



Instructions

Online Patient Portal - Medical Provider

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Purpose

This document provides instructions for Medical Providers to use the New Mexico Department of Health, Medical Cannabis Program Online Patient Portal.

System Requirements

The Online Patient Portal may be accessed from a desktop, laptop or mobile device (e.g., smartphone and tablets) using an internet browser (e.g., Chrome, Microsoft Edge, Firefox; Safari is not recommended).

You must have a valid email account as this will serve as your user login.

NOTE: If you are also currently enrolled as a **patient** in the Medical Cannabis Program, you will need to use an email specific to your role as a Medical Provider. Do not use the personal email associated with your own Patient Medical Cannabis Card.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Online Patient Portal is compliant with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as amended by Health Information Technology for Economic and Clinical Health Act of 2009 (the “HITECH Act”), including the Standards of the Privacy of Individually Identifiable Health Information and the Security Standards at 45 CFR Parts 160 and 164.

Create an Account

Medical Providers must create an account in the Online Patient Portal before they can use the system.

1. Go to mcp-patient-tracking.nmhealth.org
2. Click the **Create an Account** button.

A blue rectangular button with rounded corners and a subtle drop shadow, containing the text "Create an Account" in white, sans-serif font.

3. Click the **Create Medical Provider Account** button.



4. Complete the **Create an Account** form by entering all the required information, then click the **Submit** button.

Create an Account

You are creating a **Medical Provider** account.

A **Medical Provider** is a medical professional whose primary practice is in New Mexico and is licensed in New Mexico to prescribe and administer drugs that are subject to the Controlled Substances Act, Sections 30-31-1 et seq., NMSA 1978.

I am a Medical Provider; my primary practice is in New Mexico and I have a valid New Mexico Controlled Substance Number.

* New Mexico Controlled Substance Number

* First Name

* Last Name

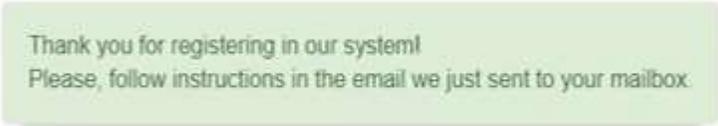
* Date of Birth

* Email

* Password [Generate](#)

* Password confirmation

Upon successful submission of the **Create an Account** form, you will receive the following message from the system.



5. You will receive an email asking you to confirm your emailaddress by clicking on the link provided in the email.



TIP: To avoid issues receiving email messages from the Online Patient Portal, please add the email address no-reply@biotrackthc.org to your Safe Senders list.

Login

1. Go to mcp-patient-tracking.nmhealth.org
2. Click the **Login To Your Account** button.



3. Enter the email address and password you used when you created your account.
4. Click the **Login into Your Account** button.

Forgot Password

If you can't remember your password, you can reset it.

1. Click the **Forgot password** button.

Login To Your Account

Welcome, the Medical Cannabis Program does not charge a fee for patients or their caregivers to register in the program or use the Online Patient Portal

* Email

* Password

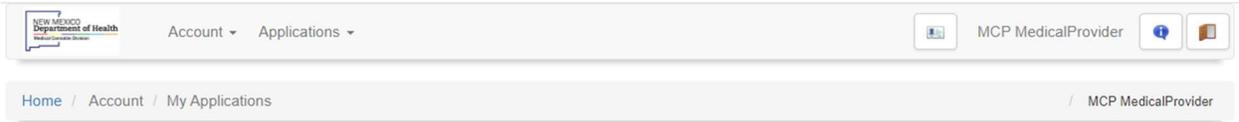
2. Enter your email address and click the **Submit** button.
3. Check your inbox for an email notification.

- 4. Follow the instructions to reset your password.

NOTE: You can request a new password once per hour.

