ORP 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

- **Taxonomies 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).

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

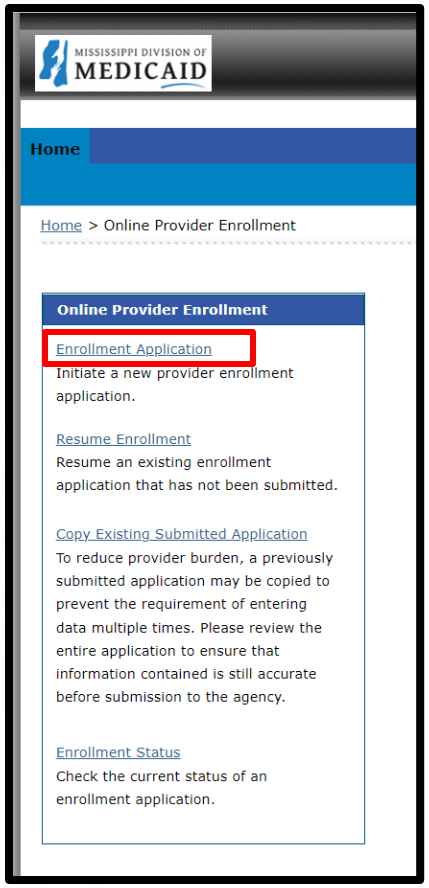
Application Tips

- 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.
- If the disclosing provider is a group/organization, the signatures should be by the person legally authorized to sign on behalf of the group/organization.
- 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.

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



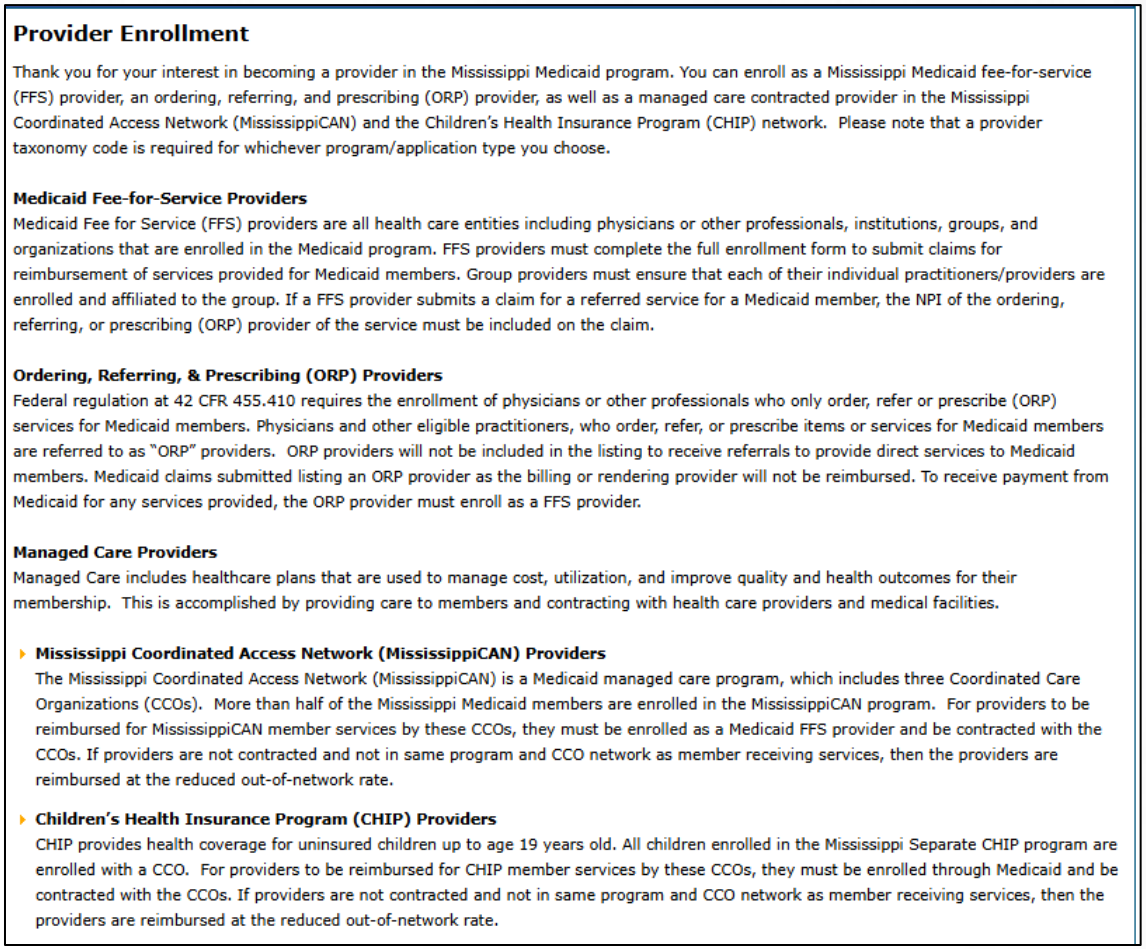
- Select the "Enrollment Application" link.
- The Welcome page displays with explanations/definitions for each enrollment application type.

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.



Provider Enrollment

Thank you for your interest in becoming a provider in the Mississippi Medicaid program. You can enroll as a Mississippi Medicaid fee-for-service (FFS) provider, an ordering, referring, and prescribing (ORP) provider, as well as a managed care contracted provider in the Mississippi Coordinated Access Network (MississippiCAN) and the Children's Health Insurance Program (CHIP) network. Please note that a provider taxonomy code is required for whichever program/application type you choose.

Medicaid Fee-for-Service Providers

Medicaid Fee for Service (FFS) providers are all health care entities including physicians or other professionals, institutions, groups, and organizations that are enrolled in the Medicaid program. FFS providers must complete the full enrollment form to submit claims for reimbursement of services provided for Medicaid members. Group providers must ensure that each of their individual practitioners/providers are enrolled and affiliated to the group. If a FFS provider submits a claim for a referred service for a Medicaid member, the NPI of the ordering, referring, or prescribing (ORP) provider of the service must be included on the claim.

Ordering, Referring, & Prescribing (ORP) Providers

Federal regulation at 42 CFR 455.410 requires the enrollment of physicians or other professionals who only order, refer or prescribe (ORP) services for Medicaid members. Physicians and other eligible practitioners, who order, refer, or prescribe items or services for Medicaid members are referred to as "ORP" providers. ORP providers will not be included in the listing to receive referrals to provide direct services to Medicaid members. Medicaid claims submitted listing an ORP provider as the billing or rendering provider will not be reimbursed. To receive payment from Medicaid for any services provided, the ORP provider must enroll as a FFS provider.

Managed Care Providers

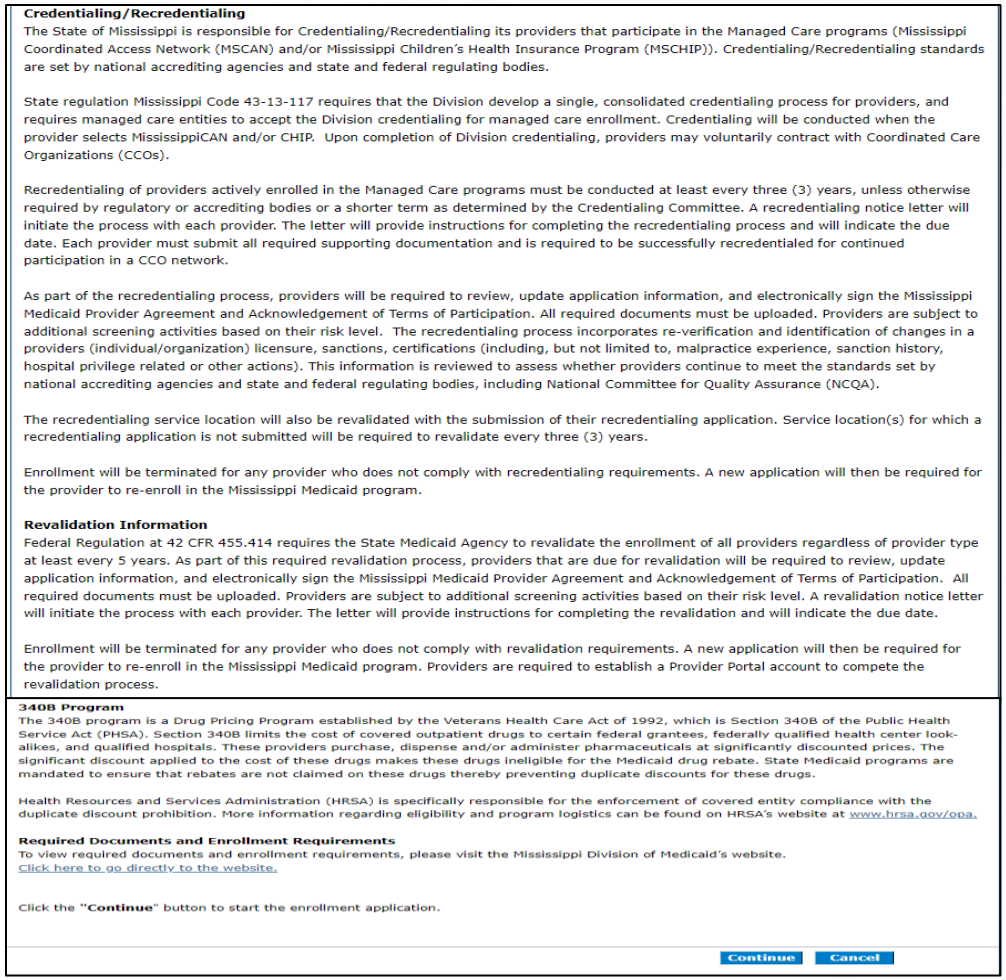
Managed Care includes healthcare plans that are used to manage cost, utilization, and improve quality and health outcomes for their membership. This is accomplished by providing care to members and contracting with health care providers and medical facilities.

