



Job Aid

Provider Portal Processes

This set of job aids covers the following processes:

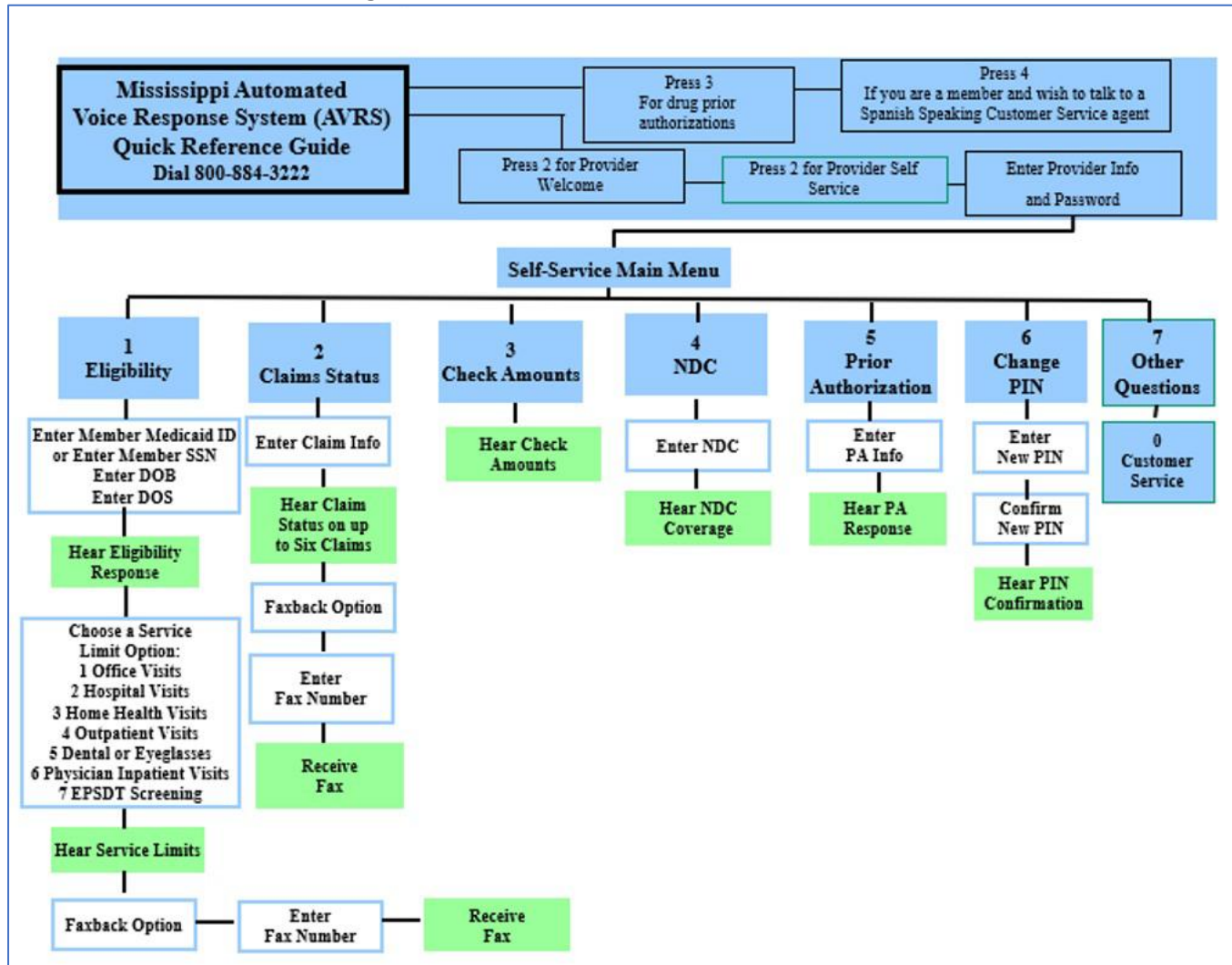
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Note: All screenshots in this document were taken with deidentified data.

Accessing Provider Services in the AVRS

The following figure offers a basic visualization of the Medicaid Enterprise System Assistance (MESA) Automated Voice Response System (AVRS) call flow for providers.

Figure 1: AVRS Quick Reference – Provider



Where applicable, the AVRS system verifies information entered by the caller. The eligibility call flow includes opportunities to hear other associated information (Visits, Dental or Eyeglasses, etc.) and gives callers the opportunity to repeat the information or hear eligibility for a different Date of Service (DOS).

Working with Delegate Accounts

This process describes how to create a delegate account on the provider portal. As discussed in PRP100 Provider Portal Overview, providers often use delegates to manage their claims on the portal. A delegate can serve several provider accounts even if the delegate has only one provider, since providers can have multiple contracts. Delegates who service multiple provider accounts will be presented with a selection of providers to choose from when they log in, as shown in Figure 3: Switch Provider Panel. Once they select a provider, they will see the tabs available to them for that account.

Note: If you have multiple Medicaid IDs and/or locations, you can change the Display Name on each account to reflect the taxonomy-location for that Medicaid ID.

Figure 2: Switch Provider Panel

Switch Provider

Switch Provider

Enter at least one selection criteria below and click **Search** to retrieve information.

Display Name

Email

Search **Reset**

Available Providers

Select a Provider that you wish to switch to, then click **Submit** button.

Total Records: 2

#	Display Name ▲	Email Address
1	☐ BillyBob	slawrence@gainwelltechnologies.com
2	☐ Debrita	dschiller@gainwelltechnologies.com

Submit **Close**

Registering a Delegate Account

Note: To register as a delegate, you'll need all the information the provider used to create your account. Additional providers assigning you to their locations must have your MESA Delegate Code, so keep it on hand.

Complete the following steps to create a delegate account:

1. Access the provider portal at the URL that was given to you.
2. At the Home page, click the **Register Now** link.

Figure 3: Provider Portal Home Page

Login

*User ID

Log In

[Forgot User ID?](#)

Register Now

MESA
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

What you can do in the Medicaid Portal for Providers

Through this secure and easy to use internet portal, health care providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files, and search for other providers. In addition, health care providers can use this site to locate claim forms, provider participation materials and other Medicaid information and resources.

Working with Delegate Accounts

- The system opens the Registration Selector page. Click the Delegate option.

Figure 4: Registration Selector Page

- At the Registration panel, enter your name, birth date, and the last four digits of your driver's license number as they were entered by the provider. Enter the delegate code from the record the provider created and click **Continue**.

Figure 5: Registration Step 1

The rest of the registration steps are the same as described in PRP-100 Provider Portal Overview. An email with a link confirms your account. You must confirm your account or you can't log in.

Logging In as a Delegate

When you log into your delegate account, the system opens the Home page if you serve only one provider account. If you are a delegate for multiple provider accounts, the system opens the Switch Provider panel so you can select an account, as shown in Figure 3: Switch Provider Panel on page 3. At any time, you can return to this panel and switch to a different provider to continue your work.

Once you select the provider, you will be see the provider portal as the provider sees it, with the exception of pages and panels that you are not authorized to access.

Checking Member Eligibility

This section provides the process for reviewing member eligibility, service limits, EPSDT visits, and other insurance.

Complete the following steps to verify member eligibility:

1. From the Provider Portal Home page, click the **Eligibility** tab.

Figure 6: Provider Portal Home Page

The screenshot displays the Provider Portal Home Page. At the top, a navigation bar includes links for Home, Eligibility (highlighted with a red box), Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. Below the navigation bar, the page shows a welcome message for a health care professional, a MESA logo, and various links for user details, provider information, and news. The 'Eligibility' tab is highlighted in the top navigation bar. The page also features a 'Welcome Health Care Professional!' message and a 'Latest News' section.

