

Online Provider Update

Purpose

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

In order to submit updates online, create a Master Administrator account or ask the Master Administrator to create a new user account for you. Instructions starting on slide 5 of this presentation.

If you are unsure who the Master Administrator is for your office or group, please contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.

Objectives

We will review the following:

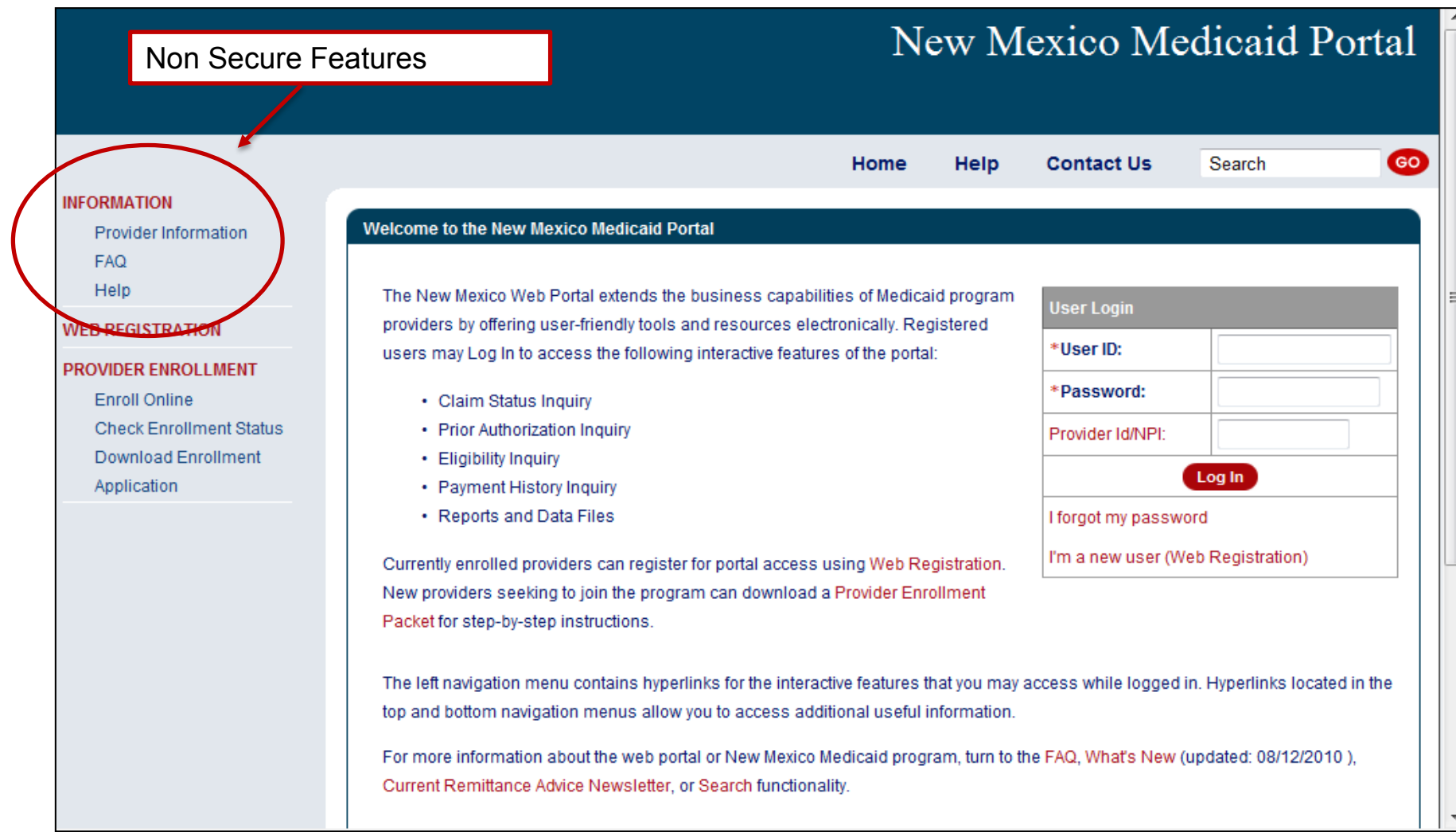
- Creating a Master Administrator or New User account on the NM Medicaid Portal.
- Logging into the NM Medicaid Portal
- Advantages of submitting provider updates online
- Available online provider updates
- Attaching documents to online provider update requests
- Addendum for each upload option

Creating a Master Administrator or New User account on the NM Medicaid Portal.

Only Master Administrators can create New User accounts.

New Mexico Medicaid Web Portal Login

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



Non Secure Features

INFORMATION

- Provider Information
- FAQ
- Help

WEB REGISTRATION

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

New Mexico Medicaid Portal

Home Help Contact Us Search **GO**

Welcome to the New Mexico Medicaid Portal

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

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

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

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

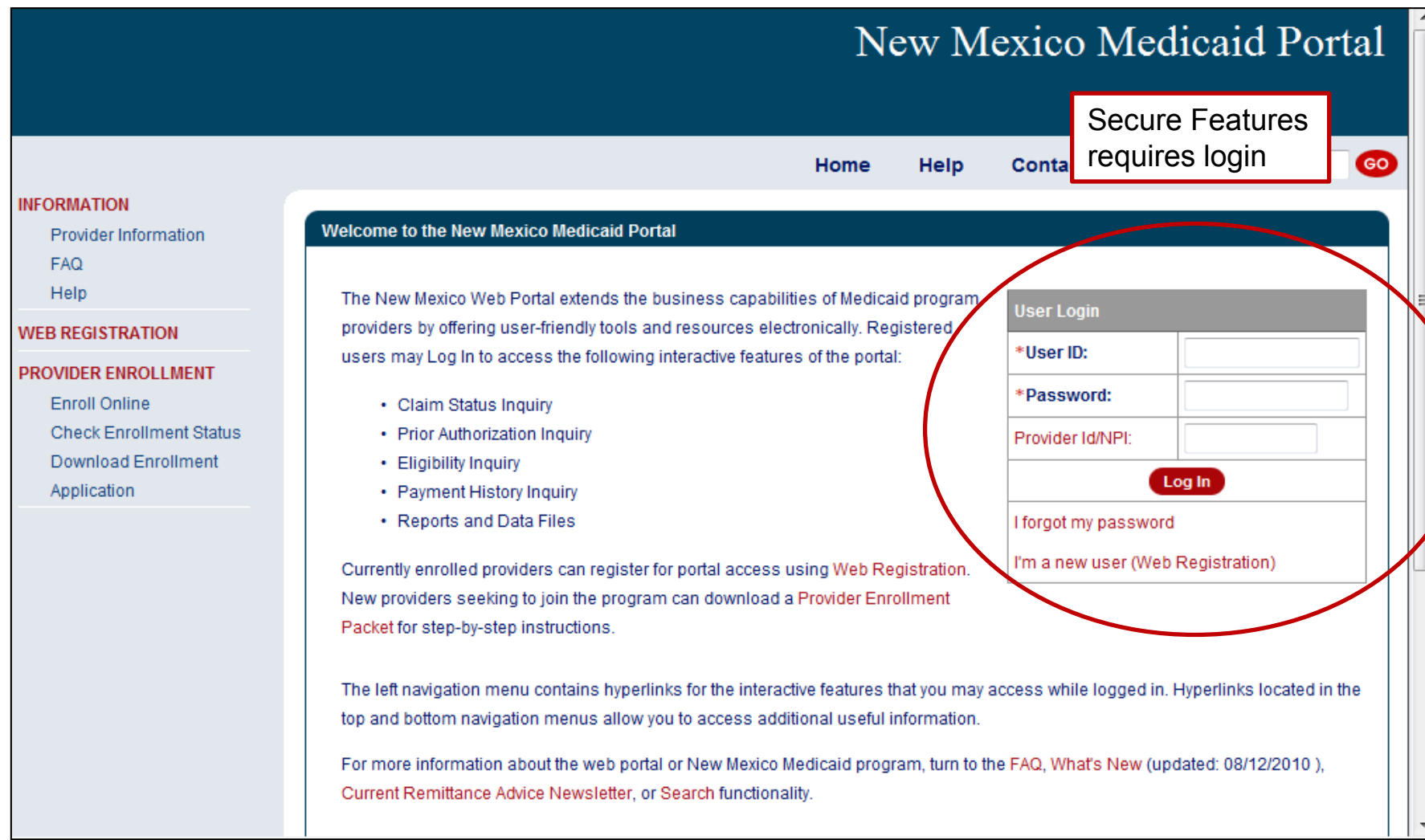
For more information about the web portal or New Mexico Medicaid program, turn to the [FAQ](#), [What's New](#) (updated: 08/12/2010), [Current Remittance Advice Newsletter](#), or [Search](#) functionality.

