

MS Medicaid PROVIDER BULLETIN



Medicaid to implement single Pharmacy Benefit Administrator for all pharmacy claims on July 1

On July 1, the Mississippi Division of Medicaid (DOM) will implement a single Pharmacy Benefit Administrator (PBA) to streamline and enhance the processing and management of pharmacy claims for all Medicaid members, including those enrolled in MississippiCAN.

Operated by Gainwell Technologies, the PBA will also assume all pharmacy prior authorization responsibilities for drugs submitted on pharmacy claims. DOM will continue to require the use of the Universal Preferred Drug List (PDL). This decision comes after careful consideration and evaluation of various factors aimed at enhancing efficiency and transparency in the Medicaid delivery system.

Members should notice no disruption in their care if providers are prepared for this change.



WHAT YOU NEED TO KNOW AND DO

Pharmacy Providers:

Billing Directions

Pharmacy providers must ensure their pharmacy software is configured to submit NCPDP D.0 pharmacy claims, with dates of service of

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WEB PORTAL REMINDER



SIGN UP TO RECEIVE LATE BREAKING NEWS ALERTS

LATE BREAKING NEWS

PROVIDER BULLETINS | LBN 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

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/medicaid-portal-for-providers/>. The Provider Portal hosts many resources for providers such as webinars, FAQs, training videos, and Late Breaking News.

Click the links below to access portal resources.



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7/1/2024 and thereafter, for all Medicaid members (fee-for-service, MSCAN and MSCHIP) to Gainwell using the following billing values:

•**BIN - 025151**

•**PCN - DRMSPROD**

Retroactive Billing Directions

To bill pharmacy claims with dates of service prior to 7/1/2024, providers must ascertain which Coordinated Care Organization (CCO) in which the beneficiary was enrolled on that date and submit to that CCO's PBM. For example, if the member was enrolled with Molina, the claim (s) should be submitted to CVS Caremark. The MSCAN and MSCHIP BIN/PCN values in effect prior to 7/1/2024 should be used. Retroactive billing will be possible for claims with dates of service a year back from 6/30/24.

Pharmacy Help Desk

The Gainwell pharmacy call center phone number is **833-660-2402**. This is a direct line to the Gainwell pharmacy help desk to aid with pharmacy claims and pharmacy prior authorizations. All pharmacy claims and prior authorization assistance should be directed to this number.

Weekly Remittance Advice (RA) Statements

Pharmacy providers will continue to receive weekly payment for claims and all claims (fee-for-service, MSCAN and MSCHIP) will appear on a single RA.

NEED HELP?

**Call the Pharmacy Help
Desk at 833-660-2402**

Reimbursement change for CHIP claims.

MSCHIP claims will be reimbursed using the same methodology used for fee-for-service and MSCAN claims.

Prescribing Providers:

DOM requires most prior authorization (PA) requests be signed/submitted by prescribers.

Prescribers and their administrative staff must submit all requests to Gainwell on July 1, 2024, and thereafter. The preferred method of submission is via the [MESA Portal for Providers](#).

PA requests may also be faxed to Gainwell at 866-644-6147. If PA assistance is needed providers can call 833-660-2402.

General Prior Authorization Instructions can be found on DOM's website at <https://medicaid.ms.gov/wp-content/uploads/2022/09/DOMPriorAuthorizationInstructions-Gainwell.pdf>.

PA reconsideration requests and appeals can also be sent to Gainwell directly via fax at 866-644-6147. More details regarding the PA transition will be shared before July 1, 2024.

PROVIDER COMPLIANCE

Verification of Provider Licenses for Mississippi Medicaid

Under the guidelines of 42 CFR § 455.412, the Mississippi Division of Medicaid (DOM) will be actively updating the licensure records of both fee-for-service/MississippiCAN providers and CHIP providers. As a part of this endeavor, providers whose licenses have expired or are expiring will be notified via official correspondence from Gainwell Technologies. We also encourage providers to consult DOM's official website, where the Provider Six-Month License Due List is available at <https://medicaid.ms.gov/>. This list will be refreshed monthly to ensure the latest information is accessible. It is imperative for providers to promptly provide their updated licensure information to Medicaid, as failure to do so will result in the closure of their Medicaid provider number.

Complying with the provisions outlined in the Mississippi Administrative Code Part 200, Chapter 4, Rule 4.5 (B) (C), DOM will reinstate closed provider numbers due to license expiration, retroactive to the date of license renewal, provided the closure duration is under one (1) year. For this to happen, the provider must furnish a current license copy and rectify any changed or inaccurate information. If a Medicaid provider number has been closed due to license expiration for a period exceeding one (1) year, re-enrollment as a Medicaid provider will be necessary.

