Mississippi Secretary of State
700 North Street P. O. Box 136 Jackson, MS, 39705-0136

ADMINISTRATIVE PROCEDURES NOTICE FIL		O. BOX 136, Jackson, IVIS 39203	-0150	
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	ST/ MS	ATE ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	JUL 2 9 2014	Name or number of rule(s): Title 23: Medicaid, Part 300: Appeals, Chapter 1: Appeals, New Rule 1.5: Review for Medical Necessity and/or Independent Verification and Validation (IV&V).		
Short explanation of rule/amendment/re Administrative Code proposed filing New Rule 1.5: Review for Medical include the appeal rights for provide relating to disallowances as a result decision described in Miss. Admin. Of Specific legal authority authorizing the process of the support of th	g is to add a new Necessity and/or rs who are dissation of a review for me Code Part 202, Ru	rule to Title 23: Medicai Independent Verification sfied with final administra edical necessity or Indepe le 1.18.A.	l, Part 300: App and Validation tive decisions of adent Verification	peals, Chapter 1: Appeals, (IV&V). This filing is to f the Division of Medicaid
List all rules repealed, amended, or suspi Rule 1.5: Review for Medical Necessity				s, Chapter 1: Appeals, New
ORAL PROCEEDING: An oral proceeding is scheduled for this r	ule on Date:	Time: Place: _		
Presently, an oral proceeding is not sched		Time		
If an oral proceeding is not scheduled, an oral subdivision, an agency or ten (10) or more per within twenty (20) days after the filing of this telephone number of the person(s) making the number of the party or parties you represent arguments, data, and views on the proposed ECONOMIC IMPACT STATEMENT:	ersons. The written resorting of proposed resorting in the request; and, if you are within rule/amendment/reposed.	equest should be submitted to rule adoption and should includ u are an agent or attorney, the the twenty-five (25) day public peal may be submitted to the fi	he agency contact the name, address name, address, ema comment period, w ing agency.	person at the above address s, email address, and ail address, and telephone ritten submissions including
TEMPORARY RULES	PROPO	SED 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):	Repeal o	s) ent to existing rule(s) f existing rule(s) by reference effective date: fter filing	X Adopted Adopted Adopted Withdraw Repeal ac Effective date: 30 days a	dopted as proposed
Printed name and Title of person authorized	to file rules: Davi	d) Dzielak, Ph.D., Executive Di	ector	
Signature of person authorized to file rules: OFFICIAL FILING STAMP		WRITE BELOW THIS INE CIAL FILING STAMP	OFFIC	IAL FILING STAMP
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