ARE YOU MISSISSIPPI MEDICAID PROVIDER REVALIDATION READY?
The purpose of this training is to inform providers of the Centers for Medicare and Medicaid Services (CMS) requirement that all providers, regardless of provider type, must revalidate at least every five (5) years.
Overview

This training will cover the following topics:

• Revalidation Notifications
• Mississippi Envision Web Portal
• FAQs
Notifications

In the Summer of 2016, the Mississippi Division of Medicaid sent the following letter to those providers who at that time were enrolled (5) five plus years:
Mailed Letter Notification

March 11, 2014

Provider Name
Address

Subject: Notice of Mailed Letter and Provider Enrollment

Dear Provider:

In accordance with federal regulations at 42 CFR 431.64, State Medicaid agencies must
send letters to providers enrolled with Medicaid by 12/31/2013 who are not still enrolled as of 1/1/2014.

Please refer to the enclosed letter and action form for details on your enrollment status.

Sincerely,

Medical Provider Enrollment
Notifications

On page 3 in the December 2016 provider bulletin, the following article was published:
The provider bulletins are mailed quarterly, however; they can be downloaded from the Mississippi Envision Web Portal.
Notifications

The notifications reference the CMS requirements for revalidation and furthermore prepares providers for the upcoming revalidation process.
About 1500 letters will be mailed out weekly. If your number is terminated, you will have to re-enroll.
**Understanding Revalidation**

- **Revalidation** – a CMS requirement that mandates that providers who have been enrolled in Medicaid, regardless of provider type, must revalidate at least every five (5) years. Providers will need to verify that the information currently on his/her provider file is accurate and up-to-date. Providers also will need to complete and sign a new provider disclosure form and a new provider agreement.

- **Web Registration** – Provider can access the Mississippi Envision Web Portal [https://www.ms-medicaid.com/msenvision/](https://www.ms-medicaid.com/msenvision/) to sign up to access secure features such as, claims submission and checking eligibility. This is also now required for revalidation.

The term “Re-credentialing” is often being used by providers instead of revalidation. Revalidation is the term required to be used by the Division of Medicaid, which is verification by the provider that the information on our files is accurate and up-to-date and will basically be the same as re-credentialing because the provider must re-qualify their enrollment during this process.
Understanding Revalidation

- **Revalidating a group provider number** – If a group has been a Medicaid Provider for 5 years or more. Group XYZ will have to revalidate using that specific group Medicaid ID Number.
You must also revalidate each individual practitioner that has been a Medicaid Provider for 5 years or more under that group. Each stand alone provider also has to revalidate.
Web Portal

- Mississippi Medicaid providers will be required to complete revalidation on the Mississippi Envision Web Portal at https://www.ms-medicaid.com/msenvision/.

- Individual and Group providers **must** be registered web portal users in order to revalidate.

- If you are not currently registered on the web portal, the following slides will assist you on becoming a registered user.

- Once you are logged in, the provider revalidation option will be located under the “Provider” tab drop down menu.

Be proactive. Start now. You do not have to wait until its time to revalidate. You can start now registering everyone on the web portal. If you are responsible for registering several providers, you may want to use a spreadsheet to capture the user IDs and passwords for the web portal accounts created.
Web Portal Registration

The picture on the previous slide displays the homepage of the Mississippi Envision Web Portal. To register, click Web Registration. It is important for Providers to register on the Web Portal for the following reasons:

• Complete Revalidation
• It is mandatory to utilize secure features
• Easily file a claim and know the status instantly, check eligibility, etc.
• Master Administrator delegates web portal privileges
After you click “Web Registration”, the Account Registration page will appear.

1. Select Provider using the drop down menu.
2. Click Submit.
After clicking Submit, the Provider Account Registration page will appear. All fields with a red asterisk (*) are required to complete registration.

- LOGIN ID is established by the user and should be easy to remember
- Provider ID (8 Digit Mississippi Medicaid Id Number)

It is important that providers understand that the Mississippi Medicaid 8 digit provider ID number will drive provider revalidation, NOT the NPI.

As of February 27, 2017, the previous requirement to enter the last 5 digits of your bank account number is no longer required for web portal registration.
If you are registering multiple individual providers, we suggest creating a spreadsheet detailing the login ID and password for each individual provider for your future reference.
To use the EDI Exchange feature, you must supply your EDI Submitter information below. If you are not registered as an EDI Submitter but wish to do so, please contact Centurion EDI Gateway Services by phone at (963) 225-2562 or online at http://edi-qpcx.com.

<table>
<thead>
<tr>
<th>EDI Submitter ID</th>
<th>EDI Password</th>
</tr>
</thead>
</table>

If you are registering as an individual, please enter your Last Name, First Name, Middle Initial and Last 4 digits of Social Security Number (SSN).