To facilitate the submission of licensure information, Gainwell Technologies' Provider Enrollment Department offers multiple secure channels, including the MESA Provider Portal, fax, or mail. Here are the details for each method:

MESA Provider Portal: <https://medicaid.ms.gov/>

[mesa-portal-for-providers](#)

Provider Services Fax Number: (866) 644-6148
Attention: Provider Enrollment

Provider Services Mailing Address:

Provider Enrollment/MississippiCAN/MSCHIP
PO Box 23078
Jackson, MS 39225

For any assistance required between 8 a.m. and 5 p.m. CST, providers can contact the Provider and Beneficiary Services Call Center at (800) 884-3222.

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. 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.

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, the Mississippi Division of Medicaid (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.

PROVIDER COMPLIANCE

Continued

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 Medicaid Enterprise System Assistance (MESA), 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 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

PROVIDER COMPLIANCE

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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-](https://medicaid.ms.gov/wp-content/uploads/2022/12/Provider-Field-Representatives.pdf)

[Representatives.pdf](https://medicaid.ms.gov/wp-content/uploads/2022/12/Provider-Field-Representatives.pdf).

Provider Revalidation

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 Public Health Emergency, 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

PROVIDER COMPLIANCE

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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.

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->

NEED HELP?

**Call the Provider Services
Call Center at 800-884-3222**

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 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

PROVIDER COMPLIANCE

Continued

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- o Provider Services Fax Number:
(866) 644-6148
Attention: Provider Enrollment
- o 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>.

What Do I Do If My Claim Has Been Denied for Timely Filing?

When a claim has been denied for timely filing, Division of Medicaid rules allow a provider to request that DOM’s Office of Provider Solutions conduct an administrative claims review if certain criteria can be met.

What is Timely Filing?

DOM requires providers to file the original submission for a Fee for Service claim no later than 365 calendar days from the date of service. Once the original claim has been filed, providers have another 365-day period in which to make any re-submissions of the claim necessary to complete proper payment.

If the original claims submission is received after 365 calendar days from the date of service, the claim will deny for Past Timely Filing Edit-512. If any re-submissions are received more than 365 days from the date of the original submission, the re-submission will deny for Past Timely Filing Edit-512.

The rules are different for Medicare claims. Both the original submission and all re-submissions of a Medicare claim must be filed no later than 180 calendar days from the Medicare paid date, or the claim will deny for Past Timely Filing Edit-545.

If providers receive a timely filing denial before the deadline for claim submission and re-submission has expired, the provider should work with their Gainwell representative and/or the Division’s Office of Provider Solutions to resolve the issue through the MESA claims system.

Request for Administrative Review

Once the deadline for claims submission and re-submission has expired, providers may request an Administrative Review by the Division’s Office of Provider Solutions. This request must be received by the Office of Provider Solutions within 90 calendar days of the date on which the provider was notified of the timely filing denial. Requests for an Administrative Review must include documentation of timely filing and any

PROVIDER COMPLIANCE

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NOTE: If the original claim was submitted outside of the timely filing periods noted above (365 days for FFS and 180 days for Medicare claims), an administrative review will only be conducted if the requirements listed in Administrative Code Part 200, Rule 1.6 are met.

If the Office of Provider Solutions grants your request for an administrative review, it will review the information you have provided and determine if the timely filing denial was proper. The decision of the Office of Provider Solutions will be DOM's Final Administrative Decision on the matter; if a provider is dissatisfied with the decision, it may be appealed to the court of proper jurisdiction for Judicial Review, which is Hinds County Chancery Court. Please review Administrative Code Part 200 Rule 1.6: Timely Filing; Rule 1.7: Timely Processing of Claims; Rule 1.8: Administrative Review for Claims; and Part 300 Chapter 4: Claim Denials for Policy regarding Administrative Reviews. In addition, you may contact Hinds County Chancery Court for information regarding its requirements for filing an appeal.

Reconsiderations

Some review requests received from providers that do not warrant an Administrative Review may, at the discretion of DOM, be reviewed as a Reconsideration. Reconsiderations will be forwarded to Gainwell for review and will be processed in the order they are received. Once the request has been reviewed, a decision letter will be mailed to the address listed on file. We kindly ask that you allow a minimum of 90 days for the processing of any requests forwarded to Gainwell for review.



You may reach out to your Provider Field Representative for assistance.

Important Reminders

NOTE: All requests are reviewed in the order they are received. Once reviewed, a decision letter will be mailed to the address listed on file. Please monitor all mail correspondence along with future Remittance Advice regarding the status of eligible overrides and any claims submitted for reprocessing.

NOTE: When a provider fails to meet the timely filing requirements, the beneficiary cannot be billed for those services. This most frequently occurs when the failure is due to Provider Billing Error, which includes failure to obtain prior authorization, medical necessity, claims made for services and/or providers not covered, duplicate services, other insurance, and/or incorrect beneficiary identification. In these circumstances, you are prohibited from billing these services to the Medicaid beneficiary.