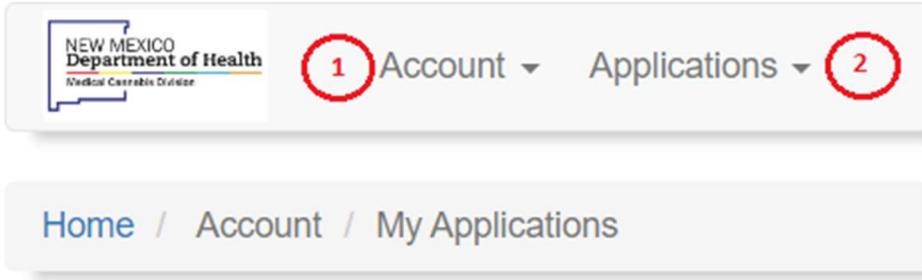
Home Page Navigation

The Home Page is the page that is displayed when you first login to the Online Patient Portal. From here you can access different items and resources within the portal.



From left to right:

Menu Items



- 1. **Account** - from here you can:
 - a. Change password – update your account password.
 - b. My Applications – Medical Providers can view applications that require their action and monitor the status of submitted applications throughout the application process.

Additionally, the Medical Providers, Medical Provider application is also displayed here.

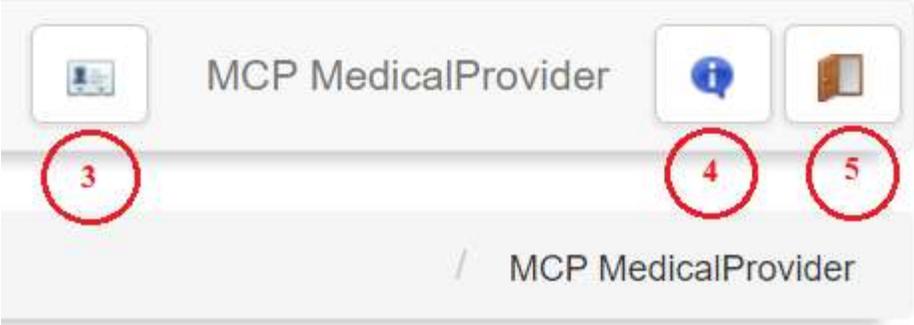
My Applications

Barcode	Application	Percentage	Exp.
53DRZ2EF77	Patient Application Wednesday Adams	61%	
E4K8BB5J36	Patient Application Pebbles Flintstone	70%	
PCK772GP73	Patient Application Morticia Adams	70%	
J64N5YT9N4	Patient Application Fred Flintstone	53%	
58ZBB2LJ55	Patient Application Barney Rubble	53%	
58KUM5KJ25	Patient Application Betty Rubble	50%	
792F95MXMF	Patient Application Mike Meyers	57%	
F6L4ZL2E97	Medical Provider Application	100%	12-11-2023

[Add New Patient Application](#)

- 2. **Applications** – from here you can:
 - a. Medical Provider Application – once you have been approved as a certifying Medical Provider with the program, you will not need to use this.
 - b. Caregiver Application - access to the application needed to add a Caregiver for a patient who already has an approved card.
 - c. Information Change Application – access to the application needed to request a legal name change or to change the address on file.

Action Icons

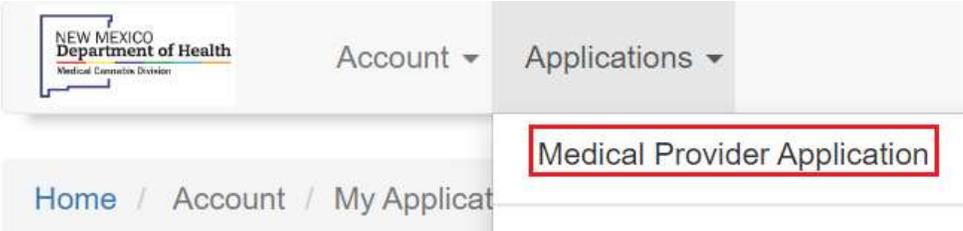


- 3. **Electronic Card** – cards are not issued to Medical Providers (No active cards found).
- 4. **Notifications** – view notifications from the Online Patient Portal; the number designation shows how many notifications there are to view.
- 5. **Logout** – logout of the Online Patient Portal.

