Mississippi Secretary of State 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE I	FILING				
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER (601) 359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE DEC 0 2 2014	Name or number of rule(s): Title 23: Division of Medicaid, Part 222: Maternity Services, Chapter 1: General, Rule 1.1: Maternity Services, Rule 1.2: Multiple Birth Deliveries, and Rule 1.5: Billing for Maternity Services.			
Short explanation of rule/amendmer Administrative Code filing is to amend Tir coverage criteria and reimbursement for m delivery and removing Rule 1.2: Multip reimburse for non-medically necessary ele	tle 23: Medicaid, Part 2: tedically necessary elect le Birth Deliveries and	22: Maternity Services, Chapte ive deliveries prior to one (1) Rule 1.5: Billing for Matern	er 1: General, R week before the nity Services.	ale 1.1: Materni treating physici The Division o	y Services by adding an's expected date of f Medicaid does not
Specific legal authority authorizing the Miss. Code Ann. §§ 43-13-115(8), 43-13-1		n			
List all rules repealed, amended, or sus	spended by the propos	sed rule: Rule 1.1, 1.2, 1.5.			
An oral proceeding is scheduled for thi	s rule on Date:	Time: Place:			
Presently, an oral proceeding is not sci		rine riace.			
If an oral proceeding is not scheduled, and subdivision, an agency or ten (10) or more within twenty (20) days after the filing of the telephone number of the person(s) making number of the party or parties you repress arguments, data, and views on the propose ECONOMIC IMPACT STATEMENT:	persons. The written re his notice of proposed re g the request; and, if yo ent. At any time within	equest should be submitted to rule adoption and should inclu u are an agent or attorney, the the twenty-five (25) day public	the agency cor de the name, ac e name, address c comment peri	ntact person at t Idress, email ad , email address,	he above address dress, and and telephone
☐ Economic impact statement not require	ed for this rule. 🔲 Cor	ncise summary of economic in	pact statement	attached.	
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose New rule(Amendm	sed: s) ent to existing rule(s) f existing rule(s) by reference effective date: fter filing	Date Propo Action take Ado Ado Ado With Rep Effective do	INAL ACTION O used Rule Filed: en: pted with no ch pted with chang pted by referend ndrawn eal adopted as pate:	NOV 0 7 2014 anges in text es ce
Printed name and Title of person authorize		d J. Dzielak, Ph.D., Executivas			The second secon
Signature of person authorized to file rules	:	1. 16.16	V.		
OFFICIAL FILING STAMP	OFFI	WRITE BELOW THIS LINE	SECRI	DEC 0 2 20 MISSISSIP ETARY OF	14 Day
Accepted for filing by	Accepted for fil	ing by	Accepted for	or filing by	>)
The entire text of the Proposed Rule includ	ing the text of any rule	being amended or changed is	attached.	40 (9
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