



Online Patient Portal - Medical Provider Instructions

Table of Contents

Purpose	1
System Requirements	1
Create an Account	1
Login.....	2
Submit Medical Provider Application	3
Types of Applications	5
Submitting a Patient Application	5
Submitting a Patient Annual Verification.....	10
Pending Applications	12

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 or laptop device via internet browser (e.g., Chrome, Microsoft Edge, Firefox).

NOTE: The Online Patient Portal is not fully supported on mobile devices at this time.

You must have a valid email account.

- The email address you enter on the application will be visible to your patients. Please use a business/work email address.
- 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.

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

Create an Account

* First Name

* Last Name

* Date of Birth

I have a current card and want access to the sales and units history and my application.
Please click this box and then enter your ID code.

* Email

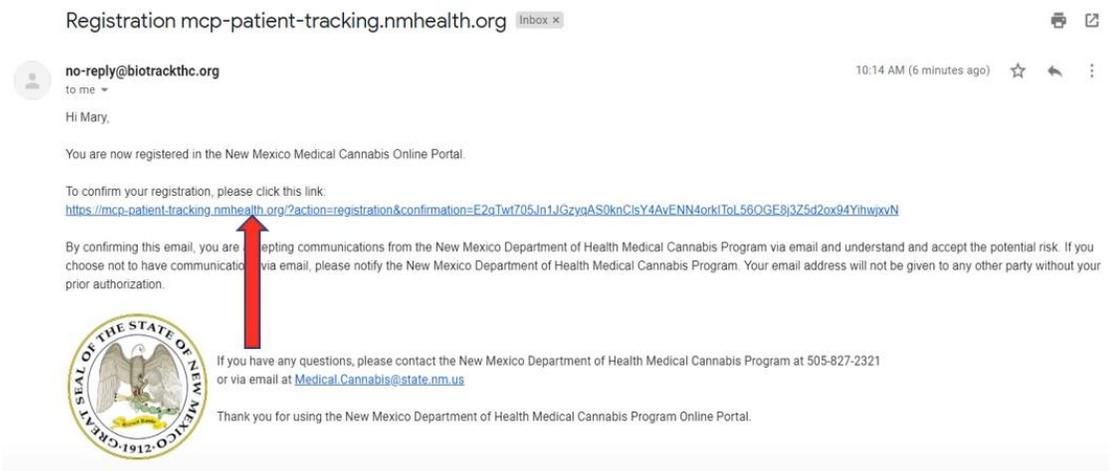
* Password

* Password confirmation

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

Thank you for registering in our system!
Please, follow instructions in the email we just sent to your mailbox.

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



Login

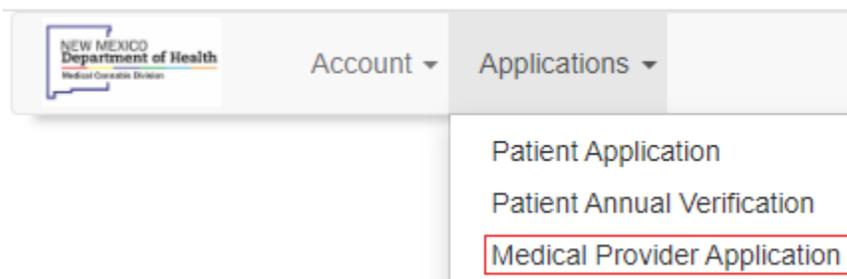
1. Go to mcp-patient-tracking.nmhealth.org
2. Click the **Login To Your Account** button.

3. Enter email address and password you used when you created your account.

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. 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.

Click the **Save** button to submit your completed application.

