Ohio Medicaid Managed Care Member Handbook

Ohio Medicaid Managed Care
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AmeriHealth Caritas Ohio

If you have a problem reading or understanding this information or any other AmeriHealth Caritas Ohio information, please contact our Member Services toll-free at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week for help at no cost (free) to you. Call if you would like:

- Oral interpretation, oral translation
- Auxiliary aids and services
- Written information in your non-English primary language
- Written information in other formats, such as braille or large print

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WELCOME **to AmeriHealth Caritas Ohio's Medicaid Managed Care Program**

Welcome to AmeriHealth Caritas Ohio. We are pleased that you are a member of a health care plan, also known as a managed care organization (MCO). AmeriHealth Caritas Ohio provides health care services to Ohio residents who are eligible, including individuals with low income, individuals who are pregnant, infants, children, older adults, and individuals with disabilities. This handbook will help you understand the Medicaid health care services available to you. You can also call Member Services 24 hours a day, seven days a week with questions at **1-833-764-7700 (TTY 1-833-889-6446)** or visit our website at **www.amerihealthcaritasoh.com**.

AmeriHealth Caritas Ohio may not discriminate on the basis of age, gender, gender identity, sexual orientation, race, color, religion, national origin, military status, veteran status, ancestry, disability, genetic information, health status, or the need for health services.

It is important to remember that you must receive services covered by AmeriHealth Caritas Ohio from facilities and providers in AmeriHealth Caritas Ohio's network. Providers in the AmeriHealth Caritas Ohio network agree to work with your health plan to give you needed care.

OUT-OF-NETWORK PROVIDERS

An out-of-network provider is a provider that does not have a contract with AmeriHealth Caritas Ohio to provide services to AmeriHealth Caritas Ohio's members. There may be a time when you need to use a doctor or hospital that is not in the AmeriHealth Caritas Ohio network. If this happens, you can ask your PCP to help you. Your PCP has a special number to call to ask AmeriHealth Caritas Ohio that you be allowed to go to an out-of-network provider. AmeriHealth Caritas Ohio will check to see if there is another provider in your area that can give you the same type of care you or your PCP believes you need. If AmeriHealth Caritas Ohio cannot give you a choice of providers in your area, AmeriHealth Caritas Ohio will cover medically necessary services provided by an out-of-network provider. Prior authorization maybe required to see an out of network doctor or hospital.

The only time you can use providers that are not in AmeriHealth Caritas Ohio's network is for:

- Emergency services
- Federally qualified health centers (FQHC)/rural health clinics (RHC)
- Qualified family planning providers
- An out-of-network provider that AmeriHealth Caritas Ohio has approved you to see
- Continuity of care for members who are engaged in an active course of treatment with an out-of-network practitioner or provider
- 48-hour observations (notification is required for maternity observation)
- Medicare services from a Medicare enrolled provider – when the member has Medicare as his/her primary insurance coverage
- Dialysis centers
- Post stabilization services
- Covered services provided by Indian Health Care Provider (IHCP) for members eligible for Tribal Services

The Provider Directory lists all our network providers can use to receive services. You can ask for a printed Provider Directory by calling Member Services or by returning the postcard you received with your new member materials which includes your member identification (ID) card. You can also visit our website at

www.amerihealthcaritasoh.com to view up to date provider network information or call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week for help. You may call Member Services and ask that a copy of the provider directory be sent to you or to request information about where a doctor went to medical school or their residency program. The provider directory includes the following information about network providers:

- Name, address, website address, email address, telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The provider's credentials and board certifications
- The provider's specialty and services offered by the provider
- Whether or not the provider speaks languages other than English and, if so, which languages

IDENTIFICATION (ID) CARDS

You should have received an AmeriHealth Caritas Ohio membership ID card. Each member of your family who has joined AmeriHealth Caritas Ohio will receive their own card. Each card is good for as long as the person is a member of AmeriHealth Caritas Ohio. If you are pregnant, you need to let AmeriHealth Caritas Ohio know. You must also call when your baby is born so we can send you a new ID card for your baby.

Call AmeriHealth Caritas Ohio Member Services as soon as possible at **1-833-764-7700 (TTY 1-833-889-6446)** if:

- You have not received your card(s) yet
- Any of the information on the card(s) is wrong
- You lose your card(s)
- You have a baby

Always keep your ID card(s) with you

You will need your ID card each time you get medical services. This means that you need your AmeriHealth Caritas Ohio ID card when you:

- See your primary care provider (PCP)
- See a specialist or other provider
- Go to an emergency room
- Go to an urgent care facility
- Go to a hospital for any reason
- Get medical supplies
- Get a prescription
- Have medical tests
- Schedule transportation

NEW MEMBER INFORMATION

If you have health care services already approved or scheduled, it is important that you call Member Services immediately. In certain situations, and for a specified time period after you enroll, you may be allowed to receive care from a provider that is not an AmeriHealth Caritas Ohio network provider. **You must call AmeriHealth Caritas Ohio before you receive the care.** If you do not call us, you may not be able to receive the care and/or the claim may not be paid. For example, you need to call Member Services if you have the following services already approved or scheduled:

- Organ, bone marrow, or hematopoietic stem cell transplant
- Third trimester prenatal (pregnancy) care, including delivery
- Inpatient/outpatient surgery
- Appointment with a primary care or specialty provider
- Chemotherapy or radiation treatments
- Treatment following discharge from the hospital in the last 30 days
- Non-routine dental or vision services (for example braces or surgery)
- Medical equipment
- Services you receive at home, including home health, therapies, and nursing

COVERED BENEFITS AND SERVICES

MEMBER SERVICES

The Member Services team is available to help you 24 hours a day, seven days a week. We can help you with the following questions:

- How do I get medical care?
- How do I choose my primary care provider (PCP) and find a medical home?
- How can I find a behavioral health provider?
- How do I get my medical records?
- How do I get a list of AmeriHealth Caritas Ohio providers?
- What services and benefits are covered?
- How do I find out about special needs services?
- What do I do if I get a bill?
- How do I file a grievance or an appeal?

You can call Member Services to get help when you have a question. You may call us to choose or change your Primary Care Provider (PCP), to ask about benefits and services, to get help with referrals, to replace a lost Medicaid card, to report the birth of a new baby, or ask about any change that might affect you or your family's benefits.

Call us at **1-833-764-7700 (TTY 1-833-889-6446)** to talk to a Member Services representative 24 hours a day, seven days a week. Or go to **www.amerihealthcaritasoh.com**.

CARE MANAGEMENT AND CARE COORDINATION SERVICES

Managing your health care alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to get and stay healthy, we can help. As a member of AmeriHealth Caritas Ohio, you may have a staff member of the Care Management and Care Coordination team assist you as part of your health care team. Care Management and Care Coordination services include complex case management as well as other levels of care coordination such as our Bright Start maternity program. AmeriHealth Caritas Ohio Care Coordinators, including nurses, care managers, and outreach workers may contact you if a doctor has requested a phone call, if you request the phone call, or if we feel that care management services will be helpful to you. The Care Management and Care Coordination staff is specially trained to work with you and your doctors to make sure you get the right care when and where you need it. To learn more about how we can assist you, call Ohio Rapid Response at 1-833-464-7768 (TTY 1-833-889-6446).

The Care Management and Care Coordination Staff can:

- Provide care coordination to any member- there is no need to qualify for care coordination.
- Provide information on how to access services (including local resources).
- Contact your primary care provider (PCP) and other service providers to coordinate care.
- Follow up with your doctors or specialists about your care, including waiver service providers and community health providers.
- Connect you with special programs, benefits, and incentives to manage chronic conditions like asthma, diabetes, and high blood pressure.
- Help you complete an annual health survey to earn CARE Card rewards.
- Coordinate your appointments and help arrange for transportation to and from your doctor or other appointments to keep you and your family healthy. Support you in your goals to better manage your ongoing health conditions.
- Answer questions about what your medicines and how to take them.
- Follow up with your doctors or specialists about your care. Connect you to helpful resources in your community.
- Communicate with the OhioRISE Plan, the Care Coordination Entity (CCE), and other providers (e.g. PCPs, specialists, labs) to coordinate the care of the member as needed.

To learn more about how you get can extra support to manage your health, talk to your PCP or call AmeriHealth Caritas Ohio Rapid Response at **1-833-464-7768 (TTY 1- 833-889-6446).** Caregivers and providers can refer members to these Care Management programs. You can also refer yourself. You do not need a referral from someone else to access the programs.

BRIGHT START® PROGRAM FOR PREGNANT MEMBERS

The Bright Start program helps you stay healthy when you are pregnant and also helps you have a healthy baby. The Bright Start program gives you information about the importance of:

- Eating right
- Taking your prenatal vitamins
- Receiving medical care in a timely manner
- Staying away from drugs, alcohol, and smoking
- Visiting your dentist so you can keep your gums healthy

AmeriHealth Caritas Ohio will work with your providers to make sure you get the care you need. AmeriHealth Caritas Ohio also has information to help with other services, like:

- Food and clothes
- Transportation
- The women, infants, and children (WIC) program
- Domestic abuse
- Breast feeding
- Home care
- Helping you understand your emotions

Call Bright Start for more information toll free at **1-833-606-2727 (TTY 1- 833-889-6446). The care coordination staff** are available to answer questions, provide educational materials, and work with you during your

pregnancy. You can access health and wellness advice from a nurse. To speak to a nurse, 24 hours a day, seven days a week, call **1-833-625-6446.**

EMERGENCY SERVICES

If you have an emergency, call 911 or go to the NEAREST emergency room (ER) or other appropriate care setting. You do not have to contact AmeriHealth Caritas Ohio before you get emergency services. You can receive emergency services at no cost to you.

Emergency services are for a medical problem that must be treated right away by a provider. We cover care for emergencies both in and out of the county where you live. Some examples of when emergency services are needed include:

- Miscarriage/pregnancy with vaginal bleeding
- A heart attack or severe chest pain
- Bleeding that won't stop or a bad burn
- Broken bones
- Trouble breathing, convulsions, or loss of consciousness
- Severe dizzy spells, fainting, or blackout
- When you feel you might hurt yourself or others
- Drug overdose

If you are not sure if you need to go to the ER, call your primary care provider (PCP), or the 24/7 Nurse Call Line at **1-833-625-6446 (TTY 1-833-889-6446).** The 24/7 Nurse Call Line can talk to you about your medical problem and give you advice on what you should do.

If you are outside of AmeriHealth Caritas Ohio's service area and have a medical emergency, go to the nearest emergency room or call 911. For emergency medical conditions, you do not have to get approval from AmeriHealth Caritas Ohio to get care. If you need to be admitted to the hospital, you should let your PCP know. If you need care for a non-emergency condition while outside of the service area, call your PCP or Member Services at **1-833-764-7700 (TTY 1-833-889-6446),** 24 hours a day, seven days a week, who will help you to get the most appropriate care. AmeriHealth Caritas Ohio will not pay for services received outside of the United States and its territories.
Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Tell them that you are a member of AmeriHealth Caritas Ohio and show them your AmeriHealth Caritas Ohio member ID card.
- If the provider treats your emergency, thinks you need other medical care to treat the problem that caused your emergency, the provider must call AmeriHealth Caritas Ohio.
- If the hospital has you stay, make sure that AmeriHealth Caritas Ohio is called within 24 hours.