- **Mississippi Coordinated Access Network (MississippiCAN) Providers**
  The Mississippi Coordinated Access Network (MississippiCAN) is a Medicaid managed care program, which includes three Coordinated Care Organizations (CCOs). More than half of the Mississippi Medicaid members are enrolled in the MississippiCAN program. For providers to be reimbursed for MississippiCAN member services by these CCOs, they must be enrolled as a Medicaid FFS provider and be contracted with the CCOs. If providers are not contracted and not in same program and CCO network as member receiving services, then the providers are reimbursed at the reduced out-of-network rate.
- **Children's Health Insurance Program (CHIP) Providers**
  CHIP provides health coverage for uninsured children up to age 19 years old. All children enrolled in the Mississippi Separate CHIP program are enrolled with a CCO. For providers to be reimbursed for CHIP member services by these CCOs, they must be enrolled through Medicaid and be contracted with the CCOs. If providers are not contracted and not in same program and CCO network as member receiving services, then the providers are reimbursed at the reduced out-of-network rate.

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.

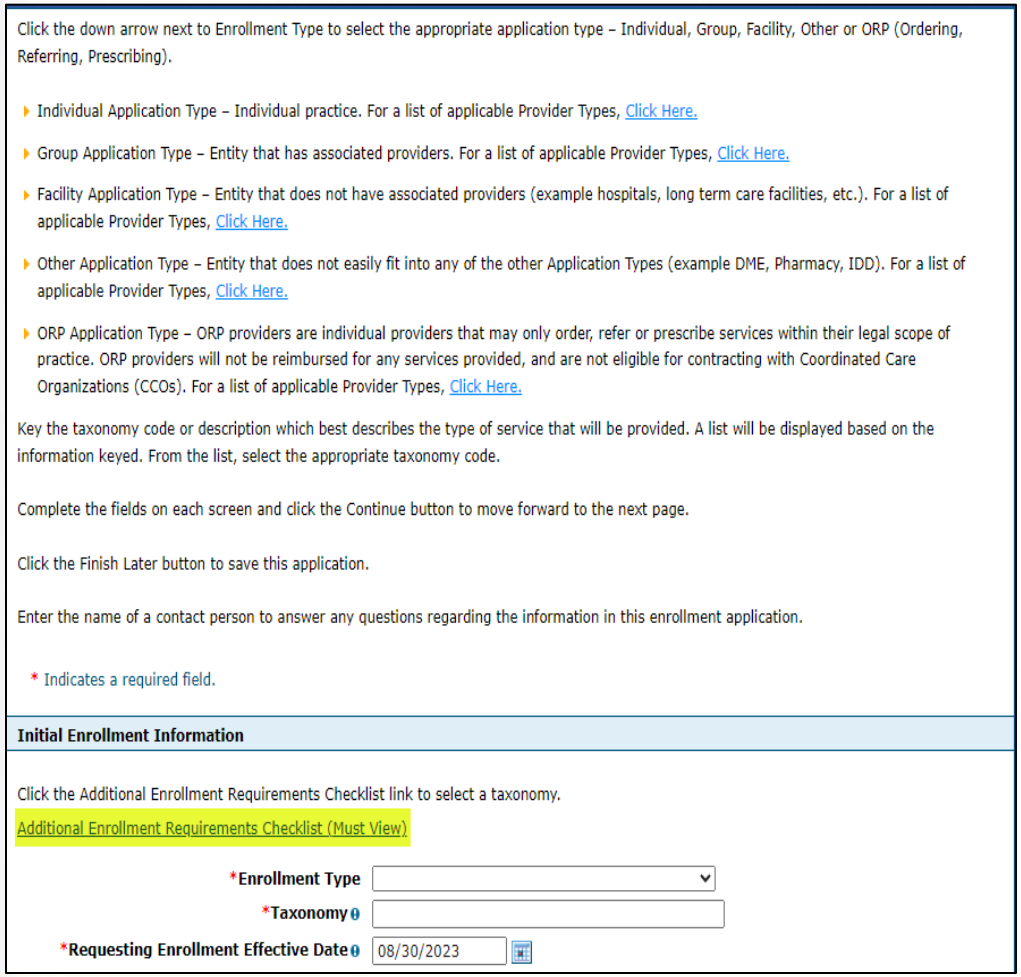
Required Documents and Enrollment Requirements

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

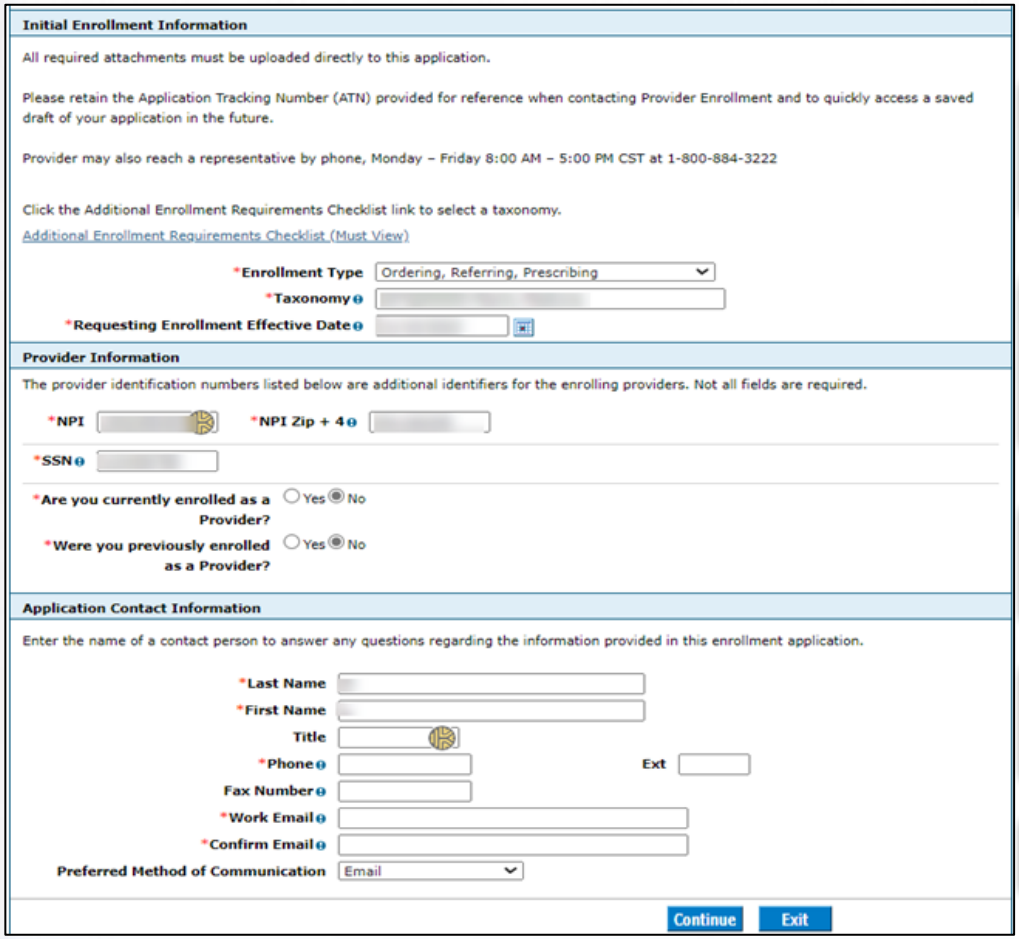
There are **five** application types**:**

- **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.**

Requested Information Page Cont'd



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

You can enter 2 or more characters of your taxonomy description or taxonomy number and a list of available taxonomies will display. Complete the remainder of the fields.

Complete the fields in the **Provider Information** section.

