Mississippi Secretary of State

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

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ADMINISTRATIVE PROCEDURES	NOTICE FILING							
AGENCY NAME Division of Medicaid		CONTACT PERSON	T	TELEPHONE NU	MBER			
		Robin Bradshaw		601-359-3984				
ADDRESS 550 High Street, Suite 1000		Jackson Jackson		STATE MS	ZIP 39201			
EMAIL DOMPolicy@medicaid.ms.gov	NOV 2 7 2024	Name or number of rule(s): Title 23: Medicaid, Part 200: Gene Provider Enrollment, Rule 4.2: Co			4:			
Short explanation of rule/amendment	nt/repeal and rea				ninistrative Code			
24-021 Provider Enrollment is being								
provider is disenrolled for not filing a								
based on medical advice.								
Specific legal authority authorizing the	ne promulgation	of rule: 42 C.F.R. §§ 431.52	2, 455.416; N	Aiss. Code A	nn. §§ 43-13-			
117, 43-13-118, 43-13-121.								
List all rules repealed, amended, or s	uspended by the	proposed rule: 4.2						
ORAL PROCEEDING:								
An oral proceeding is scheduled for t	his rule on Date:	Time: Place: _						
Presently, an oral proceeding is not s	cheduled on this re	ule.						
If an oral proceeding is not scheduled, an oral proc ten (10) or more persons. The written request sho notice of proposed rule adoption and should inclu- agent or attorney, the name, address, email addre	ould be submitted to the de the name, address, e ss, and telephone numl	e agency contact person at the above email address, and telephone numbe ber of the party or parties you repre	e address within or of the person(s sent. At any time	twenty (20) days) making the req within the twer	after the filing of this uest; and, if you are an ity-five (25) day public			
comment period, written submissions including are ECONOMIC IMPACT STATEMENT:	guments, data, and viev	ws on the proposed rule/amendmen	t/repeal may be	submitted to the	filing agency.			
☐ Economic impact statement not requ	ired for this rule.	Concise summary of e	conomic impa	ect statement	attached.			
TEMPORARY RULES	PROPOS	ED ACTION ON RULES	FINAL ACTION ON RULES					
Original filing	Action propos	ad.			_OCT 3 1 202			
Renewal of effectiveness	New ru		Action takes	i. ited with no ch	anges in text			
To be in effect in days		ment to existing rule(s)		ted with chang				
Effective date:	Repeal	of existing rule(s)	The state of the s	ted by referen				
Immediately upon filing		on by reference	With	drawn				
Other (specify):		effective date:		al adopted as p	proposed			
		after filing specify):	Effective da	te: lys after filing	1411 0 1 000			
			X Other (specify): JAN 0 1 ZUZ					
Printed name and Title of person aut			Executive D	irector				
Signature of person authorized to file	rules: //wa	ly H. Mudshaw	T					
	DO NOT V	WRITE BELOW THIS LINE						
OFFICIAL FILING STAMP	OFFI	CIAL FILING STAMP	OF	FICIAL FILING	STAMP			
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Accepted for filing by	Accepted for	filing by	Accepted fo	or filing by	BLA			

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