

Behavioral Health 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

New Mexico Medicaid Portal

Recipient/Recipiente
Providers





Recipients

I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM

Log in to:

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

1095-B Information

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

Entre a:

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

1095-B Informacion

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

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

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

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

Providers

SECURE INFORMATION

Log in to:

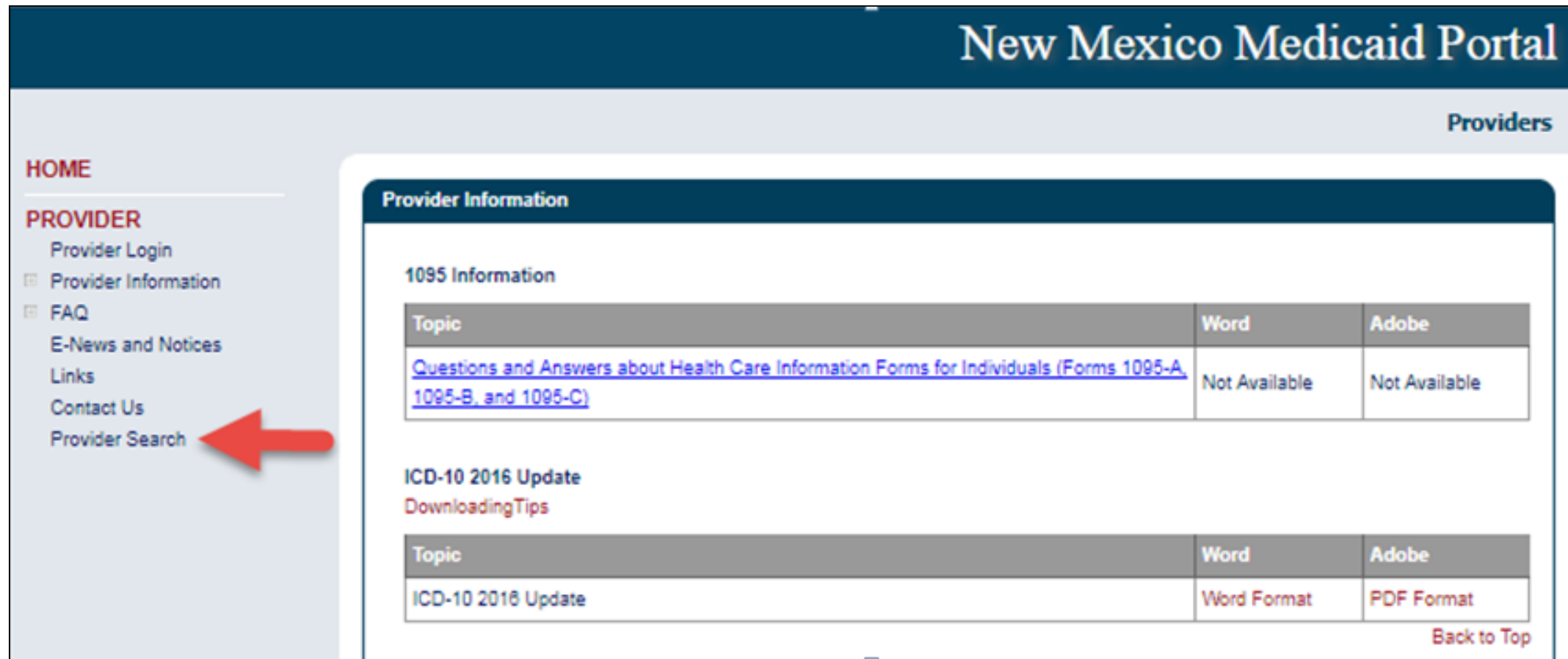
- Submit claims online.
- Inquire on recipient eligibility, claims, payments, and prior authorizations.
- View or print remittance advices and other reports.
- MORE

PUBLIC INFORMATION

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

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

New Mexico Web Portal Provider Search



HOME

PROVIDER

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

Providers

Provider Information

1095 Information

Topic	Word	Adobe
Questions and Answers about Health Care Information Forms for Individuals (Forms 1095-A, 1095-B, and 1095-C)	Not Available	Not Available

ICD-10 2016 Update
Downloading Tips

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

[Back to Top](#)

New Mexico Web Portal Provider Search

New Mexico Medicaid Portal

Home
Contact Us

GO

INFORMATION

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

WEB REGISTRATION


PROVIDER ENROLLMENT

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

Provider 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"/>
Date of Service:		<input type="text" value="mm/dd/ccyy"/> 

Submit
Clear

New Mexico Web Portal Information and Enhancements



New Mexico Medicaid Portal

Recipient/Recipiente Providers

Recipients

Medicaid Coverage and Application phone numbers

I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM

Log in to:

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

Click here for the YESNM website in order to:

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

1095-B Information

Números de teléfono de cobertura y aplicación de Medicaid

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

Entre a:

- Chequear su elegibilidad
- Hacer una pregunta sobre su cobertura

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

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

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

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

Providers

SECURE INFORMATION

Log in to:

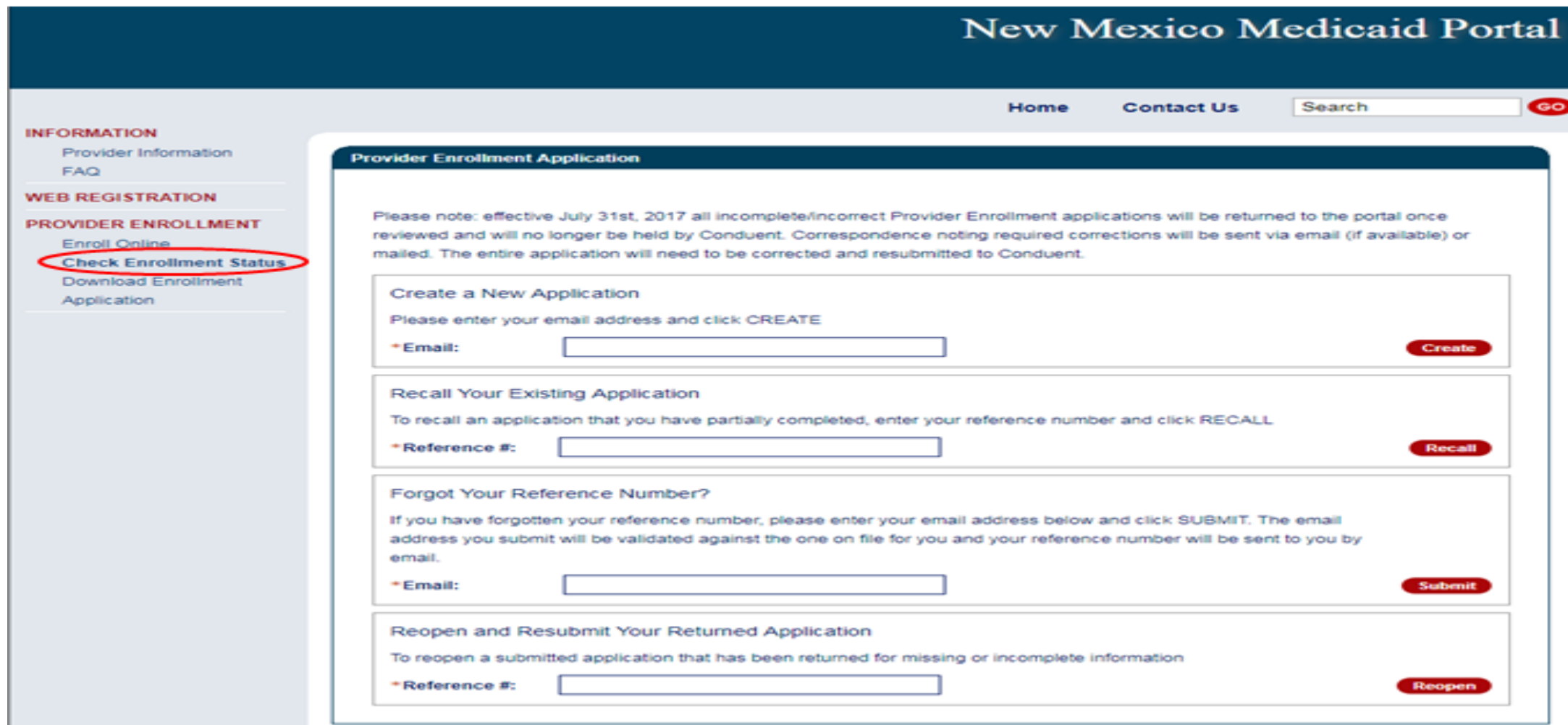
- Submit claims online.
- Inquire on recipient eligibility, claims, payments, and prior authorizations.
- View or print remittance advices and other reports.
- MORE

PUBLIC INFORMATION

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

- **Provider Online Application**
- Questions and Answers about Health Care Information Forms for Individuals (Forms 1095-A, 1095-B, and 1095-C)
- ICD-10 2016 Update
- Training Presentations and Webinars
- Fee Schedules
- New Mexico Medicaid E-News
- Provider Information
- Mi Via & Self-Directed Community Benefit
- Centennial Care 2.0 FAQ

New Mexico Web Portal Information and Enhancements



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. The left sidebar contains a menu with the following categories: 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT'. Under 'PROVIDER ENROLLMENT', the 'Check Enrollment Status' link is circled in red. The main content area is titled 'Provider Enrollment Application' and contains a notice: 'Please note: effective July 31st, 2017 all incomplete/incorrect Provider Enrollment applications will be returned to the portal once reviewed and will no longer be held by Conduent. Correspondence noting required corrections will be sent via email (if available) or mailed. The entire application will need to be corrected and resubmitted to Conduent.' Below the notice are four sections, each with a form and a button: 1. 'Create a New Application' with an email input field and a 'Create' button. 2. 'Recall Your Existing Application' with a reference number input field and a 'Recall' button. 3. 'Forgot Your Reference Number?' with an email input field and a 'Submit' button. 4. 'Reopen and Resubmit Your Returned Application' with a reference number input field and a 'Reopen' button.

New Mexico Web Portal Information and Enhancements



The screenshot displays the New Mexico Medicaid Portal interface. At the top, the title "New Mexico Medicaid Portal" is centered in a dark blue header. Below the header, there are navigation links for "Home" and "Contact Us", and a search bar with a "GO" button. On the left side, there is a sidebar menu with the following sections:

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

The main content area features a "Provider Search" section. It includes the following text and instructions:

User would initiate search by selecting one of the following criteria:
 * denotes required field(s)

The search form is structured as follows:

* 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"/>

At the bottom of the form, there are two buttons: "Submit" and "Clear".

New Mexico Web Portal Information and Enhancements

New Mexico Medicaid Portal

HOME

PROVIDER

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

Providers

Provider Information

1095 Information

Topic	Word	Adobe
Questions and Answers about Health Care Information Forms for Individuals (Forms 1095-A, 1095-B, and 1095-C)	Not Available	Not Available

ICD-10 2016 Update

DownloadingTips

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

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Electronic Data Exchange (EDI)

DownloadingTips

What's new with EDI	Word	Adobe
ANSI ASC X12N 5010 Implementation Guides		
EDI Forms	Word	Adobe
EDI Form Description / Usage	Not Available	PDF Format
EDI Provider Trading Partner Agreement	Word Format	PDF Format
EDI Submitter Trading Partner Agreement	Word Format	PDF Format
EDI Authorization Form	Word Format	PDF Format
EDI Update Form	Word Format	Word Format
EDI Termination Form	Word Format	Word Format

New Mexico Web Portal Information and Enhancements

PROVIDER

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

1095 Information

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ICD-10 2016 Update
[Downloading Tips](#)

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ICD-10 2016 Update	Word Format	PDF Format

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Electronic Data Exchange (EDI)
[Downloading Tips](#)

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

Web Portal Application Submission Process

NM Medicaid Web Portal Application Location



New Mexico Medicaid Portal

Recipient/Recipiente Providers

Recipients

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1095-B Information

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Providers

SECURE INFORMATION

Log in to:

- Submit claims online.
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- MORE

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

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

Provider Enrollment Application Initial Screen

New Mexico Medicaid Portal

Home
Contact UsGO

INFORMATION

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

WEB REGISTRATION

PROVIDER ENROLLMENT

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

Provider Enrollment Application

Please note: effective July 31st, 2017 all incomplete/incorrect Provider Enrollment applications will be returned to the portal once reviewed and will no longer be held by Conduent. Correspondence noting required corrections will be sent via email (if available) or mailed. The entire application will need to be corrected and resubmitted to Conduent.

