

Mississippi Secretary of State  
 700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

|   |                           |   |                                  |              |
|---|---------------------------|---|----------------------------------|--------------|
| AGENCY NAME<br>Division of Medicaid   |                           | CONTACT PERSON<br>Kristi Plotner  | TELEPHONE NUMBER<br>601-359-6698 |              |
| ADDRESS<br>550 High Street, Suite 1000  |                           | CITY<br>Jackson   | STATE<br>MS                      | ZIP<br>39201 |
| EMAIL<br><a href="mailto:Kristi.plotner@medicaid.ms.gov">Kristi.plotner@medicaid.ms.gov</a> | SUBMIT DATE<br>09/27/2012 | Name or number of rule(s):<br>Administrative Code Title 23: Division of Medicaid Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits |                                  |              |

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal:

The MS Division of Medicaid's Administrative Code Title 23, Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits filing is to remove the six (6) non-emergent emergency room visits limit.

Specific legal authority authorizing the promulgation of rule: MS Code §43-13-117(A)(2)(c); 42 CFR § 440.230; 42 CFR § 447.204

List all rules repealed, amended, or suspended by the proposed rule: §43-13-117(A)(2)

**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.

|  |   |   |
|--|---|---|
| <p><b>TEMPORARY RULES</b></p> <p>____ Original filing</p> <p>____ Renewal of effectiveness</p> <p>To be in effect in ____ days</p> <p>Effective date:</p> <p>____ Immediately upon filing</p> <p>____ Other (specify): _____</p> | <p><b>PROPOSED ACTION ON RULES</b></p> <p>Action proposed:</p> <p>____ New rule(s)</p> <p>____ Amendment to existing rule(s)</p> <p>____ Repeal of existing rule(s)</p> <p>____ Adoption by reference</p> <p>Proposed final effective date:</p> <p>____ 30 days after filing</p> <p>____ Other (specify): _____</p> | <p><b>FINAL ACTION ON RULES</b></p> <p>Date Proposed Rule Filed: <u>08/30/2012</u></p> <p>Action taken:</p> <p><input checked="" type="checkbox"/> Adopted with no changes in text</p> <p>____ Adopted with changes</p> <p>____ Adopted by reference</p> <p>____ Withdrawn</p> <p>____ Repeal adopted as proposed</p> <p>Effective date:</p> <p>____ 30 days after filing</p> <p><input checked="" type="checkbox"/> Other (specify): <u>November 1, 2012</u></p> |
|--|---|---|

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.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; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p> | <p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px;">  </div> <p>Accepted for filing by </p> |
|---|---|---|

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



DELBERT HOSEMANN  
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<br>MS Division of Medicaid   | CONTACT PERSON<br>Krisit Plotner   |             | TELEPHONE NUMBER<br>(601) 359-6698 |
| ADDRESS<br>550 High Street, Suite 1000   | CITY<br>Jackson  | STATE<br>MS | ZIP<br>39201                       |
| EMAIL<br>Krisit.Plotner@medicaid.ms.gov  | DESCRIPTIVE TITLE OF PROPOSED RULE<br>Administrative Code Title 23 : Division of Medicaid Part 202<br>Hospital Services Chapter 2, Outpatient Services, Rule 2.3<br>Emergency Room Outpatient Visits |             |                                    |
| Specific Legal Authority Authorizing the promulgation of Rule: §43-13-117 (A)(2); 42 CFR § 440.230; 42 CFR § 447.204 | Reference to Rules repealed, amended or suspended by the Proposed Rule: §43-13-117(A)(2)   |             |                                    |

**A. Estimated Costs and Benefits**

1. Briefly summarize the benefits that may result from this regulation and who will benefit:

The Division of Medicaid believes a change in reimbursement from a cost-to-charge ratio to an Ambulatory Payment Classification (APC) methodology, will have many advantages such as reducing administrative burden on hospitals and DOM; and rewarding hospitals who reduce costs.

2. Briefly describe the need for the proposed rule:

House Bill 421 in the 2012 Legislative Session authorized the MS Division of Medicaid (DOM) to implement an APC hospital outpatient payment methodology.

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:

Improved quality of health care delivery.

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

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**

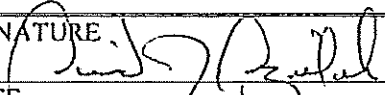
1. Please briefly describe the data and methodology you used in making the estimates required by this form.

Outpatient Medicaid claims for six months were analyzed and run through the APCs for a simulation of payments under the APC payment methodology. The resulting APC payments for each hospital individually and all hospitals in total, were compared to the corresponding payments under the cost-to-charge ratios.

**D. Public Notice**

1. 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      | 8/29/12   | PROPOSED EFFECTIVE DATE OF RULE | November 1, 2012   |