TRANSPORTATION

If you must travel 30 miles or more from your home to receive covered health care services, AmeriHealth Caritas Ohio will provide transportation to and from the provider's office. AmeriHealth Caritas Ohio also covers all necessary transportation by ambulance or wheelchair van, regardless of distance. Including unlimited additional trips for chemotherapy, radiation, dialysis, or prenatal and postpartum appointments and for medical services for members who utilize a wheelchair. Bus passes are also available for members who prefer mass transit. Call **1-**

833-664-6368 to schedule a ride. If possible, please call at least 48 hours in advance of the trip. You may also call our Member Services line to speak with someone who can assist with scheduling transportation by calling **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

If traveling less than 30 miles from your home you can get transportation for certain services through the local county department of job and family services (CDJFS) or Non-Emergency Transportation (NET) program. You may contact your county department of job and family services for questions or assistance with NET services.

AmeriHealth Caritas Ohio provides a supplemental transportation benefit that covers up to 60 one-way trips per member per year for provider visits less than 30 miles.

If you have an emergency, please call 911 or go to the nearest emergency room.

How to schedule a trip

- You may call our transportation vendor directly at **1-833-664-6368** or call AmeriHealth Caritas Ohio Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.
- If possible, please schedule transportation at least 48 hours before or up to one month in advance of your scheduled medical appointment your scheduled medical visit.
    - Exceptions for advance notice include urgent member needs (e.g. same or next day urgent appointments) and hospital discharges.
- Please have the full address of the health care provider's office you plan to attend.
- Please notify the call center representative of any special needs for transportation (any device used to assist with walking, wheelchair, which entrance to use, etc.).
    - If a car seat is needed to transport a child please notify the call center representative. The member must provide the car seat and be able to install and uninstall the car seat.

How to advise of special needs (walker, no phone, ring bell, use back entrance, etc.)

When you schedule your trip, you must also specify if you need any special accommodations, such as a wheelchair, stretcher, etc. Also, be sure to let them know if you have any special instructions.

How to submit a complaint

If you want to file a complaint about transportation you may call Member Services at **1-833-764-7700 (TTY 1-833-889-6446).**

To cancel or reschedule a trip

- If you wish to cancel or reschedule the trip, please our transportation vendor directly at **1-833-664-6368** or Member Services at **1-833-764-7700 (TTY 1-833-889-6446)** at least 24 hours before your appointment.

PRESCRIPTION DRUGS

AmeriHealth Caritas Ohio members will use Gainwell, Ohio Department of Medicaid's (ODM's) contracted single pharmacy benefit manager (SPBM), to fill prescriptions and will need to refer to the Gainwell member handbook in appendix A of this handbook for assistance.

SERVICES COVERED BY AMERIHEALTH CARITAS OHIO

As an AmeriHealth Caritas Ohio member, you will receive all medically necessary Medicaid-covered services at no cost to you. Medically necessary health care services must be obtained through the providers in AmeriHealth Caritas Ohio's provider network. There are exceptions that apply such as emergency care. Medically necessary means you need the services to prevent, diagnose, or treat a medical condition. The following criteria are used for Utilization Management determinations related to medical necessity:

- ODM Ohio Medicaid Provider Agreement for MCO
- Ohio Administrative Code (OAC) & Rules
- Change HealthCare InterQual® Level of Care Criterion
  - InterQual® Acute Adult Criteria (Condition Specific- Responder, Partial Responder, Non-responder)
  - InterQual® Acute Pediatric Criteria (Condition Specific- Responder, Partial Responder, Non-responder)
  - InterQual® Outpatient Rehabilitation and Chiropractic Criteria
  - InterQual® Home Care Criteria
  - InterQual® Procedures Criteria
  - InterQual® DME Criteria
  - InterQual® Long-Term Acute Care (LTAC) Criteria
  - InterQual® Rehabilitation (Acute Rehab) Criteria
  - InterQual® Subacute/SNF Criteria
  - InterQual® Criteria for Behavioral Health Adult and Geriatric Psychiatry Criteria
  - InterQual® Criteria for Behavioral Health Child and Adolescent Psychiatry Criteria
  - InterQual® Criteria for Behavioral Health Residential and Community Based Treatment
- American Society of Addiction Medicine (ASAM) Patient Placement Criteria (ASAM Admission Guidelines)
- American Society of Addiction Medicine (ASAM) Level of Care Adolescent Guidelines
- Corporate Clinical Policies
- NIA Radiology Guidelines

The list of covered services, services requiring prior authorization, and medically necessary services sometimes changes. Visit our website **www.amerihealthcaritasoh.com** for the most up-to-date lists. If you need help understanding when a service, item, or medicine is medically necessary or would like more information, please call Member Services at **1-833-764-7700 (TTY 1-833-889-6446**), 24 hours a day, seven days a week.

AmeriHealth Caritas Ohio has adopted clinical practice guidelines for use in guiding the treatment of plan members, with the goal of reducing unnecessary variations in care and improving health outcomes. The following clinical practice guidelines represent current professional standards, supported by scientific evidence and research. These guidelines are intended to inform, not replace, a physician's clinical judgment. The physician remains responsible for determining applicable treatment for each individual. Members can read the clinical practice guidelines on the website at www.amerihealthcaritasoh.com/provider/resources/clinical-practice-guidelines.

The list below includes services that are covered by AmeriHealth Caritas Ohio when the services are medically necessary:

- Acupuncture – to treat certain conditions.
- Allergy services

- Ambulance and wheelchair van transportation
- Behavioral Health Services (including mental health and substance use disorder treatment)
- Certified nurse midwife services
- Certified nurse practitioner services
- Chemotherapy services
- Chiropractic (back) services
- Dental services
- Developmental therapy services for children aged birth to six years
- Diagnostic services (x-ray, lab)
- Doula services
- Durable Medical Equipment (breast pump, breast milk storage bags, walking aid, blood pressure)
- Emergency services
- Family planning services and supplies
- Free-standing birth center services at a free-standing birth center.
- Federally Qualified Health Center (FQHC) and Rural Health Clinic services (RHC)
- Gynecological Services (OBGYN)
- Home health services
- Hospice care
- Inpatient hospital services
- Medical nutrition therapy (MNT) services
- Nursing facility services (except where ODM determines the member will return to fee-for-service Medicaid)
- Maternity care - prenatal and postpartum including at risk pregnancy services
- Outpatient hospital services
- Pharmacist services/provider-administered drugs (all other pharmacy services are covered by ODM's contracted Single Pharmacy Benefit Manager (SPBM))
- Physician services
- Physical and occupational therapy
- Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source
- Podiatry (foot) services
- Preventative mammogram breast cancer and cervical cancer screenings
- Primary care provider services
- Private duty nursing services
- Renal dialysis (kidney disease) services
- Respite services for members under 21 years of age with long-term service and support (LTSS) or members with behavioral health needs
- Screening and counseling for obesity
- Services for children with medical handicaps (Title V)
- Shots (immunizations)
- Specialist services
- Speech and hearing services, including hearing aids
- Telehealth services
- Tobacco cessation services, including tobacco cessation counseling and FDA approved medications for tobacco cessation. Call **1-800-QUIT-NOW (1-800-784-8669)** and speak with an intake specialist to discuss assistance to help you quit tobacco

- Vision (optical) services, including eyeglasses
- Well-child (Healthchek) exams for children under the age of 21
- Yearly well-adult exams

PRIOR AUTHORIZATIONS

Some services or items need approval from AmeriHealth Caritas Ohio before you can get the service. This is called Prior Authorization. For services that need prior authorization, AmeriHealth Caritas Ohio decides whether a requested service is medically necessary before you get the service. Your provider must make a request to AmeriHealth Caritas Ohio through the Ohio Department of Medicaid portal for approval before you get the service. Services requiring prior authorization include, but not limited to, are listed below. For the most up-to-date and detailed listing of services that require authorization, please consult the provider manual, or visit the provider pages of our website at **www.amerihealthcaritasoh.com**.

Physical Health Services Requiring Prior Authorization

- Elective Air ambulance
- All out-of-network services, excluding emergency services
- All services that may be considered experimental and/or investigational
- All services not listed on the Ohio Department of Medicaid Fee Schedule
- All unlisted miscellaneous and manually priced codes (including, but not limited to, codes ending in "99")
- All inpatient hospital admissions, including medical, surgical, skilled nursing, long-term acute, and rehabilitation services
- Obstetrical admissions, newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after cesarean section
- Elective transfers for inpatient and/or outpatient services between acute care facilities
- Medical detoxification
- Long-term care initial placement (while enrolled with the plan- up to 90 days)
- Chiropractic care (prior authorization required for members under age 18)
- Cochlear implantation
- Durable medical equipment (DME) rentals, leases, and custom equipment.
- Durable medical equipment (DME), prosthetics, and orthotics with billed charges over $750.
- Diapers/pull-ups (ages 4-20) for amounts over 300 units
- Negative pressure wound therapy
- Elective procedures, including, but not limited to: joint replacements, laminectomies, spinal fusions, discectomies, vein stripping, laparoscopic/exploratory surgeries
- Gastric restrictive procedure and surgeries
- Elective termination of pregnancy
- Speech, occupational, and physical therapy require prior authorization after the 30th visit. This applies to private and outpatient facility-based services.
- Surgical services that may be considered cosmetic, including:
  - -Blepharoplasty
  - -Mastectomy for gynecomastia
  - -Mastopexy
  - -Panniculectomy
  - -Penile prosthesis
  - -Plastic surgery or cosmetic dermatology
  - -Reduction mammoplasty
  - -Septoplasty
- Gender reassignment services
- Genetic testing

- Hyperbaric oxygen
- Home-based services:
  -Home health care (physical, occupational and speech therapy) and skilled nursing (after 18 combined visits, regardless of modality)
  -Home infusion services and injections (see pharmacy list of HCPCS codes that require prior authorization)
  -Home health aide services
  -Private duty nursing (extended nursing services)
  -Hospice inpatient services
- Hysterectomy (Hysterectomy Consent Form required)
- Cardiac and pulmonary rehabilitation
- Pain management-external infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation, and nerve blocks
- Pharmacy and medications-Contact Gainwell (pharmacy), PerformRx (in-patient)
- Transplants (prior authorization for transplants must be requested directly from the appropriate consortium:

Ohio Solid Organ Transplantation Consortium
9200 Memorial Dr.
Plain City, Ohio 43064
Telephone: 614-504-5705
FAX: 614-504-5707

Ohio Hematopoietic Stem Cell Transplant Consortium
9500 Euclid Avenue, Desk R32
Cleveland, Ohio 44195
Telephone: 440-585-0759
FAX: 440-943-6877

- The following radiology services when performed as an outpatient service require prior authorization by AmeriHealth Caritas Ohio's radiology benefits vendor, **National Imaging Associates Inc. (NIA)**
  -Computed tomography angiography (CTA)
  -Coronary computed tomography angiography (CCTA)
  -Computed tomography (CT)
  -Magnetic resonance angiography (MRA)
  -Magnetic resonance imaging (MRI)
  -Myocardial perfusion imaging (MPI)
  -Positron emission tomography (PET)
  -Multiple-gated acquisition scan (MUGA)

Physical Health Services That Do Not Require Prior Authorization

- Emergency room services (in-network and out-of-network)
- 48-hour observations (except for Maternity-notification required)
- Low-level plain films- X-rays, EKGS's
- Family planning services (in or out of network)
- Post stabilization services (in-network and out-of-network)
- EPSDT screening services
- Women's healthcare (OB-Gyn Services)
- Routine vision services
- Dialysis
- Post-operative pain management (must have a surgical procedure on the same date of service).
- Services rendered at school-based clinics
- Primary care provider (PCP)

- Local health department

Physical Health Services that Require Notification

- All newborn deliveries
- Maternity obstetrical services (after first visit) and outpatient care (includes observation).

