## Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES	물리의 밥 얼마 하지 그렇게 맞는 이번 (지원 ) 하게 되었다.	P. O. Box 136, Jackson, MS	39205-0136		
AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw	10.00	TELEPHONE NUMBER 601-359-3984	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		TATE AS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	JUL 3 1 2025	Name or number of rule(s): Title 23: Medicaid, Part 101: Cove and Reviews Redetermination Pro 6.1, 6.2, 11.1, 11.2, 12.2-12.5, 13.	rage Groups and Processing Applications cesses, Rule(s) 1.10, 3.1, 3.4, 4.2, 4.9, 5.3,		
Short explanation of rule/amendment/repeal and following revisions: adds Medicare Part B-ID as a a required interview, modifies reasons for early to removes prohibition on completing administrative the review form is not returned, and adds change Specific legal authority authorizing the promulgat List all rules repealed, amended, or suspended by	cost sharing-group, clari ermination, removes pro e ex parte reviews on ca s from Medicaid to CHIF ion of rule: Miss. Code	ifies certain application submission on phibition on changing children from ses with an asset test, clarifies that P and CHIP to Medicaid as an advers Ann. §§ 43-13-116, 43-13-121	options and timelin CHIP to Medicaid delectronic sources a e action.	ess standards, r luring the contir should be used	emoves references to nuous eligibility period,
ORAL PROCEEDING:				***	****
An oral proceeding is scheduled for	this rule on Date:	Time: Place: _			
Presently, an oral proceeding is not	scheduled on this re	ule.			
If an oral proceeding is not scheduled, an oral pro- ten (10) or more persons. The written request sh notice of proposed rule adoption and should inclu- agent or attorney, the name, address, email addre comment period, written submissions including a	ould be submitted to the de the name, address, e ess, and telephone numi	e agency contact person at the abov email address, and telephone numbe ber of the party or parties you repre	e address within twer of the person(s) sent. At any time w	venty (20) days making the requ within the twent	after the filing of this lest; and, if you are an ty-five (25) day public
ECONOMIC IMPACT STATEMENT:					
Economic impact statement not req	uired for this rule.	Concise summary of e	conomic impac	t statement	attached.
Original filing Action pr Renewal of effectiveness No To be in effect in days A		ed: le(s) lment to existing rule(s) of existing rule(s)	FINAL ACTION ON RULES  Date Proposed Rule Filed: Action taken:  Adopted with no changes in text Adopted with changes Adopted by reference		
Immediately upon filing Other (specify):	Adoptio	on by reference effective date:	Withdrawn Repeal adopted as proposed		
	The second secon	after filing specify):	Effective date 30 dayX Other	s after filing C	SEP 0 1 2025
Printed name and Title of person au				ector	
Signature of person authorized to fil	e rules:	ndy H. Brad	shaw	-	•
		RITE BELOW THIS LINE  AL FILING STAMP  OFFICIAL FILING			STAMP
			11	UL 31 20	125
		-		TARY O	
Accepted for filing by	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.