SOS APA Form 001

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Division of Medicaid		Margaret Wilson	601-359-5248	
ADDRESS		CITY	STATE	ZIP
550 High Street, Suite 1000		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Margaret.Wilson@medicaid.ms.gov	AUG 0 5 2020	Title 23: Medicaid, Part 200: General Provider Information, Chapter 4: Provider Enrollment, Rule 4.2: Conditions of Participation.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being filed to add language clarifying that providers with license limitations will be denied enrollment.
Specific legal authority authorizing the promulgation of rule: 42 C.F.R. § 455.412; Miss. Code Ann §§ 43-13-117, 43-13-121.
List all rules repealed, amended, or suspended by the proposed rule: 4.2

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)
__X__ Amendment to existing rule(s)
_____ Repeal of existing rule(s)
_____ Adoption by reference
Proposed final effective date:
_____ 30 days after filing
__X__ Other (specify): OCT 0 1 2020

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

Accepted for filing by

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FILED
AUG 0 5 2020
MISSISSIPPI
SECRETARY OF STATE

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