User Login

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

New Mexico Medicaid Web Portal Login

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



New Mexico Medicaid Portal

Home Help Conta **GO**

Secure Features requires login

INFORMATION

- Provider Information
- FAQ
- Help

WEB REGISTRATION

PROVIDER ENROLLMENT

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

User Login

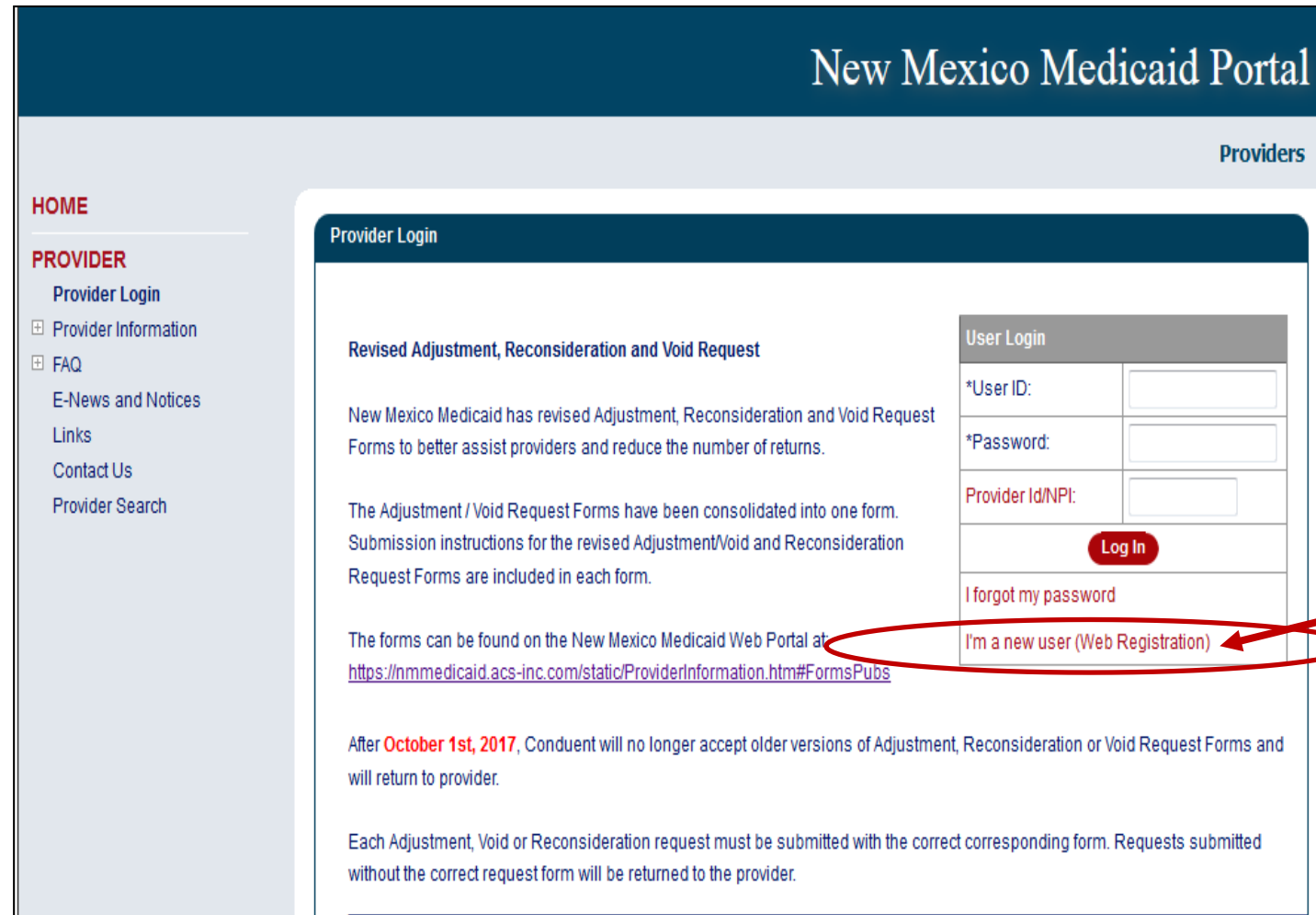
*User ID:	<input type="text"/>
*Password:	<input type="password"/>
Provider Id/NPI:	<input type="text"/>
Log In	
I forgot my password	
I'm a new user (Web Registration)	

Master administrators (MA) can assign User Rights to others who work closely with Provider enrollment.

An individual can access the Provider Update Security Privilege by contacting their MA.

If you need assistance logging in to the NM Web Portal, please contact Consolidated Customer Service Center (CCSC) at 1-800-299-7304

How to Register



New Mexico Medicaid Portal

Providers

HOME

PROVIDER

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

Provider Login

Revised Adjustment, Reconsideration and Void Request

New Mexico Medicaid has revised Adjustment, Reconsideration and Void Request Forms to better assist providers and reduce the number of returns.

The Adjustment / Void Request Forms have been consolidated into one form. Submission instructions for the revised Adjustment/Void and Reconsideration Request Forms are included in each form.

The forms can be found on the New Mexico Medicaid Web Portal at <https://nmmedicaid.acs-inc.com/static/ProviderInformation.htm#FormsPubs>

After **October 1st, 2017**, Conduent will no longer accept older versions of Adjustment, Reconsideration or Void Request Forms and will return to provider.

Each Adjustment, Void or Reconsideration request must be submitted with the correct corresponding form. Requests submitted without the correct request form will be returned to the provider.

User Login

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

Click "I'm a new user (Web Registration)"

How to Register *Continued*

Select Master Administrator

You must now select your Master Administrator by designating either a new or existing user.

