Mississippi Secretary of State
700 North Street, P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Department of Insurance		Kimberly Causey	(601) 359-3577	
ADDRESS		CITY	STATE	ZIP
P.O. Box 79		Jackson	MS	39205
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Kim.causey@mid.ms.gov	11/10/20	Title 19 Part 3 Chapter 17: Large Group Health Insurance Claims Data Reporting		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The purpose of this regulation is to establish requirements for companies who offer fully insured, comprehensive, major medical health insurance products on the remittance of certain claims data to large employer groups as defined by Mississippi Insurance Department Bulletin 2016-9.
Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 83-5-1; §§ 83-9-1 et seq., § 83-41-405; § 83-41-413
(List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date

☒ 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	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
___ Original filing	**Action proposed:**	**Date Proposed Rule Filed: 8/20/20**
_____ Renewal of effectiveness	___ New rule(s)	**Action taken:**
To be in effect in ___ days	_____Amendment to existing rule(s)	___Adopted with no changes in text
Effective date:	_____Repeal of existing rule(s)	_x___Adopted with changes
___ Immediately upon filing	_____Adoption by reference	_____Adopted by reference
_____ Other (specify):_____	**Proposed final effective date:**	____Withdrawn
	_____30 days after filing	_____ Repeal adopted as proposed
	_____Other (specify):	**Effective date:**
		____30 days after filing
		___x__Other (specify): 1/1/21

Printed name and Title of person authorized to file rules: Kimberly Causey, Chief of Staff
Signature of person authorized to file rules: Kimberly Causey, Chief of Staff

OFFICIAL FILING STAMP	DO NOT WRITEBELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED NOV 10 2020 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** #25231

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