Job Aid

Copy an Existing Provider Enrollment Application

This document outlines the steps to copy an existing provider enrollment application that was previously submitted and lists the prepopulated fields of a copied application.

The copy function duplicates specific fields of a previously submitted application. Those fields will be prepopulated as illustrated throughout this document.

Utilizing the copy functionality:

- Only previously submitted enrollment applications using the same taxonomy can utilize copy.
- **Not all data is copied**. Only certain fields are prepopulated therefore, it's crucial to check each field and make appropriate updates.
- Copying the application can save time and avoid inputting data multiple times.
- Additional taxonomies from the same family, as well as multiple service locations can be added after copying the application.

*It is imperative to review the entire application before submitting it to confirm all the information is still accurate. *

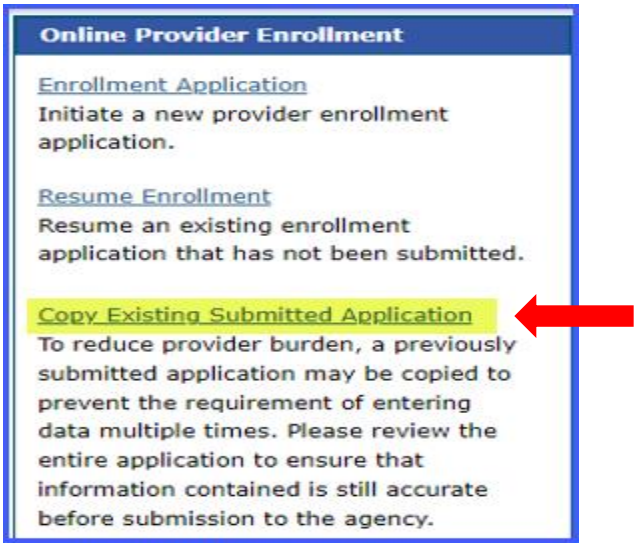
Steps to copy an existing enrollment application

1. Select the **Provider Enrollment Access hyperlink** found on the **Home** page of the MESA Provider Portal.

Figure 1: MESA Portal Home Page

2. Select the **Copy Existing Submitted Application hyperlink**:

Figure 2: Copy Hyperlink

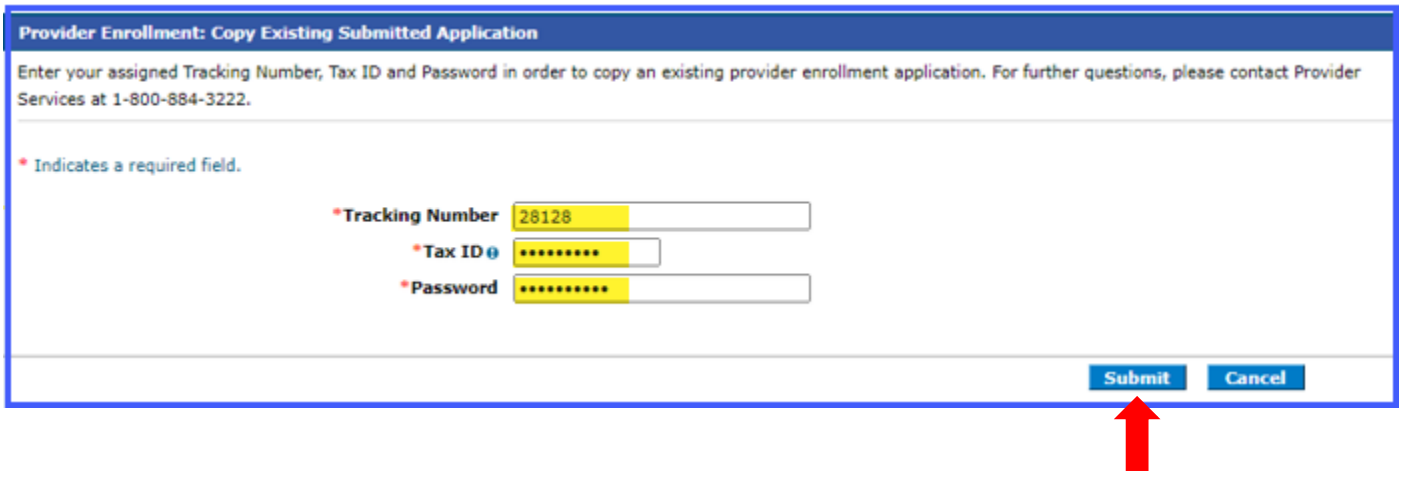


3. Enter the **Tracking Number** (ATN Application Tracking Number), **Tax ID**, and **Password**, then select **Submit.**

   Tax ID is the SSN (social security number) for indivudal providers.

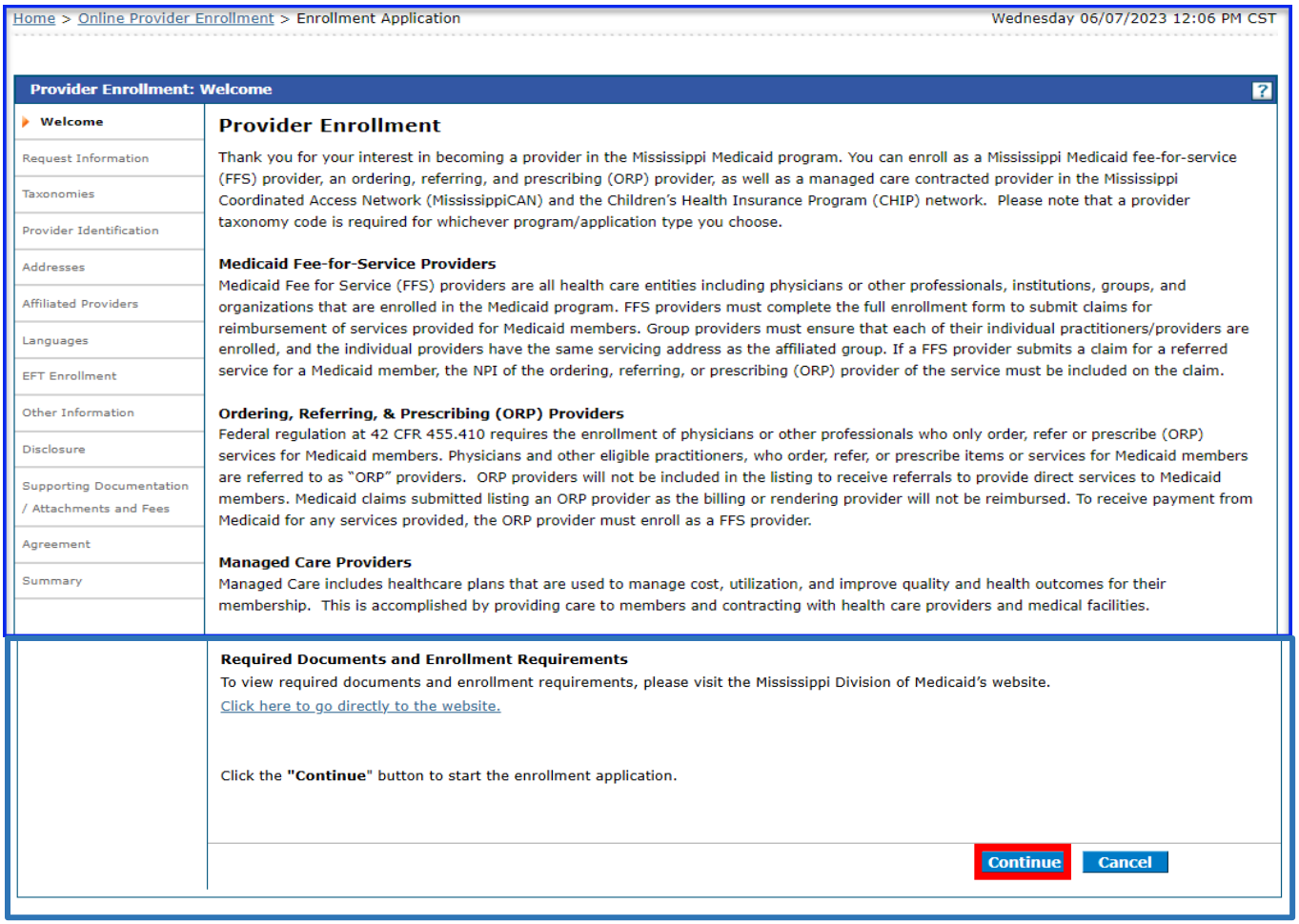
   Password is the one that was created by the user while submitting the application, which is being utilized to copy.

