Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

OFFICIAL FILING STAMP DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP OFFICIAL FILING STAMP OCT 3 1 2024	ADMINISTRATIVE PROCEDURES	NOTICE FILING				
SUBMIT DATE OCT 3 1 2024 Name or number of rule(s): Title 23: Medicald, M. Say 1 2021 Hospitals 2 2021 Hos	Division of Medicaid		The state of the s	c attima 1 ₂₅		
Cot 3 1 2024 Chapter 6 Raral Emergency Hospitals, New Rule 6.1 of Enfolions, 6.2: Chapter 6 Raral Emergency Hospitals, New Rule 6.1 of Enfolions, 6.2: Chapter 6 Raral Emergency Hospitals, New Rule 6.1 of Enfolions, 6.2: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Provider Requirements, 6.3: Covered Services, 6.4: Non-Covered Services, 6.5: Provider Requirements, 6.3: Covered Services, 6.5: Non-Covered Services, 6.5: Non-Cover	550 High Street, Suite 1000					
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 (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 Specific legal authority authorizing the promulgation of rule: 42 C.F.R. §§ 440.20, 447.201, 447.203 List all rules repealed, amended, or suspended by the proposed rule: New Rule 6.1 – 6.5 ORAL PROCEEDING: An oral proceeding is scheduled for this rule on Date: Time: Place: Effective for ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within townry (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 persons) making the request, and if you are an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within townry (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 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: TEMPORARY RULES Original filing Renewal of effectiveness Action proposed: Action taken: Adopted with changes in text	DOMPolicy@medicaid.ms.gov		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:			rvices,
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Economic impact statement not required for this rule. Concise summary of economic impact statement attached. TEMPORARY RULES	days after the filing of this notice of proposed rule a person(s) making the request; and, if you are an agreepresent. At any time within the twenty-five (25) proposed rule/amendment/repeal may be submitted.	request should be sub idoption and should inc ent or attorney, the nar day public comment pe	mitted to the agency contact perso lude the name, address, email add ne. address, email address, and tak	n at the above acress, and telepho	ddress within twen	ity (20)
TEMPORARY RULES Original filingRenewal of effectiveness To be in effect indays Effective date:Immediately upon filingX Other (specify):Other (specify):Other of person authorized to file rules: OFFICIAL FILING STAMP PROPOSED ACTION ON RULES ### Action proposed: Action proposed:Atdopted with no changes in text Adopted with no changes in text Adopted with no changes in text Adopted with changesAdopted with changesAdopted by referenceWithdrawnRepeal adopted as proposed Effective date:30 days after filingX Other (specify):IAN 0 1 2025 DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP			U			***
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Action proposed:		T		FINA	AL ACTION OF	N RULES
Printed name and Title of person authorized to file rules: Cindy H. Bradshaw, Executive Director Signature of person authorized to file rules: DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP OFFICIAL FILING STAMP OFFICIAL FILING STAMP OCT 3 1 2024	Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing	X New rule Amendm Repeal o Adoption Proposed final e 30 days a	e(s) nent to existing rule(s) f existing rule(s) n by reference effective date: of the state of	Action taker Adop Adop Adop Mithe Reper Effective dat	n: ted with no char ted with change: ted by reference drawn al adopted as pro te: ys after filing	nges in text s
OFFICIAL FILING STAMP	Printed name and Title of person auth	orized to file rule	s: Cindy H Bradshaw			
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CONCISE SUMMARY	OF ECC	ONOMIC IM	PACT STATI	EMENT
An Economic Impact Statement is required Administrative Procedures Act. This is a Cobe filed with the Secretary of State's Office.	for this p oncise Su	proposed rule by mmary of the E	Section 25-43-3. conomic Impact	105 of the Statement which must
AGENCY NAME Division of Medicaid	CONTAC Robin Brac	T PERSON dshaw		TELEPHONE NUMBER 601-359-3984
ADDRESS 550 High Street	CITY Jackson		STATE MS	ZIP 39201
EMAIL DOMPolicy@mediciad.ms.gov	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.			
Specific Legal Authority Authorizing the promulgation of Rule; 42 C.F.R. §§ 440.20, 447.201, 447.203		Reference to Rules Rule; Title 23: Med Emergency Hospita	repealed, amended or licaid, Part 202: Hospi ds. New Rules 6.1: De	suspended by the Proposed ital Services, Chapter 6: Rural finitions, 6.2: Provider : Non-Covered Services, 6.5:
A. Estimated Costs and Benefits	,			
 Briefly summarize the benef These rules are being filed in Briefly describe the need for add Rural Emergency Hospit Emergency Hospitals (effection) Briefly describe the effect the welfare: These rules will allow the Difference of the Hospitals. 	the propietals to Prive Octo e propos	iance with 42 of posed rule: The Part 202 and to ober 1, 2024). sed action will	C.F.R. §§ 440 it is administrate correspond we have on the property of the	20, 447.201, 447.203 ive code is being filed to with SPA 24-0007 Rural ablic health, safety, and
4. Estimated Cost of implement a. To the agency Nothing Min b. To other state or local Nothing Min	nimal D I govern nimal D	☑ Moderate [ument entities ☑ Moderate [Substantial	Excessive
d. Economic Benefit:	imal [] Substantial	☐ Excessive

