



**Ohio Department of Medicaid (ODM)**

**Member Handbook**

**Ohio Single Pharmacy Benefit Manager (SPBM)**

Version 0.1



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# 1 Member Handbook Contents

## 1.1 Corporate Identity

Gainwell Technologies is a company with over 50 years of proven experience, and a reputation for service excellence and unparalleled expertise. Gainwell does not operate under any other trade names or DBA. At Gainwell, everything we do focuses on people.

The mission at Gainwell is to empower clients through innovative technologies and solutions to deliver great health and human services outcomes.

You are now a member of our Single Pharmacy Benefit Manager (SPBM). Here at Gainwell, we believe you deserve quality pharmacy services and should receive the most up-to-date services that we can provide.

Online: <https://spbm.medicaid.ohio.gov>

Email: OH\_MCD\_PBM@gainwelltechnologies.com

If you suspect provider or consumer fraud, please contact our Fraud, Waste, and Abuse toll free tip line at **1-833-491-0344 (TTY 1-833-655-2437)** and select the option to report Fraud, Waste, and Abuse concerns.

## 1.2 Available Services

Gainwell covers all Medicaid-covered, medically necessary prescription and over-the-counter (OTC) medications. We use a preferred drug list (PDL) 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.

The below services are available to you to support any additional needs you may have:

- Oral interpretation.
- Translation services.
- Auxiliary aids and services.
- Written information in alternative formats including, braille and large print.

### 1.2.1 Preferred Drug List

Gainwell uses a PDL which is a list of drugs we prefer your provider prescribes. You can find a copy of the PDL 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)**

## 1.2.2 Prior Authorizations

Your prescriber may be required to submit a prior authorization request for certain medications. These requests will be sent by your prescriber through many different routes (phone, fax, mail, or web portal) to ensure a quick and efficient review of your medication. In these circumstances, your provider will send an authorization request to the Gainwell Pharmacy Services team, where they 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 PDL, medications that may require prior authorization, or to ask any medication related questions you may have. The PDL and a list of medications that require prior authorization are available for you to access online at: <https://spbm.medicaid.ohio.gov>. It is important that you and/or your prescriber reference the PDL and/or the list of medications that require prior authorizations each time you have questions, as these are documents that can change.

## 1.2.3 Pharmacy Utilization Management Strategies

The PDL will be used with each prior authorization review that is completed by the Gainwell Pharmacy Services team. When a prior authorization is required, Gainwell must approve the prescriber's request before you will be able to fill your medication at your preferred, in-network pharmacy. A prior authorization may be required if:

- A generic or pharmacy alternative drug is available
- The requested drug can be misused/abused
- Other medications must be tried first
- Quantity limits for the requested medication have been exceeded
- The medication your provider has prescribed is not included on the PDL

The PDL usually includes multiple medication options for treating a particular condition. These different drugs are referred to as "alternative" drugs and are just as effective as other drugs with no additional side effects or health problems.

Specific reasons your prescriber may be required to submit a prior authorization request include:

**Step Therapy** - In some cases, our plan requires you first try certain drugs to treat your medical condition.

**Generic Substitution** - This is where a pharmacy will be required to provide a generic drug in place of a brand-name drug when available. Generic drugs are just as safe and effective as brand name drugs and should be prescribed first.

**Therapeutic Interchange** - This is where you are unable to take a medication for reasons like an allergy, intolerance, etc., a medication might not work for you and your prescriber may write a prescription for a medication that is not on the approved drug list.

**Specialty Medications** - This is a review of a medication that is considered more complex for a specific disease and requires specific attention and handling during the prior authorization review process. For these medications, you may have to get them through a specialty pharmacy. Your prescriber will work with Gainwell Pharmacy Services to make sure you can obtain the medication you need as quickly as possible.

