

Desktop Level Policies & Procedures – Coordinated Services Program Fee-for-Service (FFS)

The Coordinated Services Program (CSP) is designed to require a member to obtain services from an assigned provider to avoid duplication of services, inappropriate or unnecessary utilization of services, fraud, and excessive use of prescribed medications. Identification and evaluation, notification, enrollment, communication with the assigned pharmacy, mechanism for members to change the designated pharmacy, continuation of enrollment, state hearing notices and grievances, and disenrollment are all phases of the (CSP).

I. Identification of Initial Members for enrollment

- CSP Team will review the CSP potential member report quarterly.
- The following criteria will be utilized to determine member enrollment:
 1. Member requests self-enrollment
 2. Provider request enrollment
 3. ODM request enrollment
 4. When three or more of the criteria below are met the individual is enrolled in CSP.
 - a. **Individual received four or more abuse potential drugs.** During a 90-day period within the last 12 months, an individual received four or more of any combination of any OARRS reportable drugs or any muscle relaxants.
 - b. **Individual has a history of addiction or drug dependence with abuse potential drugs.** The individual was diagnosed with or treated for addiction and the individual received any combination of any OARRS reportable drugs or any muscle relaxants. National diagnosis codes are used to identify addiction and drug dependence
 - c. **Individual obtained prescriptions for abuse potential drugs from four or more prescribers.** During a 90-day period within the last 12 months, an individual obtained prescribed drugs from four or more prescribers for any combination of any OARRS reportable drugs or any muscle relaxants. Affiliated prescribers with a shared business structure such as those at an RHC, FQHC, and group practices are considered a single prescriber. Different strengths of the same drug count as 2 drugs, i.e., Percocet 5 mg and Percocet 10 mg =2. Prescriber identification numbers are used for the determination of multiple prescriber use.
 - d. **Individual has a poisoning overdose with a benzodiazepine, prescription opioid, or abuse potential drug.** An individual was diagnosed or treated for poisoning overdose within 365 days, and during a 90-day period within the last 12 months, the individual received of any combination of any OARRS reportable drugs or any muscle relaxants. National diagnosis codes are used to identify poisoning and/or overdose.
 - e. **Individual utilized three or more pharmacies.** During a 90-day period within the last 12 months, and individual utilized three or more pharmacies to fill abuse potential drugs as determined by national provider identification (NPI) number. i.e., count different mail order facilities from the same chain as a single pharmacy)
 - f. **Individual received one narcotic analgesic one benzodiazepine and on muscle relaxant.** During a 90-day period within the last 12 months, an individual concurrently received all the following: any benzodiazepine, any muscle relaxant or any opioid.
 - g. **Individual received Medication Assisted Treatment.** During a 90-day period within the last 12 months, and individual received Medication Assisted Treatment concurrently with an opioid.
 5. Members identified for enrollment shall be submitted to ODM for approval the **First week** of February, May, August, and November.
 6. ODM will review the identified profiles and shall return enrollment decisions by the **Second week** of February, May, August, and November.

II. Identification of Continuation of Lock-in enrollment

1. If after the initial enrollment period, Gainwell determines an individual's service utilization continues to support enrollment the individual will be enrolled in CSP for an additional twenty-four months upon ODM approval.
2. Members will be recommended for continuation of enrollment if criteria continue to be met, by recommendation of ODM, or by continued self-enrollment.
3. Continuation of enrollment profiles shall be sent to ODM for approval the **First week** of February, May, August, and November

III. Enrollment and Continuation of Lock-in enrollment notifications

Third week of February, May, August, and November:

1. CSP enrollment list shall be provided for entry to the letter generator separated into initial enrollment and continued enrollment. Letters to members will be mailed as generated.
 - a. Members identified for initial enrollment will receive the "Notice of Proposed Enrollment in the Coordinated Services Program (CSP)" (see Appendix A), welcome letter and brochure.
 - b. Members identified for continued enrollment will receive the "Notice of Continued Enrollment in the Coordinated Services Program (CSP)" (see Appendix A).
 - c. Confirmation that letters were sent will be provided by letter generator via email to the CSP inbox.

IV. Configuration of Lock-in Members

- The lock-in pharmacy shall be added to the member profile by the CSP Team. If the member fails to select a Lock in pharmacy Gainwell will lock the member into the most current and frequently used pharmacy in claims history.
- Gainwell will also identify a 2nd pharmacy in VUE360Rx (if applicable) If the member calls in requesting to have a specialty/compounding or mail order pharmacy added to the designated pharmacy list, the Technical Call Center agent will send an email with the Pharmacy Name, NPI, Address and phone number to the CSP team for approval.
- Gainwell will reconcile CSP rosters monthly with ODM to ensure alignment.
- Gainwell CSP Team will have access to MITS data.

