

MS Medicaid

PROVIDER BULLETIN



Changes to provider recredentialing, revalidation

As we begin a new year, there are two recent developments within the Mississippi Division of Medicaid (DOM) that are critically important for Medicaid providers to be aware of going forward into 2024. Providers can find more information about both developments by visiting <https://medicaid.ms.gov/rec credentialing-and-revalidation/>.

Recredentialing: Beginning Oct. 1, 2022, providers no longer need to credential with each coordinated care organization (CCO) to participate as a Medicaid-enrolled provider in the MississippiCAN and CHIP programs. Instead, providers are required to be enrolled, credentialed and screened directly by DOM. This new process eliminates the need for a provider to be credentialed or recredentialed multiple times. Please note, however, that a CCO may require providers to credential separately if the provider wants to participate in a different line of business the company may offer outside of Medicaid. Find more details and instructions by viewing the [Provider Recredentialing Presentation](#).

Revalidation: Effective Oct. 1, 2023, DOM has resumed the provider revalidation process that was paused during the federal COVID-19 Public Health Emergency. Notification letters are now being mailed to providers who have been enrolled with Medicaid for five years or more with instructions and due dates for completing revalidation. Find more details and

instructions by viewing the [Provider Revalidation Presentation](#).

Both recredentialing and revalidations will require providers to be registered for access in the MESA Provider Portal. Providers who are not already registered can do so by going to <https://portal.ms-medicaid-mesa.com/> and clicking the "Register Now" link.

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WEB PORTAL REMINDER



VISIT DOM'S WEBSITE FOR LATEST UPDATES

Find the latest updates and important information on the DOM website under the Provider Portal at: <https://medicaid.ms.gov/mesa-portal-for-providers/>. The Provider Portal hosts many resources for providers such as webinars, FAQs, training videos, and Late Breaking News.

SIGN UP TO RECEIVE LATE BREAKING NEWS ALERTS

LATE BREAKING NEWS

PROVIDER BULLETINS

EBN ARCHIVE

The latest updates and information Mississippi Medicaid providers need to know is posted in Late Breaking News

Sign up to receive email alerts every time DOM issues a Late Breaking News update! Just email a contact name, place of business and a contact number (optional) to

**LateBreaking-
News@medicaid.ms.gov**

Click the links below to access portal resources.



PROVIDER COMPLIANCE

ATTENTION: DME PROVIDERS — Update on Non-Covered Codes

The Mississippi Division of Medicaid (DOM) and Gainwell have been working to address claim denials related to non-covered Durable Medical Equipment (DME) codes. The most common denial reason associated with these claims was EOB 0116 - Procedure code is not a benefit on date of service. Effective Oct. 30, 2023, many of the previously non-covered DME codes have been updated in MESA with coverage logic that requires an approved prior authorization for the service. Please note, this update will impact a large volume of wheelchair claims that previously denied with EOB 0116.

Gainwell will adjust impacted claims with dates of service 7/1/22-10/27/23. The mass adjustment will appear on a remittance advice at a future date. No further action on the part of the provider is needed. Providers who have claims still within the timely filing timeframe, can elect to resubmit impacted claims if they do not want to wait for the Gainwell initiated claim adjustment.

Should you need assistance, please contact the Provider and Beneficiary Services Call Center at (800) 884-3222 or use the Provider Field Representative list to identify your designated representative. This list includes email addresses and phone numbers for each representative: <https://medicaid.ms.gov/wp-content/uploads/2022/12/Provider-Field-Representatives.pdf>.

Reminder to All Family Planning Waiver Providers

The Family Planning Waiver (FPW) Demonstration program provides limited benefits for women and men who meet eligibility criteria. Services are limited to family planning and family planning related services. Approved procedure and diagnosis codes

can be found on the DOM's website at <https://medicaid.ms.gov/wp-content/uploads/2022/12/Family-Planning-Waiver-Diagnosis-and-Procedure-Codes.pdf>. Claims billed with procedure and/or diagnosis codes that are not listed will deny. Additional information regarding the FPW Demonstration program can be found in Administrative Code Part 221, Chapter 2 at <https://medicaid.ms.gov/wp-content/uploads/2022/06/Title-23-Part-221-Family-Planning-Services-eff-07.01.22.pdf> and on DOM's website at <https://medicaid.ms.gov/medicaid-coverage/who-qualifies-for-coverage/family-planning/>.

