# NOTICE OF PROPOSED RULE ADOPTION

## STATE OF MISSISSIPPI
## OFFICE OF THE GOVERNOR
## DIVISION OF MEDICAID

**Miss. Division of Medicaid**
**c/o Ginnie McCardle, Staff Officer**
**Walter Sillers Building**
**550 High St.**
**Suite 1000**
**Jackson, MS 39201-1399**
**(601) 359-6310**
**http://www.dom.state.ms.us**

**Specific Legal Authority authorizing the promulgation of Rule**: Miss. Code Ann. §43-13-121(1972), as amended

**Reference to Rules repealed, amended or suspended by the Proposed Rule** :
Provider Policy Manual Section 10.02, 10.07, 10.32, 10.90, 10.91

**Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:**
AP2008-51 This administrative policy amendment is being filed to update Medicaid's policy on DME and UM/QIO's. Changes have been made in which supplies must be certified and the reimbursement of DME. The DME Provider Documentation and Diapers and Underpads have been amended. The guidelines for DME related supplies have been removed and replaced with General Policies for Coverage of Medical Supplies. The Medical Supply Certificate of Medical Necessity and Plan of Care form has been updated in Section 10.90. In Section 10.91 the Medical Supplies chart that lists supplies, age restrictions and criteria for coverage has been updated.

This rule is proposed as a ☒ Final Rule, and/or a ☐ Temporary Rule (Check one or both boxers as applicable.)

**Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.**

**Oral Proceeding**: Check one box below:

☐ An oral proceeding is scheduled on this rule on Date: Time:
Place:

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

☒ An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) 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 and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

**Economic Impact Statement:** Check one box below:

☒ The agency has determined that an economic impact statement is not required for this rule, or

☐ The concise summary of the economic impact statement required is attached.

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

**Date Rule Proposed:** November 5, 2008 **Proposed Effective Date of Rule:** January 1, 2008

Executive Director
**Signature and Title of Person Submitting Rule for Filing**