

# Job Aid

## Provider Portal Processes

This set of job aids covers the following processes:

### Contents

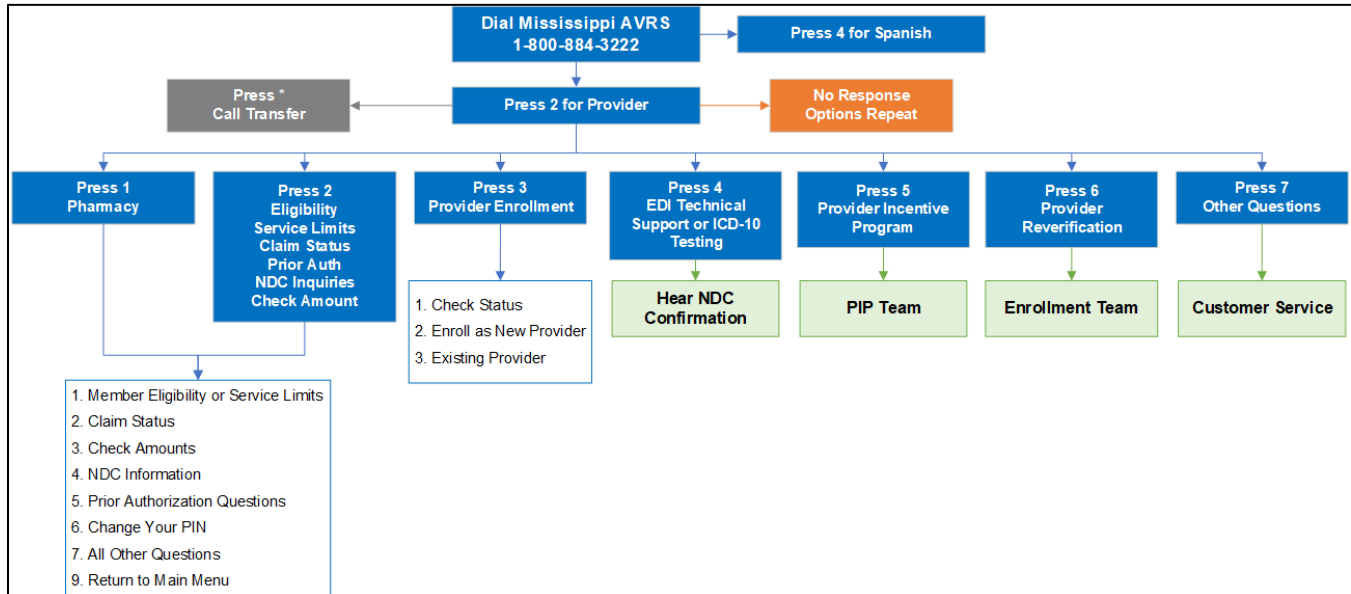
Accessing Provider Services in the AVRS .....	2
Working with Delegate Accounts .....	3
Registering a Delegate Account .....	3
Logging In as a Delegate .....	4
Checking Member Eligibility .....	5
Searching Payment History .....	10
Verifying a Prior Authorization .....	12
Send a Secure Correspondence .....	14
Submitting a Newborn Enrollment .....	17
TPID Linking for Outside Service .....	22
TPID Linking for Self-Service .....	24
Accessing Legacy RAs .....	26

**Note:** All screenshots in this document were taken with deidentified data.

# Accessing Provider Services in the AVRS

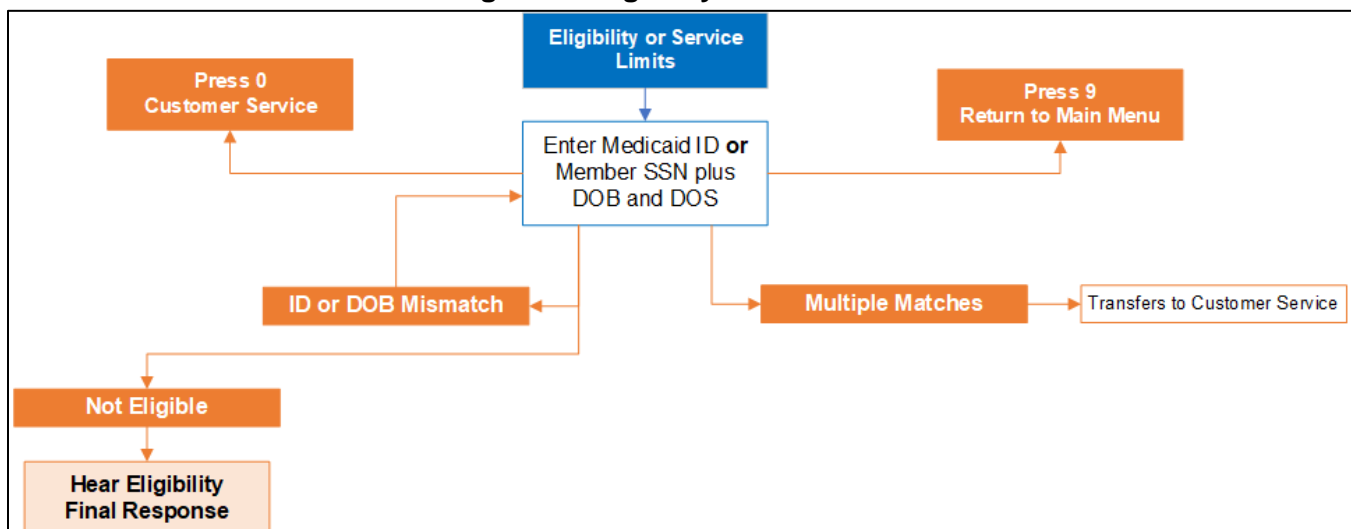
The following figure offers a basic visualization of the Medicaid Enterprise System Assistance (MESA) Automated Voice Response System (AVRS) call flow for providers.

**Figure 1: AVRS Quick Reference – Provider**



Where applicable, the AVRS system verifies information entered by the caller, as shown in Figure 2: Eligibility Data Checks. The eligibility call flow includes opportunities to hear other associated information (lock-in, third party liability, etc.) and gives callers the opportunity to repeat the information or hear eligibility for a different Date of Service (DOS).

**Figure 2: Eligibility Data Checks**



# Working with Delegate Accounts

This process describes how to create a delegate account on the provider portal. As discussed in PRP-100 Provider Portal Overview, providers often use delegates to manage their claims on the portal. A delegate can serve several provider accounts even if the delegate has only one provider, since providers can have multiple contracts. Delegates who service multiple provider accounts will be presented with a selection of providers to choose from when they log in, as shown in Figure 3: Switch Provider Panel. Once they select a provider, they will see the tabs available to them for that account.

**Note:** If you have multiple Medicaid IDs and/or locations, you can change the Display Name on each account to reflect the taxonomy-location for that Medicaid ID.

**Figure 3: Switch Provider Panel**

Switch Provider

Switch Provider

Enter at least one selection criteria below and click **Search** to retrieve information.

Display Name

Email

**Search** **Reset**

**Available Providers**

Select a Provider that you wish to switch to, then click **Submit** button.

