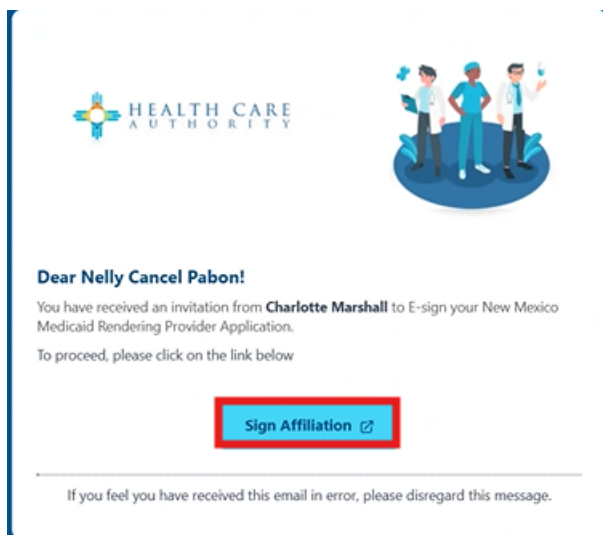


## Rendering Provider E-Signature Process

This Job Aid provides a structured guide to help Rendering Providers complete their New Mexico Medicaid using the new E-signature process. After the admin/credentialer sends the application for approval you will receive an email with an external link to access E-signature.

Once you receive the email click on the **“Sign Affiliation”** link to start the E-signature process.

**Note:** The email link will expire 48 hours after it was sent. If the link has expired, you will need to request the admin/credentialer to send another link.

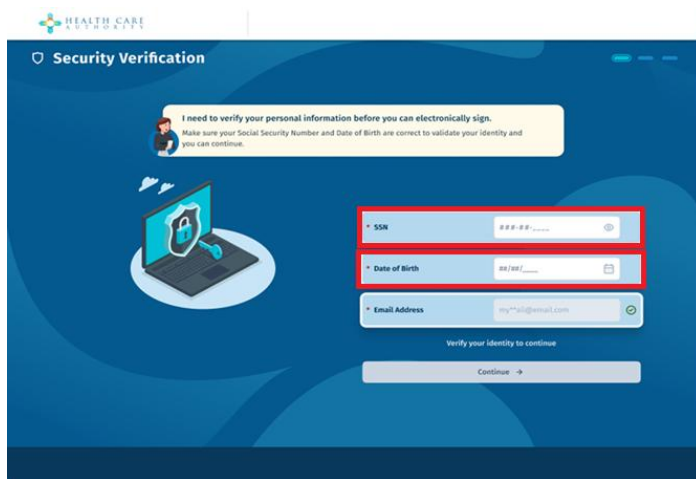


You will be taken to the **Security Verification** page where you must validate the following:

- a. Last 4 digits of SSN
- b. Year of Birth

**Note:** You will see a green check mark if the information entered is correct.

Click on **“Verify your identity to continue”** and you will receive a one-time passcode in your email.



**Security Verification**

I need to verify your personal information before you can electronically sign.  
Make sure your Social Security Number and Date of Birth are correct to validate your identity and you can continue.

SSN: [Redacted]

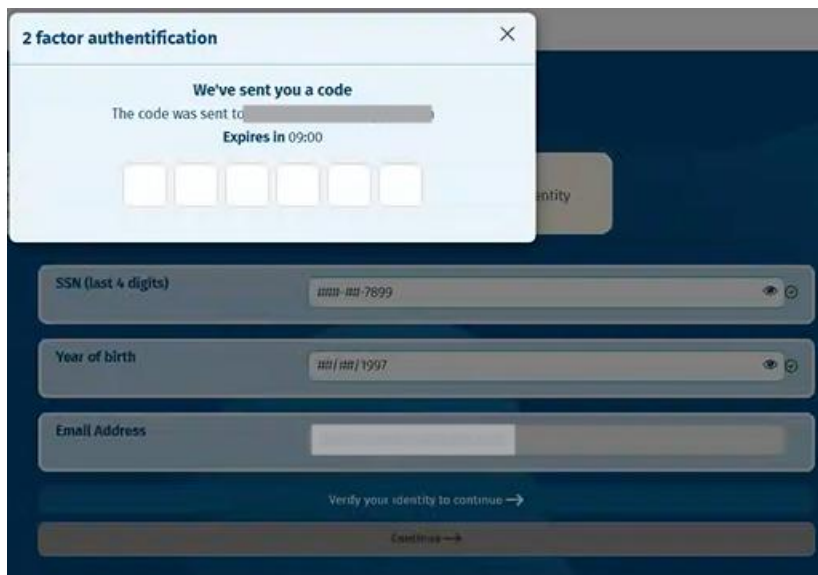
Date of Birth: [Redacted]

Email Address: my\*\*@email.com

Verify your identity to continue

Continue →

**Note:** The passcode will expire after 10 minutes. You will need to revalidate your identity before a new passcode can be sent.



