Mississippi Secretary of State

125 South Congress St., 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	OCT 2 7 2015	Name or number of rule(s): Title 23: Division of Medicaid, Part 212: Rural Health Clinics, Chapter 1: General, Rule 1.4: Reimbursement Methodology			
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing adds language for					
reimbursement of an additional fee per completed transmission for telehealth services provided by a Rural Health Clinic (RHC) acting					
as the originating site to correspond with State Plan Amendment (SPA) 15-003 eff. 01/01/2015. Non-substantive change was made					
to rule 1.4.A.1.d. which adds the word percent.					
Specific legal authority authorizing the promulgation of rule: OBRA (1990) § 4161; 42 CFR §§ 440.20 (b) - (c), 447.371, Part 491; Miss.					
Code Ann. § 43-13-121; SPA 2013-033; SPA 15-003.					
List all rules repealed, amended, or suspended by the proposed rule: 1.4					
ORAL PROCEEDING:					
An oral proceeding is scheduled for this rule on Date: 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/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 Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify): Printed name and Title of person aut Signature of person authorized to file	Action propose New ru Amend Repeal Adoptic Proposed final 30 days Other (see rules: DO NOT V	le(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing specify): Les: David J. Dzielak, Ph. D. WRITE BELOW THIS LINE	FINAL ACTION ON RULES Date Proposed Rule Filed: 9/30/2015 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 X Other (specify): 12/01/2015 D., Executive Director		
OFFICIAL FILING STAMP Accepted for filing by	Accepted for	CIAL FILING STAMP		OCT 2 7 20 MISSISSIP RETARY OF	15 PI
			#21	614	XW
The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.					