

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 SEP 02 2021	Name or number of rule(s): Title 23: Division of 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 require providers to provide a thirty (30) day written notice to beneficiaries and the Division of Medicaid prior to the discontinuation of services. If a provider fails to provide the notice, the provider will not be reimbursed for the thirty (30) day period the beneficiary and Division of Medicaid should have been notified. This rule will not apply if the failure to provide notice was due to circumstances outside of the provider's control. This is an emergency filing due to the risk to public health due to a sudden stoppage of services to beneficiaries that require high levels of care. Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: Title 23, Part 200, Chapter 4, Rule 4.2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.

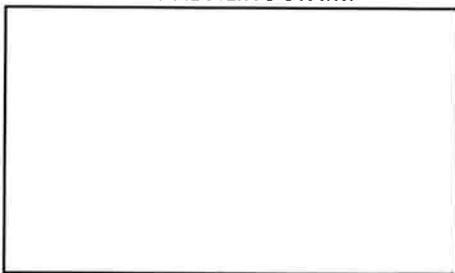
ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input checked="" type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input checked="" type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

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

Signature of person authorized to file rules: 

<p>OFFICIAL FILING STAMP</p>  <p>Accepted for filing by <u>25856 POM</u></p>	<p>DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP</p>  <p>Accepted for filing by</p>	<p>OFFICIAL FILING STAMP</p>  <p>Accepted for filing by</p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.