Mississippi Secretary of State 125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

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AGENCY NAME		CONTACT BERCON		TELEBUIONE MULT	OED.							
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 NAME OF THE PARTY OF THE	SUBMIT DATE	Name or number of rule(s): 1.1 – 1.:										
Margaret.Wilson@medicaid.ms.gov	FEB 0 1 2018	6.2, 7.1, 8.1 – 8.5, 9.1, 10.1 – 10.3, 1 14.2, 15.1, 15.2	1.1 – 11.3, 12	.1 – 12.6, 13.1 – 13.3	3, 14.1,							
Short explanation of rule/amendment/re	epeal and reason(s) for proposing rule/amendme										
being submitted to revise and rewrite Part 101 to reflect changes that are either the direct result of the Affordable Care Act (ACA) of a change initiated by CAS as a result of the ACA.												
a change initiated by CMS as a result of the ACA. Specific legal authority authorizing the promulgation of rule: 42 U.S.C. § 1396a, 1396d, 1395w-114; 42 C.F.R. §§ 423.774; 423.904,												
431.211, 431.246, 435. Subparts B, G, H, G, 457.340, Miss. Code Ann. §§ 41-86-15, 43-13-115, 43-13-117, 43-13-121; Family Planni												
Waiver (FPW), Healthier Mississippi Waiver (HMW).												
List all rules repealed, amended, or suspended by the proposed rule: 1.1 – 1.18, 2.1, 3.1 – 3.6, 4.1 – 4.9, 5.1 – 5.3, 6.1, 6.2, 7.1, 8.1 –												
8.5, 9.1, 10.1 – 10.3, 11.1 – 11.3, 12.1 – 12.6, 13.1 – 13.3, 14.1, 14.2, 15.1, 15.2												
ORAL PROCEEDING:												
An oral proceeding is scheduled for t	nis rule on Date:	Time: Place:										
Presently, an oral proceeding is not s	cheduled on this r	ıle.			ï							
	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 sho	uld be submitted to the	agency contact person at the above	address within	n twenty (20) days at	fter the filing of this							
notice of proposed rule adoption and should include agent or attorney, the name, address, email address	e the name, address, e	mail address, and telephone number per of the party or parties you represe	of the person ent. At any tin	(s) making the requence	est; and, if you are an							
comment period, written submissions including arg												
ECONOMIC IMPACT STATEMENT:												
☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.												
TEMPORARY RULES	PROPOS	ED ACTION ON RULES			NRULES AN 0 4 2018							
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