

Conduent Business Services, LLC.  
Government Healthcare Solutions



# New Mexico Medicaid – Provider Enrollment

Procedure Manual

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## Document Control

### Revision History

This section tracks the initial creation of this document, followed by information about each major version thereafter.

#### Revision History

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# 1. Introduction

The Provider Enrollment Department's primary objective is to solicit and enroll qualified providers into the New Mexico Medicaid program and to offer those providers timely and professional correspondence and support services.

## 1.1. Provider Enrollment Responsibilities

- Assuring licenses and certifications are valid and current
- Performing provider re-verification processes, provider re-certification processes, and re-instating providers
- Making manual updates and changes as necessary to the provider data maintained in the Medicaid Management Information System (MMIS)
- Assist Indian Health Services (IHS) facilities in managing the provider enrollment process by providing periodic reports that identify:
  - Rendering providers whose licenses will be expiring soon
  - Rendering providers who will soon require a re-verification to be completed
  - Rendering providers who were recently terminated
- Assisting school-based services providers by:
  - Identifying rendering providers whose licenses will expire within the next ninety (90) days
  - Notifying designated contacts at the associated school districts of the upcoming expiration dates
  - Cross-referencing individual providers to group practices or entities
- Making every reasonable attempt to make changes on the day that changes or updates are requested when updates or changes are necessary on an emergency basis
- Subjecting file changes to Conduent's internal quality control process
- Maintaining proper quality control on the accuracy of provider file updates to ensure that the rate of provider file errors does not exceed five percent of the total number of adds and changes processed in any month
- Notifying the New Mexico Human Services Department (HSD) Medical Assistance Division (MAD) in writing when changes have been made if the change was at the request of the State
- Reviewing internal system audit trails to assure that authorized changes are made to the files
- Processing Clinical Laboratory Improvement Amendments (CLIA) data, certification, and effective dates
- Producing the CLIA Certification Update Report
- Tracking records for expiration and obtaining updated documentation, including using CLIA data available through an interface with the Centers for Medicare and Medicaid Services (CMS)
- Collecting and maintaining data on providers of medical and medically related services and on management entities

### 1.1.1. Maintain Accurate MMIS Provider Files

Provider Enrollment is responsible for maintaining accurate MMIS provider files including:

- Demographic information

- License, certification, and accreditation information
- Provider enrollment data from MAD
- Cross-references to Medicare provider numbers to accommodate accurate payment of crossover claims
- Current tax rates and taxable status associated with the provider
- Retain historic information of providers purged or canceled from the file and providers with payments suspended
- Retain all paper documentation related to provider enrollment, status, or changes for a minimum of seven years after provider termination
- Complete all routine updates and changes to the provider file within five business days of the request from MAD or other authorized source
- Check audit trails that identify the:
  - Date and time of the change
  - Person who made the change
  - Person who requested or authorized the change
  - Change details including before and after images of all modified data

## 1.2. Service Level Agreements (SLAs)

### Provider Enrollment Processing Performance Requirements

Distribute provider participation agreement (PPA) forms and instructions to providers who cannot access the Web Portal within three business days of receipt of request

Forward completed and verified applications to MAD for final approval and signatures within ten business days of receipt of verification

Apply provider updates to the provider file within five business days of receipt of the information

Add new providers within five business days of approval of the applications

Obtain current licensure documentation for providers in writing at least 45 days in advance of the license expiration date

Maintain all hard copy provider application material and related documentation, and the electronic images in the electronic data management system (EDMS), for as long as the provider is enrolled in Medicaid and for seven years following termination or disenrollment

Perform provider updates and changes to the provider file within five business days of the request

Send quarterly performance reports to the Department, or more frequently if requested when there is a performance issue

### Provider Enrollment Help Desk Performance Requirements

Operate the Provider Enrollment help desk Monday through Friday from 8:00 AM to 5:00 PM Mountain Time, except for Thursdays from 8:00 – 4:00 PM Mountain Time and holidays approved by HSD and unless HSD approves other hours of operation

### Provider Enrollment Help Desk Performance Requirements

Ensure the help desk toll-free numbers have sufficient incoming lines so that providers are not given a busy signal, but are placed on hold to ensure maximum opportunities for reaching a staff person in the order calls are received

Abandonment rate must not exceed five percent, as measured on a monthly basis

Hold times shall not exceed, on average, more than two minutes prior to reaching a Provider Enrollment staff member

Provide a corrective action plan if the abandonment rate exceeds five percent and/or the average speed of answer exceeds the maximum average two minute threshold

Track and respond to all written provider inquiries within ten business days of the receipt of the inquiry

Send quarterly performance reports to the Department, or more frequently if requested when there is a performance issue

### 1.3. Acronyms and Definitions

The tables below include acronyms, terms, and definitions specifically applicable to this document.

#### Acronyms

Acronym	Term
ABMS	American Board of Medical Specialties
ASPEN	The New Mexico Recipient eligibility system
CCSS	Clinical Care Support System
CF	Certified Fellowship
CHOW	Change of Ownership
CLIA	Clinical Laboratory Improvement Amendments
CMS	Centers for Medicare & Medicaid Services
CNP	Certified Nurse Practitioner
CRNA	Certified Registered Nurse Anesthetists
CRS	Combined Reporting System
CSA	Customer Service Associate
CYFD	Children, Youth, and Families Department
DB	Database

Acronym	Term
DBA	Doing Business As
DDS	Doctor of Dental Surgery
DEA	Drug Enforcement Agency
DOB	Date of Birth
DOH	Department of Health
DORA	Department of Regulatory Agencies
DOS	Date of Service
DRG	Drug
EDMS	Electronic Data Management System
EIN	Employer Identification Number
EPSDT	Early and Periodic Screening Diagnostic and Treatment
FEIN	Federal Employer Identification Number
FFS	Fee-for-service
FQHC	Federally Qualified Health Center
GSA EPLS	General Service Administration Excluded Parties List System
HSD	Human Services Department
HIS	Indian Health Services
IRS	Internal Revenue Service
ISD	Income Support Division a division of HSD
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LEIE	List of Excluded Individuals and Entities
LMHC	Licensed Mental Health Counselor
LPAT	Licensed Professional Art Therapist
LPC	Licensed Professional Counselor
MAD	Medical Assistance Division

Acronym	Term
MC	Managed Care
MCO	Managed Care Organization
MD	Medical Doctor
MMIS	Medicaid Management Information System
MOC	Maintenance of Certification
MST	Multisystemic Therapy
NABP	National Association of Boards of Pharmacy
NCCPA	National Commission on Certification of Physician Assistants
NCPDP	National Council for Prescription Drug Programs
NM	New Mexico
NMSA	New Mexico Statutes Annotated
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OIG	Office of the Inspector General
OSCAR	Online Survey Certification & Reporting System
PAR	Provider Action Request Numbered Memo
PE	Presumptive Eligibility
PED	New Mexico Public Education Department
PO	Post Office
PPA	Provider Participation Agreement
PRC	Public Regulations Commission
PSD	Pending State Decision
PSR	Patient Service Representative
PTAN	Provider Transaction Number
QA	Quality Assurance

Acronym	Term
RAT	Rational Ticket
RJE	Remote Job Entry
RN	Registered Nurse
RTP	Return to provider
SAM	System for Award Management
SLA	Service Level Agreement
SLP	Speech-Language Pathologist
SSA DMF	Social Security Administration Death Master File
SSN	Social Security Number
TAD	Turn Around Document
TCN	Transaction Control Number
TM	Telemedicine
USPS	United States Postal Service

**Definitions**

Term	Definition

**Commented [GH1]:** The new branding includes a section for "terms" to be defined. Add any terms with definition you feel would be helpful for the reader.

## 2. Staffing

### 2.1. Provider Enrollment Supervisor

The Provider Enrollment Supervisor oversees the Provider Enrollment Department. The Provider Enrollment Supervisor reports to the Deputy Account Manager. The primary responsibilities of the Provider Enrollment Supervisor are listed below.

- Develop processes necessary to consistently meet or exceed stated SLAs
- Provide active leadership and coaching for the staff of the Provider Enrollment Department
- Set standards of operation and goals/expectations for the Provider Enrollment Department
- Evaluate department productivity
- Ensure that stated quality objectives are consistently achieved
- Develop the professional skills and understanding to supervise the staff assigned to the Provider Enrollment Department
- Assist the Deputy Account Manager in the administration of the enrollment operations for the New Mexico Medicaid Program
- Maintain the security and integrity of all paper documents and electronic files used for provider enrollment and credentialing
- Ensure that required standards of timeliness for the completion of the provider enrollment application processing and system file updates are met
- Develop policies and procedures for the Provider Enrollment Department
- Ensure that the Provider Enrollment Department is adhering to stated SLAs

### 2.2. Provider Enrollment Specialist

The Provider Enrollment Specialist functions as a liaison to providers enrolling in the New Mexico Medicaid Program. The primary responsibilities of the Provider Enrollment Specialist are listed below.

- Enroll providers in the New Mexico Medicaid Program based on criteria established by HSD
- Accurately key enrollment information and subsequent data into OmniCaid as required
- Meet the performance standards for accuracy, timeliness, and confidentiality

### 3. MAD 312

All individuals who perform services within a group or organization should apply to the Medicaid Program by completing and submitting a MAD 312 application. These applicants are not eligible to receive payment directly from Medicaid, but instead, work for an entity to which payment is made. MAD 312 applications are submitted to the Provider Enrollment Department for review, prior to being forwarded to MAD for final approval or denial. When a provider application is received, the steps listed below are to be followed.

#### System Tools Needed

- OmniCaid
- DocFinity/Workflow/IntraViewer
- Provider Type and Specialty List

#### 3.1. General Rules

For all provider types the OmniCaid system requires a National Provider Identifier (NPI) for each provider type (see if healthcare indicator is populated after provider type has been entered).

##### 3.1.1. Frequent Provider Enrollment Requests/Updates for MAD 312

The Provider Enrollment Department has identified the following list of most frequent requests/updates for MAD 312.

- Use status 21 to term a record for an already existing Provider ID
- For change of ownership (CHOW) (NPI/Tax ID changes, someone taking over the business) a complete application with what is changing, bill of sale, and all required docs attached is required

##### 3.1.2. Search for Existing Provider

In OmniCaid conduct a search for an existing provider using the following search elements:

Search By Field	Search For Field
SSN	Enter the SSN submitted on the application
NPI	Enter the NPI number submitted on the application
Name	Use both legal and DBA

- If the provider is not found, continue review of the application
- If the provider is found, verify whether the provider is active or inactive and follow the instructions in the table below

Provider Status	Next Steps
Terminated	Review the account to determine if: <ul style="list-style-type: none"><li>• Provider number is eligible for reuse (can reuse if there is an existing number and it is not a duplicate)</li><li>• Provider is within the grace period to be reactivated</li></ul>

Provider Status	Next Steps
	Note: If the provider is being reinstated from 'Unrestricted' to 'Service Only', consult a supervisor if the change is within 1 to 2 years; anything older is eligible without consultation.
Eligible for Reactivation	Refer to the Turn Around Document (TAD) section
Not Eligible for Reactivation	<ul style="list-style-type: none"> <li>• Determine whether the provider number is eligible for reuse (can reuse if there is an existing number and it is not a duplicate)</li> <li>• If not, proceed with the next step</li> <li>• If the number is available, do not open a new provider screen, proceed to Completing the Name/Address tab instructions</li> <li>• If no number is found, click on New and open a new Provider Screen</li> </ul>

- If the provider is found with multiple numbers, set the most recent number to 21-DnyHasNum (Denied Prov Already has Number) in the Enrollment Status tab and continue to work with the old number.
  - Using the appropriate Notes Script template (see Notes Scripts section) make a note in the Notes tab of OmniCaid stating why it cannot be reused

### 3.1.3. Provider Types 301 and 302

- Per the State “Provider types 301 and 302 require a specialty and a proof of residency completion/training or a board certification.” The information needs to be entered into OmniCaid under the License tab.
  - On a board certification, if the effective date does not specify an actual date but shows only the year (i.e. 2008), enter the effective date as 01/01/2008.
  - If there is an effective date but the certification does not show an expiration date or year, return to provider (RTP).
- An expired board certification can be used as proof of residency completion/training but, if both the proof of residency completion/training and a board certification are received, and can confirm the board certification is active, then it will override the proof of residency completion/training.
- When an expired board certificate is received and is being used for proof of residency completion/training, follow the steps below for entering data on the License tab:
  - Number Box: If there is no number, enter “nonumberissued”. If there is a number, enter the number
  - Effective Date Box: Enter whatever is the effective date on the document if the document shows only a year (i.e. 2008), enter 01/01/2008.
  - Expire Date Box: Enter “12/31/9999”
  - Type Box: Enter “97”
  - State Box: Enter “NT”
  - Board Box: Enter “BB”
- When a valid/active board certificate is received, follow the Provider Type and Specialty List to enter the information on the License tab.
- When an out of country residency/proof of training is received, follow the Provider Type and Specialty List for training to enter on the License tab. However, for the state box use the state that the provider is currently located in (non-territorial countries are not listed in OmniCaid). If the location does not appear, choose the location from the drop down (i.e. PR), if not, use the state the provider is currently located in. Note: Anything foreign issued will never be a board certification.

#### 3.1.4. Provider Type 457 vs 458

- If a Speech-Language Pathologist (SLP) initially enrolls as service only cross-referenced to a school, use provider type 458, assuring both a state license and State of New Mexico Public Education Department (PED) license have been received.
  - If that school SLP subsequently enrolls with a non-school group or enters private practice, Provider Enrollment will change the provider type to 457.
- If a SLP initially enrolls as service only cross-referenced to a non-school or in private practice, use provider type 457.
  - If that non-school school SLP subsequently enrolls with a school, Provider Enrollment will leave the provider type as 457, assuring the PED SLP license has been received.
- If the SLP coming in to be affiliated with a school has a C- in front of the number on his/her SLP license issued by Regulatory Licensing Department (Fellow, Certified Fellowship (CF)), he/she will not be issued a PED license until his/her license is no longer a CF, Fellow. At that point the PED would need to update to the full SLP license in system (only for school affiliated providers).

#### 3.1.5. Expedited Application

An application that is being submitted to MAD for approval may need to be reviewed on an expedited basis per the State or management. Expedited applications follow this process

- Provider Enrollment receives email from the State or management indicating an application needs to be expedited
- In Workflow find and process the application indicated by the State or management
- Expedited applications are subject to supervisor authority approval

Note: Behavior Health applications are always expedited. Workflow systematically tags Behavior Health applications as expedite and those are worked first.

#### 3.1.6. Name Discrepancy Guidelines for Individuals

The steps below should be followed to determine whether additional information is needed from the provider to explain a name discrepancy and to properly enter a provider in OmniCaid.

If a name change occurs within the duration of an active license, the provider is not required to submit an updated license until the next license renewal date.

##### 3.1.6.1. Screening and Verification

Verify that the provider name on the provider application matches the provider name on the professional license. The following name discrepancies should be overlooked:

- If the application contains a middle initial, but the license does not, this is not considered a mismatch
- If the application contains an initial instead of a first name and the license spells out the first name or vice versa, this is not considered a mismatch
- If the application contains a suffix such as Jr., but the license does not, this is not considered a mismatch
- If a provider has a space in her/his name, but some documents have no space in the name, this is not considered a name discrepancy

If the provider name on the application does not match the provider name on the license, return the application to the provider with a letter requesting the provider to update the name

### RTP Examples

- If the application shows Jr. and the license shows III, this would be a mismatch and must be corrected
- If the provider's name on their Board Certification, Drug Enforcement Agency (DEA), etc. does not match the application or the professional license, this difference must be explained by the provider in writing

### 3.1.6.2. OmniCaid Entry

If the provider name matches, enter the provider's name as it is shown on the license in OmniCaid.

Name/Address	Enrollment	Medicare	License/CLIA	Miscellaneous	Affiliations	Institution	MC Affil
Business Name:							
Organization: <input type="checkbox"/>							
Fst/Mi/Lst/Sfx: [Redacted] LPCC							
Legal/Tax Name:							
Organization: <input type="checkbox"/>							
Fst/Mi/Lst/Sfx: [Redacted] LPCC							
Sort Name: [Redacted]							
Practice Type: <input type="checkbox"/> -Individual    Sole Community Based: <input type="checkbox"/> PSR/CSA/CCSS: <input type="checkbox"/>							
Business Loc: <input type="checkbox"/> -In-state    Multiple Location: <input type="checkbox"/>							

If the name cannot fit in the OmniCaid field, access the Notes tab and use the appropriate Notes Script template (see Notes Scripts section) to explain the discrepancy.

### 3.1.7. Licenses and Board Certifications

- All submitted licenses must be verified by Provider Enrollment staff.
- It is not necessary to RTP a PPA for a copy of the original paper license. MAD will accept a copy of a Web or Internet verification.
- Any provider type that requires copies of board certification or other forms of national certification needs to submit a copy of the certification; a web print from the issuing board is acceptable. The American Board of Medical Specialties (ABMS) is recognized as a "primary source equivalent" for board certification verification (i.e. provider types 301, 302, 305, 316, and 443).
- All licenses and board certs must be verified by the PE department if the document is over 30 days old.

### 3.1.8. Insurance

- Every provider must submit proof of appropriate insurance.
- If the certificate of insurance references an attached list, review. If no list is attached and the provider can be linked to the group of services rendered, process the request.
- Insurance must be active for at least thirty days or longer, for regular processing.
- If the provider is self-insured, the group name is not needed.
- If the insurance is valid for less than 30 days, RTP application.
- School providers are exempt from submitting proof of liability or malpractice insurance.

### 3.1.9. Radiology Groups

Some radiology groups use individuals from any one of the 50 states and their insurance may be corporate and not necessarily mention the name of the state the individual is in or the location phone number will be corporate and not necessarily match the state they are in. These have been accepted by MAD. The individuals still must produce a license for the state they are currently located in while providing the service.

- Never accept telemedicine (TM) licenses.

### 3.1.10. Centennial Care Community Benefit Provider Enrollment

- Verify the provider type is eligible for affiliation to the requested group. If not, RTP.
- Use the status 70 provider record as the base, and update when State has approved.
- Use the status 70 date for the adding of the program Begin date this will be the same date as the Enrollment Status Effective date.
- Do not update the billing code (leave it as E) or the enrollment status (leave it as 70)
- Using the appropriate Notes Script template (see Notes Scripts section) note in OmniCaid and Workflow (Provider Enrollment Notes) that this is a “conversion” request from status 70 to status 60.

### 3.1.11. Affiliating a Provider to a Group

When affiliating a provider to a group, the effective date is what the provider or group has requested as long as the insurance and the professional license encompass this requested date.

The end date is the date that the provider’s professional license expires. If the provider is not required to have a professional license, the end date would be 3 years from the effective date.

### 3.1.12. Reference and Tracking Number

The difference between a Reference and a Tracking number is described below.

#### Reference vs Tracking Number

Type	Description
Reference Number	An alpha-numeric reference number is issued as soon as a provider inputs data in the MAD 312 web application. If the provider does not submit the web application within 85 days, the system will send the provider an email that the application for a specific reference number will be purged if not submitted. The system will send a reminder email for 5 consecutive days then purge the web application if not submitted
Tracking Number	A numeric tracking number is issued as soon as a provider submits a completed MAD 312 web application. The system identifies duplicate provider applications by assigning '0' (zero) as the tracking number.

## 3.2. MAD 312 – Web Portal Applications

Providers may submit an electronic MAD 312 Application through the Web Portal. When Provider Enrollment receives a MAD 312 Web Portal application, the Provider Enrollment Specialist verifies the application information and uploaded documentation to ensure the application is complete per current procedure and requirements, correcting or updating OmniCaid as necessary. If all required data and supporting documentation is included, the application is forwarded to MAD for final approval or denial. If

the application is incomplete and/or required documentation is not included, Provider Enrollment will return the application to the provider for completion.

- The web assigned number, name, SSN, Type 1 NPI will automatically be placed on each page.
- If OmniCaid identifies the Web Portal application is a duplicate, the application will be received in Workflow but it will not populate/issue a number in OmniCaid. The tracking number for a duplicate Web Portal application will appear as "0" (zero) in Workflow.

Use the Processing MAD 312 section to verify application information and supporting documentation. Guidelines specific to applications received through the Web Portal are identified by "\*\*\*\*Web Portal\*\*\*\*".

### 3.3. Processing MAD 312

Providers may submit a paper or electronic MAD 312 Application. When Provider Enrollment receives a MAD 312 paper application, the Provider Enrollment Specialist screens the application then keys the information from the application into OmniCaid. If all required data and supporting documentation is included, the application is forwarded to MAD for final approval or denial. If the application is incomplete and/or required documentation is not included, Provider Enrollment will return the application to the provider for completion.

- The PPA must have a current revision date listed (the most current version can be found on the Web Portal). If the provider submits an application that is not current, RTP the application.
- Starting with the second page of the application, all pages require the SSN and Type 1 NPI at the top of each page. They must be consistent with the applicant on the first page and match throughout the application. If one, and only (1) of the pages has an incorrect SSN, the agent may accept this page of the application. Notes must indicate the page with the discrepancy. Use the appropriate Notes Script template (see Notes Scripts section).
- The paper application signature page (MAD 312 pg. 11) must be signed in blue ink only. All other pages of the application require initials either at the top or the bottom of the pages. Initials must be hand written but may be accepted in any color ink. Provider Enrollment staff have the right to override the "blue ink rule" and accept black ink if it can be determined the ink is original. This override MUST be noted in the OmniCaid Notes tab using the appropriate Notes Script template (See Notes Scripts section)
- The Web Portal signature page (MAD 312 pg. 11) requires questions A-C to be answered, the boxes must be checked Yes or No, and the page signed. If the questions are not answered or the page is not signed, RTP.

Use the tables below to verify data in the MAD 312 Application (guidelines specific to applications received through the Web Portal are identified by "\*\*\*\*Web Portal\*\*\*\*").

#### Page 1, Section 1 (MAD 312)

Page 1, Section 1 (MAD 312)			
Field Number	Field Name	Required?	Instructions
1.	NM Medicaid Number (if previously assigned)	No	<ul style="list-style-type: none"> <li>• If the provider previously had a New Mexico (NM) Medicaid number, this field would be populated</li> </ul>

Page 1, Section 1 (MAD 312)

			<ul style="list-style-type: none"> <li>• If the provider cannot remember the Medicaid number and leaves it blank, the application can continue being processed</li> <li>• Only applicable if the provider was previously enrolled, however, such enrollment is always verified by Conduent staff to avoid duplicate enrollment</li> </ul>
2.	National Provider Identifier (NPI)	Yes	Verify using the National Plan and Provider Enumeration System (NPPES) website
3.	Primary Taxonomy	No	<ul style="list-style-type: none"> <li>• Not currently tracked in OmniCaid</li> <li>• If populated, verification is not required</li> <li>• If not populated, application can continue being processed</li> </ul>
4.	Applicant Name (for individuals – must match license name)	Yes	<ul style="list-style-type: none"> <li>• Verify that the provider name matches the name on the professional license</li> <li>• Verify application signature</li> <li>• If there is a name difference between the application and the license or any other documents, there must be an attached letter explaining the difference</li> <li>• Web applications can also have alias listed in lieu of a letter explaining the differences</li> </ul>
5.	Physical Street Address - where services are rendered (PO BOX NOT ACCEPTED)	Yes	<ul style="list-style-type: none"> <li>• Must be professionally licensed in the state where services are being rendered except if affiliating to provider type 221 (IHS or Tribal 638)</li> <li>• If the address cannot be verified, RTP</li> </ul>
6.	Billing Office Address (MAY BE PO BOX)	No (may be reported as "same")	
7.	Mailing Address - for official correspondence (MAY BE PO BOX)	Yes	RTP if missing
8.	Fax Number	No	Location fax number entered if available. Do not RTP if not populated
9.	Billing Office Phone	No	Billing phone is not required. Do not RTP if this is blank
10.	Location Phone (REQUIRED)	Yes	RTP if missing

**Page 1, Section 1 (MAD 312)**

11.	Mailing Email Address	Yes	Place in mailing address field. Do not RTP if not populated
12.	Billing Office Email Address	No	Place in billing address field. Do not RTP if not populated
13.	Location / Provider Email Address	No	Place in location address field. Do not RTP if not populated
	Contact Email	Yes	Attempt to reach out to provider for email RTP if provider can't be reached. Do not leave call back message.
14.	Provider Type (see attached list)	Conditional	<ul style="list-style-type: none"> <li>• Must be consistent with professional license</li> <li>• Provider Enrollment can enter alternate provider type per license pending MAD approval</li> <li>• Verify that all required documents for the type and specialty listed are included and are valid</li> </ul>
15.	Provider Specialty (see attached list)	Conditional	<ul style="list-style-type: none"> <li>• Must be appropriate for provider type and consistent with professional license/certification</li> <li>• Provider Enrollment can enter alternate provider specialty per such documentation pending MAD approval</li> <li>• Verify that all required documents for the type and specialty listed are included and are valid</li> <li>• Providers may have as many specialties as they want as long as they can prove they are certified or trained in them</li> </ul>
16.	License information – Number, State, Expiration Date	No	<ul style="list-style-type: none"> <li>• Professional license must be verified and verification sent to file</li> <li>• Attached license copy and /or website verification overrides any missing or invalid information in this field</li> </ul> <p>Note: If the license expires in less than 30 days, RTP the application. (BH apps do not RTP-expedite)</p>
17.	(REQUIRED) Individual Provider's: Social Security Number and Date of Birth	Yes	RTP if missing
18.	Individual's Medicare Provider Number	No	<ul style="list-style-type: none"> <li>• Attached Medicare letter overrides any missing or invalid information in this field</li> </ul>

Page 1, Section 1 (MAD 312)

	<i>(Attach Medicare letter)</i>		<ul style="list-style-type: none"> <li>• If not included, the application can be processed without the number as long as the field is not populated</li> <li>• If the field is populated, a copy of the Medicare letter from CMS is not required unless provider type is a chiropractor</li> <li>• If this is a chiropractor type 341, Medicare is always required. RTP if not included</li> </ul>
19.	Are Federal Tax Payments current?	No	
20.	DEA Number (attach copy)	No	<ul style="list-style-type: none"> <li>• Attached DEA certificate overrides any missing or invalid information in this field</li> <li>• If a DEA number is populated, a copy of the DEA is required based upon the Provider Type and Specialty List</li> <li>• RTP only if DEA is required but not received</li> </ul>
21.	HMO Affiliation?	No	
22.	Do you have admitting privileges at a hospital?	No	
23.	Board certified in the provider Specialty listed in box 15?	No (unless a provider type 301 or 302)	Must be completed if provider type 301 or 302 or required by type and specialty
24.	Identify the groups or organizations to which payments will be made for your Medicaid service:	No	<ul style="list-style-type: none"> <li>• Groups/organizations may be identified on an attached sheet. Need only enough information about the groups/organizations to identify in OmniCaid and facilitate the necessary cross-reference. If no group is listed, note in OmniCaid for State, and continue processing</li> <li>• NM Medicaid provider number or NPI is not required</li> <li>• Group does not need to be active in order to continue the process of the application</li> <li>• Provider type/specialty not required to process</li> <li>• Medicare information not required to process</li> </ul>
25.	DOS - If services have already been rendered to NM Medicaid recipient, please enter Date of Service.	No	<ul style="list-style-type: none"> <li>• Used by MAD to determine retroactive effective date for provider enrollment</li> <li>• Services do not have to have been rendered to enroll a rendering provider</li> </ul>

**Page 1, Section 1 (MAD 312)**

26.	Out-of-state provider number	No	<ul style="list-style-type: none"> <li>• Provider does not have to be enrolled with their state's Medicaid to enroll with NM</li> <li>• May provide home state Medicaid Provider Number</li> </ul>
	Applicant Initials	Yes	<ul style="list-style-type: none"> <li>• Original initials are required at the bottom of page 1 and top right of pages 2 – 10</li> <li>• If initials are missing from just one page, accept but a note needs to be added to OmniCaid using the appropriate Notes Script template (see Notes Scripts section)</li> </ul>

**Pages 2 – 10 (MAD 312)****Pages 2-10 (MAD 312)**

Field Name	Required?	Instructions
Name of Individual	Yes	Noncompliance will result in an application return
SSN	Yes	Noncompliance will result in an application return
NPI	Yes	Noncompliance will result in an application return
Applicant Initials	Yes	Noncompliance will result in an application return

**Page 11 (MAD 312)****Page 11 (MAD 312)**

Field Name	Required?	Instructions
Name of Individual	Yes	RTP if missing
SSN	Yes	RTP if missing
NPI	Yes	RTP if missing
Questions A, B, C	Yes	<ul style="list-style-type: none"> <li>• All three Disclosure questions A, B, and C must be answered and initialed next to their answer by the provider named in box 4</li> <li>• Explanation must be attached if any response is "YES"</li> </ul>
Contact Person	Yes	Email required
Contact Telephone Number	Yes	RTP if missing
Printed Name of Individual Practitioner	No	Printed name of the person signing the application if not readable

**Page 11 (MAD 312)**

Signature of Individual	Yes	Original blue ink only ( black with manager/supervisor ok is permitted) May not accept trace-overs
Date	No	
For State Purposes Only: HSD Approval area	N/A	If a provider or provider representative has marked in this area, RTP

**3.3.1. Name/Address Tab**

Completing the Name/Address tab in OmniCaid.

**Name/Address Tab**

**Name/Address Tab – MAD 312**

Field Name	Instructions
Business Name	<ul style="list-style-type: none"> <li>Enter from copy of provider's professional license. If professional title (MD, DDS, etc.) is not present on license, take it from box 4 of MAD 312</li> </ul> <p>Note: The organization box will never be checked for a 'Service Only' Provider</p> <ul style="list-style-type: none"> <li>First and last name must match the name in box 4 of application. Middle name, middle initial can be missing or not included; this does not create a mismatch</li> <li>If the providers name has a family status (Sr. Jr. II, III ...etc.) the extension comes after the middle name/initial, before the professional suffix</li> </ul>
Legal Name	<ul style="list-style-type: none"> <li>Enter from copy of provider's professional license. If professional title (MD, DDS, etc.) is not present on license, take it from box 4 of MAD 312</li> <li>First and last name must match the name in box 4 of application. Middle name, middle initial can be missing or not included; this will not make a mismatch</li> <li>If the providers name has a family status (Sr. Jr. II, III ...etc.) the extension comes after the middle name/initial, before the professional suffix</li> <li>The name on the license will be entered in OmniCaid until the provider changes his/her name on the license</li> </ul>
Sort Name	<ul style="list-style-type: none"> <li>Enter from copy of provider's professional license as 'Last Name' space, 'First Name' space, 'Suffix'.</li> <li>If professional title (MD, DDS, etc.) is not present on license, take it from box 4</li> <li>First and last name must match the name in box 4 of application. Middle name, and/or middle initial can be missing or not included; this will not make a mismatch</li> </ul>

**Name/Address Tab – MAD 312**

	<ul style="list-style-type: none"> <li>• If the provider's name has a family status (Sr. Jr. II, III ...etc.) the extension comes after the middle name/initial, before the professional suffix</li> <li>• If the family status is missing from box 4 but on the provider's license, this is not a mismatch</li> </ul>
Practice Type	Enter Individual
Business Location	Choose In-State, Border, or Out-of-State Note: If border is within 100 miles of New Mexico. Consult border list for cities outside, but contiguous to New Mexico.
Check Boxes	Leave unchecked unless the State directs otherwise Note: If reinstating a provider who previously had one or more of these boxes checked, leave unchecked unless directed otherwise by the State.
Location Address	<ul style="list-style-type: none"> <li>• Enter from item 5 of the application onto Line 1 in OmniCaid. Do not enter the group name</li> <li>• PO Boxes are not acceptable</li> <li>• Go to the United States Postal Service (USPS) website enter the 5 digit Zip Code and verify the address on the application</li> <li>• First enter the address in to look up a zip code exactly as specified on the USPS website, using street in street box, Apt/Suite/Other in that box, and City, State and 5 digit zip accordingly</li> </ul>
Location Phone Number	Enter from item 10 of application
Billing Address	Do not enter for MAD 312
Billing Phone Number	Do not enter for MAD 312
Mail to Address	<ul style="list-style-type: none"> <li>• Enter Group Name (DBA) on line 1 and address from item 7 of the application on line 2 of OmniCaid</li> <li>• All mailing addresses must be USPS confirmed</li> <li>• Service Only providers need the group name entered in the Mail to Address</li> <li>• Plus 4 zip code digits are required on mailing address</li> <li>• Go to the USPS website must enter the 5 digit Zip Code and verify the address on the application</li> <li>• Rendering providers need the name of the group or organization they are affiliating with on the first address line of the mailing address</li> </ul>
County Code	Enter the County Code

### 3.3.2. Enrollment Tab

Completing the Enrollment tab in OmniCaid.

