Title 23: Medicaid

Part 200: General Provider Information

Chapter 4: Provider Enrollment

Rule 4.10: 340B Providers

A. The Division of Medicaid defines a 340B provider as a nonprofit healthcare organization that meets the requirements of, and is considered to be, a covered entity under Section 340B of the Public Health Service Act which has elected to enroll in the 340B program.

B. [Reserved]

C. Covered 340B drugs, as found in section 1927 (k)(2) of the Social Security Act, include the following outpatient drugs:

1. FDA-approved prescription drugs,

2. Over-the-counter (OTC) drugs written on a prescription,

3. Biological products that can be dispensed only by a prescription (other than vaccines), and

4. FDA-approved insulin.

D. Covered entities eligible to participate in the 340B program include, but are not limited to:

1. Health Centers, such as:

a) Federally Qualified Health Centers,

b) Federally Qualified Health Center Look-Alikes, and

c) Tribal/Urban Indian Health Centers.

2. Hospitals, such as:

a) Children's Hospitals,

b) Critical Access Hospitals,

c) Disproportionate Share Hospitals,

d) Free Standing Cancer Hospitals,

e) Rural Referral Centers, and

f) Sole Community Hospitals.

3. Specialized Clinics, such as:

a) Black Lung Clinics,

b) Comprehensive Hemophilia Diagnostic Treatment Centers,

c) Title X Family Planning Clinics,

d) Sexually Transmitted Disease Clinics, and

e) Tuberculosis Clinics.

E. [Reserved]

F. [Reserved]

G. Covered entities participating in the 340B program are prohibited from:

1. Reselling or otherwise transferring discounted outpatient drugs to anyone other than a beneficiary of the covered entity, and

2. Receiving duplicate discounts or rebates.

H. A contract pharmacy, defined by the Division of Medicaid as an agent of a 340B covered entity and ineligible to be a freestanding 340B covered entity, cannot dispense and bill the Division of Medicaid for 340B outpatient drugs for Medicaid beneficiaries.

I. A covered entity found in violation of Miss. Admin. Code Part 200, Rule 4.10.G is liable to the manufacturer of the covered outpatient drug that is the subject of the violation in an amount equal to the reduction in the price of the drug provided under the agreement between the entity and the manufacturer.

J. [Reserved]

K. A covered entity who knowingly or willfully makes, or causes to be made, a false statement, attestation or representation of a material fact in any application and/or form for Medicaid benefits or Medicaid payments may be prosecuted under federal and state criminal laws pursuant to Miss. Admin. Code Part 200, Rule 1.3.

Source: Sec. 340B of the Public Health Service Act (Pub. L. 102-585), as amended by the Patient Protection and Affordable Care Act (Pub. L. 111-148), Health Care and Education Reconciliation Act (Pub. L. 111-152) and Medicare and Medicaid Extenders Act of 2010 (Pub.

L. 111-309); 42 U.S.C.A. § 256b(a)(5)(A); Miss. Code Ann. §§ 43-13-117, 121.

History: Removed Miss. Admin. Code Part 200, Chapter 4, Rule 4.10, B, E, F, and J to correspond with the withdrawal of SPA 14-015 eff. 11/01/2014; New Rule eff. 07/01/2014 to correspond with SPA 14-015 (eff. 07/01/2014).