

**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	SUBMIT DATE <b>NOV 28 2018</b>	Name or number of rule(s): Part 202: Hospital Services, Chapter 2: Outpatient Services, Rules 2.2: Outpatient Hospital Services, 2.8: Outpatient Hospital Rates, and New Rule 2.12: Hospital-Based Physician Clinics.		

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: This administrative code final filing includes additional clarification language regarding the location of a hospital-based physician clinic.

Specific legal authority authorizing the promulgation of rule: 42 C.F.R. § 413.65; Miss. Code Ann. §§ 43-13-117, 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: 2.2, 2.8, 2.12

**ORAL PROCEEDING:**

- An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_
- Presently, an oral proceeding is not scheduled on this rule.

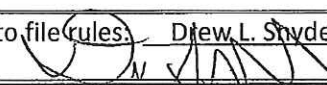
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

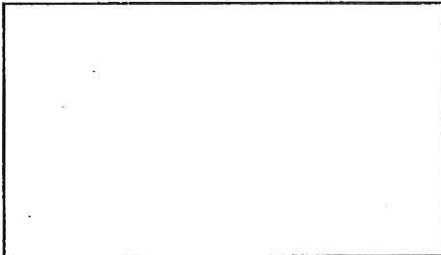
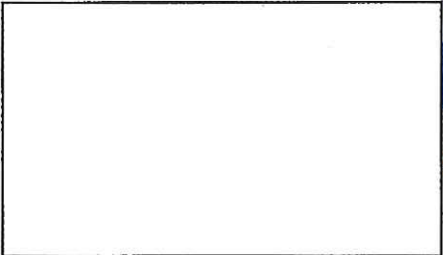

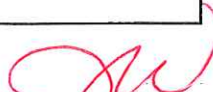
**ECONOMIC IMPACT STATEMENT:**

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

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): _____	Date Proposed Rule Filed: <u>11/02/2018</u> <b>Action taken:</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) <u>JAN 01 2019</u>

Printed name and Title of person authorized to file rules: Drew L. Snyder, Executive Director

Signature of person authorized to file rules: 

<b>OFFICIAL FILING STAMP</b>  Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE <b>OFFICIAL FILING STAMP</b>  Accepted for filing by _____	<b>OFFICIAL FILING STAMP</b>  Accepted for filing by <u>#23794</u> 
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.