UPDATES Related to Claims Denied with Error 4371/EOB 1379

DOM posted a Late Breaking News update on 5/22/23 advising providers of DOM's awareness of claim denials with error 4371 and Explanation of Benefits (EOB) code 1379, indicating a "claim type restriction on procedure coverage rule."

The impact involves claims being denied due to the claim type associated with the member's benefit plan which is predominantly affecting members enrolled in the Healthier Mississippi Waiver (HMW) benefit plan and also have Medicare coverage.

DOM and Gainwell are actively working to resolve this claim processing issue and offer the following updates on the resolution process:

1. **System Update:** Gainwell system logic will be updated to rectify the issue. The estimated completion date for this update is early 2024.
2. **Claim Submission:** DOM advises providers to continue submitting claims. Once the system logic is updated, all impacted claims will be adjusted by Gainwell. There will be no further action needed from providers.

PROVIDER COMPLIANCE

New Prior Authorization Provider Portal Available for Registration

As previously announced, the Mississippi Division of Medicaid (DOM) will transition to **Telligen**, a new Utilization Management/Quality Improvement Organization (UM/QIO), in early 2024.

To ensure you have adequate time to transition we ask that providers begin registering with Telligen as soon as possible for the purpose of submitting prior authorization requests for Medicaid fee-for-service (FFS) members. Telligen will be the UM/QIO vendor to replace the following:

- **Alliant Health Solutions** — responsible for medical authorization requests
- **Kepro (formerly eQHealth Solutions)** — responsible for advanced imaging authorization requests

Providers are advised to visit Telligen's Mississippi UM/QIO website beginning to register for portal

access: <https://msmedicaid.telligen.com>. Look for the Provider Portal Registration option, as indicated in the red box below.

Please note: Prior authorizations for members enrolled in MississippiCAN and CHIP will continue to be handled by the respective coordinated care organization.

Telligen has also prepared a Provider Training Schedule and invites all Mississippi Medicaid providers to participate in upcoming virtual training sessions. Training will give providers a comprehensive overview of Qualitrac, Telligen's robust portal system for authorization requests. The schedule and registration links can be found at: <https://medicaid.ms.gov/telligen-ms-um-qio-qualitrac-provider-portal-training/>

The General Authorization sessions are geared toward providing a general overview of submitting authorizations in our Qualitrac system. The service specific training sessions provide a deeper dive into submitting authorizations for those service types.

Important:

MS Prior Authorization Listing 2024: [Click Here](#)

InterQual Tip Sheet: [Click Here](#)

Instructions on how to register for the portal: [Click Here](#)

DocuSign Tip Sheet: [Click Here](#)

Register Now for Telligen Provider Portal Training: [Click Here](#)

The portal will not be accessible until January 16, 2024. The activation link and password are only good for 7 days.

Emails regarding login information will not be sent until the week of January 9, 2024.



Qualitrac Login

Web application used by healthcare providers submit clinical care requests for review

[LOGIN](#)



Provider Portal Registration

New users need to register to gain access to Qualitrac. Registration takes less than 10mins.

[REGISTER](#)



[FREQUENT QUESTIONS](#)



[CHECK REVIEW STATUS](#)

PROVIDER COMPLIANCE

Provider Revalidation has resumed effective October 1, 2023

Effective May 11, 2023, the Health and Human Services Commission (HHSC) ended the flexibility of extended Medicaid provider revalidation dates that came due during the COVID-19 public health emergency (PHE). With the ending of the PHE, the Mississippi Division of Medicaid resumed the revalidation process effective Oct. 1, 2023, requiring Mississippi Medicaid enrolled providers to verify the information on their provider files. Medicaid provider revalidation is a requirement stemming from 42 C.F.R. § 455.414 of the Affordable Care Act (ACA), which requires all state Medicaid agencies to revalidate the enrollment of all providers at least every five years.

A revalidation requires a provider to verify or revalidate the information currently on the enrolled provider's file. Providers also will need to complete and sign a new Provider Disclosure form and a new Provider Agreement. As part of the revalidation, the state must conduct a full screening appropriate to the provider's risk level in compliance with 42 C.F.R. Part 455, Subparts B & E, and the provider must comply with any requests made by the state as part of the revalidation process within the specified time frame.