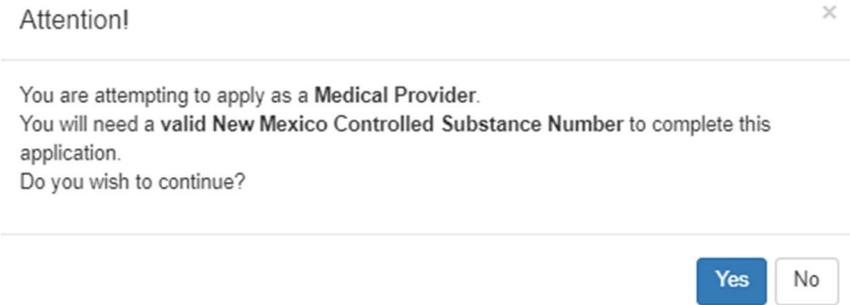
Submit Medical Provider Application

Once you have created a user account on the portal, you must complete a **Medical Provider Application** before you can submit electronic applications certifying patients.

- 1. Login to your account on online portal at mcp-patient-tracking.nmhealth.org
- 2. Go to the **Applications** menu and select **Medical Provider Application**.



- 3. Click the **Yes** button on the pop-up window.



- 4. Complete the **Medical Provider Application** by entering all the information on the form. The fields marked in red are required fields; applications cannot be submitted without this information.

Medical Provider Application  3H5A78Z5DU

Medical Provider Information

First Name Last Name

Phone Fax

Contact Email
The email address will be seen by the Patient
 I do not want Patients to contact me via email

New Mexico Controlled Substance Number

New Mexico Controlled Substance Number Expiration Date

Medical Credentials

Office Mailing Address

Address

ZIP Code State

City County

Contact Email: This email address will be visible to patients on their application. If you do not wish to have your email address available to patients, click the checkbox **“I do not want Patients to contact me via email.”**

New Mexico Controlled Substance Number: This is your controlled substance license number that is issued by The State of New Mexico, Regulation and Licensing Department, not your Federal Drug Enforcement Administration number.

New Mexico Controlled Substance Number Expiration Date: Enter the date that your controlled substance number will expire. The program will use this information to set your

Medical Provider Application expiration date. This date will be automatically updated when you renew your controlled substance number with the Regulation Licensing Department.

Warning! ×

Your New Mexico Controlled Substance Number has expired.
Please provide a valid expiration date.

Ok

Medical Credentials: Select the appropriate option from the drop-down menu.

Notification Email Address: This email address will **NOT** be visible to patients. The email address entered here is the email that the program will use to send you notifications regarding applications that you submit.

Notifications

Enter the email address where you will receive email notifications from the Department of Health, Patient Portal regarding applications that you submit. The email address will not be seen by Patients.

Notification Email Address

Signature and Attestation: Please read the attestation and sign your application. Your signature will be used to validate applications you submit for patients and their caregivers.

Signature and Attestation

Attestation:

In accordance with 26-2B NMSA, the Lynn and Erin Compassionate Use Act, 7.34.3 NMAC, DOH-Center for Medical Cannabis Regulations, and my governing licensing board, I certify and attest to the following:

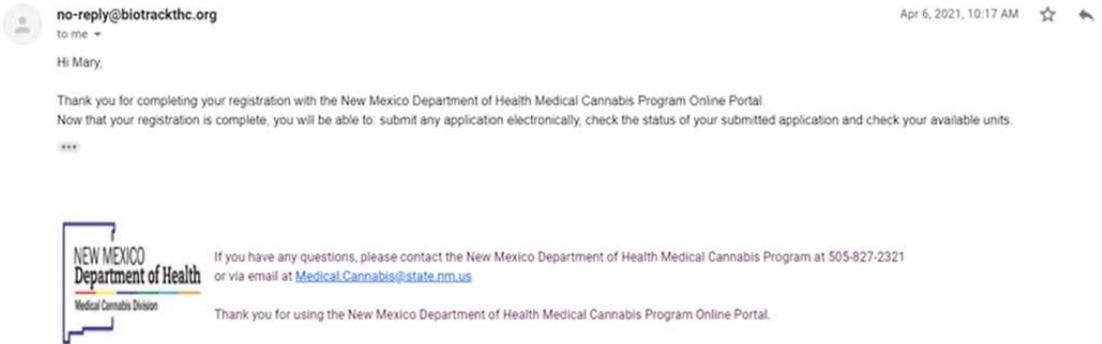
1. I attest that I have an active and valid New Mexico Controlled Substance Number.
2. I attest that my license is in good standing with my governing body.
3. I attest that my primary place of practice is located with the state of New Mexico.
4. I attest that I will use HIPAA compliant platform for all telemedicine encounters.
5. I will not certify patients related to me within the second degree of consanguinity or the first degree of affinity, including a spouse, child, stepchild, parent, stepparent, sibling, grandparent, mother-in-law, father-in-law, son-in-law, or daughter-in-law.

