Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FIL	ING			
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5241	
ADDRESS		CITY	STATE ZIP	
550 High Street, Suite 1000		Jackson	MS 39201	
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Margaret.Wilson@medicaid.ms.gov	MAY 2 8 2014		Part 211: Federally Qualified Health Centers,	
		Chapter 1. General, Rule 1.1. 1	Provider Enrollment/Requirements.	_
Short explanation of rule/amendment/rep Medicaid, Chapter 1: General, Rule 1.1: Pro- effective date of the Federally Qualified Hea Specific legal authority authorizing the p SSA § 1902; 42 CFR Part 491; Miss. Code A	vider Enrollment/Requith Centers (FQHC) poromulgation of rule	uirements is being amended to in- rovider agreement.		
List all rules repealed, amended, or susp	ended by the propo	sed rule: Rule 1.1: Provider Enr	ollment/Requirements.	
ORAL PROCEEDING:				
An oral proceeding is scheduled for this r	ule on Date:	Time: Place:		
Presently, an oral proceeding is not sche	duled on this rule.			
within twenty (20) days after the filing of thi telephone number of the person(s) making t	ersons. The written r s notice of proposed he request; and, if yo t. At any time within rule/amendment/re	equest should be submitted to the rule adoption and should include ru are an agent or attorney, the na the twenty-five (25) day public on peal may be submitted to the fili	ne agency contact person at the above address the name, address, email address, and ame, address, email address, and telephone omment period, written submissions including ing agency.	12
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose New rule Amendm Repeal of Adoption Proposed final Other (sp	(s) ent to existing rule(s) of existing rule(s) on by reference effective date: ofter filing oecify):	Date Proposed Rule Filed: APR 3 0 Action taken: X Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: X Other (specify):	
Printed name and Title of person authorized	to file rules: Day	rid J. Dzielak, Ph.O., Executive Dir	ector	
Signature of person authorized to file rules:	DO NOT	WRITE BELOW THIS LINE	1	
OFFICIAL FILING STAMP		ICIAL FILING STAMP	OFFICIAL FILING STAMP	
OFFICIAL FILING STAMP	3		MAY 2 8 2014 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for fi	20 B	Accepted for filing by #20557	
The entire text of the Proposed Rule including	g the text of any rule	being amended or changed is at	acned.	