

# The Scoop

Quarterly updates for HCBS Providers from the Office of LTSS.  
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## Mississippi EVV (Electronic Visit Verification)

In order to ensure compliance with EVV mandates in the 21st Century Cures Act, Mississippi Medicaid has updated Part 200 of the Administrative Code to require submission of all **EVV Claims through HHAeXchange effective December 1, 2025**. Following the implementation of the updated policy, DOM has implemented a **New Claims Edit Effective January 1, 2026**, to suspend any claims submitted directly in MESA for EVV mandated services.

Please use the information below to help you navigate where to request assistance for your HHA/EVV needs.

- If you are having issues with Office Setup, Claim Denials, other technical issues, please contact the HHA Support Desk. Operation hours from 6:30 a.m. - 6:30 p.m. CST, Monday - Friday.
- Phone: 1-855-400-4429

<https://knowledge.hhaexchange.com/enterprise/Content/Support/Client-Support-Portal.htm>

- If you have EVV Policy questions or if you have already received a Support Ticket ID number and your ticket is unresolved after 48 hours, please email the EVV Team at DOM for further investigation [EVV@Medicaid.MS.Gov](mailto:EVV@Medicaid.MS.Gov)

When emailing, please be sure to include the following to expedite your request:

- Provider Name:
- Provider ID number(s):
- EVV System: HHA or other. If other, please include the name of the system you are using.
- Your name, a phone number and email address where you can be contacted.

**\*\*It is very important that you do not include protected health information (PHI) in these emails. This includes beneficiary name and Medicaid ID numbers.**

- If you are missing member authorizations or need to report issues which require the use of PHI, please use the secure HHAX linked communication center.

More info on accessing and using the message center is in the knowledge base linked below:

[What does the Communications Message Center do?](#)

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### Special points of interest

- Rate changes for PCS, IHR, and ADC services..
- Training for Remittance Advice.
- Reporting Fraud, Waste, and Abuse.
- Educational tools and helpful reminders.

### Contact Us

Office of Long Term Services and Supports

Phone: (601) 359-6141

Email: [HCBSProviders@medicaid.ms.gov](mailto:HCBSProviders@medicaid.ms.gov)

Website: <https://medicaid.ms.gov/hcbs-waiver-providers/>

All Elderly and Disabled (E&D) Waiver Personal Care Service (PCS) and In-Home Respite (IHR) Providers must sign up for electronic visit verification through HHAeXchange prior to providing waiver services. Providers may choose a DOM approved 3<sup>rd</sup> party EVV provider other than HHAX; however, be advised that 3<sup>rd</sup> party integration may delay setup and reimbursement.

Training materials for HHAeXchange can be found at

**HHAX State Info Hub for Mississippi:** <https://www.hhaexchange.com/info-hub/mississippi>

**HHAX University/Learning Management System (LMS):** [Skilljar](#)

New providers must also set up their MESA Provider Portal. Additional information & training can be found at **MESA Additional Information and Training:** <https://medicaid.ms.gov/medicaid-portal-for-providers/>

## Billing Updates and Reminders

- Effective 1/1/2026, reimbursement rates for E&D Personal Care and In Home Respite increased to \$6.24 per 15-minute unit, and \$4.93 per 15-minute unit for Adult Daycare. *For PCS/IHR billed in HHA, please remember to set the Visit Rate at the hourly rate of \$24.96, not the 15-minute unit rate of \$6.24.*
- Providers must review their Remittance Advice (RA), available in MESA, to ensure that all claims billed have been reimbursed, or determine the reason for the denial. You can access your RA by following the instructions in the below linked video (beginning at minute 19:05).  
<https://www.youtube.com/watch?v=lLeapclHFHs>
- Reminder: Providers should be reviewing the PSS to ensure that the MESA ID is included on PSS. There are plans to turn the PSS into a Prior Authorization (PA). Without the MESA ID, the PSS information will not appropriately transfer into a service authorization.



## Policy Reminders and Updates

- Providers must report any suspected instances of Fraud, Waste, or Abuse. Every dollar lost to the misuse of Medicaid benefits, is one less dollar available to fund programs providing essential medical services for vulnerable Mississippians. If we do not work together to help stop fraud and abuse, the system might not be available for those whom the program was created to help. There are multiple ways to report, which can be found at the following link: [Report Fraud and Abuse - Mississippi Division of Medicaid](#)
- To access educational booklets, fact sheets and provider checklist resources and tools which promote efforts to prevent Medicaid fraud, waste and improper payments, visit the [Medicaid Program Integrity Education page](#) on the Centers for Medicare and Medicaid Services website.
- Site Visits or reviews may be initiated for the following reasons:
  - Providers should expect a follow-up visit from the Office of LTSS:
    - within six (6) months of enrollment.
    - CAP's submitted by providers and accepted by OFPA during FY audits.
  - Being added to the FOC List. This will include verification that the provider has been set up in HHAX or third-party EVV service and completed trainings.
  - Requesting expansion of service area.

## General Reminders

- Providers must complete the DCW questionnaire and keep it on file. A new version of the questionnaire was made available in August of 2025; files should be updated with the new version. Upon hire, providers should be asking applicants if they know or are related to anyone who received E&D Waiver services and completing a questionnaire if the answer is yes. Providers may also complete a questionnaire for all staff/clients by default. [Qualifying-Relative-DCW-Questionnaire-Updated-8.8.25.pdf](#)
- Providers operating satellite offices or designated worksites must ensure that all auditable files are transmitted in a HIPAA compliant manner to the main office within ten (10) business days. Please ensure that files are accessible and stored in a space without possible hazards of water or fire damage. All agency files must be maintained for a minimum of five (5) years during the provision of waiver services.
- The FOC list is distributed to the PDDs monthly by the first Friday. A statewide FOC list for all PCS/IHR providers will be posted on the HCBS Waiver Providers website. Providers may use this to confirm placement on the list and accuracy of their contact information. <https://medicaid.ms.gov/wp-content/uploads/2026/04/PCS-IHR-Statewide-FOC-List-4.1.26.pdf>. If you note errors, please reach out to our office. The statewide list for ADC providers is coming soon.
- Providers should notify Case management if a client is admitted into the hospital. This will help with appropriate coordination of services such as Home Delivered Meals. If contacting case management and the person is no longer there, ask for a supervisor.
- Providers may use the linked form to submit questions or request information. [E&D Provider Frequently Asked Questions](#) Inquiries not submitted via the linked form should be submitted to the team at [HCBSProviders@Medicaid.MS.Gov](mailto:HCBSProviders@Medicaid.MS.Gov)



## Announcements

- Part 208 Training certificates issued in 2025 will expire this summer. Providers will be required to complete the training session in person to receive a Certificate of Completion **OR** complete the training virtually and pass the test.
- MS Association of Adult Day Services is hosting the annual Adult Day Services Conference April 23rd - 25th [2026 CONFERENCE | MISSAADS](#)
- The Office of Long Term Services and Supports is no longer accepting paper packets. Providers must submit the following requests via the appropriate SmartSheet form linked on the HCBS Waiver Providers website under 1915(c) HCBS Personal Care & In Home Respite Resources:
  - Relocation
  - Expansion Request
  - Reinstatement
  - Change of Ownership (CHOW)