

Title 23: Division of Medicaid

Part 215: Home Health Services

Part 215 Chapter 1: Home Health Services

Rule 1.2: Provider Enrollment Requirements

Home health providers, including out-of-state providers, must meet all of the applicable requirements set forth in Miss. Admin. Code Title 23, Part 200, Chapter 4.

Source: 42 C.F.R. § 440.70, 42 C.F.R. Part 455, Subpart E; 42 C.F.R. Part 484; Miss. Code Ann. § 43-13-121.

History: Revised eff. 08/01/2026. Revised eff. 09/01/2018.

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Home health providers, including out-of-state providers, must ~~meetsatisfy~~ all of the applicable requirements set forth in Miss. Admin. Code Title 23, 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 Internal Revenue Service (IRS) confirming the provider's tax identification number and legal business name.~~
- ~~C. A copy of the provider's current Medicare certification or Tie In Notice from the Medicare Intermediary. An Explanation of Medicare Benefits (EOMB) is not acceptable.~~
- ~~D. A copy of License from the Mississippi State Board of Health, Health Facilities Licensure and Certification. If parent entity is an out-of-state facility with a servicing location in Mississippi, a copy of the respective State's license is required.~~

Source: 42 C.F.R. § 440.70, 42 C.F.R. Part 455, Subpart E; 42 C.F.R. Part 484; Miss. Code Ann. § 43-13-121.

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