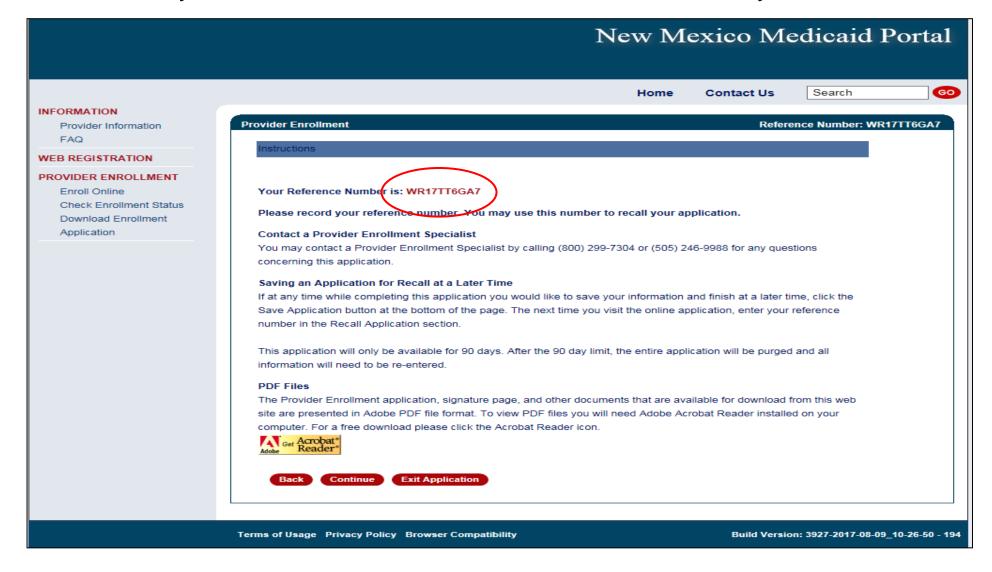


Click on the specialty being requested. *Note:* not all provider types require a specialty.





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



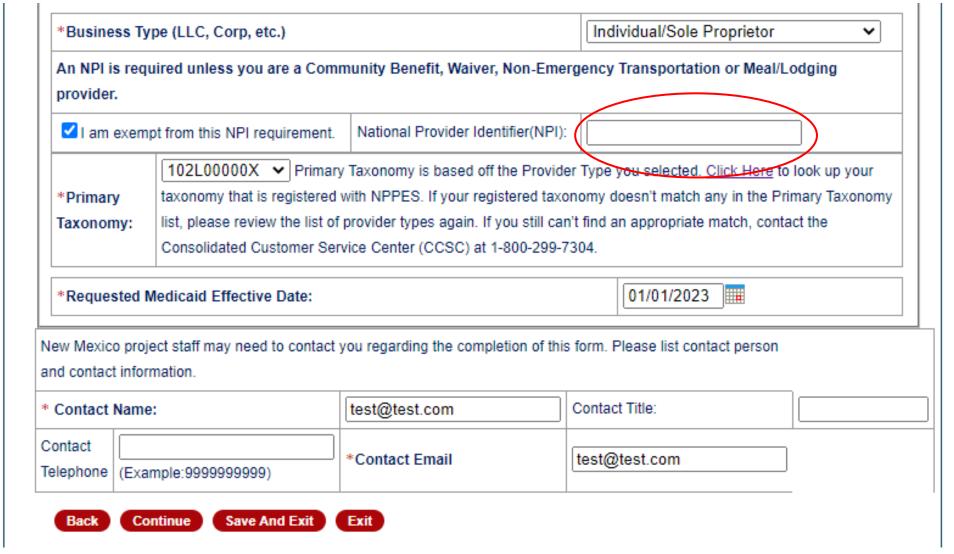


The provider's business name or individual name are entered here.