Behavioral Health Services Requiring Prior Authorization

- Adult (21 and over) Inpatient Hospitalizations (mental health and/or substance use disorder)
- Psychological and neuropsychological testing
- Electroconvulsive therapy
- Therapeutic Group Services (Day Treatment Per Diem)
- Assertive Community Treatment
- Behavioral Analysis Therapy for Autism Spectrum Disorder
- Substance Use Disorder Partial Hospitalization Program (ASAM 2.5)
- Substance Use Disorder Residential Treatment (ASAM 3.1, 3.5, 3.7)
  - 1st & 2nd admissions in a calendar year requires a notification and are not subject to a medical necessity review
  - 31+ days during either admission requires a prior authorization and medical necessity review
  - 3rd and subsequent admissions in a calendar year require a prior authorization and medical necessity review
- Unlisted Psychiatric Services

Services covered by OhioRISE ONLY:

- Child and Adolescent Inpatient Psychiatric Services and Inpatient Substance Use Disorder (SUD) services
- Intensive Home-Based Treatment (IHBT)
- Intensive, Moderate, and limited OhioRISE Care Coordination services
- Psychiatric Residential Treatment Facility (PRTF)
- OhioRISE 1915(b) and 1915(c) services
- Behavioral Health Respite
- Primary Flex Funds

For more information about OhioRISE, see page 24.

Services requiring notification

- Substance Use Disorder Residential Treatment (ASAM 3.1, 3.5, 3.7)
  - 1st & 2nd admissions in a calendar year requires a notification and are not subject to a medical necessity review
  - 31+ days during either admission requires a prior authorization and medical necessity review
  - 3rd and subsequent admissions in a calendar year require a prior authorization and medical necessity review

Behavioral Health Services That Do Not Require Authorization

- Psychotherapy for Mental Health and Substance Use Disorder: Individual, Family, Multiple-family, Group
- Psychotherapy for Crisis for Mental Health and Substance Use Disorder
- Behavioral Health Counseling
- Psychosocial Rehabilitation Services

- Community Psychiatric Supportive Treatment (Individual and Group)
- Therapeutic Group Services (Day Treatment Per Hour less than 2.5 hours)
- Substance Use Disorder Assessment
- Substance Use Disorder Individual and Group Counseling
- Substance Use Disorder Case Management
- Substance Use Disorder Urine Drug Screen Withdrawal Management ASAM 2-WM
- Clinically Managed Residential Withdrawal Management ASAM 3.2-WM
- Medically Monitored Inpatient Withdrawal Management ASAM 3.7-WM
- Substance Use Disorder Intensive Outpatient Program (ASAM 2.1)
- Substance Use Disorder Peer Support Services (up to 4 hours per day)
- Evaluation and Management Visits for Mental Health and Substance Use Disorder including home and prolonged visits
- Psychiatric Diagnostic Evaluation
- Smoking and Tobacco Cessation Counseling
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- A Child and Adolescent Needs and Strengths (CANS) assessment
- Up to 72 hours of Mobile Response Stabilization Services (MRSS), except in accordance with OAC rule 5160-27-13.
- Depression Screening and Cognitive Behavioral Health Therapies provided in coordination with the Help me Grow program including services performed in the home. ACOH Population Health team will assist with the Member with arranging for depression screening and cognitive behavioral health therapies for Members enrolled in the Help Me Grow program who are either pregnant or the birth mother of an infant or toddler under three years of age.

SERVICES NOT COVERED BY AMERIHEALTH CARITAS OHIO

AmeriHealth Caritas Ohio will not pay for services or supplies received that are not covered by Medicaid:

- all services or supplies that are not medically necessary
- paternity testing
- services to find cause of death (autopsy) or services related to forensic studies
- assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual

If you have a question about whether a service is covered, please call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

SERVICES NOT COVERED BY AMERIHEALTH CARITAS OHIO UNLESS MEDICALLY NECESSARY

AmeriHealth Caritas Ohio reviews applicable State regulations and conducts a medical necessity review, if needed. AmeriHealth Caritas Ohio will not pay for the following services that are not covered by Medicaid **unless determined medically necessary:**

- Abortions except in the case of a reported rape, incest or save the life of the mother
- Biofeedback services
- Experimental services and procedures, including drugs and equipment, not covered by Medicaid and not in accordance with customary standards of practice
- Infertility services for males or females, including reversal of voluntary sterilizations

- Inpatient treatment to stop using drugs and/or alcohol (in-patient detoxification services in a general hospital are covered)
- Plastic or cosmetic surgery
- Services for the treatment of obesity
- Services determined by Medicare or another third-party payer
- Sexual or marriage counseling
- Voluntary sterilization if under 21 years of age or cannot legally consent to the procedure

FREQUENCY LIMITATIONS

Your managed care organization will review all requests for services from your provider. If you have a question about whether a service is covered, please call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

VALUE-ADDED BENEFITS

A variety of extra benefits and programs are available to AmeriHealth Caritas Ohio members in addition to their regular Medicaid managed care benefits. Certain terms and conditions may apply. Please call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week to learn more about AmeriHealth Caritas Ohio benefits and services.

HEALTH PROGRAMS

ADULT VISION PROGRAM

At AmeriHealth Caritas Ohio we know how important your vision health is to your health and well-being and we want to make sure that your vision care needs are being met. That is why we have decided to not have a vendor manage your vision benefits. This means that if you have any problems getting the vision care that you need you can reach out to us directly, there is no middleman. This also will allow us to provide you with a broader network or providers, to make it easier for you to find someone in your area.

To make sure that your vision care needs are met we offer the following benefits at no cost to you:

- One exam and one pair of glasses (frames and lenses) every 12 months (individuals ages 0 – 20 or age 60 and older).
- One exam and one pair of glasses (frames and lenses) every 24 months (individuals ages 21 – 59). Additional eye care is available for members living with diabetes.

EXTRA EYE CARE FOR DIABETICS

For our members (age 21 to 50) who have a diagnosis of diabetes, we offer a special vision program. We know that diabetes can cause quick changes to your eyesight, including the possibility of vision loss. To lessen that possibility, we offer the following vision benefits to you:

- One additional comprehensive eye exam every year.
- One new pair of glasses (frame and lenses) every two years. Adjustments to lenses, as needed, every year.

ADULT DENTAL PROGRAM

AmeriHealth Caritas Ohio offers one additional cleaning and exam every 12 months for adults ages 21 and over (some restrictions and limitation may apply). This is in addition to the standard Medicaid benefit.

BRIGHT START BEGINNINGS BUNDLE

A bundle to provide essential items for a new baby, including items to support a safe sleep environment and postpartum support such as a portable crib, sleep sack, and pacifiers.

CONTINUOUS GLUCOSE MONITORING FOR DIABETICS

AmeriHealth Caritas Ohio is contracted with Pulsewrx to provide members living with diabetes with mobile smartphones. Apps and tools on the phone will support continuous glucose monitoring (CGM) so members with diabetes can have easier control of their blood sugar levels.

HOUSING STABILITY FLEX FUNDING

Access to a housing coordinator to identify local resources for safe and stable housing and up to $750 toward housing-related expenses in emergency situations for pregnant members.

LIVING BEYOND PAIN PROGRAM

This chronic pain management program can help you improve your pain management skills through education and collaboration with health care providers. Through this program, AmeriHealth Caritas Ohio offers you pain management alternatives. This includes 15 additional chiropractic and 30 acupuncture visits per year for members who do not qualify for the state benefit.

FOOD AS MEDICINE

Qualifying members recently discharged from a hospital, enrolled in our diabetes program, and pregnant and post-delivery moms and families can receive home-delivered meals at no cost.

SCHOOL UNIFORMS

Up to $75 per child for school uniforms and school supplies. Contact your care coordinator for information on how to access these funds.

HOME HEALTH AIDE TRAINING

This program offers Ohio Council for Home Care & Hospice's Home Health Aide Training Program at no cost to interested members. It is a guided course to train and certify new Home Health Aides. Completion of this program meets both CMS and PASSPORT requirements for Home Health Aide Training and Education.

MOBILE GAMING PROGRAM

Motivv mobile gaming supports health education and links to member benefits by asking health trivia questions. By playing ad-free, no-cost games members can earn rewards on their CARE Card. To access this benefit:

- Visit the App Store™ or Google Play™.
- Select one of the games from Motivv Health Studios, LLC, and download it.
- Create your account. You will need your AmeriHealth Caritas Ohio Member ID. The activation code is ACOH.
- Start playing and earning CARE Card funds.

CARE CARD REWARDS

You can earn rewards by doing things to stay healthy. The AmeriHealth Caritas Ohio CARE Card is a reloadable reward card that qualified members can use for purchases at selected retailers. You can earn rewards for healthy acts such as getting health screenings and completing regular well-child and adult well-care checkups.

Category	Incentives	Details	CARE Card reward amount
HRA	Health Assessment	Complete a short health survey each year. The survey gives us a better idea of the types of care you may need. It can also help you learn more about your own health.	$50
Well screenings	Child well visits	Complete all six well visits (birth to 15 months)	$120 ($20 per visit)
Well screenings	Child well visits	Annual well visits	$30 a year for ages 16-30 months $30 a year for ages 3-11 years $50 a year for ages 12-21 years $40 a year for ages 22 and older
Well screenings	Cervical cancer screening	Women ages 21 – 64, once every three years	$50
Prenatal care	Prenatal care visit rewards	Earn reward dollars for attending your prenatal visits	$25 for each completed

			prenatal visit (up to 7 visits, $175 total)
Postpartum exam	Postpartum visit	7 – 84 days after delivery	$50
Other	Member & Family Advisory	Members participating in quarterly Member & Advisory Council meetings	25 per attendance
Other	Quality Advisory Board Meeting	Members who participate in the Quality Advisory Board Meeting	$50
Other	Mobile Gaming		$20

You cannot use your rewards to purchase alcohol, tobacco or firearms. Rewards expire 12 months after your most recent reward or upon member disenrollment. Your rewards may not be converted to cash. Eligible CARE Card program rewards are subject to change. AmeriHealth Caritas Ohio will notify you before the change happens. Once your doctor notifies us that you have completed a healthy activity we will add rewards to your card. Members may not be eligible to earn all of the rewards listed.

