

# MMIS Replacement Project (MRP)

## Trading Partner Enrollment and Register Process

Version 0.2  
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## Disclosure Statement

This Job Aid is used for the Mississippi (MS) Medicaid Management System (MMIS). This document may not be used without the prior written permission by the Mississippi Division of Medicaid (DOM).

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## Step 1 – Providers or Trading Partners submitting electronic transaction to Mississippi DOM must enroll for a Trading Partner ID. All users must enroll as described below:

1. Navigate to: [Mississippi Medical Assistance Portal for Providers > Home \(msxix.net\)](#)
2. Click the **Trading Partner Enrollment** link displayed on the left side of the screen.

MISSISSIPPI DIVISION OF  
**MEDICAID**

Search Medicaid:

Text Size   | [Español](#)

Home

Home Tuesday 06/14/2022 04:59 PM CST

**Login**

\* User ID

**Log In**

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

**Protect Your Privacy!**  
Always log off and close all of your browser windows  
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▶ [Advanced Imaging Prior Authorization requests should be submitted to sOHealth](#)

**MESA**  
MISSISSIPPI MEDICAL ASSISTANCE PORTAL FOR PROVIDERS

**What you can do in the Medicaid Portal for Providers**  
Through this secure and easy to use Internet portal, health care providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files, and search for other providers. In addition, health care providers can use this site to locate claim forms, provider participation materials and other Medicaid information and resources.

**Call Center Hours!**  
8:00 a.m. - 5:00 p.m.  
1-800-884-3222

**Did you know?**  
The Mississippi Division of Medicaid values all types of health care providers enrolled in the Medicaid program. Medicaid is a federal and state program created to provide medical assistance to eligible, low income populations. This service is in place to provide access to quality health care coverage for vulnerable Mississippians. To enroll as a Mississippi Medicaid provider, [click here](#).

[Website Requirements](#)

3. Carefully read all the information regarding the online Trading Partner enrollment process, and click [Continue](#).

**Trading Partner Enrollment: Welcome**

**Welcome**

**Welcome to the Online Trading Partner Enrollment Process**

This online series will help you complete your Trading Partner Profile (TPP) and walk you through the enrollment process. Select the Continue button below when you are ready to move to the next page. You may also go back to previously viewed pages by selecting them from the page listings in the navigational menu to your left.

- This online form is intended for clearinghouses, billing services, and software companies seeking to become trading partners. If you have previously received a trading partner ID and want to update your TPP, log on to your secure portal account. Providers will also use this online form to enroll as a Trading Partner.
- Personally identifiable information about providers is used for purposes directly related to health care program administration, such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested may result in denial of payment for the services.
- Trading Partners are required to complete an trading partner profile containing specific transaction and contact information as the first step in the Electronic Data Interchange (EDI) enrollment process. The EDI Department must receive and process the profile request before trading partners may begin testing.
- Only one TPP needs to be completed for each trading partner, even if the trading partner represents multiple providers. Billing providers that have multiple billing provider numbers, or billing services and clearinghouses that exchange the electronic transactions on behalf of trading partners need only complete one profile form. Accurate and timely completion of the profile form will prevent delays in testing and approval for production processing.

Please click the "continue" button to start the enrollment application.

[Continue](#) [Cancel](#)

4. Fill out all required Profile Information fields (denoted with a red asterisk), as well as any additional information, and click [Continue](#).

**Trading Partner Enrollment: Profile Information**

**Welcome**

Complete the fields in each section and select the Continue button to move forward to the next page.

**Profile Information**

The contact person will be contacted through the email address below to confirm the enrollment application. The contact person listed is also the person who can answer any questions regarding the information provided in this enrollment application and is the authorized Trading Partner representative.

\* Indicates a required field.

**Initial Enrollment Information**

\*Trading Partner Name: Joe Doe  
\*Address: 2155 Knox Rd  
\*City: Toomsoba  
\*State: Mississippi  
\*Zip Code: 39364  
\*Type of Business: TPA, Subrogation

**Enrollment Contact Information**

This information will help us contact you during enrollment processing.

\*Contact Name: Joe Doe  
Contact Phone: Ext:  
\*Contact Email: Joe.Doe@dxc.com  
\*Confirm Contact Email: Joe.Doe@dxc.com

**EDI Information**

This information will help us contact you with EDI questions and maintain transaction information.