2. On the **Eligibility** landing page, you can choose Eligibility Verification or Treatment History.
3. Click the **Eligibility Verification** link.

Figure 7: Eligibility Landing Page

4. Enter the Member ID, or if you don't have it, enter two of the following:

- Social Security Number (SSN)
- Birth date
- Member's full name

Note: If you don't receive the expected results with a Member ID search, try searching with two of the other fields.

Figure 8: Fill Our Eligibility Verification Request

5. By default, the begin date is populated with the current date, unless you are searching for a specific time-period. The End date defaults to the current date if you leave it blank.

Note: You can search for eligibility history up to three years in the past and four months into the future.

Figure 9: Submit Eligibility Verification Request

6. The system returns the eligibility verification for the member, confirming the current assigned coverages. Remember, coverage is not a guarantee since a member can lose eligibility for a variety of reasons. All coverage details are displayed for the member.

Figure 10: Eligibility Verification

Eligibility Verification Information for					for 5/27/2026 to 5/27/2026			
Member ID		Birth Date 09/23/2004		Gender Female				
Head of Household		Authorized Rep Yes						
Authorized Rep Name				Authorized Rep Phone # N/A				
Verification Response ID 2614700001								
Expand All Collapse All								
Demographic Details								
Street Address								
City		State Mississippi		Zip Code		H-0000		
Coverage Details								
Coverage		Effective Date	End Date	Add Date	Last Update Date			
088 - Pregnant Women								
Service Types Covered:								
1 - Medical Care 30 - Health Benefit Plan Coverage 33 - Chiropractic 35 - Dental Care 47 - Hospital 48 - Hospital Inpatient 50 - Hospital Outpatient 82 - Family Planning 86 - Emergency Services 88 - Pharmacy 98 - Professional (Physician) Visit - Office - AL - Vision (Optometry) - MH - Mental Health - UC - Urgent Care		09/01/2025	12/31/9999	09/17/2025	09/17/2025			
Other Insurance Detail Information								
Medicare Coverage Detail								
Coverage		Effective Date	End Date	Last Update Date				
None								
Managed Care Assignment Details								
Managed Care Plan	Managed Care Plan Phone	Primary Care Provider	Provider Phone	Benefit Plan	Effective Date	End Date		
MOLINA HEALTHCARE OF MISSISSIPPI IN	1-844-434-1117			MississippiCAN	7/1/2025	12/31/9999		
Lock-In Details								
Lock-in Provider	Lock-in Provider Phone	Benefit Plan	Effective Date	End Date				
None								
Living Arrangement Details								
Level of Care Plan	Provider NPI	Provider Name	Effective Date	End Date				
None								

9. Scroll down to view all the coverage limits section.

Note: Limit Details are only available after supplying a service date between the coverage details dates and choosing a Service Type (as shown below). Additional service details are available on the Treatment History tab.

Figure 11: Coverage Detail

EPSDT Well Child Service Details

Service	Last Exam	Next Exam
EPSDT- Medical	10/10/2023	10/25/2025
EPSDT- Dental	04/25/2025	10/25/2025
EPSDT- Hearing		
EPSDT- Vision		
EPSDT- Other		

Limit Details

*** Only Service limits that have paid claims will be displayed**

Note: Dollar Limits and Service Limits information may not reflect recent claims and is subject to change daily as available benefits are used and the information provided is not a guarantee for payment.

Enter a date that lies between the effective and end dates of your listed coverages, then choose the type of service you want to view limits for.

Service Date

*Service Type

Health Benefit Plan Coverage
Health Benefit Plan Coverage
Vision Coverage Only

Search Limits

Reset
Scroll to Top

Limit Details

*** Only Service limits that have paid claims will be displayed**

Note: Dollar Limits and Service Limits information may not reflect recent claims and is subject to change daily as available benefits are used and the information provided is not a guarantee for payment.

Enter a date that lies between the effective and end dates of your listed coverages, then choose the type of service you want to view limits for.

Service Date

*Service Type

Health Benefit Plan Coverage

Search Limits

		Limit	Used	Remaining	Last Service Date
Individual	5501 Dental max dollar amount \$2500	\$2,500.00	\$52.88	\$2,447.12	8/15/2025
Individual	5520 Physician Office Visit Service Limit	16	1	15	7/1/2025
	5524 Physician NF Visits Service Limit	36	1	35	9/2/2025

Limit Details

Note: Dollar Limits and Service Limits information may not reflect recent claims and is subject to change daily as available benefits are used and the information provided is not a guarantee for payment.

Enter a date that lies between the effective and end dates of your listed coverages, then choose the type of service you want to view limits for.

Service Date
10/01/2025
*Service Type
Vision Coverage Only
Search Limits

is 25 years of age on the date of service and has vision coverage. Certain service limits are based on the member's age. Those which reference no age apply to all members. See below available limits. Eye Exams are included in office visit limits.

		Limit	Used	Remaining	Last Service Date
Individual	5515 Eye Refraction Limit 2 per SFY - Under 21	2	0	2	
	5516 Eyeglass Lens Limit 4 per SFY - Under 21	4	0	4	
	5517 Eyeglass Frames Limit 2 per SFY - Under 21	2	0	2	
	5519 Eye Refraction Limit 1 per 5 yrs - 21 & older	1	0	1	
	5520 Physician Office Visit Service Limit	16	1	15	7/1/2025
	5523 Glasses fitting 1 Per 5yrs/6 MOS Surgery	1	0	1	
	5526 Eyeglass Lens Limit 2 per 5 yrs - 21 & older	2	0	2	
	5566 Eyeglass Frames Limit 1 per 5 yrs - 21 & older	1	0	1	

10. To view or add other insurance for a member, click **Other Insurance Detail Information**.

Figure 12: Access Other Insurance

98 - Professional (Physician) Visit - Office - AL - Vision (Optometry) - MH - Mental Health - UC - Urgent Care				
Other Insurance Detail Information				

11. The portal displays any other insurance policies for the member. If the member does not have TPL coverage, the Other Insurance Panel will display 'None'. To view details for any record in this list, click the plus sign on the left.
12. To add other insurance, enter the carrier and policy holder information, then click **Add**. The system creates the record and stores it in the Other Insurance list; however, it will not appear when you come back to this list until it is validated.

Figure 13: Other Insurance Information

Other Insurance Information for Member ID 349983687 - HERMAN A SULLIVAN from 8/30/2023 to 8/30/2023
[Back to Eligibility Verification](#)

* Indicates a required field.

Click '+' to view details in a row. Click '-' to collapse the row.

There is no Third-Party Liability (TPL) Insurance Information available on records. Click on the Add button to add TPL information. It will be reviewed and added to the member profile after validation.

	Carrier Name	Policy #	Group #	Policy Holder	Policy Type	Effective From	Effective To
☐	CAREMARK/CVS	F020659745954	RX5449	HERMAN A SULLIVAN	OTHER INSURANCE	09/01/2017	09/30/2017
☐	CAREMARK/CVS	V362354838474	RX5449	HERMAN A SULLIVAN	OTHER INSURANCE	02/01/2017	08/24/2017
☐	HUMANA	O1656344012	R8579001	HERMAN A SULLIVAN	HEALTH INSURANCE	06/01/2015	12/31/2016
☐	CIGNA	Q70579203	R8679001	HERMAN A SULLIVAN	OTHER INSURANCE	06/01/2015	12/31/2016

Other Insurance Carrier Information

*Carrier Name

*Policy #

*Group #

Policy Type

*Effective From

Other Policy Holder Information

*Subscriber Last Name

*First Name MI

*Birth Date

*Social Security Number

*Confirm Social Security Number

Searching for an ORP Provider

A search function for an Ordering/Referring/Prescribing provider only is available under Provider Services.