Create a New Application

Please enter your email address and click CREATE

*Email: Create

Recall Your Existing Application

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

*Reference #: Recall

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

Reopen and Resubmit Your Returned Application

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

*Reference #: Reopen

Terms of Usage Privacy Policy Browser Compatibility
Build Version: 3980-2017-11-01_09-45-54 - 194

Provider Enrollment Application Initial Screen

Begin your application by entering your email

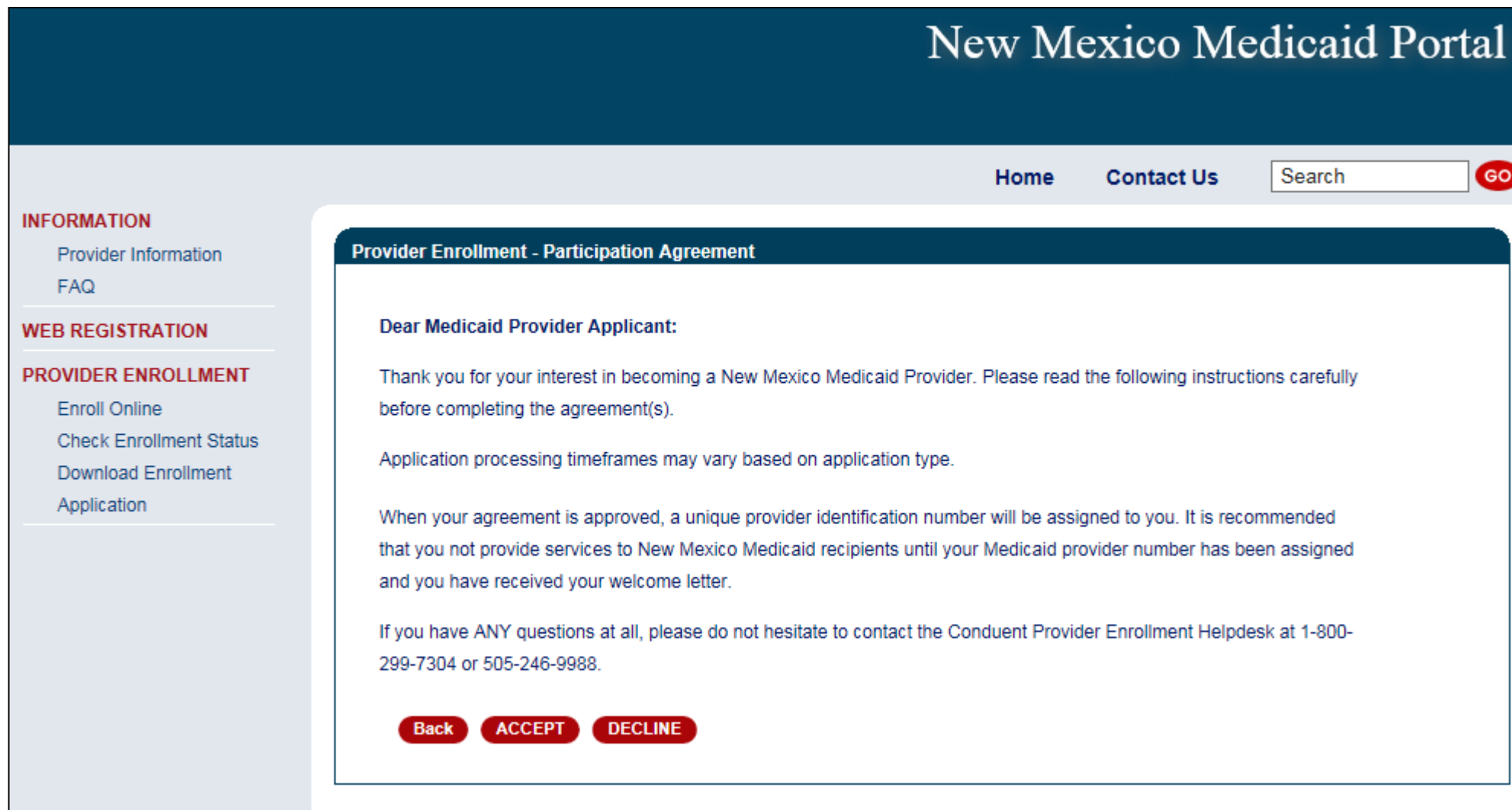
Create a New Application

Please enter your email address and click CREATE

*Email:

Create

Provider Participation Agreement (Application)



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

Dear Medicaid Provider Applicant:

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

Application processing timeframes may vary based on application type.

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

If you have ANY questions at all, please do not hesitate to contact the Conduent Provider Enrollment Helpdesk at 1-800-299-7304 or 505-246-9988.

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

Provider Type & Specialty List

PROV TYPE	PROVIDER TYPE AND SPECIALTY DEFINITIONS	PROVIDER SPECIALTY CODE	SITE VISIT REQUIRED? (If required, application processing time may increase)	FINGERPRINTS REQUIRED? (If required, application processing time may increase)	REQUIREMENTS FOR MAD 335 APPLICANTS USING A FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) FOR TAX ID PURPOSES (Documentation must be submitted with the PPA)	REQUIREMENTS FOR MAD 335 APPLICANTS USING A SOCIAL SECURITY NUMBER (SSN) FOR TAX ID PURPOSES (Documentation must be submitted with the PPA)	REQUIREMENTS FOR MAD 312 APPLICANTS (Documentation must be submitted with the PPA)	OPTIONAL DOCUMENTATION ADDITIONAL INFORMATION
431	Psychologist, (Ph.D., Ed.D., Psy.D.)		NO	NO				
	Not Certified for Prescribing	111			* City or County Business license * Federal tax identification letter * Proof of malpractice, professional liability, or medical liability insurance * Completed W-9 form	* Copy Clinical Psychologist license * DEA Certificate * City or County Business license * Proof of malpractice, professional liability, or medical liability insurance * Completed W-9 form	* Copy Clinical Psychologist license * Proof of malpractice, professional liability, or medical liability insurance	N/A
	Certified for Prescribing	112			* City or County Business license * Federal tax identification letter * Proof of malpractice, professional liability, or medical liability insurance * Completed W-9 form	* Copy Clinical Psychologist license * DEA Certificate * City or County Business license * Proof of malpractice, professional liability, or medical liability insurance * Completed W-9 form	* Copy Clinical Psychologist license * DEA Certificate * Proof of malpractice, professional liability, or medical liability insurance	N/A
	Autism Evaluation Provider (not applicable to a group)	150			N/A	* Copy Clinical Psychologist license * Self Attestation of AEP Practitioner Requirements as specified in 8.321.2 NMAC Section 10 subsection A * City or County Business license * Proof of malpractice, professional liability, or medical liability insurance * Completed W-9 form	* Copy Clinical Psychologist license * Self Attestation of meeting AEP Practitioner Requirements as specified in 8.321.2 NMAC Section 10 subsection A * Proof of malpractice, professional liability, or medical liability insurance	** Specialty 150 providers must also have an additional specialty**
432	Behavioral Health Agency		NO	NO				
	Behavioral Management Services	081			* City or County Business license * Copy of CYFD certification for BMS * Proof of malpractice, professional liability, or medical liability insurance * Federal tax identification letter * Completed W-9 form	N/A	N/A	N/A
	Day Treatment Services	082			* City or County Business license * Copy of CYFD certification for Day Treatment * Proof of malpractice, professional liability, or medical liability insurance * Federal tax identification letter * Completed W-9 form	N/A	N/A	N/A

Online Provider Enrollment Features

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

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

Centennial Care Managed Care Organizations (MCOs)

Reminder: Recipients who are enrolled in Centennial Care, will have their claims submitted directly to the Managed Care Organization they have chosen. Below is the contact information for those MCOs.

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

Web Portal Application Submission Process

– MAD 312

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



New Mexico Medicaid Portal

Home Contact Us Search GO

INFORMATION
Provider Information
FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

Provider Enrollment

Application Setup

Select An Application Type

- 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 :

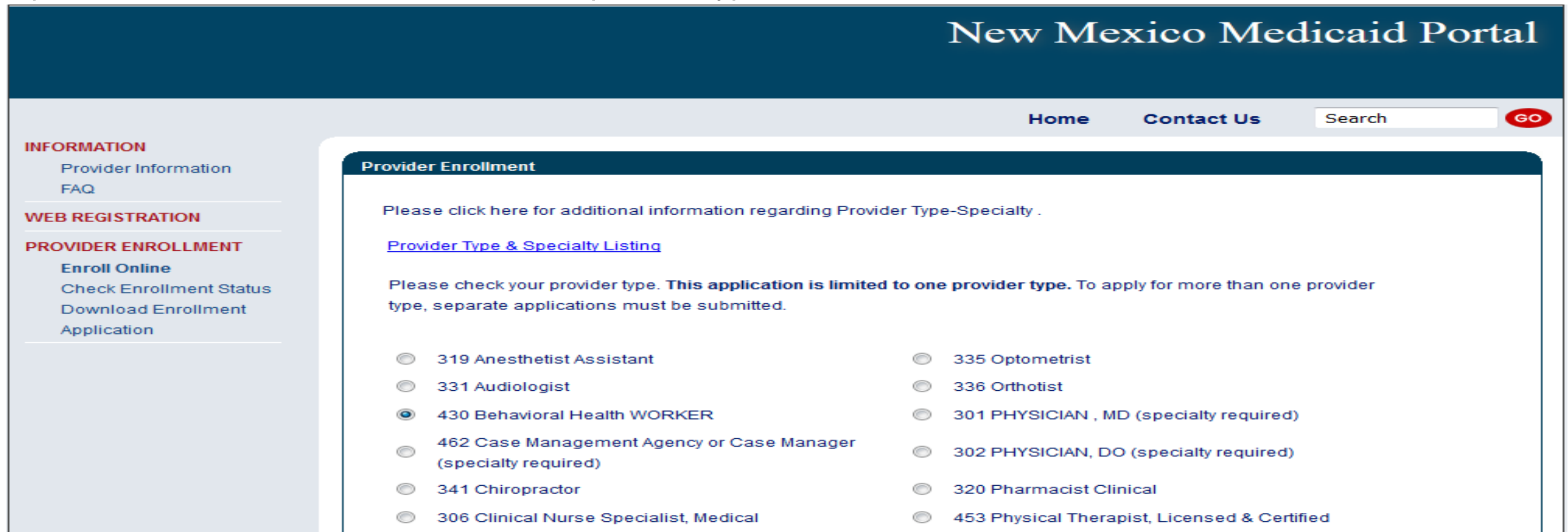
- Initial Enrollment

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 on the portal to view your provider type and the required documentation associated with that provider type.



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a dark blue header with the portal name. Below the header is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. On the left side, there is a sidebar menu with sections for 'INFORMATION', 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT'. The 'PROVIDER ENROLLMENT' section is expanded, showing links for 'Enroll Online', 'Check Enrollment Status', and 'Download Enrollment Application'. The main content area is titled 'Provider Enrollment' and contains the following text: 'Please click here for additional information regarding Provider Type-Specialty .', a link to 'Provider Type & Specialty Listing', and a note: 'Please check your provider type. This application is limited to one provider type. To apply for more than one provider type, separate applications must be submitted.' Below this text is a list of provider types, each with a radio button. The selected option is '430 Behavioral Health WORKER'.

