Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NO	OTICE FILING	9			
AGENCY NAME Division of Medicaid		CONTACT PERSON Kristi Plotner		TELEPHONE NUMBER 601-359-6698	
ADDRESS		CITY		STATE	ZIP
550 High Street, Suite 1000		Jackson		MS	39201
EMAIL Kristi.plotner@medicaid.ms.gov	SUBMIT DATE 11/29/2012	Name or number of rule(s): Administrative Code Title 23: Division of Medicaid Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits			
Short explanation of rule/amendment/repe	eal and reason(s) for pr	oposing rule/amendm	nent/repea	l:	
The purpose of this modification to the MS 2.B. Outpatient Services, Rule 2.3 Emerge ancillaries for beneficiaries over the age management code descriptions for non-eme	ncy Room Outpatient of (20) twenty are bu	Visits is to clarify the andled into the two le	original la	anguage by statin	g all services and
Specific legal authority authorizing the pror			(c); 42 Cl	FR § 440.230; 42	CFR § 447.204
List all rules repealed, amended, or suspend	ded by the proposed ru	ıle: §43-13-117(A)(2)			
ORAL PROCEEDING:					
An oral proceeding is scheduled for this	rule on Date:	Time:	Place:		
Presently, an oral proceeding is not sche	eduled on this rule.				
If an oral proceeding is not scheduled, an oral proceed ten (10) or more persons. The written request should notice of proposed rule adoption and should include to agent or attorney, the name, address, email address, a comment period, written submissions including argum ECONOMIC IMPACT STATEMENT:	be submitted to the agency ne name, address, email add and telephone number of the	contact person at the above ress, and telephone numbe party or parties you repres	address with r of the personent. At any t	nin twenty (20) days a on(s) making the requi lime within the twenty	ofter the filing of this est; and, if you are an ey-five (25) day public
Economic impact statement not require	d for this rule.	Concise summary of ed	conomic in	pact statement a	ittached.
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	PROPOSED AC Action proposed: New rule(s) Amendment to Repeal of existi Adoption by ref Proposed final effectiv 30 days after fil Other (specify):	existing rule(s) ng rule(s) rerence re date: ing	FINAL ACTION ON RULES Date Proposed Rule Filed: 11/02/2012 Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing X Other (specify): January 01, 2013		
Printed name and Title of person authorized Signature of person authorized to file rules:	to file rules: David J. I	Dzielak, Ph.D., Execution	<u>ve Director</u> V		
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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.