## Mississippi Secretary of State

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

| <b>ADMINISTRATIVE</b> | PROCEDURES  | NOTICE FILING |
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| ADMINISTRATIVE PROCEDURES I   | OTICE TIEMO                  |   |  |                            |              |  |  |  |
|---|------------------------------|---|--|----------------------------|--------------|--|--|--|
| AGENCY NAME<br>Division of Medicaid   |                              | CONTACT PERSON<br>Margaret Wilson   | TELEPHONE NUMBER<br>601-359-5248   |                            |              |  |  |  |
| ADDRESS<br>550 High Street, Suite 1000  |                              | CITY<br>Jackson   |  | STATE<br>MS                | ZIP<br>39201 |  |  |  |
| EMAIL<br>Margaret.Wilson@medicaid.ms.gov  | SUBMIT DATE<br>9/21/2018     | Name or number of rule(s): Title 23: Medicaid, Part 209: Durable Medical Equipment, Medical Appliances and Medical Supplies, Chapter 1: Durable Medical Equipment and Medical Appliances, Rule 1.35: Oxygen and Oxygen Related Equipment. |  |                            |              |  |  |  |
| Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code revises language to more align with Medicare's home oxygen therapy coverage and reimbursement. This filing also removes the responsibility of the DME provider to obtain and document monthly oxygen saturation levels and notify the practitioner of significant changes.  Specific legal authority authorizing the promulgation of rule: 42 U.S.C. § 1395m; Miss. Code Ann. §§ 43-13-117, 43-13-121  List all rules repealed, amended, or suspended by the proposed rule: Title 23: Medicaid, Part 209: Durable Medical Equipment, Medical Appliances and Medical Supplies, Chapter 1: Durable Medical Equipment and Medical Appliances, Rule 1.35: Oxygen and Oxygen Related Equipment.                           |                              |   |  |                            |              |  |  |  |
| ORAL PROCEEDING:  An oral proceeding is scheduled for this rule on Date: 10/12/2018 Time: 10:00 am Place: Woolfolk Building Room  |                              |   |  |                            |              |  |  |  |
| 145, 501 North West St. Jackson, MS 39201   |                              |   |  |                            |              |  |  |  |
| 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:  | ed to the ning agency.       |   |  | Action (Action (Alle Loss) |              |  |  |  |
| ☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.  |                              |   |  |                            |              |  |  |  |
| TEMPORARY RULES   | PROPOS                       | ED ACTION ON RULES  |  | IAL ACTION ON              |              |  |  |  |
| Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):   | X Amend<br>Repeal<br>Adoptic | ment to existing rule(s) of existing rule(s) on by reference effective date: s after filing   | Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed 30 days after filing Other (specify): |                            | ges in text  |  |  |  |
| Printed name and Title of person authorized to file rules:  |                              |   |  |                            |              |  |  |  |
| Signature of person authorized to file rules:   |                              |   |  |                            |              |  |  |  |
| OFFICIAL FILING STAMP   |                              | WRITE BELOW THIS LINE<br>CIAL FILING STAMP  | c  | OFFICIAL FILING S          | STAMP        |  |  |  |
|   |                              | SEP 2 1 2018 MISSISSIPPI ETARY OF STATE   |  |                            |              |  |  |  |
| Accepted for filing by  | Accepted for #236            |   | Accepted for filing by   |                            |              |  |  |  |