Individual Provider

Initial Enrollment Application

May 16, 2025

MISSISSIPPI DIVISION OF MEDICAID

Provider Enrollment

- Gainwell does not accept paper enrollment applications.
- Must have a taxonomy to enroll.
- Supporting documentation must be submitted via the web portal with the initial enrollment application submission.
- Required supporting documentation will vary depending on the taxonomy code and enrollment type.
- Incomplete enrollment applications will be returned to the provider or denied.
- If the enrollment application is returned to the provider for missing documentation, you have **60 days** to upload the documents to the web portal. If **not submitted**, the application will be **denied on the 61st day**.

Provider Enrollment

- **All providers must be screened in compliance with 42 CFR 455.410.**

- **Individuals considered High-Risk** will require owners that have a 5% or greater direct or indirect ownership interest to submit fingerprints for a Fingerprint Criminal Background Check (FCBC) and participate in a site visit (unless the provider is currently enrolled with Medicare and the application data for Medicare and Medicaid matches).

- **Individuals considered Moderate Risk** will require a site visit unless the provider is enrolled with Medicare and the application data for Medicare and Medicaid matches.

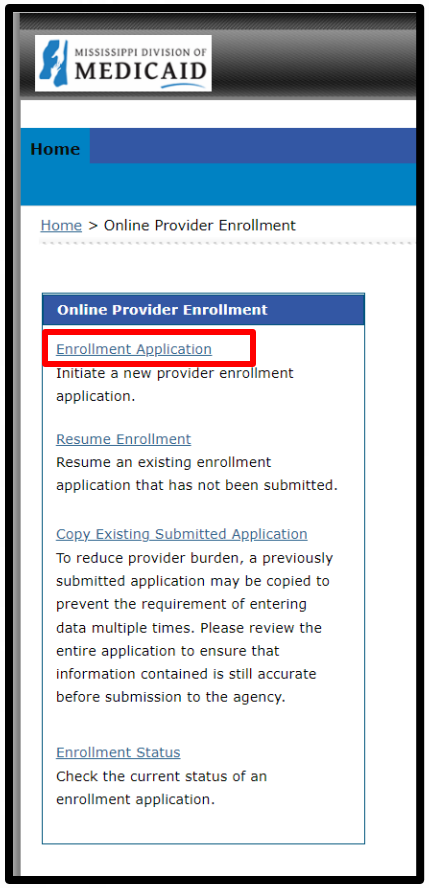
Application Tips

- By selecting the "**+**" sign, you can view or update that specified row.
- To remove a row, select the "Remove" link located in that specific row.
- The red asterisk signifies a required field.
- All application attachments must be in pdf, gif, jpg, jpeg, png, tif, tiff or txt format.
- At anytime during the application process, you can select "**EXIT**", and it will prompt you to save your changes.
- If a new application is not completed within **6** months, it will be removed. Recredentialing and Revalidation is due by the date on the provider portal home page.
- Non-billing providers are only required to enroll once per NPI and taxonomy combination using their primary service location. After enrollment, non-billing providers must affiliate with a billing provider (such as a group practice) that will submit claims on their behalf. This affiliation must be established for each practice location where the non-billing provider renders services. Each additional servicing location provided will result in a separate Medicaid enrollment.

Accessing Provider Enrollment

- Go to the Mississippi Division of Medicaid's website to access the MESA Provider Portal. Mississippi Division of Medicaid
- Select Provider Portal, then Provider Login to access the home page of the Provider Portal. MESA Provider Portal
- Select the "Provider Enrollment Access" link.

Enrollment Application



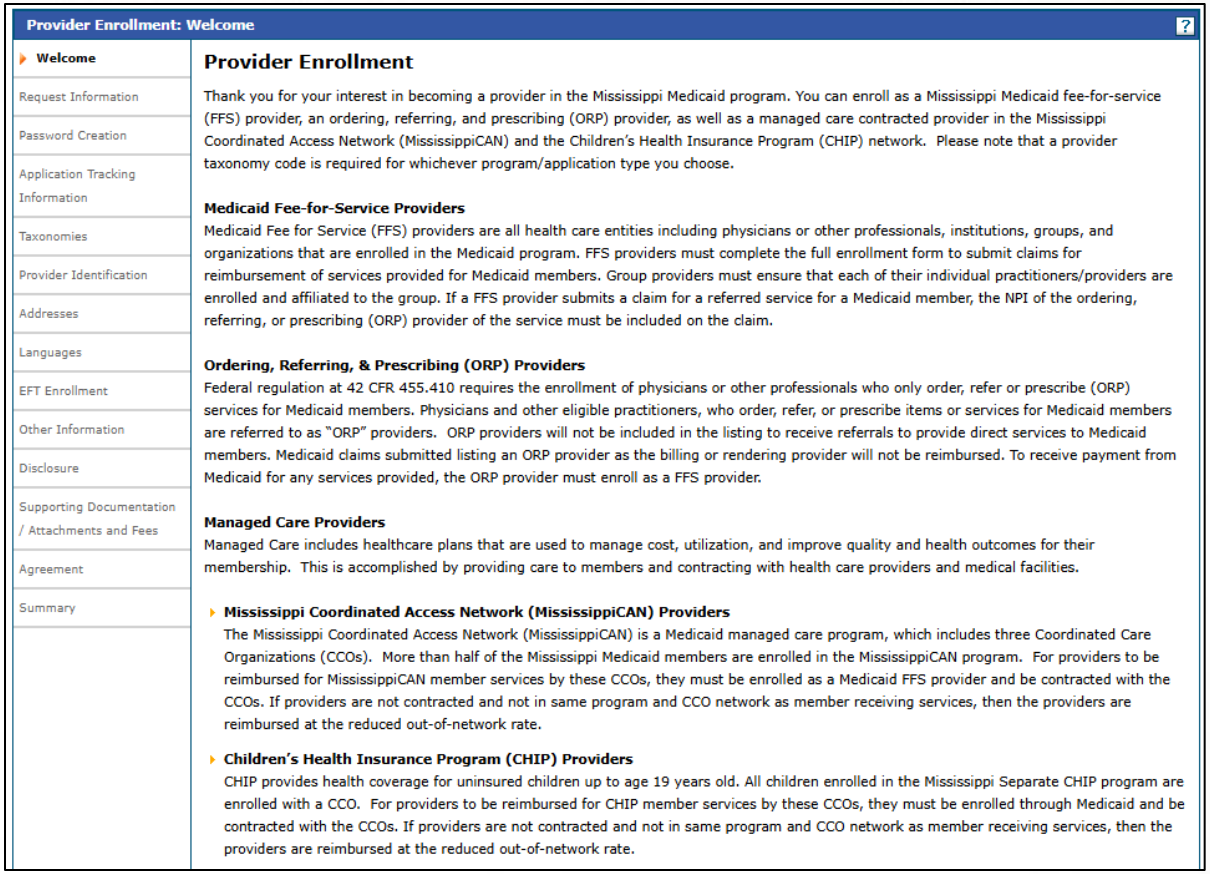
- Select the "Enrollment Application" link.
- The Welcome page displays with explanations/definitions for each enrollment application type.

Welcome Page

This section of the Welcome Page provides an explanation of each provider type:

- Fee For Service (FFS)
- Ordering, Referring and Prescribing (ORP)
- Managed Care providers

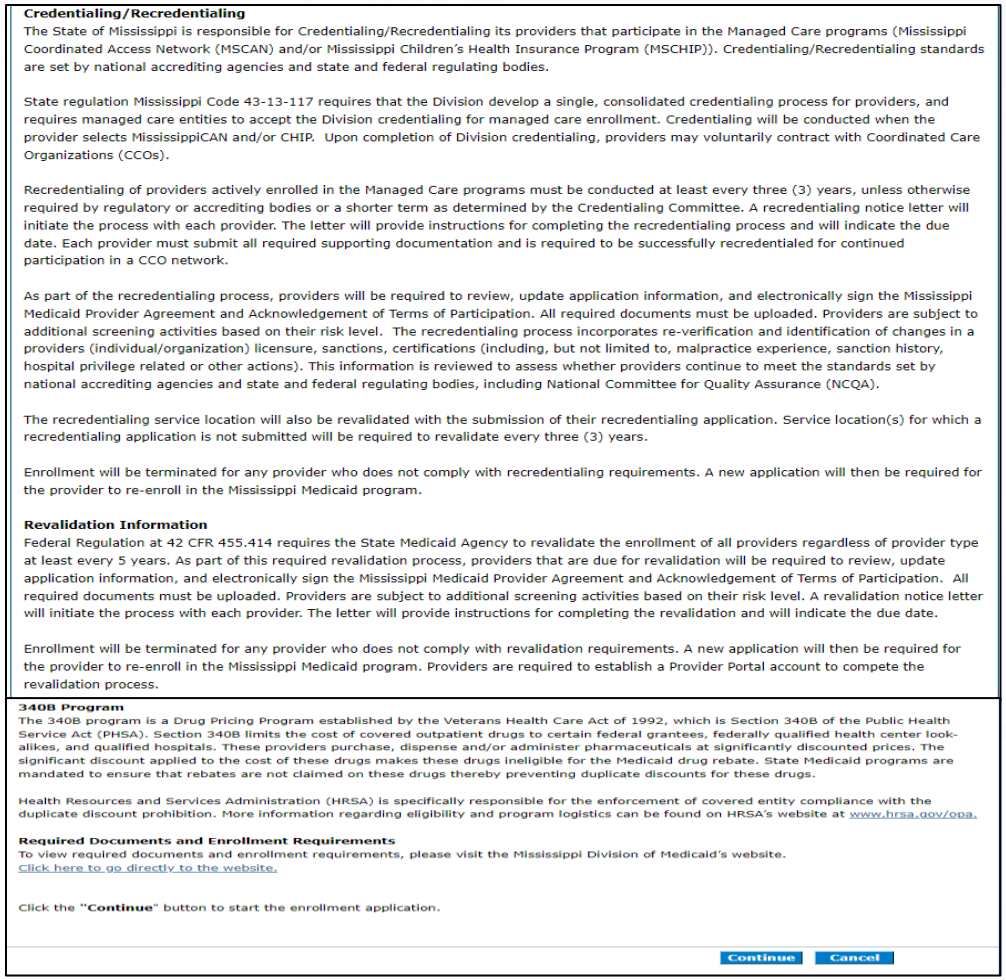
The next page goes over the remainder of this section.



Welcome Page Cont'd

Explanation of:

- Credentialing/Recredentialing
- Revalidation
- 340B Program
- A link to required documents and enrollment requirements.
- Select Continue to move to the Request Information page.
- To view the requirements for an application, select the link under "Required Documents and Enrollment Requirements".



Credentialing/Recredentialing

The State of Mississippi is responsible for Credentialing/Recredentialing its providers that participate in the Managed Care programs (Mississippi Coordinated Access Network (MSCAN) and/or Mississippi Children's Health Insurance Program (MSCHIP)). Credentialing/Recredentialing standards are set by national accrediting agencies and state and federal regulating bodies.

State regulation Mississippi Code 43-13-117 requires that the Division develop a single, consolidated credentialing process for providers, and requires managed care entities to accept the Division credentialing for managed care enrollment. Credentialing will be conducted when the provider selects MississippiCAN and/or CHIP. Upon completion of Division credentialing, providers may voluntarily contract with Coordinated Care Organizations (CCOs).

Recredentialing of providers actively enrolled in the Managed Care programs must be conducted at least every three (3) years, unless otherwise required by regulatory or accrediting bodies or a shorter term as determined by the Credentialing Committee. A recredentialing notice letter will initiate the process with each provider. The letter will provide instructions for completing the recredentialing process and will indicate the due date. Each provider must submit all required supporting documentation and is required to be successfully recredentialed for continued participation in a CCO network.

As part of the recredentialing process, providers will be required to review, update application information, and electronically sign the Mississippi Medicaid Provider Agreement and Acknowledgement of Terms of Participation. All required documents must be uploaded. Providers are subject to additional screening activities based on their risk level. The recredentialing process incorporates re-verification and identification of changes in a providers (individual/organization) licensure, sanctions, certifications (including, but not limited to, malpractice experience, sanction history, hospital privilege related or other actions). This information is reviewed to assess whether providers continue to meet the standards set by national accrediting agencies and state and federal regulating bodies, including National Committee for Quality Assurance (NCQA).

The recredentialing service location will also be revalidated with the submission of their recredentialing application. Service location(s) for which a recredentialing application is not submitted will be required to revalidate every three (3) years.

Enrollment will be terminated for any provider who does not comply with recredentialing requirements. A new application will then be required for the provider to re-enroll in the Mississippi Medicaid program.

Revalidation Information

Federal Regulation at 42 CFR 455.414 requires the State Medicaid Agency to revalidate the enrollment of all providers regardless of provider type at least every 5 years. As part of this required revalidation process, providers that are due for revalidation will be required to review, update application information, and electronically sign the Mississippi Medicaid Provider Agreement and Acknowledgement of Terms of Participation. All required documents must be uploaded. Providers are subject to additional screening activities based on their risk level. A revalidation notice letter will initiate the process with each provider. The letter will provide instructions for completing the revalidation and will indicate the due date.

Enrollment will be terminated for any provider who does not comply with revalidation requirements. A new application will then be required for the provider to re-enroll in the Mississippi Medicaid program. Providers are required to establish a Provider Portal account to compete the revalidation process.

340B Program

The 340B program is a Drug Pricing Program established by the Veterans Health Care Act of 1992, which is Section 340B of the Public Health Service Act (PHSA). Section 340B limits the cost of covered outpatient drugs to certain federal grantees, federally qualified health center look-alikes, and qualified hospitals. These providers purchase, dispense and/or administer pharmaceuticals at significantly discounted prices. The significant discount applied to the cost of these drugs makes these drugs ineligible for the Medicaid drug rebate. State Medicaid programs are mandated to ensure that rebates are not claimed on these drugs thereby preventing duplicate discounts for these drugs.

Health Resources and Services Administration (HRSA) is specifically responsible for the enforcement of covered entity compliance with the duplicate discount prohibition. More information regarding eligibility and program logistics can be found on HRSA's website at www.hrsa.gov/opa.