Provider Enrollment

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

[Provider Type & Specialty Listing](#)

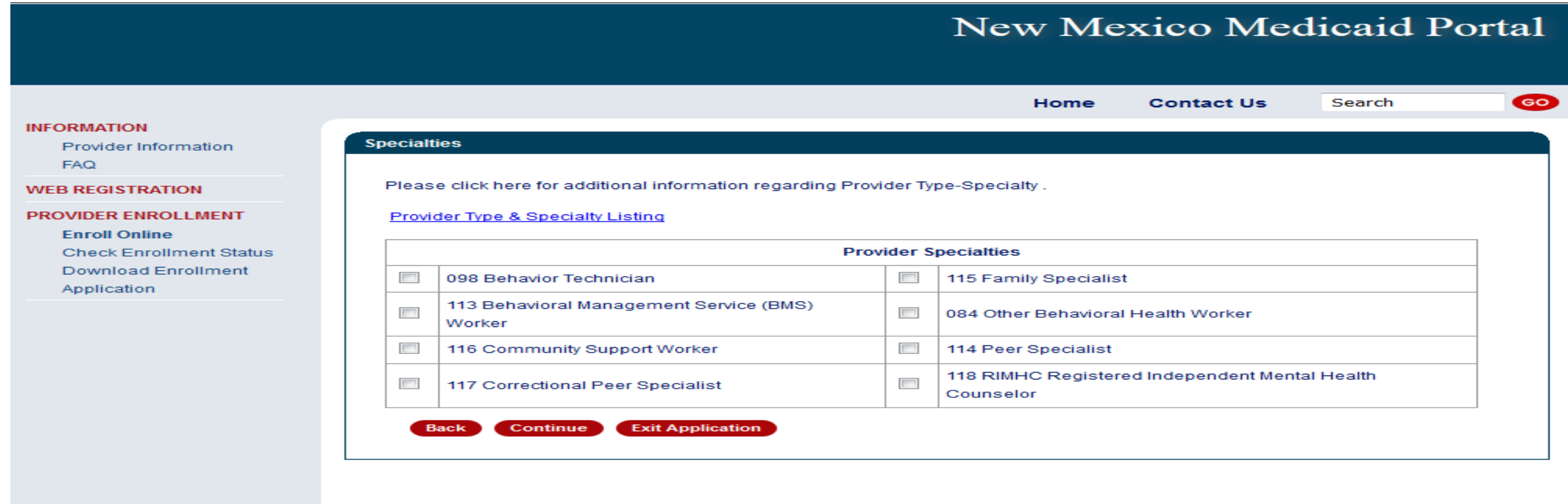
Please check your provider type. **This application is limited to one provider type.** To apply for more than one provider type, separate applications must be submitted.

- 319 Anesthetist Assistant
- 331 Audiologist
- 430 Behavioral Health WORKER
- 462 Case Management Agency or Case Manager (specialty required)
- 341 Chiropractor
- 306 Clinical Nurse Specialist, Medical
- 335 Optometrist
- 336 Orthotist
- 301 PHYSICIAN , MD (specialty required)
- 302 PHYSICIAN, DO (specialty required)
- 320 Pharmacist Clinical
- 453 Physical Therapist, Licensed & Certified

Web Portal Application Submission Process – MAD 312

Please click on the specialty being requested

Note: not all provider types require a specialty



The screenshot shows the 'New Mexico Medicaid Portal' interface. At the top right, there are navigation links for 'Home' and 'Contact Us', a search bar with a 'GO' button, and a 'Search' input field. On the left side, there is a sidebar menu with sections: 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Specialties' and contains the following text: 'Please click here for additional information regarding Provider Type-Specialty .' followed by a link 'Provider Type & Specialty Listing'. Below this is a table titled 'Provider Specialties' with two columns of specialties, each with a checkbox. At the bottom of the table are three buttons: 'Back', 'Continue', and 'Exit Application'.

Provider Specialties	
<input type="checkbox"/> 098 Behavior Technician	<input type="checkbox"/> 115 Family Specialist
<input type="checkbox"/> 113 Behavioral Management Service (BMS) Worker	<input type="checkbox"/> 084 Other Behavioral Health Worker
<input type="checkbox"/> 116 Community Support Worker	<input type="checkbox"/> 114 Peer Specialist
<input type="checkbox"/> 117 Correctional Peer Specialist	<input type="checkbox"/> 118 RIMHC Registered Independent Mental Health Counselor

Web Portal Application Submission Process – MAD 312

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



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. A left sidebar contains menu items under three categories: 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Provider Enrollment' and shows a 'Reference Number: WR17TT6GA7'. Below this, there is an 'Instructions' section with the following text: 'Your Reference Number is: WR17TT6GA7', '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' (with instructions on using the 'Save Application' button), and a 90-day availability notice. At the bottom of the instructions, there is a 'PDF Files' section with an Adobe Acrobat Reader icon and three buttons: 'Back', 'Continue', and 'Exit Application'. The footer contains 'Terms of Usage', 'Privacy Policy', 'Browser Compatibility', and 'Build Version: 3927-2017-08-09_10-26-50 - 194'.

Web Portal Application Submission Process – MAD 312

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

New Mexico Medicaid Portal

Home
Contact Us

Search

GO

INFORMATION

[Provider Information](#)

[FAQ](#)

WEB REGISTRATION

PROVIDER ENROLLMENT

[Enroll Online](#)

[Check Enrollment Status](#)

[Download Enrollment Application](#)

Provider Enrollment SECTION 1 - APPLICANT INFORMATION
Reference Number: ATUHVZWUB9

Applicant Name (for individuals – must match license name)

*First Name	<input type="text"/>	MI	<input type="text"/>	*Last Name	<input type="text"/>
-------------	----------------------	----	----------------------	------------	----------------------

Professional Title(MD,DDS, etc):

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

I am exempt from this NPI requirement.

National Provider Identifier (NPI)	<input style="width: 100%;" type="text"/>
------------------------------------	---

Primary Taxonomy:

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

Upload Attachments

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

* Contact Name:	<input style="width: 100%;" type="text"/>	Contact Title:	<input style="width: 100%;" type="text"/>
Contact Telephone	<input style="width: 100%;" type="text"/> <small>(Example:9999999999)</small>	*Contact Email	<input style="width: 100%;" type="text"/>

Back
Continue
Save And Exit
Exit

[Terms of Usage](#) [Privacy Policy](#) [Browser Compatibility](#)

Build Version: 3927-2017-08-09_10-26-50 - 194

Web Portal Application Submission Process – MAD 312



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

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

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

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

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

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

Web Portal Application Submission Process – MAD 312

Practice location address and mailing address are both required

New Mexico Medicaid Portal

Home
Contact Us

Search

GO

INFORMATION

[Provider Information](#)

[FAQ](#)

WEB REGISTRATION

PROVIDER ENROLLMENT

[Enroll Online](#)

[Check Enrollment Status](#)

[Download Enrollment Application](#)

Provider Enrollment SECTION II - OFFICE INFORMATION
Reference Number: ATUHVZWUB9

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

[Provider Type & Specialty Listing](#)

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

* Street Address	<input style="width: 95%;" type="text"/>		
Suite/Office/Other	<input style="width: 95%;" type="text"/>		
* City	<input style="width: 20%;" type="text"/>	* State Select One	* Zip <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>
* County	Select One		
* Location phone	<input style="width: 20%;" type="text"/> <small>(example:9999999999)</small>	* Location/Provider Email Address	<input style="width: 40%;" type="text"/>
Fax Number	<input style="width: 95%;" type="text"/> <small>(example:9999999999)</small>		

Mailing Address for official correspondence (May be PO Box)

Same as Location

*Mailing Address	<input style="width: 95%;" type="text"/>		
Suite/Office/Other	<input style="width: 95%;" type="text"/>		
* City	<input style="width: 20%;" type="text"/>	* State Select One	* Zip <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>
* County	Select One		
* Mailing Email Address	<input style="width: 95%;" type="text"/>		

Back
Continue
Save And Exit
Exit

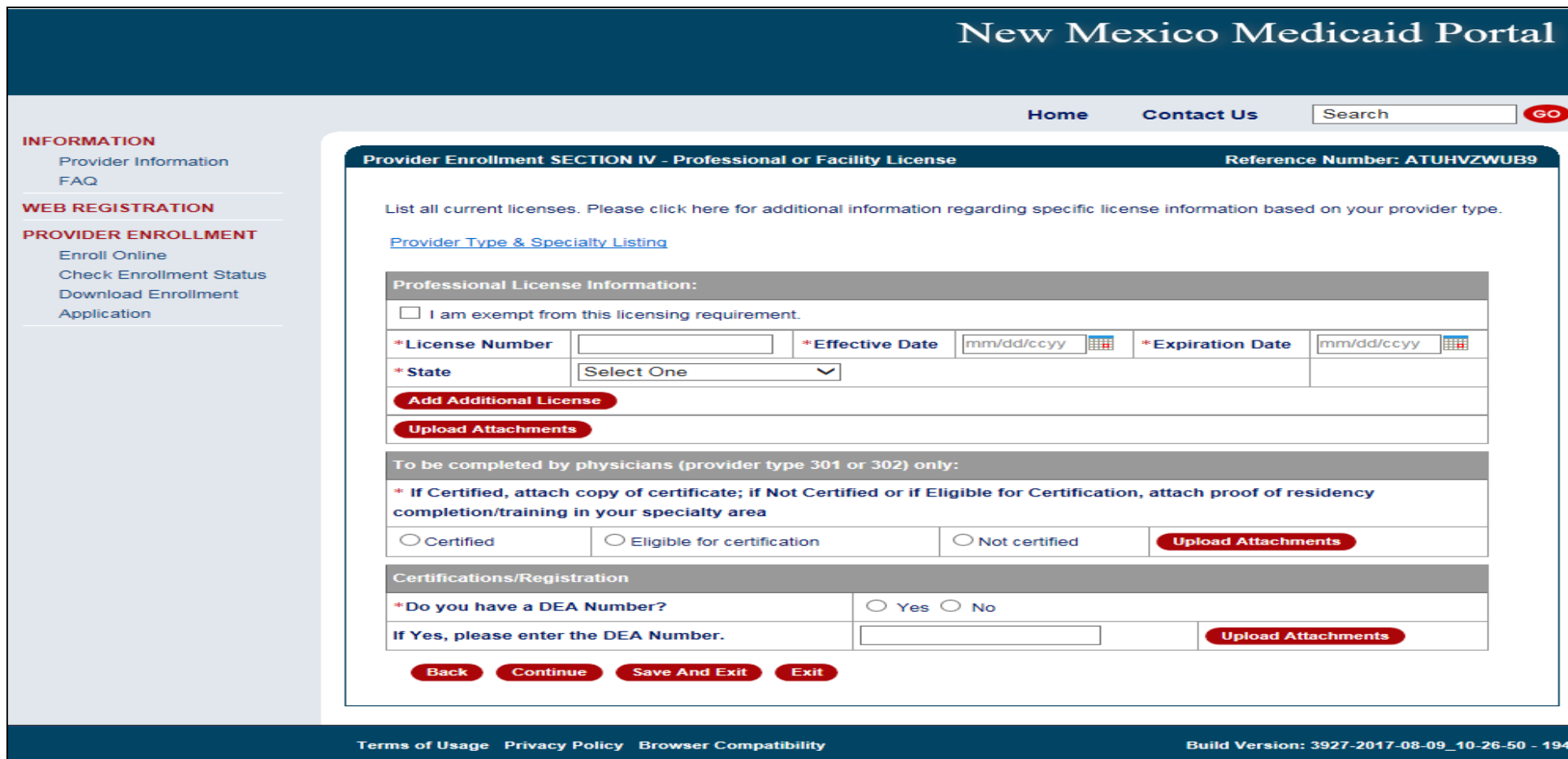
Terms of Usage
Privacy Policy
Browser Compatibility

Build Version: 3927-2017-08-09_10-26-50 - 194

Web Portal Application Submission Process – MAD 312

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

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



The screenshot displays the 'New Mexico Medicaid Portal' interface. The main content area is titled 'Provider Enrollment SECTION IV - Professional or Facility License' with a reference number 'ATUHVZWUB9'. The form includes the following sections:

- Professional License Information:**
 - I am exempt from this licensing requirement.
 - *License Number: [Text Input]
 - *Effective Date: [mm/dd/ccyy Date Picker]
 - *Expiration Date: [mm/dd/ccyy Date Picker]
 - *State: [Select One Dropdown]
 - [Add Additional License](#)
 - [Upload Attachments](#)
- To be completed by physicians (provider type 301 or 302) only:**
 - * If Certified, attach copy of certificate; if Not Certified or if Eligible for Certification, attach proof of residency completion/training in your specialty area
 - Certified Eligible for certification Not certified [Upload Attachments](#)
- Certifications/Registration:**
 - *Do you have a DEA Number? Yes No
 - If Yes, please enter the DEA Number. [Text Input] [Upload Attachments](#)

Navigation buttons at the bottom include: [Back](#), [Continue](#), [Save And Exit](#), and [Exit](#).