Figure 3: Copy Existing Submitted Application Sign In



Verify the accuracy of all the information on each page to ensure it has not changed since the last time the application was submitted.

Figure 4: Welcome Page of Enrollment Application



Select **Continue** to the **Request Information page.**

Follow the normal process to submit an application. The prepopulated fields are shown in the following examples.

Prepopulated fields on a copied application:

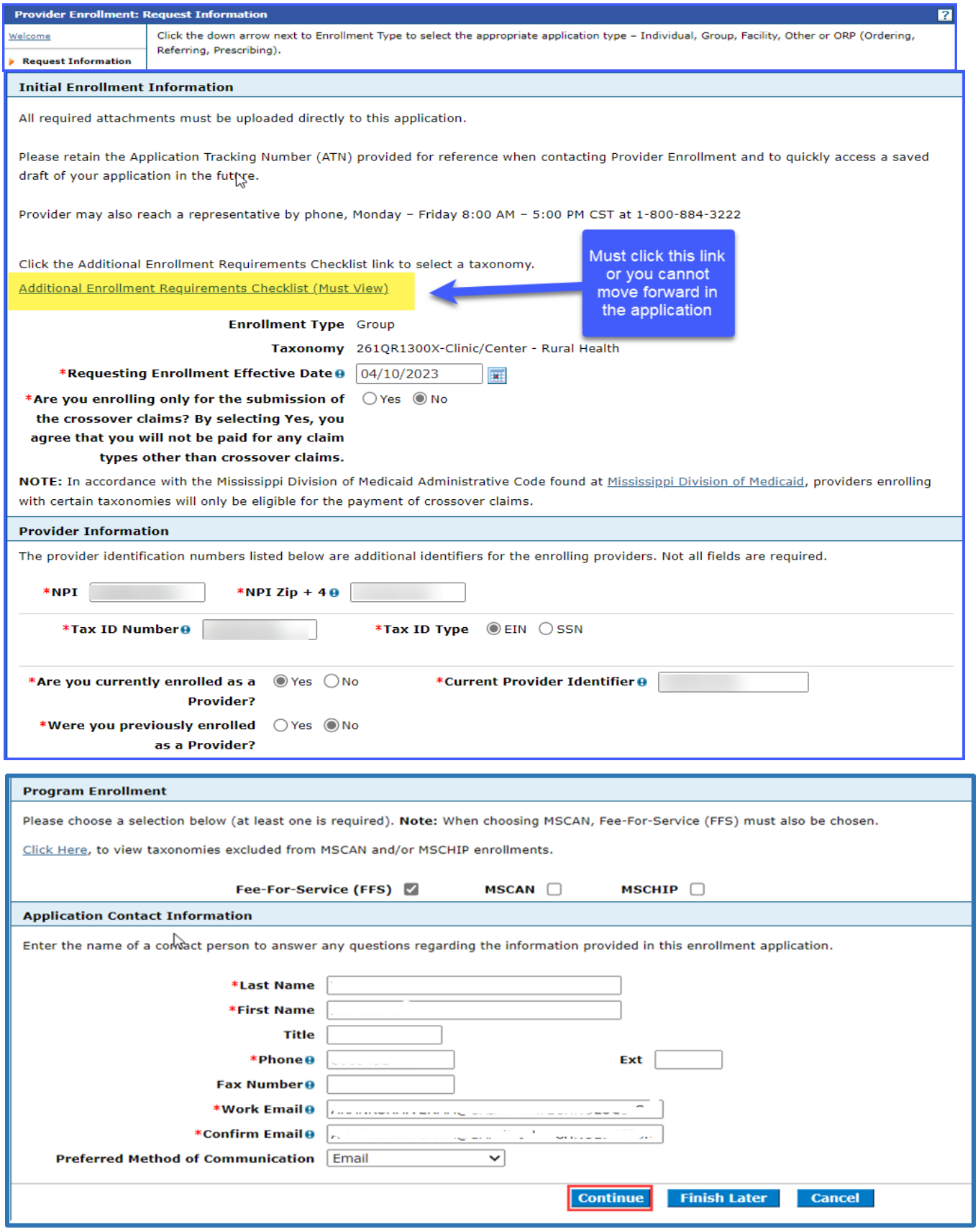
The **Request Information page** is **prepopulated**. Review all fields and make any necessary updates.

- The **effective date** must be updated to a current date.
- The link for **Additional Enrollment Requirements** must be selected in order to move forward in the application.

For **FFS Providers**, the next page is Taxonomies.

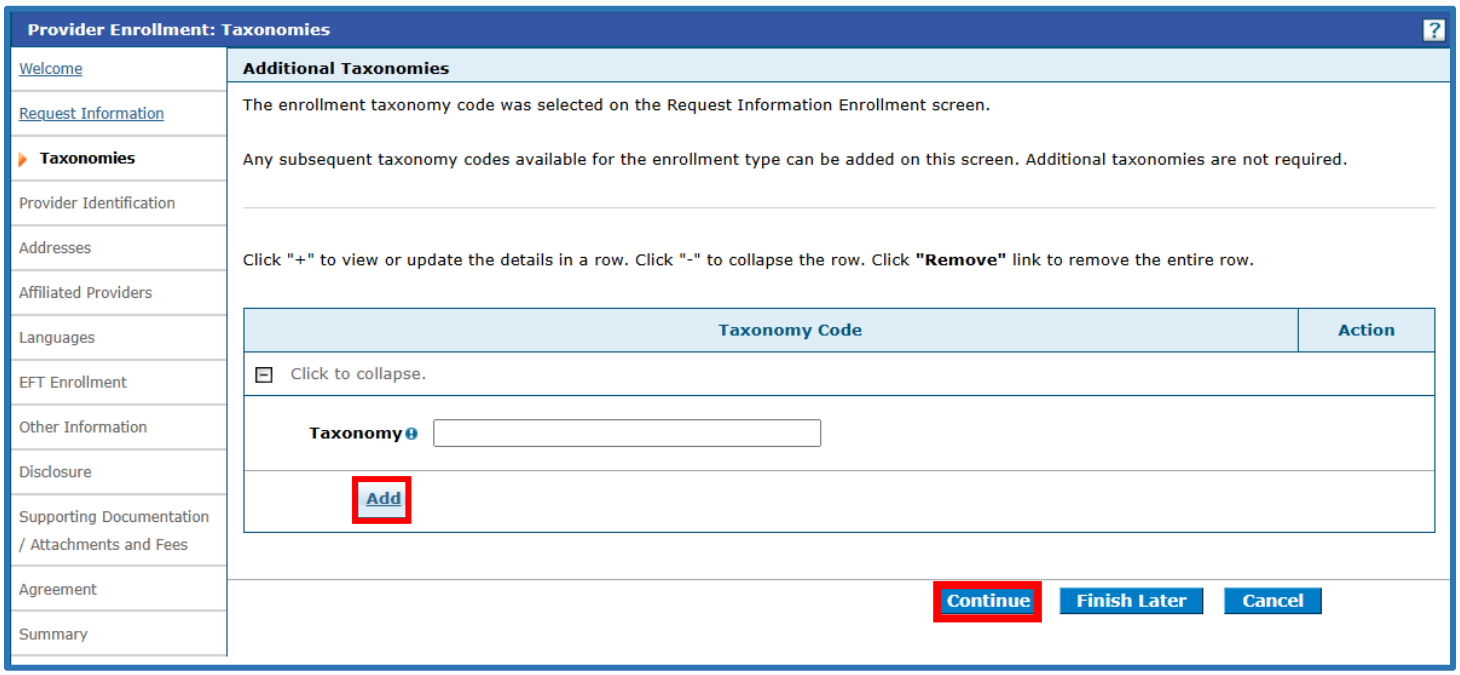
For **Providers enrolled in Managed Care Organizations**, the next page will be the CCO Information page.

