

# Mississippi *Envision* Web Portal Training

Secure Functions  
Winter 2015



Xerox State Healthcare, LLC



# Homepage



**Mississippi Envision**  
Quality Health-care Services Improving Lives

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## Welcome

Welcome to the Mississippi Envision Web Portal. For log in or first time user registration, please go to the 'Login' section below.

## User Login

To access secure areas of the portal, please log in by entering your User ID and Password.

\* User ID:   
\* Password:

[Forgot Password?](#)

[Web Registration](#)

## What's New?

- ▶ [Web Portal New Look](#)
- ▶ [HOR Phase II Implemented!!](#)
- ▶ [Attention All Providers!!!](#)

## Late Breaking News

- ▶ [All Late Breaking News](#)

## Quick Links

- ▶ [Medicaid and Me](#)
- ▶ [Electronic Health Records Incentive Program](#)

## Latest News

- ▶ [Banner Messages](#)
- ▶ [Site Map](#)
- ▶ [Current Medicaid Bulletin](#)

## Visit

- ▶ [Division of Medicaid](#)
- ▶ [eQHealth Solutions](#)
- ▶ [Report Fraud and Abuse](#)



# Account Registration



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## Account Registration

Please select the user to Register into the WebPortal

Select User:

- Select
- Beneficiary
- Provider

You must have a valid email address to register. If you do not have one, please get one from an email service like [www.yahoo.com](http://www.yahoo.com) or [www.hotmail.com](http://www.hotmail.com).



# Account Registration



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## Provider Account Registration

To register as a Provider, please enter the following information. Please note that registration designates you as your organization's Master Administrator and you will be required to perform user maintenance duties. If you are not a registered Mississippi Medicaid provider, you can find out how to [ENROLL HERE](#).

**\*Indicates Mandatory Field**

**Please choose your type of organization and create your "Login ID", please note that your Login ID is case-sensitive and should consist of 6-14 alpha-numeric characters; example Login ID: "example123"**

Individual  Group \*LOGIN ID

**Please enter your Medicaid provider number and the last five digits of the bank account to which your Medicaid Direct Deposits are posted.**

\*Provider ID:  \*Account #:

To use the EDI Exchange feature, you must supply your EDI Submitter information below. If you are not registered as an EDI Submitter but wish to do so, please contact Xerox EDI Gateway Services by phone at (866) 225-2502 or online at <http://acs-qcro.com>.

EDI Submitter ID:  EDI Password:

**If you are registering as an individual, please enter your Last Name, First Name, Middle Initial and Last 4 digits of Social Security Number (SSN).**

\*Last Name:  \*First Name:  Middle Initial:  \*SSN: (Last Four Digits)

**Please enter your Organization Name and EIN if you are registering as a group.**

\*Organization Name:  \*EIN:

**Please enter your Email Address and select your hint question/answer.**

\*What is your Email Address?  \*Verify your Email Address  \*Hint Question:



# Login Time



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#### What's New?

- ▶ Web Portal New Look
- ▶ HOR Phase II Implemented!!
- ▶ Attention All Providers!!!

#### Late Breaking News

- ▶ All Late Breaking News

#### Quick Links

- ▶ Medicaid and Me
- ▶ Electronic Health Records Incentive Program

#### Latest News

- ▶ Banner Messages
- ▶ Site Map
- ▶ Current Medicaid Bulletin

#### Visit

- ▶ Division of Medicaid
- ▶ eQHealth Solutions
- ▶ Report Fraud and Abuse



[https://www.msmedicaid.com/mississippi-environment/](#)



# Medicaid Announcements



Mississippi Envision  
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Ekida Wheeler #: 01999999

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Mississippi Envision - Announcements - Windows Internet Explorer  
https://mswebtest1.ms.acs-shc.com/msevisionuatb/ViewAnnou Certificate error

Medicaid Announcements	
If Acknowledge Checked, then the Announcement will not show up again	
Acknowledge	Announcement Description
<input type="checkbox"/>	Please remember to submit your updated licensures to DOM Provider Relations Department.



### Welcome

Welcome to Web Portal -

You have 3 new Messages.

### What's New?

- Web Portal New Look
- MississippiCAN Workshops Are Coming Way!!
- Attention All Mental Health Providers...

