



# Job Aid

## Provider Portal Processes

This set of job aids covers the following processes:

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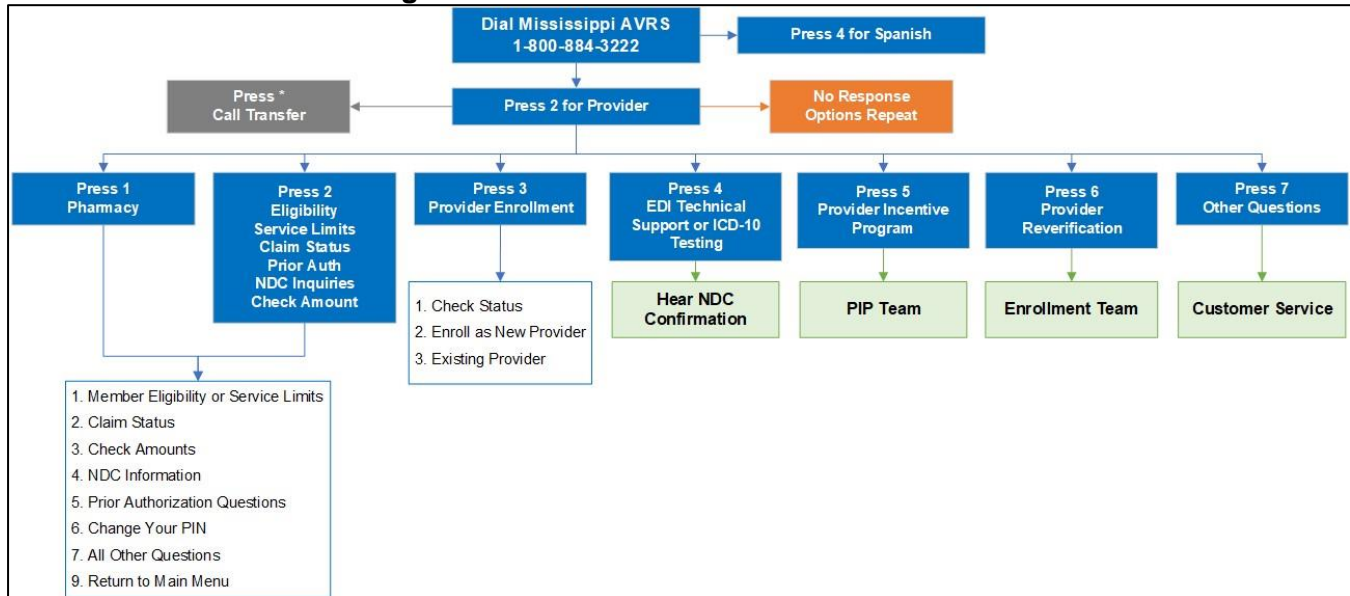
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**Note:** All screenshots in this document were taken with deidentified data.

