

# Job Aid

## **Add Program**

This document provides the steps applicants will follow to add a program to their existing enrollment. Adding a program does not require a fee for any enrollment type, and screening is not required. The **Add Program** link can be located in the **Provider** section of their Home page.

Note: If the Provider has MSCHIP only the Add Program Link will not show up.



#### Figure 1: Provider Portal Home Page – Add Program Link

### **Credentialing Rules**

Each scenario for adding a program to an enrollment has its own set of credentialing rules:

- 1. The provider has FFS and is adding MSCAN, or the provider has FFS and is adding MSCHIP
  - a. Credentialing is required
  - b. The Next Credentialing Date is reset to the Credentialing Approved Date plus three years if the program is added more than two years from the Last Revalidation Date
  - c. The Next Credentialing Date is reset to the Next Revalidation Date on file, if the program was added within two years of the Last Revalidation Date
- 2. The provider has MSCAN and FFS, and is adding MSCHIP
  - a. Credentialing is not required; existing revalidation and recredentialing dates don't change



### **Add Program Process**

Complete the following steps to add a program:

- 1. Log into the Provider Portal.
- 2. Click Add Program under the Provider section of the Home page (see Figure 1: Provider Portal Home Page Add Program Link on page 1).
- 3. An enrollment application opens with your information displayed in the gray bar to show you are still logged into the Provider Portal. Click **Continue**.

**Note:** The Taxonomy page is not included in this application because the taxonomy for the displayed service location is the one that applies to this additional enrollment.

Figure 2. Add Frogram Enronment Application – Welcome Fage										
Provider Name MISSIC	ON FN 200 PROVIDER LN Role IDs 1	111111112 (NPI)								
Location 200000390	- 200 PROVIDER LN Ta:	xonomy 207R00000X-Internal Medicine								
Add Program: Welcon	ne	?								
Welcome	Velcome Add Program									
Request Information	Mississippi Division of Medicaid (DOM) programs that providers c	an enroll in are:								
Provider Identification										
Other Information	Fee for Service (FFS)									
	<ul> <li>Mississippi Children's Health Insurance Plan (MSCHIP)</li> </ul>									
Supporting Documentation	<ul> <li>Mississippi Coordinated Access Network (MSCAN)</li> </ul>									
/ Attachments and Fees										
Agreement	DOM allows providers to enroll in one or more program(s) under	the existing enrollment.								
Summary	Providers are allowed to add programs to their existing active pro	wider enrollment via Add Programs functionality. When adding additional								
	programs, a provider may be required to credential.	,								
	All required documents must be uploaded as part of the Add Prog	rams functionality.								
	Providers are required to submit a new application to Add Program	ms for each active servicing location.								
	Providers will be notified of results once the Add Programs application	ation has been processed.								
	Please click the "Continue" button to start the Add Programs appl	lication.								
		Continue Cancel								

Figure 2: Add Program Enrollment Application – Welcome Page

4. At the **Request Information** page, the application displays standard enrollment information about each enrollment type, but remember, the taxonomy that applies to this application is the one in the gray header. The **Provider Information** panel contains the NPI and Social Security Number or Tax ID for this service location. The **Program Enrollment** panel displays the programs that are open for your enrollment. Select the programs you want to add for the displayed service location.



#### Figure 3: Request Information Page – Program Enrollment Panel

	Provider Information
Ŀ	The provider identification numbers listed below are additional identifiers for the enrolling providers. Not all fields are required.
L	NPI 111111112
Ŀ	SSN 123456789
Ŀ	Program Enrollment
	Please choose a selection below (at least one is required). Note: When choosing MSCAN, Fee-For-Service (FFS) must also be chosen.
	Fee-For-Service (FFS) 🖉 MSCAN 🏹 MSCHIP 🗹

5. In the **Application Contact Information** panel, enter the contact person for this application. Just as with a regular enrollment, the email address given here is the one to which the Application Tracking Number (ATN) is sent, and where application questions are directed.

#### Figure 4: Request Information Page – Application Contact Information Panel

	Fee-For-Serv	vice (FFS) 🖉 MSCAN 🗹	MSCHIP 🗹
	Application Contact Information		
L	Enter the name of a contact person to answer a	any questions regarding the information provi	ded in this enrollment application.
	*Last Name	Smith	]
	*First Name	Bob	]
	Title		
	*Phone 🛛	6015551212	Ext
	Fax Number 9		
	*Work Email 9	slawrence@gainwelltechnologies.com	
	*Confirm Email 9	slawrence@gainwelltechnologies.com	
	Preferred Method of Communication	Email	
			Continue Cancel

- 6. When the page is complete, click **Continue**.
- 7. As with a standard application, the system builds the application based on your taxonomy and the selected programs. The **Credentialing Information** page displays when MSCAN and/or MSCHIP programs are selected. For an individual enrollment, this page offers the option to enter either the name of a credentialing delegate agency and the date of the credential, or a Council for Affordable Quality Healthcare (CAQH) ID. Facilities do not have the option of a CAQH identifier. While you can submit your program enrollment without entering data on this panel, the application will be held for credentialing information before it can be processed. Click **Continue**.

