

Eligibility on the Web Portal

Purpose

The purpose of this workshop is to provide an overview of the eligibility inquiry selection on the New Mexico Medicaid Web Portal in order to get the best possible information.

Obtaining the most current eligibility response will improve billing practices by reducing claim denials and unpaid services.

Objectives

We will review the following inquiries and Category of Eligibility (COE) portal results:

- **Eligibility Inquiry**
 - Lock-In for Managed Care / Other
- **Intermediate Care Facilities/Individuals with Intellectual Disabilities (ICF/IID)**
 - Level of Care
- **Qualified Medicare Beneficiary (QMB)**
 - QMB Recertification
- **Specified Low-Income Medicare Beneficiary and Qualifying Individual (SLIMB and QI)**
- **Avoiding Loss of Revenue**
- **Alternative Benefit Plan (ABP)**
- **Web Portal Visuals of Various Eligibility Screens**

Eligibility Inquiry

Medicaid Web Portal Login

<https://nmmedicaid.portal.conduent.com/static/index.htm>



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 ID card.
- Ask a question about your coverage.

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 de reemplazo.
- 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 reimbursement advices and other reports.
- More

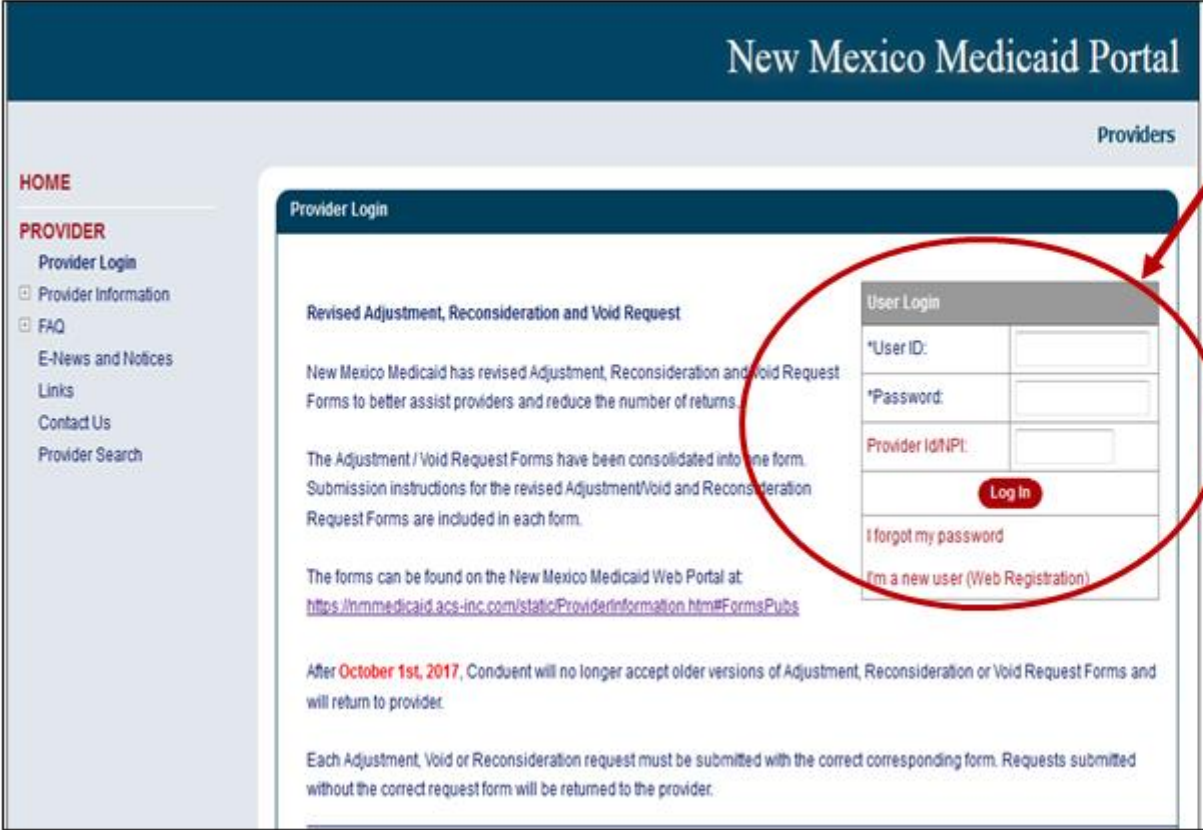
PUBLIC INFORMATION

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

- Training presentations
- FAQs
- 5010 testing
- Fee schedules
- Enrollment forms
- Helpful links

On the Portal's home page, click "Log in to:"

How to Register



The screenshot displays the 'New Mexico Medicaid Portal' for Providers. The main content area is titled 'Provider Login' and contains the following text:

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.

