Job Aid

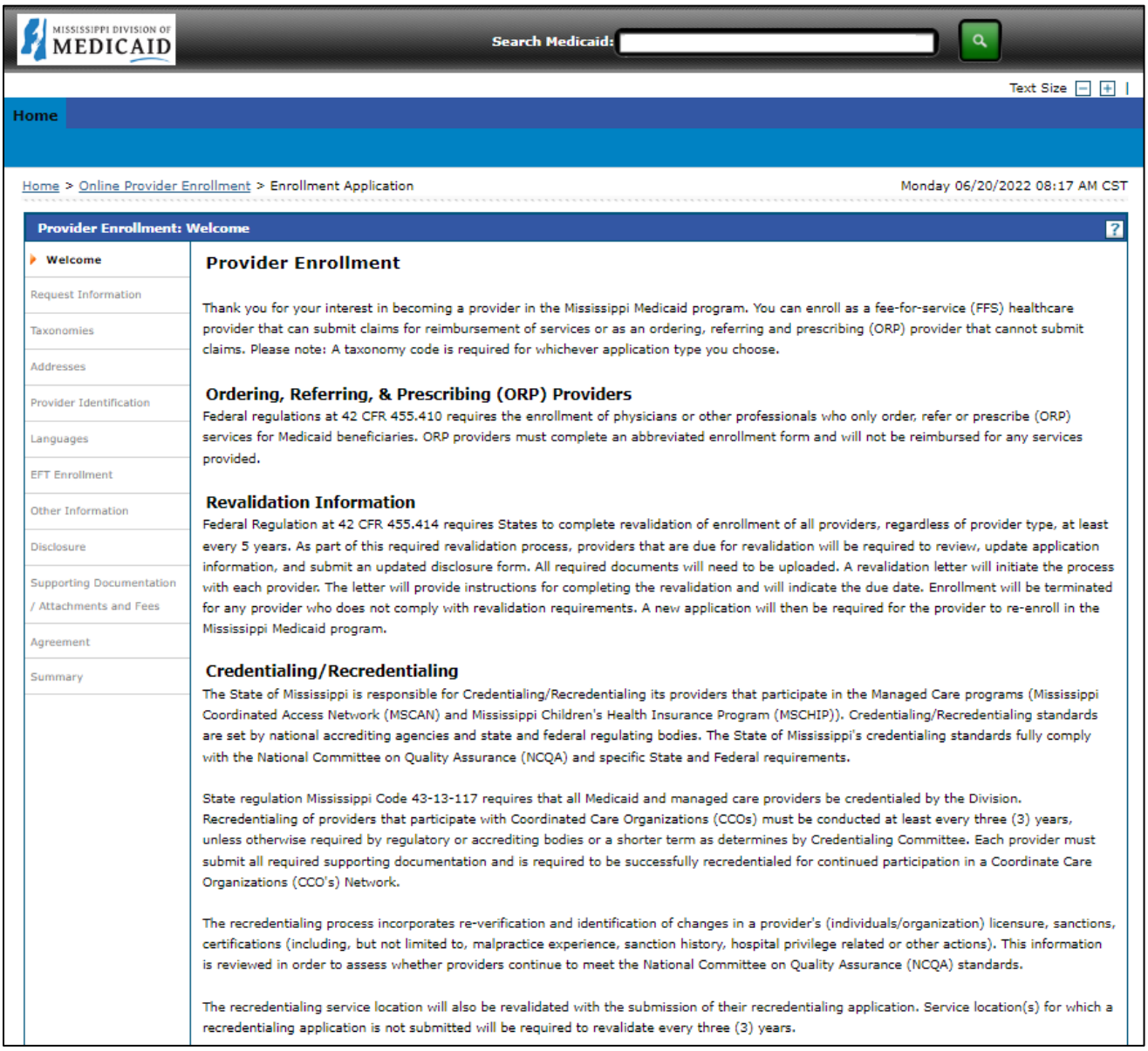
Provider Enrollment Panels

This document displays the panels presented on the Provider Portal enrollment application, as well as those in the MESA Provider area for enrollment.

Welcome Page

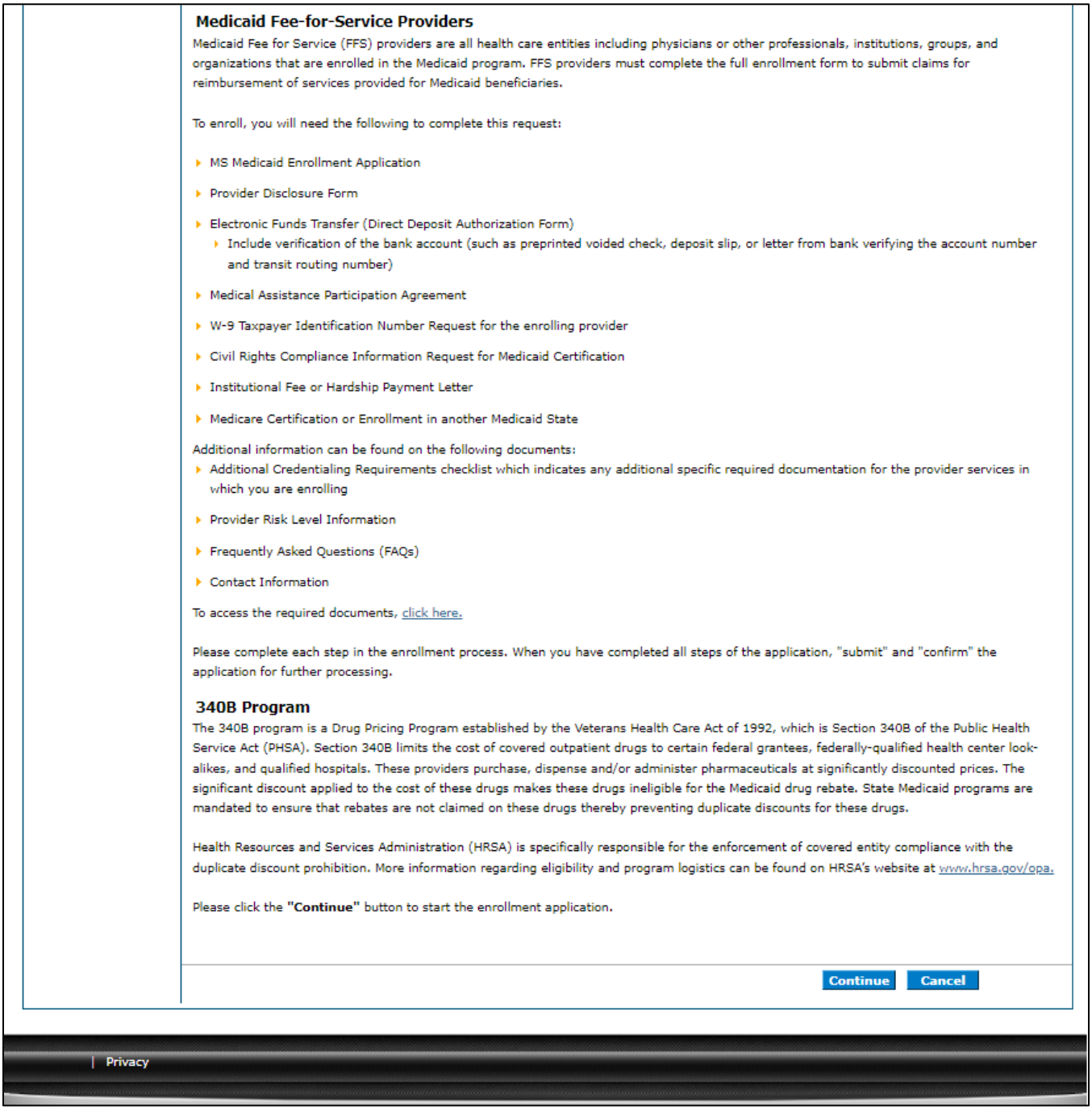
The **Provider Enrollment** section on the **Welcome** page discusses the enrollment process. The **Credentialing/Recredentialing** section discusses credentialing requirements and processes. See Figure 1: Welcome Page: Credentialing/Recredentialing Message.

Figure 1: Welcome Page: Credentialing/Recredentialing Message



The **Medicaid Fee-for-Service Providers** message lists information required to complete the application. This list is subject to change. The 340B Program message explains the drug pricing program for applicable providers. See Figure 2: Welcome Page: Fee-For-Service and 340B Messages.

Figure 2: Welcome Page: Fee-For-Service and 340B Messages

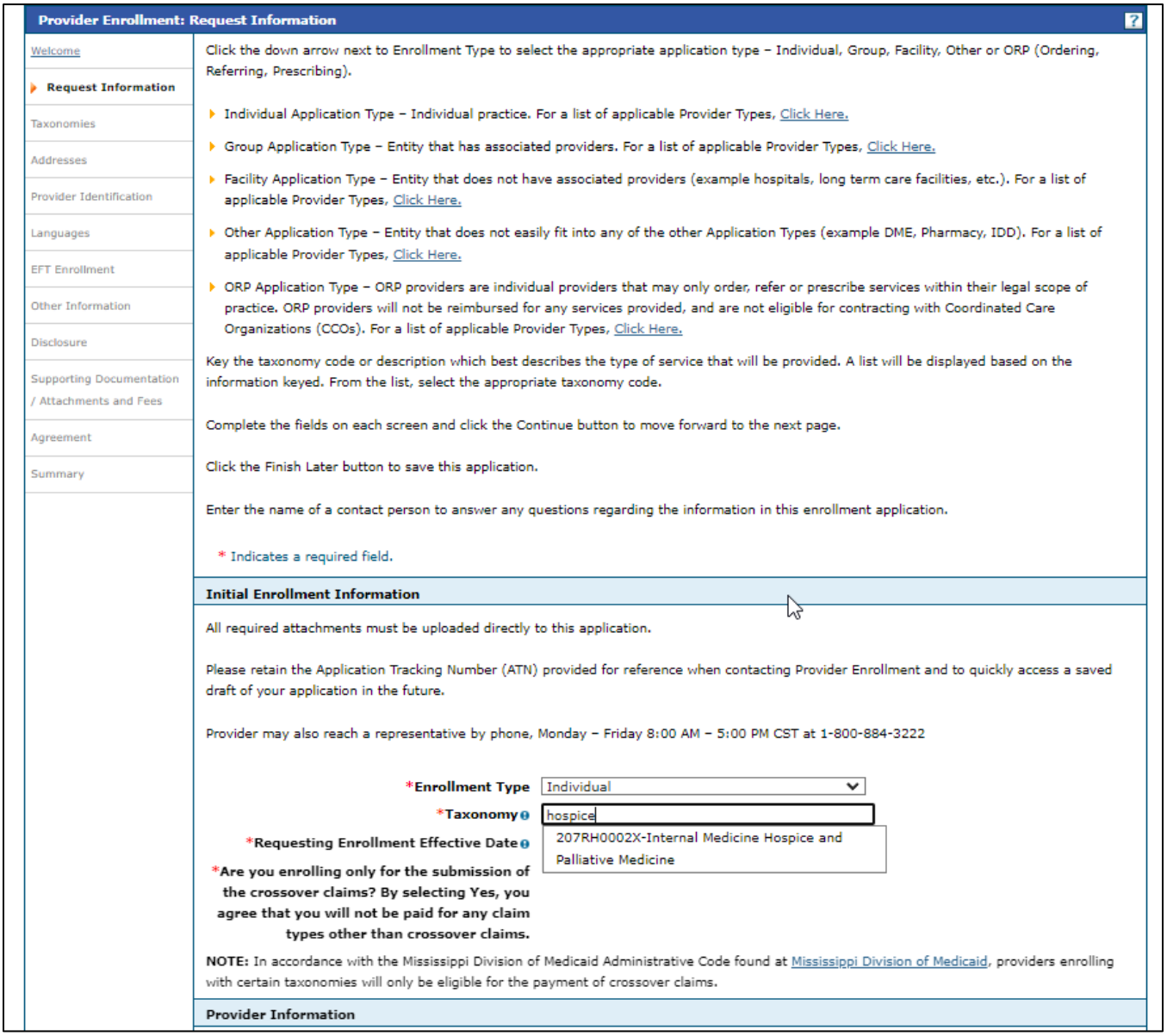


At the bottom of each page, users must click **Continue** to move forward in the application. If an applicant wants to go backward in the application, they can click on a page in the list on the left of the screen. To move forward again, they will have to click **Continue** and go through each page. Each time a user exits the application and returns, they must start at the Welcome page and click **Continue** to move forward through the pages.

Request Information Page

On the **Request Information** page, applicants can access lists of primary taxonomies for each application type. In the **Initial Enrollment Information** panel, they can enter a taxonomy or a description to obtain a list of matching taxonomies. See Figure 3: Request Information – Enter Primary Taxonomy.

