SOS APA Form 001

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Division of Medicaid		Margaret Wilson	(601) 359-5241	
ADDRESS		CITY	STATE	ZIP
550 High Street, Suite 1000		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Margaret.Wilson@medicaid.ms.gov	JUL 0 2 2014	Title 23: Medicaid, Part 300: Appeals, Chapter 1: Appeals, New Rule 1.5: Review for Medical Necessity and/or Independent Verification and Validation (IV&V).		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The MS Division of Medicaid's Administrative Code proposed filing is to add a new rule to Title 23: Medicaid, Part 300: Appeals, Chapter 1: Appeals, New Rule 1.5: Review for Medical Necessity and/or Independent Verification and Validation (IV&V). This filing is to include the appeal rights for providers who are dissatisfied with final administrative decisions of the Division of Medicaid relating to disallowances as a result of a review for medical necessity or Independent Verification and Validation (IV&V) decision described in Miss. Admin. Code Part 202, Rule 1.18.A.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Title 23: Medicaid, Part 300: Appeals, Chapter 1: Appeals, New Rule 1.5: Review for Medical Necessity and/or Independent Verification and Validation (IV&V).

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	__X__ New rule(s)	**Action taken:**
To be in effect in _____ days	____ 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): September 1, 2014	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify):

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JUL 0 2 2014 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by #20619	Accepted for filing by

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