## Mississippi Secretary of State

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

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AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248										
ADDRESS 550 High Street, Suite 1000	- 140 - 3	CITY Jackson	*	STATE MS	ZIP 39201								
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE FE3 2 6 2019	Name or number of rule(s): Title 23: Division of Medicaid; I Chapter 4: Provider Enrollment	Part 200: Gene t; Rule 4.10: 34	eral Provider In 10B Providers	formation;								
Short explanation of rule/amendment/re	epeal and reason(s	) for proposing rule/amendm	nent/repeal:	This filing is to	o include								
language which was omitted with the final filing of system number 23710.													
Specific legal authority authorizing the promulgation of rule: 42 U.S.C. § 256b; 42 C.F.R Part 10; 42 C.F.R. § 447.512; Miss.													
Code Ann §§ 43-13-117, 43-13-121; SPA 17-0002.													
List all rules repealed, amended, or suspended by the proposed rule: Rule 4.10													
ORAL PROCEEDING:		****											
An oral proceeding is scheduled for t	his rule on Date:	Time: Place: _											
Presently, an oral proceeding is not s	cheduled on this ru	ıle.											
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, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.													
ECONOMIC IMPACT STATEMENT:			·										
Economic impact statement not requ	☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.												
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TEMPORARY RULES	PROPOS	ED ACTION ON RULES	FIN Date Propo	IAL ACTION	9 <u>18</u> 1928 2019								
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