Provider Enrollment:	Provider Enrollment: Credentialing Information								
Welcome	edentialing Information								
Request Information	her enter Credentialing Delegate Agency Name and Date or your CAQH ID.								
Credentialing	Credentialing Delegate Agency Name Credentialing Date 9								
Information	OR								
Provider Identification									
Other Information	CAQH ID 1234567891								
Hospital Admittance	Continue Cancel								
Applicant History									
Supporting Documentation									

#### Figure 5: Credentialing Information Page



#### 8. The **Provider Identification** page only requires *new* Medicare information. Click **Continue**.

Figure 6: Provider Identification Page

	Provider Enrollment: F	Provider Enrollment: Provider Identification								
L	Welcome	* Indicates a required field.	I							
	Request Information	Iedicare Participation								
Credentialing Information Enter information, only if it has changed from previous submission.										
Provider     Medicare #     Effective Date θ     Medicare Type										
Identification										
L.	Other Information	Continue Cancel	I							

9. At the **Other Information** page, complete the **Insurance** panel. For liability coverage amounts, click the <u>CVO Professional Liability Insurance Policy</u> link. Enter your policy data, then click **Add**.

	Insurance									
Provider Identification	Click "+" to view or update the details in a ro	w. Click "-" to collapse the	row. Click "Re	move" link to remov	e the entire row.					
Other Information	Information regarding professional (malpractice) liability insurance coverage is required.									
lospital Admittance										
pplicant History	Please refer to the <u>CVO Professional Li</u>	Please refer to the <u>CVO Professional Liability Insurance Policy</u> for coverage requirements.								
pporting Documentation	Note: The Provider is required to upload pro	oof of liability insurance.								
Attachments and Fees	Name	Policy	#	Effective Date	Expiration Date	Action				
greement	Click to collapse.									
mmary	*Carrier or Self-Insured Aetna		*Policy Nur	mber 1231231231	23					
	Name									
	*Address 1900 E Wo	odrow Wilson Ave								
	*City Jackson			*County HINI	DS 👻					
	*State Mississippi	~		*Zip Code   3921	16					
	*Effective Date 0 07/01/202	2	*Expir	ration Date 🛛 07/0	1/2025					
	*Do you have unlimited coverage w	ith this OYes No								
	insurance of	arrier?								
	*Amount of Coverage Per 1000000.0	0	*Amount of	Coverage Per 30	00000.00					
	Occurrence			Aggregate						
	Add Reset									
	AUU									

#### Figure 7: Other Information Page

10. If you have other commercial insurance policies, you can click the + button to add each one. Facilities must complete a **Facility Information** panel (not shown). Click **Continue**.

#### Figure 8: Other Information Page – Insurance Panel

	Insurance								
Provider Identification	Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.								
Other Information	Information regarding professional (malprac	tice) liability insurance cove	rage is required.						
Hospital Admittance	Please refer to the <u>CVO Professional Liability Insurance Policy</u> for coverage requirements. Note: The Provider is required to upload proof of liability insurance.								
Applicant History									
Supporting Documentation									
/ Attachments and Fees	Name	Policy #	Effective Date	Expiration Date	Action				
Agreement	★ Aetna	123123123123	07/01/2022	07/01/2025	Remove				
Summary Click to add commercial insurance.									
	Continue Cancel								



## 11. If your application includes the **Hospital Admittance** page, select **Admitting Privileges** or **Admitting Plan/Alternate Arrangement** to open the applicable fields.

#### **Figure 9: Hospital Admittance Page**

Provider Enrollment:	ment: Hospital Admittance										
<u>Welcome</u>	Hospital Admittance	ospital Admittance									
Request Information	Click "+" to view or update the	Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.         Admitting Type       Hospital       Address       City       State       Action									
Credentialing Information	Admitting Type										
Provider Identification	<ul> <li>Click to collapse.</li> </ul>	E Click to collapse.									
Other Information	*Do you have Admitting O Admitting Privileges O Admitting Plan / Alternate Arrangement O Neither										
Hospital Admittance	Privileges, an Admitting or Nei	) Plan ither?									

12. For either selection, enter your admitting or plan/alternate arrangement details. You can add multiple admitting privileges or plan/alternate arrangement details. Click **Continue**.