Visit **www.amerihealthcaritasoh.com/carecard** for more information including a list of retailers and items you can buy with your rewards. For questions, call Member Services at **1-833-764-7700 (TTY 1-833-889-6446),** 24 hours a day, seven days a week.

MEMBERSHIPS AND SERVICES

MISSION GED®

Mission GED is a special program that can help you reach your goal of achieving your high school equivalency (HSE) diploma. AmeriHealth Caritas Ohio will provide you with testing vouchers so you can take tests for an HSE diploma at no cost to you. We can even provide a program coach to help you every step of the way.

- **Expenses —** When you enroll in the Mission GED program, you can take your tests at no cost to you. AmeriHealth Caritas Ohio will provide testing vouchers.
- **Coaching —** Once you enroll in GED classes, an AmeriHealth Caritas Ohio program coach will work with you. Your program coach will contact you periodically to offer support and encouragement on your journey.

WEIGHT WATCHERS

WW® (formerly Weight Watchers®)
All members ages 18 – 64 can get an online WW membership at no cost for six months.

BEHAVIORAL HEALTH SERVICES

Your rights under the Mental Health Parity and Addiction Equity Act (MHPAEA) ensures that AmeriHealth Caritas Ohio, or any insurance provider, will provide coverage for your mental health and substance use disorders comparable to what you receive for your physical health conditions. Under this law, AmeriHealth Caritas Ohio, or any other insurance provider, cannot impose more restrictive limits, like higher copayments or stricter treatment limits on mental health and addiction services than they do for physical health services. Understanding your rights under MHPAEA empowers to help ensure you receive access to the care you need without facing unfair financial or coverage barriers. If you believe that AmeriHealth Caritas Ohio, or any insurance provider is violating these protections, you have the right to appeal and seek enforcement.

Mental health and substance use disorder treatment services are available. These services include:

- Diagnostic Evaluation and Assessment
- Psychological Testing
- Psychotherapy and Counseling
- Crisis Intervention
- Mental Health Services including Therapeutic Behavioral Service, Psychosocial Rehabilitation, Community Psychiatric Supportive Treatment, Assertive Community Treatment for Adults
- Substance Use Disorder Treatment Services including Case Management, Peer Recovery Support, Intensive Outpatient, Partial Hospitalization, Residential Treatment, and Withdrawal Management
- Medication-Assisted Treatment for Addiction
- Opioid Treatment Program Services
- Medical Services
- Behavioral Health Nursing Services
- Mobile Response and Stabilization Service (MRSS)

If you need mental health and/or substance use disorder treatment services, you can call Member Services 24 hours a day, seven days a week with questions at **1-833-764-7700 (TTY 1-833-889-6446)** or visit our website at **www.amerihealthcaritasoh.com** to find available providers.

OhioRISE members receive their behavioral health services through the OhioRISE program. For more information about OhioRISE, see the next page.

COORDINATED SERVICES PROGRAM

What is the Coordinated Services Program (CSP)?

CSP is a health and safety program which protects members whose use of services exceeds medical necessity. Use of controlled substances is monitored, and members are assigned designated providers. CSP enrollees must get medications using their designated providers. Individuals eligible for Ohio Medicaid may be selected for enrollment in the CSP.

What does CSP enrollment mean for me?

You will still be able to get all medically necessary Medicaid-covered health care services in CSP. However, you must select one pharmacy to fill your prescriptions. If you go to a different pharmacy without approval, your medication will not be covered. By knowing your complete medical history, the providers you see, and the

medicines you take, your pharmacy can take better care of you. You are eligible to receive care management services, through AmeriHealth Caritas Ohio. If you would like to know more about care management or request a care manager, please contact AmeriHealth Caritas Ohio.

How do I select my CSP providers?
You must contact AmeriHealth Caritas Ohio within 30 days of the mailing date of this brochure to select your CSP providers. If you do not contact AmeriHealth Caritas Ohio by this date, providers will be selected for you. You will receive a new AmeriHealth Caritas Ohio member ID card that lists the name of your CSP providers.

Can I change my CSP providers?
You can only ask to change if the provider isn't available to you because:

- The provider is closing or moving too far away for you to visit.
- You moved and are too far away to visit the provider.
- You are no longer medically able to get to the provider.
- The provider is no longer in the AmeriHealth Caritas Ohio provider network.
- The provider no longer wants to provide you services.
- You change to another health plan and the provider does not accept the new coverage.
- You have a medical need that requires a different provider specialty

To change your provider, you must contact AmeriHealth Caritas Ohio to request the change.

What if I can't access my designated provider(s)?
If you are temporarily unable to access services through your designated provider(s), AmeriHealth Caritas Ohio may give approval for you to use a different CSP provider. For example, if your pharmacy does not have your medication and waiting until they get the medication will be harmful to your health or if you cannot get to your pharmacy and waiting until you can get to the pharmacy will be harmful to your health, AmeriHealth Caritas Ohio may approve use of a different pharmacy. You can call AmeriHealth Caritas Ohio or the 24-hour health advice line if you are having an issue accessing your designated provider(s).

How long will I be in CSP?
You will initially be enrolled in CSP for 24 months. Before the end of the 24-month time period, you will receive a notice if you continue in CSP. If you are to continue in CSP you will be notified of your right to a state hearing.

What if I have problems or questions?

- **Call 988 to reach the Suicide & Crisis Lifeline** if you are having a behavioral health emergency
- If you have questions or problems with CSP, you should contact AmeriHealth Caritas Ohio Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week for help.
- You can also contact the Ohio Medicaid Consumer Hotline at **1-800-324-8680 (TTY 711)**.

OHIORISE

OhioRISE (Resilience through Integrated Systems and Excellence) is a Medicaid managed care program for children and youth with complex behavioral health and multisystem needs. Children and youth with multisystem needs are often involved in multiple community systems such as juvenile justice, child protection, developmental disabilities, education, mental health and addiction, and others. OhioRISE aims to support these children and youth succeed in their schools, homes, and communities. This support is provided through care coordination and specialized services that are provided in-home or in the young person's community.

Children and youth who may benefit from OhioRISE:

- Have multiple needs that result from behavioral health challenges.
- Have multisystem needs or are at risk for deeper system involvement.
- Are at risk of out-of-home placement or are returning to their families from out-of-home placement.

An individual who is enrolled in the OhioRISE program has their physical health services covered by a managed care organization (MCO) or fee-for-service (FFS) Medicaid.

OhioRISE Eligibility

A child and youth may be eligible for OhioRISE if they:

- Are eligible for Ohio Medicaid,
- Are under the age of 21, and
- Need significant behavioral health treatment, as identified by the Ohio Child and Adolescent Needs and Strengths (CANS) assessment, or
- Are in a hospital for mental health or substance use needs.

OhioRISE Services:

In addition to the behavioral health services already available through Medicaid, OhioRISE offers the following services:

- Care Coordination – Assistance with planning support and care for a child or youth's behavioral health needs. Their care coordinator through their managed care organization (MCO) can also be part of this process.
- Intensive Home-Based Treatment (IHBT) – Intensive, short-term services within a child or youth's home to help stabilize and improve their behavioral health.
- Behavioral Health Respite – Short-term relief to the primary caregivers of a child or youth who is in a home or community-based environment.
- Primary Flex Funds - $1,500 in a 365-day period to purchase certain resources that address a specific need for a child or youth.
- Psychiatric Residential Treatment Facility (PRTF) – Facilities, other than hospitals, that provide intensive psychiatric residential treatment services to individuals ages 20 or younger.
- Mobile Response and Stabilization Services (MRSS) – Immediate behavioral health services for children/youth in crisis. MRSS helps to ensure children and youth receive urgent, necessary care in their homes and communities. This service is also provided through Medicaid managed care organizations (MCO) and fee-for-service (FFS) Medicaid.

CANS Assessments

To have a child or youth assessed for OhioRISE, contact AmeriHealth Caritas Ohio Member Services at 1-833-764-7700 (TTY 1-833-889-6446), 24 hours a day, seven days a week. We will help find a CANS assessor in the child or youth's community to have the CANS assessment completed.

OhioRISE Contact Information
For more information on OhioRISE, contact AmeriHealth Caritas Ohio Member Services at 1-833-764-7700 (TTY 1-833-889-6446), 24 hours a day, seven days a week or Aetna OhioRISE Member Services at 1-833-711-0773 (TTY: 711).

HEALTHCHEK

Healthchek is Ohio's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for members under the age of 21. These exams make sure that children are healthy and are developing physically and mentally. Mothers should have prenatal exams and children should have exams at birth, 3-5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one exam per year.

Healthchek covers medical, vision, dental, hearing, nutritional, developmental, behavioral health exams, and other care to treat physical, behavioral, or other problems or conditions found by an exam. Some of the tests and treatment services may require prior authorization. Healthchek is available at no cost to members and includes:

- Preventive check-ups for newborns, infants, children, teens, and young adults under the age of 21.
- Healthchek screenings:
  - Medical exams (physical and development screenings)
  - Vision exams
  - Dental exams
  - Hearing exams
  - Nutrition checks
  - Developmental exams
  - Lead testing
- Laboratory tests (age and sex appropriate exams)
- Immunizations
- Medically necessary follow-up care to treat health problems or issues found during a screening. This could include, but is not limited to:
  - visits with a primary care provider, specialist, dentist, optometrist and other AmeriHealth Caritas Ohio providers to diagnose and treat problems or issues
  - inpatient or outpatient hospital care
  - clinic visits
  - prescription drugs
- Health education

It is very important to get preventive checkups and screenings so your providers can find any health problems early. That way your provider can treat them, or make a referral to a specialist for treatment, before the problem gets more serious. *Remember: Some services may require a referral from your PCP or prior authorization by AmeriHealth Caritas Ohio.* For some EPSDT items or services, your provider may ask for prior authorization for AmeriHealth Caritas Ohio to cover things that have limits or are not covered for members over the age of 20. Please see page(s) 9-14 to see what services require a referral and/or prior authorization.

As a part of Healthchek, care management services are available to all members under the age of 21 who have special health care needs. Please see page 6 to learn more about the care management services offered by AmeriHealth Caritas Ohio.

How to get Healthchek services
You can get Healthchek services by calling your PCP or dentist to make an appointment. Make sure to ask for a Healthchek exam when you call your PCP. If you have questions or need help, please call Member Services. We can help you:

- Access care
- Learn what services are covered and need prior authorization
- Find a provider and make an appointment
- Schedule transportation
- Get referrals for Women, Infants, and Children (WIC) Help Me Grow, Bureau for Children with Medical Handicaps (BCMH), Headstart, and other community services such as food, heating assistance, and more

GETTING CARE

CHOOSING A PRIMARY CARE PROVIDER (PCP)

Your PCP is the doctor or doctors' group who provides and works with your other health care providers to make sure you get the health care services you need. Your PCP refers you to specialists you need and keeps track of the care you get by all of your providers.

