Mississippi Secretary of State

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

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| AGENCY NAME Division of Medicald | CONTACT PERSON Robin Bradshaw | TELEPHONE NUMBER 601-359-3984 | | | | | | | |
|--|------------------------------------|--|--|--|------|--|--|--|--|
| ADDRESS 550 High Street, Suite 1000 | CITY Jackson | | STATE MS | ZIP 39201 | | | | | |
| EMAIL DOMPolicy@medicaid.ms.gov | SUBMIT DATE AUG 2 9 2023 | | Medicaid, Part 209, Durable Medical Equipment, Chapter | | | | | | |
| Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being filed to update language regarding coverage and reimbursement of FDA-approved Continuous Glucose Monitoring devices, effective October 1, 2023. Specific legal authority authorizing the promulgation of rule: 42 U.S.C. §§1395m, 1395x(n); Miss. Code Ann. §§ 43-13-117, 43-13-121, 83-9-353 List all rules repealed, amended, or suspended by the proposed rule: 1.26 | | | | | | | | | |
| 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. | | | | | | | | | |
| Original filing Action proposed New rul To be in effect in days Amend Effective date: Immediately upon filing Adoptio Other (specify): Proposed final 30 days | | Date Proposed: e(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing Date Proposed: Action take | | opted with no changes in text opted with changes opted by reference hdrawn eal adopted as proposed | | | | | |
| Printed name and Title of person authorized to file rules: | | | | | | | | | |
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| Accepted for filing by | Accepted for | filing by | SECR | AUG 2 9 202 MISSISSIPPRETARY OF | | | | | |
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.