

**MISSISSIPPI BOARD OF PHARMACY
MINUTES
SEPTEMBER 5, 2024**

The Mississippi Board of Pharmacy (Board) held a special-called meeting at 3:30 p.m. on Thursday, September 5, 2024 at 6311 Ridgewood Road, Suite E-401, Jackson, MS 39211. The following members were present: Ronnie Bagwell – President, Tony Waits – Vice-President, Craig Sartin – Secretary, Ryan Harper, Jillian Foster, David Hudson and Mike Gilbow. Notice of the special-called meeting was posted on the door of the offices of the Board at 10.55 a.m. on September 4, 2024 and posted on the agency website. Notice is attached.

Meeting called to order by President of the Board, Ronnie Bagwell at 3:31 p.m.

Upon a motion by Board member David Hudson and a 2nd by Board member Tony Waits, the Board voted unanimously to approve the minutes for July 11th August 12th and August 30th Board meetings.

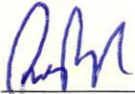
Upon a motion by Board member Craig Sartin and a 2nd by Board member David Hudson, the Board voted unanimously to approve the amended pharmacy benefit manager application for initial license and renewal of license.

Upon a motion by Board member Craig Sartin and a 2nd by Board member Tony Waits, the Board voted unanimously to go into executive session pursuant to Section 25-41-7(4) for the purposes of discussing potential litigation stemming from an appealable order. Upon a motion by Board member Craig Sartin and a 2nd by Board member Ryan Harper, the Board voted unanimously to rise from executive session. It was reported that no action was taken during the executive session.

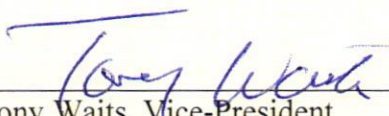
Upon a motion by Board member David Hudson and a 2nd by Board member Mike Gilbow, the Board voted to amend the expiration date of the contract for audit services with Horne, LLC, from September 30, 2024 to December 31, 2024. Board member Ryan Harper voted against the motion.

The Board adjourned at 4:52 p.m.

These September 5, 2024, MINUTES of the Board are hereby approved, on this date: the 24th day of October, 2024.



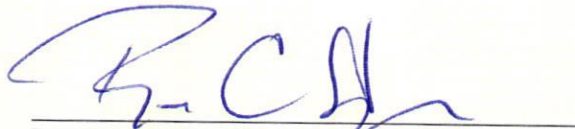
Ronnie Bagwell, President




Tony Waits, Vice-President



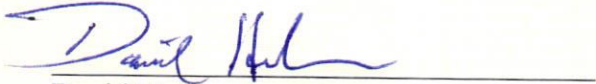
Craig Sartin, Secretary



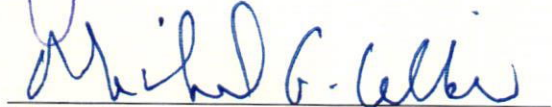
Ryan Harper



Jillian Foster



David Hudson



Mike Gilbow

Mississippi Board of Pharmacy
September 5, 2024

AGENDA

- I. CALL TO ORDER/ESTABLISH A QUORUM**
- II. APPROVE MINUTES FOR JULY 11, 2024, AUGUST 12, 2024 AND AUGUST 30, 2024**
- III. APPROVE PBM APPLICATION**
- IV. EXECUTIVE SESSION**



**STATE OF MISSISSIPPI
MISSISSIPPI BOARD OF PHARMACY**

The MS Board of Pharmacy will hold a special-called meeting

at the Board offices

6311 Ridgewood Road, Suite E 401, Jackson, MS 39211

September 5, 2024 at 3:30 p.m.



1

- Application Start ✓
- General Information ✓
- Admin Officer ✓
- Corporate Contact ✓
- Background Information ✓
- Operational Information ✓
- Agent Of Record ✓
- Owners ✓
- Officers ✓
- Enrollees ✓
- Additional Information ✓
- Attestation ✓
- Verification ✓
- Confirmation ●

PBM Renewal Application

Confirmation

You have not paid for your application, please click the button below to do so. Failure to pay for your application may result in cancellation. In order to further process and/or review your application, all fees must be paid. Applications fees not received within seven days from the submission date will expire.

A fee can be submitted via credit card (Visa/MasterCard/American Express/Discover) or e-check. There is a small convenience fee associated with the use of a credit card. This convenience fee is distributed to the company accepting your credit card, not the Mississippi Board of Pharmacy.

