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

ADMINISTRATIVE PROCEDURES N	_	. 0. 50% 130, 180%5011, 1913 392	03-0130
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE ZIP MS 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE  APR 3 0 2021	Appliances and Medical Supplies	es, Rules 1.33: Nebulizers and 1.38:
Short explanation of rule/amendment/re Code filing removes the prior authorization (DOM) will cover four (4) spacers a year of nebulizers based on data from September requests denied for technical errors.  Specific legal authority authorizing the procession of the	on requirement for vithout prior author r 2019 to present somulgation of rule ended by the proposition Date:	nebulizers and inhaler spacers rization, and will no longer recipions authorization; and will no longer recipions authorization; 42 U.S.C. § 1395m; Miss. Cod used rule: 1.33 and 1.38  Time: Place: Place: le.  written request for an oral proceeding mitted to the agency contact person a clude the name, address, email address, and telephone, address, email address, and telephone recipions.	s. The Division of Medicaid quire prior authorization on n requests approved and only 2 e Ann. §§ 43-13-117; 43-13-121.  g is submitted by a political subdivision, t the above address within twenty (20) s, and telephone number of the tone number of the party or parties you
Economic impact statement not requ	ired for this rule.	Concise summary of econor	nic impact statement attached.
TEMPORARY RULES  Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propor New re Amend Repea Adopt Proposed fine 30 day		FINAL ACTION ON RULES  Date Proposed Rule Filed:MAR 3 1 202  Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filling X Other (specify):UN 0 1 2021
Printed name and Title of person au Signature of person authorized to fi		ules: <u>Drew L. Snyder, Exe</u>	
OFFICIAL FILING STAMP	OFF	WRITE BELOW THIS LINE FICIAL FILING STAMP  FILED  APR 3 0 2021  Isolppi Secretary of State	OFFICIAL FILING STAMP
Accepted for filing by	Accepted fo	or filing by & Maun	Accepted for filing by

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