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

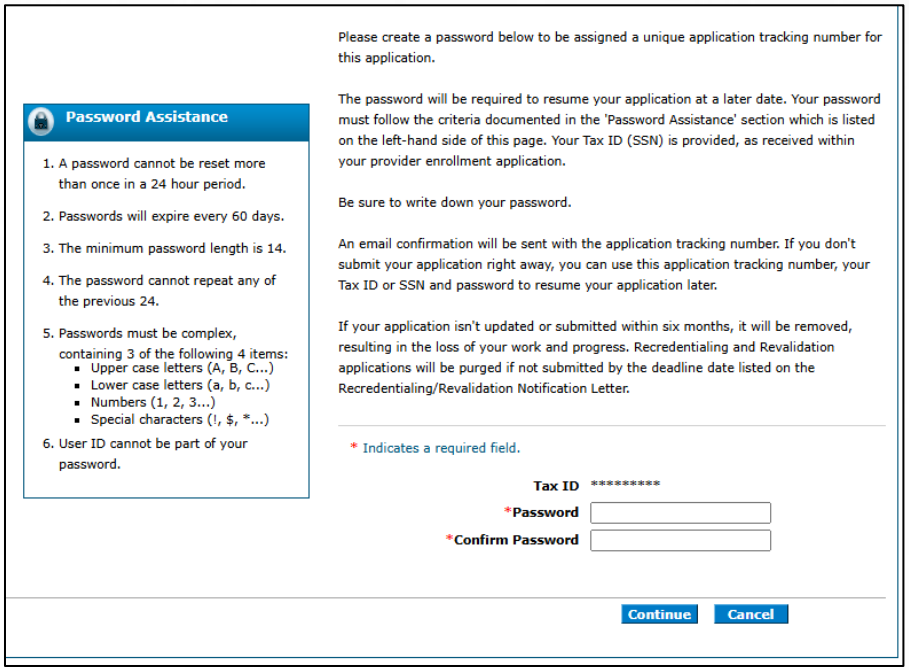
Select "**Continue**" to the Password Creation page.

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 tax ID number 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.

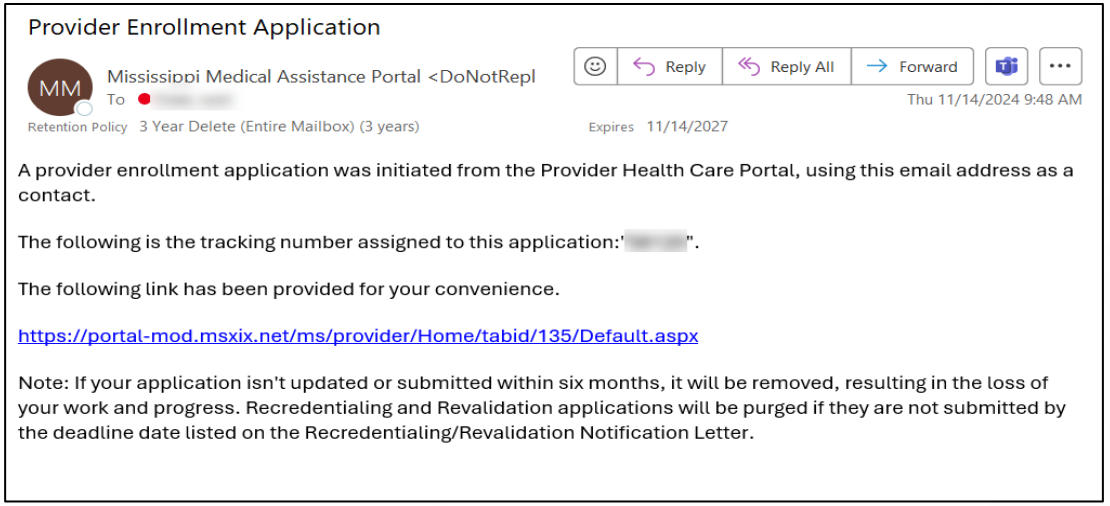


Application Tracking Information

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

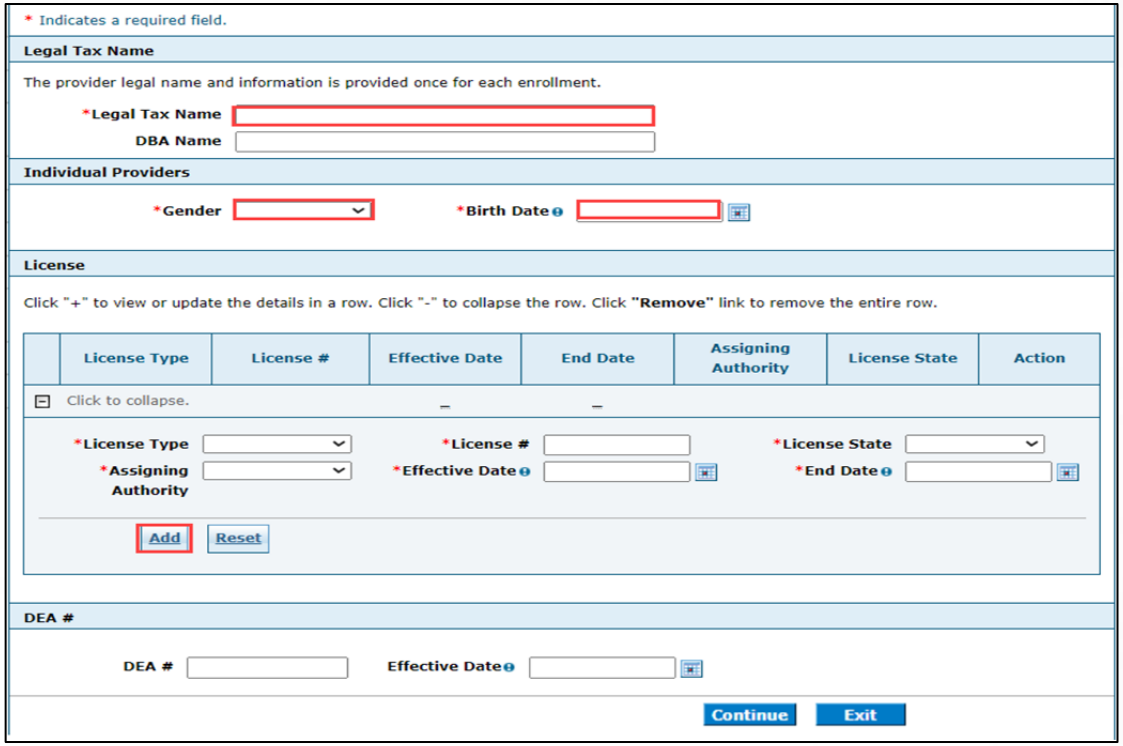
You will need this number and the **Tax ID** number to view completed application status.