You must choose a primary care provider (PCP) from the AmeriHealth Caritas Ohio provider directory. Your PCP is an individual provider, provider group practice, advanced practice nurse or advanced practice nurse group practice trained in obstetrics/gynecology (OB/GYN), family medicine (general practice), internal medicine, or pediatrics.

Your PCP will work with you to direct your health care. Your PCP will do your check-ups, shots and treat you for most of your routine health care needs. If needed, your PCP will send you to providers, specialists or admit you to the hospital.
You can reach your PCP by calling the PCP's office. Your PCP's name and telephone number are printed on your AmeriHealth Caritas Ohio ID card.

CHANGING YOUR PCP

If you want to change your PCP, you must first call Member Services to ask for the change. You can change your PCP at any time**.** To change your PCP, call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

AmeriHealth Caritas Ohio will send you **a new ID card** to let you know that your PCP has been changed and the date you can start seeing the new PCP.

For the names of the PCPs in the AmeriHealth Caritas Ohio network, you may look in your provider directory if you requested a printed copy, on our website at **www.amerihealthcaritasoh.com**, or you can call the

AmeriHealth Caritas Ohio Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week for help.

If you have an emergency and are admitted to the hospital, you or a family member or friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital. If you are admitted to a hospital that is not in AmeriHealth Caritas Ohio's network, you may be transferred to a hospital in AmeriHealth Caritas Ohio's network. You will not be moved to a new hospital until you are strong enough to be transferred to a new hospital.

SPECIALTY CARE

If you need specialized care that your PCP cannot offer, your PCP will refer you to a specialist. A specialist is a doctor who is trained and practices in a specific area of medicine (for example, a cardiologist or a surgeon). If your PCP refers you to a specialist, we will pay for your care. Talk with your PCP to be sure you know how referrals work.

If AmeriHealth Caritas Ohio does not have a specialist or other provider in our provider network who can give you the care you need, we will refer you to a specialist or other provider outside our plan. This is called an out-of-network referral. Your PCP or another network provider must ask AmeriHealth Caritas Ohio for approval before you can get an out-of-network referral. You can talk to your PCP about this or call AmeriHealth Caritas Ohio Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week to discuss your needs and to get more details.

Sometimes you may have a special medical condition where you need to see the specialist often. When your PCP refers you for several visits to a specialist, this is called a standing referral.
For a list of specialists in AmeriHealth Caritas Ohio's network, please see the provider directory on our website at **www.amerihealthcaritasoh.com** or call Member Services to ask for help or a printed provider directory.

SELF-REFERRALS

Self-referrals are services you arrange for yourself and do not require that your PCP arrange for you to receive the service. You must use an AmeriHealth Caritas Ohio network provider unless AmeriHealth Caritas Ohio approves an out-of-network provider.
The following services do not require referral from your PCP:

- Prenatal visits
- Routine obstetric (OB) care
- Routine gynecological (GYN) care
- Routine family planning services (may see out-of-network provider without approval)
- Routine dental services
- Routine eye exams
- Emergency services

You do not need a referral from your PCP for behavioral health services.

HOSPITAL SERVICES

AmeriHealth Caritas Ohio covers inpatient and outpatient hospital services. If you need inpatient hospital services and it is not an emergency, your PCP or specialist will arrange for you to be admitted to a hospital in

AmeriHealth Caritas Ohio's network and will follow your care even if you need other doctors during your hospital stay. Inpatient hospital stays must be approved by AmeriHealth Caritas Ohio. To find out if a hospital is in the AmeriHealth Caritas Ohio network, please call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week or check the provider directory on AmeriHealth Caritas Ohio website at **www.amerihealthcaritasoh.com**.

If you have an emergency and are admitted to the hospital, you or a family member or friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital. If you are admitted to a hospital that is not in AmeriHealth Caritas Ohio's network, you may be transferred to a hospital in AmeriHealth Caritas Ohio's network. You will not be moved to a new hospital until you are strong enough to be transferred to a new hospital.

NEW TECHNOLOGY

AmeriHealth Caritas Ohio wants members to have safe and effective care.

- AmeriHealth Caritas Ohio evaluates new technology, including medical procedures, drugs and devices, and the new application of existing technology, for coverage determination.
- The AmeriHealth Caritas Ohio medical director and/or medical management staff may periodically identify relevant technological advances for review pertinent to the AmeriHealth Caritas Ohio population.
- The Clinical Policy Committee (CPC) reviews request for coverage of new technology or new uses for existing technology are medically necessary.
- AmeriHealthCaritas Ohio uses nationally recognized technology guidelines from scientific journals and the Centers for Medicaid & Medicare Services (CMS).
- When a request is received for coverage of new technology that has not been reviewed by the CPC, the AmeriHealth Caritas Ohio medical director will review the request and make a one-time determination. This new technology request will then be reviewed at the next regularly scheduled CPC meeting.
- If you have any questions about your membership or what AmeriHealth Caritas Ohio has to offer, please call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

AFTER HOURS CARE

Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or a condition that requires immediate medical care to prevent a worsening of health due to symptoms that a reasonable person would believe are not an emergency but do require medical attention. You should always try to obtain urgently needed services from network providers. However, if providers are temporarily unavailable and it is not reasonable to wait to obtain care from a network provider, we will pay for the covered service(s) provided to you.

You can visit an urgent care clinic to get care the same day or make an appointment for the next day. Whether you are at home or away, call your PCP any time, day or night, if you have questions about your health. If you cannot reach your PCP, call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week**.** Tell the person who answers what is happening. They will help you decide what to do.

You can also call the Behavioral Health Crisis Line at **988** 24 hours a day, seven days a week. If you are in danger or need immediate medical attention, call **911**.

TELEHEALTH

Telehealth is the direct delivery of health care using audio and/or video. Instead of coming into the office for your appointment, you stay at your home or office and use your smartphone, tablet or computer to see and talk to your medical and behavioral health professionals. There is no cost to use telehealth and telehealth removes the stress of needing transportation services.

You can see medical and behavioral health professionals via telehealth for many illnesses and injuries, common health conditions, follow-up appointments and screenings as well as for prescribing medication(s).

Check with your providers to see if they offer telehealth.

If you have questions, call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

AmeriHealth Caritas Ohio covers telehealth appointments with MDLIVE at no cost to members. MDLIVE's health care providers can help 24/7/365 with over 80 common conditions, including:

- Allergies and sinus problems.
- Cold or flu symptoms.
- Constipation or diarrhea.
- Earache (age 4 and older).
- Pink eye.
- Rash.
- Respiratory issues.
- Sore throat.
- Stomachache.
- Urinary tract infection (females age 18 and older).
- And more.

There are many ways to sign up for MDLIVE or connect to an MDLIVE health care provider:

- Download the MDLIVE app in the Google Play™ store or Apple App Store®.
- Visit www.mdlive.com/acoh
- Call 1-888-743-6582.
- Text ACOH to 635483.*

*Message and data rates may apply.

What technology do I need for a telehealth appointment?
For a video appointment with your provider or MDLIVE, you'll need a computer, tablet or smartphone with a camera, and an internet connection.

Try these tips to help you get the most out of your telehealth session:

- Get ready. Find a private, quiet place and let others know you can't be disturbed.

- Test your gear before the session begins to make sure you have good connectivity. Would you feel more comfortable wearing headphones or earbuds?
- Come prepared with any questions, symptoms to share, and something to write down the provider's recommendations.

GETTING A MOBILE PHONE

Need help getting a smartphone? AmeriHealth Caritas Ohio members may qualify for the Lifeline Wireless program. It includes:

- No-cost smartphone
- Unlimited talk
- Unlimited text
- 4.5GB data

To learn more or apply, go to mybenefitphone.com or use the QR code.

If you can't apply online, please contact Member Services at 1-833-764-7700 (TTY 1-833-889-6446), 24 hours a day, seven days a week.

Pulsewrx, Inc. is an authorized distributor through SafetyNet Wireless. The Lifeline Program is a non-transferable government benefit limited to one discount for each program per eligible household. Complete terms and conditions can be found at https://safetynetwireless.com/safetynet-other-states-terms-conditions-service/ [safetynetwireless.com]

ADVANCE DIRECTIVES

An advance directive is a decision you make ahead of time about the medical care you do or do not want if you are unable to make a decision about medical care at the time it is needed.

Advance directives are used only if you are unable to speak or make decisions for yourself. Your advance directive would be used if you were determined by a provider to be in a terminal or vegetative state. AmeriHealth Caritas Ohio will honor your advance directive to the fullest extent allowed by law.

Ohio has four ways for you to make a formal advance directive. These include either a Living Will, a Durable Power of Attorney for medical care, a Declaration of Mental Health Treatment, or a Do Not Resuscitate (DNR) Order. You will need to fill out an advance directive while you are still able to make choices and act for yourself.

Living Will

This is a written record of how you wish your medical care to be handled if you are no longer able to decide and speak for yourself. This document should say what type of medical treatments or life support you would or would not want to have.

Durable Power of Attorney for Medical care

This is a legal document that gives the name of the person you want to make medical treatment decisions for you in case you cannot make them for yourself. This person does not have to be a lawyer.

Declaration for Mental Health Treatment
A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows you, while capable, to appoint a representative to make decisions on your behalf when you lack the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment. For example, you can indicate medication and treatment preferences, and preferences concerning admission/retention in a facility.

Do Not Resuscitate Order
A Do Not Resuscitate (DNR) Order is an order written by a doctor or, under certain circumstances, a certified nurse practitioner or clinical nurse specialist that instructs health care providers not to do cardiopulmonary resuscitation (CPR).

There are two types of DNR orders in Ohio: DNR Comfort Care and DNR Comfort Care – Arrest. You should talk to your doctor about DNR options.

To make sure your wishes are met if you cannot speak or make a decision about your care, you should write an advance directive and give a copy to your PCP, as well as to family members.

If you want to fill out and sign an advance directive or have any questions, call
Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week and they will help you.

YOUR MEMBERSHIP

HOW TO GIVE US FEEDBACK

Our Member Engagement team conducts quarterly Member and Family Advisory Council meetings. The team also conducts monthly Voice of the Customer (VOC) surveys. This is a time where members can share their feedback, ideas, make recommendations, and provide advice to ensure we come together to make a difference. If you would like to learn more call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

YOUR MEMBERSHIP RIGHTS

As a member of AmeriHealth Caritas Ohio you have the following rights:

- To make recommendations about the rights and responsibilities of AmeriHealth Caritas Ohio members.
- To receive all services that AmeriHealth Caritas Ohio must provide.
- To receive all information about AmeriHealth Caritas Ohio's services, practitioners, and providers.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To discuss medically necessary treatment options for your condition(s), no matter the cost or benefit coverage.