#### 1.2.4 Excluded Services

Gainwell will not pay for the following categories that 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
- DESI drugs or drugs that may have been determined to be identical, similar, or related
- Drugs that are eligible to be covered by Medicare Part D
- Over-the-counter drugs that are not listed in accordance with paragraph C of OAC rule 5160-9-03
- Drugs being used for indications not approved by the Food and Drug Administration (FDA) unless supported by compelling clinical evidence

#### 1.2.5 Additional Services

The Gainwell Pharmacy team can also assist you with the below services by calling your member help desk at **1-833-491-0344 (TTY 1-833-655-2437)**. You can also access this information on your member portal by logging in at <https://spbm.medicaid.ohio.gov>.

- Locating a pharmacy to fill the prescription you were given by your provider
- Verifying you have active pharmacy coverage
- Obtaining diabetic supplies covered through your pharmacy benefit
- Obtaining durable medical equipment (DME) covered through your pharmacy benefit

### 1.3 Request for Appeals, Grievances, or State Hearings

#### 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.
- Fill out the Grievance/Appeal form included in this member handbook and mail to Gainwell Pharmacy Services at the address below or online through your member portal.
- 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 are able to 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

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

## Appeal

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.
- Fill out the Grievance/Appeal form included in this member handbook and mail to Gainwell Pharmacy Services at the address below, or complete online through your member portal.
- 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 are able to 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.

## 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, someone from the County Department of Job and Family Services, someone from Gainwell, and a hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS). During this meeting, you will explain why you think Gainwell Pharmacy Services did not make the right decisions 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 to the address or fax number listed on the form, call the Bureau of State Hearings at **1-866-635-3748 (TTY/TDD 614-728-2985)**, or submit your request via email to [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). If you want information on free legal services, you can call the Ohio State Legal Services Association at 1-800-589-5888 for the local number to your local legal aid office.

State hearing decisions are usually issued no later than seventy (70) calendar days after the request is received. If it is determined that the health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than three (3) business days after the request is received. Expedited decisions are for situations when the standard review time frame could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function.

### 1.4 Change Recommendations

As a member of Gainwell Pharmacy Services, you have a membership right to make recommendations regarding rights and responsibilities surrounding your medication coverage.

Recommendations can be emailed to Gainwell Pharmacy Services at **OH\_MCD\_PBM@gainwelltechnologies.com** or call **Member Services at 833-491-0344 (TTY/TDD 614-728-2985)**.

### 1.5 Pharmacy Access

Gainwell Pharmacy Services offers a member portal for you to log in and manage your pharmacy needs. To log in to your personal member portal, visit <https://spbm.medicaid.ohio.gov> and log in with your personal information that you have set up for your account.

To sign up for a provider through the Gainwell Member Portal, you can follow the directions on the website at <https://spbm.medicaid.ohio.gov> or call your Member Services toll free at **1-833-491-0344 (TTY 1-833-655-2437)** to speak with a Gainwell Pharmacy Services agent to receive step-by-step assistance to sign up for access.



## 1.6 Emergency Outpatient Drug

In the event of an emergency situation, you will have the option to receive a 72-hour (3 day) supply of your medically necessary medication. If you have difficulties with this process, please contact Gainwell Pharmacy Services at **1-833-491-0344 (TTY 1-833-655-2437)**.

## 1.7 Non-Discrimination Statement

Gainwell Pharmacy Services follows State and Federal civil rights laws that protect you from discrimination or unfair treatment. We do not treat people unfairly because of a person's age, race, color, national origin, religion, gender, gender identity, sexual orientation, marital status, mental or physical disability, medical history, health status, genetic information, evidence of insurability, military status, veteran status, ancestry, the need for health services to receive any of the covered services or geographic location.

Gainwell has no moral or religious objections to services that we provide for Ohio Department of Medicaid members.