Figure 3: Request Information – Enter Primary Taxonomy

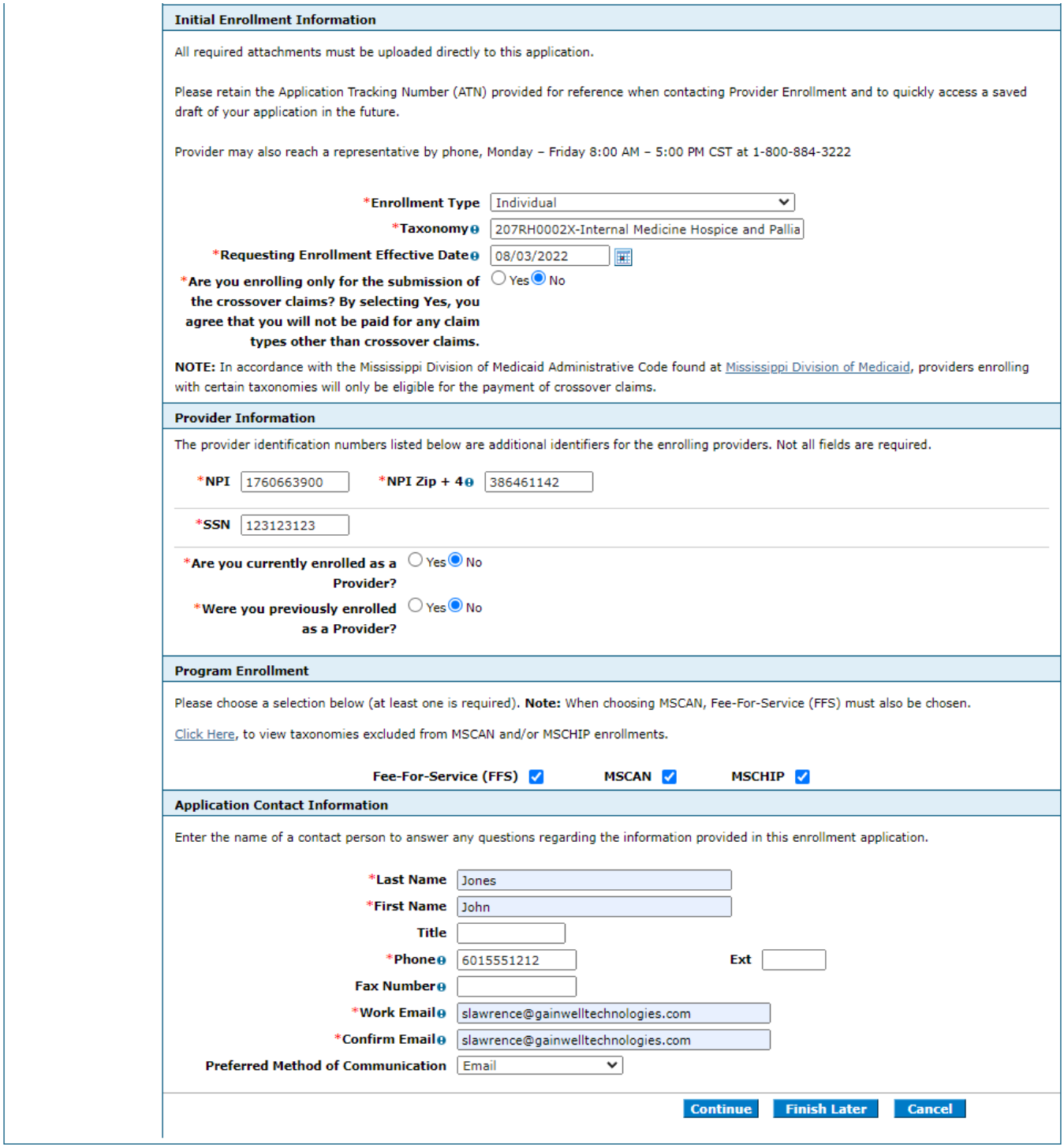


After selecting a primary taxonomy, the applicant can change the date of the **Requesting Enrollment Effective Date** field, which is set to the current date (see).

The page menu on the left will update to reflect the selected enrollment type and primary taxonomy after the applicant selects **Continue** on this page. If the applicant returns and changes either of these fields, the application will be reset accordingly, and any information that has been entered will need to be re-entered.

The system asks if the applicant is enrolling only for crossover claims. If the applicant selects Yes, this constitutes an agreement that they will not be paid for claim types other than crossover claims.

Figure 4: Request Information – Provider and Program Information



In the **Provider Information** panel, the applicant must enter the provider's National Provider Identifier (NPI), the ZIP Code for the service location applicable to the NPI, and the Social Security Number (SSN) or Tax ID of the provider (this becomes the Login ID for the application). The applicant must also indicate whether the provider is or was enrolled in Medicaid.

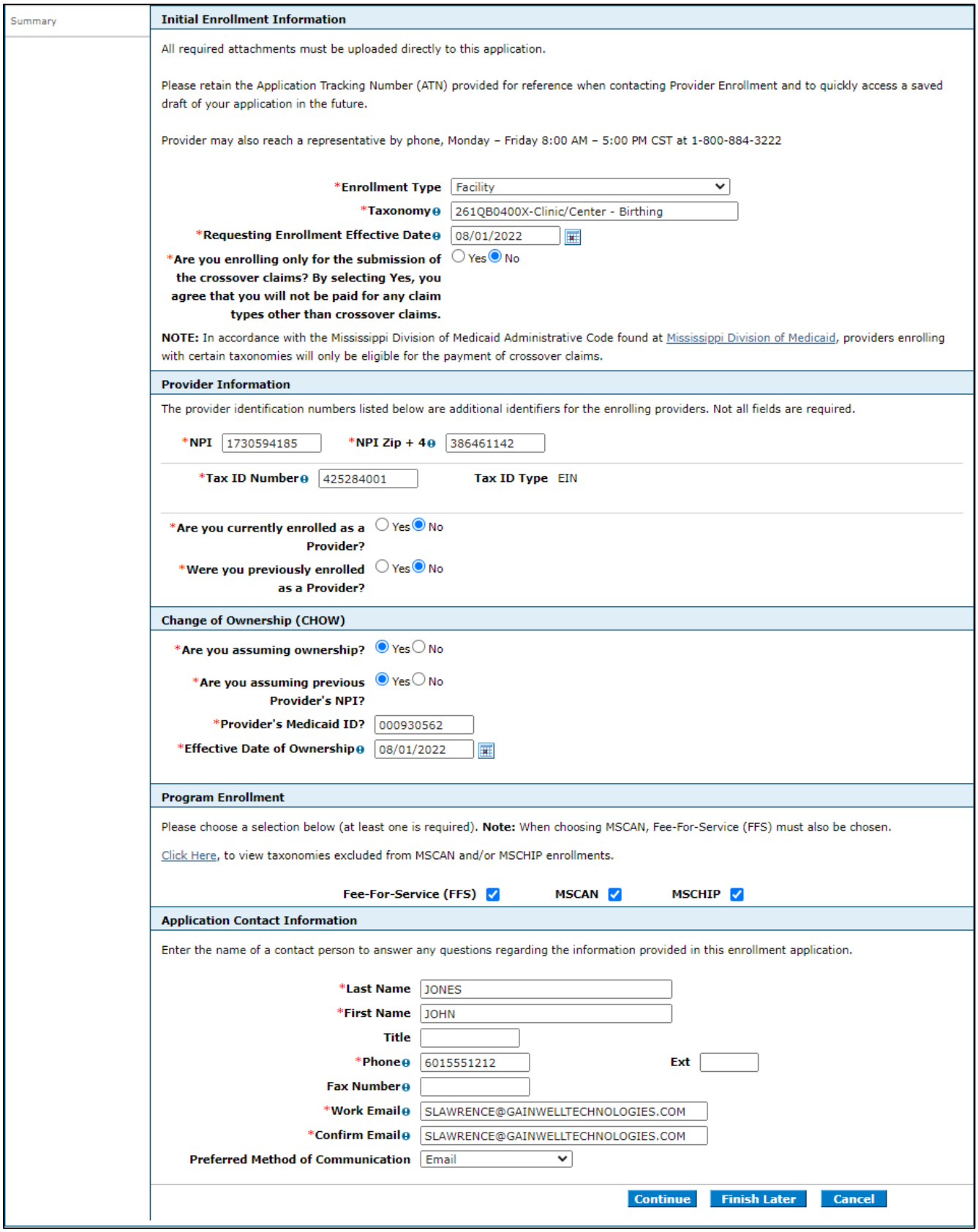
In the **Program Enrollment** panel, the applicant must select at least one program to enroll in. If MSCAN and/or MSCHIP is selected, the provider is subject to credentialing.

In the **Application Contact Information** panel, the applicant should enter their contact information. Questions about the application will be addressed to this person at the provided phone, fax, or email contacts. For example, the Application Tracking Number (ATN) will be sent to the email address for this contact.

Facilities have the additional **Change of Ownership (CHOW)** panel to indicate if the applicant is taking over an existing facility (see Figure 5: Request Information – Provider and Program Information for Facility with CHOW on page 6). If the applicant indicates they are assuming ownership they must indicate whether they are assuming the previous provider's NPI. If so they must provide the NPI as part of the application.

When the applicant clicks **Continue**, the pages of the enrollment update according to the selections entered. For enrollments in MSCAN and MSCHIP, the Credentialing Information page is inserted before the Taxonomies page. The Hospital Admittance and Applicant History pages have been inserted between the Other Information and Disclosure pages. Due to credentialing requirements, the Other Information page will now include the Insurance panel.

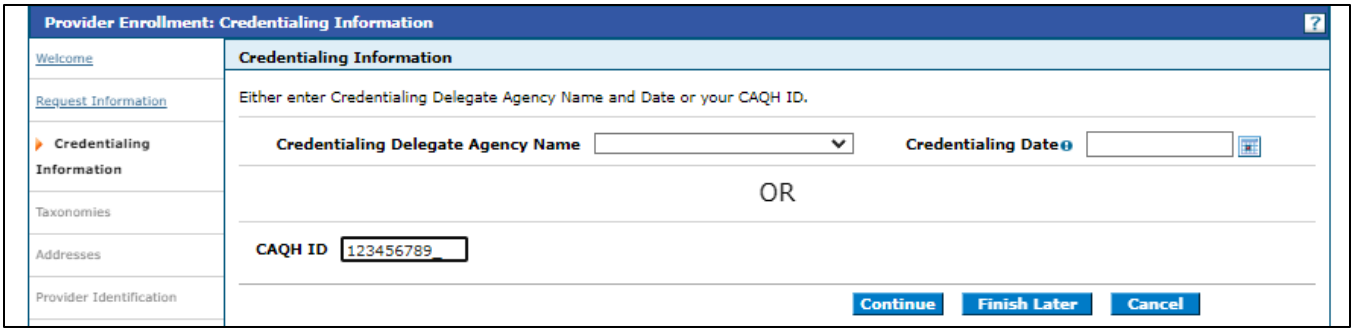
Figure 5: Request Information – Provider and Program Information for Facility with CHOW



Credentialing Information Page

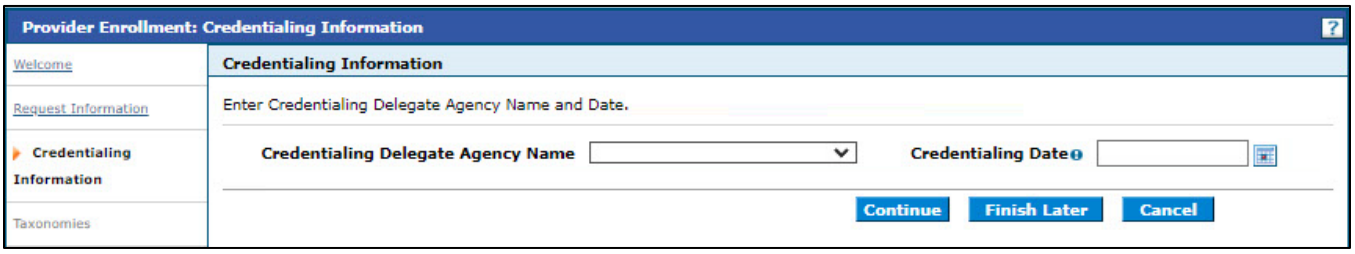
At the **Credentialing Information** page, individual applicants enrolling in MSCAN or MSCHIP must either select a Credentialing Delegate Agency and credentialing date, or a Council for Affordable Quality Healthcare® (CAQH) ID. See Figure 6: Individual Credentialing Information Page.

Figure 6: Individual Credentialing Information Page



Facility applicants enrolling in MSCAN or MSCHIP only have the option to enter a Credentialing Delegate Agency. Facilities can bypass this panel if they are not contracted with a delegated credentialing agency. In this case the provider will be credential by the DOM CVO. See Figure 7: Facility Credentialing Information Page.

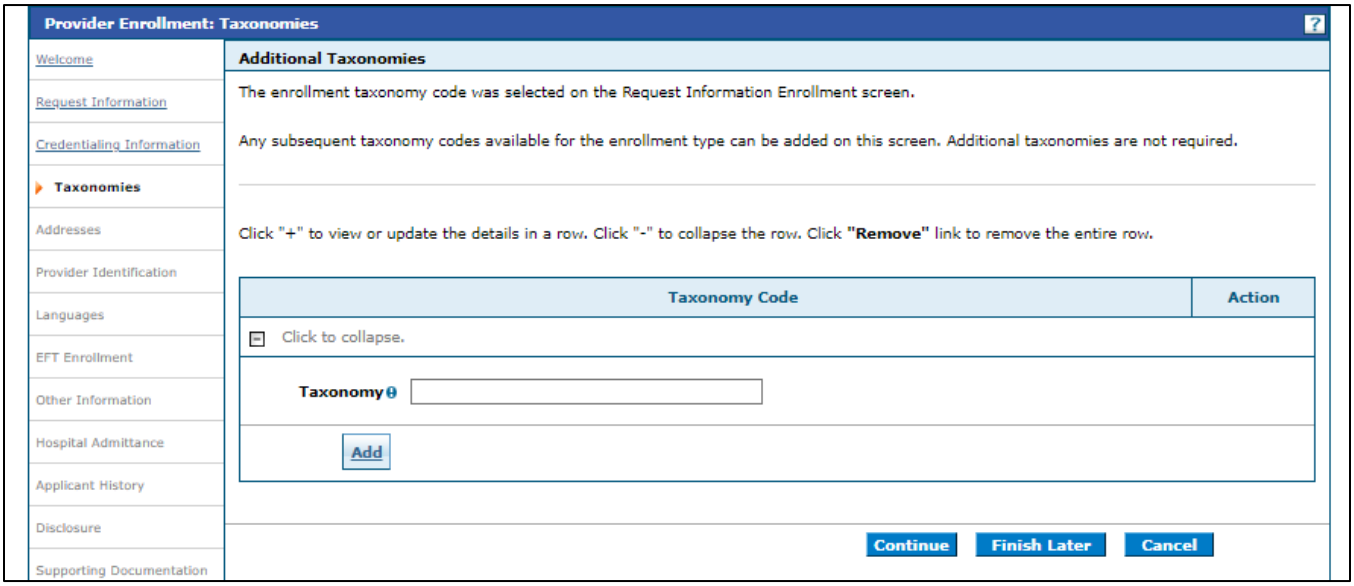
Figure 7: Facility Credentialing Information Page



Additional Taxonomies Page

At the **Additional Taxonomies** page, the applicant can add other taxonomies within the same family of taxonomies. Each of these will be assigned its own Medicaid ID when the application is approved and finalized, but additional taxonomies will not change the content of the application. See Figure 8: Additional Taxonomies Page.

