



When will the Fee for Service (FFS) member population transition to SPBM?

On July 1, 2023, the Ohio Medicaid Fee for Service (FFS) pharmacy benefit will transition from Change Healthcare to Gainwell Technologies. The Change Healthcare Help Desk will close on Friday June 30th at 8:00pm ET. For FFS questions after this time: members, prescribers, and pharmacies must use the Gainwell Technologies SPBM Call Center phone number at 1-833-491-0344 (TTY 1-833-655-2437). The Gainwell Technologies Call Center hours of operation are 24/7.

How do I bill Gainwell SPBM for a Fee for Service member?

- RxBIN: 024251, PCN: OHRXPFFS, Group number is not utilized.
- Claims through June 30 at 23:59:59 Submit to Change Healthcare. Change Healthcare Point-of-Sale will be permanently decommissioned after this time.
- Claims beginning July 1 at 00:00:00 Submit to Gainwell Technologies.
- All reversals and adjustments/re-bills after July 1 at 00:00:00 are submitted to Gainwell Technologies, even if originally adjudicated by Change Healthcare.

Where can a pharmacy find the Fee for Service Payer Sheet (Billing Instructions) for SPBM?

The <u>FFS payer sheet</u> (vendor specification) can be found by navigating to SPBM.Medicaid.Ohio.gov and locating the "Reference Material" drop down. Under "Reference Material", choose "Useful Links", and then "Billing Instructions". Please note that the FFS Pharmacy benefit has a separate payer sheet versus the managed care program.

Where can I find the Fee for Service Pharmacy Reference Guide (Provider Manual) for SPBM?

<u>The FFS Pharmacy Reference Guide</u> can be found by navigating to SPBM.Medicaid.Ohio.gov and locating the "Reference Material" drop down. Under "Reference Material", choose "Useful Links" and then "User Guides." Here you will find the Gainwell OHSPBM FFS Pharmacy Reference Guide which will provide detailed billing instructions. Please note that the FFS Pharmacy benefit has a separate Pharmacy Reference Guide versus the managed care program.

Do I need to be enrolled with the Ohio Department of Medicaid to bill Fee for Service pharmacy claims?

Yes, both the pharmacy and prescriber must be enrolled with Ohio Department of Medicaid, or the claim will be denied.

Do I need to be contracted/"in network" with Gainwell SPBM to bill Fee for Service pharmacy claims?

No, you do not need to be contracted/"in network" with Gainwell SPBM to bill Fee for Service pharmacy claims. All that is required is ODM enrollment as a pharmacy provider.





Will the Fee for Service cardholder identification numbers be changing?

The FFS Cardholder IDs will not be changing. Pharmacies should continue to utilize the 12-digit Medicaid ID.

Is the pharmacy reimbursement structure changing for Fee for Service pharmacy claims?

The pharmacy reimbursement structure for FFS is not changing. Please refer to the below chart for details:

340B Claims	The ingredient cost will be the lesser of the submitted ingredient costs or fifty percent of wholesale acquisition cost (WAC). If no WAC exists, claims are paid at the lesser of submitted ingredient cost or Ohio Actual Acquisition Cost (OAAC).
	Contract Pharmacies are only permitted when an agreement exists between the contract pharmacy and the state Medicaid agency. Ohio Medicaid currently has no agreements in place (therefore, contract pharmacies are prohibited in FFS).
Claims for Clotting Factor Medications	The ingredient cost is the payment limit shown in the current Medicare Part B drug pricing file, minus the furnishing fee assigned by Medicare Part B. The Medicare Part B pricing file is available at:
	https://www.cms.gov/medicare/medicare-fee-for-service-part-b-drugs/mcrpartbdrugavgsalesprice
Claims for All Other Medications	The ingredient cost is the lesser of submitted ingredient cost or the National Average Drug Acquisition Cost (NADAC). If no NADAC has been published by CMS at: https://www.medicaid.gov/medicaid/prescription-drugs/pharmacy-pricing/index.html , the ingredient cost shall be the lesser of, submitted ingredient cost, WAC, or OAAC.
Claim Payment and Reimbursement	Payment will occur on the same schedule as it currently does for FFS - on Thursdays of each week unless a state holiday falls on M-Th then payment will occur on Friday. Payments will continue to be sent by Gainwell Technologies via EFT or check, depending on provider preference as specified in Provider Network Management (PNM).





Are there any changes to Remittance Advice (paper) and 835s for Fee for Service claims?

