

Provider Bulletin

Molina Healthcare of New Mexico, Inc.

August 1, 2024

Dear Provider,

Please see the update below Molina Healthcare received from the state:

Extension: The HCA has extended the previously communicated Provider disenrollment date of August 1, 2024 to September 1, 2024.

Certain flexibilities that were allowed during the COVID-19 public health emergency have ended, and providers may be required to submit documents, such as licenses or revalidation, to continue serving Medicaid members.

If you have a revalidation due date of August 1, 2021, or older, or a license due date of August 2, 2024, or older, and haven't submitted the required documents, you will be disenrolled from Medicaid. Please submit the required documents by the end of July to avoid being disenrolled.

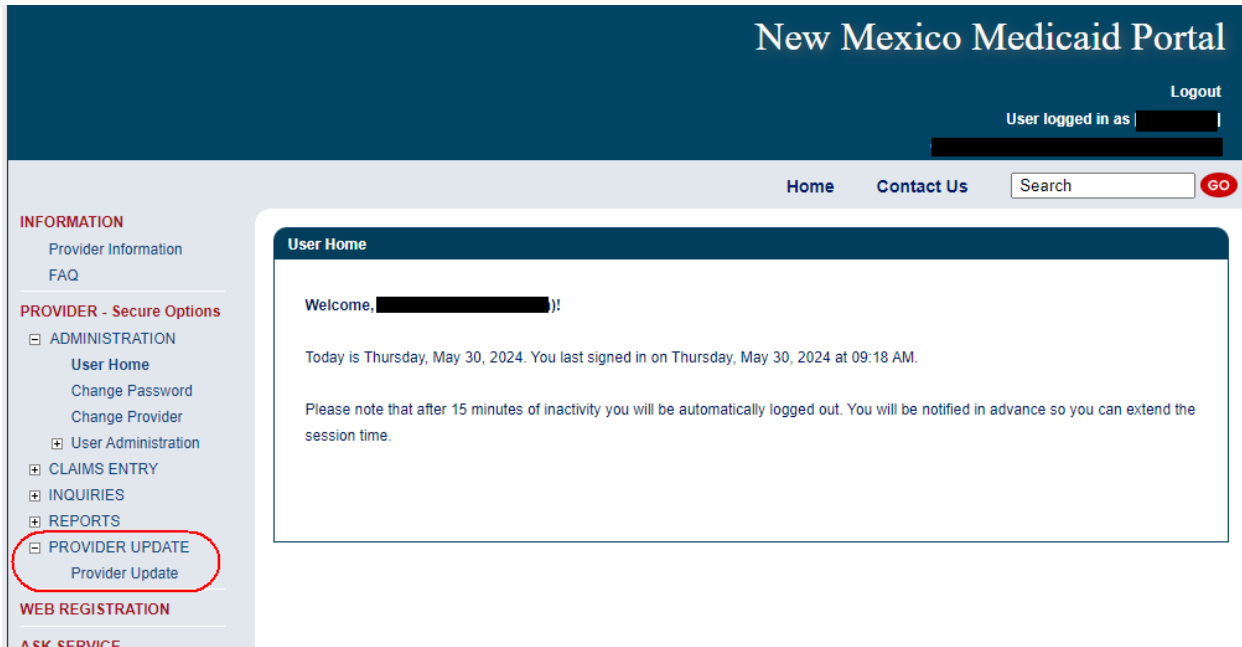
Upcoming trainings on provider enrollment applications, turn-around documents (revalidation), licenses and updates can be processed on the portal:

Please call the Consolidated Customer Call Center at (800) 299-7304 to check your reverification or license due date.

