

OARRS Acceptable Use Policy

State Medicaid Program

The Ohio Automated Rx Reporting System (OARRS) will provide prescription data to the Department of Medicaid (Department) as authorized by ORC 4729.80. The data may be used by the Department as a tool for evaluating a recipient's prescription history.

The director of the Department is authorized to request an Rx History Report (Report) ONLY on a recipient pursuant to O.R.C. 4729.80(A)(9).

The Department must designate at least one OARRS Supervisor (Supervisor) and at least one OARRS Delegate (Delegate) each of whom will maintain an OARRS account. The Supervisor must approve every request for a Report. A Supervisor cannot request a Report. An agency may have multiple Supervisors for the same Delegate(s). Every Supervisor and every Delegate must have his or her own User Name and Password.

A Supervisor is responsible for every OARRS Report requested by the Delegate(s) being supervised. The Supervisor may view the Report that is received by a Delegate.

By using the OARRS program, 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 O.R.C. 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.

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.
4. I will not provide the OARRS Report or a copy of the Report to anyone not directly charged with the Department'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 Department.
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.

Signature

Date

Name (Printed or typed)

Email Address