Ohio Department of Medicaid

Ohio Medicaid Enterprise System

Pharmacy Reference Guide

Single Pharmacy Benefit Manager

January 2023

Version 4.0

Submitted to: Ohio Department of Medicaid (ODM)

Change Index:

Date Published	Date Effective	Section(s) Updated	Description of Change
8/15/2022	8/15/2022	1.1.1 Program Contact Information 2.1.1 Contracting 2.2.1 On Site and Desk Audits 4.3.2 Timely Filing Limits 4.5 Member Identification Cards 4.6 Claims Summary 5.1 340B Claims Processing and Identification 5.2.1 Days' Supply Limits 5.2.2 Quantity Limits 5.2.3 Date Written 5.2.9 DAW and Generic Substitution Policy 5.8 Compounds 5.9.1 COVID-19 Testing 5.11 Prescriber Validation 5.12 Specialty Medications 8.1.1 OAAC Rate Review 8.2 Provider Dispensing Fees 8.2.1 Dispensing Fee Tier Assignment 8.2.2 Dispensing Fee Tier Redetermination 8.2.3 Dispensing Fee Annual Redetermination 8.4 Provider Remittance Advice	• Updated links and email addresses clickable hyperlinks • Section numbering updates and section references throughout • Removed former section 8.4 Member Copay • 1.1.1 Updated Claims Dept phone number • 2.1.1 Added "and training" • 2.2.1 Updated timeframe for auditing • 4.3.2 Removed OAC rule citation • 4.5 added "enrollment in CSP, and assigned providers" • 4.6 updated to Unified Preferred Drug List (UPDL) • 5.1 Removed Section 5.1.1 and combined with Section 5.1 • 5.2.1 Added drug classes to Table 6 • 5.2.2 Updated link to quantity limit document • 5.2.3 Updated guidelines for DEA Schedule 2 filling. Updated guidelines for DEA Schedule 3 and 4 filling. • 5.2.9 Added table of accepted DAW codes • 5.8 Added table of SNOMED CT Codes and details about sterile compounding • 5.9.1 New section • 5.11 Removed contract details • 5.12 New section • 8.1.1 New section • 8.2 Added details about tier assignment to Table 13. Added TPN and Sterile Compounding dispensing fees • 8.2.1 New section • 8.2.2 New section

			• 8.2.3 New section • 8.4 Added navigation instructions to remittance advice on portal
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01/18/23		1 Introduction Table 1 2.4 Proof of Medication Receipt 5.2.4 Refills 5.2.6 Synchronization Fills 5.5.3 Other Coverage Codes 5.8 Compounds 5.9 Vaccine and Medication Administration 8.1 Ingredient Cost 8.2 Provider Dispensing Fees 8.4 Provider Remittance Advice	• 1 Added FFS and MyCare language • Table 1 Added Network contact information, added Grievance and Appeal contact information, removed Claims phone number • 2.4 Added Proof of Medication Receipt • 5.2.4 Added SCC 5 language • 5.2.6 Added SCC 61 language • 5.5.3 Added Other Coverage Code 0 • 5.8 Added SCC 8 language • 5.9 Changed Dispensing Fee language to Administration Fees • 8.1 Added Contract Pharmacy exclusion • 8.2 Added dispensing fees information for LTC pharmacies • 8.4 Updated Remittance Advice language

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1 Introduction

Effective October 2022, Gainwell Technologies is the Single Pharmacy Benefit Manager (SPBM) for the Ohio Department of Medicaid (ODM) pharmacy program. Gainwell Technologies uses a computerized point-of-sale (POS) system and requires National Council for Prescription Drug Program (NCPDP) D.0 standards for pharmacy claim transactions.

Pharmacy providers must be enrolled through ODM and have an active status for any dates of service submitted. The system provides such enrolled pharmacies with real-time claim adjudication, including access to member eligibility, drug coverage, pricing, and payment information. The system incorporates Prospective Drug Utilization review (ProDUR) across all network pharmacies.

This manual is intended to provide an overview of pharmacy services for the users of the Gainwell Technologies Ohio Medicaid Pharmacy Network.

Currently, this Pharmacy Reference Guide only applies to managed care plans and OhioRISE. This guide does not pertain to Fee for Service and MyCare plans.

1.1 Program Contact Information

When pharmacy providers require assistance with processing a claim for an Ohio Medicaid member, they may contact the Gainwell Technologies Call Center, which is available 24 hours per day, 7 days per week, with the exception of Thanksgiving Day and Christmas Day.

1.1.1 Help Desk Telephone Numbers

All calls to the Gainwell Technologies Call Centers are recorded and may be monitored for quality assurance and training purposes. By contacting the Gainwell Technologies Call Centers, you agree to these terms.

Table 1 Help Desk Telephone Numbers, Emails, and Hours of Operation

Department	Contact Information	Operating Hours
Gainwell Technologies Technical Help Desk and Technical Prior Authorizations	Phone: 1-833-491-0344 (TTY 1-833-655-2437) Fax: 1-833-679-5491 OH_MCD_PBM@gainwelltechnologies.com	Daily Available 24 hours per day
Gainwell Technologies Network Department	OH_MCD_PBM_network@ gainwelltechnologies.com	Monday – Friday 8 am – 5 pm (ET)
Gainwell Technologies Claims Department	OH_MCD_CLAIMS@gainwelltechnologies.com	Monday – Friday 8 am – 5 pm (ET)
Gainwell Technologies Grievance and Appeals	OH_MCD_PBM_GA@gainwelltechnologies.com	Monday – Friday 8 am – 5 pm (ET)
Gainwell Technologies Clinical Prior Authorizations	Phone: 1-833-491-0344	Monday – Friday 8 am – 8 pm (ET)

Department	Contact Information	Operating Hours
ODM Provider Enrollment/ Revalidation Hotline	Phone: 1-800-686-1516	Monday – Friday 8 am – 4:30 pm (ET)
Ohio Medicaid Consumer Hotline	Phone: 1-800-324-8680 Website: http://ohiomh.com/	Monday – Friday 7am – 8 pm (ET) Saturday 8 am – 5 pm (ET) Voicemail is available at other times with calls returned by the next business day.
Reporting Fraud, Waste, or Abuse (FWA)	Phone: 1-833-220-9970 OH_MCD_Compliance@gainwelltechnologies.com	Phone: Available 24 hours per day

1.1.2 ODM Website Addresses

The Ohio Medicaid Program
http://medicaid.ohio.gov

The Ohio Medicaid Drug Program
http://pharmacy.medicaid.ohio.gov

Ohio Medicaid Information Technology System (MITS) web portal
https://portal.ohmits.com/public/Providers

The Gainwell Technologies SPBM portal and a searchable database of covered drugs
https://spbm.medicaid.ohio.gov

1.1.3 Mailing Addresses

Gainwell Technologies
PO Box 3908
Dublin, OH 43016-0472

1.1.4 Web Portal Address

https://spbm.medicaid.ohio.gov

1.2 Service Support

1.2.1 Online Certification

Providers must submit claims using the NCPDP version D.0 standard. Claims received in any other format will be rejected.

1.2.2 Routine Maintenance Window

Gainwell Technologies conducts routine maintenance on the POS system to implement changes and upgrades and maintain data.

The system may be unavailable for routine maintenance weekly on Sundays from 1-3 a.m. ET. In this event, providers will need to resubmit the claim when the system is available. Claims submitted during this maintenance window may be rejected for any of the following:

Table 2 NCPDP Reject Code

NCPDP Reject Code	Message
85	Claim Not Processed
87	Reversal Not Processed
92	System Unavailable/Host Unavailable

1.2.3 Point-of-Sale System Not Available

If, for any reason, the POS system is not available, providers should attempt to reprocess claims when the system is back online. Non-maintenance outages are addressed in Section 7.2 - Host System Problems. The provider's software should have the ability to submit backdated claims to accommodate this eventuality.

1.2.4 Technical Problem Resolution

At times, technical problems unrelated to the member's or provider's eligibility may arise that require in-depth troubleshooting by Gainwell Technologies claims experts, the pharmacies' software vendor or corporate IT desk, or network support staff. The Gainwell Technologies Technical Call Center is available to assist with these or other technical issues at 1-833-491-0344.

1.3 Fraud, Waste, and Abuse (FWA)

Members, providers, prescribers, and other third parties can report suspected FWA directly to Gainwell Technologies by using Gainwell Technologies' OH SPBM reporting hotline: 1-833-220-9970 or email: OH_MCD_Compliance@gainwelltechnologies.com. Suspected FWA may also be reported directly to the state by calling 1-800-642-2873 or online to the Ohio Attorney General: https://www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud.

See Section 2.2.2 for instruction on reporting potential FWA as part of the claims processes.

2 Enrollment and Contracting

2.1 ODM Enrollment

Pharmacy provider agrees to maintain Ohio Department of Medicaid enrollment at all times while providing covered services to enrollees. Please visit https://portal.ohmits.com/public/Providers to enroll or update your current enrollment. After October 1, 2022, please visit: https://medicaid.ohio.gov/resources-for-providers/managed-care/become-a-provider for further information.

2.1.1 Contracting

Gainwell Technologies will attempt to contract with all pharmacies enrolled with the Ohio Department of Medicaid. Once a pharmacy completes the enrollment process, a contract will be sent to the point of contact noted in the enrollment records. After review of the information and completion of signatures, an award letter will be mailed to the pharmacy. Also, the pharmacy will receive information necessary to register with Gainwell's online portal and receive training. Pharmacies shall ensure that their information (including a complete list of pharmacy locations, including addresses, phone numbers, hours of operation, related services, NCPDP number, National Provider Identification (NPI) number, license numbers, etc.) is accurate and up to date with Gainwell Technologies and NCPDP.

