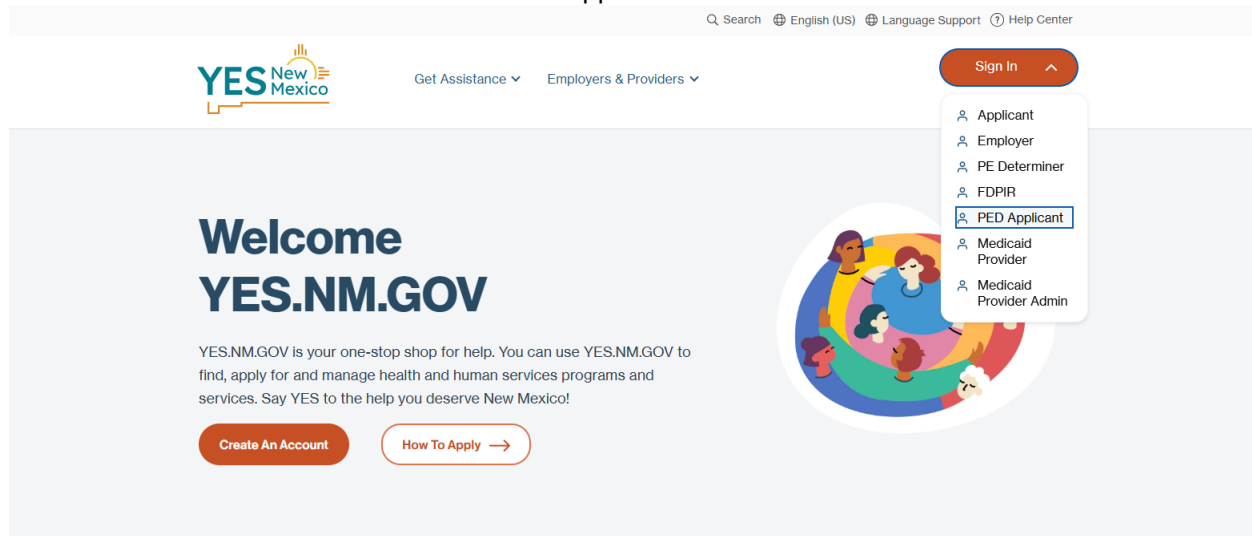




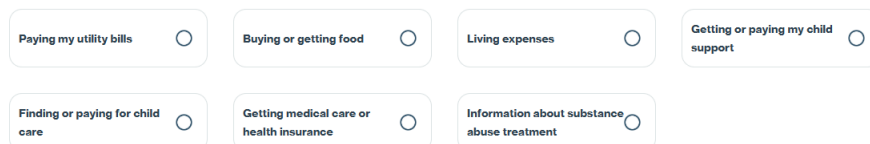
Hello,

Thank you for your interest in Presumptive Eligibility (PE) Determiner Training. We must verify that the entity you work with is eligible to participate in our PED Program. Once your request has been reviewed, we will notify you if you are eligible or ineligible to participate in the program. To determine if you are eligible, you will need to create an account in YES.NM.GOV as a PED Applicant to access the self-paced, online training within the new Learning Management System (LMS). Applications are valid for three weeks, and training is accessible for two weeks from the date of entry into course. To begin the application process in becoming a certified Presumptive Eligibility Determiner, please follow the steps below carefully:

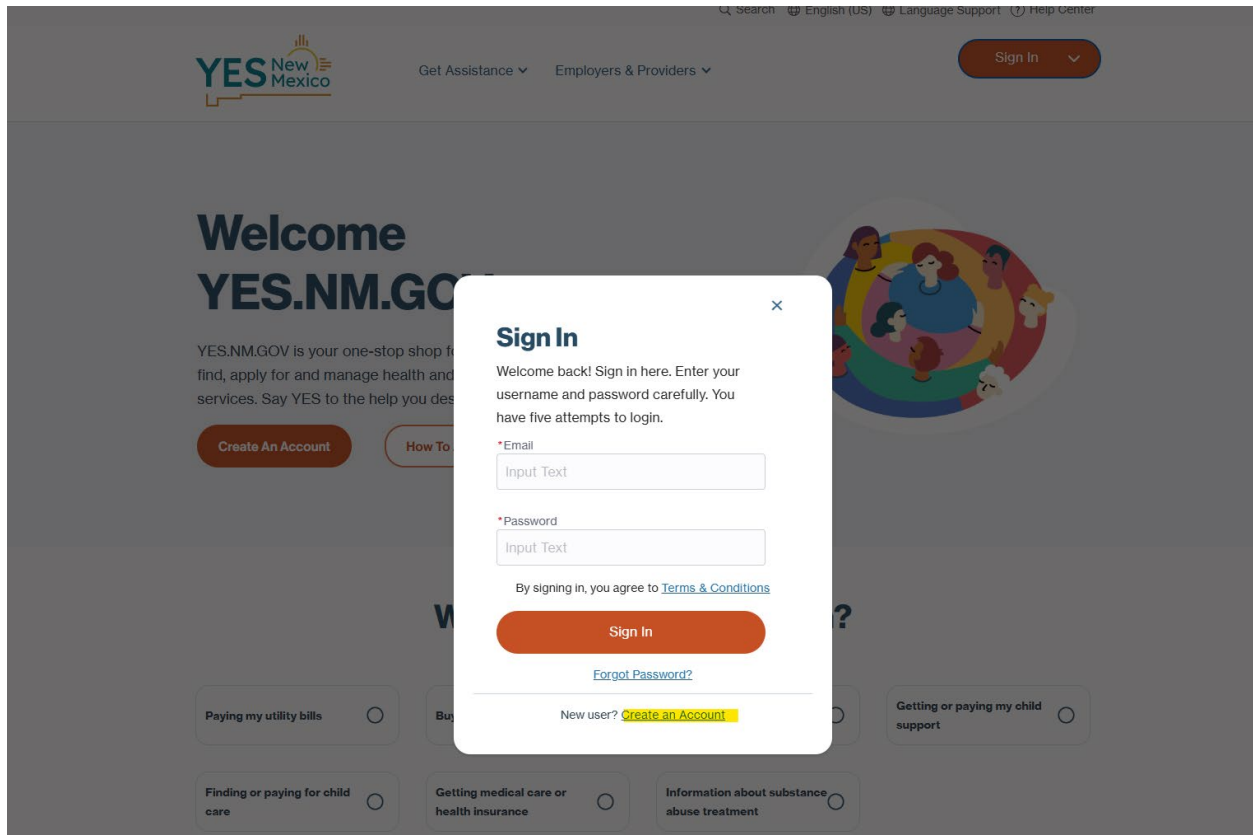
1: Create an account on YES.NM.GOV as a PED applicant.



What do you need help with?



2: You will be prompted with a sign in screen. At the bottom of the screen click on Create an Account.



3: Click the drop-down arrow below and select the role “PED Applicant”. Begin by typing in your First Name, Last Name, Email address and create a password.

- The email address you enter must be your email address assigned to you at your place of employment. This email address cannot be changed. Personal email addresses such as Gmail are not allowed.

Once completed, click Create My Account.



Create an Account

Welcome! New and existing health care providers, provider admins and PED applicants shall take a few minutes to create a new account, indicate your role by clicking the following.

Role

Select ▾

Provider

Provider Admin

PED Applicant

PED

Applicant

*Email Address ⓘ

camnewton@yopmail.com

*Password

*Confirm Password

Password must contain:

- 8-30 characters
- At least 1 special character
- At least 1 number
- At least 1 lower case letter
- At least 1 upper case letter

Create My Account

Returning User? [Sign In](#)

4: You will receive a one-time verification passcode sent to your email. Please type in the code and do not copy and paste.



Please Verify Your Account

We sent a code to **pedapplicant@yopmail.com**. Check your email and enter the code we sent

*Code

Enter One Time Passcode

Submit

Close



5: From the home page- Click on Provider and PED Enrollment link. This will take you to the Provider and PED enrollment screen (KYP) Portal where you will create a workspace to create and submit an application to become a Certified Presumptive Eligibility Determiner.



