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

,	700 North Street P.	O. Box 136, Jackson, MS 392	05-0136			
ADMINISTRATIVE PROCEDURES	NOTICE FILING				9	
AGENCY NAME		CONTACT PERSON TELEPHONE NUMBER				
Division of Medicaid		Kristi Plotner 601-359-6698				
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE	ZIP	
330 Aigh Street, Suite 1000		Jackson		MS	3920	
. 1 A 140 L	UBMIT DATE	Name or number of rule(s): Title	23, Part 202	Hospital Ser		
Margaret.Wilson@medicaid.ms.gov 11/30/2012 Chapter 1 Inpatient Services, Rule 1.13 Out-of-State Fac						
		Chapter 4 Organ Transplants	Chapter 4 Organ Transplants, Rule 4.7: Reimbursement			
Short explanation of rule/amendmen Services, Rule 1.13 Out-of-State Facil methodology for "specialized services adding payment methodology for out-Care Organization. Specific legal authority authorizing th (A)(2)(c); § 43-13-117 (A)(1)(c) List all rules repealed, amended, or su Services, Rule 1.13 Out-of-State Facil	ities – amend lang " to 1.13 C from I -of-state hospitals e promulgation of	guage to 1.13 B. to be the san Rule 4.7 C; Chapter 4 Organ providing transplant service Frule: Miss Code Ann. §43-13 roposed rule: Title 23, Part 2	ie language : Transplants is to benefici 3-121; § 43-1 202 Hospital	as in 4.7 B. and s, Rule 4.7 Rearies enrolled 3-117 (A)(1)(nd move payment cimbursement — I in a Coordinated (d); § 43-13-117	
ORAL PROCEEDING:			*********			
An oral proceeding is scheduled for	this rule on Date	: Time: Place: _				
Presently, an oral proceeding is not	scheduled on this i	ule.			*	
If an oral proceeding is not scheduled, an oral pro- ten (10) or more persons. The written request sh- notice of proposed rule adoption and should inclu- agent or attorney, the name, address, email addre- comment period, written submissions including an ECONOMIC IMPACT STATEMENT:	ould be submitted to the de the name, address, ass, and telephone num	e agency contact person at the above emall address, and telephone numbe ther of the party or parties you repres	address within r of the person(ent. At any tim	twenty (20) days s) making the req e within the twer	after the filing of this uest; and, if you are an nty-five (25) day public	
Economic impact statement not requ	uired for this rule.	Concise summary of ed	onomic Imp	act statement	attached	
	-1100 101 1110 14121	contains annual y or at	T			
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose New recommend Amend Repeal Adopti Proposed fina 30 days Other (ale(s) ment to existing rule(s) of existing rule(s) on by reference I effective date: s after filing specify):	Date Propose	oted with no choted with changoted by reference drawn real adopted as parte: al adopted filling r (specify):	11/02/2012 anges in text ges ce	
Printed name and Title of person aut		les David J. Dzielak, Rh.D.,	Executive D	Director		
Signature of person authorized to file		1 June / 1 Jane	la la			
OFFICIAL FILING STAMP		WRITE BELOW THIS'LINE CIAL FILING STAMP	OF	FICIAL FILING	STAMP	
			F	III L	ED 2012	

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

Accepted for filing by

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