



MISSISSIPPI DIVISION OF  
**MEDICAID**

## Administrative Code

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Title 23: Medicaid  
Part 212  
Rural Health Clinics

## **Title 23: Division of Medicaid**

### **Part 212: Rural Health Clinics**

#### **Part 212 Chapter 1: General**

##### *Rule 1.1: Provider Enrollment Requirements*

- A. In order to participate in the Medicaid program, an organization must be approved as a Rural Health Clinic (RHC) by the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Medicaid payments may not be made to any organization prior to the date of approval and execution of a valid provider agreement. The effective date is the date the Executive Director signs the agreement. To be approved, a Rural Health Clinic must meet requirements and conditions for approval as established by state and federal regulations and must provide the following six (6) laboratory services on site:
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. RHC providers must comply with the requirements set forth in Part 200, Chapter 4, 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 Medicaid as a provider, the nurse practitioner must complete a provider application and obtain an individual provider number, and

4. CLIA Information form and current CLIA certificate, if applicable.

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

History: Rule 1.1A updated 05/01/13 to include 04/01/2012 compilation omission.