\*EDI Contact Name: Joe Doe  
EDI Contact Phone: Ext:  
\*EDI Contact Email: Joe.Doe@dxc.com  
\*Confirm EDI Contact Email: Joe.Doe@dxc.com

[Continue](#) [Cancel](#)

5. Check the box for each transaction set intended to be exchanged with DOM. If unsure, check all.
6. Click **Continue**.

Home > Trading Partner Enrollment > Trading Partner Enrollment Transaction Sets Thursday 12/01/2016 04:09 PM EST

**Trading Partner Enrollment: Transaction Sets**

Welcome

Profile Information

**Transaction Sets**

Agreement

Summary

Check each transaction that you will be exchanging.

Select All | Deselect All

- 1.2/D.0 - NCPDP - Batch/Interative
- 270/271 Eligibility Request/Response
- 276/277 Claim Status Request/Response
- 278 (X217) Health Care Services Request/Response
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837D Health Care Claims: Dental
- 837I Health Care Claims: Institutional
- 837P Health Care Claims: Professional

**Continue** **Cancel**

You can view the Trading Partner Agreement and electronically sign accepted.

7. Read the Trading Partner Agreement (MSMMIS\_Healthcare\_Portal\_Access\_User\_Account\_Agreement **TBD Link “Coming soon”**) and electronically sign. Check the box beside **“I Accept”** to acknowledge that the electronic signature is equivalent to a written signature.
8. Enter username in the **“Your Signature”** field, and click **Submit**.

**Trading Partner Enrollment: Agreement**

Welcome

Profile Information

Transaction Sets

**Agreement**

Summary

Please review the Trading Partner Agreement (TPA).

**Electronic Signature Agreement**

You will be submitting the Trading Partner Enrollment application electronically. Therefore your signature on this application will be electronic. By submitting this application electronically, you acknowledge that your electronic signature is binding to the same extent as your written signature.

**\*I accept**  I understand that my electronic signature is equivalent to written signature.

**\*Your Signature**

(Entering your name in the box to the right will constitute your electronic signature.)

Signed Date 01/30/2020

**Submit** **Cancel**

9. The summary page shows all the information entered in the previous steps. Click on the category link on the left side of the page to make any needed changes.

Click **Confirm** if all information is correct.

**Note:** Once you click **Confirm**, no further changes can be made. User may want to print this page to a PDF to for future reference.

**Trading Partner Enrollment: Summary**

Welcome

Please review and make revisions to previous pages as needed. Once you have reviewed all data, print a copy and then select the Confirm button. Once you have selected the Confirm button no more changes will be allowed.

**Profile Information**

Trading Partner Name Joe Doe  
Address 2155 Knox Rd  
City Toomsuba  
State Mississippi Zip Code 39364  
Type of Business TPL Subrogation

**Enrollment Contact Information**

Contact Name Joe Doe  
Contact Email Joe.Doe@dx.com

**EDI Information**

EDI Contact Name Joe Doe  
EDI Contact Email Joe.Doe@dx.com

**Transaction Sets**

1-2/D-0 - NCPDP - Batch/Interactive  
270/271 Eligibility Request/Response  
278 (X217) Health Care Services Request/Response

**Instructions for Summary Page**

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes.  
Once the terms and conditions are accepted in the Agreement page, the contents of this page must be accepted by selecting "Confirm" below.  
Please print a copy of this summary for your records.

**Confirm** **Cancel**

User is now in the system as a Trading Partner.

10. The confirmation page provides information about user's Trading Partner ID, temporary MOVEit Password and details upcoming steps. Click **Exit** after reading the Trading Partner enrollment confirmation.

**Note:** A confirmation email is not sent out, please retain the newly created Trading Partner ID and temporary MOVEit password. The ID will be used as the key for tracking the status of the application.

**Trading Partner Enrollment: Confirmation**

Your Trading Partner Profile (TPP) application has been submitted.

You have been assigned the following Trading Partner ID: TP801060, your temporary MOVEit password: (2eE)5\*1

Please retain the Trading Partner ID for your records. The ID will be used as the key for tracking the status of the application.

What happens next?