Web Portal Application Submission Process – MAD 312

Enter billing group information

New Mexico Medicaid Portal

Home
Contact Us

Search

GO

INFORMATION

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

WEB REGISTRATION

PROVIDER ENROLLMENT

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

Provider Enrollment
Reference Number: ATUHVZWUB9

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

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

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

Upload Attachments

Group Information 1			
Is the group or organization to which payments will be made for your Medicaid services an existing New Mexico Medicaid provider?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, NM Medicaid Number	<input style="width: 90%;" type="text"/>
Organization or Group Name	<input style="width: 95%;" type="text"/>		
NPI	<input style="width: 95%;" type="text"/>		
Medicare Number	<input style="width: 95%;" type="text"/>		

Add Groups

Back
Continue
Save And Exit
Exit

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

Web Portal Application Submission Process – MAD 312

Select professional liability type



New Mexico Medicaid Portal

Home Contact Us Search **GO**

INFORMATION
Provider Information
FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

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

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

[Provider Type & Specialty Listing](#)

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

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

Back Continue Save And Exit Exit

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

Provider Enrollment Application



Attach proof of professional liability if applicable

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

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

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

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

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

Web Portal Application Submission Process

– MAD 335

Web Portal Application Submission Process – MAD 335

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

Web Portal Application Submission Process – MAD 335



The screenshot shows the 'New Mexico Medicaid Portal' with a navigation bar containing 'Home', 'Contact Us', a search box, and a 'GO' button. A left sidebar contains sections for 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enrollment, Check Enrollment Status, Download Enrollment Application). A red arrow points from the 'Enrollment' link in the sidebar to the 'Billing (MAD 335)' option in the 'Select An Application Type' section of the 'Provider Enrollment' page. The page content includes a bulleted list of application types and their requirements.

New Mexico Medicaid Portal

Home Contact Us Search GO

INFORMATION
Provider Information
FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT
Enrollment
Check Enrollment Status
Download Enrollment Application

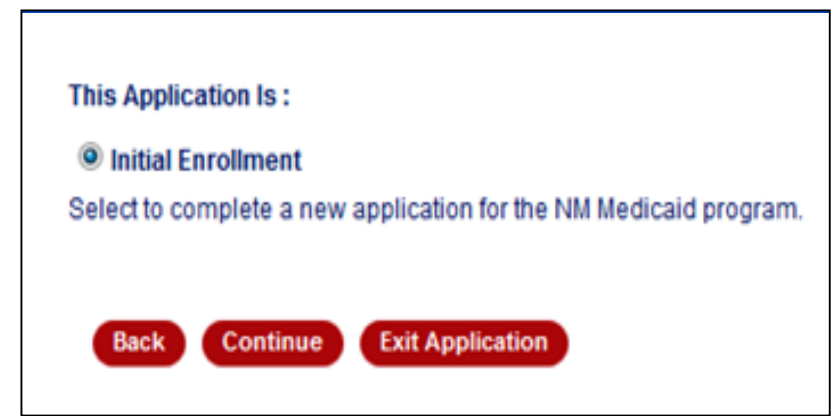
Provider Enrollment

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 :

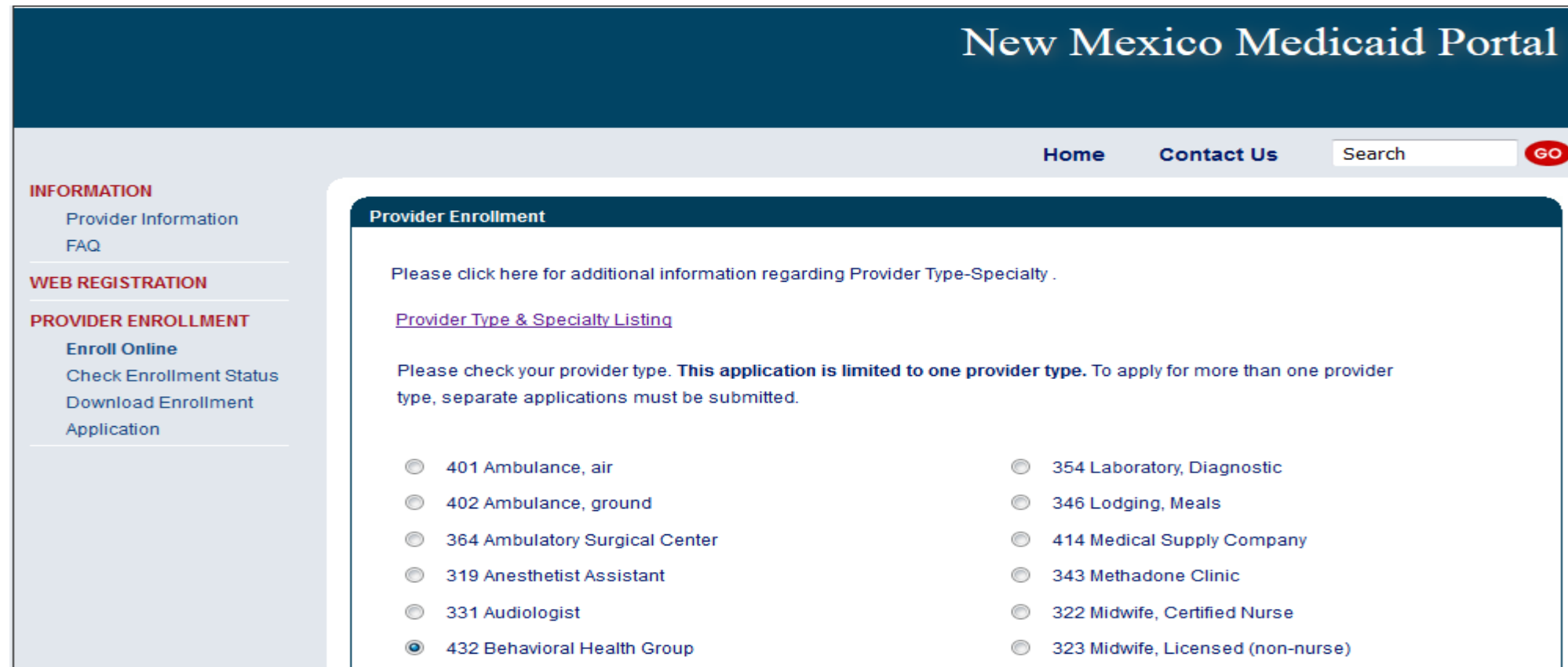
Initial Enrollment

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 on the portal to view your provider type and the required documentation associated with that provider type.



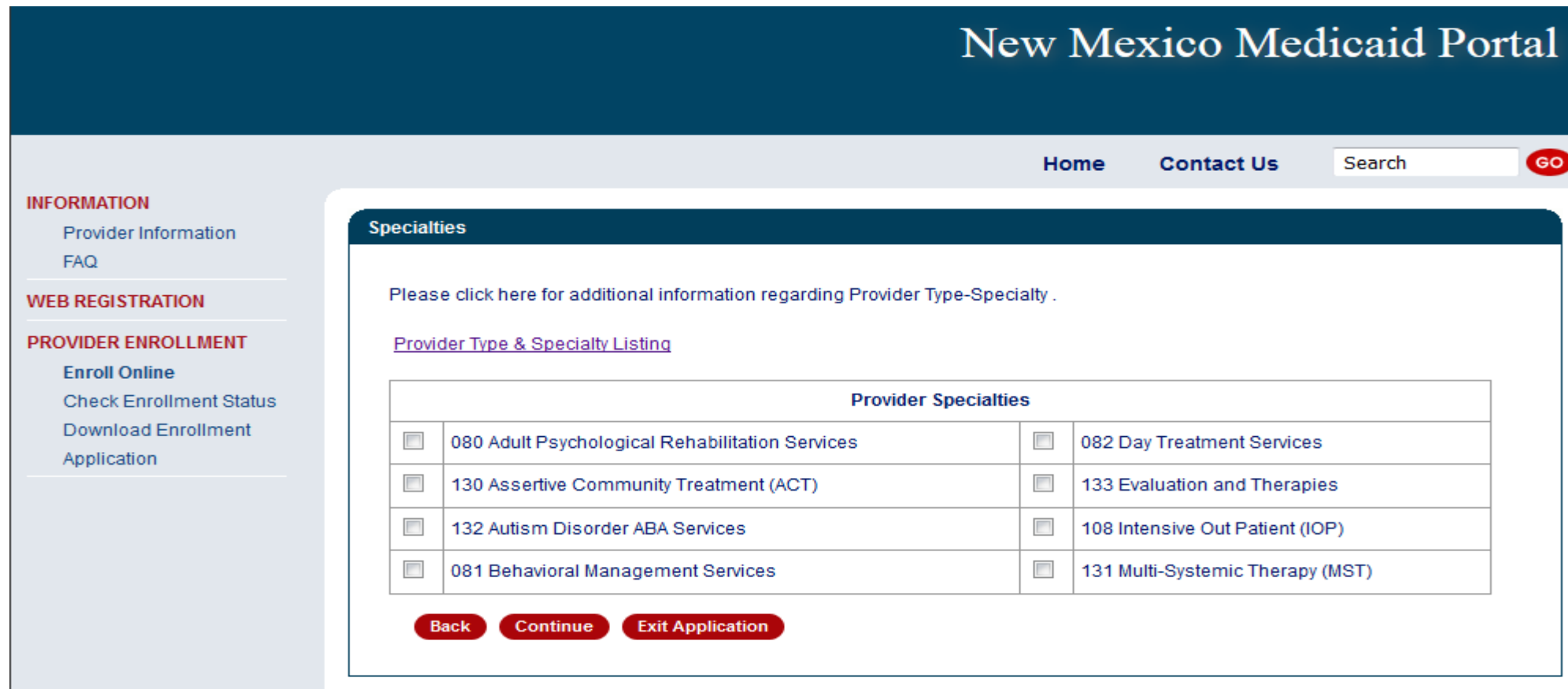
The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a dark blue header with the portal name. Below the header is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. The main content area is divided into a left sidebar and a central panel. The sidebar contains sections for 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The central panel is titled 'Provider Enrollment' and contains the following text: 'Please click here for additional information regarding Provider Type-Specialty .', a link for 'Provider Type & Specialty Listing', and a note: 'Please check your provider type. This application is limited to one provider type. To apply for more than one provider type, separate applications must be submitted.' Below this text is a list of provider types, each with a radio button. The selected option is '432 Behavioral Health Group'.

