

## **POLICY AND PROCEDURE**

<b>DEPARTMENT:</b> Pharmacy Operations	<b>REFERENCE NUMBER:</b> OH.PHAR.11
<b>EFFECTIVE DATE:</b> 04/07	<b>POLICY NAME:</b> Provider Requests for Pharmacy Profiles
<b>REVIEWED/REVISED DATE:</b> 02/08, 02/09, 02/10, 02/11, 02/12, 01/13, 02/14, 08/14, 08/15, 08/16, 11/16, 11/17, 10/18	<b>RETIRED DATE:</b> N/A
<b>PRODUCT TYPE:</b> Medicaid	<b>PAGE:</b> 1 of 2

### **SCOPE:**

Centene Corporate Pharmacy Solutions and Health Plan Pharmacy Departments

### **PURPOSE:**

The purpose of this policy is to ensure that requests for pharmacy profiles are provided to medical providers consistent with the Health Insurance Portability and Accountability Act (HIPAA) privacy rules and regulations.

### **POLICY:**

It is Centene Health Plan's Pharmacy Department policy to provide prescribers with member pharmacy profiles, when requested in writing, consistent with the privacy rules operative under HIPAA regulations.

### **PROCEDURE:**

When a request is received from network medical providers for a member's pharmacy profile via mail, email, fax or phone the following conditions and workflow applies.

1. The provider request must include a signed patient consent form agreeing to full disclosure and agreement for the Health Plan to send the member's full drug history (HIPAA sensitive information inclusive) to the requesting provider. Phone requests require written submission.
2. The provider request must include the patient name, date of birth, the member ID number and the prescription history date span requested.
3. All requests received by Health Plans for a member's prescription drug history should be forwarded to the Health Plan Pharmacist.
4. The Health Plan Pharmacist should document the request in the current Health Plan "case control management system" and attach the consent form.
5. The Health Plan Pharmacist will use the Envolve Pharmacy Solutions pharmacy application to run a member prescription history profile.
6. The Health Plan Pharmacist will decide the best available response dependent on the urgency of the request. The preferred transmission mode is via fax or direct mail.
7. All email responses require use of secure email and is not a preferred method for response.
8. The content of the response will contain the member's name, member's ID number, dates of service for prescription fills, the drug quantity, and the drug description. Additional information such as the pharmacy name and the prescriber are also normally provided.

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**REFERENCES:** N/A

**ATTACHMENTS:** N/A

**DEFINITIONS:** N/A

### REVISION LOG

<b>REVISION</b>	<b>DATE</b>
Define the "PURPOSE" and "POLICY" to reflect the template definition.	05/07
Complete reworking of the Policy and Procedure to shift from an internal request by Centene medical management staff to an external request from a Provider for a member's pharmacy drug history.	02/09
Language was included to ensure HIPAA privacy considerations.	02/09
Revisions completed at this time were made to address clerical errors and represent actual work processes in place at both the Plan level and at US Script.	02/10
No changes deemed necessary.	02/11
No changes deemed necessary.	02/12
No changes deemed necessary.	02/13
No changes deemed necessary.	02/14
No changes deemed necessary.	08/14
No changes deemed necessary.	08/15
Annual Review	08/16
Change US Script to Envolve Pharmacy Solutions	11/16
Annual Review	11/17
Annual Review.	10/18

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.