Online Patient Portal - Medical Provider Instructions

Table of Contents

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 supported on mobile devices (e.g., smartphone and tablets) 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.

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.

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.

Create an Account

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	MM-DD-YYYY

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. ☐

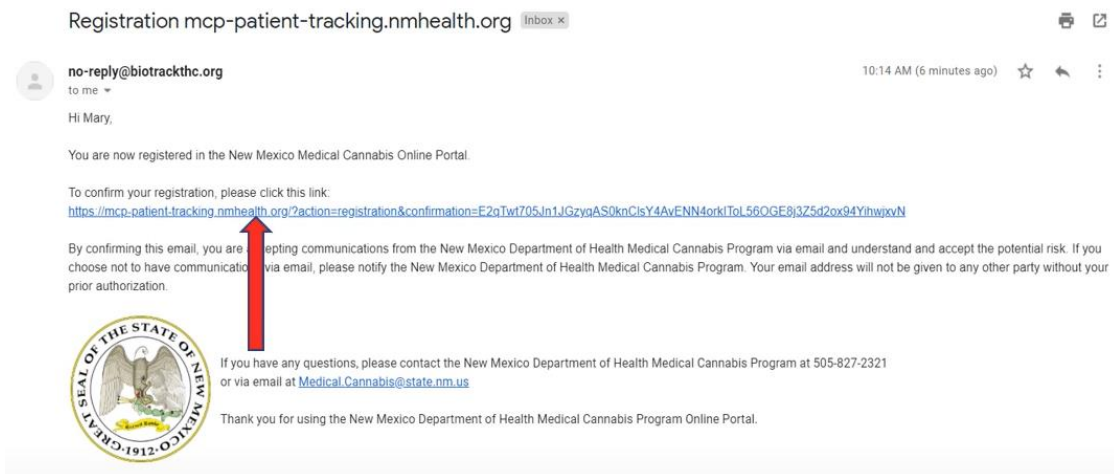|	
* Email	
* Password Generate	
* Password confirmation	

Submit

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.

Registration mcp-patient-tracking.nmhealth.org Inbox ×

no-reply@biotrackthc.org   10:14 AM (6 minutes ago)
to me

Hi Mary,

You are now registered in the New Mexico Medical Cannabis Online Portal.

To confirm your registration, please click this link:
https://mcp-patient-tracking.nmhealth.org/?action=registration&confirmation=E2qTwt705Jn1JGzyqAS0knClsY4AvENN4orklToL56OGE8j3Z5d2ox94YihwjxvN

By confirming this email, you are accepting communications from the New Mexico Department of Health Medical Cannabis Program via email and understand and accept the potential risk. If you choose not to have communication via email, please notify the New Mexico Department of Health Medical Cannabis Program. Your email address will not be given to any other party without your prior authorization.

If you have any questions, please contact the New Mexico Department of Health Medical Cannabis Program at 505-827-2321 or via email at Medical.Cannabis@state.nm.us

Thank you for using the New Mexico Department of Health Medical Cannabis Program Online Portal.

Login

1. Go to mcp-patient-tracking.nmhealth.org

2. Click the **Login To Your Account** button.

Login To Your Account

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**.
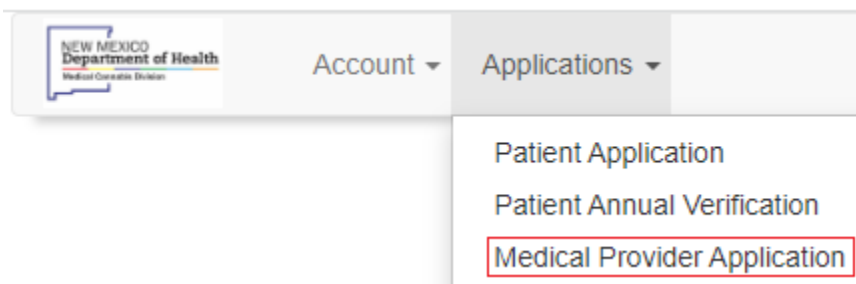
3. Complete the **Medical Provider Application** by entering all the information on the form.

   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.