By signing below, I acknowledge that failure to comply with any of the above certifications and attestations may result in notification of my licensing board of the failure to comply and/or I may be prohibited from certifying patient applications.

Signature Date

Your signature should closely match the signature on your New Mexico Driver's License or New Mexico State Issued Identification.

5. Click the **Save** button to save your application without submitting.
6. Click the **Review** and **Submit** buttons to submit your completed application.
7. Once the **Medical Provider Application** is complete, program staff will review and approve the application. You will receive an email notification (to your login email account) upon approval (typically 1-3 business days).



- 8. Once you receive email notification of approval, you may now use your account to submit applications. Login to the Online Patient Portal to initiate and complete applications.

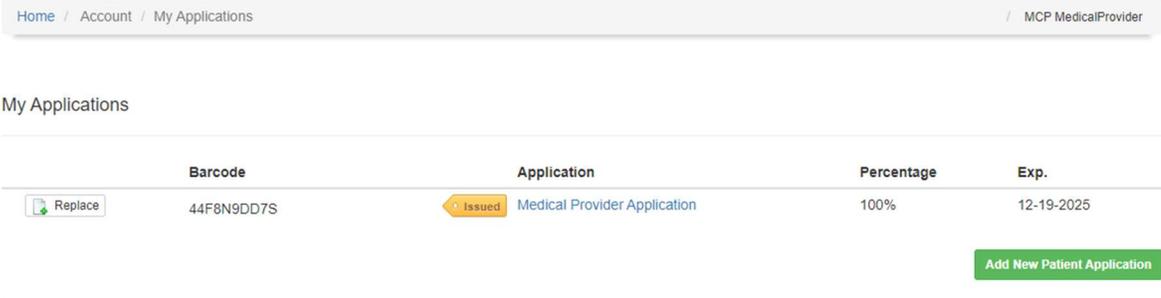
Types of Applications

Medical Cannabis Cards are valid for two years. There are two types of applications:

- 1. **Patient Application** – This application will be used for all new applicants and existing applicants who are renewing.
 - a. **New Application** is for patients who have never enrolled in the State of New Mexico Medical Cannabis Program.
 - b. **Renewal** is for patients already enrolled in the program and their card is expired or about to expire.
- 2. **Caregiver Application** – This application is used when adding a Caregiver for a Patient who already has an approved card.

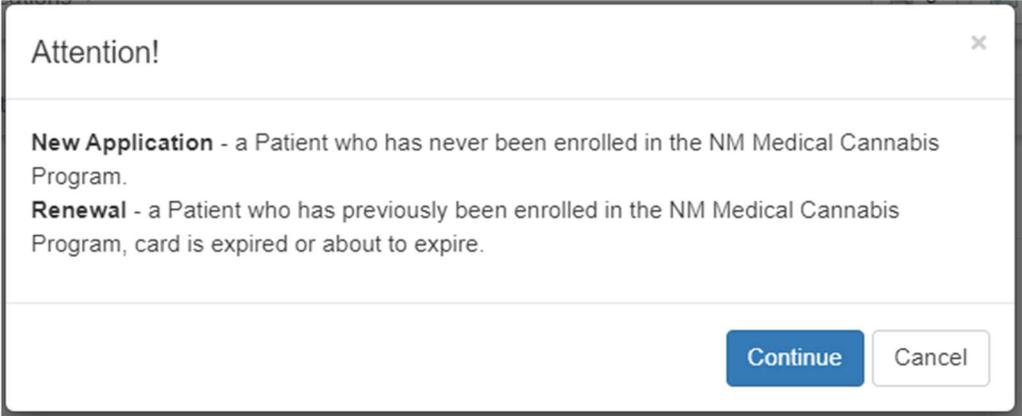
Submitting a Patient Application

1. Login to your account at mcp-patient-tracking.nmhealth.org
2. Go to **My Applications** and click on **Add New Patient Application** button.



