

**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
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE <b>APR 04 2025</b>	Name or number of rule(s): Title 23: Medicaid, Part 216: Dialysis Services, Chapter 1: Dialysis Services, Rule 1.3: Bundled ESRD PPS/Definition of Units, Rule 1.6: Immunizations.	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being revised to remove language regarding the payment for immunizations outside of the PPS rate, outdated language regarding limits per day and week of hemodialysis, rate freeze language, and references to dialysis services provided inside the home. This filing corresponds with SPA 24-0001 (eff. 01/01/2024) which removed references to Medicare regulations, removed references to in-home services, unfreezes reimbursement rates and made other edits required by the Centers for Medicare and Medicaid Services (CMS).

Specific legal authority authorizing the promulgation of rule: 42 CFR § 414.310; Miss. Code Ann. § 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: 1.3, 1.6

**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
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): <b>JUN 01 2025</b>	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ 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 H. Bradshaw*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by		Accepted for filing by
	Accepted for filing by <u>27950 BSA</u>	

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, Suite 1000	CITY Jackson	STATE MS
EMAIL DOMPolicy@medicaid.ms.gov	ZIP 39201	
DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 216: Dialysis Services, Chapter 1: Dialysis Services, Rule 1.3: Bundled ESRD PPS/Definition of Units, Rule 1.6: Immunizations.		
Specific Legal Authority Authorizing the promulgation of Rule: 42 CFR § 414.310; Miss. Code Ann. § 43-13-121	Reference to Rules repealed, amended or suspended by the Proposed Rule: 1.3, 1.6	

#### A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit: *This Administrative Code is being revised to remove language regarding the payment for immunizations outside of the PPS rate, outdated language regarding limits per day and week of hemodialysis, rate freeze language, and references to dialysis services provided inside the home. This filing corresponds with SPA 24-0001 (eff. 01/01/2024) which removed references to Medicare regulations, removed references to in-home services, unfreezes reimbursement rates and made other edits required by the Centers for Medicare and Medicaid Services (CMS).*
2. Briefly describe the need for the proposed rule: *This Administrative Code is being revised to remove language regarding the payment for immunizations outside of the PPS rate, outdated language regarding limits per day and week of hemodialysis, rate freeze language, and references to dialysis services provided inside the home. This filing corresponds with SPA 24-0001 (eff. 01/01/2024) which removed references to Medicare regulations, removed references to in-home services, unfreezes reimbursement rates and made other edits required by the Centers for Medicare and Medicaid Services (CMS).*
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare: *This Administrative Code is being revised to remove language regarding the payment for immunizations outside of the PPS rate, outdated language regarding limits per day and week of hemodialysis, rate freeze language, and references to dialysis services provided inside the home. This filing corresponds with SPA 24-0001 (eff. 01/01/2024) which removed references to Medicare regulations, removed references to in-home services, unfreezes reimbursement rates and made other edits required by the Centers for Medicare and Medicaid Services (CMS).*
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: *NA*
- b. Projected costs for small businesses to comply: *NA*
- c. Statement of probable effect on impacted small businesses: *NA*

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

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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.)
- NA*

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C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. *The impact was calculated based on 2021 fee-for-service (FFS) utilization of 1,446,432 visits multiplied by the updated rate per visit of \$230.54 to find the increase in annual cost.*

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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, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or DOMPolicy@medicaid.ms. Comments will be available for public review at the above address and on the Division of Medicaid's website at [www.medicid.ms.gov](http://www.medicid.ms.gov).*

SIGNATURE <i>Andy Bradsheer</i>	TITLE Executive Director, Division of Medicaid
DATE <i>4-4-2025</i>	PROPOSED EFFECTIVE DATE OF RULE <i>Andy Bradsheer</i> JUN 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.

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	DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 216: Dialysis Services, Chapter 1: Dialysis Services, Rule 1.3: Bundled ESRD PPS/Definition of Units, Rule 1.6: Immunizations.		
Specific Legal Authority Authorizing the promulgation of Rule: 42 CFR § 414.310; Miss. Code Ann. § 43-13-121		Reference to Rules repealed, amended or suspended by the Proposed Rule: 1.3, 1.6	

SIGNATURE <i>Andy Bradshaw</i>	TITLE Executive Director, Division of Medicaid
DATE <i>4/4/2025</i>	PROPOSED EFFECTIVE DATE OF RULE JUN 01 2025

1. Describe the need for the proposed action: *This Administrative Code is being revised to remove language regarding the payment for immunizations outside of the PPS rate, outdated language regarding limits per day and week of hemodialysis, rate freeze language, and references to dialysis services provided inside the home. This filing corresponds with SPA 24-0001 (eff. 01/01/2024) which removed references to Medicare regulations, removed references to in-home services, unfreezes reimbursement rates and made other edits required by the Centers for Medicare and Medicaid Services (CMS).*
2. Describe the benefits which will likely accrue as the result of the proposed action: *This Administrative Code is being revised to remove language regarding the payment for immunizations outside of the PPS rate, outdated language regarding limits per day and week of hemodialysis, rate freeze language, and references to dialysis services provided inside the home. This filing corresponds with SPA 24-0001 (eff. 01/01/2024) which removed references to Medicare regulations, removed references to in-home services, unfreezes reimbursement rates and made other edits required by the Centers for Medicare and Medicaid Services (CMS).*
3. Describe the effect the proposed action will have on the public health, safety, and welfare: *This Administrative Code is being revised to remove language regarding the payment for immunizations outside of the PPS rate, outdated language regarding limits per day and week of hemodialysis, rate freeze language, and references to dialysis services provided inside the home. This filing corresponds with SPA 24-0001 (eff. 01/01/2024) which removed references to Medicare regulations, removed references to in-home services, unfreezes reimbursement rates and made other edits required by the Centers for Medicare and Medicaid Services (CMS).*
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 cost to the agency is minimal and there is no cost to any other state or local government entities.*

5. Estimate the cost or economic benefit to all persons directly affected by the proposed action: *Minimal*
6. Provide an analysis of the impact of the proposed rule on small business: *NA*
  - a. Identify and estimate the number of small businesses subject to the proposed regulation: *NA*
  - 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: *NA*
  - c. State the probable effect on impacted small businesses: *NA*
  - 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: *NA*
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 minimally less than 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: *NA*
9. Describe reasonable alternative methods, where applicable, for achieving the purpose of the proposed action which were considered by the agency: *NA*
10. State reasons for rejecting alternative methods that were described in #9 above: *NA*
11. Provide a detailed statement of the data and methodology used in making estimates required by this subsection: *The impact was calculated based on 2021 fee-for-service (FFS) utilization of 1,446,432 visits multiplied by the updated rate per visit of \$230.54 to find the increase in annual cost.*