Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FIL	ING				
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SEP 1 0 2014	Name or number of rule(s): Title 23: Division of Medicaid, Part 214: Pharmacy Services, Chapter 1: Genera Pharmacy, new Rule 1.13: Retrospective Drug Utilization Review (DUR), new Rule 1.14: Participating Federally Qualified Health Center (FQHC) Providers, and new Rule 1.15: 340B Program; Non-substantive changes made to Rules 1. 1.4 and 1.6-1.12.			
Short explanation of rule/amendment/reproduction Rule 1.13 to outline the DUR process, (2 pharmacy of an FQHC be reported and 1.4 and 1.6-1.12. Specific legal authority authorizing the Reconciliation Act (OBRA 90); The Verbalent Protection and Affordable Care Action List all rules repealed, amended, or suspense.	e promulgation of eterans Care Act o Act; Miss Code Am	4 requiring all drugs purchasew Rule 1.15 340B Program rule: Section 1902 of the f 1992 Title VI; Sec. 340B a. §§ 43-13-117, 43-13-121.	ed at discount Non-substa Social Secur of the Public	ed prices in an ntive changes n rity Act, The C Health Act as	in-house nade to rules 1.1- Omnibus Budget amended by the
(DUR), new Rule 1.14: Participating Fee Program.	lerally Qualified He	ealth Center (FQHC) Provide	ers and new R	ile 1.15: 340B	CEVIEW
An oral proceeding is scheduled for this r Presently, an oral proceeding is not scheduled, an oral subdivision, an agency or ten (10) or more possibility within twenty (20) days after the filing of this telephone number of the person(s) making to number of the party or parties you represent arguments, data, and views on the proposed ECONOMIC IMPACT STATEMENT: Economic impact statement not required	duled on this rule. If proceeding must be ersons. The written resonance of proposed refereduest; and, if you at any time within the rule/amendment/reg	equest should be submitted to to ule adoption and should includ under an agent or attorney, the the twenty-five (25) day publicated may be submitted to the file	oral proceedin the agency cont e the name, ad name, address, comment perio ing agency.	act person at the dress, email address, and email address, and, written submis	e above address ess, and nd telephone
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify): Printed name and Title of person authorized Signature of person authorized to file rules:	Action propose New rule Amendm Repeal o Adoption Proposed final Other (sp.	(s) nent to existing rule(s) f existing rule(s) by reference effective date:	FINAL ACTION ON RULES Date Proposed Rule Filed: Action taken: X Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: X Other (specify): NOV 0 1 2014		
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Accepted for filing by	Accepted for fill	ng ay	Accepted for	THING BY	•