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 550 High Street, Suite 1000		CITY Jackson		STATE ZIP MS 3920)1	
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE JUN 0 1 2015	New Rules 1.1-1.6, New Chap 2.1-2.6, New Chapter 3: Teler	225: Telemedicine, New Chapter 1: Telehealth, oter 2: Remote Patient Monitoring, New Rules radiology, New Rules 3.1-3.6, New Chapter 4: ing Services, New Rules 4.1-4.6.			
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing is to add New Part 225: Telemedicine which includes coverage language for telehealth, remote patient monitoring, teleradiology and continuous glucose monitoring services. Although Chapter 3: Teleradiology is a New Chapter, the language is struck from Part 220: Radiology and moved to the New Chapter 3 with revisions. Per Miss. Code Ann. § 25-43-3.109, the proposed filing has been revised to include the definition of telemedicine, clarification for the						
reimbursement of the telehealth originating site facility fee and removed the certification requirement for a telepresenter. Specific legal authority authorizing the promulgation of rule: Miss. Code Ann § 43-13-121, SPA 15-003.						
List all rules repealed, amended, or suspended by the proposed rule: New Rules 1.1-1.6, 2.1-2.6, 3.1-3.6, 4.1-4.6. ORAL PROCEEDING:						
An oral proceeding is scheduled for this rule on Date: Time: Place:						
Presently, an oral proceeding is not scheduled on this rule.						
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/repeal 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	PROPO	SED ACTION ON RULES	F	NAL ACTION ON RULES		
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Repeal o	s) ent to existing rule(s) f existing rule(s) i by reference effective date: fter filing	Date Propo Action take Adop Ado Ado With Repe Effective da	sed Rule Filed: MAY 0 n: ted with no changes in te oted with changes oted by reference drawn eal adopted as proposed te: ays after filing JUL 0 er (specify):	ext	
Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director Signature of person authorized to file rules:						
OFFICIAL FILING STAMP Accepted for filing by		WRITE BELOW THIS LINE ICIAL FILING STAMP	SEC Accepted for		ATE	
# 150 th		1950 - 1850 1950 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850 - 1850	#21		11)	

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