Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE	DROCEDITRES	NOTICE	FILING
ADMINISTRATIVE	PROCEDURES	NUTICE	LILING

ADDRESS SO High Street, Suite 1000 SIMIT Margaret Wilson@medicaid.ms.gov OCT 2 6 2015 Title 23: Division of Medicaid, Part 218: Hearing Services, Chapter1: General, Role 13: Bone Anchored Hearing Aid Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filling 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 § 43-13-121 List all rules repealed, amended, or suspended by the proposed rule: Rule 1.3 ORAL PROCEEDING: An oral proceeding is scheduled for this rule on Date: Time: Place: Presently, an oral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, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled an oral proceeding is not scheduled on this rule. Presently, an oral proceeding is not scheduled on this rule. The written submissions must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency ten 100 or more present. The written equest should be ubmitted to the agency contact person at the above address within twenty (20) days after filling and proceeding is not scheduled and include the many address, and religione number of the person (in misting person) and proceeding is not scheduled. The written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filling agency. FINAL ACTION	AGENCY NAME		CONTACT PERSON		TELEPHONE NUMBER			
Submit Submit Submit Submit Off 2 6 201	Division of Medicaid		Margaret Wilson		(601) 359-5248			
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