Job Aid

Provider Portal Processes

This set of job aids covers the following processes:

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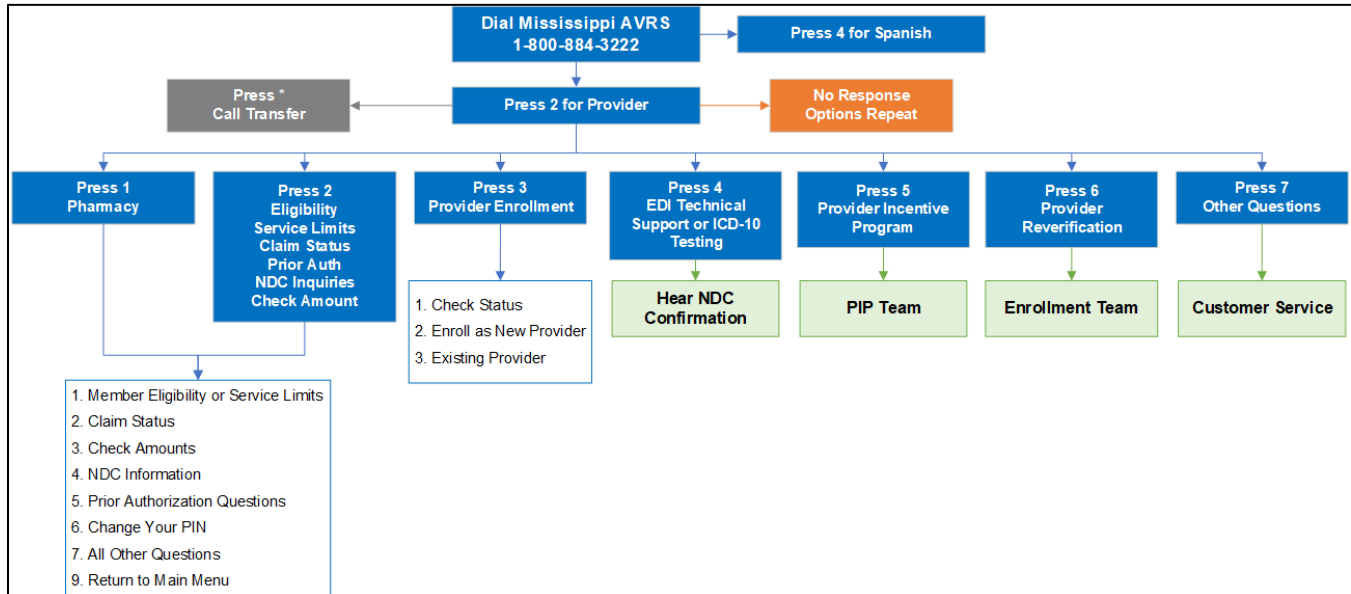
Note: All screenshots in this document were taken with deidentified data.

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
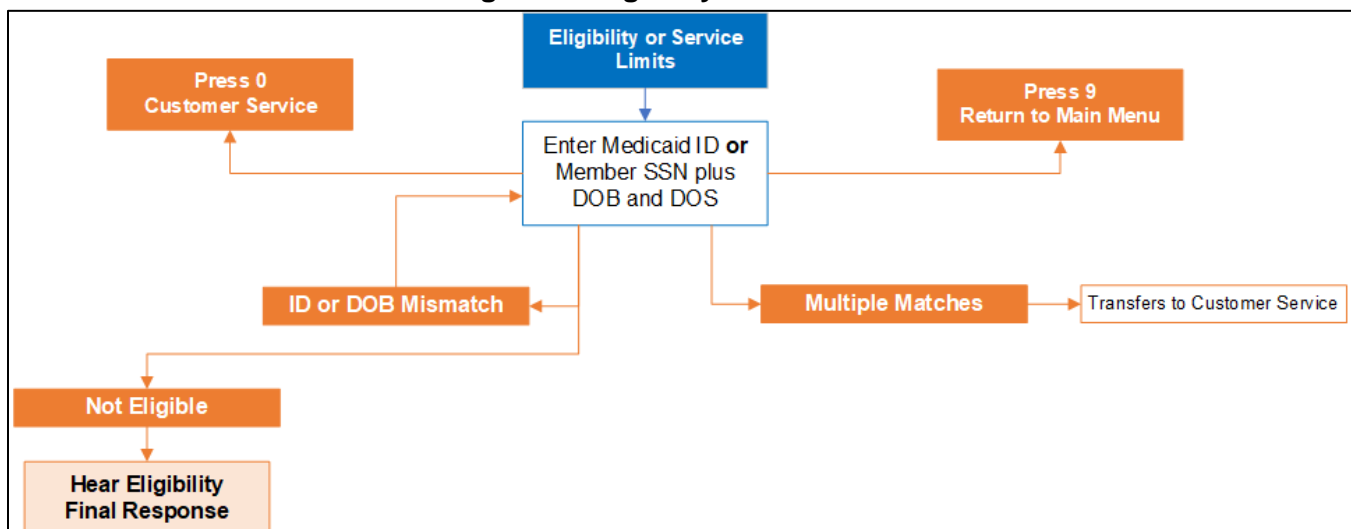
Working with Delegate Accounts