#### Enrollment Tab

Enrollment Tab – MAD 312	
Field Name	Instructions
Applicant Date	<ul style="list-style-type: none"> <li>Always use the current Conduent Transaction Control Number (TCN) date</li> <li>If it is a rescan use the new TCN. Month and Year date are critical for future re-verification purposes (TADs)</li> </ul> <p>***Web Portal***</p> <ul style="list-style-type: none"> <li>Use date populated by the Web Portal</li> <li>Web Portal applications will have the same date as the re-verify dates</li> </ul>
Provider Type	<ul style="list-style-type: none"> <li>Enter from item 14 of the application</li> </ul> <p>Note: If this item has not been completed; pick the appropriate provider type from the Provider Type and Specialty List based upon the documents received from the provider, and ask the State to correct per the license.</p> <ul style="list-style-type: none"> <li>The Notes tab in OmniCaid must indicate request for State to correct this field. Use the appropriate Notes Script template (See Notes Scripts section)</li> </ul>
Billing Code	<p>MAD 312 applicants will be either a Service Only, Encounter MCO Only, or a chiropractor.</p> <p>Exception: The Billing Code for chiropractors is always 'X'</p>
Social Security Number	Enter the provider's SSN
FEIN	Do not enter a Federal Employer Identification Number (FEIN) for a 'Service Only' provider
Group Code	MAD 312 applicants are always an individual
Re-verify Date	<ul style="list-style-type: none"> <li>Always use current Conduent TCN date</li> <li>If it is a rescan, use the New TCN date</li> <li>Only the month and year are critical dates</li> </ul> <p>***Web Portal***</p> <ul style="list-style-type: none"> <li>Use date populated by the Web Portal</li> </ul>
W-9 Date	Leave the W-9 Date Signed field blank for a 'Service Only' provider
Gross Tax Number	'Service Only' providers are not paid and will not have a Combined Reporting System (CRS) #
Birthdate	Enter DOB
DEA: Number	If DEA certification is received for the provider being reviewed, enter the provider's DEA number
NABP ID	The National Association of Boards of Pharmacy (NABP) field is used only for pharmacies

**Enrollment Tab – MAD 312**

Prof/Tech Indicator	The system will prompt if this field needs to be completed
EPSDT Only	Should only be checked when directed by MAD to do so upon activation
Medicare Participant	<ul style="list-style-type: none"> <li>Medicare Participant box should be checked if Medicare information is provided</li> </ul> <p>Note: Do not add the Medicare ID number to the group file.</p> <ul style="list-style-type: none"> <li>Medicare tab on Service Only provider should be left blank</li> </ul>
Profit Indicator	Should always be checked “for profit” for applicants completing a MAD 312
Tax Discount	Should only be checked when directed by MAD to do so
Fed Vac for Children	Should only be checked when directed by MAD to do so
Enrollment Status	<ul style="list-style-type: none"> <li>When an application is reviewed and determined to be complete, choose status 44-pend paper to send the application to screening. Note in OmniCaid using the appropriate Notes Script template (See Notes Scripts section)</li> <li>If application is not complete, RTP. Enter status as 09 unless application in conversion status then the status stays 70</li> </ul> <p>***Web Portal***</p> <ul style="list-style-type: none"> <li>Use the date that is pre-populated by the Web Portal as the Effective Date</li> </ul>
Program	<ul style="list-style-type: none"> <li>Under Program click on the (+) sign and add a line for all three programs M-MAD, I-ISD (ASPEN), C-CYFD</li> <li>Enter the date you are working it as the program Begin Date</li> <li>Default end dates should be 12/31/9999 as the End Date</li> <li>If it is a rescan, use the New rescan TCN date</li> </ul> <p>***Web Portal***</p> <ul style="list-style-type: none"> <li>Use the date populated by the Web portal as the Begin Date. The End Date should automatically default to 12/31/9999</li> </ul>
Provider Specialty	<ul style="list-style-type: none"> <li>Enter provider specialty if a provider specialty is indicated in item 15 of the application, or required by provider type</li> <li>Click the (+) sign</li> <li>Enter the specialty indicated or required</li> <li>Enter the date you start working on the PPA as the Begin Date. OmniCaid will default to 12/31/9999 as the End Date</li> <li>A provider can have as many specialties that are available, that can be proven (documented)</li> </ul> <p>Note: If the provider is being reinstated with the same specialty, use the original Begin Date; do not add another line with the same specialty</p> <p>***Web Portal***</p>

### Enrollment Tab – MAD 312

	<ul style="list-style-type: none"><li>• Use the date that is pre-populated by the Web Portal as the Begin Date and 12/31/9999 as the End Date</li></ul>
NPI	Verify the NPI number from NPPES website Note: Begin Date is always 01/01/1964 unless otherwise specified

#### 3.3.3. Medicare Tab

There will only be Medicare information on the Medicare tab in OmniCaid if the provider was previously active as 'Unrestricted', terminated, and reactivated as 'Service Only'; or if a provider was 'Unrestricted' and petitioned the State and was granted a downgrade to 'Service Only'. At that time the Medicare number listed would have an end date.

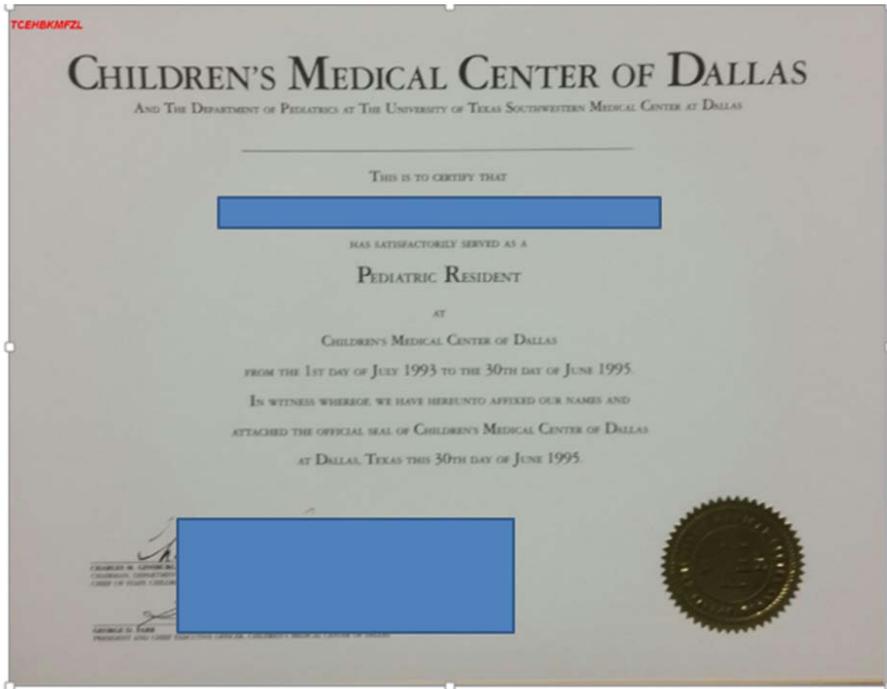
#### 3.3.4. License Tab

- When Conduent receives an agency approval letter from a New Mexico State Agency (DOH or CYFD) reflecting a current or future end date, the copy alone will serve as "verification" that the certification is current and valid. It may be necessary to verify the certification begin date by contacting the agency (including use of agency website if available). Certification begin dates must be earlier than or equal to the provider effective date (if certification is required to support the provider type) or specialty begin date (if certification is required to support a specialty) reflected in OmniCaid.
- If the certification copy (as referenced above) reflects an expired end date, PE will make an effort to obtain the current certification. If this can't be done RTP.
- When Conduent receives a city business license copy (including a website screen print) with a current or future end date, the copy alone will serve as "verification" that the city business license is current and valid (unless it is over 30 days old). It may be necessary to verify the license begin date by contacting the issuing city (including use of city website if available). City business license begin dates must be earlier than or equal to the provider effective date reflected in OmniCaid (except in cases of change in business location).
- If the city business license copy (as referenced above) reflects an expired end date, PE will try to obtain current licensure. If this can't be done RTP.

##### 3.3.4.1. Entering information on the License Tab in OmniCaid

- Click the (+) sign under License/Certification
- Add a line for entry of any required licenses
  - License Number Box: The license number entry is taken from the face of the license or registration certificate, being entered
  - A MAD 312 applicant will only have their professional license on tab
  - For a MAD 312 either a paper original or a web print of a professional license will be received. Enter all information shown on the license including the year. If both a paper original and a Web print are received, enter the license number from the original paper and the dates from the Web print.
  - Certificates are used on provider type 305 physician assistants when they are affiliating with an IHS facility (group type 221) and no license is required only the National Commission on Certification of Physician Assistants (NCCPA) cert (see Provider Type and Specialty List).
  - CLIA information is never entered for 'Service Only' Providers

- When entering dates from a Proof of Residency, enter dates as such. The completion date of the residency should be entered as the effective date on the License tab in OmniCaid. The end date would be 12/31/9999. See certificate of residency and OmniCaid entry below.



Provider Detail: [REDACTED]

Name/Address | Enrollment | Medicare | License/CLIA | Miscellaneous | Affiliations | Institution | MC Affiliations | Review | Notes

License/Certification							
Number	Effective Date	Expire Date	Type	State	Board	Restrict Code	Verified ?
PEDIATRIC	06/30/1995	12/31/9999	97-Spec Cert	TX-Texas	BB-Training	A-Lic-Active	<input checked="" type="checkbox"/>

### 3.3.5. Notes Tab

See Notes Scripts section in this document. Provider Enrollment staff must use the notes templates found in the Notes Scripts section to complete the Notes tab.

### 3.3.6. Follow-up

After review of the application and entry in OmniCaid:

- Forward application to Quality Assurance (QA) through Workflow
- If the application is not returned, it was sent to MAD in the Workflow

## 4. MAD 335

All groups, organizations and individual applicants who want to be an unrestricted provider, to whom payment will be made under the Medicaid program, are required to complete a MAD 335 application.

### **System Tools Needed**

- OmniCaid
- DocFinity/Workflow/IntraViewer
- Provider Type and Specialty List

### 4.1. General Rules

#### 4.1.1. Frequent Provider Enrollment Requests/Updates for MAD 335

The Provider Enrollment Department has identified the following list of most frequent requests/up

dates for MAD 335.

- There is no need to reach out for a Texas business license (Texas does not administer them)
- Use status 21 to term a record for an already existing Provider ID
- For change of ownership (CHOW) (NPI/Tax ID changes, someone taking over the business) a complete application with what is changing, bill of sale, and all required docs attached is required
- Government entities, including public schools that are not organized as corporations do not need to disclose "ownership" information, but they do need to provide name, address, date of birth (DOB), and social security number (SSN) for "managing" employees
- MAD 335 PPA and Turn Around Documents (TADs), if government entities, need to complete Question 1 and 2 with name, address, DOB, and SSN for "managing employees". MAD 335 and TAD questions 3, 4, and 5 that are not organized as corporations do not need to complete these questions

#### 4.1.2. Name Guidelines for Businesses

The steps below should be followed to determine doing business as (DBA), sort, and legal name entry from a MAD 335 application.

##### 4.1.2.1. Screening and Verification

- If the business is an individual in private practice:
  - Verify the provider's professional license is entered on the License tab
  - Verify the individual's name is populated in field 4,5, or 6 of the MAD 335
- If the provider is using a Tax ID (FEIN), verify Box 16 on the MAD 335 matches the top line of the Internal Revenue Service (IRS) letter submitted.
- Verify a business license is attached if issued by the city. Address must match Location Address.
- Verify the name on the business license matches one (1) of the names in fields 1, 16, and 18 of the MAD 335.

#### 4.1.2.2. OmniCaid Entry

MAD 335 Field	OmniCaid Field	Instructions
5	Sort Name Business Name	<ul style="list-style-type: none"> <li>This field is not required to match the legal name</li> <li>Check field 5 on the MAD 335</li> <li>If field 5 is populated, enter the business name and sort name from field 5</li> </ul>
6	Legal Name	<ul style="list-style-type: none"> <li>If the provider is using a Tax ID (FEIN) , enter the name exactly as it appears on the top line of the IRS letter</li> <li>If the provider is using a SSN, enter the legal human name from the professional license or Box 6 if no professional license is submitted</li> </ul>
5	Sort Name Business Name	<ul style="list-style-type: none"> <li>This field is not required to match the legal name</li> <li>If this field is not populated on the MAD 335, enter the business name and sort name from field 5</li> </ul>

If the business is an individual in private practice and has one NPI number, the business name (first line), legal name (second line) and sort name (third line) will not always all match. There may be three different names present.

#### 4.1.3. Licenses and Board Certs

It is not necessary to RTP a PPA for a copy of the original paper license. MAD will accept a copy of a Web or Internet verification.

Any provider type that requires copies of board certification or other forms of national certification needs to submit a copy of the certification; a web print from the issuing board is acceptable. ABMS is recognized as a "primary source equivalent" for board certification verification for provider types 301, and 302.

IHS is always provider type 221. As a 221 there will be two choices of required documentation a Tribal contract or a 638 contract. If the provider type presents with one of these and standard W-9 and IRS letter and they have marked boxes 16 and 23 as Government-other and non-profit, the "profit box" on the Enrollment tab is left blank. If the provider type presents with anything other than Government-other, follow what is in the provider application. If the W-9 and box 16 do not match, RTP.

#### 4.1.4. Out-of-State Providers

If a pharmacy provider submits a copy of the NM non-residential pharmacy license, assume that they are shipping product into New Mexico and enter both licenses. If the pharmacy is seeing providers face to face, the only license issued will be their own state's pharmacy license and it will be entered on the License tab.

Applications from out-of-state air ambulance providers do not require clients to be eligible for Medicaid per the Transportation Program Manager.

#### 4.1.5. Non-Profit

Per MAD schools, state government agencies, IHS, and Tribal 638 contract providers are enrolled as "non-profit" even if a 501©3 letter is not submitted.

#### 4.1.6. Insurance

Every provider must submit proof of appropriate insurance. If the certificate of insurance references an attached list, review. If no list is attached and the provider can be linked to the group and the state of services rendered, it is ok to process the request.

Insurance must be active for at least thirty days or longer (with exception for BH provider) for regular processing (if slightly over 30 days manager/supervisor can give permission to continue with processing). If the provider is self-insured, the group name is not needed. If the group is insuring the provider, the individual provider's name may or may not be listed. If there are other providers listed on the insurance, the applying provider must be listed as well. Per MAD group providers (i.e. physician groups etc.) do not usually insure the group but rather they insure the individual servicing providers. Therefore, proof of liability or malpractice insurance should be submitted for each of the servicing providers.

#### 4.1.7. Pharmacy Applications

When screening a pharmacy application, if uncertain that the provider type chosen (416 vs. 417) is the correct one, put what is requested by the provider in OmniCaid, and query the State in the notes field for MAD to make changes if necessary using the appropriate Notes Script template (See Notes Scripts section).

#### 4.1.8. Radiology Groups

Some radiology groups use individuals from any one of the 50 states and their insurance may be corporate and not necessarily mention the name of the state the individual is in or the location phone number will be corporate and not necessarily match the state they are in. These have been accepted by MAD. The individuals still must produce a license for the state they are currently located in while providing the service.

- Never accept TM licenses

#### 4.1.9. Affiliating a Provider to a Group

When affiliating a provider to a group, the effective date is what the provider or group has requested as long as the insurance and the professional license encompass this requested date. The provider must be active with Medicaid during the requested time.

The end date is the date that the provider's professional license expires. If the provider is not required to have a professional license, the end date would be 3 years from the effective date.

#### 4.1.10. Reference and Tracking Number

The difference between a Reference and a Tracking number is described below.

##### Reference vs Tracking Number

Type	Description
Reference Number	An alpha-numeric reference number is issued as soon as a provider inputs data in the MAD 312 Web Application. If the provider does not submit the web application within 85 days, the system will send the provider an email that the application for a specific reference number will be purged if not submitted. The system will send a reminder email for 5 consecutive days then purge the web application if not submitted

Type	Description
Tracking Number	A numeric tracking number is issued as soon as a provider submits a completed MAD 312 Web Application. The system identifies duplicate provider applications by assigning '0' (zero) as the tracking number.

#### 4.2. MAD 335 - Web Portal Applications

Providers may submit an electronic MAD 335 Application through the Web Portal. When Provider Enrollment receives a MAD 335 electronic application, the Provider Enrollment Specialist verifies the application information and uploaded documentation to ensure application is complete per current procedure and requirements, correcting or updating OmniCaid as necessary. If all required data and supporting documentation is included, the application is forwarded to MAD for final approval or denial. If the application is incomplete and/or required documentation is not included, Provider Enrollment will return the application to the provider for completion.

- The web assigned number, name, FEIN, Type 2 TYPE 2 NPI will automatically be placed on each page.
- Applications received via the Web Portal do not require a signature or initials in blue ink.

Use the Processing MAD 335 section to verify application information and supporting documentation. Guidelines specific to applications received through the Web Portal are identified by "\*\*\*\*Web Portal\*\*\*\*".

#### 4.3. Processing MAD 335

Providers may submit a paper or electronic MAD 335 Application. When Provider Enrollment receives a MAD 335 paper application, the Provider Enrollment Specialist screens the application then keys the information from the application into OmniCaid. If all required data and supporting documentation is included, the application is forwarded to MAD for final approval or denial. If the application is incomplete and/or required documentation is not included, Provider Enrollment will return the application to the provider for completion.

- The PPA must have a current revision date listed. If the provider sends in one that is not current, RTP the application.
- Starting with the second page of the paper application, all pages require the name, FEIN, and Type 2 NPI at the top of each page; they must be consistent with the applicant on the first page and match throughout the application. If one, and only (1) of the pages has an incorrect SSN/FEIN, Provider Enrollment can proceed with application and note in OmniCaid using the appropriate Notes Script template (see Notes Scripts section).
- The Web Portal signature page (MAD 335 pg. 14) requires questions A-C to be answered, the boxes must be checked Yes or No, and the page electronically signed. If the questions are not answered or the page not electronically signed, RTP.

##### 4.3.1. Screening and Verification

- Upon receipt applications are scanned into a workflow system by the mailroom.
- Log into IntraViewer and click on the Workflow icon. Choose the oldest date stamp/Julian date listed. All TCN dates are Julian dates listed at the top of the documents.
- Verify original signature and initials by checking that the document scanned is in color – blue ink.
- The original application signature page must be signed in blue ink only All other pages of the application require initials either at the top or the bottom of the pages. Initial pages must have original

initials. Initials must be hand written but may be accepted in any color ink. The Provider Enrollment Department has the right to override the "blue ink rule" and accept black ink if it can be determined the ink is original. This override MUST be noted in the OmniCaid Notes tab using the appropriate Notes Script template (See Notes Scripts section).

- In general, whiteout is not acceptable on an application. If whiteout is used in a non-critical area, the Provider Enrollment Supervisor can grant approval authority on a case by case basis. Approval must be indicated in notes using the appropriate Notes Script template (See Notes Scripts section).
- Applications should first be reviewed to verify that all required fields have been filled out completely. Any incomplete applications should be returned to the applicant as a RTP after the pertinent data has been entered in OmniCaid.

Note: Initials are allowed to be missing from the bottom of the signature if the provider signed the application. Initials can also be missing from one additional page of the application and it can still be processed, however it must be noted using the appropriate Notes Script template (see Notes Scripts section).

The Provider Enrollment Specialist reviews applications to verify that all pages that were submitted are for the same type of application (i.e. if the first page is a MAD 335, all subsequent pages must be from a MAD 335, not a MAD 312) and the same revision date. If revision dates or application types are mixed, RTP.

Use the tables below to verify data in the MAD 335 application (guidelines specific to applications received through the Web Portal are identified by "\*\*\*\*Web Portal\*\*\*\*").

**Page 1, Section 1 (MAD 335)**

Page 1, Section 1 (MAD 335)			
Field Number	Field Name	Required?	Instructions
1.	NM Medicaid Number (if previously assigned)	No	<ul style="list-style-type: none"> <li>• Only applicable if the provider was previously enrolled, however, such enrollment is always verified by Conduent staff to avoid duplicate enrollment</li> <li>• If previously assigned, number could be entered</li> <li>• Do not return if box is blank</li> <li>• Do not return if box is incorrect</li> </ul>
2.	National Provider Identifier (NPI)	Conditional	<ul style="list-style-type: none"> <li>• Required unless provider type is "Atypical" provider types 344, 346, 363, 403 and 404</li> <li>• A NPI number is required for a majority of the provider types</li> <li>• Must verify the NPI number on the NPPES website</li> </ul>
3.	Primary Taxonomy	No	<ul style="list-style-type: none"> <li>• Provider will indicate their primary taxonomy</li> <li>• Do not return if this box is blank</li> <li>• Do not return if this box is incorrect</li> </ul>
4.	Name of Applicant	Conditional	<ul style="list-style-type: none"> <li>• Only applicable if applicant is a human individual; however, name may be entered in box 5 instead</li> </ul>

			<ul style="list-style-type: none"> <li>• May be same or different from entries in box 5 and 6</li> <li>• Ok to have owner's name if enrolling a business</li> </ul> <p>This app may not be for an individual and could be blank. <b>Box 4 OR 5 MUST</b> have an entry, but both boxes do not need to be filled in</p> <ul style="list-style-type: none"> <li>• Provider response should match:             <ul style="list-style-type: none"> <li>– The application signature</li> <li>– The license name or the name submitted in the letter that explains the name difference</li> <li>– The letter will be accepted until the license is renewed</li> <li>– The name on the license will still be entered into OmniCaid until the license is updated at the next renewal if they are an individual, businesses may use their DBA or legal name on the license.</li> </ul> </li> <li>• If a person puts their name in box 4 for a business entity application, the application can still be processed for the business with the "human" information being disregarded</li> </ul>
5.	Business Name (DBA)	Conditional	<ul style="list-style-type: none"> <li>• Only applicable if applicant is a business; however, name may be entered in box 4 instead</li> <li>• May be same or different from entries in box 4 and 6</li> <li>• If PPA is for a non-individual business, this box will be completed</li> </ul>
6.	Federal Tax (Legal) Name	Conditional	<ul style="list-style-type: none"> <li>• Only applicable if applicant is enrolling using FEIN</li> <li>• Attached IRS documentation overrides any missing or invalid information in this field</li> <li>• Should be the same as the name shown on the IRS letter</li> <li>• Take legal name from IRS info always</li> </ul>
7.	Physical Street Address where services are rendered (PO BOX NOT ACCEPTED)	Yes	<ul style="list-style-type: none"> <li>• Where services are rendered</li> <li>• Must match business license</li> <li>• Go to the USPS website and verify the address on the application, enter the 5 digit Zip Code</li> </ul>
8.	Billing Office Address (MAY BE PO BOX)	Yes	<ul style="list-style-type: none"> <li>• May be reported as same</li> <li>• Plus 4 zip code digits are required on address</li> </ul>
9.	Mailing Address for official correspondence (MAY BE PO BOX)	Yes	<ul style="list-style-type: none"> <li>• May be reported as same</li> </ul>

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			<ul style="list-style-type: none"> <li>Go to the USPS website and verify the address on the application, enter the 5 digit Zip Code</li> <li>Abbreviations are acceptable if verified against the USPS website</li> </ul>
10.	Fax number	No	Enter if available
11.	Billing Office Phone	No	Enter if available
12.	Location Phone	Yes	Expected to be consistent with the physical/location address
13.	Mailing Email Address	Yes	Attempt to obtain from provider or provider rep ( donot leave message). If unable to contact rep RTP .
14.	Billing Office Email Address	No	
15.	Location/Provider email Address	No	
	Contact Email	Yes	Attempt to obtain from provider or provider rep ( donot leave message). If unable to contact rep RTP .
16.	Business type	No	<ul style="list-style-type: none"> <li>Attach W-9 and/or IRS letter overriding any missing/invalid information</li> <li>Should match W-9 business type</li> </ul>
17.	Provider Type (see attached list)	Conditional	<ul style="list-style-type: none"> <li>Must be consistent with applicable license</li> <li>Verify that all required documents for the type listed are included and are valid</li> <li>Boxes 17 and 18 are the only two boxes that the State can write in and they do not have to be populated if Provider Enrollment can decipher what is intended</li> </ul> <p>Note: If the provider type can be determined by the documents, let the State know what the provider type is.</p>
18.	Provider Specialty (see attached list)	Conditional	<ul style="list-style-type: none"> <li>Must be appropriate for the provider type and consistent with professional license/certification/training</li> <li>Verify that all required documents for the specialty listed are included and are valid</li> <li>Box 17 and 18 are the only two boxes that the State can write in and they do not have to be populated if Provider Enrollment can decipher what is intended</li> </ul>

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			Note: If the provider type can be determined by the documents, let the State know what the provider type is.
19.	License Information (Number, State, Expiration Date)	No	<ul style="list-style-type: none"> <li>• Attach license copy and/or website</li> <li>• May accept a copy or internet verification of the license</li> </ul>
20.	Individual Provider's: SSN and DOB (REQUIRED)	Conditional	<ul style="list-style-type: none"> <li>• If the applicant is a person, SSN and DOB are required</li> <li>• If the applicant is a person and will be using a Federal Tax ID number, the SSN and DOB still need to be entered in box 20</li> <li>• FEIN will override the SSN if the provider is an individual</li> <li>• If the applicant is a business, it will not usually have individual information on the front and this box may be blank and is acceptable</li> </ul>
21.	NM CRS (Tax & Revenue) Number (if services are provided in NM)	Conditional	<ul style="list-style-type: none"> <li>• Only applicable if services are provided in NM</li> <li>• If provider is located within the state of NM, a CRS # (gross tax receipt number) is required</li> <li>• If a number is indicated, but the applicant's address is not in New Mexico, this number is not to be used</li> <li>• If the business is outside of NM, this box can be blank</li> </ul>
22.	Are NM CRS Tax payments current? If not, attach an explanation.	Conditional	<ul style="list-style-type: none"> <li>• Only applicable if applicant has a NM CRS tax number</li> <li>• Explanation must be attached if response is "NO"</li> <li>• Required if box 21 is populated and in NM</li> </ul>
23.	Profit indicator	No	<ul style="list-style-type: none"> <li>• Exempt Providers override any missing or invalid information in this field</li> <li>• If box 16 indicates government entity or public school ('Exempt Providers'), the default will be non-profit</li> <li>• If not indicated, default is for profit</li> <li>• Attach proof of non-profit status if provided</li> </ul>
25.	Are federal tax payments current?	Required	<ul style="list-style-type: none"> <li>• Explanation must be attached if response is "NO"</li> <li>• Required for all applications</li> </ul>
26.	DEA Number (attach copy)	No	<ul style="list-style-type: none"> <li>• Attach DEA certificate which overrides any missing or invalid information in this field</li> <li>• Only required if provider type requires it</li> </ul>

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			<ul style="list-style-type: none"> <li>Requires copy of certification if box is completed</li> </ul>
27.	CLIA Number (attach copy)	Conditional	<ul style="list-style-type: none"> <li>Only required if provider type requires it</li> <li>Requires copy of certification if box is populated</li> <li>Cannot use a CLIA that does not match name AND location address. If it has either name or location different, call CLIA office and confirm if it is shared</li> <li>A Shared CLIA will not match name and/or address depending on what the CLIA office says</li> <li>New York and Washington the only states that do not require CLIA</li> </ul>
28.	NCPDP/NABP Number (pharmacies only)	Conditional	For pharmacy provider 416 types only
29.	IHS certified or Tribal 638 contracted program?	Conditional	Only applicable for provider types where IHS indicator is marked in OmniCaid
30.	Title XVIII Medicare Certified?	Conditional	<ul style="list-style-type: none"> <li>Only applicable for certain provider types</li> <li>Attached Medicare certification overrides any missing or invalid information in this field</li> <li>If box is checked 'Yes' there must be supporting documentation</li> <li>If box is not checked at all and CMS information is included, continue processing</li> </ul>
31.	Fiscal Year End of Month	Conditional	<ul style="list-style-type: none"> <li>Some provider types require this box; others do not</li> <li>Check Provider Type and Specialty List</li> </ul>
32.	JCAHO Certified?	Conditional	<ul style="list-style-type: none"> <li>If box is checked 'Yes', supporting documentation is required.</li> <li>If box is not checked at all and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) info is included, continue processing</li> <li>JCAHO certification overrides any missing or invalid information in this field</li> </ul>
33.	Other certification?	No	If one is provided, a copy should be attached
34.	Board Certified in provider specialty listed in box 18? (provider types 301 and 302 only)	Conditional	<ul style="list-style-type: none"> <li>Only applicable if applicant is an individual provider type 301 or 302</li> <li>Board Certification or proof of residency/training must be attached and overrides any missing or invalid information in this field</li> <li>If the PPA is for an individual in private practice there must be a choice selected in this box, with</li> </ul>

**Page 1, Section 1 (MAD 335)**

			<p>accompanying documents. However, if this is an individual and the box is NOT checked, but the accompanying documents are present, continue processing</p> <ul style="list-style-type: none"> <li>• If this is a group, the question can be ignored</li> </ul>
35.	Identify individuals who will be providing services	No	May or may not be included in the application. If providers listed, must be active providers to cross-reference them.
36.	Date of Services (DOS) rendered	Conditional	Required for retro start date request
37.	Out-of-State Providers	No	Check this box in OmniCaid if the provider is out-of-state
Bottom of Application on Page 1	Applicant Initial Here	Yes	<ul style="list-style-type: none"> <li>• Must be initials of provider or authorized individual signing the application</li> <li>• Original initials are required at the bottom of pages and at the top right corner of pages</li> </ul>

**Pages 2-5 Owner information (MAD 335)**

**Pages 2- 5 Owner Information (MAD 335)**

Field Number	Field Name	Required?	Instructions
	Pg. 2 header	Yes	Name of Entity/Individual, Employer Identification number (EIN)/SSN, NPI
Q1	Ownership Information	Yes	'Yes' or 'No' must be answered
	First question continued	Conditional	<ul style="list-style-type: none"> <li>• If "yes" is indicated, identify persons per outlined requirements</li> <li>• If a 'yes' answer is indicated, all fields in at least one row must be completed</li> </ul>
	Pg. 2 Footer	Yes	Original initials
	Pg. 3 Footer	Yes	Name of Entity/Individual, EIN/SSN, NPI
Q2	Managing employees	Yes	<ul style="list-style-type: none"> <li>• All others, there must be an entry, even if this is a PPA for an individual in private practice</li> <li>• If information is missing, RTP</li> <li>• All fields in at least one row must be completed</li> </ul>
	Pg. 3 footer	Yes	Original initials
	Pg. 4 footer	Yes	Name of Entity/Individual, EIN/SSN, NPI

**Pages 2- 5 Owner Information (MAD 335)**

Q3	Entity Ownership Information	Conditional	<ul style="list-style-type: none"> <li>Entity ownership information must be disclosed for each individual who owns 5% or more</li> <li>Schools and other Government entities (IHS etc.) are not required to enter</li> <li>If answer is 'none', this is acceptable</li> </ul>
Q4	Relationship of individuals from question 3.	Yes	<ul style="list-style-type: none"> <li>'Yes' or 'No' needs to be checked</li> <li>If 'Yes', list all individuals from Q3 that have a familial relationship</li> <li>If there is only one entry in question 3, this question can be ignored</li> </ul>
	Pg. 4 footer	Yes	Original initials
	Pg. 5 footer	Yes	Name of Entity/Individual, EIN/SSN, NPI
Q5	Any other ownership declaration	Yes	<ul style="list-style-type: none"> <li>'Yes' or 'No' must be marked</li> <li>If yes, at least one row must be completed</li> <li>If question 3 and 4 are blank, this question can be ignored</li> </ul>
	Pg. 5 footer	Yes	Provider must initial bottom of page, "applicant initial here" Note: Accept the page if it is missing the initials at the bottom as long as it has a live signature

**Pages 5 – 13 (MAD 335)**

**Pages 5 -13 (MAD 335)**

Field Name	Required?	Instructions
Name of Entity/Individual	Yes	RTP if missing
EIN/SSN	Yes	RTP if missing
NPI	Yes	Attempt to obtain from provider or provider rep ( donot leave message). If unable to contact rep RTP .
Applicant Initials	Yes	RTP if missing

**Page 14 (MAD 335)**

**Page 14 (MAD 335)**

Field Name	Required?	Instructions
Name of Entity/Individual	Yes	RTP if missing
EIN/SSN	Yes	RTP if missing
NPI	Yes	Attempt to obtain from provider or provider rep ( donot leave message). If unable to contact rep RTP .

