SECRETARY OF STATE

Accepted for filing by

## 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	01/22/2013	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/repeal and reason(s) for proposing rule/amendment/repeal:

This final filing to the MS Administrative Code Title 23 Medicaid, Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits is to revert to the language filed effective November 1, 2012, to unbundle services and ancillaries for all beneficiaries in the two lowest emergency department evaluation and management code descriptions for non-emergency department visits. The effective date of this final filing is September 1, 2012, coinciding with the CMS approved SPA 2012-009 Hospital Outpatient Ambulatory Payment Classification (OP APC).

Specific legal authority authorizing the promulgation of rule; MS Code §43-13-117; §43-13-121; 42 CFR § 440.230; 42 CFR § 447.204 List all rules repealed, amended, or suspended by the proposed rule: Title 23 Medicaid, Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits ORAL PROCEEDING: An oral proceeding is scheduled for this rule on 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 filling 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 partles 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: 12/21/2012 Renewal of effectiveness New rule(s) Action taken: To be in effect in \_\_\_\_\_ days Amendment to existing rule(s) X 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 Other (specify): Effective date: \_ 30 days after filing Other (specify): 09/01/2012 Printed name and Title of person authorized to file rules: David Dzielak Ph Executive Director Signature of person authorized to file rules: DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP OFFICIAL FILING STAMP OFFICIAL FILING STAMP

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

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