NOTE: Be sure to enter a valid **NM Controlled Substance License Number**; applications cannot be approved without the proper credentials.

mcp-patient-tracking.nmhealth.org/?action=applications&type=medical_provider

Medical Provider Application

6663RHHN7E

Medical Provider Information

First Name Last Name

Phone Fax

Email

NM Controlled Substance License #

Office Mailing Address

Address

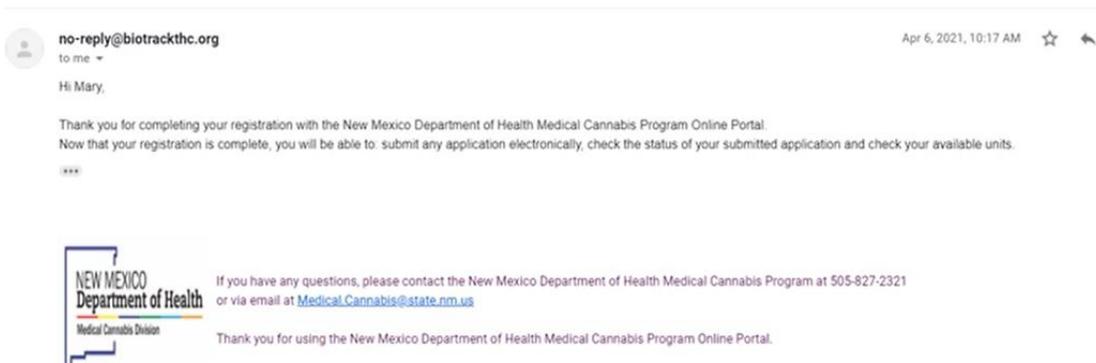
ZIP Code State

City County

Save

NOTE: The email address you enter on the application will be visible to your patients. Please use business/work email address.

- Once the **Medical Provider Application** is complete, program staff will review and approve the application. You will receive an email notification upon approval (typically 1-3 business days).



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

Types of Applications

Medical Cannabis Patient Cards are valid for three years, so long as the Patient submits an Annual Verification at:

- a. the end of year one
- b. the end of year two

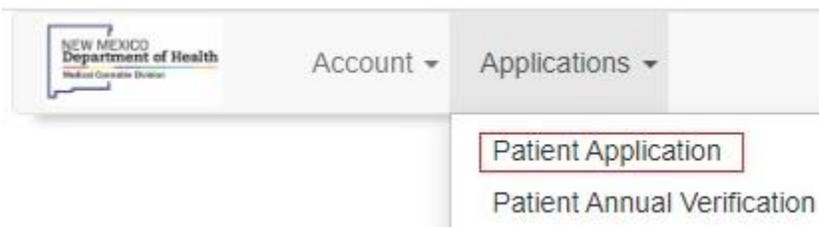
For the third year, a recertification (renewal) is required.

There are three types of applications:

1. **Patient Application** – This application will be used for all new enrollees and re-certifications (renewal).
 - a. **New Applications** are for a patient who have never enrolled in the State of New Mexico Medical Cannabis Program.
 - b. **Re-certifications** are for patients already enrolled in the program and their card is expired or about to expire.
2. **Annual Verification** – Annual Verifications are submitted every year, but no new card will be issued. The patient’s current card is not expired and is valid for one year or more.
3. **Caregiver Application** – Caregiver Applications must be submitted with the re-certification; they are not required on an annual basis.

Submitting a Patient Application

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



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 **Re-certification**, click on the **Continue** button.

Attention! ×

New Application - a Patient who has never been enrolled in the NM Medical Cannabis Program.

Re-certification - a Patient who has previously been enrolled in the NM Medical Cannabis Program, card is expired or about to expire.

- a. For a **New Application**, select the corresponding radio button and enter the **Contact Information** into the form.

Application Type

New Application Re-Certification

- b. For a **Re-Certification**, select the corresponding radio button and enter the required patient information into the form.
 - i. **Current Application ID Number** - The ID Number from the patient's current medical cannabis card.