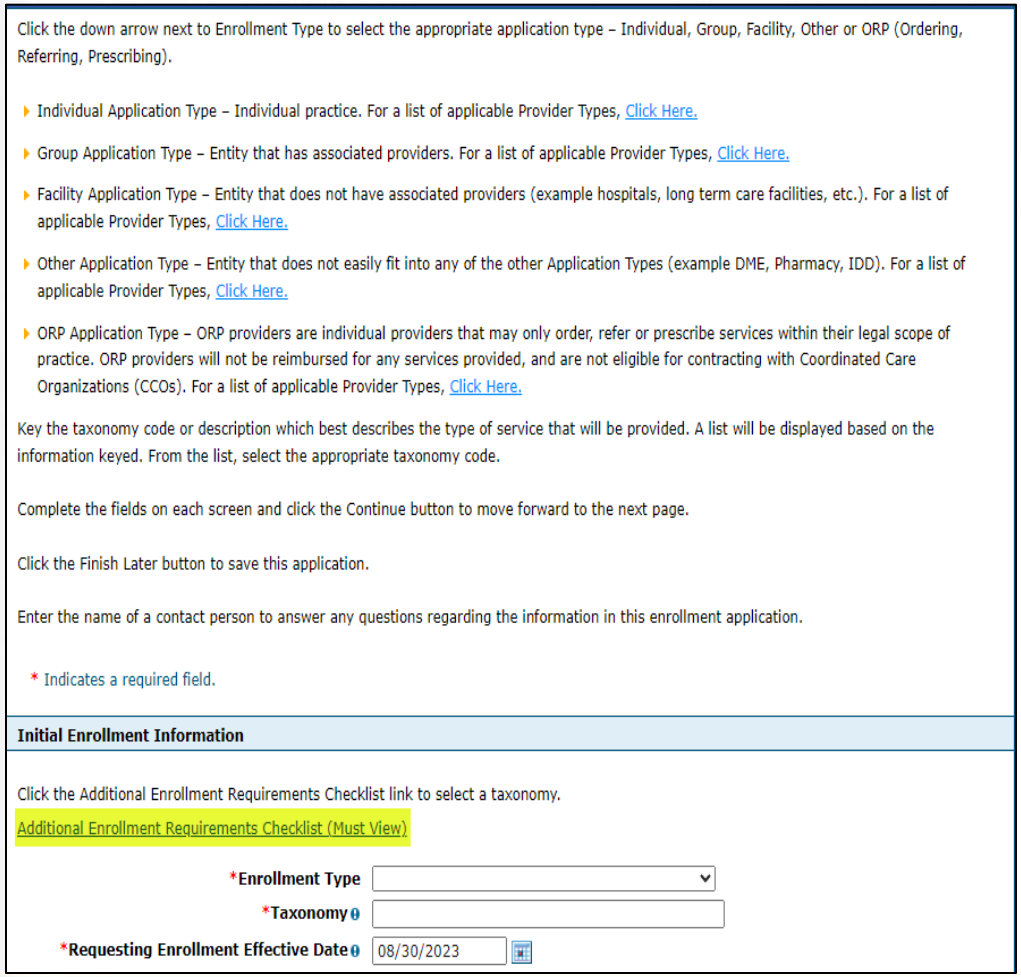
Required Documents and Enrollment Requirements

To view required documents and enrollment requirements, please visit the Mississippi Division of Medicaid's website.
Click here to go directly to the website.

Click the "**Continue**" button to start the enrollment application.

Continue Cancel

Request Information Page



Click the down arrow next to Enrollment Type to select the appropriate application type – Individual, Group, Facility, Other or ORP (Ordering, Referring, Prescribing).

- Individual Application Type – Individual practice. For a list of applicable Provider Types, Click Here.
- Group Application Type – Entity that has associated providers. For a list of applicable Provider Types, Click Here.
- Facility Application Type – Entity that does not have associated providers (example hospitals, long term care facilities, etc.). For a list of applicable Provider Types, Click Here.
- Other Application Type – Entity that does not easily fit into any of the other Application Types (example DME, Pharmacy, IDD). For a list of applicable Provider Types, Click Here.
- ORP Application Type – ORP providers are individual providers that may only order, refer or prescribe services within their legal scope of practice. ORP providers will not be reimbursed for any services provided, and are not eligible for contracting with Coordinated Care Organizations (CCOs). For a list of applicable Provider Types, Click Here.

Key the taxonomy code or description which best describes the type of service that will be provided. A list will be displayed based on the information keyed. From the list, select the appropriate taxonomy code.

Complete the fields on each screen and click the Continue button to move forward to the next page.

Click the Finish Later button to save this application.

Enter the name of a contact person to answer any questions regarding the information in this enrollment application.

* Indicates a required field.

Initial Enrollment Information

Click the Additional Enrollment Requirements Checklist link to select a taxonomy.

Additional Enrollment Requirements Checklist (Must View)

*Enrollment Type

*Taxonomy

*Requesting Enrollment Effective Date 08/30/2023

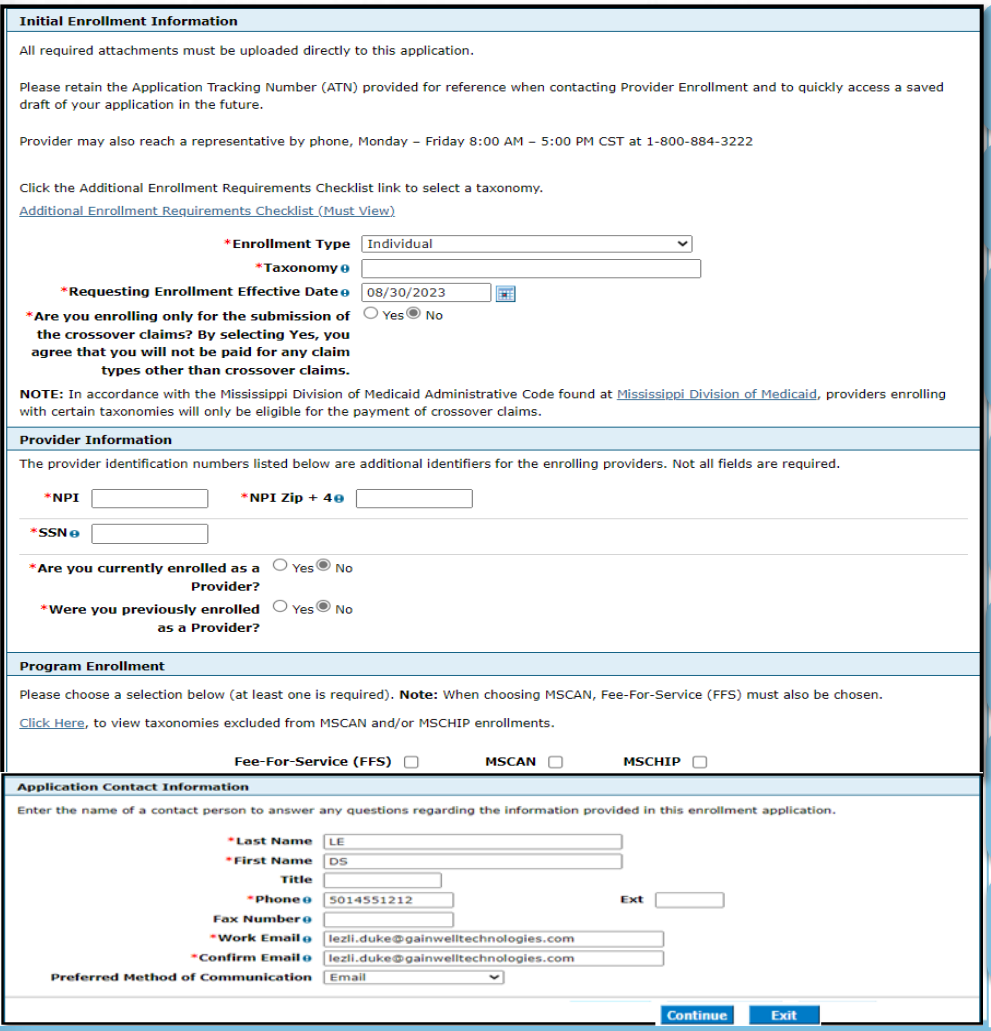
There are **five** application types**:**

- **Individual**
- **Group**
- **Facility**
- **Other**
- **(ORP) Ordering, Referring, and Prescribing**

- Select the "**Click Here"** link beside each enrollment type to view a list applicable taxonomy codes and descriptions.

- Select the **Additional Enrollment Requirements Checklist** link to view the checklist. **This must be done to move to the next steps.**

Request Information Page Cont'd



Select your **Enrollment Type** from the dropdown list. Once selected, additional instructions display.

Enter 2 or more characters of a taxonomy number and a list of available taxonomies will display.

Complete the fields in the **Provider Information** section. Individuals should provide their own NPI and SSN and not the Groups information they are affiliated with.

You must select at least one option to enroll in **Fee-For-Service** (FFS), **MSCAN** and/or **MSCHIP.** Grayed-out options indicate they are not available for the specified taxonomy.

If **MSCAN** is chosen, **Fee For Service (FFS)** must also be chosen.

Complete the fields in the **Application Contact, Information** section.

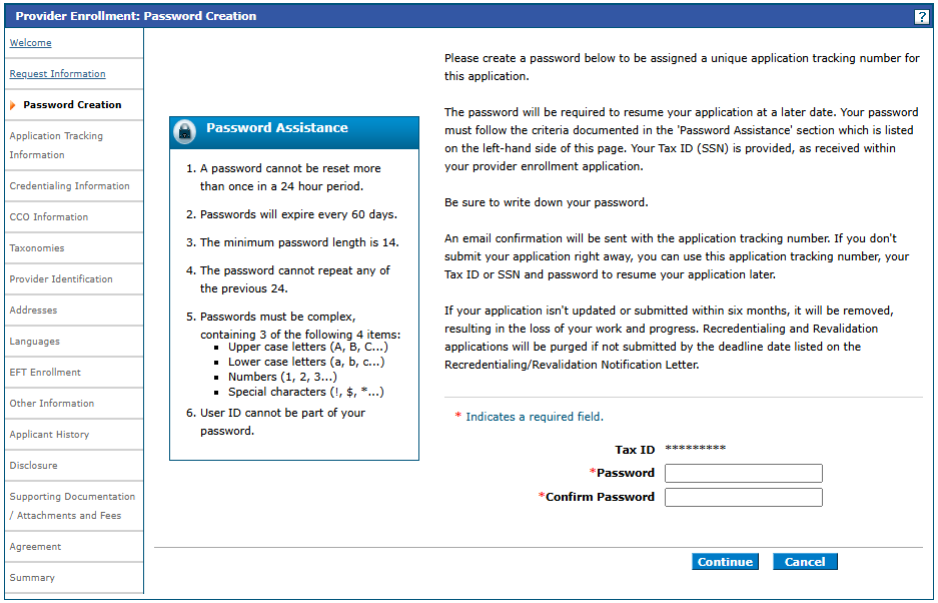
Select **Continue** to move to the **Password Creation** page.

Password Creation

Create a password according to the Password Assistance panel.

To regain access to the Enrollment portal, you will need the new password along with the Social Security Number (SSN) submitted in the Requested Information page.

Remember to write it down! If you do not have this information, you will have to start the application process over.

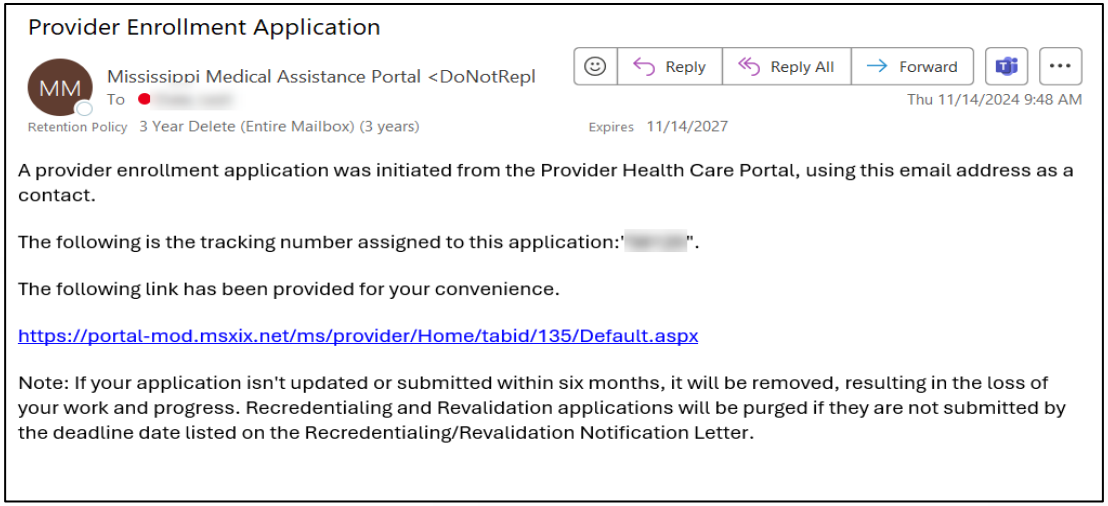


Application Tracking Information

You will receive confirmation that will include **your application tracking number (ATN).**

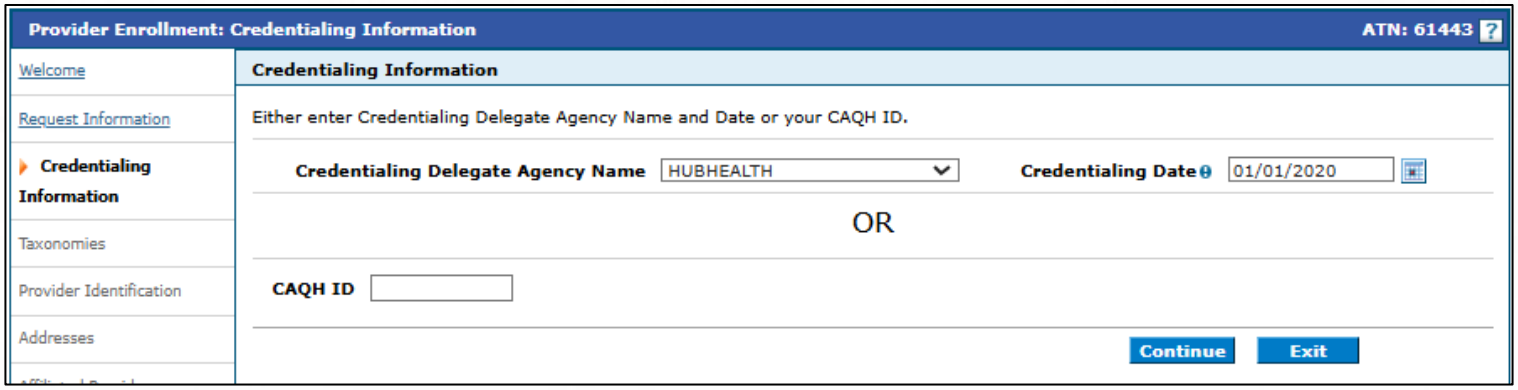
You will need this number and the **Social Security Number (SSN)** to view completed application status.