The screenshot shows the MESA Provider Portal interface. On the left, there are navigation tabs: 'User Details', 'Provider', and 'Provider Services'. Under 'Provider Services', the link 'Search Ordering/Referring/Prescribing (ORP) Providers only' is highlighted with a red rectangular box. Other links in this section include 'Member Focused Viewing', 'Search Payment History', 'Affiliated Providers', and '340B Program Information'. The main content area displays a 'Welcome Health Care Professional!' message and a 'Broadcast Messages' section with a 'new test' notification. On the right, there are links for 'Sign Up to Receive News', 'Secure Correspondence', 'View Letters' (with a note about a new letter received on 01/23/2026), 'Latest News' (including 'Late Breaking News', 'Provider Bulletins', 'UM/QIO', and 'Report Fraud'), and 'Presumptive Eligibility for Pregnant Women (PEPW)'.

The search allows for many ways to search for an **ORP** provider **Only**.

The screenshot shows the search form titled 'Search Ordering/Referring/Prescribing (ORP) Providers only'. It includes a legend indicating that an asterisk (*) denotes a required field. The form contains the following sections:

- Enter NPI/Provider Medicaid ID:** A text input field for the NPI/Provider Medicaid ID.
- Enter your Address (City and State, County and State, or ZIP Code only):** Fields for City, State (a dropdown menu), Zip Code (with a phone icon), and County.
- Select Provider Criteria:**
 - Provider Type:** A dropdown menu set to 'All Types'.
 - Provider Specialty:** A dropdown menu set to 'All Specialties'.
 - Results:** A dropdown menu set to '5 per page'.
- Show Advanced Search:** A link to view more search options.
- Search Provider:** A blue button to execute the search.

Advanced Search adds name fields, gender, and phone number fields for more search options.

Search Ordering/Referring/Prescribing (ORP) Providers only

* Indicates a required field.

Enter NPI/Provider Medicaid ID.

NPI/Provider Medicaid ID

Enter your Address (City and State, County and State, or ZIP Code only).

City

jackson

State

Mississippi

Zip Code

County

Select Provider Criteria

Provider Type

All Types

Provider Specialty

Nurse Practitioner

Results

5 per page

[Hide Advanced Search](#)

Last Name

First Name

Gender

☒ No Preference
 ☐ Male
 ☐ Female

Phone

Search Provider

The **Search Results** display based on the search criteria.

Print this section

Search Results			Total Records: 7
Provider ▲	Address	Phone	
ALLISON	 JACKSON, HINDS, Mississippi, 39211-4538	1-601-747-5877	
DIANE	 JACKSON, HINDS, Mississippi, 39211-4538	1-601-747-5877	
NAKESIA	 ROAD, JACKSON, HINDS, Mississippi, 39211-7201	1-601-865-6293	
LATARSHIA	 ROAD, JACKSON, HINDS, Mississippi, 39211-7201	1-601-865-6293	
EBONY	 ROAD, JACKSON, HINDS, Mississippi, 39211-7201	1-662-892-3675	
			1 2

Updating Affiliated Providers

Providers can keep their affiliated providers up to date by using the link under Provider Services on the provider's portal home page.

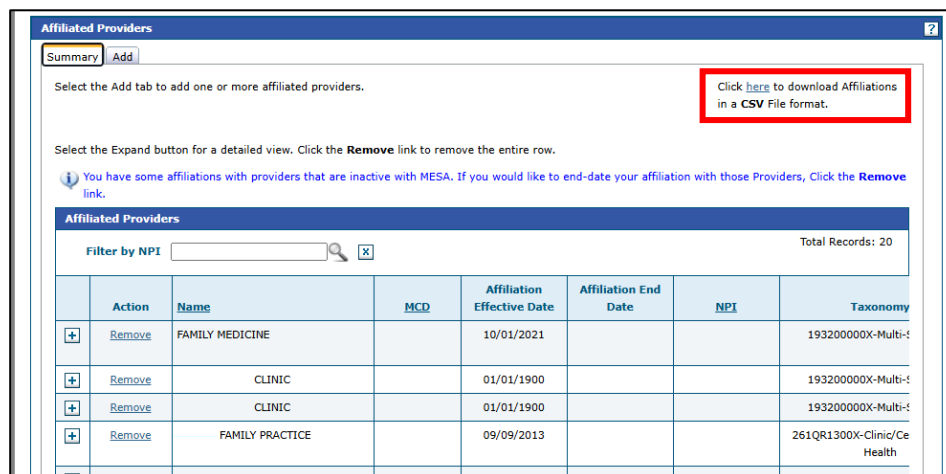
Figure 14: Affiliated Providers Link



The summary page lists all affiliated providers who are active in MS Medicaid.

- Rows can be expanded to show more information on the affiliated provider.
- The rows can be filtered by entering the NPI or by clicking one of the underlined column names.
- There is also a link to download Affiliations in a CSV file format, located in the top right corner of the panel, as seen below.

Figure 15: Summary of Affiliated Providers



Here is an example of the CSV file that can be downloaded.

Provider Name	MCD ID	Affiliation Effective Date	Affiliation End Date	NPI	PCP	Provider Taxonomy	Provider Taxonomy Description	Active with
I		10/4/2024	12/31/2299			193200000X	Multi-Specialty	Yes
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
P		9/9/2013	12/31/2299			261QR1300X	Clinic/Center - Rural Health	No
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
P		9/3/2024	12/31/2299			193200000X	Multi-Specialty	Yes
I		9/5/2024	12/31/2299			193200000X	Multi-Specialty	Yes
J		1/1/2025	12/31/2299			193200000X	Multi-Specialty	Yes
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
F		9/1/2018	12/31/2299			193200000X	Multi-Specialty	Yes
F		9/1/2018	12/31/2299			193200000X	Multi-Specialty	No
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
S		1/1/2025	12/31/2299			282N00000X	General Acute Care Hospital	Yes
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	Yes
P		1/1/2025	12/31/2299			193200000X	Multi-Specialty	Yes
A		11/5/2025	12/31/2299			261QF0400X	Clinic/Center - Federally Qualified Health Center (FQHC)	Yes
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	Yes
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
N		1/1/1900	12/31/2299			282N00000X	General Acute Care Hospital	Yes
F		10/1/2021	12/31/2299			193200000X	Multi-Specialty	No
F		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No

Clicking the Add tab will allow providers to add affiliations by either entering a provider Medicaid ID or by initiating a search by clicking on the magnifying glass next to the Provider ID field.

Figure 16: Add Affiliated Providers

Affiliated Providers

Summary Add

Enter information for the provider being added.

Select the Summary tab to return to view the list of affiliated providers and to continue to the next page.

Note: The date noted for the Requested Affiliation Effective Date is not guaranteed. This date is dependent on the approval date of the enrolling provider.

* Indicates a required field.

*Requested Affiliation Effective Date 08/14/2025

*Provider ID ID Type Medicaid ID

Name

Taxonomy

Add Reset Cancel

Providers can either search using the NPI, Medicaid ID, or by Organization name.

Figure 17: Search by ID

Provider ID Search
Back to Enrollment

Search By ID Search By Organization

* Indicates a required field.

*Provider ID (NPI or Medicaid ID)

Taxonomy

Search Cancel

Using Family Practice as a search criterion, the search results display matching records below.
To add one of the following providers, click on the NPI hyperlink of the desired row.

Figure 18: Search by Organization and Search Results

Provider ID Search Back to Enrollment ?

Search By ID Search By Organization

* Indicates a required field.

