

Provider Revalidation

gainwell

Revalidation Facts

- Provider revalidation is a CMS requirement that mandates that providers who have been enrolled in Medicaid, regardless of provider type, must revalidate at least every five (5) years. Providers will need to verify that the information currently on his/her provider file is accurate and up-to-date in order to receive notifications.
- Providers will receive a notice to revalidate 180 days (6 months) prior to their revalidation due date.
- At the time of notice, a revalidation link will be available on the welcome page on your MESA web portal account after logging in.
- You will have 60 days to submit your revalidation.
- Providers that fail to revalidate by the deadline will be terminated and required to re-enroll.

Sample Revalidation Notice

Dear Provider:

Our records indicate that [REDACTED] is due to revalidate enrollment with Mississippi Division of Medicaid (DOM) on 11/08/2022. Federal Regulation at 42 CFR 455.414 requires States to complete revalidation of enrollment of all providers, regardless of provider type, at least every 5 years. As part of this required revalidation process, States must revalidate the enrollment information and collect updated disclosures from all providers.

You are encouraged to begin the revalidation as soon as possible. To allow processing time, the revalidation must be submitted by 07/12/2022.

To expedite the process, follow the instructions below to access the provider revalidation page through the web portal on or before 07/12/2022. If you are not a registered user, you can find the registration instructions for becoming a web portal user by clicking the "Web Registration" link on the site.

To submit the revalidation, providers should do the following:

- Log onto the secure Portal at <https://portal-tst.msxix.net/ms/provider>
- Select the "Revalidate Your Provider Enrollment" link under the 'Upcoming Actions' section on the left side of the secure log-in Home page.
- Follow the instructions to complete the Revalidation application.

Current provider information allows the Medicaid Program to send appropriate communications, make accurate and timely payments on your Medicaid claims, as well as ensure that correct information is included in the provider directory. By complying with the revalidation process prior to your due date, there will not be a disruption in the processing of claims filed.

Submitting a Revalidation

- On the MESA web portal homepage, enter your User ID and select “Log In”

Login ?

***User ID**

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)



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

Protect Your Privacy!

Always log off and close all of your browser windows

[Privacy Policy](#)

[Provider Enrollment Access](#)

[Enrollments Forms](#)

[340B Program Information](#)

[Trading Partner Enrollment](#)

[Late Breaking News](#)

[Provider Bulletins](#)

[UM/QIO](#)

[Provider Rates](#)

[EHR Incentive Program](#)

[Report Fraud](#)

[Search Providers](#)

Other Resources

▶ [OIG Excluded Providers](#)

▶ [Resources Links](#)

▶ [Provider Appeals](#)

▶ [Advanced Imaging Prior Authorization requests](#) should be submitted to [eQHealth](#)

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](#)



Confirm Site Key Token and Passphrase

Make sure that your site key token and passphrase are correct. If you do not recognize your site key token and passphrase, you can be more comfortable when you are at the valid HealthCare site and therefore is safe to enter your password.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.
If this is not your site key token or passphrase, do not type your password.
Call the customer help desk to report the incident using the appropriate number below:

Member Services – 1-866-759-4108.
Provider Services – 1-800-884-3222.

Site Key:



Passphrase Apple

*Password



Sign In

[Forgot Password?](#)

Submitting a Revalidation Cont'd

Enter your password and click "Sign In".

Submitting a Revalidation Cont'd

After logging in, click the "Revalidate your Provider Enrollment" link on the welcome page.

The screenshot shows the MESA (Medicaid Enterprise System Assistance) portal for the Mississippi Division of Medicaid. The user is logged in as a Nurse Practitioner. The main navigation bar includes Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, and Resources. The user's profile information is displayed, including their name, location, role IDs, and taxonomy (363L00000X-Nurse Practitioner). The MESA logo is prominently displayed in the center. A welcome message for health care professionals is shown, along with a list of news items. The 'Upcoming Actions' section highlights the revalidation status, with a red arrow pointing to the 'Revalidate your Provider Enrollment' link. The 'Provider Services' section lists various options like Member Focused Viewing, Search Payment History, EHR Incentive Program, and 340B Program Information.