Figure 5: Request Information Page



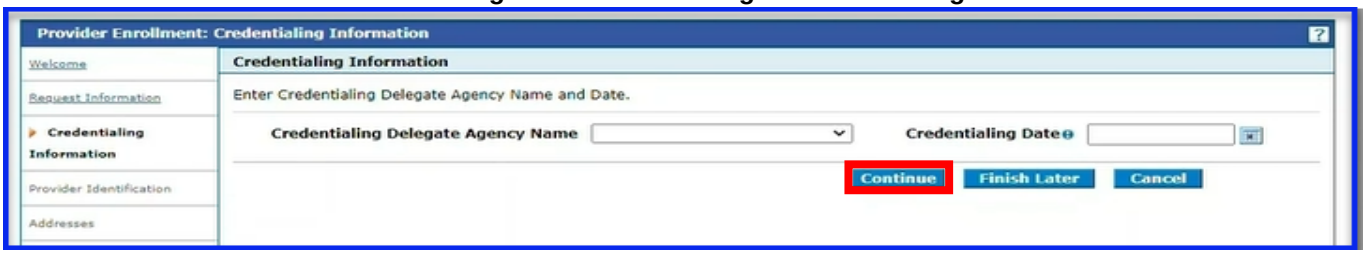
FFS Providers only – (MCO Providers skip to next step) **Taxonomies Page** is **not prepopulated.** Complete each field with required data, select **Add** to enter a taxonomy, then select **Continue** to the Provider Identification page.

Figure 6: Taxonomies Page



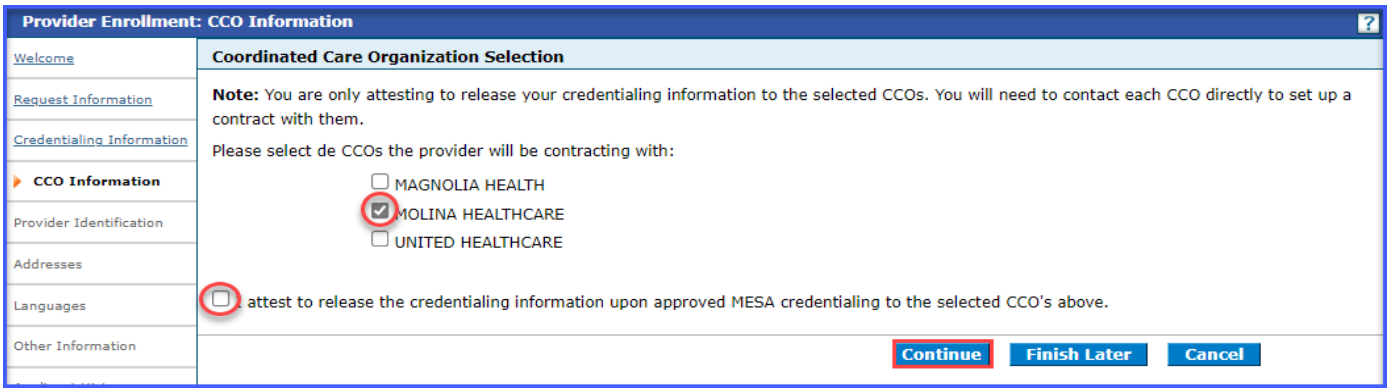
MCO Providers Only (FFS providers skip this step) **– Credentialing Information page is prepopulated.** Review each field, make any necessary updates, then select **Continue** to the CCO Page.

Figure 7: Credentialing Information Page



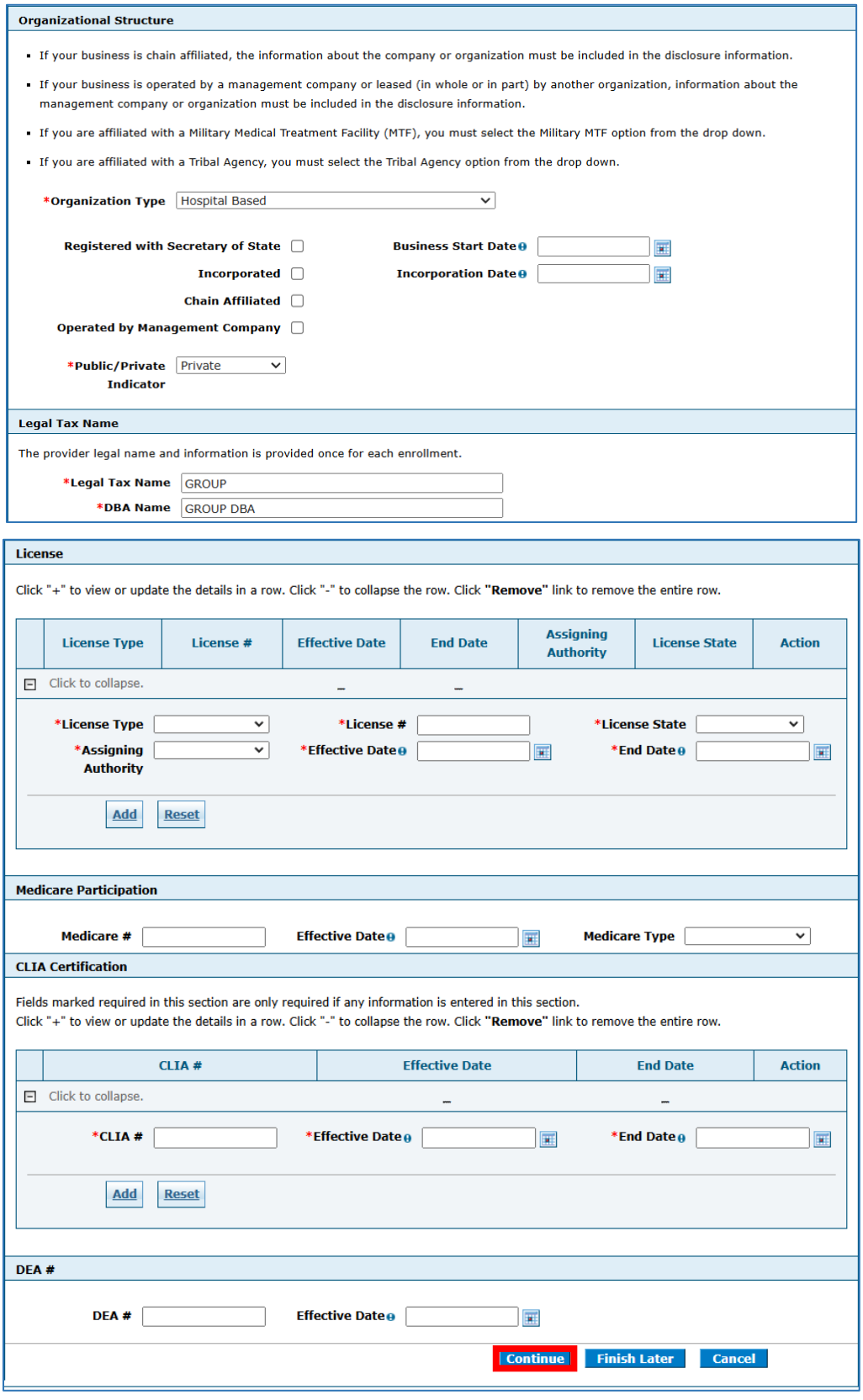
MCO Providers Only (FFS providers skip this step) **– CCO Information page is prepopulated.** Review each field, make any updates, select the Attestation statement, then select **Continue** to the Provider page.