Page 14 (MAD 335)

Disclosure Questions A, B, and C	Yes	<ul style="list-style-type: none"> <li>• Questions A, B, and C must be answered and initialed next to each answer</li> <li>• If yes is indicated for any of these, see instructions below questions for attachments required</li> <li>• Initials need to be original</li> </ul>
Contact Email	Yes	Attempt to obtain from provider or provider rep ( donot leave message). If unable to contact rep RTP .
Telephone Number	Conditional	If missing any documents and there is no contact telephone number listed, RTP
Printed Name of Individual Practitioner	Conditional	<ul style="list-style-type: none"> <li>• Printed name of the person signing the application</li> <li>• Original blue ink signature (black ink is acceptable if identifiable as original by Provider Enrollment and a note has to be entered in OmniCaid using the appropriate Notes Script template (see Notes Scripts section)</li> </ul>
Date	Conditional	RTP if missing
Signature of Individual Practitioner	Conditional	<ul style="list-style-type: none"> <li>• If applicant is an individual, this section is signed and completed</li> <li>• If the signature is found under the Facilities section, accept</li> <li>• No trace over of signature permitted</li> </ul>
Date	Conditional	
Facilities and Non-Practitioner Organizations: Printed Name of Authorized Representative	Conditional	<ul style="list-style-type: none"> <li>• If applicant is a facility this section is signed and completed.</li> <li>• If signature is found under the Individual section, accept</li> <li>• No trace over of signature permitted</li> </ul>
Name of Authorized Representative	No	
Title/Position	No	
Address	Yes	Attempt to obtain from provider or provider rep ( donot leave message). If unable to contact rep RTP .
Telephone Number	No	
Signature of Authorized Representative	Yes	Original must be signed in blue ink Note: Black ink is acceptable if identifiable as original by Provider Enrollment and a note has been entered in OmniCaid using the appropriate Notes Script template (see Notes Scripts section).
Date	Yes	Use TCN date if date is missing.
For State Purposes Only; HSD Approval area	N/A	If a provider or provider representative has marked in this area, RTP

#### 4.3.2. Workflow Process

In Workflow, federal numbers flow together (FEIN or SSN). If an application comes in, is RTP'd and is returned; both scanned versions need to be viewed on the current job id in Workflow.

In Workflow, if several applications come in for different provider types, or different locations of the same provider type and they all have the same federal number (FEIN or SSN), they will flow together if they have been indexed incorrectly even though they are different applications. If this occurs, pull the applications to make sure all information is there and correct, then send an email to the DL-NM Workflow Support to delete the job. Once job is deleted, place documents in expedite basket in Provider Enrollment for rescanning.

- Open OmniCaid to Provider Detail Selection
- Conduct a search for an existing provider using the following search elements:

Search By Field	Search For Field
Federal Tax ID number or Social Security number	Enter the Federal Tax ID number or the SSN submitted on the application
NPI Number	Attempt to obtain from provider or provider rep ( donot leave message). If unable to contact rep RTP .
NCPDP Number	Enter the National Council for Prescription Drug Programs (NCPDP) number only if the provider is a pharmacy

- If the provider is not found, continue review of the application
- If the provider is found, verify whether the provider is active or inactive and follow the instructions in the table below

Provider Status	Next Steps
Terminated	Review the account to determine if: <ul style="list-style-type: none"> <li>• Provider number is eligible for reuse (can reuse if there is an existing number and it is not a duplicate)</li> <li>• Provider is within the grace period to be reactivated</li> </ul>
Not Eligible for Reactivation	<ul style="list-style-type: none"> <li>• Determine whether the provider number is available for reuse, PSD to State</li> <li>• If not, proceed with the next step</li> <li>• If the number is available, do not open a new provider screen, proceed to Completing the Name/Address tab instructions</li> </ul>

- If the provider is found with multiple numbers, set the most recent number to 21-DnyHasNum (Denied Prov Already has Number) in the Enrollment Status tab and continue to work with the old number.
  - Also make a note in the Notes tab of OmniCaid using the appropriate Notes Script template (See Notes Scripts section) stating why it cannot be reused.

#### 4.3.3. Name/Address Tab

Use the table to complete the Name/Address tab in OmniCaid.

##### Name/Address Tab

Name/Address Tab – MAD 335	
Field Name	Instructions
Individual in private practice	<ul style="list-style-type: none"> <li>Enter from box 4/professional license if no DBA name is entered in box 5</li> <li>If the NPI is type 2, no individual information is entered in OmniCaid</li> </ul>
Business Name	<ul style="list-style-type: none"> <li>Enter from box 5 of the application</li> <li>If there is an individual's name in Box 4 of the application, and a business name in box 5, use the name entered Box 5 (DBA name)</li> </ul>
Legal Name	<ul style="list-style-type: none"> <li>Box 6 is not required: The legal name entry is taken from the IRS letter on the 1st line of IRS letter, regardless of what is in box 6</li> <li>If an individual is using their SSN there will be no letter and no other entry in box 6 (if there is an entry in box 6, do not return; if there is not an entry in box 6, do not return) Use what is listed in box 4 (note this must match what is on the professional license)</li> <li>If using a FEIN, the name must be taken from the IRS letter attached, with no deviations</li> </ul> <p>Note: Legal name is the 1st line of IRS letter.</p>
Sort Name	<p>For Unrestricted Providers (individual/sole proprietor)</p> <ul style="list-style-type: none"> <li>If box 5 is blank and this is a 'unrestricted provider', use name from box 4 (use name from professional license)</li> <li>If this is an 'unrestricted provider' (sole proprietor – using a FEIN) and box 4 is blank, take what is listed in Box 5 if there is an entry</li> <li>If box 4 and 5 are completed and it is a 'unrestricted provider', the Sort Name needs to come from box 4 (use name from professional licenses)</li> </ul> <p>Note: Enter the sort name as follows: Last Name, space, First Name, space, suffix. Except if the provider type is Bill Only</p> <p>For an Unrestricted Facilities</p> <ul style="list-style-type: none"> <li>Take information from box 5 as the DBA name</li> </ul> <p>Bill Only Provider</p> <ul style="list-style-type: none"> <li>Enter the name as it appears in Box 5</li> <li>If box 5 is blank and this is an entity/billing group, check box 6 for the correct name</li> </ul>
Practice Type	<ul style="list-style-type: none"> <li>Enter the Practice Type from the W-9</li> <li>If the W-9 shows sole proprietor/individual and has a FEIN, enter as a sole proprietor</li> </ul> <p>Note: Government, schools, and IHS should be entered as 'G-Public'.</p>
Business Location	<p>Choose In-State, Border, or Out-of-State</p> <p>Note: If the border is within 100 miles of New Mexico. Consult border list for cities outside, but contiguous to New Mexico.</p>
Check Boxes	Leave unchecked unless the State directs otherwise

**Name/Address Tab – MAD 335**

<p>Sole Community Based: Multiple Location Indian Health: Services: PSR\CSA\CCSS</p>	<p>Note: If reinstating a provider who previously had one or more of these boxes checked, leave unchecked unless directed otherwise by the State.</p> <ul style="list-style-type: none"> <li>Exception is IHS check box, if applicant is 221 of any specialty, check box prior to going to State.</li> </ul> <p>Note: The IHS check box can also be checked for any provider type that is IHS or Tribal 638 if the documents proving this are attached to the application.</p>
<p>Location Address</p>	<ul style="list-style-type: none"> <li>Enter from box 7 of the application</li> <li>PO Boxes are not acceptable</li> <li>Go to the USPS website, enter the address, and verify the Zip Code +4 matches the address on the application</li> <li>If entering the address in a different format than the USPS standard noted above, use the appropriate Notes Script template (see Notes Scripts section) and copy and paste into OmniCaid notes the address as entered in USPS look up</li> </ul>
<p>Location email</p>	<p>Box 15</p>
<p>Location Phone Number</p>	<p>Enter from box 12 of the application</p>
<p>Location Fax Number</p>	<p>Enter from box 10</p>
<p>Billing Address</p>	<ul style="list-style-type: none"> <li>Enter from box 8 of the application</li> <li>Go to the USPS website, enter the address, and verify the Zip Code +4 matches the address on the application</li> <li>If the group name is longer than the address 1 box annotate in the notes using the appropriate Notes Script template (see Notes Scripts section), "entire group name does not fit"; do not continue business name to address lines</li> <li>If entering the address in a different format than the USPS standard noted above, use the appropriate Notes Script template (see Notes Scripts section) and copy and paste into OmniCaid notes the address as entered in USPS look up</li> </ul>
<p>Billing email</p>	<ul style="list-style-type: none"> <li>Box 14</li> <li>Required even if it's a duplicate of the location or mailing</li> </ul>
<p>Billing Phone Number</p>	<p>Enter from box 11 even if it is the same info as box 12 if phone number.</p>
<p>Mail to Address</p>	<ul style="list-style-type: none"> <li>Enter address from box 9 of the application</li> <li>If the group name is longer than the address 1 box, annotate in the notes using the appropriate Notes Script template (see Notes Scripts section), "entire group name does not fit"; do not continue business name to address lines</li> <li>Verifying Address on USPS.com</li> <li>If entering the address in a different format than the USPS standard noted above, use the appropriate Notes Script template (see Notes Scripts section) and copy and paste into OmniCaid notes the address as entered in USPS look up</li> </ul>

**Name/Address Tab – MAD 335**

Mail to email	<ul style="list-style-type: none"> <li>• Box 13</li> <li>• Required even if it's a duplicate of the location or billing</li> </ul>
County Code	Enter the County Code
Zip Code + 4 digits	<ul style="list-style-type: none"> <li>• Enter the Zip Code</li> <li>• Plus 4 zip code on mailing and billing</li> <li>• Plus 4 on location if it matches either mailing or billing addresses</li> </ul>

**4.3.4. Enrollment Tab**

Use the table to complete the Enrollment tab in OmniCaid

**Enrollment Tab****Enrollment Tab – MAD 335**

Field Name	Instructions
Applicant Date	<ul style="list-style-type: none"> <li>• If it is a rescan use the new TCN. Month and Year date are critical for future re-verification purposes (TADs).</li> <li>• Always use the current Conduent TCN</li> </ul> <p>***Web Portal***</p> <ul style="list-style-type: none"> <li>• Use date populated by the Web Portal</li> <li>• Web Portal applications will have the same date as the re-verify dates</li> </ul>
Provider Type	<ul style="list-style-type: none"> <li>• Enter from item 17 of the application</li> <li>• If unsure what to add, send a PSD to the State</li> </ul> <p>Note: If this item has not been completed, pick the appropriate provider type from the Provider Type and Specialty List based upon the documents received from the provider, and ask the State to correct per the license.</p>
Billing Code	<ul style="list-style-type: none"> <li>• Enter the Billing Code (Bill Only or Unrestricted) based on the information provided in the application</li> <li>• Chiropractor groups or private practitioners will always be X</li> </ul>
Social Security Number	<ul style="list-style-type: none"> <li>• Enter the provider's SSN if the provider will be using this number for payment purposes</li> </ul> <p>Note: If the application is for a person, not a corporation, the SSN is required. If the person is using an FEIN for payment, the FEIN overrides the SSN.</p> <ul style="list-style-type: none"> <li>• Do not enter the SSN if the FEIN is being used for payment</li> <li>• Do not enter both the FEIN and SSN in OmniCaid</li> </ul>
FEIN	<ul style="list-style-type: none"> <li>• Enter the provider's Federal Tax ID Number if the provider will be using this number for payment purposes</li> <li>• Do not enter both the FEIN and SSN in OmniCaid</li> </ul>
Group Code	<ul style="list-style-type: none"> <li>• Enter the group code for the provider, either Individual or Group</li> </ul>

**Enrollment Tab – MAD 335**

	<ul style="list-style-type: none"> <li>• Consult the Provider Type and Specialty List for guidance</li> <li>• If the billing code is 'B' for bill only, the group code will always be 'G'</li> <li>• If the billing code is 'U', the group code will always be 'I'</li> <li>• X is the only billing code that can be 'G' or 'I' using a MAD 335 application</li> </ul>
Re-verify Date	<ul style="list-style-type: none"> <li>• Always use the current Conduent TCN date</li> <li>• If it is a rescan use the New TCN date</li> <li>• The TCN date to be used is contained within the TCN number itself. Use the Julian date calendar to determine received date</li> </ul> <p>***Web Portal*** Use date populated by the Web Portal</p>
W-9 Date	<ul style="list-style-type: none"> <li>• Enter the W-9 date signed from the accompanying W-9</li> <li>• If there are multiple W-9s, use the most recent correct one</li> <li>• If the document is not dated, use the TCN date</li> <li>• This is not a reason to reject the application or document</li> </ul>
Gross Tax Number	<p>Gross Tax Number field should be completed for any provider located within the state of New Mexico. If in New Mexico the Gross Tax Number is an 11-digit number. (EXAMPLES 03078099003 drop off the 00 and key in 030780993 in OmniCaid.)</p> <p>Note: Some out-of-state providers may have a CRS#. If MAD wants it loaded, they will instruct it be loaded.</p>
NPI	<ul style="list-style-type: none"> <li>• Enter the NPI number, from box 2 of the application</li> <li>• Must verify number on the NPPES, if the application is in Workflow, no print out needed/avail to attach to app</li> <li>• OmniCaid will indicate 'Atypical'</li> </ul> <p>Note: Begin Date is always 01/01/1964 unless otherwise specified.</p>
DEA Number	<ul style="list-style-type: none"> <li>• Enter the NPI number, from box 2 of the application</li> <li>• Must verify number on the NPPES, if the application is in Workflow, no print out needed/avail to attach to app.</li> <li>• OmniCaid will indicate 'Atypical'</li> </ul> <p>Note: Begin Date is always 01/01/1964 unless otherwise specified.</p>
NABP ID	<p>If the applicant is a pharmacy, enter their NABP/NCPDP number</p> <p>Note: If any other type of applicant provides an NABP/NCPDP number it is to be disregarded.</p>
Prof/Tech Indicator	The system will prompt you if this field needs to be completed or changed
EPSDT Only	Should only be checked when directed by MAD to do so
Medicare Participant	<ul style="list-style-type: none"> <li>• Medicare Participant box should be checked if Medicare information is provided.</li> </ul>

**Enrollment Tab – MAD 335**

	<p>Note: Add the Medicare ID number for the billing group or unrestricted facility/individual, to the Medicare tab, before sending the application to MAD for approval</p> <ul style="list-style-type: none"> <li>• Medicare is NOT loaded on either pharmacy provider types (416 and 417)</li> </ul>
Profit Indicator	<ul style="list-style-type: none"> <li>• Should always be checked unless the applicant indicates that they are tax exempt in box 23 or have marked government entity/public school in box 16</li> <li>• Any provider type 221 application (any specialty) must default to nonprofit (check box is not checked), unless the applicant indicates otherwise (usually a 638 Tribal contract with a tribe, not the tribe/nation itself)</li> <li>• When a PPA is received and the provider says that they are non-profit (and it is not obvious they are a government agency) but do not supply the 501c3 letter stating that they are non-profit, RTP</li> <li>• When the provider indicates some form of governmental ownership, they are non-profit, and should be treated as such, with or without the letter. Continue processing</li> </ul>
Tax Discount	Should only be checked when directed by MAD to do so
Federal Vaccination for Children	Should only be checked when directed by MAD to do so
Enrollment Status	<ul style="list-style-type: none"> <li>• After determining the application is complete, changes status to 44 this will send application to screening.</li> <li>• If application is incorrect or incomplete, RTP and change status to 09</li> </ul> <p>***Web Portal***</p> <p>Use the date that is pre-populated by the Web Portal as the Effective Date</p>
Program	<ul style="list-style-type: none"> <li>• Click on the (+) sign</li> <li>• Add a line for all three programs M-MAD, I-ISD, C-CYFD</li> <li>• The month and year must be correct the day is not important but must be entered</li> <li>• Enter the current Conduent TCN date as the Begin Date. OmniCaid will default to 12/31/9999 as the end date</li> <li>• Enter the date you are working the application as the Begin Date</li> <li>• If it is a rescan use New TCN date</li> </ul> <p>***Web Portal***</p> <ul style="list-style-type: none"> <li>• Use the date populated by the Web Portal</li> </ul>
Provider Specialty	<ul style="list-style-type: none"> <li>• If a provider specialty is indicated in item 11 of the application:</li> <li>• Click the (+) sign under Provider Specialty and enter the specialty indicated</li> <li>• Enter the date you start working on the PPA as the Begin Date. OmniCaid will default to 12/31/9999 as the End Date if this is a paper application</li> </ul> <p>Note: If the provider is being reinstated with the same specialty, use the original Begin Date. Do not add a second line with same specialty and end the first line.</p>

#### Enrollment Tab – MAD 335

- If provider specialty is not indicated in box 18, but required, choose based on licensure or specialties the individuals have indicated.
- May enter missing or alternate provider specialty per documentation pending MAD approval
- If application does not match provider type documents, put a note in OmniCaid using the appropriate Notes Script template (see Notes Scripts section) asking the State to correct  
\*\*\*Web Portal\*\*\*
- Use the date that is pre-populated by the Web Portal as the Begin Date and 12/31/9999 as the End Date

#### 4.3.5. Medicare Tab

To add Medicare in OmniCaid, click on the (+) sign

#### Medicare Tab – MAD 335

Field Name	Instructions
Medicare	<ul style="list-style-type: none"> <li>• Enter Medicare info from the CMS Medicare letter</li> <li>• Cannot use NPI/NPES print out as proof of Medicare, it will also have CMS on it, but it will not be from CMS, but from NPI</li> <li>• Medicare info entered prior to going to State level</li> </ul>
Number	Number or Provider Transaction Number (PTAN) from the letter
Parts	Always check BOTH part A and part B
Date	<ul style="list-style-type: none"> <li>• Begin date will be on the letter</li> <li>• If no begin date present, use the letter date. If letter does not have a date, use effective date given for provider by state (date stamp is appropriate until State approval issued)</li> </ul>
End date	Default to 12/31/9999
Removal	<ul style="list-style-type: none"> <li>• Do not remove Medicare information unless it is found to be loaded to the wrong Medicaid number</li> <li>• Always give it an end date</li> </ul>

#### 4.3.6. License Tab

Completing the License tab in OmniCaid

1. Click the (+) sign under License/Certification
2. Add a line for entry of any required licenses
  - The license number entry is taken from the face of the license or registration certificate.
  - Certification with no number use the name for the certification. Example: Internal Medicine = (Internalmedicin).
  - If no number is on the document, use a version of 'no number issued / none' to fill in the field.

- If an original paper business license or web print is received, do not enter the year (see example for Roswell NM business license).
- If an original paper professional license or a web print is received, enter all information from the license or web print including the year. If both an original paper professional license and a web print are received, enter the license number from the original paper professional license and the expiration and effective dates from the web print.
- Always use the license information from the most recent documentation .
- CLIA information: CMS sends update data files (Online Survey Certification & Reporting System (OSCAR) files) directly to the MMIS which can include CLIA information. If an update from a provider is received and has a CLIA attached with one expiration date but the provider file in OmniCaid already shows a later expiration date, do not update the CLIA information in the provider file in OmniCaid.
- Example: An update from a provider with a CLIA expiration date of 8/2/2015 is received but OmniCaid shows that the system has already been updated by the OSCAR file to show an 8/2/2016 expiration date. There is no need to change the system again since the expiration date has already been updated and the expiration date is for 2016.
- CLIA information is never entered for Service Only Providers.
- Any time there is a residency/training letter attached which does not specify an effective date in the body of the letter; enter the date on the letter as the effective date. If there is no date on the letter, use the TCN date.
- Some business licenses will not have an address. What is shown on the license is dependent upon the issuing city or county.

#### 4.3.7. Miscellaneous Tab

If the application is for provider type 416 or 417 (pharmacy, pharmacy clinics):

- Click on the (+) sign under Dispensing Fee
- Add the dispensing fee in accordance with the table below: use the effective date given to the provider number by MAD.

Enrollment Date	Dispensing Fee Guidelines
07/01/10 to present	Enter \$2.50 with effective date of provider's enrollment
Prior to 07/01/10	Enter \$2.50 with effective date of 07/01/10 Enter \$3.65 with effective date of provider's enrollment

#### 4.3.8. Institution Tab

- Enter the fiscal year end date, from box 31.
- If this is a required field, but the applicant does not provide the date, the application must be RTP'd to the provider.

#### 4.3.9. Owner/Manager/Employee Tab

- In accordance with the interpretation of the final CMS rule 6028-FC, ownership disclosures from schools, IHS/Tribal 638, or other government entities applying or renewing as NM Medicaid providers (unless the government entity is organized as a corporation) do not need to be obtained. This refers specifically to questions 2 and 3 of the MAD 335 currently in use. The implication of not requiring a response to these two questions is that questions 4 and 5 become inapplicable.
- Question 1 requires a response by government entities.
- All providers accepting Medicaid payments must disclose managers and employees.

#### 4.3.9.1. Completing the Owner Tab in OmniCaid

When clicked, the provider owner search window will open:

In OmniCaid control panel – Owner tab.

**Commented [GH2]:** Per Marni this may need to be rewritten with images

#### 4.3.9.2. Provider Owner - Search Window

A user may search for an existing owner or choose to create a new one.

- Search button - Search by FEIN/SSN, Last Name or legal name
- Select button – Selects Owner record user clicks on when Search returns a result set
- New – Used to add non-existing owner

#### 4.3.9.3. Provider Owner – Detail Edit Window

If the user selects the New button on the Provider Owner Search window, this window will display the Detail tab with fields empty and enabled. There are two tabs on this window – Detail tab and Associated Providers tab.

If the user had searched on a Tax ID and selected that Owner, this window will display the Detail tab with fields populated and enabled. There are two tabs on this window – Detail tab and Associated Providers tab.

#### 4.3.9.4. Provider Owner - Detail Tab

A user would enter new or updated information here. If attempting to create a new Owner and the Tax ID entered already exists, an error message will be displayed that states “Duplicate Owner record – Tax ID already exists”

#### 4.3.9.5. Required Information to Save a New Owner

If SSN is selected, Tax ID, Last Name, First Name, DOB, Address 1, City, State, Zip will be required. (If the SSN radio button is selected, the Legal Name field is grayed out and not updateable.)

If FEIN is selected, Tax ID, Legal Name, Address 1, City, State, Zip will be required. (If the FEIN radio button is selected, the Last Name, First Name, MI, Suffix Name, Title and DOB fields are grayed out and are not updateable.)

#### 4.3.9.6. Provider Owner - Associated Providers Tab

The second tab, Associated Providers, will display a list of Medicaid Provider IDs that have been linked to this owner.

The info on the Associated tab will not be updateable, display only.

A ‘Go To’ will allow the user to ‘go to’ the highlighted ‘Associated Provider’.

#### 4.3.9.7. Manager/Employee Icon

When clicked the manager/employee search window will open.

In OmniCaid control panel Provider- Manager Employee

#### 4.3.9.8. Provider Manager/Employee - Search Window

A user may search for an existing manager/employee or choose to create a new one.

- Search button - Search by SSN or Last Name
- Select button – Selects Manager/Employee record that user clicks on when Search returns a result set
- New – Used to add non-existing Manager/Employee

SSN	Last Name	First Name	MI	Suffix Name	Title	DOB
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#### 4.3.9.9. Provider Manager/Employee - Detail Edit Window

If the user selects the New button on the Provider Manager/Employee Search window, this window will display the Detail tab with fields empty and enabled. There are two tabs on this window – Detail and Associated Providers.

If the user had searched on SSN and selected that Manager/Employee, this window will display the Detail tab with fields populated and enabled. There are two tabs on this window – Detail and Associated Providers.

#### 4.3.9.10. Provider Manager/Employee - Detail Tab

A user would enter new or update information here. If the SSN entered already exists, an error message will be displayed that states "Duplicate Manager/Employee record – SSN already exists".

**4.3.9.11. Required Information to Save a New Manager/Employee**

Last Name, First Name, SSN, DOB, Address 1, City, State, Zip

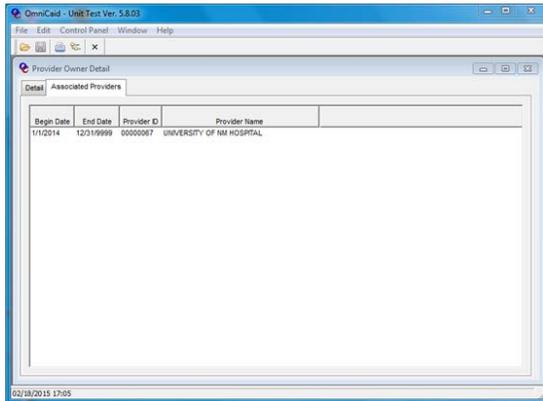


**4.3.9.12. Provider Manager/Employee - Associated Providers Tab**

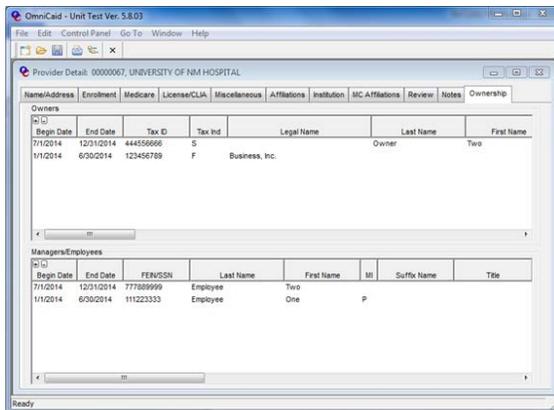
The second tab, Associated Providers, will display a list of Medicaid Provider IDs that have been linked to this manager/employee.

The info on the related tab will not be updateable, display only.

A 'Go To' will allow the user to 'go to' the highlighted 'Associated Provider'.



Ownership tab in the Provider Detail Window



A user may choose to add a new owner and/or employee association by clicking the (+) button or edit an existing owner association. For owner associations which currently exist, only the end date will updateable. A user may also delete a row that was entered in error by clicking the – button. Also, a user may simply view the associated Owners and Manager/Employee records.

If a user is adding a new Provider/Owner association, the user will only enter begin date, end date, Tax ID, and Tax Ind to indicate if SSN or FEIN. The system will then auto-populate the name and demographic information from the data found currently in OmniCaid. If the Owner information does not currently exist, an error message will be displayed – **“Owner Tax ID/SSN not found on Owner Info table.”**

If a user is adding a new Provider/Manager\_Employee association, the user will only enter begin date, end date, and SSN. The system will then auto-populate the name and demographic information from the data found currently in OmniCaid. If the Manager/Employee information does not currently exist, an error message will be displayed – **“Manager/Employee SSN not found on Manager/Employee Info table.”**

#### **4.3.9.13. Data Entry Steps for Adding/Updating Owner or Manager/Employee Information**

Adding a completely new owner and ownership association:

- Access the new Owner window from Provider folder
- Click New and add new owner information and Save
- Access Provider Detail
- Click the Ownership tab
- Click on plus (+) sign in Owner listbox to add a begin date, end date, and FEIN or Tax ID of owner added in step 2 (Data will auto-populate)
- Save

#### **4.3.9.14. End-dating an Existing Ownership Association**

- Access Provider Detail
- Click the Ownership tab
- Click on row to be updated.
- Change End Date to reflect last day of ownership
- Save

#### **4.3.9.15. Update an Existing Owner's Information**

- Access the new Owner window from Provider folder
- Click Search and enter owner FEIN or SSN
- Owner information is retrieved
- Click Associated Providers tab to review the NM providers with whom this owner is associated
- Make appropriate updates
- Save

#### **4.3.9.16. Add New Ownership Association for Existing Owner**

- Access Provider Detail
- Click on the new Ownership tab
- Click on plus (+) sign in Owner listbox to add a begin date, end date, and FEIN or Tax ID of existing owner (Data will auto-populate). Repeat when multiple owners
- Save

#### **4.3.9.17. Delete an Existing Ownership (added in error)**

- Access Provider Detail
- Click the Ownership tab
- Click on row to be deleted
- Click on minus (-) sign
- Save

This process flow also applies to the employee/manager but user would be accessing the Employee/Manager window to add new employee/manager and would be accessing manager/employee listbox of ownership tab to add new association.

**4.3.10. Follow-up**

After review of the application and entry note in OmniCaid using the appropriate Notes Script template (see Notes Scripts Section) with the page number(s) from Workflow in the note, send application to QA in Workflow.

## 5. Screening Process

## 6. QA Process – Disputes and QA Re-entry

### 6.1. QA Process

- If the application is returned from QA, check to see if corrections need to be completed or disputed. If necessary, make the appropriate corrections and forward the application back to the Provider Enrollment Supervisor for review.
  - If disputed, enter information in Workflow and forward to leadership for dispute previous week. Need to indicate when it is due back.
  - Disputes must be submitted to the QA Leadership queue by Tuesday at noon to be considered for the previous week.
- If the application is not returned, it was sent to MAD in the Workflow.

### 6.2. Dispute Process

#### Step 1

Enter explanation for dispute in WF diary entry. Be sure to be detailed and if needed include page and area of provider manual that shows where procedures were followed.

Add a note explaining why it is correct and/or if it needs to be added to the procedure. Use the appropriate Notes Script template (see Notes Scripts section).

