

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Bob M. Dent, Staff Officer
Robert E. Lee Building
239 N. Lamar Street
Suite 801
Jackson, MS 39201-1399
(601) 359-6120
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Reference to Rules repealed, amended or suspended by the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 31.02

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

AP 2006-58. This Provider Policy Manual update covers section 31.02 regarding Pharmacy Participation

This rule is proposed as a [X] 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.

[X] 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:

[X] 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: October 2, 2006

Proposed Effective Date of Rule: November 1, 2006

[Signature]
Executive Director
Signature and Title of Person Submitting Rule for Filing

Division of Medicaid	New: -X	Date: 02/01/04
State of Mississippi	Revised: X	Date: 11/01/06
Provider Policy Manual	Current:	
Section: Pharmacy	Section: 31.02	
	Pages: 2	
Subject: Pharmacy Participation	Cross Reference:	

Participation as a pharmacy provider in the Mississippi Medicaid program is limited to those pharmacies that hold a permit issued by the Mississippi Board of Pharmacy as a Community Pharmacy, Institutional Pharmacy, or Non-resident Pharmacy. DOM recognizes the definitions of these terms as set forth by the Mississippi State Board of Pharmacy.

Listed below are the pharmacy provider categories for the Mississippi Medicaid program:

- **Retail Pharmacy:** Pharmacies that hold either a Community Pharmacy or Non-Resident Pharmacy permit

For pharmacies holding Community Pharmacy or Non-Resident Pharmacy permits, participation in the Mississippi Medicaid program requires the pharmacy to be a fully stocked community pharmacy, which is open during normal business hours that are posted at the entrance of the facility. A pharmacist must be on premises to dispense drugs to the general public. Prospective drug utilization review of beneficiary records is required prior to dispensing prescriptions. An opportunity for face-to-face counseling must be provided to beneficiaries or to their representatives (guardians, relatives, etc.). DOM will not reimburse a retail pharmacy provider for dispensing of prescriptions where a personal provider/patient relationship does not exist.

- **Closed-Door Pharmacy:** Pharmacies that hold a Specialty Community Pharmacy permit.

For pharmacies holding Specialty Community Pharmacy permits, participation in the Mississippi Medicaid program is limited to pharmacies dispensing infusion therapy drugs or pharmacies dispensing drugs to beneficiaries in an institutional setting (ex: a nursing home or similar long term care facility). A pharmacist must be on premises to dispense drugs. Prospective drug utilization review of beneficiary records is required prior to dispensing prescriptions. Face-to-face counseling is not required if the beneficiary is a resident of a long term care facility or the dispensed drugs are administered by a physician, nurse, or similarly authorized health professional.

- **Institutional Pharmacy:** Pharmacies that hold an Institutional I Pharmacy permit or an Institutional 2 Pharmacy permit

For pharmacies holding Institutional I Pharmacy permits or Institutional II Pharmacy permits, participation in the Mississippi Medicaid program is limited to the dispensing of drugs to beneficiaries in an institutional setting (ex: a nursing home or similar long term care facility). These pharmacies may be in-house or off premises, may have limited hours, and may dispense drugs to outpatient beneficiaries. Prospective drug utilization review of beneficiary records is required prior to dispensing prescriptions. Face-to-face counseling is not required if the beneficiary is a resident of a long term care facility or the dispensed drugs are administered by a physician, nurse, or similarly authorized health professional.

Permit holders who dispense drugs outside of the specified required criteria listed above are not eligible to be a Mississippi Medicaid provider of pharmacy services.

Medicaid Pharmacy Provider Agreements will not be initiated or maintained with pharmacy wholesalers or with holders of only a Drug Room Permit, Retail, Closed-door, or Institutional Pharmacy physically located more than thirty (30) miles from the state borders of Mississippi.

An exception may be made if a pharmacy provider is the source of a drug not obtainable from any pharmacy providers within this thirty (30) mile limit, or is providing drugs to a Mississippi Medicaid beneficiary who is a resident of a nursing facility, ~~or psychiatric residential treatment facility (PRTF)~~, or receiving specialized care, such as a transplant, that is being provided outside of the thirty (30) mile limit.

DOM reimburses pharmacy providers only for prescriptions that are received via hand delivery by a beneficiary or his/her representative, or received directly via phone, fax, ~~or mail~~, or other electronic means such as e-mail or electronic prescribing from a prescribing provider licensed under State law or an agent with medical training under the health professional's direct supervision (ex: nurse).

Change of Ownership Liability

When a participating pharmacy changes ownership and the new owner desires to participate or continue participation in the Mississippi Medicaid program, the new owner, upon consummation of the transaction effecting the change of ownership, shall, as a condition of participation, assume liability for any and all amounts that may become due to the program as a result of audit. The new owner further agrees that such amounts may be withheld from the payment of claims submitted when determined, provided, however, that the assumption of liability by the new owner shall not be in any way construed as relieving the previous owner of his/her liability to DOM.

When there is a change in ownership or federal identification number of a provider, the new owner shall immediately notify the fiscal agent and request a new provider application and agreement to obtain a new provider number. After completion of a new provider application and agreement, and in accordance with enrollment procedures, the fiscal agent will assign a new provider number. No payment will be made until the provider number is assigned.