

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 East Woodrow Wilson Avenue		CITY Jackson	STATE MS	ZIP 39216
EMAIL cassandra.walter@msdh.ms.gov	SUBMIT DATE 10/19/20	Name or number of rule(s): Title 15: Mississippi Department of Health Part 3: Bureau of Acute Care Systems Subpart 1: Trauma System of Care Chapter 1 Subchapter 3		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Section 41-59-5 (5), Mississippi Code of 1972, as amended, establishes Mississippi State Department of Health (MSDH) as lead agency in statewide Trauma System development and implementation. Funding for the system is provided annually through various funding streams and distribution of funds is prescribed by Trauma System Rules and Regulations. These changes are required to facilitate increased reimbursement from the current 70% of Medicare allowable rates up to 100% of Medicare allowable rates for EMS ground ambulances as approved in Medicaid State Plan Amendment (SPA) 20-0016.

Specific legal authority authorizing the promulgation of rule: Section 41-59-5 (5), Mississippi Code of 1972, as amended

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.3.1; 1.3.3; 1.3.5

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on

Date: Nov 16, 2020 10:00 AM Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/96297577739?pwd=THdhM1lLd3JSZ0RJT2ZHUCt6TGk3QT09>

Password: 431644 Or Telephone: Dial: USA 713 353 0212 USA 888 822 7517 (US Toll Free) Conference code: 540839

☐ 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.

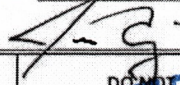
ECONOMIC IMPACT STATEMENT:

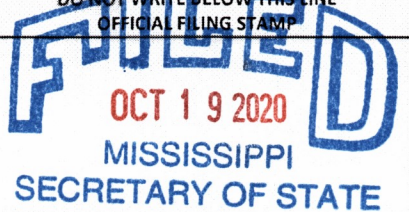
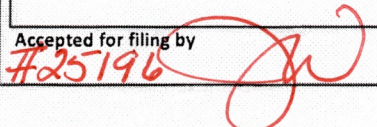
☐ Economic impact statement not required for this rule.

☒ 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): _____	Action proposed: _____ New rule(s) ☒ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing ☒ Other (specify): <u>November 16, 2020</u>	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy and Director of Health Protection

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	 OCT 19 2020 MISSISSIPPI SECRETARY OF STATE Accepted for filing by 	Accepted for filing by

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

SOS APA Form 002
Rev. 6/12



Michael Watson
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.

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ADDRESS 570 East Woodrow Wilson Avenue	CITY Jackson	STATE MS
EMAIL cassandra.walter@msdh.ms.gov	ZIP 39216	
DESCRIPTIVE TITLE OF PROPOSED RULE Financial Support for the Trauma System		
Specific Legal Authority Authorizing the promulgation of Rule: Section 41-59-5 (5), Mississippi Code of 1972, as amended		Reference to Rules repealed, amended or suspended by the Proposed Rule: Title 15: Mississippi Department of Health Part 3: Bureau of Acute Care Systems Subpart 1: Trauma System of Care Chapter 1 Subchapter 3 Rule 1.3.1; 1.3.3; 1.3.5

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
Proposed Medicaid State Plan Amendment (SPA) 20-0016 provides for reimbursement of up to 100% of the Medicare allowable rate through the Division of Medicaid for emergency ground ambulance services. The current rate is approximately 70% of the Medicare allowable rate. The proposed enhanced reimbursement represents a 30% potential increase in funding for allowable expense reimbursement. The enhanced rate is possible due to state and federal match monies. Essentially, the variable state contribution to federal match ranges from 1:6 to 1:4, depending on rates set per federal fiscal year.
2. Briefly describe the need for the proposed rule:
Licensed EMS providers incur substantial costs to maintain readiness and respond to emergency calls. The proposed enhanced reimbursement will assist in covering costs associated with response to emergency calls.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
Presently, licensed EMS providers receive only about 70% of Medicare allowable rates as reimbursement for said services. This cuts in on available funds to maintain state of readiness and ability to provide emergency services, i.e. ability to cover costs associated with fleet maintenance, fuel costs, provisions of equipment and supplies, and EMT and paramedic staffing. Additional funds may be used for these purposes and provide for more readily available and enhanced delivery of emergency care and ground transport throughout the state.
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:

- c. Cost:
☒ Nothing ☐ Minimal ☐ Moderate ☒ Substantial ☐ Excessive
- d. 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:
56 Licensed Ambulance Services
- b. Projected costs for small businesses to comply:
No cost
- c. Statement of probable effect on impacted small businesses:
Positive impact - probable 30% increase in reimbursement for eligible claims

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.
Data provided directly from the Mississippi Division of Medicaid based on actual reimbursements for FY19

D. Public Notice

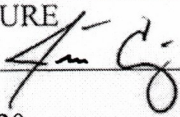
1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

Join from PC, Mac, Linux, iOS or Android:

<https://zoom.us/j/96297577739?pwd=THdhM1lLd3JSZ0RJT2ZHUCt6TGk3QT09>

Password: 431644 Or Telephone: Dial: USA 713 353 0212 USA 888 822 7517 (US

Toll Free) Conference code: 540839

SIGNATURE 	TITLE Senior Deputy and Director of Health Protection
DATE 10/19/2020	PROPOSED EFFECTIVE DATE OF RULE November 16, 2020