### Visit

- Division of Medicaid
- eQHealth Solutions
- Report Fraud and Abuse



# Main Provider Drop Down Menu

The screenshot displays the Mississippi Division of Medicaid website. At the top left is the logo for the Mississippi Division of Medicaid. To its right is the text "Mississippi Envision Quality Health-care Services Improving Lives". On the far right of the top navigation bar, there is a user ID "Ekida Wheeler #: 01999999" and a "Logout" link. Below the logo and text is a navigation bar with links for "Home", "Provider", "Reach Us", "FAQ", and "Search". The "Provider" dropdown menu is open, showing a list of links. A red arrow points to the "Provider" dropdown button. Below the navigation bar is a large banner image showing a diverse group of healthcare providers and patients. Below the banner are three columns of content: "Breaking News" with a link to "All Late Breaking News"; "Latest News" with links to "Banner Messages", "Site Map", and "Current Medicaid Bulletin"; and "Visit" with links to "Division of Medicaid", "eQHealth Solutions", and "Report Fraud and Abuse". At the bottom left of the page is the Xerox logo.

**MISSISSIPPI DIVISION OF MEDICAID**

**Mississippi Envision**  
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Ekida Wheeler #: 01999999 Logout

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Home Provider Reach Us FAQ Search

Claims Entry  
Communication Options  
EHR Incentive Program  
Fee Schedules  
General Billing Tips  
Inquiry Options  
Long Term Care  
Prior Authorization  
Provider Bulletins  
Provider Enrollment  
Provider Hotlinks  
Provider Rates  
Provider Type Specific Information  
Report Third Party Insurance  
School Based Services  
Search for Provider  
Search for Ordering/Referring/Prescribing Provider

**Welcome**  
Welcome to

**What's New**  
Web Port  
Mississippi  
Attention

Statistics  
Submission Options  
Training Materials / CBT  
User Admin Options  
WINASAP 5010 Software

**Breaking News**  
All Late Breaking News

**Latest News**  
Banner Messages  
Site Map  
Current Medicaid Bulletin

**Visit**  
Division of Medicaid  
eQHealth Solutions  
Report Fraud and Abuse

**Quick Links**  
Medicaid and Me  
Electronic Health Records  
Incentive Program

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# Message Center



Mississippi Envision  
Quality Health-care Services Improving Lives

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#### Welcome

Welcome to Web Portal - Ekida Wheeler #: 01999999  
**You have 3 new Messages** ←

#### What's New?

- Web Portal New Look
- MississippiCAN Workshops Are Coming Your Way!!
- Attention All Mental Health Providers...

#### Late Breaking News

- All Late Breaking News

#### Quick Links

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#### Latest News

- Banner Messages
- Site Map
- Current Medicaid Bulletin

#### Visit

- Division of Medicaid
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- Report Fraud and Abuse



<https://mswebtest1.ms.acs-shc.com/sitemap.xls>



# Communication Options-Manage Messages

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Ekida Wheeler #: 01999999 Logout

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Access Seminars

**Manage Messages**

Submit a Request to Customer Service

**Welcome**

Report Third Party Insurance

School Based Services

Search for Provider

**What's New**

- Web Port
- Mississippi
- Attention

**Breaking News**

All Late Breaking News

**Latest News**

- Banner Messages
- Site Map
- Current Medicaid Bulletin

**Visit**

- Division of Medicaid
- eQHealth Solutions
- Report Fraud and Abuse

**Quick Links**

- Medicaid and Me
- Electronic Health Records
- Incentive Program

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# Using the Message Center



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### Manage Messages

The following list contains a summary of all your messages. To read a message please click on the file name. If messages are not deleted, they will be automatically deleted after 60 days.

To delete message, please check the appropriate box and then select the appropriate button.

Select	File Name	Subject	From	To	Date of Posted	Date of Expired
<input type="checkbox"/>						

[Delete](#)    [Upload Message](#)



# Contacting Customer Service



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Ekida Wheeler #: 01999999    [Logout](#)

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**Submit a Request to Customer Service**

Contact our customer service representatives at any time by selecting a category below and submitting a message, or contact us by phone.

