Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING			
AGENCY NAME Division of Medicaid	CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5241	
ADDRESS	CITY	STATE	ZIP

550 High Street, Suite 1000 Jackson MS 39201 SUBMIT DATE **EMAIL** Name or number of rule(s): Part 219: Laboratory Services, Chapter 1: General Rule, 1.2: MAR 1 7 2014 Margaret. Wilson@medicaid.ms.gov Independent Laboratory Services

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing is a technical change to

clarify the language to Part 219: Laboratory	Services, Chapter 1: General, Rule 1.2 to	reflect the APR-DRG payment methodology,	
	ayment for inpatient hospital services to corr	elate with SPA 2012-008 effective October 1,	
2013. Specific legal authority authorizing the pron	sulgation of rule: Miss. Code Apr. 88 42 12	121 117 SDA 2012 009 A	
Code, Ann. § 25-43-1.103 subparagraph (4)	the effective date will revert to SPA 2012-00	8 effective date of October 1, 2013,	
List all rules repealed, amended, or suspended General, Rule 1.2: Independent Laboratory S	ed by the proposed rule: <u>Title 23: Medicaid</u> , Services.	Part 219: Laboratory Services, Chapter 1:	
ORAL PROCEEDING:			
☐ An oral proceeding is scheduled for this	rule on Date: Time:	Place:	
Presently, an oral proceeding is not sched	fuled on this rule.		
ten (10) or more persons. The written request should in notice of proposed rule adoption and should include th	pe submitted to the agency contact person at the above e name, address, email address, and telephone numbe and telephone number of the party or parties you repres ents, data, and views on the proposed rule/amendment	r of the person(s) making the request; and, if you are an ent. At any time within the twenty-five (25) day public	
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:	FINAL ACTION ON RULES Date Proposed Rule Filed: FEB 1 9 2014 Action taken: X Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn	
	30 days after filing Other (specify):	Repeal adopted as proposed Effective date: 30 days after filing Other (specify): May 1, 2014	
Printed name and Title of person authorized Signature of person authorized to file rules:		vé Director	
Signature of person authorized to file rules:	DO NOT WRITE BELOW THIS LINE	- X	
OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAN FILING STAND	
	OFFICIAL FILING STAINF	MAR 1 7 2014 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by	Accepted for filing by #20393	
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.