***Organization Name**

Search Cancel

Search Results: Family Practice Total Records: 5

Provider ID ▲	Provider MCD	Provider Name	Taxonomy	Eligible Programs	CCO Affiliations	Address	City	State	Zip Code
(NPI)		FAMILY PRACTICE	193200000X-Multi-Specialty	Mississippi Medicaid MSCAN MSCHIP	MSCAN - MAGNOLIA HEALTH MSCHIP - MOLINA HEALTHCARE			MS	
(NPI)		FAMILY PRACTICE	193200000X-Multi-Specialty	Mississippi Medicaid MSCAN MSCHIP	MSCAN - MAGNOLIA HEALTH MSCHIP - MOLINA HEALTHCARE			MS	
(NPI)		FAMILY PRACTICE	193200000X-Multi-Specialty	Mississippi Medicaid MSCAN	MSCAN - MAGNOLIA HEALTH			MS	
(NPI)		FAMILY PRACTICE	193200000X-Multi-Specialty	Mississippi Medicaid MSCAN MSCHIP	MSCAN - MAGNOLIA HEALTH			MS	
(NPI)		FAMILY PRACTICE	333600000X-Pharmacy	Mississippi Medicaid MSCHIP				NC	

The affiliation's information will be entered into the Add Affiliated Providers panel.

Figure 19: Add Affiliated Provider Panel

Affiliated Providers ?

Summary Add

Enter information for the provider being added.

Select the Summary tab to return to view the list of affiliated providers and to continue to the next page.

Note: The date noted for the Requested Affiliation Effective Date is not guaranteed. This date is dependent on the approval date of the enrolling provider.

* Indicates a required field.

***Requested Affiliation Effective Date**

***Provider ID** **ID Type** Medicaid ID

Name FAMILY PRACTICE

Taxonomy 193200000X-Multi-Specialty

Add Reset Cancel

The affiliation will show with the Requested Affiliation Effective Date as the current date. Any input effective date is not guaranteed and is dependent on the approval date of the enrolling provider, unless the logged in provider is reaffiliating an inactive provider affiliation.

- Continuous reactivation is allowed where the affiliation end date is less than a year from the current date.
- If the end date of the previous affiliation is more than one year from the current date, then a new record for the reaffiliation will be created. The portal will display an error message that the affiliation record cannot be reopened/reaffiliated. A new affiliation record needs to be created,

with an effective date equal to or greater than #####. This lets the user know when the earliest date for affiliation can be used.

Note: If an affiliation is over a year in the past, submit a request via Secure Correspondence (Page 22).

Figure 20: Reaffiliate Provider Panel with Retro Effective Date Error Message

Error
The system restricts the use of past effective dates to a maximum of one year prior or the provider's most recently approved effective date, whichever is more recent.

Affiliated Providers

Summary Reaffiliate Add

Select the Summary tab to view the list of affiliated providers.

The affiliation record cannot be opened. A new affiliation record needs to be created with an effective date equal or greater than 12/19/2024.

***Requested Affiliation Effective Date** 12/01/2024

Date The system restricts the use of past effective dates to a maximum of one year prior or the provider's most recently approved effective date, whichever is more recent.

Provider ID 000000000 **ID Type** Medicaid ID

Name Family Practice

Taxonomy 193200000X-Multi-Specialty

Reaffiliate Cancel

Figure 21: Summary of Added Affiliation

Affiliated Providers

Summary Add

Select the Add tab to add one or more affiliated providers.

Click [here](#) to download Affiliations in a CSV File format.

Select the Expand button for a detailed view. Click the **Remove** link to remove the entire row.

You have some affiliations with providers that are inactive with MESA. If you would like to end-date your affiliation with those Providers, Click the **Remove link.**

Affiliated Providers

Filter by NPI

Total Records: 22

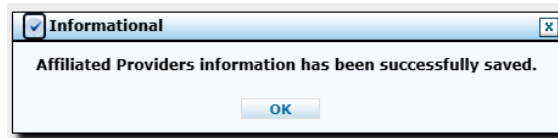
	Action	Name	MCD	Affiliation Effective Date	Affiliation End Date	NPI	Taxonomy
+	Reaffiliate	MED CENTER		12/01/2022	02/28/2023		282N00000X-General Hospital
+	Remove	FAMILY PRACTICE		08/14/2025			193200000X-Multi-S
+	Reaffiliate	FAMILY PRACTICE		07/01/2004	03/31/2007		193200000X-Multi-S

1 2

Save Cancel

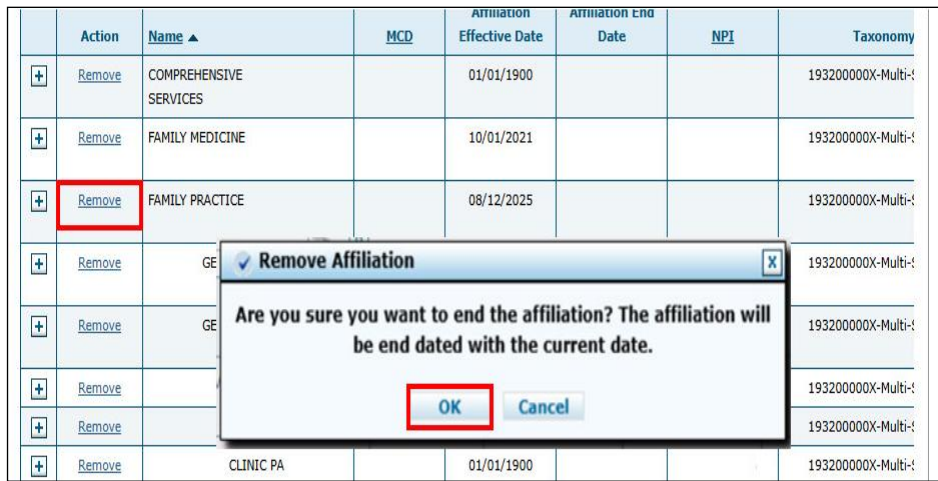
Clicking Save will save the changes. The informational message shown below will display.

Figure 22: Successfully Saved Message



To remove an affiliated provider, click Remove at the beginning of the row. A warning message will appear. If you are sure you want to end the provider affiliation, click OK.

Figure 23: Warning Message



The Removed provider information is displayed as crossed out. To Cancel the removal of the provider, select Cancel removal.

Figure 24: Removed Provider

Action	Name ▲	MCD	Affiliation Effective Date	Affiliation End Date	NPI	Taxonomy
Remove	COMPREHENSIVE SERVICES		01/01/1900			193200000X-Multi-
Remove	FAMILY MEDICINE		10/01/2021			193200000X-Multi-
Cancel remove	FAMILY PRACTICE		08/12/2025	08/12/2025		193200000X-Multi-
Remove	GENERAL HOSPITAL -		09/01/2018			193200000X-Multi-

Once the changes have been made, click **Save** at the bottom of the list.

Figure 25: Save Changes

+	Remove	GENERAL HOSPITAL		01/01/1900			193200000X-Multi-S
+	Remove	GENERAL HOSPITAL		01/01/1900			193200000X-Multi-S
+	Remove	FAMILY PRACTICE		09/09/2013			261QR1300X-Clinic/Ce Health
+	Reaffiliate	MED CENTER		12/01/2022	02/28/2023		282N00000X-General Hospital

Save **Cancel**

A message displays confirming the Affiliated Providers information has been successfully saved.

Figure 26: Successfully Saved Message

User Details

Welcome

[My Profile](#)

[Manage Accounts](#)

Provider

Name

Provider ID

Location ID

[Characteristics](#)

Provider Services

[Member Focused Viewing](#)

[Search Payment History](#)

[Sign Up to Receive News](#)

[Secure Correspondence](#)

[View Letters](#)

New letter received 08/11/2025

Latest News

[Late Breaking News](#)

[Provider Bulletins](#)

[UM/QIO](#)

[Report Fraud](#)

Presumptive Eligibility for

Informational

Affiliated Providers information has been successfully saved.