# Accessing Provider Services in the AVRS

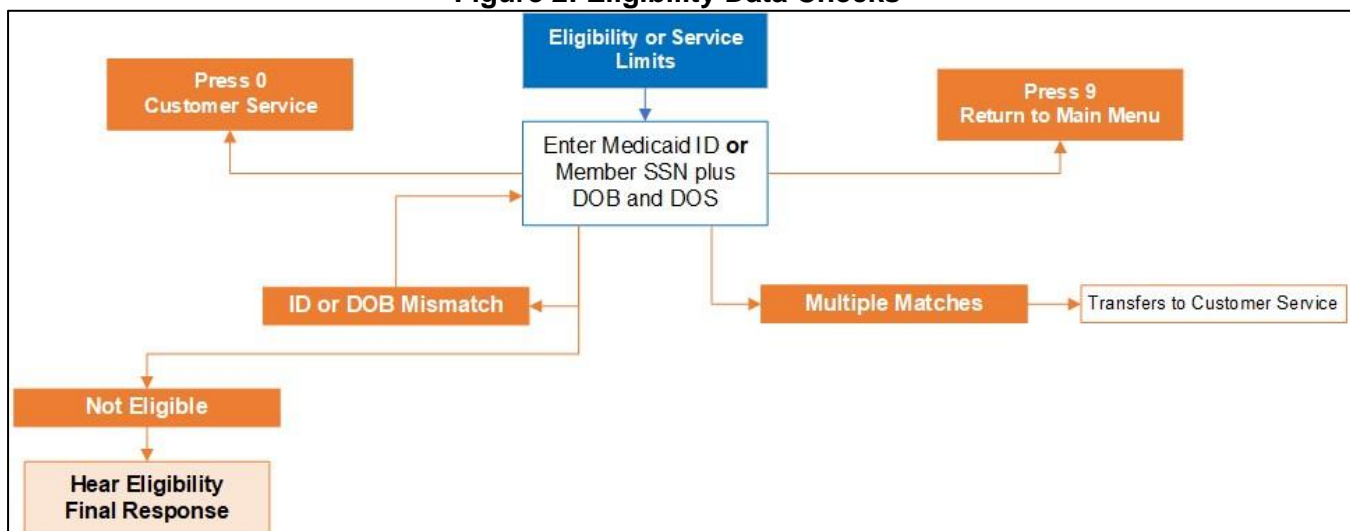
The following figure offers a basic visualization of the Medicaid Enterprise System Assistance (MESA) Automated Voice Response System (AVRS) call flow for providers.

**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 PRP100 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.

Working with Delegate Accounts

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

**Figure 5: Registration Selector Page**

Home > Registration Selector

**Registration**

Select one of the following options that best describes your role.

**Provider**

An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.

**Delegate**

An individual designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.

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**

Home > Registration Selector > Registration

**Registration Step 1 of 2 - Personal Information**

\* Indicates a required field.

Please provide the following information to get started!

\*First Name Mike

\*Last Name Maus

\*Birth Date 01/01/1954

\*Last 4 of DLN 1234

\*Delegate Code 5

**Continue** **Cancel**

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**

MISSISSIPPI DIVISION OF  
**MEDICAID**

Search Medicaid:

[Logout](#)

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

[Eligibility Verification](#) [Treatment History](#) [Newborn Enrollment](#)

Eligibility Tuesday 10/11/2022 02:10 PM CST

Provider Name SERVICE ADDRESS  
Location 200000047 - SERVICE ADDRESS  
Eligible Programs and CCO Affiliation Mississippi Medicaid

Role IDs 1112211135 (NPI)  
Taxonomy 363A00000X-Physician Assistant

[Eligibility](#)  
[Eligibility Verification](#)  
[Treatment History](#)  
[Newborn Enrollment](#)

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.

**Eligibility Verification Request** ?

\* Indicates a required field.

Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.

Member ID  Last Name  First Name

SSN  Birth Date

\*Begin Date  End Date

5. You do not need to enter dates unless you are searching for a specific time period. The End 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 Begin and End 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				
Service Modifiers	Effective Date	End Date	Add Date	Last Update Date
Hospital Presumptive Eligibility	05/05/2020	06/30/2020	05/08/2020	05/08/2020

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 8/30/2020 to 8/30/2023

Back to Eligibility Verification ?

Verification Response ID 2324200001

Expand All Collapse All

Benefit Details

Coverage	Effective Date	End Date	Add Date	Last Update Date
Children age 1-5	07/01/2022	12/31/9999	07/20/2022	09/30/2022

Medicare Coverage Detail

Coverage	Effective Date	End Date	Last Update Date
None			

Managed Care Assignment Details

Managed Care Plan	Managed Care Plan Phone	Primary Care Provider	Provider Phone	Benefit Plan	Effective Date	End Date
MOLINA HEALTHCARE OF MISSISSIPPI IN	1-844-809-8438			MississippiCAN	10/1/2022	12/31/9999

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.

