

Title 23: Division of Medicaid

Part 202: Hospital Services

Part 202 Chapter 1: Inpatient Services

Rule 1.2: Provider Enrollment

Hospital providers, including psychiatric hospitals and swing bed providers applying for enrollment into the Medicaid program must meet the applicable requirements set forth in Part 200, Chapter 4.

Source: 42 CFR § 482.11; Miss. Code Ann. § 43-13-121.

History: Revised eff. 08/01/2026.

Part 202 Chapter 3: Swing Beds

Rule 3.2: Certification of Providers/ Provider Enrollment

- A. The Division of Medicaid requires any hospital certified for participation in the Medicare swing bed program who wants to participate in the Medicaid program to become a provider. A separate provider number from the hospital is required for the swing bed.
- B. Hospital providers, including swing bed providers applying for enrollment into the Medicaid program must meet the applicable requirements set forth in Part 200, Chapter 4, in addition to submitting a copy of outstanding claims, if applicable, for out-of-state facility.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 08/01/2026.

Title 23: Division of Medicaid

Part 202: Hospital Services

Part 202 Chapter 1: Inpatient Services

Rule 1.2: Provider Enrollment

Hospital providers, including psychiatric hospitals and swing bed providers applying for enrollment into the Medicaid program must ~~satisfy meet all the applicable~~ requirements set forth in Part 200, Chapter 4, ~~Rule 4.8 in addition to the following provider type specific requirements:~~

- ~~A. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES).~~
- ~~B. Written confirmation from the IRS confirming your tax identification number and legal business name.~~
- ~~C. CLIA certificate and completed certification form.~~
- ~~D. Licensed freestanding psychiatric hospitals must submit Joint Commission on Accreditation of Health Care Organization (JCAHO).~~
- ~~E. Copy of current Medicare certification or Tie In Notice. EOMB is not acceptable.~~
- ~~F. Out of state facility: Copy of outstanding claims, if applicable.~~
- ~~G. Copy of hospital license
 - ~~1. Out of state facility: Copy of license/certification in effect during the claims period for which they are billing.~~
 - ~~2. In state facility: A copy of letter from the Mississippi State Department of Health is acceptable.~~
 - ~~3. Hospital undergoing a Change of Ownership (CHOW): License in effect for the new owner.~~~~

Source: 42 CFR § 482.11; Miss. Code Ann. § 43-13-121.

History: Revised eff. 08/01/2026.

Part 202 Chapter 3: Swing Beds

Rule 3.2: Certification of Providers/ Provider Enrollment

C. The Division of Medicaid requires any hospital certified for participation in the Medicare swing bed program who wants to participate in the Medicaid program to become a provider. A separate provider number from the hospital is required for the swing bed.

D. Hospital providers, including swing bed providers applying for enrollment into the Medicaid program must ~~satisfy~~ meet all the applicable requirements set forth in Part 200, Chapter 4, Rule 4.8 in addition to ~~submitting the following provider type specific requirements:~~ a copy of outstanding claims, if applicable, for out-of-state facility.

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

~~2. Written confirmation from the IRS confirming the provider's tax identification number and legal business name.~~

~~3. CLIA certificate and submit the completed certification form.~~

~~4. Joint Commission on Accreditation of Health Care Organization (JCAHO) for licensed hospitals.~~

~~5. Copy of current Medicare certification or Tie-In Notice. Explanation of Medicare Benefits (EOMB) is not acceptable.~~

~~6. Copy of outstanding claims, if applicable, for out of state facility.~~

~~7. Copy of Hospital license:~~

~~a. Copy of license/certification, in effect during the claims period for which they are billing for out of state facility.~~

~~b. In-state facility: A copy of letter from the Mississippi State Department of Health is acceptable for in-state facility.~~

~~c. License in effect for the new owner for Hospital undergoing a Change of Ownership (CHOW).~~

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 08/01/2026.