

## **\*\* Kentucky Medicaid Pharmacy Provider Notice #278 – COVID-19 Delivery Requirements\*\***

**This applies to both Fee-For-Service Medicaid and the Managed Care Organizations**

**August 8, 2022**

### **COVID-19 Emergency Declarations**

**Beginning September 1, 2022, signature logs and proof of delivery for medications will be reinstated** (907 KAR 23:010 Section 7 relating to signature requirements) with the state ending COVID-19 restrictions (907 KAR 3:300E). **Documentation of “COVID 19” or similar to denote the delivery and receipt of prescriptions will no longer be accepted as compliant.**

For Managed Care members with MedImpact pharmacy benefit coverage, please be advised of the following:

Unless otherwise agreed to in writing by MedImpact, the provider must obtain the signature of the eligible person, or his or her authorized representative, on a third-party signature log to confirm that he or she has received the prescription. The third-party signature log must be in accordance with industry standards and contain all information required by law, including but not limited to the date the eligible person received the prescription. The provider may maintain an electronic tracking system to record and confirm the receipt of prescription, and such system must follow industry standards.

### **Deliveries Made by Pharmacy/Retail Personnel:**

Delivery log with an authorized signature of the Member or Member’s designee/caregiver, including the delivery date.

- Signature by the delivery driver is not acceptable.

### **Deliveries Made by Common Carriers:**

Delivery confirmations/tracking from FedEx, UPS, and other delivery services, will be accepted as proof of prescription delivery.

- Pharmacies should save their own copies of such confirmations. Pharmacies must document the link between the prescription number and fill date with the carrier’s tracking number.
- Some state regulations require the signature of the person receiving the delivery.

### **In-Store Pick-Up (Non-Delivery):**

Signature log signed by the Member or Member’s designee/caregiver, including the date picked up for each fill and refill.

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage. For any additional information or questions that you may have, please contact Magellan Medicaid Administration at [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com) for Fee-for-Service members or the Kentucky MedImpact team at [kymcopbm@medimpact.com](mailto:kymcopbm@medimpact.com) for Managed Care Organization (MCO) members.

Sincerely,

*Chloé L. Grooms*

Chloé L. Grooms, RPh.

Clinical Account Manager

[kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com)

<b>Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information</b>		
<b>Clinical Support Center</b>	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request.
<b>Pharmacy Support Center</b>	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
<b>Provider Services</b>	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
<b>Member Services</b>	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member's benefits or eligibility coverage dates.