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

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

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

Figure 5: Registration Selector Page

4. 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

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

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

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

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

<div align="right">Print Preview</div>

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   *Group #   A98765

Policy Type   OTHER INSURANCE

*Effective From ⓘ   06/01/2022

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

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

3. 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.
4. To view details for a payment, including a list of related claims, click the payment ID.

Figure 18: Payment Search Results

Issue Date ▼	Payment Method	Payment Type	Payment ID	Total Paid Amount	RA Copy
10/08/2022	Check		000000000	$0.00	📄
10/07/2022	EFT		900003999	$1,877.15	📄
10/03/2022	EFT		900003950	$12,377.19	📄
09/26/2022	EFT		900003938	$8,095.94	📄
09/19/2022	EFT		900003896	$11,713.48	📄
09/12/2022	EFT		900003846	$878.34	📄
09/05/2022	EFT		900003791	$8,306.47	📄
08/29/2022	EFT		900003740	$2,467.26	📄
08/22/2022	EFT		900003687	$6,602.60	📄
08/15/2022	EFT		900003626	$1,903.81	📄

Issue Date *From 07/13/2022   *To 10/11/2022

Search   Reset

Search Results

To see payment details, click on the payment ID link.

Total Records: 15

1 2

5. 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   Total Paid Amount $878.34   RA Copy
Additions $0.00
Deductions $0.00

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

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

5. 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

Prior Authorization Number	Authorization Service Date ▼	Member Name	Member ID	Process Type	Referring Provider	Referring Taxonomy	Servicing Provider	Servicing Taxonomy
5210150002		A, DANYELLE SMITH	760378034	DRUGS				

6. The system opens the authorization response for the member. To view the status, click theh **+** icon on the right of the **Service Details** panel.
7. 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
001	01/15/2021	01/15/2021	0		_				CPT/HCPCS	Pending

Print Preview

8. 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

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

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.

7. 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

8. 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

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

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

Figure 28: Message Confirmation
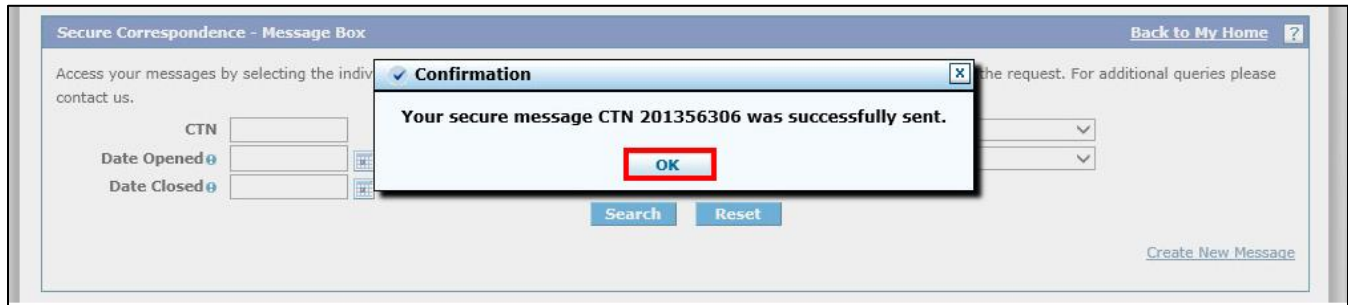
11. At any time, you can search for this message by entering the CTN and clicking **Search** in the Secure Correspondence panel.

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

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

Figure 30: Start Newborn Enrollment

3. Select the **New Form** radio button to indicate this is a new enrollment.
4. 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