The 'User Login' form is highlighted with a red circle and includes the following fields and buttons:

- *User ID:
- *Password:
- Provider Id(NPI):
- Log In** button
- [I forgot my password](#)
- [I'm a new user \(Web Registration\)](#)

Portal Login Information

Eligibility Inquiry

The screenshot displays a web portal interface. At the top, there are navigation links for "Home", "Help", and "Contact Us", along with a search bar and a "GO" button. The left sidebar contains several sections: "INFORMATION" with links for "Provider Information", "FAQ", and "Help"; "PROVIDER - Secure Options" with expandable categories for "ADMINISTRATION", "CLAIMS ENTRY", "INQUIRIES", "REPORTS", "PROVIDER UPDATE", and "SUBMISSIONS"; "WEB REGISTRATION"; and "ASK SERVICE REPRESENTATIVE". The "INQUIRIES" category is expanded, showing sub-links for "Eligibility", "Claim Status", "Prior Authorization", and "Payment History". The "Eligibility" link is circled in red. A red callout box with a white background and a red border points to the "Eligibility" link, containing the text: "Expand Inquiries by clicking on the (+) sign then click on 'Eligibility'". The main content area, titled "User Home", displays a welcome message: "Welcome, nwebportal (web portal)!", the date "Today is Tuesday, March 19, 2013.", and a notice: "Please note that after 15 minutes of inactivity, you will be automatically logged out."

Initiating the Eligibility Inquiry

The system will default to today's date for the date of service (DOS). You can use any DOS within the past 2 years. Date spans can also be used.

Recipients can be searched using one of the following:

- Recipient ID (this is the “SSN” style ID number, Medicaid ID, temporary SSN etc. 942XXXXXX),
- SSN and date of birth, or
- Last name, first name, date of birth (information needs to match what is in the eligibility system)

Checking Eligibility on the Web Portal

To check client eligibility, click **Eligibility** under “Inquiries” when logged in to your account.

The screenshot shows the 'Eligibility Inquiry' page on a web portal. The page has a navigation bar with 'Home', 'Help', 'Contact Us', and a search box. A left sidebar contains various menu items, with 'Eligibility' under the 'INQUIRIES' section circled in red. The main content area is titled 'Eligibility Inquiry' and contains instructions: 'To inquire on a Date of Service range, enter a 'From' date and a 'To' date. To inquire on a single Date of Service, enter only a 'From' date. Then enter the Recipient Inquiry criteria and click 'Submit'. * denotes required field(s)'. Below the instructions are two date input fields: '* Date of Service (From):' and 'Date of Service (To):', both with 'mm/dd/ccyy' placeholders and calendar icons. A red callout box points to these fields with the text: 'Enter the dates you are checking eligibility for. Please note the web portal can not check future dates of service. Utilize the From and To fields when checking for an eligibility date span.' Below the date fields is a 'Recipient Inquiry' section with several input fields: 'Recipient ID:', 'Card ID:' (with a note 'Located on front of recipient's Medicaid card.'), 'SSN:', 'Date of Birth:' (with a calendar icon), 'Last Name:', 'First Name:', and another 'Date of Birth:' (with a calendar icon). A red callout box points to the 'Recipient ID' field with the text: 'Select the criteria you wish to search the client by and enter the corresponding information and click submit.' At the bottom of the form are 'Submit' and 'Clear' buttons.