2.1.2 Licensure and Certification

The pharmacy is also required to make sure that staff are licensed, registered, certified, or otherwise appropriately credentialed. The pharmacy will ensure that staff are supervised (when and as required by law), qualified by education, training, experience to perform their professional duties, act within the scope of their licensure and/or certification, and remain in compliance with all laws.

2.1.3 Terms and Conditions

The term of the Pharmacy Network Agreement commences after the pharmacy has obtained ODM enrollment and both Gainwell Technologies and the pharmacy have executed the agreement. It will continue until:

a. Either party terminates the agreement by providing written notice to the other for material breach. However, prior to exercising that right, the non-breaching party will provide written notice to the other of that breach and the breaching party will have 30 calendar days to resolve the breach. If the breach is resolved within 30 days, the agreement will remain in effect.
b. Gainwell Technologies will provide at least 60 days' written notice of nonrenewal or termination of the Agreement. However, Gainwell Technologies may terminate the agreement immediately upon any of the following:
    1. Adverse finding from a regulatory agency against the pharmacy;
    2. Health or safety risks dictate that the pharmacy be terminated sooner;
    3. Loss of pharmacy license;
    4. Any fraudulent act or act in violation of any federal, state, or local law, regulation, or rule;
    5. If the pharmacy becomes debarred;
    6. If the pharmacy is the subject of bankruptcy or insolvency proceedings;

7. If the pharmacy violates any provision of the agreement related to patient care or confidentiality;
8. If the pharmacy loses their Medicaid enrollment; or,
9. Ohio Actual Acquisition Cost (OAAC) survey noncompliance.

2.1.4 Information Updates

Information updates will be provided on the Gainwell Technologies website at: https://spbm.medicaid.ohio.gov. Additionally, pharmacy providers may elect to receive email updates when information changes or through the secure portal inbox. Gainwell Technologies will provide 60 days' notice for changes to this manual.

2.2 Audits

2.2.1 On-Site and Desk Audits

Gainwell Technologies will review pharmacies to evaluate performance in the network. Gainwell Technologies, Ohio Department of Medicaid (ODM), and all regulatory authorities including, but not limited to, the Auditor of State, Health and Human Services Office of the Inspector General, the Centers for Medicare and Medicaid Services, or any subcontractors of the aforementioned shall have the right, at reasonable intervals and during regular business hours, to audit pharmacies' records and may inspect pharmacies' premises, records and operations to ensure that they are adequate to perform the pharmacies' obligations under the contract. Gainwell Technologies may perform such audits at any time during the term of the Pharmacy Network Agreement or for a period 10 years from the final date of the Pharmacy Network Agreement, or from the completion of any audit, whichever is later pursuant to O.R.C. Chapter 117. For prescriptions filled for enrollees who have coverage through Medicare plans, there is no time limit for audits.

2.2.2 Fraud, Waste, and Abuse

If any pharmacy identifies potential FWA during any point of claims processing, please notify Gainwell and send all supporting documentation to: OH_MCD_Compliance@gainwelltechnologies.com.

2.3 Claims Reviews

Gainwell Technologies performs randomized claims reviews to ensure provider compliance with state and federal laws and all ODM policies as agreed upon in the provider contracting process. During the process of these claims' reviews, network providers may be contacted to supply additional documentation related to the ordering, filling, pricing, or delivery of a medication. Such requests for additional documentation should be responded to in a timely fashion in accordance with the timeline listed on the request (typically 10 days).

2.4 Proof of Medication Receipt

Gainwell requires each pharmacy keep a dated log that maintains a record of when a member or member's representative picks up, or takes delivery of, every prescription paid for by the ODM. All signatures must be original at the time each prescription is dispensed; electronic or other methods of reproducing past signatures are not

acceptable. ODM will accept documentation showing the sold date in lieu of a signature. The signature log can either be manual or electronic and should comply with all State and Federal regulations. This policy applies to prescriptions dispensed at the provider's physical location as well as those delivered off-site to the member's residence or other setting.

Prescriptions mailed to members shall be recorded in a dated log that must contain the prescription number, date of fill, member's name and address that the prescription is mailed to, as well as the name of the person mailing or delivering the mail to the mail carrier.

These policies apply to all members including those living in nursing and other institutional facilities.

3 Rights and Responsibilities

3.1 Confidentiality

The Department of Health and Human Services (HHS) Office for Civil Rights enforces:

- The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which protects the privacy of individually identifiable health information.
- The HIPAA Security Rule, which sets national standards for the security of electronic protected health information.
- The HIPAA Breach Notification Rule, which requires covered entities and business associates to provide notification following a breach of unsecured protected health information and;
- The confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.

Gainwell Technologies, ODM, and all contracted providers are required by law to maintain the privacy of certain confidential healthcare information, known as protected health information (PHI). All network providers and their employers and contractors are expected to abide by all state and federal laws regarding protecting member PHI including, but not limited to, R.C. 5160.45 and 42 CFR Part 431 Subpart F and the Health Information Portability and Accountability Ace (HIPAA) Privacy Rule 45 CFR Parts 160 and 164.

3.1.1 Reporting a HIPAA Violation

To report a HIPAA violation to Centers for Medicare and Medicaid Services, please navigate to: https://www.hhs.gov/hipaa/filing-a-complaint.

Reporting a HIPAA violation is addressed in Gainwell Technologies' Privacy Complaints Policy (CMPL0025). This policy states:

> "Any Gainwell Technology workforce member who receives a potential privacy complaint or who becomes aware of a potential privacy incident, or an inadvertent disclosure, must immediately report the incident to the Compliance and Ethics Department and the assigned Account Security Officer ("ASO"), using the applicable privacy incident forms and/or systems of record ("Privacy Incident Record"). For additional information regarding reporting potential privacy complaints, incidents, or inadvertent disclosure, please contact: OH_MCD_compliance@gainwelltechnologies.com."

3.2 Pharmacy Rights and Responsibilities

3.2.1 Reporting Fraud and False Claims

Gainwell Technologies has implemented written policies in accordance with the requirements of 42 U.S.C. 1396a(a)(68) and Section 5162.15 of the Ohio Revised Code, regarding the detection, prevention, and reporting of false claims, and whistleblower protections for employees who make such claims. All ODM-enrolled pharmacy providers must agree to abide by these policies and to require its employees

and subcontractors to comply with these policies. Potential member fraud is reported to ODM through email at: Program_Integrity_County_Referral@medicaid.ohio.gov.

Gainwell Technologies has implemented practices to monitor compliance with provider network requirements and take corrective action as needed. The Gainwell Technologies Ohio SPBM Network will perform reporting activities to support review, monitoring, and auditing efforts for FWA. Reporting activities include billing and payment, drug utilization, provider utilization, geographical radius, monitoring HS-OIG (Health and Human Service Office of Inspector General) and state licensure and exclusion, and corrective action activities. The Pharmacy Services and Obligations in the Gainwell Technologies Pharmacy Network Agreement requires ODM-enrolled providers to agree to abide by the federal and state False Claims Acts.

Gainwell Technologies has specific controls in place to prevent and detect potential or suspected fraud, waste, and abuse. Gainwell Technologies conducts data analysis using data-mining tools to prevent, detect, and correct noncompliance and FWA. We utilize payment integrity tools to detect FWA schemes and aberrant patterns and behaviors by members and providers/prescribers, such as:

a. Fraud alerts.
b. Retrospective Drug Utilization Review (RDUR) claim audits.
c. Concurrent DUR claim audits.
d. Member drug abuse audits.
e. Pharmacy audits.

On a quarterly basis, Gainwell Technologies reviews member pharmacy prescriptions and claims for potential FWA issues, such as high quantities of controlled substances, high-cost utilization, multiple prescriber utilization, and multiple pharmacy dispensing.

3.2.2 Reporting Overpayments

All providers are required to report overpayments found to Gainwell Technologies within 60 days of the overpayment. Reported overpayments will be investigated, validated, and then recouped.

3.2.3 Member Unable to Pay Copay

If a member indicates they are not able to afford a copay on a Medicaid-covered service, participating pharmacies cannot refuse provision of services and must provide the medication to the member.

3.3 Gainwell Technologies Responsibilities

Gainwell Technologies will:

a. Receive claims in its claim adjudication system at the point-of-sale from the pharmacy;
b. Verify that the enrollee is eligible;
c. Process claims;
d. Report whether a claim received through the designated claim adjudication system will be paid, reversed, or rejected;
e. If applicable, prepare and distribute remittance advice monthly and mail disbursements within 10 days of the end of a financial cycle to pharmacies or

applicable Pharmacy Services Administration Organization (PSAO), when pharmacies utilize the services of a PSAO;

f. Provide access through a toll-free telephone number to a Gainwell Technologies help desk, and;
g. Provide processing messages, including drug utilization review messages and covered pharmaceutical information.

3.4 Record Maintenance

All records of prescriptions must comply with federal and state regulations and shall be retained by the provider for a period of six years from the date of payment of the claim and if an audit is initiated during this time, records must be retained until the audit is resolved.

4 Program Setup

4.1 Claim Format

Gainwell Technologies complies with all state and federal guidelines governing claim submission and, as such, requires that all electronic claims be submitted in accordance with NCPDP D.0 formatting. Claims received in any other format will be rejected.

4.1.1 Point-of-Sale Claims

Claims are first evaluated by an NCPDP vendor, which will perform Strategic National Implementation Process (SNIP) edits to validate that the claim meets the minimum requirements of NCPDP. If the claim fails these edits, it will be rejected.

Payer sheets for claims transmission are available at: https://spbm.medicaid.ohio.gov.

The NCPDP transactions that pass validation are then sent to the FI Integration Gateway via the System Integrator. The SPBM claims are loaded to Administrator in an OPEN status and staged for adjudication.

