UPDATED CONTINUING EDUCATION REQUIREMENT REMINDER

Don’t forget the updates to Pharmacists’ Continuing Education Requirements that were revised in 2019:

✔ Fifteen (15) hours of continuing education are required per licensure period.

✔ At least five (5) hours of the continuing education received must be related to opioid abuse and prevention or some other drug of abuse or addiction related issue.

✔ At least two (2) hours of the continuing education received must be obtained via live seminar or live webcast.

We have created a page on our website dedicated to Board Approved and ACPE Continuing Education Opportunities for Pharmacists. This page is updated as new opportunities become available. Click Here to visit the Continuing Education Page for Pharmacist. We added several free live opportunities to this page last year and many were unaware of these opportunities. Remember to check this page and our social media often to see when new opportunities are added.

If you are offering a program, please check with the Board office for eligibility of Board Approved CE and request that your program be placed under CE Opportunities on our website. The application for Board Approved CE is located on our website: Continuing Education Approval Form

DEA SUSPICIOUS ORDERS REPORT SYSTEM

The Drug Enforcement Administration has implemented the Suspicious Orders Report System (SORS). When a pharmacy distributes medications to another DEA registrant (i.e., Physician, Nurse Practitioner, Physician Assistant, etc., for office administration), the pharmacy should create an invoice from one DEA registrant to another.
Contents of the invoice should include: date of transfer, name, address and DEA registration of each DEA registrant (to and from), name of each medication and the quantity of each medication. The practitioner should not write a prescription for "office use." A prescription should only be written for an individual person or an animal. If the request from the practitioner deviates from normal to increased quantities or the frequency of the requests increases, these requests should be considered a suspicious order and reported to SORS. Please follow the guidelines on the website for all types of suspicious orders.

If a pharmacy received a suspicious order, the pharmacy must register on the website and report the suspicious order as directed by the instruction given here.

**CHANGES TO PHARMACY TECHNICIAN TESTING REQUIREMENTS FOR PTCB**

Important changes to the Pharmacy Technician testing requirements for PTCB took effect January 1, 2020. Details of these changes can be reviewed on the PTCB website.

All questions regarding these updates should be directed to PTCB:

- **Phone**: 800.363.8012
- **Website**: [www.ptcb.org](http://www.ptcb.org)

**PHARMACIST IN CHARGE (PIC) CHANGE REQUIREMENTS**

It is the responsibility of the Pharmacist in Charge to inform the Board that you are no longer the PIC at a facility. Do not delegate this responsibility to a district manager or another pharmacist. If you do not remove your name from the permit, the responsibility of that facility could be yours even after you are no longer employed by the facility.
HAPPY NEW YEAR! - DID YOU REMEMBER TO RENEW?
We are wrapping up our end of year renewal period for the following: Pharmacist Licenses, Pharmacy and Facility Controlled Substance Registrations, Pharmacy Permits, Medical Gas Permits, Home Health Permits, Drug Facility Permits, Emergency Medication Kits (IEMK) and Pharmacy Advisory Services Permits. All of the above expired on December 31, 2019. One of the issues we experienced during this renewal period effected the Pharmacists' Controlled Substance Registration Renewal. If you hold this registration, please check your expiration date via the online portal to ensure that it has a 12/31/2020 expiration date. If you renewed this registration and your date is not showing a renewed expiration date, please contact our Licensing Division for assistance.

We would like to thank everyone for their patience during this heavy renewal period. The hustle and bustle of the holiday season combined with your busy day-to-day work environment can make this renewal time rocky, yet this was one of the smoothest renewals we have experienced in years. We appreciate each of you, your patience and cooperation. Happy New Year!

DON'T FORGET TO CONNECT WITH US!
The Mississippi Board of Pharmacy is active on Facebook, Twitter (@MississippiBOP) and LinkedIn (Mississippi Board of Pharmacy) as well as our website (www.mbp.ms.gov). For access to the most up to date information regarding agency news and the practice of pharmacy, connect with us! We communicate daily through these channels in an effort to better engage with our licensees. As our focus continues to shift away from paper renewal mail-outs and post cards to email distribution of MBP information, please update your contact information with our office. It is important that you maintain a current email address on file with us to ensure message delivery.

Visit our Frequently Asked Questions (FAQ) web page and take advantage of a great resource for locating answers to questions you may encounter. If you are unable to find an answer, email us and we will be happy to assist you!

