Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being emergency filed to provide immediate coverage for Remote Patient Monitoring for all chronic diseases as defined by the Centers for Medicare and Medicaid Services (CMS), as well as sickle cell in compliance with state law. This is being emergency filed to allow for emergency coverage during the PHE as well as going forward in compliance with state law.


List all rules repealed, amended, or suspended by the proposed rule: 2.3

☐ 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 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☐ Withdrawn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:  

DO NOT WRITE BELOW THIS LINE

FILeD OCT 09 2020
MISSISSIPPI SECRETARY OF STATE

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