The SPBM NCPDP Claims Submission Process ends when the pharmacy claims are loaded into Administrator, ready for adjudication, and any accepted SPBM transactions have been assigned a unique Internal Control Number (ICN).

4.1.2 Paper Claims

Gainwell Technologies does not accept paper claims of any format.

4.1.3 Web Portal Claims

Enrolled providers can submit claims via the web portal by logging in using their trading partner account information. Once logged in, click on the View Claims icon, and select the appropriate billing provider from the Billing Provider drop-down list, then click the Create Claim button. Once the pertinent claim information has been entered, the claim may be submitted.

All fields submitted will be validated to ensure compliance with NCPDP claims guidelines and claims not meeting requirements will be rejected. If the claim is accepted, the claim will be adjudicated in real time and a response returned through the web portal interface.

For a detailed manual on submitting claims via the web portal, see: https://spbm.medicaid.ohio.gov.

4.1.4 Batch Claims

Gainwell Technologies does not accept batch claims transmission of any format.

4.2 Transaction Types

NCPDP establishes the following transaction codes for use in claims processing. While each pharmacies' ability to use these transaction types may vary, at a minimum a pharmacy is required to possess the ability to process original claims and reverse claims (Transaction types B1 and B2, respectively).

4.2.1 Claims Adjudication: Transaction Code B1

This transaction type represents an original claim submission. Gainwell Technologies will return a response to submission of either paid or denied.

4.2.2 Claims Reversal/Void: Transaction Code B2

This transaction type represents a cancellation or withdrawal of an original or rebilled (B1, B3) claim submission. Claim Voids/Reversals can only be submitted for claims which are currently in “Paid” status. To successfully reverse/void a claim, the following data elements must match the original claim:

a. Service Provider ID (201-B1);
b. Prescription number (402-D2);
c. Date of service (date filled) (401-D1), and;
d. NDC (407-D7).

4.2.3 Claims Rebill/Resubmission: Transaction Code B3

This transaction represents an update to a claim that is currently in “Paid” status. A rebilled claim will reverse and resubmit the claim in a single transaction and, as such, must meet the same reversal requirements as listed in Section 4.2.2 above.

4.2.4 Eligibility Verification: Transaction Code E1

This transaction represents only an eligibility inquiry and will return a response verifying member status.

To determine client eligibility, the pharmacy must perform an E1 Eligibility Verification Transaction. The E1 Eligibility Verification Transaction is used as an eligibility finder method for pharmacies. If a pharmacy has a customer who believes they have coverage, the pharmacy can submit a cardholder ID or other identifiers such as Social Security Number (SSN), Last Name, First Name, Date of Birth, and Gender to the POS. Based on specific search criteria, if a match is found in the ODM eligibility file, additional validation is done to determine if the participant is eligible on date of service.

An E1 transaction must match on one of the following combinations:

• Medicaid ID.

• Last 4 digits of SSN and DOB.

• First 5 characters of last name, first 3 characters of first name, exact DOB, and gender.

4.2.5 Pre-Determination of Benefits: Transaction Code D1

This transaction verifies whether a member is eligible to receive the intended service and, if so, the anticipated reimbursement for the claim. Pharmacies are not allowed to test claims to determine eligibility, coverage, or reimbursement rates. Pharmacies should also not reverse paid claims at a later date and resubmit those claims to determine if the reimbursement is higher

4.3 NCPDP-Required Data Elements

4.3.1 Processing Information

Table 3 Processing Information

Data Element	Required Value and Format	NCPDP Field ID
Bank Identification Number (BIN)	024251	101-A1
Processor Control Number (PCN)	OHRXPROD	104-A4
Group number	Not Needed	

Gainwell Technologies requires that all claim transactions comply with NCPDP version D.0 standards of billing, regardless of submission pathway. In addition to the processing information above, Gainwell Technologies requires that some fields are populated in order to accurately process claims. For a listing of all required and optional fields, the current vendor spec sheet is available online at: https://spbm.medicaid.ohio.gov/SPContent/DocumentLibrary/Billing%20Instructions.

4.3.2 Timely Filing Limits

ODM accepts claims for up to 365 days from the date of service. In the event of retroactive eligibility or delayed Third Party Liability (TPL), the Gainwell Technologies Help Desk has the ability to do a manual override for timely filing limits. Otherwise, claims that exceed the prescribed timely filing limit will be denied.

Table 4 Timely Filing Limits

Claim Type	Timely Filing Limit	NCPDP Reject Code
Original Claims **B1 Transactions**	365 days from the date of service on the claim	81 – Claim Too Old
Reversal/Voids **B2 Transactions**	545 days after the date of the original claim's payment date	M4 – Prescription/Service Reference Number/Time Limit Exceeded
Rebill/Resubmissions **B3 Transactions**	365 days from the date of service on the claim OR Beyond 365 days if the rebill is within 90 days of the original claim's payment date	81 – Claim Too Old M4 – Prescription/Service Reference Number/Time Limit Exceeded

4.4 Unique Claim Criteria

4.4.1 Original or Resubmission Claims

The POS system will use three NCPDP data elements to identify a unique incoming claim or resubmission (B1/B3):

a. Member ID: NCPDP field #302-C2;
b. Date of Service: NCPDP field #401-D1, and;
c. Product/Service ID: NCPDP field #407-D7.

If the incoming submitted claim (B1/B3) matches the three NCPDP elements to any other non-voided claim for the member, Gainwell Technologies will return NCPDP Reject code: 83 - Duplicate Paid/Captured Claim on the response transaction.

4.4.2 Reversal/Void Claims

The POS system will use four NCPDP data elements to match an incoming reversal (B2) to an existing paid claim.

a. Date of Service: NCPDP field #401-D1;
b. Product/Service ID: NCPDP field #407-D7;
c. Provider ID: NCPDP field #444-E9, and;
d. Prescription/Service Reference Number: NCPDP field #402-D2.

If the incoming submitted reversal (B2) fails to match any one of the four required data elements listed above, it will reject with NCPDP Reject code: 87 – No claim on file to reverse.

4.5 Member Identification Cards

Cards will be provided by the member's managed care organization and will include pharmacy billing information, enrollment in the Coordinated Services Program (CSP), and assigned providers.

4.6 Claims Summary

Claims received will first be passed through a series of checks to validate the billing provider, the member's eligibility, the prescriber's eligibility, and Third-Party Liability (TPL). If the claim fails any of those, it will be denied, and a message will be returned explaining the reason. If it passes, the details of the claim will then be reviewed for compliance with pharmacy policy guidelines, Unified Preferred Drug List (UPDL), prior authorization requirements and more. If any edit is failed, a message will be returned explaining the reason and next steps. If the claim passes, a message will be returned indicating that the claim has paid and the amount due to the provider.

4.6.1 Claims Status

The claim status reflected in the secure section of the Gainwell portal will show the following statuses based on when the claim is processed for payment.

Table 5 Claims Status

Pre-financial	Post-financial
Pay	Paid
Deny	Denied
Reverse	Reversed

5 Program Policies

5.1 340B Claims Processing and Identification

Claims for drugs purchased through the 340B drug discount program must be identified at the time of the original submission, in accordance with NCPDP standards, by way of both of the following:

a. Submission Clarification Code = 20 (NCPDP field #420-DK), and;
b. Basis of Cost Determination = 08 (NCPDP field #423-DN).

5.2 Dispensing Limits

5.2.1 Days' Supply Limits

Medications dispensed to Ohio Medicaid members may not exceed a 34-day supply for most medications. Medications from drug classes that are prescribed for the maintenance of long-term or chronic conditions may be filled for up to a 102-day supply. The following drug classes may be considered maintenance medications for the purposes of day supply allowances.

Where possible and supported by the UPDL, the drug classes listed below should be filled in their generic form. Brand names, when not required by the UPDL, may be limited to a 34-day supply even when classified as a maintenance medication.

Table 6 Drug Class Examples

Drug Class	Drug Class
Alzheimer's Disease	Hypertension
Analgesic Agents: Gout	Immunosuppressant Agents
Angina	Inhaled Respiratory
Antiarrhythmics	Lipotropics
Anticonvulsants	Mood Stabilizers
Antidepressants	Movement Disorders
Antihistamines	Nasal Preparations
Antipsychotics	Ophthalmic Antihistamines
Benign Prostatic Hyperplasia	Oral Anticoagulants
Blood Formation	Oral Herpes Antiviral Agents
Calcimimetics	Oral Respiratory Agents
Coagulation	Osteoporosis
Corticosteroids	Parkinson's Disease
Diabetes	Phosphate Binders
Diabetic Supplies	Potassium Agents
Diuretics	Prenatal Vitamins
Estrogenic/Hormonal	Supplements
Gastrointestinal Agents	Thrombosis Agents
Genitourinary Other Agents	Thyroid
Heart Failure	Vitamin D Analogs
HIV Antiviral Drugs	Vitamins

Claims that exceed the day supply limit of 34 or 102 days, respectively, will be denied.

5.2.2 Quantity Limits

When clinically appropriate, Gainwell Technologies, in consultation with ODM, may establish daily or monthly limits to ensure that medications are used and prescribed in accordance with FDA approvals and patient safety guidelines. These limitations may be established regardless of the UPDL status of the medication in question and include, but are not limited to:

1. Limitations on the dose allowed per day.
2. Limitations on the duration allowed for the medication.
3. Limitations on the total number of prescriptions allowed in a time frame.
4. Limitations on the total equivalent dose of therapeutically similar products.

Claims received in excess of the established limitations will be denied and may be overridden when appropriate clinical justification is provided though a prior authorization.

For a complete listing of established quantity limitations, please refer to: https://spbm.medicaid.ohio.gov/SPContent/DocumentLibrary/UPDL.