Service Date: 08/16/2022  Search Limits

Used	Remaining	Limit	Used	Remaining	Last Service Date
Individual	5501 Dental max dollar amount \$2500	\$2,500.00	\$108.08	\$2,391.92	9/19/2022

		Limit	Used	Remaining	Last Service Date
Individual	5513 Dental prophylaxis service Limit	2	1	1	9/19/2022
	5514 Dental fluoride service Limit	2	1	1	9/19/2022
	5520 Physician Office Visit Service Limit	16	1	15	8/15/2022

Lock-In Details

Lock-in Provider	Lock-in Provider Phone	Benefit Plan	Effective Date	End Date
ALEXANDER	1-601-486-2458	Community Support Program Lockin	05/01/2023	12/31/2025

Living Arrangement Details

Level of Care Plan	Provider NPI	Provider Name	Effective Date	End Date
Mississippi Long Term Care	1932278231	YALOBUSHA COUNTY NURSING HOME	05/18/2015	12/31/9999

EPSDT Well Child Service Details

Service	Last Exam	Next Exam
EPSDT- Medical		12/01/2027
EPSDT- Dental		
EPSDT- Hearing		
EPSDT- Vision		
EPSDT- Other		

Demographic Details

Street Address 90 HOSKINS CREEK

City VARDAMAN State Mississippi Zip Code 38878-9523



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. If the member does not have TPL coverage, the Other Insurance Panel will display 'None'. 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 Information**

Other Insurance Information for Member ID 349983687 - HERMAN A SULLIVAN from 8/30/2023 to 8/30/2023

[Back to Eligibility Verification](#)

\* Indicates a required field.

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

There is no Third-Party Liability (TPL) Insurance Information available on records. Click on the Add button to add TPL information. It will be reviewed and added to the member profile after validation.

	Carrier Name	Policy #	Group #	Policy Holder	Policy Type	Effective From	Effective To
<input type="checkbox"/>	CAREMARK/CVS	F020659745954	RX5449	HERMAN A SULLIVAN	OTHER INSURANCE	09/01/2017	09/30/2017
<input type="checkbox"/>	CAREMARK/CVS	V362354838474	RX5449	HERMAN A SULLIVAN	OTHER INSURANCE	02/01/2017	08/24/2017
<input type="checkbox"/>	HUMANA	01556344012	R8679001	HERMAN A SULLIVAN	HEALTH INSURANCE	06/01/2015	12/31/2016
<input type="checkbox"/>	CIGNA	Q70579203	R8679001	HERMAN A SULLIVAN	OTHER INSURANCE	06/01/2015	12/31/2016