Eligibility Inquiry *continued*

- Category of Eligibility (COE) and description
- Services description and if there are service limitations
- Re-certification dates for COE, if they are processed by ISD.
- Other Agencies may process re-certifications for some COEs and those re-certification dates may not be reflected in the portal, such as:
 - Supplemental Security Income (SSI) 001, 003, 004 – recertification dates are determined by the Social Security Administration (SSA)
 - COE 037 Adoption Subsidy Medicaid recertification dates are determined by Children, Youth and Families Division (CYFD)

Eligibility Inquiry *continued*

- Lock-ins for Managed Care information
 - Program-All Inclusive Care of the Elderly (PACE) - The PACE program recipients qualify for nursing home care, but that care is received at their place of residents
 - Hospice - Services that provide palliative and supportive services to meet the physical, psychological and spiritual needs of terminally ill Medicaid recipients and their families
- Medicare information
- Third Party Liability (TPL) information
- Long Term Care (LTC) information, IF there is a long term care span on file for the date entered
- Some COEs require a level of care such as Institutional Care Medicaid (ICM) and waiver categories

Eligibility Inquiry *continued*

- If there is LTC, there may be a patient pay amount, primarily for ICM categories
- Prior Authorization (PA). Only the provider authorized for the service(s) will have access to the PA information as related to the eligibility record


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

Eligibility Inquiry

Eligibility Response

05/01/2014 04:21 PM MDT 

Inquiry Criteria

Date of Service : 04/30/2014 To: 04/30/2014

SSN: _____ Date of Birth: _____

For the requested date(s) of service, your inquiry returned the following eligibility information.

Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.

Recipient Information

Recipient ID:	Recipient Name:	:
Date of Birth:	Sex:	Female
Medicaid Card ID:	Recertification Date:	03/31/2014

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
100	Full Medicaid benefits	04/01/2014	12/31/9999	03/17/2014	

Lock-In Information

Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	PRESBYTERIAN HEALTH PLAN	04/01/2014	12/31/9999

Medicare Information HIC Number: 629327805

Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

Long Term Care Information [What's This?](#)

Level of Care

Begin Date	End Date	LOC	Setting of Care	Add Date
No Level of Care information on file for the requested date of service.				

Patient Liability

Eligibility Inquiry *continued*

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
003	Full Medicaid benefits	10/01/2013	12/31/9999	09/24/2013	

This person is blind receiving SSI COE 003

Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	BLUE CROSS BLUE SHIELD OF NM	01/01/2014	12/31/9999

Medicare Information

Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

Long Term Care Information [What's This?](#)

Level of Care	Begin Date	End Date	LOC	Setting of Care	Add Date
No Level of Care information on file for the requested date of service.					

Patient Liability

Begin Date	End Date	Patient Liability
No Patient Liability Information on file for the requested date of service.		

Third Party Liability Information

Carrier ID:	000001	Carrier Name:	BLUE CROSS BLUE SHIELD	Phone:	8883493706
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Eligibility Inquiry *continued*

Recipient Information					
Recipient ID:	000012345	Recipient Name:	Last Name, First Name		
Date of Birth:	01/01/0000	Sex:	Gender		
Medicaid Card ID:	1234567890	Recertification Date:	11/30/2019		
Date of Death:					

Please note: This person has a PACE Lockin Type.

Category of Eligibility Information					
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-pay
081	Full Medicaid benefits	01/01/2019	02/28/2019	03/24/2018	

Lock-In Information				
Lock-in type	Provider Name	Begin Date	End Date	
PACE	Provider Name	01/01/2016	12/31/9999	

Health Home Information			
Health Home Type	Health Home Provider NPI	Begin Date	End Date
No Health Home information on file for requested date of service			

Medicare Information					
		Medicare ID: 12345678			
Type	Begin Date	End Date	Organization	Contract ID	Plan ID
Medicare Part C	01/01/2016	12/31/9999	Organization Name		
Medicare Part D	01/01/2016	12/31/9999		H1234	001
Medicare Part B	01/01/1976	12/31/9999			
Medicare Part A	08/01/1974	12/31/9999			

Long Term Care Information				
What's This?				
Level of Care				
Begin Date	End Date	LOC	Setting of Care	Add Date
No Level of Care information on file for the requested date of service.				