Total Records: 2

#	Display Name ▲	Email Address
1	<input type="radio"/> BillyBob	<a href="mailto:slawrence@gainwelltechnologies.com">slawrence@gainwelltechnologies.com</a>
2	<input type="radio"/> Debrita	<a href="mailto:dschiller@gainwelltechnologies.com">dschiller@gainwelltechnologies.com</a>

**Submit** **Close**

## Registering a Delegate Account

**Note:** To register as a delegate, you'll need all the information the provider used to create your account. Additional providers assigning you to their locations must have your MESA Delegate Code, so keep it on hand.

Complete the following steps to create a delegate account:

1. Access the provider portal at the URL that was given to you.
2. At the Home page, click the **Register Now** link.

**Figure 4: Provider Portal Home Page**

**Login**

\*User ID

**Log In**

[Forgot User ID?](#)

[Register Now](#)

**MESA**  
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

**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.

- The system opens the Registration Selector page. Click the Delegate option.

**Figure 5: Registration Selector Page**

- At the Registration panel, enter your name, birth date, and the last four digits of your driver's license number as they were entered by the provider. Enter the delegate code from the record the provider created and click **Continue**.

**Figure 6: Registration Step 1**

The rest of the registration steps are the same as described in PRP-100 Provider Portal Overview. An email with a link confirms your account. You must confirm your account or you can't log in.

## Logging In as a Delegate

When you log into your delegate account, the system opens the Home page if you serve only one provider account. If you are a delegate for multiple provider accounts, the system opens the Switch Provider panel so you can select an account, as shown in Figure 3: Switch Provider Panel on page 3. At any time, you can return to this panel and switch to a different provider to continue your work.

Once you select the provider, you will be see the provider portal as the provider sees it, with the exception of pages and panels that you are not authorized to access.

# Checking Member Eligibility

This section provides the process for reviewing member eligibility, service limits, EPSDT visits, and other insurance.

Complete the following steps to verify member eligibility:

1. From the Provider Portal Home page, click the **Eligibility** tab.

**Figure 7: Provider Portal Home Page**

The screenshot shows the Provider Portal Home Page. At the top, there is a header with the Mississippi Division of Medicaid logo and a search bar. Below the header is a navigation bar with tabs: Home, **Eligibility** (highlighted with a red box), Claims, Care Management, Patient Health History, Files Exchange, and Resources. The main content area is divided into several sections:

- Provider Information:**
  - Provider Name: CLINIC PHARMACY
  - Location: 004474771 - CLINIC PHARMACY
  - Role IDs: 1912381609 (NPI)
  - Taxonomy: 333600000X-Pharmacy
- User Details:**
  - Welcome Bulldog
  - My Profile
  - Manage Accounts
- Provider Details:**
  - Name: ABC Dentist
  - Provider ID: 1000000001 (NPI)
  - Location ID: 004444033
  - Characteristics
- Upcoming Actions:**
  - Revalidation Start Date: 11/25/2023
  - Revalidation Due Date: 01/24/2024
  - Warning: Revalidate your Provider Enrollment
- MESA (MEDICAID ENTERPRISE SYSTEM ASSISTANCE) Welcome:**

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.
- Sign Up to Receive News**
- Secure Correspondence**
- Latest News:**
  - Late Breaking News
  - Provider Bulletins
  - UM/QIO
  - Report Fraud

2. On the **Eligibility** landing page, you can choose Eligibility Verification or Treatment History.
3. Click the **Eligibility Verification** link.

**Figure 8: Eligibility Landing Page**

The screenshot shows the 'Eligibility' landing page. At the top, there's a search bar labeled 'Search Medicaid:' and a 'Logout' link. Below the search bar is a navigation menu with links: Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. Under the 'Eligibility' link, there's a sub-menu with 'Eligibility Verification', 'Treatment History', and 'Newborn Enrollment'. The 'Eligibility Verification' link is highlighted with a red box. Below the sub-menu, there's a section for 'Eligibility' with a 'Provider Name' field, a 'Location' field, and a 'Role IDs' dropdown menu. The 'Role IDs' dropdown is set to '1112211135 (NPI)'. Below the 'Role IDs' dropdown is a 'Taxonomy' field set to '363A00000X-Physician Assistant'. The 'Eligibility' section also includes a 'Mississippi Medicaid' dropdown menu.

4. Enter the Member ID, or if you don't have it, enter two of the following:
  - Social Security Number (SSN)
  - Birth date
  - Member's full name

**Note:** If you don't receive the expected results with a Member ID search, try searching with two of the other fields.

**Figure 9: Eligibility Verification Panel**

The screenshot shows the 'Eligibility Verification Request' panel. It contains a form with the following fields: Member ID, Last Name, First Name, SSN, Birth Date, Effective From, and Effective To. The Member ID, SSN, and Birth Date fields are highlighted with a red box. The form also includes a note: '\* Indicates a required field.' and a提示: 'Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.'

5. You do not need to enter dates unless you are searching for a specific time period. The Effective To date defaults to the current date if you leave it blank.

**Note:** You can search for eligibility history up to one year in the past and four months into the future. The Effective From and Effective To dates can only have a maximum span of 30 days between them.

6. If you wish to include a service type code or procedure code in your search, select the type of search from the Search By drop-down list, then start typing the desired code. The system will provide a list and narrow it down as you enter more characters.

**Figure 10: Service Type Code or Procedure Code Search**

7. When your search criteria is entered, click **Submit**.

**Figure 11: Submit Eligibility Verification Request**

8. The system returns the eligibility verification for the member, confirming the current assigned coverages. Remember, coverage is not a guarantee since a member can lose eligibility for a variety of reasons. To view coverage information, click the link for the listed coverage.

**Figure 12: Eligibility Verification**

Eligibility Verification Information for HERMAN A SULLIVAN from 10/01/2022 to 10/30/2022			
Member ID	Birth Date	12/01/2014	Gender Female
Coverage		Effective Date	End Date
Medicaid State Plan		10/01/2022	10/30/2022
PHARM EPSDT (PBM Plan 400)		10/01/2022	10/30/2022
Other Insurance Detail Information			



9. Scroll down to view the coverage limits section.

**Note:** Additional service details are available on the Treatment History tab.

10. To return to the Eligibility Verification panel, click the **Back to Eligibility Verification** link.

**Figure 13: Coverage Details**

Coverage Details for Member ID 684549557 - CLIFTON A CLEMMONS from 5/4/2023 to 5/4/2023
[Back to Eligibility Verification](#)

Verification Response ID 2312400005

[Expand All](#) | [Collapse All](#)

**Benefit Details**

Coverage	Description	Effective Date	End Date
PB400	PHARM EPSDT (PBM Plan 400) - 072	05/04/2023	12/31/9999
TXIX	Medicaid State Plan - 072	05/04/2023	12/31/9999

**Managed Care Assignment Details**

Managed Care Plan	Managed Care Plan Phone	Primary Care Provider	Provider Phone	Benefit Plan
MOLINA HEALTHCARE OF MISSISSIPPI IN	1-844-809-8438	MOLINA HEALTHCARE OF MISSISSIPPI IN	1-888-562-5442	MississippiCAN

**Limit Details**

**\* Only Service limits that have paid claims will be displayed**

Note: Dollar Limits and Service Limits information may not reflect recent claims and is subject to change daily as available benefits are used and the information provided is not a guarantee for payment.

