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	
Division of Medicaid		Margaret Wilson	(601) 359-5241	
ADDRESS		CITY	STATE	ZIP
550 High Street, Suite 1000		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s): Title 23: Medicaid, Part 203: Physician Services,		
Margaret.Wilson@medicaid.ms.gov	JUL 0 3 2014	Chapter 1: General, New Rule 1.11: Global Packaging **NOTICE OF HEARING**		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The MS Division of Medicaid's Administrative Code proposed filing is to establish the Global Package payment system. The Global Package payment is a lump sum payment which includes all necessary services normally furnished by the "same physician" before, during and after a procedure and all evaluation and management (E&M) visits related to a procedure based on an assigned post-op period by Centers of Medicare and Medicaid Services (CMS).

Specific legal authority authorizing the promulgation of rule: Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 6507, 124 Stat. 119 (2010), as amended by Pub. L. 111-152, 124 Stat. 1029 (2010).

List all rules repealed, amended, or suspended by the proposed rule: Title 23: Medicaid, Part 203: Physician Services, Chapter 1: General, New Rule 1.11: Global Packaging

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 07/23/2014 Time: 1:30 p.m. Place: Mississippi War Memorial

120 N. State St,. Jackson, MS 39202

☐ 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
		Date Proposed Rule Filed: _____
_____ Original filing	**Action proposed:**	**Action taken:**
_____ Renewal of effectiveness	__X__ New rule(s)	_____ Adopted with no changes in text
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with changes
Effective date:	_____Repeal of existing rule(s)	_____ Adopted by reference
_____ Immediately upon filing	_____Adoption by reference	_____ Withdrawn
_____ Other (specify): _____	**Proposed final effective date:**	_____ Repeal adopted as proposed
	____ 30 days after filing	**Effective date:**
	__X__ Other (specify): September 1, 2014	_____ 30 days after filing
		____ 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: David J. Dzielak

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JUL 0 3 2014 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by #20622	Accepted for filing by

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