

Returned To Provider (RTP)

Enrollment Application

May 16, 2025



Returned to Provider (RTP)

- If you received a RTP letter requesting additional documentation or changes to be made; that documentation can be uploaded in the Provider Portal.
- Access the Portal and select the “Provider Enrollment Access” link.
- Select the “Resume Enrollment” link.
- Enter your application tracking number (ATN), SSN or Tax ID (depending on enrollment type) and password you created when submitting the application.
- Select Submit.
- If you need to respond to an RTP notification and you do not have your password, you will have to start over with a new enrollment application. If you just need to send supporting documents, you can send an email with your supporting documents to MS_PE_Docs@gainwelltechnologies.com

The screenshot displays the MESA (Medicaid Enterprise System Assistance) login and enrollment interface. At the top right is the MESA logo with the tagline 'MEDICAID ENTERPRISE SYSTEM ASSISTANCE'. The main content area is divided into two sections. The top section, titled 'Login', contains a 'User ID' input field with a search icon, a 'Log In' button, and links for 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'. The bottom section, titled 'Online Provider Enrollment', contains a link for 'Enrollment Application' with the text 'Initiate a new provider enrollment application.' Below this, the 'Resume Enrollment' link is highlighted with a red rectangular box. The bottom section also includes a heading 'Resume Enrollment' and a brief instruction: 'Enter your application tracking number, Tax ID and Password in order to resume an existing provider enrollment application. For more information, click here.' Below this instruction are three input fields: '*Tracking Number' (with a search icon), '*Tax ID #' (with a search icon), and '*Password'.

Upload Documentation

- ✓ You **cannot** make any changes to the application, but you may upload supporting documents.
- ✓ Scroll to the bottom of the Request Information page and select “**Continue**” to the Supporting Documentation page.
- ✓ Refer to the **Return to Provider notice** to confirm the requested information.

Application Contact Information

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

*Last Name

*First Name

Title

*Phone Ext

Fax Number

*Work Email

*Confirm Email

Preferred Method of Communication

[Continue](#) [Exit](#)

Upload Documentation Cont'd

- ✓ You must select the "**Privacy Notice**" link in order to move forward.
- ✓ Upload the requested document(s). Select the appropriate "**Attachment Type**" by selecting the drop-down. Select "**Add**".
- ✓ Select the "Attestation Statement" box and select "**Continue**" to the Summary page.

Provider Enrollment: Supporting Documentation/Attachments And Fees

[Welcome](#)

[Request Information](#)

Supporting Documentation / Attachments and Fees

[Summary](#)

Supporting Documentation

The following actions need to be taken to complete the individual enrollment process. If you need to submit attachments, please follow the instructions in the Attachments panel below.

Instructions : [Privacy Notice \(Must View\)](#)

Checklist of General Provider Information Needed
[Important Check List Items can be found](#)

* Indicates a required field.

Attachments

To add an attachment, complete the required fields and click the **Add** button.
 Use the 'Other' selection to upload attachments not in the list.

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, txt, txt.

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Attachment Type	Action
<input type="checkbox"/> Click to collapse.				
	*Transmission Method	FT-File Transfer		
	*Upload File	Choose File No file chosen		
	*Attachment Type			
	Add	Cancel		

Attachment Attestation

☐ I have verified that I have uploaded all documentation for this enrollment application. I understand that any missing documentation will delay processing of the submitted application.

Continue **Cancel**

Attachments			
#	Transmission Method	File	Attachment Type
1	FT-File Transfer	test attachment.pdf (41K)	Provider License or Permit

Summary Page

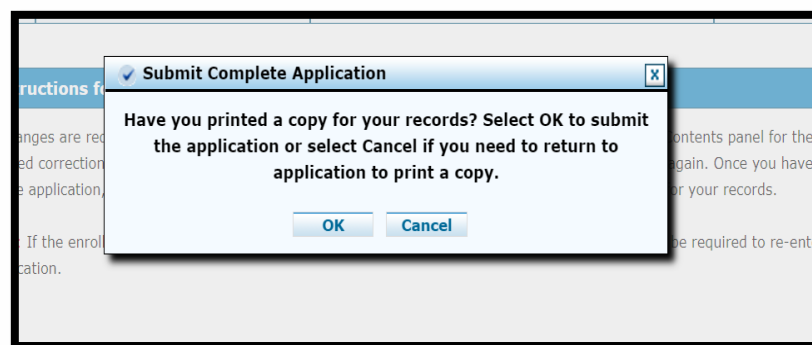
- ✓ On the Summary page, select **“Submit”**.
- ✓ A popup box will appear asking have you printed a copy. If you are ready to submit, select **“OK”**.

Instructions for Summary Page

If changes are required after reviewing the Summary Page, click the appropriate link on the Table of Contents panel for the section and make the needed corrections. When completed, you will be given the opportunity to review the Summary Page again. Once you have reviewed the contents of the application, click 'Submit' to submit for processing. Please print a copy of this Summary Page for your records.

Note: If the enrollment type or taxonomy code is changed on the Request Information Panel, you will be required to re-enter all fields on the application.

[Print Preview](#)[Submit](#)[Exit](#)



Application Tracking Number (ATN)

This is your Enrollment Tracking Information.
Because the ATN remains the same, you will **not**
get a **new ATN**.

Home

Home > [Online Provider Enrollment](#) > Enrollment Tracking Information Monday 07/18/2022 12:43 PM CST

[Print Preview](#)

Provider Enrollment: Tracking Information ?

Your enrollment application has been submitted.

Your enrollment application has been assigned the following tracking number:23853

Please retain the tracking number for your records. The tracking number will be used, in addition to your Tax ID and password, as credentials to reference your submitted application at a later date.

A confirmation email has also been sent to the following contact person's email, designated in the enrollment application:.

You are required to print, sign and submit the cover sheet via mail or FAX, along with all appropriate supporting documentation.

To save or print the coversheet for your records [click here](#).

[Exit](#)

Application Tracking Number (ATN)

A confirmation email will also be sent to the email address listed on the application under the Contact Person. This email will include the ATN and a link to the MESA Provider Portal.