Pay Now

Payment is required to complete the processing of your application. Failure to do so may result in cancellation. Submission of your application does not constitute licensure. Please see your application checklist to view next steps and to upload pertinent documents.

Date Submitted:
12/21/2023

Confirmation #:

Click the button below to print your application.

Print

Important information regarding this application:

BE PROMPT AND ON TIME

Pursuant to Miss. Code Ann. § 73-21-157, (1): "Before beginning to do business as a pharmacy benefit manager, a pharmacy benefit manager shall obtain a license to do business from the board. To obtain a license, the applicant shall submit an application to the board on a form to be prescribed by the board."

Pursuant to Miss. Code Ann. § 73-21-103 (d) (vii): "A monetary penalty of not more than \$1000.00 per day may be assessed upon any person or business that practices or does business without a license."

A complete Application for Pharmacy Benefit Manager License, as prescribed by the MISSISSIPPI BOARD OF PHARMACY, must be received than December 31st annually. Licenses are issued for the calendar year or January 1st through December 31st. "Pro Rata" licenses are not allowed by the Board.

ALL APPLICATIONS, ANNUAL FINANCIAL REPORTS AND PAYMENTS MUST BE SUBMITTED AND PROCESSED THROUGH THE BOARD OF PHARMACY GATEWAY FOUND AT

https://gateway.mbp.ms.gov/. Renewals must be entered no later than December 15th,

midnight CST. A LATE FEE OF \$500.00 WILL BE ASSESSED AND NOT PROCESSED UNTIL THE

LATE FEE IS PAID. THE LATE FEE WILL BE APPLIED AUTOMATICALLY BY THE LICENSING SYSTEM

AT 12:01 AM, CST ON JANUARY 1ST. THE ISSUE MAY BE FORMALLY BROUGHT BEFORE THE

on any application that is not submitted in full prior to the statutory deadline of 12/31. You are not authorized to perform PBM services with a pending application beyond the deadline.

~~BOARD FOR CONSIDERATION OF AN ADDITIONAL MONETARY PENALTY AND/OR OTHER ACTION.~~

~~A NON-REFUNDABLE license fee of \$500.00 must be processed through the Licensing Gateway for the application to be considered complete.~~

2

~~"PHARMACY BENEFIT MANAGER (PBM) Definition"~~

~~Mississippi Code of 1972 Annotated § 73-21-179 defines Pharmacy Benefit Manager:~~

~~(d) "Pharmacy benefit manager" means a business that administers the prescription drug/device portion of pharmacy benefit management plans or health insurance plans on behalf of plan sponsors, insurance companies, unions and health maintenance organizations. Pharmacy benefit managers may also provide some, all, but may not be limited to, the following services either directly or through outsourcing or contracts with other entities:~~

- ~~i. Adjudicate drug claims or any portion of the transaction.~~
- ~~ii. Contract with retail and mail pharmacy networks.~~
- ~~iii. Establish payment levels for pharmacies.~~
- ~~iv. Develop formulary or drug list of covered therapies.~~
- ~~v. Provide benefit design consultation.~~
- ~~vi. Manage cost and utilization trends.~~
- ~~vii. Contract for manufacturer rebates.~~
- ~~viii. Provide fee-based clinical services to improve member care.~~
- ~~ix. Third-party administration.~~

CONTACT INFORMATION

contact administrative officer
Corporate and Compliance contact phone numbers and email addresses MUST provide direct access to a decision making authority. Call Centers or Service Centers WILL NOT be accepted. These numbers and addresses WILL BE tested.

~~Section 5: OPERATIONAL INFORMATION~~

This section relates directly to the operations of your company as it relates to the Law or Statutes in Mississippi. The Mississippi Board of Pharmacy expects ALL licensees to follow ALL the laws all Federal and State laws. All licensees will be held accountable and responsible for such.

ADDITIONAL INFORMATION

A certified record of "Certificate of Good Standing" and, if applicable, a "Certificate of Existence" from the Office of the Mississippi Secretary of State. (REQUIRED EVEN IF DOMICILED IN ANOTHER STATE.)