Figure 8: CCO Information Page



Provider Identification page is **prepopulated.** Review each field, make any necessary updates, then select **Continue** to the Address Page.

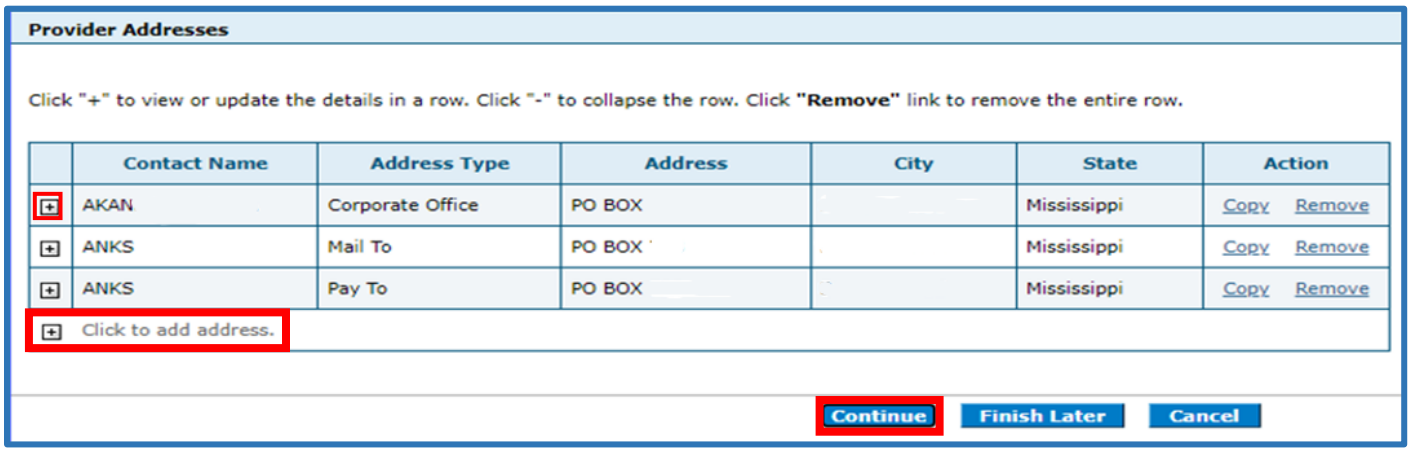
Figure 9: Provider Identification page



Prepopulated fields on the **Address page are Corporate Office, Mail To**, and **Pay To Addresses.** The **Service Address** does **not** prepopulate. Review each field, using the **+** sign to expand, and edit an address. To add the Service Address, select **Click to Add Address** and make any necessary updates including required information such as contact information and hours. Select Save after each update, and then select **Continue** to the Affiliated Providers Page.

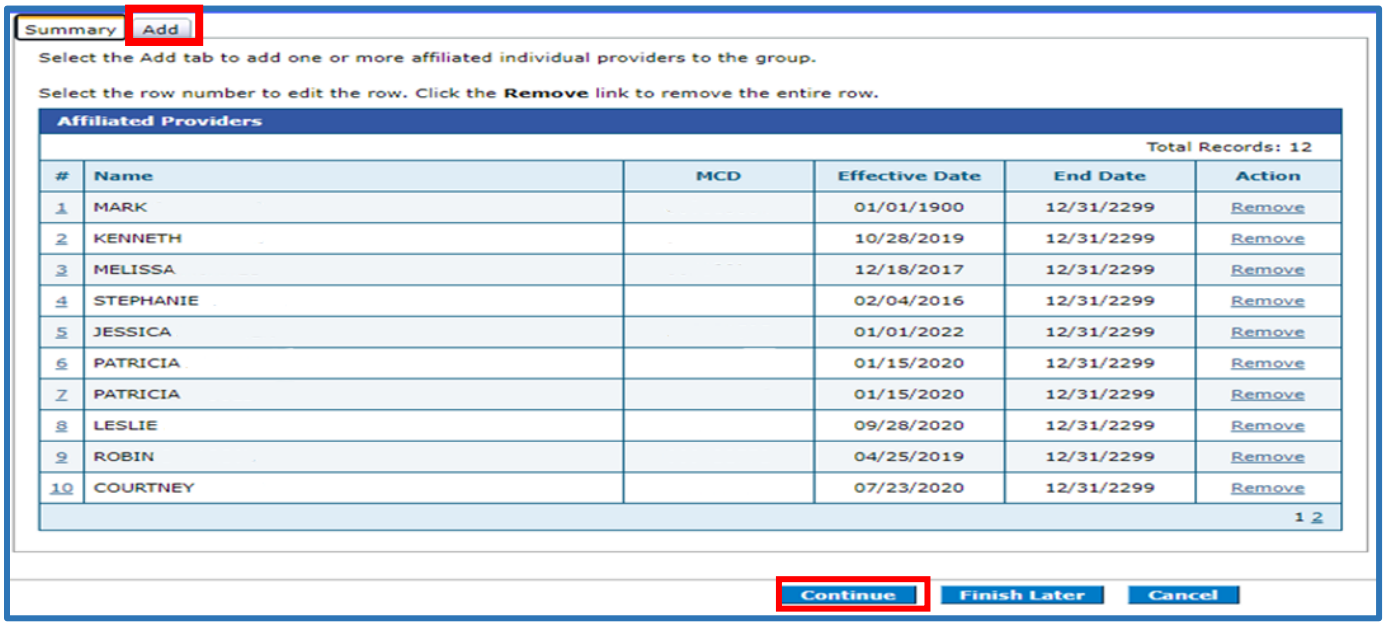
Multiple service locations can be added to the copied application.

Figure 10: Address page



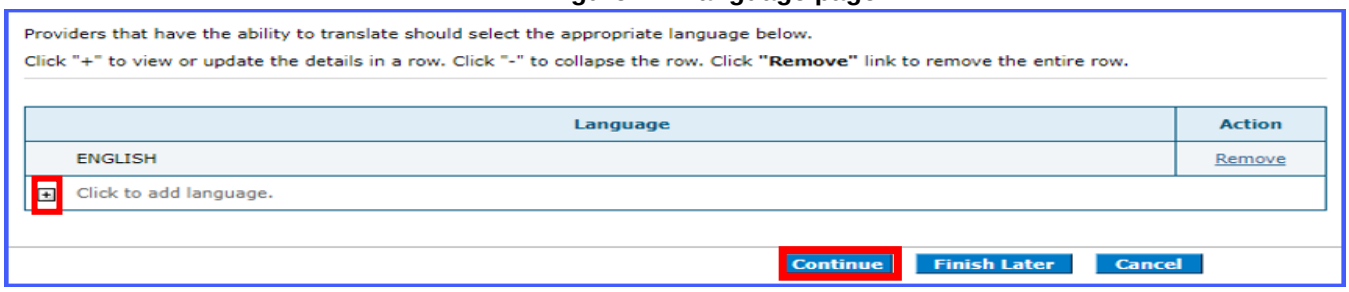
Affiliated Providers page is prepopulated. Review each field, make any necessary updates. To add another affiliated individual provider, select the **Add** Tab. Select **Continue** to the Languages page.