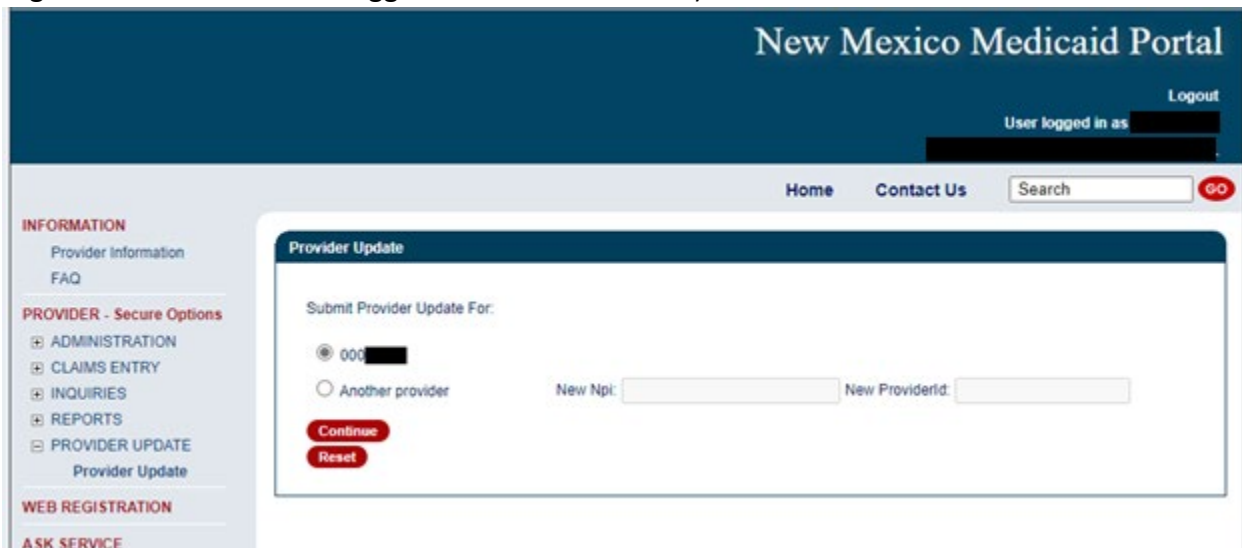
The information below provides steps for reviewing your license expiration date and submitting your license update.

How to view license and certification information via Provider Update

- 1) A provider user who has Provider Update as an assigned security privilege (and whose provider organization is eligible to submit updates) logs in to the portal. Click on the [+] next to PROVIDER UPDATE in the left navigation menu to expand it. Then click on the 'Provider Update' hyperlink to open the Provider Update page.



- 2) On the Provider Update page, select the appropriate radio button. (The Provider ID of the organization that the user logged in with is defaulted.) Click the 'Continue' button.



- 3) On the next Provider Update page, select the 'License and Certification Information' checkbox.
- 4) The License and Certification Information section of the page expands, showing the information currently on file for this provider.

New Mexico Medicaid Portal

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 User logged in as XXXXXXXXXX

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PROVIDER ENROLLMENT

- [Enroll Online](#)
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- [Download Enrollment Application](#)
- [Upload License Attachment](#)

Provider Update

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

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

License and Certification Information

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

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

License Number	Effective Date	Expiration Date	State
6005	01/01/2001	12/31/2024	NM

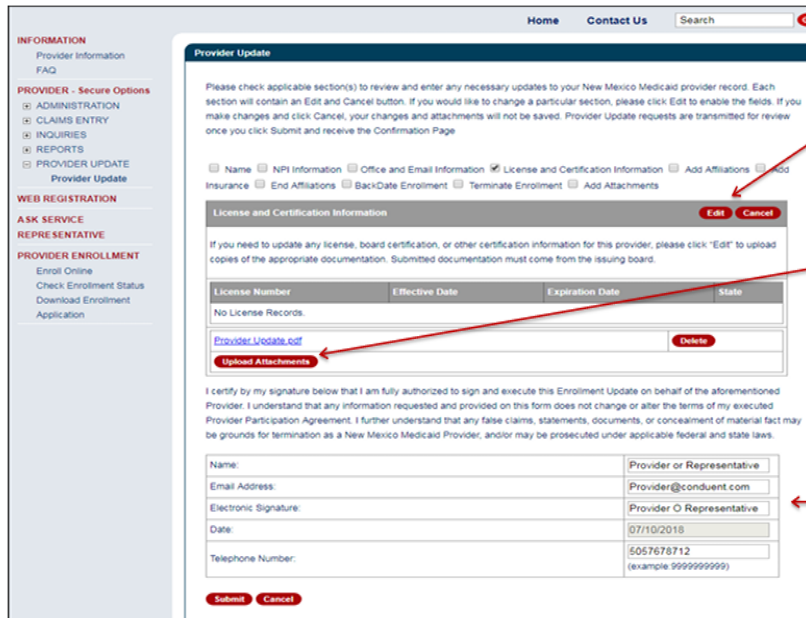
I certify by my signature below that I am fully authorized to sign and execute this Enrollment Update on behalf of the aforementioned Provider. I understand that any information requested and provided on this form does not change or alter the terms of my executed Provider Participation Agreement. I further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