Also, an email confirmation will be sent to the email provided on the application under the **Contact Person.**



Credentialing Information

This is only applicable to providers that have selected MSCAN or MSCHIP.



- Select the Credentialing Delegate Agency Name from the dropdown list or enter the CAQH ID.

- If the Credentialing Delegate Agency Name was selected, enter the most recent recredentialing date.
- Select Continue.

Coordinated Care Organization Selection (CCO)

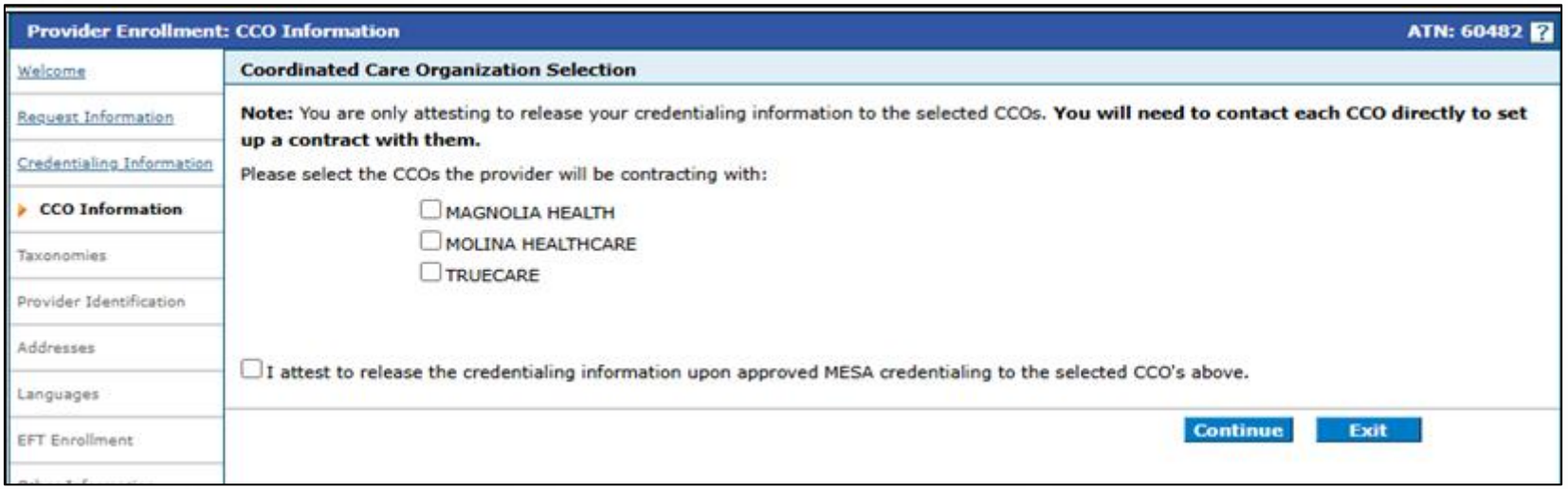
This is only applicable to providers that have selected MSCAN or MSCHIP.

Select the **CCOs** the provider will be contracting with.

Select the **attestation statement** box.

Select **Continue** to the Taxonomies page.

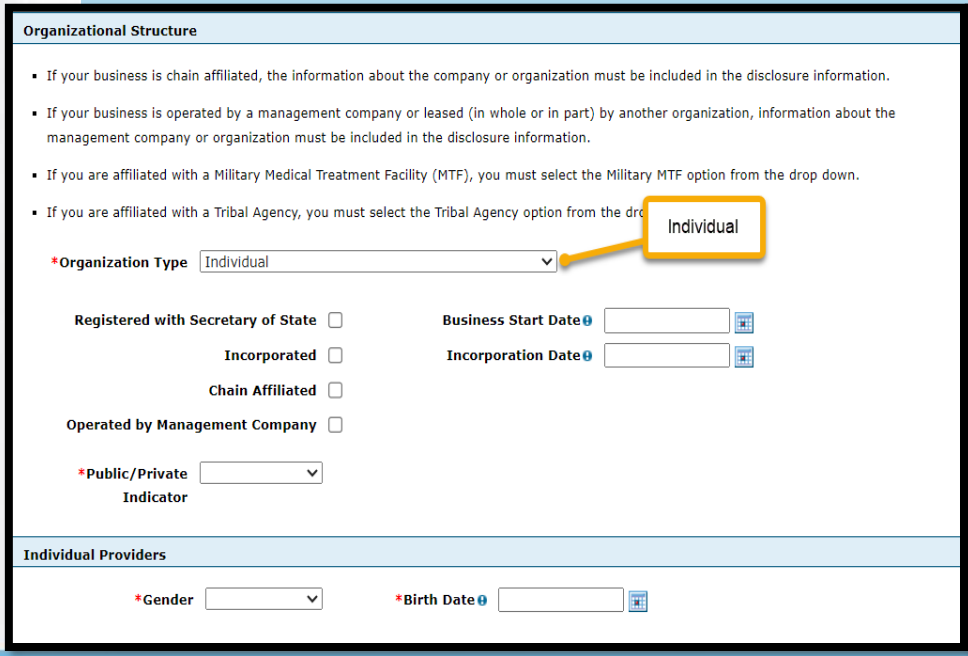
You are only attesting to release your credentialing information to the selected CCOs; **you will have to contact each CCO directly to contract with them.**

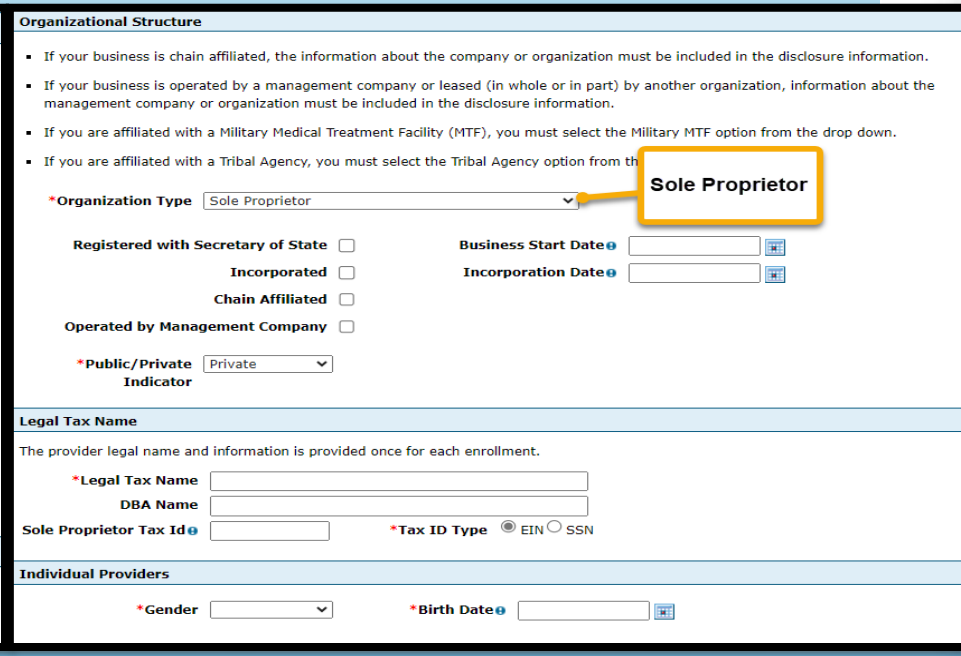


Provider Identification

- Select the appropriate **Organization Type** from the dropdown list. Fields will change based on selection.
- Select the appropriate box and enter Business Start or Incorporation Date if applicable.
- Select Public/Private Indicator from drop down.
- Select Gender and enter the Birth Date of the Provider.
- For Sole Proprietor: Enter the Legal Tax Name, DBA Name, Sole Proprietor Tax ID, Tax ID Type. The affiliated Group's Tax ID should not be provided.
- See next page for the remainder of this section.

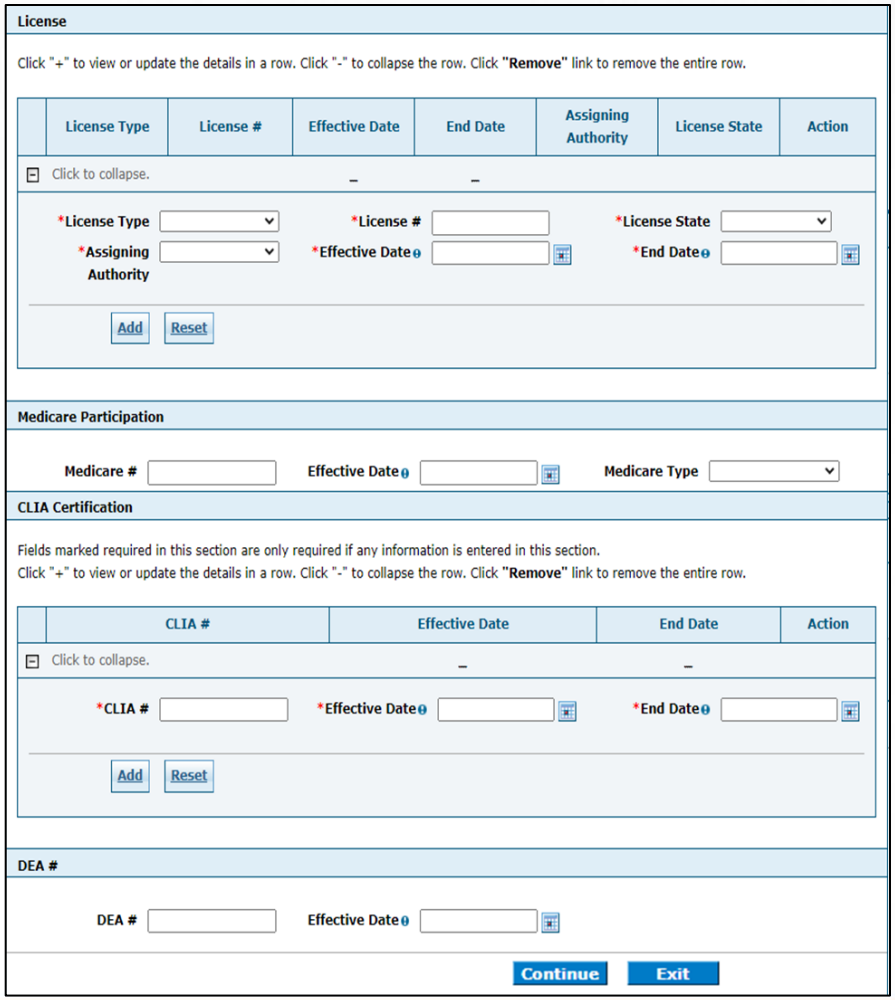
This section is based on enrollment and organization type



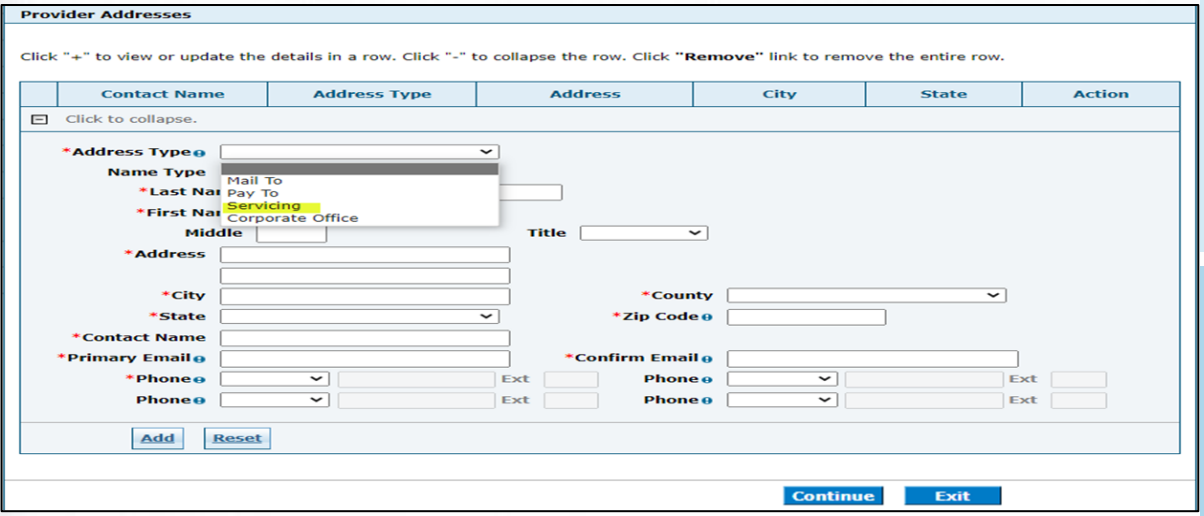


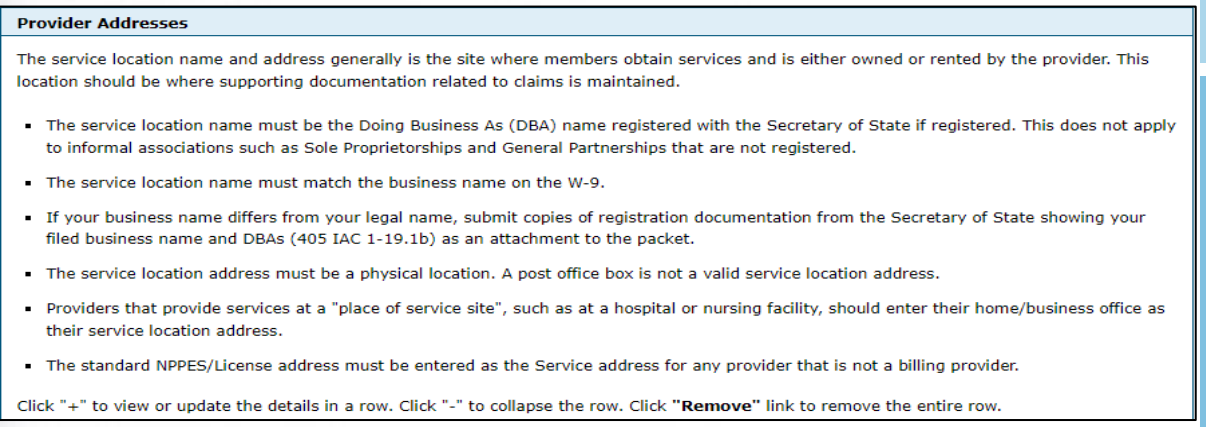
Provider Identification Cont'd

- Complete the **License** information and select "**Add**".
- Enter the **Medicare Participation** fields data if applicable.
- Complete the **CLIA Certification** fields if applicable and select "**Add**".
- Enter the **DEA #** and **Effective Date**, if applicable.
- Select "**Continue**" to move to the Address section.



