## Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILIN	G
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AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	MAY 0 5 2021	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, Rules 1.3, 1.4, 1.6, 1.20, 1.22 and 1.47.		
Short explanation of rule/amendment/recode filing: 1) Allows for the reimbursem period in alignment with Medicare coverato correspond with SPA 20-0001, 4) Included Medicaid's fee schedule, and 5) Corrects in Specific legal authority authorizing the process of Specific legal authority authorizing the process all rules repealed, amended, or suspect of CRAL PROCEEDING:  An oral proceeding is scheduled for the Presently, an oral proceeding is not so if an oral proceeding is not scheduled, an oral process an agency or ten (10) or more persons. The written days after the filing of this notice of proposed rule an age represent. At any time within the twenty-five (25) of proposed rule/amendment/repeal may be submitted ECONOMIC IMPACT STATEMENT:	ent of Continuous Positivinge, 2) Clarifies the rental des how to request DME minor technical errors. It is rule to make the proposed rule is rule on Date:  heduled on this rule.  eding must be held if a written request should be submitted to doption and should include the ent or attorney, the name, additionally public comment period, wrid to the filing agency.	oposing rule/amendmente Airway Pressure (CPA) of DME, 3) Updates the and medical supplies not also the second seco	P) supplies during the re- reimbursement methor t included on the Division Ann. §§ 43-13-117, 43- 22 and 1.47.  g is submitted by a political so t the above address within two s, and telephone number of toone number of the party or proguments, data, and views on the	ental dology on of  13-121.  ubdivision, venty (20) he varties you he
Original filingRenewal of effectiveness		co existing rule(s) sting rule(s) reference tive date: filing y):	FINAL ACTION ON RULES  Date Proposed Rule Filed:MAR 0 4 202  Action taken: Adopted with no changes in text Adopted with changes e(s) e    Adopted by reference Withdrawn e:    Repeal adopted as proposed  Effective date: 30 days after filing Other (specify): III 0 1 2021	
OFFICIAL FILING STAMP	DO NOT WRITE	E BELOW THIS LINE FILING STAMP	MAY 0 Mississippi Se	S 2021
Accepted for filing by	Accepted for filing	by	Accepted for filing by	Marin

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