

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Division of Medicaid		CONTACT PERSON Emily Thompson	TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL emily.thompson@medicaid.ms.gov	SUBMIT DATE April 6, 2011	Name or number of rule(s): SPA 2011-001		

**Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:** Section 115 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) amended section 1917(b)(1) if the act to exempt Medicare cost-sharing benefits (i.e., Part A and Part B premiums, deductibles, coinsurance, and co-payments) paid under the MSPs from estate recovery. The exemption applies to the following groups of dual eligibles: QMB, SLMB, QI, QDWI, QMB Plus, and SLMB Plus. Effective January 1, 2011 Medicare cost-sharing benefits paid under MSPs are exempted from estate recovery. CMS is requiring all State Plans to reflect this change.

**This filing is compliant with the filing time-line requirement in accordance to Miss Code 25.43.3113.**

**Specific legal authority authorizing the promulgation of rule:** Section 115 of P.L. 110-275 amended section

**List all rules repealed, amended, or suspended by the proposed rule:** This is a new rule.

**ORAL PROCEEDING:**

- An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_
- Presently, an oral proceeding is not scheduled on this rule.

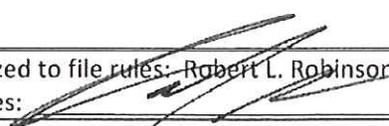
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

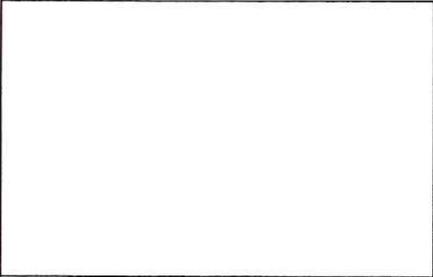
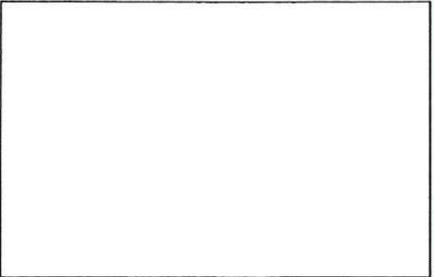
**ECONOMIC IMPACT STATEMENT:**

- 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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing	<b>Date Proposed Rule Filed:</b> 1/14/11 <b>Action taken:</b> XXXXX Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing XXXXX Other (specify): January 1, 2011

Printed name and Title of person authorized to file rules: Robert L. Robinson

Signature of person authorized to file rules: 

<b>OFFICIAL FILING STAMP</b>   Accepted for filing by _____	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b>   Accepted for filing by _____	<b>OFFICIAL FILING STAMP</b>   Accepted for filing by <b>CB17690E</b>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.