

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Emily Thompson	TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Emily.thompson@medicaid.ms.gov	SUBMIT DATE 10-18-2010	Name or number of rule(s): AP 2010-06		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: AP2010-06 - This proposed is being filed in order for the Division of Medicaid to comply with Miss. Code Ann. §43-13-117 (39). This requires "From on and after July 1, 2009, the Division shall reimburse crossover claims for inpatient hospital services and crossover claims covered under Medicare Part B in the same manner that was in effect on January 1, 2008, unless specifically authorized by the Legislature to change this method." In addition, the SPA is updated to define how the agency is reimbursing all other crossover claims. This filing is compliant with the filing time-line requirement in accordance to Miss Code 25.43.3.113.

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List all rules repealed, amended, or suspended by the proposed rule: MS State Plan Attachment 4.19-B, Page 21

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

<p align="center">TEMPORARY RULES</p> <p><input type="checkbox"/> Original filing</p> <p><input type="checkbox"/> Renewal of effectiveness</p> <p><input type="checkbox"/> To be in effect in _____ days</p> <p>Effective date:</p> <p><input type="checkbox"/> Immediately upon filing</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p align="center">PROPOSED ACTION ON RULES</p> <p>Action proposed:</p> <p><input type="checkbox"/> New rule(s)</p> <p><input type="checkbox"/> Amendment to existing rule(s)</p> <p><input type="checkbox"/> Repeal of existing rule(s)</p> <p><input type="checkbox"/> Adoption by reference</p> <p>Proposed final effective date:</p> <p><input type="checkbox"/> 30 days after filing</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p align="center">FINAL ACTION ON RULES</p> <p>Date Proposed Rule Filed: <u>January 27, 2010</u></p> <p>Action taken:</p> <p><input checked="" type="checkbox"/> Adopted with no changes in text</p> <p><input type="checkbox"/> Adopted with changes</p> <p><input type="checkbox"/> Adopted by reference</p> <p><input type="checkbox"/> Withdrawn</p> <p><input type="checkbox"/> Repeal adopted as proposed</p> <p>Effective date:</p> <p><input type="checkbox"/> 30 days after filing</p> <p><input checked="" type="checkbox"/> Other (specify): <u>January 1, 2010</u></p>
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Printed name and Title of person authorized to file rules: Robert L. Robinson, Executive Director

Signature of person authorized to file rules: _____

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p>DO NOT WRITE BELOW THIS LINE</p> <p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px;"> <p align="center">FILED</p> <p align="center">OCT 18 2010</p> <p align="center">MISSISSIPPI</p> <p align="center">SECRETARY OF STATE</p> </div> <p>Accepted for filing by <u>CB 17357</u></p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.