

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

Table with 3 columns: AGENCY NAME (Division of Medicaid), CONTACT PERSON (Robin Williams), TELEPHONE NUMBER (601-359-3984); ADDRESS (550 High Street, Suite 1000), CITY (Jackson), STATE (MS), ZIP (39201); EMAIL (DOMPolicy@medicaid.ms.gov), SUBMIT DATE (MAY 27 2026), Name or number of rule(s): Title 23: Medicaid, Part 202: Hospital Services, Chapter 1: Inpatient Services, Rule 1.2: Provider Enrollment; Chapter 3: Swing Beds, Rule 3.2: Certification of Providers/Provider Enrollment

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This administrative code is being filed to consolidate all general provider enrollment requirements into Part 200 to eliminate redundancies.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: 1.2, 3.2

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: \_\_\_\_ Time: \_\_\_\_ Place: \_\_\_\_
Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

Table with 3 columns: TEMPORARY RULES (Original filing, Renewal of effectiveness, To be in effect in \_\_\_\_ days, Effective date: Immediately upon filing, Other (specify): \_\_\_\_); PROPOSED ACTION ON RULES (Action proposed: New rule(s), Amendment to existing rule(s), Repeal of existing rule(s), Adoption by reference, Proposed final effective date: 30 days after filing, Other (specify): AUG 01 2026); FINAL ACTION ON RULES (Date Proposed Rule Filed: \_\_\_\_, Action taken: Adopted with no changes in text, Adopted with changes, Adopted by reference, Withdrawn, Repeal adopted as proposed, Effective date: 30 days after filing, Other (specify): \_\_\_\_)

Printed name and Title of person authorized to file rules: Cindy H. Bradshaw, Executive Director

Signature of person authorized to file rules: (Cindy Bradshaw)

Table with 3 columns: OFFICIAL FILING STAMP (empty), DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP (FILED MAY 27 2026 MISSISSIPPI SECRETARY OF STATE), OFFICIAL FILING STAMP (empty). Below each stamp is 'Accepted for filing by' with a signature.

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