Provider Type	Specialty
<input type="radio"/>	401 Ambulance, air
<input type="radio"/>	402 Ambulance, ground
<input type="radio"/>	364 Ambulatory Surgical Center
<input type="radio"/>	319 Anesthetist Assistant
<input type="radio"/>	331 Audiologist
<input checked="" type="radio"/>	432 Behavioral Health Group
<input type="radio"/>	354 Laboratory, Diagnostic
<input type="radio"/>	346 Lodging, Meals
<input type="radio"/>	414 Medical Supply Company
<input type="radio"/>	343 Methadone Clinic
<input type="radio"/>	322 Midwife, Certified Nurse
<input type="radio"/>	323 Midwife, Licensed (non-nurse)

Web Portal Application Submission Process – MAD 335

Click on the specialty being requested

Note: not all provider types require a specialty



The screenshot shows the 'New Mexico Medicaid Portal' interface. At the top, there is a dark blue header with the text 'New Mexico Medicaid Portal'. Below the header is a navigation bar with 'Home' and 'Contact Us' links, a search box with a 'GO' button, and a 'Search' label. On the left side, there is a sidebar menu with the following sections: 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Specialties' and contains the following text: 'Please click here for additional information regarding Provider Type-Specialty .', a link for 'Provider Type & Specialty Listing', and a table of 'Provider Specialties'. The table has two columns and four rows of specialties, each with a checkbox. At the bottom of the table, there are three buttons: 'Back', 'Continue', and 'Exit Application'.

Specialties

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

[Provider Type & Specialty Listing](#)

Provider Specialties	
<input type="checkbox"/> 080 Adult Psychological Rehabilitation Services	<input type="checkbox"/> 082 Day Treatment Services
<input type="checkbox"/> 130 Assertive Community Treatment (ACT)	<input type="checkbox"/> 133 Evaluation and Therapies
<input type="checkbox"/> 132 Autism Disorder ABA Services	<input type="checkbox"/> 108 Intensive Out Patient (IOP)
<input type="checkbox"/> 081 Behavioral Management Services	<input type="checkbox"/> 131 Multi-Systemic Therapy (MST)

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

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.



New Mexico Medicaid Portal

Home Contact Us Search **GO**

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

WEB REGISTRATION

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

Provider Enrollment Reference Number: **WR17TT6GA7**

Instructions

Your Reference Number is: WR17TT6GA7

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

Contact a Provider Enrollment Specialist
 You may contact a Provider Enrollment Specialist by calling (800) 299-7304 or (505) 246-9988 for any questions concerning this application.

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

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

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



Back Continue Exit Application

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

Web Portal Application Submission Process – MAD 335

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



New Mexico Medicaid Portal

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INFORMATION
 Provider Information
 FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT
 Enroll Online
 Check Enrollment Status
 Download Enrollment Application

Provider Enrollment - APPLICANT INFORMATION (Tax Reporting Information) Reference Number: UWQOYYE5VR

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

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

*Are the services provided in NM?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
*NM CRS (Tax & Revenue) Number	<input type="text"/> - <input type="text"/> - 00 - <input type="text"/>	
*Are NM CRS tax payments current? If not, attach an explanation.	<input type="radio"/> Yes <input type="radio"/> No	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 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 type="radio"/> Yes <input type="radio"/> No	Upload Attachments
Individual Provider's Social Security Number	<input type="text"/>	
Date of Birth:	<input type="text"/> mm/dd/ccyy <input type="button" value="Calendar"/>	
*A fully executed W-9 is required to be attached.		Upload Attachments

Back Continue Save And Exit Exit

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

Web Portal Application Submission Process – MAD 335

Practice location address, mailing and billing address are required

Reference Number: YBEEP4U6E

Provider Enrollment SECTION II - OFFICE INFORMATION

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

[Provider Type & Specialty Listing](#)

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

* Street Address

Suite/Office/Other

* City * State Select One * Zip -

* County Select One

* Location phone (example: 9999999999) * Location/Provider Email Address

Fax Number (example: 9999999999)

Mailing Address for official correspondence (May be PO Box)

Same as Location

* Mailing Address

Suite/Office/Other

* City * State Select One * Zip -

* County Select One

* Mailing Email Address

Billing Address (May be PO Box)

Same as Location Address

Same as Mailing Address

* Billing Address

Suite/Office/Other

* City * State Select One * Zip -

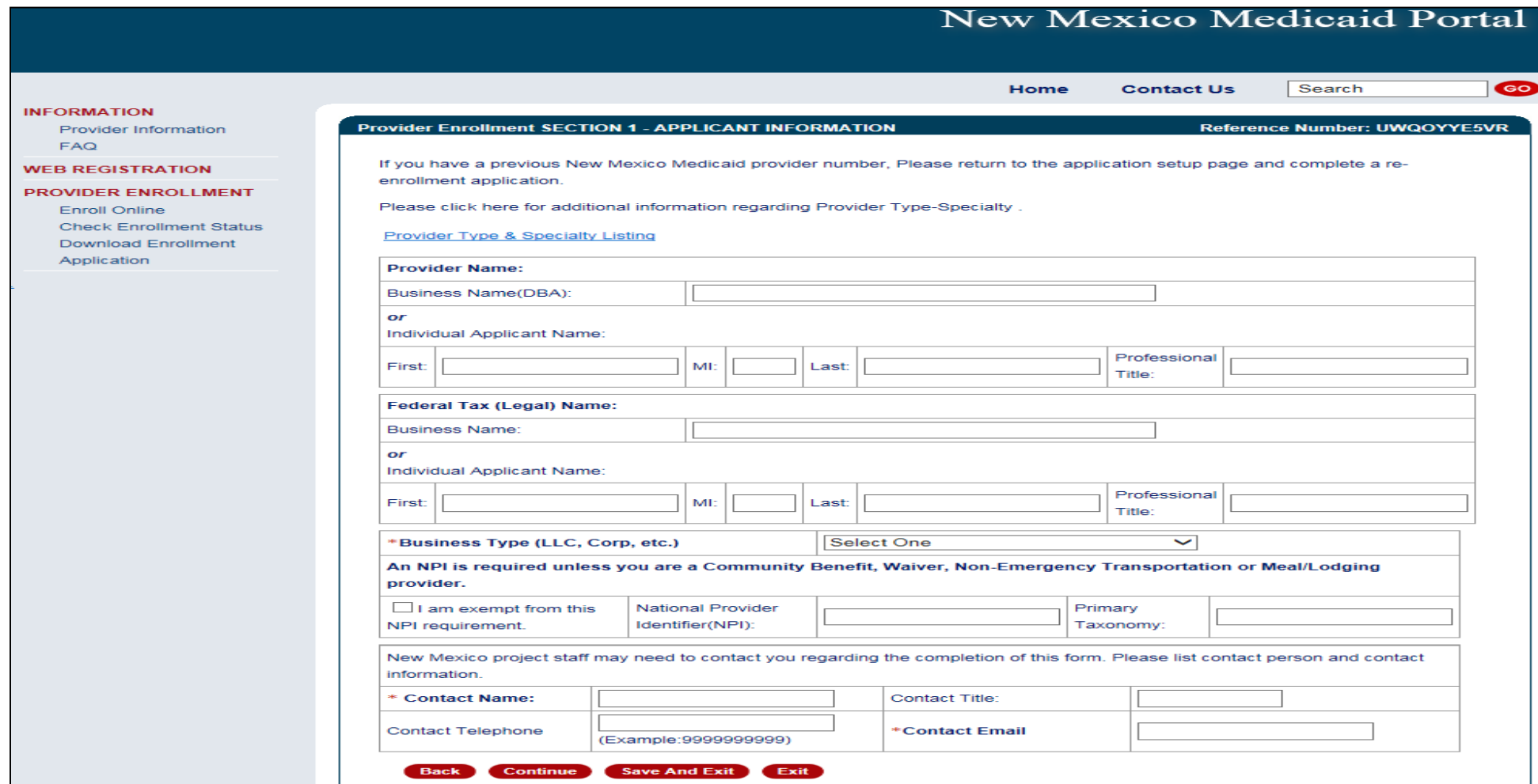
County Select One

Billing Phone (example: 9999999999) Billing Email Address

Web Portal Application Submission Process – MAD 335

Enter business name or individual name

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



The screenshot shows the 'New Mexico Medicaid Portal' interface. The main content area is titled 'Provider Enrollment SECTION 1 - APPLICANT INFORMATION' with a reference number 'UWQOYYE5VR'. The form includes a navigation menu on the left with sections for INFORMATION, WEB REGISTRATION, and PROVIDER ENROLLMENT. The main form contains several sections for data entry:

- Provider Name:** A field for 'Business Name(DBA)'. Below it, an 'or' section for 'Individual Applicant Name' with sub-fields for First, MI, Last, and Professional Title.
- Federal Tax (Legal) Name:** A field for 'Business Name'. Below it, an 'or' section for 'Individual Applicant Name' with sub-fields for First, MI, Last, and Professional Title.
- * Business Type (LLC, Corp, etc.):** A dropdown menu labeled 'Select One'.
- NPI Requirement:** A checkbox 'I am exempt from this NPI requirement.' followed by a field for 'National Provider Identifier(NPI):' and a field for 'Primary Taxonomy:'.
- Contact Information:** A section for 'New Mexico project staff' with fields for '* Contact Name:', 'Contact Title:', 'Contact Telephone' (with an example: 9999999999), and '* Contact Email'.

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

Web Portal Application Submission Process – MAD 335

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

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

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

Web Portal Application Submission Process – MAD 335

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



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

New Mexico Medicaid Portal

Home Contact Us Search GO

Provider Enrollment - Individual Affiliations Reference Number: SCQWECIGA0

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

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

Upload Attachments

Back Continue Save And Exit Exit

INFORMATION
Provider Information
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WEB REGISTRATION

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Check Enrollment Status
Download Enrollment Application

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Web Portal Application Submission Process – MAD 335

Select professional liability type



The screenshot displays the 'New Mexico Medicaid Portal' interface. The main content area is titled 'Provider Enrollment - Malpractice, Professional, Medical, or Other Liability Insurance' with a reference number 'ATUHVZWUB9'. The form contains the following text and options:

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.

Navigation buttons: **Back**, **Continue**, **Save And Exit**, **Exit**

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

Web Portal Application Submission Process – MAD 335

Attach proof of professional liability if applicable

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

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

[Provider Type & Specialty Listing](#)

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

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

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

Web Portal Application Submission Process – MAD 335

All Managing Employees must be disclosed

New Mexico Medicaid Portal

Home
Contact UsGO

INFORMATION

- Provider Information
- FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

Provider Enrollment SECTION XI - ADDITIONAL QUESTIONS
Reference Number: SCQWECIGA0

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

[Provider Type & Specialty Listing](#)

All providers must answer the following question:

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

Yes
 No

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

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

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Professional Title:	<input type="text"/>	Social Security Number		<input type="text"/>	
Date of Birth	<input type="text" value="mm/dd/ccyy"/> <input type="button" value="Calendar"/>				
Street Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text" value="Select One"/>	Zip	<input type="text"/> - <input type="text"/>
County	<input type="text" value="Select One"/>	Location/Provider Email Address		<input type="text"/>	
Location phone	<input type="text" value="(example:9999999999)"/>	Fax Number		<input type="text" value="(example:9999999999)"/>	

Web Portal Application Submission Process – MAD 335

Applicants must disclose any ownership of 5% or more

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

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

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Professional Title:	<input type="text"/>	Tax Number:	<input type="text"/>	Tax Indicator:	Select One <input type="button" value="v"/>
Date of Birth:	<input type="text" value="mm/dd/ccyy"/> <input type="button" value="calendar"/>	Legal Name:	<input type="text"/>		
Street Address:	<input type="text"/>				
City:	<input type="text"/>	State:	Select One <input type="button" value="v"/>	Zip:	<input type="text"/> - <input type="text"/>
County:	Select One <input type="button" value="v"/>	Location/Provider Email Address:	<input type="text"/>		
Location phone:	<input type="text" value="example:9999999999"/>	Fax Number:	<input type="text" value="example:9999999999"/>		