If you are in need of any of the additional services below, please contact Member Services toll free at **1-833-491-0344 (TTY 1-833-655-2437)** to speak to a team member at no additional charge:

- Oral interpretation
- Translation services
- Auxiliary aids and services
- Written information in other languages, including, but not limited to, Spanish, Somali, and Arabic
- Written information in alternative formats including, but not limited to, braille and large print

## 1.8 Provider Network Statement

Gainwell works with pharmacies to fill prescriptions close to your home for easy access to any of your medication needs. Many of the pharmacies offer services including prescription home delivery, medication management and assistance if you have limited English, hearing or sight difficulties, or a disability needing extra support. Specialty pharmacies also are available to provide medications with specific handling, storage, and distribution requirements to treat high risk, complex, or rare disease(s). If there are any changes to these pharmacies, we will be sure to let you know via the website, Gainwell Member Portal, or mailings as determined by your preferred communication request.

Gainwell does not cover prescription fills at pharmacies that are not signed up (Out of Network) to dispense medications for Ohio Medicaid members, which includes, but is not limited to, pharmacies that are far away from your home, except for emergency situations (if out of the State in an emergency or if an Ohio pharmacy cannot supply the medication).

## 1.9 Pharmacy Provider Network

You can obtain information on how to locate a pharmacy covered 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)**.



## English (United States)

To help you understand this notice, language assistance and interpretation services are available upon request at no cost to you. You can request these services by following the below steps:

- Call Gainwell Member Services at 1-833-491-0344
- Select option 8

## Spanish

Para ayudarlo a comprender este aviso, puede solicitar previamente los servicios de interpretación y asistencia con el idioma que están disponibles de manera gratuita. Puede solicitar estos servicios siguiendo los siguientes pasos:

- Llame a Servicios para Afiliados de Gainwell al 1-833-491-0344
- Seleccione la opción 8

## Arabic

اللغة الإنجليزية (الولايات المتحدة)  
لمساعدتكم على فهم هذا الإشعار فإن خدمات المساعدة اللغوية والترجمة الشفوية متاحة لكم عند الطلب دون أي تكلفة. ولكي يتسنى لك طلب هذه الخدمات اتباع الخطوات التالية:  
• اتصل بخدمات أعضاء جاينويل Gainwell على رقم الهاتف: 1-833-491-0344  
• ثم حدد الخيار رقم 8

## Somali

Si ay gacan uga gaystaan inaad fahanto ogaysiiskan, kaalmo luuqadda ah iyo adeegyada tarjumaadda ayaa markaad codsato bilaa lacag ku heli kartaa. Waxaad codsan kartaa adeegyadan adigoo raacaya tallaabooyinka hoose:

- Ka wac Adeegyada Xubinta Gainwell 1-833-491-0344
- Dooro raacaya 8

## Nepali

तपाईंलाई यो सूचना बुझ्नमा मद्दत गर्नका लागि, तपाईंको अनुरोधमा भाषा सहायता र दोभाषे सेवाहरू तपाईंलाई शुल्कबिना उपलब्ध हुन्छन्। तपाईं तलका चरणहरू पालना गरेर यी सेवाहरू अनुरोध गर्न सक्नुहुन्छ:

- Gainwell Member Services लाई 1-833-491-0344 मा फोन गर्नुहोस्
- विकल्प 8 चयन गर्नुहोस्

## Kinyarwanda

Mu rwego rwo kugufasha gusobanukirwa neza iri tangazo, hari ubufasha bw'ururimi na serivisi z'ubusemuzi uhabwa igihe ubisabye nta kiguzi uciwe. Ushobora gusaba izi serivisi ukurikiza amabwiriza akurikira:

- Hamagara Gainwell Member Services kuri 1-833-491-0344
- Hitamo uburyo bwa 8

## Swahili

Ili kukusaidia kuelewa taarifa hii, usaidizi wa lugha na huduma za ukalimani zinapatikana baada ya ombi bila gharama kwako. Unaweza kuomba huduma hizi kwa kufuata hatua zilizo hapo chini:

- Piga simu kwa Huduma za Mwanachama wa Gainwell (Gainwell Member Services) kwa 1-833-491-0344
- Teua chaguo la 8

## French

Pour vous aider à comprendre cet avis, les services d'aide linguistique et d'interprétation sont disponibles à la demande et sans frais. Vous pouvez demander ces services en suivant les étapes ci-dessous :

