



## Medicaid of Mississippi

Attention Providers:

To start sending your Medicaid of Mississippi claims through DentalXChange you will need to follow the instructions below required by the payer.

Payer:	Medicaid of Mississippi
Payer ID:	CKMS1
For Enrollment Questions:	Contact the DentalXChange Enrollment Department at (800) 576-6412 ext. 461 or <a href="mailto:Enrollment@dentalxchange.com">Enrollment@dentalxchange.com</a>
Online Enrollment Instructions:	<p>Providers will need to register in the MESA Portal (with their new *MESA Provider ID) by going to Provider Portal <a href="https://portal.MS-Medicaid-MESA.com/MS/Provider">https://portal.MS-Medicaid-MESA.com/MS/Provider</a></p> <ol style="list-style-type: none"><li>1) Log in to Mesa Provider Portal; if not registered, register first and create account.</li><li>2) Click on "Manage Account"</li><li>3) Click on "Trading Partner xref"</li><li>4) Add DentalXChange TP ID # TP004566</li><li>5) Click "Add"</li></ol> <p>If a Provider does not know their new MESA ID, they can use the following <a href="http://dom-azure-app.medicaid.ms.gov/">http://dom-azure-app.medicaid.ms.gov/</a></p>

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