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 Robin Bradshaw	TELEPHONE NUMBER 601-359-3984			
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201	
EMAIL DOMPolicy@medicaid.ms.gov	Name or number of rule(s): Title 23: Medicaid, Part 101: Coverage Groups and Processing Applications and Reviews Redetermination Processes, Rule(s) 1.10, 3.1, 3.4, 4.2, 4.9, 5.3, 6.1, 6.2, 11.1, 11.2, 12.2- 12.5, 13.2					
Short explanation of rule/amendment/repeal and following revisions: adds Medicare Part B-ID as a call a required interview, modifies reasons for early teremoves prohibition on completing administrative the review form is not returned, and adds changes Specific legal authority authorizing the promulgations all rules repealed, amended, or suspended by	ost sharing-group, clari rmination, removes pro ex parte reviews on ca s from Medicaid to CHIF on of rule: Miss. Code A	fies certain application submission o phibition on changing children from (ses with an asset test, clarifies that e P and CHIP to Medicaid as an adverse knn. §§ 43-13-116, 43-13-121	ptions and time CHIP to Medical electronic source action.	eliness standards, id during the cont les should be used	removes references to inuous eligibility period	
ORAL PROCEEDING:						
☐ An oral proceeding is scheduled for t ☐ Presently, an oral proceeding is not s	scheduled on this r	ule.				
If an oral proceeding is not scheduled, an oral process an agency or ten (10) or more persons. The writted days after the filing of this notice of proposed rule person(s) making the request; and, if you are an agrepresent. At any time within the twenty-five (25) proposed rule/amendment/repeal may be submit ECONOMIC IMPACT STATEMENT:	n request should be suit adoption and should in gent or attorney, the na day public comment p	omitted to the agency contact person clude the name, address, email addr me, address, email address, and tele eriod, written submissions including	n at the above a ress, and teleph aphone number	address within two none number of the of the party or pa	enty (20) ne arties you	
Economic impact statement not requ	uired for this rule.	Concise summary of econ	omic impact	t statement att	tached.	
TEMPORARY RULES	PROPOS	ED ACTION ON RULES	FINAL ACTION ON RULES			
Original filing Renewal of effectiveness To be in effect in days Effective date:	New ru _X Amend Repeal	Action proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s)		Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference		
Other (specify): Proposed fine 30 day		after filing 0 1 2005 Effective date:		eal adopted as p ate: days after filing	proposed	
Printed name and Title of person aut Signature of person authorized to file		les: <u>Cindy H. Bradshaw,</u> Bradshaw	Executive I	Director	_	
OFFICIAL FILING STAMP		DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP		OFFICIAL FILING STAMP		
		UL 0 3 2025				
		MISSISSIPPI SECRETARY OF STATE		-		
Accepted for filing by	Accepted for	Accepted for filing by		Accepted for filing by		

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