

Title 23: Division of Medicaid

Part 214 Chapter 2: Pharmacy Disease Management

Rule 2.1: Provider Enrollment and Pharmacy Participation

- A. Pharmacists participating in the Medicaid program and providing disease management services must comply with the requirements outlined in Part 214, Chapter 1, Rule 1.1 in addition to the following requirements:
1. National Provider Identifier (NPI) verification from National Plan and Provider Enumeration System (NPPES),
 2. Copy of current pharmacist's license or permit,
 3. Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number. The name noted on verification must match the name on the W-9, and
 4. Credentials from a nationally recognized credentialing agency applicable to the specific disease for which care is provided.
- B. Pharmacy disease management provider agreements will not be initiated or maintained with any pharmacist whose place of business is physically located more than thirty (30) miles from the borders of Mississippi.
- C. Only individual pharmacists can enroll as a pharmacy disease management provider. Pharmacies with multiple individual pharmacy disease management providers may apply for group management services under one (1) group provider number; but each individual pharmacist in the group must maintain his/her own individual provider number. Businesses such as partnerships and corporations are not allowed to operate as pharmacy disease management providers.

Source: 42 CFR 455, Subpart E; Miss. Code Ann. § 43-13-121.

History: Revised eff. 11/01/2020.

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1. National Provider Identifier (NPI); verification from National Plan and Provider Enumeration System (NPPES),
2. Copy of current pharmacist's license or permit,
3. ~~Current certificate for disease management,~~
43. Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number. The name noted on verification must match the name on the W-9, and
54. Credentials from a nationally recognized credentialing agency ~~the National Institute for Standards in Pharmacists Credentialing for the~~ applicable to the specific disease for which care is provided.

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