Mississippi Secretary of State

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

ADMINISTRATIV	VE PROCEDURES	NOTICE EILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw		TELEPHONE NUMBER 601-359-3984	
ADDRESS 550 High Street, Suite 1000		10 Table 1 Tab		ZIP 39201	
EMAIL DOMPolicy@medicaid.ms.gov	OCT 2 1 2025	Name or number of rule(s): Title 23 Chapter 1: General, Rule 1.4: Physic Inpatient Visits/Consultations.			State and the state of the stat
Short explanation of rule/amendment/r	epeal and reason(s) for proposing rule/amendm	ent/repeal: T	his administra	ative
code is being submitted to clarify details	regarding specialis	sts for inpatient hospital phys	ician visit lim	its to corresp	ond with
SPA 25-0009 Inpatient Hospital Physician	n Visits.				
Specific legal authority authorizing the p	romulgation of rule	e: 42 C.F.R. §§ 440.50, 440.23	0		
List all rules repealed, amended, or susp	ended by the prop	osed rule: 1.4, 1.5			
ORAL PROCEEDING:					
An oral proceeding is scheduled for t	his rule on Date:	Time: Place:			
Presently, an oral proceeding is not s	cheduled on this r	ıle.			
If an oral proceeding is not scheduled, an oral proceeding is not scheduled, an oral proceeding an agency or ten (10) or more persons. The writte days after the filing of this notice of proposed rule person(s) making the request; and, if you are an agrepresent. At any time within the twenty-five (25) proposed rule/amendment/repeal may be submit	n request should be sub adoption and should in gent or attorney, the na day public comment pe	omitted to the agency contact persor clude the name, address, email addr me, address, email address, and tele eriod, written submissions including a	at the above ac ess, and telepho phone number o	ddress within two one number of th of the party or pa	enty (20) e irties you
ECONOMIC IMPACT STATEMENT:					
Economic impact statement not requ	ired for this rule.	Concise summary of econo	omic impact :	statement att	ached.
TEMPORARY RULES Original filing	PROPOS Action propose	ED ACTION ON RULES		AL ACTION (sed Rule Filed:	
Renewal of effectiveness	New ru	le(s)	Adop	oted with no ch	
To be in effect in days Effective date:		ment to existing rule(s) of existing rule(s)		oted with chang oted by referen	
Immediately upon filing	Adoptio	on by reference	With	drawn	
Other (specify):		effective date:	Effective da	al adopted as p	proposed
	X Other (specify): <u>JAN</u> 0 1 2026	30 da	ays after filing	
Printed name and Title of person aut	es: a Cindy H Bradshaw		r (specify):		
Signature of person authorized to file		Guda H Bradsh		ilector	
	DO NOT V	WRITE BELOW THIS LINE			
OFFICIAL FILING STAMP		CIAL FILING STAMP	OF	FICIAL FILING	STAMP
		16ED 1222025	Reconstruction of the second		
		SSISSIPPI FARY OF STATE			
Accepted for filing by	Accepted for 29321	filing by Bla	Accepted f	or filing by	

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



	CONCISE SUMMARY	OF EC	ONOMIC IM	PACT STATI	EMENT
Administrative	mpact Statement is required Procedures Act. This is a Co e Secretary of State's Office.	oncise Su			
AGENCY NAME MS Division of Med	licaid	CONTACT PERSON Robin Bradshaw TELEPHONE NUMBER 601-359-3984			
ADDRESS 550 High Street		CITY STATE ZIP Jackson MS 39201			
EMAIL DOMPolicy@Medic	caid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 203: Physician Services, Chapter 1: General, Rule 1.4: Physician Office Visits, Rule 1.5: Hospital Inpatient Visits/Consultations.			
Specific Legal Author Rule: 42 C.F.R. §§ 440.50	ority Authorizing the promulgation of 0, 440.230				
A. Estimated	Costs and Benefits				
2. Br	ate Plan Amendment (SPA	tinpatient the professor the p	nt hospital visi oposed rule: Th 109 Inpatient H	it for each phys ais rule is being Iospital Physic	sician specialty. g filed to correspond with ian Visits.
we	iefly describe the effect the lart in the				- B. 나에 가진했는 (~ B. 나이 나이 다른 아니라는 아니라 나는 아니라 나는 아니라 나는 아니라 나를 하는 것이다. 나이 아니라 나는 사이를 하는 것이다. 나이나 다른 사이를 하는 것이다.
4. Es	timated Cost of implemen	nting pro	oposed action:		
	 a. To the agency Nothing Mi b. To other state or loca Nothing Mi 	al gover	nment entities		1 Excessive
5. Es	timated Cost and/or econole: c. Cost: Nothing Mi d. Economic Benefit: Nothing Mi	inimal	☐ Moderate	Substantia	1 Excessive
6. Es	timated impact on small b			Substantia	1 Excessive