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

Figure 32: Enter Newborn Information

6. 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

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

Figure 34: Enter Delivery Data

9. 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

✓ **Confirmation**   ☒

Your request has been submitted. Your confirmation # is CTN 100000041

OK

*Member ID
First Name _
SSN _
Birth Date _

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

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**.
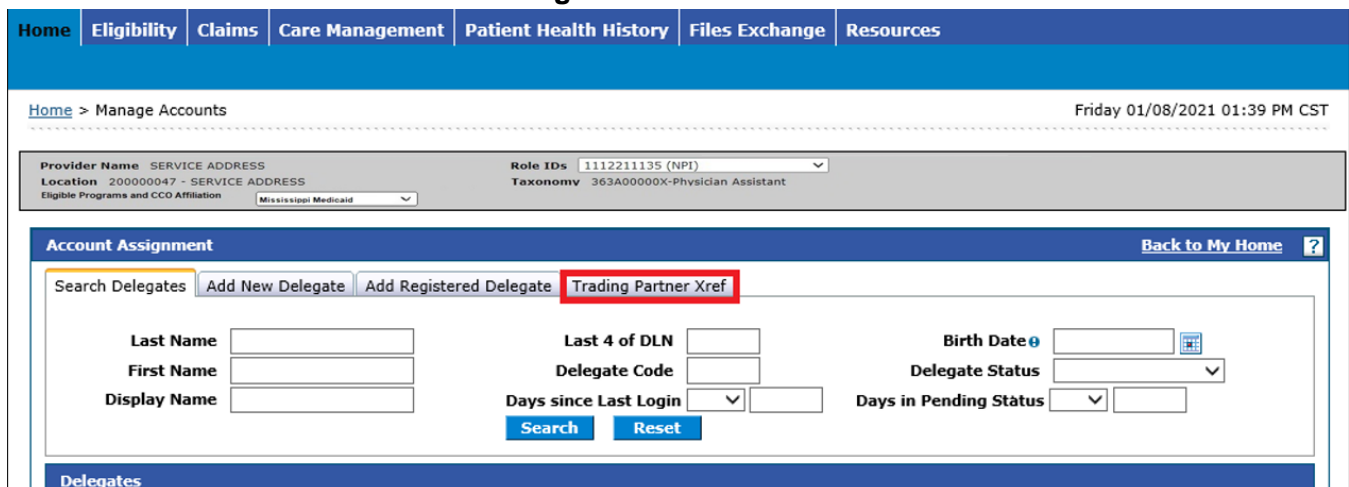2. At the Home page, click **My Profile** in the User Details section.

Figure 39: Access Manage Accounts

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

Figure 40: Add a Role

4. Enter the TPID in the **Trading Partner ID** field and click **Add**.
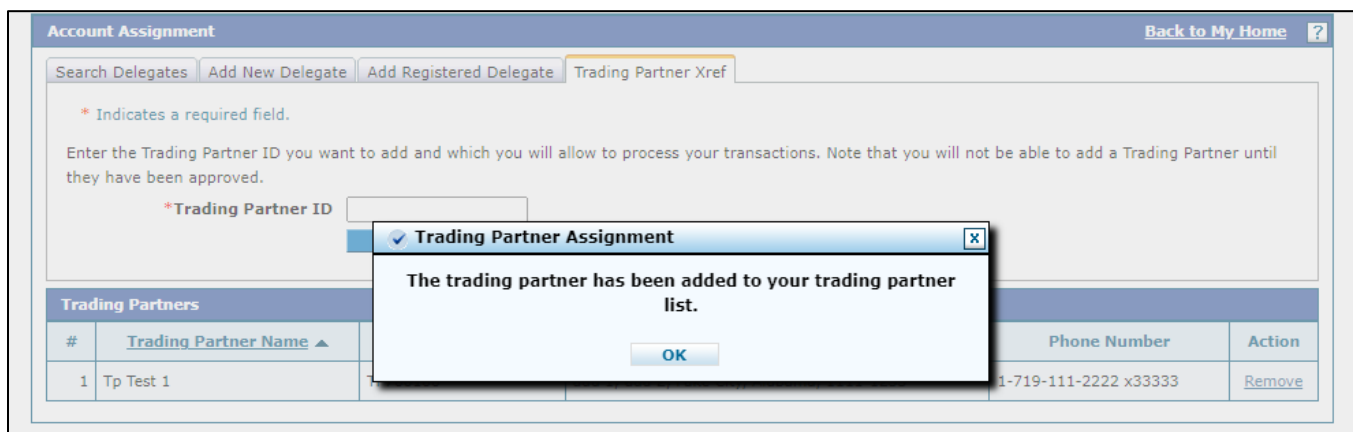
5. The system adds a row to your trading partner list with information that was entered by the trading partner when they enrolled. Click **OK**.

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

* Indicates a required field.

Select the role you wish to add, fill out the role information then click the **Submit** button, or click **Cancel** to go back.

