

**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) 359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE <b>JUN 28 2018</b>	Name or number of rule(s): Title 23: Division of Medicaid, Part 201: Transportation Services, Chapter 1: Ambulance, Subchapter 1: General, Rule 1.1.1: Ambulance Provider Enrollment Requirements, Rule 1.1.2: Definitions, Rule 1.1.3: Reimbursement, Rule 1.1.4: Documentation Requirements, Rule 1.1.5: Mileage, Rule 1.1.6: Injectable Drugs, Rule 1.1.7: Ambulance Transport of Nursing Facility Residents by Ambulance, Rule 1.1.8: Transport of Dual Eligibles, Rule 1.1.9: Non-Covered Services, 1.1.10: Subscription Programs, Rule 1.1.11: Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Subchapter 2: Emergency (Ground/Air), Rule 1.2.1: Emergency Ground Ambulance, Rule 1.2.2: Multiple Patients/Arrivals, Rule 1.2.3: Air Ambulance, Subchapter 3: Non-Emergency, Rule 1.3.1: Non-Emergency Ground Ambulance, Chapter 2: Non-Emergency Transportation (NET)(Non-Ambulance), Rule 2.1: NET Broker Program, Rule 2.2: Eligibility, Rule 2.3: NET Services, Rule 2.6: NET Driver Requirements, Rule 2.7: Vehicle Requirements		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This final filing (1) changes "or urgent" to emergency fixed-wing ambulance language, (2) removes the prior authorization requirement for emergency or urgent fixed-wing ambulance services, and (3) adds language to require a certificate of medical necessity and compliance with the requirements of the Bureau of Emergency Medical Services for hospital to hospital non-emergency ambulance transportation.

Specific legal authority authorizing the promulgation of rule:

42 U.S.C. § 1396a; 42 C.F.R. §§ 410.40, 414.605, 431.53; Miss. Code Ann. §§ 41-59-9, 41-59-41, 43-13-117, 43-13-121; Miss. Admin. Code Title 15, Part 12.

List all rules repealed, amended, or suspended by the proposed rule: Rules 1.1.1.-1.3.1, 2.1-2.3, 2.6, 2.7, new rules 3.1, 3.2

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

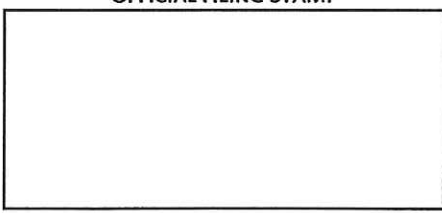
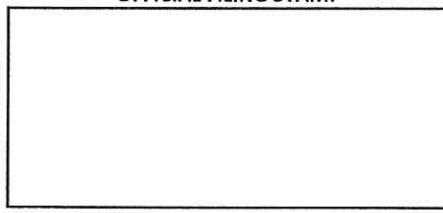


**ECONOMIC IMPACT STATEMENT:**

- 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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	<b>Action proposed:</b> <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference <b>Proposed final effective date:</b> <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	<b>Date Proposed Rule Filed:</b> <b>Action taken:</b> <b>MAY 21 2018</b> <input type="checkbox"/> Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed <b>Effective date:</b> <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <b>AUG 01 2018</b>

Printed name and Title of person authorized to file rules: Drew Snyder, 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 _____	<b>OFFICIAL FILING STAMP</b>  Accepted for filing by  #23490
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