Select a category of Inquiry

WebPortal(Provider) ▾

[Continue](#)

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# Category FAQs



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## Submit a Request to Customer Service

### WebPortal(Provider) FAQ'S

1. Will we be able to transmit claims using the web portal, i.e., create a file, open web site, attach file, and send rather than using a modem?
2. Will denial codes appear on the claim status screen?
3. Can the Master Administrator be edited?
4. Will a billing company that bills for different providers have to register for web portal use for each provider? Can one ID be used for all providers?
5. Do you have to be a registered user to access provider enrollment status?
6. Is web portal password the same as provider password?
7. Can we file corrected claims on the web portal when we check claim status and find a denial.
8. Will we be able to inquire as to eligibility of a patient for eye exams and glasses over using the web portal? If not, is this a possibility in the future?
9. Is the Master Administrator the same as the User Administrator?
10. How many users can a Master Administrator/User Administrator have?
11. In a group practice with multiple provider numbers, how will we set up the user IDs? We need users to access claim status or eligibility for multiple providers. Will the users have to set up under multiple provider numbers?
12. On EDI Exchange, what format should be used to upload files?
13. Can the EDI Exchange feature be used for beneficiary eligibility and claims status inquiry?
14. On Beneficiary Eligibility response page, what is "lock-in information"?
15. Will beneficiary information through the web portal show that the beneficiary has Medicare as well as Medicaid?
16. Can patient treatment history or specific codes be checked to see if they have been paid or paid to another provider?
17. If a specific date or date range is entered, will the web portal give a list all claims that have been submitted for that date or date range?
18. How far back does the web portal go for checking claim status?
19. How are attachments handled in the Web Portal?
20. How can I inquire upon the status of my Prior Authorization?
21. What type of batch files are we submitting for EDI Exchange?
22. Can you enter the group number to get an inquiry transaction for all providers?
23. Is it possible to do a Medicare/Medicaid crossover form on the web portal?

If these FAQ's do not answer your question, click **Continue**.

[Continue](#)

# Submit a Request to Customer Service



## Submit a Request to Customer Service

Please enter your question. A customer service representative will contact you using the contact information you provide.

For Web-based inquires, please allow a minimum of two business days for a response, we appreciate your patience.

\* Subject:

Banking Information

\* Question:

Please verify the following information. Make any changes necessary. Click **Submit** to submit your message to customer service center.

Please Click **Submit** only once.

\* Last Name:

\* First Name:

\* Phone Number:

Ext.:

\* Email:

**Submit**

**Reset**



# Claims Entry- CMS 1500



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Enter Medical Claim  
ADA Dental Claim  
Adjustment/Void Form  
CMS 1500 or CMS 1500 Medicare Crossover  
UB 04 or UB 04 Medicare Crossover

Pharmacy Claim

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# Claims Entry Continued:



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### Claims - Enter Beneficiary ID

Beneficiary ID

# Claims Entry Continued:



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ALL NINES, PROVIDER [01999999]

## Health Insurance Claim form

This is a Medicare Part B claim  Yes  No

Provider Information

If the appropriate NPI is not listed, please contact Provider Enrollment.

Billing Provider

\*Medicaid Provider ID

01999999

National Provider ID

[Additional Billing Provider Information](#)

Is this service the result of a referral?

Yes  No



# Claims Entry Continued...

Beneficiary Information			
*Medicaid ID	<input type="text" value="00000600824503"/>	Copay Exc code	<input type="text" value="Select"/>
*Beneficiary's Name	<input type="text" value="JILL"/>	<input type="text"/>	<input type="text" value="DOE"/>
<input type="checkbox"/> <a href="#">Additional Beneficiary Information</a>			
Beneficiary's Birth Date	<input type="text"/>	Gender	<input type="text" value="F"/>
<b>Beneficiary's Address</b>	<input type="text"/>	<input type="text" value="GREENVILLE"/>	<input type="text" value="Mississippi"/>
Telephone ( Include Area Code )	<input type="text"/> - <input type="text"/>	Zip Code	<input type="text" value="38703"/> - <input type="text" value="7265"/>
Is Patient's Condition Related To	<input type="text" value="Choose a Condition"/>	Accident Date	<input type="text"/>

# Claims Entry Continued...

Claim Information

Prior Authorization  Timely Filing TCN

Outside Lab  Yes  No

**+** Relevant Dates

**Claim Data**

Patient Account#  Medical Record #

Additional Claim data\*

Provider Signature on File  Yes  No

\*Provider Signature Date   

**\*Diagnosis Codes**

1   2  3  4

5  6  7  8

Does the Claim have Attachments?  Yes  No

# Claims Entry Continued...

## Basic Line Item Information

Note: Please ensure you have entered any necessary claim information (found in the other sections of this or another page) before adding this service line.