Beginning in October 2023, notification letters were mailed to providers who have been enrolled with Medicaid for five years or more. Revalidation notices will be issued on a staggered schedule until notices have been issued to all providers due for revalidation. The revalidation notice will initiate the process with each provider. The letter will provide instructions for completing the revalidation and will indicate the due date. Revalidating providers may need to submit additional documentation and/or complete other required screening requirements (i.e., provide fingerprints and/or a site visit of the

provider location conducted by Medicaid's fiscal agent).

Certain revalidating providers must pay a provider enrollment application fee. Refer to <https://medicaid.ms.gov/provider-enrollment-application-fee/> for a list of institutional providers that have to pay the application fee. Providers who have already paid the application fee to Medicare or another state's CHIP or Medicaid program for same provider have fulfilled the requirement and should choose the appropriate drop-down option when completing the revalidation application.

Providers will be able to revalidate through the MESA Provider Portal in a simple, step-by-step process. Providers should submit their revalidation by the submission date on their letter to allow time for processing before the deadline date. Providers whose revalidation is not processed before the deadline noted on the letter will be terminated and this termination will include participation in MississippiCAN and/or MississippiCHIP and the provider will therefore have to reapply.

Resumption of revalidation operations will eventually affect all providers, but DOM will begin with those providers who have been enrolled five years or more. Meanwhile, revalidation dates will be set for newer providers who have not yet been enrolled five years. To prepare for revalidation, all Medicaid providers should take the following steps immediately:

- Each enrolled provider must register for access to the MESA Provider Portal to revalidate electronically. This will streamline the process and allow providers to enter their own information. Providers can register now by going to <https://portal.ms-medicaid-mesa.com/> and clicking the "Register Now" link.
- In addition to the notices mailed by Gainwell

PROVIDER COMPLIANCE

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Technologies, providers can refer to DOM's website where we are posting the Provider Six Month Revalidation Due List" at <https://medicaid.ms.gov/>. This listing will be updated monthly.

- Review the Provider Revalidation Presentation found under "MESA Tips" at <https://medicaid.ms.gov/mesa-portal-for-providers/> which is a PowerPoint that includes a revalidation walk through and tips for providers.
- Providers should verify that the address information on file is correct. The notifications will be mailed to the "Mail To" address on their file. To ensure each individual provider receives a notification, please validate your addresses on file, and correct them if necessary.
- If changes are needed, complete the Provider Change of Address form, located under Provider Forms at <https://medicaid.ms.gov/resources/forms/>.
- The Provider Change of Address form must be completed, signed by the individual provider or

authorized official if enrolled provider is a business, and submitted to the Provider Enrollment Department of Gainwell Technologies via secure correspondence in the MESA Provider Portal, fax, or mail. The following correspondence information is provided:

- ◇ **Provider Services Fax Number:**
(866) 644-6148
Attention: Provider Enrollment
- ◇ **Provider Services Mailing Address:**
Provider Enrollment/MississippiCAN/
MSCHIP
PO Box 23078
Jackson, MS 39225

Should you need assistance, please contact the Provider and Beneficiary Services Call Center at (800) 884-3222 or use the Provider Field Representative list on Medicaid's website to identify your designated representative. The Provider Field Representative list includes email addresses and phone numbers for each representative. This resource document is located <https://medicaid.ms.gov/wp-content/uploads/2022/12/Provider-Field-Representatives.pdf>.

Provider Revalidation

The logo for Gainwell, featuring the word "gainwell" in a sans-serif font. The "g" is green and the "inwell" is black. The logo is set against a white rectangular background.

PROVIDER COMPLIANCE

Urgent: Provider Recredentialing Mississippi Medicaid Managed Care Programs

All providers participating in MississippiCAN or the Children's Health Insurance Program (CHIP) are required to be credentialed by the Mississippi Division of Medicaid (DOM). Failure to complete credentialing/recredentialing will result in termination from these programs. There are a significant number of providers currently due for recredentialing that need to complete the process prior to the end of the year.

During the 2021 Mississippi Legislative Session, Senate Bill 2799 was enacted into law that requires the Medicaid Coordinated Care Organizations (CCO) to follow a uniform credentialing process for provider enrollment in the Managed Care Programs. On July 1, 2022, in accordance with this new requirement, DOM amended the CCO contracts to require the CCOs to accept DOM's provider enrollment and screening process, and not require providers be credentialed by CCOs for Medicaid or CHIP.