Provider Address





Up to **four** addresses can be added: **Servicing**, **Pay To**, **Mail To** and **Corporate Office**.

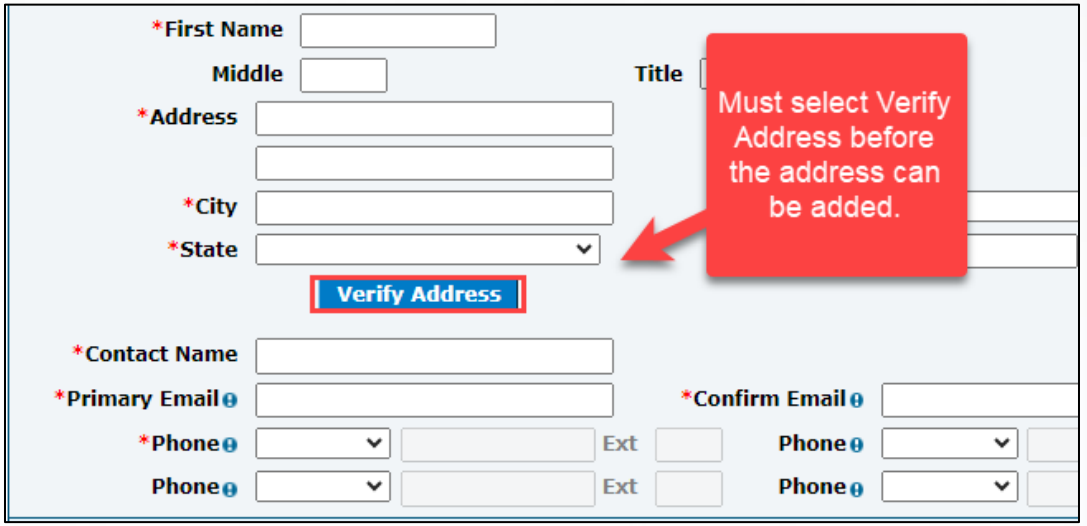
At least one Servicing address (physical location) is required. If no other address is provided the servicing address will also default to the Pay To, Mail To and Corporate Office address.

Once "**Servicing**" is selected, the guidelines for "Servicing" address will populate for your review. Also, the service address information section will populate. See next page.

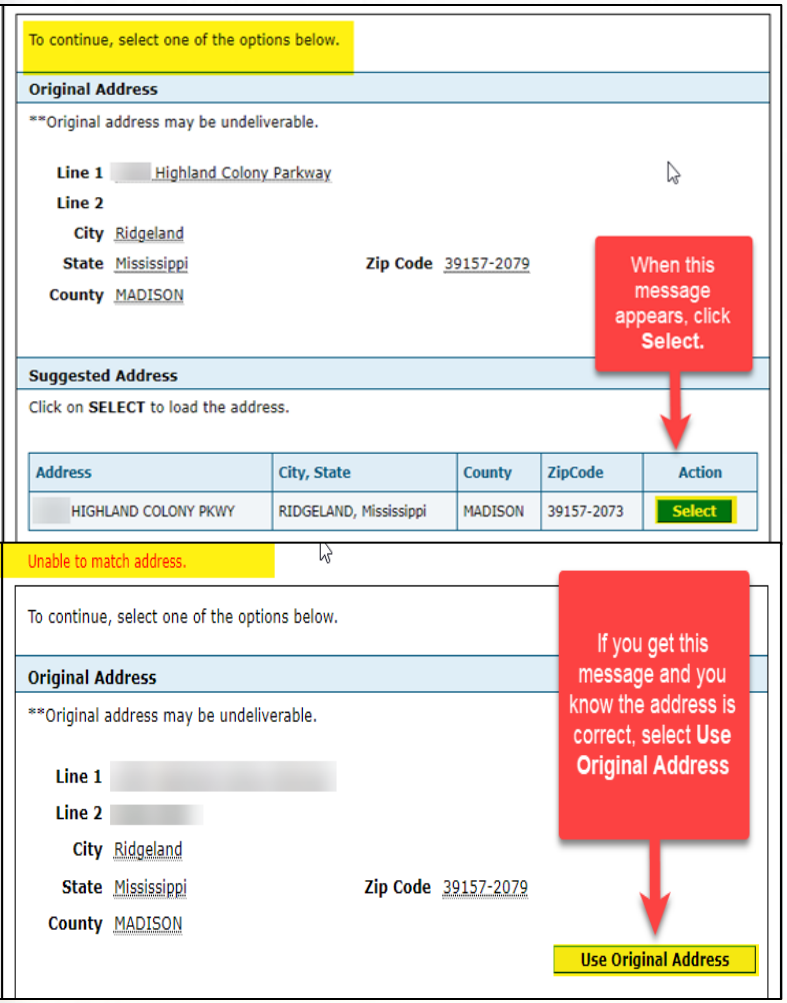
Verify Address

Once the Servicing address or Mail To address has been selected, the address must be verified to save the address.

After selecting **Verify Address** a message will populate either informing that the address can't be matched or for a suggested address to be used.



Verify Address Cont'd



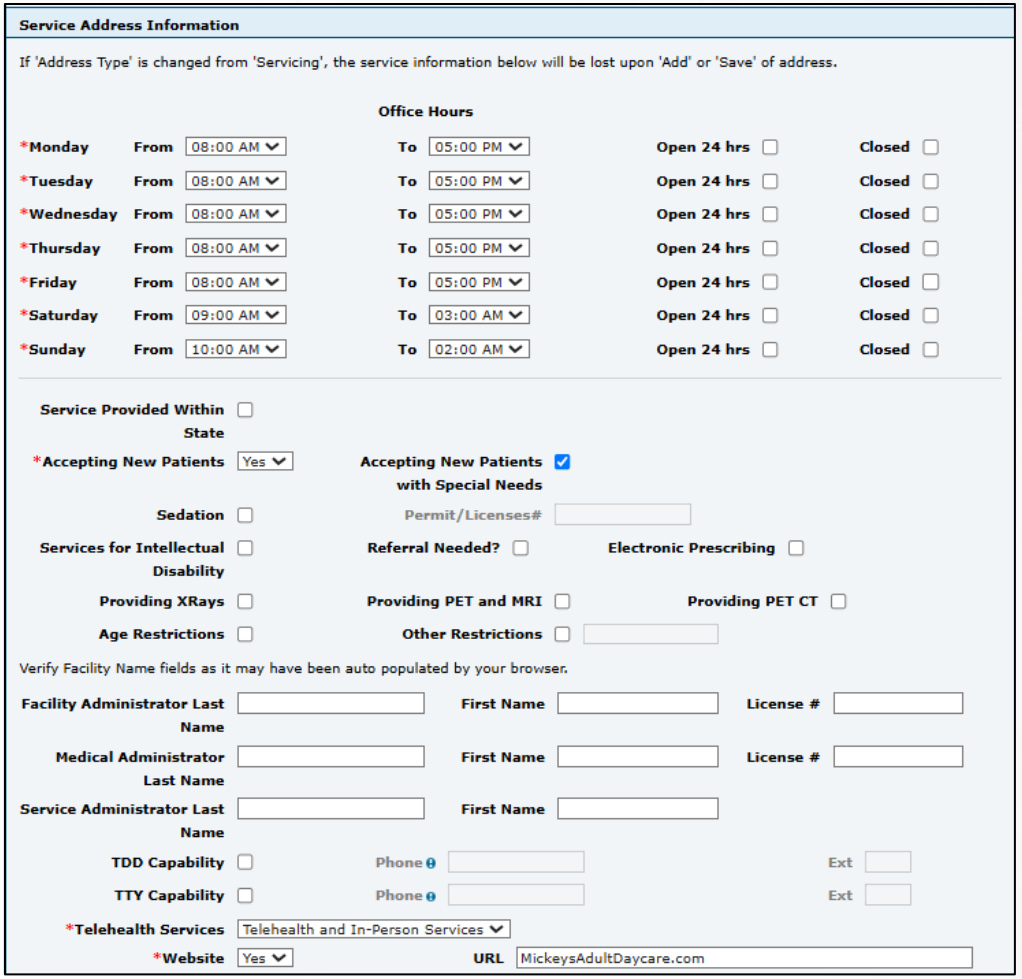
- If you get a message that is suggesting an address, click **Select** to use that address. In the example shown, the suggested address changed Parkway to PKWY, so the address is still the same. Or the address may show the same as you entered but **Select** must still be clicked.
- If you get a message showing "Unable to match address" and you are certain the address is correct, select **Use Original Address**.
- Once the address has been verified, the Verify Address button will now be grayed out.

Servicing Address Information

Required fields include:

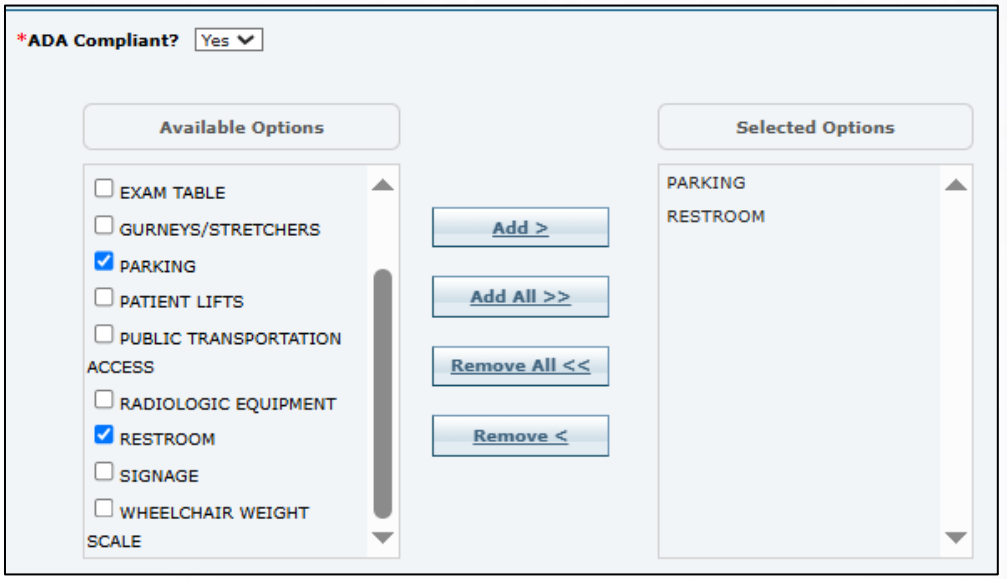
- Office Hours for each day of the week
- Accepting New Patients
- Telehealth Services
- Website
- ADA Compliant (next slide)

These must be answered before the **Servicing** address can be saved.



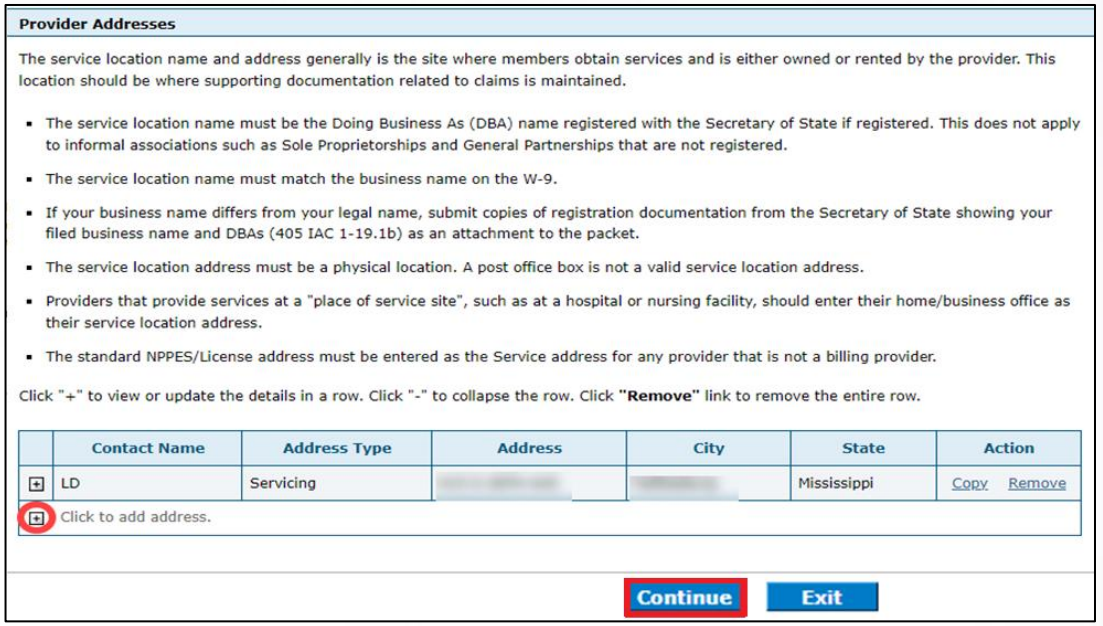
Servicing Address Information

- **ADA Compliant** is a required field.
- If the facility is **ADA Compliant**, continue by checking the Available Options as they apply.
- Click **Add** to add certain selections or **Add All** if all apply.



