



**TO: Pharmacies including Mail Order Pharmacies, Physicians, Nurse Practitioners, Dental Providers, Physician Assistants, Optometrists, Podiatrists, Long Term Care Providers, Clinics and Hospitals**

**RE: Confirmation of Receipt of Prescriptions Covered Under the Connecticut Medical Assistance Program (CMAP), Including Pharmacy Provider Claims, Excluding Medical Equipment, Devices and Supplies (MEDS)**

To address recent issues with the delivery of prescriptions, including local pharmacy delivery and commercial carrier delivery, the below requirements for **all** pharmacy services will become effective immediately. This policy supersedes the guidance established in [Provider Bulletin 2021-56](#).

All CMAP pharmacy services regardless of pick up, delivery or service (for example immunization) require a signature by the client or client's representative at the time of pick up or delivery. Signature documentation must include the name of the person who accepted and signed for the medication/service, the list of prescription number(s), date of service and date the medication(s) was/were received. A single signature will be sufficient for all prescriptions received.

#### **For delivery to a facility**

**If a prescription is lost or unaccounted for after delivery, DSS will not issue payment for an early refill.** The facility must determine what happened to the prescription and if not found, must work out payment details directly with the pharmacy for replacement.

#### **For delivery to an individual**

To facilitate obtaining a signature of delivery, the Department requires that the pharmacy inform the client or client's representative of the delivery schedule, verify the date and location for the delivery, and notify the client or client's representative that a signature will be required at the time of delivery. **Packages cannot be left without a signature.**

#### **For all services**

All signatures must be original at the time each prescription is delivered; electronic or other methods of reproducing past signatures are not acceptable.

The Pharmacy must be able to tie the shipping invoice/manifest (detailing the prescriptions in the package) to the proof of delivery signature including any carrier's assigned tracking number.

The Connecticut Medical Assistance Program is not responsible for issues that result in the damage of a prescription during transit to or from the client delivery.

Medications subject to cold chain distribution per stability information contained in section 16 of the package insert shall require a packaging and delivery method adequate for the temperature stability requirements listed.

If at the time of delivery, a client or the client's representative is not present or unable to sign for the delivery, the prescription(s) should be returned to the pharmacy. The product CANNOT be left without obtaining a signature. If an additional attempt is made to deliver the same prescription, the pharmacy must ensure that all prescriptions are handled appropriately during the interim which include protection against temperature excursions.

Proof of delivery to the client as outlined in this bulletin must be maintained for the required record retention period of the CMAP program, currently five years. Commercial carriers (ex-FedEx, UPS, etc.) typically do not maintain

proof of delivery for that duration without prior arrangement.

**Clients must still be offered counseling for all medications dispensed in accordance with federal and state law. Documentation of the offer to Counsel or the refusal by the patient must continue to be documented.**