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

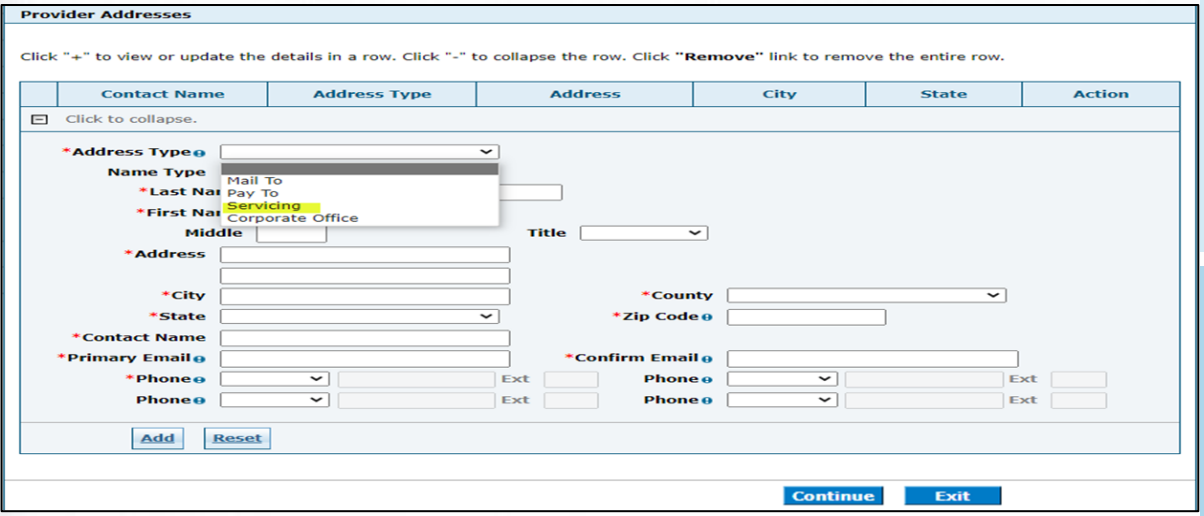


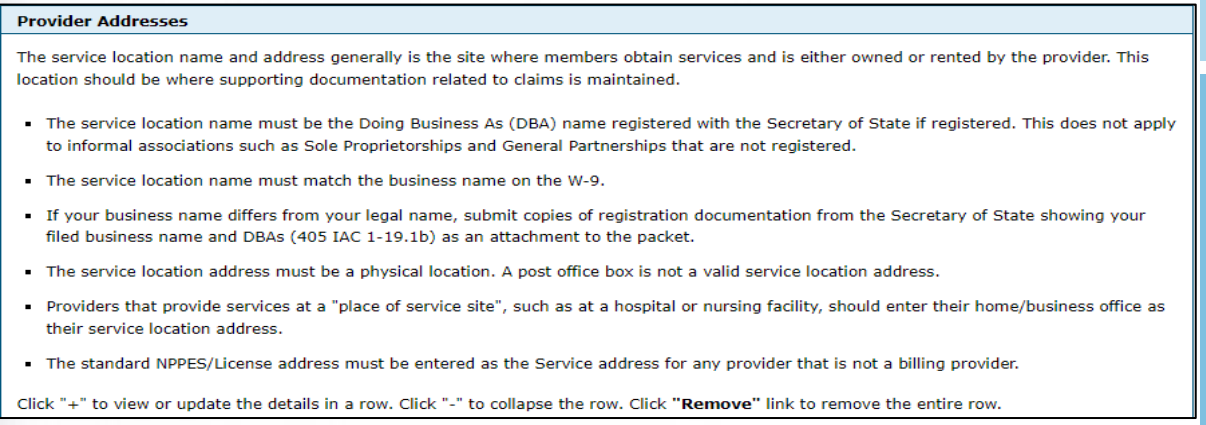
Provider Identification

- Enter the **Legal Tax Name** and **DBA Name**.
- Select **Gender** and enter the **Birth Date** of the Provider.
- Enter the **License information** and select "**Add**" to save each license.
- If Applicable, enter the **DEA #** and **Effective Date.**
- Select "**Continue**" to the Address page.



Provider Address





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

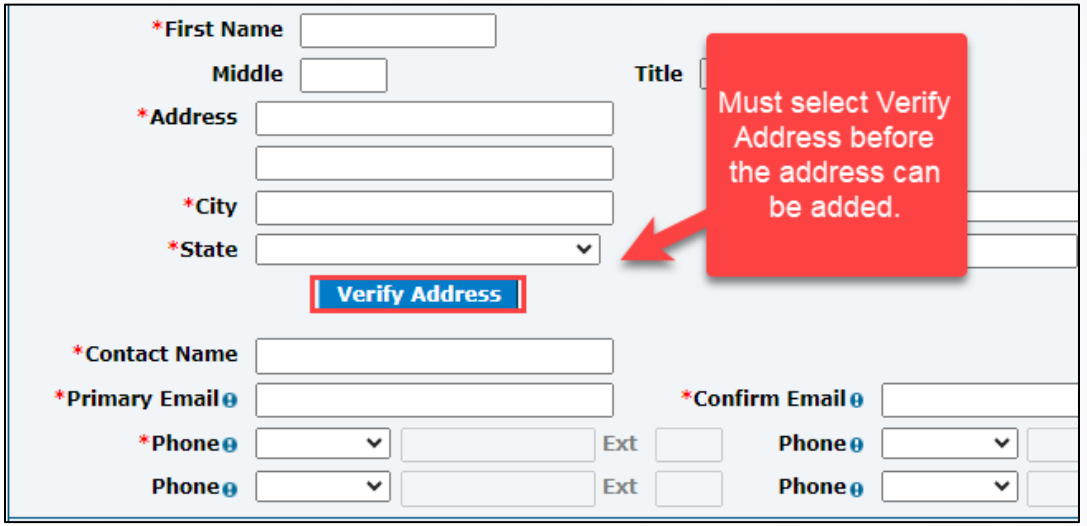
At least one Servicing address (physical location) is required. If no other address is provided the servicing address will also default to the Pay To, Mail To and Corporate Office address.

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.

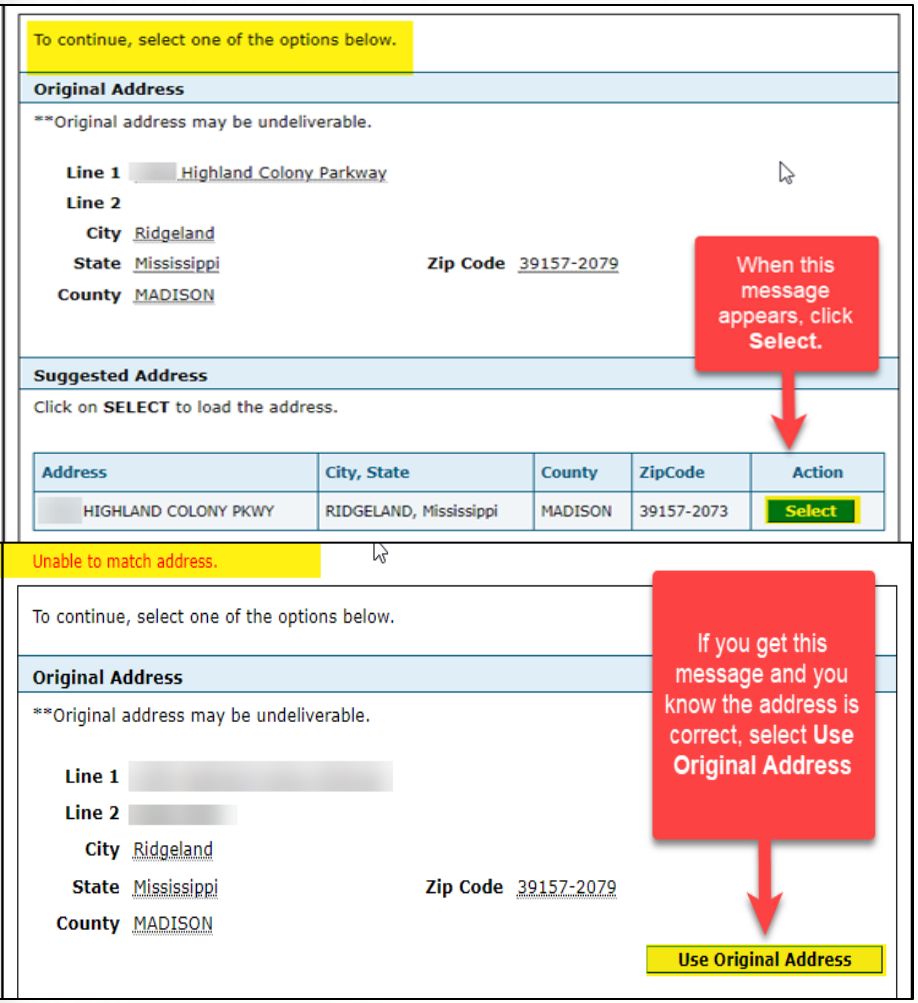
Verify Address

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



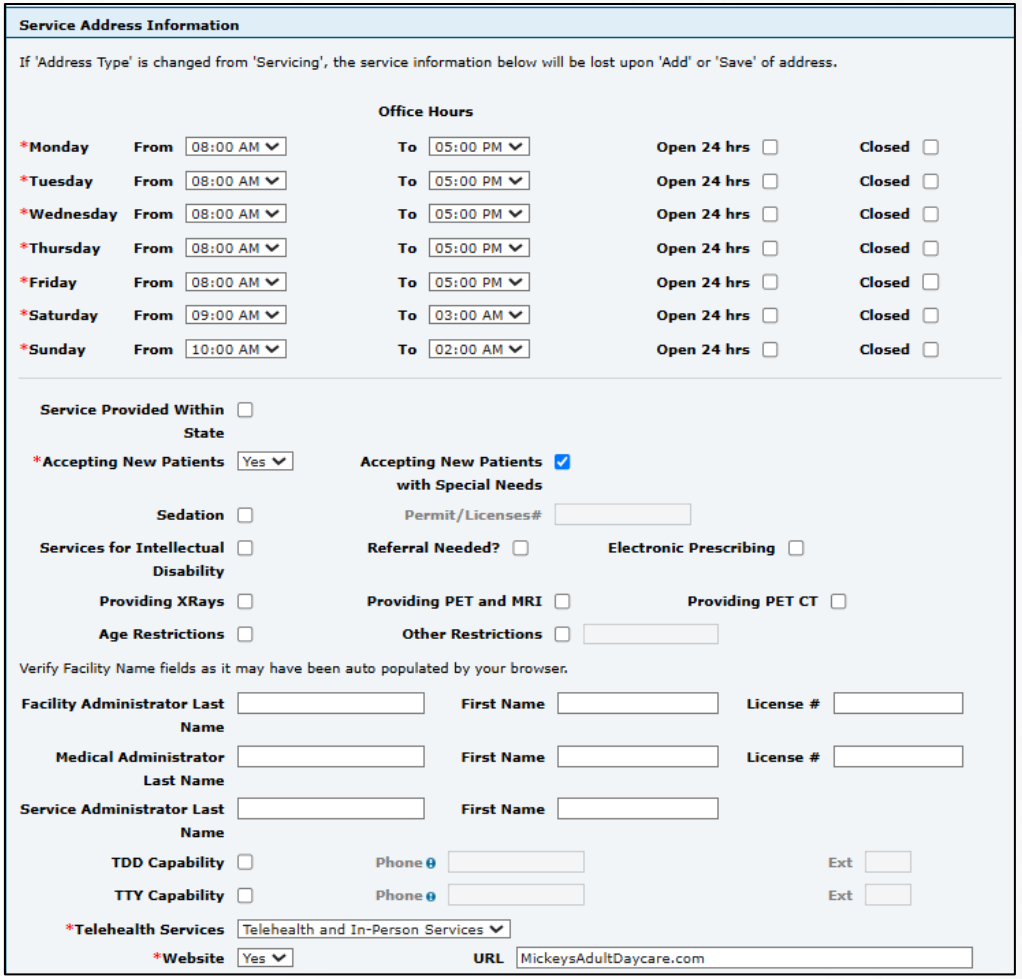
- If you get a message that is suggesting an address, click **Select** to use that address. In the example shown, the suggested address changed Parkway to PKWY, so the address is still the same. Or the address may show the same as you entered but **Select** must still be clicked.
- If you get a message 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:

