

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

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|--|-----------------------------------|--|------------------------------------|--------------|
| AGENCY NAME Division of Medicaid | | CONTACT PERSON Margaret Wilson | TELEPHONE NUMBER (601) 359-5248 | |
| ADDRESS 550 High Street, Suite 1000 | | CITY Jackson | STATE MS | ZIP 39201 |
| EMAIL Margaret.Wilson@medicaid.ms.gov | SUBMIT DATE SEP 29 2015 | Name or number of rule(s): Title 23: Division of Medicaid, Part 218: Hearing Services, Chapter I: General, Rule 1.3: Bone Anchored Hearing Aid | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing is to include language for coverage of a non-implantable auditory osseointegrated device (AOD) for beneficiaries under the age of five (5) with certain types of hearing loss.

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

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.3

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.

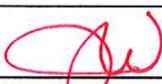
ECONOMIC IMPACT STATEMENT:

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 |
|--|--|--|
| <input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____ | Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): DEC 01 2015 | Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____ |

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

Signature of person authorized to file rules: *David J. Dzielak*

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|------------------------|---|------------------------|
| OFFICIAL FILING STAMP | DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP | OFFICIAL FILING STAMP |
| |  | |
| Accepted for filing by | Accepted for filing by <i>#21554</i>  | Accepted for filing by |

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMANN
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.

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|---|--|------------------------------------|
| AGENCY NAME Division of Medicaid | CONTACT PERSON Margaret Wilson | TELEPHONE NUMBER (601) 359-5248 |
| ADDRESS 550 High Street, Suite 1000 | CITY Jackson | STATE MS |
| EMAIL Margaret.Wilson@medicaid.ms.gov | DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Division of Medicaid, Part 218: Hearing Services, Chapter 1: General, Rule 1.3: Bone Anchored Hearing Aid | |
| Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann. § 43-13-121 | Reference to Rules repealed, amended or suspended by the Proposed Rule: Rule 1.3 | |

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
The non-implantable auditory osseointegrated device (AOD) will provide sound amplification needed for hearing and facilitation of language development to beneficiaries under the age of five (5) with certain types of hearing loss.
2. Briefly describe the need for the proposed rule:
This filing includes coverage language for non-implantable AODs for beneficiaries under the age of five (5) with certain types of hearing loss. The non-implantable AOD will provide sound amplification needed for hearing and facilitation of language development.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
Covering non-implantable AODs for ages under five (5) allows beneficiaries not suitable for an implantable AOD to wear a device attached to a headband that transmits sound directly to the inner ear through the skull which will provide sound amplification needed for hearing and facilitation of language development.
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: *None*
b. Projected costs for small businesses to comply: *None*
c. Statement of probable effect on impacted small businesses: *None*
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

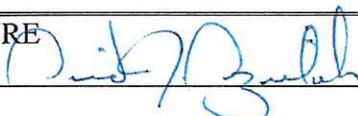
1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
 yes no
2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §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.
The cost of adopting the proposed rule is minimally more than the cost of not adopting the proposed rule. Between July 1, 2013, and June 30, 2014, there were two (2) beneficiaries identified through submission of claims for non-implantable AODs totaling an estimated impact of \$6,480 per state fiscal year.

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, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, MS 39201, thirty (30) days from the date of publication of public notice. All comments will be available for public review at the above address.

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|-----------|---|---------------------------------|--------------------|
| SIGNATURE |  | TITLE | Executive Director |
| DATE | 9/24/15 | PROPOSED EFFECTIVE DATE OF RULE | DEC 01 2015 |