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	601-359-6698	601-359-6698	
ADDRESS		CITY	STATE	ZIP	
550 High Street, Suite 1000		Jackson	MS	39201	
EMAIL	SUBMIT DATE	Name or number of rule(s			
	- 4040	Title 23: Division of Medicaid, Part 202: Hospital Services, Chapt			
Margaret.Wilson@medicaid.ms.gov	OCT 0 1 2013		2: Outpatient Services, Rule 2.3: Emergency Room Outpatient		
		Services, Rule 2.4: Outpatient (23 hour) Observation Services			
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule: 2.3.B: Emergency Room Outpatient Visits — deleted "non-emergent visits" to correspond with SPA 2012-009 Ambulatory Payment Classification (APC) and to clarify language regarding an emergency department visit that results in an inpatient hospital admission to correspond to SPA 2012-008. Rule: 2.4.D.2: Updated language to include Electronic Health Record documentation. Rule: 2.4.E: Outpatient (23 hour) Observation Services — clarified language regarding outpatient observation that results in an inpatient hospital admission to correspond to SPA 2012-008. Specific legal authority authorizing the promulgation of rule: MS Code §§ 43-13-117, 43-13-121. According to MS Code, Ann. § 25-43-1.103 subparagraph (4) the effective date will revert to the effective date of SPA 2012-008 and SPA 2012-009. List all rules repealed, amended, or suspended by the proposed rule: Part 202, Rules 2.3.B., 2.4. D.2., 2.4.E.					
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:					
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 filingOther (specify):	Action proposed: New rule(s Amendmen Repeal of e	nt to existing rule(s) existing rule(s) y reference ective date: r filing	Date Proposed Rule Action taken:X Adopted with Adopted by re Withdrawn	changes eference ed as proposed	

Printed name and Title of person authorized to file rules: David L. Dzielak, Rh. D., Executive Director Signature of person authorized to file rules:

OFFICIAL FILING STAMP

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