

**Mississippi Secretary of State**  
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE <b>OCT 0 1 2018</b>	Name or number of rule(s): Title 23: Medicaid, Part 214: Pharmacy Services, Chapter 1: General Pharmacy, Rule 1.5: Reimbursement		

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: This Administrative Code is being filed to revise language regarding payment methodology for prescription drugs at point-of-sale (POS) pharmacies and describe reimbursement for 340B covered entities to correspond with SPA 17-0002 Pharmacy Reimbursement effective April 1, 2017, proposed effective November 1, 2018.

Specific legal authority authorizing the promulgation of rule: 42 U.S.C. § 1396a(a)(30)(A); 42 C.F.R. § 447.332; Miss. Code Ann. §§ 43-13-121, 73-21-155.

List all rules repealed, amended, or suspended by the proposed rule: 1.5 Reimbursement

**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/pepeal 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.

<p align="center"><b>TEMPORARY RULES</b></p> <p>____ Original filing ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): _____</p>	<p align="center"><b>PROPOSED ACTION ON RULES</b></p> <p>Action proposed: ____ New rule(s) ____ Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference <b>Proposed final effective date:</b> ____ 30 days after filing ____ Other (specify): _____</p>	<p align="center"><b>FINAL ACTION ON RULES</b></p> <p>Date Proposed Rule Filed: <b>SEP 0 5 2018</b> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text ____ Adopted with changes ____ Adopted by reference ____ Withdrawn ____ Repeal adopted as proposed Effective date: ____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): <b>NOV 0 1 2018</b></p>
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Printed name and Title of person authorized to file rules: Drew L. Snyder, Executive Director

Signature of person authorized to file rules: 

<p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p><b>DO NOT WRITE BELOW THIS LINE</b></p> <p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; padding: 10px;"> <p align="center"><b>FILED</b></p> <p align="center"><b>OCT 0 1 2018</b></p> <p align="center"><b>MISSISSIPPI</b></p> <p align="center"><b>SECRETARY OF STATE</b></p> </div> <p>Accepted for filing by  <b>#23709</b></p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.