

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Workers' Compensation Commission		CONTACT PERSON Jeff Skelton	TELEPHONE NUMBER 601-987-4265	
ADDRESS 1428 Lakeland Drive, P.O. Box 5300		CITY Jackson	STATE MS	ZIP 39296 -5300
EMAIL jskelton@mwcc.ms.gov	SUBMIT DATE 02/25/21	Name or number of rule(s): Mississippi Workers' Compensation Medical Fee Schedule		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Mississippi Workers' Compensation Fee Schedule telemedicine rule is being amended to allow for a broader range of providers offering the service and to more comprehensively address how telemedicine services must be provided.

Specific legal authority authorizing the promulgation of rule: Miss. Code. Ann. §71-3-15(3).

List all rules repealed, amended, or suspended by proposed rule: Mississippi Workers' Compensation Medical Fee Schedule (2019), Evaluation and Management, XXIV. Practice of Telemedicine

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

XX Presently, an oral proceeding is not scheduled on this rule.

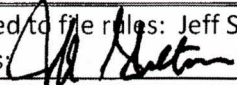
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20)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

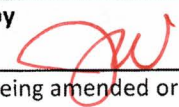
ECONOMIC IMPACT STATEMENT:

☒ 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) <u>XX</u> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <u>XX</u> 30 days after filing _____ Other (specify): _____	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: _____ days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jeff Skelton, Senior Attorney

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	 Accepted for filing by <u>#25382</u> 	Accepted for filing by

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