



OARRS Acceptable Use Policy

Benefit Plan Manager (Medicaid Managed Care Medical Director, Medicaid Managed Care Pharmacy Director, BWC Managed Care Medical Director)

The Ohio Board of Pharmacy will provide prescription data from the Ohio Automated Rx Reporting System (OARRS) to the _____ (“Organization”) as authorized by ORC 4729.80. The data may be used by the Organization as a tool for evaluating a recipient’s prescription history.

A Medical/Pharmacy Director of the Organization is authorized to request an Rx History Report (Report) ONLY on a recipient pursuant to ORC 4729.80(A)(10).

The Medical/Pharmacy Director is responsible for every OARRS Report requested, and the use of such report.

By using OARRS, I agree to the following terms.

1. I will not share my User Name and Password with anyone else. I will not use anyone else’s User Name and Password to access the OARRS system. To do so is a violation of ORC 4729.86 and may carry criminal penalties.
2. I certify that the individual whose Report is requested is a current recipient of medical benefits paid for by the Department of Medicaid/Bureau of Workers’ Compensation.
3. I will not use OARRS to obtain information related to any person who is not a recipient of a program of medical benefits that is administered by the Department of Medicaid/Bureau of Workers’ Compensation.

4. I will not provide the OARRS Report or a copy of the Report to anyone not directly charged with the Organization's evaluation of this recipient's prescription history. This includes the individual recipient named on the Report, a pharmacist who is treating the recipient, a prescriber who is treating the recipient, or a law enforcement officer who is investigating or may investigate the recipient.
5. I understand that the information in the system or obtained from the system is confidential Protected Health Information.
6. I will not use an OARRS Report in any civil or administrative proceeding. ORC 4729.86(B)
7. I will not ask a pharmacist who is treating the recipient, a prescriber who is treating the recipient, or a law enforcement officer who is investigating or may investigate the recipient for a copy of their Report. To do so is a violation of ORC 4729.86 and may carry criminal penalties.
8. I will not use OARRS to determine initial eligibility for any program administered by the Organization.
9. I understand misuse of the OARRS system, or any violation of this agreement, may result in suspension or termination of my OARRS account, criminal and/or civil penalties pursuant to ORC 4729.86, and/or referral of a complaint to the State Medical Board of Ohio.

Signature

Date

Name (Printed or typed)