5.2.3 Date Written

Ohio Admin. Code 4729:5-5-10; Ohio Admin. Code 4729:5-5-15

a. The first fill for all prescriptions, other than DEA Schedule 2 medications, the Date of Service (NCPDP field #401-D1) must be within 6 months (180 days) of the date written (NCPDP field #414-DE) on the prescription.
b. The first fill for non-opioid DEA Schedule 2 medications, the Date of Service (NCPDP field #401-D1) must be within 6 months of the date written (NCPDP field #414-DE) on the prescription. For opioid-type DEA Schedule 2 medications, the Date of Service must be within 14 days of the date written on the prescription. No refills are allowed on any DEA Schedule 2 medications.
    - Partial fills of any DEA Schedule 2 medication are allowed for members who are terminally ill or residing in a long-term care (LTC) facility, or when requested by the member or prescriber so long as the total quantity dispensed does not exceed the original quantity written. The remaining portion of partially filled DEA Schedule 2 medications must be dispensed within thirty (30) days of original date written.
c. For all refills of DEA Schedule 3 or 4 medications, the Date of Service (NCPDP field #401-D1) must be within 6 months of the Date Written (NCPDP field #414-DE) on the prescription and may be refilled a maximum of 5 additional times after the initial fill.

Any claims received exceeding these guidelines will deny and return NCPDP Reject Code 73 – TOO OLD TO REFILL.

5.2.4 Refills

All refills must be dispensed in accordance with State and Federal requirements. Gainwell Technologies requires that most of the dispensed medication be utilized before a refill will be paid. Reject code 79 is the “Refill Too Soon” rejection edit. For the purposes of this edit, a refill is defined as any fill of the same medication, strength, and daily dose, regardless of the Prescription Number or Fill Number submitted on the

claim. The refill rate is dependent upon the drug schedule for the product as defined by the federal drug enforcement administration (DEA). Non-scheduled drugs have a refill rate of eighty percent and scheduled drugs have a refill rate of ninety percent. The calculation is based upon the most recent prescription fill date and quantity. Refills requested before eighty percent of the days' supply has been utilized will be denied, other than in cases where the dosage of a drug has been increased and a new prescription has been issued. The pharmacy will receive the NCPDP Reject code: 79 – Refill Too Soon. Pharmacy providers will have the ability to override the NCPDP Reject code: 79 – Refill Too Soon for the same drug and same strength when a dosage change occurs. The pharmacy will need to submit a Submission Clarification Code = 05 (NCPDP field#42Ø-DK). The dosage (quantity/days' supply) on the submitted claim MUST be greater than the previous claim it is rejecting against. This override will NOT be available for controlled substances.

Thresholds for the early refill will be determined based on the DEA Schedule of the medication:

Table 7 DEA Schedule

DEA Schedule	Early Refill Threshold
No schedule	80% utilization required
Schedule 2-5	90% utilization required

If the required threshold is not exhausted upon an attempt to fill the same medication, dosage, and quantity per day, the claim will be denied. If a new prescription has been issued by the prescriber that requires increased dosing frequency, the existing prescription must be utilized until the days' supply percent threshold has been met, calculated using the increased dosing frequency.

Denials may be overridden at the discretion of Gainwell Technologies for the following documented reasons:

a. Previous supply was lost, stolen, or destroyed. Gainwell Technologies, in consultation with ODM, may limit the number of instances denials may be overridden or may request additional documentation before an override is authorized;
b. Previous claim was submitted with wrong days' supply;
c. Vacation or travel;
d. Multiple supplies of the same medication are needed, and the packaging of the medication is such that it cannot be broken into multiple containers to accomplish this. For example, to allow rescue inhalers to be kept in a school or workshop setting;
e. Hospital or police kept the medication;
f. Children in foster care removed from home to placement;
g. Brand or generic was ineffective, and the patient was switched to generic or brand, or;
h. Synchronization fills as outlined below in Section 5.2.6.

5.2.5 Automatic Refills

Prescription refills shall be performed and recorded in a manner consistent with existent state and federal laws, rules, and regulations. Automatic refills are not allowed. All prescription refills shall be initiated by a request from the prescriber, member, or other person acting as an agent of the member. In the event the member is residing in a long-term care facility or other institution, a nurse or other authorized agent of the facility pursuant to a valid physician's order may initiate the request for refill.

5.2.6 Synchronization Fills

Ohio Rev. Code 5164.7511

Medication synchronization (Med Sync) means a pharmacy synchronizes the filling or refilling of prescriptions in such a way that allows a member's routine medications to be obtained on the same date each month. To accomplish this, Gainwell Technologies may authorize a single early refill of no more than 29 days' supply. Re-synchronization will not be allowed except in cases of dose change.

Synchronization fills for Medicaid members are allowed in the event that all of the following conditions are met:

a. The recipient elects to participate in medication synchronization, and;
b. The recipient, the prescriber, and pharmacy participating in the Medicaid program agree that medication synchronization is in the best interest of the recipient, and;
c. The medication(s) to be included in the synchronization meets the following requirements:
    1. Covered by ODM;
    2. Considered a maintenance medication and be of such a drug class that refills are allowable;
    3. Satisfy all relevant prior authorization criteria;
    4. Remain in compliance with all applicable quantity limits, dose optimization requirements, or other requirements for the medication in question;
    5. Not have special handling or sourcing needs that require a single, designated pharmacy to fill, or refill the prescription;
    6. Be formulated so that the quantity or amount dispensed can be effectively divided in order to achieve synchronization, and;
    7. Not be a DEA Schedule 2 controlled substance, opioid analgesic, or benzodiazepine.

Medications eligible for Med Sync are those allowed to be filled for a day supply of 102 days. The pharmacy will need to submit a Submission Clarification Code (NCPDP field #42Ø-DK) 61 to indicate medication synchronization.

5.2.7 Partial Fills

Gainwell Technologies will cover partial and completion fills where appropriate. In the event that the member does not return to receive the remainder of the partial fill, the partial fill should be reversed and rebilled as a completed prescription accurately reflecting the amount dispensed.

5.2.8 Initial Partial Fill

To bill a partial fill prescription, a value “P” should be submitted in the Dispensing Status field (NCPDP field #343-HD). The quantity and days’ supply intended to be filled must be supplied on the claim (NCPDP field #344-HF and 345-HG) as well as the actual quantity and days’ supply dispensed (NCPDP field #442-EF and 405-DF).

Ingredient cost will be calculated on the actual amount dispensed in the partial fill. The full dispensing fee will be paid on the initial partial fill only. Multiple partial fills may be processed if they are for the same drug/strength/formulation, on different dates of service, and the accumulation of the dispensed quantity and days’ supply for all partial fills does not exceed the intended quantity and days’ supply.

Partial fills are still subject to all TPL edits, prior authorization requirements, and applicable limitations.

5.2.9 Completion Fill

To bill a completion fill, a value of “C” should be submitted in the Dispensing Status (NCPDP field #343-HD). The quantity and days’ supply intended to be filled must be supplied on the claim (NCPDP field #344-HF and 345-HG) as well as the actual quantity

and days' supply dispensed (NCPDP field #442-EF and 405-DF). Partial and their completed counterpart claims are not allowed on the same date of service. If the pharmacy receives stock on the same day as the partial was dispensed, the pharmacy must reverse the partial and resubmit the claim with the total quantity and days' supply.

Completion fills are still subject to all TPL edits, prior authorization requirements, and applicable limitations.

5.2.10 DAW and Generic Substitution Policy

While ODM encourages generic drug use, drugs are considered reimbursable, regardless of their brand or generic designation. When generic substitution is being performed, pharmacists should practice in accordance with ORC 4729.38. This includes only substituting when the prescriber has not indicated that the brand drug should be "dispense as written" (DAW). There may be instances where brand medications are preferred over a generic medication. In these instances, pharmacies will need to submit a DAW 9 to have the claim process appropriately. The following DAW codes are accepted:

Value	Value Meaning
0	Not Product Selection Indicated
1	Substitution Not Allowed by Prescriber
4	Substitution Allowed-Generic Drug Not in Stock
5	Substitution Allowed-Brand Drug Dispensed as a Generic NOTE: Paid at lowest generic rate
8	Substitution Allowed-Generic Drug Not Available in Marketplace
9	Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed

5.2.11 Drug Coverage

Drugs covered by the Ohio Medicaid pharmacy program are limited to those that are manufactured or labeled by companies participating in the Medicaid Drug Rebate Program. Drugs must also be dispensed by duly enrolled providers and are covered or prior authorized prescription, over-the-counter, or compounded medications.

5.2.12 Medications Not Covered

Drugs that fall into one of the following categories are non-covered by ODM:

a. Drugs for the treatment of obesity;
b. Drugs for the treatment of infertility;
c. Drugs for the treatment of erectile dysfunction;
d. DESI (Drug Efficacy Study Implementation) drugs or drugs that may have been determined to be identical, similar, or related;
e. Drugs that are covered or are eligible to be covered by Medicare part D, when prescribed for an individual who is eligible for Medicare Over-the-counter drugs that are not listed at: https://spbm.medicaid.ohio.gov;

f. Drugs being used for indications not approved by the Food and Drug Administration unless there is compelling clinical evidence to support the experimental use, or;
g. Drugs provided by sanctioned providers.

5.3 Consumer Payment Information

Managed Care Medicaid consumers are not currently subjected to a co-payment for medication. Gainwell Technologies, at the direction of ODM, may elect to implement a co-pay pursuant to ORC 5162.20 and OAC 5160-26-12, including all applicable exclusions outlined within.

5.4 Prior Authorization

Prior authorization is the process of obtaining additional information from the prescriber of a medication or service for the purpose of ensuring eligibility, benefit coverage, medical necessity, location, and appropriateness of services.

Prior authorization requests are accepted via toll-free telephone, facsimile, web portal, or mail.