#### Figure 10: Admitting Plan/Alternate Arrangement Record

Provider Enrollment: Hospital Admittance										
Welcome	Hos	Hospital Admittance Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.								
Request Information	Clic									
Credentialing Information		Admitting Type Hospital Address City State								
Provider Identification		Admitting Plan /					Demove			
Other Information	Œ	Alternate Arrangement					Keniove			
Hospital Admittance	Ð	Click to add Admittance								
Applicant History					Continue Fir	ish Later Can	cel			
Constanting Decomposition										

13. At the **Applicant History** page, you must answer all questions just as you did in your initial enrollment application. Where required, enter any necessary details, even if you have already provided these details in your initial application. Click **Continue**.



#### Figure 11: Applicant History Page

Professio	Professional/General Liability Insurance Information and Claims History							
*Has you the carrie	*Has your professional/general liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?							
*Have yo professio	Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your rofessional/general liability insurance carrier, based on your individual liability history?							
If Yes, pl	lease explain: Only once for a specific case. See documentation provided.							
Corporat	e Integrity Agreements	//						
*Are you	u currently or have you ever been subject to the terms of a Corporate Integrity Agreement (CIA)?	⊖ Yes <sup>●</sup> No						
If yes, ar	re you currently subject to the provisions of a Corporate Integrity Agreement?	○ Yes <sup>●</sup> No						
What dat	te did the facility enter into the Corporate Integrity Agreement? 0							
If you are	e currently subject to the provisions of a CIA, provide the CIA and a Compliance letter.							
Investiga	ations							
*Has you sanctione limited to	ur organization ever been the subject of an investigation or ever been terminated, suspended, ed or otherwise restricted from participating in any private or public program including, but not o, Medicare, Medicaid, military and State Department of Health programs?	○ Yes <sup>●</sup> No						
	Continue	ancel						

14. At the **Supporting Documentation/Attachments and Fees** page, you must click the <u>Privacy</u> <u>Notice</u> link. You can navigate back to the enrollment by clicking the Enrollment browser tab.

#### Figure 12: Notice of Privacy Practices

(a) Enrollment Attachments And Fe∈ × ∬ Notice of Privacy Practices - Miss >	< +						$\sim$	-	- 1		×
C medicaid.ms.gov/notice-of-privacy-practices/							12 ☆		· 🗆		:
Select Language 🗸 Font Size 🕒 🕇					Envision Web Po	ortal	y I	f	<b>^</b>		
	About	Programs	Quality	Provider Updates	Job Openings	Contact	Q search				

- 15. Upload all required attachments for the application, including credentialing information and any documentation supporting other selections you have made. You can select the **All** attachment type and upload all of your documents in one PDF file. If you neglect to add all necessary documentation, your application will be placed on hold and the system will send you a Return to Provider (RTP) letter requesting additional documentation.
- 16. Select the Attachment Attestation checkbox. Click Continue.
- 17. Facilities must complete the **CVO Authorization to Release/Attestation** page (not shown) if no delegated agency was selected.



Other Information Instructions : Privacy Notice (Must View)					
Hospital Admittance         Checklist of General Provider Information Needed           Important Check List Items can be found					
Applicant History	Altachments       Attachments         cumentation / achments and Fees       To add an attachment, complete the required fields and click the Add button. Use the 'Other' selection to upload attachments not in the list.         eement       Note: if you choose to "Upload" attachments by "File Transfer", a maximum of 20 MBs of information can be uploaded. The allowable file types are: gif, jpg, jpeg, pdf, png, tif, tiff, txt.				
Supporting					-
Documentation / Attachments and Fees					
Agreement					
Summary					
	Click	Click the <b>Remove</b> link to remove the entire row.			
	# Transmission Method File Attachment Type				Action
	1	FT-File Transfer	All Enrollment Attachments.pdf (43K)	All	Remove
	Click to add attachment.          Attachment Attestation         I have verified that I have uploaded all documentation for this enrollment application. I understand that any missing documentation will delay processing of the submitted application.				
	Continue Cancel				

- 18. At the Agreement page, review the entire agreement just as you did for your initial enrollment. At the bottom of the page, you must select the **I accept** checkbox to accept the electronic signature. Then enter your name and the title you use at this service location (e.g., MD, owner, managing director, etc.).
- 19. Click Submit.