- To participate with providers in making decisions relating to your health care.
- To be able to take part in decisions about your health care as long as the decisions are in your best interest.
- To get information on any medical care treatment, given in a way that you can follow.
- To be sure others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in federal regulations.
- To ask, and get, a copy of your medical records, and to be able to ask that the record be changed/corrected if needed.
- To say "yes" or "no" to having any information about you given out unless AmeriHealth Caritas Ohio must by law.
- To say no to treatment or therapy. If you say no, the provider or AmeriHealth Caritas Ohio must talk to you about what could happen, and they must put a note in your medical record about it.
- To file an appeal**,** a grievance (complaint) or state hearing. See pages 35-38 of this handbook to learn more.
- To get help free of charge from AmeriHealth Caritas Ohio and its providers if you do not speak English or need help in understanding information.
- To get all written member information from the AmeriHealth Caritas Ohio:
  - at no cost to you.
  - in the prevalent non-English languages of members in the AmeriHealth Caritas Ohio service area.
  - in other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To get help with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse their care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will). See page 29 to learn more about advance directives.
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- To change your primary care provider (PCP) to another PCP in the AmeriHealth Caritas Ohio's network at least monthly. AmeriHealth Caritas Ohio must send you something in writing that says who the new PCP is by the date of the change.
- To be free to carry out your rights and know that the AmeriHealth Caritas Ohio, the AmeriHealth Caritas Ohio providers or the Ohio Department of Medicaid will not hold this against you.
- To know that the AmeriHealth Caritas Ohio must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- If you are a female, to be able to go to a woman's health provider in the AmeriHealth Caritas Ohio network for covered woman's health services.
- To get a second opinion from a qualified provider in the AmeriHealth Caritas Ohio's network. If a qualified provider is not able to see you, AmeriHealth Caritas Ohio must set up a visit with a provider not in our network.
- To get information about AmeriHealth Caritas Ohio from us.
- To contact the Ohio Department of Medicaid and/or the United States Department of Health and Human Services Office of Civil Rights at the addresses below with any complaint of discrimination based on race, ethnicity, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, genetic information, ancestry, health status or need for health services.

The Ohio Department of Medicaid
Office of Human Resources, Employee Relations
P.O. Box 182709
Columbus, Ohio 43218-2709
E-mail: ODM_EmployeeRelations@medicaid.ohio.gov
Fax: (614) 644-1434

Office for Civil Rights
United States Department of Health and Human Services
233 N. Michigan Ave. – Suite 240
Chicago, Illinois 60601
Ph: 1-312-886-2359 (TTY 1-312-353-5693)

Member personal health information is kept private
Federal and state laws require that we keep your medical records and personal health information private. We protect your health information as required by these laws. Upon member enrollment and annually thereafter, the plan distributes a notice of privacy practices to members that includes: The organization's routine use and disclosure of PHI; use of authorizations; access to PHI; internal protection of oral, written and electronic PHI across the organization.

YOUR MEMBER RESPONSIBILITIES

Give AmeriHealth Caritas Ohio and your providers all the information they need to provide care.	•Show your member ID card when using health care services and inform AmeriHealth Caritas Ohio if you lose your ID card. •Provide your PCPs and other providers with accurate and complete medical information. •Let AmeriHealth Caritas Ohio and your providers know if you have changes.
Follow your doctor's care instructions and treat your health care providers with kindness and respect.	•Keep your appointments. If you must cancel, call as soon as you can. •Ask questions. •Let your providers know if there are any reasons why you cannot follow their treatment plan. •Treat health care staff with respect. Contact Member Services if you have any problems with health care staff.
Learn as much as you can about your health so you can play an active role in your care.	•Be aware of the benefits and services available through AmeriHealth Caritas Ohio and how to use them.

	•If you have questions or require additional information, contact AmeriHealth Caritas Ohio Member Services or speak to your PCP. •Ask for more explanation if you do not understand your doctor's instructions •To the extent you can understand your health conditions and develop mutually agreed upon treatment goals

BILLING INFORMATION

Providers in AmeriHealth Caritas Ohio's network may not bill you for medically necessary services that AmeriHealth Caritas Ohio covers. Even if your provider has not received payment or the full amount of his or her charge from AmeriHealth Caritas Ohio**,** the provider may not bill you. This is called balance billing.

What Do I Do if I Get a Bill?

If you get a bill from an AmeriHealth Caritas Ohio network provider and you think the provider should not have billed you, you can call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week**.**

ACCIDENTAL INJURY OR ILLNESS (SUBROGATION)

If you have to see a doctor for an injury or illness that was caused by another person or business, you must call Member Services to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store, another insurance company may have to pay for the care or services you received. When you call us give the name of the person at fault, their insurance company and the name(s) of any attorney(s) involved. Call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week. These calls are free.

OTHER HEALTH INSURANCE (COORDINATION OF BENEFITS - COB)

If you or anyone in your family has health insurance with another company, it is very important that you call Member Services and your county caseworker about the insurance. For example, if you work and have health insurance or if your children have health insurance through their other parent, you need to call Member Services. It is also important to tell Member Services and your county caseworker if you have lost health insurance that you previously reported. Not giving us this information can cause problems with getting care and with payment of medical bills. Call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week. These calls are free.

FRAUD, WASTE, AND ABUSE

Anyone can report fraud, waste, and abuse anonymously relating to Medicaid services.

What is fraud, waste, and abuse?

- **Fraud** is a false statement from someone who knows the statement is not true.
- **Waste** is when someone uses a service more than they need to.
- **Abuse** may not be intentional. Abuse can lead to extra health care costs or losses to the health care system.

Some examples of fraud and abuse by a health care provider are:

- Providing a service that the provider knows won't be covered. The provider then says a covered service was provided instead.
- Billing or charging you for services that AmeriHealth Caritas Ohio covers.
- Offering you gifts or money to get treatment or services you do not need.
- Offering you free services, equipment, or supplies in exchange for using your AmeriHealth Caritas Ohio member number.
- Giving you treatment or services you do not need.

Some examples of fraud and abuse by a member are:

- Members selling their ID cards to other people
- Members lending their ID cards to other people
- Members abusing their benefits by seeking drugs or services that are not medically necessary

You can report suspected fraud, waste and abuse in any of the following ways:

- Contact the AmeriHealth Caritas Ohio Fraud, Waste and Abuse Hotline
    - Call - **1-866-833-9718**
    - Email - **FraudTip@amerihealthcaritas.com**
    - Write a letter -
        - AmeriHealth Caritas Ohio
        - Special Investigations Unit
        - 200 Stevens Drive
        - Philadelphia, PA 19113
- Call the U.S. Office of Inspector General's Fraud Line at **1-800-HHS-TIPS (1-800-447-8477)**
- Visit the U.S. Department of Health and Human Services, Office of Inspector General website at **https://forms.oig.hhs.gov/hotlineoperations/nothhsemployeeen.aspx**

Below are examples of information that will assist with the investigation:

- Contact Information (e.g., name of individual making the allegation, address, phone number)
- Description of the alleged fraudulent or abuse activities
- Timeframe of the allegation(s)
- Name and identification number of the suspected individual
- Source of the complaint, including the type of item or service involved in the allegation.
- Approximate dollars involved, if known
- Place of service

Why should I care about fraud, waste, and abuse?

Fraud, waste, and abuse affect both health plan members and health care providers. They can:

- Keep you from getting medical services.
- Limit your health care benefits.
- Raise your taxes.
- Keep providers from being paid for services.
- Contribute to rising health care costs.

Health care fraud is a real crime with real consequences. It can lead to fines or even jail time.

ESTATE RECOVERY

If you are permanently institutionalized or age 55 or older when you receive Medicaid benefits, the Estate Recovery Program may recover payments for the cost of your care paid by Medicaid from your estate. The cost of your care may include the capitation payment that Medicaid pays to your managed care plan, even if the capitation payment is greater than the cost of the services you received. **Estate Recovery only happens after the death of the Medicaid recipient**.

APPEALS AND GRIEVANCES

If you are unhappy with AmeriHealth Caritas Ohio or our providers, or do not agree with a decision we made, contact us as soon as possible. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to give us your approval in writing. AmeriHealth Caritas Ohio wants to help.

To contact us, you can:

- Call Member Services 24/7 at **1-833-764-7700 (TTY 1-833-889-6446)**
- Fill out the secure contact form available online at www.amerihealthcaritasoh.com/member/eng/rights/complaints-grievances.aspx
- Call Member Services to ask for a printed copy
- Visit our website at www.amerihealthcaritasoh.comWrite a letter telling us what you are unhappy about. Please include your first and last name, the number from the front of your AmeriHealth Caritas Ohio member ID card, your address and your telephone number. You should also send any information that helps explain your problem.
- To file an electronic grievance, use this secure contact form: https://apps.amerihealthcaritasoh.com/securecontact/index.aspx

Mail the form or your letter to:

AmeriHealth Caritas Ohio
Grievance Department
PO Box 7133
London, KY 40742

AmeriHealth Caritas Ohio will send you something in writing if we decide to:

- deny a request to cover a service for you;
- reduce, suspend, or stop services before you receive all of the services that were approved; or
- deny payment for a service you received that is not covered by AmeriHealth Caritas Ohio.

We will also send you something in writing if we did not:

- decide on whether to cover a service requested for you; or
- give you an answer to something you told us you were unhappy about.

APPEALS

If you do not agree with the decision or action listed in the letter, you can contact us **within 60 calendar days** to ask that we change our decision or action. This is called an **appeal**. You, your provider, or someone acting on

your behalf may file an appeal with us over the phone, in person, or in writing. The 60- calendar day period begins on the day after the mailing date on the letter. If we have decided to reduce, suspend, or stop services before you receive all of the services that were approved, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

Unless we tell you a different date, we must give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. If we do not change our decision or action because of your appeal, we will notify you of your right to request a state hearing. You may only request a state hearing after you have gone through the AmeriHealth Caritas Ohio appeal process.

If you want to submit an appeal to AmeriHealth Caritas Ohio over the telephone, please call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)** 24 hours a day, seven days a week. If you want to submit an appeal in writing, you can fax it to **1-833-329-2164** or mail it to:

Appeals
AmeriHealth Caritas Ohio
P.O. Box 7346
London, KY 40742-7346

There are two kinds of appeals with AmeriHealth Caritas Ohio:
Standard appeal: We will give you a written decision on a standard appeal within 15 calendar days after we get your written or oral appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we are taking extra time and will explain why more time is needed. If we miss the timeframe for our written decision, you have the right to immediately file a State Hearing.

Expedited (fast) appeal: You can ask for a fast appeal, orally or in writing, if you or your provider believe your health could be seriously harmed by waiting up to 15 days for a decision. If AmeriHealth Caritas Ohio accepts your request for a fast appeal, we will issue our written decision as quickly as your health condition requires, but no later than 72 hours after the date we receive your request (unless it is extended).

You may have someone else act for you.
You may have someone file an appeal for you, including your provider. You must give written permission to name your provider or another person to file an appeal for you. For more information, call Member Services at **1-833-764-7700 (TTY 1-833-889-6446),** 24 hours a day, seven days a week. You will need to fax this form to us at **1-833-329-2164** or mail it to Appeals, AmeriHealth Caritas Ohio, P.O. Box 7346, London, KY 40742-7346. Keep a copy for your records. We do not need written permission from you if your provider is requesting a fast appeal on your behalf.

How to ask for an appeal with AmeriHealth Caritas Ohio:
Your request should include:

- Your name
- Address and phone number
- Member Medicaid ID or plan ID number
- Reason(s) for appeal
- Whether you want a standard or fast appeal (for a fast appeal, explain why you need one).

