

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER 601-359-3984	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE OCT 31 2024	Name or number of rule(s): Title 23: Medicaid, Part 202: Hospital Services, Chapter 6: Rural Emergency Hospitals, New Rules 6.1: Definitions, 6.2: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Reimbursement.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This administrative code is being filed to add Rural Emergency Hospitals to Part 202 and to correspond with SPA 24-0007 Rural Emergency Hospitals (effective October 1, 2024).

Specific legal authority authorizing the promulgation of rule: 42 C.F.R. §§ 440.20, 447.201, 447.203

List all rules repealed, amended, or suspended by the proposed rule: New Rule 6.1 – 6.5

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): JAN 01 2025	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: Cindy H. Bradshaw, Executive Director

Signature of person authorized to file rules: *Cindy Bradshaw*

OFFICIAL FILING STAMP Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by <u>27750 7308</u>	OFFICIAL FILING STAMP Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



Michael Watson

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 Robin Bradshaw	TELEPHONE NUMBER 601-359-3984
ADDRESS 550 High Street	CITY Jackson	STATE MS
EMAIL DOMPolicy@mediciad.ms.gov	ZIP 39201	
Specific Legal Authority Authorizing the promulgation of Rule: 42 C.F.R. §§ 440.20, 447.201, 447.203	DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 202: Hospital Services, Chapter 6: Rural Emergency Hospitals, New Rules 6.1: Definitions, 6.2: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Reimbursement.	
	Reference to Rules repealed, amended or suspended by the Proposed Rule: Title 23: Medicaid, Part 202: Hospital Services, Chapter 6: Rural Emergency Hospitals, New Rules 6.1: Definitions, 6.2: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Reimbursement.	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
These rules are being filed in compliance with 42 C.F.R. §§ 440.20, 447.201, 447.203
2. Briefly describe the need for the proposed rule: *This administrative code is being filed to add Rural Emergency Hospitals to Part 202 and to correspond with SPA 24-0007 Rural Emergency Hospitals (effective October 1, 2024).*
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
These rules will allow the Division of Medicaid to add coverage for Rural Emergency Hospitals.
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:
 - c. Cost:
 Nothing Minimal Moderate Substantial Excessive
 - d. 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: N/A
- b. Projected costs for small businesses to comply: N/A
- c. Statement of probable effect on impacted small businesses: N/A

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

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

The estimated annual impact is \$304,796 for managed care members and \$189,840 for Fee-for-Service (FFS) members. Using paid Rural Emergency Hospital data from SFY23, the difference for the financial impact was calculated by adding an additional 5% increase to the original SFY25 fee.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

Written comments will be received by the Division of Medicaid, Officer of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street Jackson, Mississippi 39201, or DOMPolicy@medicaid.ms.gov. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.

SIGNATURE <i>Cindy Bradshaw</i>	TITLE Executive Director
DATE OCT 31 2024	PROPOSED EFFECTIVE DATE OF RULE JAN 01 2025



Michael Watson

SECRETARY OF STATE

ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. An Economic Impact Statement must be attached to this Form and address the factors below. A PDF document containing this executed Form and the Economic Impact Statement must be filed with any proposed rule, if required by the aforementioned statute.

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SIGNATURE <i>Cindy Bradshaw</i>	TITLE Executive Director
DATE OCT 31 2024	PROPOSED EFFECTIVE DATE OF RULE JAN 01 2025

- Describe the need for the proposed action: These rules are being filed in compliance with 42 C.F.R. §§ 440.20, 447.201, 447.203.
- Describe the benefits which will likely accrue as the result of the proposed action: This administrative code is being filed to add Rural Emergency Hospitals to Part 202 and to correspond with SPA 24-0007 Rural Emergency Hospitals (effective October 1, 2024).
- Describe the effect the proposed action will have on the public health, safety, and welfare: These rules will allow the Division of Medicaid to add coverage for Rural Emergency Hospitals.
- Estimate the cost to the agency and to any other state or local government entities, of implementing and enforcing the proposed action, including the estimated amount of paperwork, and any anticipated effect on state or local revenues: The estimated annual impact is \$304,796 for managed care members and \$189,840 for Fee-for-Service (FFS) members.
- Estimate the cost or economic benefit to all persons directly affected by the proposed action: There is no cost or economic benefit to all persons directly affected by the proposed action.
- Provide an analysis of the impact of the proposed rule on small business: N/A
 - Identify and estimate the number of small businesses subject to the proposed regulation: N/A
 - Provide the projected reporting, recordkeeping, and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record: N/A

- c. State the probable effect on impacted small businesses: *N/A*
- d. Describe any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation including the following regulatory flexibility analysis:
 - i. The establishment of less stringent compliance or reporting requirements for small businesses;
 - ii. The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
 - iii. The consolidation or simplification of compliance or reporting requirements for small businesses;
 - iv. The establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and
 - v. The exemption of some or all small businesses from all or any part of the requirements contained in the proposed regulations: *N/A*
7. Compare the costs and benefits of the proposed rule to the probable costs and benefits of not adopting the proposed rule or significantly amending an existing rule: *The cost of adopting the proposed rule is minimal compared to the probable cost and benefits of not adopting the proposed rule.*
8. Determine whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rule where reasonable alternative methods exist which are not precluded by law: *N/A*
9. Describe reasonable alternative methods, where applicable, for achieving the purpose of the proposed action which were considered by the agency: *There are no other reasonable alternative methods.*
10. State reasons for rejecting alternative methods that were described in #9 above: *N/A*
11. Provide a detailed statement of the data and methodology used in making estimates required by this subsection: *The estimated annual impact is \$304,796 for managed care members and \$189,840 for Fee-for-Service (FFS) members. Using paid Rural Emergency Hospital data from SFY23, the difference for the financial impact was calculated by adding an additional 5% increase to the original SFY25 fee.*