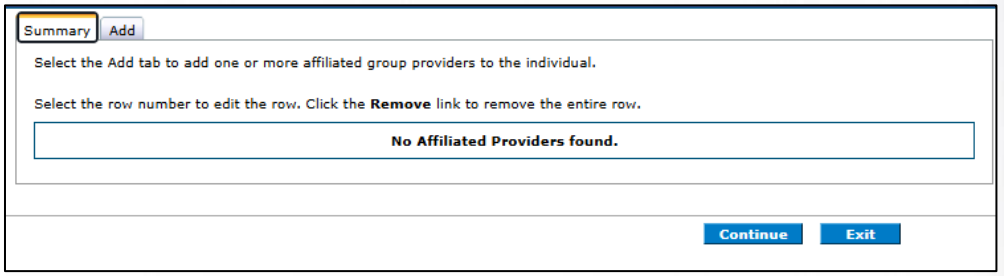
Servicing Address Information

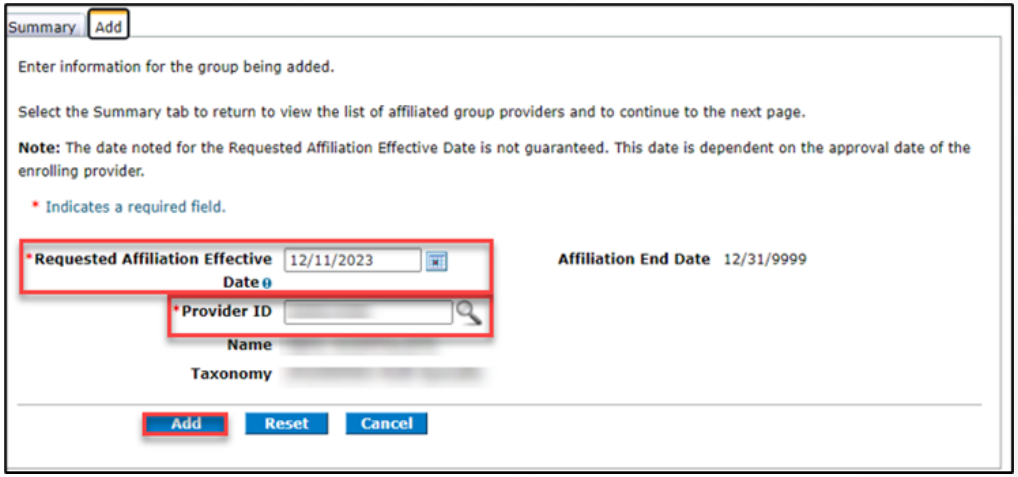
- Once you select "**Add**", your address section will populate with the data you entered.
- Select "**+**" to add each additional applicable address (up to 21 additional addresses), including any additional servicing addresses. You must select "**Add**" after any data has been entered.
- Once all addresses have been added and saved, select "**Continue**".



Affiliated Providers

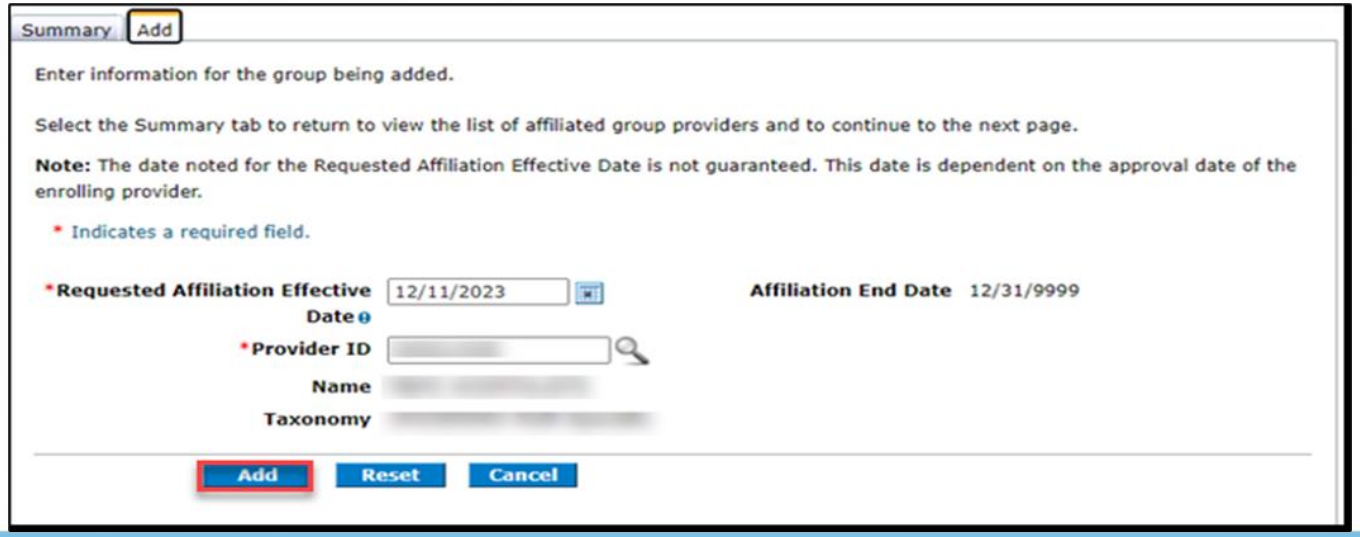
- At the Affiliated Provider page, the applicant may add Affiliated Providers. If the applicant chooses not to affiliate with a Group, the system will allow the applicant to select Continue to the next page.
- This page defaults to the Summary tab. Select the Add tab to add affiliated providers.
- Enter the NPI of the provider and then tab to the magnifying glass. The information will auto populate.
- The applicant can change the date of the affiliation here.





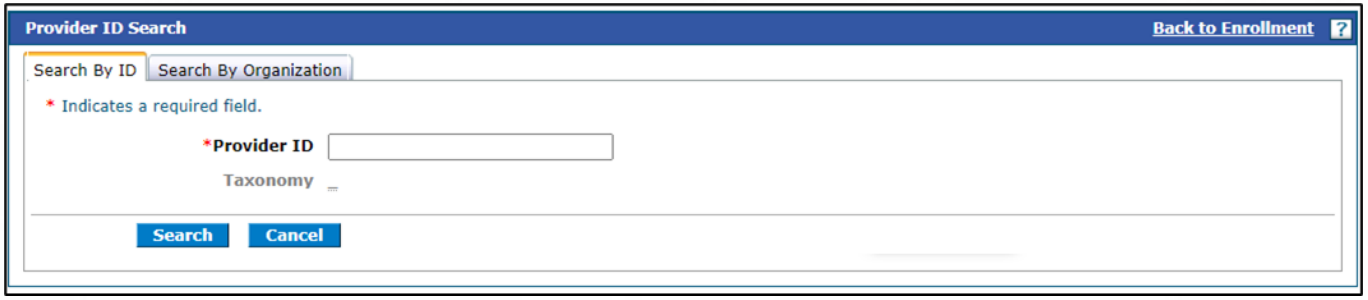
Affiliated Providers Cont'd

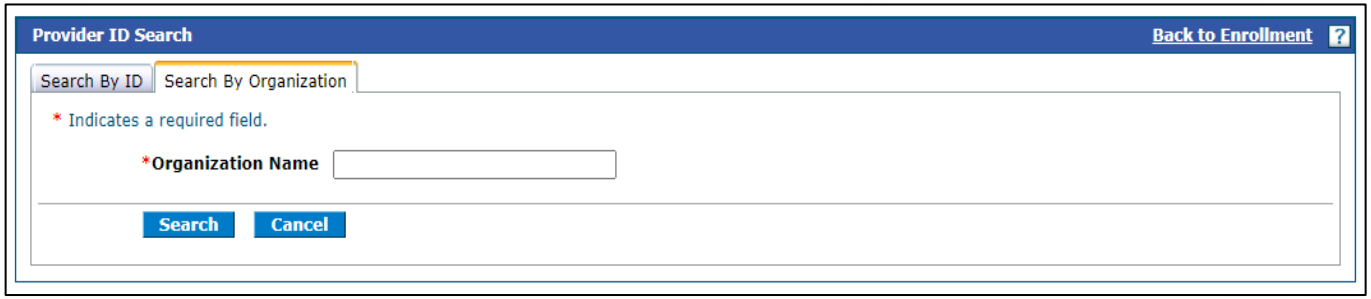
- Select Add to save the Affiliated Provider. Repeat the same steps to add additional Affiliated Providers.
- The date noted for the Requested Affiliation Effective Date is not guaranteed. The date is dependent on the approval date of the enrolling provider. The system will only permit past effective dates to be up to one year old or up to the provider's approved effective date, whichever is most recent. If a past date specified for affiliation effective date overlaps with past affiliations between the same entities, then the system will give and error message.
- The system will allow gaps between affiliations between the same entities. The system will allow affiliations between individual providers and organizational providers, such as groups; however, the system will not allow affiliations between two Individual providers.



Affiliated Providers Cont'd

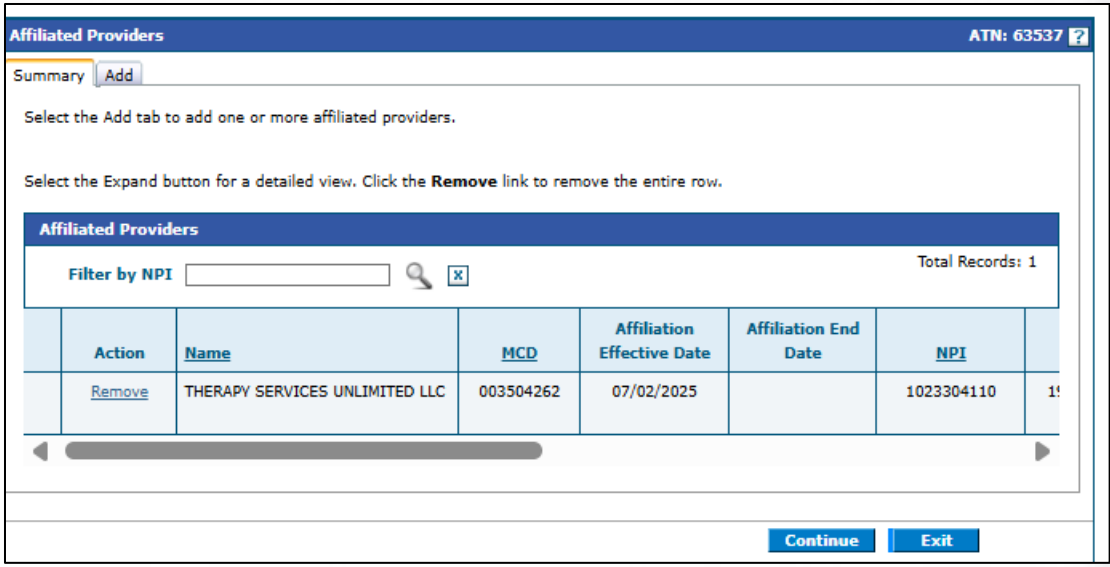
- If the applicant does a search by using the magnifying glass, the Search by ID and Search by Organization tabs will populate.
- The Search by ID tab allows the applicant to change the Provider ID Type to NPI, MCD or Medicaid ID. Select the Provider ID Type drop-down box to change the Provider ID Type.
- Select the Search by Organization tab to search by the Organization Name.



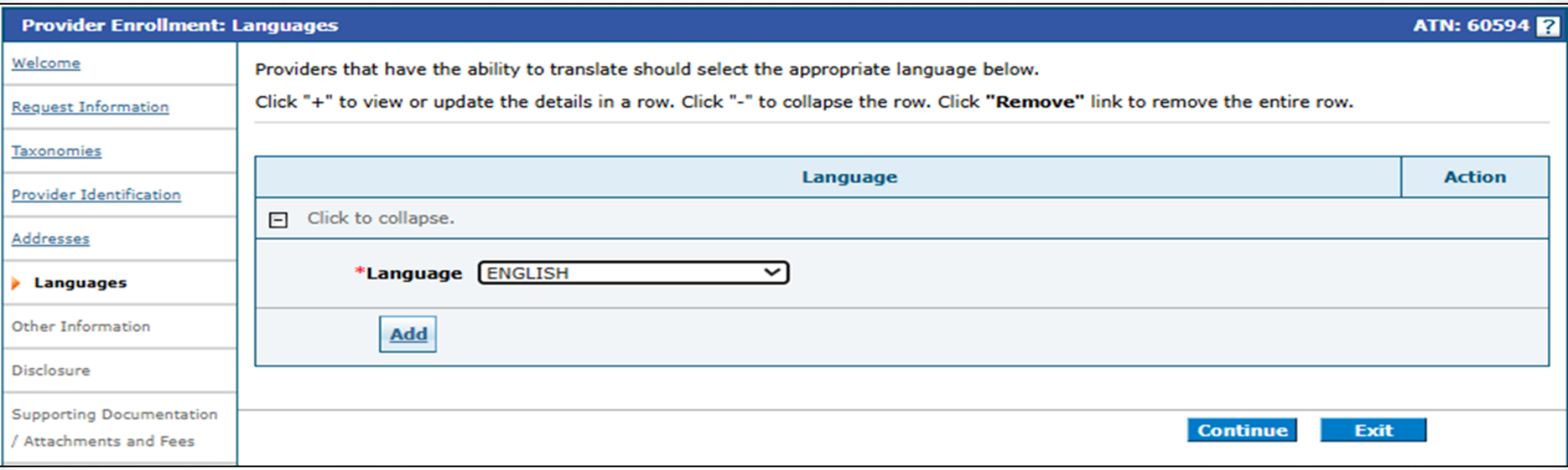


Affiliated Providers Cont'd

- A list of the added Affiliated Providers displays on the Summary page. If finished, select Continue to the Languages page.
- If the applicant would like to remove an Affiliated Provider, select the Remove link found under the Summary tab to remove that Affiliated Provider.



