

- F. MAGIC: Mississippi Accountability System for Government Information and Collaboration, the successor system for SAAS and SPAHRS.
- G. Vendor payments: Payments initiated and approved by State Agencies for various goods and services or as used to transfer funds to other governing authorities such as school districts, cities, and counties.

III. Requirements for Transitioning to E-payment Vehicle

- A. All existing vendors presently set up for payment through standard EFT, unless otherwise approved as an exemption, must be enrolled in PayMode™.
- B. All vendors established as new vendors in the State Magic System must be established for e-payment and remittance via PayMode™.
- C. All remaining MAGIC vendors, unless specifically exempted, must convert to PayMode™ on the schedule determined by DFA.
- D. To register for PayMode™, vendors should go to the Bank of America's™ enrollment website at <http://www.bankofamerica.com/paymode/ms>.
 1. Vendor must have a valid email address in order to enroll with PayMode™.
This email address can be obtained through one of the free email services such as Yahoo or Hotmail.
 2. Vendor must have access to a computer. As computers are generally accessible in all businesses as well as in Public Libraries or other public forums, no exemption will be granted for having only limited or no access to a computer.
 3. Vendor may request assistance in enrolling with the State's e-payment service provider by contacting mash@dfa.state.ms.us or by calling MASH at (601) 359-1343.

IV. Requirements for Transitioning to E-invoicing

- A. All vendors who contract with a state agency must agree to invoice the State electronically through PayMode.
- B. To register for PayMode E-invoicing, vendors must first register with PayMode for E-payment.
- C. Vendors must then complete additional information on the PayMode website to enroll in E-invoicing.
- D. Vendors may request assistance in enrolling in PayMode E-invoicing by contacting PayMode Customer Support at 1-866-252-7366.

V. Exemptions

- A. The following are exempt from this rule:
 1. State employees as defined in §25-9-107;
 2. Contract workers – note that Independent Contractors are **not** exempt from this rule;
 3. Vendors specifically approved for “one of” payments using the

specific vendor number designated for that purpose by the Office of Fiscal Management;

4. Right-of-Way acquisition payments made by the Mississippi Department of Transportation.
5. Debt service payments made by the Office of the State Treasurer;
6. Tax payments to the IRS (standard EFT);
7. Tax payments to the Mississippi State Tax Commission (standard EFT);
8. Transfers to the Public Employees Retirement System of Mississippi (standard EFT);
9. Transfers to the Mississippi Deferred Compensation and Trust/SBA (standard EFT);
10. Vendors who apply for exemption and are approved by DFA.

B. To apply for exemption, the vendor must submit a written application to: Director, Office of Fiscal Management
Department of Finance and Administration
501 North West Street, Suite
1101B Jackson, Mississippi 39201

C. Application must detail the following:

1. Reason(s) exemption requested. This must be a narrative explanation of the reason for the request;
2. Documentation of supporting cost and legal issues associated with the request for the exemption.

D. DFA will issue a written determination within 10 business days of the receipt of the exemption request. The written determination of DFA will be considered the final determination.