MISSISSIPPI DIVISION OF
MEDICAID

Search Medicaid:

[Logout](#)

Home | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Patient Health History](#) | [Files Exchange](#) | [Resources](#)

Home Wednesday 07/27/2022 11:59 AM CST

Provider Name [REDACTED] N
Location [REDACTED] N
Role IDs [REDACTED]
Taxonomy 363L00000X-Nurse Practitioner

User Details

Welcome [REDACTED]

- [My Profile](#)
- [Manage Accounts](#)

Provider

Name [REDACTED]
Provider ID [REDACTED]
Location ID [REDACTED]

- [Characteristics](#)

Upcoming Actions

Revalidation	06/15/2022
Start Date	
Revalidation	08/14/2022
Due Date	

[Revalidate your Provider Enrollment](#)

Provider Services

- [Member Focused Viewing](#)
- [Search Payment History](#)
- [EHR Incentive Program](#)
- [340B Program Information](#)

Sign Up to Receive News

Secure Correspondence

Latest News

- [Late Breaking News](#)
- [Provider Bulletins](#)
- [UM/QIO](#)
- [Report Fraud](#)

MESA

MEDICAID ENTERPRISE SYSTEM ASSISTANCE

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Submitting a Revalidation Cont'd

- Clicking the link will navigate you to the MESA Provider Enrollment welcome page.
- Scroll to the bottom of the page and click "Continue."

Home | Eligibility | Claims | Care Management | Patient Health History | Files Exchange | Resources

Home > Enrollment Application Wednesday 07/27/2022 12:07 PM CST

Provider Name: [REDACTED] Role IDs: [REDACTED]
Location: [REDACTED] Taxonomy: 363L00000X-Nurse Practitioner

Provider Enrollment: Welcome

- Welcome
- Request Information
- Credentialing Information
- Addresses
- Provider Identification
- Languages
- Other Information
- Hospital Admittance
- Applicant History
- Disclosure
- Supporting Documentation / Attachments and Fees
- Agreement
- Summary

Provider Enrollment

Thank you for your interest in becoming a provider in the Mississippi Medicaid program. You can enroll as a fee-for-service (FFS) healthcare provider that can submit claims for reimbursement of services or as an ordering, referring and prescribing (ORP) provider that cannot submit claims. Please note: A taxonomy code is required for whichever application type you choose.

Ordering, Referring, & Prescribing (ORP) Providers

Federal regulations at 42 CFR 455.410 requires the enrollment of physicians or other professionals who only order, refer or prescribe (ORP) services for Medicaid beneficiaries. ORP providers must complete an abbreviated enrollment form and will not be reimbursed for any services provided.

Revalidation Information

Federal Regulation at 42 CFR 455.414 requires States to complete revalidation of enrollment of all providers, regardless of provider type, at least every 5 years. As part of this required revalidation process, providers that are due for revalidation will be required to review, update application information, and submit an updated disclosure form. All required documents will need to be uploaded. A revalidation letter will initiate the process with each provider. The letter will provide instructions for completing the revalidation and will indicate the due date. Enrollment will be terminated for any provider who does not comply with revalidation requirements. A new application will then be required for the provider to re-enroll in the Mississippi Medicaid program.

Credentialing/Recredentialing

The State of Mississippi is responsible for Credentialing/Recredentialing its providers that participate in the Managed Care programs (Mississippi Coordinated Access Network (MSCAN) and Mississippi Children's Health Insurance Program (MSCHIP)). Credentialing/Recredentialing standards are set by national accrediting agencies and state and federal regulating bodies. The State of Mississippi's credentialing standards fully comply with the National Committee on Quality Assurance (NCQA) and specific State and Federal requirements.

Additional information can be found on the following documents:

- ▶ Additional Credentialing Requirements checklist which indicates any additional specific required documentation for the provider services in which you are enrolling
- ▶ Provider Risk Level Information
- ▶ Frequently Asked Questions (FAQs)
- ▶ Contact Information

To access the required documents, [click here](#).

Please complete each step in the enrollment process. When you have completed all steps of the application, "submit" and "confirm" the application for further processing.

340B Program

The 340B program is a Drug Pricing Program established by the Veterans Health Care Act of 1992, which is Section 340B of the Public Health Service Act (PHSA). Section 340B limits the cost of covered outpatient drugs to certain federal grantees, federally-qualified health center look-alikes, and qualified hospitals. These providers purchase, dispense and/or administer pharmaceuticals at significantly discounted prices. The significant discount applied to the cost of these drugs makes these drugs ineligible for the Medicaid drug rebate. State Medicaid programs are mandated to ensure that rebates are not claimed on these drugs thereby preventing duplicate discounts for these drugs.

Health Resources and Services Administration (HRSA) is specifically responsible for the enforcement of covered entity compliance with the duplicate discount prohibition. More information regarding eligibility and program logistics can be found on HRSA's website at www.hrsa.gov/opa.

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

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

Submitting a Revalidation Cont'd

- Update the contact the information if needed and click “Continue.”
- The Servicing Address will be grayed out as you cannot update the servicing address.
- Changes to a servicing address will require a new enrollment application.
- Areas grayed out on the application means no updates can be made to that section.
- Review and update all sections of the revalidation application if necessary.

