

Job Aid

Recredentialing/Revalidation Application Sections B1, B2 or E Updates

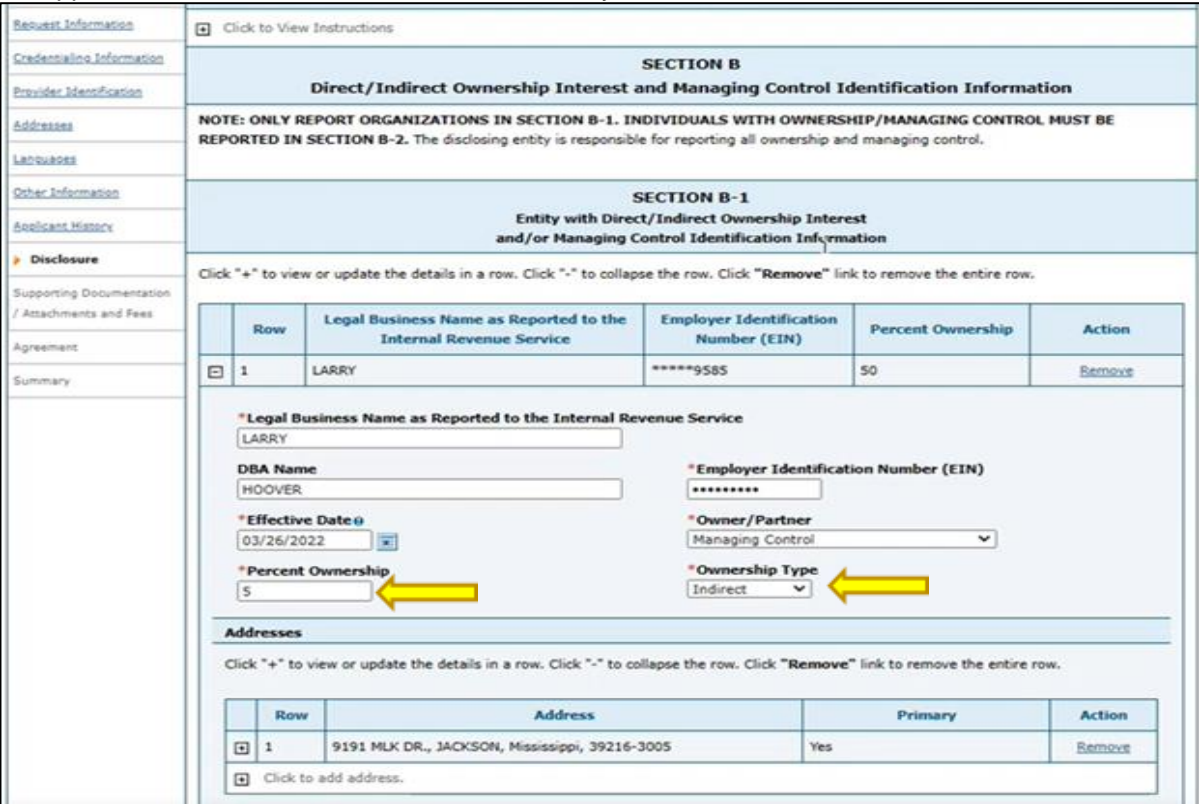
This document provides the steps needed to update information in sections B1, B2 or E, along with reporting a Managing Control Entity that is not an owner in a Recredentialing/Revalidation/Initial enrollment Application. These steps start at the point a provider is logged in and at the **Disclosure Section** on the application.

Currently, if an update is made in section **B1, B2, or E** we require the B1, B2 or E section of the disclosure form to be completed, attached, and submitted with the application as a PDF document.