		Limit	Used	Remaining	Last Service Date
Individual	Dental max dollar amount \$2500 exceeded	\$2,500.00	\$108.08	\$2,391.92	9/19/2022

		Limit	Used	Remaining	Last Service Date
Individual	Dental prophylaxis service Limit exceeded	2	1	1	9/19/2022
	Dental fluoride service Limit exceeded	2	1	1	9/19/2022
	Physician Office Visit Service Limit Exceeded	16	1	15	8/15/2022

**EPSDT Well Child Service Details**

Service	Last Exam	Next Exam
EPSDT- Medical		04/01/2041
EPSDT- Dental	09/19/2022	03/19/2023
EPSDT- Hearing		
EPSDT- Vision		
EPSDT- Other		

**Demographic Details**

**Street Address** 566 PINERIDGE CIR  
**City** FOREST **State** Mississippi **Zip Code** 39074-8814



11. To view or add other insurance for a member, click **Other Insurance Detail Information**.

**Figure 14: Access Other Insurance**

Eligibility Verification Information for HERMAN A SULLIVAN from 10/01/2022 to 10/30/2022			
Member ID	Birth Date	12/01/2014	Gender Female
Coverage	Effective Date		End Date
Medicaid State Plan	10/01/2022		10/30/2022
PHARM EPSDT (PBM Plan 400)	10/01/2022		10/30/2022
Other Insurance Detail Information			

12. The portal displays any other insurance policies for the member. To view details for any record in this list, click the plus sign on the left.

13. To add other insurance, enter the carrier and policy holder information, then click **Add**. The system creates the record and stores it in the Other Insurance list; however, it will not appear when you come back to this list until it is validated.

**Figure 15: Other Insurance Panel**

Print Preview

Other Insurance Information for Member ID 349983687 - HERMAN A SULLIVAN

Back to Eligibility Verification ?

\* Indicates a required field.

Click '+' to view details in a row. Click '-' to collapse the row.

	Carrier Name	Policy #	Group #	Policy Holder	Policy Type	Effective From	Effective To
+	CAREMARK/CVS	F020659745954	RX5449	HERMAN A SULLIVAN	OTHER INSURANCE	09/01/2017	09/30/2017
+	CAREMARK/CVS	V362354838474	RX5449	HERMAN A SULLIVAN	OTHER INSURANCE	02/01/2017	08/24/2017
+	HUMANA	O1656344012	R8679001	HERMAN A SULLIVAN	HEALTH INSURANCE	06/01/2015	12/31/2016
+	CIGNA	Q70579203	R8679001	HERMAN A SULLIVAN	OTHER INSURANCE	06/01/2015	12/31/2016

Other Insurance Carrier Information

\*Carrier Name Aetna

\*Policy # 123123123123123

Policy Type OTHER INSURANCE

\*Effective From 06/01/2022

\*Group # A98765

Other Policy Holder Information

\*Subscriber Last Name Sullivan

\*First Name Harriet

MI Q

\*Birth Date 11/12/1960

\*Social Security Number

\*Confirm Social Security Number

Add

Reset

# Searching Payment History

This section provides the process for researching claim payments on the Provider Portal.

Complete the following steps to research claim payments:

1. Navigate to the Search Payment History page. You can do this by clicking the link at the bottom of the Home page as shown in Figure 16: Navigate to the Search Payment History Page, or you can select the **Claims** tab, then **Search Payment History** as shown in Figure 17: Search Payment History Page.

**Figure 16: Navigate to the Search Payment History Page**

The screenshot shows the Provider Portal Home page. On the left sidebar, under the 'Provider' section, there is a link for 'Search Payment History' which is highlighted with an orange box. Other links in the sidebar include 'Characteristics', 'Upcoming Actions', 'Provider Services', 'Member Focused Viewing', 'EHR Incentive Program', and '340B Program Information'. The main content area displays a welcome message and a list of links on the right: 'Late Breaking News', 'Provider Bulletins', 'UM/QIO', and 'Report Fraud'.

2. The system defaults to searching for all payment methods and types, with a range of issue dates within the last 90 days. If you know the payment number, enter it in the **Payment ID** field.

**Figure 17: Search Payment History Page**

The screenshot shows the 'Search Payment History' page. At the top, the 'Claims' tab is selected and highlighted with an orange box. Below the navigation bar, the 'Search Payment History' link is also highlighted with an orange box. The page displays provider information for 'CLINIC PHARMACY' with ID '1912381609'. The search criteria section includes:
 

- Payment Method:** A dropdown menu set to 'All'.
- Payment Type:** A dropdown menu set to 'All'.
- Payment ID:** An empty text input field.
- Issue Date:** Two date pickers. The 'From' date is '07/13/2022' and the 'To' date is '10/11/2022'. Both date pickers are highlighted with orange boxes.

 At the bottom of the search criteria section, there are 'Search' and 'Reset' buttons, both highlighted with orange boxes.

- The system returns a list of payments matching the search criteria, which for this example is a range of issue dates. For any payment you can click the **RA Copy** link to view the related remittance advice.
- To view details for a payment, including a list of related claims, click the payment ID.

**Figure 18: Payment Search Results**

Issue Date		*From	07/13/2022	*To	10/11/2022
<a href="#">Search</a> <a href="#">Reset</a>					
<b>Search Results</b>					
To see payment details, click on the payment ID link.					
					Total Records: 15
Issue Date ▼	Payment Method	Payment Type	Payment ID	Total Paid Amount	RA Copy
10/08/2022	Check		<a href="#">000000000</a>	\$0.00	<a href="#">RA</a>
10/07/2022	EFT		<a href="#">900003999</a>	\$1,877.15	<a href="#">RA</a>
10/03/2022	EFT		<a href="#">900003950</a>	\$12,377.19	<a href="#">RA</a>
09/26/2022	EFT		<a href="#">900003938</a>	\$8,095.94	<a href="#">RA</a>
09/19/2022	EFT		<a href="#">900003896</a>	\$11,713.48	<a href="#">RA</a>
09/12/2022	EFT		<a href="#">900003846</a>	\$878.34	<a href="#">RA</a>
09/05/2022	EFT		<a href="#">900003791</a>	\$8,306.47	<a href="#">RA</a>
08/29/2022	EFT		<a href="#">900003740</a>	\$2,467.26	<a href="#">RA</a>
08/22/2022	EFT		<a href="#">900003687</a>	\$6,602.60	<a href="#">RA</a>
08/15/2022	EFT		<a href="#">900003626</a>	\$1,903.81	<a href="#">RA</a>
					1 2

- From this point, you can click the related claim number for a payment to view claim information. The details page also offers a button to open the RA for the payment.