ider En	rollment SECTION 1 - APPLICANT INFO	ORMAT	ION		Reference Number: J11DUFOE
-	ave a previous New Mexico Medicaid provent application.	/ider nu	ımber, Please	return to th	ne application setup page and complete a re-
Please	click here for additional information regard	ling Pro	vider Type-S	pecialty .	
Provide	er Type & Specialty Listing				
Provid	er Name:				
Busine	ss Name(DBA):				
or Individ	ual Applicant Name:				
First:	x	MI:		Last:	x
Profes	sional Title:				
	ndividual applicant has been known by names in the field below to avoid havin		-	_	naiden name or married name, please list all r name discrepancies.
List oth	ner names, if applicable:				
Federa	al Tax (Legal) Name:				
Busine	ss Name:				
or Individ	ual Applicant Name:				
First:	f	MI:		Last:	е
Profes	sional Title:			·	
	ndividual applicant has been known by names in the field below to avoid havin		-	-	naiden name or married name, please list all r name discrepancies.
List oth	ner names, if applicable:				



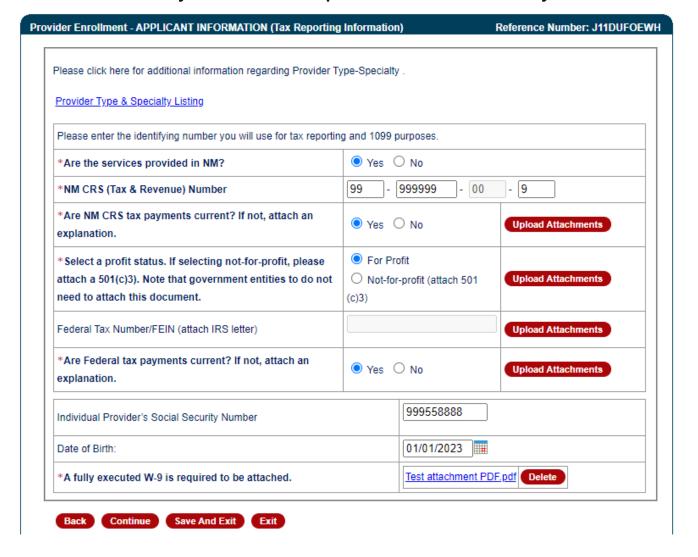
The business type, NPI, primary taxonomy, Medicaid effective date, and contact information are entered here.



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

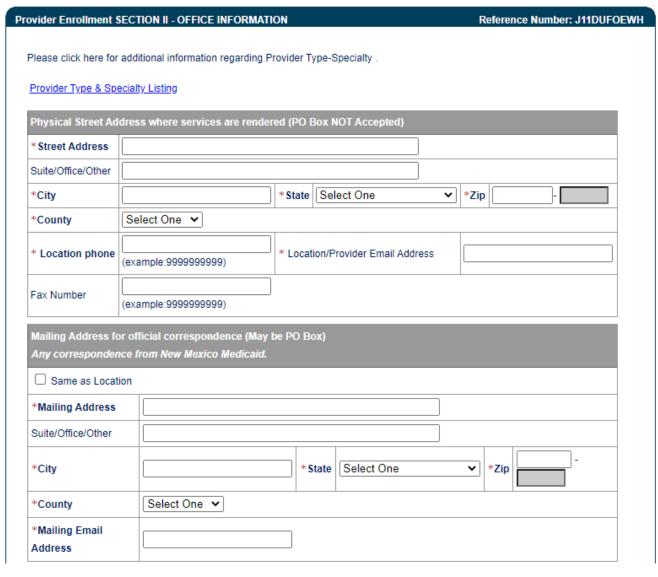


If services are provided in NM, a CRS (Tax and Revenue) number is needed. Enter either a Federal Tax Number or Social Security Number. Upload all necessary attachments.