- After reviewing your Trading Partner Profile and Enrollment Application, a letter or e-mail with final confirmation of approval will be sent to your designated contact for use in setting up your secure portal account.
- Once registered and logged in as an Trading Partner, you can designate a representative to access account information. These representatives are called delegates.
- For detailed testing instructions, refer to the Trading Partner Information. You can access Trading Partner information any time by selecting Trading Partner from the Enrollment selections on the public provider Welcome page before you are registered on the secure area of the portal.
- Estimated processing time is x days for your enrollment application. You may check your TPP status by logging on to the public Welcome page, selecting the link for Trading Partner under Enrollment, and then selecting Enrollment Status.

**Exit**



## Step 2 – Register as a Trading Partner via the portal to upload or download files (billing company, vendor, clearing house).

**Note:** First enroll for a Trading Partner ID before registering via the portal. For more information, please refer to [Step 1](#) of the Trading Partner Enrollment section, above.

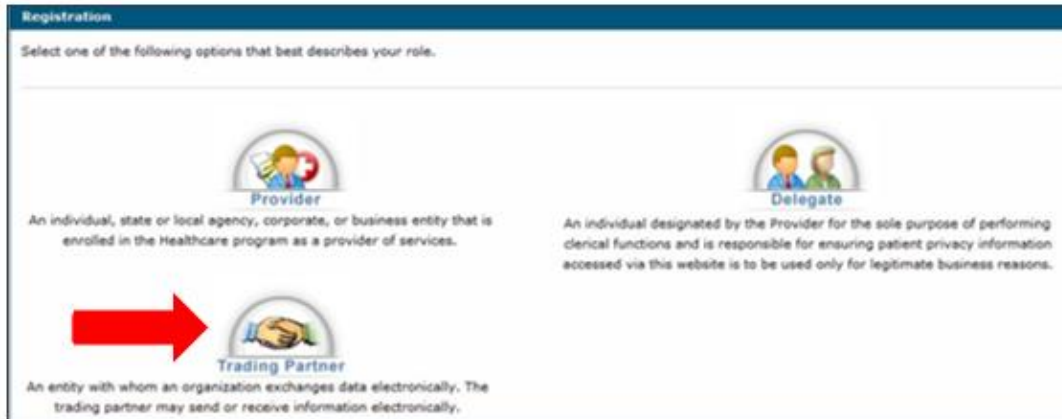
### All enrolled Mississippi DOM Trading Partners must register to submit EDI Transactions as described below:

1. Navigate to: [Mississippi Medical Assistance Portal for Providers > Home \(msxix.net\)](https://msxix.net)
  - Trading Partner ID and the 5-Digit Zip Code used during enrollment are required for portal enrollment.
2. Create a testing portal user account by adding "UAT" as a prefix to the user ID.
- 3 Click **Register Now**.

The screenshot shows the MESA portal interface. At the top, there is a search bar and a 'Search Medicaid' button. Below this is a navigation bar with 'Home' and 'Español' options. The main content area includes a 'Login' section on the left with a 'User ID' input field, a 'Log In' button, and a red arrow pointing to the 'Register Now' link. The central part of the page features a 'What you can do in the Medicaid Portal for Providers' section with a photo of healthcare workers and call center hours: 8:00 a.m. - 5:00 p.m., 1-800-884-3222. There is also a 'Did you know?' section and a 'Website Requirements' section at the bottom.

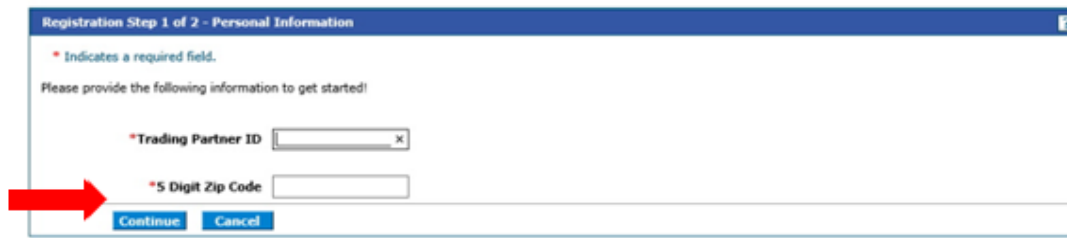
4. Select **Trading Partner**.

- A Trading Partner is an entity with whom an organization exchanges data electronically.



