SOS APA Form 001

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Division of Medicaid	Robin Bradshaw	601-359-3984	
ADDRESS	**CITY**	**STATE**	**ZIP**
550 High Street, Suite 1000	Jackson	MS	39201
EMAIL	**SUBMIT DATE**	Name or number of rule(s): Title 23: Medicaid, Part 222: Maternity Services, Chapter 1: General, Rule 1.1: Maternity Services	
DOMPolicy@medicaid.ms.gov	OCT 2 8 2025		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: *This Administrative Code is being filed to correspond with MS SPA 24-0010 allowing the Division of Medicaid to provide coverage of ambulatory prenatal care to pregnant women deemed presumptively eligible by a qualified provider.*
Specific legal authority authorizing the promulgation of rule: *42 CFR §435.1103, Miss. Code § 43-13-115.1*
List all rules repealed, amended, or suspended by the proposed rule: *1.1*

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
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** _____
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	_X_ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	_X_ Other (specify): JAN 0 1 2026	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Cindy H. Bradshaw, Executive Director
Signature of person authorized to file rules: Cindy Bradshaw

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED OCT 2 8 2025 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by 28335 BA	Accepted for filing by

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

Michael Watson
SECRETARY OF STATE

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME	CONTACT PERSON		TELEPHONE NUMBER
Division of Medicaid	Robin Bradshaw		601-359-3984
ADDRESS	CITY	STATE	ZIP
550 High Street, Suite 1000	Jackson	MS	39201
EMAIL	DESCRIPTIVE TITLE OF PROPOSED RULE		
DOMPolicy@medicaid.ms.gov	Title 23: Medicaid, Part 222: Maternity Services, Chapter 1: General, Rule 1.1: Maternity Services		
Specific Legal Authority Authorizing the promulgation of Rule:	Reference to Rules repealed, amended or suspended by the Proposed Rule:		
42 CFR §435.1103 and Miss. Code § 43-13-115.1	1.1		

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit: *This Administrative Code is being filed to correspond with MS SPA 24-0010 allowing the Division of Medicaid to provide coverage of ambulatory prenatal care to pregnant women deemed presumptively eligible by a qualified provider. Pregnant women will benefit from the filing of this rule.*

2. Briefly describe the need for the proposed rule: *This rule complies with State law Miss. Code Ann. 43-13-115.1 to provide temporary Medicaid coverage to pregnant women when deemed presumptively eligibility based on preliminary information.*

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare: *This rule provides temporary coverage to a population of pregnant women that would not have coverage without this rule.*

4. Estimated Cost of implementing proposed action:
   a. To the agency
      ☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive
   b. To other state or local government entities
      ☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
   c. Cost:
      ☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive
   d. Economic Benefit:
      ☐ Nothing ☐ Minimal ☐ Moderate ☒ Substantial ☐ Excessive

6. Estimated impact on small businesses:
   ☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

a. Estimate of the number of small businesses subject to the proposed regulation: *This rule is applicable to a select group of designated providers, including MS Dept of Health County Health Dept. Clinics, Obstetricians, Federally Qualified Health Center, Rural Health Centers and primary practice clinics.*
b. Projected costs for small businesses to comply: *N/A*
c. Statement of probable effect on impacted small businesses: *N/A*

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☒ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☒ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
☐ yes ☒ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.) *N/A*

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. *The expected impact for this filing was reflected in System number 28325.*

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?
Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or DOMPolicy@medicaid.ms.gov. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.

SIGNATURE	TITLE
Cindy Bradshaw	Executive Director
DATE: OCT 2 8 2025	PROPOSED EFFECTIVE DATE OF RULE: JAN 0 1 2026

Michael Watson
SECRETARY OF STATE

ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. An Economic Impact Statement must be attached to this Form and address the factors below. A PDF document containing this executed Form and the Economic Impact Statement must be filed with any proposed rule, if required by the aforementioned statute.

AGENCY NAME	CONTACT PERSON		TELEPHONE NUMBER
Division of Medicaid	Robin Bradshaw		601-359-3984
ADDRESS	CITY	STATE	ZIP
550 High Street, Suite 1000	Jackson	MS	39201
EMAIL	DESCRIPTIVE TITLE OF PROPOSED RULE		
DOMPolicy@medicaid.ms.gov	Title 23: Medicaid, Part 222: Maternity Services, Chapter 1: General, Rule 1.1: Maternity Services		

Specific Legal Authority Authorizing the promulgation of Rule:	Reference to Rules repealed, amended or suspended by the Proposed Rule:
42 CFR §435.1103 and Miss. Code § 43-13-115.1	1.1

SIGNATURE	TITLE
Cindy Bradshaw	Executive Director
DATE	PROPOSED EFFECTIVE DATE OF RULE
OCT 2 8 2025	JAN 0 1 2026

1. Describe the need for the proposed action: *This rule complies with State law Miss. Code Ann. 43-13-115.1 to provide temporary Medicaid coverage to pregnant women when deemed presumptively eligibility based on preliminary information.*
2. Describe the benefits which will likely accrue as the result of the proposed action: *This rule provides temporary coverage to a population of pregnant women that would not have coverage without this rule.*
3. Describe the effect the proposed action will have on the public health, safety, and welfare: *This rule provides temporary coverage to a population of pregnant women that would not have coverage without this rule.*
4. Estimate the cost to the agency and to any other state or local government entities, of implementing and enforcing the proposed action, including the estimated amount of paperwork, and any anticipated effect on state or local revenues: *The cost to the agency is moderate, but there is no cost to other state or local entities.*
5. Estimate the cost or economic benefit to all persons directly affected by the proposed action: *The cost and economic benefit are both substantial.*
6. Provide an analysis of the impact of the proposed rule on small business: *N/A*
    a. Identify and estimate the number of small businesses subject to the proposed regulation: This rule *is applicable to a select group of designated providers, including MS Dept of Health County Health Dept. Clinics, Obstetricians, Federally Qualified Health Center, Rural Health Centers and primary practice clinics.*
    b. Provide the projected reporting, recordkeeping, and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record: *N/A*
    c. State the probable effect on impacted small businesses: *N/A*

d. Describe any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation including the following regulatory flexibility analysis:
    i. The establishment of less stringent compliance or reporting requirements for small businesses; *N/A*
    ii. The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses; *N/A*
    iii. The consolidation or simplification of compliance or reporting requirements for small businesses; *N/A*
    iv. The establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and
    v. The exemption of some or all small businesses from all or any part of the requirements contained in the proposed regulations: *N/A*

7. Compare the costs and benefits of the proposed rule to the probable costs and benefits of not adopting the proposed rule or significantly amending an existing rule: *The cost of adopting the rule is moderately more than the cost of not adopting the rule.*
8. Determine whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rule where reasonable alternative methods exist which are not precluded by law: *N/A*
9. Describe reasonable alternative methods, where applicable, for achieving the purpose of the proposed action which were considered by the agency: *N/A*
10. State reasons for rejecting alternative methods that were described in #9 above: *N/A*
11. Provide a detailed statement of the data and methodology used in making estimates required by this subsection: *The expected impact for this filing was reflected in System number 28325.*