Name:	<input type="text"/>
Email Address:	<input type="text"/>
Electronic Signature:	<input type="text"/>
Submitting for other provider:	<input type="text"/>
Date:	<input type="text" value="05/30/2024"/>
Telephone Number:	<input type="text"/>

(example:9999999999)

SUBMIT UPDATE:

Upload Attachments



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

License and Certification Information **Edit** **Cancel**

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

License Number	Effective Date	Expiration Date	State
No License Records.			

[Provider Update.pdf](#) **Delete**

Upload Attachments

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Name:	Provider or Representative
Email Address:	Provider@conduent.com
Electronic Signature:	Provider O Representative
Date:	07/10/2018
Telephone Number:	5057678712 (example 9999999999)

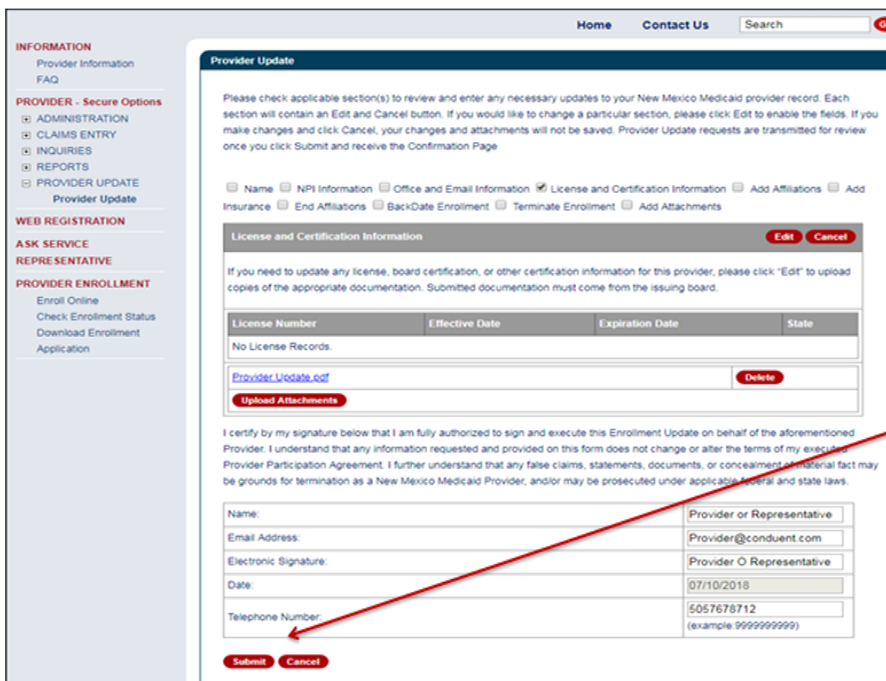
Submit **Cancel**

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

Then upload supporting documents.

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

Submitting or Cancelling the Update Request



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Name:	Provider or Representative
Email Address:	Provider@conduent.com
Electronic Signature:	Provider O Representative
Date:	07/10/2018
Telephone Number:	5057678712 (example 9999999999)

Submit **Cancel**

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

Provider Update Confirmation



New Mexico Medicaid Portal

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User logged in as [testNPI]
NPI Organization

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Provider Update Confirmation

Your Provider Update request has been received and will be reviewed. If you have any questions, please contact the Consolidated Customer Service Center (CCSC) at 1-800-299-7304

Provider ID:

Update Request Number: 5BEYGNQU3UVD

Submitted Date: Mon Aug 24 16:52:56 EDT 2020

Print or Save Copy of Provider Update

Document your Update Request Number for tracking purposes

You can upload your documents using the below link to the web portal:

<https://nmmedicaid.portal.conduent.com/webportal/licenseUpload?lastNodeClicked=804>.

If you are emailing documents, please email them to: NM.Providers@state.nm.us

You can submit your TAD using the below link to the web portal:

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

For questions or concerns, please contact the Consolidated Customer Service Center at 1 (800) 299-7304.

**Thank you,
Provider Relations – NM MMIS
Government Healthcare Solutions**

Thank you for your commitment to serving Molina Healthcare of New Mexico members and the community!