**2 factor authentication**

We've sent you a code

The code was sent to [Redacted]

Expires in 09:00

[Code Input Fields]

SSN (last 4 digits): [Redacted]

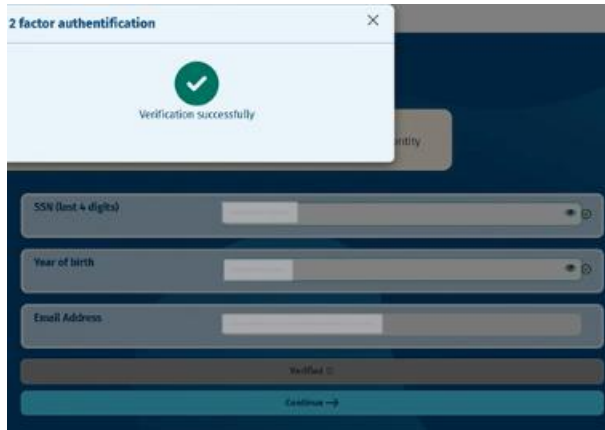
Year of birth: [Redacted]

Email Address: [Redacted]

Verify your identity to continue →

Continue →

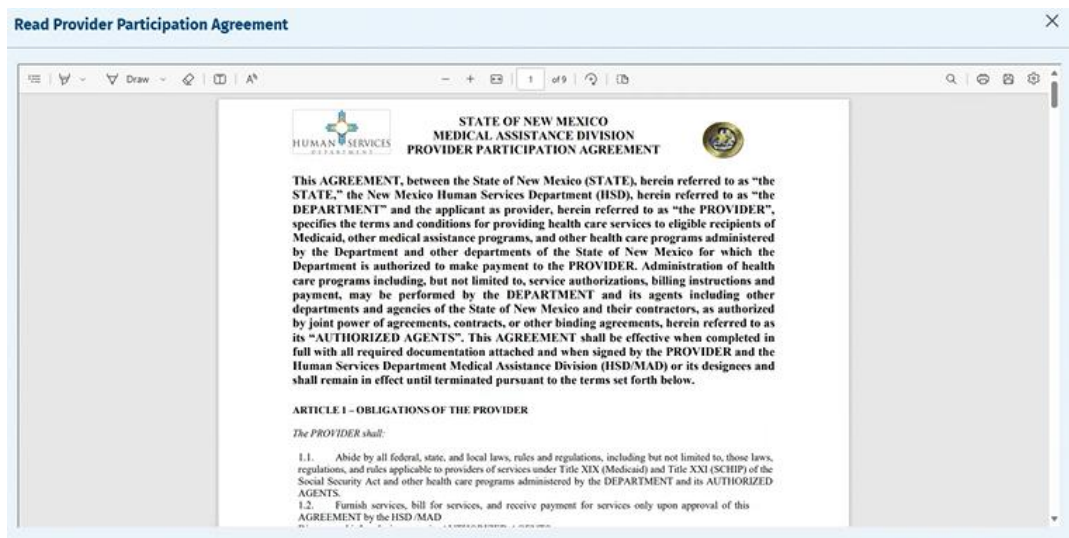
Enter your passcode. You will receive a green checkmark indicating that you have successfully verified your identity.



A screenshot of a '2 factor authentication' window. It features a green checkmark icon and the text 'Verification successfully'. Below this, there are input fields for 'SSN (last 4 digits)', 'Year of birth', and 'Email Address'. At the bottom, there is a 'Verified' status indicator and a blue 'Continue' button with a right-pointing arrow.

Click on **“Continue”**.