Example: There was no requested date, the date the provider wrote in is for a MCO effective date, not a requested disaff date, per the procedures above I did what is said by using the day after the sign date—am

#### Step 2

Send dispute to QA depart via the option in WF

**6.2.1. Workflow Process**

Open up the QA Workflow and click Dispute for next processing step.

Note: For applications it will always be a Dispute,

Type	Description	Req'd
<input type="checkbox"/> Key Query	Review QA Comments. Do not change.	No
<input type="checkbox"/> Key Query	Document Status. Do not change.	No
<input type="checkbox"/> Key Query	CENR. Do not change.	No
<input type="checkbox"/> Key Query	RTP Reason. Do not change.	No
<input type="checkbox"/> Key Query	Provider Enrollment notes. Do not change.	No
<input type="checkbox"/> Key Query	Was there a match when sanction checking the provider? Do not change.	No
<input type="checkbox"/> Key Query	Did you verify the USPS website? Do not change.	No
<input type="checkbox"/> Key Query	Did you verify the license with the appropriate board? Do not change.	No
<input type="checkbox"/> Key Query	Verify Claims Status & Timely Filing Related Issues. Do not change.	No
<input type="checkbox"/> Key Query	Next processing step	Yes
<input type="checkbox"/> Key Query	Further Processing Comments	Yes
<input type="checkbox"/> URL	Open Image	No

processing

What is the next processing step?

Dispute

OK

The word "dispute" needs to be in the further processing comments, a note as to why, and "see email" so that the Provider Enrollment Supervisor knows an email was sent. Use the appropriate Notes Script template (see Notes Scripts section).

Note: For application the word "dispute" or "correction" or "dispute/correction" needs to be the first word on the comments.

Type	Description	Req'd
<input type="checkbox"/> Key Query	Review QA Comments. Do not change.	No
<input type="checkbox"/> Key Query	Document Status. Do not change.	No
<input type="checkbox"/> Key Query	CENR. Do not change.	No
<input type="checkbox"/> Key Query	RTP Reason. Do not change.	No
<input type="checkbox"/> Key Query	Provider Enrollment notes. Do not change.	No
<input type="checkbox"/> Key Query	Was there a match when sanction checking the provider? Do not change.	No
<input type="checkbox"/> Key Query	Did you verify the USPS website? Do not change.	No
<input type="checkbox"/> Key Query	Did you verify the license with the appropriate board? Do not change.	No
<input type="checkbox"/> Key Query	Verify Claims Status & Timely Filing Related Issues. Do not change.	No
<input type="checkbox"/> Key Query	Next processing step	Yes
<input type="checkbox"/> Key Query	Further Processing Comments	Yes
<input type="checkbox"/> URL	Open Image	No

processing

Further Processing Comments

dispute--not an error since what was done is in the procedure see email sent 4/3/14--am

OK

### 6.3. QA Re-entry

After the QA department has reviewed production and errors are found, the production item will be sent back to the last person who has processed the item via WF to be corrected.

- Review re-entries daily
- If the errors are agreed upon the processor will fix errors and submit via WF to the leadership queue to be reviewed.
- Notes (see template) will be entered into the WF diary and Omnicail
- If errors are not agreed upon the dispute process will be initiated.

### 6.4. QA Critical and Non-Critical Errors

#### 6.4.1. MAD 312 QA Critical Vs. Non-Critical Errors

The purpose of this procedure is to distinguish, for auditing purposes, which fields in OmniCaid related to the MAD 312 application form are critical or non-critical (not reviewed by QA).

There are 4 different processes for auditing a MAD 312 application

- Electronic – Using OmniCaid-created provider file
- Electronic – Using existing provider file in OmniCaid
- Paper – Using new provider file (manually created)
- Paper – Using existing provider file in OmniCaid

##### 6.4.1.1. Scoring Methodology

The MAD 312 application form will count for a total of 20 points.

For each critical field that is determined to have been entered by a Provider Enrollment staff member incorrectly there will be a 1-point deduction from their 20. The critical fields are determined by the process matrix below.

If an application should have been returned to the provider (RTP), the QA Rep will mark that as a 0/1 point and the application will be pushed back to the processing Provider Enrollment staff member.

##### 6.4.1.2. PPA Category

The purpose is to locate human-made errors in provider files, Workflow or in the paperwork required in order to enroll as a Medicaid provider in New Mexico. The process is determined by the type of application that is attached to the job in Workflow as well as the enrollment status in OmniCaid.

**PPA Category**

Process Matrix	Electronic – New	Electronic – Existing	Paper – New	Paper – Existing
Application	Red identifying code will be present on top-left portion of every page. Initials and signatures will be blank on all pages.	Red identifying code will be present on top-left portion of every page. Initials and signatures will be blank on all pages.	Paper applications are darker and could have either typed or hand written information. Initials and signatures will be on all pages, hand written, original signatures.	Paper applications are darker and could have either typed or hand written information. Initials and signatures will be on all pages, hand written, original signatures.
OmniCaid	Enrollment status will show a Pend-44, Pend-45 or both.	Enrollment status will show a Pend-44, Pend-45 or both. Below the Pending status' there will be a 60-Active with some type of Termination status above it.	Enrollment status will show a Pend-44, Pend-45 or both.	Enrollment status will show a Pend-44, Pend-45 or both. Below the Pending status' there will be a 60-Active with some type of Termination status above it.

**6.4.1.3. Critical Errors – OmniCaid**

Critical fields that should be audited are outlined below.

**Critical Errors on the Name/Address Tab – MAD 312**

Critical Errors on the Name/Address Tab – MAD 312		
Field Name	Electronic	Paper
Business Name: Fst/Mi/Lst/Sfx	New: Updated by Provider Enrollment to match attached documentation, per Provider Enrollment Procedure Manual: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>
Legal/Tax Name: Fst/Mi/Lst/Sfx	New: Updated by Provider Enrollment to match attached documentation, per Provider Enrollment Procedure Manual: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>
Sort Name	New: Updated by Provider Enrollment to match attached documentation, per Provider Enrollment Procedure Manual: <b>Critical</b>	New : Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Will be updated match new PPA by Provider Enrollment: <b>Critical</b>

**Critical Errors on the Name/Address Tab – MAD 312**

	<p>Note: New provider files that come through the Web Portal will not populate the professional title on the Sort Name field.</p> <p>-----</p> <p>Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b></p>	
Practice Type	<p>New: None</p> <p>-----</p> <p>Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b></p>
Business Loc	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Location: Address Line 1	<p>New: None</p> <p>-----</p> <p>Existing: Will be updated to match new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b></p> <p>-----</p> <p>Existing: Will be updated to match new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b></p>
Location: Address Line 2	<p>New: None</p> <p>-----</p> <p>Existing: Will be updated to match new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b></p> <p>-----</p> <p>Existing: Will be updated to match new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b></p>
Location: City, State, Zip	<p>New: None</p> <p>-----</p> <p>Existing: Will be updated to match new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b></p> <p>-----</p> <p>Existing: Will be updated to match new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b></p>
Location: Phone	<p>New: None</p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Mail to: Address Line 1	<p>New: If the PPA has a valid group to affiliate with, Line1 will be moved down (copied and pasted) to Address line 2.</p>	<p>New: Entered by Provider Enrollment, will be the affiliated group name (top blue line in OmniCaid) or blank: <b>Critical</b></p>

**Critical Errors on the Name/Address Tab – MAD 312**

	<p>Line 1 must match the group name on the top blue line in OmniCaid. This process is done manually by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Update by Provider Enrollment: <b>Critical</b></p> <p>Note: Even if there is not a valid affiliate, Line 1 will still be moved to Line 2 and line 1 will remain blank until the State gives further instructions upon Activation</p>	<p>-----</p> <p>Existing: Updated by Provider Enrollment, will be the affiliated group name (top blue line in OmniCaid) or blank: <b>Critical</b></p> <p>Note: Even if there is not a valid affiliate, Line 1 will still be moved to Line 2 and line 1 will remain blank until the State gives further instructions upon Activation</p>
Mail to: Address Line 2	<p>New: Copied and pasted from line 1 to line 2 and consolidated with any existing line 2 items: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment, will match USPS: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Mail to: City, State, Zip	<p>New: None</p> <p>-----</p> <p>Existing: Will be updated to match new PPA by Provider Enrollment. Will either math PPA or USPS results: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>

**Critical Errors on the Enrollment Tab – MAD 312**

**Critical Errors on the Enrollment Tab – MAD 312**

Field Name	Electronic	Paper
Provider type	<p>New: If the provider chooses the wrong type, Provider Enrollment will correct it: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Billing code	<p>New: Updated by Provider Enrollment if wrong code was chose by provider, per Provider Enrollment Procedure Manual: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
SSN	<p>New: Updated by Provider Enrollment if supporting documentation contradicts what was entered through the Web Portal: <b>Critical</b></p> <p>-----</p>	<p>New: Entered by Provider Enrollment. Attached documentation (copy of SSN card) will override what was entered on the PPA: <b>Critical</b></p> <p>-----</p>

**Critical Errors on the Enrollment Tab – MAD 312**

	Existing: Updated by Provider Enrollment: <b>Critical</b>	Existing: Entered by Provider Enrollment. Attached documentation (copy of SSN card) will override what was entered on the PPA: <b>Critical</b>
Group Code	<p>New: Noted by Provider Enrollment for State per Provider Enrollment Procedure Manual, if "individual" is not present in OmniCaid <b>Critical</b> to notes field</p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b> Noted by Provider Enrollment for State per Provider Enrollment Procedure Manual, if "individual" is not present in OmniCaid <b>Critical</b> to notes field</p>	<p>New: Entered by Provider Enrollment: <b>Critical</b>. Noted by Provider Enrollment for State per Provider Enrollment Procedure Manual, if "individual" is not present in OmniCaid <b>Critical</b> to notes field</p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b> Noted by Provider Enrollment for State per Provider Enrollment Procedure Manual, if "individual" is not present in OmniCaid <b>Critical</b> to notes field</p>
Re-verify Date	<p>New: If the provider is affiliating with a school or a school based provider, Provider Enrollment will update this field in OmniCaid per Provider Enrollment Procedure Manual: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Date of Birth	<p>New: None</p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Profit Indicator	<p>New: None</p> <p>-----</p> <p>Existing: Updated by Provider Enrollment (if it is not checked): <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Provider Specialty	<p>New: Unless the chosen type does not match the accompanying documentation. If the provider chooses the wrong type, Provider Enrollment will correct it: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>

**Medicare Tab** - No fields on this tab are critical for a MAD 312

**Critical Errors on the License/CLIA Tab – MAD 312**

Critical Errors on the License/CLIA Tab – MAD 312		
Field Name	Electronic	Paper
License Number	<p>New: Updated by Provider Enrollment if the attached license number differs or does not follow procedure form the existing license number: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment if the attached license number differs from the existing license number. <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
License Effective Date	<p>New: Updated by Provider Enrollment if date entered by provider does not match attached license or supporting documentation: <b>Critical</b></p> <p>-----</p> <p>Existing: If it is a new license entirely, Provider Enrollment will enter a new license into the License tab: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: If it is a new license entirely, the Provider Enrollment will enter a new license into the License tab: <b>Critical</b></p>
License Expire Date	<p>New: Updated by Provider Enrollment if date entered by provider does not match attached license or supporting documentation: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Verified?	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>

**Miscellaneous Tab**- No fields on this tab are critical for a MAD 312

**Affiliations Tab** - No fields on this tab are critical for a MAD 312

**Institution Tab** - No fields on this tab are critical for a MAD 312

**MC Affiliations Tab** - No fields on this tab are considered critical

**Review Tab** - No fields on this tab are critical for a MAD 312

**Notes Tab**

See Notes Scripts section in this document. Provider Enrollment staff must use the notes templates found in the Notes Scripts section to complete the Notes tab.

**6.4.1.4. Critical Errors - Workflow**

There are 2 questions that are considered critical in Workflow:

- What is the provider id? If the wrong provider ID is populated in this field, Provider Enrollment will be required to correct this number before the job is sent to QA.
- Verify previous enrollment: This is only critical if a new number was assigned in error when a provider was previously enrolled.

**6.4.2. MAD 335 QA Critical Vs. Non-Critical Errors**

The purpose of this procedure is to distinguish, for auditing purposes, which fields in OmniCaid related to the MAD 335 application form are critical or non-critical (not reviewed by QA).

There are 4 different processes for auditing a MAD 312 application

- Electronic – Using OmniCaid-created provider file
- Electronic – Using existing provider file in OmniCaid
- Paper – Using new provider file (manually created)
- Paper – Using existing provider file in OmniCaid

**6.4.2.1. Scoring Methodology**

The MAD 335 application form will count for a total of 20 points.

For each critical field that is determined to have been entered by a Provider Enrollment staff member incorrectly there will be a 1-point deduction from their 20. The critical fields are determined by the process matrix below.

If an application should have been returned to the provider (RTP), the QA Rep will mark that as a 0/1 point and the application will be pushed back to the processing Provider Enrollment staff member.

**6.4.2.2. PPA Category**

The purpose is to locate human-made errors in provider files, Workflow or in the paperwork required in order to enroll as a Medicaid provider in New Mexico. The process is determined by the type of application that is attached to the job in Workflow as well as the enrollment status in OmniCaid.

**PPA Category**

Process Matrix	Electronic – New	Electronic – Existing	Paper – New	Paper - Existing
Application	Red identifying code will be present on top-left portion of every page. Initials and signatures will be blank on all pages.	Red identifying code will be present on top-left portion of every page. Initials and signatures will be blank on all pages.	Paper applications are darker and could have either typed or hand written information. Initials and signatures will be on all pages, hand written, original signatures.	Paper applications are darker and could have either typed or hand written information. Initials and signatures will be on all pages, hand written, original signatures.

Process Matrix	Electronic – New	Electronic – Existing	Paper – New	Paper - Existing
OmniCaid	Enrollment status will show a Pend-44, Pend-45 or both.	Enrollment status will show a Pend-44, Pend-45 or both. Below the Pending status there will be a 60-Active with some type of Termination status above it.	Enrollment status will show a Pend-44, Pend-45 or both.	Enrollment status will show a Pend-44, Pend-45 or both. Below the Pending status there will be a 60-Active with some type of Termination status above it.

#### 6.4.2.3. Critical Errors - OmniCaid

Critical fields that should be audited are outlined below.

#### Critical Errors on the Name/Address Tab – MAD 335

Critical Errors on the Name/Address Tab –MAD 335		
Field Name	Electronic	Paper
Business Name: Fst/Mi/Lst/Sfx	New: Updated by Provider Enrollment to match attached documentation, per Provider Enrollment Procedure Manual: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>
Legal/Tax Name: Fst/Mi/Lst/Sfx	New: Updated by Provider Enrollment to match attached documentation, per Provider Enrollment Procedure Manual: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>
Sort Name	New: Updated by Provider Enrollment to match attached documentation, per Provider Enrollment Procedure Manual: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>
Practice Type	New: Will be updated by Provider Enrollment to match W-9: <b>Critical</b> ----- Existing: Will be updated to match W-9 by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment: <b>Critical</b>
Business Loc	New: None ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> -----

**Critical Errors on the Name/Address Tab –MAD 335**

		Existing: Updated by Provider Enrollment: <b>Critical</b>
Location: Address Line 1	New: None ----- Existing: Will be updated to match new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b>	New: Entered by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b> ----- Existing: Will be updated to match new PPA by P Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b>
Location: Address Line 2	New: None ----- Existing: Will be updated to match new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b>	New: Entered by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b> ----- Existing: Will be updated to match new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b>
Location: City, State, Zip	New: None ----- Existing: Will be updated to match new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b>	New: Entered by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b> ----- Existing: Will be updated to match the new PPA by Provider Enrollment. Will either match the PPA or USPS results: <b>Critical</b>
Location: Phone	New: None ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>

**Critical Errors on the Enrollment Tab – MAD 335**

**Critical Errors on the Enrollment Tab – MAD 335**

Field Name	Electronic	Paper
Provider type	New: If the provider chooses the wrong type, Provider Enrollment will correct it: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
Billing code	New: Updated by Provider Enrollment if wrong code was chosen by provider, per Provider Enrollment Procedure Manual: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>

**Critical Errors on the Enrollment Tab – MAD 335**

SSN	<p>New: Updated by Provider Enrollment if supporting documentation contradicts what was entered through the Web Portal: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b>. Attached documentation (copy of SSN card) will override what was entered on the PPA: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b>. Attached documentation (copy of W-9) will override what was entered on the PPA: <b>Critical</b></p>
FEIN	<p>New: Updated by Provider Enrollment if supporting documentation contradicts what was entered through the Web Portal: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b>. Attached documentation (copy of W-9) will override what was entered on the PPA: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b>. Attached documentation (copy of SSN card) will override what was entered on the PPA: <b>Critical</b></p>
Group Code	<p>New: Updated by Provider Enrollment, per type/spec list and procedures: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment per type/spec list and procedures: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment, per type/spec list and procedures: <b>Critical</b></p> <p>-----</p> <p>Existing: updated by Provider Enrollment per type/spec list and procedures: <b>Critical</b></p>
Re-verify Date	<p>New: If the provider is affiliating with a school or school-based provider. Provider Enrollment will update this field in OmniCaid, per Provider Enrollment Procedure Manual: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Gross Tax Number	<p>New: None</p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Date of Birth	<p>New: If DOB on W-9 contradicts what provider entered, Provider Enrollment will update file to match W-9: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>
Medicare Participant	<p>New: None.</p> <p>-----</p> <p>Existing: Updated by Provider Enrollment: <b>Critical</b></p>	<p>New: Entered by Provider Enrollment: <b>Critical</b></p> <p>-----</p>

**Critical Errors on the Enrollment Tab – MAD 335**

		Existing: Updated by Provider Enrollment: <b>Critical</b>
Profit Indicator	New: None. ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
Tax Discount	New: None. ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
Provider Specialty	New: If the provider chooses the wrong type, Provider Enrollment will correct it: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>

**Medicare Tab**

Note: Must be entered if Provider Type and Specialty List identifies that this provider has a Medicare Certification. This is only a "**critical**" field" when the Provider Type and Specialty List identifies this requirement.

**Critical Errors on the Medicare Tab – MAD 335**

**Critical Errors on the Medicare Tab – MAD 335**

Field Name	Electronic	Paper
Number	New: None. ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
Part A	New: None. ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
Part B	New: None ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
Begin Date	New: None ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> -----

**Critical Errors on the Medicare Tab – MAD 335**

		Existing: Updated by Provider Enrollment: <b>Critical</b>
End Date	New: None ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>

**Critical Errors on the License/CLIA Tab – MAD 335**

**Critical Errors on the License/CLIA Tab – MAD 335**

Field Name	Electronic	Paper
License Number	New: Updated by Provider Enrollment if the attached license number differs or does not follow procedure from the existing license number. <b>Critical</b> ----- Existing: Updated by Provider Enrollment if the attached license number differs from the existing license number. <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
License Effective Date	New: Updated by Provider Enrollment if date entered by provider does not match attached license or supporting documentation: <b>Critical</b> ----- Existing: If it is a new license entirely, Provider Enrollment will enter a new license into the License tab: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: If it is a new license entirely, Provider Enrollment will enter a new license into the License tab: <b>Critical</b>
License Expire Date	New: Updated by Provider Enrollment if date entered by provider does not match attached license or supporting documentation: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
Verified?	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
CLIA Number	New: Updated by Provider Enrollment if number entered by provider does not match attached license or supporting documentation: <b>Critical</b> -----	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>

**Critical Errors on the License/CLIA Tab – MAD 335**

	Existing: Updated by Provider Enrollment: <b>Critical</b>	
CLIA Effective Date		New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
CLIA Expire Date	New: None ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>

**Critical Errors on the Miscellaneous Tab – MAD 335**

**Critical Errors on the Miscellaneous Tab – MAD 335**

Field Name	Electronic	Paper
Dispensing Fee	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>
Effective Date	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>	New: Entered by Provider Enrollment: <b>Critical</b> ----- Existing: Updated by Provider Enrollment: <b>Critical</b>

**Affiliations Tab** - No fields on this tab are critical for the MAD 335

**Institution Tab** - No fields on this tab are critical for a MAD 335

**MC Affiliations Tab** -No fields on this tab are considered critical

**Review Tab** - No fields on this tab are critical for a MAD 335

**Notes Tab**

See Notes Scripts section in this document. Provider Enrollment staff must use the notes templates found in the Notes Scripts section to complete the Notes tab.

**6.4.2.4. Critical Errors – Workflow**

There are only 2 questions that are considered critical in Workflow.

- What is the provider id? If the wrong provider ID is populated in this field, Provider Enrollment will be required to correct this number before the job is sent to QA.

- Verify previous enrollment: This is only critical if a new number was assigned in error when a provider was previously enrolled.

## 7. Turn Around Document (TAD)

A system generated TAD is mailed every three years following Medicaid enrollment to verify current information is on file and reflected in OmniCaid. A Medicaid provider number is automatically terminated if the TAD is not returned as requested.

### System Tools Needed

- IntraViewer/DocFinity/Workflow
- OmniCaid

### 7.1. General Rules

- Five TADs are issued (if necessary) according to the following schedule:
  - Two months prior to renewal date (1st and 2nd month TAD notices)
  - Renewal month (3rd month notice)
  - One month after renewal date (4th month notice)
  - Two months after renewal date (5th month notice)
  - If at the end of the fifth month, no response has been received, the account will be terminated for no re-verification by OmniCaid.
- In general, white-out is not acceptable; however, if white-out is used in a non-critical area, the manager/supervisor can grant approval authority on a case by case basis. Indicate this approval in your notes using the appropriate Notes Script template (see Notes Scripts section).
- Look for any updates. If updates are made to location address, DOB, SSN, or License end date, update in OmniCaid.
- If the non-profit question is answered Yes, disregard.
- If there is a billing address added, disregard and check OmniCaid for the billing address and remove but only if the provider is NOT service only.
- Questions 4 and 5 are not recorded anywhere in OmniCaid, this is not something Provider Enrollment loads into the provider's file.
- Per RAT#1933 and Memo #14-1006:
  - Provider Types 463, 701-705, 801-803, 821-822, 831-833 and 899 should not receive re-verification letters and should not be terminated
  - Provider types 201-205, 211-218, and 344 should now receive re-verification letters and should be terminated if no response
  - Provider Type 221 should receive re-verification letters, but should not be auto terminated if no response
- If an original signature is not present, the TAD must be returned to the provider, using the approved RTP form, requesting that the provider sign and resubmit.
- If TAD is not dated by provider or dated in the wrong area, the TCN from Workflow will be used.

### 7.2. Review the Provider Status

- Internal only: 90 day grace period for all providers.

- If the TAD is from a group and the individual is being disaffiliated from the group, disaffiliate from the group but DO NOT terminate the provider if there are no active affiliations. Continue to process the TAD. (Make sure to note disaffiliation in individual's file, for each disaffiliation, and update location and mailing address to an active affiliation, if there is not one, leave address as is).
- If the TAD is from an individual and they are no longer with the group, disaffiliate from the group but DO NOT terminate the provider if there are no active affiliations. Continue to process the TAD.
- If the TAD is from a terminated entity (group or individual), make no changes to OmniCaid unless the termination is for no re-verification and is within the 90 grace period.
- If the TAD is within the grace period, reactivate the provider by accessing the Enrollment tab.
  - Delete the termination line from Enrollment Status in OmniCaid.
- If the provider is termed for no license and still within grace period of 90 days when the TAD is received, update the TAD while waiting for the license.
- If the provider is termed for no re-verification, remove the termination by deleting the row while updating the TAD on the Enrollment Status in OmniCaid.
- If the 90 grace period has expired, the supervisor/manager has override authority to accept documents that are past the 90 day deadline. Each case must be reviewed and approved by supervisor/manager and noted in OmniCaid.

### 7.3. Processing Steps

#### TAD Processing Steps

#	Step	Details
1	Screening	<ul style="list-style-type: none"> <li>• Log into IntraViewer/DocFinity/Workflow</li> <li>• Filter the general queue to the TAD view which will display all outstanding TADs.</li> <li>• Work oldest to newest (sort by received date)</li> <li>• Select the TAD document and confirm all pages are attached. This should be a six page document unless it is a group re-verification which may have more pages. Rotate the pages for viewing</li> <li>• Review the documentation for the following:               <ul style="list-style-type: none"> <li>– Confirm the processing date and the Provider ID are the same on all pages attached</li> </ul> </li> <li>• Manually screen the TAD document through OIG and SAMS. For individual providers screen provider. For group applications owner and managers must be screened. Send screen shots form OIG and SAMS to file. Any exculsions found PSD to state. Note screening in Omnicaid.</li> </ul>
2	OmniCaid	<ul style="list-style-type: none"> <li>• Log into OmniCaid and pull up the provider number</li> <li>• If there is a term status (term-no rev) within 90 days, the term can be removed but, if the license is termed, do not remove. Update the TAD but leave the term. If both are termed, RTP the TAD for a full application submission.</li> <li>• Notes section: Using the appropriate Notes Script template (see Notes Scripts section), indicate the USPS location and any other changes made to that TAD. The State requested all locations have the plus four on the zip. If it is unable to be USPS verified, add that as well.</li> </ul>

#	Step	Details
		<ul style="list-style-type: none"> <li>Update application and re-verification dates. These are the only two dates that need to be updated unless an updated license was included with the TAD. Only do this step if the TAD is ready to process.</li> <li>Go back to IntraViewer/DocFinity/Workflow and answer the questions for updates.</li> </ul> <p>Note: If a license is included in with these TADs, update the license and the notes using the appropriate Notes Script template (see Notes Scripts section). If something is missing, RTP only (do not call or email).</p>

#### 7.4. Questions on TAD

##### 7.4.1. Question 1 on TAD

Question #1 is required to be answered by all providers:

#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 persons 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). Use additional pages if necessary.

YES  NO

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DESCRIPTION
------	------------------------	---------------	-------------

-----

- A.
- B.
- C.
- D.

- This section is asking if any person who has ownership or controlling interest has been convicted of a criminal offense.
  - If the answer is yes, include individuals name, SSN, DOB and description of offense
  - Do not RTP if it is blank and the answer is no

##### 7.4.2. Question 2 on TAD

Question #2 is to be answered by all providers, who receive payment directly from NM Medicaid including non-profit organizations and charities. This Question does not apply to Individual providers who perform services within a group or other organization and payment is made to the group or organization.

#2. Federal regulation requires the following information to be disclosed by all incorporated entities on all managing employees.

Use additional pages if necessary.

NAME	ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH
------	---------	------------------------	---------------

- 
- A.
  - B.
  - C.
  - D.

- This section is required to be answered by all providers (except individuals and sole proprietors). (Example: NOT required by “service only” and “unrestricted” using SSN)
- Managing employee information or anyone who deals with daily operations is required.
- It is very important that providers include their SSNs along with all other required information required in this section.

If a Government Entity or IHS, a SSN is not needed.

If the IHS declares themselves as a Corporation, a SSN is not required.

**7.4.3. Question 3 on TAD**

Questions # 3 - 5 are to be answered by all facilities or organizations who receive payments directly from NM Medicaid.

- Questions 3-5 do not apply to Individual practitioners who perform services within a group or organization and payment is made to the group or organization. (Example: NOT required by “service only” and “unrestricted” using SSN)
- Question 1 is a required answer from all providers (individuals and groups). If the answer is Yes, each offense needs to be documented.
- If the offense has already been ok’d State on prior app or TAD processing may continue
- If the offense is new and has not been ok’d , the TAD is PSD to State for their approval to proceed. Once approval is granted not in OC using permanent note on the top of note section.
- Questions 2 through 5 are for group providers not individual providers
- Question 2 requires a list of all managing employees names, addresses (in full), DOB, and SSN

Provide the name and address of each person with an ownership or control interest in the provider or in any subcontractor in which the provider has direct or indirect ownership of 5% or more. Use additional pages if necessary.

NAME	ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH
------	---------	------------------------	---------------

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- A.
- B.
- C.

- This section must be answered by all providers with a corporation type or higher including non-profit entities. They are required to include a SSN as well as all other information. (Blank does not mean none)
- If the provider is an individual/sole proprietor, IHS, Government Entity or Public School, they are exempt from providing their SSN and Name. However, if the provider did include their name and/or SSN, we will accept it.

- If the provider answered (NONE or N/A), a SSN or name is not required. There is no one with an ownership or control interest of 5% or higher.

**7.4.4. Question 4 on TAD**

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). Use additional pages if necessary. Note: Designate relationship to each person listed in question #3 by using A., B., C., etc.

NAME	RELATIONSHIP
-----	
A.	
B.	
C.	

- This section is referring back to question 3.
- If the individuals listed in question 3 are related, specify kinship.
- If there is only one name listed in question 3, no response is required for question 4.

**7.4.5. Question 5 on TAD**

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(s) of the Medicaid provider or entity.

Use additional pages if necessary.

YES  NO

NAME	ADDRESS	MEDICAID PROVIDER NUMBER
-----		
A.		
B.		
C.		

- This section is asking if anyone listed in question 3 owns any other entity/business that does not participate in Medicaid.
- Do not RTP if it is blank.

**7.4.6. Question 6 on TAD**

Question #6 A - C is to be answered by all providers:

A) Have you ever had a license revoked, suspended or denied in any state?

YES  NO Initial \_\_\_\_\_

B) Have you or any of the owners or principals ever been convicted of any criminal offense?

YES  NO Initial \_\_\_\_\_

C) Have you or any of the owners or principals ever been excluded or suspended from participation in Title XVIII (Medicare), Title XIX (Medicaid) or any other health care program?

\_\_ YES \_\_ NO Initial \_\_\_\_\_

If YES to any of the above three questions, attach a brief statement of situation; date; state; city, county and professional association or court which handled the matter; any precinct case identification and the adjudication or other result. All responses must be initialed by the provider or the document will be returned to you without an update being applied to your file.

- The TAD must be answered and initialed (hand written) in any color ink.
- If any questions are answered Yes, an explanation of the incident must include date, state, city, county, professional association or court which handled matter.
- Verify on the Notes tab if previous Provider Status Determination has been filed. Locate received date and verify document is in scanned file. If yes, document in Notes tab using the appropriate Notes Script template (see Notes Scripts section). Incomplete TADs must be reviewed by the supervisor. If there is no prior Provider Status Determination on file (if the provider is new, there will not be notes on file), pull up the original application from IntraViewer. If the provider answered "yes" to the same question on application, process the TAD and note that the state has already approved the answer with activation of the provider's application. It is very important to note that in OmniCaid for future processors and QA purposes. If the "yes" answer is not on the application, move forward with the Provider Status Determination.
- Send an email to the state requesting a Provider Status Determination.
- Access the Notes tab.
- Using the appropriate Notes Script template (see Notes Scripts section) enter comments stating the TAD received date and Provider Status Determination to State.
- Place TAD on hold until Provider Status Determination received from State.
- Once received back from State, place a copy of the email in the Provider file.

#### 7.4.7. Signature Page

- The signature must be in blue ink. The blue ink rule can be overridden if it can be determined that the signature is an original. This must be noted in the notes.
- If the provider is an individual/sole proprietor, the signature would be under individual provider section on the last page of the TAD.
- If the provider is anything other than a facility or non-practitioner organization, the signature should be under facilities/non practitioner organizations. Based on State direction, signatures are accepted if signed on either line of Individual or Facility signature line. Individual signing TAD does not have to be included under management or employee.
- If the sign date is not entered they the TCN date is used. The date must be in the appropriate area to be utilized. If it is not then use TCN.

