

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

Form with fields: 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 (OCT 27 2015), Name or number of rule(s) (Title 23: Division of Medicaid, Part 219: Laboratory Services, Chapter 1: General, Rule 1.10: Tuberculosis (TB) Testing)

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: This filing amends Rule 1.2: Tuberculin Skin Test to include coverage language for interferon-gamma release assays (IGRA) which are currently covered and to relocate this rule from Part 224: Immunizations to Part 219: Laboratory Services, Rule 1.10: Tuberculosis (TB) Testing.

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List all rules repealed, amended, or suspended by the proposed rule: Rule 1.10

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/pepeal 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.

Table with 3 columns: TEMPORARY RULES, PROPOSED ACTION ON RULES, FINAL ACTION ON RULES. Includes checkboxes for original filing, renewal, action proposed (New rule, Amendment, Repeal, Adoption by reference), and action taken (Adopted with no changes, Adopted with changes, Adopted by reference, Withdrawn, Repeal adopted as proposed).

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 section with three boxes. Middle box contains stamp: DO NOT WRITE BELOW THIS LINE, OFFICIAL FILING STAMP, OCT 27 2015, MISSISSIPPI SECRETARY OF STATE. Includes 'Accepted for filing by' labels and handwritten numbers/signatures.

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



DELBERT HOSEMAN  
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.**

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	DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Division of Medicaid, Part 219: Laboratory Services, Chapter 1: General, Rule 1.10: Tuberculosis (TB) Testing		
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 1.10		

**A. Estimated Costs and Benefits**

1. Briefly summarize the benefits that may result from this regulation and who will benefit:  
*There is no economic impact associated with this filing. This filing is relocating an existing rule from Part 224: Immunizations to Part 219: Laboratory Services and includes coverage language for interferon-gamma release assays (IGRA) which are currently covered.*
2. Briefly describe the need for the proposed rule: *N/A*
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare: *N/A*
4. Estimated Cost of implementing proposed action: *N/A*
  - 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: *N/A*
  - c. Cost:  
 Nothing  Minimal  Moderate  Substantial  Excessive
  - d. Economic Benefit:  
 Nothing  Minimal  Moderate  Substantial  Excessive

6. Estimated impact on small businesses: *N/A*  
 Nothing  Minimal  Moderate  Substantial  Excessive
- a. Estimate of the number of small businesses subject to the proposed regulation:  
 b. Projected costs for small businesses to comply:  
 c. Statement of probable effect on impacted small businesses:
7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option): *N/A*  
 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): *N/A*  
 substantially less than  moderately less than  minimally less than  
 the same as  minimally more than  moderately more than  
 substantially more than  excessively more than

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**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? *N/A*  
 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*

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**C. Data and Methodology**

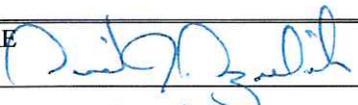
1. Please briefly describe the data and methodology you used in making the estimates required by this form. *N/A*

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**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.*

SIGNATURE 	TITLE Executive Director
DATE 10/26/15	PROPOSED EFFECTIVE DATE OF RULE JAN 01 2016