Current Roles Providers

*Available Roles Provider Trading Partn ▾

*Trading Partner ID 100000049

*5 Digit Zip Code 39059

Submit   **Cancel**

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

2. Click the **Resources** tab.

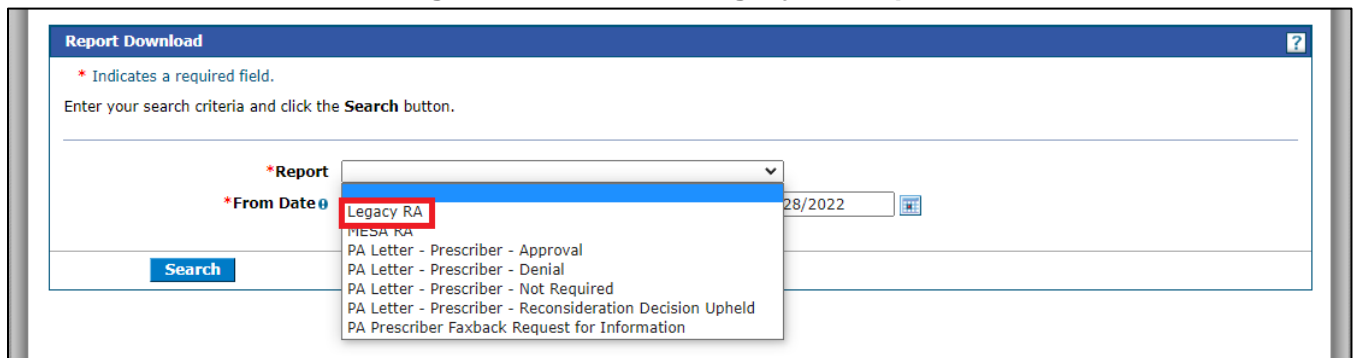**Figure 44: Select the Resources Tab**

3. At the Resources page, select Report Download link.
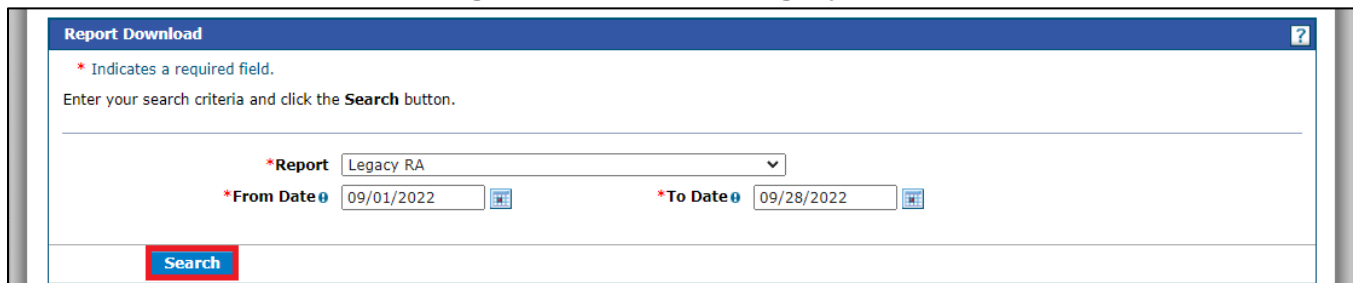
Figure 45: Navigate to Report Downloads

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

Figure 46: Select the Legacy RA Report

5. Select the dates for the RA search.

Figure 47: Search for Legacy RAs

6. 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

7. Click the RA to view the document. For information about interpreting RA sections, see CLM-203 Job Aid Remittance Advice.
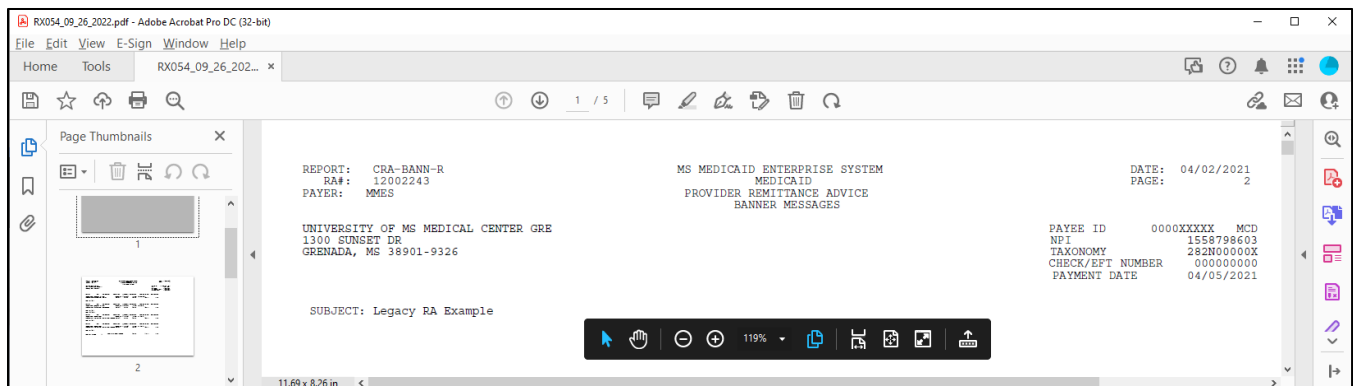
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1.0	10/17/2022	Gainwell	Initial publication
1.1	05/25/2023	Gainwell	Revised per CR1980 & CR1925