

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 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 NOV 01 2024	Name or number of rule(s): Title 23: Medicaid, Part 209: Durable Medical Equipment, Medical Appliances and Medical Supplies, Chapter 2: Medical Supplies, Rule 2.5: Diabetic Supply Rebate Program.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being submitted to establish a diabetic supply rebate program to correspond with SPA 24-0014 Diabetic Supplies (effective 07/01/2024).

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann § 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: 2.5

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.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): JAN 01 2025	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Cindy H. Bradshaw, Executive Director

Signature of person authorized to file rules: *Cindy H. Bradshaw*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <i>27751 y3et</i>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



Michael Watson

SECRETARY OF STATE

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Division of Medicaid	CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER 601-359-3984
ADDRESS 550 High Street	CITY Jackson	STATE MS
EMAIL DOMPolicy@medicaid.ms.gov	ZIP 39201	
DESCRIPTIVE TITLE OF PROPOSED RULE This Administrative Code is being submitted to establish a diabetic supply rebate program to correspond with SPA 24-0014 Diabetic Supplies (effective 07/01/2024).		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann § 43-13-121	Reference to Rules repealed, amended or suspended by the Proposed Rule: 2.5	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
This Administrative Code is being submitted to establish a diabetic supply rebate program to correspond with SPA 24-0014 Diabetic Supplies (effective 07/01/2024).
2. Briefly describe the need for the proposed rule: *To establish a diabetic supply rebate program.*
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
This filing allows the state to establish a diabetic supply rebate program.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
 Nothing Minimal Moderate Substantial Excessive
 - b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
 Nothing Minimal Moderate Substantial Excessive
 - d. Economic Benefit:
 Nothing Minimal Moderate Substantial Excessive
6. Estimated impact on small businesses:
 - Nothing Minimal Moderate Substantial Excessive
 - a. Estimate of the number of small businesses subject to the proposed regulation: *N/A*
 - b. Projected costs for small businesses to comply: *N/A*

c. Statement of probable effect on impacted small businesses: *N/A*

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

- yes no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.) *N/A*

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. *The expected annual aggregate expenditures is a decrease of \$338,081. The estimated savings in federal dollars is \$65,309 for federal fiscal year (FFY) 2024 and \$259,984 for FFY25. The estimated savings in state dollars is \$19,211 for FFY24 and \$78,097 for FFY25.*

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?
Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or DOMPolicy@medicaid.ms.gov. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.

SIGNATURE

Cindy H. Bradshaw

TITLE

Executive Director

DATE

NOV 01 2024

PROPOSED EFFECTIVE DATE OF RULE

JAN 01 2025



Michael Watson

SECRETARY OF STATE

ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. An Economic Impact Statement must be attached to this Form and address the factors below. A PDF document containing this executed Form and the Economic Impact Statement must be filed with any proposed rule, if required by the aforementioned statute.

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Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann § 43-13-121	Reference to Rules repealed, amended or suspended by the Proposed Rule: 2.5	

SIGNATURE <i>Cindy H. Bradshaw</i>	TITLE Executive Director
DATE NOV 01 2024	PROPOSED EFFECTIVE DATE OF RULE JAN 01 2025

1. Describe the need for the proposed action: To establish a diabetic supply rebate program.
2. Describe the benefits which will likely accrue as the result of the proposed action: The state will have a Diabetic Supply Rebate program.
3. Describe the effect the proposed action will have on the public health, safety, and welfare: This filing allows the state to establish a diabetic supply rebate program.
4. Estimate the cost to the agency and to any other state or local government entities, of implementing and enforcing the proposed action, including the estimated amount of paperwork, and any anticipated effect on state or local revenues: There will be no cost to the agency.
5. Estimate the cost or economic benefit to all persons directly affected by the proposed action: There will be a moderate economic benefit.
6. Provide an analysis of the impact of the proposed rule on small business: N/A
 - a. Identify and estimate the number of small businesses subject to the proposed regulation: N/A
 - b. Provide the projected reporting, recordkeeping, and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record: N/A
 - c. State the probable effect on impacted small businesses: N/A
 - d. Describe any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation including the following regulatory flexibility analysis:

- i. The establishment of less stringent compliance or reporting requirements for small businesses;
 - ii. The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
 - iii. The consolidation or simplification of compliance or reporting requirements for small businesses;
 - iv. The establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and
 - v. The exemption of some or all small businesses from all or any part of the requirements contained in the proposed regulations: N/A
7. Compare the costs and benefits of the proposed rule to the probable costs and benefits of not adopting the proposed rule or significantly amending an existing rule: The benefit of the proposed rule is moderately more than not adopting the proposed rule.
8. Determine whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rule where reasonable alternative methods exist which are not precluded by law: N/A
9. Describe reasonable alternative methods, where applicable, for achieving the purpose of the proposed action which were considered by the agency: N/A
10. State reasons for rejecting alternative methods that were described in #9 above: N/A
11. Provide a detailed statement of the data and methodology used in making estimates required by this subsection: Data used for this analysis is CY 2023 pharmacy benefit data only. Data was compiled to estimate supplemental rebates for each product when available and then calculated a net pharmacy cost. Then a product equivalency from the pharmacy benefit to DME was estimated, and units were converted to account for these relative product switches. DOM's DME fee schedule was then applied to the estimated DME units to calculate a net DME cost. Pharmacy Savings are calculated as the difference between net pharmacy and net DME costs.