Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES	NOTICE FILING				
AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER 601-359-3984		
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	MAR 2 5 2025	Name or number of rule(s): Title 23: Medicaid, Part 200: Gener Provider Enrollment Rule 4.2: Conf for All Providers			
Short explanation of rule/amendment/ code is being revised to comply with 42 newly enrolling and revalidating provid Specific legal authority authorizing the List all rules repealed, amended, or sus	C.F.R. § 455.107, Ners to disclose affilia Communication of rul	Miss. Code § 43-13-121, and N ation information (effective C e: Miss. Code § 43-13-121, 42	1S SPA 24-00 October 1, 20)11 which req)24).	
DRAL PROCEEDING:					
An oral proceeding is scheduled for	this rule on Date:	Time: Place: _			
Presently, an oral proceeding is not	scheduled on this r	ule.			
If an oral proceeding is not scheduled, an oral properties an agency or ten (10) or more persons. The writt days after the filing of this notice of proposed rulperson(s) making the request; and, if you are an represent. At any time within the twenty-five (2) proposed rule/amendment/repeal may be submercontonals.	en request should be su e adoption and should ir agent or attorney, the na s) day public comment p	bmitted to the agency contact perso Include the name, address, email addi Ime, address, email address, and tele Beriod, written submissions including	n at the above a ress, and teleph ephone number	address within ty none number of t r of the party or p	venty (20) he parties you
ECONOMIC IMPACT STATEMENT:					
Economic impact statement not rec	uired for this rule.	Concise summary of econ	omic impact	t statement at	ttached.
Original filing Renewal of effectiveness X Seffective date: Immediately upon filing Other (specify): Propos X 0		nle(s) Iment to existing rule(s) of existing rule(s) on by reference I effective date: s after filing specify): JUN 0 1 2025	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RULES Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify):		hanges in text nges nce proposed
Printed name and Title of person at	11			Director	-
Signature of person authorized to fi		will H. Bulsh	luci:		
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE ICIAL FILING STAMP		FFICIAL FILIN	G STAMP
		MAR 25 2025 MISSISSIPPI ETARY OF STATE			
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Accepted for filing by	I Accepted for	filing by	Accepted	for filing by	