Table 8 Prior Authorization Contact Information

Prior authorization phone number	1-833-491-0344
Prior authorization fax number	1-833-679-5491
Prior authorization web portal	https://spbm.medicaid.ohio.gov
Prior authorization mail address	PO BOX 3908 Dublin, OH 43016-0472

Requests are submitted utilizing prior authorization forms specified by ODM, which are available via the Gainwell Technologies public portal located at: https://spbm.medicaid.ohio.gov under “Reference Material” then “Useful Links” and then “Forms”, or fax-on-demand.

In accordance with 5160-9-03 or 5160-26-03, as applicable, only the prescribing provider or a member of the prescribing provider’s staff may request prior authorization.

Prior authorization requests that contain sufficient information upon which to render a determination will be completed within 24 hours of receipt of the request (including provider notification of the decision) in accordance with Section 1927 of the Social Security Act.

Prior authorization requests containing insufficient information to render a determination will be worked by the Gainwell Technologies Clinical Help Desk. The Clinical Help Desk will outreach to the prescribing provider to obtain the missing information needed to render a decision within 24 hours. If the prescriber does not supply the required information within 72 hours after outreach from the Gainwell Technologies Clinical Team, a denied decision will be assigned to the request. Pharmacy providers can utilize a 72-hour emergency fill when a required prior authorization has not been secured and the need to fill the prescription is determined to be an emergency. This emergency 72-hour fill provision is federal law (Title 19, Section 1927(D)(5)(b)) and is applicable only to medications requiring prior authorization that are included by the State’s Medicaid pharmacy program. An edit override is required to process these emergency supplies

by entering a 99 in submission clarification code (420-DK). Do not enter a days' supply larger than 3. Controlled substances, partial claims, and consumers assigned to a Coordinated Services Program (CSP) are excluded from this override process. The Gainwell Technologies Clinical Help Desk is accessible at 1-833-491-0344 from 8 a.m. to 8 p.m. (ET) Monday through Friday excluding Thanksgiving and Christmas Day – except for downtime approved in advance by ODM.

5.4.1 Grievance and Appeals (G&A)

Upon denial of a prior authorization or any other adverse benefit determination, Gainwell will provide a written notice to both the member and provider informing them of both the determination and their appeals rights.

Members must exhaust Gainwell Technologies' appeals process prior to filing a state hearing request as described in OAC rule 5160-26-08.4 or 5160-58-08.4. Grievances and Appeals may be initiated by contacting the Gainwell clinical call center. Grievance and appeals submissions from both members and prescribers are accepted via toll-free telephone, facsimile, web portal, or standard mail.

Table 9 Grievance and Appeals Contact Information

G&A telephone number	1-833-491-0344
G&A fax	1-833-679-5491
Web portal	https://spbm.medicaid.ohio.gov
G&A mail address	5475 Rings Rd. Atrium II North Tower, Suite 125 Dublin, OH 43017-7565

5.5 Coordination of Benefits (COB)

Ohio Admin Code. 5160-1-08; 5160-26-09.1

5.5.1 Definitions

- "Coordination of benefits (COB)" means the process of determining which health plan or insurance policy will pay first or determining the payment obligations of each health plan, medical insurance policy, or third-party resource when two or more health plans, insurance policies, or third-party resources cover the same benefits for a Medicaid-covered individual.
- "Coordination of benefits claim (COB claim)" means any claim that meets either the definition of third-party claims or the definition of Medicare crossover claim.
- "Explanation of benefits (EOB)" or "remittance advice" means the information sent to providers or plan beneficiaries (covered individuals) by any other third-party payer, Medicare, or Medicaid to explain the adjudication of the claim.
- Medicare benefits have the same meaning as in OAC 5160-1-05.
- "Third party (TP)" has the same meaning as in Section 5160.35 of the Revised Code. Third-party benefit means any healthcare service available to individuals through any medical insurance policy or through some other resource that covers medical benefits and the payment for those services is either completely the obligation of the third-party payer (TPP) or in part the obligation of the individual, the third-party payer, or Medicaid (examples of a third-party benefit include private health or accidental insurance, Medicare, CHAMPUS, or worker's compensation).

- “Third-party claim” means any claim submitted to the Ohio Department of Medicaid (ODM) for reimbursement after all TPPs have met their payment obligations. In addition, the following will be considered third-party claims by ODM:
    - Any claim received by ODM that shows no prior payment by a TPP but ODM's records indicate the Medicaid-covered individual has third-party benefits, and;
    - Any claim received by ODM that shows no prior payment by a TPP but the provider's records indicate the Medicaid covered individual has third party benefits.
- “Third-party liability” (TPL) means the payment obligations of the third-party payer for healthcare services rendered to eligible Medicaid covered individuals when the individual also has third-party benefits.
- “Third-party payer” (TPP) means an entity, other than the Medicaid or Medicare programs, responsible for adjudicating and paying claims for third-party benefits rendered to an eligible Medicaid-covered individual.

TPL Billing Instructions

The TPL rejection can be overridden through prior authorization. The pharmacy provider can also call the help desk if there are questions regarding TPL.

If the provider determines that the consumer no longer has other coverage as identified by the ODM eligibility file, the ODM Cost Avoidance Unit may be contacted via email or fax. A form is available online to submit changes. The contact information is:

Fax: 614-728-0757

Email: tpl@medicaid.ohio.gov

Form: https://medicaid.ohio.gov/static/Resources/Publications/Forms/ODM06614fillx.pdf

The pharmacy may also request the recipient to contact their eligibility caseworker to update TPL information.

5.5.2 COB Claims Submission

When submitting COB claims, the following information is required.

a. Other Payer ID and Qualifier (NCPDP field #340-7C and 339-6C);
b. Other Payer Amount Paid (OPAP) and Qualifier (NCPDP field #431-DV and 342-HC): Required on claims where the Other Coverage Code (OCC)= “2”. Other Payer Amount Paid is the dollar amount of the payment received from the primary payer(s); this amount must be greater than $0;
c. When OCC= “4”, the Other Payer Amount Paid cannot be greater than $0;
d. Other Payer-Patient Responsibility Amount (OPPRA) and Qualifier (NCPDP field #351-NP and 352-NQ): Required on claims where OCC= “2” or “4” and amount must be greater than or equal to $0;
e. Other Payer Date (NCPDP field #443-E8): Required on all COB claims. The Other Payer Date is the payment or denial date of the claim submitted to the other payer, and;
f. Other Payer Reject Code (NCPDP field #472-6E): The Other Payer Reject Code is required when the OCC= 3.

5.5.3 Other Coverage Code (OCC)

The Other Coverage Code (NCPDP field #308-C8) is sent in the claim segment and is required on all COB claims. The following Other Coverage Codes (OCC) codes **are** allowed for COB claims billed to Medicaid:

Table 10 Other Coverage Codes

Code	Description
0	**Not specified** Code is used to document that the pharmacy cannot verify the availability of additional insurance coverage beyond the primary insurance. An OCC of 0 can only be used on the patient's primary insurance.
1	**No other coverage identified** Code is used to document that the pharmacy has verified that there is no additional insurance coverage available for this patient.
2	**Other coverage exists-payment collected** Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed, and payment received.
3	**Other coverage billed-claim not covered** Code used in coordination of benefits transactions to convey that other Coverage is available, the payer has been billed, and payment denied because the service is not covered.
4	**Other coverage exists-payment not collected** Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed, and payment has not been received.

5.6 Long-Term Care (LTC) Claims

Select over-the-counter (OTC) drugs are payable to the pharmacy when dispensed to consumers residing in a nursing facility. OTC medications are the responsibility of the facility and reimbursed through the facility per diem fee. This applies only to residents of nursing facilities (NF), and not to residents of intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs).

The following drug classes that contain OTC drugs are NOT payable through POS:

a. Analgesics, including urinary analgesics;
b. Compounding vehicles and bulk chemicals;
c. Cough and cold preparations and antihistamines;
d. Ear preparations;
e. Gastrointestinal agents (except histamine-2 receptor antagonists, proton pump inhibitors, and loperamide);
f. Hemorrhoidal preparations;
g. Nasal preparations (except nasal corticosteroids);
h. Ophthalmic agents (except antihistamines);
i. Saliva substitutes;
j. Sedatives;
k. Topical agents (except antifungal and acne preparations), or;

l. Vitamins and minerals (except prenatal vitamins and fluoride).

Claims for the OTC drugs listed above will be denied for patients whose Medicaid eligibility records show they reside in a nursing facility. One dispensing fee per month per medication will be provided, regardless of the number of fills of that medication.

If the pharmacy has knowledge that the member does not reside in a long-term care facility, the pharmacy should call Gainwell Technologies at 1-833-491-0344 to request an override. The member or member's representative should be advised to have their Medicaid eligibility caseworker change the living arrangement in the eligibility record.

5.7 Coordinated Services Program (CSP)

Ohio Admin. Code 5160-20-01

"Coordinated services program" (CSP) means a program that requires an individual to obtain services related to the reason for enrollment from an assigned provider. An individual enrolled in CSP is eligible for all medically necessary services covered by Medicaid. Enrollment for this program is determined by the member's managed care organization. A list of frequently asked questions (FAQ) for members can be found by navigating to https://ohiomh.com/resources/coordinatedservicesprogramfaq.

