Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTR	ATIVE	PROCEDURE:	S NOTICE	FILING

ADMINISTRATIVE PROCEDURES I	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	Name or number of rule(s):								
Margaret.Wilson@medicaid.ms.gov	JAN 1 1 2019	Title 23: Medicaid, Part 202: Hospital Services, Chapter 1: Inpatient Services, Rule 1.1: Definitions, 1.14: Inpatient Hospital Payments, 1.16: Split Billing							
Short explanation of rule/amendment/									
being filed to add clarifying language to	the three (3) day	payment window rule to inst	truct provid	ers to split bill	for the outpatient				
services provided outside of the three (3)	day window on a	claim separate from the inpat	ient claim, i	f outpatient serv	vices are provided				
more than three (3) days prior to admiss	ion to a benefician	y by the admitting hospital, o	r an entity	wholly owned o	or operated by the				
admitting hospital, and the outpatient ser	vice dates span to	days outside of the three (3) da	ay window t	he hospital mus	t, effective March				
1, 2019.									
Specific legal authority authorizing the p	romulgation of rul	e: 42 U.S.C. §§ 1395f, 1395 S	WW; 42 C.I	F.R. §§ 440.2, 4	40.10, 447.325;				
Miss. Code Ann. §§ 43-13-121, 43-13-1									
List all rules repealed, amended, or suspended by the proposed rule: 1.1, 1.14, 1.16									
ORAL PROCEEDING:									
An oral proceeding is scheduled for t	hicrula on Data	Time: Dlace:							
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 sho	uld be submitted to th	e agency contact person at the above	address withir	n twenty (20) days a	ofter the filing of this				
notice of proposed rule adoption and should include agent or attorney, the name, address, email address.	se the name, address, t	her of the party or parties you repres	ent. At any tim	e within the twent	v-five (25) dav public				
comment period, written submissions including ar	guments, data, and vie	ws on the proposed rule/amendment	/repeal may be	e submitted to the f	iling agency.				
ECONOMIC IMPACT STATEMENT:									
Economic impact statement not requ	ired for this rule.	Concise summary of ed	conomic imp	oact statement	attached.				
TEMPORARY RULES PROPOS		ED ACTION ON RULES	FIN Date Propo	FINAL ACTION ON RULES ate Proposed Rule Filed: DEC 0 6 2018					
Original filing	Action propos	ed:	Action take	en:					
Renewal of effectiveness New ru				X Adopted with no changes in text					
	To be in effect in days Amend		Adopted with changes						
		of existing rule(s)	Adopted by reference						
Immediately upon filing		on by reference	Withdrawn Repeal adopted as proposed		capacad				
Other (specify):		effective date: after filing	Effective date:						
		specify):							
	other	Specify)	X Oth	lays after filing er (specify)	0 1 2019				
Printed name and Title of person aut	horized to file ru	les: Drew L. Snyder, Exe							
Signature of person authorized to file	1 1	The state of			<u></u>				
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The entire text of the Proposed Rule incl	uding the text of a	ny rule being amended or cha							