

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 JUN 29 2020	Name or number of rule(s): Title 23: Medicaid, Part 200; General Provider Information, Chapter 1, Rule 1.8: Administrative Reviews for Claims, Chapter 3, Rule 3.3: Beneficiary Retroactive Eligibility.	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code (1) revises the timeframe providers can submit a claim for services rendered during a period of retroactive eligibility, and (2) addresses the timeframe providers must obtain authorization for services rendered during a period of retroactive eligibility. Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 43-13-113, 43-13-117, 43-13-121
List all rules repealed, amended, or suspended by the proposed rule: 1.8, 3.3

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: **JUN 02 2020**

Action taken:

☒ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed

Effective date:

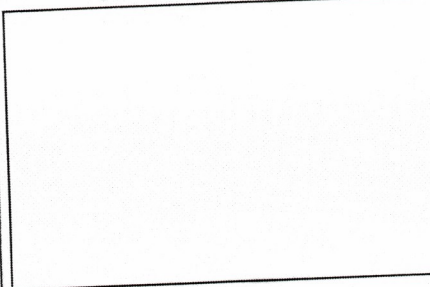
____ 30 days after filing
☒ Other (specify): **AUG 01 2020**

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

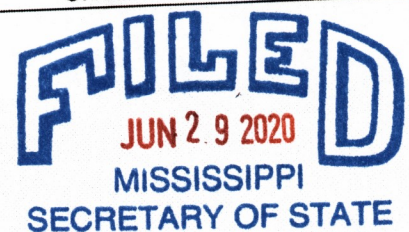
Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP

Accepted for filing by _____

**DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP**

Accepted for filing by _____

OFFICIAL FILING STAMP

Accepted for filing by _____

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