

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE JUN 01 2015	Name or number of rule(s): Title 23: Medicaid, Part 209: Durable Medical Equipment (DME) and Medical Supplies, Chapter 1: DME, Rule 1.26: Glucose Monitor, Chapter 2: Medical Supplies, Rule 2.1: Medical Supplies, Rule 2.2: Covered Medical Supplies. Non-substantive changes made to Rules 2.3, 2.4, and 2.5.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing is to add coverage language to Rule 1.26 for a continuous glucose monitoring system (CGMS), rename Rule 2.1 and add coverage language to Rule 2.2.C.2. for CGMS medical supplies.

Specific legal authority authorizing the promulgation of rule:
42 U.S.C. 1395m; Miss. Code Ann. §§ 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Rules 1.26, 2.1 and 2.2. Non-substantive changes made to Rules 2.3, 2.4, and 2.5.

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: ____ Time: ____ Place: ____
- Presently, an oral proceeding is not scheduled on this rule.

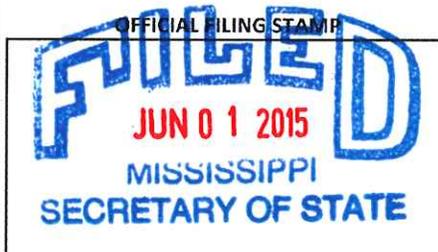
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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
____ Original filing ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): ____	Action proposed: ____ New rule(s) ____ Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference Proposed final effective date: ____ 30 days after filing ____ Other (specify): ____	Date Proposed Rule Filed: MAY 06 2015 Action taken: <input checked="" type="checkbox"/> 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): JUL 01 2015

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director
 Signature of person authorized to file rules: *[Signature]*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px;">  </div> Accepted for filing by #21319 <i>[Signature]</i>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.