☐

**Other Insurance Carrier Information**

\*Carrier Name

\*Policy #

\*Group #

Policy Type

\*Effective From

**Other Policy Holder Information**

\*Subscriber Last Name

\*First Name

MI

\*Birth Date

\*Social Security Number

\*Confirm Social Security Number

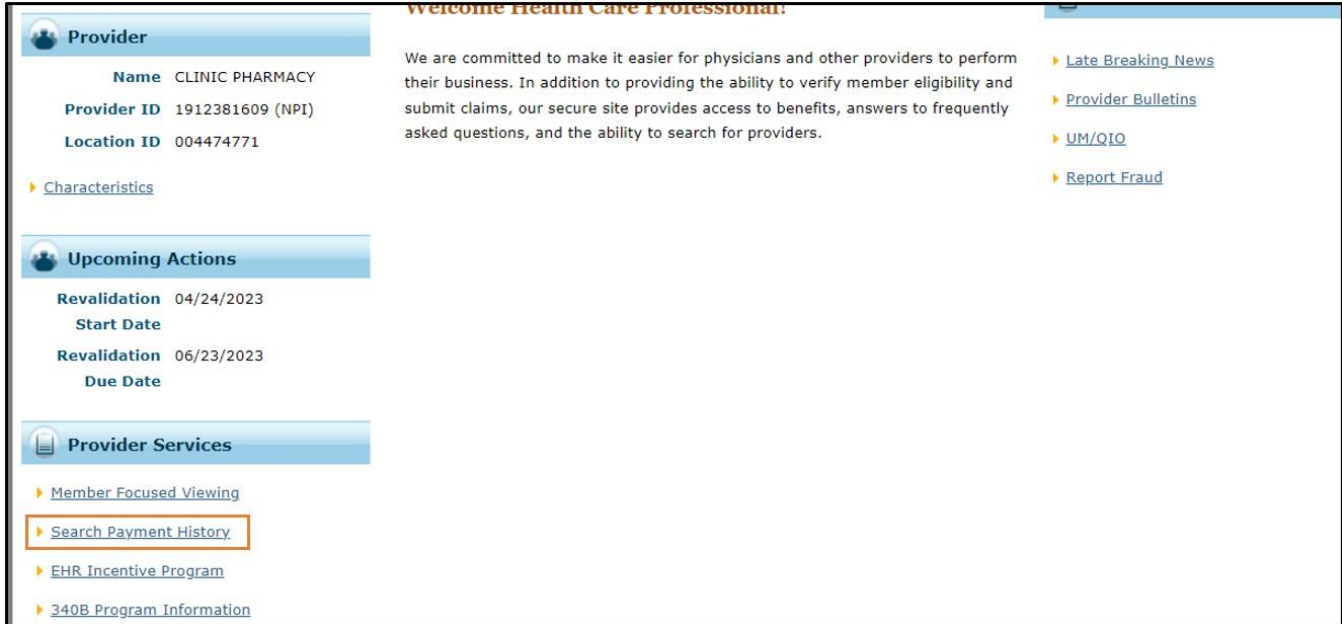
# Searching Payment History

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**



**Provider**

Name CLINIC PHARMACY

Provider ID 1912381609 (NPI)

Location ID 004474771

[Characteristics](#)

**Upcoming Actions**

Revalidation 04/24/2023  
Start Date

Revalidation 06/23/2023  
Due Date

**Provider Services**

[Member Focused Viewing](#)

[Search Payment History](#)

[EHR Incentive Program](#)

[340B Program Information](#)

**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.

[Late Breaking News](#)

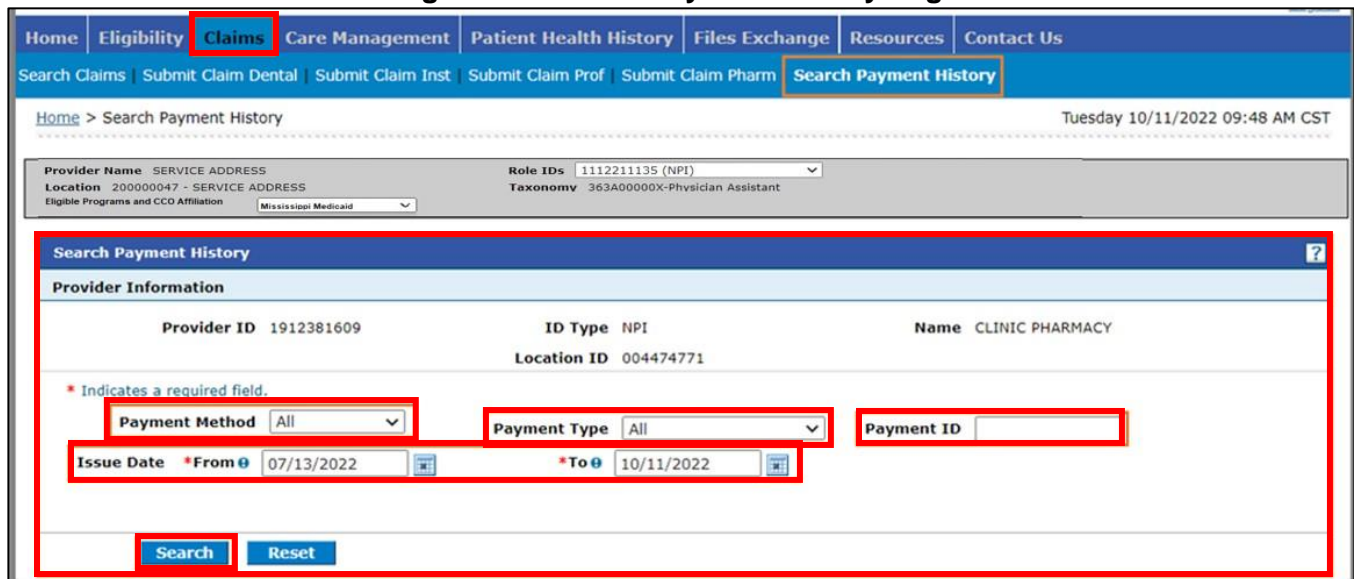
[Provider Bulletins](#)