ALL DOCUMENTS MUST BE SUBMITTED THROUGH THE LICENSING GATEWAY. DO NOT MAIL THE FINANCIAL REPORTS TO THIS OFFICE. *License fee is Non-Refundable*

General Information

Applicant/Corporate Name:

Date your fiscal year ends: *(Month/DAY)*

12/31/2022

Employer Identification #:

State in which PBM is domiciled:

Addresses

Main Office/Retail Location

Background Information

Has the Applicant been refused a registration, license or certification to act as (or provide the services of) a Pharmacy Benefits Processor, Third Party Administrator, Third Party Provider, etc., or has any registration, license or certification to act as such been denied, suspended, revoked or non-renewed for any reason by any state or federal entity? (Attach specific details separately.)

B1

Does the applicant hold any other licenses, registrations or permits in Mississippi? (Attach specific details separately.)

B2

Is the applicant currently involved in any dispute or controversy with any regulatory authority? Attach details.

B3

Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity, currently charged with committing a military offense? If so attach details.

B4

Is the applicant currently a defendant or the subject in any legal action alleging fraud, dishonesty or breach of trust on the part of the applicant or its officers, directors, trustees or members? (If yes, supply a statement giving the jurisdiction of the case, a summary of the allegations, the case style (name) and a summary of the current status of the case.)

B5

Is the applicant currently undergoing an examination or audit (whether routine, targeted or otherwise) being conducted by any state or federal regulatory authority? Attach details.

B6

Operational Information

Does the Applicant conduct audits of pharmacies and pharmacists in accordance with the

Role: Corporate Contact
Administrator: Yes

Corporate Contact
(Additional Communication Distribution)

Role: Administrative Officer
Administrator: Yes

Admin Officer
(Permit Holder - Decision Making Authority)

Work: 4

Home:

Phones

Facility Telephone Numbers:

3



provisions of Miss. Code Ann. § 73-21- 175 through 73-21-191 also known as the 'PHARMACY AUDIT INTEGRITY ACT'? (If audit services are not provided by PBM internally, provide entity name(s) and contact information of contracted entity that provides this service to PBM.)

No

02

Does the applicant contract with an entity for audit services? If Yes, provide a copy of the direct contract with those entities.

or perform audit services for another entity

Yes - See attachment.

03

Does the Applicant have an internal grievance process for patients or pharmacies? If so, provide the direct contact information and procedure.

Yes - See attachment.

04

In accordance with Miss. Code Ann. § 73-21-106, does the Applicant own, operate or affiliate with any pharmacy located outside the State of Mississippi that ships, mails or delivers in any manner, controlled substances, prescription or legend drugs or devices into this State? i.e., mail order service? If yes... provide list & contact information.

Yes - See attachment.

or perform contracted PBM services for another entity PBM

05

Does the applicant contract with any third party to conduct any PBM services on behalf of the applicant? If so, please list all contracted third parties and describe the specific services that are performed by the third party for the applicant.

Please upload contractual documents.

Yes - See attachment.

06

Within the last five years, has the applicant merged with any other entity or undergone any change of ownership? Please describe the details of such merger or change of ownership.

No

See page 6 for additional operational questions

Agent of Record

Name: C
Address: 12
Email: th

~~Is this required?~~

Owners

Name: C
Address: ..
Ownership: 100%

Officers

Name: I
Title: President, Presiding Officer or Equivalent
Address: 2

Name: T
Title: V
Address: 4

Name:
Title: Treasurer or Equivalent
Address:

Name
Title: Treasurer or Equivalent
Address:

Enrollee Information

- 1) The number of total enrollees or lives served under all of the Pharmacy Benefit Manager's contracts or agreements in Mississippi (separately).
Approximately 40K Mississippi lives
- 2) The number of total enrollees or lives under all Pharmacy Benefit Manager's contracts or agreements nationwide

Additional Information

Additional information required for this application. Once you submit your application you may upload these required documents via the application checklist in the Gateway.