### 7.5. TAD Changes

If location, billing, or mailing address is missing +4 zip, always update per USPS website.

#### TAD Changes

TAD Changes	
Information to be Changed	Instructions

## TAD Changes

Location Address	<ul style="list-style-type: none"> <li>• PO Boxes are not acceptable</li> <li>• Go to the USPS website, enter the address, and verify the Zip Code +4 matches the address on the application</li> <li>• If the address cannot be verified online, RTP and update the notes in OmniCaid using the appropriate Notes Script template (see Notes Scripts section)</li> <li>• If entering the address in a different format than the USPS standard noted above, use the appropriate Notes Script template (see Notes Scripts section) and copy and paste into OmniCaid notes the address as entered in USPS look up a zip code</li> <li>• Service only providers do not need to match the group address</li> <li>• Location can be updated if billing code is a Service only</li> <li>• If billing code is Bill Only or Unrestricted</li> <li>• Need copy of Business License with current physical address on the license-cannot have PO Boxes, before updating OmniCaid</li> </ul>
Mailing Address	<ul style="list-style-type: none"> <li>• Line 1 affiliate name is required if Service Only Provider</li> <li>• Verify address by USPS website unless the Group has already been verified by USPS website</li> <li>• Must enter the 5 digit Zip plus +4</li> <li>• If entering the address in a different format than the USPS standard noted above, use the appropriate Notes Script template (see Notes Scripts section) and copy and paste into OmniCaid notes the address as entered in USPS look up a zip code</li> <li>• Service Only Providers do not need to match the group address</li> <li>• If the Mailing address is missing for a Service Only Provider, check for the group that was most recently affiliated with the provider and enter that group's mailing address</li> <li>• If changing the Service Only Provider's mailing address to match the affiliated group's mailing address, verify that the Service Only Provider's location address also matches the most recently affiliated group's location address. If it does not, change the Service Only Provider's location address to match the affiliated group's location address</li> <li>• If the mailing address is missing for an Unrestricted or Bill Only Provider, add the billing address as the mailing address</li> </ul>
Billing Address	<ul style="list-style-type: none"> <li>• Billing addresses are not entered for Service Only Providers. If an address is entered, delete it</li> <li>• Verifying Address on USPS.com</li> <li>• If entering the address in a different format than the USPS standard noted above, use the appropriate Notes Script template (see Notes Scripts section) and copy and paste into OmniCaid notes the address as entered in USPS look up a zip code</li> </ul>
Phone Number	Perform update
Fax Number	Perform update

## TAD Changes

DEA Number	Perform update if provided.
License	<ul style="list-style-type: none"> <li>• Verify copy of the updated document</li> <li>• Perform update</li> </ul> <p><b>Exception:</b> Case managers that are affiliated with schools do not require a license</p> <p>If a license or certification/residency training comes in with a TAD, it can be updated without processing through update Workflow, <b>if the employee is not in training.</b></p>
CLIA	<ul style="list-style-type: none"> <li>• Only required if provider type requires it</li> <li>• Requires copy of certification if box is populated</li> <li>• Cannot use a CLIA that does not match name AND location address: if it has either different, call CLIA office and confirm if it is shared</li> <li>• A Shared CLIA will not match name and/or address depending on what the CLIA office says</li> <li>• CMS sends update data files (OSCAR files) directly to the MMIS and this can include CLIA information. If an update from a provider is received that has a CLIA attached with one expiration date but the provider file in OmniCaid already shows a later expiration date, do not update the CLIA information in the provider file in OmniCaid.</li> <li>• Example: An update from a provider is received with a CLIA expiration date of 8/2/2015 but OmniCaid shows that the system has already been updated by the OSCAR file to show an 8/2/2016 expiration date. There is no need to change the system again since the expiration date has already been updated and the expiration date is for 2016.</li> </ul> <p>Note: CLIA information is never entered for Service Only Providers.</p>
Tax ID	<ul style="list-style-type: none"> <li>• Verify copies of the updated W-9, IRS letter or tax coupon, the provider's letterhead letter of explanation (including Medicaid provider number and signature)</li> <li>• Verify the request is not related to a keying error</li> <li>• If the tax information was entered incorrectly by Conduent, perform the update</li> <li>• If the tax information was entered correctly and necessary documentation is not attached, RTP (refer to CHOW procedure for more information)</li> </ul>
Fiscal Year End Month	<ul style="list-style-type: none"> <li>• For Bill Only and Unrestricted providers</li> <li>• Access the Institution tab and enter the new date</li> </ul>
Medicare Number	Not applicable for Service Only Providers
Foreign Languages	<ul style="list-style-type: none"> <li>• Access the Miscellaneous tab</li> <li>• Enter any foreign languages the provider has listed</li> <li>• If a language indicated is not in the OmniCaid option list, enter the language in Notes using the appropriate Notes Script template (see Notes Scripts section)</li> </ul>

## TAD Changes

	<ul style="list-style-type: none"> <li>Advise the supervisor of the provider number and language so that the spreadsheet that is being maintained for possible OmniCaid enhancements can be updated</li> </ul>
Group Affiliation	<p>Note: Affiliations cannot be added whether it is a group or rendering provider by a TAD.</p> <ul style="list-style-type: none"> <li>Adding an Affiliation must be done using the proper cross-reference procedures</li> </ul>
Individual Provider Added to Group	<p>Note: Affiliations cannot be added whether it is a group or rendering provider by a TAD. It must be done using the proper cross-reference procedures</p>
Affiliation Termination	<ul style="list-style-type: none"> <li>Review termination process for additional instructions</li> <li>When an individual rendering provider's TAD comes in and the individual crosses out an affiliation and does not include the end date, use the day after the signature date for that disaffiliation</li> <li>If the provider does indicate an end date, use the day after the date that the provider needs to be terminated or have other actions taken on their file</li> <li>When a group's TAD comes in and they disaffiliate a rendering provider, use the day after the date that the provider specifies as the end date</li> <li>If, however, the State provides a specific termination date, do not add a day to the date given by the State</li> <li>Using the appropriate Notes Script template (see Notes Scripts section) add notes to the provider file of the TAD that is being worked in OmniCaid</li> <li>If the affiliated provider is already terminated make sure the requested "end affiliation" date is on or after the termination date. If it is not update in OC and run claims according to procedure.</li> </ul>
Update the Application Date	<ul style="list-style-type: none"> <li>Enter the TCN date</li> <li>The TCN date is listed on down arrow user key in Workflow. The TCN date to be used is contained within the TCN number itself. Use the Julian date calendar to determine received date</li> </ul>
Date of Birth	<ul style="list-style-type: none"> <li>OmniCaid will require a DOB when the practice type is Individual (I) or Sole Proprietor (S). It is not possible to move to another tab without adding something</li> <li>Check provider file for application and use DOB that is on the application. If blank or illegible, use 01/01/01 as the default</li> </ul>
Update the Re-verify Date	<ul style="list-style-type: none"> <li>Date needs to match the signature date (unless using TCN date is use if signature date is missing or indicated in the wrong area)</li> <li>Upon reactivation of a school provider (provider type 345), school based health clinic (provider type 321), or of a Service only Individual Provider affiliated with provider type 345 and 321, Conduent staff will assign a re-verify date of January 1<sup>st</sup> and the following year that the TAD was received.</li> </ul> <p><i>Example: if the TAD is received July 3,2019 the re-verify date assigned should be 1/1/2020.</i></p>

## TAD Changes

	<p>Access the Notes tab. Using the appropriate Notes Script template (see Notes Scripts section) record that a TAD was received, changes made (if any), initials, and date. If there are no changes indicated on the TAD, use the appropriate Notes Script template to enter comments referencing the TAD was received with no changes</p>
Forcing A TAD	<ul style="list-style-type: none"><li>• When forcing a TAD, it needs to be within the 90 day grace period</li><li>• If a provider contacts Conduent past the 90 day grace period, the supervisor has the authority to approve the change</li><li>• To force the TAD, the re-verification date needs to be changed</li><li>• Remove the no re-verification on the Enrollment Status tab</li><li>• Example: If the provider was terminated 5/1/13, the re-verification date needs to be changed to 3/1/13</li><li>• The TAD will be printed the following month</li></ul>

### 7.6. Follow-up

- After review of the TAD and entry in OmniCaid, forward TAD to QA through Workflow
- If the TAD is returned from QA, check to see if corrections need to be completed or disputed
- If necessary, make the appropriate corrections and forward the TAD in Workflow
- If disputed, enter information in Workflow and forward the dispute to supervisor
- Disputes must be submitted to the QA Leadership queue by Monday close of business to be considered for the previous week

## 8. Updates

Provider Enrollment is responsible for maintaining accurate and timely provider data. Listed below are the processes for completing the most common updates to provider data.

### 8.1. Address Changes

Provider address changes are routinely received by the Provider Enrollment Department. These updates may apply to the Location, Billing, Mail to, or all three addresses. When these requests are received, the steps outlined below are to be followed to ensure accuracy in completing the update.

For Unrestricted Providers do not change the Mail to or Billing address unless a letter is received from the Unrestricted Provider. For Mailing and Billing addresses go to the USPS website and verify the address on the application. If the USPS verification has been made on a group number, the verification does not need to be repeated for the individual change. If the address has already been verified, there is no need to re-verify. The address found on the USPS website should be the one used in OmniCaid.

For a satellite location enter the address provided by the provider at the top of the Notes tab in OmniCaid using the appropriate Notes Script template (see Notes Scripts section).

#### 8.1.1. Screening and Verification

- Log into OmniCaid
- Go to the Provider subsystem
- Select the Detail record
- Select Provider ID or National Provider ID from the Search By drop down menu
- Enter the Provider ID or NPI in the Search For field
- Select the appropriate provider by highlighting the line and clicking on the Select button
  - Often times the search will result in multiple lines of related providers, this is especially true of NPIs
- Select the Enrollment tab to determine the provider type and specialty
  - If the provider includes a specialty certification, PED, business license, or other item that is required to be tracked in OmniCaid according to the Provider Type and Specialty List, it should be added into OmniCaid. If the provider is not specifically asking Conduent to do something with the attached item please reach out to the provider to see if additional specialty is wanted. If the provider can't be reached do not leave voicemail revert to the request on the application and do not enter the additional documents. (we don't want a provider to have an item in OC that will cause them to term if we can't get a confirmation that the specialty is definitely needed.)
  - If a file does not have a needed board cert, PED, per Provider Type and Specialty List, Provider Enrollment is required to locate it and enter it in OmniCaid, make notations, and send to file
- Select the Name/Address tab
  - Review each address type from the drop down menu to determine whether the change request is a duplicate and the change has already been made
  - If the address information listed in OmniCaid matches the new/requested address information, write "duplicate" on the request and place the providers file. The request has been previously completed and this request is considered complete

- If the address information listed in OmniCaid differs from the new/requested address information, review the following verification items:

**Address Verification**

Address Verification		
Information Submitted	Instructions	Next Steps
Authorized Signatures	<ul style="list-style-type: none"> <li>• For unrestricted individual, private practice providers:               <ul style="list-style-type: none"> <li>– Verify provider signature</li> </ul> </li> <li>• For business providers:               <ul style="list-style-type: none"> <li>– Verify authorized representative or provider signature</li> </ul> </li> <li>• For rendering providers:               <ul style="list-style-type: none"> <li>– Verify business office signature or provider signature</li> </ul> </li> </ul>	If yes, proceed to next verification item
Mailing Address	<ul style="list-style-type: none"> <li>• For individual providers:               <ul style="list-style-type: none"> <li>– Go to the Affiliations screen in OmniCaid</li> </ul> </li> <li>• If there is a group provider number associated with the individual number:               <ul style="list-style-type: none"> <li>– Go to the Provider Detail screen of the group provider number to see if the address has been previously verified</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If the group provider address has been verified, using the appropriate Notes Script template (see Notes Scripts section) make a note in the Notes section of OmniCaid to indicate the address has been previously verified through the group number</li> <li>• If the group provider address has not been verified or a group number is not affiliated with the individual provider, proceed to the next verification item</li> <li>• If not previously done, verify via USPS website if it matches Mailing Address or Billing Address, or both</li> <li>• Rendering providers need the name of the group or organization they are affiliating with on the first line of the mailing address</li> </ul>
Billing Address	<ul style="list-style-type: none"> <li>• For individual providers:               <ul style="list-style-type: none"> <li>– Go to the Affiliations screen in OmniCaid</li> </ul> </li> <li><b>(service only providers no longer need a billing address)</b></li> <li>• If there is a group provider number associated with the individual number:               <ul style="list-style-type: none"> <li>– Go to the Provider Detail screen of the group provider number to see if the address has been previously verified</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If the group provider address has been verified, using the appropriate Notes Script template (see Notes Scripts section) make a note in the Notes section of OmniCaid to indicate the address has been previously verified through the group number</li> <li>• If the group provider address has not been verified or a group number is not affiliated with the individual provider, proceed to the next verification item</li> <li>• Verify via USPS website if it matches Mailing Address or Billing Address, or both.</li> <li>• Do not enter for MAD 312</li> </ul>

## Address Verification

		<ul style="list-style-type: none"> <li>Deletion of billing address from only providers does not require notation in OmniCaid</li> </ul>
Billing Phone	For Bill only or Unrestricted Providers	Enter the phone and fax number if given
Location Address	<ul style="list-style-type: none"> <li>Verify the address is a physical address</li> <li>PO Boxes are not accepted</li> </ul>	<ul style="list-style-type: none"> <li>Go to the USPS website, enter the address, and verify the Zip Code +4 matches the address on the application</li> <li>If entering the address in a different format than the USPS standard noted above, using the appropriate Notes Script template (see Notes Scripts section) copy and paste into OmniCaid notes the address as entered in USPS look up a zip code</li> <li>If the address cannot be verified online, RTP</li> <li>If physical location, proceed to the next step</li> <li>For Bill only or unrestricted providers:             <ul style="list-style-type: none"> <li>Obtain a copy of the provider's updated business license/facility license reflecting the new location address</li> </ul> </li> <li>If the new address is in a different state, obtain the provider's professional license from the new state</li> <li>If a different physical state address is given, verify if the provider is actually with the group Border states can allow crossing over of providers, for example NM to CO or TX. The individual provider must still produce the professional license for the state they are in when rendering services</li> <li>Verify via USPS website if it matches Mailing Address or Billing Address, or both</li> </ul>

### 8.1.2. OmniCaid Entry

- Enter the Billing, Mailing, and/or Location address into OmniCaid as it appears on the USPS website
- Once the address information has been updated in OmniCaid, verify the county code is in agreement with the new address
- If changing from one state to another, check the business location to make sure it matches the state code as well
- Update the email addresses as specified by the provider on the address change request. If not specified, verify the email shown belongs to the group they are disaffiliated from (check the extension). If the email address does belong to the disaffiliated group, remove.
  - Example 1: Provider is disaffiliating from Presbyterian and going to UNM...they have requested an email change from Pres email to UNM email – make appropriate changes in OmniCaid

– Example 2: Provider is disaffiliated from Presbyterian and going to UNM...they have requested an address change but not an email change but upon verification the email address belongs to Presbyterian – remove the email address.

- If the domain name is personal and does not directly reflect the name of the old group, leave as is in OmniCaid

### 8.1.3. Follow-up

- Forward the documents to QA for review
- When returned from QA, make any necessary corrections and forward to the file

## 8.2. Name Changes

There are two types of name changes that may be received. The first is a simple change of name due to the provider being divorced or married. The second type of name change occurs when a business experiences a change of ownership, or CHOW. If the change is due to a CHOW, refer to the CHOW process. The steps outlined below should be followed when a name changes and does not include a change of ownership.

### 8.2.1. Screening and Verification

Documentation Required for Name Changes

Documentation Required for Name Changes		
Name Field	Service Only Providers	Unrestricted Providers
Business Name	<p>Signed and dated letter of explanation from the provider or authorized representative.</p> <p>Note: All other information on the license should remain the same.</p>	<ul style="list-style-type: none"> <li>• Updated W-9 (signed, dated, and completed)</li> <li>• Copy of the license of record</li> <li>• Short note explaining that both names are still the same named person or entity, no purchase or merger was made</li> </ul> <p>Note: Sometimes a copy of the business license or DOH (whichever is issued) is required, it just depends on which name is printed on the license (legal or DBA/sort).</p>
Sort Name	<p>Signed and dated letter of explanation from the provider or authorized representative.</p> <p>Note: All other information on the license should remain the same</p>	<ul style="list-style-type: none"> <li>• Updated W-9 (signed, dated and completed)</li> <li>• Copy of the license of record</li> <li>• Short note explaining that both names are still the same named person or entity, no purchase or merger was made</li> </ul> <p>Note: Sometimes a copy of the business license or DOH (whichever is issued) is required, it just depends on which name is printed on the license (legal or DBA/sort).</p>
Legal Name	<p>Signed and dated letter of explanation from the provider/rep ,</p> <p>New IRS letter or copy of social security card</p>	<ul style="list-style-type: none"> <li>• Federal Tax ID number</li> <li>• New IRS letter or copy of social security card</li> <li>• Updated W-9</li> </ul>

## Documentation Required for Name Changes

- Copy of the license on record
  - Letter explaining there was no purchase or merger
- Note: The Business and Sort names can be updated, but the Legal name field cannot be altered without the new IRS letter or social security card.

### 8.2.2. OmniCaid Entry

When changing a name and a W-9 is submitted, update the practice type and W-9 sign date fields in OmniCaid.

### 8.3. Provider Type Changes (Upgrades/Downgrades)

Generally a provider type will not change once the provider has been activated, however, there are specific instances where a provider type will change.

- If a provider has been activated as a license type that, upon completion of more studies is rendered null and void by the board and a higher level of licensure is issued, the provider can petition for a provider type upgrade. The former license does not have to be surrendered or nullified for an upgrade to be requested. The provider simply has to prove licensure in the type of license being used. Some provider types are obvious and easy to see; some are not.
- Examples of provider types that can be upgraded are 445 licensed master mental health counselors (LPAT, LPC, LMHC license types), 437 licensed master social workers and in some cases 438 school psychologists. These can all upgrade to another provider type (436, 435, 444, and 431) upon State approval. All of these provider types can also be downgraded if the provider fails to maintain their credits and the license board issues a lower grade (master's level) license.
- Examples of provider types that are not upgraded are 440, 301, 302 (not interchangeable), and 305 to 301/302.
- Some provider types are interchangeable and do not require State approval to do so. They are provider types 451, 452, 453, 454, 457, 458.
- Provider types 451/452 and 453/454 per the Provider Type and Specialty List are the same license type, with the difference lying in the Medicare requirement. If a 452 or 454 are enrolled/activated into OmniCaid, they will have the EPSDT Only box checked; when Medicare is proven and loaded into the system, their provider type will change to 451 or 453, the Medicare check box will be marked, the EPSDT box will be unmarked and Medicare will be loaded either on their Medicare tab (if unrestricted) or on the Groups tab (if service only).
- Provider types 457/458 are changed with proof of affiliation. A school based SLP will only be attached to 345 group types (schools) and the rendering will be 458. A SLP that is attached to 345 group types and other group types available will be a 457. If a school based SLP, enrolled/activated as a 458 is later attached to another non-school group type (i.e. 432, 433. etc.) their provider type will change to 457, however EPSDT will always remain checked.
- A provider type upgrade or downgrade may require an update to the suffix as well. Check the license against what is already in OmniCaid for a provider's suffix.

## 8.4. License Updates

Most providers with the fee-for-service (FFS) New Mexico Medicaid program are required to maintain current licensure and board certification in order to remain a participant in the program. In addition, it is the provider's responsibility to supply the New Mexico Medicaid program with current copies or Internet verification of any license required. Licenses included with an application, must be verified.

If the provider includes a specialty certification, PED, business license, or other item that is required to be tracked in OmniCaid according to the Provider Type and Specialty List, it should be added into OmniCaid. This should be done even if the provider is not specifically asking Conduent to do something with the attached item. If this is not included in provider file Provider Enrollment must, update, note it in OmniCaid, and send to provider file.

License update or board certification reminders are system generated and are mailed to the provider's Mail To address. License updates are only made for providers in Active (60 or 70) status. If the OmniCaid enrollment status shows the provider as a "cloned MCO 01-Term Mcaid", use the appropriate Notes Script template (see Notes Scripts) and enter in the Notes tab the new provider number that is replacing the terminated provider's number.

For Providers that fail to respond by submitting a TAD and OmniCaid enrollment status shows 13-Term for no re-verification, licenses are to be updated if the TAD is still within the 90 days grace period. All licenses require verification by phone call or web search. If the 90 day grace period has expired, the supervisor has override authority to accept documents that are past the 90 day deadline. Each case must be reviewed and approved by a supervisor, and noted in OmniCaid.

- Frequently, Licenses and TADs are submitted to Conduent separately. If a license is submitted without the corresponding TAD, the license must be updated. The provider will not be eligible for payment until the TAD has also been submitted.
- If a license is disabled on the License tab in OmniCaid and the license is being reactivated with a gap in the span, the altered disabled license number must include a (-) or (+) sign to allow the license to duplicate as active with a new span.
- Regarding provider type 401 (Air Ambulance), 402 (ground Ambulance), 403 (Handivan), 404 (Taxi);
  - Permit used on License tab – if an expiration date is not listed on the permit, verify with the appropriate agency the validity of the certificate and update all of the fields under the License tab in OmniCaid accordingly.
  - In OmniCaid, note the date the agency was called, who was spoken to, and status given using the appropriate Notes Script template (see Notes Scripts section). If expiration date is given, enter in appropriate place on License tab.

Note: If at any time, on any of the provider types listed, a provider is found to be no longer licensed or certified, the end date or term date should be input, a claims check run, and MAD notified with the specifics.

- License numbers cannot have any spaces in them. The license number and the name entered into OmniCaid are taken from the hard copy of the license that is being updated at the time. The Suffix DOES NOT NEED TO BE ON THE LICENSE. DO NOT REMOVE THE SUFFIX FROM OMNICAID.
- If supplied with both a hard copy of the license and a web verification, enter the name in OmniCaid using the most current document.
- If any information is being taken from the Internet, a copy must be attached to the file in IntraViewer, and entry made in the Notes tab using the appropriate Notes Script template (see Notes Scripts section).
- When a license or certification number is not listed, enter NoNumberIssue (14 spaces) in the number field of the License tab.

- If the license indicates a provider type upgrade or downgrade may be necessary. A provider type upgrade or downgrade may require an update to the suffix as well.
- When one update indicates changes to multiple providers, print out a copy of the request, circle provider number requiring update, line through the others, and placed in the basket to be re-scanned and note all files accordingly.
- When Conduent receives a certification copy (including a website screen print) or agency approval letter from a New Mexico State Agency (such as DOH or CYFD) reflecting a current or future end date, the copy alone will serve as “verification” that the certification is current and valid. It may be necessary to verify the certification begin date by contacting the agency (including use of agency website if available). Certification begin dates must be earlier than or equal to the provider effective date (if certification is required to support the provider type) or specialty begin date (if certification is required to support a specialty) reflected In OmniCaid.
  - If the certification copy reflects an expired end date, current certification may be verified by either requesting a current copy from the provider or by contacting the state agency (including use of agency website if available).
- When Conduent receives a professional license or city business license copy (including a website screen print) with a current or future end date, the copy alone will serve as “verification” that the city business license is current and valid. It may be necessary to verify the license begin date by contacting the issuing city (including use of city website if available). City business license begin dates must be earlier than or equal to the provider effective date reflected in OmniCaid (except in cases of change in business location).
  - If the city business license copy reflects an expired end date, current licensure may be verified by either requesting a current copy from the provider or by contacting the issuing city (including use of city website if available).
- The license should be verified as appropriate and MAD is to be alerted of any “public actions” against professional licenses that were not previously reported and researched.
- When updating the professional license on an individual provider be sure to update current affiliation(s) as well. This is done by going to the affiliated provider’s file and using the end date that is on the professional license as the end date on the Affiliations tab. Then use the appropriate Notes Scripts template (see Notes Scripts section) to indicate update to license and affiliation(s).
- The license must be valid for 30 days from submission date (with the exception of BH)

#### 8.4.1. Maintenance of Certification (MOC)

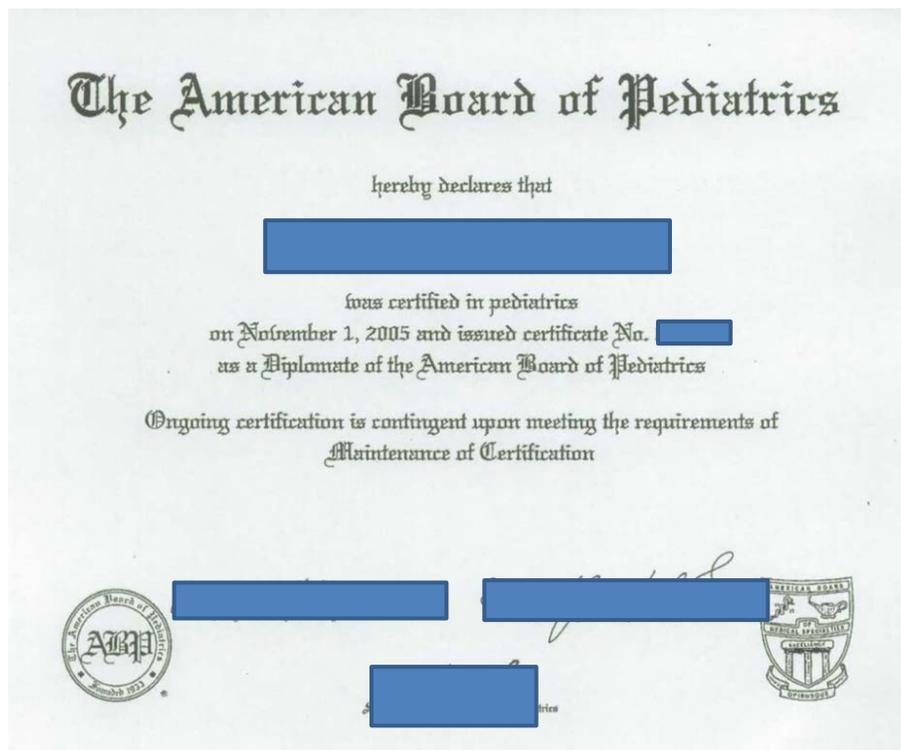
For all board certified providers, there must be a valid expiration date for the certification. Ongoing recertification is contingent upon meeting the requirements of the MOC. If the board certification shows an open ended date (9999 for example) this should be noted in OmniCaid. This is the only time an open end date can be used, and notes must be detailed using the appropriate Notes Script template (see Notes Scripts section). There are multiple examples and situations dictating what expiration date should be used, depending on what documentation is provided. These examples also explain how to determine the correct expiration date.

**MOC Example 1:** Only a board certificate is provided and no other documentation is supplied

When updating the License tab in OmniCaid, the correct expiration date for the MOC must be included.

If an expiration date is not listed, Provider Enrollment must perform a web search. If unable to locate on web, enter detailed notes in OmniCaid using the appropriate Notes Script template (see Notes Scripts section). If obtainable, include the verification of certification document in the file, showing that as of today, the MOC requirements have been met. If the provider is unable to give the correct expiration date, the agent must enter a date that is one year from the effective date of the Board Certification in the current year, or in the following year if that date has already passed. The provider should be aware that if

they fail to provide the correct expiration date, there is a chance that they may be terminated. Example Follows: Board Certification shows Nov. 1, 2005. The OmniCaid expire date should be 10/31/2014.



## Verification of Certification

The name and information provided below indicate only those certificates awarded by the ABP as of October 7, 2014. All certification information is drawn directly from our certification database and is updated each business day.

[Redacted]  
 United States of America

Certification Area	Certified	Currently Practicing in this Area of Certification	Meeting the Requirements of Maintenance of Certification in this area <a href="#">(Learn more)</a>
Pediatric Pulmonology	Yes 2012	Not Known <a href="#">(Learn more)</a>	Yes
General Pediatrics	Yes 2005	No <a href="#">(Learn more)</a>	Yes

[Back to Search List](#)

The screenshot shows the 'Provider Detail' window for a provider in MD. The 'License/Certification' tab is active, displaying a table with the following data:

Number	Effective Date	Expire Date	Type	State	Board	Restrict Code	Verified ?
[Redacted]	12/17/2013	04/30/2015	36-Physician	CO-Colorado	M-MedExam	A-Lic-Active	<input checked="" type="checkbox"/>
[Redacted]	11/01/2005	10/31/2014	92-PhysBrdCer	NT-National	Q-Nat Brd	A-Lic-Active	<input checked="" type="checkbox"/>

Below the license table, there is a section for 'CLIA' with a table structure:

Number	Certification Type	Effective Date	Expire Date

**MOC Example 2:** A 10 year MOC with all documentation available or provided should be entered as follows:

This MOC is valid for 10 years, with an issue date of Jan. 1, 2014. The expiration date should be keyed as Dec. 31, 2023.

**Certification Details**

[<< Back To List](#) [<< New Search](#)

The Primary Source for Official Verification of a Physician's ABA Certification Status

[Redacted], M.D.

**Meeting MOC Requirements**

Anesthesiology **Yes**

Area Of Certification: Primary certificates in anesthesiology issued on or after January 1, 2000 are valid for a period of 10 years after the year the candidate passes the Part 2 Examination for certification.  
 Name On Certificate: Recertification and Maintenance of Certification (MOC) certificates are valid for 10 years after the year the diplomate completes all of the MOC program requirements.  
 Issue Date: Certificates in anesthesiology subspecialties are valid for 10 years after the year the candidate passes the certifying examination.  
 Area Of Certification:  Close

Certification Status: Certified  
 Issue Date: Jan 1, 2014  
 Area Of Certification: **Anesthesiology**  
 Certification Type: Maintenance of Certification  
 Certification Status: Meeting MOC Requirements  
 Area Of Certification: **Pediatric Anesthesiology**  
 Certification Type: Primary Certification  
 Name On Certificate: [Redacted]  
 Certification Status: Certified  
 Issue Date: Oct 19, 2013

**Certification Details**

[<< Back To List](#) [<< New Search](#)

The Primary Source for Official Verification of a Physician's ABA Certification Status



**Meeting MOC Requirements**

Anesthesiology **Yes**

Area Of Certification:	<b>Anesthesiology</b>
Certification Type:	Primary Certification
Name On Certificate:	[Redacted] M.D.
Certification Status:	Expired on 12/31/2013
Issue Date:	Apr 11, 2003
Area Of Certification:	<b>Anesthesiology</b>
Certification Type:	Maintenance of Certification
Name On Certificate:	[Redacted]
Certification Status:	Certified
Issue Date:	Jan 1, 2014
Area Of Certification:	<b>Anesthesiology</b>
Certification Type:	Maintenance of Certification
Certification Status:	Meeting MOC Requirements
Area Of Certification:	<b>Pediatric Anesthesiology</b>
Certification Type:	Primary Certification
Name On Certificate:	[Redacted]
Certification Status:	Certified
Issue Date:	Oct 19, 2013

The American Board of Anesthesiology is a Member Board of the American Board of Medical Specialties.  
Phone: (866) 999-7501 | Fax: (866) 999-7503 Copyright © 2014 The American Board of Anesthesiology - All rights reserved.