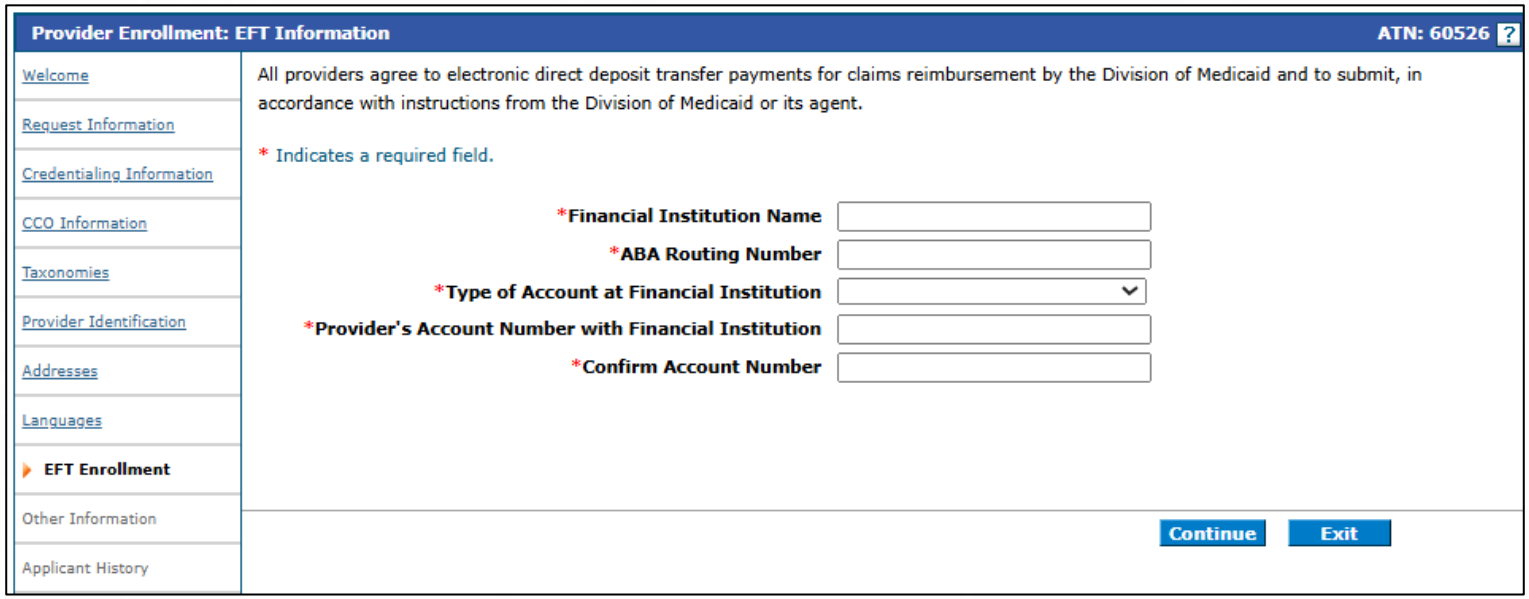
Languages page



- Use the drop down to select the applicable Language, then select "**Add**". If more than one language is available, follow the same steps to add each language. At least **one** language must be selected.
- Once all languages are added, select "**Continue**" to the EFT Enrollment page.

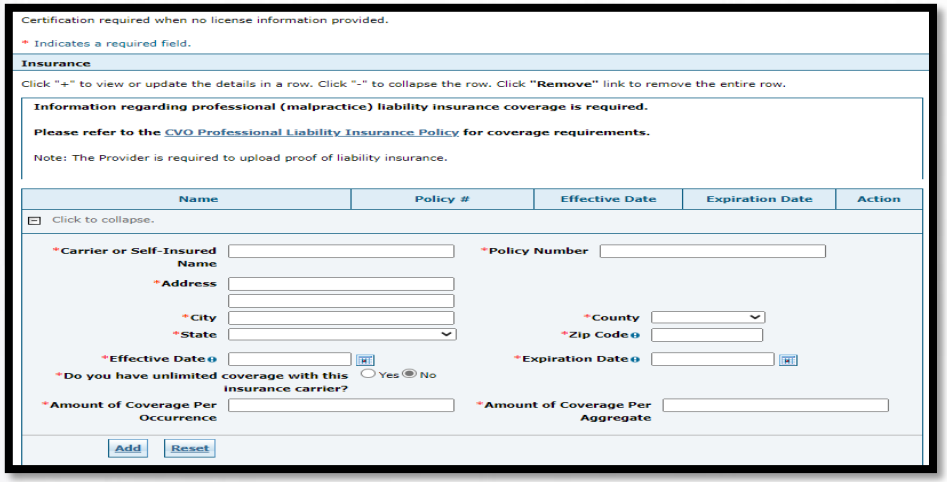
EFT Information

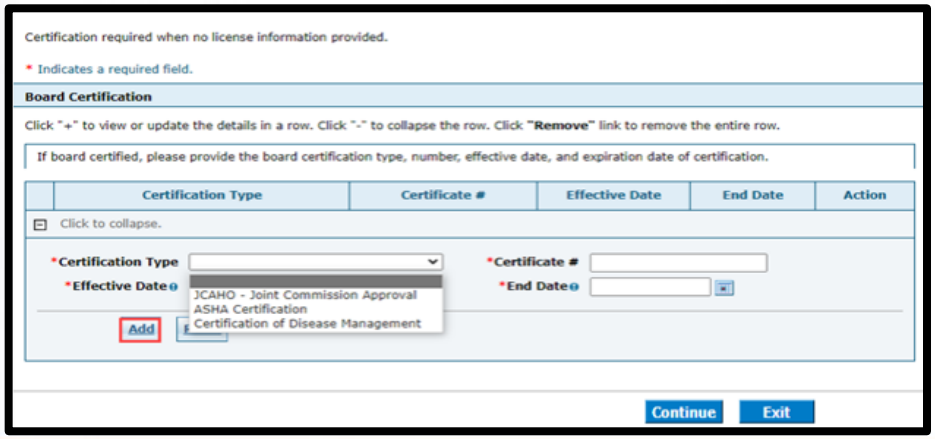
- All providers agree to direct deposit or electronic funds transfer (EFT).
- EFT information is required and must be completed to continue.
- A pre-printed voided check (no starter checks) or letter from your financial institution must be uploaded as a PDF document.



Other Information

This page will change depending on the enrollment type. Some fields will not be visible to all provider types.





Complete the Insurance Coverage information section and select "Add" to save the data entered. **Information regarding professional (malpractice) liability insurance cowage is required.** Please refer to the CVO Professional Liability Insurance Policy hyperlink for coverage requirements. *This is not applicable to providers who selected the FFS program only.*

The Provider is required to upload proof of liability insurance as a PDF document on the Supporting Documentation page. *This is not applicable to providers who selected the FFS program only.*

Using the drop down, select the applicable certification type, JCAHO, ASHA Certification or Certification of Disease Management.

Select "Add" after entering each certification.

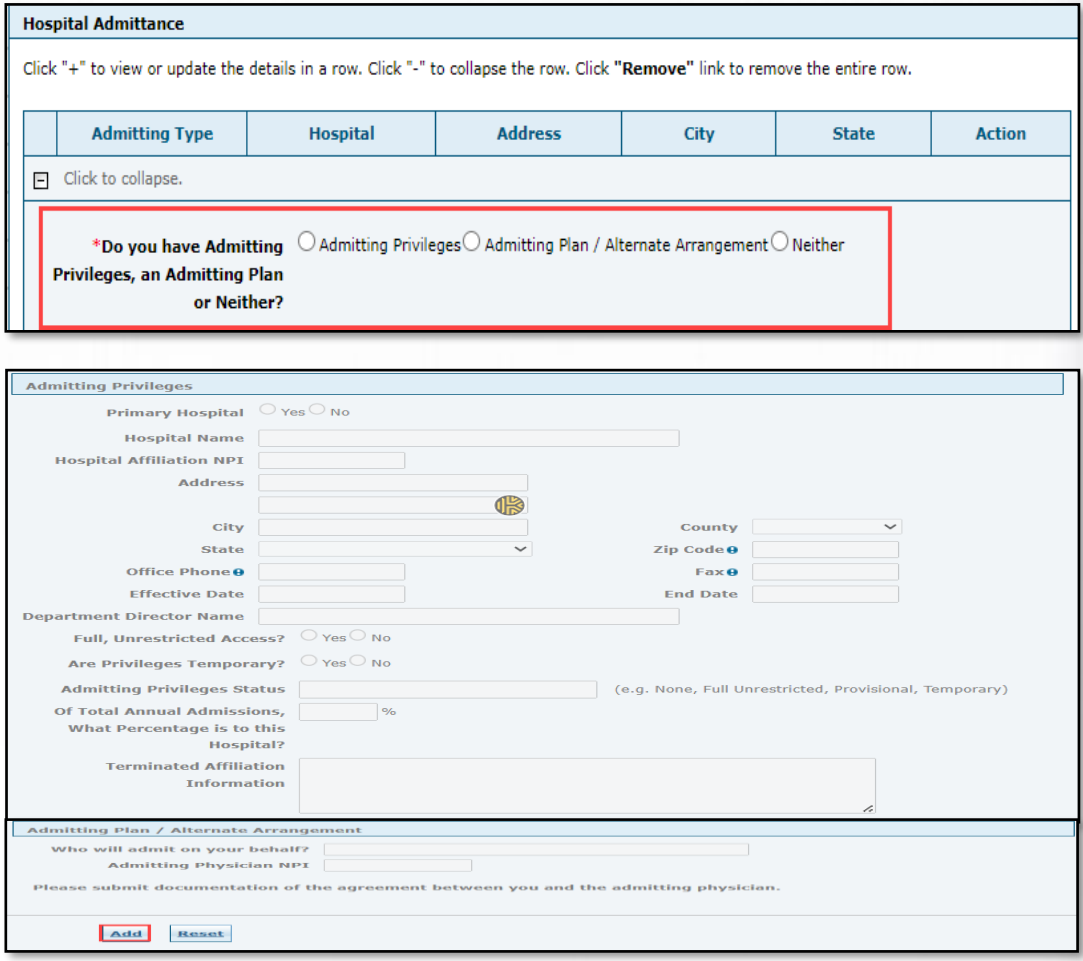
Select "Continue" to the Hospital Admittance page.

This is only applicable to providers that have selected MSCAN or MSCHIP.

Hospital Admittance

Make the applicable selection:, **Admitting Privileges** or an **Admitting Plan**. If you do not have admitting privileges or an admitting plan, please select "Neither".

If "**Neither**" is selected the fields will be grayed out but you **must** select "**Add**" then "Continue" to the Applicant History page.

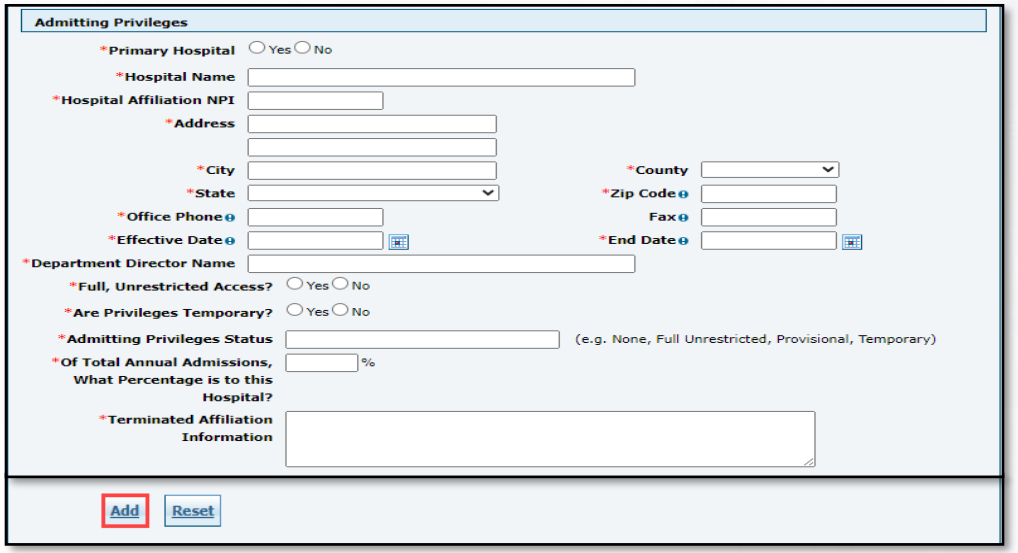


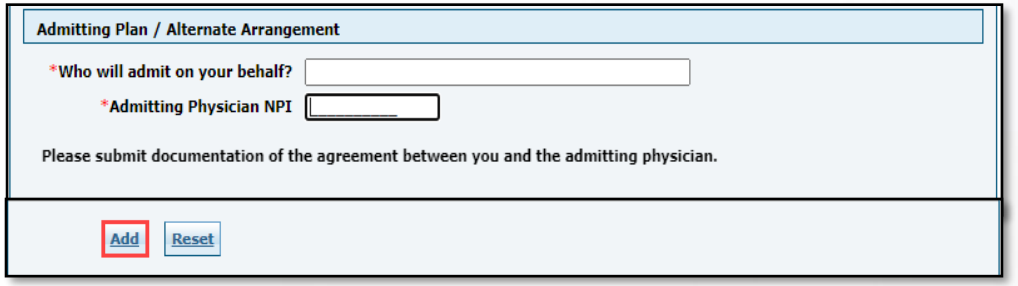
Hospital Admittance Cont'd

If you have **Admitting Privileges** the following section must be completed. Select "**Add**" to save the entered data.