NOTE: Be sure to select the correct application type. Selecting the incorrect application type can result in a delay in processing which can lead to the patient’s card expiring, delaying their access to medical cannabis.

If you are completing a **New Application**, or **Renewal**, click on the **Continue** button.



i. **New Application**

Application Type At least one option should be filled

New Application Renewal

- ii. Select the corresponding radio button and enter the **Patient Information** into the form.

iii. **Renewal**

The screenshot shows a form titled "Application Type" with a light green header. Below the header, there are two radio buttons: "New Application" (unselected) and "Renewal" (selected). To the right of the "Renewal" radio button, there is a text input field labeled "Barcode / ID Code" with a red border. Below the input field is a blue button with a magnifying glass icon and the text "Match". At the bottom of the form, there is a checkbox labeled "Barcode / ID Code Not Available" which is currently unchecked.

- i. Select the corresponding radio button and enter the **Barcode / ID Code** (the number from the patient’s expired or expiring medical cannabis card); then click the **Match** button.
- ii. Verify the **Patient Information** that has been auto populated into the application is correct, the proceed with the steps below.
- iii. If the Barcode / ID Code is unknown or not available, select the check box **Barcode / ID Code Not Available**.

NOTE: Entering the Application Barcode / ID Code of the new application into this field will result in the following error message:

A warning message box with a white background and a grey border. The text inside reads: "Warning! Enter the Barcode / ID Code from the Patient's expired or expiring application. If this number is not available, select Barcode / ID Code Not Available." In the top right corner of the box is a small grey 'x' icon. At the bottom right of the box is a blue button with the text "Ok".

Patient Application (New or Renewal) with a Caregiver

- 1. Enter **Patient Information**

1. Patient Information

First Name <input style="width: 90%; border: 1px solid #f44336;" type="text"/>	Last Name <input style="width: 90%; border: 1px solid #f44336;" type="text"/>
Suffix <input style="width: 90%; border: 1px solid #3f51b5;" type="text"/>	Middle Name <input style="width: 90%; border: 1px solid #3f51b5;" type="text"/>
Date of Birth <input style="width: 90%; border: 1px solid #f44336;" type="text" value="MM-DD-YYYY"/>	If a Designated Caregiver is needed, the Patient email address MUST be different from the Caregiver email address.
Phone <input style="width: 90%; border: 1px solid #f44336;" type="text" value="() - -"/>	

Mailing Address

Upload a Driver's License or State Issued Identification. If Patient is a minor, upload the Birth Certificate.

Self-Identification

- i. **First Name** (as it appears on their New Mexico ID or Driver's License)
- ii. **Last Name** (as it appears on their New Mexico ID or Driver's License)
- iii. **Date of Birth**
- iv. **Phone**
- v. **Email Address** - Verify the email address has been entered correctly.
If a Designated Caregiver is needed, the Patient email address MUST be different from the Caregiver email address.
 The patient will receive an email with a customized link so that they can create their account and complete their portion of the application.
- vi. **Upload New Mexico Driver's License or State Issued Identification. If Patient is a minor, upload the Birth Certification** – This field is optional but recommended.
 Acceptable file types for upload are jpeg or pdf.
- vii. **Mailing Address** – This field is optional but recommended. Enter the Patients current mailing address.
- viii. **Self Identification** - This field is optional but recommended.

2. Designated Caregiver

2. Designated Caregiver

Does the Patient wish to have a Caregiver? Yes No

Caregiver Information
NOTE: A Caregiver application must be submitted AND approved.

First Name	<input style="width: 90%;" type="text"/>	Last Name	<input style="width: 90%;" type="text"/>
Suffix	<input style="width: 90%;" type="text"/>	Middle Name	<input style="width: 90%;" type="text"/>
Date of Birth	<input style="width: 90%;" type="text" value="MM-DD-YYYY"/>		
Email Address	<input style="width: 90%;" type="text"/>		

The Caregiver email address MUST be different from the Patient email address.