	rule does not pertain to small bus				
	 b. Projected costs for small businesses to comply: N/A c. Statement of probable effect on impacted small businesses: N/A 				
7.	The cost of adopting the rule compared to the existing rule (check option): substantially less than mode	o not adopting the rule or significantly amending derately less than minimally less than moderately more than			
8.	the existing rule (check option): substantially less than mod	derately less than minimally less than moderately more than moderately more than cessively more than			
	nable Alternative Methods				
1.	Other than adopting this rule, are there less purpose of the proposed rule? yes no	ss costly or less intrusive methods for achieving the			
2.	If yes, please briefly describe available, re rejecting those alternatives in favor of the factors you must consider.) N/A	easonable alternative(s) and the reasons for proposed rule. (Please see §25-43-4.104 for			
C. Data a	nd Methodology				
1.	by this form. The expected annual impactant annual aggregate expenditure is \$109,733	odology you used in making the estimates required t is \$1,140,099. The expected increase in state for FFY25 and \$259,373 for FFY26. This applicable physician visits billed by anuary 2024.			
D. Public	Notice				
	Where, when, and how may someone presequest an oral proceeding on the propose Written comments will be received by the Div Office of Policy, Walter Sillers Building, Suite 39201, or DOMPolicy@medicaid.ms.gov . Co the above address and on the Division of Medicaid.	d rule if one is not already scheduled? ision of Medicaid, Office of the Governor, e 1000, 550 High Street, Jackson, Mississippi mments will be available for public review at			
SIGNATUE	Cinder Marshaw	TITLE Executive Director			
DATE	OCT 2 1 2025	PROPOSED EFFECTIVE DATE OF RULE JAN 0 1 2026			



ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. An Economic Impact Statement must be attached to this Form and address the factors below. A PDF document containing this executed Form and the Economic Impact Statement must be filed with any proposed rule, if required by the aforementioned statute.

AGENCY NAME MS Division of Medicaid	CONTACT PERSON Robin Bradshaw		TELEPHONE NUMBER 601-359-3984	
ADDRESS 550 High Street	CITY STATE Jackson MS		ZIP 39201	
EMAIL DOMPolicy@medicaid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 203: Physician Services, Chapter 1: General, Rule 1.4: Physician Office Visits, Rule 1.5: Hospital Inpatient Visits/Consultations.			
Specific Legal Authority Authorizing the promulgation of Rule: 42 C.F.R. §§ 440.50, 440.230		Reference to R Rule: 1.4, 1.5	ules repealed, amend	ded or suspended by the Proposed

SIGNATURE Livery Brudshare	TITLE Executive Director			
DATE	PROPOSED EFFECTIVE DATE OF			
OCT 2 1 2025	RULE JAN 0 1 2026			

- 1. Describe the need for the proposed action: This administrative code is being submitted to clarify details regarding specialists for inpatient hospital physician visit limits to correspond with SPA 25-0009 Inpatient Hospital Physician Visits.
- Describe the benefits which will likely accrue as the result of the proposed action: This revision allows for one
 inpatient hospital visit for each physician specialty.
- 3. Describe the effect the proposed action will have on the public health, safety, and welfare: This revision will clarify details regarding the application of the inpatient hospital physician visit limits.
- 4. Estimate the cost to the agency and to any other state or local government entities, of implementing and enforcing the proposed action, including the estimated amount of paperwork, and any anticipated effect on state or local revenues: The cost to the agency is minimal. There is no cost to other state or local entities.
- 5. Estimate the cost or economic benefit to all persons directly affected by the proposed action: The cost and economic benefit are minimal.
- 6. Provide an analysis of the impact of the proposed rule on small business:
 - a. Identify and estimate the number of small businesses subject to the proposed regulation: This rule does not impact small businesses.
 - b. Provide the projected reporting, recordkeeping, and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record: N/A
 - c. State the probable effect on impacted small businesses: N/A
 - d. Describe any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation including the following regulatory flexibility analysis:

- i. The establishment of less stringent compliance or reporting requirements for small businesses;
- ii. The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
- iii. The consolidation or simplification of compliance or reporting requirements for small businesses;
- iv. The establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and
- v. The exemption of some or all small businesses from all or any part of the requirements contained in the proposed regulations: N/A
- 7. Compare the costs and benefits of the proposed rule to the probable costs and benefits of not adopting the proposed rule or significantly amending an existing rule: The cost of adopting this rule is minimally more than the cost of not adopting the rule.
- 8. Determine whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rule where reasonable alternative methods exist which are not precluded by law: N/A
- 9. Describe reasonable alternative methods, where applicable, for achieving the purpose of the proposed action which were considered by the agency: N/A
- 10. State reasons for rejecting alternative methods that were described in #9 above: N/A
- 11. Provide a detailed statement of the data and methodology used in making estimates required by this subsection: The expected annual impact is \$1,140,099. The expected increase in state annual aggregate expenditure is \$109,735 for FFY25 and \$259,373 for FFY26. This economic impact was calculated by totaling the applicable physician visits billed by providers from February 2023 through January 2024.