

Agreement to Participate in Michigan Department of Health and Human Services (MDHHS) Division of HIV and STD Programs (DHSP) STD 340B Medication Distribution

Date: _____

Covered Entity: _____

Type of support from MDHHS-DHSP: In-kind / Direct

_____ (the covered entity) receives support from the MDHHS-DHSP CDC Sexually Transmitted Disease Prevention and Control for Health Departments (STD PCHD), federal grant number **NH25PS005170** and is therefore eligible to receive STD medications purchased at 340B discount pricing.

As part of the Michigan Sexually Transmitted Disease Clinical Service Safety Net, and an essential partner in providing STD testing and treatment to the population of Michigan, the covered entity agrees that it may receive medications distributed from the MDHHS-DHSP STD 340B Program.

If the centralized distribution model is approved by HRSA, the covered entity will abide by MDHHS-DHSP STD 340B Program requirements to participate in this model. The covered entity understands that this will include the following elements:

- Maintain policies and procedures which ensure receipt, storage, and dispensing of 340B medications within HRSA OPA regulations.
- Keep auditable health records which will be available as necessary for program monitoring.
- Consistently maintain documentation of chain of possession of medications, medication supply, and dispensing of medications; provide documentation to MDHHS-DHSP as needed for program participation.
- Report any waste or loss of MDHHS-DHSP STD 340B medications or any discovered non-compliance with HRSA OPA regulations to MDHHS-DHSP as soon as possible.
- Not bill Medicaid or other payers for medications distributed by MDHHS-DHSP STD 340B program.
- Permit remote documentation monitoring or on-site audit and monitoring visits by MDHHS-DHSP staff or associated pharmacy benefit manager to ensure compliance with HRSA OPA regulations.
- Notify MDHHS-DHSP STD 340B program of any change in organizational policy relating to the distribution, storage, and dispensing of 340B medications or of discontinuation of participation in the program.
- Suspension from the MDHHS-DHSP STD 340B medication program if the above conditions cannot be met until issues can be documented as resolved.

_____ understands that this is an agreement to participate in the centralized distribution model and has reviewed the MDHHS STD 340B Policy and Procedure Manual. Following HRSA approval, additional contractual documentation of agreement to be part of this model will follow, to be approved by both the covered entity and MDHHS-DHSP.

Primary Contact Signature: _____

Name: _____