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

4. 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).
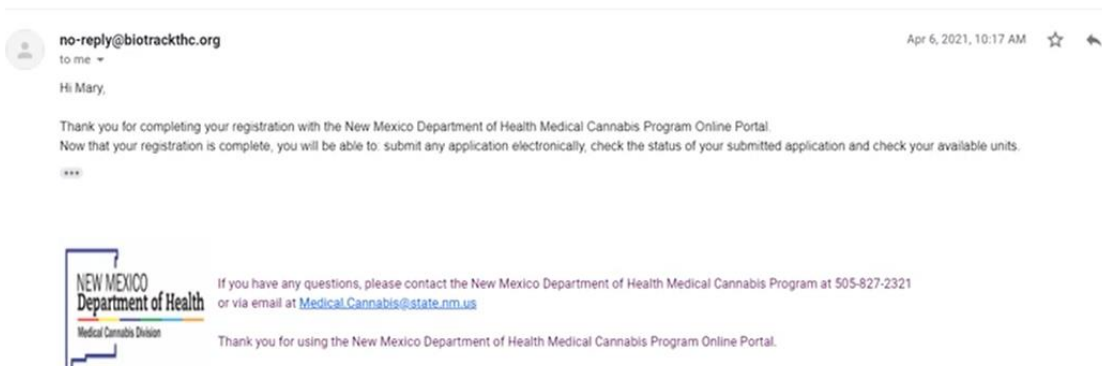
5. Once you receive email notification of approval, you may now use your account to submit Patient Applications. Login to the Online Patient Portal to complete applications.

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.

*Annual verifications are no longer necessary as per pending changes in statute.

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.

   *Annual verifications are no longer necessary as per pending changes in statute.

3. **Caregiver Application (Existing Patient)** – Caregiver Applications must be submitted with the re-certification (renewal).

Submitting a Patient Application

1. Login to your account at mcp-patient-tracking.nmhealth.org
2. You can start a Patient Applications in two ways:

   i. Go to the **Applications** menu and select **Patient Application**.
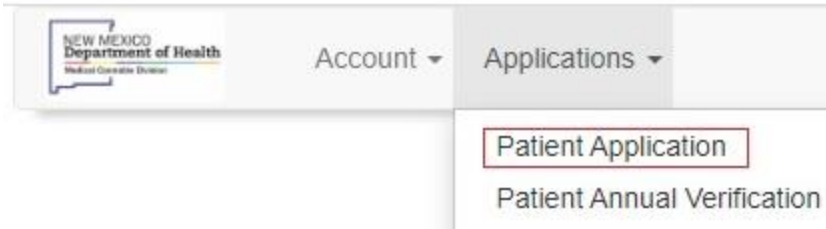
ii. Go to **My Application** and click on **Add New Patient Application** (this
will give you access to **Annual Verification *** application
*Annual verifications are no longer necessary as per pending changes in
statute.
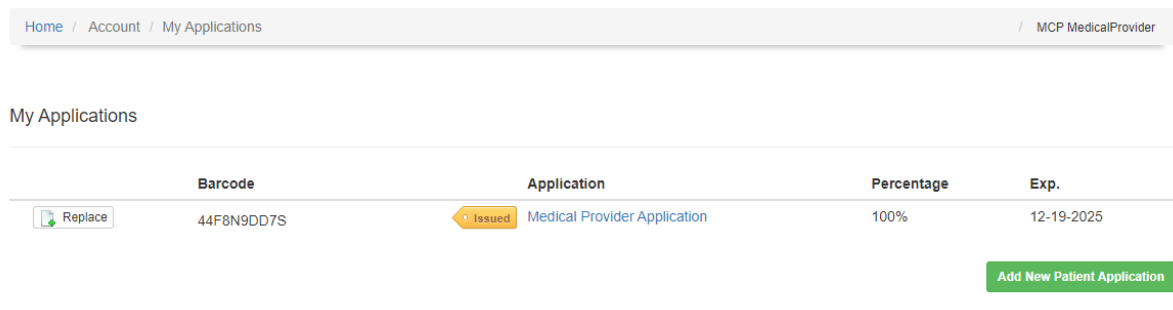
NOTE: Be sure to select the correct application type. Selecting the incorrect
application type can result in a delay in processing which can lead to the
patient's card expiring, delaying their access to medical cannabis.

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

iii. **New Application**

Application Type

○ New Application   ● Re-Certification

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

v. **Re-Certification**

Application Type

○ New Application   ● Re-Certification

Current Application ID Number

🔍 Match

    i. Select the corresponding radio button and enter the **Current Application ID Number** - The ID Number from the patient's current 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.