Figure 8: Additional Taxonomies Page



Addresses Page

At the **Addresses** page, the applicant must enter at least a service location address. They can also add a Mail-To, Pay-To, and Corporate Office address. These four addresses are required in MESA. If any addresses are missing, MESA copies the service location address to the missing address fields.

If the applicant selects Service Location from the **Address Type** drop-down list, the page updates with additional information and panels (see Figure 9: Addresses Page – Service Location).

The service location must be a physical address. The system verifies the ZIP Code as well as the State-County combination. The applicant can specify up to four phone numbers. Only one phone number is required, and the type must be Office.

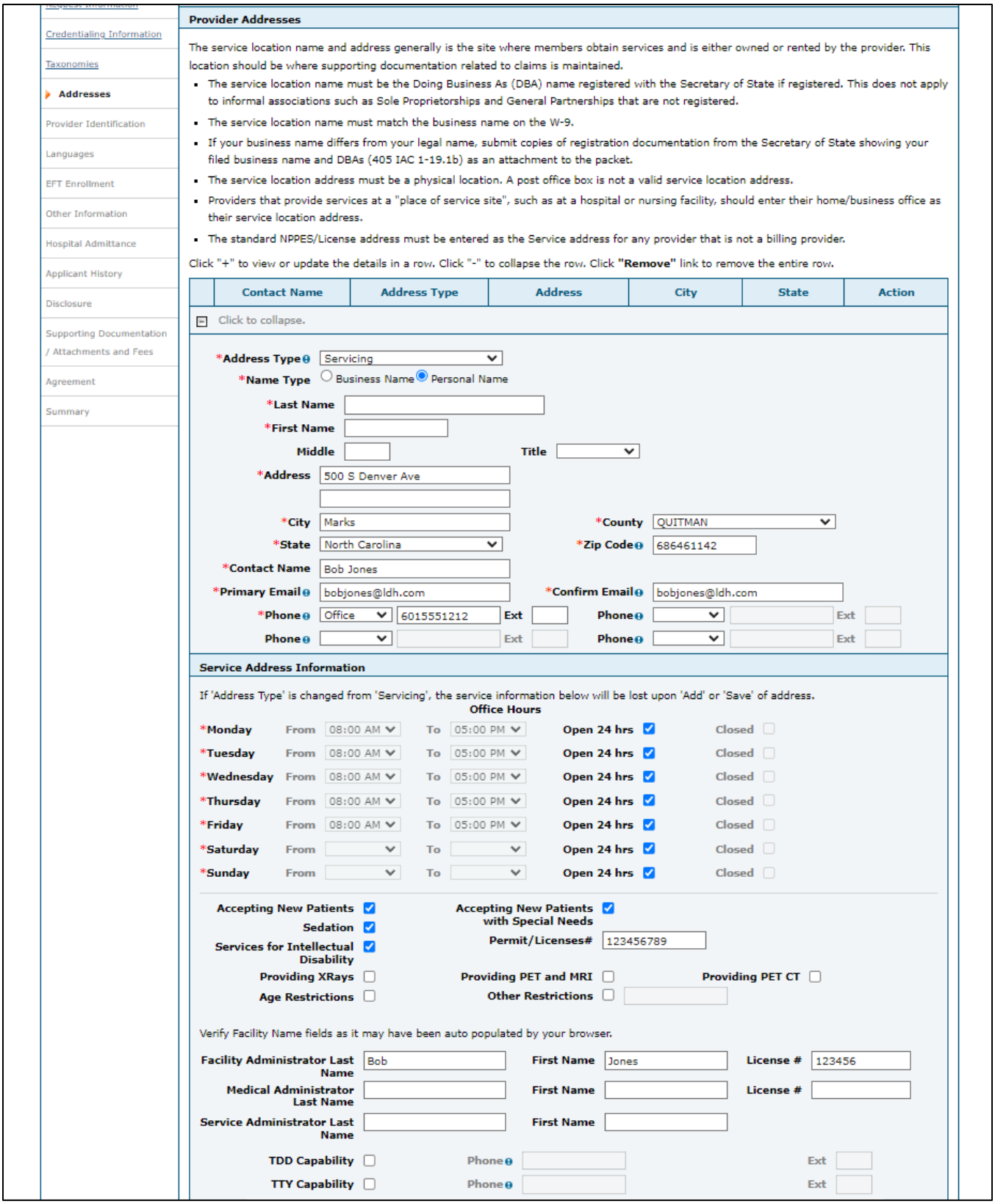
In the **Service Address Information** panel, applicants must indicate hours for each day of the week. The system offers the ability to indicate if the location is open 24 hours or if it is closed all day, such as on weekends.

The applicant should also indicate here if the provider is accepting new patients, and if there are any patient restrictions. New patient information appears with provider data on the Member Portal provider search results page.

If there are any administrators at the location, they should be listed here. If a Facility or Medical Administrator is listed, an entry is required in the **License #** field.

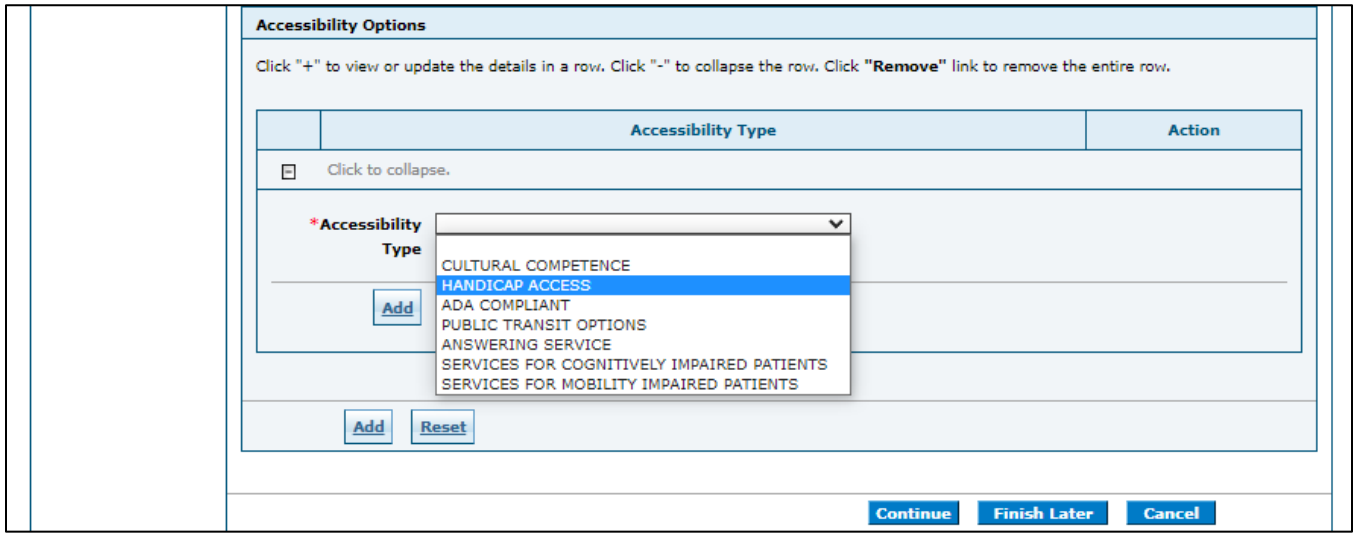
If the service location has Telecommunication Device for the Deaf (TDD) or teletypewriter (TTY) capabilities, the applicant can indicate it here. If a check box is selected, the system requires the applicable phone number for the device. This information is also included on the Member Portal.

Figure 9: Addresses Page – Service Location



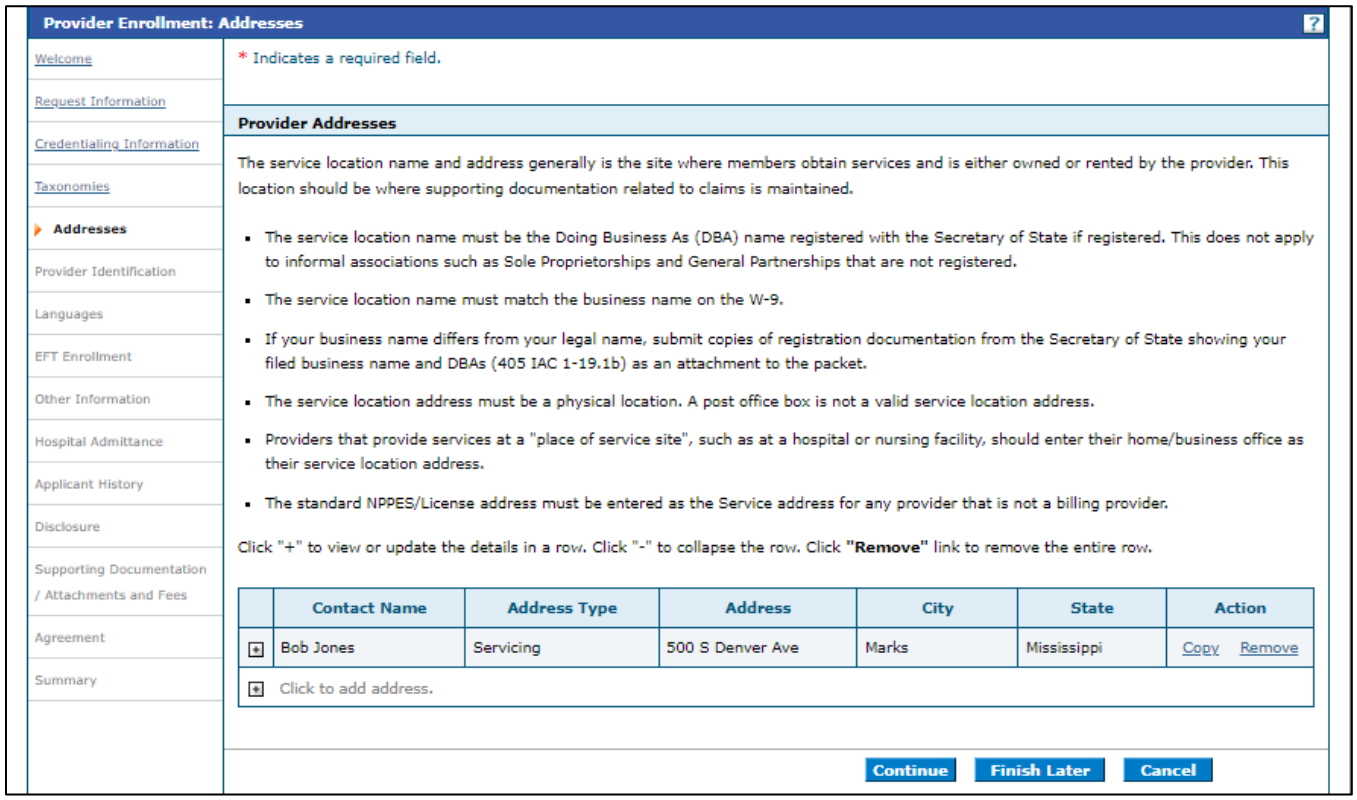
Finally, the Accessibility Options panel offers the ability to indicate if the service location offers any of these types. The applicant can add any or all of these types. They will appear in the Accessibility Type data list for the service location. See Figure 10: Addresses Page – Accessibility Options Panel.

Figure 10: Addresses Page – Accessibility Options Panel



When the applicant adds the service location, it appears in the Provider Addresses data list. They can add as many locations as applicable for the provider. If the applicant adds multiple service locations, each service location will be assigned an ATN. All non-service locations will be attached to each service location record in MESA. See Figure 11: Addresses – Provider Addresses.