[UM/QIO](#)

[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**



Home Eligibility **Claims** Care Management Patient Health History Files Exchange Resources Contact Us

Search Claims Submit Claim Dental Submit Claim Inst Submit Claim Prof Submit Claim Pharm **Search Payment History**

Home > Search Payment History Tuesday 10/11/2022 09:48 AM CST

Provider Name SERVICE ADDRESS Role IDs 1112211135 (NPI)

Location 200000047 - SERVICE ADDRESS Taxonomy 363A00000X-Physician Assistant

Eligible Programs and CCO Affiliation Mississippi Medicaid

**Search Payment History**

**Provider Information**

Provider ID 1912381609 ID Type NPI Name CLINIC PHARMACY

Location ID 004474771

\* Indicates a required field.

Payment Method All Payment Type All Payment ID

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

Search Reset

- 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

Search

Reset

Search Results

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		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	

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**

Figure 10: New 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**

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 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 left sidebar has sections for 'User Details' (Welcome Bulldog, My Profile, Manage Accounts), 'Provider' (Name: ABC Dentist, Provider ID: 1000000001 (NPI), Location ID: 004444033, Characteristics), and a central MESA logo with the text 'MEDICAID ENTERPRISE SYSTEM ASSISTANCE'. A red box highlights the 'Secure Correspondence' link in the right-hand navigation menu. Other links include 'Sign Up to Receive News', 'Latest News', '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 links: Home, Coverage, Claims, Requests, Health Management, Resources. Below the navigation bar, there's a breadcrumb trail: Home > Secure Correspondence. The main content area has a title 'Secure Correspondence - Message Box' and a 'Back to My Home' link. A message explains: 'Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.' 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. A red box highlights the 'Create New Message' link at the bottom right.

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**

**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?

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**

**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.					
<div> Add Cancel </div>					
<div> Send Cancel </div>					

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

10. The system confirms receipt with a Contact Tracking Number (CTN). Click **OK**. **Figure 28:**

### Message Confirmation

The screenshot shows the 'Secure Correspondence - Message Box' interface. A confirmation dialog box is overlaid on top of the main interface. The dialog box has a title bar with a checkmark icon and the word 'Confirmation'. The main text in the dialog box reads: 'Your secure message CTN 201356306 was successfully sent.' Below this text is a red rectangular button labeled 'OK'. The background interface includes a 'Back to My Home' link, a search area with a 'CTN' input field, 'Date Opened', and 'Date Closed' fields, and 'Search' and 'Reset' buttons. There is also a 'Create New Message' link at the bottom right.

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**

The screenshot shows the 'Eligibility' section of the Medicaid portal. The top navigation bar includes 'Home', 'Eligibility', 'Claims', 'Care Management', 'Patient Health History', 'Files Exchange', and 'Resources'. Below this, the 'Eligibility Verification' tab is active. The page displays provider information: 'Provider Name: SERVICE ADDRESS', 'Location: 200000047 - SERVICE ADDRESS', 'Role IDs: 1112211135 (NPI)', and 'Taxonomy: 363A00000X-Physician Assistant'. The 'Eligible Programs and CCO Affiliation' is set to 'Mississippi Medicaid'. On the left, there is a sidebar with 'Eligibility' and three sub-links: 'Eligibility Verification', 'Treatment History', and 'Newborn Enrollment', which is highlighted with a red rectangular box.

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**

The screenshot shows the 'Newborn Enrollment Form' in the 'Newborn Enrollment' tab. The form title is 'Newborn Enrollment Form 12/01/2015'. A note states: '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, there is a section for 'Do you want to Submit' with two radio buttons: '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).

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

**Figure 32: Enter Newborn Information**

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

- 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 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**

**Confirmation**

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

**OK**

Mother's Information

\*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**



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

Status

Date Opened

Date Closed

Message Category

Search

Reset

[Create New Message](#)

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**

## 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 section for user information: Provider Name, Location, Role IDs, and Taxonomy. To the left of this section is a 'User Details' sidebar with links: Welcome Bulldog, My Profile, and Manage Accounts (highlighted with a red box). To the right of the user information is a large 'MESA' logo and links for Sign Up to Receive News and Secure Correspondence.