The Master Administrator will have the authority to create/edit/delete the portal users within your provider organization. The first registered user in a provider organization will be designated as the Master Administrator. If the need arises, you may contact the [HIPAA Help Desk](#) to have a new Master Administrator assigned.

Please select one of the following options:

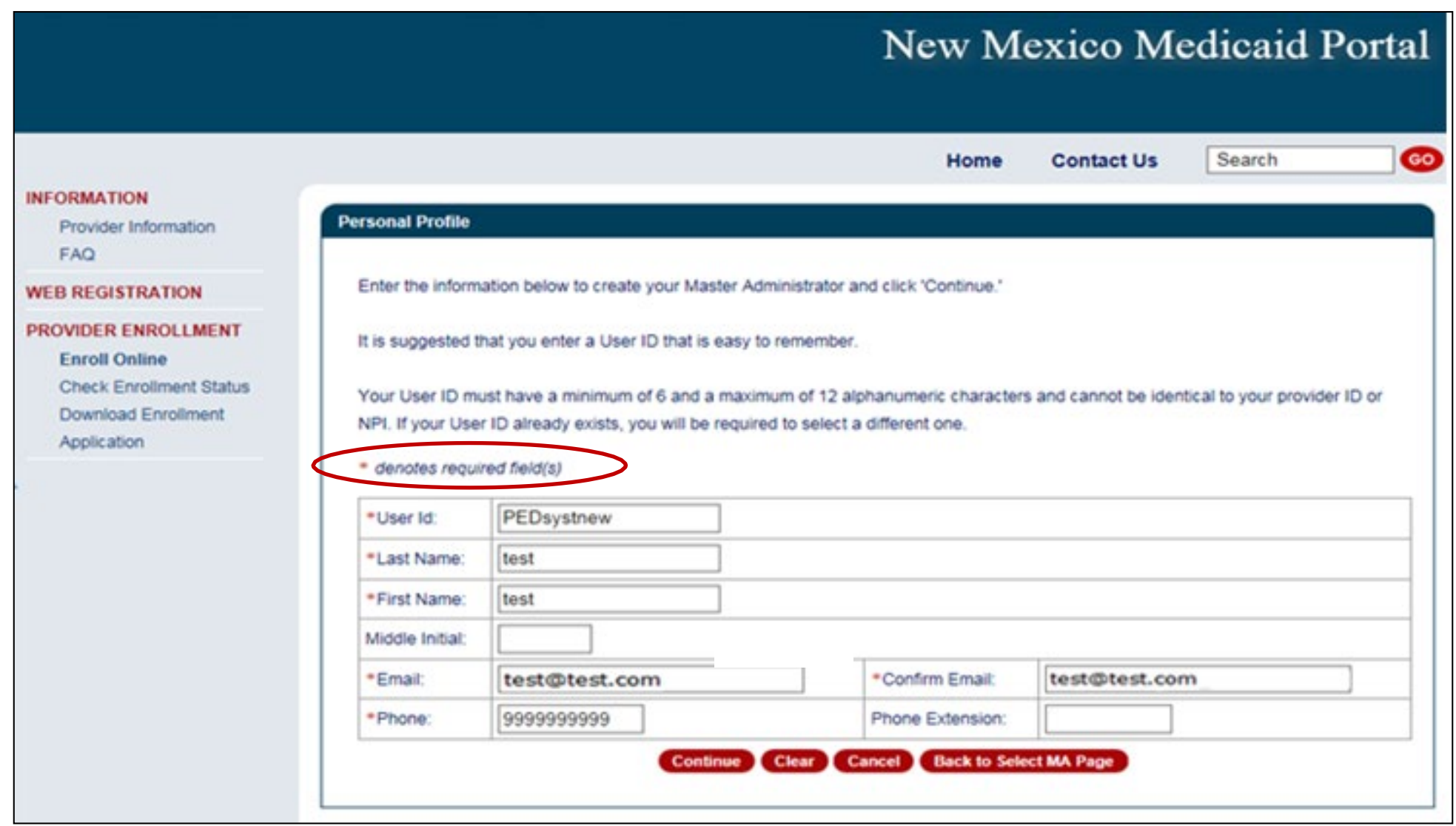
[Create a new user to be your Master Administrator.](#)

[Assign an existing user to be your Master Administrator.](#)

Click here to create a User ID on the web portal.

Cancel

How To Register *Continued*



New Mexico Medicaid Portal

Home Contact Us Search GO

INFORMATION
Provider Information
FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

Personal Profile

Enter the information below to create your Master Administrator and click 'Continue.'

It is suggested that you enter a User ID that is easy to remember.

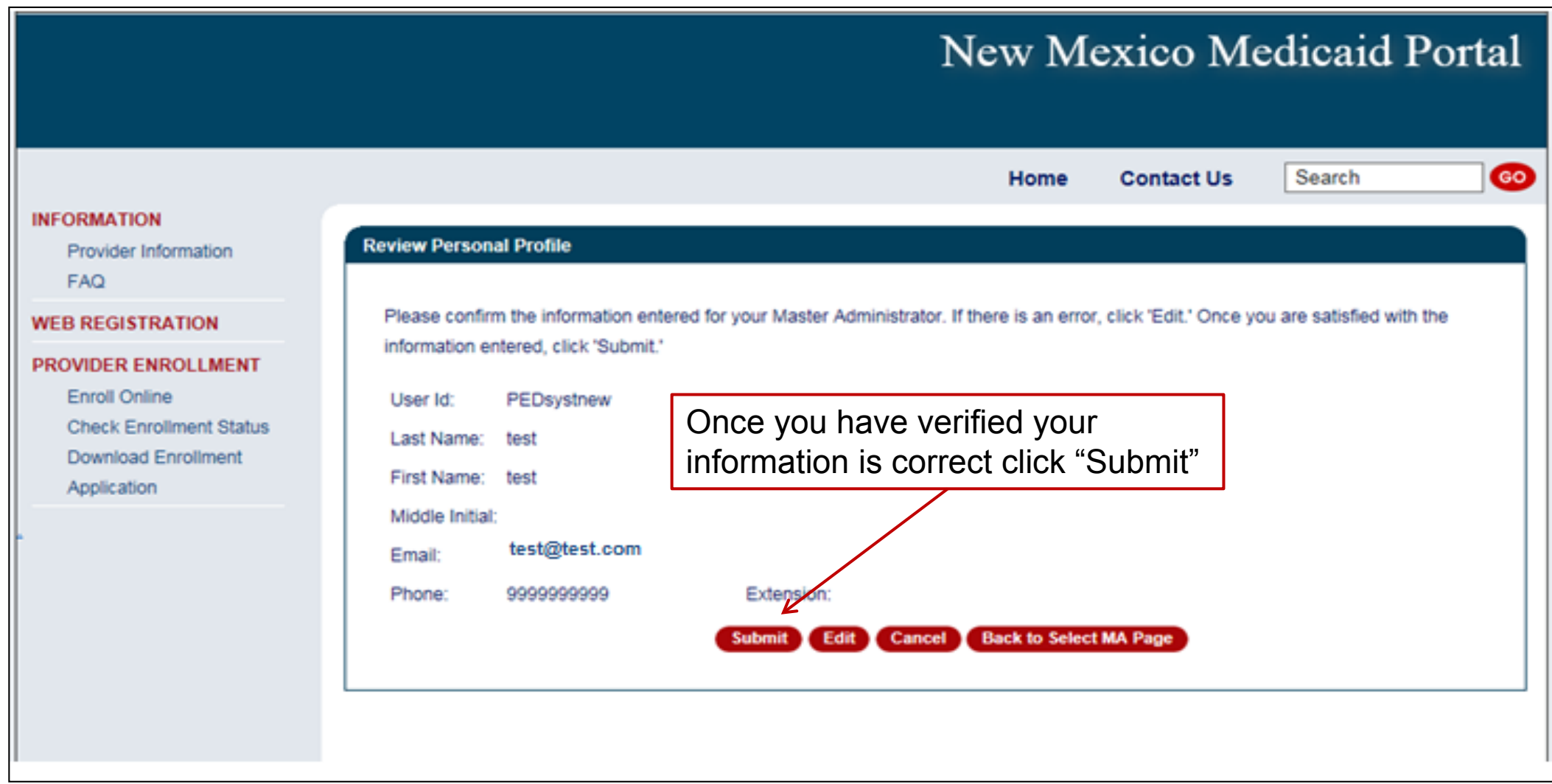
Your User ID must have a minimum of 6 and a maximum of 12 alphanumeric characters and cannot be identical to your provider ID or NPI. If your User ID already exists, you will be required to select a different one.