[Get Assistance](#) ▾

[Employers & Providers](#) ▾

[My Account](#) ▾

Provider/PED/PED Applicant Links

On this page the provider, provider admin, Presumptive Eligibility Determiners (PED) and PED applicant will be able to access the provider enrollment path to enroll as a provider, update your specialty, provide documents, or to revalidate your status as a provider, continue to provider enrollment, recertification and revalidation

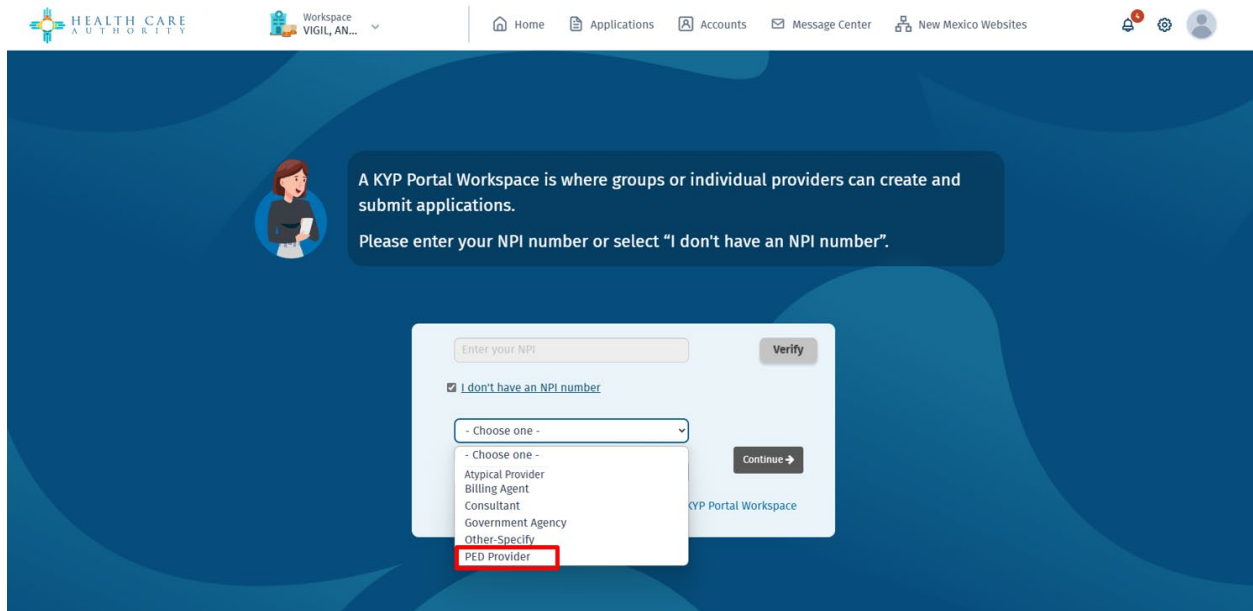


Provider/PED Enrollment

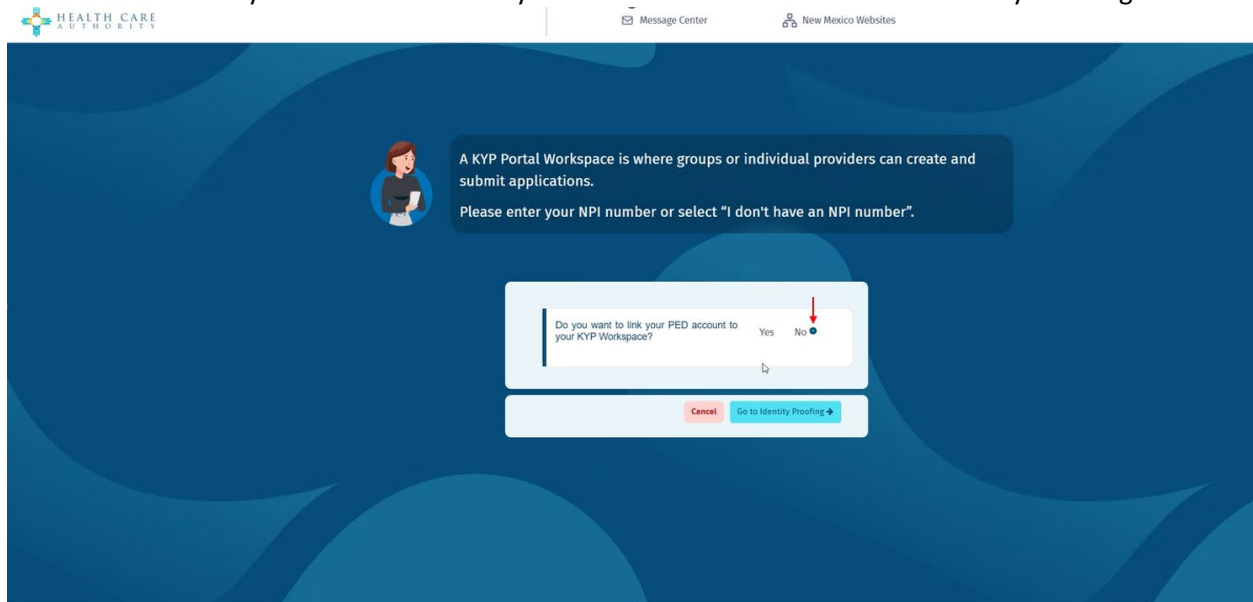
Health care providers, provider admins, PEDs, and PED applicants are essential to build a healthier New Mexico. We are committed to ensuring the top quality of health care and program assistance for New Mexicans. For provider enrollment, documentation uploads, revalidation and PED provider enrollment continue here.