- Any documents you want us to review, such as medical records, a provider's letter (such as a supporting statement if you request a fast appeal), or other information that explains why you need the service(s). Call your provider if you need this information.

We will send you a letter confirming that we received what you sent to us. We recommend keeping a copy of everything you send us for your records. You can ask to receive a copy of the medical records and other documents we use to make our decision at no cost to you. You can also ask for a copy of the guidelines we use to make our decision.

GRIEVANCES

If you contact us because you are unhappy with AmeriHealth Caritas Ohio or our providers, this is called a **grievance**. AmeriHealth Caritas Ohio will give you an answer to your grievance by phone, or by mail if we can't reach you by phone. We will give you an answer within the following time frames:

- two working days for grievances about not being able to get services
- thirty calendar days for all other grievances except grievances about getting a bill for care you have received
- sixty calendar days for grievances about getting a bill for care you have received.

If we need more time to make a decision for either an appeal or a grievance, we will send you a letter telling you that we need to take up to 14 more calendar days. That letter will also explain why we need more time. If you think we need more time to make a decision on your appeal or grievance, you can also ask us to take up to 14 calendar days.

You also have the right to file a complaint **at any time** by contacting the:

Ohio Department of Medicaid
Bureau of Managed Care Compliance and Oversight
PO Box 182709
Columbus, Ohio 43218-2709
1-800-605-3040 or 1-800-324-8680
TTY: 1-800-292-3572

Ohio Department of Insurance
50 W. Town Street
3rd Floor, Suite 300
Columbus, Ohio 43215
1-800-686-1526

STATE HEARINGS

You may only request a state hearing after you have gone through AmeriHealth Caritas Ohio's appeal process.

A state hearing is a meeting with you or someone you want to speak on your behalf, someone from the County Department of Job and Family Services, someone from AmeriHealth Caritas Ohio and a hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS). In this meeting, you will explain why you think AmeriHealth Caritas Ohio did not make the right decision and AmeriHealth Caritas Ohio will explain the reasons for making our decision. The hearing officer will listen and then decide who is right based on the rules and the information given.

AmeriHealth Caritas Ohio will notify you of your right to request a state hearing if:

- we do not change our decision or action because of your appeal

- a decision is made to propose enrollment or continue enrollment in the AmeriHealth Caritas Ohio's Coordinated Services Program (CSP)
- a decision is made to deny your request to change your Coordinated Services Program (CSP) provider.

If you want a state hearing, you, or someone you want to speak on your behalf, must request a hearing **within 90 calendar days**. The 90-calendar day period begins on the day after the mailing date on the hearing form. If your appeal was about a decision to reduce, suspend, or stop services before all the approved services are received, your letter will tell you how you can keep receiving the services if you choose to and when you may have to pay for the services. If we propose to enroll you in the Coordinated Services Program (CSP) and you request the hearing within 15 calendar days from the mailing date on the form, we will not enroll you in the program until the hearing decision. Learn more about the Ohio law on this website: https://codes.ohio.gov/ohio-administrative-code/rule-5101:6-3-02 and this website: https://codes.ohio.gov/ohio-administrative-code/rule-5160-26-08.4.

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
- Submit your request online at https://hearings.jfs.ohio.gov/apps/SHARE/#_frmLogin
- Submit your request via email at bsh@jfs.ohio.gov

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association at 1-800-589-5888.

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, if MCO or the Bureau of State Hearings may decide that the health condition meets the criteria for an expedited decision. An expedited decision will be issued as quickly as needed but no later than three working days after the request is received. Expedited decisions are for situations when making the decision within the standard time frame could seriously jeopardize your life, your health or your ability to attain, maintain, or regain maximum function.

MEMBERSHIP AND DISENROLLMENT

LOSS OF INSURANCE NOTICE

Anytime you lose health insurance, you should receive a notice, known as a certificate of creditable coverage, from your old insurance company. This notice says you no longer have insurance. Keep a copy of this notice for your records because you might be asked to provide a copy.

LOSS OF MEDICAID ELIGIBILITY

It is important that you keep your appointments with the County Department of Job and Family Services. If you miss a visit or don't give them the information they ask for, you can lose your Medicaid eligibility. If this happened, AmeriHealth Caritas Ohio would be told to stop your membership as a Medicaid member and you would no longer be covered by AmeriHealth Caritas Ohio.

AUTOMATIC RENEWAL OF MCO MEMBERSHIP

If you lose your Medicaid eligibility but it is started again within 90 days, you will automatically become an AmeriHealth Caritas Ohio member again.

ENDING YOUR AMERIHEALTH CARITAS OHIO MEMBERSHIP

As a member of a managed care organization (MCO), you have the right to choose to end your membership at certain times during the year. You can choose to end your membership during the first three months of your membership or during the annual open enrollment month. The Ohio Department of Medicaid will notify you to tell you when your annual open enrollment month will be. If you live in a mandatory enrollment area, you will have to choose another managed care organization to cover your health care services.

If you want to end your membership during the first three months of your membership or during the annual open enrollment month, you can call the Ohio Medicaid Consumer Hotline at 1-800-324-8680; (TTY711). You can also submit a request online by visiting Medicaid Hotline website at www.ohiomh.com. If you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another managed care organization, your new managed care organization will send you information in the mail before your membership start date.

CHOOSING A NEW PLAN

If you are thinking about ending your membership to change to another managed care organization (MCO), you should learn about your choices. Especially if you want to keep your current provider(s). Remember, each MCO has its own list of doctors and hospitals that are in the network. Each MCO also has written information which explains the benefits it offers and the rules that it has. If you would like written information about a managed care organization you are thinking of joining or if you simply have questions about the MCO, you may either call the plan or call the Ohio Medicaid Consumer Hotline at 1-800-324-8680(TTY 711). You can also find information about the MCOs in your area by visiting the Ohio Medicaid Consumer Hotline website at www.ohiomh.com.

JUST CAUSE MEMBERSHIP TERMINATIONS

Sometimes there may be a special reason that you need to end your membership with a plan. This is called a "just cause" membership termination. Just cause requests apply to periods outside of open enrollment and the first three months of enrollment. To ask for a just cause membership termination, you may first call AmeriHealth Caritas Ohio and give us a chance to resolve the issue. If we cannot resolve the issue, you can ask for a just cause termination if you have one of the following reasons:

- You move and your current MCO is not available where you now live, and you need non-emergency medical care in your new area before your MCO membership ends.
- Your current MCO does not, for moral or religious objections, cover a medical service that you need.
- Your doctor has said that some of the medical services you need must be received at the same time and the services are not all in the MCO's network.
- You have concerns that you are not receiving quality care and the services you need are not available from another provider in the AmeriHealth Caritas Ohio's network.
- You do not have access to medically necessary Medicaid-covered services or do not have access to providers that are experienced in dealing with your special health care needs.

- The PCP that you chose is no longer on your in the AmeriHealth Caritas Ohio's network and that was the only in-network PCP who spoke your language and was located within a reasonable distance from you; or another plan has a PCP in their network that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
- If you think staying as a member in your current managed care plan is harmful to you and not in your best interest.

A member may request a different MCO at any time if they are a child receiving Title IV-E federal foster care maintenance or are in foster care or other out-of-home placement. The change must be initiated by the local public children's services agency (PCSA) or the local Title IV-E juvenile court (Ohio Administrative Code: Rule 5160-26-02.1).

You may ask to end your membership for just cause by calling the Ohio Medicaid Consumer Hotline at **1-800-324-8680 (TTY711)**. The Ohio Department of Medicaid will review your request and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if the Ohio Department of Medicaid will end your membership and the date your membership ends. If you live in a mandatory enrollment area, you will have to choose another plan unless the Ohio Department of Medicaid tells you differently. If your just cause request is denied, the Ohio Department of Medicaid will send you information that explains your state hearing right for appealing the decision.

Things to keep in mind if you end your membership

If you have followed any of the above steps to end your membership, remember:

- Continue to use AmeriHealth Caritas Ohio doctors and other providers until the day you are a member of your new health plan or back on regular Medicaid.
- If you chose a new MCP and have not received a member ID card before the first day of the month when you are a member of the new plan, call the AmeriHealth Caritas Ohio Member Services Department. If they are unable to help you, call the Ohio Medicaid Consumer Hotline at **1-800-324-8680 (TTY 711)**.
- If you were allowed to return to the regular Medicaid card and you have not received a new Medicaid card, call your county caseworker.
- If you have chosen a new MCO and have any medical visits scheduled, call your new plan to be sure that these providers are in the new plan's provider network and that any needed paperwork is done. Some examples of when you should call your new plan include: *when you have an appointment to see a new doctor, a surgery, blood test or x-ray scheduled and especially if you are pregnant*.
- If you were allowed to return to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

OPTIONAL MEMBERSHIP TERMINATIONS

You have the option not to be a member of a managed care organization (MCO) if:

- You are a member of a federally recognized Indian tribe, regardless of your age.
- You are an individual who receives home- and community- based waiver services through the Ohio Department of Developmental Disabilities.

If you believe that you or your child meet any of the above criteria and do not want to be a member of a managed care organization, you can call the Ohio Medicaid Consumer Hotline at **1-800-324-8680 (TTY 711)**. If you meet the above criteria and does not want to be an MCO member, your MCO membership will be ended.

Exclusions – Individuals that are not permitted to join a Medicaid MCO:

You may not be allowed to join a Medicaid managed care organization (MCO) if you are:

- Dually eligible under both the Medicaid and Medicare programs:
- Institutionalized (in a nursing home and are not eligible under the Adult Extension category, long-term care facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID), or some other kind of institution); or
- Receiving Medicaid Waiver services and are not eligible under the Adult Extension category.
- *If you are eligible for Medicaid under the Adult Extension category, you will receive your nursing home services through the Managed Care Organization. Additionally, Adult Extension members approved for waiver services will remain in the Managed Care Organization.*

If you believe that you meet any of the above criteria and should not be a member of a Managed Care Organization, you must call the Ohio Medicaid Consumer Hotline at **1-800-324-8680 (TTY711)**. If you meet the above criteria, your MCO membership will be ended.

Can AmeriHealth Caritas Ohio End My Membership?
AmeriHealth Caritas Ohio may ask the Ohio Department of Medicaid to end your membership for certain reasons. The Ohio Department of Medicaid must okay the request before your membership can be ended.

The reasons that AmeriHealth Caritas Ohio can ask to end your membership are:

- For fraud or for misuse of your AmeriHealth Caritas Ohio ID card
- For disruptive or uncooperative behavior to the extent that it affects the MCO's ability to provide services to you or other members.

AmeriHealth Caritas Ohio provides services to our members because of a contract that AmeriHealth Caritas Ohio has with the Ohio Department of Medicaid. If you want to contact the Ohio Department of Medicaid you can call or write to:

Ohio Department of Medicaid
Office of Managed Care
Bureau of Managed Care Compliance and Oversight
PO Box 182709
Columbus, Ohio 43218-2709

Phone: 1-800-324-8680 (TTY 1-800-292-3572)
Website: www.medicaid.ohio.gov

You can contact AmeriHealth Caritas Ohio to get any other information you want including the structure and operation of AmeriHealth Caritas Ohio and how we pay our providers. If you want to tell us about things you think we should change, call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

MANAGED CARE TERMINOLOGY

Appeal: a member's request for the managed care organization (MCO) to review an adverse benefit determination

Co-Payment: a fixed amount a member pays for a covered health care service.