** denotes required field(s)*

*User Id:	<input type="text" value="PEDsystemew"/>		
*Last Name:	<input type="text" value="test"/>		
*First Name:	<input type="text" value="test"/>		
Middle Initial:	<input type="text"/>		
*Email:	<input type="text" value="test@test.com"/>	*Confirm Email:	<input type="text" value="test@test.com"/>
*Phone:	<input type="text" value="9999999999"/>	Phone Extension:	<input type="text"/>

Continue Clear Cancel Back to Select MA Page

How To Register *Continued*



New Mexico Medicaid Portal

Home Contact Us Search GO

INFORMATION
Provider Information
FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

Review Personal Profile

Please confirm the information entered for your Master Administrator. If there is an error, click 'Edit.' Once you are satisfied with the information entered, click 'Submit.'

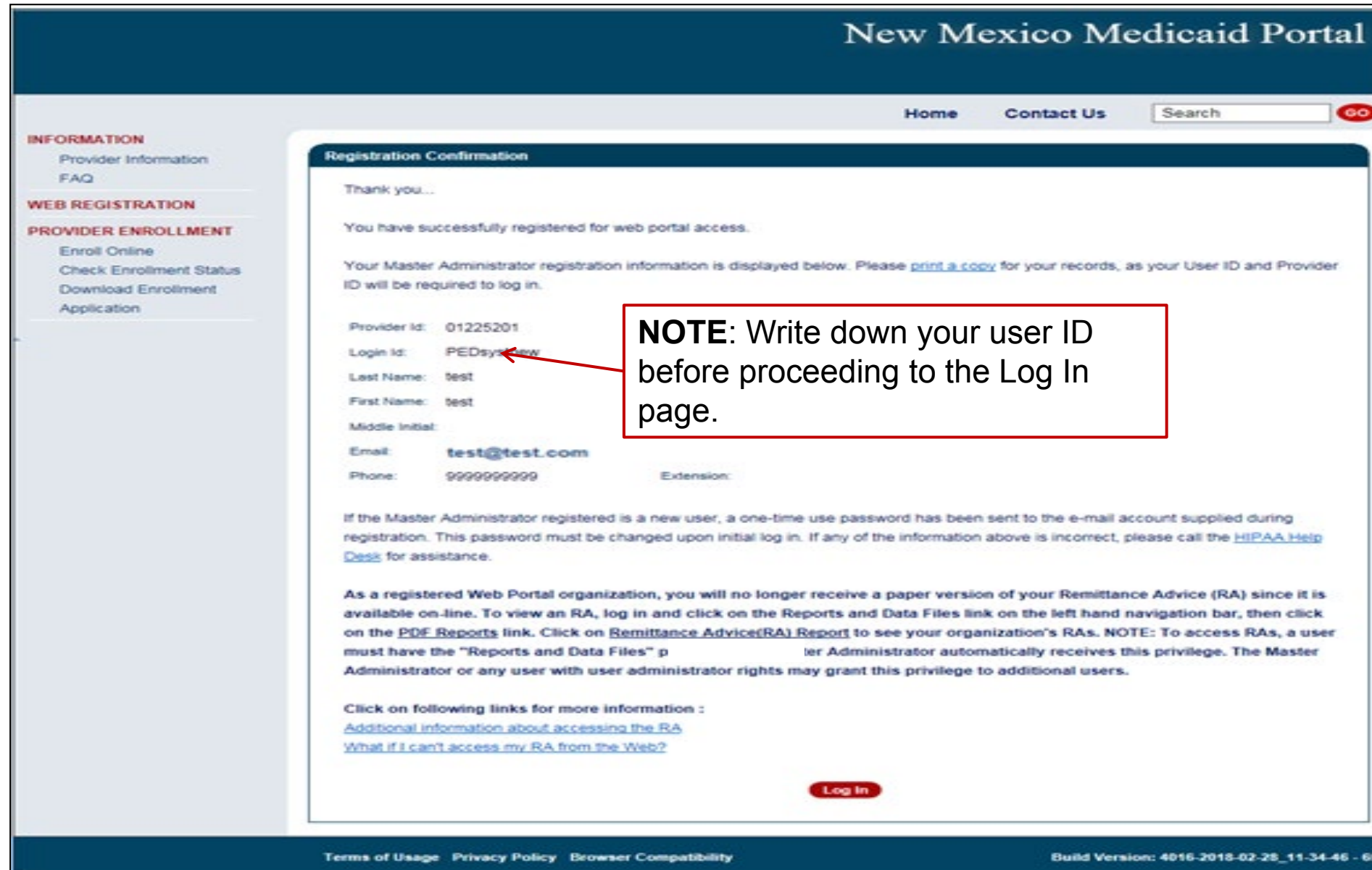
User Id: PEDsystem
Last Name: test
First Name: test
Middle Initial:
Email: test@test.com
Phone: 9999999999

Extension:

Submit Edit Cancel Back to Select MA Page

Once you have verified your information is correct click "Submit"

Registration Confirmation Page



New Mexico Medicaid Portal

Home Contact Us Search GO

INFORMATION
Provider Information
FAQ

WEB REGISTRATION

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Check Enrollment Status
Download Enrollment Application

Registration Confirmation

Thank you...

You have successfully registered for web portal access.

Your Master Administrator registration information is displayed below. Please [print a copy](#) for your records, as your User ID and Provider ID will be required to log in.

Provider Id: 01225201
Login Id: PEDsystem
Last Name: test
First Name: test
Middle Initial:
Email: test@test.com
Phone: 9999999999 Extension:

NOTE: Write down your user ID before proceeding to the Log In page.

If the Master Administrator registered is a new user, a one-time use password has been sent to the e-mail account supplied during registration. This password must be changed upon initial log in. If any of the information above is incorrect, please call the [HIPAA Help Desk](#) for assistance.

