

# PE Determiner Portal Registration and Log on Workshop

Conduent Government Healthcare Solutions





### Purpose

This training will provide step by step instructions for Presumptive Eligibility Determiners on how to register to be an active user on the New Mexico Medicaid Web Portal.





### Topics of this Workshop

New Presumptive Eligibility (PE) Determiner

- Welcome Letter
- Web Registration
- Portal Log on

**Available Resources** 

**Technical Support** 



### Welcome Letter

### Some Key Points:

- Each PE Determiner will receive a Welcome Letter. This letter will provide you with your NM Medicaid Number (also known as your PE Determiner number).
- This Number is associated with you; it may be transferable if you change agencies (contact MAD PE Program Staff if you have question regarding transferring your PED number)

### What to expect on your Welcome Letter:

- 1. Provider Enrollment / Credentialing
- 2. Name of certified PED
- 3. Address provided on the application (confirm with your organization what address to use)
- 4. NM Provider Determiner number and starting date.







### New Mexico Medicaid Portal Registration

Once you have completed the PE Determiner application process and received the welcome letter with your NM Medicaid PE Determiner number, you register as a user on the NM Medicaid Portal.

To register as a user on the NM Medicaid Portal, you will need your PED number. You may then go on-line to access the New Mexico Medicaid Web Portal Provider Registration page.





### Portal Provider Registration

### https://nmmedicaid.portal.conduent.com/static/index.htm



PE Determiner Portal Registration Workshop



### How to Register

	New Me	exico Medicaid Portal	
		Providers	
HOME PROVIDER Provider Login Provider Information FAQ E-News and Notices Links Contact Us Provider Search	Provider Login         Revised Adjustment, Reconsideration and Void Request         New Mexico Medicaid has revised Adjustment, Reconsideration and Void Request         Forms to better assist providers and reduce the number of returns.         The Adjustment / Void Request Forms have been consolidated into one form.         Submission instructions for the revised Adjustment/Void and Reconsideration         Request Forms are included in each form.         The forms can be found on the New Mexico Medicaid Web Portal at <a href="https://nmmedicaid.acs-inc.com/static/ProviderInformation.htm#FormsPubs">https://nmmedicaid.acs-inc.com/static/ProviderInformation.htm#FormsPubs</a> After October 1st, 2017, Conduent will no longer accept older versions of Adjustment will return to provider.	User Login  *User ID:  *Password: Provider Id/NPI: Log In I forgot my password I'm a new user (Web Registration)  t, Reconsideration or Void Request Forms and	✓ Click "I'm a new user (Web Registration)"
	Each Adjustment, Void or Reconsideration request must be submitted with the corre without the correct request form will be returned to the provider.	ct corresponding form. Requests submitted	







## How to Register Continued

### Select Master Administrator

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

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





### How To Register Continued

				Home	Contact Us	Search	
Provider Information FAQ	Personal Profile						
EB REGISTRATION	Enter the information belo	w to create your Master	Administrator a	nd click 'Continue.'			
	in is suffraged mat you en	ther a croen to marits eas	y wremender.				
Enroll Online Check Enrollment Status Download Enrollment Application	Your User ID must have a NPI. If your User ID alread	y minimum of 6 and a ma dy exists, you will be req	wimum of 12 als uired to select a	phanumeric character a different one.	s and cannot be iden	ntical to your provide	r ID or
Enroll Online Check Enrollment Status Download Enrollment Application	Your User ID must have a NPI. If your User ID alread denotes required field(s	y minimum of 6 and a ma dy exists, you will be req ystnew	wimum of 12 all uired to select a	phanumeric character a different one.	s and cannot be iden	ntical to your provide	r ID or
Enroll Online Check Enrollment Status Download Enrollment Application	Your User ID must have a NPI, If your User ID alreader denotes required field(a "User Id: PEDs" "Last Name: test	ystnew	eximum of 12 als uired to select a	phanumeric character a different one.	s and cannot be iden	ntical to your provide	r ID or
Enroll Online Check Enrollment Status Download Enrollment Application	Your User ID must have a NPI. If your User ID alread denotes required field(a "User Id: PEDs) "Last Name: test "First Name: test	a minimum of 6 and a ma dy exists, you will be req u ystnew	eximum of 12 als uired to select a	phanumeric character a different one.	s and cannot be iden	ntical to your provide	r ID or
Enroll Online Check Enrollment Status Download Enrollment Application	Your User ID must have a NPI. If your User ID alread denotes required field(a "User Id: PEDs "Last Name: test "First Name: test Middle Initial:	a minimum of 6 and a ma dy exists, you will be req ystnew	wimum of 12 als uired to select a	phanumeric character	s and cannot be iden	ntical to your provide	r ID or
Enroll Online Check Enrollment Status Download Enrollment Application	Your User ID must have a NPI. If your User ID alread denotes required field(a "User Id: PEDs "Last Name: test "First Name: test Middle Initial:	a minimum of 6 and a ma dy exists, you will be req ystnew	eximum of 12 als uired to select a	* Confirm Email:	s and cannot be iden	ntical to your provide	r ID or