2024 MANAGED CARE PROVIDER WORKSHOP TRAININGS



MISSISSIPPI DIVISION OF
MEDICAID

The Division of Medicaid, in conjunction with its contractors Gainwell Technologies, Telligen Inc. UM/QIO, and the MSCAN plans – Magnolia Health, Molina Healthcare and UnitedHealthcare Community Plan, will conduct a “FREE” Medicaid Provider Workshops.

These workshops are designed to provide detailed information and changes related to Medicaid and managed care programs. Office directors, office managers, coders, practitioners, and billing staff are encouraged to attend.

Topics will include:
CONTRACTING & ENROLLMENT, PRIOR AUTHORIZATION, & CLAIMS PROCESSING

REGISTER TODAY!!!

Click the link above to be directed to registration site, or use the QR code to the right.



<u>VIRTUAL WEBINAR</u>	<u>IN PERSON WORKSHOP TRAINING</u>
<p>TUESDAY, APRIL 23, 2024 10:30 a.m. – 12:00 p.m.</p> <p>New Providers Contracting & Enrollment</p>	<p>WEDNESDAY, MAY 8, 2024 10:00 a.m. – 1:00 p.m.</p> <p>Oxford Conference Center 102 Ed Perry Blvd Oxford, MS 38655</p> <p>Contracting & Enrollment Prior Authorization Claims</p>
<p>THURSDAY, APRIL 25, 2024 10:30 a.m. – 12:00 p.m.</p> <p>Prior Authorization</p>	<p>THURSDAY, MAY 16, 2024 10:00 a.m. – 1:00 p.m.</p> <p>Lake Terrace Convention Center 1 Convention Center Plaza Hattiesburg, MS 39401</p> <p>Contracting & Enrollment Prior Authorization Claims</p>
<p>WEDNESDAY, MAY 1, 2024 2:00 p.m. – 3:30 p.m.</p> <p>Claims Processing</p>	<p><u>JOIN WEBINARS ON YOUR COMPUTER OR MOBILE APP</u></p> <p>Click here to join webinar meetings.</p> <p>Or call in (Audio Only) +1 769-230-0549, 888747737 #</p> <p>Log-in information is the same for “ALL” webinars.</p>

*There will be a “PROVIDER HELP DESK” for both webinars and workshop trainings.
Please bring your copies of claims or any issues that your facility has experienced to the in-person workshop.
For questions regarding the 2024 Provider Workshop, please contact 601-359-3789.*

Responsibility providing access to quality health coverage for vulnerable Mississippians.

CALENDAR OF EVENTS

APRIL 2024	MAY 2024	JUNE 2024
MON, APR 1 Checkwrite	THURS, MAY 2 EDI Cut Off 0 5:00 p.m.	MON, JUN 3 Checkwrite
THURS, APR 4 EDI Cut Off – 5:00 p.m.	MON, MAY 6 Checkwrite	THURS, JUN 6 EDI Cut Off 0 5:00 p.m.
MON, APR 8 Checkwrite	THURS, MAY 9 EDI Cut Off – 5:00 p.m.	MON, JUN 10 Checkwrite
THURS, APR 11 EDI Cut Off – 5:00 p.m.	MON, MAY 13 Checkwrite	THURS, JUN 13 EDI Cut Off – 5:00 p.m.
MON, APR 15 Checkwrite	THURS, MAY 16 EDI Cut Off – 5:00 p.m.	MON, JUN 17 Checkwrite
THURS, APR 18 EDI Cut Off – 5:00 p.m.	MON, MAY 20 Checkwrite	THURS, JUN 20 EDI Cut Off – 5:00 p.m.
MON, APR 22 Checkwrite	THURS, MAY 23 EDI Cut Off – 5:00 p.m.	MON, JUN 24 Checkwrite
THURS, APR 25 EDI Cut Off – 5:00 p.m.	MON, MAY 27 Checkwrite	THURS, JUN 27 EDI Cut Off – 5:00 p.m.
MON, APR 29 Checkwrite	THURS, MAY 30 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, MAY 27	Memorial Day