As a registered Web Portal organization, you will no longer receive a paper version of your Remittance Advice (RA) since it is available on-line. To view an RA, log in and click on the Reports and Data Files link on the left hand navigation bar, then click on the [PDF Reports](#) link. Click on [Remittance Advice\(RA\) Report](#) to see your organization's RAs. NOTE: To access RAs, a user must have the "Reports and Data Files" p...ler Administrator automatically receives this privilege. The Master Administrator or any user with user administrator rights may grant this privilege to additional users.

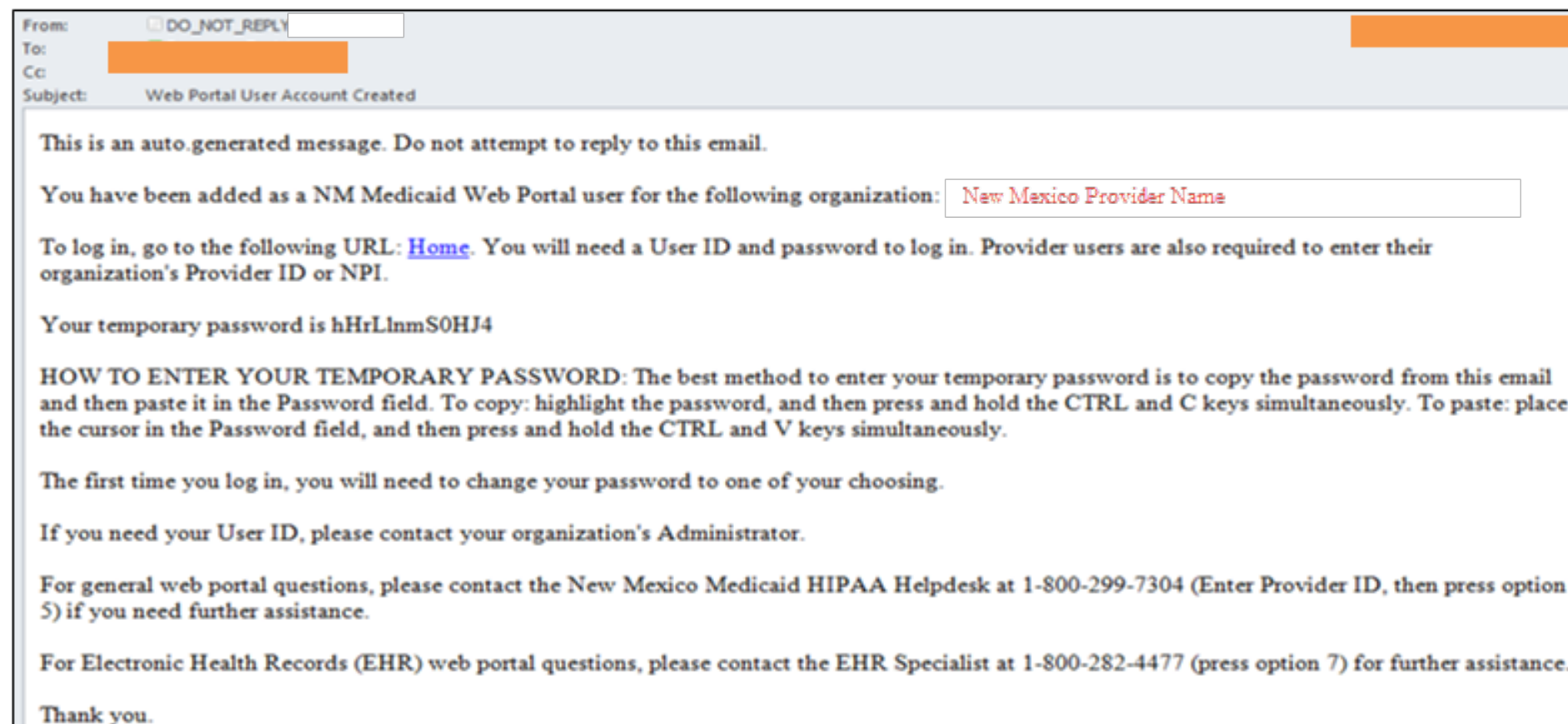
Click on following links for more information :
[Additional information about accessing the RA](#)
[What if I can't access my RA from the Web?](#)

Log In

Terms of Usage Privacy Policy Browser Compatibility Build Version: 4016-2018-02-28_11-34-46 - 65

User Confirmation Email

Once you have registered, an initial password will be emailed to you:



User Login

After you receive the user confirmation e-mail, you must log-in to complete your registration. To complete registration, you must enter:

- Your User ID (created during the Web Registration process)
- The initial password sent to you via email

When you log in for the first time, you will be required to change your password. The password must meet certain standards that will be described to you on the web page.

After creating a Master Administrator or New User account, updates can now be submitted on the NM Medicaid Portal

Advantage of Submitting Updates Online

- Submitting update requests online significantly reduces the processing time to 5 business days or less.
- Using the online form will ensure that providers are using the most up-to-date version. This will reduce delays in processing of updates.
- A confirmation number is provided for better tracking purposes.
- Submitting updates via the web portal reduces the chance of documents not being processed.
- If you are unsure who the Master Administrator is for your office or group, please contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.

Provider Update

After you have created a Master Administrator or New User account, log into the Nm Medicaid Portal. Remember: Only Master Administrators can create New User accounts.



New Mexico Medicaid Portal

Logout
User logged in as [test421UAT]
10488227-TEST 312FFS

Home Contact Us Search GO

INFORMATION
Provider Information
FAQ

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

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

User Home

Welcome, test421UAT (UAT 421 Test)!

Today is Monday, July 09, 2018. You last signed in on Sunday, July 08, 2018 at 01:11 PM.

Please note that after 15 minutes of inactivity you will be automatically logged out. You will be notified in advance so you can extend the session time.

Provider Update Access *Continued*



New Mexico Medicaid Portal

Logout
User logged in as [testNPI2]
1861760175-1861760175 NPI Organization

Home Contact Us Search GO

Provider Update

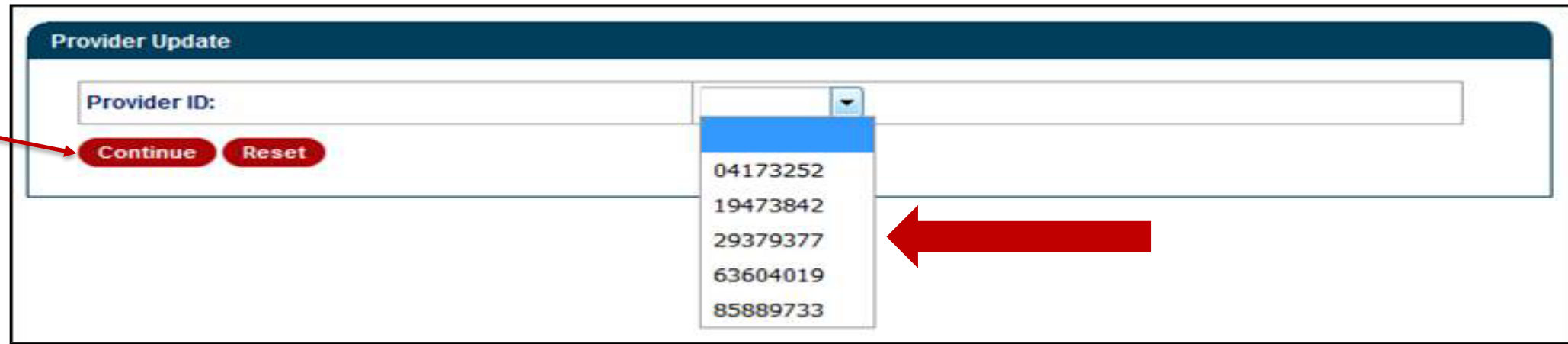
Provider ID: [dropdown] [text input]