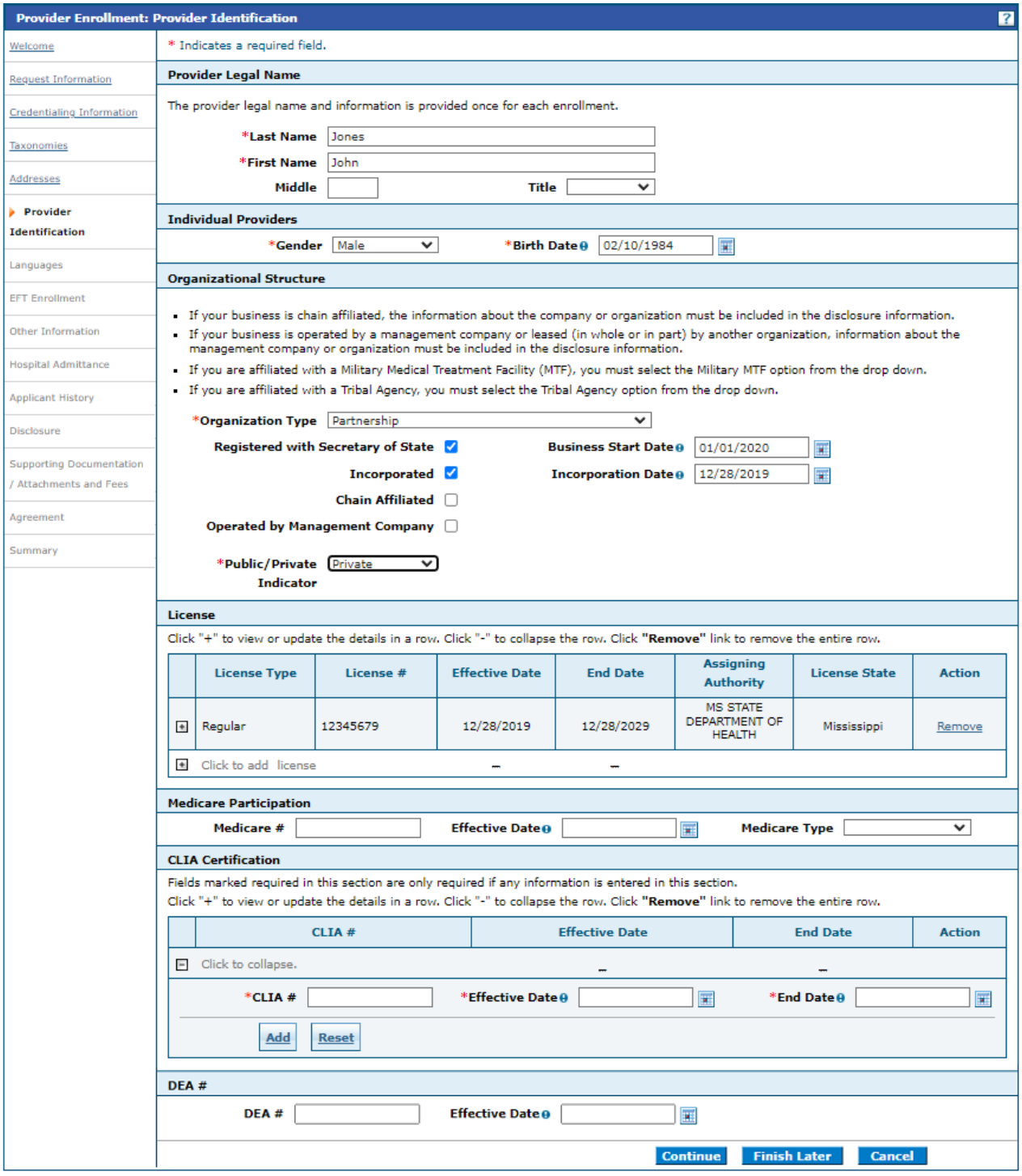
Figure 11: Addresses – Provider Addresses



Provider Identification Page

At the **Provider Identification** page, the applicant must enter information about the provider, the organizational structure of the business, and add licenses, CLIA certifications, and DEA information. If the provider has already participated in Medicare, the number, type, and effective dates must be added here. See Figure 12: Provider Identification Page.

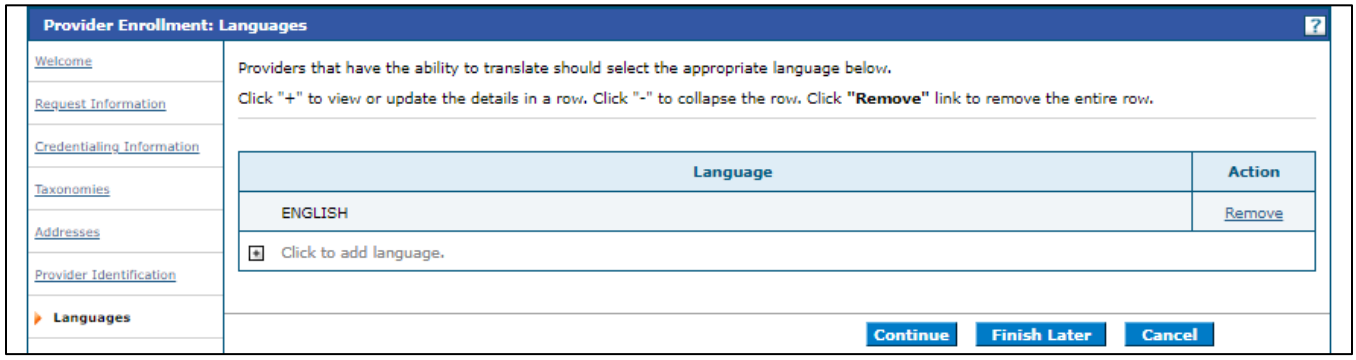
Figure 12: Provider Identification Page



Languages Page

At the **Languages** page, the applicant must indicate at least one language. The languages indicated here appears on the Member Portal and are searchable by members looking for a provider with translation options. See Figure 13: Languages Page.

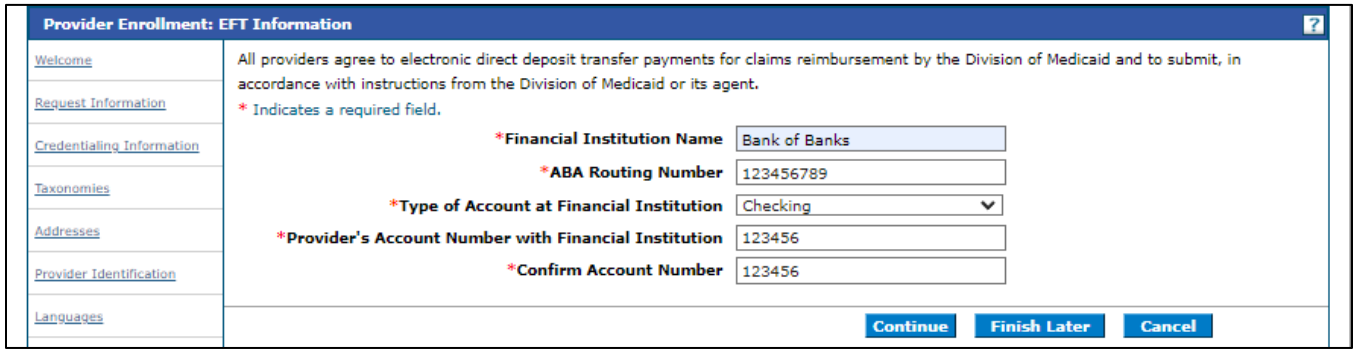
Figure 13: Languages Page



EFT Information Page

At the **EFT Information** page, banking information is required. The applicant must also include EFT documentation with the attachments for the application. See Figure 14: EFT Information Page.

Figure 14: EFT Information Page



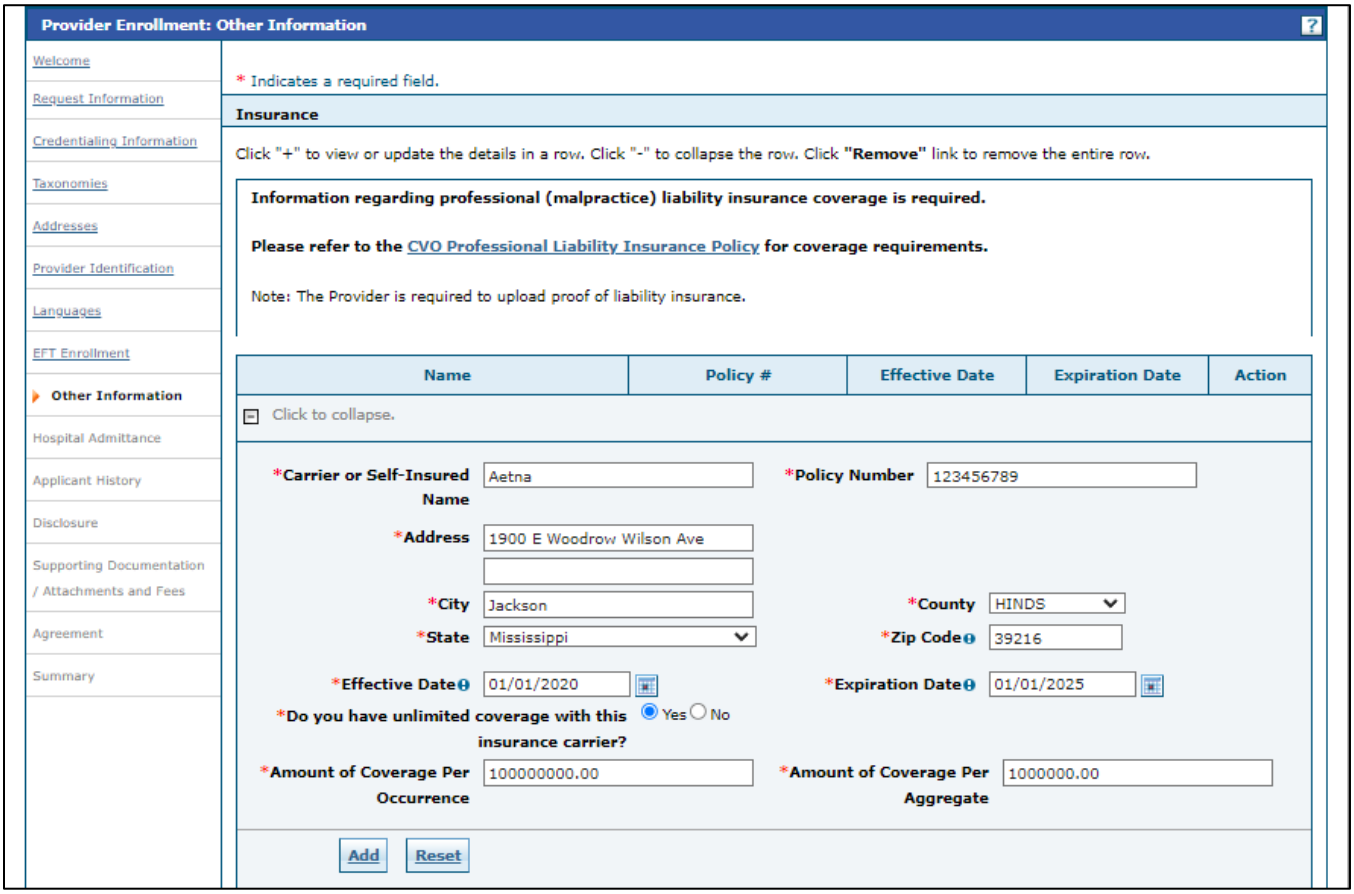
Other Information Page

The **Other Information** page includes an **Insurance** panel if the application requires certification, see Figure 15: Other Information Page – Insurance Panel Entry Fields. Applicants can add multiple insurance records. See

For hospital applications, this page includes the **Facility Information** panel to indicate the administrator's name and contact information as well as bed count. See Figure 16: Other Information Page with Facility Information.

Figure 16: Other Information Page for a view of the page with a listed insurance record.

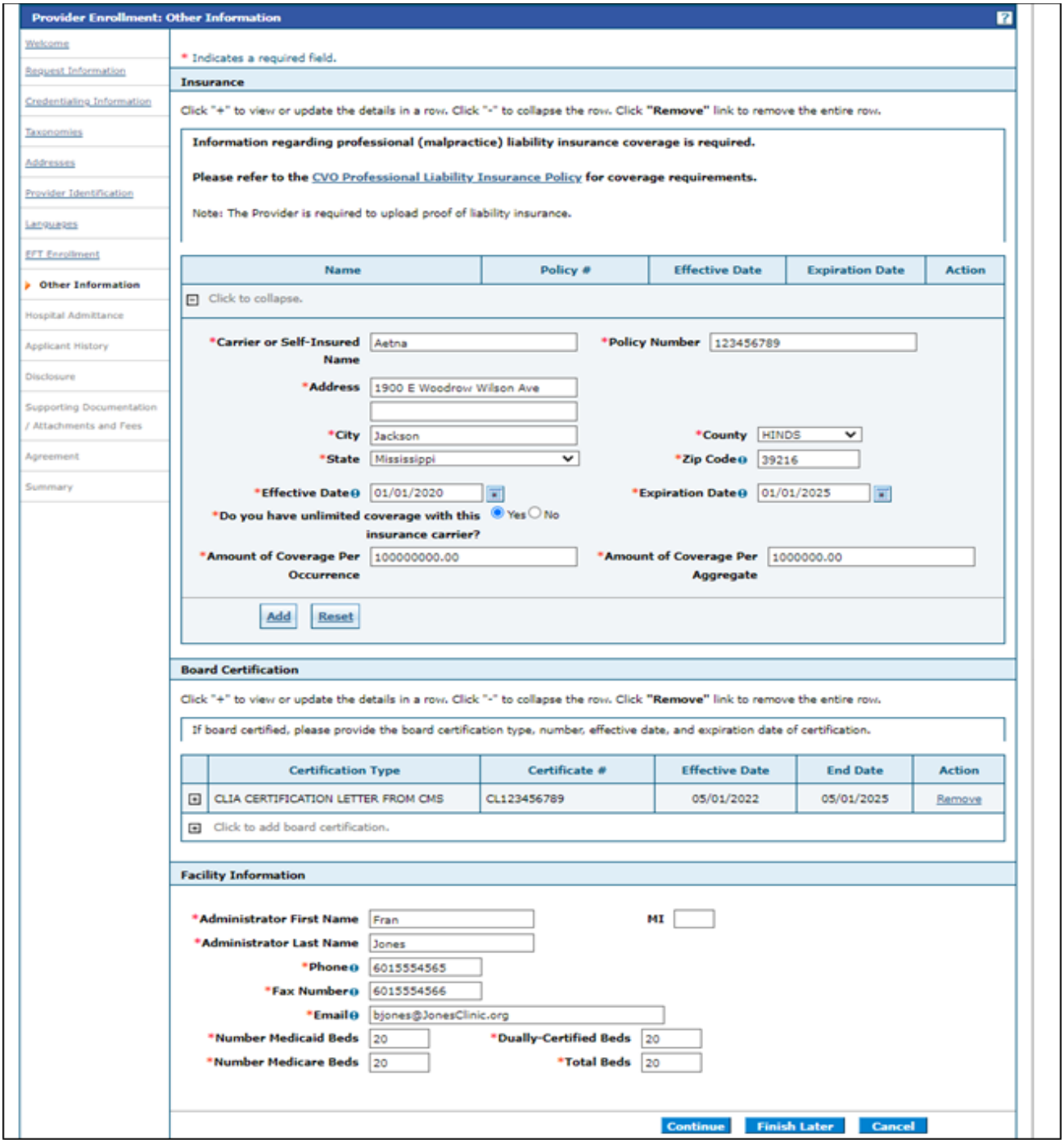
Figure 15: Other Information Page – Insurance Panel Entry Fields



The **Board Certification** panel offers the opportunity to indicate if the provider is board-certified.