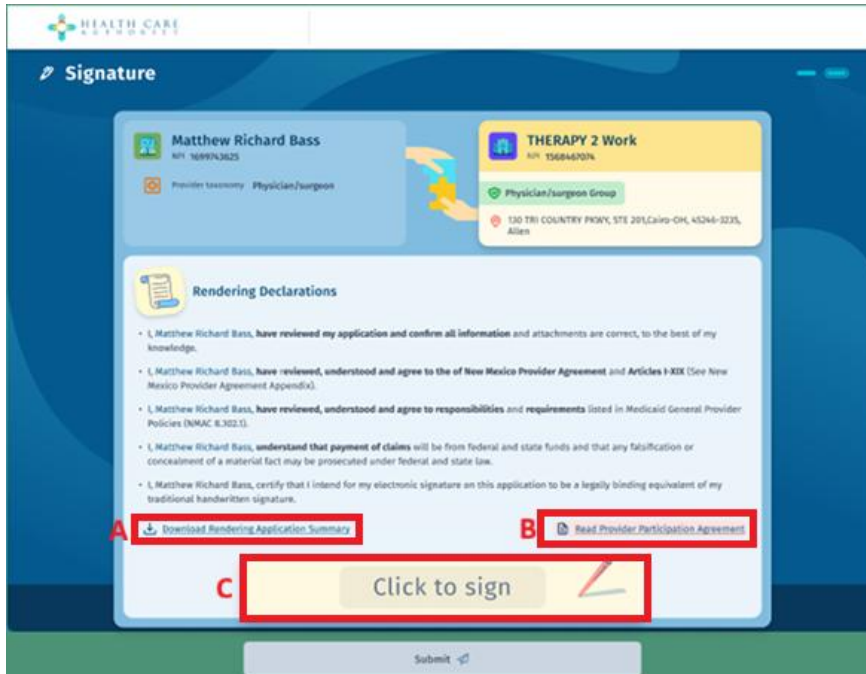
The Provider Participation Agreement (PPA) will be displayed. After you have read the PPA, click the **“X”** in the upper right-hand corner of the PPA window.



A screenshot of a 'Read Provider Participation Agreement' window. It displays a document titled 'STATE OF NEW MEXICO MEDICAL ASSISTANCE DIVISION PROVIDER PARTICIPATION AGREEMENT'. The document text includes: 'This AGREEMENT, between the State of New Mexico (STATE), herein referred to as “the STATE,” the New Mexico Human Services Department (HSD), herein referred to as “the DEPARTMENT” and the applicant as provider, herein referred to as “the PROVIDER”, specifies the terms and conditions for providing health care services to eligible recipients of Medicaid, other medical assistance programs, and other health care programs administered by the Department and other departments of the State of New Mexico for which the Department is authorized to make payment to the PROVIDER. Administration of health care programs including, but not limited to, service authorizations, billing instructions and payment, may be performed by the DEPARTMENT and its agents including other departments and agencies of the State of New Mexico and their contractors, as authorized by joint power of agreements, contracts, or other binding agreements, herein referred to as its “AUTHORIZED AGENTS”. This AGREEMENT shall be effective when completed in full with all required documentation attached and when signed by the PROVIDER and the Human Services Department Medical Assistance Division (HSD/MAD) or its designees and shall remain in effect until terminated pursuant to the terms set forth below.' Below this, it lists 'ARTICLE 1 - OBLIGATIONS OF THE PROVIDER' and 'The PROVIDER shall:' followed by numbered points 1.1 and 1.2.

The Signature Page will display the **“Declarations”** for your review and the following options:

- A. **Download rendering Application Summary:** A link to download a copy of the application
- B. **Read provider Participation Agreement:** A link to download a copy of the Participation Agreement
- C. **Signature Box:** Use this area to enter your electronic signature



**Signature**

**Matthew Richard Bass**  
NPI: 1699743625  
Provider taxonomy: Physician/surgeon

**THERAPY 2 Work**  
NPI: 1568467074  
Physician/surgeon Group  
130 TRI COUNTRY PKWY, STE 201, Cairo-OH, 45246-3235, Allen

**Rendering Declarations**

- I, Matthew Richard Bass, have reviewed my application and confirm all information and attachments are correct, to the best of my knowledge.
- I, Matthew Richard Bass, have reviewed, understood and agree to the of New Mexico Provider Agreement and Articles I-XXI (See New Mexico Provider Agreement Appendix).
- I, Matthew Richard Bass, have reviewed, understood and agree to responsibilities and requirements listed in Medicaid General Provider Policies (NMAC 8.302.1).
- I, Matthew Richard Bass, understand that payment of claims will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state law.
- I, Matthew Richard Bass, certify that I intend for my electronic signature on this application to be a legally binding equivalent of my traditional handwritten signature.