Add Additional Person

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

Yes No

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

Yes No

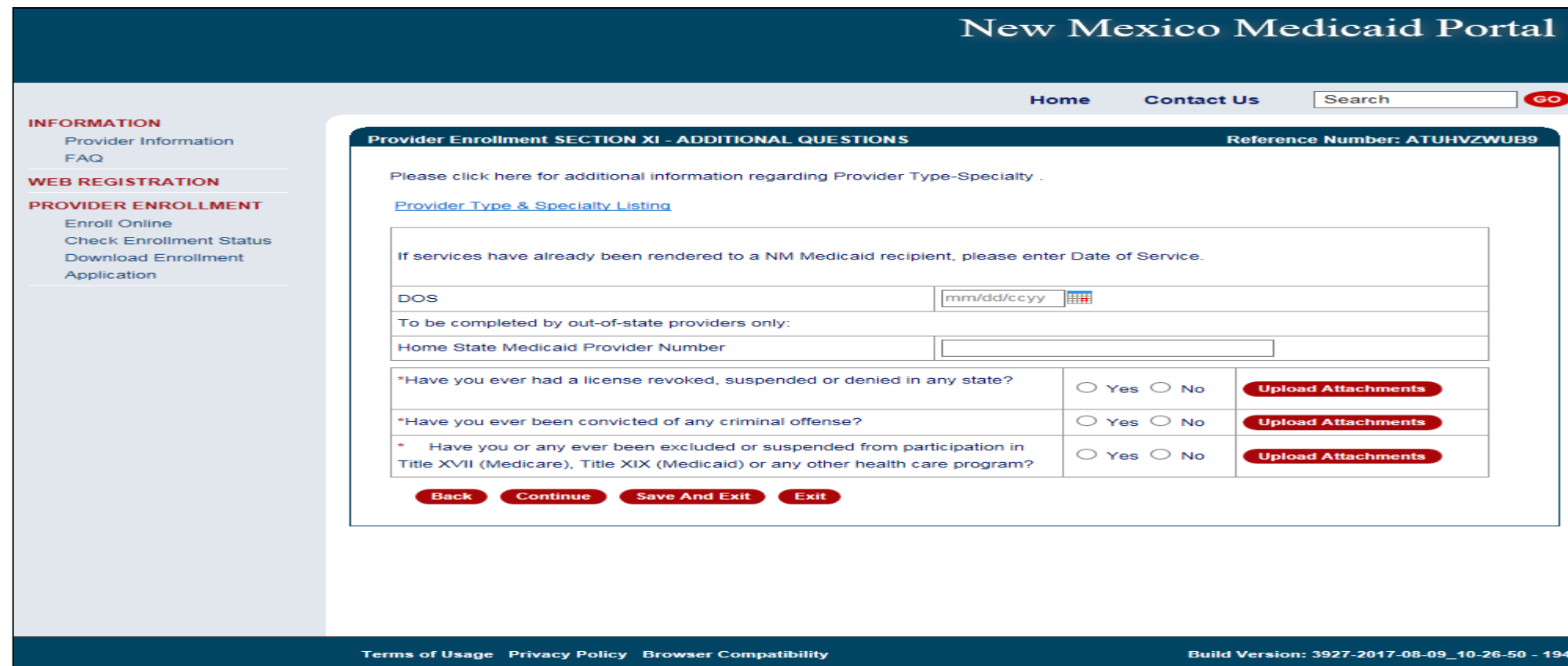
Web Portal Application Submission Process

– Continued for both MAD 312 and MAD 335

Provider Enrollment Application

Any “yes” answers to questions require supporting documentation

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



The screenshot shows the 'New Mexico Medicaid Portal' interface. The main content area is titled 'Provider Enrollment SECTION XI - ADDITIONAL QUESTIONS' with a reference number 'ATUHVZWUB9'. It includes a navigation menu on the left with sections for 'INFORMATION', 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT'. The main form contains a date picker for 'Date of Service', a field for 'Home State Medicaid Provider Number', and three questions with radio button options and 'Upload Attachments' buttons. The questions are:

- *Have you ever had a license revoked, suspended or denied in any state?
- *Have you ever been convicted of any criminal offense?
- * Have you or any ever been excluded or suspended from participation in Title XVII (Medicare), Title XIX (Medicaid) or any other health care program?

 At the bottom of the form are buttons for 'Back', 'Continue', 'Save And Exit', and 'Exit'. The footer contains 'Terms of Usage', 'Privacy Policy', 'Browser Compatibility', and 'Build Version: 3927-2017-08-09_10-26-50 - 194'.

Provider Enrollment Application

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



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

Provider Enrollment Application

New Mexico Medicaid Portal

Home
Contact UsGO

INFORMATION

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

WEB REGISTRATION

PROVIDER ENROLLMENT

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

Provider Enrollment
Reference Number: ATUHVZWUB9

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

ARTICLE 1 – OBLIGATIONS OF THE PROVIDER

The PROVIDER shall:

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

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

Back
Continue
Save And Exit
Exit

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

Provider Enrollment Application

Electronically sign here to acknowledge application is true and correct



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

New Mexico Medicaid Portal

Home Contact Us Search **GO**

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

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

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

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

INDIVIDUAL PROVIDER:

Name of Individual Practitioner:

Back Accept Decline Save And Exit Exit

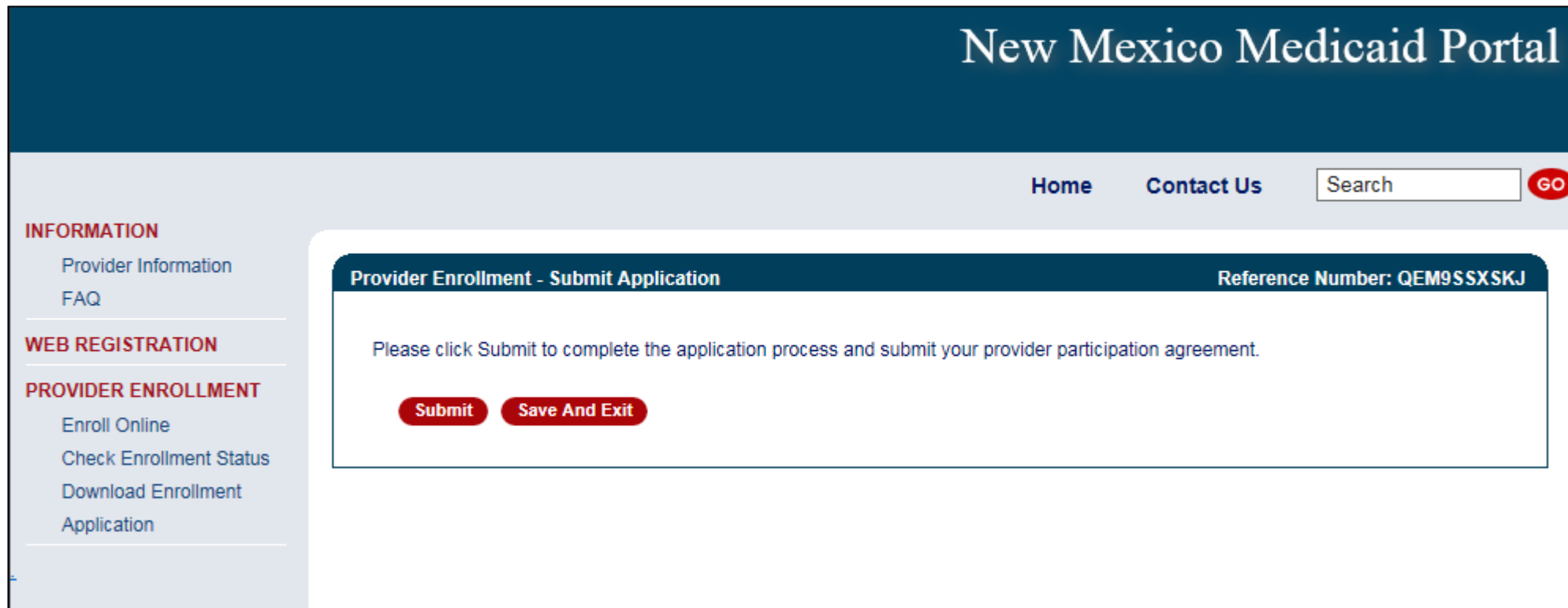
INFORMATION
Provider Information
FAQ

WEB REGISTRATION

PROVIDER ENROLLMENT
Enroll Online
Check Enrollment Status
Download Enrollment Application

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

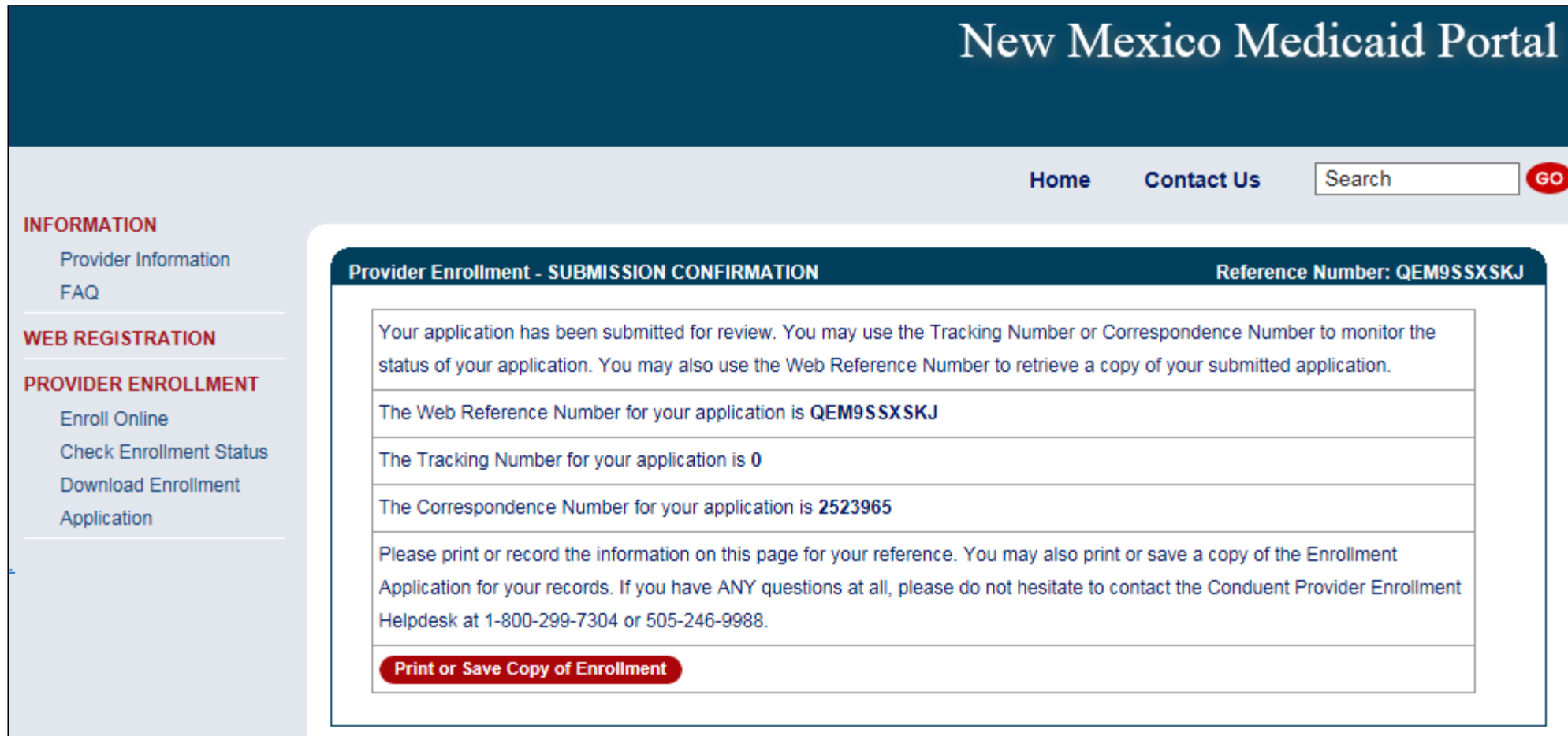
Provider Enrollment Application



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

Provider Enrollment Application

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



The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top, there is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. A left sidebar contains menu items under three categories: 'INFORMATION' (Provider Information, FAQ), 'WEB REGISTRATION', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area features a 'Provider Enrollment - SUBMISSION CONFIRMATION' header with the reference number 'QEM9SSXSKJ'. The body text states: 'Your application has been submitted for review. You may use the Tracking Number or Correspondence Number to monitor the status of your application. You may also use the Web Reference Number to retrieve a copy of your submitted application.' Below this, three rows provide specific details: 'The Web Reference Number for your application is QEM9SSXSKJ', 'The Tracking Number for your application is 0', and 'The Correspondence Number for your application is 2523965'. A final paragraph advises users to print or record the information and provides contact details for the Conduent Provider Enrollment Helpdesk at 1-800-299-7304 or 505-246-9988. A red button at the bottom of the confirmation box reads 'Print or Save Copy of Enrollment'.