For hospital applications, this page includes the **Facility Information** panel to indicate the administrator's name and contact information as well as bed count. See Figure 16: Other Information Page with Facility Information.

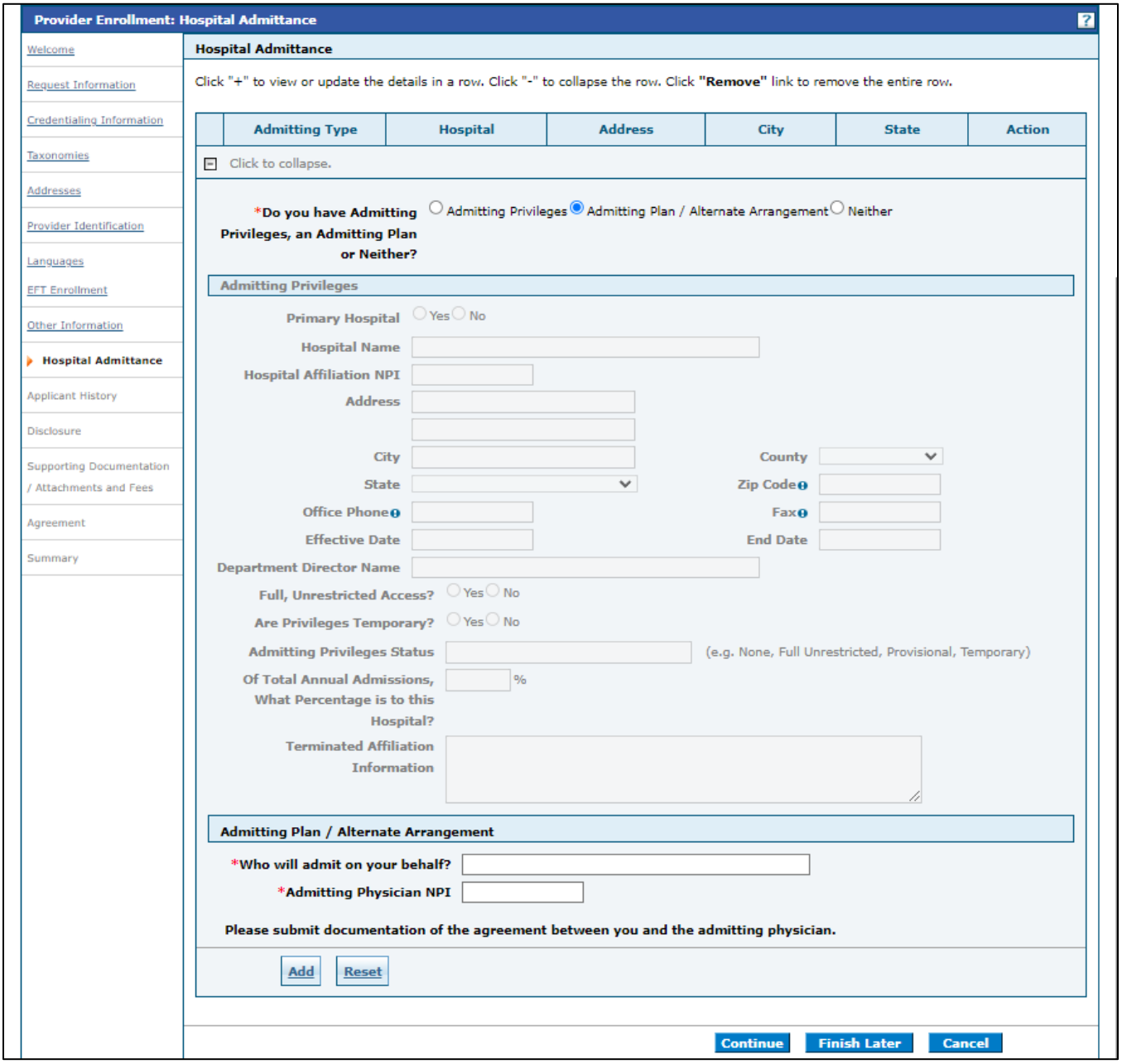
Figure 16: Other Information Page with Facility Information



Hospital Admittance Page

The **Hospital Admittance** page appears for individual providers. If the page doesn't apply to the provider, the applicant selects **Neither**. If the applicant indicates there is an admitting plan or alternate arrangement, the system disables the Admitting Privileges panel and opens the Admitting Plan/Alternate Arrangement panel. Documentation of the plan or arrangement agreement must be included with the application. See Figure 17: Hospital Admittance Page.

Figure 17: Hospital Admittance Page

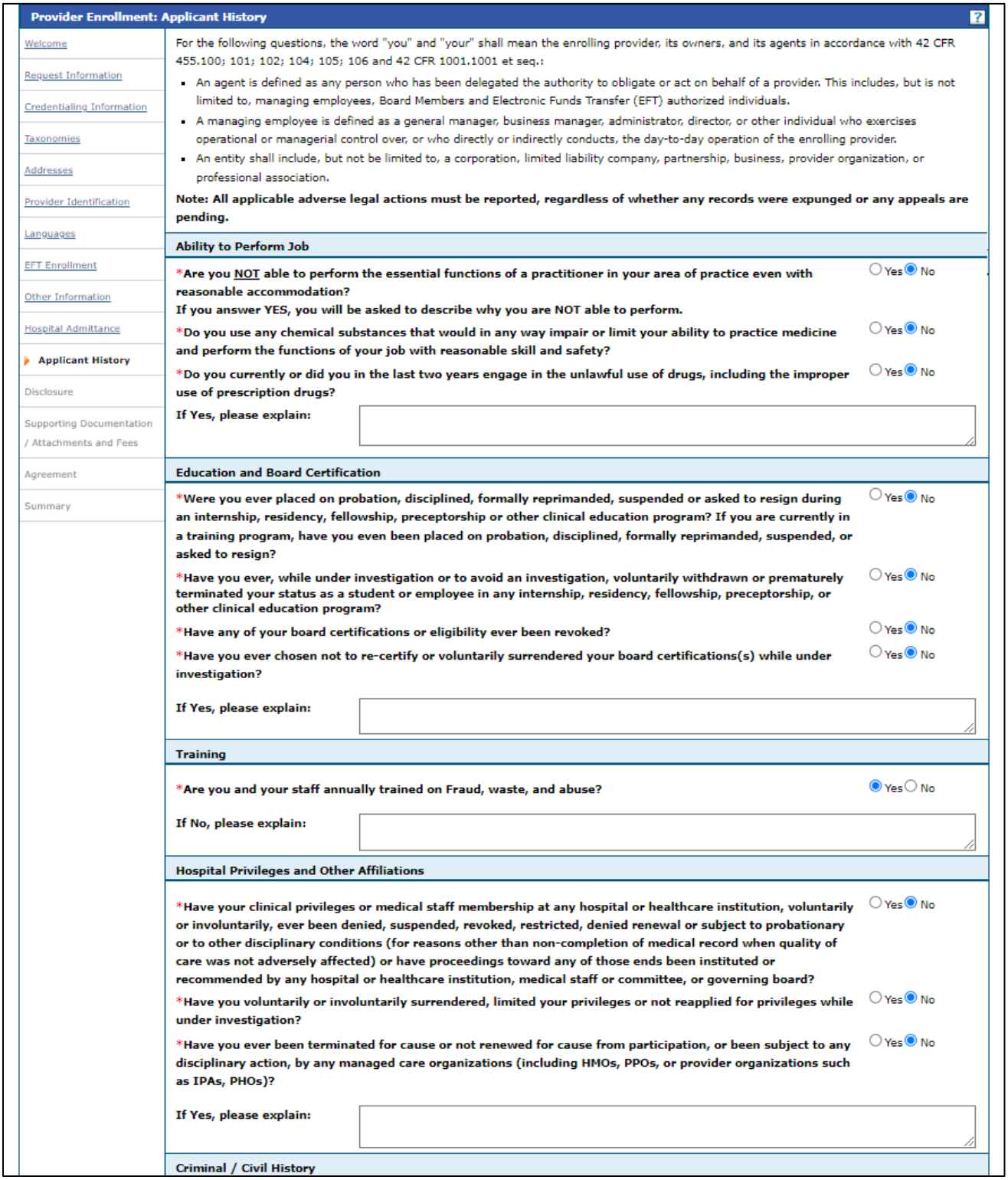


A hospital admittance record can be added for each applicable hospital.

Applicant History Page

The **Applicant History** page requires answers to several statements about the provider's history.

Figure 18: Applicant History Page for Individuals, part 1



Where required, the applicant must enter an explanation for their answer before continuing.