### How To Register Continued

	New Mexico Medicaid Port	al
INFORMATION Provider Information	Home Contact Us Search Review Personal Profile	0
FAQ WEB REGISTRATION PROVIDER ENROLLMENT	Please confirm the information entered for your Master Administrator. If there is an error, click 'Edit.' Once you are satisfied with the information entered, click 'Submit.'	
Check Enrollment Status Download Enrollment Application	User Id:       PEDsystnew         Last Name:       test         First Name:       test         Middle Initial:       Once you have verified your	
-	Email:       test@test.com         Phone:       9999999999         Extension:         Submit       Edit         Cancel       Back to Select MA Page	

## **Registration Confirmation Page**

		Home	Contact Us	Search	
FORMATION Provider Information FAQ	Registration Confirmation				
BREGISTRATION	Thank you				
ROVIDER ENROLLMENT	You have successfully registered for web portal acce	955.			
Enroll Online Check Enrollment Status Download Enrollment	Your Master Administrator registration information is ID will be required to log in.	displayed below. Please print a co	ov for your records, a	as your User ID and P	rovider
Application	Provider Id: 01225201 NOTE	• Write down your	user ID		
	Login Id: PEDsystemy				
	Last Name: test DETOTE	e proceeding to the	e Log in		
	Pirst Name: test page.				
	Email: test@test.com				
	Phone: 9999999999 Extension	x.			
	If the Master Administrator registered is a new user, registration. This password must be changed upon in Desk for assistance. As a registered Web Portal organization, you will available on-line. To view an RA, log in and click on the <u>PDF Reports</u> link. Click on <u>Remittance Ad</u> must have the "Reports and Data Files" p Administrator or any user with user administrato Click on following links for more information :	a one-time use password has been nitial log in. If any of the information I no longer receive a paper version on the Reports and Data Files lin vice(RA) Report to see your orgation for Administrator autor or rights may grant this privilege	n sent to the e-mail a a above is incorrect, p on of your Remittan ik on the left hand r unization's RAs. NO matically receives to to additional users.	count supplied during lease call the <u>HIPAA</u> ce Advice (RA) since avigation bar, then TE: To access RAs, - his privilege. The Ma	e it is click a user ster
	Additional information about accessing the RA What if I can't access my RA from the Web?				



### **User Confirmation Email**

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

From:	DO_NOT_REPLY
To: Cc	
Subject:	Veb Portal User Account Created
This is	ato.generated message. Do not attempt to reply to this email.
You ha	een added as a NM Medicaid Web Portal user for the following organization: New Mexico Provider Name
To log organiz	o to the following URL: <u>Home</u> . You will need a User ID and password to log in. Provider users are also required to enter their a's Provider ID or NPI.
Your t	prary password is hHrLlnmS0HJ4
HOW and the the cur	ENTER YOUR TEMPORARY PASSWORD: The best method to enter your temporary password is to copy the password from this email ste it in the Password field. To copy: highlight the password, and then press and hold the CTRL and C keys simultaneously. To paste: place in the Password field, and then press and hold the CTRL and V keys simultaneously.
The fir	ne you log in, you will need to change your password to one of your choosing.
If you	your User ID, please contact your organization's Administrator.
For get 5) if yo	web portal questions, please contact the New Mexico Medicaid HIPAA Helpdesk at 1-800-299-7304 (Enter Provider ID, then press option ed further assistance.
For Ele	nic Health Records (EHR) web portal questions, please contact the EHR Specialist at 1-800-282-4477 (press option 7) for further assistance.
Thank	





### User Login

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

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

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





### Web Portal Log In



# Logging In

### New Mexico Medicaid Portal

Providers

PROVIDER Provider Login				
Provider Information	updated Et Copy the temporary password from your	User Login		
E-News and Notices	confirmation email and paste it here	User ID:	PEDsystnew	
Links	address is currently active. The user name and password will remain the same to	*Password	••••••	
Contact Us	access EDI Online services. Please start using the new URL address listed below to	Provider Id/NPI:	01225201	
Provider Search	access the website.		Log In	
	New EDI Online URL - https://edionline.portal.conduent.com/EDIOnline/redirect_action	t forgot my passwor I'm a new user (Wel	d b Registration)	
	The old URL address listed below will cease to work as a Type In your PE D	eterminer Numb	per Here	
	Old EDI Online URL - https://edionline.acs-inc.com/EDIOnine/redirect.action			
	If you have any questions related to this email blast, please contact the HIPAA Helpde 6, followed by option 4.	isk for assistance at 1-	800-299-7304 🕘, opt	