Figure 11: Affiliated Providers page



Language Page is prepopulated. Review each field, utilize the **+** sign to add any additional languages, use the remove hyperlink to remove any language, then Select **Continue** to the EFT Enrollment page.

Figure 12: Language page

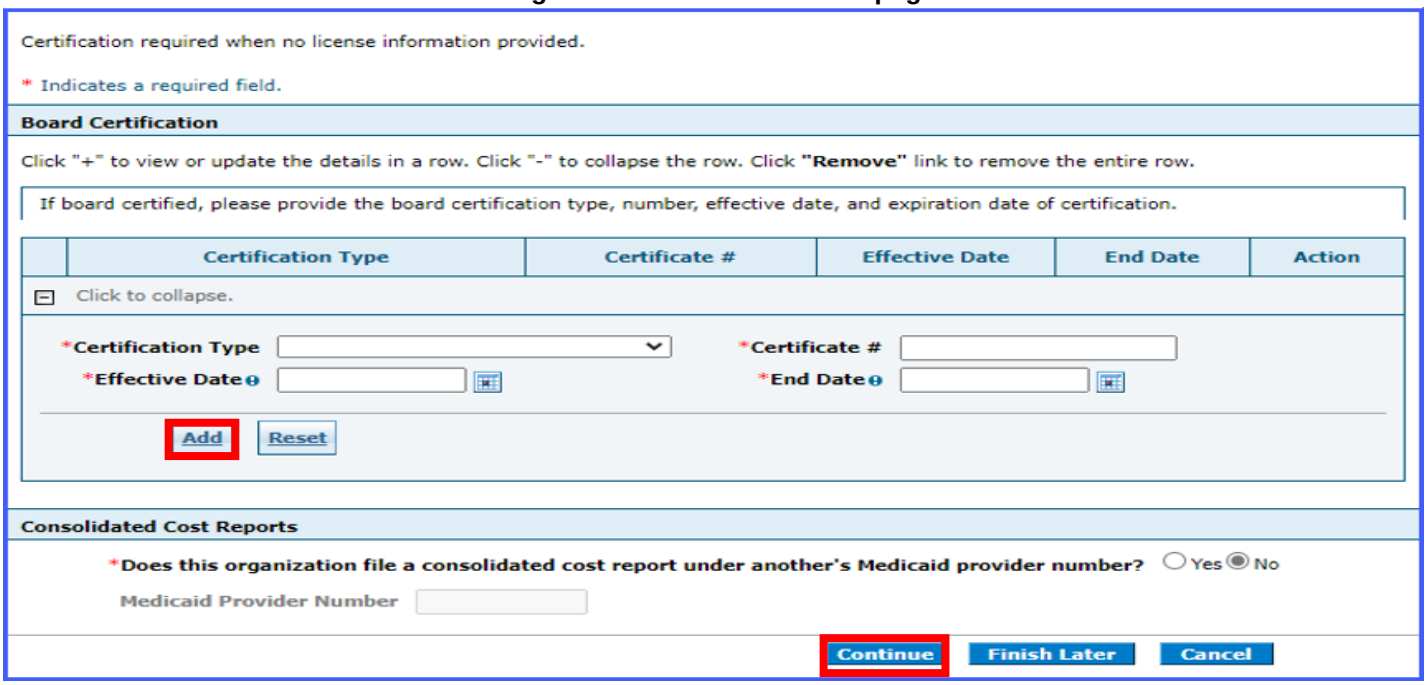


EFT Information Page is **not prepopulated.** Fill out each field then select **Continue** to the Other Information page.

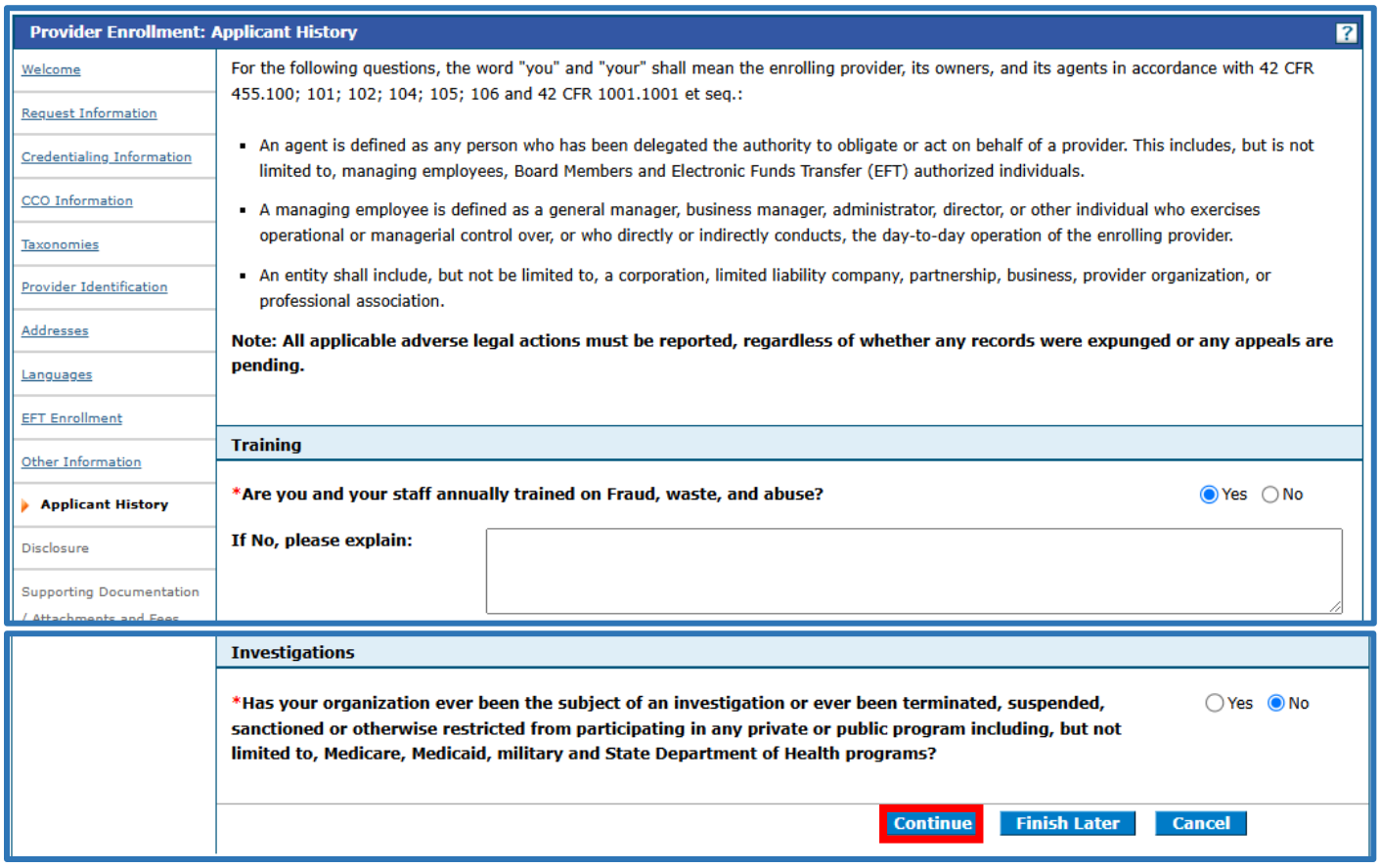
Figure 13: EFT Information

Other Information Page is prepopulated when there is information from the application that is being copied. Review each field, make necessary updates, and select **Add** to add any attachment(s). Select **Continue** to the Disclosure page.

Figure 14: Other Information page



Applicant History page is prepopulated. Review all answers then click **Continue** at the bottom of the page.