**Add Service Line Item**

If the appropriate NPI is not listed, please contact Provider Enrollment.

Ln #	Service Dates		Procedure Code	Provider Id	NPI	Taxonomy Code	Modifiers				Diag Pointers				Submitted Charges	Units	Place Of Service	NDC Code	Edit	Delete
	Begin	End					1	2	3	4	1	2	3	4						

### New Covered Individual

\*Service Begin Date

\*Service End Date

\*Procedure Code

\*Provider Id

NPI

Taxonomy Code

\*Submitted Charges

Modifiers

1.  2.  3.  4.

\*Units

Diagnosis Pointers

1.  2.  3.  4.

NDC Code

\*Place Of Service

[Save](#)



# Claims Entry

Summary	
Total Submitted Charges	\$ <input type="text" value="0.00"/>
Is there TPL amount to be entered?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Balance	\$ <input type="text" value="0.00"/>
<input type="checkbox"/> I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for the procedures	
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	



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# Inquiry Options

The screenshot shows the Mississippi Envision website interface. At the top left is the logo for the Mississippi Division of Medicaid. The main header includes the text "Mississippi Envision" and "Quality Health-care Services Improving Lives". On the right side of the header, there is a user ID "Ekida Wheeler #: 01999999" and a "Logout" link. Below the header is a navigation bar with links for "Home", "Provider", "Reach Us", "FAQ", and "Search". A dropdown menu is open under "Provider", with a red arrow pointing to the "Inquiry Options" item. This menu lists various services such as "Claims Entry", "Communication Options", "EHR Incentive Program", "Fee Schedules", "General Billing Tips", "Inquiry Options", "Long Term Care", "Prior Authorization", "Provider Bulletins", "Provider Enrollment", "Provider Hotlinks", "Provider Rates", "Provider Type Specific Information", "Report Third Party Insurance", "School Based Services", "Search for Provider", "Search for Ordering/Referring/Prescribing Provider", "Statistics", "Submission Options", "Training Materials / CBT", "User Admin Options", and "WINASAP 5010 Software". The "Inquiry Options" sub-menu is also visible, listing "Claim Status Inquiry", "Eligibility Inquiry", "PA Inquiry", "Payment Status Inquiry", "Pharmacy Drug Coverage Inquiry", and "Physician Administered Drug Inquiry". Below the navigation bar, there are several content blocks: "Welcome", "Welcome to", "What's New", "Breaking News", "Latest News", and "Visit". The "Breaking News" block contains "All Late Breaking News". The "Latest News" block contains "Banner Messages", "Site Map", and "Current Medicaid Bulletin". The "Visit" block contains "Division of Medicaid", "eQHealth Solutions", and "Report Fraud and Abuse". At the bottom left of the page, there is a Xerox logo.



# Claim Status Inquiry



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## Claim Status Inquiry

To inquire about claims, enter known criteria and click submit

You must include at least one of the criteria listed below:

TCN  
Or  
Beneficiary ID, Service Start Date , Service End Date

Please enter dates in mm/dd/yyyy format.

Beneficiary ID:	<input type="text"/>
TCN:	<input type="text"/>
Institutional Bill type:	<input type="text"/>
Medical Record:	<input type="text"/>
Total Claim Charge Amount: \$	<input type="text"/>
Date(s) of Service:	
Begin Date:	<input type="text"/> <small>MM</small>
End Date:	<input type="text"/> <small>MM</small>
*Claim Type:	<input type="text" value="Select"/>
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	



# Claim Status Inquiry-Continued



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## 1.Claim Detail

Trace #: 001982673

TCN: 1234567891547823687      Effective Date: 04/16/2014

Beneficiary ID: 123456789

## Beneficiary Information

Name: Isaih Doe

Gender: Male      DOB: 01/21/1970

## Claim Status

Service Period:      Begin: 04/11/2011      End: 04/11/2011

Status Category: F1 Finalized/Payment -- The claim has been paid.

Status: 65 Claim/line has been paid.