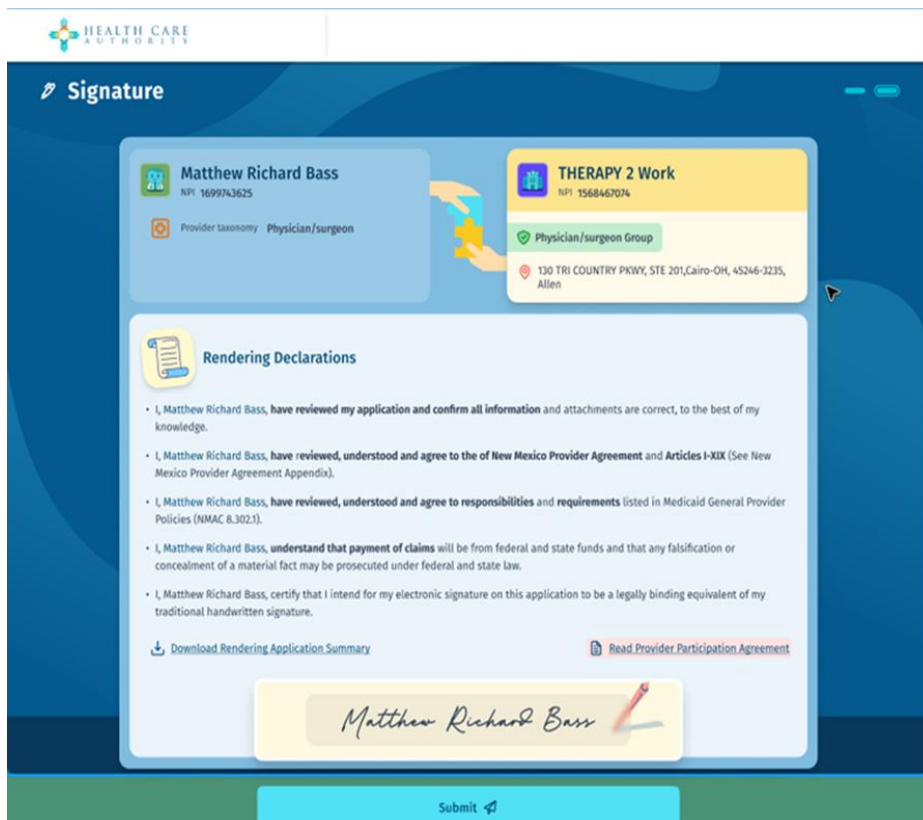
**A** Download Rendering Application Summary

**B** Read Provider Participation Agreement

**C** Click to sign

Submit

Click on the **“Signature Box”**. Your name will auto-populate, and the Submit button will be enabled. Click **“Submit”**.



**Signature**

**Matthew Richard Bass**  
NPI: 1699743625  
Provider taxonomy: Physician/surgeon

**THERAPY 2 Work**  
NPI: 1568467074  
Physician/surgeon Group  
130 TRI COUNTRY PKWY, STE 201, Cairo-OH, 45246-3235, Allen

**Rendering Declarations**

- I, Matthew Richard Bass, have reviewed my application and confirm all information and attachments are correct, to the best of my knowledge.
- I, Matthew Richard Bass, have reviewed, understood and agree to the of New Mexico Provider Agreement and Articles I-XXI (See New Mexico Provider Agreement Appendix).
- I, Matthew Richard Bass, have reviewed, understood and agree to responsibilities and requirements listed in Medicaid General Provider Policies (NMAC 8.302.1).
- I, Matthew Richard Bass, understand that payment of claims will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state law.
- I, Matthew Richard Bass, certify that I intend for my electronic signature on this application to be a legally binding equivalent of my traditional handwritten signature.

Download Rendering Application Summary

Read Provider Participation Agreement

Matthew Richard Bass

Submit

After signing, a confirmation page will be displayed. The application will now be available to submit from the Group workspace.

A notification is sent to the admin/credentialing user via the message center.