Disclosures Page is prepopulated except for the **Signature** found at the bottom of **Section H.** Review all fields in Sections **B, C, D, E, F, G** and **H**, utilize the **+** sign to view, add or update any row or select remove to remove a row. In Section **H,** make sure to **Accept** after entering Name and Title. Select **Continue** to the Supporting Documentation/Attachments and Fees page.

Figure 15: Sections B of the Disclosure page

Instructions for Mississippi Medicaid Provider Disclosure Form

Click to View Instructions

SECTION B

Direct/Indirect Ownership Interest and Managing Control Identification Information

NOTE: ONLY REPORT ORGANIZATIONS IN SECTION B-1. INDIVIDUALS WITH OWNERSHIP/MANAGING CONTROL MUST BE REPORTED IN SECTION B-2. The disclosing entity is responsible for reporting all ownership and managing control.

SECTION B-1

Entity with Direct/Indirect Ownership Interest and/or Managing Control Identification Information

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

	Row	Legal Business Name as Reported to the Internal Revenue Service	Employer Identification Number (EIN)	Percent Ownership	Action
Click to add Organization					

SECTION B-2

Individuals with Ownership Interest and/or Agents/Managing Control

The following individuals must be reported in Section B-2:

- **All individual owners with 5% or more direct/indirect ownership**
- **All officers and directors of the disclosing provider (whether for profit or non-profit)**
- **All managing employees of the disclosing provider**
- **All authorized and delegated officials noted in the Mississippi Medicaid Enrollment application**

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

	Row	Last Name	First Name	SSN	Birth Date	Action
	1	PRICH	MI	*****678		Remove
Click to add Individual						

Relationships

If the individual or legal entity (disclosed in Section B) has ownership or control interest, is an officer, agent, managing employee, director, or shareholder and is related to each other as spouse, parent, child or sibling, please note the name and relationship:

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

	Row	Owner/Managing Employee 1	Relationship	Owner/Managing Employee 2	Action
Click to add Relationship					

Figure 16: Section C, D, E and F of the Disclosures page

SECTION C

Criminal Convictions and Other Sanctions

Provide the requested information in this section for any person who:
(1) Has an ownership or control interest in the disclosing provider OR is an agent or managing employee of the disclosing provider
AND
(2) Has been convicted of a criminal offense related to any program under Medicare, Medicaid, or Title XX services since the inception of those programs,
OR
(3) Has been convicted of a crime referenced in Miss. Code Ann. § 43-13-121(7)(c-h),
(4) Has been convicted of a felony under state or federal law that is not otherwise referenced in Miss. Code Ann. § 43-13-121(7)(c-h),
(5) Has been subject to a previous or current exclusion, suspension, termination from or the involuntary withdrawing from participation in the Medicaid program, any other state's Medicaid program, Medicare or any other public or private health or health insurance program,
(6) Has been sanctioned for violation of federal or state laws or rules relative to the Medicaid program, any other state's Medicaid program, Medicare or any other public health care or health insurance program,
(7) Has had his/her/its license or certification revoked, or
(8) Has failed to pay recovery properly assessed or pursuant to an approved repayment schedule under the Medicaid program.

Identify the person and each conviction/sanction, when it occurred, the Federal or State agency or the court/administrative body that imposed the action, and the resolution, if any. Provide a copy of any documentation.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

	Row	Name	Criminal/Sanction Info	Date	Action
⊞	Click to add Conviction/Sanction				

SECTION D

Relationships to Excluded, Penalized, or Convicted Persons in Accordance with 42 CFR § 1002.3

Identify and provide the requested information in this section regarding any person who:
(1) has been convicted of a criminal offense as described in Sections 1128(a) and 1128(b) (1), (2), or (3) of the Social Security Act;
(2) has had civil money penalties or assessments imposed under Section 1128A of the Social Security Act
OR
(3) has been excluded from participation in Medicare or any of the state health programs AND
(4) also has one or more of the following relationships to the disclosing provider:

i. has a direct or indirect ownership interest (or any combination thereof) of five percent (5%) or more in the group/organization;

ii. is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by the group/organization or any of the property assets thereof, in which whole or part interest is equal to or exceeds five percent (5%) of the total property and assets of the group/organization;

iii. is an officer or director of the group/organization, if the group/organization is organized as a corporation;

iv. is a partner in the group/organization, if the group/organization is organized as a partnership;

v. is an agent of the group/organization;

vi. is a managing employee, that is, an individual (including a general manager, business manager, administrator, or director) who exercises operational or managerial control over the group/organization or part thereof, or directly or indirectly conducts the day-to-day operations of the group/organization or part thereof; or

vii. was formerly described in subparagraphs (i) through (vi), immediately above, but is no longer so described because of a transfer or ownership or control interest to an immediately family member or a member of the person's household as defined in this section, in anticipation of or following a conviction, assessment of a civil monetary penalty, or imposition of an exclusion.

NOTE: Please refer to the Instructions for Provider Disclosure Form for applicable definitions.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

