

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	REFERENCE NUMBER: LA.PHAR.11
EFFECTIVE DATE: 11/20	POLICY NAME: Provider Requests for Pharmacy Profiles
REVIEWED/REVISED DATE: , 10/20	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: Page 1 of 2

SCOPE:

Centene Corporate Pharmacy Solutions and Louisiana Healthcare Connections (LHCC) 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 LHCC'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 LHCC to send the member's full drug history (HIPAA sensitive information inclusive) to the requesting provider. Phone requests require written submission.**
 - To avoid interfering with an individual's access to quality health care or the efficient payment for such health care, the HIPAA Privacy Rule permits a covered entity to use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations activities.**
- 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 LHCC for a member's prescription drug history should be forwarded to the LHCC Pharmacy department.**
- 4. LHCC's Pharmacist should document the request in the current Health Plan "case control management system" and attach the consent form.**
- 5. LHCC Pharmacist will use the Envolve Pharmacy Solutions pharmacy application to run a member prescription history profile.**
- 6. LHCC 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.**

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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.

REFERENCES: HIPAA: Uses and Disclosures for Treatment, Payment, and Health Care Operations
<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html>

ATTACHMENTS: N/A

DEFINITIONS: N/A

REVISION LOG

<u>REVISION</u>	<u>DATE</u>
<u>LA.PHAR.11 was created as a LHCC specific policy from corporate policy CC.PHAR.11.</u>	<u>11/20</u>

POLICY AND PROCEDURE APPROVAL

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

Director, Pharmacy: **Approval on file**

Sr. VP, Medical Affairs: **Approval on file**