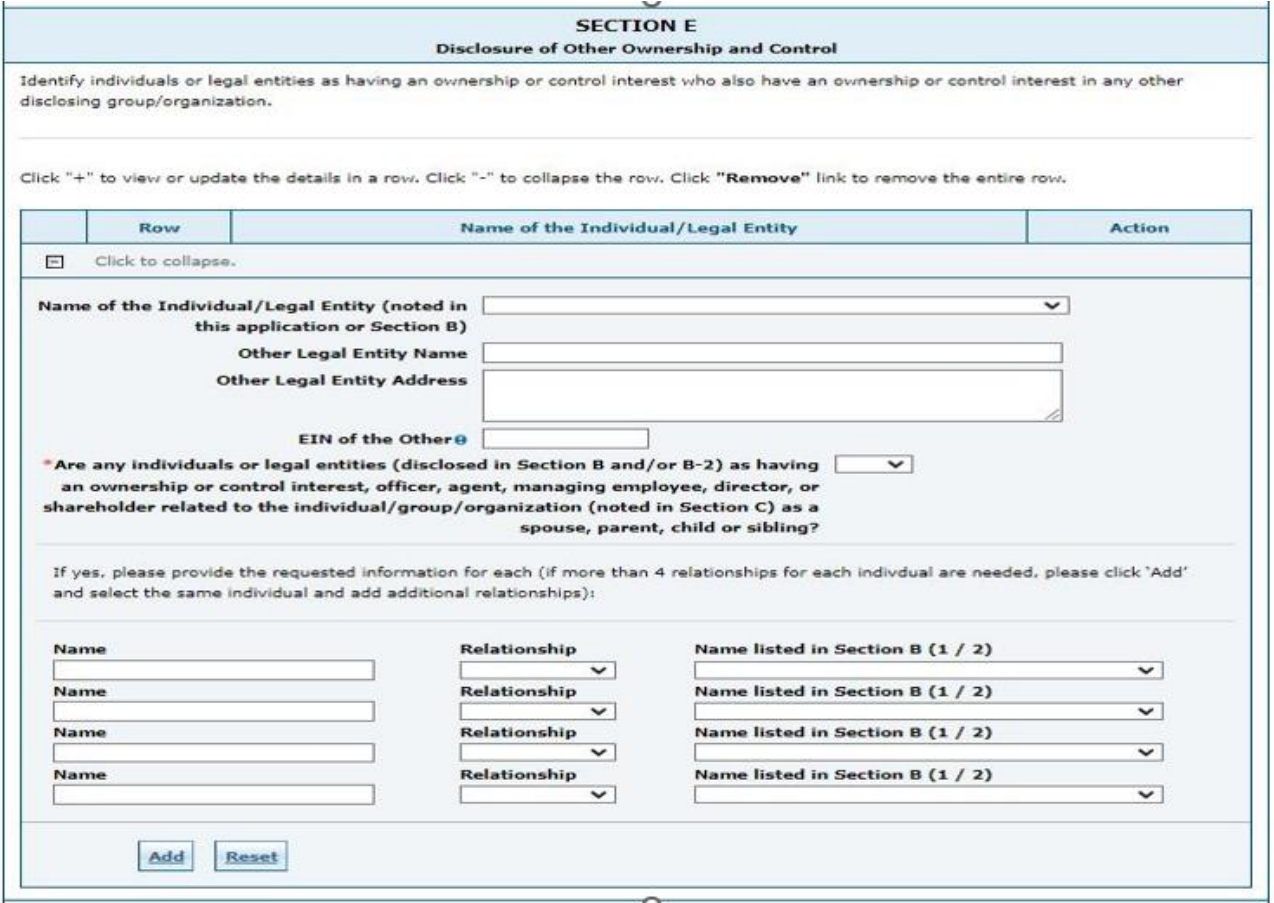
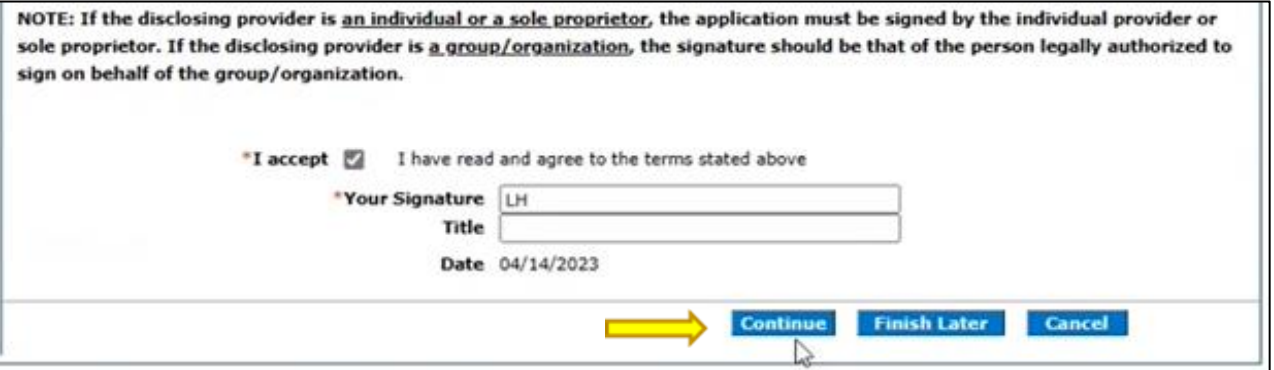
The disclosure form can be found on the MS Division of Medicaid's website: [Forms - Mississippi Division of Medicaid](#)

