

**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) 359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE <b>NOV 07 2014</b>	Name or number of rule(s): Title 23: Medicaid, Part 222: Maternity Services, Chapter 1: General, Rule 1.1: Maternity Services, Rule 1.2: Multiple Birth Deliveries, and Rule 1.5: Billing for Maternity Services.		

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: The MS Division of Medicaid's Administrative Code filing is to amend Title 23: Medicaid, Part 222: Maternity Services, Chapter 1: General, Rule 1.1: Maternity Services by adding coverage criteria and reimbursement for medically necessary elective deliveries prior to one (1) week before the treating physician's expected date of delivery and removing Rule 1.2: Multiple Birth Deliveries and Rule 1.5: Billing for Maternity Services. The Division of Medicaid does not reimburse for non-medically necessary elective deliveries prior to one (1) week before the treating physician's expected date of delivery.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 43-13-115(8), 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Rules 1.1, 1.2, 1.5.

**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/pepeal may be submitted to the filing agency.

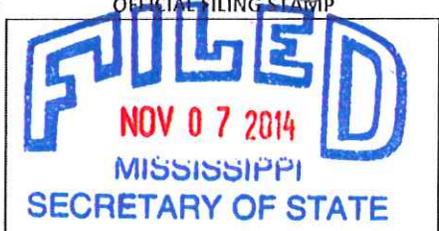
**ECONOMIC IMPACT STATEMENT:**

- 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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ 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): _____

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: *[Signature]*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <i>[Signature]</i> #20885	Accepted for filing by

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



DELBERT HOSEMANN  
Secretary of State

**CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT**

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Division of Medicaid	CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER 601-359-5248
ADDRESS Walter Sillers Building, Suite 1000	CITY Jackson	STATE MS	ADDRESS Walter Sillers Building, Suite 1000
EMAIL Margaret.wilson@medicaid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 222: Maternity Services, Chapter 1: General, Rule 1.1: Maternity Services, Rule 1.2: Multiple Birth Deliveries, and Rule 1.5: Billing for Maternity Services.		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann. §§ 43-13-115(8), 43-13-117, 43-13-121.	Reference to Rules repealed, amended or suspended by the Proposed Rule: Rules 1.1, 1.2, 1.5.		

**A. Estimated Costs and Benefits**

1. Briefly summarize the benefits that may result from this regulation and who will benefit:  
*Reducing the number of non-medically necessary early elective deliveries improves the health of mothers and newborns and reduces the complications of childbirth. There is also an estimated reduction in Medicaid costs associated with the non-coverage of non-medically necessary early elective deliveries.*
2. Briefly describe the need for the proposed rule:  
*Reducing the number of non-medically necessary early elective deliveries improves the health of mothers and newborns and reduces the complications of childbirth.*
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:  
*Reducing the number of non-medically necessary early elective deliveries improves the health of mothers and newborns and reduces the complications of childbirth. There is also an estimated reduction in Medicaid costs associated with the non-coverage of non-medically necessary early elective deliveries.*
4. Estimated Cost of implementing proposed action:
  - a. To the agency  
 Nothing    Minimal    Moderate    Substantial    Excessive
  - b. To other state or local government entities  
 Nothing    Minimal    Moderate    Substantial    Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
  - a. Cost:  
 Nothing    Minimal    Moderate    Substantial    Excessive
  - b. Economic Benefit:  
 Nothing    Minimal    Moderate    Substantial    Excessive
6. Estimated impact on small businesses:

Nothing  Minimal  Moderate  Substantial  Excessive

- a. Estimate of the number of small businesses subject to the proposed regulation:
- b. Projected costs for small businesses to comply:
- c. Statement of probable effect on impacted small businesses:

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

substantially less than  moderately less than  minimally less than  
 the same as  minimally more than  moderately more than  
 substantially more than  excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

substantially less than  moderately less than  minimally less than  
 the same as  minimally more than  moderately more than  
 substantially more than  excessively more than

---

**B. Reasonable Alternative Methods**

- 1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?  
 yes  no
- 2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

---

**C. Data and Methodology**

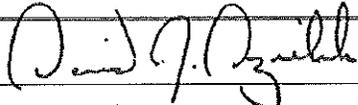
Please briefly describe the data and methodology you used in making the estimates required by this form.  
*The financial impact is an estimated annual cost savings of \$11,190,574.37 to the Division of Medicaid. The cost savings represents ten percent (10%) of the total cost for elective deliveries, both vaginal and cesarean sections, and neonatal intensive care unit (NICU) admissions for the state fiscal year (SFY) 07/01/2013 through 06/30/2014.*

---

**D. Public Notice**

Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided?

*Written comments will be received by the Division of Medicaid, Office of the Governor, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, MS 39201, thirty (30) days from the date of publication of public notice. All comments will be available for public review at the above address.*

SIGNATURE		TITLE	Executive Director
DATE	11/7/14	PROPOSED EFFECTIVE DATE OF RULE	01/02/2015