Medical justification for the patient's need for a Primary Caregiver

- i. If **Yes** is selected, enter the **Caregiver Information**.
 - i. **First Name** (as it appears on their New Mexico ID or Driver's License)
 - ii. **Last Name** (as it appears on their New Mexico ID or Driver's License)
 - iii. **Date of birth**
 - iv. **Email Address** - Verify the email address has been entered correctly.
NOTE: The Caregiver email address MUST be different from the Patient email address.
The patient will receive an email with a customized link so that they can create their account and complete their portion of the application.
 - v. **Medical Justification for the patient's need for a Primary Caregiver** – include a brief statement including the reason why the patient needs a caregiver, e.g., hospice, mobility issues, minor, elderly.
NOTE: You no longer need to complete a separate caregiver application, for a new patient, the system does this automatically.

3. Provider Information

3. Provider Information

First Name	<input type="text" value="MCP"/>	Last Name	<input type="text" value="MedicalProvider"/>
Phone	<input type="text" value="(505) 827-2321"/>	Email Address	<input type="text" value="mcp.medicalprovider@doh.n"/>

Mailing Address

Address	<input type="text" value="1474 Rodeo Road"/>		
ZIP Code	<input type="text" value="87505"/>	State	<input type="text" value="NM"/>
City	<input type="text" value="Santa Fe"/>	County	<input type="text" value="Santa Fe"/>

New Mexico Controlled Substance Number

CS Number	<input type="text" value="1234567"/>
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i. Verify the Provider Information is correct, including your **NM Controlled Substance Number**.

4. Qualifying Conditions

Qualifying Conditions – select the primary qualifying condition

<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS)
<input type="checkbox"/> Anorexia (severe)/Cachexia	<input type="checkbox"/> Anxiety Disorder
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Cancer
<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Damage to the Nervous Tissue of the Spinal Cord
<input type="checkbox"/> Epilepsy/Seizure Disorder	<input type="checkbox"/> Friedreich's Ataxia
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Hospice Care
<input type="checkbox"/> Huntington's Disease	<input type="checkbox"/> Inclusion Body Myositis
<input type="checkbox"/> Inflammatory Autoimmune-mediated Arthritis	<input type="checkbox"/> Intractable Nausea/Vomiting
<input type="checkbox"/> Lewy Body Disease	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Obstructive Sleep Apnea	<input type="checkbox"/> Opioid Use Disorder
<input type="checkbox"/> Painful Peripheral Neuropathy	<input type="checkbox"/> Parkinson's Disease
<input type="checkbox"/> Post-traumatic Stress Disorder	<input type="checkbox"/> Severe Chronic Pain
<input type="checkbox"/> Spasmodic Torticollis (Cervical Dystonia)	<input type="checkbox"/> Spinal Muscular Atrophy
<input type="checkbox"/> Ulcerative Colitis	

i. Select the qualifying condition that best describes the patient's need for medical cannabis.

5. Medical Provider Signature

NOTE: The numbering of document sections may differ from those seen in the accompanying screenshots. Screenshot numbers indicate the section within the application.)

4. Medical Provider Signature

In accordance with [26-2B NMAS](#), the Lynn and Erin Compassionate Use Act, [7.34.3 NMAC](#), DOH-Medical Cannabis Program Division Regulations, and my governing licensing board, I certify and attest to the following:

1. I am the responsible provider; I have established a patient-provider relationship and I have conducted an appropriate examination of the qualified patient during the preceding twelve months in accordance with the Lynn and Erin Compassionate Use Act and the rules, regulations, requirements, and best practices of my licensing board.
2. I attest the patient continues to have the qualifying debilitating medical condition identified in this application.
3. I believe the potential health benefits of the medical use of cannabis would likely outweigh the health risks for the patient.
4. I have explained and discussed the potential risks and benefits of medical use of cannabis with the patient and with their caregiver, if a caregiver is necessary.
5. If a caregiver is indicated, I am attesting that a caregiver is necessary for managing the well-being of the patient.
6. I understand the Medical Cannabis Program may contact me to obtain further documentation to verify the appropriate examination of the patient and the diagnosis of their qualifying medical condition for enrollment in the medical cannabis program. If the additional documentation is not provided, I understand the patient may be denied enrollment or have their enrollment revoked, and my ability to submit applications may be suspended until the additional documentation is submitted.
7. By signing below, I acknowledge that failure to comply with any of the above certifications and attestations may result in notification of my licensing board of the failure to comply and/or I may be prohibited from certifying patient applications.

