## Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES	())((++1)	ING

ADMINISTRATIVE PROCEDURES	WOTICE TIENNO	<u></u>					
AGENCY NAME Division of Medicaid					PHONE NUMBER 359-5248		
DDRESS 10 High Street, Suite 1000		CITY Jackson	ST. M:	ATE S	ZIP 39201		
EMAIL Margaret.Wilson@medicaid.ms.gov	FEB 2 6 2021	Name or number of rule(s):  Title 23: Medicaid, Part 306: Third Party Recovery, Chapter 1: Third Party Recovery, Rules 1.1 – 1.5.					
Short explanation of rule/amendment/r submitted to allow the Division of Medicaid 2018, add the process for providers to reque correspond with SPA 20-0009 effective Octo Specific legal authority authorizing the p Miss. Code Ann. §§ 43-13-121, 43-13-125, 4 List all rules repealed, amended, or susp ORAL PROCEEDING:  An oral proceeding is scheduled for Presently, an oral proceeding is not scheduled, an oral proten (10) or more persons. The written request sh notice of proposed rule adoption and should include agent or attorney, the name, address, email addrecomment period, written submissions including a	(DOM) to allow for coest an override of the ber 1, 2020.  promulgation of rul 3-13-305, 43-13-311, bended by the proposition of the beautiful on the proposition of the coeding must be held if bould be submitted to the det the name, address, and telephone num	e: 42 U.S.C. § 1396(a)(25); 42 CF 43-13-313 cosed rule: 1.1 – 1.7  Time: Place: ule.  a written request for an oral procee e agency contact person at the abovermail address, and telephone numbber of the party or parties you repre	in compliance with the language to refer to the person(s) refer to the person(s) refer to the person(s) refer to the language to refer to the language to the langua	th the Bipartisa effect current p 3.137, 433.139, y a political subditenty (20) days afroaking the requenithin the twenty.	in Budget Act of bractices, to , 433.145-433.148; ivision, an agency or iter the filing of this est; and, if you are an-five (25) day public		
ECONOMIC IMPACT STATEMENT:	uired for this rule	Concise summary of e	sconomic impact	t statement a	ttached		
Economic impact statement not req			T				
TEMPORARY RULES  Original filing Renewal of effectiveness  To be in effect in days  Effective date: Immediately upon filing Other (specify):	sed: ale(s) dment to existing rule(s) of existing rule(s) on by reference I effective date: s after filing (specify):	Date Proposed Action taken:  X Adopte Adopte Adopte Withdr Repeal Effective date: 30 days	dopted with no changes in text dopted with changes dopted by reference lithdrawn epeal adopted as proposed				
Printed name and Title of person au		les: <u>Drew L. Snyder, Exe</u>					
Signature of person authorized to fil							
OFFICIAL FILING STAMP		DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP		OFFICIAL FILING STAMP			
			SECF	FEB 26 2 MISSISSI RETARY C	2021 U		
Accepted for filing by	Accepted for		Accepted for filing by #25383				
The entire text of the Proposed Rule inc	luding the text of a	ny rule being amended or ch	anged is attache	ed.	5		