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. At the top is the same navigation bar as in Figure 39. Below the navigation bar is a breadcrumb trail: Home > Manage Accounts. To the right of the breadcrumb is the date and time: Friday 01/08/2021 01:39 PM CST. Below this is a section for user information: Provider Name, Location, Role IDs, and Taxonomy. Below the user information is the 'Account Assignment' section. It has a 'Back to My Home' link and a search bar. Below the search bar are four tabs: Add New Delegate, Add Registered Delegate, and Trading Partner Xref (highlighted with a red box). Below the tabs are input 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. At the bottom of the section are 'Search' and 'Reset' buttons.

4. 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.

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**.

**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 Partner Assignment** X

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

OK

Trading Partners		Phone Number	Action
#	Trading Partner Name ▲		
1	Tp Test 1	1-719-111-2222 x33333	<a href="#" style="color: blue; text-decoration: none;">Remove</a>

# 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**

Home | Eligibility | Claims | Care Management | Patient Health History | Files Exchange | Resources

Home

Provider Name SERVICE ADDRESS  
Location 200000047 - SERVICE ADDRESS  
Eligible Programs and CCO Affiliation Mississippi Medicaid

Role IDs 1112211135 (NPI)  
Taxonomy 363A00000X-Physician Assistant

**User Details**  
Welcome Bulldog

**My Profile** (highlighted)

Manage Accounts

**Provider**  
Name ABC Dentist

**MESA**  
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

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

Sign Up to Receive News  
Secure Correspondence  
Latest News  
Late Breaking News

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

**Figure 42: Add a Role**

Home > My Profile

Provider Name SERVICE ADDRESS  
Location 200000047 - SERVICE ADDRESS  
Eligible Programs and CCO Affiliation Mississippi Medicaid

Role IDs 1112211135 (NPI)  
Taxonomy 363A00000X-Physician Assistant

**My Profile** (?)

**Application Contact Information**

Display Name Bulldog  
Phone Number \_  
Current Email ABCDENTIST@GMAIL.COM

Edit

**Roles**

Current Roles Providers

Add Role (highlighted)

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**

**\* 5 Digit Zip Code**

**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**

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:

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

Role IDs 1112211135 (NPI)  
Taxonomy 363A00000X-Physician Assistant

**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](#)

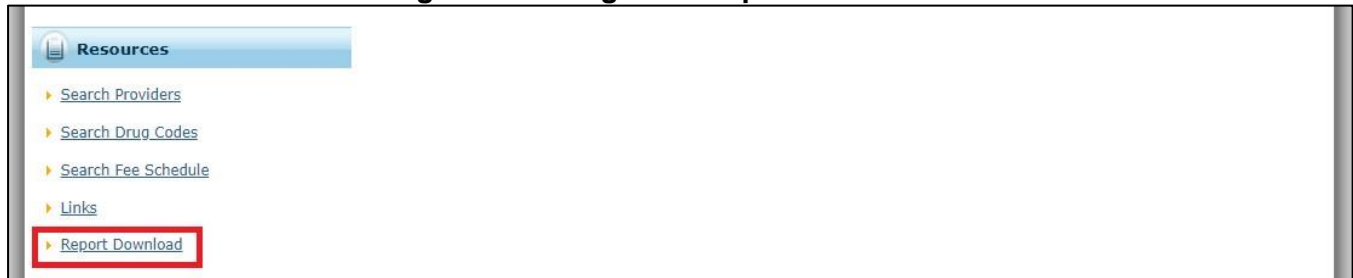
[Secure Correspondence](#)

[Latest News](#)