Figure 19: Applicant History Page for Individuals, part 2

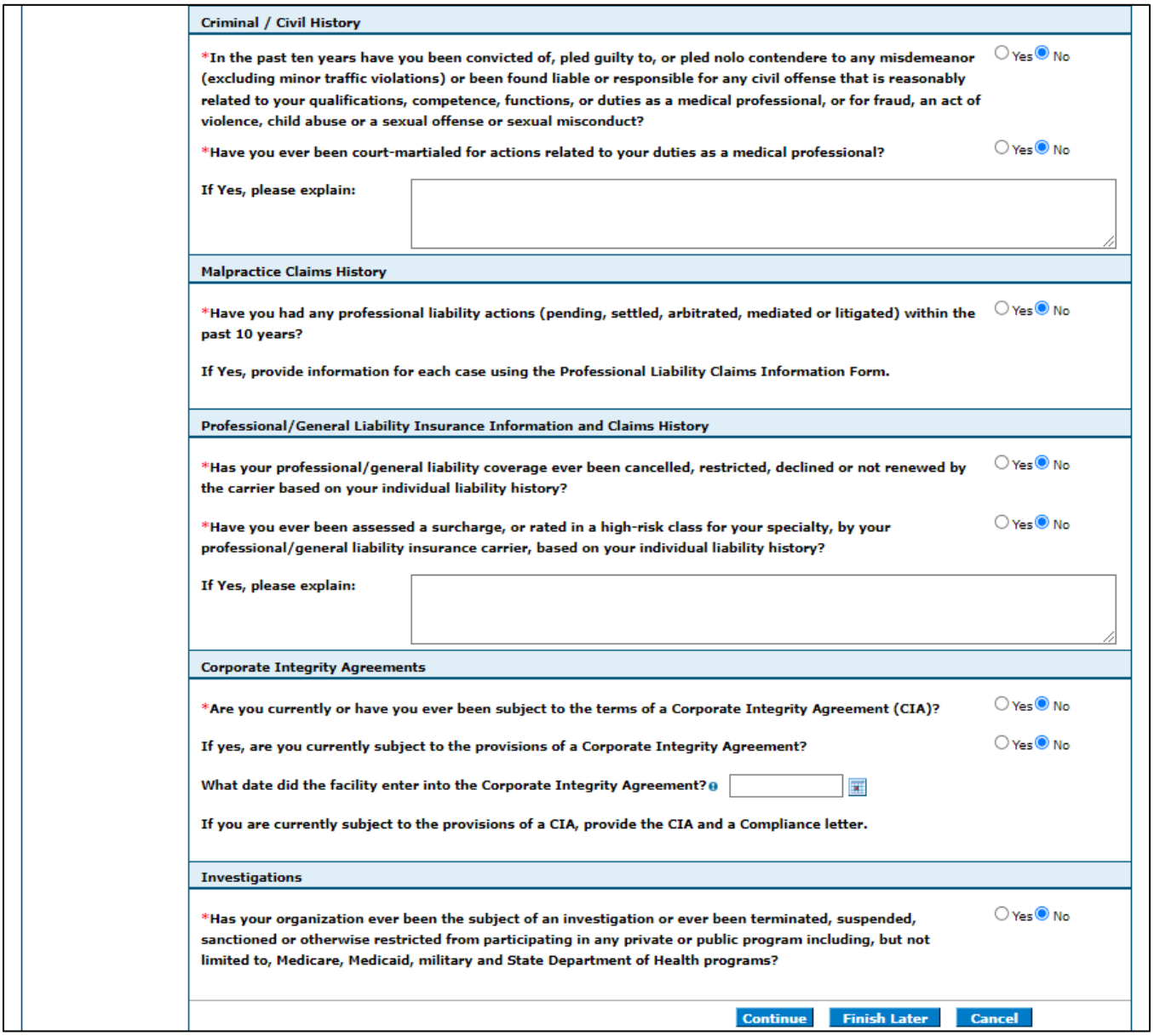


Figure 20: Applicant History Page for Facilities, Part 1

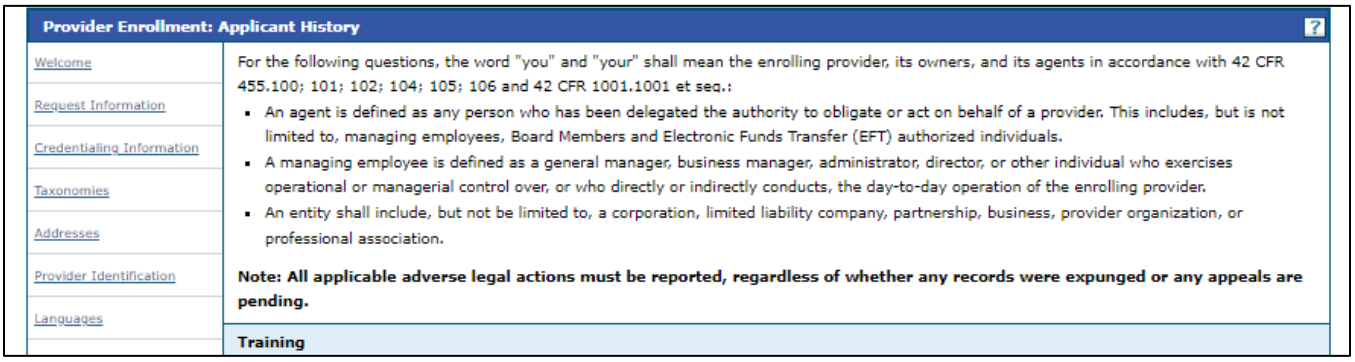
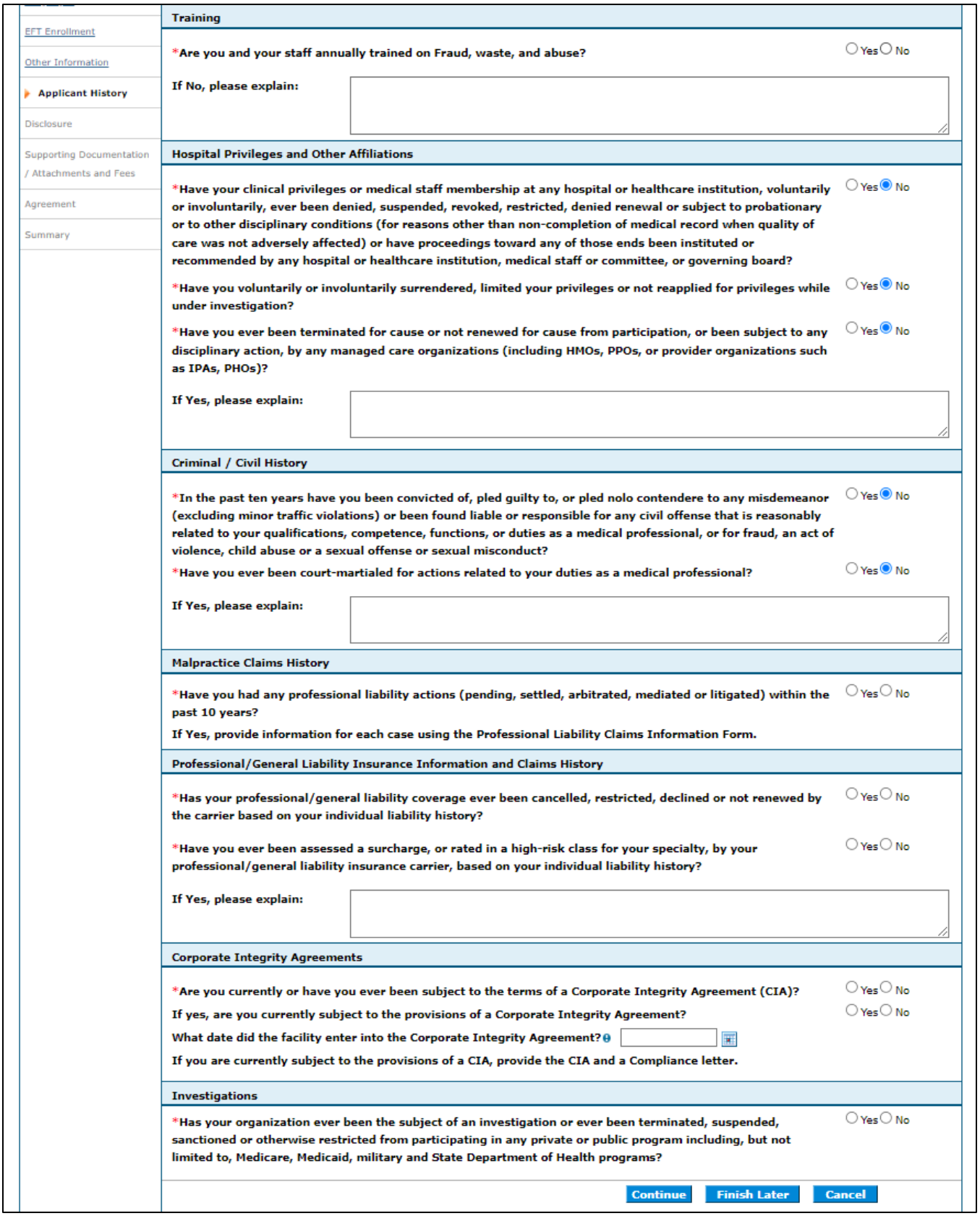


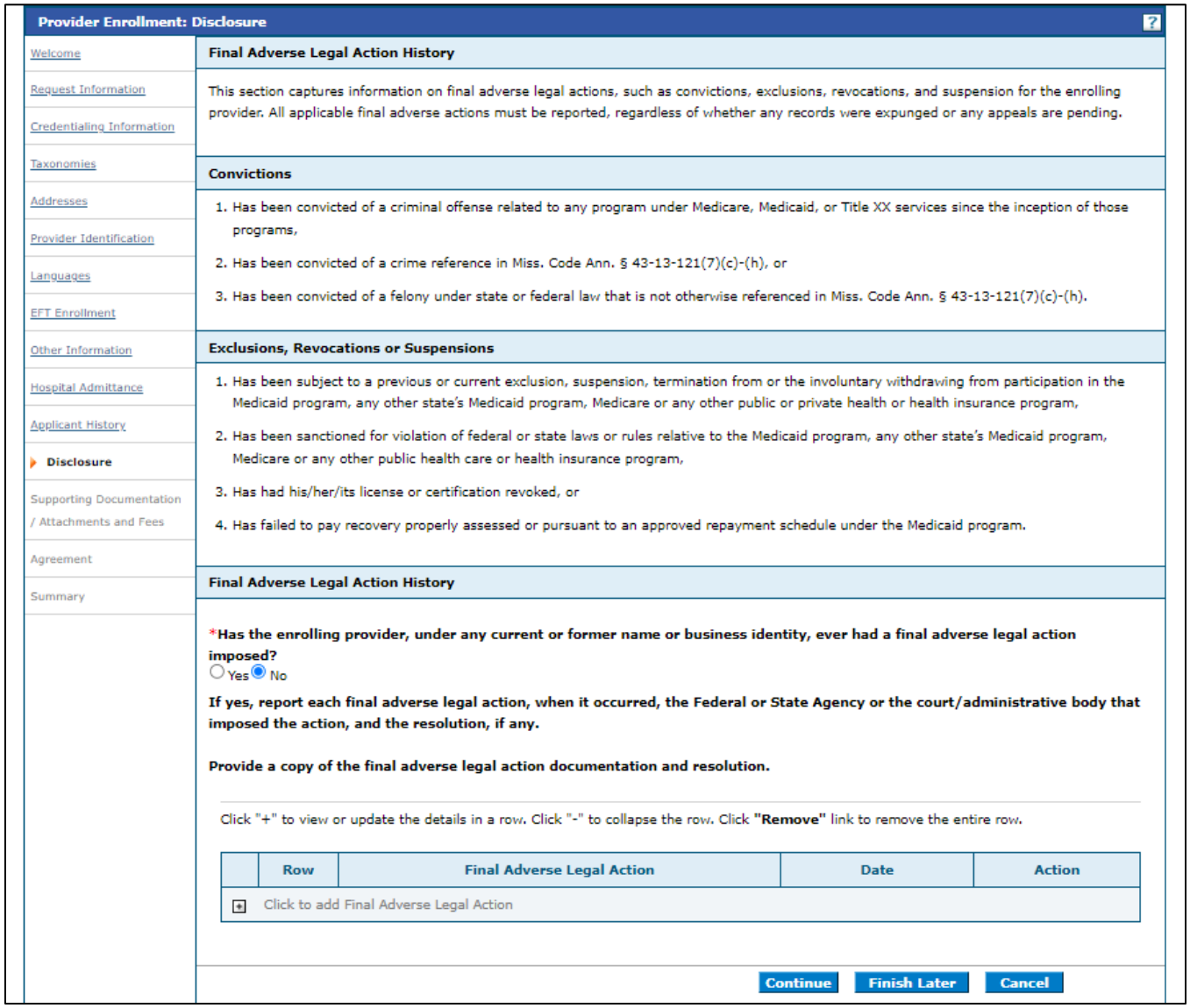
Figure 21: Applicant History Page for Facilities, Part 2



Disclosure Page

There are two versions of the **Disclosure** page. The short version is for Individual and ORP Individuals. The long version is for Facility, Group and Other enrollment types. See Figure 22: Disclosure Page – Short Version.

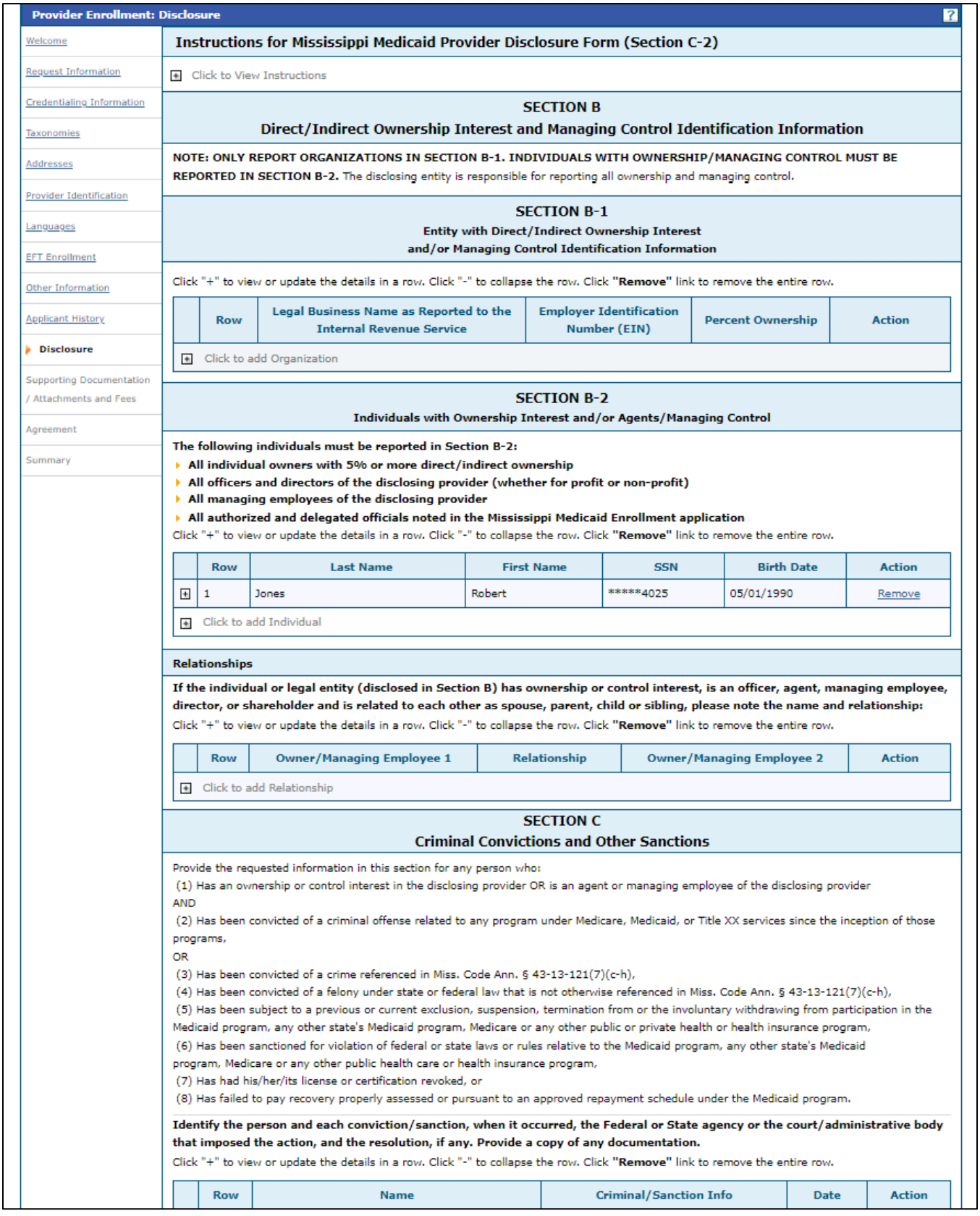
Figure 22: Disclosure Page – Short Version



The long version includes the sections shown in Figure 23: Disclosure Pate – Sample from Long Version, as well as:

- Section D, Relationship to Excluded, Penalized, or Convicted Persons
- Section E, Disclosure of Other Ownership and Control
- Section F, Disclosure of Subcontractor Information
- Section G, Business Transactions
- Section H, Attestation and Signature of the Disclosing Provider

Figure 23: Disclosure Pate – Sample from Long Version



Provider Enrollment: Disclosure

Welcome
Request Information
Credentialing Information
Taxonomies
Addresses
Provider Identification
Languages
EFT Enrollment
Other Information
Applicant History
Disclosure
Supporting Documentation / Attachments and Fees
Agreement
Summary

Instructions for Mississippi Medicaid Provider Disclosure Form (Section C-2)

Click to View Instructions

SECTION B
Direct/Indirect Ownership Interest and Managing Control Identification Information

NOTE: ONLY REPORT ORGANIZATIONS IN SECTION B-1. INDIVIDUALS WITH OWNERSHIP/MANAGING CONTROL MUST BE REPORTED IN SECTION B-2. The disclosing entity is responsible for reporting all ownership and managing control.