1 9 1 3 9 1 2 5 9 8 9 8 0 8 8 1 0

# THE AMERICAN BOARD OF ANESTHESIOLOGY®

A Member Board of the American Board of Medical Specialties

4101 Lake Boone Trail, Suite 510, Raleigh, North Carolina 27607-7506  
Phone (919) 881-2570 Fax (919) 881-2575  
www.abanes.org



May 16, 2003

Address correspondence to:

Secretary  
The American Board of Anesthesiology  
1101 Lake Boone Trail, Suite 510  
Raleigh, NC 27607-7506



Board of Directors

President  
A. Jane Matjasko, MD  
Baltimore, MD

Dear [Redacted]

Vice President  
Raymond C. Roy, PhD, MD  
Winston-Salem, NC

Congratulations! We are pleased to inform you that the American Board of Anesthesiology (ABA) awarded you its certification on April 11, 2003. Your certificate number is [Redacted]

Secretary  
Patricia A. Kapur, MD  
Los Angeles, CA

All certificates issued by the ABA on or after January 1, 2000 are valid for a period of ten (10) years from the year the candidate passed the certifying examination. You satisfied the oral examination requirement for Primary Anesthesiology Certification in 2003. Your certification will expire December 31, 2013. The ABA will open a program for Maintenance of Certification (MOC) in January 2004 for Diplomates with time-limited certification. The ABA will send you information about the program early next year. To maintain your status as an ABA Diplomate, you will have to complete all requirements of the MOC program by December 31, 2013.

Treasurer  
David H. Chestnut, MD  
Birmingham, AL

Your certificate will be ordered with your name and principal medical degree as it appears on this letter and sent to you directly to the above address. If there are any changes or corrections to your name and/or address, please complete the enclosed form indicating how you want your name to appear on the certificate and the address to which it should be sent. The Board must receive your request by **June 30, 2003**. The certificate should arrive by September 30, 2003 via U.S. Postal Service Priority Mail.

Douglas S. Coursin, MD  
Madison, WI

Lynn P. Gravlee, MD  
Columbus, OH

Steven C. Hall, MD  
Chicago, IL

John F. Guldry, MD  
New Orleans, LA

Mark A. Rockoff, MD  
Boston, MA

The ABA will submit your name to the American Board of Medical Specialties (ABMS) indicating you have been awarded certification by the ABA. Because you have achieved diplomate status, you may now identify yourself as "board certified by the American Board of Anesthesiology, a member board of the American Board of Medical Specialties." The ABMS will contact you directly regarding your listing in the next edition of the *Directory of Board Certified Medical Specialists*. If you require a restriction on publication of your address by the ABMS, please inform the ABA of this on the enclosed form.

Stephen J. Thomas, MD  
New York, NY

Ernest J. Tuman, MD  
Chicago, IL

Mark A. Warner, MD  
Chester, MN

Richard P. Hughes, PhD

By completing the requirements for certification, you are eligible for other...

OmniCaid

File Edit Control Panel Go To Window Help

Provider Detail: [Redacted]

Name/Address Enrollment Medicare License/CLIA Miscellaneous Affiliations Institution MC Affiliations Review Notes

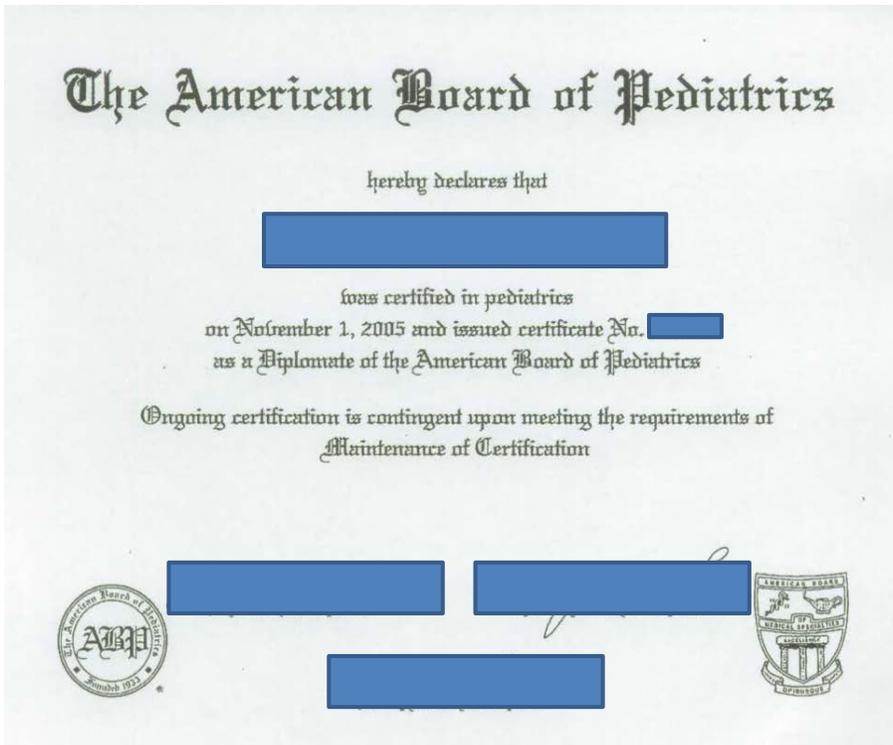
License/Certification

Number	Effective Date	Expire Date	Type	State	Board	Restrict Code	Verified ?
[Redacted]	04/11/2003	12/31/2023	92-PhysBrdCer	NT-National	Q-Nat Brd	A-Lic-Active	<input checked="" type="checkbox"/>
	05/01/2013	04/30/2015	36-Physician	CO-Colorado	M-MedExam	A-Lic-Active	<input checked="" type="checkbox"/>

CLIA

Number	Certification Type	Effective Date	Expire Date

**MOC Example 3:** A board certificate that states “ongoing certification is contingent upon meeting the requirement of Maintenance of Certification” is not sufficient proof that the requirements have actually been met. Provider Enrollment will verify on the web that the provider is certified today, and use the specific re-verification date listed on the supporting documentation (such as in the board letter example below.) In this example Provider Enrollment will enter the exact date on the letter, Feb. 15, 2015. Provider Enrollment will also include the web verification in the file.





## Memorandum

The American Board of Pediatrics  
111 Silver Cedar Court  
Chapel Hill, NC 27514-1513  
919.929.0461  
www.abp.org

To: Credentialing Administrators  
From: The American Board of Pediatrics  
Date: May 9, 2013  
**RE: Change in ABP Certification Status Reporting**

The American Board of Pediatrics (ABP) no longer issues certificates with specific end dates, but it recognizes that some entities may still require a certification end date to complete primary-source verification. To assist in this process, we encourage credentialers to utilize an annual re-verification date of **February 15** each year.

Please note, this date is not necessarily reflective of individual MOC requirements, nor does it indicate certification or MOC cycle end dates.

An ABP diplomate's certification status will only change at the beginning of a specified year, unless a certificate is revoked for disciplinary reasons. Therefore, by **utilizing the annual re-verification date suggested**, you will have accurate information about a diplomate's current certification status. In addition, diplomates now have the ability to download documentation regarding their current certification status via their online ABP portfolio.

#### Permanent Certification

Permanent certificate holders are not obligated to participate in MOC to remain certified by the ABP; however, those who have chosen to participate are designated as "meeting the requirements of MOC" on the verification section of the ABP Web site.

Primary-source verification of a diplomate's current board certification status can be accessed at no charge via the ABP Web site, [www.abp.org](http://www.abp.org).

**Please note that only diplomates who are currently certified will be listed on this site.**

The American Board of Pediatrics

## Verification of Certification

The name and information provided below indicate only those certificates awarded by the ABP as of October 7, 2014. All certification information is drawn directly from our certification database and is updated each business day.

Certification Area	Certified	Currently Practicing in this Area of Certification	Meeting the Requirements of Maintenance of Certification in this area <a href="#">Learn more</a>
Pediatric Pulmonology	Yes 2012	Not Known <a href="#">Learn more</a>	Yes
General Pediatrics	Yes 2005	No <a href="#">Learn more</a>	Yes

[Back to Search List](#)

The screenshot shows the OmniCaid Provider Detail window for a provider. The window has a menu bar (File, Edit, Control Panel, Go To, Window, Help) and a toolbar. The main content area is divided into tabs: Name/Address, Enrollment, Medicare, License/CLIA, Miscellaneous, Affiliations, Institution, MC Affiliations, Review, and Notes. The License/CLIA tab is active, displaying a table of licenses and a section for CLIA information.

Number	Effective Date	Expire Date	Type	State	Board	Restrict Code	Verified ?
[Redacted]	12/17/2013	04/30/2015	36-Physician	CO-Colorado	M-MedExam	A-Lic-Active	<input checked="" type="checkbox"/>
[Redacted]	11/01/2005	02/15/2015	92-PhysBrdCer	NT-National	Q-Nat Brd	A-Lic-Active	<input checked="" type="checkbox"/>

Number	Certification Type	Effective Date	Expire Date

**MOC Example 4:** When an exact certification date from a board is provided, no additional verification is required. Enter the dates as specified and note the file.

2/4/2014

ABMS Board Certification Credentials Profile

## ABMS® Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

[New Search](#) | [Search Results](#) | [Feedback](#) | [Save Physician](#) | [Print](#)

Viewed: 2/4/2014 11:49:55 AM CST

DOB: private  
Status: private

### Certification

#### American Board of Nuclear Medicine

<b>Nuclear Medicine - General</b>			<b>Status: Certified</b>
Active	Time-Limited	Recertification	10/01/2012 - 12/31/2024
Active	Time-Limited	Initial Certification	10/29/2004 - 12/31/2014

#### American Board of Radiology

<b>Diagnostic Radiology - General</b>			<b>Status: Certified</b>
Active	Time-Limited	Initial Certification	06/06/2007 - 12/31/2017



### Meeting Maintenance of Certification (MOC) Requirements

American Board of Nuclear Medicine ([Learn more about Meeting Board's MOC Requirements](#))

**Nuclear Medicine** Yes

American Board of Radiology ([Learn more about Meeting Board's MOC Requirements](#))

**Diagnostic Radiology** Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board <http://www.CertificationMatters.org/abms-member-boards.aspx>.

### Education

2001 MD (Doctor of Medicine)

### Location

Private



<https://www.certfacts.org/IDCDReport.aspx?singleResult=true&abmsid=817009>

12

# The American Board of Radiology

Organized through the cooperation of the  
 American College of Radiology, the American Roentgen Ray Society,  
 the American Radium Society, the Radiological Society of North America,  
 the Section on Radiology of the American Medical Association,  
 the American Society for Therapeutic Radiology and Oncology, the Association of  
 University Radiologists, and American Association of Physicians in Medicine

Hereby certifies that

[Redacted]  
 Has pursued an accepted course of graduate study  
 and clinical work, has met certain standards and qualifications and  
 has passed the examinations conducted under the authority of  
 The American Board of Radiology

On this sixth day of June, 2007

Thereby demonstrating to the satisfaction of the Board  
 that he is qualified to practice the specialty of

**Diagnostic Radiology**



Certificate No. [Redacted]



Valid through 2017.

CJRPDXJTSNO

Feb. 8, 2012 2:15PM

No. 659 F. 2/5

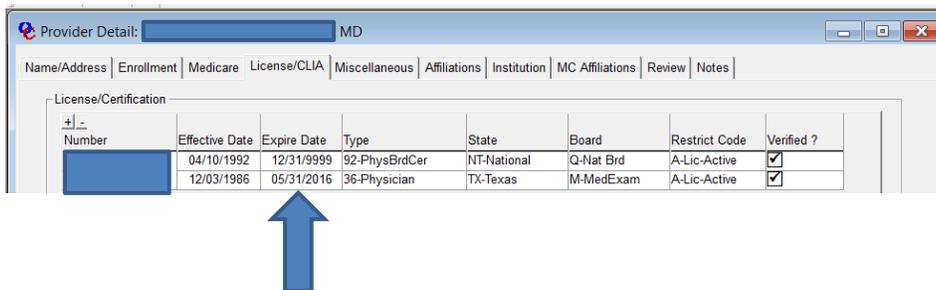
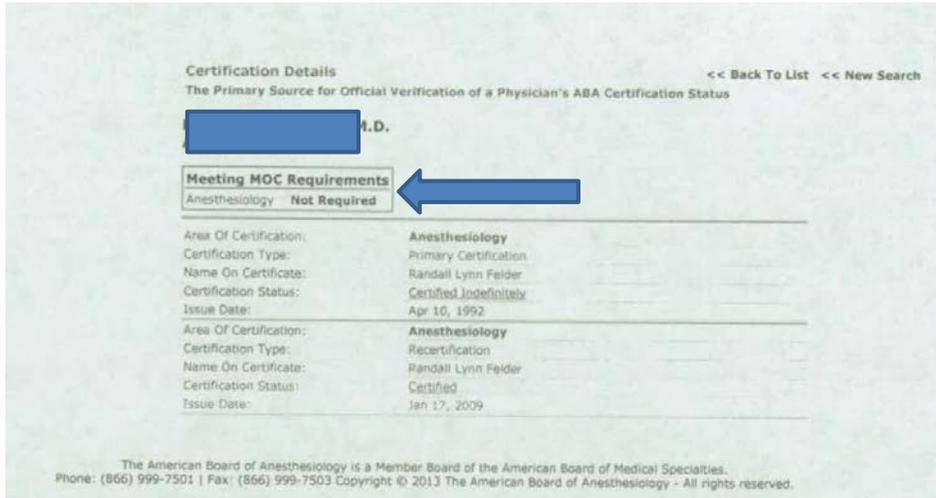
Provider Detail: [Redacted] MD

Name/Address | Enrollment | Medicare | License/CLIA | Miscellaneous | Affiliations | Institution | MC Affiliations | Review | Notes

License/Certification

Number	Effective Date	Expire Date	Type	State	Board	Restrict Code	Verified ?
[Redacted]	06/06/2007	12/31/2017	92-PhysBrdCer	NT-National	Q-Nat Brd	A-Lic-Active	<input checked="" type="checkbox"/>
[Redacted]	03/14/2005	05/01/2016	36-Physician	NY-New York	M-MedExam	A-Lic-Active	<input checked="" type="checkbox"/>

**MOC Example 5:** When MOC is not required or open ended per the board, enter the date 12/31/9999 in the expire date field in OmniCaid.



#### 8.4.2. Update: Certified Nurse Practitioner Section E

##### New Mexico Nursing Practice Act Chapter 61

##### Article 3

61-3-23.2. Certified nurse practitioner; qualifications; practice; examination; endorsement.

A. The board may license for advanced practice as a certified nurse practitioner an applicant who furnishes evidence satisfactory to the board that the applicant:

- (1) is a registered nurse;
- (2) has successfully completed a program for the education and preparation of nurse practitioners; provided that if the applicant is initially licensed by the board or a board in another jurisdiction after January 1, 2001, the program shall be at the master's level or higher;
- (3) has successfully completed the national certifying examination in the applicant's specialty area; and

(4) is certified by a national nursing organization.

B. Certified nurse practitioners may:

(1) perform an advanced practice that is beyond the scope of practice of professional registered nursing;

(2) practice independently and make decisions regarding health care needs of the individual, family or community and carry out health regimens, including the prescription and distribution of dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act [30-31-1 NMSA 1978];

(3) and serve as a primary acute, chronic long-term and end of life health care provider and as necessary collaborate with licensed medical doctors, osteopathic physicians or podiatrists.

C. Certified nurse practitioners who have fulfilled requirements for prescriptive authority may prescribe in accordance with rules, regulations, guidelines and formularies for individual certified nurse practitioners promulgated by the board.

D. Certified nurse practitioners who have fulfilled requirements for prescriptive authority may distribute to their patients dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act [30-31-1 NMSA 1978], that have been prepared, packaged or fabricated by a registered pharmacist or doses of drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act [61-11-1 NMSA 1978] and the New Mexico Drug, Device and Cosmetic Act [26-1-1 NMSA 1978].

E. Certified nurse practitioners licensed by the board on and after December 2, 1985 shall successfully complete a national certifying examination and shall maintain national professional certification in their specialty area. Certified nurse practitioners licensed by a board prior to December 2, 1985 are not required to sit for a national certification examination or be certified by a national organization.

- Providers with an expired license must provide a new license before the end of the 90 day in house grace period or they remain terminated and no further action will be taken.
- The above information should be used as an example and something along these lines should be noted in OmniCaid.
- If the provider is terminated for no TAD received Term-No Re-verification and is in the 90 day in house grace period update the license.
- The supervisor can extend the 90 days up to two weeks or more.
- For new applications only, enter License and Certifications in OmniCaid that are in the Provider Type and Specialty List columns J through S. The only exception is Transportation providers that receive the Public Regulations Commission (PRC) certificate at a later date, usually by the time of the second renewal.
- If the PRC is received after the PPA was (46-Pend-License/cert verified), and Conduent still has the original PPA in IntraViewer, reflow the PPA in Workflow, and attach the PRC. The application is a reminder that the PRC still needs to be added to the License tab in OmniCaid, if no expiration date use 12/31/9999.
- When updating a license the affiliations numbers do not need to be recorded in the Notes tab on OmniCaid. The updated license end date will appear on the Affiliations tab and this indicates the update.
- Certified Nurse Practitioner board cert is not required for Colorado

**CLIA information:**

- CMS sends update data files (OSCAR files) directly to the MMIS and this can include CLIA information. If an update from a provider is received that has a CLIA attached with one expiration date but the provider file in OmniCaid already shows a later expiration date, do not update the CLIA information in the provider file in OmniCaid.

Example: An update is received from a provider with a CLIA expiration date of 8/2/2015 but OmniCaid shows that the system has already been updated by the OSCAR file to show a 8/2/2016 expiration date. There is no need to change the system again since the expiration date has already been updated and the expiration date is for 2016.

### 8.4.3. License Updates Processing Steps

Follow the steps below to processing an update to a license.

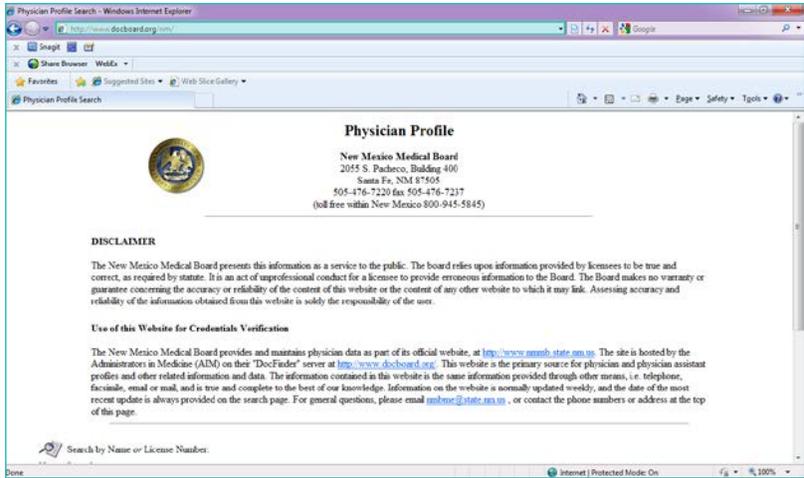
#### 8.4.3.1. Screening and Verification

- Go to the Provider subsystem in OmniCaid to verify whether the provider is currently enrolled in NM Medicaid
- Verify the provider is active or within 90 days from their termination date
- Verify whether a license is required for the provider type
- If the license is not required per type:
  - Remove the entry from OmniCaid
  - Using the appropriate Notes Script template (see Notes Scripts section) enter a comment in the Notes tab as to the license number and why it was removed
- If the license is required, proceed with the following steps
- Screen the license for the following information:

Item	In-State Provider Instructions	Out-of-State Provider Instructions
License Effective Date	Verify the license is active via website or phone call, the effective date can be verified at that time.	<ul style="list-style-type: none"> <li>• Verify the license is active via website or phone call, the effective date can be verified at that time</li> <li>• If the original effective date is missing, it will need to be verified and noted</li> </ul>
License End Date	Verify future date active via website or phone call. The effective date can be verified at that time.	<ul style="list-style-type: none"> <li>• Verify future date</li> <li>• If missing, contact the appropriate state licensing board via website or telephone</li> <li>• If verified via the Web, attach to the file (it will not be attached to the Workflow job) If proof was verified via a phone call, notate in the notes field using the appropriate Notes Script template (see Notes Scripts section).</li> <li>• If either date cannot be verified, RTP the license to the provider</li> </ul>
Address	Verify the address on the license with the location address in OmniCaid or submitted on the provider application	Verify the address on the license with the location address in OmniCaid or submitted on the provider application
Provider name	Verify the provider name on the license matches the provider name submitted on the application Note: The middle initial does not need to be present. However, if the	Verify the provider name on the license matches the provider name submitted on the application Note: The middle initial does not need to be present. However, if the middle initial is on the

Item	In-State Provider Instructions	Out-of-State Provider Instructions
	middle initial is on the application and on the license but does not match, RTP.	application and on the license but does not match, RTP.
License number	Must be present	Must be present
Issuing board and state	Must be present	Must be present

- Additional state licensing contact information is located in the Appendix



- Enter the name or license number for the license you are verifying

- Select the appropriate search button

 Search by Name or License Number:

**Name Search**  
 Last name:  (Or enter first few letters to see multiple matches)  
 First name:  (Leave blank if using partial last name)

-o-

**License Number Search**  
 License Number:

- Review the results and perform follow-up according to the table below:

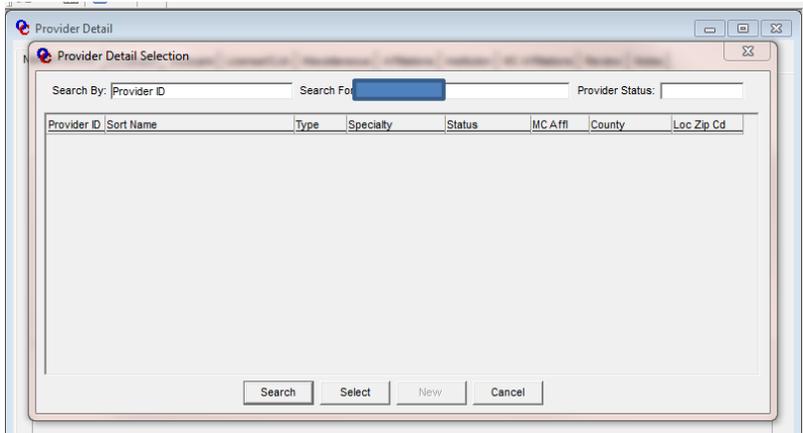
Results	Follow-up
License and website do not match	Print the internet information and update OmniCaid accordingly
License cannot be verified online	Place a call to the appropriate state board for verification

- When updating the professional license on an individual provider be sure to update current affiliation(s) as well. This is done by going to the affiliated provider's file and using the end date that is on the professional license as the end date on the Affiliations tab. Then use the appropriate Notes Scripts template (see Notes Scripts section) to indicate update to license and affiliation(s).

#### 8.4.3.2. OmniCaid Entry

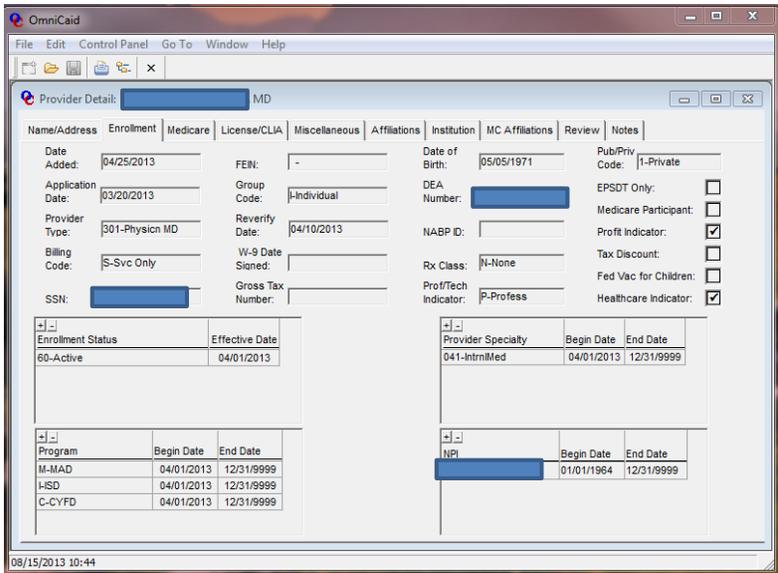
Always check the Provider Type and Specialty List before adding a license or certificate in OmniCaid in order to make sure it meets the correct document requirements. Also, if there is already an active license or certificate in OmniCaid but the Provider Type and Specialty List does not require it (shows N/A); Do Not Remove it from OmniCaid and Do Not Update it. However, do go ahead and inactivate the license entry unless otherwise directed by MAD.

- Go to the OmniCaid Control Panel, click on Provider, then click on Detail
- Enter Provider or License Number in the Search For field



- Verify the provider is active or within 90 days from the termination date - see the Enrollment Status field
- Verify whether a license is required for the provider type – see provider type and provider specialty fields
- If the license is not required per Provider Type and Specialty List, remove the entry from OmniCaid and using the appropriate Notes Script template (see Notes Scripts section) enter a comment in the Notes tab as to the license number and why it was removed

If the license is required, proceed with the following screen



Screen the license for the following information on the steps listed below

Item	Instructions
License Effective Date	<ul style="list-style-type: none"> <li>• Verify the license is active</li> <li>• If the original effective date is missing, or not in OmniCaid verify the effective Date</li> <li>• If verified by phone call, document the name of person that verified the information and note the effective date in the OmniCaid Notes tab using the appropriate Notes Script template (see Notes Scripts section)</li> <li>• If date is verified via the web, and the date is different on the Web from the paper document, attach a copy of the Web document and put it in the Provider File in IntraViewer</li> </ul> <p>Note: An attachment cannot be added to a document in IntraViewer therefore the copy must be placed in the provider File.</p> <ul style="list-style-type: none"> <li>• Using the appropriate Notes Script template (see Notes Scripts section) notate in OmniCaid the name of the website that was used and what information was verified, i.e. the date used</li> </ul>
License Expire Date	<ul style="list-style-type: none"> <li>• Verify expiration date</li> <li>• If missing, contact the appropriate state licensing board via website or telephone</li> <li>• If date is verified via the web, and the date is different on the web from the paper document, attach a copy of the web document and put it in the Provider File in IntraViewer</li> </ul> <p>Note: An attachment cannot be added to a document in IntraViewer therefore the copy must be placed in the provider File.</p> <ul style="list-style-type: none"> <li>• If verified by phone call, document the name of the person that verified the information and note the expiration date in the OmniCaid Notes tab using the appropriate Notes Script template (see Notes Scripts section). If this information is received via email, document the name of the person you received the email from</li> <li>• If the end date cannot be verified, RTP the license to the provider</li> </ul>
Address	<ul style="list-style-type: none"> <li>• If location match is required and an address is printed on the license, verify the address matches the location address in OmniCaid or the address submitted on the provider application</li> <li>• If the location shows a different physical address from what is in OmniCaid, or the provider application, RTP</li> <li>• Not all licenses require an address match. Some business licenses will not have an address – what is shown on the license is dependent upon the issuing county or city. If there is no address on the license but there is one in OmniCaid, verify that the address in OmniCaid is correct</li> </ul>
Provider name	<ul style="list-style-type: none"> <li>• Verify provider name on the license matches what is in OmniCaid</li> </ul> <p>Note: The middle initial does not need to be present. However, if the middle initial is in OmniCaid, it needs to match the middle name on the license.</p> <p>Example: if the middle name is Ann, the initial A should be in OmniCaid</p> <p>Example: if the middle name is Ann or A and the last name is Smith-Jones, use the A for middle name and Smith-Jones as the last name in OmniCaid. In this example, the hyphen must be present</p> <ul style="list-style-type: none"> <li>• For individual providers (people/human) name entry in OmniCaid is per license submitted (first, middle, last, suffix) (sort name should be: last, first, middle, family</li> </ul>

Item	Instructions
	suffix, professional suffix) Make sure to take the information that is listed on the name line of the license. If there is a suffix next to the name, enter it exactly as it reads. Do not take the information from above or below the name line. (See example for Texas Medical Board license below)
License number	<ul style="list-style-type: none"> <li>• For a service only provider or an unrestricted individual, the professional license number must be present</li> <li>• When a license or certification number is not listed, enter NoNumberIssued (14 spaces) in the number field of the License tab</li> <li>• Certification with no number use the name for the certification</li> </ul> Example: Internal Medicine = (Internalmedicin)
Issuing board and state	Must be present – use Provider Type and Specialty List

Example of name with suffix



**PUBLIC VERIFICATION / PHYSICIAN PROFILE**

**PHYSICIAN ASSISTANT**

**NAME:** [REDACTED]

**DATE:** 03/04/2014

This name shows the Physician Assistant suffix.

Based upon the new license received (see above) you would remove the 'C' from the suffix. If there is nothing on the license, leave what is in OmniCaid.

#### 8.4.3.3. License Tab

- Open OmniCaid to Provider Detail
- Access the License tab
- Enter the license information in accordance with the following table:

##### Guidelines for Entering License Information in OmniCaid

License Type	Instructions
Temporary	Enter the prefix that indicates it is a temporary license in OmniCaid Note: Temporary license numbers may begin with a prefix, such as a T.
RN with an advanced practice designation (CRNA, CNP, etc.)	Enter the effective date of the advanced practice designation in OmniCaid
All other licenses	<ul style="list-style-type: none"> <li>• Only enter the actual license number from the Copy or Internet Verification</li> <li>• If the license number is preceded by a prefix such as the year or a designation indicating the type of license, the prefix and/or year should be entered in OmniCaid</li> </ul> Example: MD07-12345 <ul style="list-style-type: none"> <li>– MD indicates the type of license</li> <li>– 07 indicates the year of issuance</li> </ul> <ul style="list-style-type: none"> <li>• Enter the entire prefix as well as the number as indicated on the license in OmniCaid</li> </ul>

- Update the license end date in OmniCaid to match the copy of the license submitted
- If other license information is active in OmniCaid, make sure to disable it by checking the inactive box

- Access the Notes tab
  - Using the appropriate Notes Script template (see Notes Scripts section) enter a comment referencing the license number and that it was updated
- Access the Affiliations tab and update any necessary information
- Forward the documents to QA for review
- If returned from QA, make any necessary corrections and forward to the file.
- Check the KYP Alert Report to determine if the provider is currently listed
- If a provider is found on the Alert Report:
  - Verify the provider name
  - Verify all available provider information to ensure a complete match
  - For providers that are a true match based on the alert, forward to State in KYP

#### **8.4.3.4. Notes Tab**

See Notes Scripts section in this document. Provider Enrollment staff must use the notes templates found in the Notes Scripts section to complete the Notes tab.

#### **8.4.4. Follow-up**

- After review of the license update and entry in OmniCaid, forward license updates to QA through Workflow
- If the license update is returned from QA, check to see if corrections need to be completed or disputed
- If necessary, make the appropriate corrections and forward the license update in Workflow
- If disputed, enter information in Workflow and forward the dispute to supervisor
- Disputes must be submitted to the QA Leadership queue by Monday close of business to be considered for the previous week

### **8.5. Change of Tax ID**

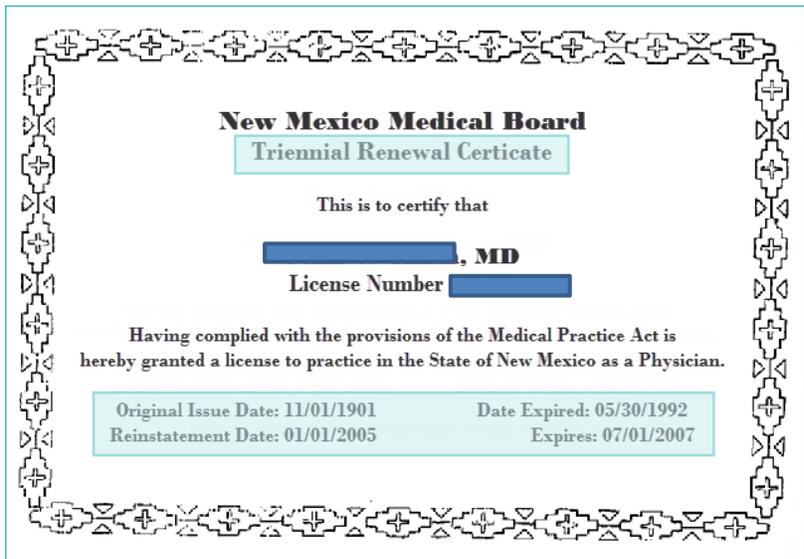
When a change of Tax ID number (FEIN) is reported by a provider, refer to the Change of Ownership (CHOW) process. In most cases, the change of Tax ID will be necessitated by a change of ownership (CHOW).

