Mississippi Secretary of State

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

ADMINISTRATIVE TROCEDURES	TOTICE FIEITO				
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	APR 2 8 2022	Name or number of rule(s): Title 23: Medicaid, Part 200: Ge	neral Provide r Providers, R	r Information, Cha	pter 1:
Short explanation of rule/amendment/rcode is being submitted to add language Specific legal authority authorizing the pd3-13-117, 43-13-121, 75-12-3, 75-12-9. List all rules repealed, amended, or susported or the oral proceeding is scheduled for the oral proceeding is not some oral	clarifying the electromulgation of rulended by the properties on Date:	ctronic signature technologies e: 12 C.F.R. § 609.910, 42 C.F. cosed rule: 1.10 Time: Place:	that can be R § 435.907	utilized by provi	iders.
If an oral proceeding is not scheduled, an oral proc 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 ag represent. At any time within the twenty-five (25) proposed rule/amendment/repeal may be submitt ECONOMIC IMPACT STATEMENT:	eeding must be held if n request should be sul adoption and should in ent or attorney, the na day public comment p	a written request for an oral proceed bmitted to the agency contact person clude the name, address, email addre ime, address, email address, and tele eriod, written submissions including a	at the above a ess, and teleph phone number	address within twent one number of the of the party or parti	ty (20)
Economic impact statement not requ	ired for this rule.	Concise summary of econd	omic impact	statement attac	ched.
Original filing Renewal of effectiveness New rul To be in effect in days Amendr Effective date: Repeal of Adoptio Other (specify): Proposed final 30 days			FINAL ACTION ON RULES Date Proposed Rule Filed: _APR () Action taken:X		APR 0 1 202 nges in text s oposed
Printed name and Title of person aut		es: Drew L. Snyder, Exec	10000		
Signature of person authorized to file		WORTH DELCHI THE			
OFFICIAL FILING STAMP	OFFI	WRITE BELOW THIS LINE CIAL FILING STAMP	M SECRE	PR 28 2022 ISSISSIPPI TARY OF ST	
Accepted for filing by Accepted for fil		ming by	Accepted	for filing by	m

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