UNMMG Billing Packet

To be compliant with your service agreement, Federal/State laws, and UNMHSC policies, submission of specific documents copies are required in conjunction with this packet.

Required Documents	MD	DO	CNP	PA	CNM	CRNA	AA	PhD	LD	OD	DDS/DMD	All Other providers	✓
Curriculum Vitae/Resume (professional school to present) *Must indicate month/year and contain explanation for gaps greater than <u>30 days.</u>	X	X	X	X	X	X	X	X	X	X	X	X	
Diplomas: **Medical/Professional School, * Residency * Internship, * Fellowship.	X	X	X	X	X	X	X	X	X	X	X	X	
Educational Commission for Foreign Medical Graduate (ECFMG) Certificate, if applicable.	X	X											
Current Board Certification Specialty and Subspecialty.	ABMS or AA	AOA	ANCC or NCC	NCCPA	ACNM	AANA or CRNA	NCCAA		CDR	AAO			
Current Driver's License.	X	X	X	X	X	X	X	X	X	X	X	X	
Billing Area Checklist for appropriate clinic/department.	X	X	X	X	X	X	X	X	X	X	X	X	
DEA Certificate with NM Licesne	X	X	X	X	X	X	X	X	X	X	X	X	

Please read the instructions for each application form carefully. Complete only items as indicated. All information should reflect and applies to your new position at UNMHSC.

Requested document copies and the entire "UNMMG, INC" Billing Packet (completed and signed), can be sent to:
Your Department Credentialing Enrollment Liaison before submitting to the Provider Enrollment Department.

PLEASE NOTE: Billing processes will not and cannot begin until all required information/ documentation has been
Received and reviewed by Provider Enrollment - No Exceptions!

MEDICAL GROUP, INC.

BILLING AREA CHECKLIST

CEL Please remember to attach all department or clinic billing area checklist(s) to UNMMG Billing Packet before submitting to Provider Enrollment. Billing area checklist document can be found on the clinical affairs website:

https://unmhealth.org/clinical-affairs/_files/billing-areas-checklist2-25-2022.pdf

BILLING REQUEST NUMBER REQUEST FORM

The next page of this document is requesting a billing number to bill though UNM Medical Group, Inc.

Instructions:
Have Provider complete the next page questions 1- 19, sign and date.

Provider must also complete one of the two personal identifying information documents designating their specialty.

MEDICAL GROUP, INC.

BILLING NUMBER REQUEST FORM

Anticipated Start Date _____

1. Provider Last Name   First Name   Middle

2. Title: ___ MD   ___ PA   ___ NP ___ Other:

3. Are you: ___ UNM Employee   __ UH Employee ___ UNMMG Employee ___ Other:

4. Are you: __ Faculty   __ Resident/Fellow ___ Staff ___ Other:

   a. Faculty Status: ___ Professor ___ Asst. Professor   Associate Professor   Adjunct Professor

              Volunteer   __ Instructor___ Staff Provider   Other:

5. Date of Birth   5a. Birthplace   5b. Sex: ___ M   ___ F ___ Other

6. Social Security Number

7. NPI Number

8. NM DEA Number   DEA expiration date

9. NM License Number   issue date   Exp date

10. Certification Board: Certification Number

    Certification issue date   Expiration date

11. Medical/Professional School   Date Graduated

12. FTE status: ___ 1.0 __ 0.5 __ _ Other:

13. Are you: ___ New Hire __ Change in Department/Specialty   Addition to Department/Specialty

14. Provider Contact information:

    a. Concurrent Address_____

       City_____ St_____ Zip

    b. Prior Practice Address_____

       City_____ St   Zip

    c. Home Address_____

       City_____ St   Zip

    d. Home Phone Number_____ Cell Phone Number

15. Driver's License # _____State_____ DL Exp Date

16. Department/Clinic Name:

17. Department Liaison Name: _____

18. Primary Specialty_____ Subspecialty

19. Requested NPPES Surrogacy completed?   Yes   No, if No please follow the included instructions

    Signature_____ Date_____

G. PHYSICIAN SPECIALTY

Designate your primary specialty and all secondary specialty(s) below using:

P=Primary   S=Secondary

You can only select one primary specialty. If you have multiple primary specialties, you must complete and submit a separate CMS-855I application for each primary specialty. You may select multiple secondary specialties. A physician must meet all federal and state requirements for the type of specialty(s) checked.

