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SOS APA Form 001

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Division of Medicaid		CONTACT PERSON Karson Luther		TELEPHONE NUMBER 601-359-3104	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL Karson.Luther@medicaid.ms.gov	SUBMIT DATE 09/03/2013	Name or number of rule(s): Administrative Code Title 23: Medicaid Part 100, Rule 8.1, Rule 8.2, Rule 8.3, Rule 8.4, Rule 8.5, Rule 8.6, Rule 8.7, Rule 8.8, Rule 8.9, Rule 8.10, Rule 8.11, Rule 8.12, Rule 8.13, Rule 8.14, Rule 8.15			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This is an addition to include Medicaid and CHIP eligibility – related provisions required by the Affordable Care Act (ACA)

Specific legal authority authorizing the promulgation of rule: Patient Protection and Affordable Care Act (P.L .111-148) and the Health Care Education Reconciliation Act of 2010 (P.L. 111-152)

List all rules repealed, amended, or suspended by the proposed rule: N/A

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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	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):	Date Proposed Rule Filed: 08/01/2013 Action taken: __x__ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: __x__ 30 days after filing _____ Other (specify):

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED SEP 03 2013 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by

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