Mississippi Secretary of State

ADMINISTRATIVE PROCEDURE		. Box 136, Jackson, MS 392	05-0136		
AGENCY NAME Mississippi Division of Medicaid		CONTACT PERSON Kristi Plotner		TELEPHONE NUMBER (601) 359-6698	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL Kristi.Plotner@medicaid.ms.gov	SUBMIT DATE 09/04/2012	Name or number of rule Administrative Code Ti Physician Services, Cha	lle 23: Division of	Medicaid Part	203
Short explanation of rule/amendmen	t/repeal and reason(s)	for proposing rule/amendn	nent/repeal: <u>The M</u>	IS Division of M	ledicald's
Administrative Code filing is to modifi	Title 23, Part 203 Cha	pter 9 Rule 9.5 to reflect th	e removal of the 3	O-day physician	visit limit.
The 2012 Legislative Session authoriz	ed the removal of the 3	0-day hospital inpatient se	rvice limit due to t	ne implementa	tion of the
Inpatient Hospital All Patient Refined	Diagnosis Related Grou	ip (APR-DRG) payment met	hodology. The 30-	day physician v	visit limit is
also being discontinued.					
Specific legal authority authorizing th	e promulgation of rule:	MS Code §43-13-117(A)(1)(<u>d)</u>		
List all rules repealed, amended, or su	spended by the propo	sed rule: MS Code §43-13-	117(A)(1)		
ORAL PROCEEDING:		7.11			
An oral proceeding is scheduled for			n. Place: War Mer	norial	
Presently, an oral proceeding is no	- 12				
If an oral proceeding is not scheduled, an oral p ten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email ad comment period, written submissions including	should be submitted to the a clude the name, address, em dress, and telephone numbe	gency contact person at the abov ail address, and telephone number of the party or parties you repre	e address within twenty or of the person(s) maki sent. At any time withi	y (20) days after the ng the request; and n the twenty-five (2	e filing of this d, if you are an 25) day public
ECONOMIC IMPACT STATEMENT:			- Laborato	N. N.	
Economic impact statement not re	equired for this rule.	Concise summary of e	conomic impact sta	stement attach	ed.
TEMPORARY RULES	PROPOSE	D ACTION ON RULES	2 VANCOUS CONTRACTOR	CTION ON RUI	
Original filing	Action proposed	:	Date Proposed Ru Action taken:	le Filed: <u>08/06/</u>	2012
Renewal of effectiveness	New rule	(2)		ith no changes in	ı text
To be in effect in days Effective date:		ent to existing rule(s) existing rule(s)		ith changes y reference	
Immediately upon filing		by reference	Withdrawn		
Other (specify):	Proposed final e	ffective date:	Repeal add	pted as proposed	d
	30 days a		Effective date:		
	Other (sp	acify):	X 30 days after Other (spec		
Printed name and Title of person a Signature of person authorized to		S: David J. Dzielak Ph.D			
Signature of person authorized to		1000	D		
OFFICIAL FILING STAMP		RITE BELOW THIS LINE AL FILING STAMP	OFFICIA	L FILING STAM	р
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			MI	P 64 2012 SSISSIPPI TARY OF ST	
Accepted for filing by	Accepted for fil	ing by	Accepted for filir		



DELBERT HOSEMANN Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required Procedures Act. This is a Concise Summar Secretary of State's Office.	l for this pr y of the Ec	roposed rule l conomic Impa	ny Section 25-43-, et Statement whi	ch must be med men me
AGENCY NAME MS Division of Medicaid	CONTA Kristi Ple	CT PERSON of the r		TELEPHONE NUMBER 601-359-6698
ADDRESS 550 High Street, Suite 1000 EMAIL Kristi.Plotner@medicaid.ms.gov	Adminis	RIPTIVE TITLE OF PROPOSED RULE istrative Code Title 23: Division of Medicaid Part 203 ian Services, Chapter 9 Rule 9.5		39201 RULE of Medicaid Part 203
Specific Legal Authority Authorizing the promulgation of Rule: 43-13-117(A)(1)(d)		Reference to the Proposed	Rules repealed, as Rule: 43-13-117(mended or suspended by A)(1)
A. Estimated Costs and Benefits				

1. Briefly summarize the benefits that may result from this regulation and who will benefit:

The Division of Medicaid proposes a change in hospital inpatient reimbursement from a per diem rate to an All Patient Refined Diagnostic Related Group (APR-DRG) methodology. Under the new method hospitals will be paid per inpatient stay based on APR-DRGs with every inpatient stay assigned to a single DRG that reflects the difficulty of the case. The 30 day hospital inpatient service limit will be discontinued, which requires that the 30-visit physician limit also be discontinued. This change will improve access to care.

2. Briefly describe the need for the proposed rule:

House Bill 421 passed in the 2012 Legislative Session authorized the Division of Medicaid to implement an APR-DRG hospital inpatient payment methodology. As noted in number one (1) above the change will allow discontinuation of the 30-day hospital inpatient day service limit and the 30-visit physician limit, thereby improving access to care.

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:

Improved quality of health care delivery and access to care.

4. E	stimated	Cost of	implementing	proposed	action:
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a. To the agen	u y			
Nothing		Moderate 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:
 a. Cost: Nothing Minimal Moderate Substantial Excessive b. 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: b. Projected costs for small businesses to comply: c. Statement of probable effect on impacted small businesses:
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
 Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule? ☐ yes ☐ no
 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
2. Data and Methodology
 Please briefly describe the data and methodology you used in making the estimates required by this form.
A Division of Medicaid report was run to determine the estimated amount that would have been pain FY 11 and FY 12, if physician claims that posted edit 3715-physician inpatient service limit exceeded, had actually paid due to the removal of the 30-visit physician limit.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided?

Written comments were to be received by the Division of Medicaid, Office of the Governor, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, MS 39201, thirty (30) days from the date of publication of public notice. All comments will be available for public review at the above address. A public hearing was held on this amendment on Monday, August 27, 2012, at the War Memorial, 1:00p.m.

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CIONATURE Y	
SIGNATURE Executive Direct	
PROPOSED EI	FECTIVE DATE OF RULE
DATE October 1, 2012	
8/29/12	