Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

	ADMINISTRATIVE	PROCEDURES	NOTICE	FILING
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AGENCY NAME Mississippi Division of Medicaid ADDRESS 550 High Street, Suite 1000		CONTACT PERSON Karson Luther CITY Jackson	인생생활하다양살 개인 시간	TELEPHONE NUMBER 601-359-3104	
			STATE MS	ZIP 39201	
EMAIL Karson.Luther@medicaid.ms.gov	SUBMIT DATE 09/03/2013	Name or number of rule(s): Title 23: Medicard, Part101, Ch. 1, 1 2 - 1.3, Ch. 3, 3.1- 3.10 Ch. 4,4.1, Ch. 5, 5.1-5.4, Ch. 6, 6.1-6.5, Ch. 7, 7.1-7.5, Ch. 8.8.1, Ch. 9, 9.1-9.4,Ch. 10,10 1 - 10.3, Ch. 11, 11 1-11.3, Ch.12,12.1-12.2, Ch. 13:, 13.1,13.2, Ch. 15, 15.1			

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Care Act (P.L. 111-148) and the Health Care Education Reconciliation Act of 2010 (P.L. 111-152) List all rules repealed, amended, or suspended by the proposed rule: Chapter 1 Introduction, rules 1.2,-1.4, Chapter. 2 Definitions, rule 2.1, Chapter3 Filling the Application, rules 3.1, - 3.10 Chapter 4 Interview Determination of Eligibility, rule 4.1, Chapter. 5: Standards of Promptness, rules 5.1-5.4, Chapter 6 Disposition of Applications, rules 6.1-6.6, Chapter 7 Eligibility Dates, rules 7.1, -7.5, Chapter 8 Applications of Employees and Family Members rule 8.1, Chapter 9 Continuous Eligibility for Children, rules 9.1-9.3, Chapter 10 The Redetermination or Renewal Process, rules 10.1 -10.3, Ch. 11 Notification, 11.1-11.3, Chapter 12 Reinstatements and Corrective Action, 12.1-12.2, Chapter 13 Other Changes - ABD Programs, 13.1,13.2, Chapter 15 Other Changes - FCC Programs, 15.1 **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** Date Proposed Rule Filed: 08/02/2013 Original filing Action proposed: Action taken: Renewal of effectiveness New rule(s) x Adopted with no changes in text To be in effect in ____ days Amendment to existing rule(s) Adopted with changes Effective date: Repeal of existing rule(s) Adopted by reference Immediately upon filing Adoption by reference Withdrawn Other (specify): _____ Proposed final effective date: Repeal adopted as proposed 30 days after filing Effective date: Other (specify): 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: DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP OFFICIAL FILING STAMP



Accepted for filing by

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