SECTION B-1
Entity with Direct/Indirect Ownership Interest and/or Managing Control Identification Information

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

	Row	Legal Business Name as Reported to the Internal Revenue Service	Employer Identification Number (EIN)	Percent Ownership	Action
Click to add Organization					

SECTION B-2
Individuals with Ownership Interest and/or Agents/Managing Control

The following individuals must be reported in Section B-2:
- **All individual owners with 5% or more direct/indirect ownership**
- **All officers and directors of the disclosing provider (whether for profit or non-profit)**
- **All managing employees of the disclosing provider**
- **All authorized and delegated officials noted in the Mississippi Medicaid Enrollment application**

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

	Row	Last Name	First Name	SSN	Birth Date	Action
	1	Jones	Robert	*****4025	05/01/1990	Remove
Click to add Individual						

Relationships

If the individual or legal entity (disclosed in Section B) has ownership or control interest, is an officer, agent, managing employee, director, or shareholder and is related to each other as spouse, parent, child or sibling, please note the name and relationship:

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

	Row	Owner/Managing Employee 1	Relationship	Owner/Managing Employee 2	Action
Click to add Relationship					

SECTION C
Criminal Convictions and Other Sanctions

Provide the requested information in this section for any person who:
(1) Has an ownership or control interest in the disclosing provider OR is an agent or managing employee of the disclosing provider
AND
(2) Has been convicted of a criminal offense related to any program under Medicare, Medicaid, or Title XX services since the inception of those programs,
OR
(3) Has been convicted of a crime referenced in Miss. Code Ann. § 43-13-121(7)(c-h),
(4) Has been convicted of a felony under state or federal law that is not otherwise referenced in Miss. Code Ann. § 43-13-121(7)(c-h),
(5) Has been subject to a previous or current exclusion, suspension, termination from or the involuntary withdrawing from participation in the Medicaid program, any other state's Medicaid program, Medicare or any other public or private health or health insurance program,
(6) Has been sanctioned for violation of federal or state laws or rules relative to the Medicaid program, any other state's Medicaid program, Medicare or any other public health care or health insurance program,
(7) Has had his/her/its license or certification revoked, or
(8) Has failed to pay recovery properly assessed or pursuant to an approved repayment schedule under the Medicaid program.

Identify the person and each conviction/sanction, when it occurred, the Federal or State agency or the court/administrative body that imposed the action, and the resolution, if any. Provide a copy of any documentation.

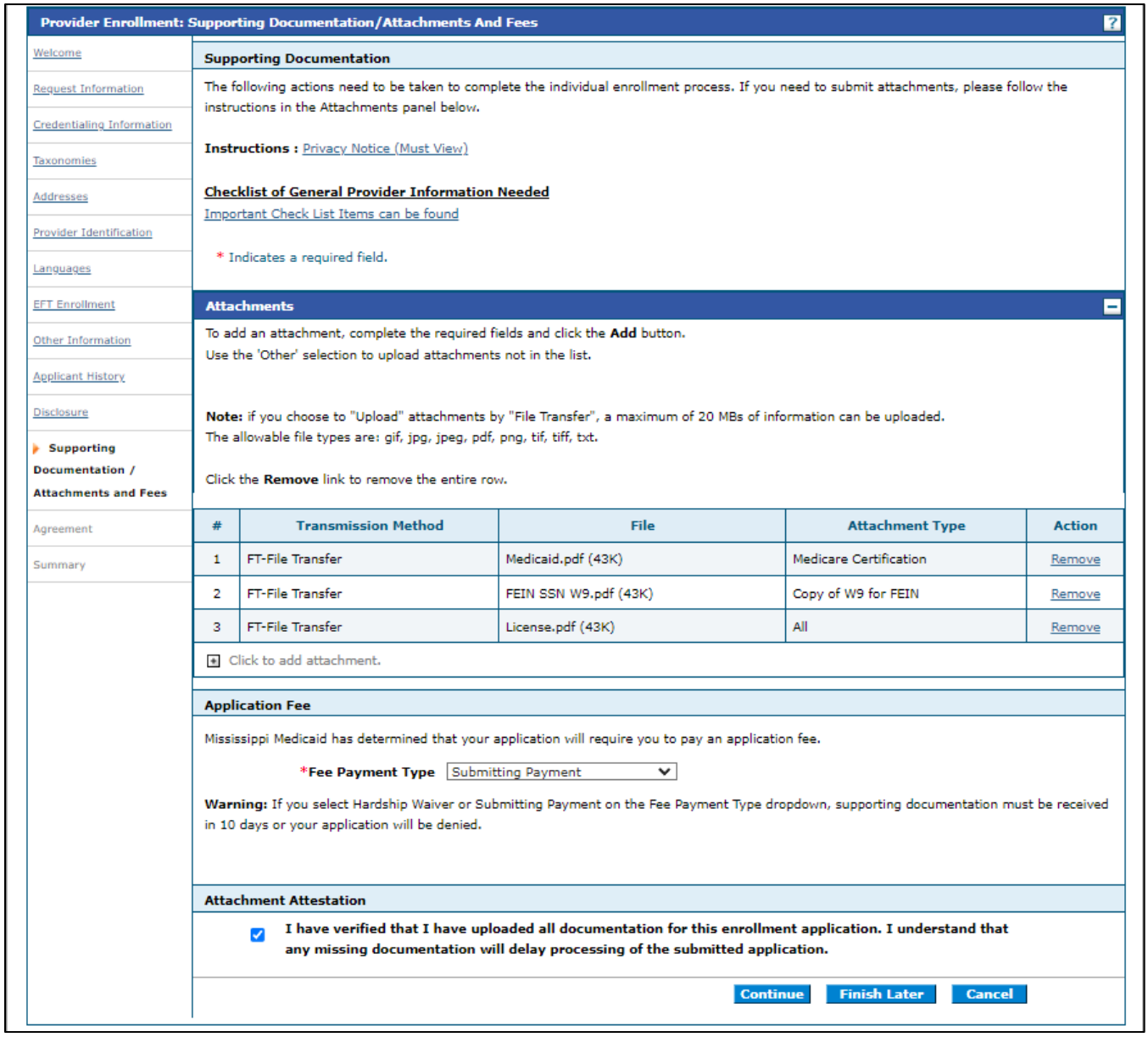
Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

	Row	Name	Criminal/Sanction Info	Date	Action

Supporting Documentation/Attachments and Fees

In addition to the **Attachments** panel, this page includes an **Application Fee** panel for providers who must pay an enrollment fee. If the applicant selects **Submitting Hardship Waiver** from the **Fee Payment Type** drop-down list, they must include supporting documentation with the attachments. See Figure 24: Supporting Documentation Page.

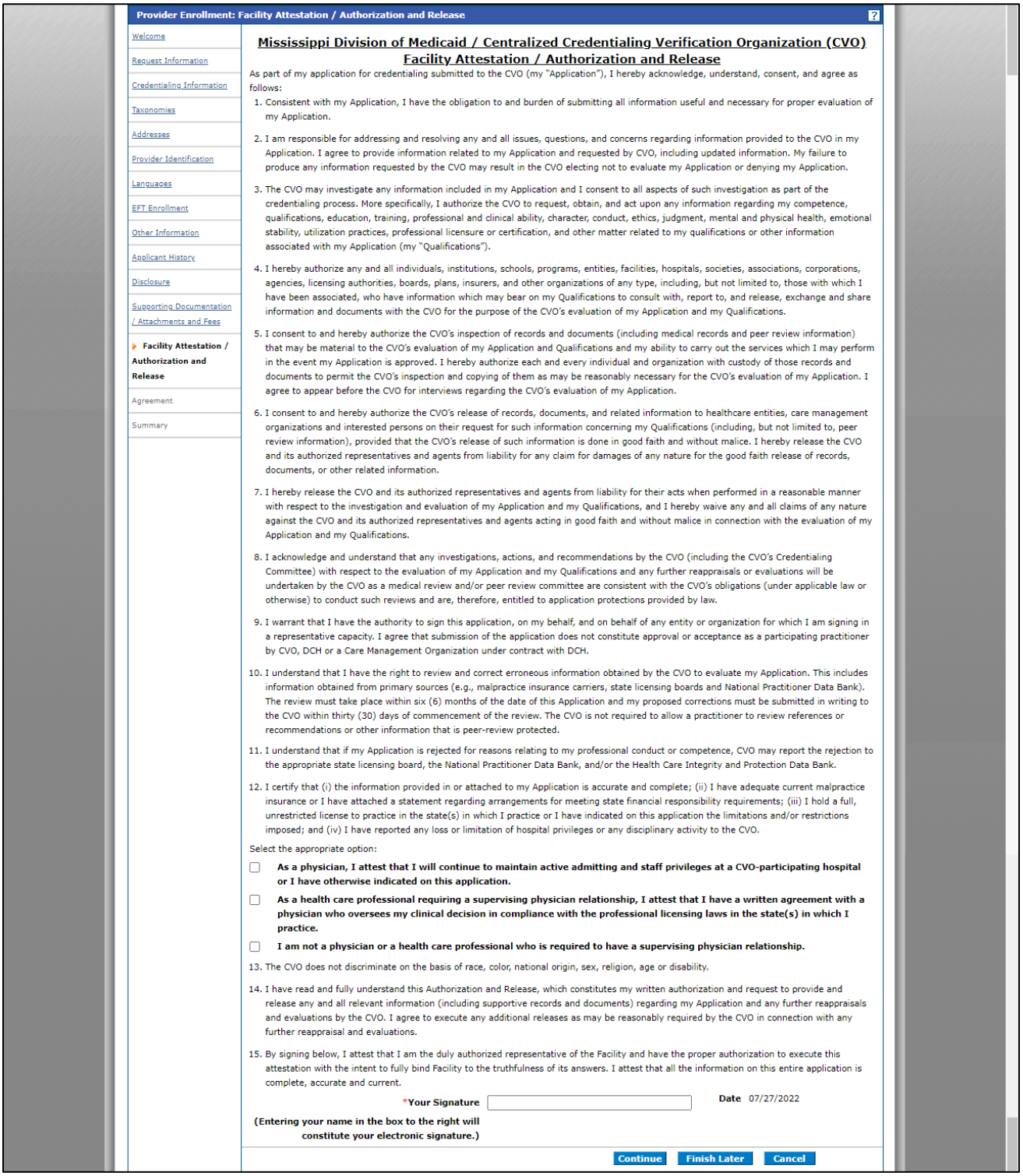
Figure 24: Supporting Documentation Page



Facility Attestation/Authorization Page

This page displays when the enrollment type is Facility or Other; MSCAN and/or MSCHIP are selected; and no delegate agency is reported on the **Credentialing Information** page.

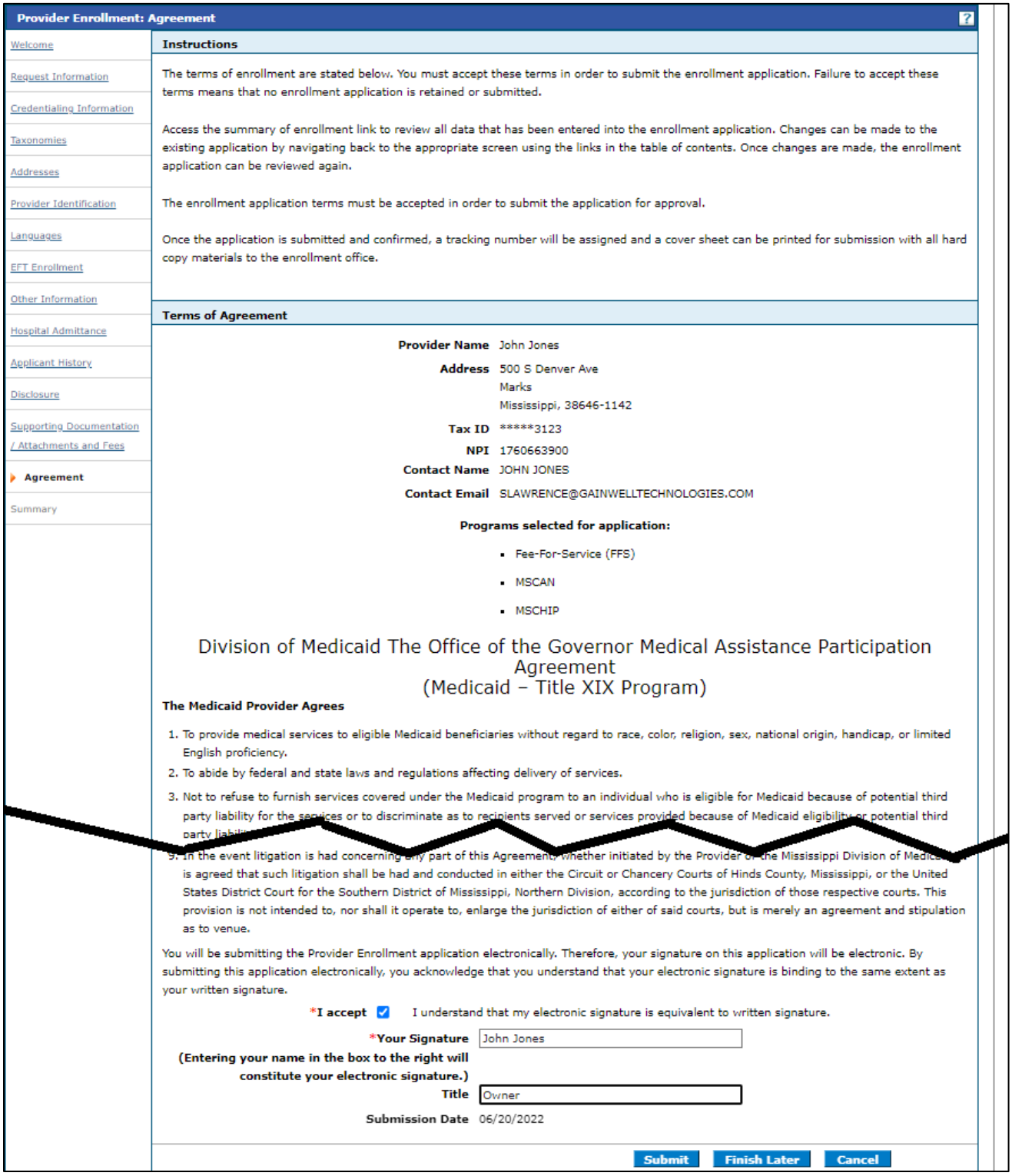
Figure 25: Facility Attestation/Authorization and Release Page



Agreement Page

The **Agreement** page lists the terms of the enrollment for the applicant to accept and sign.

