

## 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>APR 25 2019</b>	Name or number of rule(s): Title 23: Division of Medicaid, Part 214: Pharmacy Services, Chapter 1: General Pharmacy, Rule 1.16: Clinician Administered Drugs and, Implantable Drug System Devices (CADDs)			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being filed to allow the Division of Medicaid to reimburse for certain Physician Administered Drugs (PADs) under the pharmacy benefit to improve beneficiary access. These certain PADs are referred to as CADDs and include, but are not limited to, long-acting reversible contraceptives (LARCs), pregnancy maintaining agents, injectable atypical antipsychotic agents, and chemical dependency treatment agents. CADDs may be billed as either medical or pharmacy point-of-sale (POS) claims. This filing corresponds to State Plan Amendment (SPA) 18-0011 PADs, effective July 1, 2018.

Specific legal authority authorizing the promulgation of rule: 42 C.F.R. §§ 447.518, 447.520; Miss. Code Ann. § 43-13-117

List all rules repealed, amended, or suspended by the proposed rule: N/A

## 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.

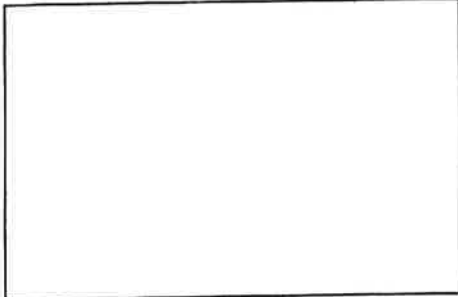


## ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

<b>TEMPORARY RULES</b>  _____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>PROPOSED ACTION ON RULES</b>  <b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): _____	<b>FINAL ACTION ON RULES</b> <b>Date Proposed Rule Filed:</b> <b>MAR 29 2019</b> <b>Action taken:</b> <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): <b>JUN 01 2019</b>
--	--	--

Printed name and Title of person authorized to file rules: Drew L. Snyder, Executive Director

Signature of person authorized to file rules: 

<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	<b>OFFICIAL FILING STAMP</b>   Accepted for filing by <u>24075 AF</u>
--	---	---

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