Provider Enrollment Application Initial Screen

Recall Your Existing Application section:

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

Recall Your Existing Application

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

*Reference #:

[Recall](#)

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

Forgot Your Reference Number?

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

*Email:

[Submit](#)

Application Tips

Provider Enrollment Applications Top Errors

Expired License or Insurance

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

Incorrect National Provider Identification Number (NPI)

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

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

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

Provider Enrollment Applications Top Errors *Continued*

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

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

Return to Provider

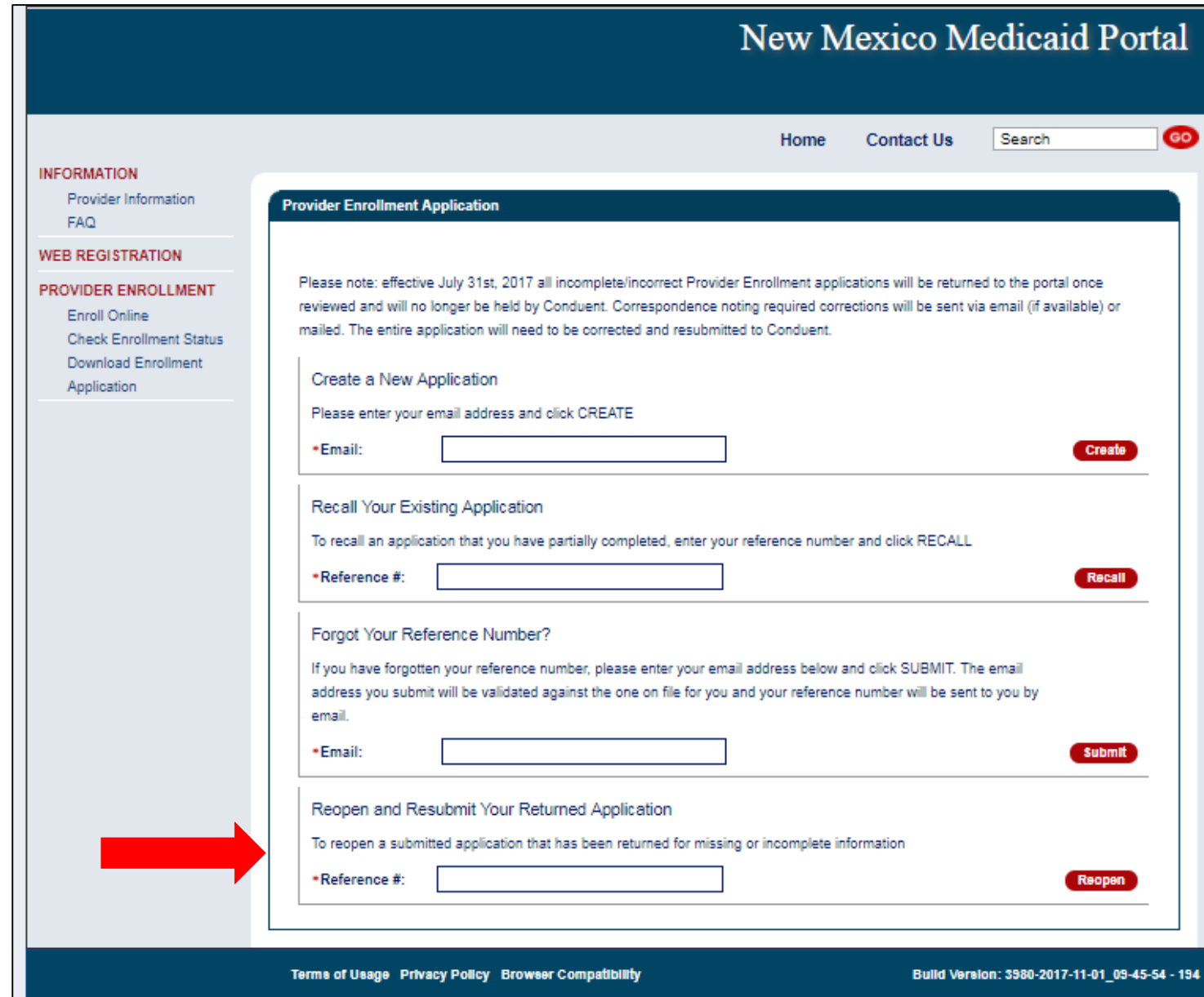
Return to Provider

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

Return to Provider

Reopen and Resubmit Your Returned Application section:

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



The screenshot shows the 'New Mexico Medicaid Portal' with a navigation bar containing 'Home', 'Contact Us', and a search box. A left sidebar lists categories: INFORMATION (Provider Information, FAQ), WEB REGISTRATION, and PROVIDER ENROLLMENT (Enroll Online, Check Enrollment Status, Download Enrollment Application). The main content area is titled 'Provider Enrollment Application' and includes a notice about July 31st, 2017. Below the notice are four sections: 'Create a New Application' (with an email field and 'Create' button), 'Recall Your Existing Application' (with a reference number field and 'Recall' button), 'Forgot Your Reference Number?' (with an email field and 'Submit' button), and 'Reopen and Resubmit Your Returned Application' (with a reference number field and 'Reopen' button). A red arrow points to the 'Reopen' button.

Return to Provider

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

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 re-verify the provider information we have is current.

TADs are issued to all enrolled providers every three years.

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

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

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

Turn Around Document (TAD)

Common Mistakes:

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

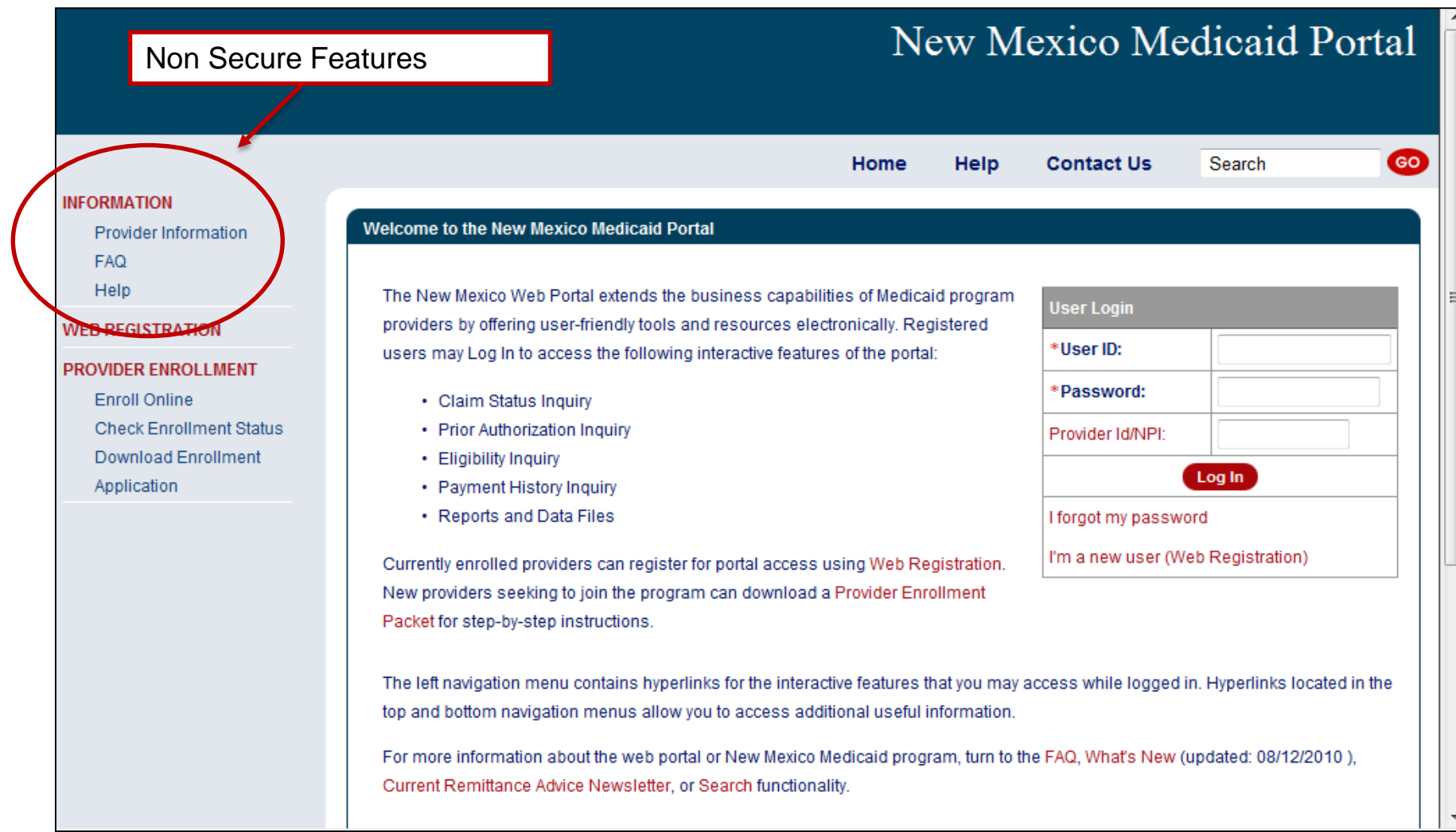
Online Provider Update

Advantage of Submitting Updates Online

- Previously, providers were required to manually complete the MAD 304 form and submit to Conduent via US Mail, fax, or in person. This could take up to 10 business days to process.
- Submitting update requests online significantly reduces the processing time; within 5 business days to process.
- Using the online form will ensure that providers are using the most up-to-date version for update requests. This will reduce delays in processing of the update.