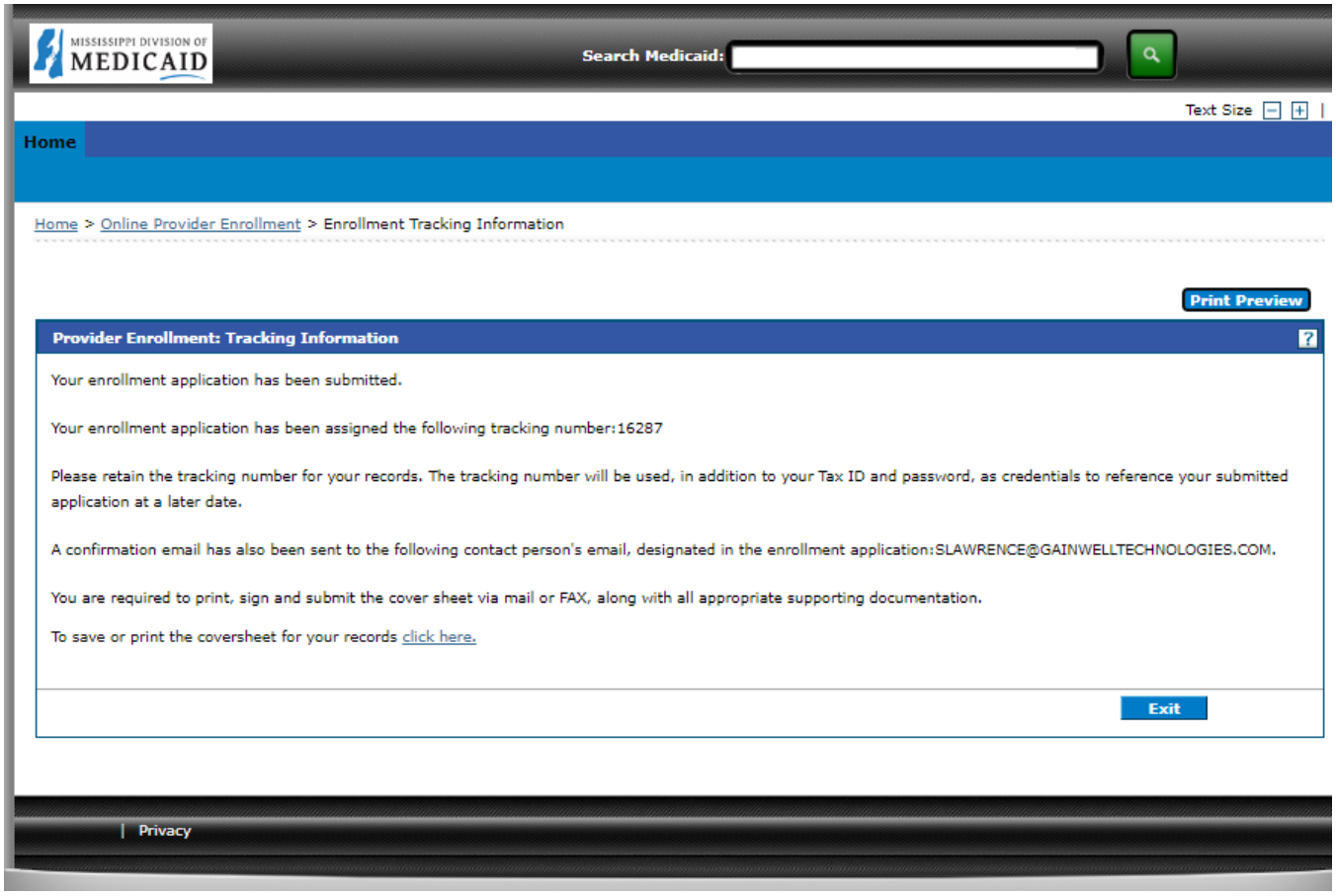
Figure 26: Agreement Page



Tracking Information Page

When the application is submitted and confirmed, the system returns a page with the Assigned Tracking Number (ATN). This number is required to log in and check status and/or submit additional information.

Figure 27: Tracking Information Page



MESA Enrollment Panels

Information entered on the application is recorded into MESA on the applicable panels unless the information must be validated and entered by an enrollment specialist. Unless otherwise indicated, data can be added and updated by users with an appropriate security level. See Figure 28: Enrollment Tab Menu.

This table provides a brief description of each panel available from the tab menus on the Provider Enrollment Information page. See Table 1: Enrollment Panel Descriptions.

Note: *Some options in the tab menus are disabled until certain requirements are met. Additionally, access to updatable fields is determined by individual security levels. See your manager if you have questions.*

Figure 28: Enrollment Tab Menu

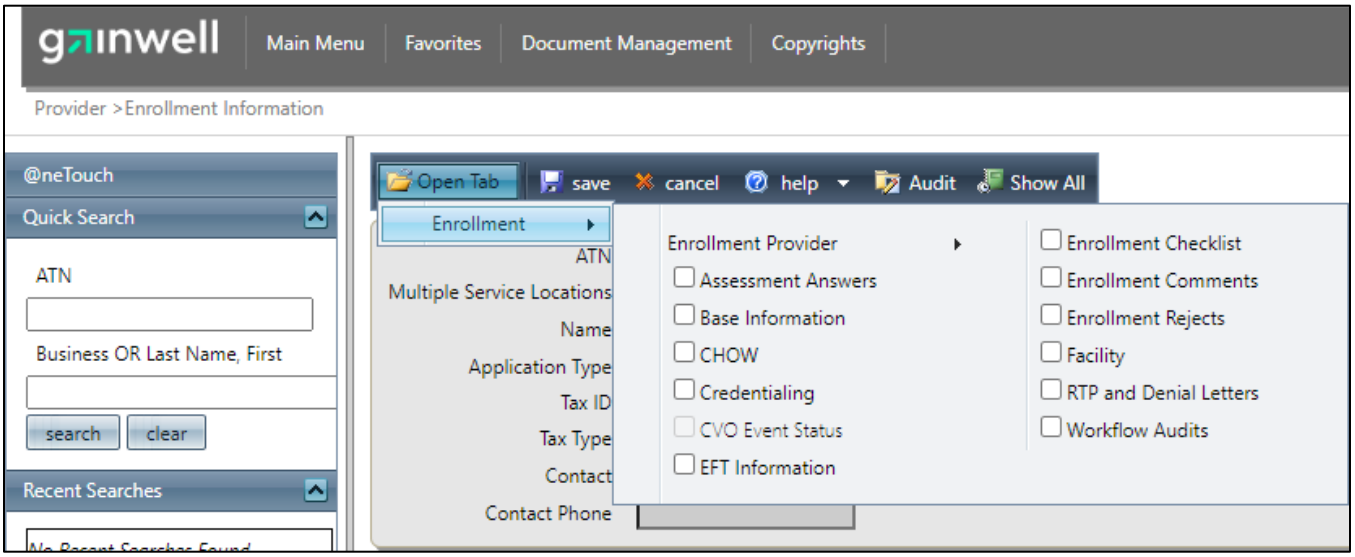


Table 1: Enrollment Panel Descriptions

Panel Name	Description
Assessment Answers	This functionality will not be used in MESA.
Base Information	This panel displays general provider information from an application and the status of the application within the approval process.
CHOW	The Change of Ownership (CHOW) panel contains change of ownership information.
Credentialing	This panel tracks whether credentialing is required and, if so, the details related to verifying the credential.
CVO Event Status	The Credential Verification Organization (CVO) Event Status panel tracks CVO events and statuses received from the CVO.
EFT Information	The Electronic Funds Transfer (EFT) Information panel displays banking information entered in the enrollment application for the purpose of electronic funds transfers.
Enrollment Checklist	This panel displays the Provider Business Rules checklist used when an analyst is screening an enrollment.
Enrollment Comments	This panel displays comments the analyst made about the provider application while rendering a decision.

Panel Name	Description
Enrollment Rejects	This functionality will not be used in MESA.
Facility	This panel displays contact and bed information for a facility.
RTP and Denial Letters	This panel is used to generate Return To Provider (RTP) and denial letters for an enrollment, and includes the reasons for the return of a provider enrollment application. Note that the Provider Enrollment Workflow process sends automatic denial letters for all but certification reasons.
Workflow Audits	This functionality will not be used in MESA.

The following panels display information submitted on the enrollment application, along with updates from processes such as the screening and background check. See Figure 29: Enrollment Provider Tab Menu.

Table 2: Enrollment Provider Panel Descriptions provides a brief description of each panel available from the tab menu on the Enrollment Provider page.

Figure 29: Enrollment Provider Tab Menu

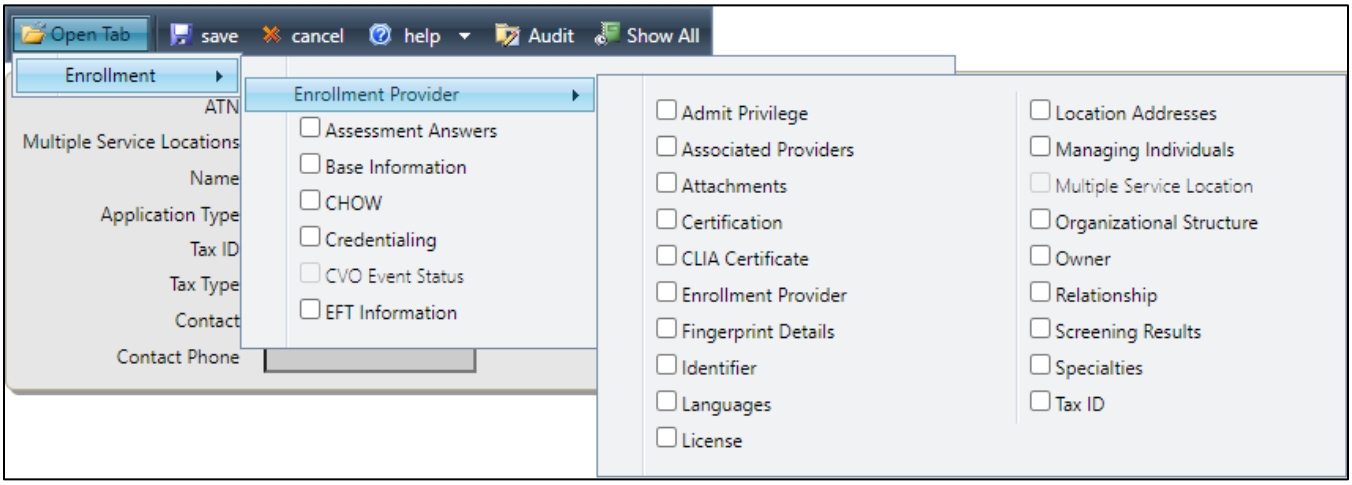


Table 2: Enrollment Provider Panel Descriptions

Panel Name	Description
Admit Privilege	This panel displays admitting privileges a provider has, with a record for each hospital. When Plan is selected as the admit type, physician information is required. When Privilege is selected as the admit type, hospital information is required.
Associated Providers	This panel displays the Medicaid Identification (ID), National Provider Identifier (NPI), Social Security Number (SSN), License Number, and other details regarding the listed associated providers. This panel is used during the Provider Enrollment Application workflow process.
Attachments	This panel displays a list of attachments the provider submitted and the screening results. It's used during the Provider Enrollment Application workflow process.
Certification	This panel displays certifications of the following type: 340B, JCAHO, ASHA Certification, and Certification of Disease Management.

Panel Name	Description
CLIA Certificate	The Clinical Laboratory Improvement Amendments (CLIA) Certificate panel displays the CLIA number, type, effective, and end date. This panel is used during the Provider Enrollment Application workflow process.
Enrollment Provider	This panel provides additional details specific to the provider. It is used during the Provider Enrollment Application workflow process.
Fingerprint Details	This panel provides details for each person who was required to submit fingerprints for enrollment. It includes their name, SSN, control number of the fingerprints submitted, outcome of the submission, comments, and status.
Identifier	This panel displays the provider's NPI, SSN, License information, and Drug Enforcement Agency (DEA) number. This panel is used during the Provider Enrollment Application workflow process.
Languages	This panel displays the languages spoken for which the provider offers an interpreter. The system requires at least one language to be added.
License	This panel records information for each provider license.
Location Addresses	This panel displays the different addresses and locations submitted by the provider. The service location address includes contact numbers, accessibility information, office hours, and other details given on the application.
Managing Individuals	This panel is used to view the managing individuals for a Provider Service location.
Multiple Service Location	This panel is enabled for enrollments that include more than one service location. The clerk works all ATNs related to the one that was submitted using the Multiple Service Location panel as a reference.
Organizational Structure	This panel displays business tax classification and state-specific information. This panel is used during the Provider Enrollment Application workflow process.
Owner	This panel displays individuals who have an ownership in the facility, along with their tax and contact information.
Relationship	This panel displays the relationships between owners and/or managing employees.
Screening Results	This panel displays the screening request submitted by the Workflow process.
Specialties	This panel displays the provider's specialty and taxonomy codes.
Tax ID	This panel displays the Tax ID submitted by the provider, along with the name the provider uses when filing tax documentation.

Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
0.1	07/xx/2022	Gainwell	Initial submission
0.2	4/10/2023	Gainwell	Updated figure 16 screenshot to remove eff and end date based on CR