- A1 1. A certified record of "Certificate of Good Standing" and, if applicable, a "Certificate of Existence" from the Office of the Mississippi Secretary of State. (REQUIRED EVEN IF DOMICILED IN ANOTHER STATE.) All certified documents required in the application must be dated within ninety (90) days of submittal of the application.
- A1 2. In the case of a Pharmacy Benefit Manager being domiciled outside of the State of Mississippi; a certificate of good standing from the appropriate official State entity where the Pharmacy Benefit Manager, company or organization is domiciled.
- A2 3. A report containing the details of any suspension, sanction, penalty, regulatory, consent agreement or other similar action relating to the Pharmacy Benefit Manager, controlling company or organization, in the State of Mississippi or any other State, territory or country.
- A3 4. A complete list of all BIN#'s (Sometimes called Bank Identification Number or Benefit Identification Number or Rx Benefit Identification Number.), IIN#'s (Issuer Identification Number) and PCN#'s (Processor Control Number) currently associated with your company as of the date of this application. This includes any 'sub-contracted' entities or agreements you may have. (These are NOT numbers used by your bank, but are the numbers used to process pharmacy transactions.)
- A4 5. A list of all entities on whose behalf the Pharmacy Benefit Manager has contracts or agreements to provide pharmacy benefit services. *entities = payers or plan sponsors*
- A5 6. Your contingency plan describing how contracted Pharmacy Benefit services will be provided in the event of insolvency of the applicant.
- ~~7. The most recently concluded fiscal year-end financial statement(s) for the applicant and its controlling company or organization, which statements have been audited by an independent certified public accountant (CPA) under U.S. generally accepted accounting principles (GAAP).~~
- A6 8. Attach a complete chart / list of the ownership structure of the applicant.
- A7 9. Attach a copy of the PBM's standard, generic contract template which it uses for contracts entered into by the PBM and Pharmacies or Pharmacy services administrative organizations in this State in administration of pharmacy benefits for Healthcare insurers, providers or payors.
- AB 10. All licensed PBMs must have a "reasonable administrative appeal procedure". Provide a "Dedicated Telephone Number", "Email Address and Website" through which a pharmacy can file or discuss a reimbursement appeal. *Add into below*
- ~~11. Do you sub-contract with another entity for pharmacy reimbursement appeals, if so, provide the entity name, along with contact name, direct email and direct phone number and website address.~~
- A9 12. Upload or provide a link (accessible to this office) to your Pharmacy Provider Plan Document (provide login credentials if required) and additionally any other applicable document(s) relating to Pharmacy Appeals.
- A10 13. Please provide the contact information of the appropriate individual able to provide the maximum allowable cost (MAC) list, or any other term the applicant may use, to establish reimbursement rates to a pharmacist or pharmacy for pharmacist services.

Attestation

I, _____ attest that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in

*Please provide a description of the appeal procedure used by your PBM. The description should include, at minimum, the process for filing appeals, what information must be provided by the pharmacy, and pathways for submitting an appeal.

connection with this questionnaire constitutes grounds for the Mississippi Board of Pharmacy to refuse to issue or renew, suspend, restrict, revoke or take other disciplinary action against my license/registration in the State of Mississippi. I understand that if this license/registration is issued, failure to comply with the laws or regulations governing the practice of pharmacy of this state, or ~~any other~~ will be cause for disciplinary action by the Mississippi Board of Pharmacy. I give my consent for the release to the Mississippi Board of Pharmacy of any and all records or any other information which may relate to the above questions or my practice from any source or jurisdiction.

I Acknowledge

Exit Application

Operational Add-ons

- 7) What were your total number of contracts with entities doing business in Mississippi during the previous year?
- 8) What is your average number of days to pay after receiving a clean electronic claim submission ~~from~~ ^{for a MS patient} specific to Mississippi?
- 9) What is the average number of days to pay after receiving a clean electronic claim re-submission specific to Mississippi?
- 10) What is your claim denial rate as a percentage of total claims nationally?
- 11) What is your claim denial rate as a percentage of total claims specific to Mississippi?
- 12) What is your claim appeal denial rate as a percentage of total ~~of~~ appeals nationally?
- 13) What is your claim appeal denial rate as a percentage of total appeals in Mississippi?
- 14) ~~How~~ How many on-site pharmacy audits have you conducted on pharmacies located in MS during the last full calendar year.

15) How many desk top audits have been conducted by you or on your behalf on pharmacies located in MS during the last full calendar year?