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>SSN (Last Four Digits)</th>
</tr>
</thead>
</table>

*Please enter your Organization Name and EIN if you are registering as a group.*

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>EIN:</th>
</tr>
</thead>
</table>

*Please enter your Email Address and select your hint question/answer.*

<table>
<thead>
<tr>
<th>What is your Email Address?</th>
<th>Verify your Email Address</th>
<th>Hint Question:</th>
</tr>
</thead>
</table>

- Organization Name (Name based upon Provider Enrollment when applicable)
- EIN (Employer Identification Number) (when applicable)
- Email address
- Hint Question
Web Portal Registration

New Users

1. Enter your User ID
2. Password (Copy temporary password from email. Please do not copy spaces or periods when copying the password. This can create errors when attempting to log in.)
3. Prompt to reset password
4. After logging in, the word “Welcome” will display along with your name and Provider number in the upper right corner.
Helpful Hint

Make sure you periodically update provider information as needed:
• Addresses
• Contact information
• Phone numbers
• E-mail addresses
• Banking information
• Fax number

Important notes to remember in regards to revalidation
• The mail-other address is the primary mailing address for provider revalidation. The default address is the billing address.
• If the mail-other address is blank, all correspondence will be sent to the billing address.
The Change of Address form should be printed from the web portal at https://medicaid.ms.gov/wp-content/uploads/2014/06/ProviderChangeofAddress Form.pdf and must be completed and signed by the provider. The Change of Address form can be faxed to CONDUENT Provider Enrollment at (888) 495-8169 or can be mailed to the following address:

Conduent Provider Enrollment Department
P. O. Box 23078
Jackson MS 39225

- The Change of Address form can be located under the Provider tab > Forms > Change of Address Form on the Mississippi Envision web portal.
- Communications related to provider revalidation will be sent to the mail other address on file.
- If the mail other address is blank, the letter will be sent to the billing address.
### Revalidation FAQs

**Q:** Why must I revalidate?

**A:** Federal Regulation at 42 CFR 455.414 requires States to complete revalidation of enrollment of all providers, regardless of provider type, at least every five (5) years. As part of this required revalidation process, States must revalidate the enrollment information and collect updated disclosures from all providers.

**Q:** How often will providers be required to revalidate?

**A:** All providers are required to revalidate their information every five (5) years.

**Q:** Can I submit my revalidation prior to receiving notification?

**A:** No. Your revalidation notification will be sent to the current Mail Other address noted on your provider file. If there is no Mail Other address noted on your file, the notification will be sent to the Billing Address. Instructions for submitting your revalidation through the web portal are included within the letter. Your complete revalidation should be submitted prior to the due date noted on the letter to prevent termination.

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Question #2: Revalidation will be completed for all active providers, however; it will be done in a phased approach. This year all providers that have been enrolled for more than 5 years will be revalidated. Additionally, all newly enrolled providers will also receive a revalidation date 5 years in the future from the date of the application. The provider’s revalidation date is determined by their application date or the date their application was approved, whichever is greater. The next revalidation date will be 5 years from that date.
Revalidation FAQs

Q: I didn’t receive a Revalidation Notice letter, does this mean I don’t have to revalidate?
A: No, all providers who have been enrolled in the MS Medicaid Program for at least five (5) years must revalidate. Please contact Conduent Provider Enrollment at 800-884-3222 to verify your enrollment status and your revalidation due date.

Q: Who do I contact if I have questions about supporting documents required to be submitted with my revalidation document?
A: Questions related to supporting documents and the status of your revalidation application should be directed to Conduent Provider Enrollment at 800-884-3222.

Q: How can I submit my revalidation?
A: To expedite the process, complete the provider revalidation through the web portal at www.ms-medicaid.com on or before the due date. If you are not a registered user, you can find the registration instructions for becoming a web portal user by clicking the “web registration” link.
Revalidation FAQs

Q: Will revalidation be done on paper?
A: No, when providers revalidate they will have and must access their revalidation electronically through the web portal at www.ms-medicaid.com. This will allow providers to enter their own information and will streamline the revalidation process. Providers who are unable to revalidate using the web portal should contact Conduent Provider Enrollment at 800-884-3222.

Q: Where can I find additional information on the revalidation process?
A: You can find information regarding the revalidation process on the MS Medicaid Envision website at www.ms-medicaid.com.
Q: Do I have to submit an Electronic Funds Transfer Authorization Agreement (EFT) with the revalidation document?
A: An EFT Authorization Agreement is not required to be submitted with the revalidation document. However, the banking information currently on file will be displayed after the revalidation document has been submitted. If you need to make changes to the banking information on file, you will be given the opportunity to complete and submit an updated Electronic Funds Transfer Authorization Agreement (EFT).

