

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5241
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS
EMAIL Margaret.Wilson@medicaid.ms.gov		SUBMIT DATE MAR 31 2014	ZIP 39201
Name or number of rule(s): Title 23: Medicaid, Part 200: General Provider Information, Chapter 4: Provider Enrollment, New Rule 4.10: 340B Providers			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:
This proposed filing to the Miss. Admin. Code, Title 23: Medicaid, Part 200: General Provider Information, Chapter 4: Provider Enrollment, Rule 4.10: 340B Providers is a new rule to comply with 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). Final filing adopted with the change addressing Contract Pharmacies per comments received.

Specific legal authority authorizing the promulgation of rule: Public Health and Services Act § 340B; SSA §1927; 42 C.F.R. §447.512; Miss. Code Ann. §§ 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Title 23: Medicaid, Part 200: General Provider Information, Chapter 4: Provider Enrollment, Rule 4.10 340B Providers.

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

Presently, an oral proceeding is not scheduled on this rule.

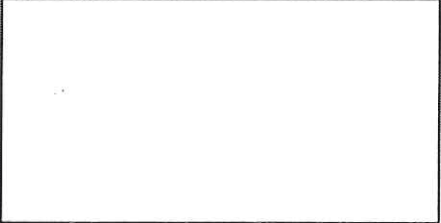

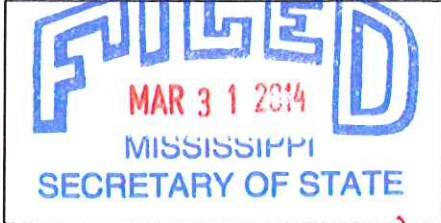
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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 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 type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: Feb. 24, 2014 Action taken: <input type="checkbox"/> Adopted with no changes in text <input checked="" 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 checked="" type="checkbox"/> Other (specify): May 1, 2014

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director
 Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP  Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by _____	OFFICIAL FILING STAMP  Accepted for filing by _____ #20432
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.