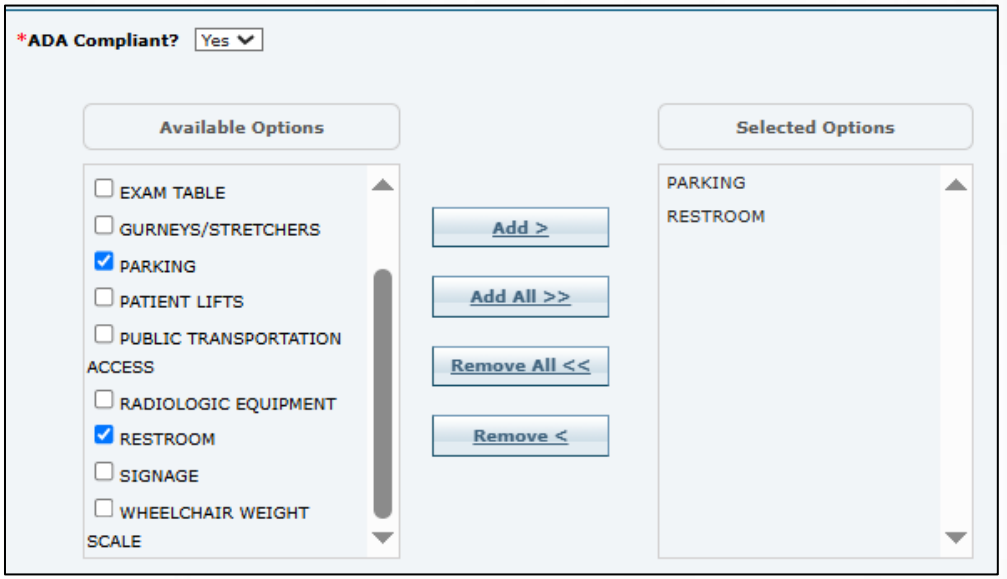
- Office Hours for each day of the week
- Accepting New Patients
- Telehealth Services
- Website
- ADA Compliant (next slide)

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



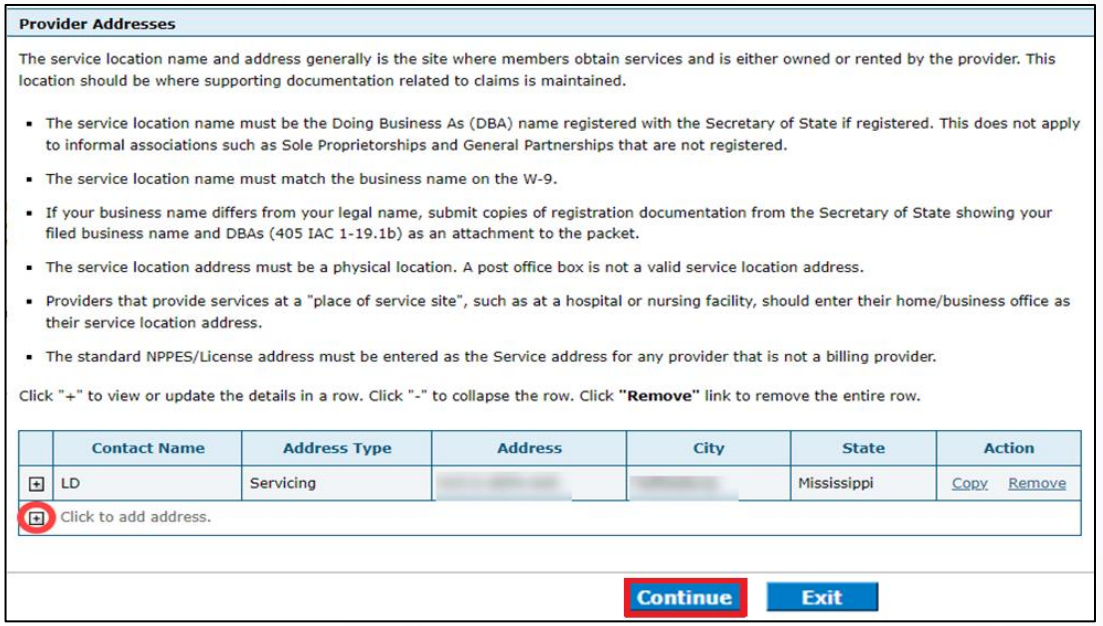
Servicing Address Information

- **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.

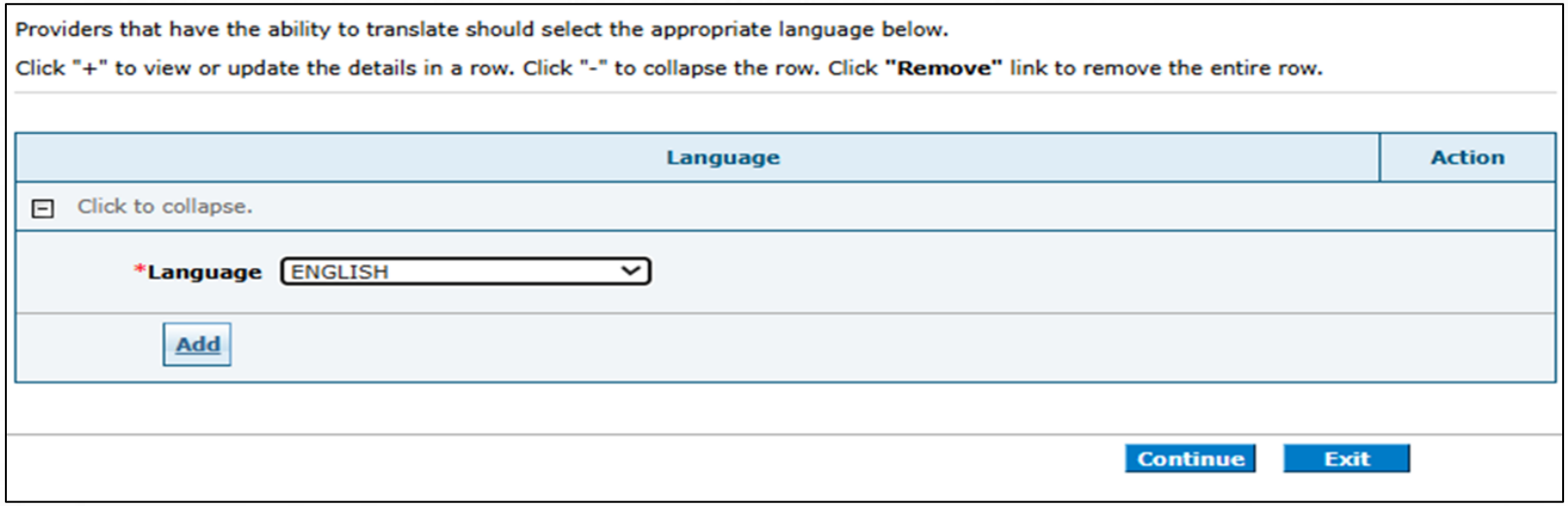


Servicing Address Information

- Once you select "**Add**", your address section will populate with the data you entered.
- Select "**+**" to add each additional applicable address, 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**" to move to the Languages page.

