## Guidance Document for the PCSA Medication Report

This process is to be used by County Public Children Services Agencies (PCSAs) to request that a managed care organization ${ }^{1}(\mathrm{MCO})$ provide the PCSA Medication Report. A PCSA can request appropriate records from an MCO at any time - this report does not change that process. The goal of this process and report is to remove barriers and promote the wellbeing of each child in custody by listing pre-determined classifications of medications in an organized format for PCSAs.

## Report Contents:

The report will be sent in Excel document format. The data fields in the PCSA Medication Report are as follows:

Member Account ID
Member Full Name
Member Birth Date
RX Number
Claim Fill Date
Drug Name
Drug Class
Route of Administration
Days Supply Quantity
Unit Quantity
Refill Number
Refills Remaining
Prescriber First Name
Prescriber Last Name

Prescriber Primary Phone Number<br>Prescriber Fax<br>Prescriber Address Line1<br>Prescriber Address Line2<br>Prescriber City Name<br>Prescriber State Abbreviation Code<br>Pharmacy Name<br>Pharmacy Primary Phone Number<br>Pharmacy Fax Number<br>Pharmacy Address Line1<br>Pharmacy Address Line2<br>Pharmacy City Name<br>Pharmacy State Abbreviation Cod

## Guiding Principles of the Report:

The PCSA Medication Report for youth in custody can be requested from any MCO per the following guidelines:

1. PCSAs can submit to any MCO, at any time, up to 20 separate documented requests for the PCSA Medication Report per email request. Directions on how PCSAs can request these reports and how MCOs should return these reports are listed below.
2. MCOs will report the medications in the appropriate medication categories (specified in this document below) for a time frame that is one year prior to the date the report is requested.
3. MCOs will report all data fields available to the MCO. There might be instances where a data field was missing on the claim submitted for a medication. When this happens, the information cannot be included on the report. PCSAs should contact the MCO if they have questions about missing information on the reports.
4. The MCO will return the completed report to the requesting PCSA within three business days.
5. If an MCO receives a large volume of requests at the same time from multiple counties, they will outreach to the appropriate PCSAs to let them know that there could be a delay in the three

[^0]business-day turn-around time. The MCO will work diligently to process the large volume as close as possible to the three business-day turn-around time.
6. A PCSA should not submit additional requests to the MCO until the PCSA has loaded their previous requests into their respective systems.
7. When a PCSA (e.g., a metro area PCSA) has a large volume of PCSA Medication Report requests that need to be processed for youth in their custody, the PCSA should contact the appropriate MCO via the PCSA Medication Report Access Request Mailbox listed below. The MCO and PCSA will work together to establish a separate process and cadence to ensure that all requests can be processed.

## Directions for Requesting and Submitting the Report:

The PCSA will contact the MCO to request the PCSA Medication Report for youth in their custody via the following process.

1. PCSAs will send an email to the appropriate MCO mailbox as follows:

MCO Designated Mailboxes for the PCSA Medication Report

| MCOs | PCSA Medication Report Access Request Mailbox |
| :--- | :--- |
| AmeriHealth | dl acoh pharmacy@amerihealthcaritasoh.com |
| Anthem | DLAnthemOhioMedicaidRX External@anthem.com |
| Buckeye | Bhp rph@centene.com |
| CareSource | PCSARequests@caresource.com |
| Humana | HumanaHealthyHorizonsOhio@humana.com |
| Molina | PCSA@molinahealthcare.com |
| UnitedHealthcare | pcsauhcohcs@uhc.com |

2. The PCSAs should use the following Subject Line format for the email:

PCSA Medication Report request - County Name - Date of Request

- For example, if the request was for Joey Smith Medicaid ID 08900001234 from Vinton County PCSA on April $1^{\text {st }} 2023$, the subject line for the request document would be "PCSA Medication Report Request - Vinton - 04.01.2023"

3. The email from the county PCSA can include up to 20 separate requests for the PCSA Medication Report. Each individual document should be:
a) On county PCSA letterhead
b) Follow the template language below with yellow highlights filled in with appropriate information:

Dear <MCO>
<County Name> County PCSA would like to request Pharmacy Records - Medication Class List Report for PCSAs for a youth in <County Name> County PCSA custody. The time frame for this request is from one year prior to today's date to the present. <Member name>
<Member DOB>
<Member Medicaid ID>
We request that this copy be received by email to the following address:
$\qquad$
c) Named via the following format: YYYYMMDD_AB1234

## Date of request

Member initials (First Initial, Last Initial)

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Last four digits of Medicaid ID number (if multiple, PCSA to pick one)
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- For example, if the request was sent 04/01/2023 for Joey Smith Medicaid ID 08900001234 from Vinton County PCSA, the file name for the request document would be "20230401_JS1234"

4. The MCO will search their files for the demographics provided and determine past or multiple IDs for the youth along with the historical claims file provided to the MCO.
5. The MCO will provide the report in an Excel format for the following medication categories:
a) Anaphylaxis (Epipens for allergic reactions)
b) Antianxiety (Benzodiazepines \& Non-benzodiazepines)
c) Antidepressants
d) Anticonvulsants
e) Antipsychotics
f) ADHD Agents (stimulants and non-stimulants)
g) Diabetes (insulin, non-insulin, \& hypoglycemia)
h) Inhaled Asthma-related agents (include nebulizer solutions)
i) Opioids
j) Neuropathic Pain
6. The MCO will return one Excel file (report) per youth to the PCSA email address provided in the request within three business days. The MCO response will:
a) Have the following subject line: "PCSA Medication Report Return"
b) Have the following naming convention for the Excel file:

Member initials (First Initial, Last Initial) Last four digits of Medicaid ID number (if multiple, PCSA to pick one) Date of request

- For example, if the report was sent back to the PCSA on $4 / 4 / 2023$ for Joey Smith Medicaid ID 08900001234 from Vinton County PCSA, the report file name would be named "JS1234_04042023"
c) For a youth that does not have any claims for medication categories included in the PCSA Medication Report, the MCO will either note this information on the return spreadsheet or in the body of the return


## Time Sensitive and Urgent Needs:

The PCSA always has the option to contact the MCO 24/7, 365 days a year to request urgent information for a youth in PCSA custody via phone. If a PCSA utilizes the phone numbers below, the information can only be provided verbally.

MCO-specific, 24-hour, 365-day support for a verbal list of current medications and other pertinent information by calling the following:

| MCO | Phone Line |
| :--- | :--- |
| AmeriHealth | 1 1-833-764-7700 |
| Anthem | 1-844-430-0341 (TTY 711) |
| Buckeye | 1-866-246-4358, and after hours they can select the Nursewise prompt |
| CareSource | 24-Hour Nurse Advice Line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711) |
| Humana | 24-Hour Nurse Advice Line 866-376-4827 |
| Molina | English: 1-888-275-8750 <br> Spanish: 1-866-648-3537 <br> Deaf and Hard of Hearing: 1-866-735-2929 |
| United <br> Healthcare | Nurse Line (24 / 7 access) at 1-800-542-8630 |


[^0]:    ${ }^{1}$ This process is not applicable to MyCare Ohio plans (MCOPs).