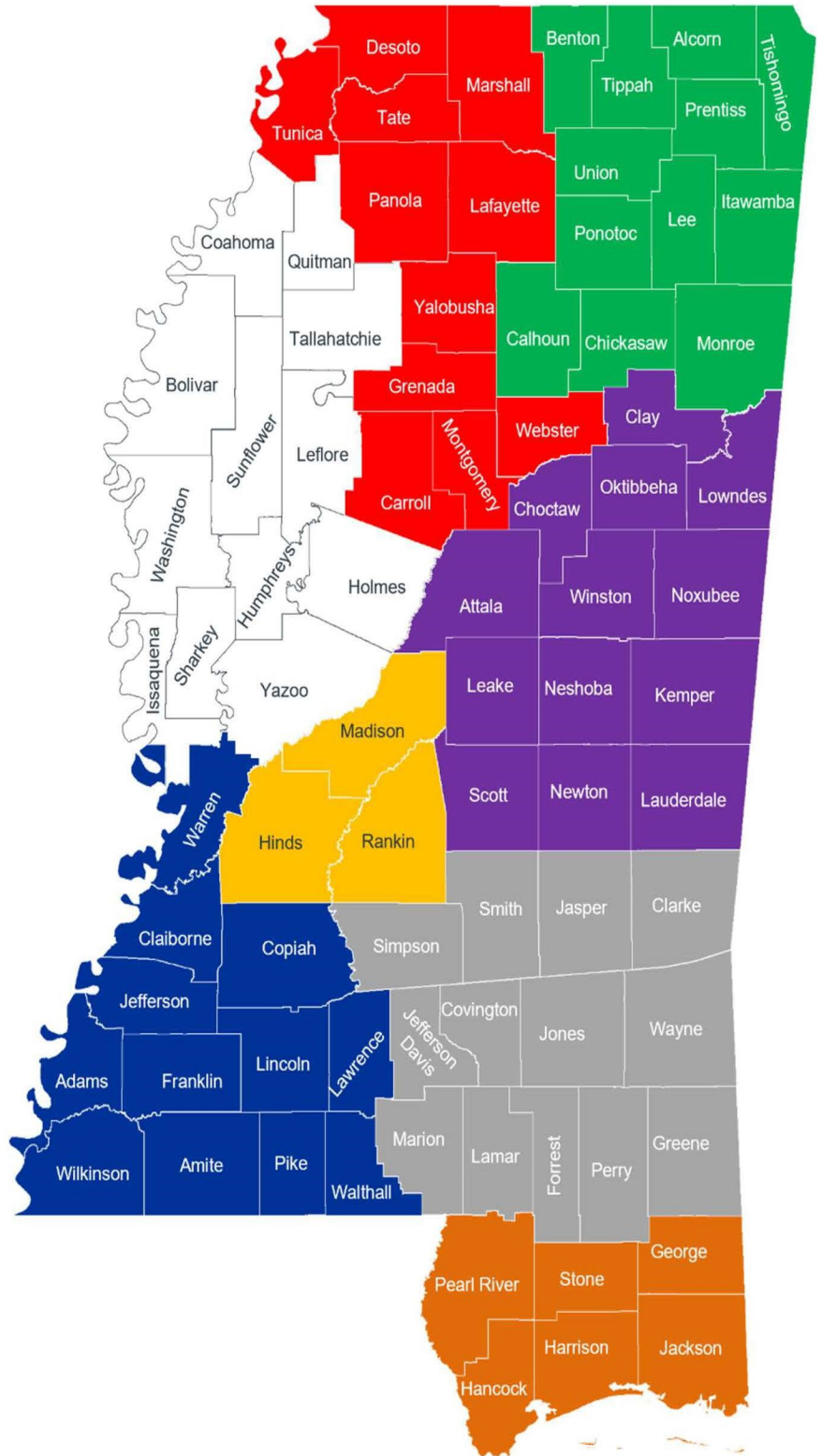
Mississippi Medicaid Administrative Code and Billing Handbook are on the Web at www.medicaid.ms.gov

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

CONTACT INFORMATION
<p style="text-align: center;">MISSISSIPPI DIVISION OF MEDICAID 550 High Street, Suite 1000 Jackson, MS 39201 601-359-6050</p>
<p style="text-align: center;">GAINWELL TECHNOLOGIES P.O. BOX 23078 JACKSON, MS 39225 ms_provider.inquiry@mygainwell.onmicrosoft.com</p>

PROVIDER FIELD REPRESENTATIVE REGIONAL

AREA 1	Claudia (Nicky) Odomes 769-567-9660
AREA 2	Latrece Pace 601-345-3479
AREA 3	Jasmine Wilkerson 601-937-0559
AREA 4	Justin Griffin 601-874-4296
AREA 5	Latasha Ford 601-292-9352
AREA 6	Tuwanda Williams 601-345-1558
AREA 7	Erica Guyton 601-345-3619
AREA 8	Jonathan Dixon 501-603-5219



PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY

AREA 1 Claudia (Nicky) Odomes Claudia.Odomes@gainwelltechnologies.com 769-567-9660	AREA 2 Latrece Pace Latrece.Pace@gainwelltechnologies.com 601-345-3479	AREA 3 Jasmine Wilkerson Jasmine.Wilkerson@gainwelltechnologies.com 601-937-0559
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		
Wayne		
OUT OF STATE PROVIDERS	Dominiquea Anderson Dominiquea.Anderson@gainwelltechnologies.com 601-345-3271	