

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

| | | | | |
|---|------------------------|--|------------------------------------|--------------|
| AGENCY NAME Mississippi Workers' Compensation Commission | | CONTACT PERSON Scott Clark | TELEPHONE NUMBER (601) 987-4266 | |
| ADDRESS 1428 Lakeland Drive | | CITY Jackson | STATE MS | ZIP 39216 |
| EMAIL sclark@mwcc.state.ms.us | SUBMIT DATE 9/13/12 | Name or number of rule(s): 20 Miss. Admin. Code Pt: 1, Rule s 2.20, 2.21, 1.7(B)(10)(a) and MWCC Medical Fee Schedule Dispute Resolution Rules II | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Procedural Rules 20 & 21 are being amended to require attorneys to include email addresses and fax numbers on pleadings and to keep the MWCC apprised of any changes to this contact information. General Rule 7(B)(10)(a) is being amended to reduce the premium deposit required from members of group self-insurance programs from 25% to 10%, and to make this deposit a permanent deposit. Fee Schedule, Dispute Resolution Rule II is being amended to require notice to all other parties whenever a request for resolution of dispute is filed with the Commission.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Sections 71-3-15(3); 71-3-47; 71-3-75(3); 71-3-85(5)

List all rules repealed, amended, or suspended by the proposed rule: 20 Miss. Admin. Code Pt. 1, Rule s 2.20, 2.21, 1.7(B)(10)(a) and MWCC Medical Fee Schedule, Dispute Resolution Rules II

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 |
|--|---|--|
| <input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____ | Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____ | Date Proposed Rule Filed: 6/3/11 Action taken: <input type="checkbox"/> Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): November 1, 2012 |

Printed name and Title of person authorized to file rules: James Rankin, Senior Attorney

Signature of person authorized to file rules: *[Signature]*

| | | |
|--|---|--|
| <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">SEP 13 2012</p> <p align="center">MISSISSIPPI</p> <p align="center">SECRETARY OF STATE</p> </div> <p>Accepted for filing by <i>CBT9109E</i></p> |
|--|---|--|

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