Initial assignment or changing an assigned provider.

a. Initial provider assignment
    1. An individual enrolled in CSP may request an assigned provider within 30 days of the mailing date on the initial enrollment notification. This provider will serve as the individual's assigned provider. The assigned provider must be contracted with ODM and part of the managed care entity (MCE) provider panel, unless otherwise permitted by ODM and the MCE.
    2. The MCE will select an assigned provider for the individual for any of the following reasons:
        i. The individual does not select an assigned provider within 30 days of the mailing date on the initial enrollment notification;
        ii. The individual's selected assigned provider is denied by ODM or the MCE, or;
        iii. The selected assigned provider is unwilling or unable to accept the individual.
b. Changing an assigned provider
    1. An individual may request to change, or the MCE may require an alternative selection of an assigned provider, under the following circumstances:
        i. The assigned provider's office is no longer accessible to the individual for any of the following reasons:
            1. The assigned provider's office has relocated or closed;
            2. The individual has moved or is unable to travel to the provider;
            3. The assigned provider is no longer an eligible provider;
            4. The assigned provider chooses not to provide services to the individual, or;
            5. The individual transfers from the fee-for-service program to an MCO, from an MCO to the fee-for-service program, or from one MCO to another.

ii. The medical needs of the individual require assignment of a provider with a different specialty.

2. If the Ohio Department of Medicaid denies the individual's request to change the assigned provider, the department shall notify the individual by issuing the "Notice of Denial of Assigned Provider or Pharmacy in the Coordinated Services Program (CSP)" (ODM 01718, 1/2022) in accordance with division 5101:6 of the Administrative Code.

5.8 Compounds

Compounds must be submitted using each national drug code (NDC) that is a part of the compound. Specific drug products and bulk ingredients utilized in compounds that are not covered will require prior authorization.

If a prior authorization is not approved or if a component drug is not eligible for authorization (e.g., manufacturers not participating in the federal Medicaid rebate program), the pharmacy provider may elect to receive payment only for those items in the compound that are directly reimbursed by ODM. These rejected claims can be processed by:

• Submitting the claim with the Submission Clarification Code (SCC) (NCPDP field #42Ø-DK) of '08'. Note: SCC of 08 should not be utilized for claims that reject for reasons other than product coverage (such as refill too soon, duplicates, etc.) The use of SCC 08 will result in no reimbursement for the noncovered product.

Payable active pharmaceutical compounding ingredients and excipients can be located at: https://spbm.medicaid.ohio.gov under "Reference Material", then "Unified Preferred Drug List". All compound claims should be submitted with a compound code (NCPDP field #4Ø6-D6) = 2.

Sterile compounds

Sterile compounds will have a dispensing fee based on days of supply. This dispensing fee can be found in Section 8.2 - Provider Dispensing Fees. Sterile compounds are limited to a seven-day supply per claim.

In addition to a compound code = 2, sterile compounds should be submitted with a Compound Type (NCPDP field #996-G1) = 99, and the applicable SNOMED CT route of administration code in Route of Administration segment (NDPCP field #995-E2). Valid SNOMED CT route of administration codes for sterile compounding can be found in the following table.

SNOMED CT Code	Route of Administration
424109004	Injection route
429817007	Interstitial route
419396008	Intraabdominal route
372458006	Intraamniotic route

SNOMED CT Code	Route of Administration
58100008	Intra-arterial route
12130007	Intra-articular route
404819002	Intrabiliary route
419778001	Intrabronchial route
372459003	Intrabursal route
418821007	Intracameral route
372460008	Intracardiac route
418331006	Intracartilaginous route
372461007	Intracavernous route
420719007	Intracerebroventricular route
372462000	Intracervical route
418892005	Intracisternal route
418608002	Intracorneal route
418287000	Intracoronal route
372463005	Intracoronary route
418987007	Intracranial route
372464004	Intradermal route
372465003	Intradiscal route
417989007	Intraductal route
418887008	Intraduodenal route
89947002	Intraepithelial route
372466002	Intralesional route
37737002	Intraluminal route
372467006	Intralymphatic route
60213007	Intramedullary route
78421000	Intramuscular route

SNOMED CT Code	Route of Administration
418133000	Intramyometrial route
372468001	Intraocular route
417255000	Intraosseous route
419631009	Intraovarian route
38239002	Intraperitoneal route
372469009	Intrapleural route
419810008	Intraprostatic route
420201002	Intrapulmonary route
419231003	Intrasinal route
418418000	Intraspinal route
372470005	Intrasternal route
418877009	Intrasynovial route
418586008	Intratendinous route
418947002	Intratesticular route
72607000	Intrathecal route
417950001	Intrathoracic route
404818005	Intratracheal route
418091004	Intratympanic route
62226000	Intrauterine route
418114005	Intravenous central route
419993007	Intravenous peripheral route
404817000	Intravenous piggyback route
404816009	Intravenous push route
47625008	Intravenous route
420287000	Intraventricular route - cardiac
372471009	Intravesical route

SNOMED CT Code	Route of Administration
418401004	Intravitreal route
54485002	Ophthalmic route

Total Parenteral Nutrition (TPN)

TPNs will have a dispensing fee based on days of supply. This dispensing fee can be found in Section 8.2 - Provider Dispensing Fees. TPNs are limited to one claim per day and a 10-day supply per claim and must include an amino acid or lipid emulsion.

In addition to a compound code = 2, compounded TPNs should be submitted with a Compound Type (NCPDP field #996-G1) = 05.

5.9 Vaccine and Medication Administration

Pharmacies may bill for administration of seasonal influenza vaccine from June 1-May 31 of the following year for each influenza season. Payment for influenza vaccine administration will be made to pharmacies only for Medicaid consumers who do not reside in a LTCF and who are not eligible for Medicare. Pandemic influenza vaccine and other immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) are covered when administered to an adult over the age of 18 by a pharmacy provider in accordance with ORC 4729.41. Immunizations for members 18 years of age or younger may be covered under the pharmacy benefit only if they are not covered by the Vaccines for Children (VFC) program and are administered in accordance with ORC 4729.41.

The COVID-19 vaccine is supplied by the Ohio Department of Health at no cost to the provider, so no reimbursement will be made for the vaccine itself. Pharmacies will only be provided an administration fee. Reimbursement for vaccines will include product cost and an administration fee. No dispensing fee will be paid when the administration fee is billed.

COVID-19 vaccines are reimbursed at the rates specified in the “Provider-Administered Pharmaceuticals” fee schedule located at: https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/schedules-and-rates.

Administration Fees

The summary provided below lists the t administration fees for vaccinations covered through the ODM pharmacy program.

Table 11 Administration Fees

Category	Administration Fee
Vaccine in LTCF	See Provider Dispensing Fees (Section 8.2)
Influenza vaccine administered at the pharmacy	$19.35 administration fee
Other pediatric or adult immunizations pursuant to ORC 4729.41	$19.35 administration fee

Claim Submission for Administration at the Pharmacy

Medicaid will pay an administration fee for vaccinations when administered at the pharmacy. In order to receive payment for this fee, the provider will need to submit the administration fee in the Incentive Amount Submitted field (NCPDP field #438-E3) along with a Professional Service Code (NCPDP field #440-E5) = **MA**.

Medicare Eligible

If a consumer is in Medicare, has Part A, Part B or is Part D eligible, they will not be eligible for vaccines. Any claim submitted on a Medicare consumer will reject with the NCPDP Reject code: 41 – Submit Bill to Other Processor or Primary Payer – Submit to Medicare.

LTCF

Additional vaccines are covered for this patient population and receive a regular dispensing fee.

Medication Administration

Pharmacies may bill for administration of: (1) An opioid antagonist used for treatment of drug addiction and administered in a long-acting or extended-release form. An opioid antagonist may also be administered for the treatment of alcohol dependence in accordance with approved labeling by the United States food and drug administration. (2) An antipsychotic drug administered in a long-acting or extended-release form. (3) Hydroxyprogesterone caproate for pregnant women. (4) Medroxyprogesterone acetate for non-pregnant women. OR (5) Cyanocobalamin.

Reimbursement for these products will be limited to an administration fee plus an ingredient cost. No dispensing fee will be paid when the administration fee is billed.

Administration Fees

The summary provided below lists the current dispensing fees for pharmacist administration of dangerous drugs by injection covered through the ODM pharmacy program.

Administration Fee

Category	Administration Fee
Patient resides in LTCF	See Provider Dispensing Fees (Section 8.2)
Product administered at the pharmacy	$19.35 administration fee

Claim Submission for Administration at the Pharmacy

Medicaid will pay up to an administration fee for the product when administered at the pharmacy. In order to receive payment for this fee, the provider will need to submit the administration fee in the Incentive Amount Submitted field (NCPDP field #438-E3) along with a Professional Service Code (NCPDP field #440-E5) = **MA**.

5.9.1 COVID-19 Testing

At-home tests

At-home COVID-19 test kits are covered under the pharmacy benefit without a prescription and reimbursed using the pricing logic described in Section 8.3 - Provider Payment. Claims for at-home COVID-19 test kits should be submitted as a standard electronic NCPDP claim, using the Pharmacy NPI as the prescriber. A limit of eight tests per member per month will apply in accordance with federal guidance.

Point-of-care tests

Pharmacies are responsible for ensuring that testing complies with all state and federal laws, regulations, and guidance around testing activity (e.g., CLIA certification/waiver, ODH testing guidance, etc.). Pharmacies also are responsible for ensuring proper notification of testing results to the appropriate entities.

Pharmacies may bill for COVID-19 diagnostic point-of-care testing using any FDA-authorized testing platforms. This includes both antigen and molecular diagnostic assays.

Professional Service Code Field (440-E5)	Description	Ingredient Cost Submitted Field (409-D9)	Dispensing Fee Paid
MA **Medication Administration**	**Swab and Send** Indicates that the test has been administered and the kit dispensed to the patient	$0.00	$23.46
PT **Perform Laboratory Test**	**Point of Care** Indicates that the test analysis has been performed and results interpreted. Includes services as defined above in MA, in addition to informing the patient of test results and reporting to designated entities when required.	$0.00	$28.46*

*The reimbursement rate for COVID-19 point-of-care testing is $74.77 for molecular testing and $40.01 for antigen testing. This reimbursement rate includes an incentive payment of $28.46 to perform all aspects of the testing process, in addition to payment for the materials utilized to perform testing. Providers that obtain no-cost testing kits are expected to report this as required on the payer sheet and will be eligible to receive only the incentive payment.