mcp-patient-tracking.nmhealth.org/?action=applications&type=patient

Account - Applications - Maria James

Home / Applications / Patient Application

Patient Application EB3A77SJ28

Application Type Add new Comment

New Application Re-Certification

Current Application ID Number

Contact Information

First Name Last Name

Suffix Middle Name

Date of Birth Phone Email

Upload Drivers License or State Issued Identification

Mailing Address

3. Enter **Contact Information**
 - a. **First Name** (as it appears on their New Mexico ID or Driver's License)
 - b. **Last Name** (as it appears on their New Mexico ID or Driver's License)
 - c. **Date of Birth**
 - d. **Phone**
 - e. **Patient Email** - Verify the email address has been entered correctly.
The patient will receive an email with a customized link so that they can create their account and complete their portion of the application.
4. **Upload New Mexico Driver's License or New Mexico State Issued Identification** – This field is optional but recommended. Acceptable file types for upload are jpeg or pdf.
5. **Mailing Address** – This field is optional but recommended. Enter the Patients current mailing address.
6. **Designated Caregiver:**
 - a. 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. 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: A separate caregiver application is needed to approve the Caregiver.

Designated Caregiver

Does the Applicant wish to have a Caregiver? Yes No

Caregiver Information

First Name Last Name

Middle Name Date of Birth

Email Address

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

b. If **No** is selected, proceed to the next step.

7. Verify the **Provider Information** is correct, including your **NM Controlled Substance Number**.
8. **Qualifying Conditions** - Select the qualifying condition that best describes the patient's need for medical cannabis.

Qualifying Conditions

At least one option should be filled

Alzheimer's Disease Amyotrophic Lateral Sclerosis (ALS)

Anorexia (severe)/Cachexia Autism Spectrum Disorder

Cancer Crohn's Disease

9. **Upload Medical Notes** – Click this button to upload the notes from your visit with the patient. Acceptable file types for upload are jpeg or pdf.
10. **Date** - Enter the date.
11. **Signature** - Add the Medical Providers signature.

Medical Provider Signature

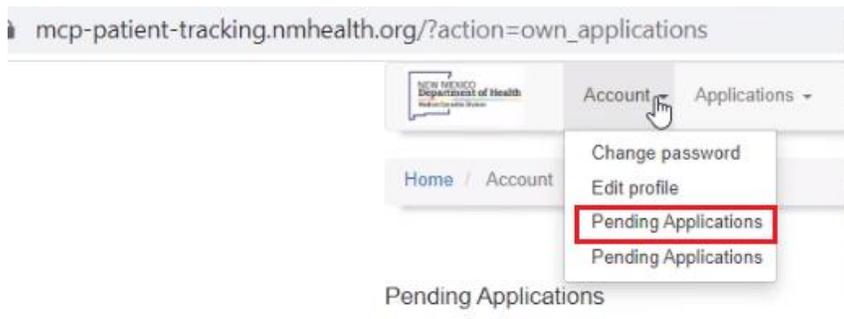
By Signing below you are certifying:

- * I have conducted an appropriate examination of the qualified patient during the preceding twelve months as indicated (in-person or telemedicine).
- * The qualified patient continues to have the qualifying debilitating medical condition identified above.
- * I believe the potential health benefits of the medical use of cannabis would likely outweigh the health risks for the qualified patient.

Signature _____ Date

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

12.If you wish to complete the application later, click the **Save** button. This will save the application to the Medical Providers **Pending Applications** list to be completed later.



13.Once all the required information has been entered into the application, click the checkbox **Send invitation to an applicant** and click the **Save** button to send the application to the patient so that they may complete the application. Once the application is sent, the Medical Provider can no longer access the application.

Send invitation to an applicant

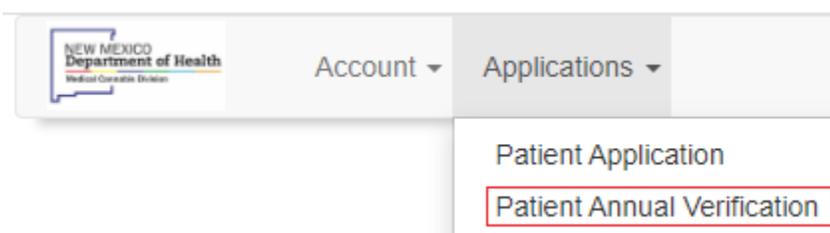
NOTE: If the checkbox **Send invitation to an applicant** is not present, review the form and enter any missing information.