Signature Date

Must be dated no more than 90 days prior to the receipt of the application by program

i. **Signature** - Add the Medical Providers signature.

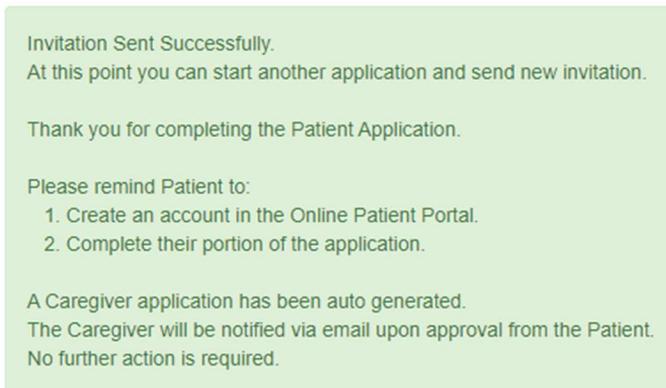
6. Review Application

Once all the required information has been entered into the application, click the **Review** button to verify all the entered information is correct.

NOTE: If the **Review** button is not present, review the application and enter any missing information.

7. Submit Application

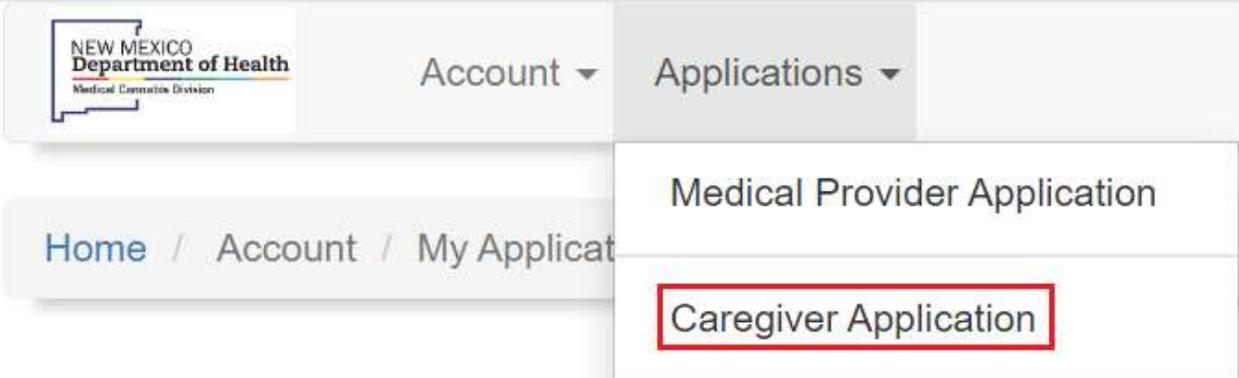
Click the **Submit** button to send the application to the patient so that they may complete the application.



NOTE: Once the application is sent, the Medical Provider can view the [Application Status](#) of their Patients application, until the application has been approved and issued by the Medical Cannabis Program.

Adding a Caregiver for an Existing Patient

- 1. Login to your account at mcp-patient-tracking.nmhealth.org
- 2. Go to the **Applications** menu and select **Caregiver Application**.



3. Patient Information

A screenshot of the 'Patient Information' form. The form has a light green header with the title 'Patient Information'. Below the header, there are several input fields and a button. On the left side, there is a 'Patient Barcode / ID Code' field with a red border, followed by a 'First Name' field with a red border, a 'Suffix' dropdown menu with a blue border, a 'Date of Birth' field with a red border and a placeholder 'MM-DD-YYYY', and a 'Phone' field with a red border and a placeholder '() - -'. On the right side, there is a 'Last Name' field with a red border, a 'Middle Name' field with a blue border, and an 'Email' field with a blue border. A blue 'Match' button with a magnifying glass icon is located to the right of the 'Patient Barcode / ID Code' field.

- 4.1 Enter the **Patient Barcode / ID Code** from the patient’s current medical cannabis electronic card; then click the **Match** button.

NOTE: Do not enter the Patient Information manually; this will cause a disconnect between the Patient and the Caregiver applications and delay processing.