Item	Files	Status	Updated	Complete Date/User	Options
Payment Received		Complete	12/21/23 10:56 PM	12/21/23 10:56 PM / [User]	
Signed Attestation		Complete	12/27/23 3:46 PM	12/27/23 3:46 PM / [User]	
Refused registration, license or certification		Not Applicable	12/21/23 10:55 PM	12/21/23 10:55 PM / [User]	
Other MS licenses		Complete	12/27/23 3:46 PM	12/27/23 3:46 PM / [User]	
Regulatory authority dispute		Complete	12/28/23 8:11 AM	12/28/23 8:11 AM / [User]	
Minor offenses		Not Applicable	12/27/23 10:55 PM	12/27/23 10:55 PM / [User]	
Current legal action		Complete	12/27/23 3:46 PM	12/27/23 3:46 PM / [User]	
Current Examination or Audit		Complete	12/27/23 3:46 PM	12/27/23 3:46 PM / [User]	
Conduct Audits		Not Applicable	12/21/23 10:55 PM	12/21/23 10:55 PM / [User]	
Audit services entity		Complete	12/27/23 3:47 PM	12/27/23 3:47 PM / [User]	
Grievance process		Not Applicable	12/27/23 3:47 PM	12/27/23 3:47 PM / [User]	
Mail Order Service		Complete	12/27/23 3:47 PM	12/27/23 3:47 PM / [User]	
Contractual PBM Services		Complete	12/27/23 3:48 PM	12/27/23 3:48 PM / [User]	
Ownership change		Complete	12/28/23 8:12 AM	12/28/23 8:12 AM / [User]	
MS and Home State S05 Certificate		Complete	12/28/23 8:12 AM	12/28/23 8:12 AM / [User]	
Suspension, sanction, penalty, regulatory consent agreement		Complete	12/27/23 3:51 PM	12/27/23 3:51 PM / [User]	
BIN, IIN, PCN		Complete	12/27/23 3:51 PM	12/27/23 3:51 PM / [User]	
Entities receiving PBM services		Complete	12/27/23 3:51 PM	12/27/23 3:51 PM / [User]	
Contingency plan		Complete	12/27/23 3:52 PM	12/27/23 3:52 PM / [User]	
Financial statement		Complete	12/27/23 3:52 PM	12/27/23 3:52 PM / [User]	
Organization chart		Complete	12/27/23 3:56 PM	12/27/23 3:56 PM / [User]	
Contract template		Complete	12/28/23 9:01 AM	12/28/23 9:01 AM / [User]	
Appeal Procedure		Complete	12/27/23 3:57 PM	12/27/23 3:57 PM / [User]	
Appeal Reimbursement Sub-Contractor		Complete	12/28/23 9:01 AM	12/28/23 9:01 AM / [User]	
Policy and Procedure Manual		Complete	12/28/23 8:59 AM	12/28/23 8:59 AM / [User]	
MAC Contact		Complete	12/27/23 3:59 PM	12/27/23 3:59 PM / [User]	

Handwritten: Contact Info

Handwritten labels on the right side of the table:
 B1
 B2
 B3
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 B5
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 O5
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 A1
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 A3
 A4
 A5
 A6
 A7
 A8
 A9
 A10



MISSISSIPPI BOARD OF PHARMACY

~~6360 155 North, Suite 400
JACKSON, MS 39201
pbmadmin@mbp.ms.gov~~

~~Office: 601-899-8880
Fax: 601-899-8904
www.mbp.state.ms.us~~



Applicant Responsible Party Attestation

ATTESTATION

By signing this attestation, I understand that I will be considered the Permit Holder of Record for the Pharmacy Benefit Manager (PBM).

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION MAY BE PROSECUTED UNDER APPLICABLE STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OR REVOCATION OF LICENSE.

The information required herein is continuing in nature and, as the individual responsible for preparing this document, I agree to furnish an update on any information in this application.

As the authorized representative of the Applicant, I hereby certify under penalty of perjury, that:

All the information submitted in this application and attachments are true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application may be grounds for revocation or denial of licensure and may subject me to civil or criminal penalties. Applicant understands and will comply with the laws and regulations of the State of Mississippi, which includes but is not limited to, the Mississippi Pharmacy Practice Act §§ 73-21-69 to 73-21-129, Pharmacy Benefit Prompt Pay Act §§ 73-21-151 to 73-21-163, Pharmacy Audit Integrity Act §§ 73-21-175 to 73-21-191, Prescription Drugs Consumer Affordable Alternative Payment Options Act §§ 73-21-201 to 73-21-205 to which application for licensure is hereby made.

SIGNATURE (See requirements below)

PRINTED NAME AND TITLE

DIRECT PHONE NUMBER

DIRECT EMAIL ADDRESS

ADDRESS 1

ADDRESS 2

CITY, STATE, ZIP

DATE SIGNED

This form must be signed by the Chief Executive Officer of the licensed entity or equivalent administrator with the authority to speak on behalf of the company, attesting to the accuracy of information contained in the filing.