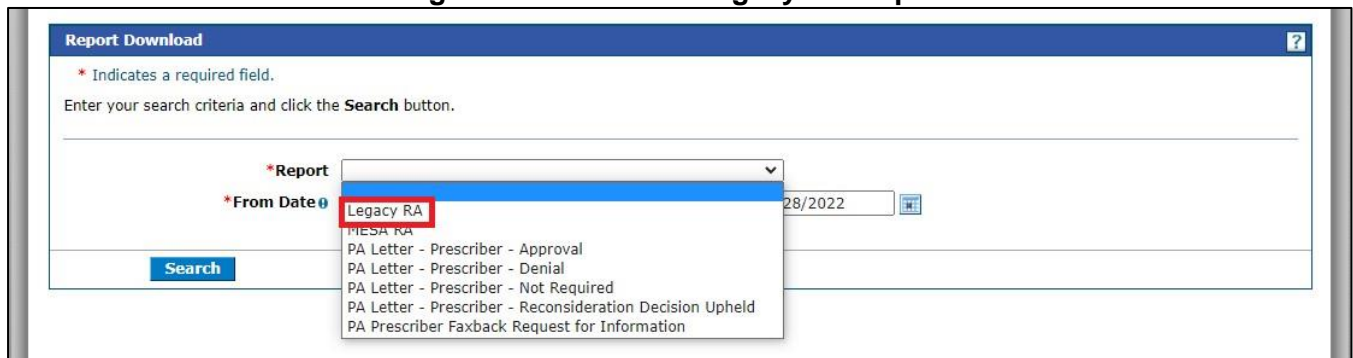
- At the Resources page, select Report Download link.

**Figure 45: Navigate to Report Downloads**



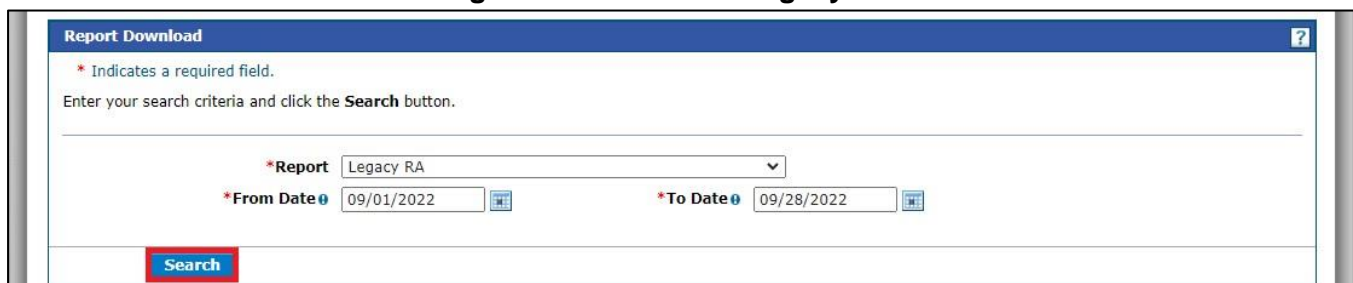
- At the Report Download page, click the **Report** drop-down list and select **Legacy RA**.

**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
Legacy RA	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 CLM203 Job Aid Remittance Advice.

RX054\_09\_26\_2022.pdf - Adobe Acrobat Pro DC (32-bit)

File Edit View E-Sign Window Help

Home Tools RX054\_09\_26\_202... x

1 / 5

11.69 x 8.26 in

Page Thumbnails

1

2

REPORT: CRA-BANN-R  
RA#: 12002243  
PAYER: MMES

MS MEDICAID ENTERPRISE SYSTEM  
MEDICAID  
PROVIDER REMITTANCE ADVICE  
BANNER MESSAGES

UNIVERSITY OF MS MEDICAL CENTER GRE  
1300 SUNSET DR  
GRENADA, MS 38901-9326

SUBJECT: Legacy RA Example

DATE: 04/02/2021  
PAGE: 2

PAYEE ID 0000XXXXX MCD  
NPI 1558798603  
TAXONOMY 282N00000X  
CHECK/EFT NUMBER 000000000  
PAYMENT DATE 04/05/2021

# 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	10/17/2022	Gainwell	Initial publication
1.1	05/25/2023	Gainwell	Revised per CR1980 & CR1925
1.2	07/31/2023	Gainwell	Revised per CR1900
1.3	8/16/2023	Gainwell	Revised per CR1982
1.4	8/30/2023	Gainwell	Revised per CR1983