OK

Searching Payment History

This section provides the process for researching claim payments on the Provider Portal.

Complete the following steps to research claim payments:

1. Navigate to the Search Payment History page. You can do this by clicking the link at the bottom of the Home page as shown in Figure 16: Navigate to the Search Payment History Page, or you can select the **Claims** tab, then **Search Payment History** as shown in Figure 17: Search Payment History Page.

Figure 27: Navigate to the Search Payment History Page

The screenshot shows the MESA Provider Portal Home page. On the left sidebar, under 'Provider Services', the 'Search Payment History' link is highlighted with a red box. The central area displays a 'Welcome Health Care Professional!' message and a 'Broadcast Messages' section. The right sidebar includes links for 'Sign Up to Receive News', 'Secure Correspondence', 'View Letters', and 'Latest News'.

2. The system defaults to searching for all payment methods and types, with a range of issue dates within the last 90 days. If you know the payment number, enter it in the **Payment ID** field.

Figure 28: Search Payment History Page

The screenshot shows the 'Search Payment History' page. At the top, there is a navigation bar with tabs: Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. Below this is a sub-navigation bar with links: Search Claims, Submit Claim Dental, Submit Claim Inst, Submit Claim Prof, Submit Claim Pharm, and Search Payment History. The main content area displays a search form with the following fields: Provider Name, Location, Role IDs, Taxonomy, Provider ID, ID Type, Name, Location ID, Payment Method, Payment Type, Issue Date (From and To), and Payment ID. The 'Payment ID' field is highlighted with a red box. The 'Issue Date' fields are also highlighted with a red box. The 'Search' and 'Reset' buttons are at the bottom of the form.

- The system returns a list of payments matching the search criteria, which for this example is a range of issue dates. For any payment you can click the **RA Copy** link to view the related remittance advice.
- To view details for a payment, including a list of related claims, click the payment ID.

Figure 29: Payment Search Results

Issue Date

*From

07/13/2022

*To

10/11/2022

Search

Reset

Search Results

To see payment details, click on the payment ID link.

Total Records: 15

Issue Date	Payment Method	Payment Type	Payment ID	Total Paid Amount	RA Copy
10/08/2022	Check		000000000	\$0.00	
10/07/2022	EFT		900003999	\$1,877.15	
10/03/2022	EFT		900003950	\$12,377.19	
09/26/2022	EFT		900003938	\$8,095.94	
09/19/2022	EFT		900003896	\$11,713.48	
09/12/2022	EFT		900003846	\$878.34	
09/05/2022	EFT		900003791	\$8,306.47	
08/29/2022	EFT		900003740	\$2,467.26	
08/22/2022	EFT		900003687	\$6,602.60	
08/15/2022	EFT		900003626	\$1,903.81	

1

2

- From this point, you can click the related claim number for a payment to view claim information. The details page also offers a button to open the RA for the payment.

Figure 30: View Claim Payment Details

Figure 66: New Claim Payment Details

View Payment Details				Back to Search Payment History				
Provider Information								
Provider ID 1912381609		ID Type NPI	Name CLINIC PHARMACY					
		Location ID 004474771						
Payment Summary for Payment ID 900003846 issued on 9/12/2022.								
Claim Payments \$878.34		Total Paid Amount \$878.34		RA Copy				
Additions \$0.00								
Deductions \$0.00								
Show Filter Options								
Claim Payment Details								
					Total Records: 52			
Claim ID	Member Name	Service Dates	Performing Provider	Total Charges	Allowed Amount	Member Responsibility	Payment Amount	Interest
2222248000001	BLAKE D KONKEY	-	CLINIC PHARMACY	\$50.00	\$0.00	\$0.00	\$8.96	\$0.00
2222248000002	BLAKE D KONKEY	-	CLINIC PHARMACY	\$50.00	\$0.00	\$0.00	\$14.97	\$0.00
2222248000004	BLAKE D KONKEY	-	CLINIC PHARMACY	\$50.00	\$0.00	\$0.00	\$47.00	\$0.00
2222248000009	TAQUITA	-	CLINIC PHARMACY	\$50.00	\$0.00	\$0.00	\$12.16	\$0.00

Verifying a Prior Authorization

This section provides steps to locate a previously submitted prior authorization (PA) on the Provider Portal.

Complete the following steps to view an existing PA:

1. In the Provider Portal, click the **Care Management** tab, then **View Authorization Status**.

Figure 31: View Authorization Status

2. Your submitted authorizations are listed on the Prospective Authorizations tab, but you can also search for a specific PA. Click the **Search Options** tab.
3. In the Authorization Information panel, you can search by PA number, process type, or service code from a variety of code sets. You can also limit your search to a specific date or day range. You can also search by a member ID or provider ID and taxonomy.
4. When you're ready, click **Search**.

Figure 32: Search for Authorizations

5. The system returns search results below the search panel. Click the PA number to open the details for the authorization.

Figure 33: Authorization Search Results

Search Results								
Prior Authorization Number	Authorization Service Date ▼	Member Name	Member ID	Process Type	Referring Provider	Referring Taxonomy	Servicing Provider	Servicing Taxonomy
5210150002		A, DANYELLE SMITH	760378034	DRUGS				

- The system opens the authorization response for the member. To view the status, click the + icon on the right of the **Service Details** panel.
- The system displays a row for each line of the PA. The status of the line appears on the right.

Figure 34: Authorization Status by Line

View Authorization Response for DANYELLE SMITH

Back to View Authorization Status ?

Authorization Tracking # 5210150002

Process Type DRUGS

External Prior Authorization # -

Expand All | Collapse All

Requesting Provider Information +

Member Information +

Diagnosis Information +

Service Details -

If both authorized units and dollars are displayed, the dollar amount is a per unit rate.

Line #	From Date	To Date	Units	Units Used	Frequency	Dollars	Dollars Used	Remaining Amount	Code	Status
001	01/15/2021	01/15/2021	0		-				CPT/HCPCS	Pending

Print Preview

- To print a copy of the authorization, click **Print Preview**.

Send a Secure Correspondence

This section provides the steps for sending a secure email from the Provider Portal.

Complete the following steps to send a secure correspondence:

1. At the Provider Portal Home page, select **Secure Correspondence**.

Figure 35: Navigate to Secure Correspondence

2. The Secure Correspondence page displays search fields to search among the member's existing messages. Click the **Create New Message** link.

Figure 36: Create a New Message

3. At the Create Message panel, the **Subject** field is required.
4. Click the **Message Category** drop-down list and select the appropriate category for the message. This selection routes the message to the appropriate team.
5. The system populates your email address, but you must manually enter and confirm it in the **Confirm Email** field.

6. Add any other pertinent information in the remaining fields to facilitate your request. For example, if this is a question about a claim be sure to include the date of service and the amount paid and/or billed.
7. You can explain more about your question in the **Message** field. Adding information here will make it easier to answer quickly, rather than having to ask for more details.

Figure 37: Create a Message

Secure Correspondence - Create Message [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to go back.

* Indicates a required field.

* **Subject** Partner Change

* **Message Category** Provider Maintenance Inquiry

* **Email** ABCdentist@gmail.com

* **Confirm Email** ABCdentist@gmail.com

Provider ID

Taxonomy

Provider Name

Provider/Facility

Member Name

Member ID

Claim Number

Date of Service

To

Paid Amount

Billed Amount

Pay/Deny Date

Rx #

NDC

Prior Authorization Number

* **Message** Our partner has changed her name. Do we need to update this information?

8. To include an attachment, click **Choose File** to select and upload a document. If you attach a file you must indicate its type from the **Attachment Type** drop-down list. For this example, the attachment might be a signed request.

