Mississippi Secretary of State

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

ADMINISTR	ATIVE	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	MAR 1 7 2014	Part 200: General Provider Information, Chapter 3: Beneficiary Information, Rule 3.7: Beneficiary Cost Sharing		
Short explanation of rule/amendmen Medicaid's Administrative Code filin	nt/repeal and reason(s)) for proposing rule/amenge to clarify the language	dment/repeal: The to Part 200: Ge	nis Mississippi Divis meral Provider Inform

on of ation, Chapter 3: Beneficiary Information, Rule 3.7: Beneficiary Cost Sharing to reflect APR-DRG payment methodology, not a per diem payment, is considered full payment for inpatient hospital services to correlate with SPA 2012-008 effective October 1, 2012.

Specific legal authority authorizing the pror Code, Ann. § 25-43-1.103 subparagraph (4)	nulgation of rule; SPA 2012-008; Miss. Coc the effective date will revert to SPA 2012-00	de Ann. §§ 43-13-117, 121. According to MS 08 effective date of October 1, 2012.
List all rules repealed, amended, or suspendent Chapter 3: Beneficiary Information, Rule 3.	ed by the proposed rule: <u>Title 23: Medicaid</u> , 7: Beneficiary Cost Sharing	Part 200: General Provider Information,
ORAL PROCEEDING:	2006 1130 1250	
An oral proceeding is scheduled for this	rule on Date: Time:	Place:
Presently, an oral proceeding is not schee	duled on this rule.	
ten (10) or more persons. The written request should notice of proposed rule adoption and should include the agent or attorney, the name, address, email address, a	ing must be held if a written request for an oral proceed be submitted to the agency contact person at the above the name, address, email address, and telephone number not telephone number of the party or parties you represents, data, and views on the proposed rule/amendments.	e address within twenty (20) days after the filing of this or of the person(s) making the request; and, if you are an sent. At any time within the twenty-five (25) day public
Economic impact statement not require	d for this rule.	conomic Impact statement attached.
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	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: 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 Other (specify): MAY 0 1 2014
Printed name and Title of person authorized Signature of person authorized to file rules:	to file rules: <u>David J. Dzidlak, Ph.D., Executi</u>	ve Difector
OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP MAR 1 7 2014 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filling by #20392
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.