

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



The screenshot displays the Provider Portal Home Page. At the top, it shows the user's name (Jeremy Smith) and the date/time (Monday 07/04/2022 01:48 PM CST). Below this, there is a header section with the following information:

- Provider Name:** MISSION FN 200 PROVIDER LN
- Location:** 200000390 - 200 PROVIDER LN
- Role IDs:** 1111111112 (NPI)
- Taxonomy:** 207R00000X-Internal Medicine

The main content area is divided into several sections:

- User Details:** Welcome Jeremy Smith. Links for My Profile and Manage Accounts.
- Provider:** Name: MISSION FN 200 PROVIDER LN; Provider ID: 1111111112 (NPI); Location ID: 200000390. A red box highlights the **Add Program** link. Other links include Characteristics.
- Upcoming Actions:** Revalidation Start Date: 10/03/2026.
- Sign Up to Receive News** and **Secure Correspondence** buttons.
- Latest News:** Links for Late Breaking News, Provider Bulletins, UM/QIO, and Report Fraud.

In the center, there is a logo for MESA (MEDICAID ENTERPRISE SYSTEM ASSISTANCE) and a welcome message: "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."

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 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	
The provider identification numbers listed below are additional identifiers for the enrolling providers. Not all fields are required.	
NPI	1111111112
SSN	123456789
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)	<input type="checkbox"/>
MSCAN	<input checked="" type="checkbox"/>
MSCHIP	<input checked="" type="checkbox"/>

- 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-Service (FFS) <input type="checkbox"/> MSCAN <input checked="" type="checkbox"/> MSCHIP <input checked="" type="checkbox"/>	
Application Contact Information	
Enter the name of a contact person to answer any questions regarding the information provided in this enrollment application.	
*Last Name	<input type="text" value="Smith"/>
*First Name	<input type="text" value="Bob"/>
Title	<input type="text"/>
*Phone	<input type="text" value="6015551212"/> Ext <input type="text"/>
Fax Number	<input type="text"/>
*Work Email	<input type="text" value="slawrence@gainwelltechnologies.com"/>
*Confirm Email	<input type="text" value="slawrence@gainwelltechnologies.com"/>
Preferred Method of Communication	<input type="text" value="Email"/>
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

- When the page is complete, click **Continue**.
- 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**.

Figure 5: Credentialing Information Page

Provider Enrollment: Credentialing Information	
Welcome Request Information Credentialing Information Provider Identification Other Information Hospital Admittance Applicant History Supporting Documentation	Credentialing Information Either enter Credentialing Delegate Agency Name and Date or your CAQH ID. Credentialing Delegate Agency Name <input type="text"/> Credentialing Date <input type="text"/> <input type="button" value="Calendar"/> OR CAQH ID <input type="text" value="1234567891"/> <div style="text-align: right;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>

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

Figure 6: Provider Identification Page

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

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

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

The screenshot shows the 'Hospital Admittance' page. On the left is a navigation menu with links: Welcome, Request Information, Credentialing Information, Provider Identification, Other Information, and Hospital Admittance (selected). The main content area has a title 'Hospital Admittance' and instructions: 'Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.' Below this is a table with columns: Admitting Type, Hospital, Address, City, State, and Action. A row is partially visible with a '+' icon in the Admitting Type column. Below the table, there is a question: '*Do you have Admitting Privileges, an Admitting Plan or Neither?' with three radio buttons: 'Admitting Privileges' (unselected), 'Admitting Plan / Alternate Arrangement' (selected), and 'Neither' (unselected). A 'Click to collapse.' link is also present.

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

The screenshot shows the 'Admitting Plan/Alternate Arrangement Record' page. The navigation menu is similar to Figure 9, with 'Hospital Admittance' selected. The main content area has the same title and instructions. The table below has columns: Admitting Type, Hospital, Address, City, State, and Action. A row is shown with 'Admitting Plan / Alternate Arrangement' in the Admitting Type column and a 'Remove' link in the Action column. Below the table is a '+ Click to add Admittance' link. At the bottom of the page are three buttons: 'Continue', 'Finish Later', and 'Cancel'.