Q: Will I be contacted if my revalidation document is found to be incomplete or missing information?
A: Yes, a letter will be sent via regular mail requesting the missing information. All information noting the revalidation tracking number is due back within 15 days of the date of the letter. Please ensure you have addressed all required items prior to submitting. Failure to submit the required documentation will result in termination of your participation with Mississippi Medicaid.
## Revalidation FAQs

Q: What happens if I am a provider working for more than one group?
A: Individual providers are required to submit only one revalidation, regardless of how many groups with which that individual is associated.

Q: Which address is the Revalidation Notice letter mailed to?
A: The revalidation letter is mailed to the “Mail Other” address currently noted on your provider file. If there is no Mail Other address noted on your file, the notification will be sent to the Billing Address. To insure proper notification, please validate your addresses.

Q: I need more time to complete my revalidation application. How can I request an extension?
A: There will be ample time to complete the revalidation process therefore no extension will be given.
Q. What happens when my revalidation document is submitted?
A. The revalidation document is reviewed by the Provider Enrollment Unit to make sure that it is complete. Based on 42 CFR § 455.450, the state must conduct a full screening appropriate to the provider's risk level (refer to the Provider Risk Level Information). Depending on the risk level assigned, the requirement may include site visits and fingerprint-based background checks (FCBC) which the provider must comply with. Providers will then be notified of the revalidation status. If the revalidation is denied for any reason, the provider will then have to submit a re-enrollment through the regular enrollment process.

Providers may access a listing of risk levels via the MS Envision Web Portal under the Provider Heading>Provider Enrollment>Download Enrollment Package>Link for Provider Risk Level Information.
Revalidation FAQs

Q. How do I know if I need to do a fingerprint-based criminal background check with this process?
A. All providers designated as “high risk” are required to undergo a fingerprint-based criminal background check (FCBC). The FCBC notification/instruction letter(s) will be sent separately by the Division of Medicaid’s contractor (noting DOM logo) to each individual provider and each person(s) with a 5 percent or more direct or indirect ownership interest in the provider. Failure to undergo a fingerprint-based background check within the designated time frame will result in termination of Mississippi Medicaid provider participation.

Q. What do I include with my revalidation packet?
A. There are two required forms which must be completed and uploaded in the Submission Section. These forms are: Provider Disclosure Form and Medical Assistance Participation Agreement. Please view the Form/Instructions page for further assistance.

Question #1: All assigned high risk individual providers or individual owners of a high risk provider will be subject to fingerprinting every 5 years. A separate letter with instructions will be sent to each high risk (individual) provider and each individual owner instructing them they must be fingerprinted and they are given 30 days to complete the fingerprinting process.

Requirement based on risk levels
- **Limited Risk**: Required to be credentialed
- **Moderate Risk**: Site visits required and credentialing
- **High Risk**: Site visit, fingerprinting, and credentialing
Revalidation FAQs

Q: Once I submit my revalidation packet, how long until it is processed?
A: Processing time is dependent upon when you submit your completed revalidation form(s).

Q: Can I receive a listing of my providers who are due for revalidation?
A: Currently there is an effort underway to create a Revalidation Due Listing Report, which we hope to implement and have on the website within the coming weeks.

No definite time frame can be communicated due to the various factors that may be required to complete revalidation (i.e. fingerprinting, unannounced provider site visits, etc.) Therefore, if there are questions regarding the status of your revalidation, questions can be referred to Conduent Provider Enrollment. 1-800-884-3222.
Preparation for Revalidation

- You must be registered on the Mississippi Envision Web Portal in order to revalidate.

- Providers will need to verify their “mail other” address is current and correct in order to receive communications.

- Providers can only revalidate once they receive their revalidation notification letter.

- Providers that fail to revalidate by the deadline will be terminated and required to re-enroll.

- If your Mississippi Medicaid Provider Number is termed due to failure to complete revalidation, your participation with the CCOs (Magnolia and United Healthcare) will be termed as well.

Providers may call into the Conduent Call Center at 1-800-884-3222 to verify their current information on file. If changes need to be made, a Change of Address form can be emailed, faxed, or the provider can download and print it from the Division of Medicaid website. Please refer back to the Change of Address slide in this presentation.

**Bullet #4:** Re-enrollment is required when the enrollment has been terminated due to failure to revalidate.
Please be advised that more in-depth webinar pertaining to the actual submission of the provider revalidation application are forthcoming. Providers should continue to monitor the communication methods listed on the screen for more information.