Exhibit - A

TEST	ANNUAL USAGE	TURN AROUND TIME	PRICE	TOTAL ANNUAL COST	OUTSOURCE
17-HYDROXYPROGESTERONE 83498	2				
ABILEY 82542	7				
ACTIVATED PROTEIN C RESISTANCE 85307	1				
ADRENOCORTICOTROPIC HORMONE 82024	2				
AFB (TB) CULTURE/STAIN 87206, 87116	7				
ALDOLASE 82085	1				
ALDOSTERONE, SERUM 82088	1				
ALDOSTERONE/PLASMA RENIN ACTIVITY RATIO 82088,84244	1				
ALPHA-FETOPROTEIN 82105	1				
AMINO ACID FRACTIONATED 82139	3				
AMINO ACID FRACTIONATED URINE 82139	1				
AMPHETAMINES GC/MS CONFIRMATION 80299	1				
ANDROSTENEDIONE 82157	1				
ANTI DIURETIC HORMONE 84588	1				
ANTI DNASE B Ab 86215	1				
ANTI Ds DNA 86225	1				
ANTI PHOSPHOLIPID ANTIBODY 83520, 86148	1				
ANTI STREPTOLYSIN O 86060	2				
ANTI-ACETYLCHOLINE RECEPTOR 83519	1				
ANTI-CCP 86200	1				
ANTIMICROSOMAL ANTIBODY THYR PEROX AB 86376	1				
ANTINUCLEAR ANTIBODY 86038	12				
ARBOVIRUS PANEL 86651X2,86652X2,866453X2,86654X2	1				
B CELL FLOW CYTOMETRY 88184-90,88185-90,88189X16	1				
BENZODIAZEPINES GC/MS CONFIRMATION 82541	1				
BETA HCG, QUANTITATIVE 84702	12				
BETA HYDROXYBUTYRATE 82010	8				
BLOOD CULTURE 87040 REGULAR	157				
C3, COMPLEMENT COMPONENT 3 - 86160	1				
C4, COMPLEMENT COMPONENT 4 - 86160	1				
CADMIUM 82300	1				
CALCIUM, 24HR URINE 82340	1				
CARNITINE 82379	1				
CAT SCRATCH FEVER PANEL 86611,8611,8611,8611	1				
CD4 - 86361	39				
CEA 82378	4				
CELAC DISEASE ANTIBODY PANEL 83520X2,86256X2	1				
CELL COUNT & DIFF CSF 89051	3				
CERULOPLASMIN 82390	24				

CHLORPROMAZINE (THORAZINE) 84022		1					
CHROMIUM 82495		1					
CHROMOSOME ANALYSIS, BLOOD 88230, 88262,88291		4					
CITALOPRAM (CELEXA) 82492		2					
CJD CSF 86317, 84182		1					
CK ELECTROPHORESIS 82552, 82550		1					
CK-MB 82553		1					
CLONAZEPAM (CLONOPIN) 80154		2					
CLOSTRIDIUM DIFFICILE TOXIN 87324		19					
CLOZARIL 80299		14					
CMV DNA QUANTITATIVE PCR 87497		1					
COCAINE METAB GC/MS CONFIRMATION 82541		1					
COMPLEMENT COMPONENT 3 86160		1					
COMPLEMENT COMPONENT 4 86160		1					
COMPLEMENT TOTAL HEMOLYTIC 86332		1					
COMPLETE BLOOD COUNT (HEMOGRAM) 85027		2					
COMPLETE BLOOD COUNT W DIFF 85025		1					
COPPER URINE 82525		1					
COPPER, SERUM 82525		24					
CORTISOL LEVEL 82533		14					
CORTISOL, URINE 82530		1					
C-PEPTIDE 84681		4					
C-REACTIVE PROTEIN 86140		30					
CREATININE, 24 HR URINE 82570		1					
CREATININE, RANDOM URINE 82570		1					
CRYPTOSPORIDIUM DFA 87272		1					
CRYPTOCOCCAL ANTIGEN CSF 86403		2					
CULTURE CSF STERILE FLUID 87075		1					
CULTURE EAR (MIDDLE OR INTERNAL) 87205,87070		3					
CULTURE EYE 87205,87070		1					
CULTURE GENITAL 87070		24					
CULTURE MRSA 87081		2					
CULTURE NASAL (NARES) 87070		1					
CULTURE RESPIRATORY 87205,87070		1					
CULTURE SPUTUM W GS 87205, 87070		11					
CULTURE THROAT 87081		6					
CULTURE WOUND W GRAM STAIN 87205, 87070		75					
CULTURE, ANAEROBE 87075		1					
CULTURE, GENITAL 87070		3					
CULTURE, MISC 87205, 87070		5					