Continue Reset

INFORMATION
Provider Information
FAQ

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

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



Provider Update

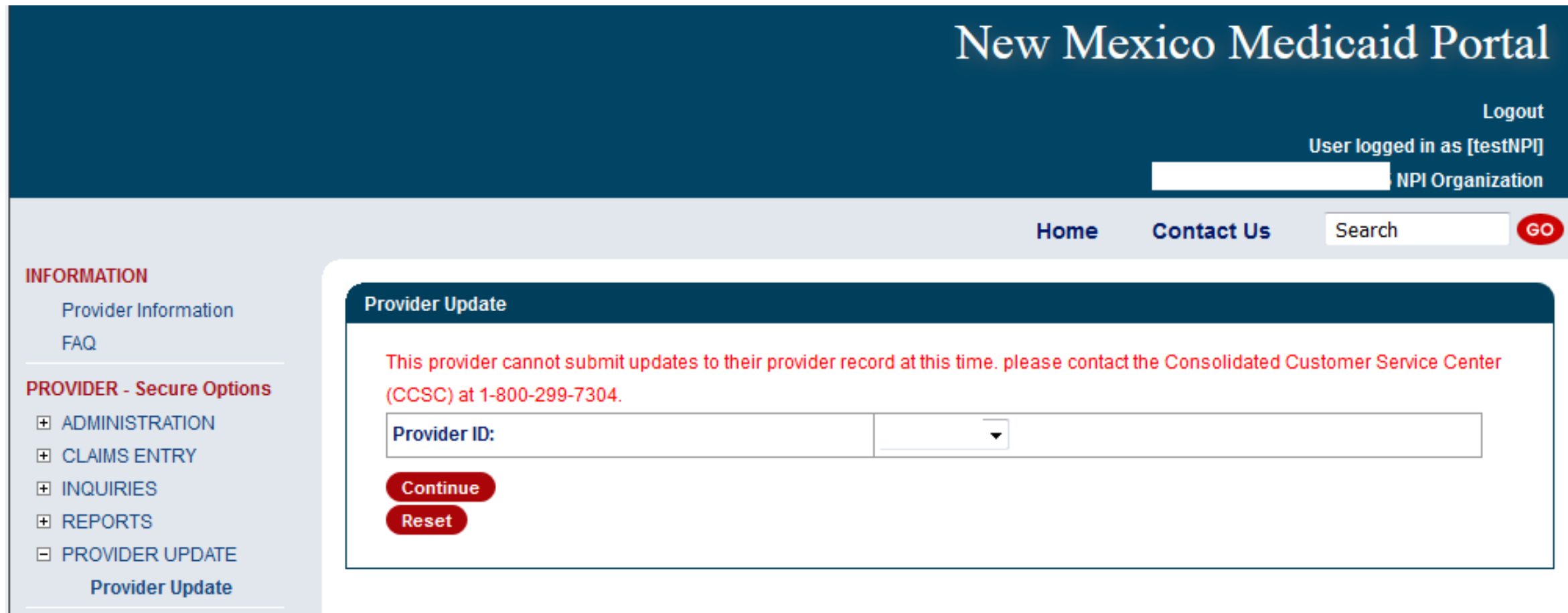
Provider ID: [dropdown]

Continue Reset

04173252
19473842
29379377
63604019
85889733

Provider Update Access

Providers can contact the Consolidated Customer Service Center for any errors that prohibits updates from being submitted or to find out who the Master Administrator is for your office or group.



The screenshot displays the New Mexico Medicaid Portal interface. At the top right, it shows a 'Logout' link, the text 'User logged in as [testNPI]', and a redacted 'NPI Organization' field. The main navigation bar includes 'Home', 'Contact Us', a search box with a 'GO' button, and a 'Provider Update' link. A central message box with a dark blue header reads: 'Provider Update' followed by 'This provider cannot submit updates to their provider record at this time. please contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304.' Below this message is a form with a 'Provider ID:' label, a text input field, and a dropdown menu. At the bottom of the form are two buttons: 'Continue' and 'Reset'.

Provider Update Access *Continued*

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

Billing and Unrestricted Providers

Available Updates Online for Billing and Unrestricted Providers

- Name Change: Include a name discrepancy letter with divorce decree or marriage certificate. Must submit an updated professional license.
- NPI: May take more than 5 days if related to Type 1 (Individual using SSN) to Type 2 (Entity using TIN) change or may require a new application if related to a change of ownership.
- License or Certificate renewal: Attach a copy of the new license or certificate. Providers are termed if an updated license is not received within 90 days of expiration, then have an additional 90 days to reactivate their Medicaid Enrollment by submitting the updated Professional or Business License.
- Tax Information and Business Type: May take more than 5 days and may require a new application if related to a new enrollment or change of ownership, where Bill of Sale must be included. If changing to non-profit include the 501c3 letter.
- Office or Email Address: E-news letters and other correspondence from NM Medicaid
- Add or Term Affiliations: Include add and term effective date. When adding affiliations, include current Certificate of Professional Liability Insurance.
- Owner and Manager Information: SSN, DOB and Address are required for Federal Screening requirements. May require a new application if complete change of ownership, where Bill of Sale must be included.
- Backdate or Terminate Enrollment: Include backdate and term effective date. When backdating, include Certificate of Insurance covering requested date.

Billing and Unrestricted Providers – Select Update Category

Select all categories that need to be updated.

Provider Update

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

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

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

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

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

These are required fields.

Rendering Providers

Available Updates Online for Rendering Providers

- Name Change: Include a name discrepancy letter with divorce decree or marriage certificate. Must submit an updated professional license.
- License or Certificate renewal: Attach a copy of the new license or certificate.
- Office or Email Address: E-news letters and other correspondence from NM Medicaid
- Add or Term Affiliations: Include add and term effective date. When adding affiliations, include current Certificate of Professional Liability Insurance.
- Backdate or Terminate Enrollment: Include backdate and term effective date. When backdating, include Certificate of Insurance covering requested date.

Rendering Providers – Select Update Category

Select all categories that need to be updated.

Provider Update

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

Name
 NPI Information
 Office and Email Information
 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
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Email Address:	provider@conduent.com
Electronic Signature:	Provider or Representat
Date:	07/25/2018
Telephone Number:	5051234567 (example:9999999999)

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

These are required fields.