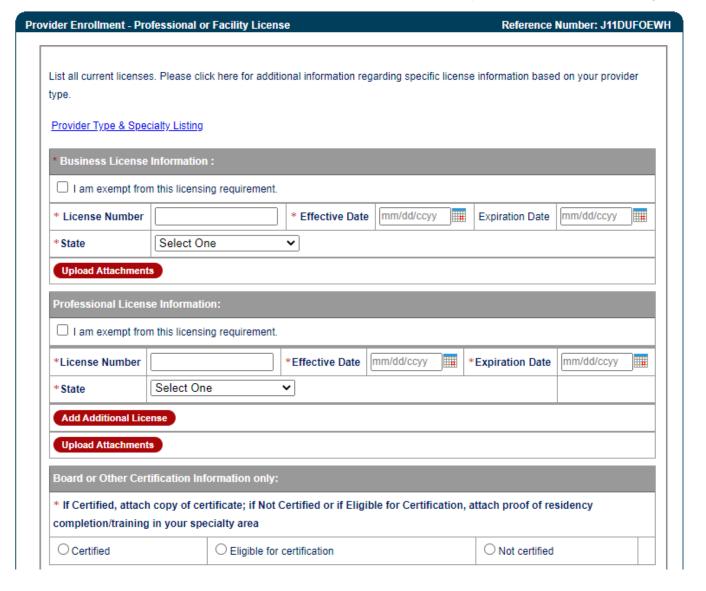
Practice location address, mailing and billing address are required



Billing Address (May be PO Box) Paper Checks and Tax Information							
☐ Same as Locat	tion Address						
Same as Mailir	ng Address						
*Billing Address							
Suite/Office/Other							
*City		* State	Select One	~	*Zip		-
County	Select One 🗸	'					
Billing Phone	(example:999999999)		Billing Email Address				



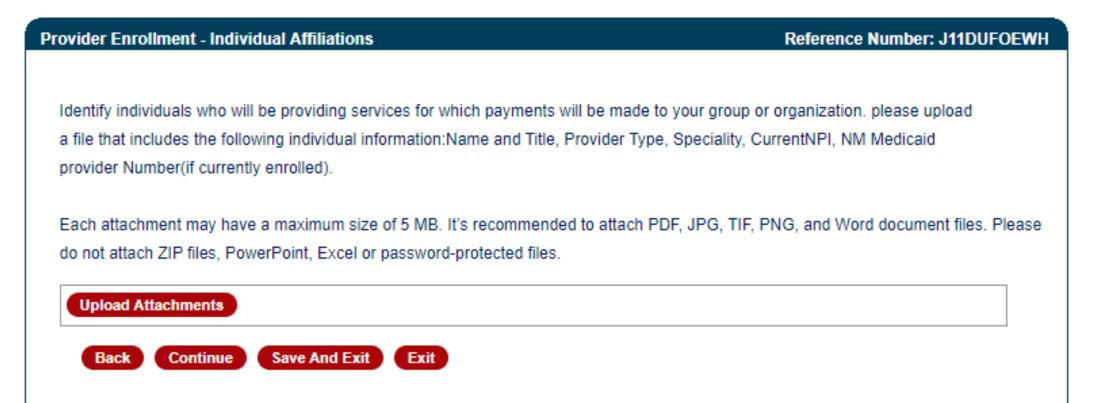
Enter current license information and upload necessary documents.



