Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING				
AGENCY NAME		CONTACT PERSON	TELEPHONE	
Division of Medicaid		Margaret Wilson	NUMBER ((01) 359 5248	
I D D D F F F F F F F F F F F F F F F F		(AVEN)	(601) 359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE ZIP MS 39201	
	SUBMIT DATE	Name or number of rule(s):	W3 39201	
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE		Part 203: Physician Services, Chapter 2:	
Margaret, witson@inedicaid.ms.gov		Physician-Administered Drugs a	nd Implantable Drug System Devices, Ru	le 2.2:
	JUL 2 7 2015	Drug Rebates and Rule 2.6: 17	Alpha-Hydroxyprogesterone Caproate Inj	ections
		(17-P)		
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing is to include language regarding the Division of Medicaid's authority to recoup monies when an audit determines that an incorrect NDC number was billed and to clarify coverage of 17-P. Specific legal authority authorizing the promulgation of rule: Deficit Reduction Act of 2005; 42 U.S.C. § 1396r—8; 42 C.F.R. §§ 435.116, 440.210; Miss. Code Ann. § 43-13-121. List all rules repealed, amended, or suspended by the proposed rule: Title 23: Division of Medicaid, Part 203: Physician Services, Chapter 2: Physician-Administered Drugs and Implantable Drug System Devices, Rule 2.2 and Rule 2.6 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 filling 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 filling agency. ECONOMIC IMPACT STATEMENT: Economic impact statement not required for this rule. Concise summary of economic impact statement attached.				
Economic impact statement not required	for this rule Co	incise summary of economic impa	ct statement attached.	
TEMPORARY RULES	PROPO	OSED ACTION ON RULES	FINAL ACTION ON RULES	
170			Date Proposed Rule Filed: JUL 0 1	2015
Original filing Renewal of effectiveness	Action propos New rule		X Adopted with no changes in text	
To be in effect in days		nent to existing rule(s)	Adopted with changes	N
Effective date:		of existing rule(s)	Adopted by reference	
Immediately upon filing		n by reference	Withdrawn	
Other (specify):		l effective date:	Repeal adopted as proposed	
	A DE MANAGEMENT DE LA COMPANSION DE LA C	after filing	Effective date:	
	Other (s		30 days after filing SEP 0 1	2045
			X Other (specify): SEP U 1	2013
Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director				
Signature of person authorized to file rules:		al / bulat		
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			JUL 2 7 2015 MISSISSIPPI SECRETARY OF STA	ש
Accepted for filing by	Accepted for	filing by	Accepted for filing by	