Beginning October 1, 2022, providers seeking participation in MississippiCAN and/or CHIP are now required to be enrolled, credentialed, and screened by DOM, and subsequently contract with their CCO of choice. As part of the implementation of the MESA Provider Portal, DOM implemented a new centralized credentialing process along with NCQA certified Centralized Verification Organization (CVO) that will be responsible for credentialing and recredentialing Medicaid providers seeking to enroll or currently enrolled with our coordinated care programs (MSCAN/CHIP). This new process eliminates the need for a provider to be credentialed or recredentialed multiple times.

The CVO will perform recredentialing for both current providers and new providers every three (3)

years unless the provider is credentialed by a DOM-approved Delegated Credentialing Entity. Providers identified for recredentialing will receive notification from Gainwell Technologies by letter which is sent to the providers "mail to" address on their provider record. This letter is generated six months in advance of the recredentialing due date on the provider's record in MESA and a link will be available in the portal to start the process.

Facilities with multiple service locations and provider IDs will receive a recredentialing notice for each provider ID. Only one provider ID for the same tax ID and service location address will need to submit the recredentialing application which will pick up and credential all the taxonomies at that location. If recredentialing is either denied or not completed by the recredential due date, all the facility enrollments at that location will be terminated and claims can no longer be paid. A new application for each taxonomy at that service location will be required to re-enroll in the Mississippi Medicaid program.

Individual providers with multiple provider IDs sharing the same NPI will receive a recredentialing notice for each of the provider IDs. The provider will only need to recredential one of the IDs to satisfy the requirement for all. If recredentialing is either denied or not completed by the recredential due date, all the individual provider's enrollments will be terminated, and claims can no longer be paid. A new application for each service location will be required to re-enroll in the Mississippi Medicaid program.

To prepare for recredentialing, all Medicaid providers should take the following steps immediately:

- Each enrolled provider must register for access to the MESA Provider Portal to recredential electronically. This will streamline the process and allow providers to enter their own

PROVIDER COMPLIANCE

Continued

and allow providers to enter their own information. Providers can register now by going to <https://portal.ms-medicaid-mesa.com/> and clicking the “Register Now” link.

- In addition to the notices mailed by Gainwell Technologies, providers can refer to DOM’s website where we are posting the Provider Six Month Recredentialing Due List” at <https://medicaid.ms.gov/>. This listing will be updated monthly.
- Review the Provider Recredentialing Presentation found under “MESA Tips” at <https://medicaid.ms.gov/medicaid-portal-for-providers/> which is a PowerPoint that includes a recredentialing walk through and tips for providers.
- Providers should verify that the address information on file is correct. The notifications will be mailed to the “Mail To” address on their file. To ensure each individual provider receives a notification, please validate your addresses on file, and correct them if necessary.
- If changes are needed, complete the Provider Change of Address form, located under Provider Forms at <https://medicaid.ms.gov/resources/forms/>.
- The Provider Change of Address form must be completed, signed by the individual provider or authorized official if enrolled provider is a

business, and submitted to the Provider Enrollment Department of Gainwell Technologies via secure correspondence in the MESA Provider Portal, fax, or mail. The following correspondence information is provided:

- ◇ **Provider Services Fax Number:**
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Attention: Provider Enrollment
- ◇ **Provider Services Mailing Address:**
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Jackson, MS 39225

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Provider Recredentialing

gainwell

PHARMACY NEWS

Effective January 1, 2024 — New Medication Management Service added to Elderly and Disable (E&D) Waiver

The E&D Waiver is a Home and Community Based Services (HCBS) waiver that provides services to beneficiaries who, but for the provision of such services, would require the level of care provided in a nursing facility. This CMS-approved waiver can be found at this link: <https://medicaid.ms.gov/wp-content/uploads/2023/06/MS-ED-Waiver-Renewal-Approved-by-CMS-eff.-7.1.2023.pdf>.

Medication Management services are services in which enrolled individuals with one or more chronic health conditions who are prescribed a daily regimen of at least five (5) prescription medications can receive consultations and follow up visits with a licensed pharmacist. As a core component of the service, the pharmacy provider will review all prescription and over-the-counter medications taken by the individual on at least a monthly basis to support the individual's adherence with the therapeutic regimen and minimize potentially preventable decline in condition or hospitalizations/institutionalization resulting from medication errors.