CULTURE, STOOL 87045, 87046, 87427		4					
CYMBALTA (DULOXETINE) 80299		1					
CYTOCRHOME P450 2D6 (CYT2D6)		3					
83891,83892X2,83900X2,83901X2,81226		1					
CYTOMEGALOVIRUS IgG, CSF 86644		1					
CYTOMEGALOVIRUS IgM, CSF 86645		1					
D-AMINOLEVULINIC ACID URINE 82135A		1					
D-DIMER ASSAY 85379 - SAME DAY TAT		2					
DHEA 82626		2					
DIGOXIN 80162		62					
DIRECTIGEN PANEL 86403X6		1					
EBV PANEL 86665x2, 86664x2, 8663		2					
ELAVIL (AMITRIPTYLINE) 80152		1					
ESTRADIOL 82670		2					
ETHANOL (BLOOD ALCOHOL) 82055		3					
ETHOSUXIMIDE (ZARONTINE) 80168		1					
FACTOR V LEIDIN MUTATION 83891,83892,83896X2,83908X2		1					
FECAL FAT QUANTITATIVE 82710		1					
FECAL IMMUNOCHEMICAL TEST OCCULT BLOOD 82274		20					
FELBAMATE 80299		1					
FERRITIN 82728		169					
FLUOXETINE 80299		1					
FLUPHENAZINE (PROLIXIN) 84022		13					
FOULATE 82746		10					
FOLLICLE STIM HORMONE (FSH) 83001		4					
FRAGILE X 83890,83894,83896,83897,83898,83912		5					
FREE T3 84481		18					
FREE T4 84439		5					
FUNGUS CULTURE/STAIN 87102, 87206		2					
G6PD 82955		1					
GAD65 ANTIBODIES 83519		1					
GC/CHLAMYDIA - AMPLIFIED PROBE 87491, 87591		1607					
GC/CHLM MOLECULAR STD ASSAY 87590,87490		1					
GENTAMICIN - 80170 MUST BE SAME DAY TAT		33					
GEODON (ZIPRASIDONE) 82542		5					
GLADIN (DEAMINATED PEPTIDE) Ab 83516		1					
GLUCOSE CSF 82945		3					
HALDOL (HALOPERIDOL) 80173		26					
HAPTOGLOBIN 83010		1					
HEAVY METALS, BLOOD 82175, 83655, 83825		2					

ISLET CELL ANTIBODY 86341x2		1				
LACTATE DEHYDROGENASE (LD) 83615		3				
LACTIC ACID 83605		2				
LAMOTRIGINE (LAMICTAL) 80175		44				
LEAD BLOOD 83655		43				
LEVETIRACETAM KEPPRA 80177		4				
LEXAPRO (ESCITALOPRAM) 83789		1				
LOXAPINE 82491		1				
LUPUS PANEL 84550,86431,86060,86038,86140		1				
LUTEINIZING HORMONE LH 83002		4				
LYME DISEASE SEROLOGY 86618		1				
LYMPHOCYTE SUBSET PANEL 2 86355,86359,86360		1				
METHADONE URINE 80358		1				
METHYLENETETRAHYDROFOLATE REDUCTASE 81291		26				
MICROALBUMIN, RANDOM URINE 82043		16				
MICROARRAY 81229		1				
MIRTAZAPINE (REMERON) 82491		1				
MISC CULTURE/GRAM STAIN & ANAEROBES 87205,87070,87075		2				
MTB DIRECT PCR 87556		1				
MULTIPLE SCLEROSIS PANEL 84157,83916,83873,82042,82784,82040,82784		1				
MYASTHENIA GRAVIS PANEL 83519-90,83519-9190		1				
MYCOPLASMA IgG (Quantitative) 86738		1				
MYCOPLASMA PNEUMONIAE Ab IgG TITER 86738		1				
MYCOPLASMA PNEUMONIAE Ab IgM TITER 86738		1				
MYCOPLASMA PNEUMONIAE IGM BY EIA 867638		3				
MYOGLOBIN SERUM 83874		1				
MYOGLOBIN URINE 83874		1				
NEURONTIN 80299		4				
NICOTINE SERUM 83887		1				
NICOTINE URINE 80101		1				
NMDA RECEPTOR ANTIBODY 86255		1				
OCCULT BLOOD 82271		2				
OLANZAPINE ZYPREXA 80299		10				
ORGANIC ACID SCREEN URINE 83918		1				
OVA & PARASITES 87177,88312		4				
OXYCARBAZEPHINE, TRILEPTAL 80183		18				
PALIPERIDONE 82542		2				
PARATHYROID HORMONE, 83970		27				
PERPHENAZINE (TRILAFON) 84022		1				

