

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

**ADMINISTRATIVE PROCEDURES NOTICE 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 <b>SEP 28 2016</b>	Name or number of rule(s): Title 23: Division of Medicaid, Part 305: Program Integrity, Chapter 1: Program Integrity, Rules 1.1: Fraud and Abuse, New Rule 1.2: Fraud, Waste and Abuse, New Rule 1.3: Overpayments, New Rule 1.4: Corrective Action Plan (CAP), New Rule 1.5: Improper Payments Due to Inaccurate Eligibility Information, New Rule 1.6: Medicaid Eligibility Quality Control.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code filing is being submitted to clarify that interest may be charged by the Division of Medicaid for improper payments and to move duplicative information in Part 100 to Part 305.

Specific legal authority authorizing the promulgation of rule:

42 C.F.R. Part 455, 42 C.F.R. § 431.810, et seq.; Miss. Code Ann. §§ 43-13-121, 43-13-129.

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.1 and New Rules 1.2 - 1.6.

**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.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed: 9/01/2016</b> <b>Action taken:</b> <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): 11/01/2016

Printed name and Title of person authorized to file rules: David Y. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: \_\_\_\_\_

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
_____ Accepted for filing by	_____ Accepted for filing by	 Accepted for filing by <u>[Signature]</u> #22290

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.