**Figure 19: View Claim Payment Details**

View Payment Details

Back to Search Payment History

Provider Information

Provider ID

1912381609

ID Type

NPI

Name

CLINIC PHARMACY

Location ID

004474771

Payment Summary for Payment ID 900003846 issued on 9/12/2022.

Claim Payments

\$878.34

Additions

\$0.00

Deductions

\$0.00

Total Paid Amount

\$878.34

RA Copy

Show Filter Options

Claim Payment Details

Total Records: 52

Claim ID	Member Name	Service Dates	Performing Provider	Total Charges	Allowed Amount	Member Responsibility	Payment Amount	Interest
2222248000001	BLAKE D KONKEY	-	CLINIC PHARMACY	\$50.00	\$0.00	\$0.00	\$8.96	\$0.00
2222248000002	BLAKE D KONKEY	-	CLINIC PHARMACY	\$50.00	\$0.00	\$0.00	\$14.97	\$0.00
2222248000004	BLAKE D KONKEY	-	CLINIC PHARMACY	\$50.00	\$0.00	\$0.00	\$47.00	\$0.00
2222248000009	TAQUITA	-	CLINIC PHARMACY	\$50.00	\$0.00	\$0.00	\$12.16	\$0.00

# Verifying a Prior Authorization

This section provides steps to locate a previously submitted prior authorization (PA) on the Provider Portal.

Complete the following steps to view an existing PA:

1. In the Provider Portal, click the **Care Management** tab, then **View Authorization Status**.

**Figure 20: View Authorization Status**

The screenshot shows the 'Care Management' tab selected in the top navigation bar. Below the navigation bar, there are links for 'Create Authorization' and 'View Authorization Status'. The 'View Authorization Status' link is highlighted with a red box. The page also displays a header with the date and time: 'Tuesday 10/11/2022 02:59 PM CST'.

2. Your submitted authorizations are listed on the Prospective Authorizations tab, but you can also search for a specific PA. Click the **Search Options** tab.
3. In the Authorization Information panel, you can search by PA number, process type, or service code from a variety of code sets. You can also limit your search to a specific date or day range. You can also search by a member ID or provider ID and taxonomy.
4. When you're ready, click **Search**.

**Figure 21: Search for Authorizations**

The screenshot shows the 'View Authorization Status' page with the 'Search Options' tab selected. The search form includes fields for 'Prior Authorization Number' (5210150002), 'Process Type', 'Code Type', 'Service Code', 'Day Range' (Next 14 days), and 'Effective Date'. There are also sections for 'Member Information' (Member ID) and 'Provider Information' (Provider ID, Taxonomy, and 'This Provider is the' radio buttons). The 'Search' button is highlighted with a red box.

- The system returns search results below the search panel. Click the PA number to open the details for the authorization.

**Figure 22: Authorization Search Results**

Search Results								
Prior Authorization Number	Authorization Service Date ▼	Member Name	Member ID	Process Type	Referring Provider	Referring Taxonomy	Servicing Provider	Servicing Taxonomy
<a href="#">5210150002</a>		A, DANYELLE SMITH	760378034	DRUGS				

- The system opens the authorization response for the member. To view the status, click the + icon on the right of the **Service Details** panel.
- The system displays a row for each line of the PA. The status of the line appears on the right.

**Figure 23: Authorization Status by Line**

View Authorization Response for DANYELLE SMITH

Back to View Authorization Status ?

Authorization Tracking # 5210150002

Process Type DRUGS

External Prior Authorization # \_

Expand All | Collapse All

Requesting Provider Information +

Member Information +

Diagnosis Information +

Service Details -

If both authorized units and dollars are displayed, the dollar amount is a per unit rate.

Line #	From Date	To Date	Units	Units Used	Frequency	Dollars	Dollars Used	Remaining Amount	Code	Status
<a href="#">001</a>	01/15/2021	01/15/2021	0		-				CPT/HCPCS	Pending

Print Preview

- To print a copy of the authorization, click **Print Preview**.

# Send a Secure Correspondence

This section provides the steps for sending a secure email from the Provider Portal..

Complete the following steps to send a secure correspondence:

1. At the Provider Portal Home page, select **Secure Correspondence**.

**Figure 24: Navigate to Secure Correspondence**

The screenshot shows the MESA Provider Portal Home page. At the top, there's a header with provider information: Provider Name (SERVICE ADDRESS), Location (200000047 - SERVICE ADDRESS), Eligible Programs and CCO Affiliation (Mississippi Medicaid), Role IDs (1112211135 (NPI)), and Taxonomy (363A00000X-Physician Assistant). Below this, the 'User Details' section shows 'Welcome Bulldog' and links for 'My Profile' and 'Manage Accounts'. The 'Provider' section shows 'Name: ABC Dentist', 'Provider ID: 1000000001 (NPI)', and 'Location ID: 004444033'. A central banner reads 'Welcome Health Care Professional!' with a message about the portal's purpose. On the right, there's a 'Sign Up to Receive News' button and a 'Secure Correspondence' link highlighted with a red box. Below that is a 'Latest News' section with links for 'Late Breaking News', 'Provider Bulletins', 'UM/OIO', and 'Report Fraud'.

2. The Secure Correspondence page displays search fields to search among the member's existing messages. Click the **Create New Message** link.

**Figure 25: Create a New Message**

The screenshot shows the 'Secure Correspondence - Message Box' page. It has a navigation bar with 'Home', 'Coverage', 'Claims', 'Requests', 'Health Management', and 'Resources'. Below the navigation bar, there's a breadcrumb trail 'Home > Secure Correspondence' and a timestamp 'Thursday 04/14/2022 02:57 PM CST'. The main content area is titled 'Secure Correspondence - Message Box' and includes a 'Back to My Home' link. A message explains that users can access messages by selecting the individual subject line and that a confirmation e-mail precedes the request. Below this, there are search filters: 'CTN' (text input), 'Date Opened' (calendar icon), 'Date Closed' (calendar icon), 'Status' (dropdown menu), and 'Message Category' (dropdown menu). There are 'Search' and 'Reset' buttons. At the bottom right, the 'Create New Message' link is highlighted with a red box.

3. At the Create Message panel, the **Subject** field is required.
4. Click the **Message Category** drop-down list and select the appropriate category for the message. This selection routes the message to the appropriate team.
5. The system populates your email address, but you must manually enter and confirm it in the **Confirm Email** field.
6. Add any other pertinent information in the remaining fields to facilitate your request. For example, if this is a question about a claim be sure to include the date of service and the amount paid and/or billed.

- You can explain more about your question in the **Message** field. Adding information here will make it easier to answer quickly, rather than having to ask for more details.

**Figure 26: Create a Message**

**Secure Correspondence - Create Message** [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to go back.

\* Indicates a required field.

\* **Subject** Partner Change

\* **Message Category** Provider Maintenance Inquiry

\* **Email** ABCdentist@gmail.com

\* **Confirm Email** ABCdentist@gmail.com

**Provider ID**

**Taxonomy**

**Provider Name**

**Provider/Facility**

**Member Name**

**Member ID**

**Claim Number**

**Date of Service**

**To**

**Paid Amount**

**Billed Amount**

**Pay/Deny Date**

**Rx #**

**NDC**

**Prior Authorization Number**

\* **Message** Our partner has changed her name. Do we need to update this information?