*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

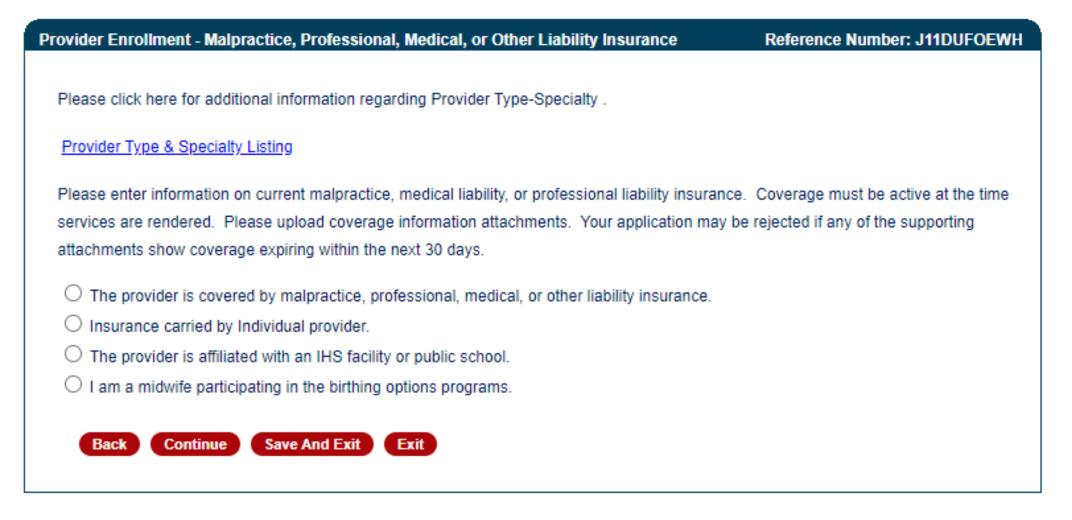


Upload documentation on all providers that will be rendering services for your group.





Select type of professional liability insurance coverage.



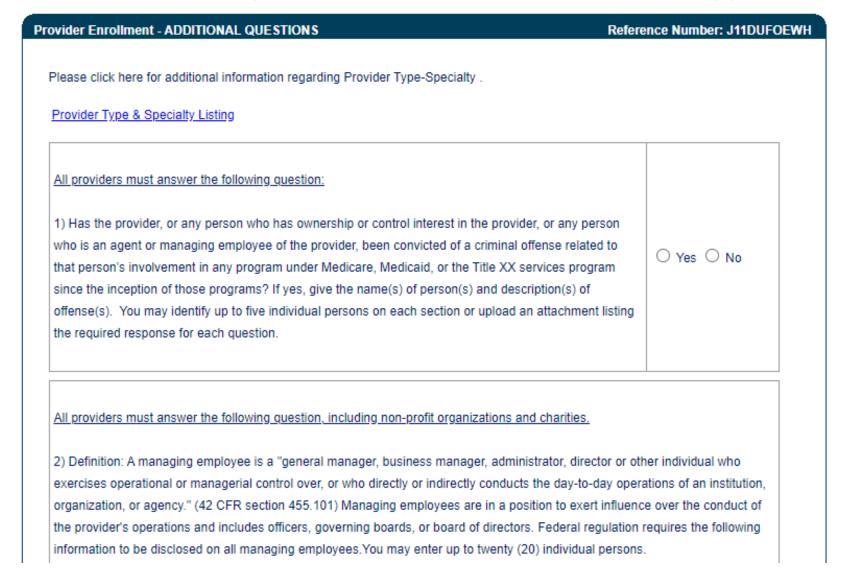


If selecting liability insurance, enter policy and date information and attach documentation.

ovider Enrollment - Malp	ractice, Professional, Medical, or Other	Liability Insurance	Reference Number: J11DUFOEWH
Please click here for additi	onal information regarding Provider Type-S	Specialty .	
Provider Type & Specialty	Listing		
services are rendered. Ple	n current malpractice, medical liability, or pease upload coverage information attachmore expiring within the next 30 days.	-	_
The provider is covere	ed by malpractice, professional, medical, or	r other liability insurance.	
O Insurance carried by I	ndividual provider.		
O The provider is affiliate	ed with an IHS facility or public school.		
O I am a midwife particip	pating in the birthing options programs.		
Insurance Information 1	_	_	
insurance information 1			
* Carrier Name			
* Insured Name			
* Policy Number			
Dates of Coverage	* From: mm/dd/ccyy	* To: mm/do	1/ссуу
Add Additional Carrier		·	
Upload Attachments			
Back Continue	Save And Exit Exit		

