Mississippi Secretary of State

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

ADMINISTRATIVE	PROCEDURES NOTICE FILING	
ADMINISTRATIVE	PROCEDURES NOTICE FITING	

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248	
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	AUG 2 6 2013	Title 23: Division of Medicaid, Part 202: Hospital Services, Chapter 1: Inpatient Services, Rules: 1.4.B.1 – 6, New Rules: 5.1-5.6		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: (1) Moved Rule: 1.4.B.1- 6 to a new Chapter 5: Hospital Procedures, with new Rules: 5.1-5.6 because listed procedures are not limited to the inpatient hospital setting. (2) The language "in an inpatient or outpatient hospital setting in accordance with current standards of medical practice" was added to Rules 5.1-5.4 and 5.6. The language "in an outpatient hospital setting in accordance with current standards of medical practice" was added to Rules 5.5; (3) Rule: 1.8: Sterilization was moved to Rule: 5.3, Hysterectomy was removed from the Rule title and clarified existing language to 5.3.A.4, B.3, C.1, C.2, C.3; (3) Added new Rule 5.6: Hysterectomy. (4) "Revised 10/01/2012" removed from Rules: 5.3 and 5.4 due to non-substantive grammatical change.

Specific legal authority authorizing the promulgation of rule: MS Code §§ 43-13-117, 43-13-121.							
List all rules repealed, amended, or suspended by the proposed rule: Part 202. Rules: 1.4.B.1 - 6, New Rules 5.1-5.6							
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:		The state of the s					
Economic impact statement not required for this rule. Concise summary of economic impact statement attached.							
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify): Printed name and Title of person authorized	PROPOSED ACTION ON RULES Action proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference Proposed final effective date: 30 days after filing Other (specify):	FINAL ACTION ON RULES Date Proposed Rule Filed: 111 3 1 2013 Action taken: X 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): 0CT 0 1 2013					
Signature of person authorized to file rules:	David J. Wzielak, Ph.D., Executiv	ve Director					
OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	AUG 2 6 2013 MISSISSIPPI SECRETARY OF STATE					
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.