[Continue To Provider /PED Enrollment, Recertification, Revalidation](#) →

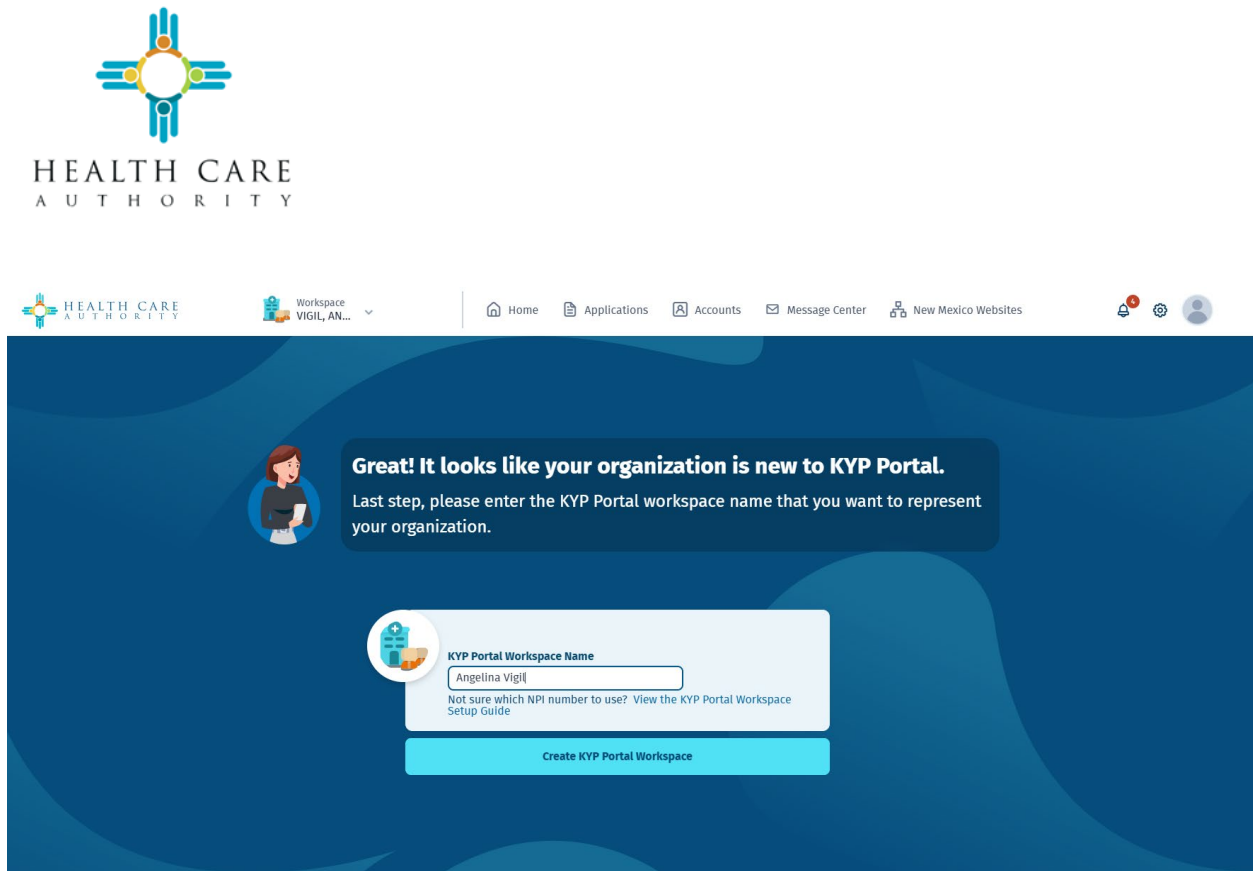
6: **DO NOT** enter your NPI on this screen even if you have one. Select the box next to “I don’t have an NPI number”. A drop down will then appear. Select PED Provider and click Continue.



