

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 APR 02 2015	Name or number of rule(s): Title 23: Medicaid, Part 211: Federally Qualified Health Centers (FQHC), Chapter 1: General, Rule 1.1: Provider Enrollment Requirements, Rule 1.2: Service Limits, Rule 1.3: Covered Services, Rule 1.5: Reimbursement Methodology and Rule 1.6: Documentation Requirements. Non-substantive changes made to Rules 1.4, and 1.7.		

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal:
This filing includes language to correspond with SPA 2013-032 approved by Centers for Medicare and Medicaid Services (CMS) on August 8, 2014, which allows for an additional payment for certain services during extended office hours outside the Division of Medicaid's definition of "office hours" and removes Federally Qualified Health Center (FQHC) and FQHC look-alike encounters from the physician visit limit of twelve (12) visits per state fiscal year.
Specific legal authority authorizing the promulgation of rule:
42 CFR § 440.230; SPA 2013-032; Miss. Code Ann. 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Rules 1.1, 1.2, 1.3, 1.5, and 1.6. Non-substantive changes made to Rules 1.4 and 1.7.

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
 Presently, an oral proceeding is not scheduled on this rule.

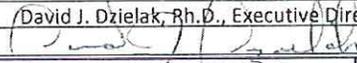
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): JUN 01 2015	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

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

Signature of person authorized to file rules: 

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p>DO NOT WRITE BELOW THIS LINE</p> <p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px;"> <p align="center">FILED</p> <p align="center">APR 02 2015</p> <p align="center">MISSISSIPPI</p> <p align="center">SECRETARY OF STATE</p> </div> <p>Accepted for filing by  #21147</p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMAN
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 211: Federally Qualified Health Centers (FQHC), Chapter 1: General, Rule 1.1: Provider Enrollment Requirements, Rule 1.2: Service Limits, Rule 1.3: Covered Services, Rule 1.5: Reimbursement Methodology and Rule 1.6: Documentation Requirements. Non-substantive changes made to Rules 1.4, and 1.7.		
Specific Legal Authority Authorizing the promulgation of Rule: 42 CFR § 440.230; SPA 2013-032; Miss. Code Ann. 43-13-121.	Reference to Rules repealed, amended or suspended by the Proposed Rule: Rules 1.1, 1.2, 1.3, 1.5, 1.6.		

A. Estimated Costs and Benefits

- Briefly summarize the benefits that may result from this regulation and who will benefit:
This regulation allows for additional reimbursement for Federally Qualified Health Center (FQHC) or FQHC look-alike encounters which are outside the Division of Medicaid's definition of "office hours". If FQHCs or FQHC look-alikes have the ability to offer office hours outside the Division of Medicaid's office hours (Monday through Friday, 8:00 a.m. – 5:00 p.m. excluding Saturday and Sunday and federal and state holidays), this would reduce the number of emergency room (ER) visits by Medicaid beneficiaries. This would result in substantial cost savings for the Division of Medicaid.

Additionally, Medicaid beneficiaries will be able to receive primary care services for conditions that are not life-threatening but warrant immediate attention, after the Division of Medicaid's definition of office hours. This is anticipated to reduce ER visits as a result of conditions that are not life-threatening. To allow beneficiaries access to FQHCs or FQHC look-alikes without the physician services limit.
- Briefly describe the need for the proposed rule:
To include language to correspond with SPA 2013-033. The current payment methodology for FQHCs or FQHC look-alikes does not allow for additional reimbursement outside the FQHC's or FQHC look-alike's encounter rate. This regulation allows the Division of Medicaid to implement an alternate payment method which includes a prospective payment rate per encounter and an additional fee for other certain services. To remove FQHC or FQHC look-alike encounters from the physician services limit.
- Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
Medicaid beneficiaries will be able to receive primary care services for conditions that are not life-threatening but warrant immediate attention, after the Division of Medicaid's definition of office hours. This is anticipated to reduce ER visits as a result of conditions that are not life-threatening.

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: *N/A*
- b. Projected costs for small businesses to comply: *N/A*
- c. Statement of probable effect on impacted small businesses: *N/A*
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

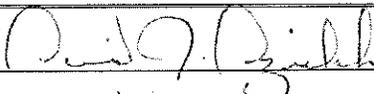
1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
 yes no
2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see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

C. Data and Methodology

Please briefly describe the data and methodology you used in making the estimates required by this form.
For FY2013 the average cost of an ER visit was \$227.00 and the average cost of an FQHC or FQHC look-alike encounter was \$112.50. With an additional \$15.00 per encounter outside normal working hours, the cost per encounter would be \$127.50. In FY2013, there were 3,780 ER visits that were determined to be non-emergent in nature. This represents an annual cost savings of \$378,000 to the Division of Medicaid.

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 <i>4/1/15</i>	PROPOSED EFFECTIVE DATE OF RULE JUN 01 2015