- ☐ Addiction Medicine
- ☐ Advanced Heart Failure and Transplant Cardiology
- ☐ Allergy/Immunology
- ☐ Anesthesiology
- ☐ Cardiac Electrophysiology
- ☐ Cardiac Surgery
- ☐ Cardiovascular Disease (Cardiology)
- ☐ Chiropractic
- ☐ Colorectal Surgery (Proctology)
- ☐ Critical Care (Intensivists)
- ☐ Dentist
- ☐ Dermatology
- ☐ Diagnostic Radiology
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Family Medicine
- ☐ Gastroenterology
- ☐ General Practice
- ☐ General Surgery
- ☐ Geriatric Medicine
- ☐ Geriatric Psychiatry
- ☐ Gynecological Oncology
- ☐ Hand Surgery
- ☐ Hematology

- ☐ Hematology/Oncology
- ☐ Hematopoietic Cell Transplantation and Cellular Therapy
- ☐ Hospice/Palliative Care
- ☐ Hospitalist
- ☐ Infectious Disease
- ☐ Internal Medicine
- ☐ Interventional Cardiology
- ☐ Interventional Pain Management
- ☐ Interventional Radiology
- ☐ Maxillofacial Surgery
- ☐ Medical Genetics and Genomics
- ☐ Medical Oncology
- ☐ Medical Toxicology
- ☐ Nephrology
- ☐ Neurology
- ☐ Neuropsychiatry
- ☐ Neurosurgery
- ☐ Nuclear Medicine
- ☐ Obstetrics/Gynecology
- ☐ Ophthalmology
- ☐ Optometry
- ☐ Oral Surgery
- ☐ Orthopedic Surgery

- ☐ Osteopathic Manipulative Medicine
- ☐ Otolaryngology
- ☐ Pain Management
- ☐ Pathology
- ☐ Pediatric Medicine
- ☐ Peripheral Vascular Disease
- ☐ Physical Medicine and Rehabilitation
- ☐ Plastic and Reconstructive Surgery
- ☐ Podiatry
- ☐ Preventive Medicine
- ☐ Psychiatry
- ☐ Pulmonary Disease
- ☐ Radiation Oncology
- ☐ Rheumatology
- ☐ Sleep Medicine
- ☐ Sports Medicine
- ☐ Surgical Oncology
- ☐ Thoracic Surgery
- ☐ Undersea and Hyperbaric Medicine
- ☐ Urology
- ☐ Vascular Surgery
- ☐ Undefined Physician Specialty *(Specify)*:_____

SECTION 2: PERSONAL IDENTIFYING INFORMATION *(Continued)*

H. ELIGIBLE PROFESSIONAL OR OTHER NON-PHYSICIAN SPECIALTY TYPE

If you are an eligible professional, check the appropriate box below to indicate your specialty.

All individuals must meet specific licensing, educational, and work experience requirements. If you need information concerning the specific requirements for your specialty, contact your designated MAC.

Check only one of the following: If you have multiple non-physician specialty types, you must complete and submit a separate CMS-855I application for each non-physician specialty type.

☐ Anesthesiology Assistant

☐ Certified Nurse Midwife (CNM)

☐ Certified Registered Nurse Anesthetist (CRNA)

☐ Certified Clinical Nurse Specialist (CNS)
(See section 2L)

☐ Clinical Social Worker

☐ Mass Immunization Roster Biller (See section 2L)

☐ Nurse Practitioner (See section 2L)

☐ Occupational Therapist In Private Practice
(See section 2K)

☐ Physical Therapist In Private Practice
(See section 2K)

☐ Physician Assistant (See section 2I)

☐ Psychologist, Clinical (See section 2J)

☐ Psychologist Billing Independently (See section 2J2)

☐ Qualified Audiologist

☐ Qualified Speech Language Pathologist

☐ Registered Dietitian or Nutrition Professional

☐ Undefined Non-Physician Practitioner Specialty
(Specify): _____

Instructions for Provider to Request NPPES Surrogacy for Medicare Enrollment Application

Please Visit NPPES (hhs.gov)*(create an account if you do not already have one before continuing)*

If you have an existing account visit https://nppes.cms.hhs.gov/IAWeb/warning.do
   1. Accept terms and conditions
   2. Login using NPPES username and password
   3. Verify your account by using the Multifactor Authentication Method

Multi-Factor Authentication (MFA) - Verification

* indicates required field(s)

Your Verification Code will be sent to:

* **Select where you wish to receive your verification code:**

   ⦿ **Primary Authentication Method: Phone Number Text/SMS: (xxx) xxx-6965**

* **Are you logging in to the system on a Public or Private device?**

   ⦿ This is a Public Device
   ○ This is a Private Device

* Enter Code: [308865]   **Verify Code** ▶

> This code will be what is sent to the Phone Number listed above

Haven't received the code yet or need a new code?   Send New Code

Cancel

4. Click on My Connections Tab at top, click the (+) next to your name and then then click on Add Surrogate.

| Home | My Profile | **My Connections** | My Staff |

My Connections

Connections will allow you to create surrogate relationships between Providers and individuals or organizations that work on the Providers' behalf.