	Row	Name	Relationship	Action
⊞	Click to add Relationship			

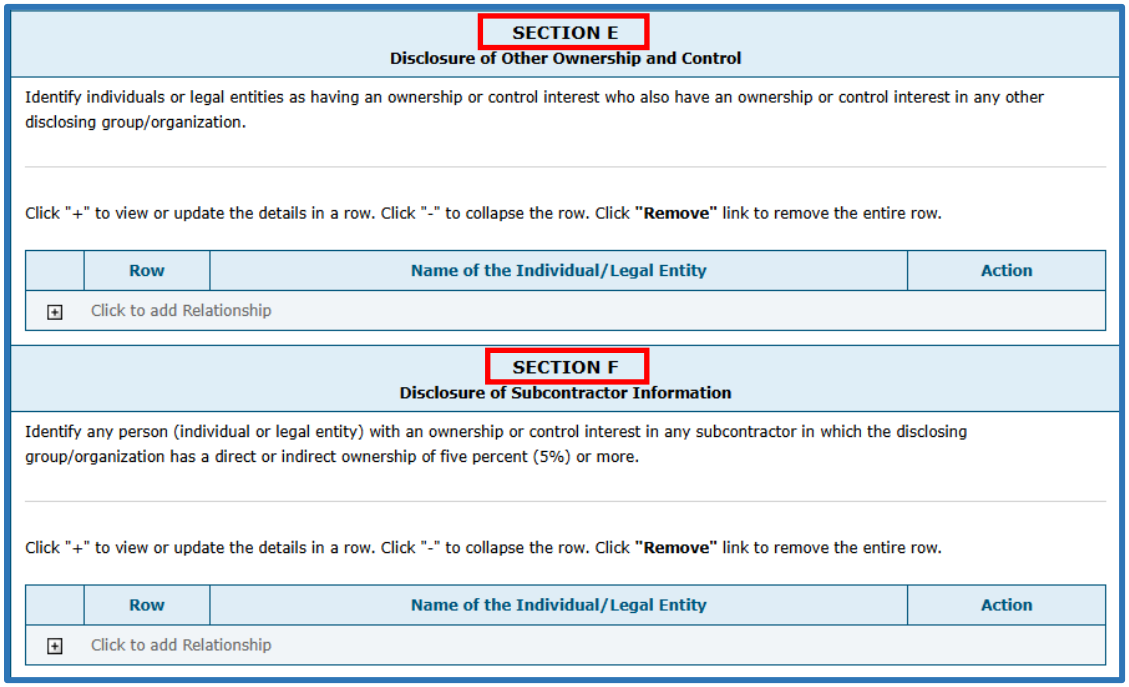
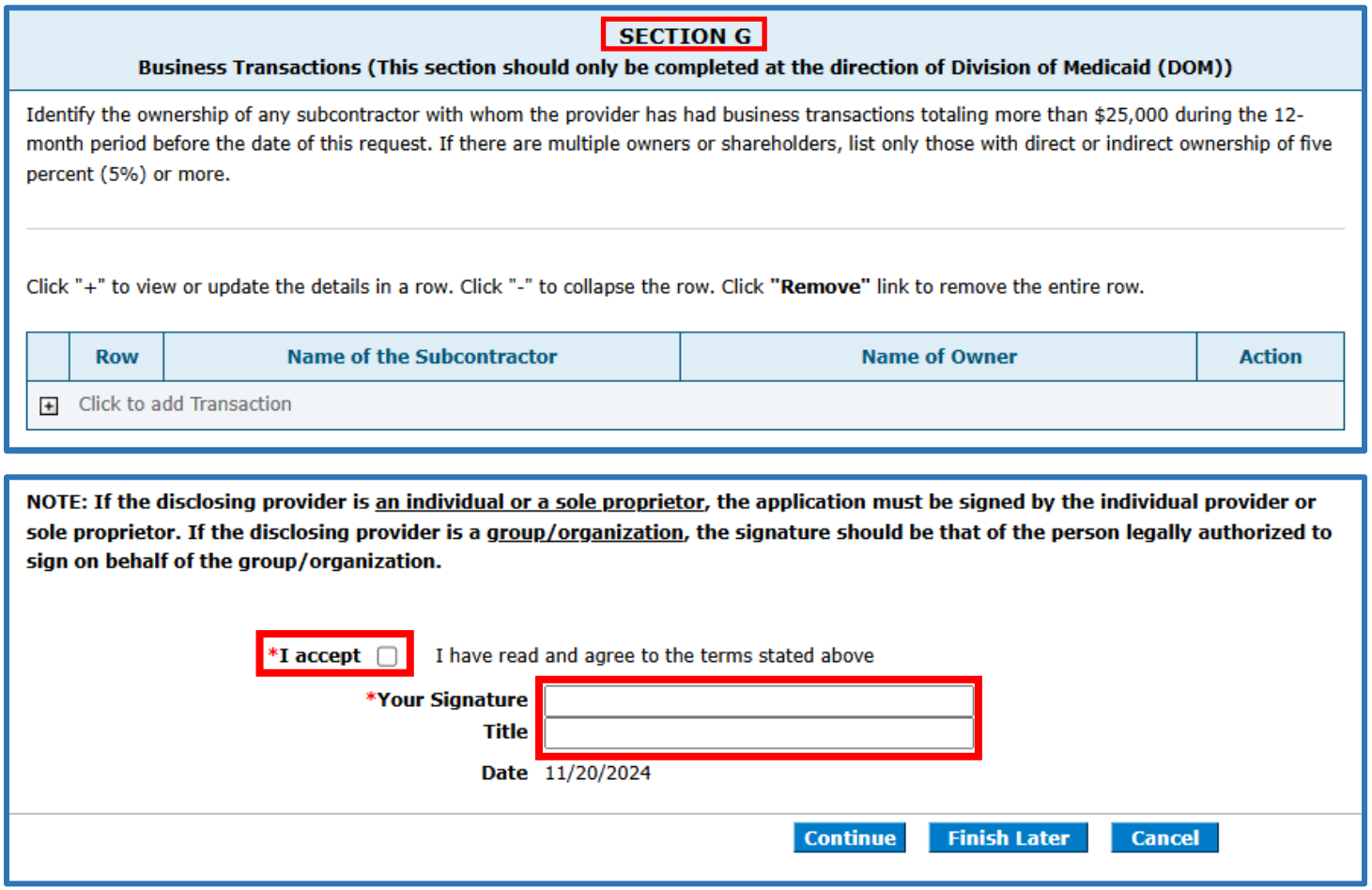
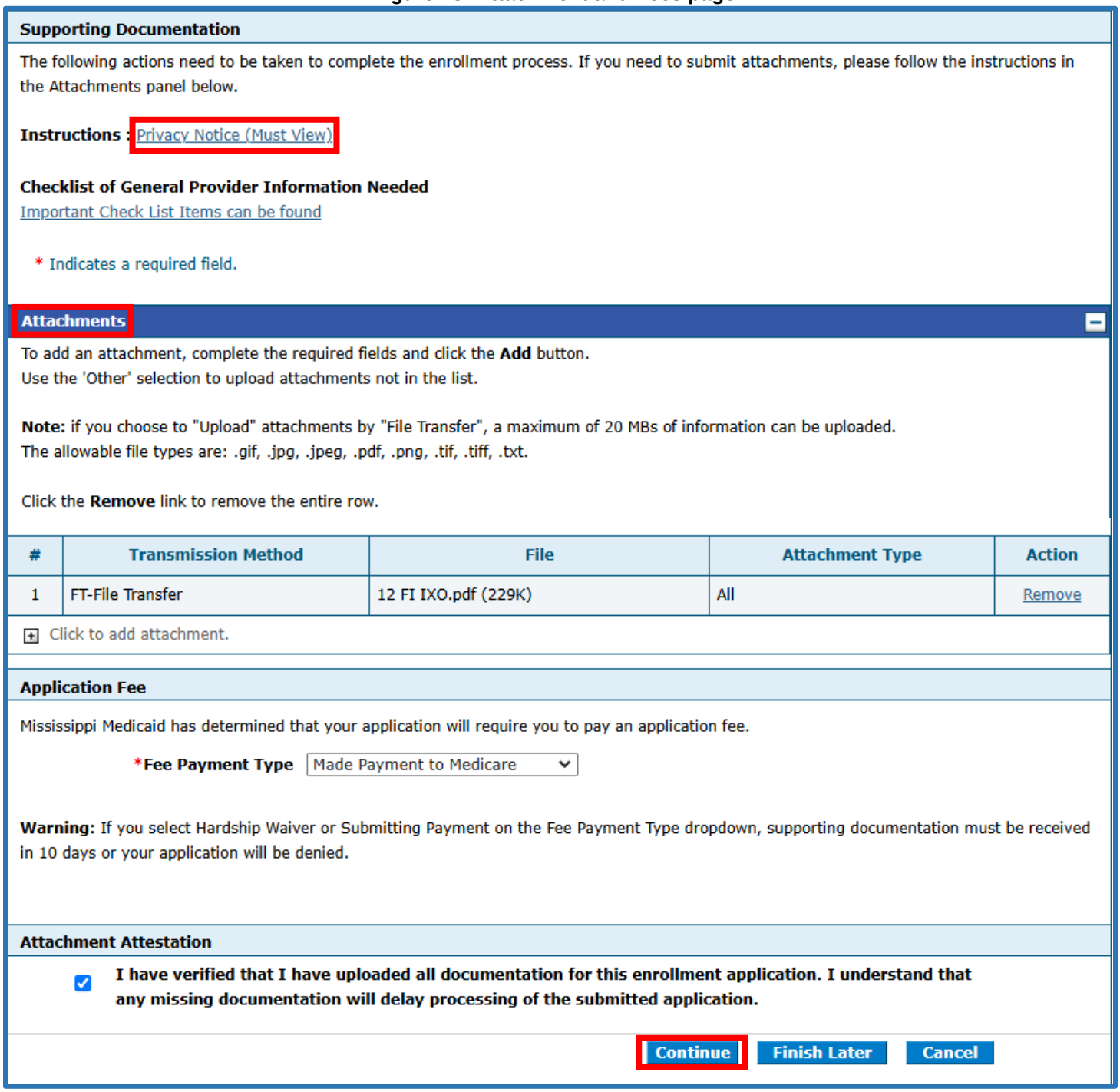