Eligibility Inquiry *continued*

Recipient Information			
Recipient ID:	0000 12345	Recipient Name:	Last Name, First Name
Date of Birth:	01/01/0000	Sex:	Gender
Medicaid Card ID:	1234567890	Recertification Date:	11/30/2019
Date of Death:			

Please note: This person has HOSPICE Lockin Type.

Category of Eligibility Information					
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
100	Alternative Benefit Package limitations on some services	01/01/2019	02/28/2019	05/21/2016	

Lock-In Information			
Lock In Type	Provider Name	Begin Date	End Date
HOSPICE	Provider Name	06/09/2018	01/09/2019

Health Home Information			
Health Home Type	Health Home Provider NPI	Begin Date	End Date
No Health Home information on file for requested date of service			

Medicare Information					
Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

Long Term Care Information What's This?					
Level of Care					
Begin Date	End Date	LOC	Setting of Care	Add Date	
01/21/2018	01/20/2019	Provider Name		02/01/2018	

ICF/IID Eligibility Specific

Recipient Information

Recipient ID:	0000 12345	Recipient Name:	Last Name, First Name
Date of Birth:	01/01/0000	Sex:	Gender
Medicaid Card ID:	1234567890	Recertification Date:	11/30/2019
Date of Death:			

Here is where the recertification date can be found

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
084	Full Medicaid benefits	01/01/2019	02/28/2019	12/09/2018	

The COE Code, Begin/End Date, and the COE Add Date can be found here

Lock-In Information

Lock In Type	Provider Name	Begin Date	End Date
No Lock In Type information on file for the requested date of service.			

Health Home Information

Health Home Type	Health Home Provider NPI	Begin Date	End Date
No Health Home information on file for requested date of service			

Medicare Information

Medicare ID: 12345678

Type	Begin Date	End Date	Organization
Medicare Part D	03/01/2012	12/31/9999	
Medicare Part A	09/01/2011	12/31/9999	
Medicare Part B	09/01/2011	12/31/9999	

This example shows ICF/IMR Level of Care. Please be aware there also could be Nursing Facility Level of Care (NFL) or other types depending on the recipient's COE. This field can also be blank IF the COE does not require a Level of Care

Long Term Care Information [What's This?](#)

Level of Care					
Begin Date	End Date	LOC	Setting of Care	Add Date	
11/01/2018	10/31/2019	ICF/MR LEVEL 1		10/12/2018	

Patient Liability		
Begin Date	End Date	Patient Liability
01/01/2019	12/31/9999	\$1,361.00

QMB Eligibility

QMB

- Must receive Medicare Part A
- Income is under 100% Federal Poverty Level (FPL)
- Medicaid dollars pay for the monthly Medicare premium
- Medicaid also covers deductibles and any co-pays, it is not full coverage Medicaid
- COE 041 if person is 65 or over
- COE 044 if person is under age 65

QMB

- Provided a blue Medicaid card
- A participant with COE 41 or 44 is not eligible for an MCO
- There is no Level of Care required
- QMB recipients may also receive COE 29 Family Planning automatically
- Always check the Medicaid portal for current information

QMB Special Eligibility Rules

- Most Medicaid COEs begin coverage in the month the member applies, if approved QMB begins the following month, not the month of application per [NMAC 8.240.600.11](#)

Example: If someone applies in 12/18 and is approved in 12/18, the first month of benefits is 01/19

- There is no retroactive coverage for QMB per [NMAC 8.240.600.11](#)

Recipient Information			
Recipient ID:	001	Recipient Name:	
Date of Birth:		Sex:	Male
Medicaid Card ID:		Recertification Date:	11/30/2015

Category of Eligibility Information					
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
044	Medicaid benefits limited to paying for Medicare coinsurance and deductible only	04/01/2014	12/31/9999	03/18/2014	

Please note: There is no MCO (lock-in) for QMB

Lock-In Information			
Lock In Type	Provider Name	Begin Date	End Date
No Lock In Type information on file for the requested date of service.			

Medicare Information					
		HIC Number: <input type="text"/>			
Type	Begin Date	End Date	Organization	Contract ID	Plan ID
Medicare Part D	05/01/2011	12/31/9999		SILVERSCRIPT	052
Medicare Part A	07/01/1993	12/31/9999			
Medicare Part B	07/01/1993	12/31/9999			

Please note: No LOC for QMB

Long Term Care Information What's This?					
Level of Care					
Begin Date	End Date	LOC	Setting of Care	Add Date	
No Level of Care information on file for the requested date of service.					