- To include an attachment, click **Choose File** to select and upload a document. If you attach a file you must indicate its type from the **Attachment Type** drop-down list. For this example, the attachment might be a signed request.

**Note:** You can upload up to 20MB of files per message.

**Figure 27: Complete and Send Message**

**Attachments**

Click the **Remove** link to remove the entire row.

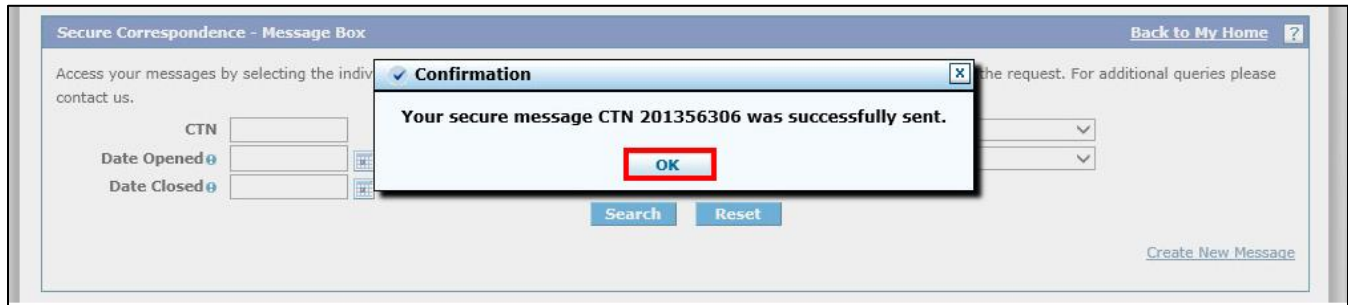
#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
	* <b>Transmission Method</b> FT-File Transfer	* <b>Upload File</b> Choose File Updated SS Card.pdf		* <b>Attachment Type</b> Copy of SSN Card	
	<b>Description</b> Card shows partner's new name.				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

- Click **Send** to submit your message.



10. The system confirms receipt with a Contact Tracking Number (CTN). Click **OK**.

**Figure 28: Message Confirmation**



11. At any time, you can search for this message by entering the CTN and clicking **Search** in the Secure Correspondence panel.

**Note:** If you call in regarding this message, be sure to give the agent the CTN so they can see your message and any attachments or information you have already provided.

# Submitting a Newborn Enrollment

This section covers the steps required to submit a newborn enrollment. Enrollment forms are converted to PDFs and uploaded via the Secure Correspondence page. To verify when a newborn enrollment was sent, you can locate it using the Secure Correspondence search panel. When the Medicaid ID is assigned, you will receive a fax of the completed and processed form containing the Medicaid ID.

Complete the following steps to create a newborn application:

1. Log into the portal and select the **Eligibility** tab.

**Figure 29: Select Eligibility Tab**

The screenshot displays the Mississippi Division of Medicaid portal interface. At the top, the header includes the Medicaid logo and a search bar. Below the header is a navigation menu with tabs: Home, Eligibility (highlighted with a red box), Claims, Care Management, Patient Health History, Files Exchange, and Resources. The main content area shows a 'Home' section with a 'Provider Name' field set to 'CLINIC PHARMACY' and a 'Location' field set to '004474771 - CLINIC PHARMACY'. Below this, there are sections for 'User Details' (Welcome Bulldog), 'Provider' (Name: ABC Dentist, Provider ID: 1000000001 (NPI), Location ID: 004444033), and 'Upcoming Actions' (Revalidation Start Date: 11/25/2023, Revalidation Due Date: 01/24/2024). A central banner for 'MESA MEDICAID ENTERPRISE SYSTEM ASSISTANCE' welcomes health care professionals. On the right side, there are links for 'Sign Up to Receive News', 'Secure Correspondence', and 'Latest News'.

- At the **Eligibility** page, click the **Newborn Enrollment** link.

**Figure 30: Start Newborn Enrollment**

The screenshot shows the top navigation bar with links: Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, and Resources. Below this is a sub-navigation bar with links: Eligibility Verification, Treatment History, and Newborn Enrollment. The main content area is titled 'Eligibility' and shows a date 'Wednesday 05/11/2022 02:54 PM CST'. There is a form section with fields for Provider Name, Service Address, Location, Role IDs, and Taxonomy. Below this is a sidebar with a blue button labeled 'Eligibility' and three links: Eligibility Verification, Treatment History, and Newborn Enrollment. The 'Newborn Enrollment' link is highlighted with a red rectangular box.


- Select the **New Form** radio button to indicate this is a new enrollment.
- Enter the mother's member ID in the **Member ID** field and tab to the next field. The system populates the member's information.

**Figure 31: Enter the Mother's Information**

The screenshot shows the 'Newborn Enrollment Form' with a header bar containing links: Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. Below this is a sub-navigation bar with links: Eligibility Verification, Treatment History, and Newborn Enrollment. The main content area is titled 'Eligibility > Newborn Enrollment'. There is a section for 'Newborn Enrollment Form 12/01/2015' with a description: 'This form is to be used by birth hospitals to enroll all deemed eligible newborns in Medicaid. All information must be completed by the birth hospital to obtain a Medicaid Identification Number for the newborn.' Below this is a radio button section: '\*Do you want to Submit' with options 'New Form' (selected) and 'Updated Form'. The 'Mother's Information' section contains the following fields: Member ID (375860620), First Name (GARFIELD), Last Name (HARRIS), SSN (427773950), Birth Date (05/27/1994), Address (5701 E 8TH AVE), Address Line 2 (APT D3), City (JACKSON), State (Mississippi), and Zip Code (39216-3971).

- Enter the newborn's information along with father's name.

**Figure 32: Enter Newborn Information**

Newborn Information	
*First Name	<input type="text"/>
*Last Name	<input type="text"/>
*Date of Birth	<input type="text"/> 
*Gender	<input type="radio"/> Male <input type="radio"/> Female
Birth Order, if multiple	<input type="text"/>
*Father's Name	<input type="text"/>
Middle Name	<input type="text"/>
Time of Birth	<input type="text"/>
Check if parental rights terminated	<input type="checkbox"/>




- Skip to the section below the red text that says, "CONTINUE ENTERING MOTHER/CHILD INFORMATION BELOW." Enter contact information for the hospital representative who can answer questions regarding this application.

**Figure 33: Enter Hospital Contact Information**

CONTINUE ENTERING MOTHER/CHILD INFORMATION BELOW	
Hospital Name	UNIVERSITY OF MS MEDICAL CENTER GRE
Medicaid Provider ID	000020026
*Contact Name	<input type="text" value="Bob Smith"/>
*Email	<input type="text" value="bsmith@UMMC.org"/>
*Phone	<input type="text" value="6015556549"/>
Ext	<input type="text" value="123"/>
*Fax Number	<input type="text" value="6015556544"/>
Date	05/11/2022

- Enter all the data related to the infant, including the delivering physician's name and National Provider Identifier (NPI) or Tax Identification Number (TIN).
- When you're finished, click **Submit**.

