

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE JUL 15 2013	Name or number of rule(s): Part 305 Program Integrity, Chapter 1, Rule 1.1: Fraud and Abuse		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code filing is to make a correction to Title 23: Part 305: Program Integrity, Chapter 1, Rule 1.1: Fraud and Abuse to correspond with Medicaid's Medical Assistance Participation Agreement signed by providers.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: Part 305 Program Integrity, Chapter 1, Rule 1.1: Fraud and Abuse

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, 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 required for this rule. Concise summary of economic impact statement attached.

<p>TEMPORARY RULES</p> <p>____ Original filing ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): _____</p>	<p>PROPOSED ACTION ON RULES</p> <p>Action proposed: ____ New rule(s) ____ Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference</p> <p>Proposed final effective date: ____ 30 days after filing ____ Other (specify): _____</p>	<p>FINAL ACTION ON RULES</p> <p>Date Proposed Rule Filed: JUN 17 2013</p> <p>Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text ____ Adopted with changes ____ Adopted by reference ____ Withdrawn ____ Repeal adopted as proposed</p> <p>Effective date: <input checked="" type="checkbox"/> 30 days after filing ____ Other (specify): _____</p>
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Printed name and Title of person authorized to file rules: David J. Dzieciak, Ph.D., Executive Director

Signature of person authorized to file rules: 

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p>DO NOT WRITE BELOW THIS LINE</p> <p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px;"> <p style="font-size: 2em; font-weight: bold; color: blue;">FILED</p> <p style="color: red; font-weight: bold;">JUL 15 2013</p> <p style="color: blue; font-weight: bold;">MISSISSIPPI</p> <p style="color: blue; font-weight: bold;">SECRETARY OF STATE</p> </div> <p>Accepted for filing by </p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.