- 4.2 Verify the **Patient Information** that has been auto populated into the application is correct, then proceed to the next step.

4. Caregiver Information

Caregiver Information

First Name <input style="width: 90%; border: 1px solid #ccc;" type="text"/>	Last Name <input style="width: 90%; border: 1px solid #ccc;" type="text"/>
Suffix <input style="width: 90%; border: 1px solid #ccc;" type="text"/>	Middle Name <input style="width: 90%; border: 1px solid #ccc;" type="text"/>
Date of Birth <input style="width: 90%; border: 1px solid #ccc;" type="text" value="MM-DD-YYYY"/>	
Phone <input style="width: 90%; border: 1px solid #ccc;" type="text" value="() - -"/>	Email Address <input style="width: 90%; border: 1px solid #ccc;" type="text"/>

Mailing Address

Upload a New Mexico Driver's License or New Mexico State Issued Identification

- **First Name** (as it appears on their New Mexico ID or Driver's License)
- **Last Name** (as it appears on their New Mexico ID or Driver's License)
- **Date of Birth**
- **Phone Number**
- **Email Address** - Verify the email address has been entered correctly.
NOTE: The Caregiver email address MUST be different from the Patient email address.
- **Mailing Address** – this is optional but recommended
- **Upload New Mexico Driver's License or State Issued Identification** – this is optional but recommended

5. Medical Provider Information

Medical Provider Information

First Name	<input type="text" value="MCP"/>	Last Name	<input type="text" value="MedicalProvider"/>
Phone	<input type="text" value="(505) 827-2321"/>	Fax	<input type="text" value="() - -"/>
Email	<input type="text" value="mcp.medicalprovider@doh.nm.gov"/>		
NM Controlled Substance License #	<input type="text" value="1234567"/>		

Office Mailing Address

Address	<input type="text" value="1474 Rodeo Road"/>		
ZIP Code	<input type="text" value="87505"/>	State	<input type="text" value="NM"/>
City	<input type="text" value="Santa Fe"/>		

- i. Verify the Medical Provider Information is correct, including your **NM Controlled Substance Number**.

- i. **Medical Justification for the patient's need for a Primary Caregiver** – include a brief statement including the reason why the patient needs a caregiver, e.g., hospice, mobility issues, minor, elderly.

6. Medical Provider Signature

- i. **Signature** - Add the Medical Providers signature.

7. Review Application

- i. Once all the required information has been entered into the application, click the **Review** button to verify all the entered information is correct.

NOTE: If the **Review** button is not present, review the application and enter any missing information.

8. Submit Application

- i. Click the **Submit** button to send the Caregiver Approval notification to the Patient.

NOTE: Once you have submitted the application, there is no further action required.

The following activities will take place between the Patient, Caregiver and the Medical Cannabis Program:

1. The Patient must Approve or Deny the Caregiver (see [Patient User Guide](#) for details). If the Patient denies the Caregiver request, the Caregiver Application will return to the Medical Provider to remove or change the Caregiver name.

2. Upon approval from the Patient, the Caregiver application is submitted to the Caregiver to complete (see [Caregiver User Guide](#) for details).
3. Once completed, the Caregiver Application is submitted to the Medical Cannabis Program for review and approval.
4. The system will automatically update the Patient application with the Caregiver information.

Appendix A – Application Status

Application Status	Status Definition
Waiting for Medical Provider to Complete	Applications that have been started by the Medical Provider but have not been completed or sent to the Patient yet.
Waiting for Applicant to Complete	Applications that have been completed by the Medical Provider but are waiting for the applicant to complete their portion.
Department Review	Applications that have been submitted to the Medical Cannabis Program for review and approval.
Need Information	Applications that have been reviewed and returned to the Medical Provider, Patient or Caregiver due to missing or incorrect Information.
Department Secondary Review	Applications that were Incomplete and have been resubmitted.
Issued	Applications that have been approved and electronic card is active. Information Change Forms that have been approved.
Archived	Applications that were not submitted within 90 days of Medical Provider Signature. Applications that were approved but have since expired.
Historical	Applications or Forms that cannot be processed further (e.g., incorrect or missing information, incorrect application type, duplicate application).