Mississippi Secretary of State 125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

	ADMINIS'	TRATIVE	<b>PROCEDURES</b>	NOTICE	FILING
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AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER 601-359-5248		
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE ZIP MS 39201		ZIP 39201	
MAIL Margaret.Wilson@medicald.ms.gov  SUBMIT DATE  JUN 0 1 2021  Name or number of rule(s): Title 23: Medicaid, Part 216: Dialysis Services, Chapter 1: Dialysis Services, Rule(s) 1.3.						
Short explanation of rule/amendment/r	The second secon	WINDOW STREET,	nent/repeal: T	his Adminis	trative	
Code is being filed to set the fees for dia			January 1, 202	1 in complia	nce with	
Miss. Code § 43-13-117, as amended by			45 45 454			
Specific legal authority authorizing the p List all rules repealed, amended, or susp			43-13-121.			
ORAL PROCEEDING:	ended by the propo	3eu Tule. 1.5				
An oral proceeding is scheduled for t  Presently, an oral proceeding is not s						
				b Princip	L 24 + 1	
If an oral proceeding is not scheduled, an oral pro- an agency or ten (10) or more persons. The writte days after the filing of this notice of proposed rule person(s) making the request; and, if you are an a represent. At any time within the twenty-five (25) proposed rule/amendment/repeal may be submit	n request should be subradoption and should inc adoption and should inc gent or attorney, the nan I day public comment per	mitted to the agency contact pers lude the name, address, email ad ne, address, email address, and te	on at the above ad dress, and telephor lephone number o	dress within tw ne number of the If the party or p	venty (20) he Parties vou	
ECONOMIC IMPACT STATEMENT:						
Economic impact statement not requ	uired for this rule.	Concise summary of eco	nomic impact s	tatement at	tached.	
TEMPORARY RULES PROPOS		SED ACTION ON RULES				
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Repeal Adopti Proposed fina 30 days		Action take	en: opted with no opted with cha opted by refer hdrawn eal adopted a	ence es proposed	
Printed name and Title of person as	uthorized to file ru	les: Drew L. Snyder, E			JUL V & ZUZI	
Signature of person authorized to f		25:50				
	DO NOT	WRITE BELOW THIS LINE				
OFFICIAL FILING STAMP		ICIAL FILING STAMP		FFICIAL FILI	NG STAMP	
					ÆD	
				JUN 1	2021	
			N	lississippi Sec	cretary of State	
Accepted for filing by Accepted for				Accepted for filing by 25636 SWar		