Institutional Bill Type: 771



# Eligibility Inquiry

The screenshot displays the Mississippi Division of Medicaid website. At the top left is the logo for the Mississippi Division of Medicaid, with the text "MISSISSIPPI DIVISION OF MEDICAID" and "Mississippi Envision Quality Health-care Services Improving Lives". On the top right, there is a user ID "Ekida Wheeler #: 01999999" and a "Logout" link. Below the header is a navigation bar with "Home", "Provider", "Reach Us", "FAQ", and "Search". A dropdown menu is open under "Provider", listing various services. The "Eligibility Inquiry" option is highlighted with a red arrow. Below the navigation bar is a large banner image of healthcare professionals. Underneath the banner are three columns of content: "Breaking News" (All Late Breaking News), "Latest News" (Banner Messages, Site Map, Current Medicaid Bulletin), and "Visit" (Division of Medicaid, eQHealth Solutions, Report Fraud and Abuse). At the bottom left of the page is the Xerox logo.

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  - Claim Status Inquiry
  - Eligibility Inquiry**
  - PA Inquiry
  - Payment Status Inquiry
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  - Physician Administered Drug Inquiry
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Welcome

Welcome to

School Based Services

Search for Provider

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# Eligibility Inquiry



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## Eligibility Inquiry

Any one of the following inquiry options is required for an eligibility inquiry transaction.

Last Name, First Name, DOB	Beneficiary ID
Last Name, First Name, SSN	SSN, DOB

Please enter any information available. You must include at least above criteria.

Please enter dates in mm/dd/yyyy format.

In order to display coverage for a specific time period, you must enter both a Begin Date and an End Date, otherwise the current date is used.

Beneficiary ID:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
SSN:	<input type="text"/>
DOB:	<input type="text"/> <small>MM</small>
Date(s) of Service:	
Begin Date:	<input type="text"/> <small>MM</small>
End Date:	<input type="text"/> <small>MM</small>
	<input type="button" value="Submit"/> <input type="button" value="Reset"/>



# Eligibility Results

Beneficiary Eligibility Response	
Name:	
Beneficiary ID:	
Beneficiary Address:	
Gender:	Female
Date Of Birth:	01/01/2000
Eligibility Information	
Eligibility or Benefit Information:	1-Active
Begin date:	12/01/2009
End date:	12/31/9999
Plan Coverage:	SSI Individual This beneficiary has Full Medicaid Benefits Coverage.
Lock-In Information	
None	
Medicare Information	
None	
Long Term Care Information	

# Eligibility Results Continued

TPL Information	
<b>TPL Update</b>	
None	
Available Service Limits	
For chiropractic service limits and orthodontia limits, please call the AVRS or the Xerox call center Screenings are available at age appropriate intervals ONLY	
Physician Office Visits	5
Hospital Inpatient Days	9999
Home Health Visits	25
Hospital Outpatient Visits	9997
Physician Long Term Care Visits	36
Inpatient Psychiatric Days	9999
Blood Units	9999
LTC Home Leave Days	58
Hearing Aid Limit	1
MentalHealth Meds Check	72
MentalHealth Case Management	260
Dental Oral Exams Limit	1
Dental Prophylaxis Limit	1
Dental Exams Limit	4
Psychiatric Therapy Leave Days	18
Waiver282 ProdCodeW3117	30
MentalHealth ProcedureW3027	100
Pharm Disease Management	12
Extended Home Health Visits	99999
Waiver282 ProdCodeW3126	720
NonEmergency Transport	99999
MentalHealth Nursing	144
Periodontal Right Upper Quad	1
Periodontal Left Lower Quad	1
Periodontal Left Upper Quad	1
Periodontal Right Lower Quad	1
Dental Money Limit	1940.07
Phys Assess 12To17 Yr Natl Procs	1
ICFMR Home Leave Days	90
MH-Epsdt Individual	36
MH-Epsdt Family	24
MH-Epsdt Group	45
MYPAC Respite Service Limit	45
Dental Fluoride Limit	2
Other Eligibility Information	
<a href="#">Dental Coverage</a>	<a href="#">Vision Coverage</a>
<a href="#">New Inquiry</a>	<a href="#">Back</a>



# Dental Eligibility



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**Dental Coverage Inquiry**

Beneficiary ID:  
Name:  
Eligibility or Benefit Information: 1-Active  
Begin date: 11/01/2013  
End date: 12/31/9999  
Plan Coverage: Child under Age 19, under 100%  
This beneficiary has Full Medicaid Benefits Coverage.

\*Procedure Code(s): Please select all codes you wish to verify.