QMB Recertification

QMB Recertification

- Recipients must re-certify annually (meaning a new application is sent to ISD)
- If a client fails to re-certify timely, the QMB case will expire
- Recipients will be notified 45 days in advance of the expiration date

SLIMB and QI Eligibility

SLIMB and QI

- Both use COE 042 and 045
- Must have Medicare Part A
- Must be between 100% to 120% of FPL for SLIMB
- Must be between 120% to 135% FPL for QI
- Covers only Medicaid paying the monthly Medicare Part B premiums
- COE 042 and 045 will not show on the portal, providers can bill Medicare but not Medicaid
- The individual does not receive a blue Medicaid card for either of these categories
- Always check the Medicaid portal for current information

Not Eligible

Eligibility Inquiry

- The recipient is not eligible on the requested date(s) of service.

If you enter a Provider ID, the response will contain only those COEs and corresponding Benefit Descriptions representing the highest level of benefits available at any time during the inquiry date range.

If you do not enter a Provider ID, the response will contain all COEs and corresponding Benefit Descriptions applicable during the inquiry date range.

To inquire on a Date of Service range, enter a 'From' date and a 'To' date.

To inquire on a single Date of Service, enter only a 'From' date.

Then enter the Recipient Inquiry criteria and click 'Submit'.

* denotes required fields

Provider ID :	<input type="text"/>
* Date of Service (From):	09/13/2013
Date of Service (To):	09/13/2013

*Recipient Inquiry			
<input type="radio"/>	Recipient ID:	<input type="text"/>	
<input type="radio"/>	Card ID:	<input type="text"/> Located on front of recipient's Medicaid card.	
<input checked="" type="radio"/>	SSN:	<input type="text" value="XXXXXXXXXX"/>	Date of Birth: 10/21/1976
<input type="radio"/>	Last Name:	<input type="text"/>	First Name: <input type="text"/> Date of Birth: <input type="text" value="mm/dd/ccyy"/>

Submit

Clear

Avoiding Loss of Revenue

Avoiding Loss of Revenue

- Check the web portal routinely, verify the re-certification date. Contact Provider Relations at 800-299-7304, for questions.
- Encourage the client to apply through the web portal or fill out another application to take to Income Support Division (ISD). Clients may contact ISD at 800-283-4465 for application assistance.

Avoiding Loss of Revenue Due to QMB Recertification

Exception Code 0143 (client not eligible)

If you see code 0143 on the RA, check the web portal for the recipient's eligibility for that DOS.

Note: A client may have lost their QMB coverage if they failed to re-certify.

In some case, clients may not have approval for the month of the application but will have QMB the following month.

Example: Client is due for recertification by 11/30/18

- Client re-applies for QMB coverage in December of 2018. The approval date will then be January of 2019, creating a loss of coverage for the month of December.

Alternative Benefit Plan (ABP)

Alternative Benefit Plan (ABP) for Other Adult Group COE 100

For adults age **19** through **64**:

2 Types of Services Plans

1. Alternative Benefit Plan some limitations on services
 - Some recipients will have small co-pays for dates 2018 and earlier depending on their income
2. Alternative Benefit Plan Standard (full) Medicaid
 - Recipients who may have special needs
 - Recipients will need to contact their Centennial Care Managed Care Plan

Note: the Centennial Care MCO determines if they qualify for the standard Medicaid plan. The ABP Benefits and Limitations of Services can be found here:

[NMAC 8.309.4](#)

Eligibility Inquiry COE 100

For the requested date(s) of service, your inquiry returned the following eligibility information.

Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.

Recipient Information

Recipient ID:		Recipient Name:		
Date of Birth:		Sex:	Male	
Medicaid Card ID:		Recertification Date:	03/31/2014	

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
100	Alternative Benefit Package limitations on some services	02/01/2014	02/28/2014	01/20/2014	

Lock-In Information

Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	MOLINA HEALTHCARE OF NEW MEXIC	01/01/2014	12/31/9999

Medicare Information

HIC Number: _____

Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

Long Term Care Information

[What's This?](#)

Level of Care

Begin Date	End Date	LOC	Setting of Care	Add Date
No Level of Care information on file for the requested date of service.				