If you have an **Admitting Plan** the following section must be completed. Also, you must attach the PDF agreement between you and the admitting physician. Select "**Add**" to save the entered data.

Select "**Continue**" to the Applicant History page.





Applicant History

This is only applicable to providers that have selected MSCAN or MSCHIP.

Read and answer "Yes or No" under Training. If "**No**," is answered, please list explanation in the box provided.

Training

*Are you and your staff annually trained on Fraud, waste, and abuse? ◉ Yes ○ No

If No, please explain:

Read and answer "**Yes**" or "**No**" to each question. If "Yes," please enter your explanation in the box provided.

Hospital Privileges and Other Affiliations

*Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board? ○ Yes ◉ No

*Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation? ○ Yes ◉ No

*Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)? ○ Yes ◉ No

If Yes, please explain:

Criminal / Civil History

*In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct? ○ Yes ◉ No

*Have you ever been court-martialed for actions related to your duties as a medical professional? ○ Yes ◉ No

If Yes, please explain:

Read and answer "Yes" or "No" to each question and provide applicable date. If "Yes", please enter your explanation in the box provided. Select "Continue" to the Disclosure page.

Malpractice Claims History

*Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years? ○ Yes ◉ No

If Yes, provide information for each case using the Professional Liability Claims Information Form.

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? ○ Yes ◉ 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? ○ Yes ◉ No

If Yes, please explain:

Corporate Integrity Agreements

*Are you currently or have you ever been subject to the terms of a Corporate Integrity Agreement (CIA)? ○ Yes ◉ No

If yes, are you currently subject to the provisions of a Corporate Integrity Agreement? ○ Yes ◉ No

What date did the facility enter into the Corporate Integrity Agreement?

If you are currently subject to the provisions of a CIA, provide the CIA and a Compliance letter.

Investigations

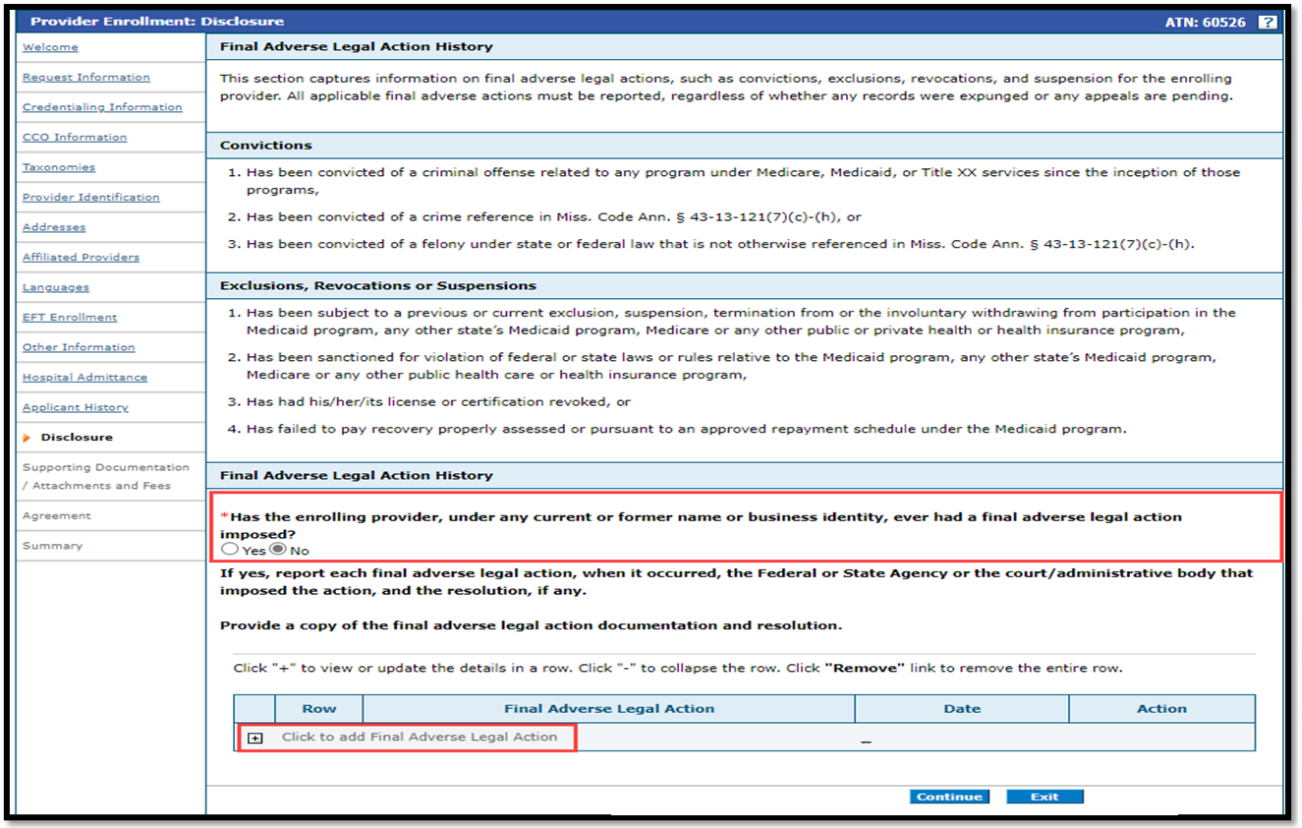
*Has your organization ever been the subject of an investigation or ever been terminated, suspended, sanctioned or otherwise restricted from participating in any private or public program including, but not limited to, Medicare, Medicaid, military and State Department of Health programs? ○ Yes ◉ No

Continue Exit

Disclosure

The Disclosure page for individual provider types is displayed below. Read entirely and answer "**Yes**" or "**No**". If yes, you must provide the final adverse legal action documentation and resolution in PDF format.

Select, "**Continue** "to the Supporting Documentation/Attachment and Fees page.



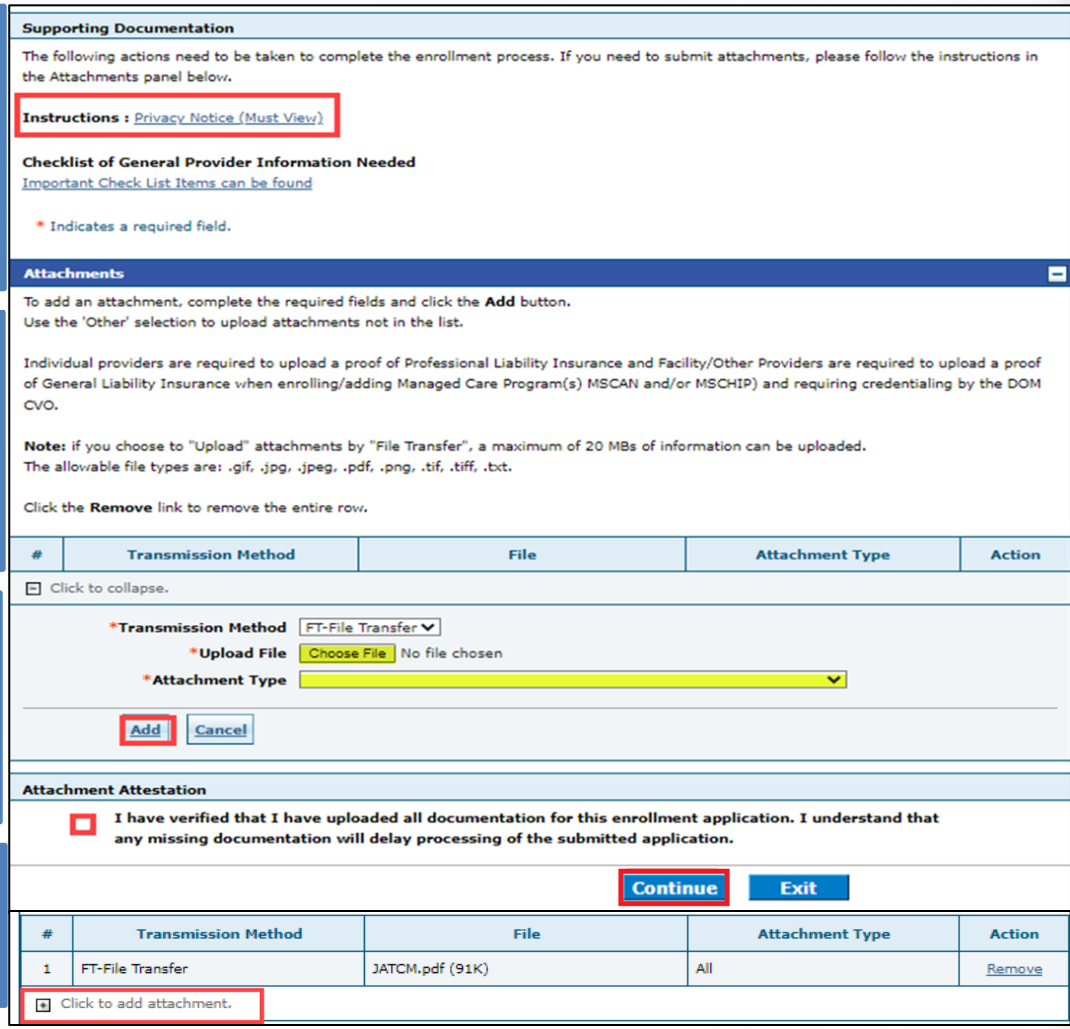
Supporting Documentation

You must select the "**Instructions = Privacy Notice Link**." A separate window will open to the Mississippi Division of Medicaid website. Once you have read the notice the window can be closed. If this is not selected, you cannot move to the next page.

Select "**Choose File**" to locate the appropiate file to be added. Select the "**Attachment Type**" drop-down that matches your file attachment. If your documents are saved in one document, select "**All**" for the type. If not, select the appropiate type.

Select "**Add**" to attach the document. It must be in gif, jpg, jpeg, png, tif, tiff, pdf or txt format to be added. If additional documents need to be attached, select "**+ Click to add attachment**".

Select the **box** for the **Attachment Attestation statement**. Select "Continue" to the Agreement page.



Terms of Agreement

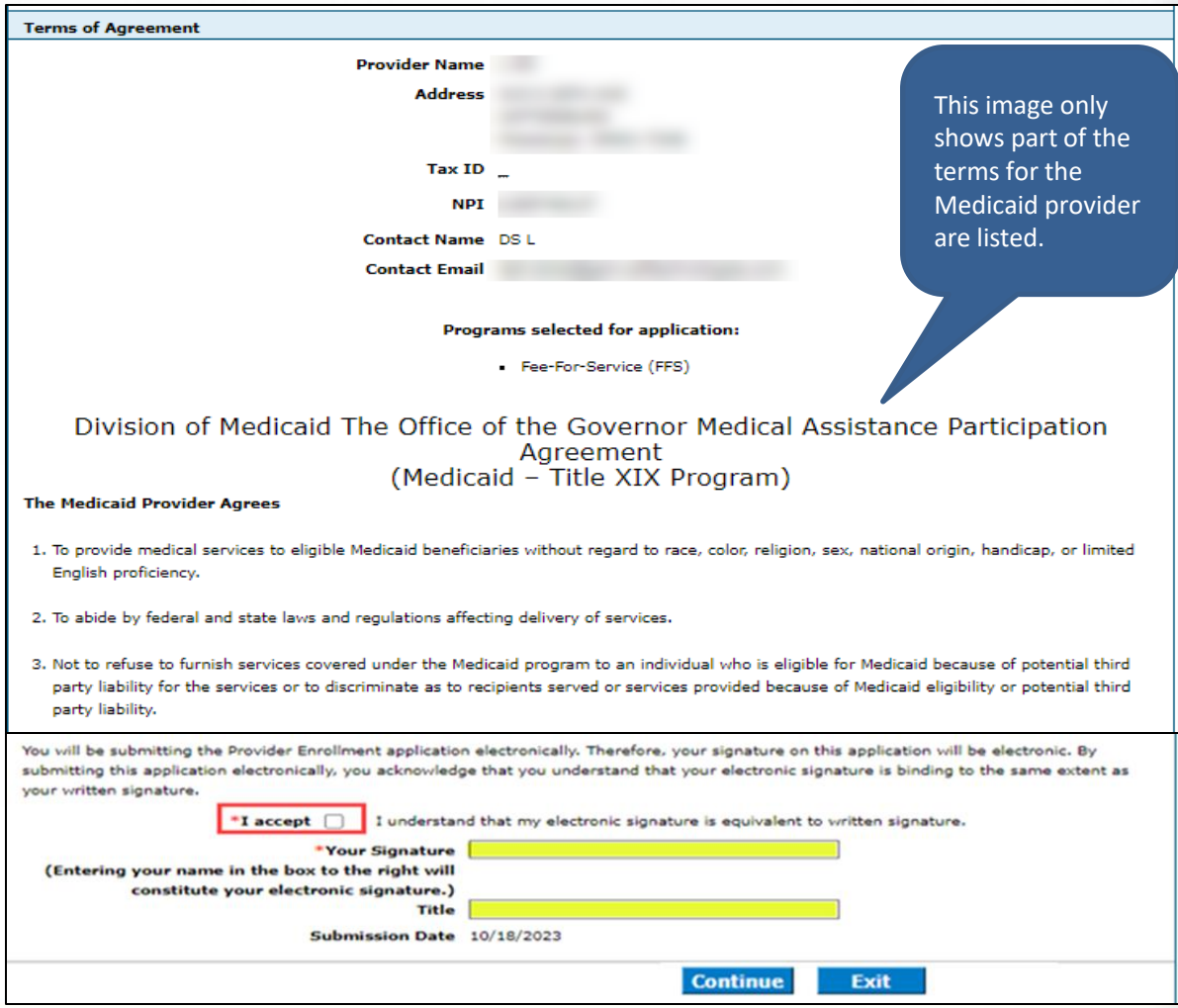
The terms of enrollment are stated. You must accept these terms to submit the enrollment application.

Read all the instructions until you reach the bottom of the page.

Select "**I accept**" box.

Enter the **Signature** of the **Provider.** Enter the **Title** (if applicable).

Select "**Continue**" .