#### Figure 14: Agreement Page

		9. In the event litigation is had concerning any part of this Agreement, whether initiated by the Provider or the Mississippi Division of Medicaid, it is agreed that such litigation shall be had and conducted in either the Circuit or Chancery Courts of Hinds County, Mississippi, or the United States District Court for the Southern District of Mississippi, Northern Division, according to the jurisdiction of those respective courts. This provision is not intended to, nor shall it operate to, enlarge the jurisdiction of either of said courts, but is merely an agreement and stipulation as to venue.			
		You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge that you understand that your electronic signature is binding to the same extent as your written signature.  *I accept I understand that my electronic signature is equivalent to written signature.  *Your Signature (Entering your name in the box to the right will constitute your electronic signature.) Title Submission Date 07/04/2022			
		Submit Cancel			

20. Before completing the enrollment, the system opens it on the **Summary** page so you can review all of your selections. If you need to make any changes, you can click **Cancel** and start over. Otherwise, click **Confirm**.



#### Figure 15: Summary Page – Submit Complete Application

	I accept 💿 I understand that my electronic signature is equivalent to written signature.			
	Your Signature Bob Smith			
	Title MD			
	Submit Complete Application			
Т	Instructions fo	Have you printed a copy for your records? Select OK to submit		I
If	f changes are rec	application to print a copy.	ontents panel for the section and make the	I
of	needed correction of the application,	OK Cancel	igain. Once you have reviewed the contents or your records.	I
Naj	Note: If the enrollment type or taxonomy code is changed on the Request Information Panel, you will be required to re-enter all fields on the application.			
	Prin	t Preview	Confirm Cancel	I

- 21. The system reminds you to print a copy of your application. Click OK.
- 22. The system confirms submission of your additional program application and provides your ATN. You must save this ATN to reference the application or check the status of your additional enrollment. You can also print or save a copy of your coversheet on this page, or when you check your enrollment status.

#### Figure 16: Enrollment Tracking Information

	Provider Enrollment: Tracking Information		
	Your enrollment application has been submitted.	ł	
Your enrollment application has been assigned the following tracking number:23403			
	Please retain the tracking number for your records. The tracking number will be used, in addition to your Tax ID and password, as credentials to reference your submitted application at a later date.		
	A confirmation email has also been sent to the following contact person's email, designated in the enrollment application: SLAWRENCE@GAINWELLTECHNOLOGIES.COM.	ł	
	You are required to print, sign and submit the cover sheet via mail or FAX, along with all appropriate supporting documentation.		
	To save or print the coversheet for your records <u>click here.</u>		
	Evit		
	CAL.		

### **Check Enrollment Status**

As with any enrollment, you can check the status on the **Online Provider Enrollment** page. You must log out of the Provider Portal to access this page (see Figure 17: Provider Enrollment Access on page 9). To complete this process, you'll need your ATN and the Tax ID or SSN for the provider.

Only four of the five application statuses apply to adding a program:

- Submitted means the application is under review.
- Additional documentation is needed from Provider means a Return to Provider (RTP) letter has been sent with further instructions.
- Denied means a denial letter has been sent. The reason for the denial is included in the letter.
- Enrolled means the application was accepted. A welcome letter has been sent.

Complete the following steps to check the status of your application:

1. From the external Provider Portal page, click the <u>Provider Enrollment Access</u> link.



Login *User ID Log In	2 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.
Forgot User ID? Register Now Where do I enter my password?	
Protect Your Privacy! Always log off and close all of your browser windows Privacy Policy	
Provider Enrollment Access Enrollments Forms 3408 Program Information	

#### **Figure 17: Provider Enrollment Access**

#### 2. Click the Enrollment Status link.

#### Figure 18: Enrollment Status Link

Online Provider Enrollment	
Enrollment Application	
Initiate a new provider enrollment	
application.	
Resume Enrollment	
Resume an existing enrollment	
application that has not been submitted.	
Copy Existing Submitted Application	
To reduce provider burden, a previously	
submitted application may be copied to	
prevent the requirement of entering	
data multiple times. Please review the	
entire application to ensure that	
information contained is still accurate	
before submission to the agency.	
Enrollment Status	
Check the current status of an	

3. Enter the ATN in the **Tracking Number** field and the SSN or Tax ID in the **Tax ID Number** field, then click **Search**. The system returns the status of your additional program application.

#### Figure 19: Enrollment Status

	*Tracking Number 23403	*Tax ID Number			
Search Cancel					
	Provider Enrollment - Summary				
	Below is the status of your provider enrollment application. For further questions, please contact Provider Services at 1-800-884-3222.				
	Tracking Number 23403	Status SUBMITTED			
	Date Submitted 07/04/2022	Status Date 07/04/2022			
	For a new copy of your enrollment application cover sheet for your records click here.				



## Change History

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

Version #	Published/Revised	Author	Section/Nature of Change
0.1	7/12/2022	Gainwell	Created
0.2	1/12/2023	Gainwell	Updated JA content based on CR1936, the add program link is no longer available if the provider has MSCHIP only.