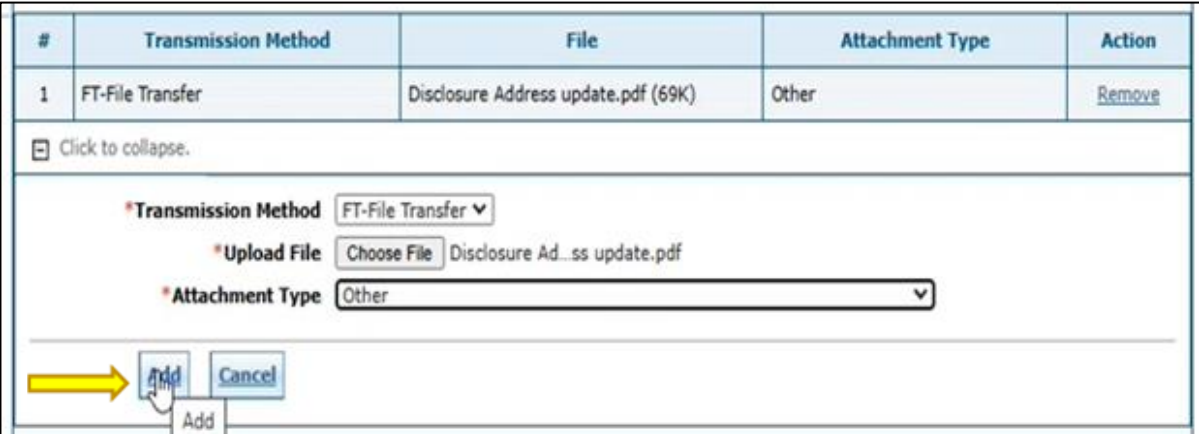
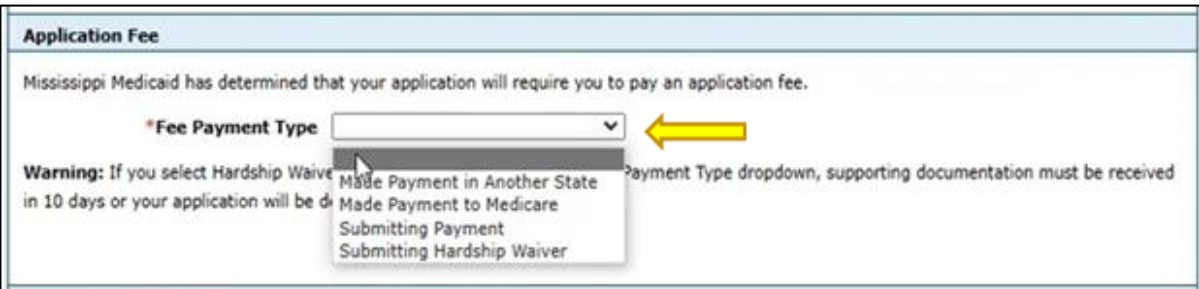
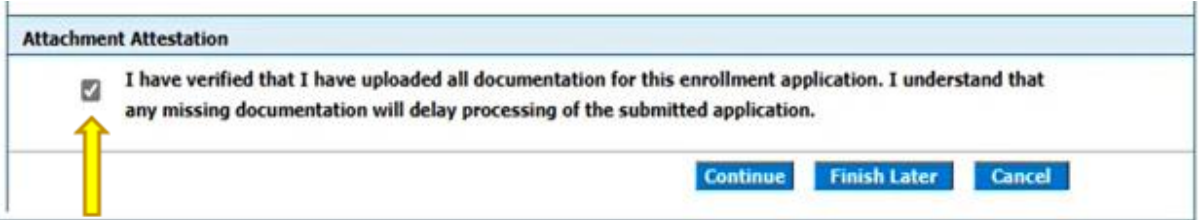
[Microsoft Word - Approved Feb 05 2021 Prov Disclosure Inst Form changes \(ms.gov\)](#)