The patient will receive an email with a customized link so that they can create their account and complete their portion of the application.

NOTE: Remind the patient to check their clutter, junk and spam folder if an invitation email is not received.

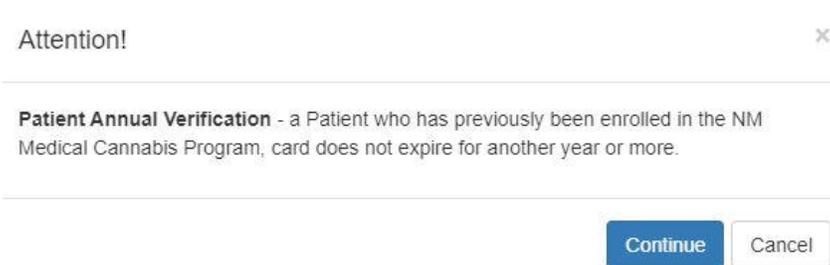
Submitting a Patient Annual Verification

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



NOTE: Be careful to select the correct application type. Selecting the incorrect application type can result in the cancellation of a patient’s card, delaying their access to medical cannabis.

3. If you are completing a **Patient Annual Verification**, click the **Continue** button.



4. Enter the required patient information into the form.
 - a. **Patient ID #** (optional, but recommended)
 - b. **First Name** (as it appears on their New Mexico ID or Driver’s License)
 - c. **Last Name** (as it appears on their New Mexico ID or Driver’s License)
 - d. Date of Birth
 - e. **Match** (optional)
 - i. If you have all the above (a–d) information, you can use the Match function. The patient’s information will populate into the appropriate fields within the form.
 - ii. If you **do not** have all the above (a–d) information, continue to the next step of the application; the patient will have the opportunity to enter this information later.
 - f. **Phone**

g. **Email** - Verify the email address has been entered correctly. The patient will receive an email with a customized link so that they can create their account and complete their portion of the application.

5. **Mailing Address** – This field is optional but recommended. Enter the Patients current mailing address.

6. Designated Caregiver:

a. 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 (legal date of birth as it appears on their New Mexico ID or Driver’s Lice** (legal date of birth as it appears on their New Mexico ID or Driver’s License)

iv. **Email** - Verify the email address has been entered correctly. The patient will receive an email with a customized link so that they can create their account and complete their portion of the application.

NOTE: A separate caregiver application is needed to approve the Caregiver.

Designated Caregiver

Does the Applicant wish to have a Caregiver? Yes No

Caregiver Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Middle Name	<input type="text"/>	Date of Birth	<input type="text" value="MM-DD-YYYY"/>
Email Address	<input type="text"/>		

b. If **No** is selected, proceed to the next step.

7. Verify the **Provider Information** is correct, including your **NM Controlled Substance Number**.
8. **Qualifying Conditions** - Select the qualifying condition that best describes the patients need for medical cannabis.

Qualifying Conditions

At least one option should be filled

<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS)
<input type="checkbox"/> Anorexia (severe)/Cachexia	<input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Cancer	<input type="checkbox"/> Crohn's Disease

9. **Upload Medical Notes** – Click this button to upload the notes from your visit with the patient. Acceptable file types for upload are jpeg or pdf.
10. **Date** - Enter the date.
11. **Signature** - Add the Medical Provider signature.
12. If you wish to complete the application later, click the **Save** button. This will save the application to the Medical Providers **Pending Applications** list to be completed later.
13. Once all the required information has been entered into the application, click the checkbox **Send invitation to an applicant** to send the application to the patient so that they may complete the application. Once the application is sent, the Medical Provider can no longer access the application.

Send invitation to an applicant **Save**

NOTE: If the checkbox **Send invitation to an applicant** is not present, review the form and enter any missing information.

The patient will receive an email with a customized link so that they can create their account and complete their application.

NOTE: Remind the patient to check their clutter, junk and spam folder if an invitation email is not received.

Pending Applications

More information coming soon.