#### **8.5.1. Screening and Verification**

- If the ownership information on the existing provider file is the same as the ownership information on the new application, the request is not a CHOW
- Update the information requested following the appropriate update procedures

### **8.6. License Reinstatements**

Most providers with the FFS New Mexico Medicaid program are required to maintain current licensure in order to remain a participant in the plan. In addition, it is the provider's responsibility to supply the New Mexico Medicaid program with current copies or internet verification of any license required. On occasion, a provider who is working under a license that has been reinstated will apply for participation in the Medicaid Program. The provider is not eligible to participate in the New Mexico Medicaid program during the period of time that the provider did not have an active license.



The sample license above indicates a renewal or reinstatement.

**8.6.1. Screening and Verification**

- Access the Provider subsystem in OmniCaid
- Verify whether the provider is currently enrolled in NM Medicaid
- Verify the provider is active or within 90 days from their termination date
- Verify whether a license is required for the provider type
- If the license is not required per the Provider Type and Specialty List, remove the entry from OmniCaid and using the appropriate Notes Script template (see Notes Scripts section) enter a comment in the Notes tab referencing the license number and why it was removed
- If the license is required, proceed with the following steps

Screen the license for the following information:

Item	In-State Provider Instructions	Out-of-State Provider Instructions
License Effective Date	Verify the license is active	Verify the license is active
License End Date	Verify future date	<ul style="list-style-type: none"> <li>• Verify future date               <ul style="list-style-type: none"> <li>– If missing, contact the appropriate state licensing board via website or telephone</li> <li>– Attach proof if date is verified via the web</li> </ul> </li> <li>• If the end date cannot be verified, RTP</li> </ul>

Item	In-State Provider Instructions	Out-of-State Provider Instructions
Address	If an address is printed on the license, verify the address matches the Location address in OmniCaid or the address submitted on the provider application	If an address is printed on the license, verify the address matches the Location Address in OmniCaid or the address submitted on the provider application
Provider name	Verify that the provider name on the license matches the provider name submitted on the application Note: The middle initial does not need to be present. However, if the middle initial is on the application and on the license but does not match, RTP	Verify that the provider name on the license matches the provider name submitted on the application Note: The middle initial does not need to be present. However, if the middle initial is on the application and on the license but does not match, RTP
License number	Must be present	Must be present
Issuing board and state	Must be present	Must be present

#### 8.6.1.1. Verifying In-State Providers

- For providers located in New Mexico, go to <http://www.docboard.org/nm/>
- For out-of-state providers, proceed to License tab section below
- Additional state licensing contact information is located in the Appendix



- Enter the name or license number for the license you are verifying
- Select the appropriate search button

 Search by Name or License Number.

**Name Search**

Last name:  (Or enter first few letters to see multiple matches)

First name:  (Leave blank if using partial last name)

-or-

**License Number Search**

License Number:

Review the results and perform follow-up according to the table below:

Results	Follow-up
License and website do not match	Print the internet information and update OmniCaid accordingly
If License cannot be verified online	Place a call to the appropriate state board for verification If the license is verified via phone, write the name of the contact in the field marked Name of Person Contacted
License and website match	Write Internet in the field marked Name of Person Contacted

#### 8.6.2. License Tab

- Open OmniCaid to Provider Detail
- Access the License tab
- Enter the license information in accordance with the following table:
- 

Guidelines for Entering License Information in OmniCaid

License Type	Instructions
Temporary	Enter the prefix that indicates it is a temporary license in OmniCaid Note: Temporary license numbers may begin with a prefix, such as a T.
RN with an advanced practice designation (CRNA, CNP, etc.)	Enter the effective date of the advanced practice designation in OmniCaid Note: In the State of NM, RN is not used for license type, however, other states may use RN or a higher designation.
All other licenses	<ul style="list-style-type: none"> <li>• Only enter the actual license number</li> <li>• If the license number is preceded by a prefix such as the year or a designation indicating the type of license, the prefix and/or year should not be entered in OmniCaid</li> </ul> <p>Example: MD07-12345</p> <ul style="list-style-type: none"> <li>– MD indicates the type of license</li> <li>– 07 indicates the year of issuance</li> </ul> <ul style="list-style-type: none"> <li>• Enter only the actual license number – 12345 in OmniCaid</li> <li>• By using only the actual license number, duplicate OmniCaid entries are avoided when license renewals are received</li> </ul>

- Update the license end date in OmniCaid to match the copy of the license submitted
- If other license information is active in OmniCaid, make sure to disable it by checking the inactive box

#### 8.6.3. Notes Tab

See Notes Scripts section in this document. Provider Enrollment staff must use the notes templates found in the Notes Scripts section to complete the Notes tab.

#### 8.6.4. Affiliations Tab

Access the Affiliations tab and update any necessary information.

#### 8.6.5. Follow-up

- Forward the documents to QA for review
- When returned from QA, make any necessary corrections and forward to File

### 8.7. Cross-Reference

Requests are routinely received asking to have an existing provider attached (cross-referenced) to an additional group. If the provider is not currently active in OmniCaid, RTP. If the provider to be cross-referenced is currently active in OmniCaid, and the cross-reference comes in on a MAD 312 application, complete screening process to ensure all information is there. A cross-reference can also be done with an active provider to a group who's application is pending.

#### System Tools Needed

- IntraViewer/DocFinity/Workflow
- OmniCaid

**Do Not Update the file or Cross-Reference the Provider in OmniCaid until the PPA is returned from MAD approved. It is ok to Cross-Reference the Provider to a group that is in process of enrollment.**

**Dup this app out in Workflow and send an email stating app has stopped processing and request a signed provider update form or MAD304 requesting Cross-reference**

The following must be received:

- If a provider uses a letter requesting the cross-reference on letterhead, and it is signed by the group and the individual provider(email and web portal requests are considered electronic signatures), both the provider's and the group's NM Medicaid number, or NPI on a cross-reference request plus liability insurance are needed. The insurance can have the group name only or physician's name. It cannot have other physician's named on the insurance unless the requested provider's name is on there also.
- If the provider uses the Provider Enrollment Update Form, only one signature is needed and an attached proof of liability insurance.
- Proof of malpractice insurance Note: School providers and IHS Providers are exempt from submitting proof of liability or malpractice insurance.
- If the provider includes a specialty certification, PED, business license, or other item that is required to be tracked in OmniCaid according to the Provider Type and Specialty List, it should be added into OmniCaid.

### 8.7.1. Screening and Verification

Open OmniCaid to Provider Detail

Enter the individual provider number

- Access the Affiliations tab
- Verify the provider is not already attached to the new group
- If already affiliated, note that provider is already cross-referenced and duplicate it out (stating the affiliation date for the group requesting)
- Verify the provider's license and insurance begin dates fall within the appropriate date span

### 8.7.2. OmniCaid Entry

- Go to Provider Detail
- Open second OmniCaid
- Enter the group provider number
- Access the Affiliations tab and enter the new provider
- If the requesting letter does not specify a date, use the 1st date stamp if this meets the 6 months back, counted from "today's date"(the date the request is processed) day requirement
- When no license is available for an expire date, use 3 years from the Rev. date
- Save the changes
- Return to the requesting provider screen
- Access the Affiliations tab
- Verify that the group is now reflected

For Service Only providers only:

- Access the Name/Address tab
- Unless the provider specifies otherwise, update the provider's information to reflect the addresses and phone numbers of the group to which the provider is being affiliated
- Do not transfer the Group Email Address or Group Fax Number, update in the Location Address
- Billing Address never gets entered on Service only providers
- If the group's mailing address has already been run through USPS, re-verification of that address is not required. If the group's mailing/billing addresses have not been verified through USPS, verify them, and update both the group's and rendering provider's file. Note: The +4 zip code will show if USPS has been run. This also applies to the Location Address.
- PO Boxes are not acceptable for Location
- Go to the USPS website, enter the address, and verify the Zip Code +4
- Verifying Address on USPS.com, look up a zip code:
  - First enter the address into look up a zip code exactly as specified on the USPS website, using street in street box, Apt/Suite/Other in that box, and City, State and 5 digit zip accordingly.
  - If entering the address in a different format than the USPS standard noted above, using the appropriate Notes Script template (see Notes Scripts section) copy and paste into OmniCaid notes the address as entered in USPS look up a zip code.
  - If the address cannot be verified online, email provider a RTP letter requesting a mail to address that USPS verifies
- Using the appropriate Notes Script template (see notes Scripts section) access the Notes tab and enter comments regarding the addition of this provider to the new group
- Save the changes

### 8.7.3. Follow-up

- Generate the Cross-reference letter
- Open the letter and complete the information
- Save a copy of letter to the PE- all-inx

## 8.8. Retro Affiliations

Occasionally a provider will request a retroactive enrollment date. This process reviews how such requests are to be handled.

Requests for a retroactive enrollment date can be made by sending in a MAD304 Provider Update Form. If the provider is currently active, the request may be received on a cross-reference request or stand-alone letter. A retro effective date can be approved without MAD review, if the requested effective date is within one year, counted from "today's date". (the date that the request is processed.) License and Insurance must cover the requested date. If the request is over 3 years donot send to State. Go back one year (in house) for the retro.

Cross-reference requests, must be submitted on the provider's letterhead and must include signature, date, and any affected provider numbers (i.e. the individual provider and any affiliated providers). Web portal and email request are considered electronic signatures.

### 8.8.1. Screening and Verification

- Access the Enrollment tab check to make sure provider is not termed
- Access the License tab
- Verify that any licenses that have been entered have an effective date equal to or prior to the retro effective date
- If the dates are not equal to or earlier than the retro effective date, RTP the request.
- Review the request to determine that the provider has included appropriate documentation to support the request
- If the requested retro date is past 1 year and less than 3, submit the request to State using the PSD option in Workflow.
- If the requested retro is over 3 years that retro back to one year. No PSD is necessary

## 8.9. Releasing Copies of the Provider Participation Agreement (PPA)

Occasionally a provider will request a copy of their file or application after it has been approved by the State; specifically the PPA MAD 335 or MAD 312, not the full file. This process reviews how such requests are to be handled.

### 8.9.1. Screening and Verification

- The request should be in writing, on letterhead and includes the full name, address and phone number of the provider or facility with a current date.
- An email request is acceptable only if:
  - The return email address clearly indicates the Group provider name

- Has the requestor's full name and phone number
- An email request is for Group only sufficient only for requests on a MAD 335 file, and not for the individual file (MAD 312).
- All email requests need to be approved by the Provider Enrollment Supervisor.
- The request should include the specific NM Medicaid provider number, and NPI or FEIN for the provider file requested.

#### **8.9.1.1. Acceptable signatures:**

- MAD 312 request – The request should be signed by the individual provider and the entity requesting the file (if different).
- MAD 335 – the request should be signed by a representative of the group or facility in regards to a MAD 335.

#### **8.9.1.2. Mailing address:**

- MAD 335 – copies of the PPA requested will be mailed to the most current mailing address on file.
- MAD 312 – copies of the PPA requested will be mailed to the most current mailing address of the affiliated group which is requesting the file.
- If the mailing address on the request does not match the most current mailing address on file, further research is needed before releasing the file. Verify that the requesting party is the corporate office etc...before releasing the file. Or is an address update needed from the provider? If an address update is needed, follow the standard process currently being followed to update the address. All requests of this type need to be approved by Provider Enrollment Supervisor.

#### **8.9.1.3. If the copy request is being made per a phone request**

- No release of the file is to be made per a phone request. A copy of either the email or written letter must be placed in the provider file once the file copy is released. The staff member releasing the file should initial and date the written request.

#### **8.9.1.4. If the copy request is being made in person**

- Advise requestor of the requirement for written request on letterhead and the specifics given above
- Photocopy a picture ID, and attach to the written letter. Place both in the file.
- Advise copy available for pick-up in one to two days, or that it will be mailed to the address on file.
- If the file is to be picked up – have the person picking up the file sign and date the form. Place a copy of the signed release into the provider file.

### **8.10. Conversion to Unrestricted Provider**

When an active Service Only provider wishes to convert to Unrestricted, the following process should be followed.

#### **8.10.1. Screening and Verification**

- Verify that the MAD 335 application is properly completed
- Verify that all required attachments (see Provider Type and Specialty List)

- H:\Procedures\Operating Procedures\Provider Enrollment\2013 T&S full Mar 2014 incl VV.xlsx
- Verify the mailing and billing address on the USPS website
- Send MAD 335 application to QA

#### 8.10.2. OmniCaid Entry

- Update all information as required based on the application and attachments
- Enter the mailing and billing addresses found on the USPS website
- Abbreviations are acceptable as long as it's an abbreviation used by the USPS website
- Access the Notes tab. Using the appropriate Notes Script template (see Notes Scripts section) enter a note file stating that the account was converted to Unrestricted as of the date indicated by MAD

#### 8.10.3. Follow-up

- Prepare two copies of the Conversion to Unrestricted letter (see O drive, Prov Enrl, Master Letters)
- Mail one to the provider and retain the other copy with the application
- Send the documents back up to QA
- Upon receipt from QA, make any necessary corrections
- Return the application to MAD for review, upon MAD request on the approval page/area
- When the application is returned from MAD (if returned), forward to file

### 8.11. Change of Ownership (CHOW)

In cases where a CHOW occurs for a provider, a new application is required. This information must be received prior to the CHOW occurring for the changes to be effective on the CHOW date.

Providers do not always send the required documentation indicating a CHOW to Provider Enrollment. A CHOW may be identified by provider submission of:

- New application
- Letter notifying the State of a CHOW

Provider Enrollment should look for the following red flags:

- Change of NPI number
- Change of Tax ID number
- Change of Medicare number
- Change of Department of Health License number
- New owner is not listed on original application as co-owner

When correspondence is received from a provider indicating that there has been a change in the ownership structure of the corporation, change in Federal Tax ID number, or any other indication that the provider's ownership may have changed, the steps listed below are to be followed. A Bill of Sale is required.

It is up to the provider to maintain their own tax records; only one 1099 will be cut at the end of the year and NM Medicaid applies all payments under the FEIN present in the system at the time it is printed.

#### 8.11.1. Screening and Verification

- Review the current provider's file for ownership information
- Look for the Bill of Sale indicating this is truly a CHOW

- If the ownership information on the existing provider file differs from the ownership information on the new application, the request is a CHOW. Proceed to the next step
- If the ownership information on the existing provider file is the same as the ownership information on the new application, the request is not a CHOW
  - Update the information requested following the appropriate update procedures
- If the information to be changed cannot be verified, RTP
- If the provider does not respond within 48 hours, RTP the request and make a copy of the RTP to be added to the provider's file
- If a MAD 335 was not received, RTP the documentation to the provider and advise them to submit a new application
- If an application was received, make a note on the Notes tab in OmniCaid using the appropriate Notes Script template (see Notes Scripts section) to indicate a CHOW was requested and proceed to the next step
- Follow the procedures for the MAD 335

## 8.12. Provider on Review

On occasion a provider will need to be placed on review. This occurs for several reasons:

- Failure of the provider to respond to State notices
- When Conduent is directed to do so by MAD

### 8.12.1. OmniCaid Entry

1. Open OmniCaid to Provider Detail.
2. Access the Review tab.

3. Click on the (+) sign above the Begin Date.
4. Enter the begin date as indicated in the memo or email from the State.
5. Enter the End Date if provided.
6. If no End Date is indicated, enter 12/31/9999.

7. From the drop down menu under Action, select the option dictated by the memo or email from the State.

8. Enter the Reason Code provided by the State.
9. If no Reason Code is indicated, select 22 – Unknown.
10. Enter the Location Code indicated in the State memo or email.
11. Enter the Date Indicator as dictated by the State memo or email.
12. Enter O-Other as the Restriction/Sanction.
13. Under Claim Type Selection.
14. If a provider on review request currently exists on this screen:
  - a. Contact the requestor
  - b. Advise them of your findings
  - c. Ask how they would like you to proceed
15. If a provider on review request is not on this screen:
  - a. Click on each applicable claim type (all, unless otherwise noted)

**Tip: Selecting Multiple Claim Types**

Click on the first available selection

Scroll to the bottom of the list

Press “Shift” key and left click at the same time

Multiple claim types can be highlighted by holding the control key while clicking each entry

16. Click on the arrow pointing to the right. This will move the entry or entries to the selected column.
17. Under Program Selection, click on each applicable program (all, unless otherwise noted). Program dates must match first enrollment date.
18. If specific procedure, diagnosis, DRG and/or revenue codes are indicated:
  - a. Click on the (+) sign above From Procedure to create a line for the entry of the appropriate codes

- b. Enter the procedure, diagnosis, DRG, and/or revenue codes as indicated with the beginning code in the From column and the ending code in the To column

Name/Address	Enrollment	Medicare	License/CLIA	Miscellaneous	Affiliations	Institution	PC Arrivals	Review	Notes
Begin Date	End Date	Action	Reason Code	Location Code	Date Indicator	Restriction/ Sanction			
10/06/2008	12/01/8888	1-Super/Susp	22-Unknown	F-Fiscal Agt	S-Service	O-Other			

Claim Type Selection		Program Selection	
Available	Selected	Available	Selected
	A-Mcare A Cs	C-CYFD	
	B-Mcare D Cs	D-DOH	
	D-Dental	L-CD	
	F-Fin Trans	M-MAD	
	H-Hospice		
	I-Inpatient		

Service Code Range							
From Procedure	To Procedure	From Diagnosis	To Diagnosis	From DRG	To DRG	From Revenue	To Revenue
99400	99610						

Name/Address	Enrollment	Medicare	License/CLIA	Miscellaneous	Affiliations	Institution	PC Arrivals	Review	Notes
Begin Date	End Date	Action	Reason Code	Location Code	Date Indicator	Restriction/ Sanction			
10/06/2008	12/01/8888	1-Super/Susp	22-Unknown	F-Fiscal Agt	S-Service	O-Other			

Claim Type Selection		Program Selection	
Available	Selected	Available	Selected
	A-Mcare A Cs	C-CYFD	
	B-Mcare D Cs	D-DOH	
	D-Dental	L-CD	
	F-Fin Trans	M-MAD	
	H-Hospice		
	I-Inpatient		

Service Code Range							
From Procedure	To Procedure	From Diagnosis	To Diagnosis	From DRG	To DRG	From Revenue	To Revenue
99400	99610						

Complete Review tab in OmniCaid:

1. Once all entries have been made on the Review tab, access the Notes tab.
2. Using the appropriate Notes Script template (see Notes Scripts section) enter comments indicating what action is being taken and why (i.e. Placed provider on review per memo or email).
3. Click on the Save icon to keep changes.

### 8.13. Terminations and Disaffiliations

The process documented below is to be followed when a request for termination or disaffiliation from a group is received from a provider. Such requests may be submitted as part of a TAD, or may be submitted as a stand-alone request.

When a billing group asks to be terminated from Medicaid/OmniCaid for any reason (CHOW, Closing their doors etc.), the active rendering providers that are affiliated to that group, need to be reconciled. Follow the procedure for Service Only Providers with no active affiliation or Service Only Providers with other affiliations.

#### 8.13.1. Disaffiliation Screening and Verification

Any provider request for disaffiliation from a group practice will need to be submitted in writing, via the web portal or email. Paper request must be signed by the provider or the group representative and must include all affected provider numbers (individuals and groups). Email and web portal are considered electronic signatures.

- If the system has “termed” a group and it is out of the 90 day in house grace period, there is no need to do a disaffiliation for a provider from that systematically termed group
- If request to disaffiliate is more than 6 months disaffiliation will be using the day after the signature date
- If a request to disaffiliate is within 6 months use the day after request date or date on most recent claim. If any claims exist
- If claims are within 6 months claims must be ran

1. Open OmniCaid to Provider Detail.
2. Access the Enrollment tab for the individual provider.
3. Verify the provider's current enrollment status.
4. Review the termination or disaffiliation date on the request.
5. Proceed to the OmniCaid Entry instructions.

#### 8.13.2. Disaffiliation OmniCaid Entry

- Enter the Provider number for the individual to be disaffiliated
- Access the Affiliations tab
- Click on the group from which the provider is to be disaffiliated
- If the individual provider is Unrestricted and an active affiliation will not exist after disaffiliation from the requesting group, the provider will remain Active)
- Click on Go To in the tool bar
- Click on Affiliated Provider
- Access the Affiliations tab

- Click on the End Date field for the provider to be disaffiliated
- Enter the day following the requested disaffiliation date as the new End Date
- Click the Save icon
- Return to the individual provider
- The service only individual's addresses must be changed to match the most recent remaining affiliation using per address change procedures
- Access the Notes tab
- Using the appropriate Notes Script template (see Notes Scripts section) enter comments explaining the group disaffiliation

#### 8.13.3. Disaffiliation Follow-up

- Prepare appropriate cover sheet
- Forward to QA for review
- When received back from QA make any necessary corrections and forward to Scanning

#### 8.13.4. Termination Screening and Verification

If a request for termination is received, then:

- Access the Enrollment tab for the provider requesting the termination and verify current status
- Click on Claims
- Click on Control Panel in the toolbar
- Click on Inquiry
- Click on the drop down menu under Primary Search Criteria and select Billing Provider
- Enter the provider number for the Billing entity
- Under Additional Search Criteria, click on the drop down box and select, Rendering
- Enter the Individual provider number in the box below Rendering
- In Service Dt Fr/To: under Additional Search Criteria enter the requested termination date as the From date and today's date as the To date
- If no claims history is found, print the screen, exit the Claims screen and return to the Provider screen

#### 8.13.5. Termination OmniCaid Entry

- Access the Enrollment tab
- Under Enrollment Status, click on the (+) sign
- Click on the drop down box and select the appropriate termination reason code. The only code Conduent will use is the 'voluntary termination' code all others will be dictated by the State.
- Enter the day following the requested date of termination as the Effective Date. If the State provides a specific termination date, do not add a day to the date given by the State.
- If the requested termination date is written in such a way that it indicates that the date provided is the provider's last date with the group, the next date should be used for termination (i.e. last date with group is 12/31/05, the termination date should be entered as 1/1/06. This will allow any claims for 12/31/05 to be eligible).
- If the request does not include a requested term date but does include a date (such as a header or signature date), use that date, following the logic above.
- In addition, if the termination is reported on a TAD, the date the TAD was signed should be used as the termination date, following the logic above (unless they provide a date next to their name).

- If there is no date, use the stamp date, following the logic above.
- Using the appropriate Notes Script template (see Notes Section) enter comments explaining the provider's request for termination in the Notes tab.
- Terminating the provider will result in the generation of a letter to the provider confirming the termination.
- This letter will be available the next morning (not for Presumptive Eligibility (PE) Determiners)

#### **8.13.6. Termination Follow-up**

- When the letter has been received, prepare the appropriate cover sheet and forward the request and the letter to QA for review
- When returned from QA, make any necessary corrections
- Mail out one copy of the letter
- Submit the termination request and the other copy of the letter to Scanning

## 9. Provider Activation

When an approved provider application is returned from MAD, the Provider Enrollment Department activates the provider file using the steps described below.

### System Tools Needed

- IntraViewer/DocFinity/Workflow
- OmniCaid

### 9.1. General Rules

- If any fields are incomplete, route the application back to MAD for approval. Use an email in the provider's file from MAD, addressing the incomplete or discrepancies areas.
- If there are any mistakes on this page, such as wrong dates or affiliation errors, bring this to the attention of your supervisor/manager, the supervisor/manager will give instructions to either process and note the discrepancy, send back to State or email state leadership for direction.
- If the fields are complete, proceed to the next step.
- There are instances when MAD provides additional instructions or verbiage on this form. It is critical that those instructions are followed. For example when MAD uses the word "forthcoming", they mean that they have obtained additional documentation and will be sending it for the provider file separately. Process the activation even though the documentation is not attached to the activation. Since MAD indicated it is "forthcoming" they will send it separately to attach to the file. "Forthcoming" means go ahead and complete the activation and they will send the additional documentation separately.

### 9.2. Processing Steps

#### Provider Activation Processing Steps

#	Step	Details
1	IntraViewer / DocFinity/ Workflow	<ul style="list-style-type: none"><li>• Open Workflow – PE_APP Specialist – PE_Activations Queue (Work oldest to newest)</li><li>• Click on the oldest job</li><li>• Open OmniCaid and bring up the provider file –find the provider number by clicking on the task question "What is the Provider ID" in Workflow</li><li>• Click on the arrow next to the job/folder in Workflow</li><li>• Open up the application – scroll to the approval page – this should be located at the end of the application.</li><li>• Follow the instructions that the State has given .... Verbatim</li></ul>
2	OmniCaid – Enrollment Tab	<ul style="list-style-type: none"><li>• Go back to OmniCaid and click on the Enrollment tab</li><li>• Click on the (+) sign next to status and change the status and effective date. If the provider has a specialty listed, change the specialty effective date to match the activation effective date</li></ul>

#	Step	Details
3	OmniCaid – Cross-Reference	<ul style="list-style-type: none"> <li>• If there is a group to cross-reference this provider to, open up a second OmniCaid and do the cross-reference</li> <li>• See cross-reference procedures</li> </ul>
4	OmniCaid – Notes Tab	Click on the Notes tab and use the appropriate Notes Script template (see Notes Scripts section) for activation to complete the notes
5	Save	Go back to IntraViewer/DocFinity/Workflow and answer all the required task job questions and save the job

#### 9.2.1. Screening and Verification

- Verify the HSD Approval section on the application; this will be a last separate page inserted by MAD, not the actual page of the application.
- Items that must be completed include:
  - Approved check box
  - Signature/electronic
  - Date
  - MAD logo header on the page



FOR STATE PURPOSES ONLY	
HUMAN SERVICES DEPARTMENT APPROVAL	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
Reasons Not Approved	
<i>Use prov [redacted]; X-ref w/grp [redacted]; eff date 03/19/12 p/attached</i>	
Authorized Signature [redacted]	DATE 5/16/2012



FOR STATE PURPOSES ONLY	
HUMAN SERVICES DEPARTMENT APPROVAL	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
Reasons Not Approved	
<i>Use prov [redacted] eff 10/1/13; Facilitate x-ref per group's request; Copy of Ins for retro dt forthcoming, please attach to provider file. JL</i>	
Authorized Signature [redacted]	DATE 3/6/2014

If MAD indicates an activation is "contingent" upon something, Provider Enrollment needs to hold off on completing the activation until whatever the State is requesting has been completed and/or received.

"Contingent" means to wait to complete the activation until Provider Enrollment has received or done what ever MAD has requested.

### 9.2.2. Enrollment Tab

1. Go to the Enrollment Status box.
2. Remove all pending statuses (above a termination status if the number is being reactivated; do not remove any termination status).
3. Review the effective date assigned by MAD:
  - a. If a future date is given, refer to the following sub steps. If not a future date, proceed to the next step
  - b. Click the (-) sign under Enrollment Status and remove the pending status line
  - c. Click the (+) sign under Enrollment Status and add an Active (60) status line
4. Add active status 60.
5. Review the effective date assigned by MAD:
  - a. If a future date is given, refer to the following sub steps. If no future date, proceed to the next step
  - b. Click the (-) sign under Enrollment Status and remove the pending status line
  - c. Click the (+) sign under Enrollment Status and add an Active (60) status line
6. Enter the effective date as the agreement date assigned by MAD.
7. In the Program box, overwrite the begin date to match the effective date on the Active status line.
  - If this provider is being reactivated, the original effective date should be used.
  - Note: The end date should be 12/31/9999.
8. In the Provider Specialty box, overwrite the begin date to match the effective date on the active status line.
  - If this provider is being reactivated, the original begin date should be used
  - Note: The end date should be 12/31/9999.
9. Select the Affiliations tab. DO NOT RTP.
10. Enrollment status 11-Term MCO is never to be used, unless instructed by State.

### 9.2.3. Affiliations Tab

1. Verify the information from the application regarding any groups with which the provider is affiliated has been entered correctly.
2. If any discrepancies are found, make the appropriate corrections.
3. If the provider is a pharmacy, access the Miscellaneous tab.
  - a. Overwrite the Dispensing Fee Effective Date with the State approved effective date
4. When affiliating a provider to a group, the effective date is what the provider or group has requested as long as the insurance and the professional license encompass this requested date.

The end date is the date that the provider's professional license expires. If the provider is not required to have a professional license, the end date would be 3 years from the effective date.
5. If the activation is for a group and there are active rendering providers cross-reference information attached, print out the cross-reference information, do the x-reference and create the x-reference letters (sometimes the x-references are on separate applications and will have to be activated and x-referenced when their application is returned approved).
  - a. The cross-reference information goes for re-indexing, and the letters go to QA
  - b. Access the Notes tab
  - c. Using the appropriate Notes Script template (see Notes Scripts section) enter notes

**9.2.4. Review Tab**

Review tab is for Birthing Options Midwife's provider type 322 and 323 On Review. Use the following template to complete the Midwife's Review tab in OmniCaid to place provider on review.

**Review Tab**

Begin Date	End Date	Action	Reason Code	Location Code	Date Indicator	Restriction/Sanction
	12/31/9999	4-Suspend Claims on Review	21-Routine Provider Monitoring	O – Other	S-Service	M-MAD

**Service Code Range**

From Procedure	To Procedure	From Diagnosis	To Diagnosis	From DRG	To DRG	From Revenue	To Revenue
59400	59610						

Make a permanent OmniCaid note indicating: "The practitioner has submitted all required documents in order to participate in the Birthing Options Program."

**9.2.5. Add Cross-Reference**

1. Add the activation action.
2. For the 312 application access the group's file.
3. Go to another provider detail search in OmniCaid using the provider number that has been provided by the applicant.
4. For the 335 application, activate per the State's effective date and follow all State instructions written in the HSD approval area.
5. Select the Notes tab (rendering/servicing providers notes go in their own files).
6. Using the appropriate Notes Script template (see Notes Scripts section) enter the date that work was completed and what was done, and your initials. (Example: 10/15/13 –rec'd app back approved::activated and x-ref w/A1892 per MAD instructions-ph.)
7. Follow-up:
  - a. A system generated Welcome Letter will be available the next day
  - b. In addition to the system generated letter, there is a manual x-reference letter that may need to be created, for service only providers
  - c. This letter is located at \\abq01\Org\_Unit\PROVENRL\Master Letters
  - d. If the provider is being cross-referenced to a group, or groups, open the Cross-Reference Letter and complete the necessary sections
  - e. Print two copies of the letter and submit to QA
  - f. After printing the system generated letter, add to the manually created cross-reference letters and place in the basket for QA
  - g. If the letters are returned from QA, make any needed corrections and re-submit to QA.
  - h. If the letters are approved, QA will forward/send them to Scanning and from there the mailroom will mail them out

**9.2.6. Pro-Active Procedure**

If a future effective date has been assigned by MAD, the Enrollment Status must be left as pending (status 44). Add a second Enrollment Status line showing the status as active (60) and the future effective date.

