SECRETARY OF STATE

Accepted for filing by

		oi Secretary of State			
70 ADMINISTRATIVE PROCEDURES NOTICE FILING		30x 136, Jackson, MS 39205-0	0136		
AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER		HMDED
Division of Medicaid		Margaret Wilson	(601) 359-5241		
ADDRESS		CITY		STATE	ZIP
550 High Street, Suite 1000		Jackson		MS	39201
EMAIL S	UBMIT DATE	Name or number of rule(s			
M	100 (001 5	Title 23: Medicaid, Part 212			
Margaret.Wilson@medicaid.ms.gov 4	1/28/2015	<ul> <li>Rule 1.2: Service Limits, Rule 1.3: Covered Services, Rule 1.4:</li> <li>Reimbursement Methodology, Rule 1.7: Pregnancy Related Eligib.</li> </ul>			
		substantive changes made to			d Eligibles, Noll-
Short explanation of rule/amendment/repea	and reason(s) for			.0, 0.10	
This filing includes language to correspond	d with SPA 2013-0	33 approved by Centers for	r Medicare	and Medicaid S	ervices (CMS) or
August 5, 2014, which allows for an addi	itional payment for	certain services during ex	xtended offi	ce hours outsid	le the Division of
Medicaid's definition of "office hours" and	d removes Rural H	ealth Clinic (RHC) encour	nters from the	he physician vi	sit limit of twelve
(12) visits per state fiscal year.		8 %		. 3	
Per Miss. Code Ann. § 25-43-3.109 Rule 1.		ed Eligibles is being amend	ded on this f	inal filing to co	mply with 42
CFR Part 435.116, 42 CFR Part 491 and SF	PA 13-0019.				
6 76 1 1 1 1 1 1 1					
Specific legal authority authorizing the pro		3 101 CD   0010 000 CD	10.0010		
42 CFR §§ 435.116, 440.230, Part 491; Mis	ss. Code Ann. 43-1.	3-121; SPA 2013-033, SPA	13-0019.		
List all rules repealed, amended, or suspend	lad by the proposed	milas Dulos 12 12 14 as	nd 17 Non	auhatantiva ah	amana mada ta
rules 1.5, 1.6, and 1.8.	ied by the proposed	Tule: Kules 1.2, 1.3, 1.4 al	ild 1.7. INOII	-substantive ch	anges made to
ORAL PROCEEDING:					
An oral proceeding is scheduled for this rule	on Date:	Time: Place:			
The state of the s		riace			
Presently, an oral proceeding is not schedule	ed on this rule.				
If an oral proceeding is not scheduled, an oral p	roceeding must be he	eld if a written request for an	oral proceedi	ng is submitted b	y 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					
number of the party or parties you represent. A arguments, data, and views on the proposed ru				od, written subm	issions including
ECONOMIC IMPACT STATEMENT:	ie/amenument/repea	ir may be submitted to the mi	ing agency.		
Economic impact statement not required for	r this rule. \( \sum \) Concis	se summary of economic impa	act statement	t attached	
			·		
TEMPORARY RULES	PROPOSE	D ACTION ON RULES		FINAL ACTION OF	
Original filing	Action proposed:		Action take	osed Rule Filed:	1/2/2015
Renewal of effectiveness	New rule(s)		Adopted with no changes in text		
To be in effect in days		t to existing rule(s)	X Adopted with changes		
Effective date:		xisting rule(s)	Adopted by reference		
Immediately upon filing	Adoption by		Withdrawn		
Other (specify):	Proposed final ef		Repeal adopted as proposed		
	30 days afte		Effective d		
	Other (spec	ify):	The state of the s	days after filing	
		$ \triangle$ $\triangle$ $\triangle$		ner (specify): Ju	ne 1, 2015
Printed name and Title of person authorized to	file rules David	. Dziełak, Ph.D., Executive Dir	ector		
Signature of person authorized to file rules:	DO NOT WE	L / Sulah	T		
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

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