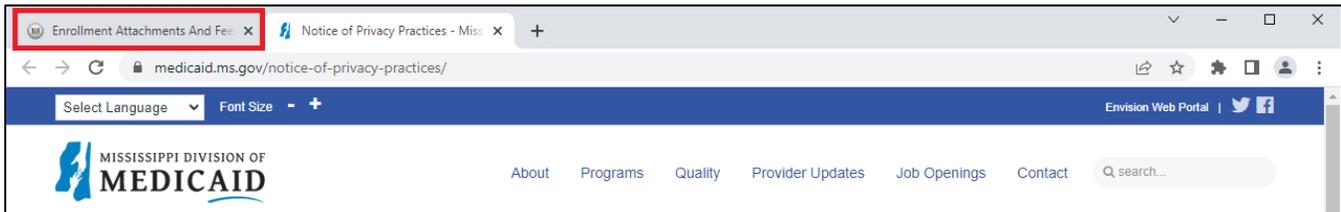
13. At the **Applicant History** page, you must answer all questions just as you did in your initial enrollment application. Where required, enter any necessary details, even if you have already provided these details in your initial application. Click **Continue**.

Figure 11: Applicant History Page

Professional/General Liability Insurance Information and Claims History	
*Has your professional/general liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional/general liability insurance carrier, based on your individual liability history?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If Yes, please explain:	<input type="text" value="Only once for a specific case. See documentation provided."/>
Corporate Integrity Agreements	
*Are you currently or have you ever been subject to the terms of a Corporate Integrity Agreement (CIA)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, are you currently subject to the provisions of a Corporate Integrity Agreement?	<input type="radio"/> Yes <input checked="" type="radio"/> No
What date did the facility enter into the Corporate Integrity Agreement?	<input type="text" value=""/> <input type="button" value="Calendar"/>
If you are currently subject to the provisions of a CIA, provide the CIA and a Compliance letter.	
Investigations	
*Has your organization ever been the subject of an investigation or ever been terminated, suspended, sanctioned or otherwise restricted from participating in any private or public program including, but not limited to, Medicare, Medicaid, military and State Department of Health programs?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

14. At the **Supporting Documentation/Attachments and Fees** page, you must click the [Privacy Notice](#) link. You can navigate back to the enrollment by clicking the Enrollment browser tab.

Figure 12: Notice of Privacy Practices



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.

Figure 13: Supporting Documentation/Attachments and Fees Page

<p>Other Information</p> <p>Hospital Admittance</p> <p>Applicant History</p> <p>▶ Supporting Documentation / Attachments and Fees</p> <p>Agreement</p> <p>Summary</p>	<p>Instructions : Privacy Notice (Must View)</p> <p>Checklist of General Provider Information Needed</p> <p>Important Check List Items can be found</p> <p>* Indicates a required field.</p> <p>Attachments</p> <p>To add an attachment, complete the required fields and click the Add button. Use the 'Other' selection to upload attachments not in the list.</p> <p>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.</p> <p>Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>FT-File Transfer</td> <td>All Enrollment Attachments.pdf (43K)</td> <td>All</td> <td>Remove</td> </tr> </tbody> </table> <p>📎 Click to add attachment.</p> <p>Attachment Attestation</p> <p><input checked="" type="checkbox"/> I have verified that I have uploaded all documentation for this enrollment application. I understand that any missing documentation will delay processing of the submitted application.</p> <p style="text-align: right;">Continue Cancel</p>	#	Transmission Method	File	Attachment Type	Action	1	FT-File Transfer	All Enrollment Attachments.pdf (43K)	All	Remove
#	Transmission Method	File	Attachment Type	Action							
1	FT-File Transfer	All Enrollment Attachments.pdf (43K)	All	Remove							

