

Mississippi Secretary of State

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 East Woodrow Wilson Avenue		CITY Jackson	STATE MS	ZIP 39216
EMAIL cassandra.walter@msdh.ms.gov	SUBMIT DATE 10/19/20	Name or number of rule(s): Title 15: Mississippi Department of Health Part 3: Bureau of Acute Care Systems Subpart 1: Trauma System of Care Chapter 1 Subchapter 3		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Section 41-59-5 (5), Mississippi Code of 1972, as amended, establishes Mississippi State Department of Health (MSDH) as lead agency in statewide Trauma System development and implementation. Funding for the system is provided annually through various funding streams and distribution of funds is prescribed by Trauma System Rules and Regulations. These changes are required to facilitate increased reimbursement from the current 70% of Medicare allowable rates up to 100% of Medicare allowable rates for EMS ground ambulances as approved in Medicaid State Plan Amendment (SPA) 20-0016.

Specific legal authority authorizing the promulgation of rule: Section 41-59-5 (5), Mississippi Code of 1972, as amended

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.3.1; 1.3.3; 1.3.5

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on

Date: Nov 16, 2020 10:00 AM Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/96297577739?pwd=THdhM1lLd3JSZ0RJRT2ZHUCt6TGk3QT09>

Password: 431644 Or Telephone: Dial: USA 713 353 0212 USA 888 822 7517 (US Toll Free) Conference code: 540839

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
<p>____ Original filing</p> <p>____ Renewal of effectiveness</p> <p>To be in effect in ____ days</p> <p>Effective date:</p> <p>____ Immediately upon filing</p> <p>____ Other (specify): ____</p>	<p><b>Action proposed:</b></p> <p>____ New rule(s)</p> <p><input checked="" type="checkbox"/> Amendment to existing rule(s)</p> <p>____ Repeal of existing rule(s)</p> <p>____ Adoption by reference</p> <p><b>Proposed final effective date:</b></p> <p>____ 30 days after filing</p> <p><input checked="" type="checkbox"/> Other (specify): <u>November 16, 2020</u></p>	<p><b>Date Proposed Rule Filed:</b> ____</p> <p><b>Action taken:</b></p> <p>____ Adopted with no changes in text</p> <p>____ Adopted with changes</p> <p>____ Adopted by reference</p> <p>____ Withdrawn</p> <p>____ Repeal adopted as proposed</p> <p><b>Effective date:</b></p> <p>____ 30 days after filing</p> <p>____ Other (specify): ____</p>

Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy and Director of Health Protection

Signature of person authorized to file rules: \_\_\_\_\_

<p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p><b>DO NOT WRITE BELOW THIS LINE</b></p> <p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>
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**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 Mississippi State Department of Health	CONTACT PERSON Jim Craig		TELEPHONE NUMBER 601-576-7847
ADDRESS 570 East Woodrow Wilson Avenue	CITY Jackson	STATE MS	ZIP 39216
EMAIL cassandra.walter@msdh.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Financial Support for the Trauma System		
Specific Legal Authority Authorizing the promulgation of Rule: <b>Section 41-59-5 (5), Mississippi Code of 1972, as amended</b>	Reference to Rules repealed, amended or suspended by the Proposed Rule: Title 15: Mississippi Department of Health Part 3: Bureau of Acute Care Systems Subpart 1: Trauma System of Care Chapter 1 Subchapter 3 <b>Rule 1.3.1; 1.3.3; 1.3.5</b>		

**A. Estimated Costs and Benefits**

1. Briefly summarize the benefits that may result from this regulation and who will benefit:  
Proposed Medicaid State Plan Amendment (SPA) 20-0016 provides for reimbursement of up to 100% of the Medicare allowable rate through the Division of Medicaid for emergency ground ambulance services. The current rate is approximately 70% of the Medicare allowable rate. The proposed enhanced reimbursement represents a 30% potential increase in funding for allowable expense reimbursement. The enhanced rate is possible due to state and federal match monies. Essentially, the variable state contribution to federal match ranges from 1:6 to 1:4, depending on rates set per federal fiscal year.
2. Briefly describe the need for the proposed rule:  
Licensed EMS providers incur substantial costs to maintain readiness and respond to emergency calls. The proposed enhanced reimbursement will assist in covering costs associated with response to emergency calls.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:  
Presently, licensed EMS providers receive only about 70% of Medicare allowable rates as reimbursement for said services. This cuts in on available funds to maintain state of readiness and ability to provide emergency services, i.e. ability to cover costs associated with fleet maintenance, fuel costs, provisions of equipment and supplies, and EMT and paramedic staffing. Additional funds may be used for these purposes and provide for more readily available and enhanced delivery of emergency care and ground transport throughout the state.
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:  
 56 Licensed Ambulance Services
- b. Projected costs for small businesses to comply:  
 No cost
- c. Statement of probable effect on impacted small businesses:  
 Positive impact - probable 30% increase in reimbursement for eligible claims
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.)  
 N/A

#### C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.  
 Data provided directly from the Mississippi Division of Medicaid based on actual reimbursements for FY19

#### 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?

Join from PC, Mac, Linux, iOS or Android:

<https://zoom.us/j/96297577739?pwd=THdhM1lLd3JSZ0RJT2ZHUCt6TGk3QT09>

Password: 431644 Or Telephone: Dial: USA 713 353 0212 USA 888 822 7517 (US  
Toll Free) Conference code: 540839

SIGNATURE	TITLE Senior Deputy and Director of Health Protection
DATE 10/19/2020	PROPOSED EFFECTIVE DATE OF RULE November 16, 2020