Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FIELD	10					
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER (601) 359-5248		
ADDRESS		CITY		STATE	ZIP	
550 High Street, Suite 1000 EMAIL	SUBMIT DATE	Name or number of rule(s):		MS	39201	
Manager Wilson Governing in the control of the cont	FEB 2 4 2015 Name of Manie of Medicaid, Part 224: Immunizations, Chapter 1: General, New Rule 1.6: Vaccines for Pregnant and Postpartum Beneficiaries					
Short explanation of rule/amendment/repeal a Code filing is to amend Title 23: Medicaid, Pa Beneficiaries to allow coverage of the tetanus	art 224: Immunizatio -diptheria-acellular	posing rule/amendment/repeal: Tons, Chapter 1: General to add Ne	he MS Division Rule 1.6:Va	on of Medicaid'	nant and Postpartum	
Specific legal authority authorizing the promu Miss. Code Ann. §§ 43-13-117, 43-13-121.	lgation of rule:					
List all rules repealed, amended, or suspended	by the proposed rul	e: New Rule 1.6: Vaccines for P	regnant and Po	stpartum Bene	ficiaries.	
ORAL PROCEEDING:						
An oral proceeding is scheduled for this ru	le on Date:	Time: Place:				
Presently, an oral proceeding is not sched	uled on this rule.					
If an oral proceeding is not scheduled, an oral subdivision, an agency or ten (10) or more pe within twenty (20) days after the filing of this telephone number of the person(s) making the number of the party or parties you represent arguments, data, and views on the proposed ECONOMIC IMPACT STATEMENT:	rsons. The written r notice of proposed e request; and, if yo At any time within rule/amendment/re	equest should be submitted to t rule adoption and should include u are an agent or attorney, the r the twenty-five (25) day public o peal may be submitted to the fili	he agency cont the name, ad- name, address, comment perion ng agency.	tact person at t dress, email ad email address, ed, written subr	he above address dress, and and telephone	
Economic impact statement not required	for this rule Co	ncise summary of economic imp	act statement	attached.		
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose New rul Repeal of Adoption Proposed final Other (s	Action proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference Proposed final effective date: Other (specify):		FINAL ACTION ON RULES Date Proposed Rule Filed:		
Printed name and Title of person authorized to	o file rules: Dav		ector			
Signature of person authorized to file rules:	1 /	a) I Soulah				
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE	,	FFICIAL FILING	STAMD	
			SEC	FEB 2 4 MISSISS RETARY	2015	
Accepted for filing by	Accepted for fi	ling by	Accepted for		N I)	
The autic test of the December 2 to 1 to 1 to 1	the tout of a result	halamamandadlli	#210	54	40	
The entire text of the Proposed Rule including	tne text of any rule	being amended or changed is at	tached.			