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

<p>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.</p> <p>You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge that you understand that your electronic signature is binding to the same extent as your written signature.</p> <p>*I accept <input type="checkbox"/> I understand that my electronic signature is equivalent to written signature.</p> <p>*Your Signature <input type="text"/></p> <p>(Entering your name in the box to the right will constitute your electronic signature.)</p> <p>Title <input type="text"/></p> <p>Submission Date 07/04/2022</p> <p style="text-align: right;">Submit Cancel</p>
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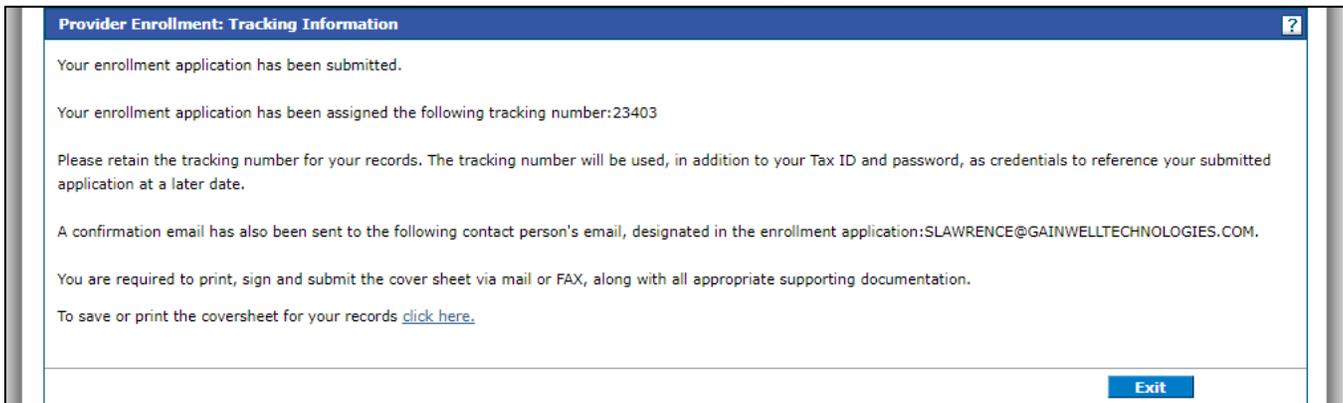
20. Before completing the enrollment, the system opens it on the **Summary** page so you can review all of your selections. If you need to make any changes, you can click **Cancel** and start over. Otherwise, click **Confirm**.

Figure 15: Summary Page – Submit Complete Application



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



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 Provider Enrollment Access link.

Figure 17: Provider Enrollment Access



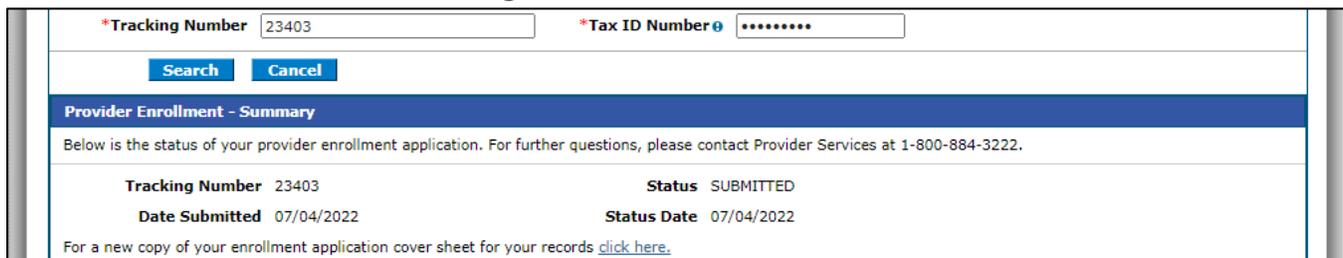
2. Click the Enrollment Status link.

Figure 18: Enrollment Status Link



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



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.