

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE <b>FEB 02 2016</b>	Name or number of rule(s): Title 23: Medicaid, Part 217: Vision Services, Chapter 1: General, Rules 1.4: Non-Covered Services.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing removes language for the non-coverage of eyeglasses, frames, lenses and contact lenses for pregnant beneficiaries required by the Affordable Care Act (ACA) and for beneficiaries enrolled in the Healthier Mississippi Waiver (HMW) to correspond with the approved SPA 13-0019 eff. 01/01/2014 and the 07/24/2015 renewal of the HMW.

Specific legal authority authorizing the promulgation of rule: 42 CFR §§ 435.116, 441.30; Miss. Code Ann. §§ 43-13-117, 43-13-121; SPA 13-0019; Healthier Mississippi Waiver.

List all rules repealed, amended, or suspended by the proposed rule: 1.4.

**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.

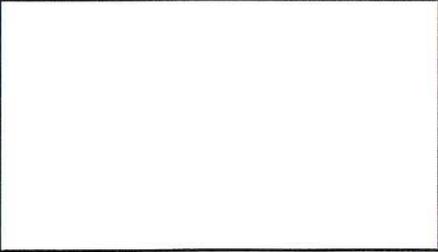
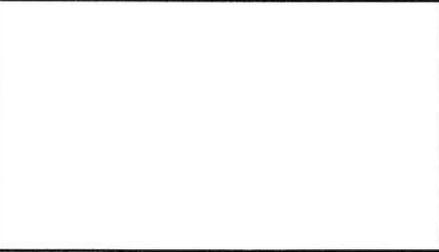
**ECONOMIC IMPACT STATEMENT:**

- 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): _____	<b>Action proposed:</b> <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 <b>Proposed final effective date:</b> <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <b>APR 01 2016</b>	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> <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 <b>Effective date:</b> <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*

<b>OFFICIAL FILING STAMP</b>  Accepted for filing by _____	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b>  Accepted for filing by <u>#21751 <i>[Signature]</i></u>	<b>OFFICIAL FILING STAMP</b>  Accepted for filing by _____
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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
EMAIL Margaret.Wilson@medicaid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 217: Vision Services, Chapter 1: General, Rules 1.4: Non-Covered Services.	
Specific Legal Authority Authorizing the promulgation of Rule: 42 CFR §§ 435.116, 441.30; Miss. Code Ann. §§ 43-13-117, 43-13-121; SPA 13-0019; Healthier Mississippi Waiver.	Reference to Rules repealed, amended or suspended by the Proposed Rule: 1.4.	

**A. Estimated Costs and Benefits**

1. Briefly summarize the benefits that may result from this regulation and who will benefit:  
*Pregnant beneficiaries and beneficiaries enrolled in the Healthier Mississippi Waiver (HMW) will receive coverage for eyeglasses, frames, lenses or contact lenses.*
2. Briefly describe the need for the proposed rule:  
*To remove language to correspond with SPA 13-0019 required by the Affordable Care Act (ACA) and the 07/24/2015 renewal of the HMW.*
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:  
*Pregnant beneficiaries and beneficiaries enrolled in the HMW will receive coverage of eyeglasses, frames, lenses or contact lenses.*
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:
  - 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):
- 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**

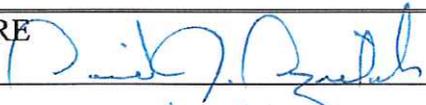
1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
- yes  no
2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §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 estimated economic impact for providing eyeglasses, frames, lenses and contact lenses to pregnant beneficiaries is \$10,331 per state fiscal year. The Division of Medicaid calculated the estimated economic impact by totaling all denied eyeglass claims submitted on behalf of pregnant beneficiaries from January of 2014 to January of 2015. The estimated economic impact for the coverage of eyeglasses, frames, lenses and contact lenses for beneficiaries enrolled in the HMW is \$142,757 per state fiscal year. The estimate was calculated by taking the percentage of HMW beneficiaries projected to receive the service and multiplying by the average fee-for-service cost of the previously excluded service.*

**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. All comments will be available for public review at the above address.*

SIGNATURE	TITLE
	Executive Director
DATE	PROPOSED EFFECTIVE DATE OF RULE
1/26/16	APR 01 2016