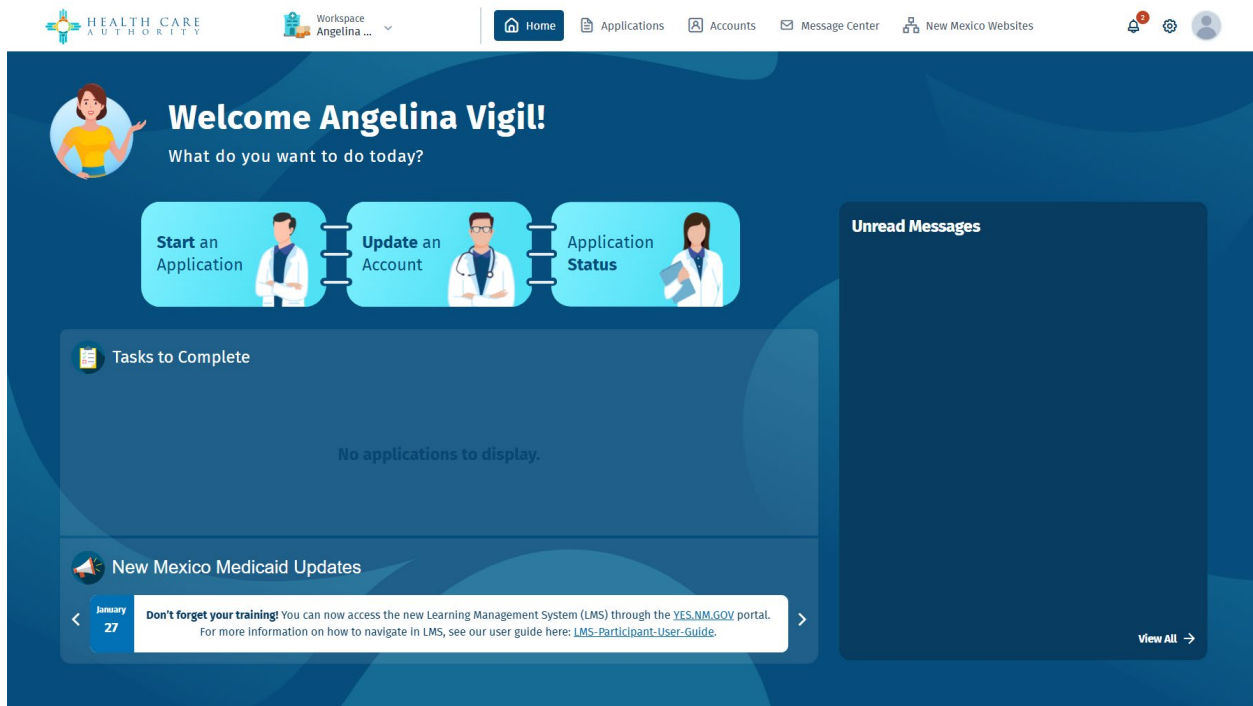
7: You'll select "no" you don't want to link your PED account and select Go to Identity Proofing.



8: Create a Workspace Name. (Usually your first and last name). Click on Create KYP Workspace.



9: You will land on your welcome page. Select “Start an application”.




10: Select “I want to enroll in New Mexico Medicaid’ and click Next.



HEALTH CARE AUTHORITY Workspace VIGIL, AN... | Home Applications Accounts Message Center New Mexico Websites

Before to start
Please select whether you already have an account or if this is for a new enrollment.


I want to enroll in New Mexico Medicaid

[← Back](#) [Next →](#)

11: Select the box next to I'm an atypical provider or PED and click Continue with the process. (**DO NOT enter an NPI number**)

HEALTH CARE AUTHORITY Workspace Angelina ... | Home Applications Accounts Message Center New Mexico Websites


Great! Let's get started on your application.
Please enter and verify your NPI number below.

Provider Workspace
Angelina Vigil

Enter your NPI to create an application:
 [Verify](#)


☒ I'm an atypical provider or PED

[Continue with the process →](#)

 **If your NPI information is incorrect, your application may be returned. Visit NPPEs to update your records before you continue.**

[← Back](#)


12: On this screen, you are going to select the tile I'm a PED provider and select next.