5. Enter the “**5-Digit Zip Code**” and “**Trading Partner ID**” received during Trading Partner enrollment.

6. Click **Continue**.





7. Fill out required fields (marked with a red asterisk) on the Security Information page.

**Provider Registration Step 2 of 2 - Security Information**

**Password Assistance**

1. A password cannot be reset more than once in a 24 hour period.
2. Passwords will expire every 60 days.
3. The minimum password length is 10.
4. The password cannot repeat any of the previous 24.
5. Passwords must be complex, containing 3 of the following 4 items:
  - Upper case letters (A, B, C,...)
  - Lower case letters (a, b, c,...)
  - Numbers (1, 2, 3,...)
  - Special characters (!, @, #,...)

**Registration Step 2 of 2 - Security Information**

\* Indicates a required field.

Your password must follow the criteria documented in the "Password Assistance" section which is listed on the left hand side of this page.

\*User ID

\*Password

\*Confirm Password

Please provide your contact information below.

\*Display Name

Phone Number

\*Email

\*Confirm Email

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

\* Site Key:

Apple  Balloon  Balloons  Baseball  Billards

\*Passphrase

Please select a unique challenge question and provide an answer for each of the question groups below.

\*Challenge Question #1

\*Answer to #1

\*Challenge Question #2

\*Answer to #2

\*Challenge Question #3

\*Answer to #3

**User Agreement**

Use of this Network is restricted to authorized users. User activity is monitored and recorded by system personnel. Anyone using the Network expressly consents to such monitoring and recording. In addition, if possible criminal activity is detected, system records, along with certain personal information, may be provided to law enforcement officials.

By entering my full name in the space provided below and transmitting this form electronically, I state that I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

\*Please sign by typing your full name here:

7a. Enter the following:

- User ID (create user login name)
- Password (create user password)
- Confirm Password (re-enter newly created password)
- Display Name
- Phone Number
- Email\* and Confirm Email

(\*Make sure this is an accurate email address. This email address will be used to send information concerning your registration.)

**Provider Registration Step 2 of 2 - Security Information**

**Password Assistance**

1. A password cannot be reset more than once in a 24 hour period.
2. Passwords will expire every 60 days.
3. The minimum password length is 10.
4. The password cannot repeat any of the previous 24.
5. Passwords must be complex, containing 3 of the following 4 items:
  - Upper case letters (A, B, C,...)
  - Lower case letters (a, b, c,...)
  - Numbers (1, 2, 3,...)
  - Special characters (!, @, #,...)

**Registration Step 2 of 2 - Security Information**

\* Indicates a required field.

Your password must follow the criteria documented in the "Password Assistance" section which is listed on the left hand side of this page.

\*User ID

\*Password

\*Confirm Password

Please provide your contact information below.

\*Display Name

Phone Number

\*Email

\*Confirm Email

**Enter name of provider group or individual provider (for example, ABC Provider Group or John Smith MD)**

7b. Select a Personalized Site Key\* and Passphrase

(\*Make sure this is an accurate email address. This email address will be used to send information concerning user's registration.)

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

\* Site Key:

Apple  Balloon  Balloons  Baseball  Billiards

\* Passphrase:

A red arrow points to the 'Apple' radio button.

7c. Select a unique challenge question and provide an answer for each of the Challenge Question groups.

7d. Click Submit.

Please select a unique challenge question and provide an answer for each of the question groups below.

\* Challenge Question #1

\* Answer to #1

\* Challenge Question #2

\* Answer to #2

\* Challenge Question #3

\* Answer to #3

**User Agreement**

Use of this Network is restricted to authorized users. User activity is monitored and recorded by system personnel. Anyone using this Network expressly consents to such monitoring and recording. BE ADVISED, if possible criminal activity is detected, system records, along with certain personal information, may be provided to law enforcement officials.

By entering my full name in the space provided below and transmitting this form electronically, I state that I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.

\* Please sign by typing your full name here:

A red arrow points to the first 'Challenge Question #1' dropdown menu.

8. Check the email you used to register for a registration acceptance email that contains a secure link needed to complete registration.

Note: Check spam or junk mail folders, if necessary.

9. Click the link provided in the email to return to the portal and enter the user password.

10. Click verify.

Note: Users receive email notification of successful registration. Keep this email for record.

✓ **User Registration Accepted** [X]

**Your registration information has been accepted.**  
**You will receive a verification email that contains a secure link needed to complete registration. If you do not see an email, check your spam or junk mail folder.**