Home | Eligibility | Claims | Care Management | Patient Health History | Files Exchange | Resources

Home > Enrollment Request Information Wednesday 07/27/2022 12:18 PM CST

Provider Name [Redacted] Role IDs [Redacted]
Location [Redacted] Taxonomy 363L00000X-Nurse Practitioner

Provider Enrollment: Request Information

Welcome	Click the down arrow next to Enrollment Type to select the appropriate application type – Individual, Group, Facility, Other or ORP (Ordering, Referring, Prescribing).
Request Information	
Credentialing Information	Individual Application Type – Individual practice. For a list of applicable Provider Types, Click Here .
Addresses	Group Application Type – Entity that has associated providers. For a list of applicable Provider Types, Click Here .
Provider Identification	Facility Application Type – Entity that does not have associated providers (example hospitals, long term care facilities, etc.). For a list of applicable Provider Types, Click Here .
Languages	Other Application Type – Entity that does not easily fit into any of the other Application Types (example DME, Pharmacy, IDD). For a list of applicable Provider Types, Click Here .
Other Information	ORP Application Type – ORP providers are individual providers that may only order, refer or prescribe services within their legal scope of practice. ORP providers will not be reimbursed for any services provided, and are not eligible for contracting with Coordinated Care Organizations (CCOs). For a list of applicable Provider Types, Click Here .
Hospital Admittance	Key the taxonomy code or description which best describes the type of service that will be provided. A list will be displayed based on the information keyed. From the list, select the appropriate taxonomy code.
Applicant History	Complete the fields on each screen and click the Continue button to move forward to the next page.
Disclosure	Click the Finish Later button to save this application.
Supporting Documentation / Attachments and Fees	Enter the name of a contact person to answer any questions regarding the information in this enrollment application.
Agreement	* Indicates a required field.
Summary	

Fee-For-Service (FFS) MSCAN MSCHIP

Application Contact Information

Enter the name of a contact person to answer any questions regarding the information provided in this enrollment application.

*Last Name [Redacted]
*First Name [Redacted]
Title
*Phone Ext
Fax Number
*Work Email
*Confirm Email
Preferred Method of Communication

Submitting a Revalidation Cont'd

- At the end of your revalidation, please be sure to enter your name in the signature box on the agreement page
- Click “Submit”

us to verify.

You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge that you understand 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**

Your Signature is a required field.

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

Title

Submission Date 07/27/2022

[Submit](#) [Finish Later](#) [Cancel](#)

Submitting a Revalidation Cont'd

- After clicking confirm on the summary page, a box will appear asking if you have printed a copy for your records. If you have not printed your copy, please click "Cancel" and print a copy
- Click on "OK" once you have printed a copy

Instructions for Summary Page

If changes are required after reviewing the Summary Page, click the appropriate link on the Table of Contents panel for the section and make the needed corrections. When completed, you will be given the opportunity to review the Summary Page again. Once you have reviewed the contents of the application, click 'Confirm' to submit for processing. Please print a copy of this Summary Page for your records.

Note: If the enrollment type or taxonomy code is changed on the Request Information Panel, you will be required to re-enter all fields on the application.

[Print Preview](#) [Confirm](#) [Finish Later](#) [Cancel](#)

Your Signature [REDACTED]
Title ...
Agreement Date 07/27/2022

Submit Complete Application

Have you printed a copy for your records? Select OK to submit the application or select Cancel if you need to return to application to print a copy.

[OK](#) [Cancel](#)

[Print Preview](#) [Confirm](#) [Finish Later](#) [Cancel](#)

Submitting a Revalidation Cont'd

- Create a password.
- Your password must follow the criteria documented in the “Password Assistance” section.
- The password is required to resume your saved application if you choose the option “Finish Later” or check the application status.
- Once finished click “Submit”
- You will receive confirmation that the revalidation was submitted successfully, along with your application tracking number.

Provider Enrollment: Credentials ?

[Welcome](#)

[Request Information](#)

[Addresses](#)

[Provider Identification](#)

[Affiliated Providers](#)

[Languages](#)

[Other Information](#)

[Disclosure](#)

[Supporting Documentation / Attachments and Fees](#)

[Agreement](#)

[Summary](#)

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 (!, \$, *...)
6. User ID cannot be part of your password.

Your enrollment application will be submitted, pending approval. Upon checking status, you may be able to revise your application.

Please provide the following information, which will be required to resume your saved application. Your password must follow the criteria documented in the 'Password Assistance' section which is listed on the left hand side of this page. Your tax id is provided, if already contained within your provider enrollment application.

Once this information is entered and the Submit button is selected, a tracking number will be provided. The tracking number along with the following information, will be used as your credentials to resume your suspended enrollment application.

* Indicates a required field.

Tax ID *****

*Password

*Confirm Password

Submit **Cancel**