HEALTH CARE
AUTHORITY

HEALTH CARE AUTHORITY Workspace Angelina ... Home Applications Accounts Message Center New Mexico Websites


Ok! Let's continue
Please tell us where you provide services?



I am an individual




I am a group



I'm a PED provider

Back Next

- 13: Please select your location type. The location type is where you are employed, click Next.
- MAD PE Program staff will verify that the entity you work with is eligible to participate in our PED Program



HEALTH CARE AUTHORITY Workspace Angelina ... Home Applications Accounts Message Center New Mexico Websites

Now, we are going to need your Location type
Please select your location type

Angelina Vigil

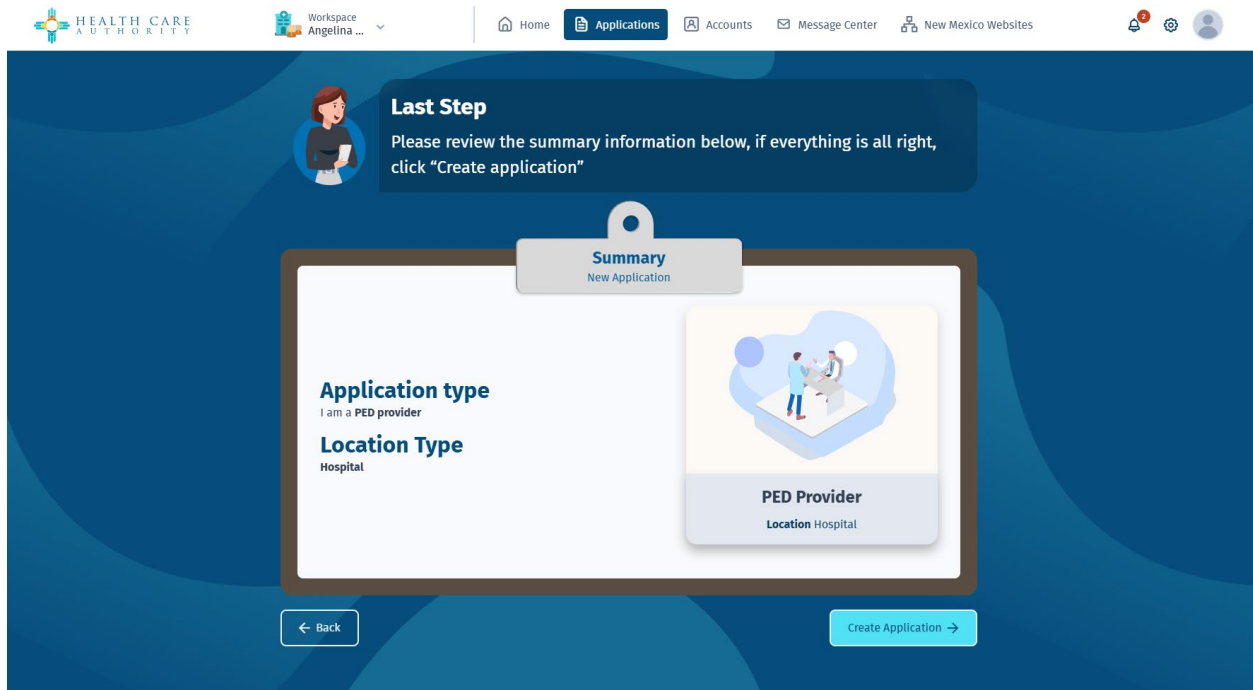
Select a Location type where you will service

- Choose one -

- Choose one -
- Community Organization
- Schools or Head Starts
- IHS Clinic, Hospital or Tribal 638 Clinic
- Hospital
- Department of Health
- Prison, Correction Facility or Detention Center
- School Based Health Center
- State Agency
- BH/SUD
- County Municipal or Tribal Government
- Other

Back Next

- 14: You'll receive a Summary page. Verify the information is correct and select "Create Application".