Note: You can upload up to 20MB of files per message.

Figure 38: Complete and Send Message

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					

*Transmission Method: FT-File Transfer

*Upload File: Choose File | Updated SS Card.pdf

*Attachment Type: Copy of SSN Card

Description: Card shows partner's new name.

Add Cancel

Send Cancel

9. Click **Send** to submit your message.

10. The system confirms receipt with a Contact Tracking Number (CTN). Click **OK**.

Figure 39: Message Confirmation

Secure Correspondence - Message Box

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

CTN: [Text Box]

Date Opened: [Text Box]

Date Closed: [Text Box]

Search Reset

Create New Message

Confirmation

✓ Your secure message CTN 201356306 was successfully sent.

OK

11. At any time, you can search for this message by entering the CTN and clicking **Search** in the Secure Correspondence panel.

12. The quickest way to find a secure correspondence is to enter the CTN. If that is not available, use one of the other fields to help narrow the search.

Note: If you call in regarding this message, be sure to give the agent the CTN so they can see your message and any attachments or information you have already provided.

Home Coverage Claims Requests Health Management Resources

Home > Secure Correspondence Thursday 04/14/2022 02:57 PM CST

Secure Correspondence - Message Box

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

CTN: [Text Box]

Date Opened: [Text Box]

Date Closed: [Text Box]

Status: [Dropdown]

Message Category: [Dropdown]

Search Reset

Create New Message

All messages within the search criteria will be displayed.

Secure Correspondence - Message Box

Back to My Home ?

Access your messages by selecting the individual subject line. Click the **Search** button to look at your recent messages and/or use the fields below for a more specific search.

CTN
Date Opened 
Last Status Update 

Status
Message Category

Search

Reset

[Create New Message](#)

Total Records: 1

CTN	Status	Subject	Message Category	Date Opened ▼	Last Status Update
105946589	Open	Making a Secure Correspondence	Claim Inquiry	01/28/2026	01/28/2026

Submitting a Newborn Enrollment

This section covers the steps required to submit a newborn enrollment. Enrollment forms are converted to PDFs and uploaded via the Secure Correspondence page. To verify when a newborn enrollment was sent, you can locate it using the Secure Correspondence search panel. When the Medicaid ID is assigned, you will receive a fax of the completed and processed form containing the Medicaid ID.

Complete the following steps to create a newborn application:

1. Log into the portal and select the **Eligibility** tab.

Figure40 : Select Eligibility Tab

The screenshot shows the home page of the Mississippi Division of Medicaid portal. The top navigation bar includes links for Home, Eligibility (highlighted with a red box), Claims, Care Management, Patient Health History, Files Exchange, and Resources. Below the navigation bar, there is a section for 'Home' with a search bar and a 'Logout' link. The main content area displays user details for 'Bulldog' and a 'MESA' logo. There are also links for 'Sign Up to Receive News' and 'Secure Correspondence'.

2. At the **Eligibility** page, click the **Newborn Enrollment** link.

Figure 41: Start Newborn Enrollment

The screenshot shows the 'Eligibility' page of the Mississippi Division of Medicaid portal. The top navigation bar includes links for Home, Eligibility (selected), Claims, Care Management, Patient Health History, Files Exchange, and Resources. Below the navigation bar, there is a section for 'Eligibility Verification | Treatment History | Newborn Enrollment'. The main content area displays user details for 'SERVICE ADDRESS' and a 'MESA' logo. There are also links for 'Eligibility Verification', 'Treatment History', and 'Newborn Enrollment' (highlighted with a red box).

3. Select the **New Form** radio button to indicate this is a new enrollment.
4. Enter the mother's member ID in the **Member ID** field and tab to the next field. The system populates the member's information.

Figure 42: Enter the Mother's Information

Home	Eligibility	Claims	Care Management	Patient Health History	Files Exchange	Resources	Contact Us
Eligibility Verification Treatment History Newborn Enrollment							
Eligibility > Newborn Enrollment							
Newborn Enrollment Form ?							
* Indicates a required field.							
Newborn Enrollment Form 12/01/2015							
This form is to be used by birth hospitals to enroll all deemed eligible newborns in Medicaid. All information must be completed by the birth hospital to obtain a Medicaid Identification Number for the newborn.							
* Do you want to Submit ☒ New Form ☐ Updated Form							
Mother's Information							
*Member ID 375860620 First Name GARFIELD Last Name HARRIS SSN 427773950 Birth Date 05/27/1994 Address 5701 E 8TH AVE Address Line 2 APT D3 City JACKSON State Mississippi Zip Code 39216-3971							

- Enter the newborn's information along with father's name.

Figure 43: Enter Newborn Information

Newborn Information	
*First Name	Middle Name
*Last Name	
*Date of Birth	Time of Birth
*Gender ☐ Male ☐ Female	
Birth Order, if multiple	Check if parental rights terminated ☐
*Father's Name	

- Skip to the section below the red text that says, "CONTINUE ENTERING MOTHER/CHILD INFORMATION BELOW." Enter contact information for the hospital representative who can answer questions regarding this application.

Figure 44: Enter Hospital Contact Information

CONTINUE ENTERING MOTHER/CHILD INFORMATION BELOW	
Hospital Name UNIVERSITY OF MS MEDICAL CENTER GRE	Medicaid Provider ID 000020026
*Contact Name Bob Smith	*Email bsmith@UMMC.org
*Phone 6015556549	Ext 123
*Fax Number 6015556544	Date 05/11/2022

7. Enter all the data related to the infant, including the delivering physician's name and National Provider Identifier (NPI) or Tax Identification Number (TIN).
8. When you're finished, click **Submit**.

Figure 45: Enter Delivery Data

*Mother's Date of Last Menstrual Period	12/15/2021
*Delivery Type	Cesarean
*Scheduled Delivery?	No
*Gestational Age (Weeks)	42
*Birth Weight (Lbs)	8.13
*Apgar Score (1min)	2
*Birth Status	Healthy/Adopted or Foster Care
*Days	1
*(Grams)	4000.00
*(5min)	2
Admission Date, If Applicable	
Discharge Date, If Applicable	
If transported to another facility, Facility Name	
*Delivering Physician's Name	Rachel Jones
*Delivering Physician's NPI/TIN	1821032392
Pediatrician Name	
Pediatrician NPI/TIN	
Submit Cancel	

9. The system closes all fields, and you can review the application before submitting it. If you see an error, click **Cancel** and start again. If everything is correct, click **Confirm**.

Note: Click once. If you click **Confirm** multiple times while it's processing, the system will create multiple applications.

Figure 46: Confirm Application

If transported to another facility, Facility Name	—
Delivering Physician's Name	Rachel Jones
Delivering Physician's NPI/TIN	1821032392
Pediatrician Name	—
Pediatrician NPI/TIN	—
Confirm Cancel	

10. The system responds with a Contact Tracking Number (CTN) for future reference.

Figure 47: CTN Confirmation

Mother's Information	Member ID First Name SSN Birth Date
----------------------	--

Confirmation

Your request has been submitted. Your confirmation # is CTN 100000041

OK

Note: When the enrollment is completed, the Mississippi Division of Medicaid (DOM) will fax a copy of the application with the newly assigned Medicaid ID to the contact's fax number that was listed on the form.

11. To view details for a submitted application, return to the Home page of the portal and click the **Secure Correspondence** link.

Figure 48: Navigate to Secure Correspondence

The screenshot shows the top navigation bar of the MESA portal. On the left, there's a 'User Details' section with 'Welcome Provider 009' and a 'My Profile' link. In the center is the 'MESA' logo with 'MEDICAID ENTERPRISE SYSTEM ASSISTANCE' below it. On the right, there are two links: 'Sign Up to Receive News' and 'Secure Correspondence', which is highlighted with a red rectangular box.

