

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 Margaret Wilson	TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE NOV 21 2013	Name or number of rule(s): Title 23: Medicaid, Part 202: Hospital Services, Chapter 2: Outpatient Services, Rule 2.10: Phase II Cardiac Rehabilitation Services		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing of the new Rule 2.10 includes coverage provisions for an outpatient hospital physician supervised cardiac rehabilitation (CR) program for beneficiaries who have had one of the qualifying cardiovascular "episodes" based on 42 CFR § 410.49.

Specific legal authority authorizing the promulgation of rule: 42 CFR § 410.49; Miss. Code Ann. § 43-13-121; MIPPA of 2008.

List all rules repealed, amended, or suspended by the proposed rule: New Rule 2.10

ORAL PROCEEDING:

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

Presently, an oral proceeding is not scheduled on this rule.

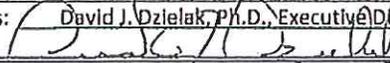
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

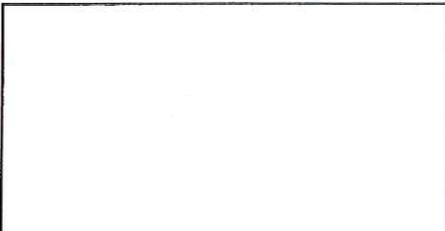
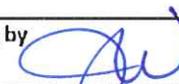
ECONOMIC IMPACT STATEMENT:

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 checked="" 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 checked="" type="checkbox"/> Other (specify): FEB 01 2014	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input 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 type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP 
Accepted for filing by _____	Accepted for filing by  #20185	Accepted for filing by _____

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



DELBERT HOSEMANN
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 Margaret Wilson	TELEPHONE NUMBER 601-359-5248
ADDRESS Walter Sillers Building, Suite 1000	CITY Jackson	STATE MS
EMAIL Margaret.wilson@medicaid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Phase II Cardiac Rehabilitation Services	
Specific Legal Authority Authorizing the promulgation of Rule: 42 CFR § 410.49; Miss. Code Ann. § 43-13-121; MIPPA of 2008.	Reference to Rules repealed, amended or suspended by the Proposed Rule: Title 23: Medicaid, Part 202: Hospital Services, Chapter 2: Outpatient Services, Rule 2.10: Phase II Cardiac Rehabilitation Services	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
Phase II outpatient cardiac rehabilitation is a comprehensive medical program designed to restore beneficiaries with cardiovascular heart disease to active and productive lives and reduce the risk of future cardiac events.
2. Briefly describe the need for the proposed rule:
Cardiovascular disease, including heart disease and stroke, is the leading cause of death in Mississippi, accounting for over a third of all deaths in the state. Mississippi's CVD mortality rate remains the highest in the nation. The Centers for Medicare and Medicaid Services (CMS) implemented the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 Cardiac Rehab (CR) statutory coverage provisions through 42 CFR § 410.49 which includes all coverage provisions for CR items and services.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
As a result of receiving cardiac rehabilitation services, beneficiaries with heart disease may recover faster, feel better, reduce stress, learn ways to lead healthier lifestyles, reduce the risk of future heart problems, and increase life expectancy.
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:
 - a. Cost:
 Nothing Minimal Moderate Substantial Excessive
 - b. 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:

b. Projected costs for small businesses to comply:

c. Statement of probable effect on impacted small businesses:

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.)

C. Data and Methodology

Please briefly describe the data and methodology you used in making the estimates required by this form. *A sample of beneficiaries with a record of two or more hospital stays reimbursed by DOM in calendar year 2012 was pulled. The sample had a total reimbursement amount of \$816,267.42 reported (n=62). The chart below predicts estimated cost savings realized by DOM if these beneficiaries had participated in Phase II cardiac rehabilitation and therefore avoided the second admission.*

Percentage of Beneficiaries Participating in Phase II CR	Total Cost of Second Admits	Total Cost of Phase II Cardiac Rehab	Total Cost Savings
25%	\$204,066.86	\$34,540.20	\$169,526.66
50%	\$408,133.71	\$69,080.40	\$339,053.31
75%	\$612,200.57	\$103,620.60	\$509,179.96
100%	\$816,267.42	\$138,160.80	\$720,824.60

D. Public Notice

Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided?

Written comments will be received by the Division of Medicaid, Office of the Governor, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, MS 39201, thirty (30) days from the date of publication of public notice. All comments will be available for public review at the above address.

SIGNATURE 	TITLE Executive Director
DATE 11/21/13	PROPOSED EFFECTIVE DATE OF RULE 2/1/2014