The screenshot shows the 'Last Step' of a new application process. At the top, a navigation bar includes the Health Care Authority logo, a workspace dropdown for 'Angelina ...', and links for Home, Applications (highlighted), Accounts, Message Center, and New Mexico Websites. A user profile icon is on the right. The main content area has a dark blue background. A 'Last Step' notification box with a person icon says: 'Please review the summary information below, if everything is all right, click "Create application"'. Below this is a 'Summary' card titled 'New Application'. The card contains two sections: 'Application type' with the text 'I am a PED provider' and 'Location Type' with the text 'Hospital'. To the right of these sections is an illustration of a doctor and a patient, with a box below it labeled 'PED Provider' and 'Location Hospital'. At the bottom of the card are two buttons: '← Back' and 'Create Application →'.

Last Step
Please review the summary information below, if everything is all right, click "Create application"

Summary
New Application


Application type
I am a PED provider

Location Type
Hospital


PED Provider
Location Hospital

← Back Create Application →

15: Complete the individual information form by typing in your First Name, Last Name, email address and Job Title. Fill out ***all*** fields on the application, **PLEASE DO NOT** abbreviate or enter nicknames. Select Next.





HEALTH CARE
AUTHORITY



Workspace
Angelina ...

Home
Applications
Accounts
Message Center
New Mexico Websites





Provider Name
Application ID
Creation Date
Package Type

25118IRF
01/27/2025
PED Provider

Complete
Documents

Application Owner
Angelina Vigil
New Message Submit Section

Content Expand All

Presumptive Eligibility Determiner (PED) Enrollment
Individual Information
Submit Application
Cancel Application

Individual Information
Organization Information
Supervisor Name
Summary

Please indicate your interest in becoming a **Presumptive Eligibility Determiner (PED)** by completing this form and submitting the required information as indicated below. Indicating your interest does not obligate you, preclude you from, or guarantee your enrollment as a **PED**.

First Name

Angelina

Last Name

Vigil

Suffix, if applicable

Select your suffix

Email Address

Angelina.Vigil@hca.nm.gov

Job Title

Trainer

Next →

16: Complete all required fields under Organization Information.

****Note: Organization Provider ID is to be left blank.** You'll need to type in your organization's address and choose the correct address that will be suggested for you. This will give the correct zip code for that address. When completed, select next.

Creation Date: 01/27/2025
Package Type: PED Provider

Documents

New Message

Submit Section

Content

Expand All

Presumptive Eligibility Determiner (PED) Enrollment

Individual Information

Submit Application

Cancel Application

Individual Information

Individual Information **Organization Information** Supervisor Name Summary

Please, indicate your interest in becoming a Presumptive Eligibility Determiner (PED) by completing this form and submitting the required information as indicated below. Indicating your interest does not obligate you, preclude you from, or guarantee your enrollment as a PED.

Organization Name: State of New Mexico

Organization Provider ID (if applicable): ~~Here your Organization Provider ID~~

Location Name: Medical Assistance Division

Location Type: Hospital

Address 1: 1 Plaza La

Address 2: 1 Plaza La Prens, Santa Fe NM

City: 1 Plaza Blvd, Playas NM
1 Plaza Loop, San Ysidro NM
1 Plaza La Quinta, Port Isabel TX
1 E Plaza St, Ladonia TX
1 S Plaza St, Ladonia TX
1 W Plaza St, Ladonia TX
1 Plaza Ln, Ramsey NJ
1 Plaza Ct, Lehigh Acres FL

State / Province:

ZIP Code / Postal Code: Required value

Country: United States


County: Select your county
Required value

Phone Number: Here your Phone Number
Required value


Telephone Number Extension: Here your Telephone Number Extens

Back Next




17: Type in your supervisors Full Name, email address and phone number. Select Next.




HEALTH CARE AUTHORITY


Workspace Angelina ...

[Home](#)
[Applications](#)
[Accounts](#)
[Message Center](#)
[New Mexico Websites](#)



Provider Name
Application ID
Creation Date
Package Type

Angelina Vigil
 2518IRF
 01/27/2025
 PED Provider

Complete

40%

Documents

Application Owner

Angelina Vigil

[New Message](#) [Submit Section](#)

Content [Expand All](#)

- [Presumptive Eligibility Determiner \(PED\) Enrollment](#)
- [Individual Information](#)
- [Submit Application](#)

[Cancel Application](#)

Individual Information

Individual Information Organization Information **Supervisor Name** Summary

Please indicate your interest in becoming a **Presumptive Eligibility Determiner (PED)** by completing this form and submitting the required information as indicated below. Indicating your interest does not obligate you, preclude you from, or guarantee your enrollment as a PED.