Patient Liability

Web Portal Visuals of Various Eligibility Screens

Justice-Involved Utilization of State Transitioned (JUST) Eligibility

The client's eligibility will be suspended for the date-of-service that you're looking for.

Below is an example of the red text that will be seen above the Category of Eligibility Information section. The COE displayed is the eligibility that is in place for the recipient upon incarceration. If you feel this eligibility suspension is an error, please contact the Provider Relations Help Desk via phone call at (800) 299-7304 or contact the NM Provider Support email inbox at NMProviderSupport@conduent.com.

The JUST Health Program can be viewed here in detail: [JUST Health Program](#)

Client has been determined eligible for Medicaid as shown below, but Medicaid benefits are suspended from 01/18/2017 through 01/18/2017.

Category of Eligibility Information


COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
200	Full Medicaid benefits	12/01/2016	12/31/9999	12/19/2016	

Lock-In Information

Lock In Type	Provider Name	Begin Date	End Date
No Lock In Type information on file for the requested date of service.			

Eligibility Inquiry COE 100

Eligibility Response

05/01/2014 04:21 PM MDT 

Inquiry Criteria

Date of Service : 04/30/2014 To: 04/30/2014

SSN: _____ Date of Birth: _____

For the requested date(s) of service, your inquiry returned the following eligibility information.

Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.

Recipient Information

Recipient ID:	Recipient Name:	:
Date of Birth:	Sex:	Female
Medicaid Card ID:	Recertification Date:	03/31/2014

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
100	Full Medicaid benefits	04/01/2014	12/31/9999	03/17/2014	

Lock-In Information

Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	PRESBYTERIAN HEALTH PLAN	04/01/2014	12/31/9999

Medicare Information HIC Number: 629327805

Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

Long Term Care Information [What's This?](#)

Level of Care

Begin Date	End Date	LOC	Setting of Care	Add Date
No Level of Care information on file for the requested date of service.				

Patient Liability

Example of COE 100 for full Medicaid, No Lock-In, No MCO

Category of Eligibility Information						
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay	
100	Full Medicaid benefits	01/01/2014	02/28/2014	01/28/2014		

Lock-In Information			
Lock In Type	Provider Name	Begin Date	End Date
No Lock In Type information on file for the requested date of service.			

Medicare Information		HIC Number: 525043116A			
Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

Eligibility Inquiry – Third Party Liability (TPL)

This person is blind receiving SSI COE 003

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
003	Full Medicaid benefits	10/01/2013	12/31/9999	09/24/2013	

Lock-In Type	Provider Name	Begin Date	End Date
SENTENNIAL CARE ENROLLMENT	BLUE CROSS BLUE SHIELD OF NM	01/01/2014	12/31/9999

Type	Begin Date	End Date	Organization	Contract ID	Plan ID
No Medicare information on file for the requested date of service					

Level of Care				
Begin Date	End Date	LOC	Setting of Care	Add Date
No Level of Care information on file for the requested date of service.				
Patient Liability				
Begin Date	End Date	Patient Liability		
No Patient Liability information on file for the requested date of service.				

Please note: This person has both Managed Care and TPL.

Third Party Liability Information					
Carrier ID	Carrier Name	Phone			
000001	BLUE CROSS BLUE SHIELD	8883493706			

Eligibility History on the Portal

By selecting a few months for the range of service, the history will display any changes in the COE and/or any changes in the Lock In MCO

Category of Eligibility Information					
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
100	Alternative Benefit Package limitations on some services	01/01/2014	03/31/2014	12/03/2013	
062	Recipient has coverage under the State Coverage Insurance program only. See lock in span for SCI plan name.	12/01/2013	12/31/2013		

Lock-In Information			
Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	MOLINA HEALTHCARE OF NEW MEXIC	01/01/2014	03/31/2014
STATE COVERAGE INITIATIVE-SCI	MOLINA SCI-C	08/01/2013	12/31/2013

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

