

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

|  |                                   |   |                                  |              |
|--|-----------------------------------|---|----------------------------------|--------------|
| AGENCY NAME<br>Division of Medicaid    |                                   | CONTACT PERSON<br>Robin Williams  | TELEPHONE NUMBER<br>601-359-3984 |              |
| ADDRESS<br>550 High Street, Suite 1000 |                                   | CITY<br>Jackson   | STATE<br>MS                      | ZIP<br>39201 |
| EMAIL<br>DOMPolicy@medicaid.ms.gov     | SUBMIT DATE<br><b>MAY 27 2026</b> | Name or number of rule(s): Title 23: Medicaid, Part 205: Hospice Services;<br>Chapter 1: Program Overview; Rule 1.2: Provider Enrollment Requirements |                                  |              |

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List all rules repealed, amended, or suspended by the proposed rule: 1.2

**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.

| TEMPORARY RULES  | PROPOSED ACTION ON RULES   | FINAL ACTION ON RULES  |
|--|--|--|
| _____ Original filing<br>_____ Renewal of effectiveness<br>To be in effect in _____ days<br>Effective date:<br>_____ Immediately upon filing<br>_____ Other (specify): _____ | <b>Action proposed:</b><br>_____ New rule(s)<br><input checked="" type="checkbox"/> Amendment to existing rule(s)<br>_____ Repeal of existing rule(s)<br>_____ Adoption by reference<br><b>Proposed final effective date:</b><br>_____ 30 days after filing<br><input checked="" type="checkbox"/> Other (specify): <b>AUG 01 2026</b> | <b>Date Proposed Rule Filed:</b> _____<br><b>Action taken:</b><br>_____ Adopted with no changes in text<br>_____ Adopted with changes<br>_____ Adopted by reference<br>_____ Withdrawn<br>_____ Repeal adopted as proposed<br><b>Effective date:</b><br>_____ 30 days after filing<br>_____ 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*

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| OFFICIAL FILING STAMP<br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____ | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP<br><div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u><i>25603 JB</i></u> | OFFICIAL FILING STAMP<br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____ |
|--|--|--|

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