

Bulletin Number: MSA 05-04

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

Issued: January 1, 2005

Subject: Addition of an Optional Mail Order Program for Medicaid Beneficiaries

Effective: February 1, 2005

Programs Affected: Medicaid

In compliance with Section 1620(3) of the Michigan Department of Community Health (MDCH) FY 05 appropriations bill, effective February 1, 2005, Medicaid fee-for-service beneficiaries will be offered the option to utilize a new mail order pharmacy program to obtain up to a 100-days supply of maintenance drugs used for ongoing health conditions such as high blood pressure, diabetes, asthma, or high cholesterol.

There are not co-payment requirements for the optional mail order program. There will be no shipping and handling fees for the delivery of the drug(s) to the beneficiary's home.

The beneficiary will complete a mail service order form for new and refill prescriptions. The beneficiary must initiate the refill prescriptions to avoid unnecessary mailing of a prescription that may have changed.

Caremark, the mail order pharmacy, will offer a toll-free customer service phone line (1-888-208-9634), available 24 hours a day, 7 days a week (except Christmas) for the beneficiary who has questions about his order, and to request mail service order forms and pre-addressed envelopes for ordering new and refill prescriptions. Pre-populated mail service order form(s), refill sticker(s) and self-addressed envelope(s) will be supplied in the original and future shipments of medication from the mail order pharmacy.

MDCH will allow up to a 34 days supply of needed medication to be dispensed by an in-state pharmacy in response to lost, stolen, or delayed shipment of medication. MDCH PBM will coordinate with the in-state and mail order pharmacy on this contingency process. The beneficiary must notify the mail order pharmacy of the lost, stolen, or delayed shipment of medication in order to receive the emergency supply of medication.

Filling New Prescriptions

The beneficiary will ask his healthcare provider to write a new prescription for up to a 100-days supply of medication and mail the completed mail service order form with the written prescription to the address listed on the mail service order form in a pre-addressed envelope that is provided by the mail order pharmacy.

Refilling Prescriptions

- The beneficiary can call the mail order pharmacy's toll-free number (1-888-208-9634) to refill a prescription. Upon dialing the number, the mail order pharmacy's automated service will assist the beneficiary in refilling the prescription. The beneficiary must have his Medicaid ID number and prescription number available when placing the call; or
- The beneficiary can mail in the prescription by applying the refill sticker (with the prescription number from the original prescription submitted), or by providing the prescription number, on the pre-populated mail order service form. (A pre-addressed envelope is provided by the mail order pharmacy.); or
- The beneficiary can log onto the Caremark website at www.caremark.com. The beneficiary must have his Medicaid ID number and prescription number available.

Receiving Supplies

- The beneficiary should expect to receive the medication within 14 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 current supply runs out. Prescription(s) will be mailed to the beneficiary's home address as indicated on the submitted mail order pharmacy form.
- It is the beneficiary's responsibility to let the mail order pharmacy know if his address changes.

MANUAL MAINTENANCE

This bulletin should be retained until the information is incorporated into the Medicaid Provider Manual.

QUESTIONS

Any questions regarding this bulletin should be directed to Provider Inquiry, Michigan Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

APPROVED



Paul Reinhart, Director
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