LICENSING@MBP.MS.GOV
UPCOMING RENEWAL: PHARMACY TECHNICIAN

The MBP eLicense Portal is now open for Pharmacy Technician Renewals. All Pharmacy Technician Registrations are set to expire on March 31, 2020. Do not wait until the last minute to renew. click here to renew online today! If this is your first time to renew, remember you must be nationally certified to renew your registration.

NEW LICENSING SYSTEM COMING IN 2020!

After thorough research and evaluation, the Board has selected a vendor to develop our new licensing system and we are anxiously waiting for the work to begin! As we begin planning, we would like to again recruit your assistance. If you have ideas regarding new functionality and features, please email your suggestions to Licensing@mbp.ms.gov. We cannot promise that all ideas given will be implemented but we would love the opportunity to hear from you and explore any of the ideas you may have that our staff might not have considered. This project is an effort to have a more innovative, user-friendly and progressive licensing system for you. We thank you in advance for your suggestions!

MS PRESCRIPTION MONITORING PROGRAM UPDATES

Provider Authorization was implemented November 25, 2019. If your pharmacy software is integrated with the MSPMP, please make sure you have verified your PMP Aware profile (license number, license type, etc.) and that everything matches with your software profile. This will ensure that everything continues to run smoothly in your pharmacy! Should you find any discrepancies, please email your corrections to mspmpassist@mbp.ms.gov and we will update them as quickly as possible.

Do you have a delegate? Should your relationship status change with your delegate(s), you will need to log in to your MSPMP account and reject them to remove them from your account.

Are you using RX Management feature for error corrections? This puts correcting errors that are due to a rejection right at the pharmacist’s fingertips! You can also run MyRx for your pharmacy to see controlled substance dispensing for a certain time frame.
If you are not sure how to do this and would like more information, send an email to mspmpassist@mbp.ms.gov or visit our website: https://pmp.mbp.ms.gov. Remember to always check your dashboard for announcements and important links.

SPOTLIGHT ON PHARMACY AUDIT LAWS CONTINUED

Steve Parker  |  PBM Administrator  |  Deputy Director

This is a continuation of a summary of MS audit statutes and regulations.

Mississippi Code § 73-21-183

- Any clerical or record-keeping error, such as a typographical error, scrivener's error, or computer error, regarding a required document or record shall not constitute fraud; however, those claims may be subject to recoupment. No such claim shall be subject to criminal penalties without proof of intent to commit fraud;

- A pharmacy may use the records of a hospital, physician, or other authorized practitioner of the healing arts for drugs or medicinal supplies written or transmitted by any means of communication for purposes of validating the pharmacy record with respect to orders or refills of a legend or narcotic drug;

- A finding of an overpayment or an underpayment may be a projection based on the number of patients served having a similar diagnosis or on the number of similar orders or refills for similar drugs, except that recoupment shall be based on the actual overpayment or underpayment;

- A finding of an overpayment shall not include the dispensing fee amount unless a prescription was not dispensed;

- Each pharmacy shall be audited under the same standards and parameters as other similarly situated pharmacies audited by the entity;

- The period covered by an audit may not exceed two (2) years from the date the claim was submitted to or adjudicated by a managed care company, nonprofit hospital or medical service organization, insurance company, third-party payor, pharmacy benefit manager, a health program administered by a department of the state or an entity that represents those companies, groups or department;
• An audit may not be initiated or scheduled during the first five (5) calendar days of any month due to the high volume of prescriptions filled in the pharmacy during that time unless otherwise consented to by the pharmacy;

• Any prescription that complies with state law and rule requirements may be used to validate claims in connection with prescriptions, refills or changes in prescriptions;

• An exit interview that provides a pharmacy with an opportunity to respond to questions and comment on and clarify findings must be conducted at the end of an audit. The time of the interview must be agreed to by the pharmacy;

• Unless superseded by state or federal law, auditors shall only have access to previous audit reports on a particular pharmacy conducted by the auditing entity for the same pharmacy benefits manager, health plan or insurer. An auditing vendor contracting with multiple pharmacy benefits managers or health insurance plans shall not use audit reports or other information gained from an audit on a particular pharmacy to conduct another audit for a different pharmacy benefits manager or health insurance plan;

To be continued in the next issue of The Script

[DISCLAIMER: Steve Parker is not an attorney or a certified public accountant and does not offer legal, tax, accounting or contractual advice. This information has been prepared for informational purposes only and is not intended to provide and should not be relied upon for legal, tax, accounting or contractual advice. You should consult your own tax, legal and accounting or contractual advisers before engaging in any transaction.]