Title 23: Division of Medicaid

Part 212: Rural Health Clinics

Chapter 1: General

Rule 1.1: Provider Enrollment Requirements

A. To participate as a Rural Health Clinic (RHC) in the Medicaid program, an organization must be approved by the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) as an RHC.

B. RHC providers must comply with the requirements set forth in Miss. Admin. Code Part 200, Rule 4.8 for all providers in addition to the specific provider type requirements outlined below:

1. National Provider Identifier (NPI), verification from the National Plan and Provider Enumeration System (NPPES),

2. A copy of the interim rate notice or current rate letter from CMS,

3. Copy of the nurse practitioner's protocol and license to practice. If the nurse practitioner is not enrolled with the Division of Medicaid as a provider, the nurse practitioner must complete a provider application and obtain an individual provider number, and

4. Clinical Laboratory Improvement Amendments (CLIA) Information form and current CLIA certificate, if applicable.

C. Medicaid payments may not be made to any organization prior to the date of approval and execution of a valid Medicaid provider agreement.

D. The effective date of the Medicaid provider enrollment will be:

1. The date of Medicare certification if the provider requests enrollment in the Medicaid program within one hundred twenty (120) days from the date the Medicare Tie-in Notice was issued to the provider, or

2. The first day of the month in which the Division of Medicaid receives the provider's completed enrollment packet if the provider requests enrollment after one hundred twenty (120) days of the issuance of the Medicare Tie-in Notice.

Source: 42 CFR § 440.20 (b); 42 CFR Part 455, Subpart E; 42 CFR Part 491; Miss. Code Ann. § 43-13-121.

History: Revised eff. 07/01/2014. Updated Miss. Admin. Code Part 212, Rule 1.1A. 05/01/13 to include 04/01/2012 compilation omission.

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~~1. Chemical examinations of urine by stick or tablet method or both, including urine ketones,~~

~~2. Hemoglobin or hematocrit,~~

~~3. Blood glucose,~~

~~4. Examination of stool specimens for occult blood,~~

~~5. Pregnancy tests, and~~

~~6. Primary culturing for transmittal to a certified laboratory.~~

~~B. .If the RHC performs only these six (6) tests, it may obtain a waiver certificate from the regional Clinical Laboratory Improvement Amendments (CLIA) office. If an RHC provides other tests on site, it must comply with CLIA requirements for the lab services actually provided.~~

~~C. Medicaid must receive a copy of the letter and Provider Tie-in Notice from the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), which states approval of the Rural Health Clinic (RHC) before an agreement can be established.~~

~~D~~B.RHC providers must comply with the requirements set forth in Miss. Admin. Code Part 200, ~~Chapter 4,~~ Rule 4.8 for all providers in addition to the specific provider type requirements outlined below:

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C. Medicaid payments may not be made to any organization prior to the date of approval and execution of a valid Medicaid provider agreement. (Moved from Miss. Admin. Code Part 212, 1.1.A.)

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Source: ~~Miss. Code Ann. § 43-13-121 ;~~ 42 CFR § 440.20 (b); 42 CFR 455, Subpart E; 42 CFR §Part 491; ~~42 CFR 440.20(b)(c); 42 CFR 455, Subpart E~~ Miss. Code Ann. § 43-13-121.

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