Ordering, Referring, Prescribing Provider Enrollment
Frequently Asked Questions (FAQs)

GENERAL QUESTIONS

1. **What is changing for providers?**
Effective October 1, 2026, all ordering, referring, or prescribing providers must be individually enrolled in Medicaid in order for the rendering provider to be reimbursed.

2. **Who is considered a "referring, ordering, or prescribing provider"?**
An ordering, referring, or prescribing provider is any individual clinician who directly delivers services to a Medicaid member. This includes pharmacists, physicians, nurse practitioners, physician assistants, behavioral health clinicians, therapists, dentists, and other licensed practitioners.

3. **Does this apply to behavioral health providers?**
Yes. All licensed behavioral health clinicians referring, ordering or prescribing services must enroll individually.

4. **Does this apply to hospital-based providers?**
Yes. Hospital-employed or contracted clinicians who refer, order or prescribe Medicaid services must be individually enrolled.

5. **Does this apply to Tribal and Indian Health Service providers?**
Yes. Referring, ordering or prescribing providers contracted by Indian Health Services or a Tribal 648 must be enrolled consistent with federal and state requirements.

6. **Is this a federal requirement?**
Yes, federal regulations require state Medicaid programs to enroll and screen providers who refer, order, or prescribe services to Medicaid members. This policy ensures compliance with those requirements.

7. **Will Managed Care Organizations (MCOs) enforce this requirement?**
Yes. MCO claims are subject to the same enrollment requirement. MCOs will deny claims for services rendered by non-enrolled providers effective October 1, 2026.

BILLING QUESTIONS

8. **Does this apply if I bill under a group or facility?**
Yes. Even if claims are submitted under a group NPI or facility billing number, each individual referring, ordering or prescribing provider must be separately enrolled.

9. **Does this apply to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)?**
Yes. Individual clinicians referring, ordering or prescribing services within FQHCs and RHCs must be enrolled.

10. What happens if a referring, ordering or prescribing provider is not enrolled by October 1, 2026? Claims for services referred, ordered, or prescribed on or after October 1, 2026 by non-enrolled providers will be denied. Payment cannot be made retroactively for services delivered while unenrolled, except as allowed under limited federal screening retroactivity rules.

11. Will denied claims be recouped?
Referring, ordering and prescribing providers must enroll as a Medicaid provider. If a provider refuses to enroll, claims may be recouped. Prescriptions ordered by unenrolled pharmacists will be denied at the point of sale and members could be unable to receive needed medications.

ENROLLMENT QUESTIONS

12. How do providers enroll?
Providers must submit an individual enrollment application through the Medicaid provider enrollment portal on YesNM.gov. Required documentation may include:

- Active NPI
- Professional license
- Disclosure information
- Screening documentation (as applicable)

Detailed instructions are available on YesNM.gov. To create a YESNM.gov account follow these instructions.

13. How long does Medicaid enrollment take?
Processing times vary depending on application completeness and required screening level. Providers are strongly encouraged to apply early to avoid payment delays

14. Do referring, ordering or prescribing providers need to revalidate?
Yes. Once enrolled, providers must comply with revalidation requirements consistent with Medicaid policy.

15. Who should group practices contact if they are unsure about enrollment status?
Group practices should review their roster against Medicaid enrollment records and contact Provider Enrollment for assistance at 800-299-7304 or nm.providers@hca.nm.gov.