Providers that obtain no-cost testing kits are expected to indicate this on the NCPDP claim with a Basis of Cost code of "15" and will be eligible to receive only the incentive payment. Quantity and days' supply should be "1" and the pharmacy name and NPI can be used in place of a prescriber name and NPI for billing.

5.10 Newborns Without an Assigned Medicaid ID

While newborns should be provided a Medicaid ID number, there may be cases where a newborn has not yet been assigned a Medicaid ID. Newborns are covered for prescriptions during the first 365 days after birth under the mother's Medicaid billing ID. The pharmacy provider will need to submit the claim with the mother's Medicaid ID and the baby's date of birth. The claim will be paid as long as the mother's Medicaid ID is used, and the date of birth is within 365 days from the date of service. When a Medicaid ID has been issued to the newborn, the pharmacy provider should update their system and utilize the appropriate assigned Medicaid ID.

5.11 Prescriber Validation

During adjudication, Gainwell Technologies will validate that prescribers are enrolled with the Ohio Department of Medicaid.

5.12 Specialty Medications

Myers and Stauffer (the Pharmacy Pricing and Audit Consultant, PPAC) and ODM will maintain a list of specialty medications that are paid at a higher dispensing fee. The amount of the dispensing fee will be determined by the medication's specialty tier, with clotting factors receiving a higher tier and other specialty medications on a lower tier.

For a complete list of specialty medications, see: https://spbm.medicaid.ohio.gov/SPContent/DocumentLibrary/Specialty%20Drug%20List.

5.12.1 Specialty Pharmacy Requirements

For pharmacies that wish to dispense specialty medications, the pharmacy must agree and attest to the following conditions:

1. Pharmacy has obtained and maintains an active specialty pharmacy or home care accreditation from one of the following organizations:
    a. The Joint Commission.
    b. Utilization Review Accreditation Commission.
    c. Accreditation Commission for Health Care.
2. Pharmacy is able to submit medical claims to plan sponsor for all covered members via CMS-1500 or ANSI X12N 837P.
3. Pharmacy will provide Gainwell with direct contacts and contact information for pharmacy staff responsible for coordinating resolution of escalated issues and clinical pharmacy issues.

4. Pharmacy will provide a nurse or pharmacist available to members by telephone 24 hours per day, seven days per week, 365 days per year.
5. Pharmacy agrees to accept reimbursement rates set by plan sponsor. In support of that, pharmacy agrees to participate in all pricing surveys.
6. Pharmacy will provide expedited delivery upon receipt of a prescription without need for clarification or further clinical information without cost to Gainwell or plan sponsor in cases of dosage changes that cannot be addressed with current medication supplies, adverse effects requiring treatment changes, or clinical decompensation requiring immediate treatment as determined by Gainwell or plan sponsor.

To update a pharmacy's enrollment, please see Section 2.1. – ODM Enrollment.

5.13 Miscellaneous

Miscellaneous information to assist in claims processing are noted below. Additional items not addressed elsewhere will be added, as necessary, to assist the pharmacy providers.

- The Prescription Origin Code (NCPDP field #419-DJ) is required. If this is not sent on the claim, it will reject with NCPDP Reject code: **33 - M/I Prescription Origin Code.**
- Members who present discount cards at the pharmacy may not use those discount cards in conjunction with their Medicaid benefits. Discount cards cannot be used on any claims that are paid for in whole or in part by any government program.
- A subsequent fill number on a prescription must be for the same drug/strength/formulation. If the pharmacy changes the drug without issuing a new prescription, it will reject with NCPDP Reject code: **M4 - PRESCRIPTION/SERVICE REFERENCE NUMBER/TIME LIMIT.**
- Package limits will be applied to various package sizes and formulations. This edit prevents incorrect billing of quantities that are not divisible by the package size in whole number increments for the product being dispensed. This edit applies to specific package types and dosage forms. If the Quantity Dispensed divided by the Package Size has a remainder (e.g., is not a whole number) the claim will message the pharmacy with NCPDP Reject code: 55 - Nonmatched Product Package Size. Compounds are exempt from this edit.

6 Drug Utilization Review

Ohio pharmacy law (OAC § 4729-5-20) requires that all pharmacists perform Prospective Drug Utilization Review (ProDUR) counseling services to all patients prior to dispensation of any medication. Gainwell Technologies utilizes a real-time, web-based POS system to exchange electronic information with network pharmacies to assist pharmacies with the ProDUR requirements.

ProDUR encompasses the detection, evaluation, and counseling components of pre-dispensing drug therapy screening at the time of claim adjudication. The ProDUR system assists the pharmacist in these functions by addressing situations in which potential drug problems may exist to ensure that their patients receive appropriate medications.

In accordance with 4729:5-5-08 providers should check the PDMP as required.

6.1 ProDUR Therapeutic Edits

Pharmacy providers must perform Prospective Drug Utilization Review (ProDUR) for Medicaid consumers in accordance with Chapter 4729-5 of the Administrative Code. The ProDUR system assists the pharmacist in these functions by addressing situations in which potential drug problems may exist to ensure that their patients receive appropriate medications.

Because the ProDUR system examines claims from all participating pharmacies, drugs that interact or are affected by previously dispensed medications can be detected. Gainwell Technologies recognizes that the pharmacist uses their education and professional judgment in all aspects of dispensing. ProDUR is offered as an informational tool to aid the pharmacist in performing their professional duties.

Drug utilization criteria may be reviewed and approved by a DUR Board, ODM, and/or ODM's Pharmacy and Therapeutics Committee. Claims may be denied that exceed the established limitations set by this board, committee and/or ODM. Denials may be overridden by the Gainwell Technologies Help Desk in cases where medical necessity has been determined.

Age, dose, disease, and pregnancy edits for therapeutically appropriate and safe medication use will also generate warning messages or result in a rejection requiring appropriate NCPDP DUR codes or a call to the Gainwell Technologies Help Desk to override the rejection.

6.1.1 Therapeutic Duplication

Pharmacy overrides using standard NCPDP intervention and outcome codes will be permitted for most therapeutic duplication edits and should be used only when the pharmacist believes it is clinically appropriate.

6.1.2 Drug-Drug Interaction

Most drug-drug interaction notifications are derived from First Databank, ODM, and Gainwell Technologies-supported information. The DUR Board, ODM, and Gainwell Technologies also identify a select list of drug-drug interactions that are classified as having major significance in causing severe harm to patients. This select list will

generate a claim rejection requiring the pharmacist to review and submit the appropriate NCPDP DUR codes to override the rejection or in rare circumstances a call to the Gainwell Technologies Help Desk.

Note: Anticoagulants and SMZ/TMP will require a pharmacist review regardless of if the prescribers are the same or different on the prescriptions.

6.1.3 ProDUR Override Codes

Table 11 ProDUR Override Codes

Field Name	NCPDP Field Number	Allowable Values
Reason for Service Code (Conflict Code) **NOTE: This code must match the rejection received on the claim in order to bypass the error.**	439-E4	TD – Therapeutic Duplication ER – Drug Overuse Alert DD – Drug-Drug Interactions DC – Inferred Drug Disease Precaution PG – Drug Pregnancy Alert PA – Drug Age Precaution LD – Low Dose Alert HD – High Dose Alert
Professional Service Code (Intervention Code)	440-E5	AS – Patient Assessment CC – Coordination of Care M0 – Prescriber consulted MA – Medication Administration MP – Patient will be monitored MR – Medication Review P0 – Patient consulted PH – Patient Medication History PM – Patient Monitoring R0 – Pharmacist consulted other source SW – Literature Search/Review TH – Therapeutic Product Interchange
Result of Service Code (Outcome Code)	441-E6	1A – Filled as is, false positive 1B – Filled Prescription as is 1C – Filled with Different Dose 1D – Filled with Different Directions 1E – Filled with Different Drug 1F – Filled with Different Quantity 1G – Filled with Prescriber Approval 1K – Filled with Different Dosage Form 2A – Prescription Not Filled 2B – Not Filled, Directions Clarified 3A – Recommendation Accepted 3B – Recommendation Not Accepted 3C – Discontinued Drug 3D – Regimen Changed

Field Name	NCPDP Field Number	Allowable Values
		3E – Therapy Changed 3F – Therapy Changed – cost increased acknowledged 3G – Drug Therapy Unchanged

6.1.4 RetroDUR

Retrospective DUR (RetroDUR) evaluates patterns of drug therapy on medications already dispensed to the patient. Interventions are aimed at patients who are at risk for a drug-related problem such as drug-induced illness, potential drug overutilization, and medication misuse. There is also monitoring of prescribing activities to ensure patients are receiving appropriate care.

7 Edits

7.1 Online Claims Processing Messages

Following an online claim submission by a pharmacy, the system will return a message to indicate the outcome of processing. If the claim passes all edits, a “Paid” message will be returned with the ODM allowed amount for the paid claim. A claim that fails an edit and is rejected (denied) will also return an NCPDP message. Gainwell Technologies has a responsibility to adjudicate claims with a maximum response time of no longer than one second. For rejected claims, the NCPDP error code is returned with an NCPDP message, along with a returned text string that provides the pharmacy with additional information in order to rectify the error, as needed. Where applicable, the NCPDP field that should be checked is referenced. For further assistance, contact Gainwell Technologies Technical Call Center at 1-833-491-0344.

For specific field requirements, please refer to the ODM NCPDP Vendor Spec Sheet available online at: https://spbm.medicaid.ohio.gov located under “Reference Material”, “Useful Links”, then “Billing Information”.