The process to obtain FFS Remittance Advices will not change; remittance advices (paper) will continue to be available in the PNM portal. On 7/1, 835s for FFS pharmacy payments will be located in the SPBM secure portal. If you need assistance registering for the portal, please contact the SPBM help desk at 1-833-491-0344. If you need assistance locating your 835s, contact Gainwell at OH_MCD_PBM_network@gainwelltechnologies.com.

Are there any changes with submission clarification codes on claims for Fee for Service members?

Some of the FFS submission clarification codes (SCC) have changed. Please refer to the below chart for updates:

Scenario	Submission Clarification Code
Medication Synchronization	FFS claims previously used submission clarification codes 47 and 48, now must use 61
Emergency Kits, e-kits, e- boxes	FFS claims previously used submission clarification code 16, now no SCC code is needed
LTC re-admit	FFS claims previously used submission clarification code 18, now no SCC code is needed

Do Fee for Service members have copays for their medications?

The FFS copay structure has not changed. Medications that require a prior authorization will have a \$3.00 copay. At this time, all other medications do not have a copay.

Are there any copay exceptions for Fee for Service members?

The FFS copay exceptions have not changed. Medications administered to a member in a hospital, emergency department, office, clinic, or other facility, are not subject to copayments. Additionally, certain patient groups and situations are exempt from being charged a copayment. These include:

- Persons under 21 years of age.
- Pregnant women during the pregnancy and 12-month post-partum period which begins the last day of pregnancy.
- Persons receiving hospice care or identified as breast and cervical cancer patients.
- Living arrangement is in a nursing home or intermediate care facility for members with intellectual disabilities.
- The prescription is for family planning (contraceptives).

Please contact the Gainwell Technologies Help Desk at 833-491-0344 for an appropriate override if the member indicates that one of the above categories applies but the system has applied a copayment.





Living arrangement, hospice, and pregnancy may be indicated as part of the online claim to override copayments when appropriate with the following overrides:

- Pregnancy Indicator = 2 (Pregnancy) in NCPDP field #335-2C.
- Hospice patient with Patient Residence = 11 in NCPDP field #384-4X.
- LTCF living arrangement with patient Residence = 3 (Nursing Facility) or 9 (Intermediate Care Facility) in NCPDP field #384-4X.

What is the dispensing fee structure for Fee for Service Claims?

The FFS dispensing fee structure has not changed. Please refer to the chart below:

Pharmacy Volume	Dispensing Fee Amount	
0-49,999 prescriptions	\$13.64	
50,000-74,999 prescriptions	\$10.80	
75,000-99,999 prescriptions	\$9.51	
100,000 or more prescriptions	\$8.30*	
*Providers that fail to submit a complete response to the cost of dispensing survey required by OAC		
5160-9-01 will receive a dispensing fee of \$8.30		
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	

Long-Term Care (LTC) members identified as living in a long-term care facility, including nursing facility (NF) or intermediate care facility for members with intellectual disabilities (ICF/IID), will be reimbursed for one dispensing fee per drug/strength/formulation, per recipient, per pharmacy, per month for all medications.

Do all written prescriptions billed to Medicaid Fee for Service need to be on a tamper resistant prescription pad?

The tamper resistant prescription pad requirements have not changed for the FFS population. All written prescriptions billed to Medicaid must be on tamper-resistant forms per OAC 5160-9-06. This includes written prescriptions when ODM is not the primary payer and pays only a portion of the claim.

Do interest calculations still apply for the Fee for Service population for Desk Claims Reviews?

The interest calculations have not changed for the FFS population and still apply during the FFS Desk Claims Review process.

Will the prior authorizations from Change Healthcare transition to Gainwell Technologies?

All currently active prior authorizations are being transferred from Change Healthcare to Gainwell; providers/members will not need to obtain new prior authorizations.





Prior authorization forms can be found on the SPBM Web Portal by navigating here: <u>Forms - OH MCD SPBM.Web (ohio.gov)</u>

PA processes will be the same as under the SPBM program and prescribers can expect a 24-hour turnaround time for PA decisions.

Where can I find contact information for Gainwell?

Contact information for all departments within Gainwell SPBM can be found in the "Contact Us" section of the SPBM web portal by navigating here: <u>Contact Us - OH MCD SPBM.Web (ohio.gov).</u>

How can I register for the SPBM web portal?

To register for the SPBM web portal, you will need a PIN. Your PIN can be obtained by reaching out to the SPBM Call Center by calling 833-491-0344.

Where can I find the SPBM web portal user guides?

All user guides can be found by navigating to Home page - OH MCD SPBM.Web (ohio.gov) and locating the "Reference Material", "Useful Links", and then "User Guides."