Mississippi Secretary of State 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5241	
ADDRESS		CITY	STATE	Z1P
550 High Street, Suite 1000		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s): Title 23 Medicaid, Part 214 Pharmacy		
Margaret.Wilson@medicaid.ms.gov	05/3\$/2013	Services, Chapter 1: General Pharmacy, Rules 1.3, 1.4, 1.6 and 1.12		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The MS Division of Medicaid's Administrative Code filing is to modify Title 23: Part 214: Pharmacy Services, Chapter 1: Rule 1.3 – to include specific section modified in 01/01/2013 filing; Rule 1.4: – to include clarification language as well as the add seventy-two (72) hour emergency drug supply verbiage inadvertently omitted in the 04/01/2012 compilation filing. Rule 1.6: to include language regarding recoupment of funds for hard copy prescriptions not written on tamper-resistant pad/paper and add language requiring the NPI must be included on prescription claims for individual providers required with SPA 2012-004 Provider Screening and Enrollment. Rule 1.12: to include verbiage inadvertently omitted in the 04/01/2012 compilation filing.

Enrollment. Rule 1.12: to include verbiag	ge inadvertently omitted in the 04/01/2012 o	compilation filing.			
Specific legal authority authorizing the pro- 8(d)(5)	mulgation of rule: Miss. Code Ann. § 43-13-12	1; 43-13-117(A)(9); § 73-21-129; 42 USC 1396r-			
General Pharmacy, Rules 1.3, 1.4, 1.6 and	ed by the proposed rule: Title 23 Medicaid, 1 1.12.	Part 214 Pharmacy Services, Chapter 1:			
ORAL PROCEEDING:					
An oral proceeding is scheduled for this rule on Date: Place:					
Presently, an oral proceeding is not scheduled on this rule.					
ten (10) or more persons. The written request should be notice of proposed rule adoption and should include the agent or attorney, the name, address, email address, and comment period, written submissions including argume	ng must be held if a written request for an oral proceedin e submitted to the agency contact person at the above ade e name, address, email address, and telephone number of I telephone number of the party or parties you represent. ents, data, and views on the proposed rule/amendment/re	dress within twenty (20) days after the filing of this the person(s) making the request; and, if you are an At any time within the twenty-five (25) day public			
ECONOMIC IMPACT STATEMENT:					
☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.					
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	PROPOSED ACTION ON RULES Action proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference Proposed final effective date: 30 days after filing Other (specify):	FINAL ACTION ON RULES Date Proposed Rule Filed: 5/3/2013 Action taken:X Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: _X 30 days after filing Other (specify):			
Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director					
OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP MAY 3 1 2013 MISSISSIPPI SECRETARY OF STATE			
Accepted for filing by	Accepted for filing by	Accepted for filing by			
		Ato			

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