405		ppi Secretary of State			
ADMINISTRATIVE PROCEDURES		P. O. Box 136, Jackson, MS 3	39205-0136		
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER 601-359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	NOV 2 7 2019	Provider Enrollment, Rule 4.1:	General Provider Information, Chapter 4: Definitions, 4.2: Conditions of Participation, der Agreement and Provider Agreement		
Short explanation of rule/amendment, being filed to clarify out-of-state provider removes 1) "completed" from the submithe provider producing required docum Specific legal authority authorizing the 121. List all rules repealed, amended, or sus ORAL PROCEEDING:	der enrollment require nittal application requ entation of screening promulgation of rule	ements and specify effective irement.) clarifies Rule 4.2. results with DOM verificati : 42 C.F.R. §§ 431.52, 431.	dates for prov B.I.d) mileag	vider agreeme e requiremen ng results.	ents. This filing nt, and 3) replaces
An oral proceeding is scheduled for					
Presently, an oral proceeding is not					
If an oral proceeding is not scheduled, an oral pr ten (10) or more persons. The written request so notice of proposed rule adoption and should inc agent or attorney, the name, address, email add comment period, written submissions including	hould be submitted to the lude the name, address, er ress, and telephone numbe	agency contact person at the abov nail address, and telephone numbe er of the party or parties you repre	re address within er of the person(sesent. At any time	twenty (20) day s) making the re e within the twe	ys after the filing of this quest; and, if you are an enty-five (25) day public
ECONOMIC IMPACT STATEMENT:					e mile agency.
Economic impact statement not rec	quired for this rule	Concise summary of e	economic imp	act statemen	t attached.
TEMPORARY RULES	PROPOSE	PROPOSED ACTION ON RULES FINAL ACTION Date Proposed Rule File		AL ACTION	ON RULES
Original filing	Action propose		Date Proposed Rule Filed: NOV 0 1 2019 Action taken:		
Renewal of effectiveness To be in effect in days	New rule	• •	Adopted with no changes in text		
Effective date:		ent to existing rule(s) f existing rule(s)	X Adopted with changes Adopted by reference		
Immediately upon filing		by reference	Withdrawn		
Other (specify):	Proposed final e		Repeal adopted as proposed		
		after filing	Effective da	-	
	Other (sp	эеспу):	30 da	ays after filing	
Printed name and Title of person at	uthorized to file rule	es: Drew L. Snyder, Exe		173 194	0 1 2020
Signature of person authorized to fi	le rules: _ 🕉 🗸	~			
		RITE BELOW THIS LINE			
OTTICIAL FILING STAINIP	OFFIC	IAL FILING STAMP	5	1000 NOV 2 MISSIS	7 2019 D

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Accepted for filing by

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