<input type="checkbox"/> D0140	<input type="checkbox"/> D0150	<input checked="" type="checkbox"/> D0272
<input type="checkbox"/> D0220	<input type="checkbox"/> D0330	<input type="checkbox"/> D1120
<input type="checkbox"/> D1206	<input type="checkbox"/> D1208	<input type="checkbox"/> D1351
<input type="checkbox"/> D7140	<input type="checkbox"/> D2391	<input type="checkbox"/> D2392

Additional Procedure Code(s):



# Dental Eligibility-Continued



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**Dental Coverage Response**

Beneficiary ID:  
Name:  
Eligibility or Benefit Information: 1-Active  
Begin date: 11/01/2013  
End date: 12/31/9999  
Plan Coverage: Child under Age 19, under 100%  
This beneficiary has Full Medicaid Benefits Coverage.

Procedure	Last Claim	Tooth # / Quadrant #
D0272	10/15/2013	

**\*THESE RESULTS ARE AS OF TODAY. THIS DOES NOT GUARANTEE PAYMENT.**

[New Coverage Inquiry](#)

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# Vision Eligibility



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**Vision Coverage Inquiry**

Beneficiary ID:  
Name:  
Eligibility or Benefit Information: 1-Active  
Begin date: 11/01/2013  
End date: 12/31/9999  
Plan Coverage: Child under Age 19, under 100%  
This beneficiary has Full Medicaid Benefits Coverage.

Please check coverage for:

Eye Glasses/Contacts     Refraction     Eye Exam

  



# Vision Eligibility-Continued



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### Vision Coverage Response

Beneficiary ID:  
Name:  
Eligibility or Benefit Information: 1-Active

Eye Exam	Last Claim	Coverage	Office Visits Remaining
	04/30/2014	Covered	12

Begin date: 11/01/2013  
End date: 12/31/9999  
Plan Coverage: Child under Age 19, under 100%  
This beneficiary has Full Medicaid Benefits Coverage.

**\*THESE RESULTS ARE AS OF TODAY. THIS DOES NOT GUARANTEE PAYMENT.**

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# Inquiry Options

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- Claims Entry
- Communication Options
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- Fee Schedules
- General Billing Tips
- Inquiry Options
- Long Term Care
- Prior Authorization
- Provider Bulletins
- Provider Enrollment
- Provider Hotlinks
- Provider Rates
- Provider Type Specific Information
- Report Third Party Insurance
- School Based Services
- Search for Provider
- Search for Ordering/Referring/Prescribing Provider
- Statistics
- Submission Options
- Training Materials / CBT
- User Admin Options
- WINASAP 5010 Software

### PA INQUIRY

PA Inquiry results only include PAs less than 2 years

Select one of the criteria listed below:

- Claim Status Inquiry
- Eligibility Inquiry
- PA Inquiry
- Payment Status Inquiry**
- Pharmacy Drug Coverage Inquiry
- Physician Administered Drug Inquiry

Please enter dates in mm/dd/yyyy format.

PA Number:

Beneficiary ID:

Date(s) of Service:

Begin Date:  MM

End Date:  MM





# Payment Status Inquiry



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Payment Status Inquiry	
Last Payment Date:	04/12/2004
Amount of Payment:	\$ 0.0



# Inquiry Options



<a href="#">Home</a>	<a href="#">Provider</a>	<a href="#">Reach Us</a>	<a href="#">FAQ</a>	<a href="#">Search</a>
----------------------	--------------------------	--------------------------	---------------------	------------------------

  

<ul style="list-style-type: none"><li>Claims Entry</li><li>Communication Options</li><li>EHR Incentive Program</li><li>Fee Schedules</li><li>General Billing Tips</li><li>Inquiry Options</li><li>Long Term Care</li><li>Prior Authorization</li><li>Provider Bulletins</li><li>Provider Enrollment</li><li>Provider Hotlinks</li><li>Provider Rates</li><li>Provider Type Specific Information</li></ul>	 <ul style="list-style-type: none"><li>Claim Status Inquiry</li><li>Eligibility Inquiry</li><li>PA Inquiry</li><li>Payment Status Inquiry</li><li>Pharmacy Drug Coverage Inquiry</li><li>Physician Administered Drug Inquiry</li></ul>
---	--

  