**Figure 34: Enter Delivery Data**

*Mother's Date of Last Menstrual Period	<input type="text" value="12/15/2021"/> 
*Delivery Type	<input type="text" value="Cesarean"/>
*Scheduled Delivery?	<input type="text" value="No"/>
*Gestational Age (Weeks)	<input type="text" value="42"/>
*Days	<input type="text" value="1"/>
*Birth Weight (Lbs)	<input type="text" value="8.13"/>
*Grams	<input type="text" value="4000.00"/>
*Apgar Score (1min)	<input type="text" value="2"/>
*5min	<input type="text" value="2"/>
*Birth Status	<input type="text" value="Healthy/Adopted or Foster Care"/>
Admission Date, If Applicable	<input type="text"/> 
Discharge Date, If Applicable	<input type="text"/> 
If transported to another facility, Facility Name	<input type="text"/>
*Delivering Physician's Name	<input type="text" value="Rachel Jones"/>
*Delivering Physician's NPI/TIN	<input type="text" value="1821032392"/>
Pediatrician Name	<input type="text"/>
Pediatrician NPI/TIN	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

- The system closes all fields, and you can review the application before submitting it. If you see an error, click **Cancel** and start again. If everything is correct, click **Confirm**.

**Note:** Click only once. If you click **Confirm** multiple times while it's processing, the system will create multiple applications.

**Figure 35: Confirm Application**

If transported to another facility, \_  
Facility Name \_  
Delivering Physician's Name Rachel Jones  
Delivering Physician's NPI/TIN 1821032392  
Pediatrician Name \_  
Pediatrician NPI/TIN \_

**Confirm** **Cancel**

10. The system responds with a Contact Tracking Number (CTN) for future reference.

**Figure 36: CTN Confirmation**

Mother's Information

\*Member ID \_  
First Name \_  
SSN \_  
Birth Date \_

**Confirmation**  
Your request has been submitted. Your confirmation # is CTN  
100000041  
**OK**

**Note:** When the enrollment is completed, the Mississippi Division of Medicaid (DOM) will fax a copy of the application with the newly assigned Medicaid ID to the contact's fax number that was listed on the form.

11. To view details for a submitted application, return to the Home page of the portal and click the **Secure Correspondence** link.

**Figure 37: Navigate to Secure Correspondence**

User Details  
Welcome Provider 009  
My Profile

**MESA**  
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

Sign Up to Receive News  
**Secure Correspondence**

12. In the **CTN** field, enter the CTN for the application and click **Search**.

13. The status of the request appears in the search results row. Click the CTN link to open the message contents.

**Figure 38: View the CTN**

Secure Correspondence - Message Box

Back to My Home ?

Access your messages by selecting the individual subject line. Click the **Search** button to look at your recent messages and/or use the fields below for a more specific search.

CTN

Date Opened

Date Closed

Status

Message Category

Search

Reset

Create New Message

Total Records: 3

CTN	Status	Subject	Message Category	Date Opened ▼	Date Closed
100000041	Closed	Newborn Enrollment	Newborn	05/12/2022	05/17/2022

**Message**Subject: Newborn Enrollment, MessageText:  
Provider ID: 000020026  
Member ID: 627206909  
Message: Newborn Enrollment


# TPID Linking for Outside Service

This process is for providers who use an outside trading partner or clearinghouse to submit their X12 transactions. It describes how the delegated service's Trading Partner ID (TPID) is linked to the provider account within Provider Portal.

To assign the service as your trading partner delegate, complete the following steps:

1. Log into the **Provider Portal**.
2. At the Home page, click **My Profile** in the User Details section.

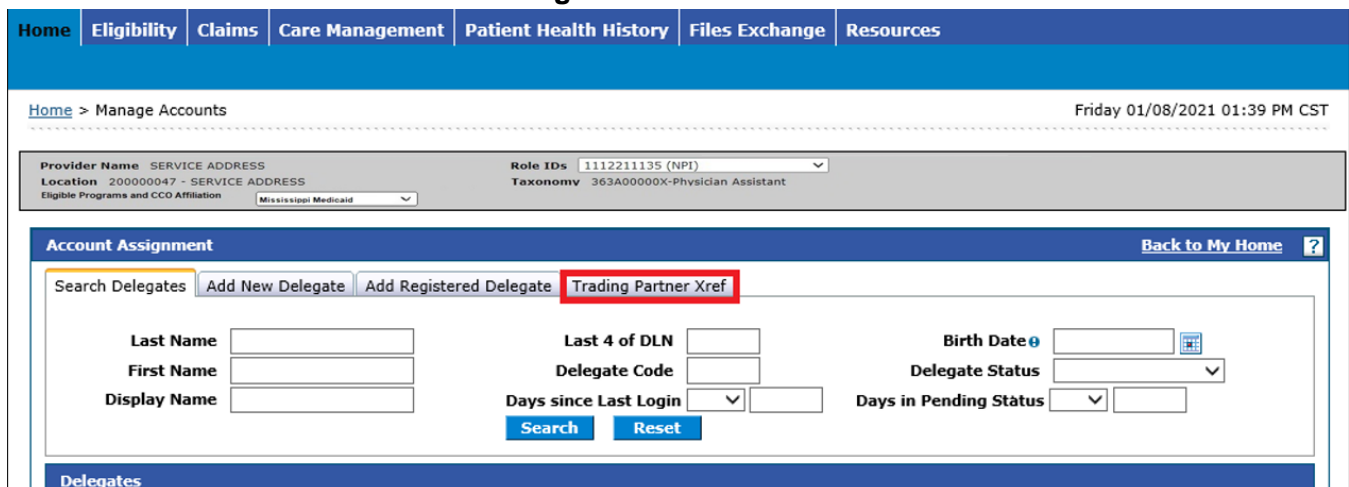
**Figure 39: Access Manage Accounts**



The screenshot shows the Provider Portal Home page. At the top is the Mississippi Division of Medicaid logo and a search bar. Below the logo is a navigation bar with links: Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, and Resources. The main content area has a 'Home' heading. Below this is a user information section with fields for Provider Name, Location, Role IDs, and Taxonomy. To the right of this section is a 'User Details' sidebar with a 'Welcome Bulldog' message and a list of links: My Profile, Manage Accounts (highlighted with a red box), Sign Up to Receive News, Secure Correspondence, and a 'Forgot My Password' link.