Figure 17: Section G, and signature portion in section H of the Disclosure page



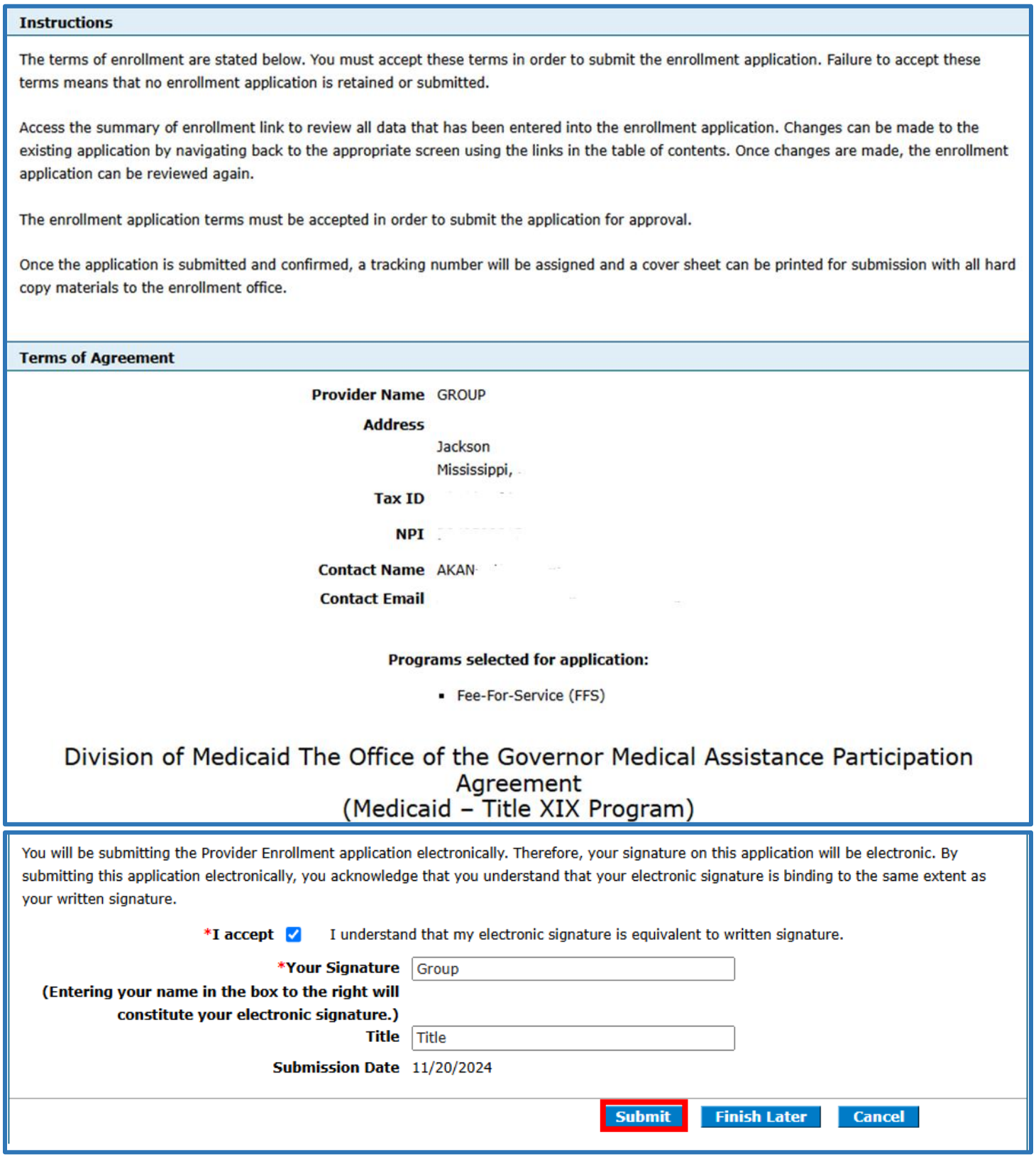
Supporting Documentation, Attachments and Fees page only prepopulates the Fee Payment Type. Review all fields, click the Privacy Notice, make any updates, add all required data, utilize the **+** sign to add any attachments, select the Attestation statement, and then select **Continue** to the Agreement page.

Figure 18: Attachment and Fees page



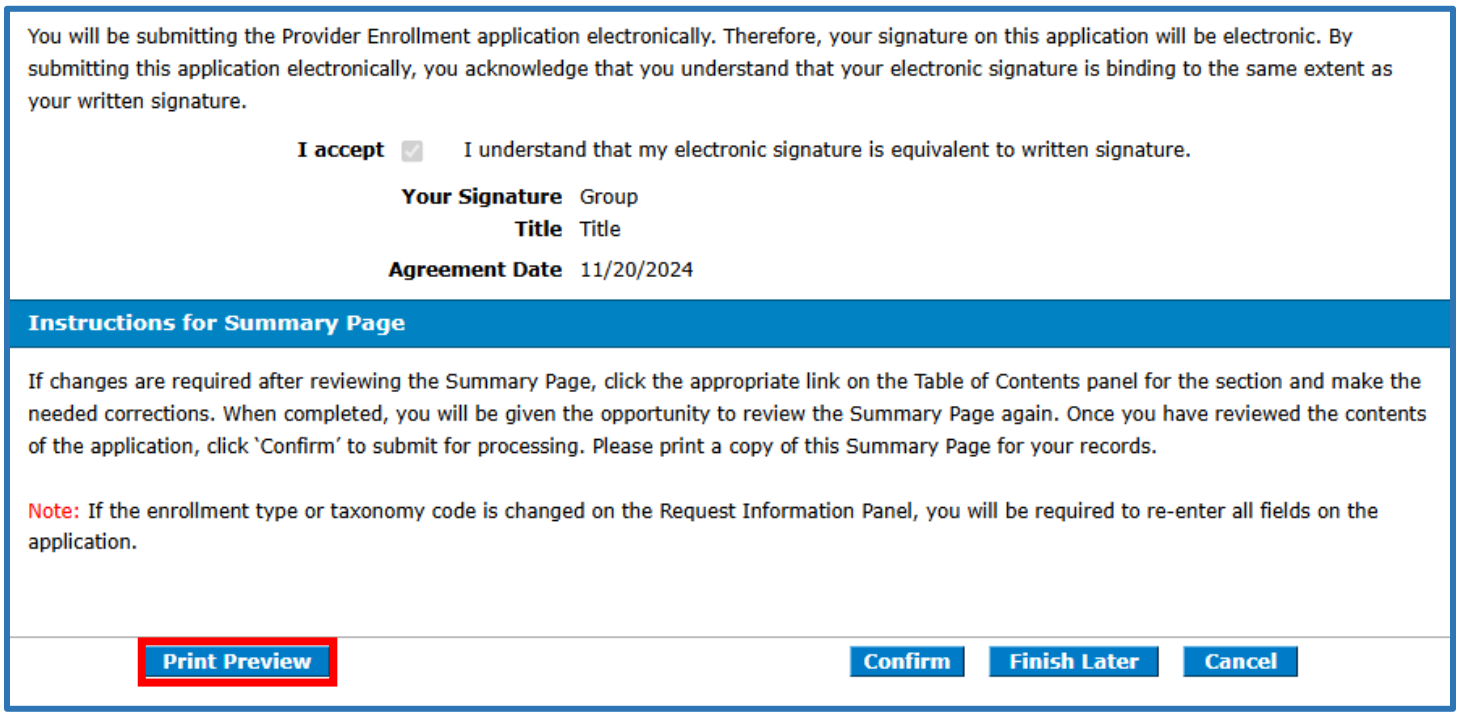
Agreement Page is not prepopulated. Enter the signature, select "I accept", and then select **Submit** to continue to the Summary Page.

Figure 19: Agreement Page



Summary Page does not prepopulate. This is the time to review the entire application before submitting. The user can select **Print Preview** to print or save the application before submission. Select "I accept" then select **Confirm** to submit the application.

Figure 20: End of Summary Page



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	11/25/2024	Gainwell	Initial publication