Reviews may occur more frequently, on an as-needed basis, upon significant change in the individual's condition or immediately following discharge from an acute hospital stay.

The service will include two components: a comprehensive initial/annual consultation and subsequent follow-up consultations.

The provider will be responsible for collecting a complete medical history and list of prescribed and over-the-counter medications in order to assess whether the individual's medication is accurate, valid, non-duplicative and correct for the diagnosis; that therapeutic doses and administration are at an optimum level; that there is appropriate laboratory

monitoring and follow-up taking place; and that drug interactions, allergies and contraindications are assessed and prevented.

If issues with the above are identified, the provider will take necessary steps to implement necessary interventions, including but not limited to, medication counseling and disease education, referral to a primary care physician, consultation with a physician regarding recommended laboratory tests, and medication delivery/reminder services.

Pharmacy providers whose beneficiaries have chosen to provide this service will be reimbursed for one initial visit at \$85.00 and up to 15 follow-up visits at \$45.00 per patient per waiver year.

There are approximately 22,000 beneficiaries enrolled in the Elderly and Disabled Waiver.

The Office of Pharmacy has been collaborating with professional pharmacy organizations (Mississippi Pharmacists Association (MPhA), Mississippi Independent Pharmacies Association (MIPA) and the Community Pharmacy Enhanced Services Networks (CPESN)) to ascertain pharmacy providers who are interested in providing this service.

If you are not a member of these organizations and are interested in providing medication management services, please contact the Office of Pharmacy at DOMPharmacyOffice@medicaid.ms.gov.

Please continue to check the Division of Medicaid Pharmacy website page for ongoing updates at www.medicaid.ms.gov/pharmacy/.

Reminder — Vaccine Administration by Pharmacy Providers

Since 2021, pharmacy providers have been able to administer all vaccines approved by the Advisory Committee on Immunization Practices (ACIP) for

PHARMACY NEWS

Continued

beneficiaries aged 19 and over via NCPDP D.0 pharmacy claims.

Allowable Vaccine administration fees, effective 7/1/23:

\$30.91- COVID

\$16.25 (all other vaccines, initial)

\$11.77 (all other vaccines, each additional)

Pharmacy providers may also administer vaccines to beneficiaries aged 10-18 if enrolled as a Vaccine for Children (VFC) provider with the Mississippi State Department of Health. DOM is currently working with Gainwell Technologies to update the pharmacy claims system to enable vaccine billing by VFC-enrolled providers. COVID-19 vaccines are not included in the VFC program and providers are allowed to administer and bill this vaccine to children aged 10 and over.

Reminder- Vaccines administered to beneficiaries residing in long term care facilities must be included in cost reports and pharmacy providers cannot bill vaccines for these beneficiaries on pharmacy claims.

The Division of Medicaid appreciates the vital role pharmacy providers play in increasing beneficiary access to vaccines and improving overall vaccination rates.

Prescribers not enrolled with Medicaid

Effective February 1, 2024, prescription claims on which the prescriber is not enrolled with Medicaid will deny. Prior to this date, claims would pay, and these prescribers would have 90 days to enroll with Medicaid. If these prescribers did not enroll with Medicaid, pharmacy providers would be at risk of recoupment for these claims. Prescribers who do not wish to bill Medicaid for medical services, but

who do prescribe medications for Medicaid beneficiaries must enroll as an ordering/rendering/prescribing (ORP) Medicaid provider.

The Medicaid provider application can be found at this link: <https://portal.MS-Medicaid-MESA.com/MS/Provider>.



Compounded prescriptions

Compounded prescriptions are covered for EPSDT-eligible beneficiaries (age <21) if determined to be medically necessary. The only compounded prescriptions which are covered for beneficiaries, age 21 and over, are total parenteral nutrition (TPN) claims and prior authorization is required.

Compound prescription claims submitted on NCPDP claims for fee for service beneficiaries will currently deny and return the following message: Compound claims must be submitted via Web Portal.

Compound prescription claims submitted via the Web Portal without approved prior authorization will return the following message: Compound Drug Requires PA.

Work is currently underway to allow submission of compound prescriptions via NCPDP pharmacy claims soon.

