

Miss. Code Ann. § 73-21-153
MISSISSIPPI CODE of 1972
*** Current through the 2021 Regular Session ***
TITLE 73. PROFESSIONS AND VOCATIONS
CHAPTER 21. PHARMACISTS
PHARMACY BENEFIT PROMPT PAY ACT
Miss. Code Ann. § 73-21-153
§ 73-21-153. Definitions.

§ 73-21-153. Definitions.

Effective from and after January 1, 2021, this section will read:

For purposes of Sections 73-21-151 through 73-21-163, the following words and phrases shall have the meanings ascribed herein unless the context clearly indicates otherwise:

- (a)** “Board” means the State Board of Pharmacy.
- (b)** “Commissioner” means the Mississippi Commissioner of Insurance.
- (c)** “Day” means a calendar day, unless otherwise defined or limited.
- (d)** “Electronic claim” means the transmission of data for purposes of payment of covered prescription drugs, other products and supplies, and pharmacist services in an electronic data format specified by a pharmacy benefit manager and approved by the department.
- (e)** “Electronic adjudication” means the process of electronically receiving, reviewing and accepting or rejecting an electronic claim.
- (f)** “Enrollee” means an individual who has been enrolled in a pharmacy benefit management plan.
- (g)** “Health insurance plan” means benefits consisting of prescription drugs, other products and supplies, and pharmacist services provided directly, through insurance or reimbursement, or otherwise and including items and services paid for as prescription drugs, other products and supplies, and pharmacist services under any hospital or medical service policy or certificate, hospital or medical service plan contract, preferred provider organization agreement, or health maintenance organization contract offered by a health insurance issuer.
- (h)** “Pharmacy benefit manager” shall have the same definition as provided in Section 73-21-179. However, through June 30, 2014, the term “pharmacy benefit manager” shall not include an insurance company that provides an integrated health benefit plan and that does not separately contract for pharmacy benefit management services. From and after July 1, 2014, the term “pharmacy benefit manager” shall not include an insurance company unless the insurance company is providing services as a pharmacy benefit manager as defined in Section 73-21-179, in which case the insurance company shall be subject to Sections 73-21-151 through 73-21-159 only for those pharmacy benefit manager services. In addition, the term “pharmacy benefit manager” shall not include the pharmacy benefit manager of the Mississippi State and School Employees Health Insurance Plan or the Mississippi Division of Medicaid or its contractors when performing pharmacy benefit manager services for the Division of Medicaid.

(i) “Pharmacy benefit manager affiliate” means a pharmacy or pharmacist that directly or indirectly, through one or more intermediaries, owns or controls, is owned or controlled by, or is under common ownership or control with a pharmacy benefit manager.

(j) “Pharmacy benefit management plan” shall have the same definition as provided in Section 73-21-179.

(k) “Pharmacist,” “pharmacist services” and “pharmacy” or “pharmacies” shall have the same definitions as provided in Section 73-21-73.

(l) “Uniform claim form” means a form prescribed by rule by the State Board of Pharmacy; however, for purposes of Sections 73-21-151 through 73-21-159, the board shall adopt the same definition or rule where the State Department of Insurance has adopted a rule covering the same type of claim. The board may modify the terminology of the rule and form when necessary to comply with the provisions of Sections 73-21-151 through 73-21-159.

(m) “Plan sponsors” means the employers, insurance companies, unions and health maintenance organizations that contract with a pharmacy benefit manager for delivery of prescription services.

History: Laws, 2006, ch. 533, § 32; Laws, 2013, ch. 541, § 3, eff from and after July 1, 2013; Laws, 2020, ch. 395, § 2, eff from and after January 1, 2021.