# **Changing Your Password**

INFORMATION Provider Information FAQ	Change Password	Home	Contact Us	Search	
WEB REGISTRATION	To change your password, en	ter your current and new passwords, confirm your new p	assword, and then cli	ck 'Submit'.	
Enroll Online Check Enrollment Status Download Enrollment Application	Passwords must be be     Passwords must conta     The following special (     Passwords are case s     Passwords cannot be     Passwords cannot be     Due to the sensitive nature of     required.     * denotes required field(s)	etween eight (8) and twelve (12) characters in length. ain a combination of alphanumeric characters and at leas characters are allowed: \$, #, @. eensitive. the same as User ID. the same as any of the six (6) previously used password the information available via the enhanced New Mexico	st one special characters. Medicaid web portal,	ar new password. er. a secure password format	is
	*Current Password:	••••••	Paste your t time under '	temporary password 'Current Password"	d one m
	*Confirm New Password:				
		Submit Clear Cancel			



					1	New M	exico M	edicaid	Portal
						Home	Contact Us	Search	60
Provider Information FAQ	Pers	onal Profile							
WEB REGISTRATION	Y	our personal pr	ofile is missing some required informat	ion. Please	e po	opulate all required	fields and then click	Continue'.	
PROVIDER ENROLLMENT		denotes requin	ed field(s)						
Check Enrollment Status		User ID:	PEDsystnew						
Download Enrollment	•	Last Name:	test		-	First Name:	test		
Application		MI:							
	•	Email Address:	test@test.com		•	Confirm Email Address:	· test@test.co	n	
	-	Phone Number:	9999999999			Extension:	[		
	•	Hint Question:	~	Ver to b	rify De	all your infor made you ca	mation is corron	ect. If change that needs to	es need o be
	•	Answer:		cha	ang	ged.			
	1		G	ontinue	R	eset Cancel			
	L				_				

## Security Questions for First Time Users

				N	lew Mo	exico M	edicaid I	Portal
					Home	Contact Us	Search	
Provider Information FAQ	Personal Profile							
WEB REGISTRATION	Your personal pro	ofile is missing some required inform	ation. Please	popu	late all required	fields and then click	Continue'.	
PROVIDER ENROLLMENT	* denotes require	ed field(s)						
Enroll Online Check Enrollment Status	User ID:	PEDprovider						
Download Enrollment	* Last Name:	Test		• Fi	irst Name:	PEDprovider		
Application	MI:							
•	Email Address:	test@test.com		• 0 A	onfirm Email ddress:	test@test.com	1	
	+ Phone Number:	800444444		E	xtension:			
	+ Hint Question:	Mother's Maiden Name			Sele	ect what you w	ould like your	security
	* Answer:	Childhood Pet City of Birth	]		que	stion to be.		
		City of Employment High School Mascot	Continue	Rese	t Cancel			



### Security Questions for First Time Users

				New M	exico M	edicaid I	Portal
				Home	Contact Us	Search	<b>@</b>
Provider Information FAQ	Personal Profile						
VEB REGISTRATION	Your personal pro	ofile is missing some required informat	ion. Please p	opulate all required	I fields and then click	Continue'.	
ROVIDER ENROLLMENT	<ul> <li>denotes requin</li> </ul>	ed field(s)					
Enroll Online Check Enrollment Status	User ID:	PEDsystnew					
Download Enroliment	Last Name:	test	•	First Name:	test		
Application	MI:						
	Email Address:	[test@test.com		Confirm Email Address:	test@test.com		
	Phone Number:	9999999999		Extension:			
	+ Hint Question:	City of Birth 🗸	an.c				
		Albuquerque	<u> </u>		Please not	te your answe	ers will be case
	<ul> <li>Answer;</li> </ul>	here was a second and a second as a	•				

INF

WE

### **Review Your Profile**

		Ne	w M	exico M	edicaid P	ortal			
ORMATION Provider Information	Review Personal Profile		Home	Contact Us	Search	60 			
FAQ B REGISTRATION	Please confirm the information bel	ow. If there is an error, click 'Edit'. Once	you are satis	sfied with the informa	tion entered, click 'Su	bmiť.			
VIDER ENROLLMENT	User ID:	PEDsystnew	tnew						
Enroll Online Check Enrollment Status	Last Name:	test	test						
Download Enrollment	First Name:	test	test						
Application	MI:		Plea	ase verify your	information is o	correct. If			
	Email Address:	test@test.com	corr	corrections need to be made click "Edit",					
	Phone Number:	9999999999	othe	erwise click St	idmit .				
	Extension:								
	Hint Question:	City of Birth							
	Answer:	Albuquerque							
		Submit Edit	Cancel						