<b>Welcome</b> <ul style="list-style-type: none"><li>Report Third Party Insurance</li><li>School Based Services</li><li>Search for Provider</li></ul>	<b>Breaking News</b> <ul style="list-style-type: none"><li>All Late Breaking News</li></ul>	<b>Latest News</b> <ul style="list-style-type: none"><li>Banner Messages</li><li>Site Map</li><li>Current Medicaid Bulletin</li></ul>	<b>Visit</b> <ul style="list-style-type: none"><li>Division of Medicaid</li><li>eQHealth Solutions</li><li>Report Fraud and Abuse</li></ul>
---	---	---	---

  

<b>What's New</b> <ul style="list-style-type: none"><li>Search for Ordering/Referring/Prescribing Provider</li><li>Statistics</li><li>Web Port</li><li>Mississippi</li><li>Attention</li></ul>	<b>Quick Links</b> <ul style="list-style-type: none"><li>Medicaid and Me</li><li>Electronic Health Records</li><li>Incentive Program</li></ul>
--	--

WINASAP 5010 Software



# Physician Administered Drug Inquiry



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## Physician Administered Drug Inquiry

NDC	<input type="text"/>
Date Of Service	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	



# Report Third Party Insurance

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**Welcome**

- Report Third Party Insurance**
- School Based Services
- Search for Provider

**What's New**

- Web Port
- Submission Options
- Mississippi Training Materials / CBT
- Attention User Admin Options
- WINASAP 5010 Software

**Breaking News**

- All Late Breaking News

**Latest News**

- Banner Messages
- Site Map
- Current Medicaid Bulletin

**Visit**

- Division of Medicaid
- eQHealth Solutions
- Report Fraud and Abuse

**Quick Links**

- Medicaid and Me
- Electronic Health Records
- Incentive Program

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# TPL Screen

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**TPL Update**

**Beneficiary Policy Information**

\* Medicaid Id:

\* Policy Number:

Begin Date:  MM

End Date:  MM

Resource Type:

Policy Holder Relationship:

**Policy Holder Name**

\* First Name:

Middle Initial:

\* Last Name:

Policy Holder Phone Number:

**Carrier Information**

\* Carrier Name:

Carrier Type:

Address Line 1:

Address Line 2:

City:

State:

Zip:  -

Phone:  Ext:

**Employer/Group Information**

Group ID:

Employer Name:

Address Line 1:

Address Line 2:

City:

State:

Zip:  -

# Submission Options

The screenshot displays the Mississippi Envision website interface. At the top left is the logo for the Mississippi Division of Medicaid. The main header includes the text "Mississippi Envision" and "Quality Health-care Services Improving Lives". On the right side of the header, there is a user ID "Ekida Wheeler #: 01999999" and a "Logout" link. Below the header is a navigation bar with "Home", "Provider", "Reach Us", "FAQ", and "Search" menus. A large banner image shows a diverse group of healthcare professionals and patients. Below the banner are three columns of news and links. A red arrow points to the "Provider Update" link in the "Quick Links" section.

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Prior Authorization  
Provider Bulletins  
Provider Enrollment  
Provider Hotlinks  
Provider Rates  
Provider Type Specific Information

**Welcome**  
Report Third Party Insurance

**Welcome to**  
School Based Services  
Search for Provider

**What's New**  
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**Breaking News**  
All Late Breaking News

**Latest News**  
Banner Messages  
Site Map  
Current Medicaid Bulletin

**Visit**  
Division of Medicaid  
eQHealth Solutions  
Report Fraud and Abuse

**Quick Links**  
Medicaid and Me  
Provider Re-verification  
**Provider Update**  
Upload a Document  
Upload/Download Batch Files

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# Submission Options-Provider Update



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## Provider Update

### Name/Address

#### DBA Name

Organization:   
Lst/Fst/Mi/Ttl:      
Short Name:   
Change of Ownership:  Phone#:   
Address Type:  Address Copy:

### Address/Phone

Organization:   
Lst/Fst/Mi/Ttl:      
Address Line 1:   
Address Line 2:   
City:  State:   
Contact Name:   
Contact eMail:   
Returned Mail:   
Phone:  Fax:   
County:  Zip Code:   
Contact Phone:  Contact Fax:

[Next>>](#)



