#### MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Vicki Goethals **Phone Number**: 517-335-6611 Public Comment | X Final Initial | Brief description of policy: This bulletin restates the signature log and proof of delivery requirements as waived until further notice. Effective upon the prospective termination of the COVID-19 pharmacy flexibilities permitted by L 20-20, the following signature log and proof of delivery requirements will be identified in the MDHHS Medicaid Provider Manual. These requirements will apply to prescriptions received both at pharmacy retail locations and delivered to the Medicaid beneficiary's place of residence. Reason for policy (problem being addressed): The purpose of this policy is to restate the pharmacy signature requirements declared as waived in L-letter 20-20. Waiving these requirements was determined necessary in response to the COVID-19 public health emergency, and remain in effect until further notice in accordance with bulletin MSA 20-36. **Budget implication:** ⊠ budget neutral will cost MDHHS \$ , and (select one) budgeted in current appropriation will save MDHHS Is this policy change mandated per federal requirements? No Does policy have operational implications on other parts of MDHHS? No Does policy have operational implications on other departments? No **Summary of input:** controversial acceptable to most/all groups ☐ limited public interest/comment **Supporting Documentation:** ⊠ No Public Notice Required: State Plan Amendment Required: Yes Yes  $\bowtie$  No If Yes, please provide status: Approved Pending Denied If yes, Date: Approval Date: Submission Date:

1/18 Policy Info Sheet

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COMMENT				
Michigan Danastoscot of				
Michigan Department of Health and Human Service		Project Number: 2156-Phar	rmacy <b>Date:</b> February 23, 2022	
Comments Due:	Marc	ch 30, 2022	<b>Dato:</b> 1 obligary 20, 2022	
Proposed Effective Date: As Indicated				
Direct Comments To: \ Address:	Vicki	Goethals		
	goet	ethalsv@michigan.gov		
	_	7-335-6611 <b>Fax</b> :		
Delian Cubiact. Cignature Law and Dract of Delivery Descriptores				
Policy Subject: Signature Log and Proof of Delivery Requirements				
<b>Affected Programs:</b> Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)				
Distribution: All Providers				
<b>Summary:</b> This bulletin restates the signature log and proof of delivery requirements as waived until further notice. Effective upon the prospective termination of the COVID-19 pharmacy flexibilities permitted by L 20-20, the following signature log and proof of delivery requirements will be identified in the MDHHS Medicaid Provider Manual. These requirements will apply to prescriptions received both at pharmacy retail locations and delivered to the Medicaid beneficiary's place of residence.				
<b>Purpose:</b> The purpose of this policy is to restate the pharmacy signature requirements declared as waived in L-letter 20-20. Waiving these requirements was determined necessary in response to the COVID-19 public health emergency, and remain in effect until further notice in accordance with bulletin MSA 20-36.				
Cost Implications: Budget neutral				
Potential Hearings & Appeal Issues: None				
State Plan Amendment Required: Yes \( \subseteq \text{No } \subseteq \) If yes, date submitted:  Public Notice Required: Yes \( \subseteq \text{ No } \subseteq \) Submitted date:				
Tribal Notification: Yes ☐ No ⊠ - Date:				
THIS SECTION COMPLETED BY RECEIVER				
Approved		☐ No Com	nments	
		☐ See Cor	mments Below	
☐ Disapproved		☐ See Cor	mments in Text	
Signature:		Phor	ne Number	

Signature Printed:	
Bureau/Administration (please print)	Date

Comment001 Revised 6/16

# Proposed Policy Draft

# Michigan Department of Health and Human Services Health and Aging Services Administration

**Distribution:** All Providers

**Issued:** April 1, 2022 (Proposed)

**Subject:** Signature Log and Proof of Delivery Requirements

**Effective:** As Indicated (Proposed)

**Programs Affected:** Medicaid, Healthy Michigan Plan, Children's Special Health Care

Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

The purpose of this policy is to restate the pharmacy signature log requirements declared as waived in provider letter L 20-20. Waiving these requirements was determined necessary in response to the COVID-19 public health emergency and shall remain waived until further notice in accordance with MSA 20-36.

L 21-31 was previously issued on April 28, 2021 and, like provider letter L 20-20, addressed signature log requirements for proof of delivered medications. The signature log requirements declared waived in provider letter L 20-20 have remained in effect since March 26, 2020. Accordingly, while L 21-31 was issued on April 28, 2021, it has not taken effect while L 20-20 has remained in effect. Even though L 21-31 has not taken effect, it is now rescinded.

Effective upon the prospective termination of the COVID-19 pharmacy flexibilities permitted by L 20-20, the following signature log and proof of delivery requirements will be identified in the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual.

These requirements will apply to prescriptions received both at pharmacy retail locations and delivered to the Medicaid beneficiary's place of residence.

Pharmacy providers must document receipt or delivery of new or refilled medications to the intended Medicaid beneficiary. This documentation serves as verification of the beneficiary receiving the prescription billed. The absence of the appropriate verification indicates the beneficiary did not receive the prescription, and funds will be recouped from the pharmacy. Documentation described below must be retained for review by MDHHS or the MDHHS agent for seven years and is subject to audit. Any method of reproducing past signatures is not acceptable.

## Signature Log (for Prescriptions Picked Up at the Pharmacy)

Pharmacy providers must maintain a log containing the following information:

- Beneficiary's name;
- The manual or electronic signature of the beneficiary or their representative; and
- The date of receipt of the prescription.

### **Proof of Delivery (for prescriptions delivered)**

For prescriptions delivered by common carrier (U.S. mail, FedEx, UPS, etc.) a tracking number alone is not considered a valid proof of Member receipt. The tracking number must be accompanied by either:

- The manual or electronic signature of the beneficiary or their representative at the time of delivery; or
- The tracking detail from the common carrier showing the specific prescription was delivered, including date and time of delivery.

Documentation must be stored in accordance with the General Information for Providers chapter of the Medicaid Provider Manual, State Law section. Adherence to these requirements must be readily available onsite and may be subject to audit by MDHHS.