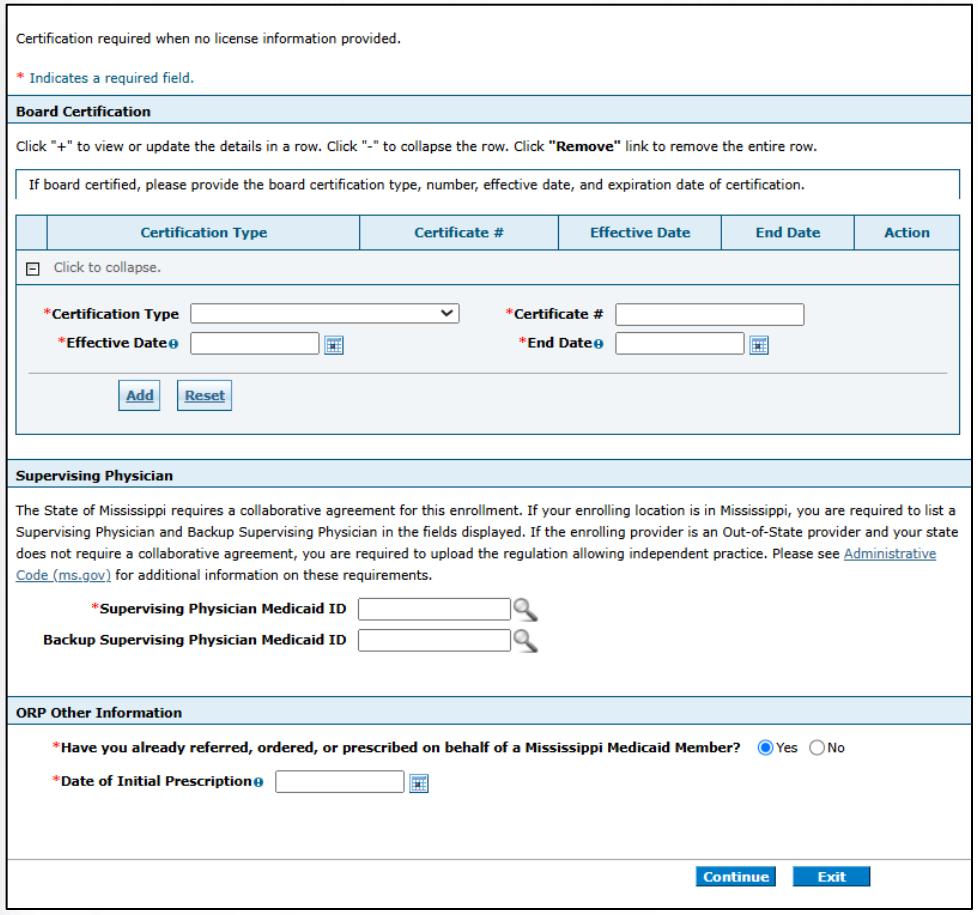


Languages page



- 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.

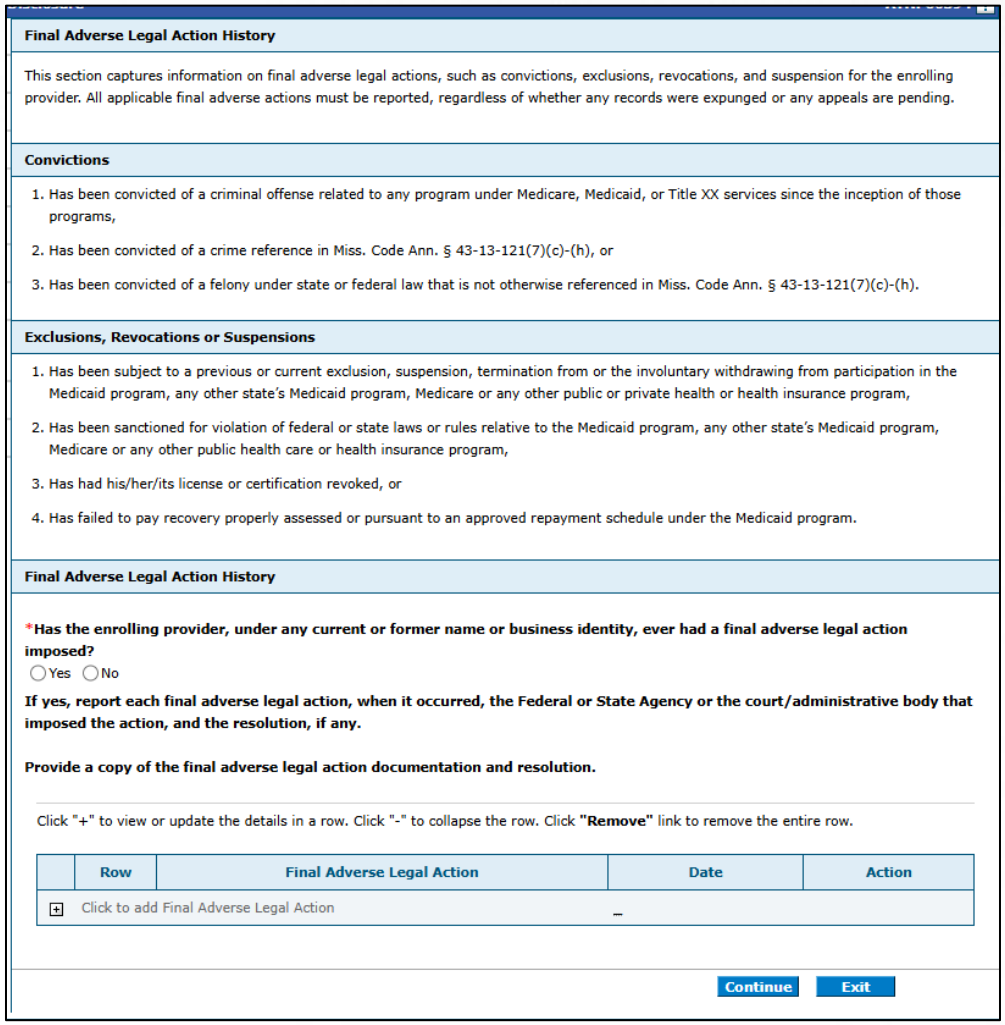
Other Information



- Select "**Add**" after entering each certification.
- Using the drop down, select the applicable **Certification Type**, JCAHO, ASHA Certification or Certification of Disease Management. Enter the Certificate #, Effective Date and End Date.
- Enter the Supervising Physician Medicaid ID
- Answer "**Yes or No**" to the question under ORP Information. If yes, enter the date of the initial prescription.
- Select "**Continue**" to the Disclosure page.

Disclosure

- The Disclosure page will change depending on provider type. This example is for Ordering, Referring, and Prescribing Types.
- Read entirely and answer “Yes” or “No”. If yes, you must provide the Final Adverse Legal Action documentation and resolution in PDF format.
- Select “+” to add the copy of the Final Adverse Legal Action.
- Select, “Continue "to the Supporting Documentation/Attachment and Fees page.



Final Adverse Legal Action History

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspension for the enrolling provider. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

Convictions

1. Has been convicted of a criminal offense related to any program under Medicare, Medicaid, or Title XX services since the inception of those programs,
2. Has been convicted of a crime reference in Miss. Code Ann. § 43-13-121(7)(c)-(h), or
3. 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).

Exclusions, Revocations or Suspensions

1. 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,
2. 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,
3. Has had his/her/its license or certification revoked, or
4. Has failed to pay recovery properly assessed or pursuant to an approved repayment schedule under the Medicaid program.

Final Adverse Legal Action History

***Has the enrolling provider, under any current or former name or business identity, ever had a final adverse legal action imposed?**

◯ Yes ◯ No

If yes, report each final adverse legal action, 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 the final adverse legal action documentation and resolution.

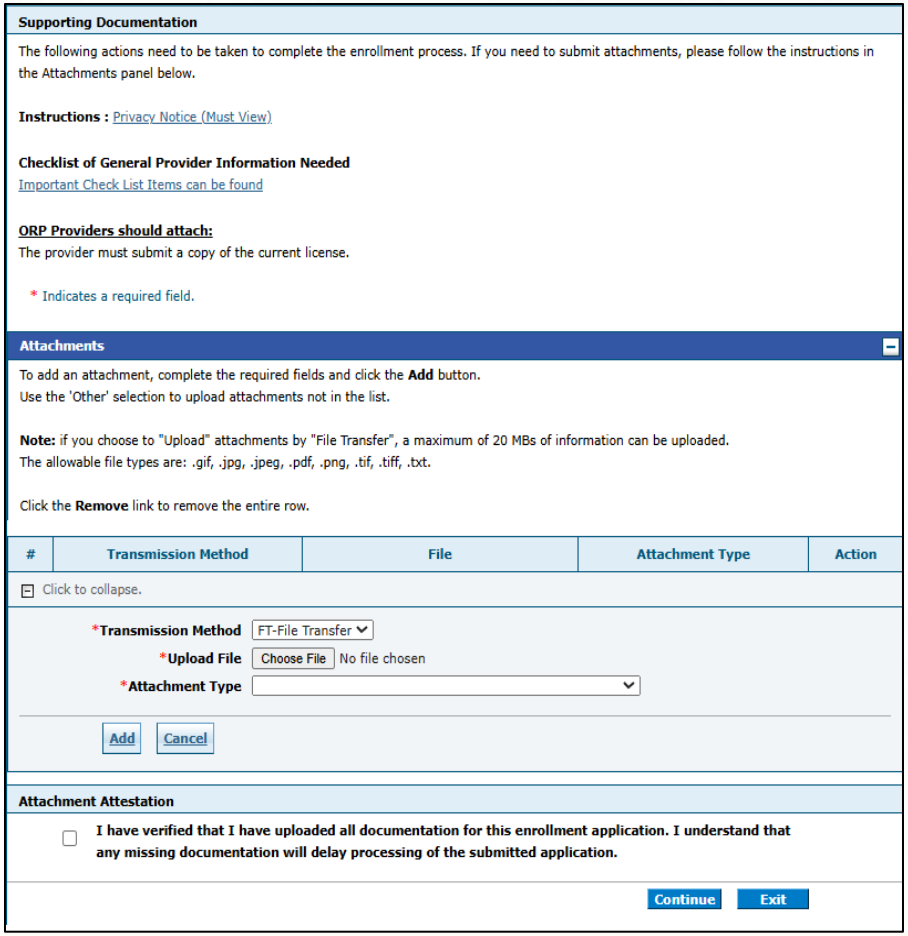
Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