CALENDAR OF EVENTS

JANUARY 2024

MON, JAN 1	Checkwrite
THURS, JAN 4	EDI Cut Off – 5:00 p.m.
MON, JAN 8	Checkwrite
THURS, JAN 11	EDI Cut Off – 5:00 p.m.
MON, JAN 15	Checkwrite
THURS, JAN 18	EDI Cut Off – 5:00 p.m.
MON, JAN 22	Checkwrite
THURS, JAN 25	EDI Cut Off – 5:00 p.m.
MON, JAN 29	Checkwrite

FEBRUARY 2024

THURS, FEB 1	EDI Cut Off 0 5:00 p.m.
MON, FEB 5	Checkwrite
THURS, FEB 8	EDI Cut Off – 5:00 p.m.
MON, FEB 12	Checkwrite
THURS, FEB 15	EDI Cut Off – 5:00 p.m.
MON, FEB 19	Checkwrite
THURS, FEB 22	EDI Cut Off – 5:00 p.m.
MON, FEB 26	Checkwrite
THURS, FEB 29	EDI Cut Off – 5:00 p.m.

MARCH 2024

MON, MAR 4	Checkwrite
THURS, MAR 7	EDI Cut Off 0 5:00 p.m.
MON, MAR 11	Checkwrite
THURS, MAR 14	EDI Cut Off – 5:00 p.m.
MON, MAR 18	Checkwrite
THURS, MAR 21	EDI Cut Off – 5:00 p.m.
MON, MAR 25	Checkwrite
THURS, MAR 28	EDI Cut Off – 5:00 p.m.

Checkwrites and Remittance Advices are dated every Monday. Provider Remittance Advice is available for download each Monday morning at <https://portal.ms-medicaid-mesa.com/MS/>. Funds are not transferred until the following Thursday.

UPCOMING DOM HOLIDAYS

MON, JAN 1	New Year's Day
MON, JAN 15	Martin Luther King, Jr. Day
MON, FEB 19	Presidents Day

Mississippi Medicaid Administrative Code and Billing Handbook are on the Web at www.medicaid.ms.gov

Medicaid Provider Bulletins are located on the Web Portal at <https://medicaid.ms.gov/providers/provider-resources/provider-bulletins/>

CONTACT INFORMATION

MISSISSIPPI DIVISION OF MEDICAID

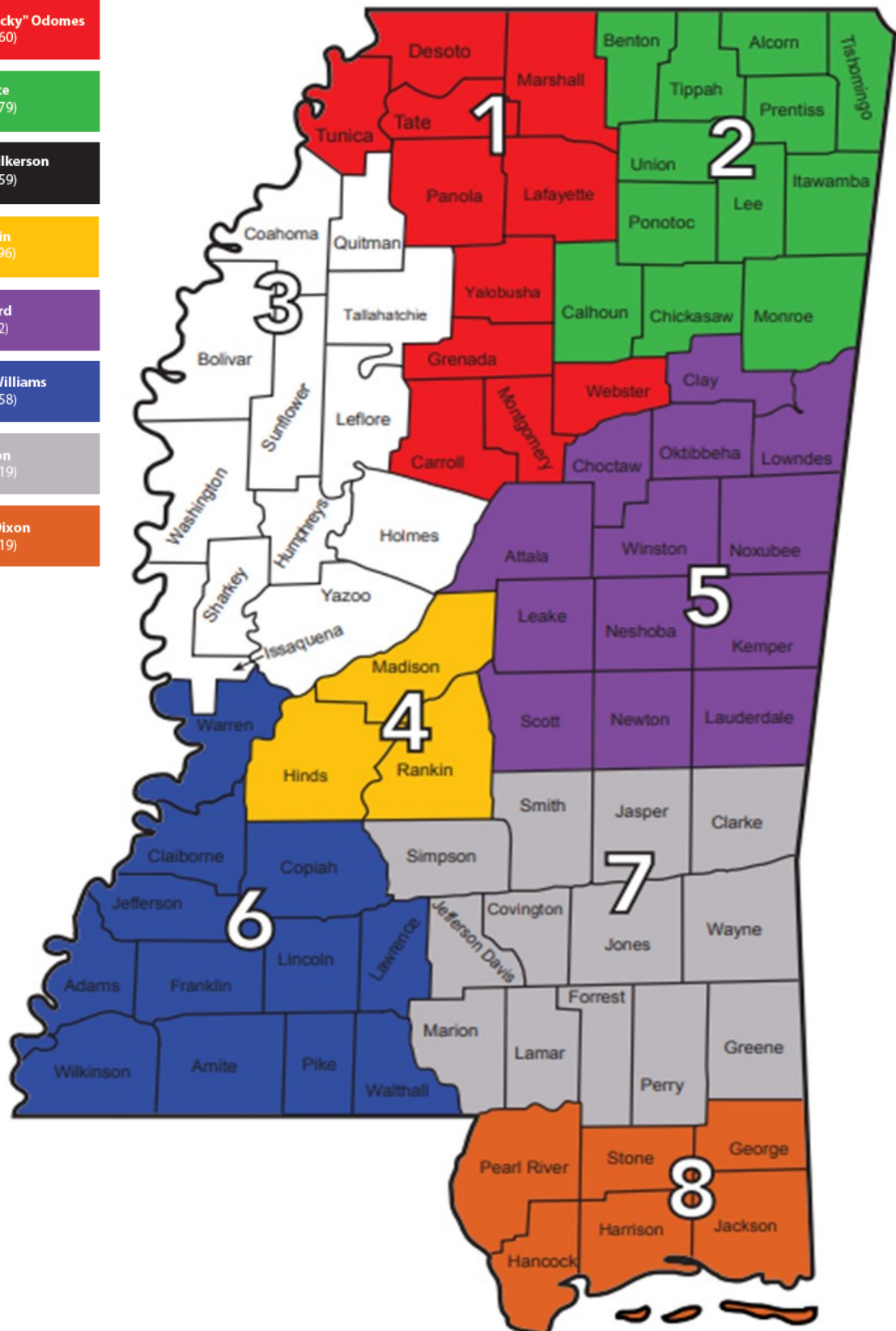
550 High Street, Suite 1000
Jackson, MS 39201
601-359-6050