Completing the Request

Entering Provider Information

Home
Contact Us

Search

GO

INFORMATION

- Provider Information
- FAQ

PROVIDER - Secure Options

- ADMINISTRATION
- INQUIRIES
- PROVIDER UPDATE
 - Provider Update

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Provider Update

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

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

Name

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

*Provider Name	<input type="text" value="Provider Name Change"/>	Comment	<input type="text" value="Reason for name change"/>
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Test Doc.docx

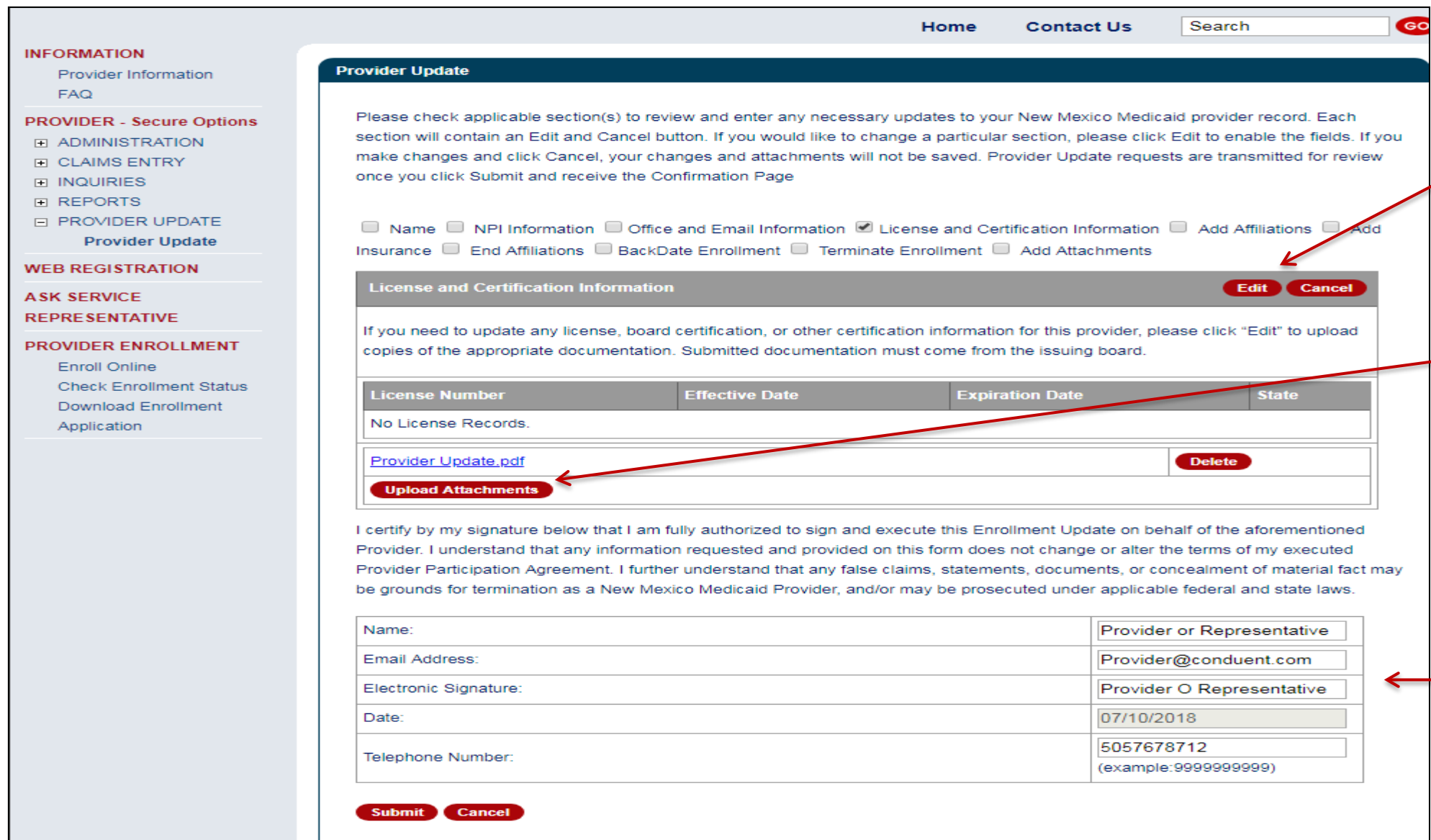
I certify by my signature below that I am fully authorized to sign and execute this Enrollment Update on behalf of the aforementioned Provider. I understand that any information requested and provided on this form does not change or alter the terms of my executed Provider Participation Agreement. I further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

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

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

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

Upload Attachments



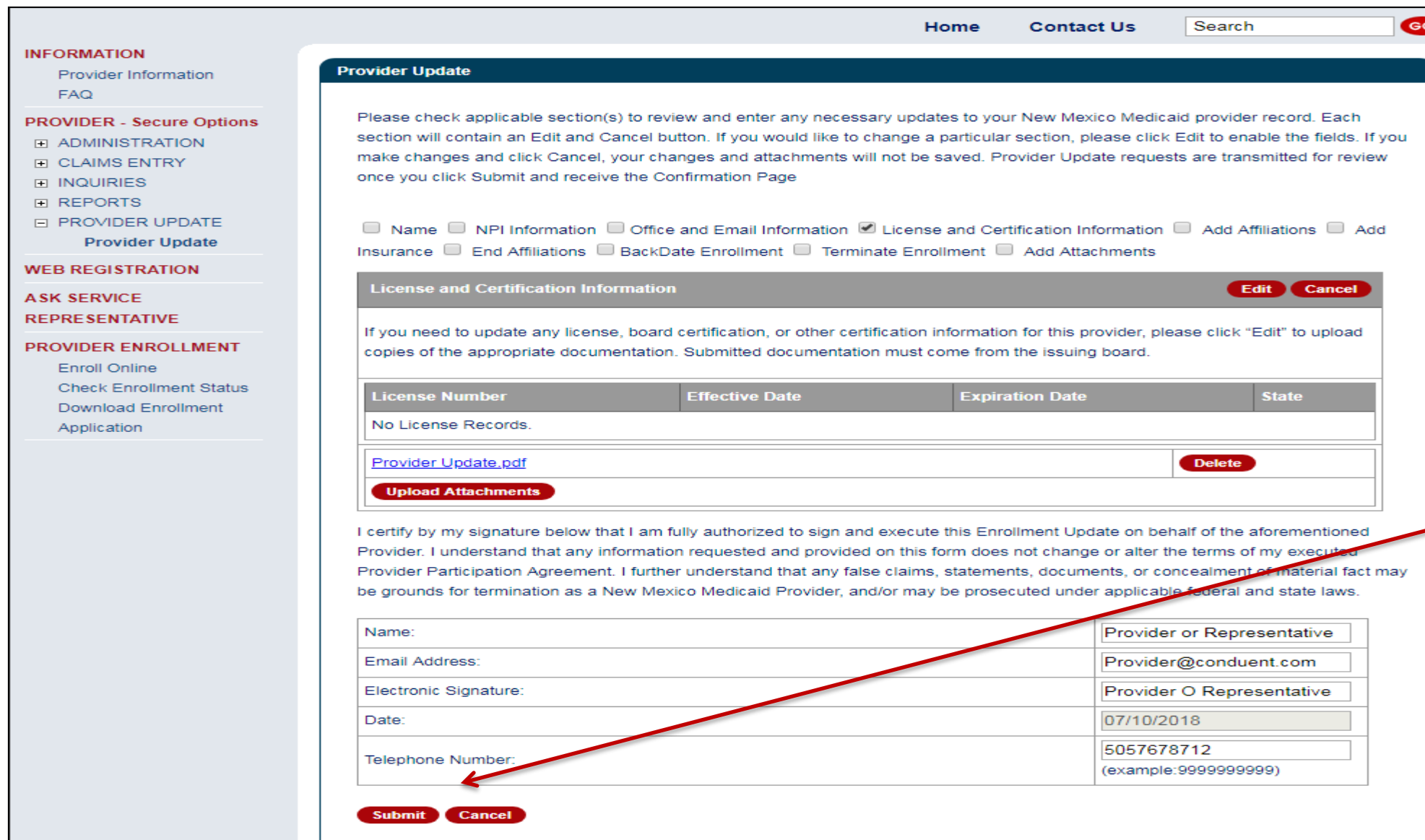
The screenshot shows a web form titled "Provider Update" with a sidebar on the left containing navigation links like "INFORMATION", "PROVIDER - Secure Options", "WEB REGISTRATION", "ASK SERVICE REPRESENTATIVE", and "PROVIDER ENROLLMENT". The main form area includes a header with "Home", "Contact Us", and a search bar. Below the header is a paragraph of instructions. A row of checkboxes allows selecting sections to update, with "License and Certification Information" checked. Below this is a section titled "License and Certification Information" with "Edit" and "Cancel" buttons. It contains a table with columns for "License Number", "Effective Date", "Expiration Date", and "State", and a row with the text "No License Records." Below the table is a link for "Provider Update.pdf" and a "Delete" button. An "Upload Attachments" button is located below the table. A signature block contains a paragraph of legal text and a form with fields for "Name", "Email Address", "Electronic Signature", "Date", and "Telephone Number". At the bottom are "Submit" and "Cancel" buttons. Red arrows point from external text boxes to the "Edit" button, the "Upload Attachments" button, and the signature fields.

