

Reminders for the First of 2026

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In January of every year, providers are advised to take some time to review their practices to ensure that the changes desired for the coming year are in place. The following are some tips to ensure that your practice is ready for 2026.

1. Review any new fee schedules from third-party payors to ensure you have considered any changes when reviewing your own fees for the coming year.

The new Medicare Fee schedule for Novitas Mississippi Part B have been [posted](#). Providers can view individual codes or obtain the entire fee schedule. Providers should choose the fee schedule NOT designated as QPP. At the time of this article, the fees for each individual code have not yet been posted; however, the entire fee schedule is available.

Mississippi Medicaid does publish a [comprehensive fee schedule](#) yearly that can be downloaded. There is also an [interactive fee schedule](#) that is available via the provider portal. MississippiCan also publishes a [comparison guide](#) for different Medicaid plans which might be useful.

2. Review the Medicare Advantage (MA) Plans being offered in your area of Mississippi so there are no surprises when a patient comes in with a new plan that was previously unknown. For 2026, there are 96 different MA plans, up from 88 different plans in 2025. The following are all offering MA plans in Mississippi in 2026 (in at least some counties) Aetna Medicare, Blue Cross & Blue Shield (Anthem BCBS is listed as a carrier in some counties), Devoted Health, HealthSpring (formerly Cigna), Healthy Mississippi, Inc., Humana, UnitedHealthcare, Wellcare and Zing Health. The most reliable way to find plans operating in any particular county would be the [Medicare Plan Finder](#). Simply put in a zip code and all the available plans can be viewed.
3. Review the details for the Medicare Advantage D-SNP providers covering some dual eligible Medicare-Medicaid patients. A detailed listing of the plans available in 2026 in Mississippi is posted to the MOA website.
4. Review and update your office fee schedule. Ensure that you know what the insurance and vision plans that you accept are paying, review the Medicare fee schedules. Review your office costs using chair time or daily overhead expenses and/or competition pricing in your area. Keep in mind that fees and rate setting should NOT be discussed among providers outside of your practice. The rule of thumb for cash-paying (prompt pay) patient discounts is 20-25% discount for prompt pay outside of insurance for no more than 20-25% of your patient population. The reality for most practices is that patients without insurance only make up approximately 10-15% of their patient base.
5. Review your office policies carefully every year to ensure all policies still make sense for your practice. Review your office privacy policies as well. Ensure that your staff has a timely for completing all required compliance training. No practice wants to have to ensure a HIPAA or compliance audit by an outside entity.

There are several third-party entities you should contact at least once a year so the log in information is current and no vital notices for re-credentialing or audits are missed. If any office personnel involved in insurance billing or tracking have changed during the year, be sure to get any contact information updated with all your third-party plans. Include the following:

6. Review your National Provider Identity (NPI) information on the [NPPES](#) site to ensure that all the information is accurate and up-to-date for both the personal doctor NPI and the practice NPI numbers.
7. Review your Medicare Provider Enrollment, Chain, and Ownership System - [PECOS](#) – account to ensure that all the information is up-to-date and accurate.
8. Review your [CAQH](#) (Council of Affordable Quality Health Care) account to ensure that all the information is up-to-date and accurate.

Welcome to 2026 and Happy Coding....