3. In the Account Assignment section, click the **Trading Partner Xref** tab.

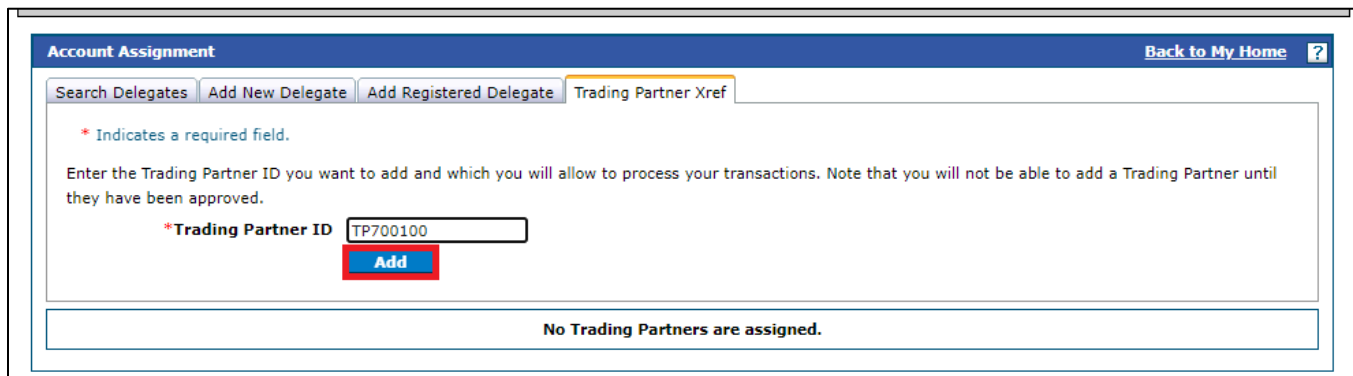
**Figure 40: Add a Role**



The screenshot shows the 'Account Assignment' section of the Provider Portal. The navigation bar is the same as in Figure 39. Below the navigation bar is a breadcrumb trail 'Home > Manage Accounts' and a timestamp 'Friday 01/08/2021 01:39 PM CST'. The main content area has a header 'Account Assignment' with a 'Back to My Home' link. Below this is a section for 'Search Delegates' with tabs: Add New Delegate, Add Registered Delegate, and Trading Partner Xref (highlighted with a red box). The 'Trading Partner Xref' tab contains a form with fields for Last Name, First Name, Display Name, Last 4 of DLN, Delegate Code, Days since Last Login, Birth Date, Delegate Status, and Days in Pending Status. There are 'Search' and 'Reset' buttons at the bottom of the form. Below the form is a 'Delegates' section.



- Enter the TPID in the **Trading Partner ID** field and click **Add**.



**Account Assignment** [Back to My Home](#) ?

Search Delegates Add New Delegate Add Registered Delegate **Trading Partner Xref**

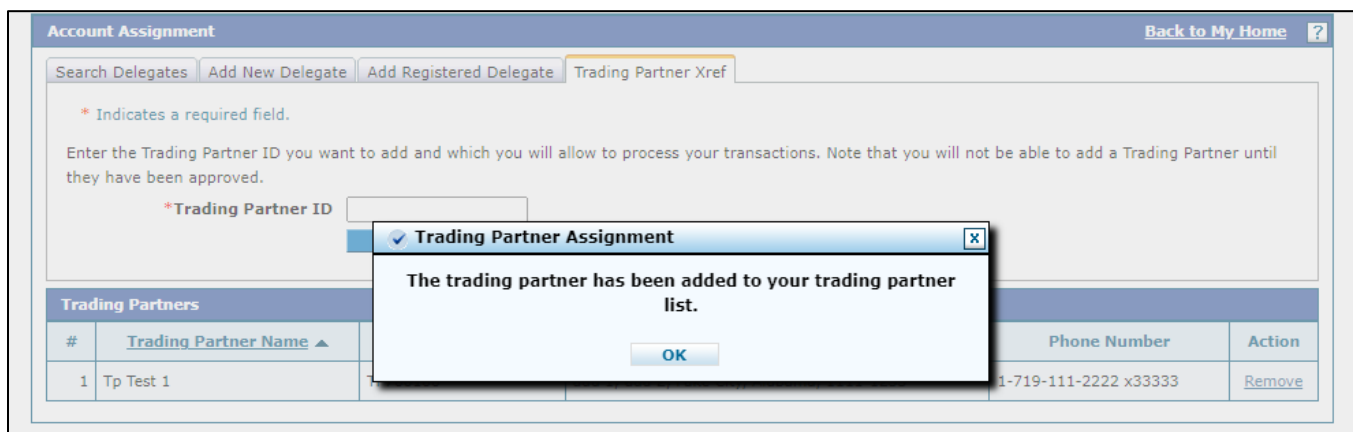
\* Indicates a required field.

Enter the Trading Partner ID you want to add and which you will allow to process your transactions. Note that you will not be able to add a Trading Partner until they have been approved.

\*Trading Partner ID  **Add**

No Trading Partners are assigned.

- The system adds a row to your trading partner list with information that was entered by the trading partner when they enrolled. Click **OK**.



**Account Assignment** [Back to My Home](#) ?

Search Delegates Add New Delegate Add Registered Delegate **Trading Partner Xref**

\* Indicates a required field.

Enter the Trading Partner ID you want to add and which you will allow to process your transactions. Note that you will not be able to add a Trading Partner until they have been approved.

\*Trading Partner ID

**Trading Partners**

#	Trading Partner Name ▲	Phone Number	Action
1	Tp Test 1	1-719-111-2222 x33333	<a href="#">Remove</a>

**Trading Partner Assignment** [X]

The trading partner has been added to your trading partner list.

**OK**

# TPID Linking for Self-Service

This process is for providers who submit their own X12 transactions as a trading partner and did not register their Trading Partner ID (TPID) as a Trading Partner on the Registration page of the Provider Portal. Instead, providers can enter their TPID as a role in their Provider Portal – Provider account.

**Note:** To learn about obtaining a TPID, see PRP-103 Job Aid Trading Partner Enrollment.

Once you have a TPID, complete the following steps:

1. Log into the **Provider Portal**.
2. At the Home page, click **My Profile** in the User Details section.

**Figure 41: Access My Profile**

3. In the Roles section, click **Add Role**.

**Figure 42: Add a Role**

4. Select **Provider Trading Partner** from the Available Roles drop-down list.
5. Add your TPID and ZIP Code.
6. Click **Submit**.

Roles	
<p>* Indicates a required field.</p> <p>Select the role you wish to add, fill out the role information then click the <b>Submit</b> button, or click <b>Cancel</b> to go back.</p> <hr/> <p><b>Current Roles</b> Providers</p> <p>*Available Roles <input type="text" value="Provider Trading Partn"/> ▼</p> <p>*Trading Partner ID <input type="text" value="100000049"/></p> <p>*5 Digit Zip Code <input type="text" value="39059"/></p> <p><input type="button" value="Submit"/> <input type="button" value="Cancel"/></p>	

# Accessing Legacy RAs

This section provides the steps to access legacy remittance advice (RA) documents that are stored in the Legacy RA folder in the Electronic Document Management System (EDMS).

Complete the following steps to access legacy RAs from the Provider Portal:

1. Log into the Provider Portal. If you are a delegate, navigate to **Switch Provider** if necessary and select the provider for whom you want a legacy RA.

**Figure 43: Select Provider if Applicable**

Switch Provider

Switch Provider

Enter at least one selection criteria below and click **Search** to retrieve information.

Display Name

Email

**Search** **Reset**

**Available Providers**

Select a Provider that you wish to switch to, then click **Submit** button.