12. In the **CTN** field, enter the CTN for the application and click **Search**.
13. The status of the request appears in the search results row. Click the CTN link to open the message contents.

Figure 49: View the CTN

The screenshot displays the 'Secure Correspondence - Message Box' interface. At the top, it says 'Access your messages by selecting the individual subject line. Click the Search button to look at your recent messages and/or use the fields below for a more specific search.' Below this are search filters: 'CTN' (with value 100000041), 'Date Opened', 'Date Closed', 'Status' (dropdown), and 'Message Category' (dropdown). There are 'Search' and 'Reset' buttons. A 'Create New Message' link is on the right. Below the filters is a table with columns: CTN, Status, Subject, Message Category, Date Opened, and Date Closed. The first row shows CTN 100000041, Status Closed, Subject Newborn Enrollment, Message Category Newborn, Date Opened 05/12/2022, and Date Closed 05/17/2022. The CTN '100000041' is highlighted with a red box. Below the table, the message details are shown: 'MessageSubject: Newborn Enrollment; MessageText: Provider ID: 000020026 Member ID: 627206909 Message: Newborn Enrollment'.

TPID Linking for Outside Service

This process is for providers who use an outside trading partner or clearinghouse to submit their X12 transactions. It describes how the delegated service's Trading Partner ID (TPID) is linked to the provider account within Provider Portal.

To assign the service as your trading partner delegate, complete the following steps:

1. Log into the **Provider Portal**.
2. At the Home page, click **My Profile** in the User Details section.

Figure 50: Access Manage Accounts

The screenshot shows the Provider Portal Home page. At the top is the Mississippi Division of Medicaid logo and a search bar. Below the navigation bar (Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, Resources), the 'Home' section displays user information: Provider Name, Location, Role IDs, and Taxonomy. In the 'User Details' section, there is a 'Welcome Bulldog' message and a list of links: 'My Profile' and 'Manage Accounts' (highlighted with a red box). Other links include 'Sign Up to Receive News' and 'Secure Correspondence'. The MESA (Medicaid Enterprise System Assistance) logo is also visible.

3. In the Account Assignment section, click the **Trading Partner Xref** tab.

Figure 51: Account Assignment

The screenshot shows the 'Account Assignment' section of the Provider Portal. The navigation bar at the top is the same as in Figure 50. Below the user information, the 'Account Assignment' section has a 'Back to My Home' link and a list of tabs: 'Search Delegates', 'Add New Delegate', 'Add Registered Delegate', and 'Trading Partner Xref' (highlighted with a red box). The 'Trading Partner Xref' tab contains a form with fields for 'Last Name', 'First Name', 'Display Name', 'Last 4 of DLN', 'Delegate Code', 'Days since Last Login', 'Birth Date', 'Delegate Status', and 'Days in Pending Status'. There are 'Search' and 'Reset' buttons at the bottom of the form. A 'Delegates' section is visible at the bottom of the page.

4. Enter the TPID in the **Trading Partner ID** field and click **Add**.

Figure 52: Trading Partner Xref

Account Assignment [Back to My Home](#) ?

Search Delegates Add New Delegate Add Registered Delegate **Trading Partner Xref**

* Indicates a required field.

Enter the Trading Partner ID you want to add and which you will allow to process your transactions. Note that you will not be able to add a Trading Partner until they have been approved.

*Trading Partner ID **Add**

No Trading Partners are assigned.

5. The system adds a row to your trading partner list with information that was entered by the trading partner when they enrolled. Click **OK**.

Note : Only **One** Trading Partner may be assigned at a time.

Figure 53: Added Trading Partner

Account Assignment [Back to My Home](#) ?

Search Delegates Add New Delegate Add Registered Delegate **Trading Partner Xref**

* Indicates a required field.

Enter the Trading Partner ID you want to add and which you will allow to process your transactions. Note that you will not be able to add a Trading Partner until they have been approved.

*Trading Partner ID **Add**

Trading Partners

#	Trading Partner Name ▲	Trading Partner ID	Address	Phone Number	Action
1	Off Shore Trading Partner	TP700100	123 Main Street, Hollywood, Florida, 39157	1-768-768-6979 x33333	Remove

TPID Linking for Self-Service

This process is for providers who submit their own X12 transactions as a trading partner and did not register their Trading Partner ID (TPID) as a Trading Partner on the Registration page of the Provider Portal. Instead, providers can enter their TPID as a role in their Provider Portal – Provider account.

Note: To learn about obtaining a TPID, see PRP-103 Job Aid Trading Partner Enrollment.

Once you have a TPID, complete the following steps:

1. Log into the **Provider Portal**.
2. At the Home page, click **My Profile** in the User Details section.

Figure 54: Access My Profile

The screenshot shows the Provider Portal Home page. At the top is a navigation bar with links: Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, and Resources. Below this is a 'Home' section with a header bar. The header bar contains fields for Provider Name, SERVICE ADDRESS, Location (200000047 - SERVICE ADDRESS), Eligible Programs and CCO Affiliation (Mississippi Medicaid), Role IDs (1112211135 (NPI)), and Taxonomy (363A00000X-Physician Assistant). Below the header bar is a 'User Details' section with a 'Welcome Bulldog' message. The 'My Profile' link is highlighted with a red box. Other links in this section include 'Manage Accounts' and 'Provider' (Name: ABC Dentist). To the right of the 'User Details' section is a 'MESA' logo (MEDICAID ENTERPRISE SYSTEM ASSISTANCE) and a 'Welcome Health Care Professional!' message. Further right are links for 'Sign Up to Receive News', 'Secure Correspondence', and 'Latest News'.

3. In the Roles section, click **Add Role**.

Figure 55: Add a Role

The screenshot shows the 'My Profile' page in the Provider Portal. The page has a navigation bar with links: Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, and Resources. Below this is a 'Home > My Profile' breadcrumb. The page contains a header bar with the same fields as Figure 54. Below the header bar is a 'My Profile' section with a '?' icon. The 'My Profile' section is divided into two main sections: 'Application Contact Information' and 'Roles'. The 'Application Contact Information' section contains fields for Display Name (Bulldog), Phone Number (—), and Current Email (ABCDENTIST@GMAIL.COM), with an 'Edit' button below. The 'Roles' section contains a 'Current Roles' field with the value 'Providers' and an 'Add Role' button highlighted with a red box.

4. Select **Provider Trading Partner** from the Available Roles drop-down list.
5. Add your TPID and ZIP Code.
6. Click **Submit**

Figure 56: Adding a Role

Roles

* Indicates a required field.

Select the role you wish to add, fill out the role information then click the **Submit** button, or click **Cancel** to go back.

Current Roles

Providers

*Available Roles

Provider Trading Partn ▼

*Trading Partner ID

100000049

*5 Digit Zip Code

39059

Submit

Cancel

Roles

Current Roles

Providers

Provider Trading Partners

Accessing Legacy RAs

This section provides the steps to access legacy remittance advice (RA) documents that are stored in the Legacy RA folder in the Electronic Document Management System (EDMS).

Complete the following steps to access legacy RAs from the Provider Portal:

1. Log into the Provider Portal. If you are a delegate, navigate to **Switch Provider** if necessary and select the provider for whom you want a legacy RA.

Figure 57: Select Provider if Applicable

Switch Provider

Switch Provider

Enter at least one selection criteria below and click **Search** to retrieve information.

Display Name

Email

Search **Reset**

Available Providers

Select a Provider that you wish to switch to, then click **Submit** button.

