

**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 MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE <b>APR 28 2015</b>	Name or number of rule(s): Title 23: Division of Medicaid, Part 203: Physician Services, Chapter 1: General, Rule 1.4: Physician Office Visits		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing removes language referencing the pending approval from Centers for Medicare and Medicaid Services (CMS) for Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) to receive an alternate payment method of reimbursement for encounters occurring outside the Division of Medicaid's definition of regularly scheduled office hours. State Plan Amendment (SPA) 2013-032 FQHC Reimbursement and SPA 2013-033 RHC Reimbursement were approved in August 2014 allowing this alternate payment method of reimbursement; therefore, this language is being removed.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.4: Physician Office Visits

**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/repeal may be submitted to the filing agency.

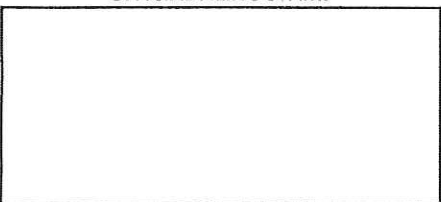
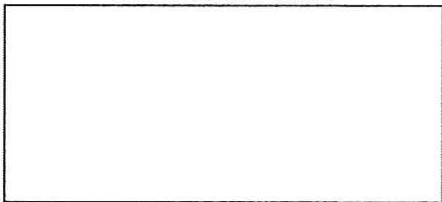

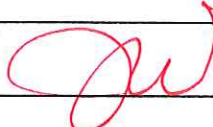
**ECONOMIC IMPACT STATEMENT:**

- Economic impact statement not required for this rule.  Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed:</b> <b>APR 02 2015</b> <b>Action taken:</b> <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): <b>JUN 01 2015</b>

Printed name and Title of person authorized to file rules: David J. Dziefan Ph.D., Executive Director

Signature of person authorized to file rules: 

<b>OFFICIAL FILING STAMP</b>  Accepted for filing by _____	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b>  Accepted for filing by _____	 Accepted for filing by <b>#21256</b> 
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.