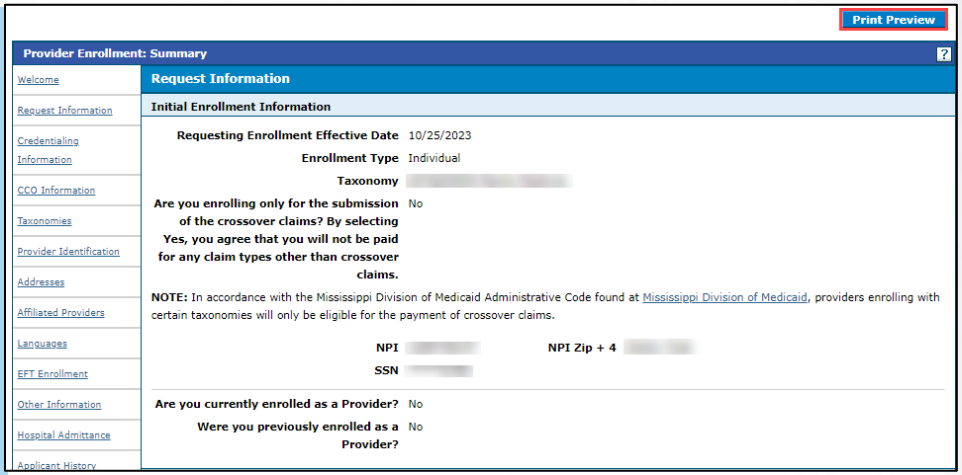


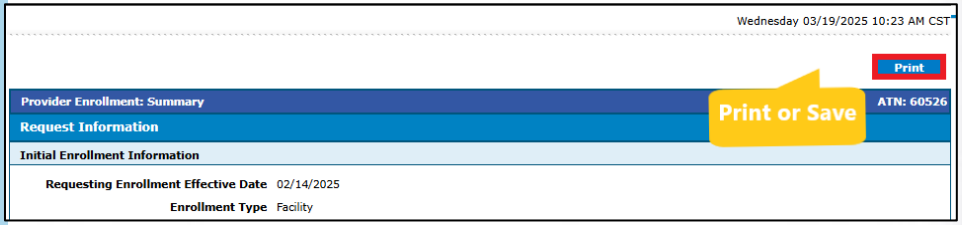
Summary

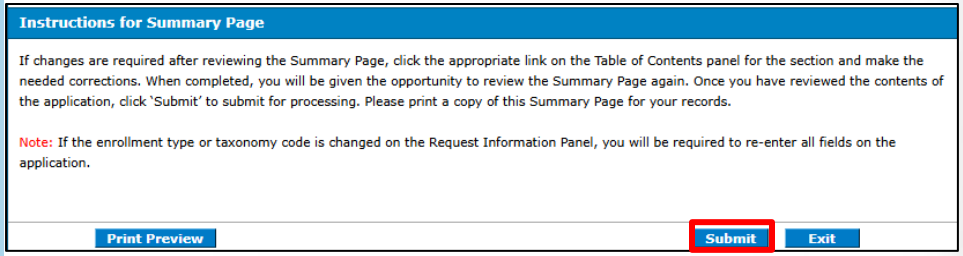
- The **Summary** page shows your entire enrollment application. If any changes need to be made, select the appropriate link on the **Table of Contents** panel (left side) and make needed corrections.

- Select **Print Preview**, **top right** or **bottom left**, to either save or print the application. Once selected, another window will populate, select "**Print**". Final window will populate providing a printer to physically print or change the drop down to "Microsoft Print to PDF" that will allow you to save an electronic copy of the application. Select "**Print**" for the final time.

- Once you have reviewed/saved/printed the application select "**Submit**". This will submit the application.

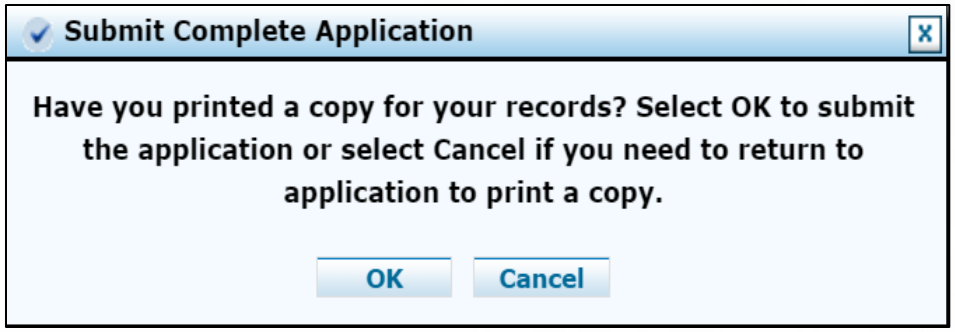






Print a Copy

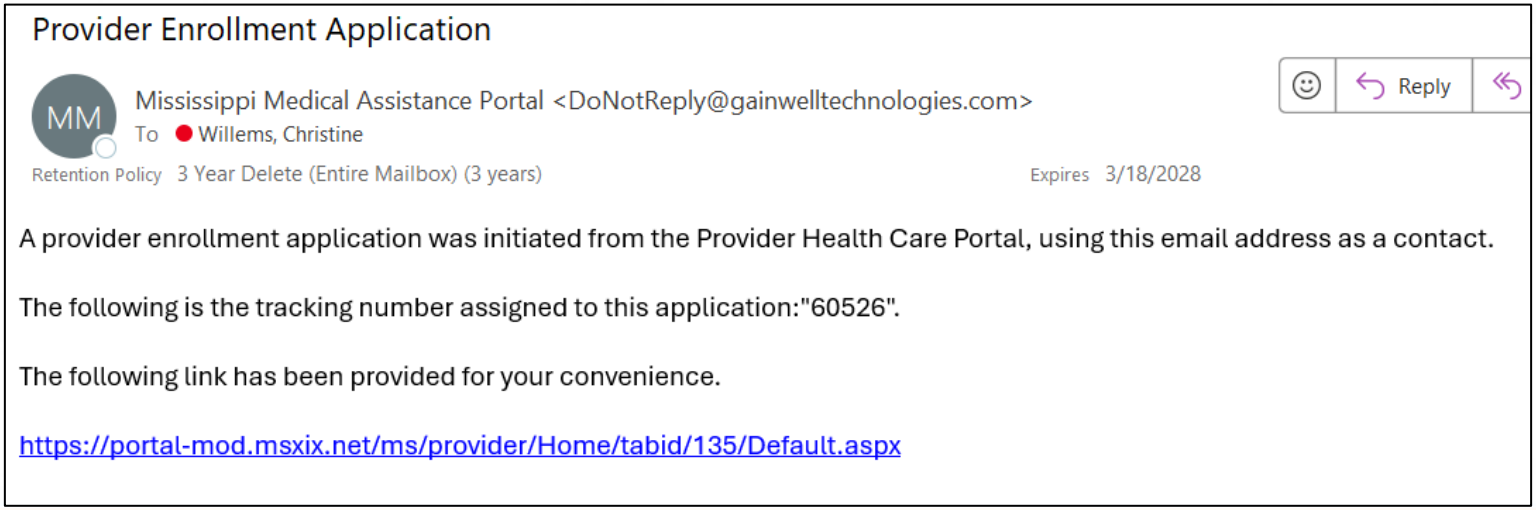
- After selecting **Submit** on the summary page, a box will populate asking if you have printed a copy for your records. If you have **not**, please select "**Cancel**" and print/save a copy.
- Select "**OK**" once you have printed a copy



Application Submission and Tracking Number (ATN)

- You will receive confirmation that the application was submitted. Click the **EXIT** button to leave the application portal.

- Also, an email confirmation will be sent to the email provided on the application under the **Contact Person**.



Provider Enrollment Application

MM

Mississippi Medical Assistance Portal <DoNotReply@gainwelltechnologies.com>

To Willems, Christine

Reply

Retention Policy 3 Year Delete (Entire Mailbox) (3 years) Expires 3/18/2028

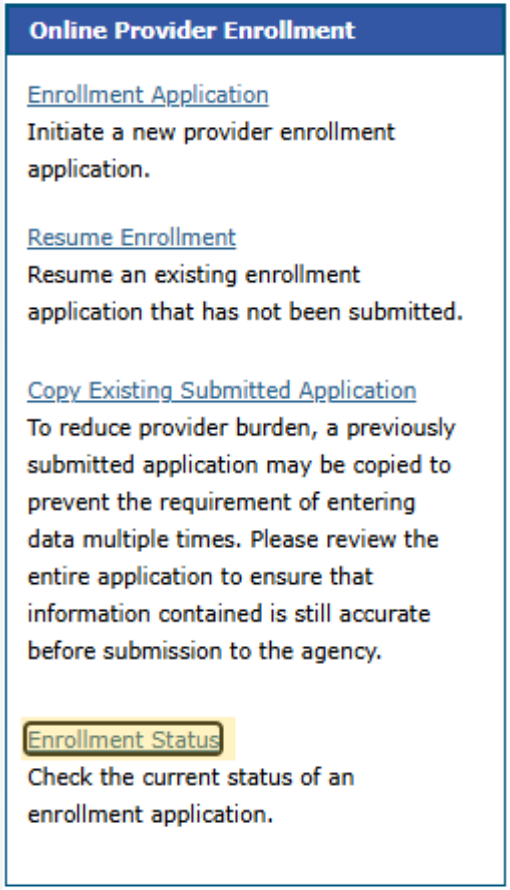
A provider enrollment application was initiated from the Provider Health Care Portal, using this email address as a contact.

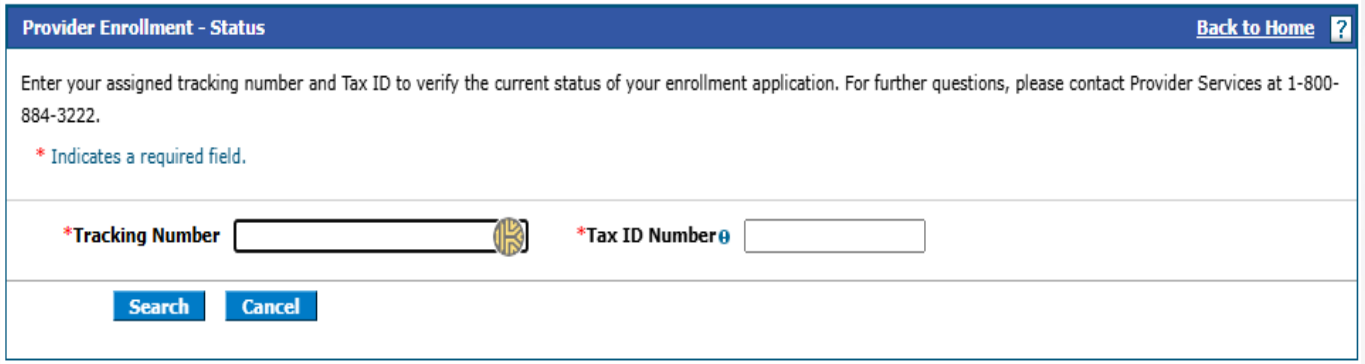
The following is the tracking number assigned to this application:"60526".

The following link has been provided for your convenience.

https://portal-mod.msxix.net/ms/provider/Home/tabid/135/Default.aspx

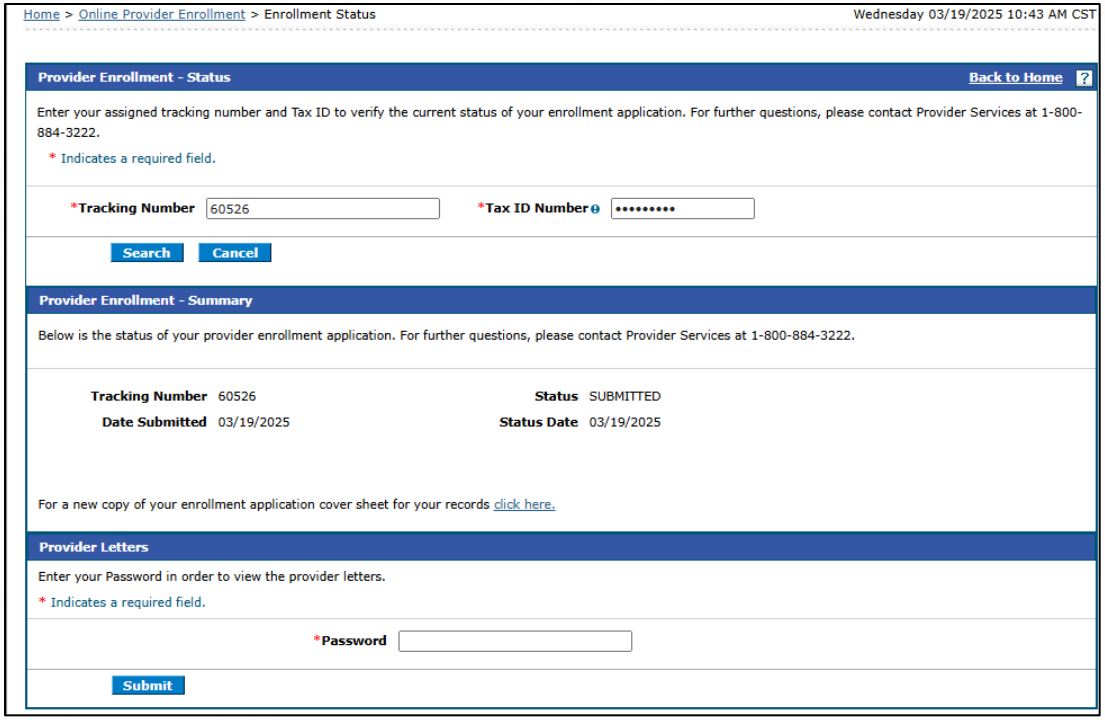
View Application Status





- Select **Provider Enrollment Access** on the Provider Home Page
- Select the **Enrollment Status** link under Online Provider Enrollment
- Provide the **tracking number** and **SSN** submitted on the application.

View Application Status



- The **Provider Enrollment Summary** lists the application status and the date for the status and submission date.
- To view any **Provider Letters**, enter the password for the application submitted.