

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-8066	
ADDRESS 570 East Woodrow Wilson Avenue		CITY Jackson	STATE MS	ZIP 39216
EMAIL cassandra.walter@msdh.ms.gov	SUBMIT DATE 11/20/20	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List all rules repealed, amended, or suspended by the proposed rule: Rule 1.3.1; 1.3.3; 1.3.5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:

☐ 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.

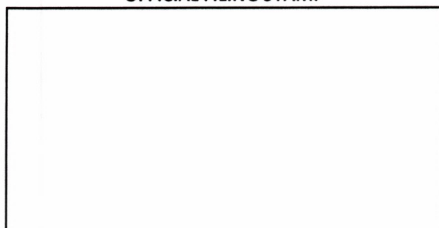
TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
☐ Original filing ☐ Renewal of effectiveness To be in effect in _____ days Effective date: ☐ Immediately upon filing ☐ Other (specify): _____	Action proposed: ☐ New rule(s) ☐ Amendment to existing rule(s) ☐ Repeal of existing rule(s) ☐ Adoption by reference Proposed final effective date: ☐ 30 days after filing ☐ Other (specify): _____	Date Proposed Rule Filed: 10/19/2020 Action taken: ☒ X Adopted with no changes in text ☐ Adopted with changes ☐ Adopted by reference ☐ Withdrawn ☐ Repeal adopted as proposed Effective date: ☒ X 30 days after filing ☐ Other (specify): _____

Printed name and Title of person authorized: DocuSigned by: Senior Deputy and Director of Health Protection

Signature of person authorized to file rules:

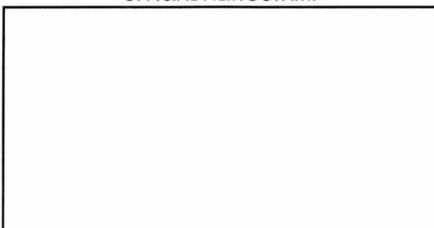
Jim Craig
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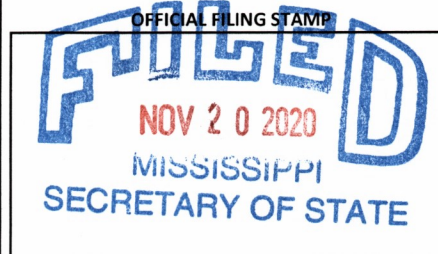


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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.