
Pharmacy FAQ for Members

What is SPBM?

SPBM stands for Single Pharmacy Benefit Manager. The SPBM is a specialized managed care program contracted with the Ohio Department of Medicaid (ODM) to administer Ohio Medicaid's prescription drug program for individuals enrolled in an Ohio Medicaid managed care organization.

Who is eligible for pharmacy benefits?

Any individual enrolled in an Ohio Medicaid managed care organization will receive pharmacy benefits through the SPBM.

Where can I find my ID cards?

You will receive a Medicaid member identification (ID) card from your managed care organization. Contact your managed care organization if your card is lost, stolen, or needs to be replaced. The pharmacy billing information is located on the front of the card.

What kinds of pharmacy services are offered?

Gainwell covers all Medicaid-covered, medically necessary prescriptions, certain over-the-counter (OTC) medications, vaccines, and select durable medical equipment. We use a unified preferred drug list (UPDL) which is a list of drugs we prefer your provider prescribe. We may require your prescriber to submit a prior authorization request, which is where your prescriber would provide us additional information explaining why a specific medication and/or a certain dose or quantity of a medication may be required.

What is the Unified Preferred Drug List (UPDL)?

Gainwell uses a UPDL which is a list of drugs we prefer your provider prescribe. You can find a copy of the UPDL in the following locations:

- Under the Medicaid Information tab at: <https://spbm.medicaid.ohio.gov>.
- Logging in to your Gainwell Member Portal at <https://spbm.medicaid.ohio.gov>.
- The Ohio Department of Medicaid pharmacy website at: <https://pharmacy.medicaid.ohio.gov/unified-pdl>.
- A paper copy can be requested by calling Member Services at 1-833-491-0344 (TTY 1-833-655-2437).

The following medications are not covered by the Ohio Medicaid pharmacy program:

- Drugs for the treatment of obesity.
- Drugs for the treatment of infertility.
- Drugs for the treatment of erectile dysfunction.
- Drug efficacy safety implementation (DESI) drugs (drugs that the Food and Drug Administration has determined to be safe but not effective) or drugs that may have been determined to be identical, similar, or related.

- Drugs being used for indications not approved by the Food and Drug Administration (FDA) unless supported by compelling clinical evidence.

What about generic medications?

All generic drugs approved by FDA have the same high quality, strength, purity, and stability as brand-name drugs. If generics are not available, you may be given brand-name drugs. Generic and preferred drugs must be used when available for your medical condition, unless your doctor provides a medical reason that you must use a different drug.

Are Over-the-Counter (OTC) drugs covered?

Only OTC drugs that are on the list of covered OTCs may be covered. OTC medications are only covered when written by your prescriber on a prescription.

What is CSP?

The Coordinated Services Program (CSP) is a health and safety program in which use of controlled substances is monitored and members are assigned designated providers. A designated provider is usually a pharmacy, but may include a single prescriber, or both a single pharmacy and single prescriber. CSP participants receive medications through their designated provider(s). In the event of an emergency, if you are unable to utilize your designated provider, call Member Services at toll free at 1-833-491-0344 (TTY 1-833-655-2437) and we will work with you to find a resolution.

What is a prior authorization?

Your prescriber may be required to get pre-approval, called prior authorization, for certain medications. These requests will be sent by your prescriber to Gainwell to ensure a quick and efficient review of your medication. The Gainwell Pharmacy Services team will complete a clinical review of the medication your prescriber is requesting. Gainwell Pharmacy Services team will work closely with your prescriber to provide the best clinical decision. You will receive a letter in the mail with the outcome of the decision made.

If you do not agree with the decision that is made by Gainwell, you will be sent detailed information on how you can appeal our decision.

You have the option to call Member Services toll free at 1-833-491-0344 (TTY 1-833-655-2437) to obtain information regarding the UPDL, medications that may require prior authorization, or to ask any medication related questions you may have. The UPDL and a list of medications that require prior authorization are available for you to access online at: <https://spbm.medicareid.ohio.gov>. It is important that you and/or your prescriber reference the UPDL and/or the list of medications that require prior authorizations each time you have questions, as these are documents that may change.

Will my prior authorizations be transferred from my current plan to Gainwell once the SPBM is implemented?

All current prior authorizations that will be active after implementation of SPBM will be honored through their original expiration date.

How do I appeal a decision?

