

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME <b>Division of Medicaid</b>		CONTACT PERSON <b>Emily Thompson</b>	TELEPHONE NUMBER <b>601-359-4122</b>	
ADDRESS <b>550 High Street, Suite 1000</b>		CITY <b>Jackson</b>	STATE <b>MS</b>	ZIP <b>39201</b>
EMAIL emily.thompson@medicaid.ms.gov	DATE 10-4-10	Name or number of rule(s): <b>SPA 2010-028</b>		

**Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:** The MS Division of Medicaid Inpatient Hospital Reimbursement Plan requires that hospital inpatient payment rates be rebased effective October 1, 2010. The current State Plan uses Metropolitan Statistical Areas (MSAs) to apply the wage index adjustment to the labor portion of the operating component. The Office of Budget and Management (OMB) announced new standards, and the use of MSAs was changed to Core-based Statistical Areas (CBSAs) as published in the August 11, 2004, Federal Register. Hospital SPA 2010-028 proposes to use MSAs for rate periods through September 30, 2011, and CBSAs for rate periods beginning October 1, 2011, forward.

**Specific legal authority authorizing the promulgation of rule:** Miss Code Ann. §43-13-121 (1972) as amended

**List all rules repealed, amended, or suspended by the proposed rule:** Attachment 4.19 – A: pages 1, 10, thru 14, 20 thru 26, 26a, 26b, 26c, 26d, 26e, 26f, 26g, 26h, 26i, 26j, 26k; Deleted page 12a (text was placed on page 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.

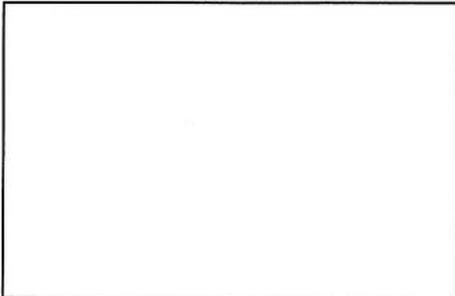
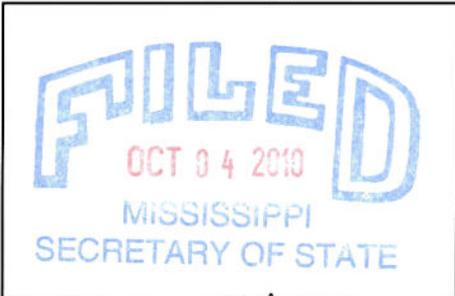
**ECONOMIC IMPACT STATEMENT:**

- 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): _____	<b>Action proposed:</b> _____ New rule(s) XXXXX Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing XXXXX Other (specify): <u>October 1, 2011</u>	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Robert L. Robinson, Executive Director

Signature of person authorized to file rules: 

<b>OFFICIAL FILING STAMP</b>  Accepted for filing by _____	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b>  Accepted for filing by 	<b>OFFICIAL FILING STAMP</b>  Accepted for filing by _____
---	---	---

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