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:

*Password:

Provider Id/NPI:

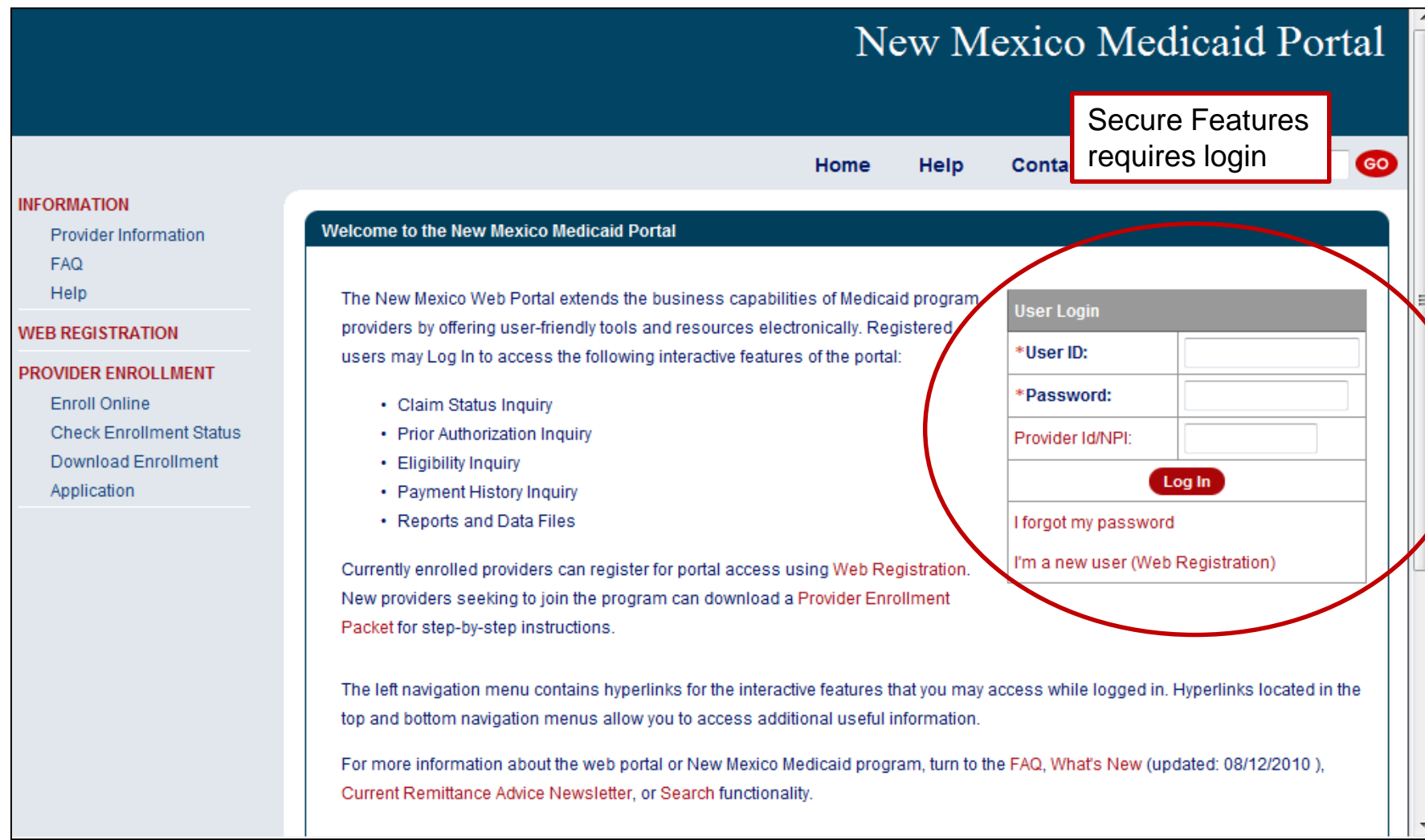
Log In

[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 Contact Us **GO**

Secure Features requires login

Welcome to the New Mexico Medicaid Portal

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User Login

*User ID:

*Password:

Provider Id/NPI:

Log In

[I forgot my password](#)

[I'm a new user \(Web Registration\)](#)

INFORMATION

- Provider Information
- FAQ
- Help

WEB REGISTRATION

PROVIDER ENROLLMENT

- Enroll Online
- Check Enrollment Status
- Download Enrollment Application

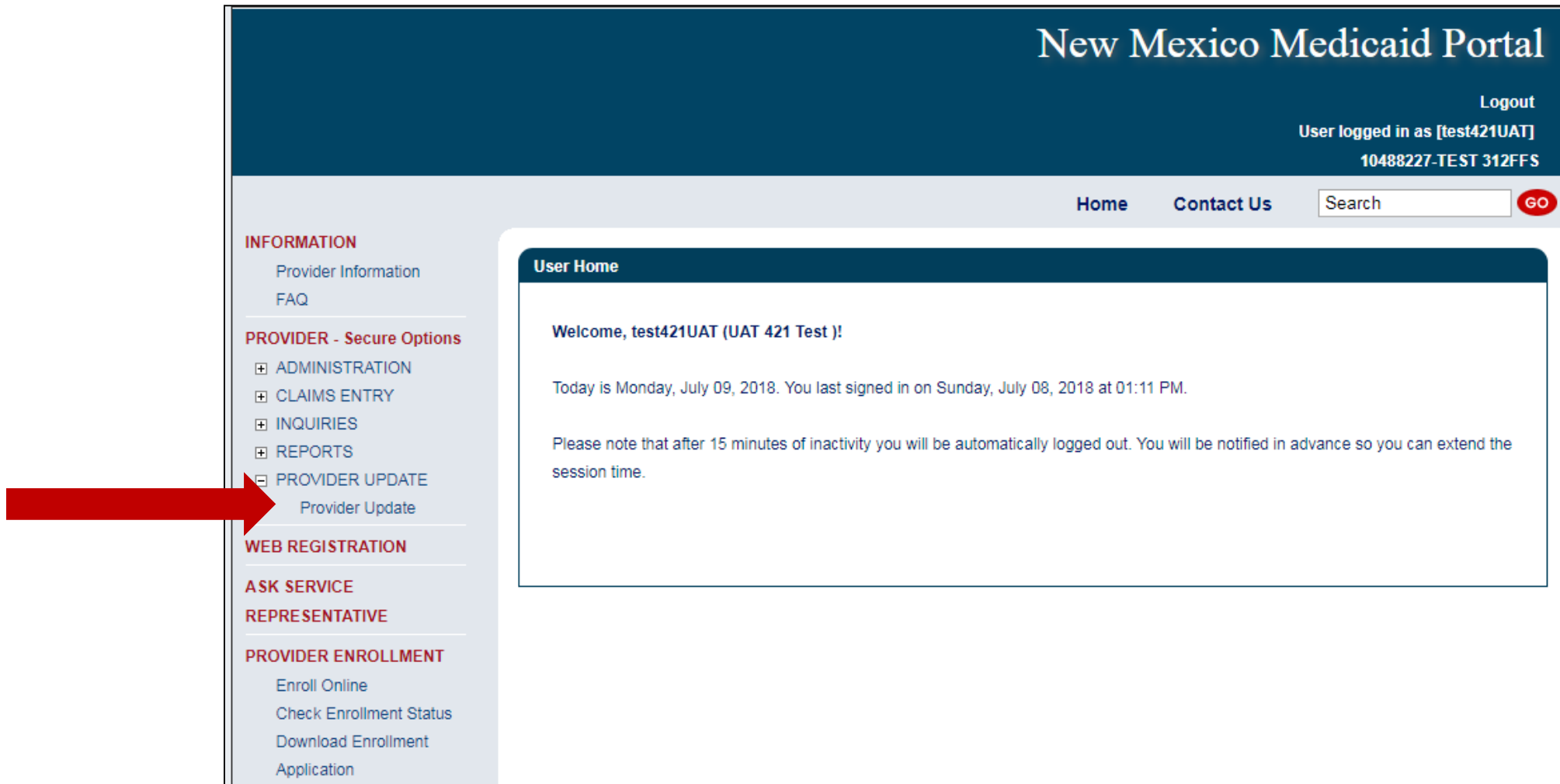
Master Administrators (MA) are the only users who can initially access the Provider Update section as well as assign User Rights to others.

If you are not the MA, you can gain access to make updates by contacting your MA and asking them to grant you the Provider Update Security Privilege.

If you need assistance logging in to the NM Web Portal, please contact the HIPAA Helpdesk at 1-800-299-7304 options 6, then 4 or by email at: HIPAA.Desk.NM@Conduent.com.

Provider Update

Web Portal Master Administrators and Users with the assigned privilege will be able to access the tool from the left navigation pane after logging in.

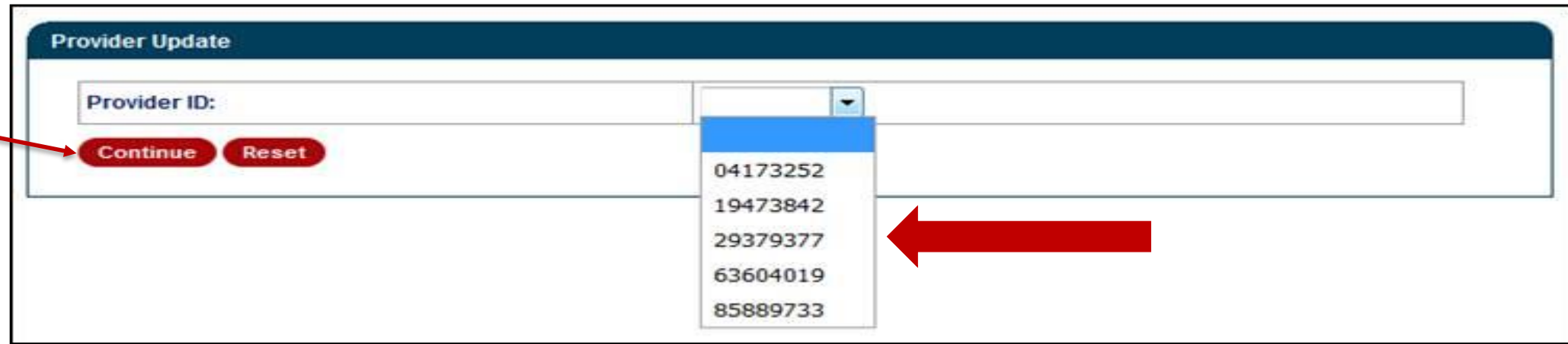


The screenshot displays the 'New Mexico Medicaid Portal' interface. At the top right, it shows 'Logout', 'User logged in as [test421UAT]', and the ID '10488227-TEST 312FFS'. Below this is a navigation bar with 'Home' and 'Contact Us' links, a search box, and a 'GO' button. The left navigation pane is organized into several sections: 'INFORMATION' (Provider Information, FAQ), 'PROVIDER - Secure Options' (ADMINISTRATION, CLAIMS ENTRY, INQUIRIES, REPORTS, **PROVIDER UPDATE** - Provider Update), 'WEB REGISTRATION', 'ASK SERVICE REPRESENTATIVE', and 'PROVIDER ENROLLMENT' (Enroll Online, Check Enrollment Status, Download Enrollment Application). A red arrow points to the 'PROVIDER UPDATE' option. The main content area, titled 'User Home', displays a welcome message for 'test421UAT (UAT 421 Test)!', the current date (Monday, July 09, 2018), and a session timeout notice.

Provider Update Access *Continued*




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



Provider Update Access

Providers may see the following error message to contact Conduent for guidance on moving forward with any provider record changes.



The screenshot displays the New Mexico Medicaid Portal interface. At the top, the title "New Mexico Medicaid Portal" is centered. On the right side of the header, there is a "Logout" link, the text "User logged in as [testNPI1]", and "1861760175-1861760175 NPI Organization". Below the header, a navigation bar includes "Home", "Contact Us", a search box with a "GO" button, and a "Search" label. On the left, a sidebar menu lists "INFORMATION" (with sub-items "Provider Information" and "FAQ"), "PROVIDER - Secure Options" (with sub-items "ADMINISTRATION", "CLAIMS ENTRY", "INQUIRIES", "REPORTS", and "PROVIDER UPDATE"), and "Provider Update" (highlighted). The main content area features a "Provider Update" section with a red error message: "This provider cannot submit updates to their provider record at this time. Please contact the Conduent Provider Enrollment Helpdesk at 1-800-299-7304 or 505-246-9988." Below the message is a form with a "Provider ID:" label, a text input field, and a dropdown menu. At the bottom of the form are "Continue" and "Reset" buttons.

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
- Active providers or providers with a recently expired license will be able to access the tool

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

Conduent Provider Relations Call Center – (800) 299 - 7304 option 6 or (505) 246 - 0710 option 6.
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.Desk.NM@conduent.com
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

NM Medicaid Recipient Helpdesk – (888) 997 – 2583 or (505) 247 – 1042
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