### **User Home**

New	Merio	Media	aid Dortal
	INICAICO		and I Oftar

Logout

User logged in as [PEDsystnew]

### INFORMATION

Provider Information FAQ

### **PEPROVIDER - Secure Options**

■ ADMINISTRATION

User Home

Change Password

INQUIRIES
 INQUIRIES

WEB REGISTRATION

### PROVIDER ENROLLMENT

Enroll Online Check Enrollment Status Download Enrollment Application

01225201-DETER		
	Home Contact Us Search	
User Home		
Profile Updated		
Welcome, PEDsystnew (test test)!	Once you reach this page, you have successfully logged in.	
Today is Tuesday, March 06, 2018		
roday is ruesday, march 00, 2010.		
Please note that after 15 minutes of inactivity y session time.	you will be automatically logged out. You will be notified in advance so you can exter	



### User Login – Forgot Password





### User Login – Forgot Password

	New Mexico Medicaid Portal	
INFORMATION Provider Information	Home Contact Us Search 60 Forgot Password: Enter User ID	Enter in you
FAQ WEB REGISTRATION	Please enter your User ID, and then click 'Continue'.	click
PROVIDER ENROLLMENT Enroll Online Check Enrollment Status Download Enrollment Application	* denotes required field(s)  *User ID: Continue Clear Cancel	"Continue"



### User Login – Forgot Password

	Home Help Contact Us Search	GC		
FORMATION				
Provider Information	Change Password			
FAQ	To shape use a second astronomy second and any assessed a sector second and the slight (Output			
VEB REGISTRATION	To change your password, enter your current and new passwords, commit your new password, and then click Submit	140		
	Password Rates:			
Enroll Online	Passwords must be between eight (8) and twelve (12) characters in length.			
Check Enrollment Status	Passwords must contain a combination of alphanumeric characters and at least one special character.			
Download Enrollment	Ine following special characters are allowed: \$, #, @.     Passwords are case sensitive.			
Application	Passwords cannot be the same as User ID.			
	Passwords cannot be the same as any of the six (6) previously used passwords.			
	Due to the sensitive nature of the information available via the enhanced New Mexico Medicaid web portal, a secure pa	assword format		
	is required.			
	* denotes required field(s)			
	*Current Password:			
	*New Password:			

Create your new password. The password must meet the rule circled above.



# User Login Tips

- After 15 minutes of inactivity, you will automatically be logged out of the Portal. If pop-ups are allowed, it will warn you that you will be logged out soon and give you the opportunity to click so that your session is extended and will not time out.
- Sometimes you will miss the warning and be logged out.
- You will need to change your password every 60 days.
- You will be notified via e-mail four (4) days before the password expires and given an opportunity to change it every time you log in during those 4 days until you are finally required to change it.



### **Resources - On the Portal**







1

### Resources On the Portal – PED Forms

PEDs must always use current PED Forms. The most up to date versions are available on the Portal:

https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm

Торіс	Word	Adobe
PE MOSAA Portal Registration Workshop Presentation	Not Available	PDF Format
MAD 008 - Household Size and Income Calculation Worksheet	Not Available	PDF Format
MAD 011 - Presumptive Eligibility (PE) Applicant Information Form	Not Available	PDF Format
MAD 070 - Medicaid Presumptive Eligibility Authorization Form	Not Available	PDF Format
MAD 100 - Medicaid Application for Assistance	Not Available	PDF Format
MAD 217 - PE Determiner Update	Not Available	PDF Format
MAD 222 - Federal Poverty Guidelines - Medical Assistance for Men, Women and Children	Not Available	PDF Format
PE and PE Plus Training Manual	Not Available	PDF Format
SPANISH FORMS		
MAD 011 SP - Formulario de Informacion Para la Solicitud de Probable Eligibilidad (Siglas en Ingles PE)	Not Available	PDF Format
MAD 100 SP - Solicitud Para Asistencia de Medicaid	Not Available	PDF Format

PE Determiner Portal Registration Workshop



### 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** – <u>https://nmmedicaid.portal.conduent.com/static/index.htm</u> Claim Inquiries, Eligibility Verification, Electronic Claim Submission, Provider Manuals, E-News

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

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

**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** – <u>NMProviderSUPPORT@conduent.com</u> Claim research assistance and general Medicaid inquiries

**Conduent HIPAA Helpdesk** – <u>HIPAA.Desk.NM@conduent.com</u> Assistance on NM Web Portal, EDI inquiries, and Online Claim Submission with DDE (Direct Data Entry)

**Conduent Provider Enrollment Helpdesk** - <u>NMProviderSUPPORT@conduent.com</u> Provider Enrollment Applications, Forms & Instructions

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

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



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