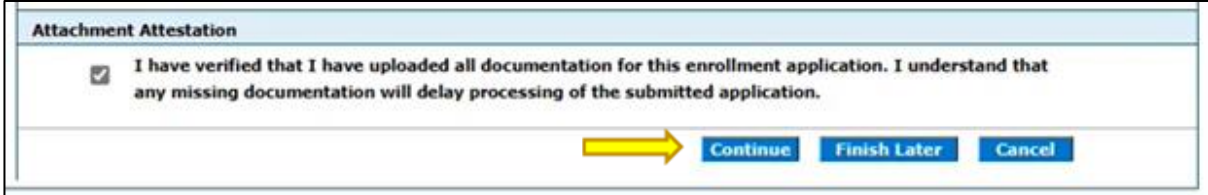
Review the steps to Update Section B1 or B2 of the Disclosure Panel:


Steps	Description
<p>Step 1</p>	<p>Currently, when reporting a Managing Control Entity that is not an owner, at least 5% ownership must be selected and the 'Ownership Type' of 'Indirect' should be selected otherwise the system will cause an error, preventing the submission of the application.</p> <p>* Make updates as needed in section B1 of the disclosure form downloaded from the DOM website and attach the pdf document to the online application. The Managing Control Entity will be set up exactly as described in the application attachment, make sure to note if they are not an owner.</p>  <p>The screenshot shows the 'Disclosure' section of the application. It displays a table of entities with columns for Row, Legal Business Name, EIN, Percent Ownership, and Action. Below the table, the details for the first entity (LARRY) are shown, including fields for DBA Name (HOOVER), Effective Date (03/26/2022), Employer Identification Number (*****9585), Owner/Partner (Managing Control), Percent Ownership (5), and Ownership Type (Indirect). Yellow arrows highlight the 'Percent Ownership' and 'Ownership Type' fields.</p>

Steps	Description												
<p>Step 2</p>	<p>Updating address, legal business name and/or DBA name of an owner or a managing control entity in section B1</p> <p>Make updates as needed in section B1 of the disclosure form downloaded from the DOM website, and attach the pdf document to the online application. The updates will be made exactly as described in the application attachment.</p>												
<p>Step 3</p>	<p>Updating address, name (first and/or last name), date of birth, and/or gender of an owner or managing employee/agent/director/officer in section B2</p> <p>Make updates as needed in section B2 of the disclosureform downloaded from the DOM website and attach the pdf document to the online application. The updates will be made exactly as described in the application attachment.</p> <div data-bbox="228 604 1495 1520" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">SECTION B-2 Individuals with Ownership Interest and/or Agents/Managing Control</p> <p>The following individuals must be reported in Section B-2:</p> <ul style="list-style-type: none"> ▶ 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 <p>Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Row</th> <th>Last Name</th> <th>First Name</th> <th>SSN</th> <th>Birth Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>HOOVER</td> <td>LARRY</td> <td>*****8457</td> <td>03/25/1987</td> <td>Remove</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <p>*Last Name: <input type="text" value="HOOVER"/> *First Name: <input type="text" value="LARRY"/> MI: <input type="checkbox"/></p> <p>*Birth Date: <input type="text" value="03/25/1987"/> *Gender: <input type="text" value="Female"/> Title: <input type="text"/></p> <p>*SSN: <input type="text" value="*****"/> *Owner/Managing Employee: <input type="text" value="Both"/></p> <p>*Home Address: <input type="text" value="9190 MLK DR."/></p> <p>*City: <input type="text" value="JACKSON"/></p> <p>*State: <input type="text" value="Mississippi"/> *Zip Code: <input type="text" value="392163005"/></p> <p>*Country: <input type="text" value="UNITED STATES"/></p> </div> </div>	Row	Last Name	First Name	SSN	Birth Date	Action	1	HOOVER	LARRY	*****8457	03/25/1987	Remove
Row	Last Name	First Name	SSN	Birth Date	Action								
1	HOOVER	LARRY	*****8457	03/25/1987	Remove								
<p>Step 4</p>	<p>Select Save.</p> <p>*If any new owners or managing control entities are required to be reported, they can be reported directly on the online disclosure panel in sections B1 and B2.</p> <div data-bbox="228 1669 1479 1927" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"> <input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/> </p> <p>Click to add Organization</p> <p style="text-align: center;">SECTION B-2</p> </div>												