Durable Medical Equipment: equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.

Emergency Medical Condition: a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

Emergency Medical Transportation: transportation, by ambulance, of sick, injured or otherwise incapacitated persons who require emergency medical care.

Emergency Room Care: medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition exists and, if it does, the care treatment or surgery for a covered service by a physician necessary to relieve or eliminate the emergency medical condition, within the service capability of a hospital.

Emergency Services: covered inpatient services, outpatient services, or medical transportation services that are provided by a qualified provider and are needed to evaluate, treat, or stabilize an emergency medical condition. Providers of emergency services also include physicians or other health care professionals or health care facilities not under employment or under contractual arrangement with the MCO

Excluded Services: health services that the MCO does not pay for or cover.

Grievance: a member's expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member’s rights regardless of whether remedial action is requested. Grievance includes a member's right to dispute an extension of time proposed by an MCE to make an authorization decision.

Habilitation Services and Devices: services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Health Insurance: A contract that requires MCO to pay some or all of your health care costs in exchange for a premium.

Home Health Care: services that include home health nursing, home health aide services and skilled therapies.

Hospice Services: a public agency, a private organization, or a subdivision of either, subject to the conditions of participation pursuant to 42 C.F.R. Part 418 (October 1, 2017), that is licensed in the state of Ohio and approved by the ODM to engaged in providing care to terminally ill individuals. (Ohio Administrative Code (OAC) rule 5160-56-01(V)).

Hospitalization: care in a hospital that requires admission as an inpatient.

Hospital Outpatient Care: diagnostic, therapeutic, rehabilitative, or palliative treatment or services furnished by or under the direction of a practitioner of physician services which are furnished to a patient by a hospital.

Medically Necessary: criteria of coverage for procedures, items, or services that prevent, diagnose, evaluate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability and without which the person can be expected to suffer prolonged, increased or new morbidity; impairment of function; dysfunction of a body organ or part; or significant pain and discomfort.

Network: the MCO's contracted providers available to the MCO's members.

Non-Participating Provider: any provider with an ODM provider agreement who does not contract with an MCO but delivers health care services to an MCO's members.

Participating Provider: any provider, group of providers, or entity that has a network provider contract with the MCO in accordance with rule 5160-26-05 of the Administrative Code and receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the MCO's provider agreement or contract with ODM.

Physician Services: (L) "Practitioner of physician services": are physicians, podiatrists, dentists, clinical nurse specialists, certified nurse-midwives, certified nurse practitioners or physician assistants. (5160-2-02(L)).

Plan: (S) "Managed care organization (MCO)" means a health insuring corporation (HIC) licensed in the state of Ohio that enters into a managed care provider agreement with ODM. (5160-26-01(S)).

Post-stabilization care services: covered services related to an emergency medical condition that a treating provider views as medically necessary after an emergency medical condition has been stabilized in order to maintain the stabilized condition, or under the circumstances described in 42 C.F.R.422.113 to improve or resolve the member's condition.

Preauthorization: a decision by the MCO that a health care service, treatment plan, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification.

Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency.

Premium: "Premium" means the monthly payment amount per member to which the MCO is entitled as compensation for performing its obligations in accordance with Chapter 5160-26 of the Administrative Code and/or the provider agreement with ODM. (OAC rule 516026-01(NN))

Prescription Drug Coverage: drugs covered by the Single Pharmacy Benefit Manager (SPBM) that are dispensed to members for the use in a patient's resident, including a nursing facility or intermediate care facility for individuals with intellectual disabilities.

Prescription Drugs - simple or compound substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that are prescribed by a physician or other licensed practitioner of the healing arts within the scope of this professional practice as defined and limited by Federal and State law; dispensed by licensed pharmacists and licensed authorized practitioners in accordance with the State Medical Practice Act; and dispensed by the licensed pharmacist or practitioner on a written prescription that is recorded and maintained in the pharmacist's or practitioner's records.

Primary Care Physician or Provider: an individual physician (M.D. or D.O.), a physician group practice, an advanced practice registered nurse as defined in section 4723.01 of the Ohio Revised Code, an advanced practice nurse group practice within an acceptable specialty, or a physician assistant who meets the requirements of rule 5160-4-03 of the Ohio Administrative Code contracting with an MCO to provide services as specified in rule 5160-26-03.1 of the Ohio Administrative Code.

Provider: a hospital, health care facility, physician, dentist, pharmacy, or otherwise licensed or certified appropriate individual or entity that is authorized to or may be entitled to reimbursement for health care-related services rendered to an MCO's members.

Rehabilitation Services and Devices: specific tasks that must, in accordance with Title 47 of the Ohio Revised Code, be provided directly by a licensed or other appropriately certified technical or professional health care personnel.

Skilled Nursing Care: specific tasks that must, in accordance with Chapter 4723. Of the Ohio Revised Code, be provided by a licensed practical nurse (LPN) at the direction of a registered nurse or by a registered nurse directly.

Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

APPENDIX A: OHIO SINGLE PHARMACY BENEFIT MANAGER (SPBM)

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 Benefits 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-count (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 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 (PDL)

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 Reference Material 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://medicaid.ohio.gov/stakeholders-and-partners/phm/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. Gainwell accepts prior authorization submissions via phone, fax, mail, web portal, or ePA.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 provider 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 the 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 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 treatment of obesity
- Drugs for 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 our 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 REQUESTS 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., 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 with the below timeframes:

- Two (2) working days for grievances about not being able to get 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, 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., 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 contact 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 appeal to Gainwell. If you would like to request a State hearing, you or an 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. 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 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 medication coverage. Recommendations can be emailed to Gainwell Pharmacy Services as OH_MCD_PBM@gainwelltechnologies.com or call Member Services at **1-833-491-0344** (**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 an account through the Gainwell Member Portal, you can follow the directions on the website at https://spbm.medicaid.ohio.gov or call 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 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 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**).

AmeriHealth Caritas Ohio

Discrimination is Against the Law

AmeriHealth Caritas Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas Ohio provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, etc.). AmeriHealth Caritas Ohio provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact AmeriHealth Caritas Ohio Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

If you believe that AmeriHealth Caritas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by mail, phone, or online.

Mail: AmeriHealth Caritas Ohio
Attn: Civil Rights Coordinator
P.O. Box 7133
London, KY 40742
Phone: **1-833-764-7700 (TTY 1-833-889-6446)**
Online: **https://apps.amerihealthcaritasoh.com/securecontact/index.aspx**

If you need help filing the grievance, the AmeriHealth Caritas Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: **1-800-368-1019 (TDD 1-800-537-7697)**
Online: **www.hhs.gov/ocr/office/file/index.html**

This notice is also available at AmeriHealth Caritas Ohio's website **www.amerihealthcaritasoh.com**.

AmeriHealth Caritas Ohio is committed to maintaining the privacy and security of the personal information of its plan members. Read more on our privacy practices at **www.amerihealthcaritasoh.com/privacy-notice.aspx**

Multi-language interpreter services

If you have a problem reading or understanding this information or any other AmeriHealth Caritas Ohio information, please contact our Member Services toll-free at 1-833-764-7700 (TTY 1-833-889-6446), 24 hours a day, seven days a week for help at no cost (free) to you. Call if you would like:

- Oral interpretation, oral translation
- Auxiliary aids and services
- Written information in your non-English primary language
- Written information in other formats, such as braille or large print

English ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-764-7700 (TTY 1-833-889-6446)**.

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-833-764-7700 (TTY 1-833-889-6446)**.

Haitian French Creole ATANSYON: Si w pale kreyòl ayisyen, genyen sèvis pou ede w nan lang pa w ki disponib gratis pou ou. Rele nan **1-833-764-7700 (TTY 1-833-889-6446)**.

Ukrainian УВАГА: Якщо ви говорите українською мовою, ви маєте право на безкоштовні мовні послуги. Телефонуйте за номером **1-833-764-7700 (TTY 1-833-889-6446)**.

Nepali/Nepalese (Nepal) ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका निम्ति भाषासम्बन्धी सहयोग सेवाहरू नि:शुल्क रूपमा उपलब्ध हुन्छन् । **1-833-764-7700 (TTY 1-833-889-6446)** मा फोन गर्नुहोस् ।

Arabic

تنبيه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجانًا. اتصل بالرقم **1-833-764-7700 (TTY 1-833-889-6446)**.

Somali FIIRO GAAR AH: Haddii aadan ku hadlin Af-Soomaali, adeegyada caawimaada luqadda oo bilaash ah, ayaa diyaar kuu ah. Wac **1-833-764-7700 (TTY 1-833-889-6446)**.

Russian ВНИМАНИЕ: если вы говорите по-русски, в вашем распоряжении бесплатные услуги переводчика. Позвоните по тел. **1-833-764-7700 (TTY 1-833-889-6446)**.

Swahili TAHADHARI: Ikiwa huzungumzi Kiswahili, utapokea huduma za usaidizi wa lugha, bila malipo. Piga simu kupitia **1-833-764-7700 (TTY 1-833-889-6446)**.

French ATTENTION : Si vous parlez français, des services d'aide linguistique sont mis à votre disposition gratuitement. Appelez-nous au **1-833-764-7700 (TTY 1-833-889-6446)**.

Kinyarwanda (Burundi) MENYA NEZA: Nimba uvuga Ikirundi (Burundi), ama seruvise afasha mu vy'indimi, atangwa ku buntu, arahari ku bwanyu. Hamagara kuri **1-833-764-7700 (TTY 1-833-889-6446)**.

Uzbek (Uzbekistan) DIQQAT: Agar ingliz tilida gapirmasangiz, siz uchun bepul til yordam xizmatlari mavjud. **1-833-764-7700 (TTY 1-833-889-6446)** ga qo'ng'iroq qiling.

Pashtu (Afghanistan)

توجه: که تاسي په پښتو ژبه غږيږئ، د ژبې د مرستې وړيا خدمتونه ستاسي لپاره موجود دي. دي **1-833-764-7700 (TTY 1-833-889-6446)** شمېرې ته زنګ ووهئ.

Vietnamese CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi **1-833-764-7700 (TTY 1-833-889-6446)**.

Tigrinya ኣስተውዕል ፦ ቋንቋ ትግርኛ ዘይትዛረብ እንተደኣ ኾንካ ብናጻ ዝወሃብ ኣገልግሎት ሓገዝ ንዓኻ ክፉት እዩ። ናብ **1-833-764-7700 (TTY 1-833-889-6446)** ደውል።

Dari (Afghanistan)

توجه: اگر به لسان افغانی گپ میزنید، خدمات مساعدت لسانی به صورت رایگان به شما ارایه میشود. با نمبر **1-833-764-7700 (TTY 1-833-889-6446)** به تماس شوید.

www.amerihealthcaritasoh.com

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