

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Williams		TELEPHONE NUMBER 601-359-3984	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE NOV 03 2025	Name or number of rule(s): Title 23: Medicaid, Part 202: Hospital Services, Chapter 2: Outpatient Services, Rule(s) 2.12			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being filed to prohibit provider-based billing.

Specific legal authority authorizing the promulgation of rule: 42 C.F.R. § 413.65 and Miss. Code Ann. §§ 43-13-117, 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: 2.12

ORAL PROCEEDING:

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

☒ 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): JAN 01 2026	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: Cindy H. Bradshaw, Executive Director

Signature of person authorized to file rules: *Cindy Bradshaw*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by _____	 Accepted for filing by <u>20356 JB</u>	Accepted for filing by _____

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



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.

AGENCY NAME Division of Medicaid	CONTACT PERSON Robin Williams		TELEPHONE NUMBER 601-359-3984
ADDRESS 550 High Street	CITY Jackson	STATE MS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 202: Hospital Services, Chapter 2: Outpatient Services, Rule(s) 2.12		
Specific Legal Authority Authorizing the promulgation of Rule: 42 C.F.R. § 413.65 and Miss. Code Ann. §§ 43-13-117, 43-13-121		Reference to Rules repealed, amended or suspended by the Proposed Rule: 2.12	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
The Division of Medicaid will not reimburse facility fees for hospital-based clinics.
2. Briefly describe the need for the proposed rule: *This administrative code is being filed to remove language regarding reimbursement of facility fees for hospital-based clinics.*
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare: *This proposed rule will not affect public health, safety, or welfare*
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: N/A
 - 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 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. *The estimated annual economic impact is a decrease of \$535,358. The estimated annual savings in federal dollars is \$308,768 for federal fiscal year (FFY) 2026 and \$411,690 for FFY27. The estimated annual savings in state dollars is \$92,751 for FFY26 and \$123,668 for FFY27. This economic impact was calculated using the calendar year 2024 revised report obtained by the Division of Medicaid's office of Program Integrity.*

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?

Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or DOMPolicy@medicaid.ms.gov. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.

SIGNATURE

Cindy Bradshaw

TITLE

Executive Director

DATE

NOV 03 2025

PROPOSED EFFECTIVE DATE OF RULE

JAN 01 2026



Michael Watson

SECRETARY OF STATE

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.

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SIGNATURE <i>Cindy Bradshaw</i>	TITLE Executive Director
DATE NOV 03 2025	PROPOSED EFFECTIVE DATE OF RULE JAN 01 2026

1. Describe the need for the proposed action: This administrative code is being filed to prohibit provider-based billing.
2. Describe the benefits which will likely accrue as the result of the proposed action: The Division of Medicaid will not reimburse facility fees for hospital-based clinics.
3. Describe the effect the proposed action will have on the public health, safety, and welfare: *This proposed rule will not affect public health, safety, or welfare.*
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: There will be no cost to the agency.
5. Estimate the cost or economic benefit to all persons directly affected by the proposed action: There will be a minimal economic cost and benefit.
6. Provide an analysis of the impact of the proposed rule on small business: N/A
 - a. Identify and estimate the number of small businesses subject to the proposed regulation: N/A
 - 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 benefit of the proposed rule is minimally more than not adopting the proposed 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 estimated annual economic impact is a decrease of \$535,358. The estimated savings in federal dollars is \$308,768 for federal fiscal year (FFY) 2026 and \$411,690 for FFY27. The estimated savings in state dollars is \$92,751 for FFY26 and \$123,668 for FFY27. This economic impact was calculated using the calendar year 2024 revised report obtained by the Division of Medicaid's office of Program Integrity.