SOS APA Form 001

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS Workers' Compensation Commission	Scott Clark	601-987-4200	
ADDRESS	CITY	STATE	ZIP
1428 Lakeland Drive/POB 5300	Jackson	MS	39296-5300
EMAIL / SUBMIT DATE	Name or number of rule(s):		
sclark@mwcc.state.ms.us / 6/1/2010	Workers' Compensation Medical Fee Schedule		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: _____

Certain provisions of the Workers' Compensation Medical Fee Schedule are being amended in order to maintain the efficiency ~~of the~~ Schedule as a cost containment tool. The Schedule was last updated in 2007, and since that time, changes in the way medical services are delivered and reimbursed maker it necessary to update some of the rules contained in the Schedule. In addition, minor adjustments to the maximum fees allowed by the Schedule are necessary

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. sections 71-3-15(3), 71-3-85(5) (Rev. 2000)

List all rules repealed, amended, or suspended by the proposed rule: MS Workers' Compensation Medical Fee Schedule

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	**Action proposed:**	**Action taken:**
_____ Renewal of effectiveness	_____ New rule(s)	_____ Adopted with no changes in text
To be in effect in _____ days	_____ Amendment to existing rule(s)	XXXXXX Adopted with changes
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted by reference
_____ Immediately on	_____ Adoption by reference	_____ Withdrawn
_____ Other (specify): _____	**Proposed date of adoption:**	_____ Repeal adopted as proposed
	_____ 30 days after filing	**Effective date:**
	_____ Other (specify): _____	XXXXX 30 days after filing
		_____ Other (specify): July 1, 2010

Printed name and Title of person authorized to file rules: Scott Clark, Senior Attorney

Signature of person authorized to file rules: Scott Clark

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED JUN 01 2010 MISSISSIPPI SECRETARY OF STATE CB
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by**

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