MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.

Director, Program Policy Division
Bureau of Medicaid Policy and Actuarial Services

Project Number:	0636-4DPharm	**Comments Due:**	September 30, 2006	**Proposed Effective Date:**	November 1, 2006

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Policy Subject: Optional Mail Order Pharmacy Benefit

Affected Programs: Medicaid, Adult Benefits Waiver and Children's Special Health Care Services

Distribution: Pharmacies, Practitioners, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Local Health Departments, and Community Mental Health and Substance Abuse

Policy Summary: Effective November 1, 2006, MDCH will offer an optional mail order pharmacy benefit for Fee-for-Service beneficiaries. This benefit will allow these beneficiaries to obtain up to a 100 days supply of maintenance drugs used for specific health conditions without paying the required co-payments.

Proposed Policy Draft

Michigan Department of Community Health
Medical Services Administration

Distribution: Pharmacy
Practitioners
Federally Qualified Health Centers
Rural Health Clinics
Tribal Health Centers
Local Health Departments
Community Mental Health and Substance Abuse

Issued: October 1, 2006 (proposed)

Subject: Optional Mail Order Pharmacy Benefit

Effective: November 1, 2006 (proposed)

Programs Affected: Medicaid, Adult Benefits Waiver, and Children's Special Health Care Services

In compliance with the Michigan Department of Community Health (MDCH) FY06 and FY07 appropriations bills, effective November 1, 2006, Fee-for-Service beneficiaries will be offered the option to utilize a new mail order pharmacy benefit to obtain up to a 100 days supply of maintenance drug(s) used for ongoing health conditions such as hypertension, diabetes, asthma and high cholesterol.

There are no co-payment requirements for the optional mail order pharmacy benefit. There will be no shipping and handling fees for the delivery of the drug(s) to the beneficiary's home.

The beneficiary will complete an order form for new and refill prescriptions. The beneficiary must initiate the refill prescription to avoid the unnecessary shipment of a prescription that may have changed. The beneficiary is responsible for monitoring the number of drug refills left and obtaining a new prescription from his/her healthcare provider.

The mail order pharmacy, Highland Home Pharmacy, will offer a toll-free customer service phone number (1-888-XXX-XXXX), available 9:00 a.m. to 6:00 p.m., Eastern Standard Time, Monday through Friday for order information and pharmacy assistance. The mail order pharmacy forms with instructions will be available online at the MDCH website at www.michigan.gov/mdch and at Highland Home Pharmacy website at www.highlandhomepharmacy.com for download and completion. Highland Home Pharmacy website is currently under construction.

MDCH will allow up to a 34 days supply of needed medication to be dispensed by a local community pharmacy in response to lost, stolen, or delayed shipment of medication. The MDCH pharmacy benefits manager will coordinate with the community pharmacy and the mail order pharmacy on this contingency process. The beneficiary must notify the mail order

pharmacy of the lost, stolen, or delayed shipment of drugs in order to receive the emergency supply of drugs.

Filling New Prescriptions

- The beneficiary can have his/her healthcare provider call in the new prescription(s) to the mail order pharmacy's toll-free number (1-888-XXX-XXXX) provided the completed order form has been submitted to the mail order pharmacy by fax or mail or
- The beneficiary can have his/her healthcare provider fax the new prescription(s) and the completed order form to the mail order pharmacy's toll-free number (1-866-XXX-XXXX) or
- The beneficiary can ask his/her healthcare provider to write a new prescription for up to a 100 days supply. The beneficiary must mail the completed order form with the new prescription to Highland Home Pharmacy, 3766 West Twelve Mile Road #226, Berkley, Michigan 48072. The beneficiary is responsible for obtaining the envelope and postage needed to mail the completed order form and prescription to the mail order pharmacy.

Refilling Prescriptions

- The beneficiary or his/her healthcare provider can call the mail order pharmacy's toll-free number (1-888-XXX-XXXX) to refill a prescription. The beneficiary's Medicaid ID number and prescription number(s) must be available when placing the call; or
- The beneficiary can mail the prescription along with a completed reorder form to the mail order pharmacy in an envelope with the appropriate postage that he/she acquired or
- The beneficiary can order refills online at the mail order pharmacy's website.

Receiving Prescriptions

- The beneficiary should expect to receive the medication within seven business days after submission of the prescription to the mail order pharmacy.
- The beneficiary must submit the request for refill(s) at least two weeks before his/her current supply of drugs run out. The prescription(s) are shipped via U.S. mail or United Postal Services to the beneficiary's home address as indicated on the submitted order or reorder form. **(P.O. Boxes are not acceptable home address; hence, drugs will not be delivered to P.O. Boxes)**.
- It is the beneficiary's responsibility to let the mail order pharmacy know if his/her address changes.

The optional mail order pharmacy benefit does not apply to a beneficiary who resides in a nursing facility.