Total Records: 2

#	Display Name ▲	Email Address
1	☐ BillyBob	law@gain.com
2	☐ Debrita	chiller@gain.com

Submit **Close**

2. Click the **Resources** tab.

Figure 58: Select the Resources Tab

MISSISSIPPI DIVISION OF
MEDICAID

Search Medicaid:

Home **Eligibility** **Claims** **Care Management** **Patient Health History** **Files Exchange** **Resources** **Contact Us** [Logout](#)

Home Wednesday 09/28/2022 11:45 AM CST

Provider Name SERVICE ADDRESS
Location 200000047 - SERVICE ADDRESS
Eligible Programs and CCO Affiliation Mississippi Medicaid

Role IDs 1112211135 (NPI)
Taxonomy 363A00000X-Physician Assistant

User Details

Welcome UNIV of MS MC

My Profile

Manage Accounts

Provider

MESA
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

Welcome Health Care Professional!

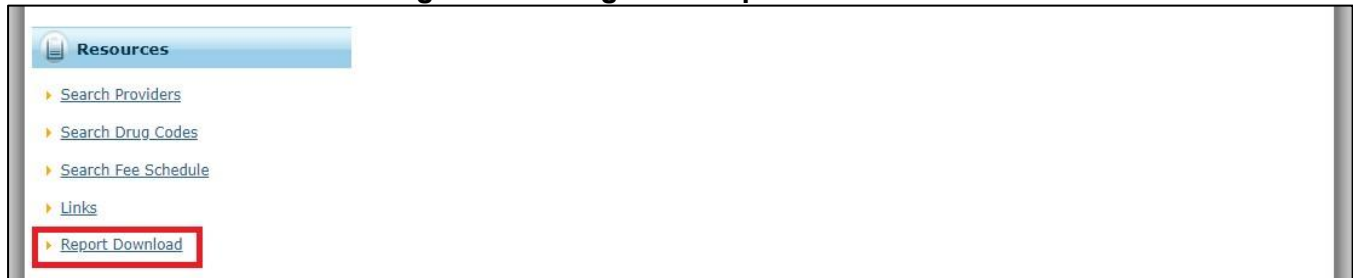
[Sign Up to Receive News](#)

[Secure Correspondence](#)

[Latest News](#)

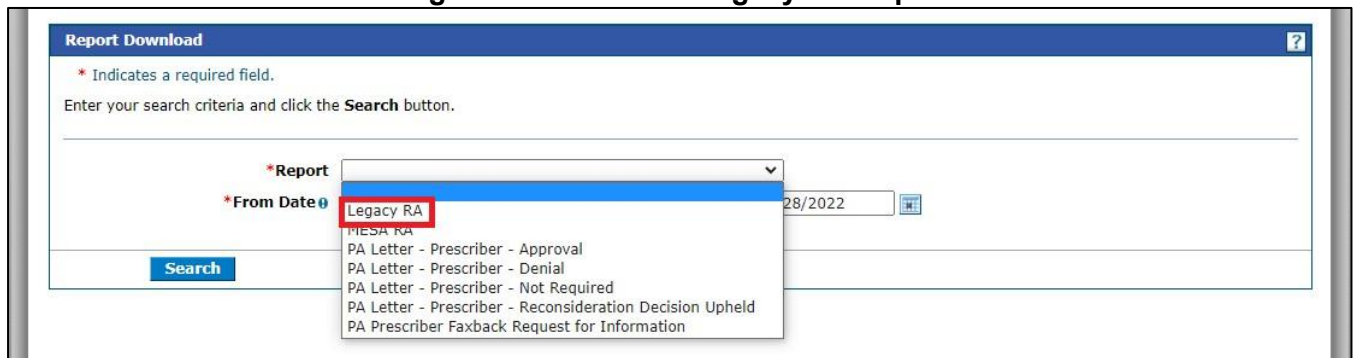
- At the Resources page, select Report Download link.

Figure 59: Navigate to Report Downloads



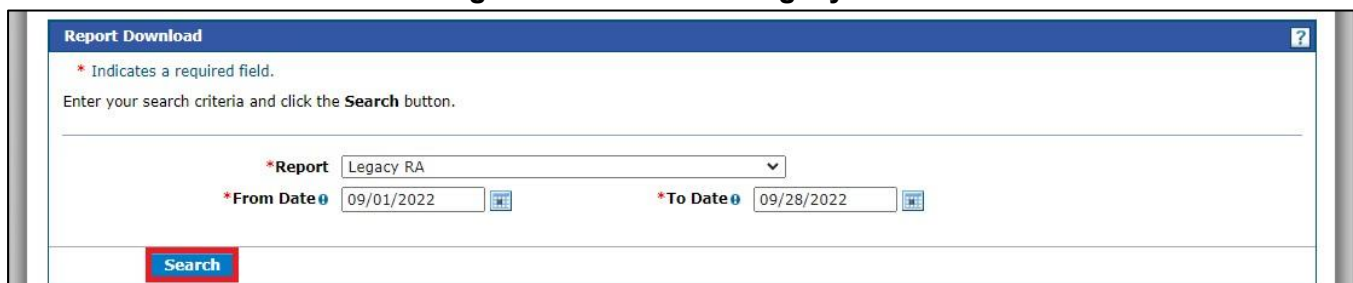
- At the Report Download page, click the **Report** drop-down list and select **Legacy RA**.

Figure 60: Select the Legacy RA Report



- Select the dates for the RA search.

Figure 61: Search for Legacy RAs



- The portal returns the RAs related to the logged-in provider. Click a result to open it. The portal downloads the document. If you do not see a browser notification, check your Downloads folder.

Figure 62: Open an RA

Report Download

* Indicates a required field.
Enter your search criteria and click the **Search** button.

*Report: Legacy RA

*From Date: 09/01/2022

*To Date: 09/28/2022

Search

Reports Available to Download From 9/1/2022 12:00:00 AM To 9/28/2022 12:00:00 AM

To Download the report; click the Report Name

Report Name	Create Date
Legacy RA	09/26/2022 05:00

RX054_09_26_2022.pdf

Show all

- Click the RA to view the document. For information about interpreting RA sections, see CLM203 Job Aid Remittance Advice.

Figure 63: Viewing an RA

RX054_09_26_2022.pdf - Adobe Acrobat Pro DC (32-bit)

File Edit View E-Sign Window Help

Home Tools RX054_09_26_202... x

Page Thumbnails

REPORT: CRA-BANN-R
RA#: 12002243
PAYER: MMES

MS MEDICAID ENTERPRISE SYSTEM
MEDICAID
PROVIDER REMITTANCE ADVICE
BANNER MESSAGES

DATE: 04/02/2021
PAGE: 2

UNIVERSITY OF MS MEDICAL CENTER GRE
1300 SUNSET DR
GRENADA, MS 38901-9326

PAYEE ID 0000XXXXX MCD
NPI 1558798603
TAXONOMY 282N00000X
CHECK/EFT NUMBER 000000000
PAYMENT DATE 04/05/2021

SUBJECT: Legacy RA Example

11.69 x 8.26 in

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	10/17/2022	Gainwell	Initial publication
1.1	05/25/2023	Gainwell	Revised per CR1980 & CR1925
1.2	07/31/2023	Gainwell	Revised per CR1900
1.3	8/16/2023	Gainwell	Revised per CR1982
1.4	8/30/2023	Gainwell	Revised per CR1983
1.5	12/20/2023	Gainwell	Revised per CR2290
1.6	02/13/2024	Gainwell	Revised per CR2004
1.7	04/12/2024	Gainwell	Revised per CR1984
1.8	8/14/2025	Gainwell	Revised per CR2457
1.9	12/19/2025	Gainwell	Revised per DOM SME feedback And CR2999
2.0	05/27/2026	Gainwell	Revised per CR2816
2.1	09/03/2026	Gainwell	Updated per DOM feedback