Steps	Description
<p>Step 5</p>	<p>Entering information in section E - "Disclosure of Other Ownership and Control"</p> <p>Currently, the portal was designed to accept one of the values 'Name of the Individual/Legal Entity (noted in this application or Section B)' or 'Other Legal Entity Name.' If providers need to report any of the disclosing individuals or legal entities that have ownership or control interest in them and also have an ownership or control interest in any other disclosing group or organization then they should make updates as needed in section E of the disclosure form downloaded from the DOM website. Attach the pdf document to the online application. The updates will be made exactly as described in the application attachment.</p> 
<p>Step 6</p>	<p>Scroll to the bottom and select Continue.</p> 

Steps	Description
<p>Step 7</p>	<p>Attach PDF document.</p> <p>Leave the transmission method as Ft-File Transfer.</p> <p>Select the file to be uploaded.</p> <p>Select Other as the attachment type.</p> <p>Select Add.</p> 
<p>Step 8</p>	<p>Select the appropriate Fee Payment Type.</p> 
<p>Step 9</p>	<p>Select the Attachment Attestation Box.</p>  <p>Note: If you are not able to finish the application now and you select <i>Finish Later</i>, this information will be lost, and you will have to reattach the document.</p>

Steps	Description
<p>Step 10</p>	<p>View the required Privacy Notice by selecting the link which directs you to DOM's website.</p>  <p>Supporting Documentation</p> <p>The following actions need to be taken to complete the enrollment process. If you need to submit attachments, please follow the instructions in the Attachments panel below.</p> <p>Instructions : Privacy Notice (Must View) ←</p> <p>Checklist of General Provider Information Required</p> <p>Important Check List Items can be found</p> <p>* Indicates a required field.</p> <p>MEDICAID MEMBERS: Please make sure your contact information is up to date! Click here to update your information today.</p> <p>Font Size - +</p> <p>MISSISSIPPI DIVISION OF MEDICAID</p> <p>About Services Quality Late Breaking News Job Openings Contact Search</p> <p>Notice of Privacy Practices</p>
<p>Step 11</p>	<p>Select Continue.</p>  <p>Attachment Attestation</p> <p><input checked="" type="checkbox"/> I have verified that I have uploaded all documentation for this enrollment application. I understand that any missing documentation will delay processing of the submitted application.</p> <p>Continue Finish Later Cancel</p>

Steps	Description
<p>Step 12</p>	<p>View Terms of Agreement.</p> <div data-bbox="232 283 1482 1073" style="border: 1px solid black; padding: 10px;"> <p>Terms of Agreement</p> <p>Provider Name Hoover Facility</p> <p>Address 9090 MLK DR. JACKSON Mississippi, 39216-3005</p> <p>Tax ID *****4543</p> <p>NPI 1528245438</p> <p>Contact Name LARRY HOOVER</p> <p>Contact Email REAH.GILBERT@GAINWELLTECHNOLOGIES.COM</p> <p style="text-align: center;">Division of Medicaid The Office of the Governor Medical Assistance Participation Agreement (Medicaid – Title XIX Program)</p> <p>The Medicaid Provider Agrees</p> <ol style="list-style-type: none"> 1. To provide medical services to eligible Medicaid beneficiaries without regard to race, color, religion, sex, national origin, handicap, or limited English proficiency. 2. To abide by federal and state laws and regulations affecting delivery of services. 3. Not to refuse to furnish services covered under the Medicaid program to an individual who is eligible for Medicaid because of potential third party liability for the services or to discriminate as to recipients served or services provided because of Medicaid eligibility or potential third party liability. 4. To take no action or adopt any procedure that would circumvent or deny freedom of choice to any eligible recipient of medical assistance under the Medicaid program. </div>
<p>Step 13</p>	<p>Select I Accept. Enter your signature. Select Submit.</p> <div data-bbox="232 1203 1482 1633" style="border: 1px solid black; padding: 10px;"> <p>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.</p> <p>*I accept <input checked="" type="checkbox"/> I understand that my electronic signature is equivalent to written signature.</p> <p>*Your Signature <input type="text" value="LH"/></p> <p>(Entering your name in the box to the right will constitute your electronic signature.)</p> <p>Title <input type="text"/></p> <p>Submission Date 04/14/2023</p> <p style="text-align: right;"> <input type="button" value="Submit"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/> </p> <p style="text-align: center;">  <input type="button" value="Submit"/> </p> </div>

Change History

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

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	04/20/2023	Gainwell	Initial publication
1.1	4/24/2023	Gainwell	Revised based on SME review