Note: The pend line can be deleted in the future (after the active effective date) but this is not required.

**9.2.7. Miscellaneous Tab**

Go to the Miscellaneous tab to verify Dispensing fees were input. If this tab is blank then:

1. Click on the "+" sign under Dispensing Fee
2. Add the dispensing fee in accordance with the table below. Use the effective date given to the provider number by MAD.

Enrollment Date	Dispensing Fee Guidelines
Prior to 07/01/2010 and New date starting 2/01/2016 to 4/1/2016	<ul style="list-style-type: none"><li>• Enter \$2.50 with effective date 07/01/10</li><li>• Starting 2/01/2016 enter \$3.65 with effective date of provider's enrollment</li></ul>
4/01/2016 to present	<ul style="list-style-type: none"><li>• Enter \$10.30 with the effective date of provider's enrollment</li></ul>

**9.2.8. Notes Tab**

See Notes Scripts section in this document. Provider Enrollment staff must use the notes templates found in the Notes Scripts section to complete the Notes tab.

## 10. Return to Provider (RTP) Process

Once an application is determined to be incorrect or incomplete, the RTP process needs to occur.

### System Tools Needed

- IntraViewer/DocFinity/Workflow
- OmniCaid

### 10.1. Processing Steps

#### RTP Processing Steps

#	Step	Details
1	RTP Queue	<ul style="list-style-type: none"><li>• When the RTP option is chosen in Workflow, it will be sent to QA for review</li><li>• If application should not have been RTP'd, it will be sent back to QA re-entry to process as normal</li><li>• If the RTP is correct, it will move to RTP hold queue for processing</li><li>• If the document has been RTP'd more twice inform SME/lead. They will reach out to the provider for coaching.</li></ul>
2	IntraViewer / DocFinity	<ul style="list-style-type: none"><li>• The processor then notifies the provider via email using the appropriate RTP template. If the email address is invalid or not given, the letter is mailed to the provider. The RTP letter must contain ALL errors found in the application, check them off on the letter and if reason is not listed use "other" and type in the reason</li><li>• The processor will answer all required questions</li><li>• The RTP email and the attachment will be sent to the provider file via the indexing process</li></ul>
3	OmniCaid	<ul style="list-style-type: none"><li>• Change the enrollment status to 09</li><li>• Use the correct RTP notes template to enter the notes (see Notes Scripts section)</li></ul>

### 10.2. Recalling and Reopening an Application

There is a difference between 1) recalling an application on the Web Portal, and 2) reopening a RTP'd application on the Web Portal. These are two distinct options that the provider sees when they are on the Enroll Online page of the Web Portal, or have followed the link on their RTP letter (<https://nmmedicaid.acs-inc.com/webportal/enrollOnline>).

#### 10.2.1. Reopen an Application

If a provider had their application RTP'd, they have 6 months to reopen and resubmit it. The provider's OmniCaid record must be in a 09 status for this option to be available.

The option to reopen and resubmit an application that has been returned to the provider looks like this:

**Reopen and Resubmit Your Returned Application**

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

\*Reference #:

Recall

### 10.2.2. Reference Number

In both instances (recalling and reopening an application), the provider uses the reference number (printed in red in the upper left corner of the app), which looks like this:



## 11. Provider Enrollment Requests from the State

Provider Action Requests Numbered Memos (PARs/Memos) are issued by the State to effect changes to a provider file or to activate certain provider files. The instructions listed below are to be followed when a Memo is received.

Any new provider application that is returned as a Memo will be for hospitals, Federally Qualified Health Center (FQHC) hospice, nursing homes, etc. (basically anything that needs rates loaded or that is approved by any department at the State other than Benefits Bureau).

### 11.1. Screening and Verification

- Memos are received via email from the Remote Job Entry (RJE) Lead
- All pages of the memo should also be date stamped with the completed date stamped
- Review the memo to verify that it has been assigned to the correct department
- If not properly assigned, the RJE Lead should be notified so that the memo can be reassigned

### 11.2. OmniCaid Entry

- Make all changes requested in the memo
- Note changes and memo number in OmniCaid

### 11.3. Follow-up

- Completed memos should be forwarded to QA Manager
- If returned from QA, make any necessary corrections
- After making any corrections that are needed, make copies of the memo and documents
- Give copies to the Provider Enrollment Supervisor
- Give to the RJE Lead

## 12. Presumptive Eligibility (PE) Determiners

PE Determiners are providers that help identify uninsured that may be Medicaid eligible. The PE Determiners must go through State training and obtain a Medicaid provider number.

### System Tools Needed

- OmniCaid

### 12.1. Processing Steps

#### PE Determiners Processing Steps

#	Step	Details
1	Receive notification from the State	<p>The State sends a spreadsheet weekly with activations, terminations, and updates.</p> <ul style="list-style-type: none"> <li>• To process you will need to open OmniCaid and the State spreadsheet. The password for the spreadsheet is PED. You will open up the tabs at the bottom of the worksheet</li> </ul>
2	Term Tab	<ul style="list-style-type: none"> <li>• Pull up provider using the provider number. This is labeled determiner number on the spread sheet</li> <li>• Under Enrollment status you will use status 01-term Medicaid authority to term the provider number using the date on the spread sheet. Use this date for end date on provider specialty as well. Note the termination under the note section in OmniCaid using the appropriate Notes Script template (see Notes Scripts section). Once everything is complete note and sign off on the spread sheet next to the notes column</li> </ul>
3	170 Tab	<ul style="list-style-type: none"> <li>• This tab indicates updates or activations made to provider type 170. 170 is the specialty used for non-hospital PE Determiners</li> <li>• Pull up providers using the provider number, which is the determiner number on the spread sheet</li> <li>• Scroll to notes portion on the spread sheet and follow the directions</li> <li>• Activations –make sure all the information on spread sheet matches OmniCaid, update accordingly</li> <li>• Under enrolment status use 60-active with the date of the spreadsheet. Use this date in the provider spectrally as well. Provider specialty should be 170</li> <li>• Note all actions in OmniCaid (use the appropriate Notes Script template)</li> <li>• Sign off on the spreadsheet next to the notes column</li> </ul>
4	171 Tab	<ul style="list-style-type: none"> <li>• This tab indicates updates or activations made to provider type 171 which is the specialty used for hospital PE Determiners</li> <li>• Follow the procedure steps for the 170 tab</li> </ul>
5	Notify State and save	<ul style="list-style-type: none"> <li>• Once the spreadsheet is complete notify State via initial email sent by the State</li> </ul>

#	Step	Details
		<ul style="list-style-type: none"><li>• Save completed spreadsheet in the shared drive-Provider Enrollment-PE Determiner update folder</li></ul>

## 13. Administrative Tasks

## 14. Notes Scripts

Provider Enrollment staff must use the notes templates found below to complete the Notes tab in OmniCaid.

### 14.1. OmniCaid Notes Scripts

- Initials must be added at the end of all notes
- All notes must be copied into the diary entry as they appear in OmniCaid with the exception of the note to QA on why Provider Enrollment is proposing an RTP

Omnicaid Note Type	Notes Script Template
Application Processing Notes	Today's date here: application received on (list date here), pages (list page IDs here) has been sent to QA and is awaiting approval.

### 14.2. RTP Notes

RTP Note Type	Notes Script Template
QA Diary Entry for Proposed RTP'd Applications	Today's date here: this application currently under RTP review for the following reasons: (list reasons here).
RTP Prior to QA	Today's date here: Application received on (list the date here), pages (list page IDs here) has been sent to QA to verify RTP before being sent back to the provider.
RTP Post-QA	Today's date here: an RTP form was emailed to (list the provider name @ provider email address here): the application was RTP'd for the following reason(s): (list the reasons here) and the provider will need to resubmit the entire application via the New Mexico Medicaid Web Portal or mail.
RTP License Update	Today's date here: (list type of license that was received here) was received on (list date the license was received here); however, this license update has been RTP'd for the following reasons: (list reasons here). The RTP letter has been emailed to (list provider name and email address here).
RTP Demographic Update	Today's date here: the following demographic update was requested on (list date here) and was RTP'd for the following reasons: (list reasons here). The RTP letter has been emailed to (list provider name and email address here) on (list date here).
RTP - Mail to Address Updates – USPS Could Not be Verified	Today's date here: received mail to address update on (list date received here). The mail to address could not be USPS verified and the update request has been RTP'd. The RTP letter has been emailed to (list provider name and email address here) on (list date here).
RTP – Cross-Reference Updates	Today's date here: the following cross-reference request was received on (list date here) and has been RTP'd for the following reasons: (list reasons

RTP Note Type	Notes Script Template
	here). The RTP letter has been emailed to (list provider name and email address here) on (list date here).
RTP – TAD	Today's date here: a TAD was received on (list date here). The following updates were made (list updates made here); however, due to (list reasons here), this TAD will be RTP'd. The RTP letter has been emailed to (list provider name and email address here) on (list date here).

### 14.3. Activation Notes

Activation Notes Type	Notes Script Template
Approved Applications	Today's date here: the application for (list the provider name and NPI here) has been approved by the state with the following instructions: Per State agent ("list the State agent's initials, copy and paste the exact notes using quotation marks here." Example - Per State agent: "MH-application has been approved using this NPI 000000000"
Denied Applications	Today's date here: the application for (list the provider name) has been denied by the State with the following instructions: Per State agent ("list the state agent's initials, copy and paste the exact notes using quotation marks here." Example - Per State agent "MH-application has been denied for these reasons"

### 14.4. PSD Notes

PSD Note Type	Notes Script Template
PSD Notes for Upgrades	Today's date here: (list the provider name and NPI) is requesting an upgrade to the following: (list the requested updates here).
PSD Notes for Retro Request Older than 6 months	Today's date here: (list the provider name and NPI) is requesting retro activation older than 6 months.
PSD Notes for Misc.	Today's date here: (list the provider name and NPI here) - The application has been sent for review for the following reasons: (list out the reasons here).
PSD Notes for Duplicate Numbers	Today's date here: (list the provider name and NPI here) - the application has been sent for review for clarification on which NPI number to use. A duplicate NPI number was found. (List all duplicate numbers here).
PSD Notes for Answering Yes on a Disclosure Question	Today's date here: (list the provider name and NPI here) has answered yes to the following disclosure question: (list out the question (s) and detailed answer(s). Application has been sent for review.

#### 14.5. QA Re-Entry

QA Re-Entry Note Type	Notes Script Template
QA Re-Entry	Today's date here: (list application page IDs here) have been corrected and resubmitted by Provider Enrollment staff after QA findings. The following corrections have been made: (list out the corrections made here).

#### 14.6. Screening

Screening Note Type	Notes Script Template
Complete – Individuals	<p>Today's date here: the application was screened for the following: name, NPI, license, DEA, CLIA, DOB, SS#, Address, OIG exclusions, GSA EPLS, SSA and DMF</p> <p>Example: Screening complete came back on everything and this application is ok to process.</p>
Complete – Group	<p>Today's date here: the application was screened for the following: name, NPI, license, DEA, CLIA, DOB, SS#, Address, OIG exclusions, GSA EPLS, SSA and DMF. Screening Complete came back on everything and all managing partners/owners: (list out all managing partners/owners here). This application is ok to process.</p>
Unclean Matches	<p>Today's date here: the application was screened for the following: name, NPI, license, DEA, CLIA, DOB, SS#, Address, OIG exclusions, GSA EPLS, SSA and DMF. Screening came back unclean on (list out the Unclean matches/explanation on each here). Then the outcome of the application: ok to process, RTP or sent to State for review.</p>
Rejected Screening	<p>Today's date here: the application was screened through KYP for the following: name, NPI, license, DEA, CLIA, DOB, SS#, Address, OIG exclusions, GSA EPLS, SSA DMF and Court Cases. Screening was rejected for the following reasons: (list out the not true matches/explanation on each here). Application errors were fixed and rescreened or Applications was RTP'd.(select one)</p>

#### 14.7. License Updates

License Update Note Type	Notes Script Template
License – Has Not Expired	<p>Today's date here: received (list type of license here) on (list received date here). Updated provider file and affiliations (if applicable) with license number (list number here) and new expiration date (list date here). The provider file has been updated.</p>
License – Expired within Grace Period	<p>Today's date here: received (list type of license here) on (list received date here). Updated provider file and affiliations (if applicable) with license</p>

License Update Note Type	Notes Script Template
	number (list number here) and new expiration date (list date here). Updated license was received within the grace period and the term status has been removed. The provider file has been updated. ***See RTP section for RTP template***

#### 14.8. Demographic Updates

Demographic Updates Note Type	Notes Script Template
Address	Today's date here: received request to update address on (list date received here). The following address was updated (list which address type was changed here). The address has been USPS verified or the address could not be USPS verified. The provider file has been updated with the new information. **See RTP section for mail to addresses that cannot be USPS verified***
Other Demographics	Today's date here: received request to update (list what changes are being requested here – phone, fax, email, etc.) on (list date received here). The provider file has been updated with the new information. ***See RTP section for RTP template***
Cross-Reference	Today's date here: the following cross-reference request was received on (list date here). The cross-reference was been completed on (list date here) to the following groups: (list group and group numbers here). The cross-reference letter was emailed out to the provider (list provider name and email address here) on (list date mailed here). ***See RTP section for RTP template***

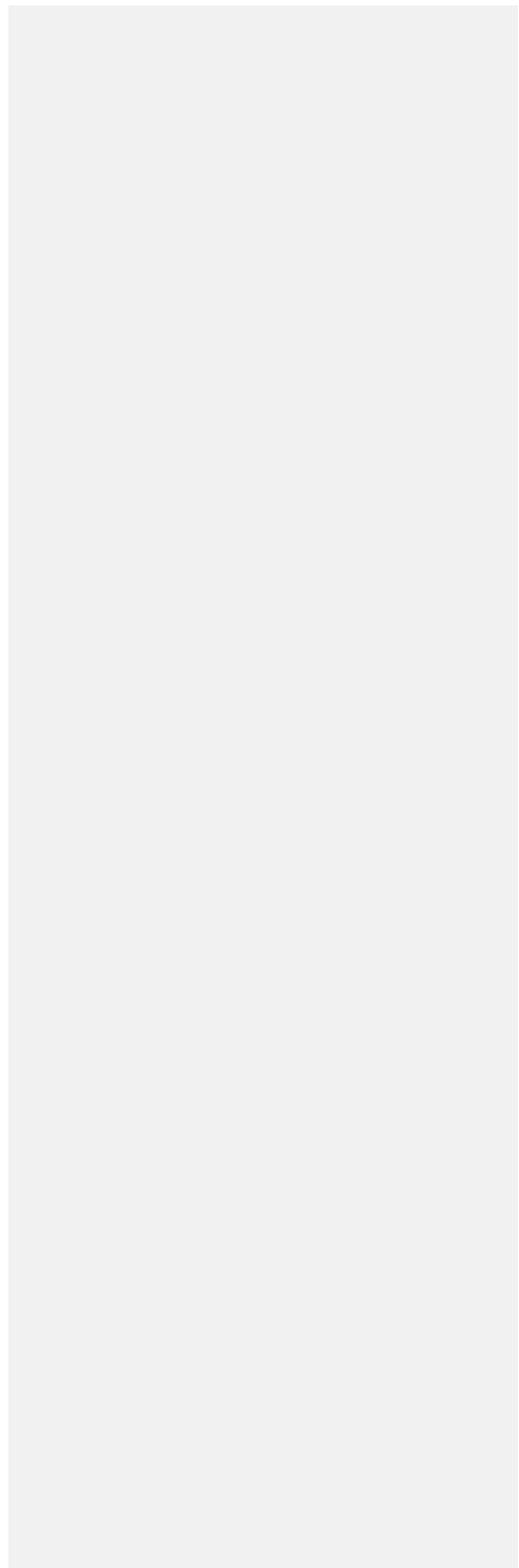
#### 14.9. TADs

TADS Note Type	Notes Script Template
TADs Not Termed	Today's date here: the TAD was received on (list date here). The re-verification and application date has been updated with the following date (list date here) and the update was made on (list date here). Today's date here: the TAD was received on (list date here). The re-verification and application date has been updated with the following date (list date here) and the update was made on (list date here). Also updated: (list out everything else that was updated here).
TADs Termed (within grace period)	Today's date here: the TAD was received on (list date here). The re-verification and application date has been updated with the following date (list date here) and the update was made on (list date here). TAD was received within the grace period and the term status has been removed. ***See RTP template for TADs***

## A. Appendix A: Licensing Board Contact Information

### Licensing Board Contact Information

State	Website	Phone Number/s
Texas	<a href="http://reg.tmb.state.tx.us/OnLineVerif/Phys_SearchVerif.asp">http://reg.tmb.state.tx.us/OnLineVerif/Phys_SearchVerif.asp</a>	(800) 248-4062 (512) 305-7030
Oklahoma Medical	<a href="http://www.okmedicalboard.org/search">http://www.okmedicalboard.org/search</a>	(405) 962-1400
Oklahoma Osteopath	<a href="http://www.docboard.org/ok/df/oksearch.htm">http://www.docboard.org/ok/df/oksearch.htm</a>	(405) 528-8625
Colorado	<a href="https://www.doradls.state.co.us/alison.php">https://www.doradls.state.co.us/alison.php</a>	(303) 894-7800
Utah	<a href="https://secure.utah.gov/llv/search/index.html;jsessionid=d309c881c2b405412b768b7845b5">https://secure.utah.gov/llv/search/index.html;jsessionid=d309c881c2b405412b768b7845b5</a>	(801) 530-6628
Arizona Medical	<a href="http://azmd.gov/GLSPages/DoctorSearch.aspx">http://azmd.gov/GLSPages/DoctorSearch.aspx</a>	(480) 551-2700 (877) 255-2212
Arizona Osteopath	<a href="http://www.azdo.gov/GLSPages/DoctorSearch.aspx">http://www.azdo.gov/GLSPages/DoctorSearch.aspx</a>	(480) 657-770



## B. Appendix B: License and Board Certificate Examples

### License Example #1

05/08/2013 is the date this license was originally entered into the system. The start day would be the effective date of 05/09/2013

License/Certification							
Number	Effective Date	Expire Date	Type	State	Board	Restrict Code	Verified ?
	07/01/2009	12/31/9999	97-Specl Cert	ME-Maine	BB-Training	A-Lic-Active	<input checked="" type="checkbox"/>
	05/09/2013	05/31/2015	36-Physician	ME-Maine	O-Osteopath	A-Lic-Active	<input checked="" type="checkbox"/>



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
BOARD OF OSTEOPATHIC LICENSURE



#### DOCTOR OF OSTEOPATHIC MEDICINE

License Number:   
 Status: *Active*  
 First Licensure: 05/08/2013  
 Expiration Date: 05/31/2015

#### History

Detailed license history prior to April 08, 2013 is unavailable online.

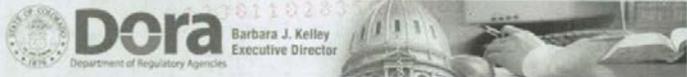
License Type	Start Date	End Date
DOCTOR OF OSTEOPATHIC MEDICINE	05/09/2013	05/31/2015

**License Example #2: Department of Regulatory Agencies (DORA)**

The original issue date is the date the board issued the provider their license. The effective date will reflect the last time the license was renewed.

Name/Address	Enrollment	Medicare	License/CLIA	Miscellaneous	Affiliations	Institution	MC Affiliations	Review	Notes
License/Certification									
+/- Number	Effective Date	Expire Date	Type	State	Board	Restrict Code	Verified ?		
[Redacted]	12/30/2002	09/30/2015	48-Adv Nurse	CO-Colorado	N-Nursing	A-Lic-Active	<input checked="" type="checkbox"/>		

Print Lookup Details Page 1 of 1



**Lookup Detail View**

Name and Address		Public Address
Name		Denver, CO 80238

Credential Information						
License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
APN.0003929-NP	Original	Nurse Practitioner - APN	Active	12/30/2002	10/01/2013	09/30/2015

Supervision				
Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervised By	Julie A Coy	RN.0069683	12/30/2002	AVP Predicate
Supervises	Julie A Coy	RXN.0005038-NP	03/10/2005	RX Predicate

### License Example #3: Texas

For Texas, the effective date is the issuance date, not the registration date.



The image shows the Texas Medical Board's public verification page for a physician. The header includes the Texas Medical Board logo and the state seal. The page title is "PUBLIC VERIFICATION / PHYSICIAN PROFILE". Below this, it says "PHYSICIAN" and "NAME: [redacted] DATE: 12/06/2013". A red-bordered box contains the following verified information:

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1981  
License Number: [redacted]  
Issuance Date: 05/15/2013  
Expiration Date of Physician's Registration Permit: 05/31/2015

Registration Status: ACTIVE      Registration Date: 05/20/2013  
Disciplinary Status: NONE      Disciplinary Date: NONE  
Licensure Status: NONE      Licensure Date: NONE

### License Example 4: Multisystemic Therapy (MST) Services



The screenshot shows a software window titled "Provider Detail: NEW" with several tabs: Name/Address, Enrollment, Medicare, License/CLIA, Miscellaneous, Affiliations, Institution, MC Affiliations, Review, and Notes. The "License/Certification" tab is active, displaying a table with the following data:

Number	Effective Date	Expire Date	Type	State	Board	Restrict Code	Verified ?
[redacted]	10/23/2013	12/31/9999	88-NCCAA	NM-New Mexico	Z-St Agency	A-Lic-Active	<input checked="" type="checkbox"/>



**MST**  
Services

*A clinically proven and cost effective treatment of antisocial behavior in youth.*

## CERTIFICATE OF LICENSURE

Issued by

### MST Services

[Redacted] Inc., hereafter referred to as "the Organization", has entered into a License Agreement with MST Services for the right to use the MST System in the treatment of antisocial behavior in youth. The Organization has acknowledged that it is of critical importance to MST Services that the MST System be used by all licensed organizations in a consistent manner and in accordance with the highest professional standards. Accordingly, the Organization has agreed to strictly comply with all of the policies and procedures in the MST Manuals, as modified by the MST Group from time to time, in connection with the training of staff in licensed MST programs. The Organization also has agreed to ensure that all of its employees involved with the MST System are competent and fully trained in the use of the MST System.

This Certificate of Licensure has been issued to signify that the Organization has met the required criteria in the following areas: Quality Assurance data collection, program drift monitoring data collection, contract status and payment status.

This Certificate applies only to the following MST team:

<i>Organization</i>	<i>Team Name</i>	<i>State/Country</i>
[Redacted]	Rio Rancho	NM/USA



**License Example #5: Open Skies Healthcare Inc. Certification**

Provider Detail: NEW							
Name/Address   Enrollment   Medicare   License/CLIA   Miscellaneous   Affiliations   Institution   MC Affiliations   Review   Notes							
License/Certification							
Number	Effective Date	Expire Date	Type	State	Board	Restrict Code	Verified ?
BMS	08/19/2013	12/18/2013	73-CYFD	NM-New Mexico	C-CYFD	A-Lic-Active	<input checked="" type="checkbox"/>



**License Example #6: Puerto Rico**

A Puerto Rico license is unable to be verified on the Web or phone, therefore, accept the license as is.

ESTADO LIBRE ASOCIADO DE PUERTO RICO  
Commonwealth of Puerto Rico

DEPARTAMENTO DE SALUD  
Department of Health

JUNTA DE LICENCIAMIENTO Y DISCIPLINA MEDICA  
Puerto Rico Board of Licensing and Medical Disciplines

**LICENCE VERIFICATION  
"GOOD STANDING"**

**THIS IS TO CERTIFY THAT:**

THE PUERTO RICO BOARD OF LICENSING AND MEDICAL DISCIPLINES issued a full and unrestricted license number 17,322 to [REDACTED] number [REDACTED] on August 26, 2008. Said license is in good standing. By virtue of this license she is authorized to practice MEDICINE AND SURGERY IN THE COMMONWEALTH OF PUERTO RICO.

*This physician is not certified as Specialist by this Board.*

*IN WITNESS WHEREOF, I have hereunto set my hand and Affixed the OFFICIAL SEAL OF THE PUERTO RICO BOARD OF LICENSING AND MEDICAL DISCIPLINES at the city of San Juan, Puerto Rico, This day of September 25, 2012.*

[REDACTED]

Enrique Cevallos Del Valle  
Director

License Expiration Date: 4/11/2013  
Issued to: [REDACTED]

cIII

ESTE DOCUMENTO NO ES TRANSFERIBLE / THIS DOCUMENT IS NOT TRANSFERIBLE

1233929250016

ESTADO LIBRE ASOCIADO DE PUERTO RICO  
Commonwealth of Puerto Rico

DEPARTAMENTO DE SALUD  
Department of Health

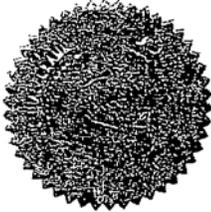
TRIBUNAL EXAMINADOR DE MEDICOS DE PUERTO RICO  
Puerto Rico Board of Medical Examiners



*THIS IS TO CERTIFY THAT:*

THE PUERTO RICO BOARD OF MEDICAL EXAMINERS issued to [redacted] social security number [redacted], a regular license number 17,322 on August 26, 2008.

By virtue of this license is authorized to practice *MEDICINE AND SURGERY* in the Island of Puerto Rico.



IN WITNESS WHEREOF, I have hereunto set my hand and Affixed the OFFICIAL SEAL OF THE PUERTO RICO BOARD OF MEDICAL EXAMINERS at the city of San Juan, Puerto Rico, This day of August 26, 2008.



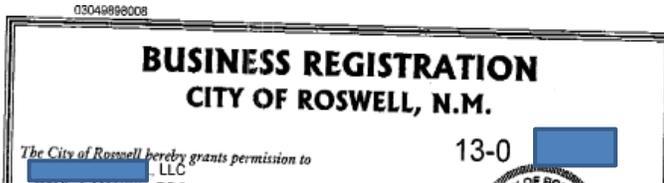
**MSU**  
**Received**  
*On 9/18/12*

PO Box 13969 San Juan, Puerto Rico 00908

ESTE DOCUMENTO NO ES TRANSFERIBLE / THIS DOCUMENT IS NOT TRANSFERABLE

**License Example #7: Roswell, NM**

This is an example of the city of Roswell, NM license 13-0. If the license number is preceded by a prefix such as the year, the year should not be entered in OmniCaid.



**License Example #8**

Example for DOH license/ certification below: Effective date is June 24, 2013 until December 24, 2013.

SUSANA MARTINEZ, GOVERNOR            RETTA WARD, CABINET SECRETARY

June 24, 2013



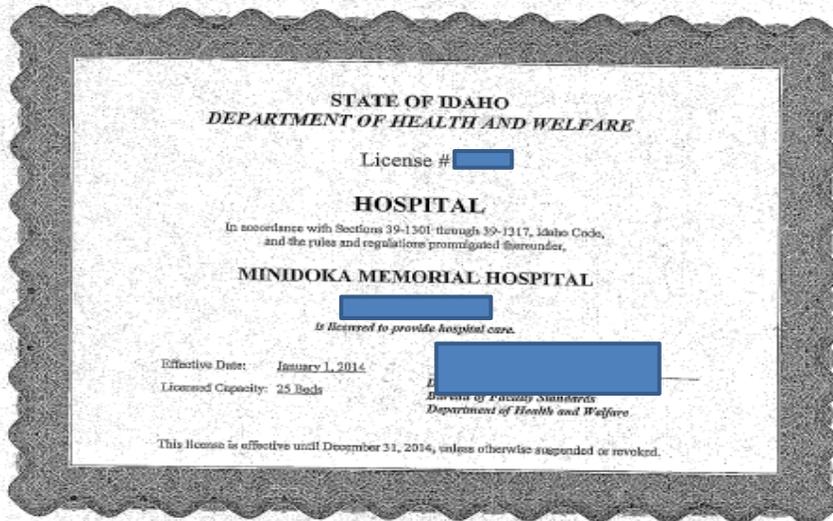
Dear Mr. 

This letter serves as temporary certification of  Inc. to operate a Community Mental Health Center (CMHC) in New Mexico effective today, June 24, 2013. The temporary certification is granted due to exigent circumstances identified by the New Mexico Human Services Department, Behavioral Health Services Division (BHSD). It is based on reviews of your service array and financial stability by Optum Health New Mexico (OHNM) and assurances by the BHSD that you are qualified to provide Behavioral Health services in New Mexico. The temporary certification is in effect until December 24, 2013, unless modified or revoked at an earlier date by the Department of Health (DOH).

**Example #9: Hospital**

Per Pam at the Idaho Department of Health, hospital licenses can now be verified online.

If the hospital name is found on the following website, the hospital license is valid until the end of the current year. <http://www.healthandwelfare.idaho.gov/Medical/LicensingCertification>



**License Example #10: Maine Board of Osteopathic Licensure**

05/08/2013 is the date the license data was originally entered into the system. The start date would be the effective date of 05/09/2013.

License/Certification Number	Effective Date	Expire Date	Type	State	Board	Restrict Code	Verified ?
[REDACTED]	07/01/2009	12/31/9999	97-Specl Cert	ME-Maine	BB-Training	A-Lic-Active	<input checked="" type="checkbox"/>
[REDACTED]	05/09/2013	05/31/2015	36-Physician	ME-Maine	O-Osteopath	A-Lic-Active	<input checked="" type="checkbox"/>



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
BOARD OF OSTEOPATHIC LICENSURE

**DOCTOR OF OSTEOPATHIC MEDICINE**

License Number: [REDACTED]  
 Status: Active  
 First Licensure: 05/09/2013  
 Expiration Date: 05/31/2015

**History**

Detailed license history prior to April 08, 2013 is unavailable online.

License Type	Start Date	End Date
DOCTOR OF OSTEOPATHIC MEDICINE	05/09/2013	05/31/2015

**License Example #11: City of Albuquerque**

For the city of Albuquerque, the effective date is the "Permit From Date" not the "business Start Date"



**Business Information Details**

Below are the detailed results for the business you have chosen. Click the business name to view additional information. If you need a map to this business, just click the Business Location button.

[New Search](#)    [Return to Results List](#)    [Main Page](#)

[Map Business](#)  
 Locate this business using Mapquest. You will leave the City of Albuquerque Website.

business Start Date: 7/26/2013

More Information On...	Permit From Date	Permit To Date
BUSINESS REGISTRATION	7/1/2013	6/30/2014

For the example of the Arizona license below , please use the "from" date as the effective date for the license.

For the example of the Arizona license below , please use the "from" date as the effective date for the license.

**License Example #12: Diagnostic and Treatment Center license for Arizona's version**

**PROPERTY OF THE  
ARIZONA DEPARTMENT OF HEALTH SERVICES**



[Redacted]

**This facility is licensed to operate as an **OUTPATIENT TREATMENT CENTER****

This license has been issued under the authority of Title 36, Chapter 4, Arizona Revised statutes and pursuant to Department of Health Services' Rules, is not transferable and is valid only for the location identified above.

**License Effective:**  
**From: October 1, 2013 To: September 30, 2014**

**Issued: August 21, 2013**

**Number:** [Redacted]

**Recommended by:** [Redacted]

**Issued By: Assistant Director**

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION  
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED

**Example #13: City of Socorro**

The following example from the City of Socorro shows a License with no address

When a license is received that does not show an address

Check OmniCaid and if the numbers match what is already in OmniCaid, it is not necessary to verify the address again. (Note this is also true for other licenses not just the City of Socorro)