	Row	Final Adverse Legal Action	Date	Action
⊞	Click to add Final Adverse Legal Action			

Continue Exit

Supporting Documentation/Attachments and Fees

- 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 appropriate file to be added.
- Select the "**Attachment Type"** drop-down that matches your file attachment. If your documents are saved in one file, select "**All"** for the type. If not, select the appropriate type. **ORP providers must submit a copy of the current license.**
- Select "**Add**" to attach the document. It must be in PDF format to be added. If additional documents need to be attached, select **"+ Click to add attachment**".



Agreement

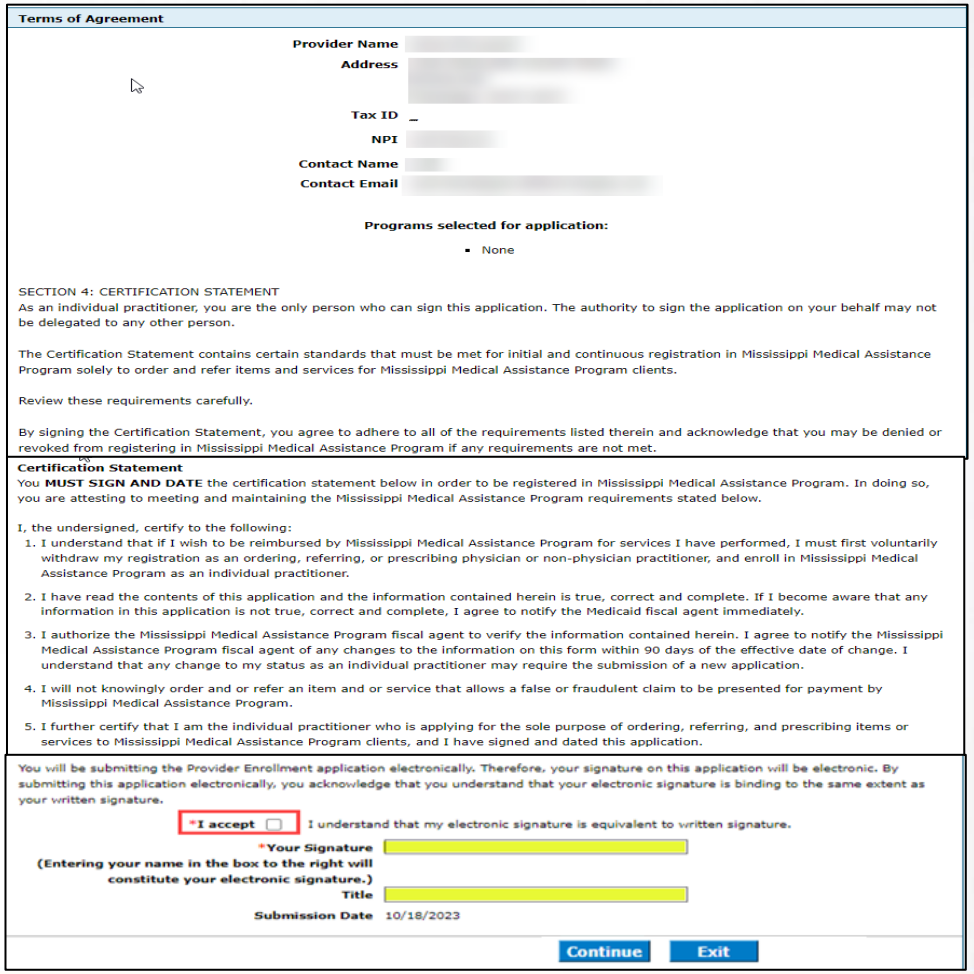
The terms of enrollment are stated. You must accept these terms to submit the enrollment application.

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

Select "**I accept**" box.

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

Select "**Continue**" .

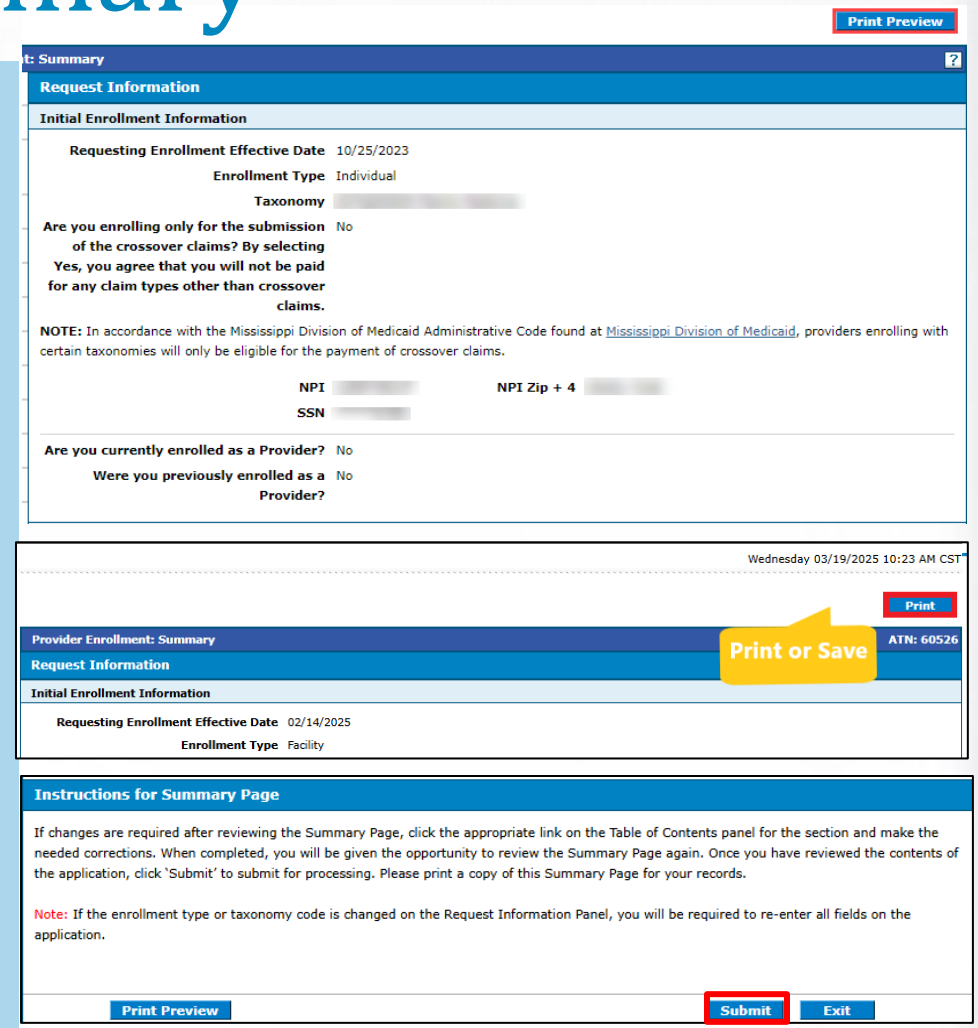


Summary

- 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.

