



# Medicaid of New Mexico

Attention Providers:

In order to start receiving your ERAs for Medicaid of New Mexico through EDS please complete the attached ERA Application.

Payer:	Medicaid of New Mexico
Payer ID:	CKNM1
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Payer Enrollment Application:	State of New Mexico Medicaid Program Electronic Data Interchange (EDI) Provider Authorization
Upload, Email or Fax a Copy of the Application to:	Send completed forms to: <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> Fax (651) 389-9152
Special Instructions:	<b>Signature is required</b> <b>Payer Values on Billing/Group NPI</b>
Approval Process and Timeframes:	Payer estimates 10 business days for processing. Payer no longer sends paper remittance advice.

10/28/22



## State of New Mexico Medicaid Program Electronic Data Interchange (EDI) Provider Authorization

Please return to:  
E-Mail: [HIPAA.DeskNM@hsd.nm.gov](mailto:HIPAA.DeskNM@hsd.nm.gov)

### Section A. Provider Information

*Business Person (Contact at provider's office)*

*Provider Name (Last, First, MI or Business Name)*

**Provider NPI (if provider has NPI)**

*Provider Tax ID / SSN (if provider does not have an NPI)*

*Business Address*

*City, State, Zip*

*Telephone Number*

*Fax Number*

*Contact Name (Alternate contact)*

*E-mail address*

\*Check box if this is a change in Billing Agent or Clearinghouse

### Section B. Authorization Signature (required)

Provider, \_\_\_\_\_ hereby appoints  
*Provider name / Provider Representative name (please print)*

\_\_\_\_\_  
*Billing Agent/Clearinghouse name (please print) Billing Agent/Clearinghouse Conduent Trading Partner/Submitter ID*

to act as the authorized agent for the purpose of submitting electronically to Conduent EDI Gateway, Inc.

Provider also authorizes the Billing Agent/Clearinghouse access to the following X12N transaction responses (transaction must be selected):

- X12N 277 CA (Payer Specific Reject Report)  
 X12N 999 (Acknowledgement of Sent Transactions)

X12N 835 (Claim Payment Advice)

X12N 271 (Eligibility Benefit Response)

X12N 277 (Claim Status Response)

**This Authorization may be modified or revoked at any time in writing. It is considered in effect until modified or revoked. This form must be completed by the billing provider, not a service only provider.**

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*Provider/Provider Representative Name (please print)*

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*Provider/Provider Representative Signature/Date*