PHARMACOGENETICS COMPREHENSIVE PANEL 81227,81225,81401X3,81240,81241,81291,81355,81401,81479X6		14				
PHARMACOGENETICS MEDICATION PGT PANEL 81227,81225,81226,81401X3,81240,81241,81291,81355,81401,81479X6		5				
PHENOBARTAL 80184		74				
PLATELET FUNCTION ANALYSIS 85576		1				
PORPHOBILINOGEN RANDOM URINE 84110		1				
POTASSIUM RANDOM URINE 84133		2				
PREALBUMIN 84134		29				
PREGNENOLONE 17-OH 84143		1				
PRIMIDONE W/O PHENOBARB 80188		4				
PRO BRIAN NATRIURETIC PEPTIDE 83880		16				
PROLACTIN 84146		1				
PROSTATE SPECIFIC ANTIGEN TOTAL 84153		1				
PROTEIN C FUNCTIONAL 85306		1				
PROTEIN CSF 84155		3				
PROTEIN ELECTROPHORESIS SERUM 84165,84155		4				
PROTEIN RANDOM URINE 84156		2				
PROTHROMBIN TIME/INR 85610		3				
PYRUVATE 84210		1				
QUANT IMMUNOGLOBULIN PROFILE 82784,82784,82784		1				
QUANTIFERON 86480		12				
QUETIPIANE SEROQUEL 82491		10				
RENIN LEVEL 84244		1				
RETICULOCTE COUNT 85045		77				
RHEUMATOID FACTOR 86431		7				
RISPERIDONE 80342		15				
RUFINAMIDE (BANZEL) 80299		1				
SEROTONIN SERUM 84260		1				
SERTRALINE 80332		2				
SERUM DRUG SCREEN 80101 X 7		1				
SERUM OSMOLALITY 83930		58				
SODIUM, RANDOM URINE 84300		2				
STELAZINE (TRIFLUOPERAZINE) 83789		1				
STERILE FLUID CULT/GRAM STAIN 87070,87205		3				
STEROID PANEL 80328		1				
STREPTOZYME 86063		1				
STRONGYLOIDES IgG ANTIBODY 86682		1				

SUREPATH PAP 88142		109				
SURGICAL PATHOLOGY 88300 - 80342		2				
SYNTHETIC CANNABINOID 80101		1				
T3 UPTAKE 84479		8				
T4-THYROXINE 84436		69				
TESTOSTERONE 84403		8				
TESTOSTERONE BIOAVAILABLE 84403,84402		1				
THC GC/MS CONFIRMATION 82541		3				
THYROGLOBULIN ANTIBODY 86800		2				
THYROID ANTIBODY PROFILE 86800,86376		9				
THYROID BINDING GLOBULIN 84442		1				
THYROID PANEL 3 84436, 84443, 84479		8				
THYROID PANEL 4 84436, 84443, 84479,84480		14				
THYROID PEROXIDASE AB(ANTIMICROSOMAL AB) 86376		2				
THYROID STIMULATING HORMONE 84443		23				
TISSUE TRANSGLUTAMINASE Ab 83516		1				
TOBRAMYCIN 80200 MUST BE SAME DAY TAT		2				
TOPIRAMATE (TOPAMAX) 80201		6				
TOTAL T3 84480		22				
TOXOPLASMA ANTIBODY IgG CSF 86777		1				
TOXOPLASMA ANTIBODY IgM CSF 86778		1				
TOXOPLASMA GONDII ab IgM 86778		1				
TPPA/FTA 86781		12				
TRANSFERRIN 84466		26				
TRAZADONE (DESYREL) 80299		1				
URIC ACID 84550		21				
URINE CULTURE 87086		737				
URINE CYTOLOGY 88112		2				
URINE EOSINOPHIL STAIN 89051		1				
URINE OSMOLALITY 83935		34				
VALPROIC ACID/DEPAKENE 80164		9				
VANCOMYCIN 80202 MUST BE SAME DAY TAT		29				
VARICELLA ZOSTER ANTIBODY IgG 86787		1				
VDRL CSF 86592		2				
VIMPAT (LACOSAMIDE) 83789		3				
VITAMIN B1 WHOLE BLOOD (THIAMINE) 84425		2				
VITAMIN B12 82607		11				
VITAMIN B6 84207		1				
VITAMIN D (25-OH) 82306		404				
VITAMIN D3 (1,25-OH,CALCITRIOL) 82652		1				

WELLBUTRIN/BUPROPION 82492	1				
WEST NILE VIRUS IgG&IgM, CSF 86788, 86789	1				
WEST NILE VIRUS IgG&IgM, SERUM 86788, 86789	1				
ZINC SERUM 84630	2				

Overall Total: \$ _____ Per Year