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

Then upload supporting documents.

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

Submitting or Cancelling the Update Request



Home Contact Us Search GO

INFORMATION
Provider Information
FAQ

PROVIDER - Secure Options

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

WEB REGISTRATION

ASK SERVICE REPRESENTATIVE

PROVIDER ENROLLMENT
Enroll Online
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Provider Update

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

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

License and Certification Information Edit Cancel

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

License Number	Effective Date	Expiration Date	State
No License Records.			

[Provider Update.pdf](#) Delete

Upload Attachments

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

Name:	<input type="text" value="Provider or Representative"/>
Email Address:	<input type="text" value="Provider@conduent.com"/>
Electronic Signature:	<input type="text" value="Provider O Representative"/>
Date:	<input type="text" value="07/10/2018"/>
Telephone Number:	<input type="text" value="5057678712"/> (example:9999999999)

Submit Cancel

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

Provider Update Confirmation



The screenshot shows the New Mexico Medicaid Portal interface. At the top right, it says "New Mexico Medicaid Portal" and "Logout". Below that, it indicates "User logged in as [testNPI]" and "NPI Organization" with a redacted field. The navigation bar includes "Home", "Contact Us", a search box, and a "GO" button. On the left, there is a sidebar with sections: "INFORMATION" (Provider Information, FAQ), "PROVIDER - Secure Options" (ADMINISTRATION, CLAIMS ENTRY, INQUIRIES, REPORTS, PROVIDER UPDATE), and "WEB REGISTRATION". The main content area displays a "Provider Update Confirmation" message: "Your Provider Update request has been received and will be reviewed. If you have any questions, please contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304". Below this, it lists "Provider ID:", "Update Request Number: 5BEYGNQU3UVD", and "Submitted Date: Mon Aug 24 16:52:56 EDT 2020". A red button at the bottom says "Print or Save Copy of Provider Update". A red arrow points from the "Update Request Number" to a callout box on the right.

Document your Update Request Number for tracking purposes

Addendum

Addendum – “Name”

Available to Billing, Unrestricted, and Rendering Providers

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

Name
Edit **Cancel**

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


*Provider Name	<input type="text" value="TEST ONLY - PLEASE DISREGARD"/>	Comment	<input type="text"/>
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Upload Attachments

Addendum – “NPI Information”

Available to Billing, Unrestricted, and Rendering Providers

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

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


Addendum – “Tax Information and Business Type”

Available to Billing and Unrestricted Providers

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

Tax Information and Business Type

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

*Business Type (LLC, Corp, etc.)	Corporation ▼		
*Tax ID	<input type="text" value="456789123"/>	Effective Date	<input type="text" value="mm/dd/ccyy"/> 

Addendum – “Office and Email Information”

Available to Billing, Unrestricted, and Rendering Providers

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

Office Information Edit Cancel

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

Location/Provider Email Address(PO Box NOT Accepted)

*Street Address: 1720 RANDOLPH RD SE

Suite/Office/Other:

*City: ALBUQUERQUE *State: New Mexico *Zip: 87106 - 4245

*Physical County: Bernalillo

*Location/Provider Email Address: Provider@provider.com

Physical Phone: 5052469988 (example: 9999999999) Physical FaxNumber:

Mailing Address for official correspondence (May be PO Box)

Same as Location

* Mailing Address:

Suite/Office/Other:

*City: *State: *Zip: -

*Mailing County:

*Mailing Email Address:

Mailing Phone: (example: 9999999999) Mailing FaxNumber:

Billing Address (May be PO Box)

Same as Location

Same as Mailing Address

*Billing Address:

Suite/Office/Other:

*City: *State: *Zip: -

*Billing County:

Billing Email Address:

Billing Phone: (example: 9999999999) Billing FaxNumber:

Upload Attachments

Note: Billing address section will not appear for Rendering Providers

Addendum – “License and Certification”

Available to Billing, Unrestricted, and Rendering Providers

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

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

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

License Number	Effective Date	Expiration Date	State
No License Records.			

[Upload Attachments](#)


Addendum – “Add Affiliations”

Available to Billing, Unrestricted, and Rendering Providers

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

Add Affiliations Edit Cancel

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

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

Delete

Add Affiliations

Upload Attachments

Addendum – “Add Insurance”

Available to Billing, Unrestricted, and Rendering Providers

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

Add Insurance
Edit **Cancel**

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


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

Upload Attachments

Addendum – “End Affiliations”

Available to Billing, Unrestricted, and Rendering Providers

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

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

Addendum – “Owner”


Available to Billing and Unrestricted Providers



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

Owner Edit Cancel

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

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

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

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

Delete

Add Additional Person

Addendum – “Manager”


Available to Billing and Unrestricted Providers



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

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

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

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


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

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

Addendum – “BackDate Enrollment”

Available to Billing, Unrestricted, and Rendering Providers


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

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

Addendum – “Terminate Enrollment”

Available to Billing, Unrestricted, and Rendering Providers

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

Terminate Enrollment	
<p>Indicate the reason(s) for termination and effective date.</p>	
Last day in business	<input type="text" value="mm/dd/ccyy"/> 
*Reasons for Termination	<input type="text" value="Select One"/>
Comment	<input type="text"/>

Addendum – “Add Attachments”

Available to Billing, Unrestricted, and Rendering Providers

Name
 NPI Information
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 License and Certification Information
 Add Affiliations
 Add Insurance
 End Affiliations
 Owner
 Manager
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 Terminate Enrollment
 Add Attachments

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

New Mexico Medicaid Resources *Continued*

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

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

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

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

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

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

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

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

CONDUENT

