## Mississippi Secretary of State

7	700 North Street P. O.	Box 136, Jackson, MS 392	05-0136	
ADMINISTRATIVE PROCEDURES	<b>NOTICE FILING</b>			
AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Division of Medicaid		Margaret Wilson	601-359-6698	
ADDRESS		CITY	STATE	ZIP
550 High Street, Suite 1000		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Margaret.Wilson@medicaid.ms.gov	MAR 2 8 2014	Title 23: Division of Medicaid, Part 216: Dialysis Services, Chapter 1: Dialysis Services, Rules 1.2, 1.3, 1.5,1.6.		
Short explanation of rule/amendment/re This Ms. Division of Medicaid's Adu hospital-based dialysis centers from a c correspond with SPA 14-003 and to cla  Specific legal authority authorizing the List all rules repealed, amended, or susp	ministrative Code fili omposite rate system trify documentation reconstruction reconstruction of rule:	ng is to change the payn to a prospective payment sy puirements for dialysis cent 42 CFR § 405.2102; SPA	nent methodology vstem (PPS) effec ers effective May A 14-003; Miss.	tive January 1, 2014 to 1, 2014.
ORAL PROCEEDING:	***			
An oral proceeding is scheduled for this rule on Date: Time: Place:				
Presently, an oral proceeding is not s	scheduled on this rule.			
If an oral proceeding is not scheduled, an oral proten (10) or more persons. The written request sh notice of proposed rule adoption and should incluagent or attorney, the name, address, email addromment period, written submissions including a ECONOMIC IMPACT STATEMENT:  Economic impact statement not request.	ould be submitted to the agude the name, address, ema ess, and telephone number rguments, data, and views o	gency contact person at the above oil address, and telephone numbe of the party or parties you repre	e address within twen r of the person(s) mal sent. At any time with t/repeal may be subm	ty (20) days after the filing of this king the request; and, if you are an nin the twenty-five (25) day public nitted to the filing agency.
TEMPORARY RULES  Original filing  Renewal of effectiveness  To be in effect in days  Effective date:  Immediately upon filing  Other (specify):	Action proposed:  New rule(: Amendme Repeal of Adoption I Proposed final ef 30 days af Other (spe	s) ent to existing rule(s) existing rule(s) by reference fective date: ter filing ecify):	FINAL ACTION ON RULES  Date Proposed Rule Filed: _MAR0_3 2014  Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed  Effective date: 30 days after filingay 0 1 2014 Other (specify):	
Printed name and Title of person author		id J. Dzielak, Ph.D., Executi	ve Director	
Signature of person authorized to file ru		VITE DELOW THE THE	:	
OFFICIAL FILING STAMP	0-0-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	NITE BELOW THIS LINE	OFFICE	AL CILIAGO CTARAO
Accepted for filing by	Accepted for fill	AL FILING STAMP	MI SECRET	AR 2 8 2014 SSISSIPPI TARY OF STATE
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Accepted for filing by

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