Mississippi Secretary of State

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

	ADMINISTR	ATIVE	PROCEDURES	NOTICE FILING
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ADMINISTRATIVE PROCEDURES	TO TICE I TEIN					
AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER 601-359-3984		IBER	
ADDRESS 550 High Street, Suite 1000	CITY Jackson			ZIP 39201		
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE JUL 2 3 2024	Name or number of rule(s): Title 23: Medicaid, Part 202: Hospital Services, Chapter 1: Inpatient Services, Rule 1.3: Prior Authorization of Inpatient Hospital Services, Rule 1.13: Out-of- State Facilities, Rule 1.14: Inpatient Hospital Payments. Chapter 2: Outpatient Services, Rule 2.3: Emergency Department Outpatient Visits, Rule 2.8: Outpatient Hospital Rates. Chapter 3: Swing Beds, Rule 3.4: Reimbursement. Chapter 4: Organ Transplants, Rule 4.4: Reimbursement.				
Short explanation of rule/amendment/re revised to clarify the length of stay for ol 23-0016 All Patient Refined Diagnosis Re Specific legal authority authorizing the p List all rules repealed, amended, or susponed ORAL PROCEEDING:	ostetrical deliveries lated Groups (APR romulgation of rule) for proposing rule/amendm s and removes rate freeze lan -DRG) Reimbursement (effect e: Miss. Code Ann. §§ 43-13-1	ent/repeal: guage from tive July 1, 20	This administra Part 202 to cori 023). 21.	tive code is being respond with SPA	
An oral proceeding is scheduled for the	nis rule on Date:	Time: Place:				
Presently, an oral proceeding is not s	cheduled on this ru	ıle.				
If an oral proceeding is not scheduled, an oral proceeding (10) or more persons. The written request sho notice of proposed rule adoption and should includagent or attorney, the name, address, email address comment period, written submissions including are ECONOMIC IMPACT STATEMENT:	uld be submitted to the e the name, address, e s, and telephone numb	agency contact person at the above mail address, and telephone number ser of the party or parties you repres	address within r of the person(ent. At any tim	twenty (20) days a s) making the requi	ofter the filing of this est; and, if you are an ex-five (25) day public	
Economic impact statement not requ	ired for this rule.	Concise summary of ec	onomic imp	act statement a	ittached.	
Original filing Renewal of effectiveness New rul. To be in effect in days Amend: Effective date: Immediately upon filing Adoptio Other (specify): Proposed final 30 days		X Adopted with no changes in text Adopted with changes Adopted with changes Adopted by reference Withdrawn			nges in text s e oposed	
Printed name and Title of person auth	orized to file rule	es: Orew L. Snyder, Exec				
Signature of person authorized to file	rules:					
OFFICIAL FILING STAMP		VRITE BELOW THIS LINE CIAL FILING STAMP	F	OFFICIAL FILING STAMP JUL 2 4 2024 MISSISSIPPI		
Accepted for filing by	Accepted for f	iling by	SECRETARY OF STATE Accepted for filing by 27613 W			

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