Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE	

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248			
ADDRESS		CITY		STATE	ZIP	
550 High Street, Suite 1000		Jackson		MS	39201	
EMAIL Margaret Wilson@modicald ms gov	SUBMIT DATE	Name or number of rule(s):				
Margaret.Wilson@medicaid.ms.gov	Title 23: Medicaid, Part 200: General Provider Information, Chapter 3: Beneficiary Information, Rule 3.1: Eligibility Groups.					
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing adds language for the coverage of dental services and eyeglasses, frames, lenses and contact lenses for pregnant beneficiaries as required by the Affordable Care Act (ACA) and chiropractic, podiatry, dental services and eyeglasses, frames, lenses and contact lenses for beneficiaries enrolled in the Healthier Mississippi Waiver (HMW). Specific legal authority authorizing the promulgation of rule: 42 USC § 1396a(a)(10)(E)(i); 42 USC § 1396a(a)(17); 42 USC § 1396d(p)(3); 42 CFR § 435.116; Miss. Code Ann. §§ 43-13-115, 43-13-121; SPA 13-0019; Healthier Mississippi Waiver. List all rules repealed, amended, or suspended by the proposed rule: 3.1. 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, em						
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