 Estimated impact on small businesses: Nothing ☐ Minimal ☐ Mo 	oderate Substantial Excessive
a. Estimate of the number of small businesseb. Projected costs for small businessec. Statement of probable effect on important probable	usinesses subject to the proposed regulation: N/A s to comply: N/A pacted small businesses: N/A
the existing rule (check option): substantially less than mode	not adopting the rule or significantly amending erately less than minimally less than e than moderately more than essively more than
the existing rule (check option): substantially less than mode	to not adopting the rule or significantly amending erately less than minimally less than moderately more than moderately more than
B. Reasonable Alternative Methods	
 Other than adopting this rule, are there less purpose of the proposed rule? yes no 	costly or less intrusive methods for achieving the
 If yes, please briefly describe available, rear rejecting those alternatives in favor of the p factors you must consider.) 	sonable alternative(s) and the reasons for proposed rule. (Please see §25-43-4.104 for
C. Data and Methodology	
 Please briefly describe the data and methodo by this form. The estimated annual impact is \$304,796 for for-Service (FFS) members. Using paid Rur 	ology you used in making the estimates required or managed care members and \$189,840 for Fee-val Emergency Hospital data from SFY23, the ulated by adding an additional 5% increase to
D. Public Notice	
1. Where, when, and how may someone preser request an oral proceeding on the proposed a Written comments will be received by the Di Governor, Office of Policy, Walter Sillers By Jackson, Mississippi 39201, or <u>DOMPolicy(available for public review at the above additional website at www.medicaid.ms.gov.</u>	rule if one is not already scheduled? ivision of Medicaid, Officer of the uilding, Suite 1000, 550 High Street @medicaid.ms.gov. Comments will be
SIGNATURE, 0	TITLE
Undy Brudshaw	TITLE Executive Director
OCT 3 1 2024	PROPOSED EFFECTIVE DATE OF RULE JAN 0 1 2025



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.

AGENCY NAME Division of Medicaid	CONTACT PERSON Robin Bradshaw		TELEPHONE NUMBER 601-359-3984	
ADDRESS 550 High Street	CITY STATE Jackson MS		ZIP 39201	
EMAIL DOMPolicy@medicaid.ms.gov	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.			
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SIGNATURE Chidy Brudshaw	TITLE Executive Director
DATE	PROPOSED EFFECTIVE DATE OF
OCT 3 1 2024	RULE JAN 0 1 2025

- 1. 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.
- 2. 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).
- 3. 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. 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.
- 5. 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.
- 6. Provide an analysis of the impact of the proposed rule on small business: N/A
 - a. Identify and estimate the number of small businesses subject to the proposed regulation: N/A
 - b. 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.