7.2 Host System Problems

The Gainwell Technologies SPBM system may be unavailable for routine maintenance weekly on Sundays from 1-3 a.m. ET. While Gainwell Technologies makes every effort to keep the POS system available at all times outside of this window, technical issues may arise. During such unplanned outages, Gainwell Technologies will post a notice on the provider web portal.

In the event of an unplanned outage, providers may see one of the following NCPDP responses when submitting claims to Gainwell Technologies. In this event, providers will need to resubmit the claim when the system is available.

Table 12 NCPDP Reject Codes

NCPDP Reject Code	Message
85	Claim Not Processed
87	Reversal Not Processed
92	System Unavailable/Host Unavailable

8 Provider Reimbursement

8.1 Ingredient Cost

Reimbursement will be based on various pricing benchmarks including, but not limited to, the state Actual Acquisition Cost (AAC), National Average Drug Acquisition Cost (NADAC), Wholesale Acquisition Cost (WAC), and the pharmacies' usual and customary charge.

Brand and generic medications, regardless of specialty status, will be priced at the lesser of OAAC, NADAC, WAC, or the submitted/usual and customary charge, as determined at the time of claim adjudication.

Clotting factor products will be priced at the lesser of OAAC or the submitted/usual and customary charge, as determined at the time of claim adjudication.

Products purchased under the 340B pricing program, when properly identified and dispensed by 340B Covered Entities will be priced using NADAC or WAC in accordance with ORC 5167.123.

OAAC and NADAC rates are published by ODM's Pharmacy Pricing and Audit Consultant and are updated weekly. Providers may view rates at the following URL: https://myersandstauffer.com/client-portal/ohio.

8.1.1 OAAC Rate Review

Providers that would like to request an OAAC rate review should contact Myers and Stauffer for an initial review. Providers may contact Myers and Stauffer's OAAC Pharmacy Help Desk by calling 1-800-591-1183 or by emailing OHPharmacy@mslc.com. Providers may view more information or download the OAAC Rate Review Form at: https://myersandstauffer.com/client-portal/ohio. If Myers and Stauffer denies the initial review, providers may contact ODM at: MedicaidSPBM@medicaid.ohio.gov and request an OAAC Rate Appeal. ODM will review the request and provide a response. ODM's decision is final and no additional appeal rights are available. Providers may be asked to submit additional documentation to substantiate the request.

8.2 Provider Dispensing Fees

Gainwell Technologies will pay billing providers a tiered dispensing fee determined by ODM and the PPAC.

For tiering and reimbursement, refer to the table below.

Table 13 Provider Dispensing Fees

Base Dispensing Fee Tier	Amount
A (<= 5 points)	$7.64
B (6-7 points)	$8.75
C (>= 8 points)	$10.50
Specialty Dispensing Fee Tier* See Section 5.12 for more	Base Tier + $46.25

Base Dispensing Fee Tier	Amount
information about dispensing specialty medications	
Clotting Factor Dispensing Fee Tier* See Section 5.12 for more information about dispensing specialty medications	Base Tier + $400
Other Dispensing Fees	
Total Parenteral Nutrition (TPN) Dispensing Fee	$15 per day, capped at $150
Sterile Compounding Dispensing Fee	$10 per day, capped at $70
Quarterly Supplemental Dispensing Fee	As determined by OH legislature and dependent on claim volumes.

For information on additional quarterly supplemental dispensing fees see: https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/pharmacy-transparency/pharmacy-tiered-dispensing-fee-faq

Long-Term Care Facility (LTC) Consumers identified as living in a long-term care facility, including nursing facility (NF) or intermediate care facility for individuals with intellectual disabilities (ICF/IID), have the following dispensing fee structure:

• Non-controlled drugs: one dispensing fee per drug/strength/formulation, per recipient, per pharmacy, per rolling 25 days.

• Controlled drugs (CII – CV): two dispensing fees per drug/strength/formulation, per recipient, per pharmacy, per rolling 25 days.

Refer to Section 5.8 - Compounds, for additional instructions on submitting a sterile compound or TPN claim.

8.2.1 Dispensing Fee Tier Assignment

The Ohio Department of Medicaid determines tier assignment for all providers in the SPBM program based on the following tier scoring methodology.

Component 1: Total Pharmacy Claim Volume (Annual)

Point Value	Description
1 pt	75,000+ prescriptions
2 pts	50,000 – 74,999 prescriptions
3 pts	Less than 50,000 prescriptions
0 pts	No data/survey response

Component 2: Percentage of OH Medicaid Claim as a Proportion of Total Claim Volume

Point Value	Description
6 pts	Upper 1/3 of all pharmacies
4 pts	Middle 1/3 of all pharmacies

Point Value	Description
2 pts	Lower 1/3 of all pharmacies
0 pts	No data/survey response

The percentage cut-off values for component 2 thresholds will be updated annually based on actual claim volume from participating pharmacies. The point values from components 1 and 2 are combined to reach a composite score, which will determine the base tier from Table 13 above.

The following pharmacies will automatically qualify for the Tier C base dispensing fee:

- Specialty pharmacies that hold an active specialty pharmacy or home care accreditation from URAC, ACHC, or The Joint Commission.
- Pharmacies that dispense > 5% ODM-defined specialty medications (see Section 5.12 for specialty medication list).
- Pharmacies that fill greater than double the upper tier cutoff of OH Medicaid prescriptions as percent of total volume (for Calendar Year 2022, 46.4 percent).

Newly enrolled pharmacy providers will be reimbursed at Tier A until sufficient data is available. Once at least one month of claims data is available, the provider may submit an attestation (ODM Form 10292) to be assigned to a different tier. Adjustments in tier assignment will be prospective as of the effective date in accordance with Section 8.2.2 below.

8.2.2 Dispensing Fee Tier Redetermination

Providers that disagree with their assigned tier may contact ODM via email at: medicaidSPBM@medicaid.ohio.gov to request redetermination. Providers will be asked to complete ODM Form 10292 to provide attestation of total prescription volume and Ohio Medicaid claim volume. The ODM Form 10292 can be received by contacting ODM at MedicaidSPBM@medicaid.ohio.gov. Information provided will be validated by ODM. Adjustments to tier assignment, if warranted, will be prospective; as such, providers are encouraged to verify their tier assignment by accessing the SPBM Dispensing Fee Dashboard on https://spbm.medicaid.ohio.gov. Redetermination requests received on or before the 15th of the month will be effective on the first day of the following month. Requests received after the 15th of the month will be effective on the first day of the month after the next month.

8.2.3 Dispensing Fee Annual Redetermination

Annually in December, ODM will perform a scheduled redetermination of dispensing fee tiers for all providers. This analysis will incorporate Medicaid claims data, Cost of Dispensing survey data, and provider attestations to assist in determining the continued appropriateness of tier assignments. Updated tier assignments will be posted to the SPBM Dispensing Fee Dashboard on or before January 1. Tier assignments will have an April 1 effective date. At least 90 days' notice of the change will be provided to allow time for providers to verify their updated tier assignments. Providers wishing to request redetermination of this scheduled update must submit their request to ODM no later than March 1 of each year.

8.3 Provider Payment

Pharmacy providers will be paid for each prescription dispensed. Reimbursement will include the ingredient cost, as noted in Section 8.1 – Ingredient Cost. The dispensing fee, as noted in Section 8.2 – Provider Dispensing Fees, less any member copay and TPL payment amount. In lieu of a dispensing fee, a medication administration fee will be paid when applicable.

8.4 Provider Remittance Advice

For remittance advice, please visit the SPBM web portal at: https://spbm.medicaid.ohio.gov. In the upper right-hand corner of your screen, sign into the "secure" portion of the SPBM web portal (using your OH|ID credentials) and navigate to "File Exchange" then "Reports" and "Remittance Advice."

8.5 Provider Form 1099

Any provider who receives payments from Gainwell Technologies on behalf of the Ohio Department of Medicaid meeting or exceeding the $600 threshold for reporting will receive an IRS form 1099 from ODM**.** In accordance with federal guidelines, the 1099 form will be electronically filed with the IRS by the due date annually.

8.6 Claim Disputes and Resolution

Effective October 2022, Gainwell Technologies is the SPBM for ODM's pharmacy program. For dispute of any claims with a date of service prior to October 2022, Gainwell Technologies will forward the request to the appropriate managed care organization for research and determination.

To file a reimbursement dispute, please contact the Claims Department via any of the following:

Table 14 Claims Department Contact Information

Contact Method	Information
Web Portal	https://spbm.medicaid.ohio.gov
Email	OH_MCD_CLAIMS@gainwelltechnologies.com
Mail	Gainwell Technologies Attn: Claims Dispute PO BOX 3908 Dublin, OH 43016-0472

Where possible, please direct the inquiry to Attention: Claims Dispute

8.6.1 Dispute Timely Filing

To be eligible for reconsideration, claims disputes must be filed in a timely manner. Disputes must be received by the latter of:

- Within 12 months of the DOS of the claim in dispute
  OR
- 60 calendar days after payment/denial of the claim in dispute.

Any disputes received for claims outside of these guidelines will not be considered.

8.6.2 Process Overview

Upon receipt of a valid dispute, the initiating provider will be sent an acknowledgement letter within five business days. The dispute will be investigated, and a status update will be provided within 15 business days.

If it is determined that the claim did not adjudicate or price in accordance with policy, Gainwell Technologies will work to implement the required system changes and notify the disputing provider once the corrections have been made so that the claim in question may be reversed and resubmitted.

If it is determined that the claim adjudicated and priced in accordance with policy, no further action will be taken. If an additional reconsideration is required, directions for requesting one will be included on the letter explaining the determination. Contracted pharmacies are not permitted to balance bill members.