If you receive a notice from us that you disagree with, you may ask for an appeal within sixty (60) calendar days after the date of the notice. Gainwell will provide you with an answer to your appeal within fifteen (15) calendar days from the date you contacted us. If you believe fifteen (15) calendar days could seriously jeopardize your life, physical or mental health or ability to attain, maintain, or regain maximum function, contact Gainwell Member Services at the number listed below as soon as possible to expedite your review process. To request an appeal, you can:

- Call Member Services at 1-833-491-0344 (TTY 1-833-655-2437) and choose option 1 to speak with a Gainwell Pharmacy Help Desk team member.
- Visit our website at <https://spbm.medicaid.ohio.gov>.
- Write a letter. Please be sure to include your first and last name, your Medicaid ID, your address, and your telephone number so we can contact you, if needed. You can submit your form or letter via email or mail.
- Email: OH_MCD_PBM@gainwelltechnologies.com
- Mail:

Gainwell Pharmacy Services
5475 Rings Rd.
Atrium II North Tower, Suite 125
Dublin, OH 43017-7565

When submitting an appeal, please include the following information:

- Your name and Medicaid ID number on your card.
- Your prescriber's name.
- The reason you disagree with the outcome provided by Gainwell.
- Any documentation or information to support your request to have your decision overturned.

Gainwell must provide you with an answer to your appeal within fifteen (15) calendar days from the date you contacted us. If we do not change our decision, you will be notified in writing and will be provided your right to request a State hearing. You must complete the appeal process before you are able to request a State hearing.

If we need more time to make a decision for either a grievance or appeal, we will send you a letter telling you we need to take up to fourteen (14) more calendar days. That letter will also provide you with information as to why we need more time to complete your request.

What is a State Hearing?

You must complete the Gainwell appeal process before you are able to request a State hearing. A State hearing is a meeting with you or your authorized representative, and several other parties who may include a representative from Gainwell and a hearing officer from the Ohio Department of Job and Family Services Bureau of State Hearings. During this meeting, you will explain why you think Gainwell Pharmacy Services did not make the right decision and Gainwell will explain the reasons for making our decision. A decision will be made by the hearing officer based on rules, regulations, and information provided during the hearing.

You will be notified of your right to request a State hearing if we do not change our decision as a result of your appeal to Gainwell. If you would like to request a State hearing, you or your authorized

representative must request a hearing within ninety (90) calendar days of your denied appeal from Gainwell.

To request a hearing, you can sign and return the State hearing form (located at <https://spbm.medicaid.ohio.gov>).

How do I file a grievance?

If you are unhappy with anything in relation to Gainwell Pharmacy Services or our providers, please contact us as soon as possible. This is called a grievance.

To contact us you can:

- Call Member Services at 1-833-491-0344 (TTY 1-833-655-2437) and choose option 1 to speak with a Gainwell Pharmacy Help Desk team member.
- Visit our website at <https://spbm.medicaid.ohio.gov>.
- Write a letter telling us you are unhappy. Please be sure to include your first and last name, your Medicaid ID, your address, and your telephone number so we can contact you, if needed. You can submit your form or letter via email or mail.
- Email: OH_MCD_PBM@gainwelltechnologies.com.
- Mail:

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5475 Rings Rd.
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Dublin, OH 43017-7565

Once you contact Gainwell to submit your grievance, we will follow up with you by telephone, mail delivery, or other appropriate means within the below timeframes:

- Two (2) working days for grievances about not being able to get the medications you need.
- Thirty (30) calendar days for all other grievances.

If you would like to file a complaint with the United States Health and Human Services Office for Civil Rights, please go to <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or submit your complaint by mail or phone to:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C 20201
1-800-368-1019, TDD: 1-800-537-7697

How do I know which pharmacy to use?

You can obtain information on how to locate a pharmacy in your network by accessing the Pharmacy Provider Directory online at <https://spbm.medicaid.ohio.gov>, or through logging in to your Gainwell Member Portal at <https://spbm.medicaid.ohio.gov>. You can request a paper copy of the Pharmacy Provider Directory by calling Member Services toll free at 1-833-491-0344 (TTY 1-833-655-2437).

Always present your member ID card to the pharmacy every time you fill a prescription. Do not wait until you are out of a drug to request a refill. Please call your prescriber or pharmacy a few days before you run out.

Can I get a three-month supply of medications?

Medications dispensed to Ohio Medicaid members may not exceed a one month supply for most medications. Medications from drug classes that are prescribed for maintenance of long-term or chronic conditions may be filled for up to a three month supply.

Is there a copayment for drugs?

Ohio Medicaid Managed Care members will not be subject to a copayment for drugs at this time.

How do I reach the helpdesk for pharmacy claims issues?

We would be happy to assist you. Please call the member help desk at 1-833-491-0344 (TTY 1-833-655-2437).

What should I do if I suspect that someone is defrauding or abusing the Ohio Medicaid program?

If you suspect any type of fraud or abuse (either by another member or an Ohio Medicaid provider), please contact our Fraud, Waste, and Abuse toll free tip line at 1-833-491-0344 (TTY 1-833-655-2437) or by email at OH_MCD_Compliance@gainwelltechnologies.com

Who do I contact if I have a question about my drug benefit?

Members can call Member Services at 1-833-491-0344 (TTY 1-833-655-2437).