GAINWELL TECHNOLOGIES

P.O. BOX 23078
JACKSON, MS 39225
ms_provider.inquiry@mygainwell.onmicrosoft.com

PROVIDER FIELD REPRESENTATIVE REGIONAL

1	Claudia "Nicky" Odomes (769.567.9660)
2	Latrece Pace (601.345.3479)
3	Jasmine Wilkerson (601.937.0559)
4	Justin Griffin (601.874.4296)
5	Latasha Ford (601.292.9352)
6	Tuwanda Williams (601.345.1558)
7	Erica Guyton (601.345.3619)
8	Jonathan Dixon (501.603.5219)



PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY

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County	County	County
Carroll	Alcorn	Bolivar
Desoto	Benton	Coahoma
Grenada	Calhoun	Holmes
Lafayette	Chickasaw	Humphreys
Marshall	Itawamba	Issaquena
Montgomery	Lee	Leflore
Panola	Monroe	Quitman
Tate	Pontotoc	Sharkey
Tunica	Prentiss	Sunflower
Webster	Tippah	Tallahatchie
Yalobusha	Tishomingo	Washington
	Union	Yazoo
AREA 4 Justin Griffin Justin.Griffin@gainwelltechnologies.com 601-874-4296	AREA 5 Latasha Ford Latasha.Ford@gainwelltechnologies.com 601-292-9352	AREA 6 Tuwanda Williams Tuwanda.Williams@gainwelltechnologies.com 601-345-1558
County	County	County
Hinds	Attala	Adams
Madison	Choctaw	Amite
Rankin	Clay	Claiborne
	Kemper	Copiah
	Lauderdale	Franklin
	Leake	Jefferson
	Lowndes	Lawrence
	Neshoba	Lincoln
	Newton	Pike
	Noxubee	Walthall
	Oktibbeha	Warren
	Scott	Wilkinson
	Winston	
AREA 7 Erica Guyton Erica.Guyton@gainwelltechnologies.com 601-345-3619		AREA 8 Jonathan Dixon Jonathan.Dixon@gainwelltechnologies.com 501-603-5219
County		County
Clarke		George
Covington		Hancock
Forrest		Harrison
Greene		Jackson
Jasper		Pearl River
Jefferson Davis		Stone
Jones		
Lamar		
Marion		
Perry		
Simpson		
Smith		
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OUT OF STATE PROVIDERS	Dominiquea Anderson Dominiquea.Anderson@gainwelltechnologies.com 601-345-7231	