# User Admin Options

The screenshot displays the Mississippi Envision website interface. At the top left is the logo for the Mississippi Division of Medicaid. The main header includes the text "Mississippi Envision" and "Quality Health-care Services Improving Lives". On the right side of the header, there is a user ID "Ekida Wheeler #: 01999999" and a "Logout" link. Below the header is a navigation bar with links for "Home", "Provider", "Reach Us", "FAQ", and "Search". A dropdown menu is open under "Provider", listing various services such as "Claims Entry", "EHR Incentive Program", and "User Admin Options". The "User Admin Options" menu item is highlighted, and its sub-menu is visible, containing "Add Existing User", "Add New User", "Change Password", and "Manage Existing Users". A red arrow points to the "Add Existing User" option. To the right of the navigation bar is a large image of a diverse group of healthcare professionals and patients. Below the image are three columns of content: "Breaking News", "Latest News", and "Visit". The "Visit" column contains links to "Division of Medicaid", "eQHealth Solutions", and "Report Fraud and Abuse". At the bottom left of the page is the Xerox logo.

# Managing Existing Users



To edit the user's profile, click the user's last name. **Reset Password** will reset the corresponding user's password. **Remove** will remove the corresponding user from your organization.

If the user has an alert icon associated with him/her, this is due to the user's inactivity in the Envision Web portal. If a user is inactive for 60 days they will be removed from the system. Click on the icon to renew the user's access. View Alert Icon Legend.

1 - 7 of 7



Renew All

**Submit**

Alert	Last User Activity	User Last Name	User First Name	User ID	Status	Select
	07/17/2007	Stewart	Marilynn	DOM0014		Renew Privileges <input type="button" value="Continue"/>
MA	03/29/2012	Team (MA)	Monitor	ACSMonitor	Enabled	Renew Privileges <input type="button" value="Continue"/>
	06/04/2012	monitorlast	test	ACSMonitor3	Enabled	Renew Privileges <input type="button" value="Continue"/>
MA		Griffin (MA)	Justin	services1	Enabled	Renew Privileges <input type="button" value="Continue"/>
MA	04/15/2014	Provider (MA)	Test	services	Enabled	Renew Privileges <input type="button" value="Continue"/>
MA	04/15/2014	Shelby (MA)	Nadia	xerox2012	Enabled	Renew Privileges <input type="button" value="Continue"/>
MA	04/17/2014	Wheeler (MA)	Ekida	services2	Enabled	Renew Privileges <input type="button" value="Continue"/>

The Master Administrator is denoted by MA. To reassign the Master Administrator's position, please contact your fiscal agent.

**Alert Icon Legend**



The user has been inactivate in the system for 30 days. Please click the icon to renew this user's access.



The user has been inactive for 65 days. Please click the icon to renew this user's access.



The user will be removed from your organization tomorrow. Please click the icon to renew this user's access.



# Assigning Privileges

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### Renew Privileges

#### Security Privileges

Edit Security privileges for the user. You can modify the areas this user has access to by Selecting, or deselecting the appropriate check box.

Check All

	Access
Access Seminars	<input checked="" type="checkbox"/>
Access Surveys	<input checked="" type="checkbox"/>
Ask Customer Service(Provider)	<input checked="" type="checkbox"/>
EDI-Upload/Download Batch Files	<input checked="" type="checkbox"/>
Entering ADA Dental Claims	<input checked="" type="checkbox"/>
Entering Adjustment/Void	<input checked="" type="checkbox"/>
Entering CMS 1500	<input checked="" type="checkbox"/>
Entering Pharmacy Claims	<input checked="" type="checkbox"/>
Entering UB04	<input checked="" type="checkbox"/>
Inquiry-Beneficiary Eligibility	<input checked="" type="checkbox"/>
Inquiry-Claim Status	<input checked="" type="checkbox"/>
Inquiry-Payment Status	<input checked="" type="checkbox"/>
Manage Messages	<input checked="" type="checkbox"/>
Master Administrator	<input checked="" type="checkbox"/>
PA Addendums	<input checked="" type="checkbox"/>
PA Cancel Request	<input checked="" type="checkbox"/>
PA Inquiry	<input checked="" type="checkbox"/>
PA Inquiry-Pharmacy	<input checked="" type="checkbox"/>
PA Request-Dental	<input checked="" type="checkbox"/>
PA Request-EPSTD	<input checked="" type="checkbox"/>
PA Request-Eyeglasses/Hearing Aid	<input checked="" type="checkbox"/>