- Appelez les services aux membres de Gainwell au 1-833-491-0344
- Sélectionnez l'option 8

## Amharic

ይህንን ማስታወቂያ እንዲረዱት እርስዎን ለመርዳት የቋንቋ ድጋፍ እና የትርጉም አገልግሎቶች በሚፈለጉበት ጊዜ ለእርስዎ ያለምንም ወጪ ይቀርባሉ። የሚከተሉትን ደረጃዎች በመከተል እነዚህን አገልግሎቶች መጠየቅ ይችላሉ፡-

- ለጌይንዌል አባል አገልግሎቶችን (Gainwell Member Services) በ 1-833-491-0344 ይደውሉ
- አማራጭ 8 ን ይምረጡ

## Gujarati

આ સૂચનાને સમજવામાં તમારી મદદ કરવા માટે, વિનંતી પર તમારા માટે ભાષા સહાય અને દુભાષિયા સેવાઓ મફતમાં ઉપલબ્ધ છે. તમે નીચે આપેલા પગલાંને અનુસરીને આ સેવાઓ માટે વિનંતી કરી શકો છો:

- ગેઇનવેલ મેમ્બર સર્વિસીસને 1-833-491-0344 ફોન કરીને
- વિકલ્પ 8 પસંદ કરો

## Dari (Afghani)

جهت کمک به شما در درک این اعلان، مساعدت لسانی و خدمات ترجمانی شفاهی در صورت درخواست بصورت رایگان برای شما موجود است. شما میتوانید این خدمات را با تعقیب نمودن مراحل ذیل درخواست نمائید:

- با خدمات اعضای Gainwell به نمبر 1-833-491-0344 به تماس شوید
- گزینه 8 را انتخاب کنید

## Pashto (Afghani)

پر دغې خبرتیا د پوهېدو په برخه کې ستاسو د مرستې لپاره د ژبې شفاهي ژباړن خدمتونه ستاسو د غوښتنې له مخې په وړیا توګه د لاسرسي وړ دي. تاسو د لاندې پړاوونو په څارلو سره د دغو خدمتونو غوښتنه کولی شئ:

- د Gain Well د غړو خدمتونو ته په دغې شمېرې زنگ ووهئ 0344-491-833-1
- 8 انتخاب غوره کړئ

## Russian

Вам по запросу доступны бесплатные услуги языкового сопровождения и устного перевода, чтобы Вы могли понять это уведомление. Вы можете запросить эти услуги следующим способом:

- Позвонить в службу Gainwell Member Services по телефону 1-833-491-0344
- Выбрать вариант 8

## Ukrainian

Для того щоб ви змогли зрозуміти це повідомлення, вам доступні послуги мовної допомоги та усного перекладу, якими можна скористатися безкоштовно за запитом. Для замовлення цих послуг виконайте такі кроки:

- Зателефонуйте до центру обслуговування клієнтів Gainwell за номером 1-833-491-0344.
- Оберіть опцію 8.

## Vietnamese

Để giúp bạn hiểu thông báo này, các dịch vụ hỗ trợ ngôn ngữ và thông dịch có sẵn theo yêu cầu và được miễn phí. Bạn có thể yêu cầu các dịch vụ này bằng cách làm theo các bước sau:

- Gọi cho bộ phận Dịch vụ Thành viên Gainwell theo số 1-833-491-0344
- Chọn tùy chọn 8

## Chinese (Simplified)

为帮助您理解本通知，我们可根据要求，向您免费提供语言协助和传译服务。您可遵照如下步骤，请求这些服务：

- 致电 1-833-491-0344 联系 Gainwell Member Services
- 选择 8

## Chinese (Traditional)

為了幫助您了解這份通知，如有需求，我們會提供免費語言協助及翻譯服務。這項服務可以藉由下列方式申請：

- 撥打 Gainwell 會員服務電話: 1-833-491-0344
- 按 8