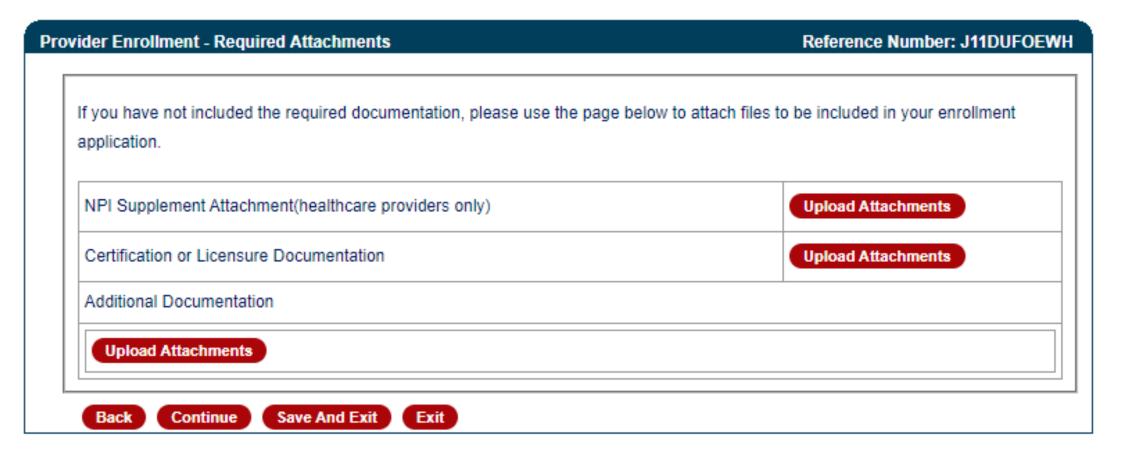


Answer additional questions and attach documentation if applicable.





Attach remaining required documentation if applicable.





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.





Continue

Save And Exit

Exit



Read and certify the authorization to release information.

ovider Enrollment - AUTHORIZATION	TO RELEASE INFORMATION AND AFFIRMATION	Reference Number: J11DUFOEWH				
under applicable federal or State laws. I may result in denial of a request to parti State agency.	or causes to be made a false statement or representation n addition, knowingly and willfully failing to fully and accur cipate or, where the entity already participates, a terminal be from federal and state funds and that any falsification	rately disclose the information requested tion of its agreement or contract with the				
The provider applicant certifiles tha INDIVIDUAL PROVIDER:	t the information on this application is true and correct.					
Name of Individual Practitioner:						
	or					
FACILITIES AND NON-PRACTITIONE	R ORGANIZATIONS:					
Name of Authorized Representative:						
Title / Position:						
Address:						



Click Submit to complete the application process.



Reference Number: WXUM59QTPA

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



Save And Exit



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

Conduent Government Healthcare Solutions



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.



• 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.





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.







- 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).



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 Res	ubmit Your Returned Application	
To reopen a submitt	ed application that has been returned for missing or incomplete information	
*Reference #:	Reopen	



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.







Turn Around Document (TAD)

Conduent Government Healthcare Solutions



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.

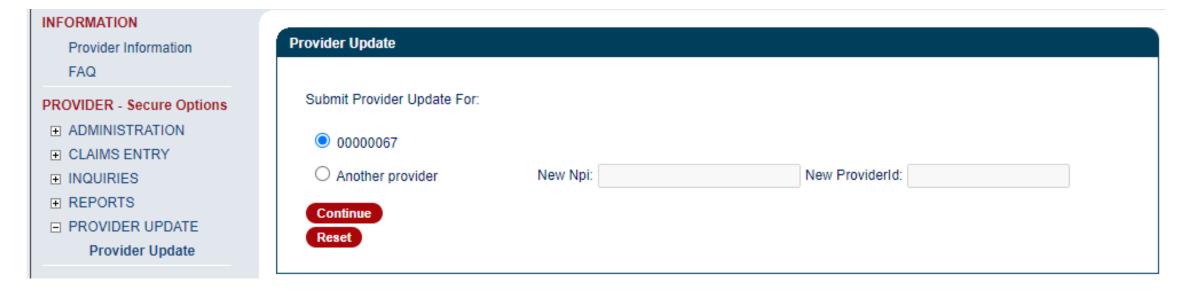


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Update Requests - Online

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





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 – <u>HSD.PEDeterminers@state.nm.us</u> 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 – <u>NMProviderSUPPORT@conduent.com</u> Claim research assistance and general Medicaid inquiries

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

Conduent Provider Enrollment Helpdesk - <u>NMProviderSUPPORT@conduent.com</u>
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