Supervisor Name
 Kimberly Lucero


Supervisor Email Address
 kimberly.lucero@state.nm.us

Phone Number
 (505) 946-1600




Telephone Number Extension
 Here your Telephone Number Extends


[Back](#) [Next](#)

18. Select Submit Application.


Workspace Angelina ...

[Home](#)
[Applications](#)
[Accounts](#)
[Message Center](#)
[New Mexico Websites](#)



Provider Name
Application ID
Creation Date
Package Type

Angelina Vigil
 2518IRF
 01/27/2025
 PED Provider

Complete

80%

Documents

Application Owner

Angelina Vigil

[New Message](#) [Submit Section](#)

Content [Expand All](#)

- [Presumptive Eligibility Determiner \(PED\) Enrollment](#)
- [Submit Application](#)
- [Submit](#)

[Cancel Application](#)

Submit

[Submit Application](#)

Let's submit your application. Please review each section to ensure completion of your application.

[Back](#) [Submit Application](#)

Once you've successfully submitted your PED Applicant application, MAD PE Program staff will verify that the entity you work with is eligible to participate in our PED Program. You'll receive an email indicating whether your application was approved or denied. If your application is approved, you will navigate back to YESNM and select the Learning Management System link to start your training.



Here is an example of the approval letter.



██████████
1475 Rodeo Rd
Santa Fe New Mexico 87505-6813

Applicant Name ██████████
Email ██████████
Application ID ██████████

02/14/2025

Dear Applicant,

Thank you for your interest in becoming a Presumptive Eligibility Determiner (PED) for the New Mexico (NM) Medicaid Program. This letter is to notify you that your request to take the Presumptive Eligibility Determiner certification training has been Approved.

For instructions on how to access and complete the training as well as any next steps, please go to the following link: https://yes.nm.gov/nmhr/s/?language=en_US

Please complete the training and upload documentation to your application by 03/11/2025. If you fail to upload the documents by 03/11/2025, your application to become a PED will be denied.

After your documentation has been uploaded, your application will be reviewed and you will receive a notice with a final determination for your application.

If you have questions or need assistance, please email HCA.PEDeterminers@hca.nm.gov.



18. Navigate back to YES.NM Provider links and Select the option of Learning Management System. Check back for access to training once approval letter has been received. Note: This may take 1-3 business days.

A screenshot of a web browser displaying the YES New Mexico website. The browser's address bar shows the URL "yes.nm.gov/nmhr/s/provider-links?language=en_US". The website's header includes the YES New Mexico logo, navigation links for "Get Assistance" and "Employers & Providers", and a "My Account" button. The main content area is divided into two sections. The top section, titled "Provider/PED Enrollment", features a photo of a smiling man and text explaining that health care providers, provider admins, PEDs, and PED applicants are essential to building a healthier New Mexico. It mentions a commitment to ensuring top-quality health care and program assistance, and lists activities like provider enrollment, documentation uploads, revalidation, and PED provider enrollment. A yellow button labeled "Continue To Provider /PED Enrollment, Recertification, Revalidation" is positioned below the text. The bottom section, titled "Learning Management System", includes a photo of hands typing on a laptop and text stating that this section is designed to deliver educational training resources to providers, active PEDs, and PED applicants. It notes that continued education ensures providers and PEDs are up-to-date on changes to policies, understand billing and coding procedures, and maintain necessary certifications to continue services. It also mentions that training materials, progress tracking, and meeting quality standards for healthy New Mexicans are facilitated by clicking the link. A yellow button labeled "Continue To Learning Management System" is located at the bottom of this section. The website's footer contains the YES New Mexico logo and links for "Contact Us", "Quick Links", and "Programs & Benefits".

nm-bms-lms.percipio.com

Quick Guide | QuickGuide Announ... | Login - GDIT - nmg... | HSD-Communication... | Blackboard | SHARE Sign-in | Equifax/appriss | Log In Using | Salesf... | ELM | YES NM Portal PED | Login - Chervell We... | NMDWS Login

HEALTH CARE AUTHORITY

Switch to my admin view

- Home
- Library
- What's New
- My Learning
- AI Assistant

What would you like to learn today?

Search...

Greetings, Kendall! Explore, discover, and master new skills.

Recent Learning | Live Learning | Playlists | Goals

Continue learning where you left off.