Total Records: 2

#	Display Name ▲	Email Address
1	<input type="radio"/> BillyBob	law@gain.com
2	<input type="radio"/> Debrita	chiller@gain.com

**Submit** **Close**

2. Click the **Resources** tab.

**Figure 44: Select the Resources Tab**

MISSISSIPPI DIVISION OF  
**MEDICAID**

Search Medicaid:  **Q**

[Home](#) [Eligibility](#) [Claims](#) [Care Management](#) [Patient Health History](#) [Files Exchange](#) **[Resources](#)** [Contact Us](#) [Logout](#)

Home Wednesday 09/28/2022 11:45 AM CST

**Provider Name** SERVICE ADDRESS **Role IDs** 1112211135 (NPI) **Taxonomy** 363A00000X-Physician Assistant

**Location** 200000047 - SERVICE ADDRESS **Eligible Programs and CCD Affiliation** Mississippi Medicaid

**User Details**

Welcome UNIV of MS MC

[My Profile](#)

[Manage Accounts](#)

**Provider**

**MESA**  
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

Welcome Health Care Professional!

[Sign Up to Receive News](#)

[Secure Correspondence](#)

[Latest News](#)

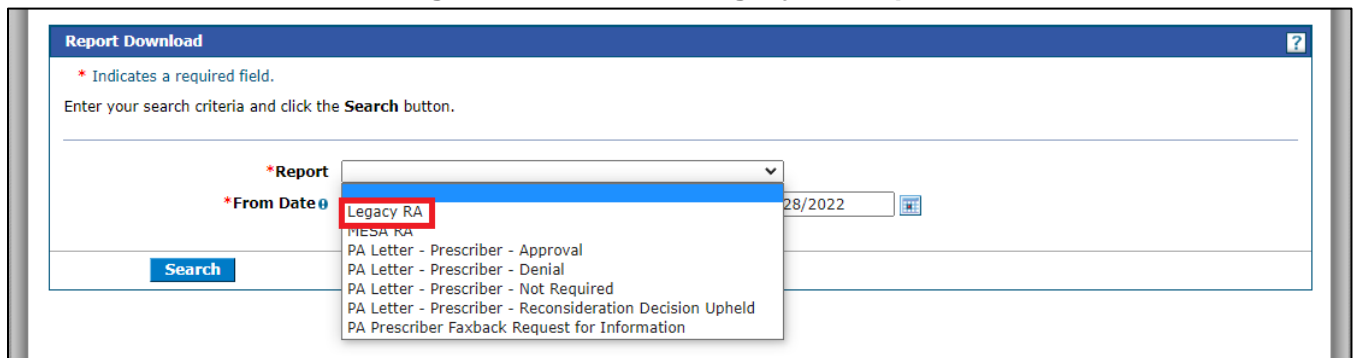
- At the Resources page, select Report Download link.

**Figure 45: Navigate to Report Downloads**



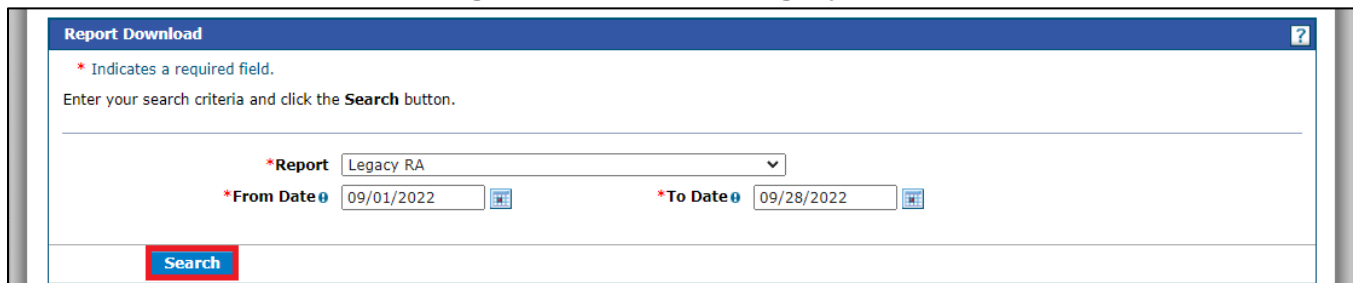
- At the Report Download page, click the **Report** drop-down list and select **Legacy RA**.

**Figure 46: Select the Legacy RA Report**



- Select the dates for the RA search.

**Figure 47: Search for Legacy RAs**



- The portal returns the RAs related to the logged-in provider. Click a result to open it. The portal downloads the document. If you do not see a browser notification, check your Downloads folder.

**Figure 48: Open an RA**

**Report Download**

\* Indicates a required field.

Enter your search criteria and click the **Search** button.

\*Report: Legacy RA

\*From Date: 09/01/2022

\*To Date: 09/28/2022

**Search**

**Reports Available to Download From 9/1/2022 12:00:00 AM To 9/28/2022 12:00:00 AM**

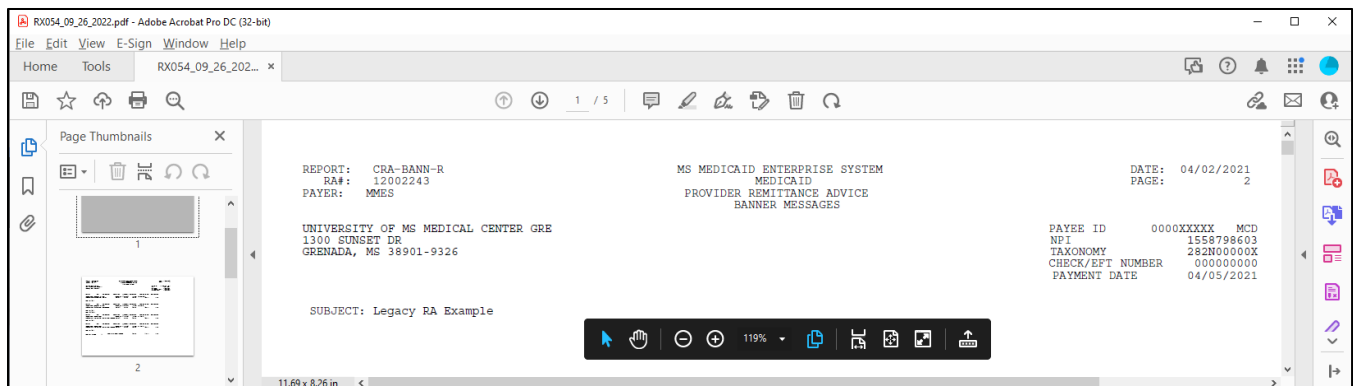
To Download the report; click the Report Name

Report Name	Create Date
<a href="#">Legacy RA</a>	09/26/2022 05:00

RX054\_09\_26\_2022.pdf

Show all

- Click the RA to view the document. For information about interpreting RA sections, see CLM-203 Job Aid Remittance Advice.



Version #	Published/Revised	Author	Section/Nature of Change
1.0	10/17/2022	Gainwell	Initial publication
1.1	05/25/2023	Gainwell	Revised per CR1980 & CR1925