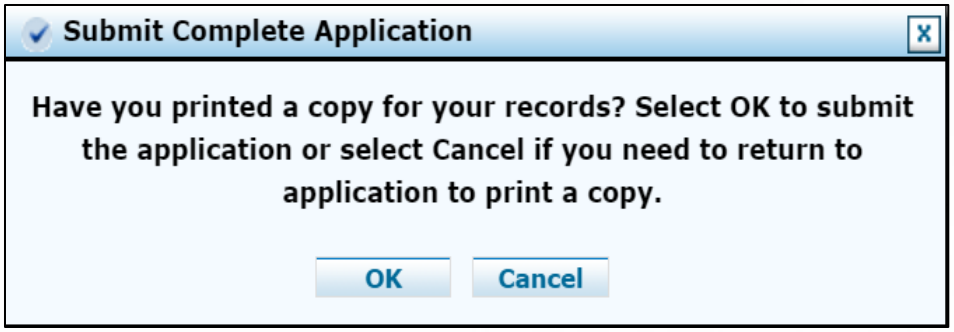
- Select **Print Preview**, **top right** or **bottom left**, to either save or print the application. Once selected, another window will populate, select "**Print**". Final window will populate providing a printer to physically print or change the drop down to "Microsoft Print to PDF" that will allow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

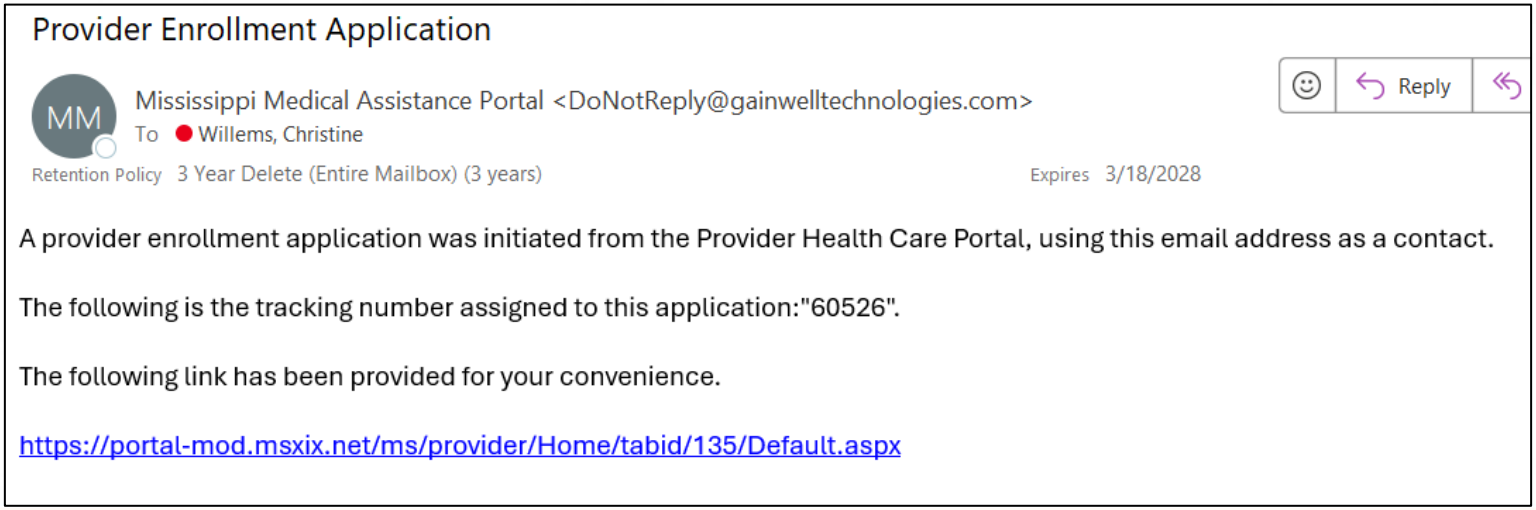
- After selecting **Submit** on the summary page, a box will populate asking if you have printed a copy for your records. If you have **not**, please select "**Cancel**" and print/save a copy.
- Select "**OK**" once you have printed a copy



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

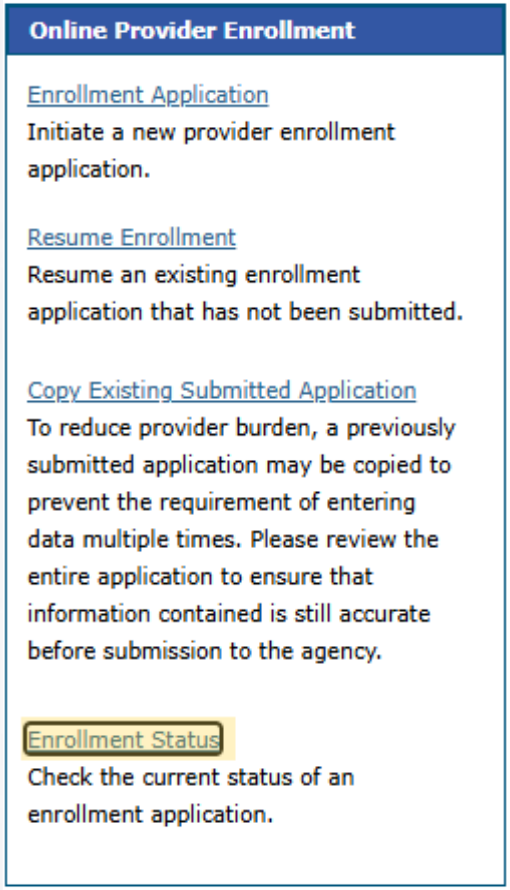
A provider enrollment application was initiated from the Provider Health Care Portal, using this email address as a contact.

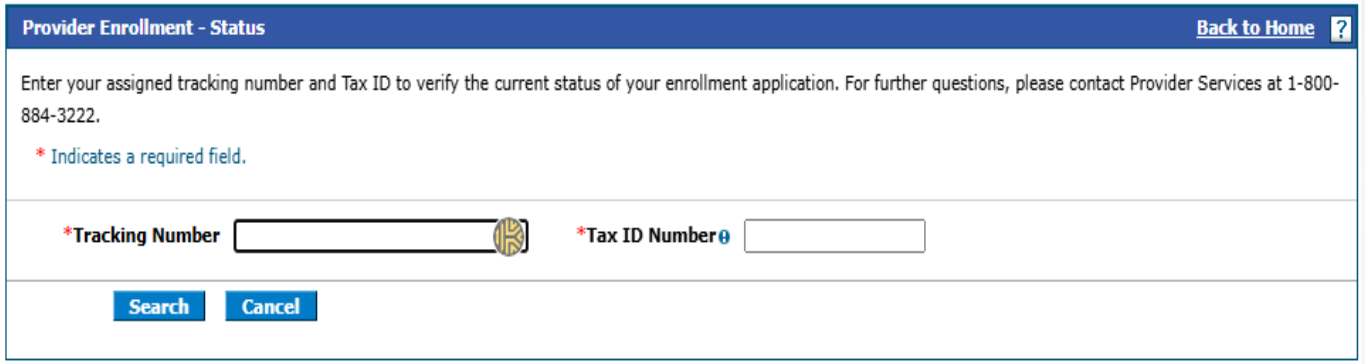
The following is the tracking number assigned to this application:"60526".

The following link has been provided for your convenience.

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

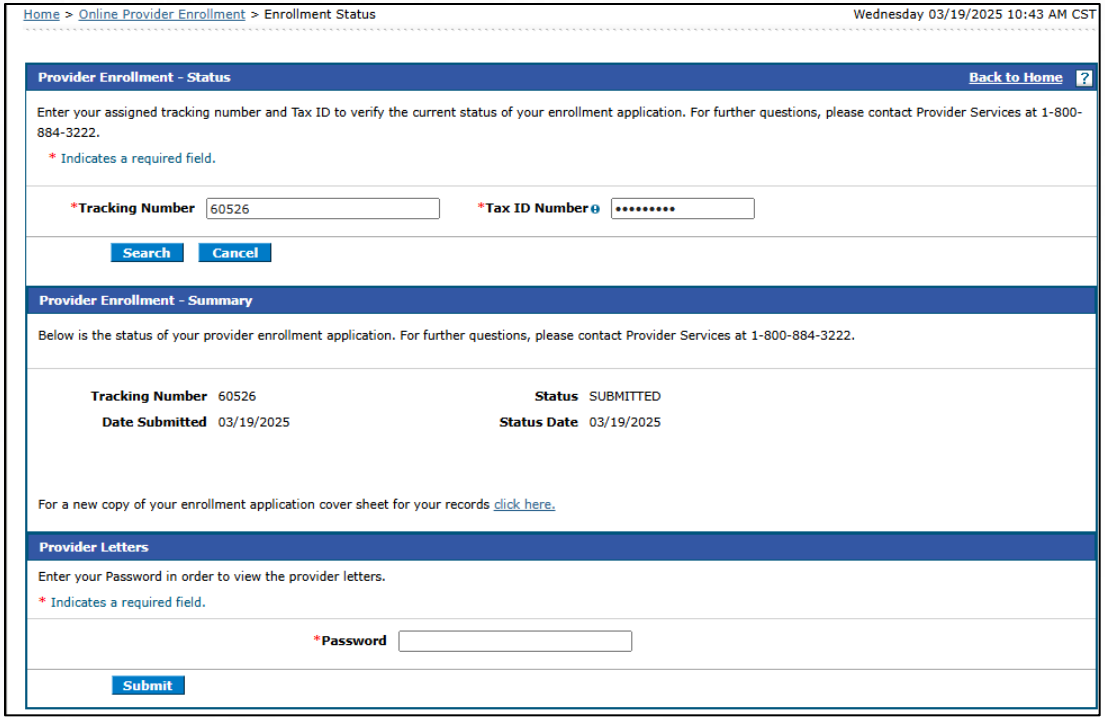
View Application Status





- Select **Provider Enrollment Access** on the Provider Home Page
- Select the **Enrollment Status** link under Online Provider Enrollment
- Provide the **tracking number** and **Tax ID** number 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.