Mississippi Secretary of State
125 South Congress St., 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
03/20/20

Name or number of rule(s):
Title 23: Medicaid, Part 225, Chapter 1, Rules 1.1 – 1.7

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This proposed Admin. Code (1) introduces a new rule (1.7) to allow for enhanced usage of telehealth services during an emergency, (2) includes language clarifying definitions and reimbursement methods, and (3) provides updated guidance regarding eligible distant sites.


List all rules repealed, amended, or suspended by the proposed rule: Rules 1.1 – 1.6 and new Rule 1.7

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

☐ Original filing
☐ Renewal of effectiveness
To be in effect in _____ days
Effective date:
☐ Immediately upon filing
☐ Other (specify): ______

PROPOSED ACTION ON RULES

Action proposed:
☐ New rule(s)
☐ Amendment to existing rule(s)
☐ Repeal of existing rule(s)
☐ Adoption by reference
Proposed final effective date:
☐ 30 days after filing
☐ Other (specify): ______

FINAL ACTION ON RULES

Date Proposed Rule Filed: ______
Action taken:
☐ Adopted with no changes in text
☐ Adopted with changes
☐ Adopted by reference
☐ Withdrawn
☐ Repeal adopted as proposed
Effective date:
☐ 30 days after filing
☐ Other (specify): ______

Printed name and Title of person authorized to file rules: Drew L. Snyder, 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

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