

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 AUG 31 2020	Name or number of rule(s): 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List all rules repealed, amended, or suspended by the proposed rule: 4.2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)
 ____ Amendment to existing rule(s)
 ____ Repeal of existing rule(s)
 ____ Adoption by reference
 Proposed final effective date:
 ____ 30 days after filing
 ____ Other (specify): ____

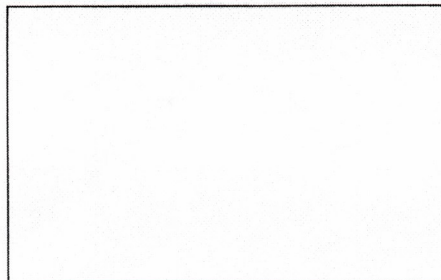
FINAL ACTION ON RULES

Date Proposed Rule Filed: **AUG 05 2020**
 Action taken:
 ____ X Adopted with no changes in text
 ____ Adopted with changes
 ____ Adopted by reference
 ____ Withdrawn
 ____ Repeal adopted as proposed
 Effective date:
 ____ 30 days after filing
 ____ X Other (specify): **OCT 01 2020**

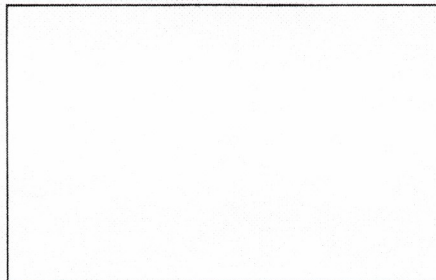
Printed name and Title of person authorized to file rules: Drew L. Snyder, Executive Director

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP

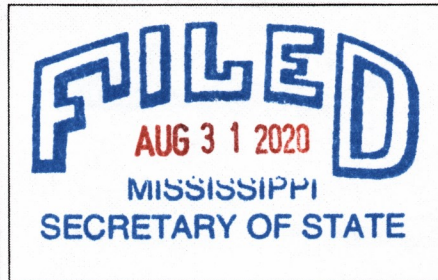


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[Signature]

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