Select the name of a Connection to update or view more information about that connection.

Search By: *Employer Name [   ]   Search   Clear

⊟

_____ is a surrogate for the following providers:

_____ has been authorized to work on behalf of the Individual Provider(s) or Healthcare Organization(s) listed below. Use the Find Provider button below to initiate a request to work on behalf of a Provider or Organization not listed here.

Find Provider

_____ has authorized the following surrogates:

The following Individual(s) or Organization(s) have been authorized to work on behalf of Jones, Aaron J Use the Add Surrogate button to initiate the process of authorizing an Individual or Organization to work on behalf of Jones, Aaron J.

Add Surrogate

NPI: ▆▆

5. Search for UNM Medical Group by using the NPI 1831218627.

6. Select UNM Medical Group.

7. Select PECOS and NPPES – Continue.

8. Click Submit

9. Click Done

If you need assistance, please contact Renee Baughman at rbaughman@unmmg.org

Instructions for Provider to login and sign off on Medicare Enrollment Application

1. Login to PECOS https://pecos.cms.hhs.gov/pecos/login.do#headingLvusing using NPPES username and password.

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our videos at the bottom of this page.

SYSTEM NOTIFICATIONS

- [NOTICE] Revalidation has resumed in a phased approach for existing providers/suppliers that missed their revalidation due date during the COVID-19 Public Health Emergency (PHE). The Medicare Revalidation Tool at https://data.cms.gov/revalidation has been updated to display an adjusted revalidation due date in addition to the provider's/supplier's original revalidation due date (pre-PHE). Once you complete revalidation, you will resume your normal revalidation due date schedule for any subsequent revalidation cycles.

- [NOTICE - Revalidation Continued] Link to the MLN Article. (COVID-19 PE FAQs and SE1605).

- [NOTICE - Pay.gov] If you are having issues obtaining a refund for an Application Fee reach out to your Medicare Administrative Contractor (MAC) for help. Do not contact Pay.gov for assistance - your MAC can provide support for refunds as needed.

USER LOGIN

Please use your I&A (Identity & Access Management System) user ID and password to log in.

* User ID

rbaughman933

* Password

••••••••••

LOG IN »

Forgot Password?

Forgot User ID?

Manage/Update User Profile

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

Register for a user account

Questions? Learn more about registering for an account

Note: If you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare.

Helpful Links

Application Status - Self Service Kiosk to view the status of an application submitted within the last 90 days.

Pay Application Fee - Pay your application fee online.

2. Follow the Multifactor authentication. A text code will be sent to primary phone number on account

Multi-Factor Authentication

(*) Red asterisk indicates a required field.

Get Verification Code

* Select where you wish to receive your verification code:

◉ Primary Authentication Method: Phone Number Text/SMS: (xxx) xxx-4718

Need to make changes to where you receive your verification code? Go to I&A and Reset MFA 🗗

[SEND VERIFICATION CODE] [CANCEL]

Multi-Factor Authentication

(*) Red asterisk indicates a required field.

Get Verification Code

A verification code has been sent to Phone Number Text/SMS: (xxx) xxx-4718

* Are you logging in to the system on a Public or Private device?

◉ This is a Public Device

○ This is a Private Device

* Enter Verification Code:

[   ]

Resend Verification Code

Select the button to resend the verification code: [Resend Code]

Need to make changes to where you receive your verification code? Go to I&A and Reset MFA 🗗

[VERIFY CODE] [CANCEL]

3. When logged in to welcome screen scroll down to signature section and click on view all signatures.

Release Notes

Want to learn what's new in the latest PECOS release? Please review the Release Notes[PDF].

System Notifications

Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

Details

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Manage Medicare and Account Information

MY ASSOCIATES »

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

ACCOUNT MANAGEMENT »

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

Manage Signatures

Applications Requiring Signatures

You currently have no pending signatures.

VIEW ALL SIGNATURES »

4. Verify all information is correct specifically Section 3 Final Adverse Legal Actions then follow instructions to sign application.