Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES I	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
SUBMIT DATE Name or number of rule(s): Title 23: Medicaid, Part 225, Chapter 1, Rules 1.1 – 1.7				
Short explanation of rule/amendment/r Code (1) removes RHCs and FQHCs as services Specific legal authority authorizing the p 121, 83-9-353; SPA 20-0015 List all rules repealed, amended, or susp	distant telehealth proromulgation of rule	roviders and (2) includes addite: 42 C.F.R. § 410.78; Miss. (itional non-covered Code Ann §§ 43-13	telehealth
ORAL PROCEEDING:				
An oral proceeding is scheduled for t	his rule on Date:	Time: Place: _		
Presently, an oral proceeding is not s	scheduled on this re	ule.		
If an oral proceeding is not scheduled, an oral pro- an agency or ten (10) or more persons. The writte days after the filing of this notice of proposed rule person(s) making the request; and, if you are an a represent. At any time within the twenty-five (25; proposed rule/amendment/repeal may be submit ECONOMIC IMPACT STATEMENT:	en request should be sult adoption and should in gent or attorney, the na I day public comment pe	omitted to the agency contact perso clude the name, address, email add me, address, email address, and tele eriod, written submissions including	n at the above address we ress, and telephone nun ephone number of the p	within twenty (20) nber of the party or parties you
Economic impact statement not requ	uired for this rule.	Concise summary of econ		
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propos New rul Amendm Repeal Adoptic Proposed final Other (e(s) nent to existing rule(s) of existing rule(s) on by reference l effective date: after filing specify):	Date Proposed Ru Action taken: Adopted wi Adopted by Withdrawn Repeal ado Effective date: 30 days aft X Other (spec	y reference pted as proposed
Printed name and Title of person au		les: Drew L. Snyder, Exe	ecutive Director	
Signature of person authorized to fil				
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE CIAL FILING STAMP	OFFICIA	L FILING STAMP
		4	JUL MISS SECRETA	0 1 2020 SISSIPPI RY OF STATE
Accepted for filing by	Accepted for		Accepted for filing #24972	ng by
The entire text of the Proposed Rule inc	luding the text of a	ny rule being amended or ch	anged is attached.	