Patient Application (New or Re-Certification) with a Caregiver

1. Enter **Patient Information**

1. Patient Information

First Name	Last Name
Suffix	Middle Name
Date of Birth	MM-DD-YYYY	If a Designated Caregiver is needed, the Patient email address MUST be different from the Caregiver email address.
Phone	(___) ___-____	Email Address

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 <u>current</u> 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 [   ]   Last Name [   ]

Suffix [▾]   Middle Name [   ]

Date of Birth [MM-DD-YYYY]

Email Address [   ]   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**

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

4. **Qualifying Conditions**

Qualifying Conditions – select the primary qualifying condition

☐ Alzheimer's Disease   ☐ Amyotrophic Lateral Sclerosis (ALS)

☐ Anorexia (severe)/Cachexia   ☐ Anxiety Disorder

☐ Autism Spectrum Disorder   ☐ Cancer

☐ Crohn's Disease   ☐ Damage to the Nervous Tissue of the Spinal Cord

☐ Epilepsy/Seizure Disorder   ☐ Friedreich's Ataxia

☐ Glaucoma   ☐ HIV/AIDS

☐ Hepatitis C   ☐ Hospice Care

☐ Huntington's Disease   ☐ Inclusion Body Myositis

☐ Inflammatory Autoimmune-mediated Arthritis   ☐ Intractable Nausea/Vomiting

☐ Lewy Body Disease   ☐ Multiple Sclerosis

☐ Obstructive Sleep Apnea   ☐ Opioid Use Disorder

☐ Painful Peripheral Neuropathy   ☐ Parkinson's Disease

☐ Post-traumatic Stress Disorder   ☐ Severe Chronic Pain

☐ Spasmodic Torticollis (Cervical Dystonia)   ☐ Spinal Muscular Atrophy

☐ Ulcerative Colitis

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

5. **Upload Medical Notes**

Medical Notes
NOTE: Patient will be able to **download / view** Medical Notes uploaded by the Medical Provider

           + Upload

   i. Click this button to upload the notes from your visit with the patient. Acceptable file types for upload are jpeg or pdf.

6. **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

By Signing below you are certifying:
1. I have conducted an appropriate examination of the qualified patient during the preceding twelve months as indicated (in-person or telemedicine).
2. The qualified patient continues to have the qualifying debilitating medical condition identified above.
3. I believe the potential health benefits of the medical use of cannabis would likely outweigh the health risks for the qualified patient.
4. If a caregiver is indicated, I am attesting that the patient needs a caregiver in accordance with the program rules and regulations.

Signature   Date | MM-DD-YYYY |

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

Clear

i. **Date** - Enter the date.
ii. **Signature** - Add the Medical Providers signature.

7. **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.

8. **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 status

of their Patients application, until the application has been approved and issued by the Medical Cannabis Program.

<mark>INSERT GREEN NOTIFICATION</mark>

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**.

   You will see that there are four options for Caregiver Applications (First, Second, Third and Fourth). The Medical Cannabis Program allows a Caregiver to act as Caregiver for up to four Patients. If the Caregiver is already acting as a Caregiver for another Patient, you will select **Caregiver Application (Second Application)**, etc.

3. **Patient Information**

3.1 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.

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

4. Caregiver Information

- **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

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. **Date** - Enter the date.

   ii. **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:

- The Patient <u>must</u> Approve or Deny the Caregiver. If the Patient denies the Caregiver request, the Caregiver Application will return to the Medical Provider to remove or change the Caregiver name.
- The Caregiver application is submitted to the Caregiver to complete. Once completed, the Caregiver Application is submitted to the Medical Cannabis Program for review and approval.
- The system will automatically update the Patient application with the Caregiver information.

Submitting a Patient Annual Verification*

*Annual Verifications are no longer necessary as per pending changes in statute.

1. Login to your account at mcp-patient-tracking.nmhealth.org
2. Go to the **Applications** menu and select **Patient Annual Verification**.
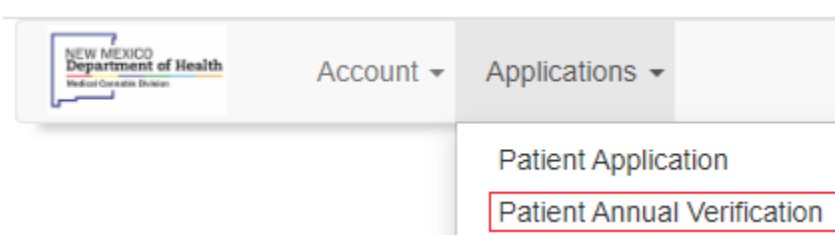
NOTE: Be careful to select the correct application type. Selecting the incorrect application type can result in the cancellation of a patient's card, delaying their access to medical cannabis.

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

Attention!   ✕

Patient Annual Verification - a Patient who has previously been enrolled in the NM
Medical Cannabis Program, card does not expire for another year or more.

[Continue] [Cancel]

4. Enter the required patient information into the form.
    i. **Patient ID #** (optional, but recommended)
    ii. **First Name** (as it appears on their New Mexico ID or Driver's License)
    iii. **Last Name** (as it appears on their New Mexico ID or Driver's License)
    iv. Date of Birth
    v. **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.
    vi. **Phone**
    vii. **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)

20

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.

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.

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.

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.

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.

Appendix A – Application Status

Pending

Pending/Waiting for Additional Information

Other

Other