VUE360RX Instructions:

The member lock-in functionality allows users to restrict pharmacy services for a member to one or multiple pharmacy providers. Claims submitted by any other pharmacy will deny if submitted during the effective and termination dates of the lock-in. A member can also be "locked-in" or assigned to a specific therapeutic class of drugs and therefore "locked-in" to a specific prescriber, who can only prescribe the assigned therapeutic class of drugs. When the member is associated to a prescriber and associated to a specific therapeutic class, and a submitted claim is not for one of these drugs, the claim will deny.

To view member lock-ins, follow the steps below:

1. Click the Member Lock-In subtab within the Member Control tab.
2. The Member Lock-In window displays with a list of active member lock-ins. Refer to Figure 8.3. Note: To view a list of termed member lock-ins, click the Show Termed List box. Note: Click Export to export the list

of lock-ins as an Excel spreadsheet.

*Note: For more information on the **Lock-In** table columns and descriptions, refer to Table 8.1.*

Field	Definition
Cardholder ID	The member's insurance identification number or Medicaid ID.
First Name	The member's first name.
Last Name	The member's last name.
Date of Birth	The member's date of birth.
Lock-In Type	Indicates the type of lock-in . Values include: <ul style="list-style-type: none"> Pharmacy Prescriber Therapeutic Class
NPI	Displays the National Provider Identifier (NPI) of the pharmacy or prescriber in which the member is assigned to or " locked-in " to.
Name	Displays the name of the pharmacy or prescriber in which the member is assigned to or " locked-in " to.
Eff Date	Displays the effective date of the lock-in restriction
Term Date	Displays the termination date of the lock-in restriction

Table 8.1 – Member **Lock-In Columns and Descriptions**

- To look up a specific member lock-in record, enter information in the search fields at the top of the window.
- Click Search to display the list of lock-ins that match your entered criteria. Refer to Figure 8.4.

Figure 8.4 – Member **Lock-In Search Fields**

Adding a Member Lock-In To add a Member Lock-In record, follow the steps below:

1. In the Member Lock-In window, click Add. Refer to Figure 8.5.

Figure 8.5 – Add Button

2. The Member Search window displays. Enter the appropriate information in one of the displayed fields (Cardholder ID, First Name, and/or Last Name) to search the member for which the lock-in record is being created.
3. Click Search. Refer to Figure 8.6
4. The Results window displays the members that match the entered search criteria.

Figure 8.6 – Search Button

5. Click the Thumbtack icon next to the desired member. Refer to Figure 8.7

Member ID	Cardholder ID	First Name	Last Name	Date of Birth	City	State
17	126004200299				ASHTABULA	OH
24					CANTON	OH
28					ALLIANCE	OH
90					HEATH	OH
81					CUMBERLAND	OH
88					MARYSVILLE	OH
48					TOLEDO	OH
75					SWANTON	OH
43					EAST LIBERTY	OH
88					MINERVA	OH
54					XENIA	OH
52					LIMA	OH
32					MAPLE HEIGHTS	OH
43					LORAIN	OH
52					AKRON	OH
77					CLEVELAND	OH
23					CANTON	OH
09					REYNOLDSBURG	OH
34					MARION	OH
75					KENSINGTON	OH
43					PORT WASHINGTON	OH

Figure 8.7 – Member Search Results, Thumbtack Icon

6. The Add Member Lock-in window displays. The selected member's information is populated at the top of the window.
7. Enter information in the remaining fields and click Save. Refer to Figure 8.8. Note: The required fields for creating the member lock-in will vary based on the lock-in type selected in the Lock-In Type drop-

down list. Note: You can use the magnifying glass next to the NPI field to look up the pharmacy or prescriber for the lock-in record using additional search criteria.

- The added member lock-in record now appears in the Active Lock-in list. Refer to Figure 8.9

Active Lock-In											2 Records
	Cardholder ID	First Name	Last Name	Date of Birth	Lock-In Type	Lock-In SubType	NPI	Name	Eff Date	Term Date	
					Pharmacy			DRUG MART	02/28/2022	12/31/2078	
					Pharmacy			DRUG MART	02/18/2022	12/31/2078	
<div>ADDEXPORT</div>											

Figure 8.9 – Added Member Lock-In

V. Requests for CSP changes

The Gainwell Call Center shall notify the CSP Team of requests for changes to the designated pharmacy by sending an e-mail to the OH_MCD_PBM_Clinical@gainwelltechnologies.com within one business day of the receipt of the request. The CSP Team shall respond to the request by sending an e-mail to the Gainwell Call Center designated inbox within one business day.

VUE360Rx Instructions:

Updating a Member Lock-In

- To update a lock-in record, click the Pencil icon. Refer to Figure 8.10

Active Lock-In

1 Records





	Cardholder ID	First Name	Last Name	Date of Birth	Lock-In Type	Lock-In SubType	NPI	Name	Eff Date	Term Date
	<input type="text" value=""/>	MARY	TRAINING112	07/16/2009	Prescriber		1578543930	RXTRAINING, JOEY	06/04/2021	12/31/2078
<div><div>ADD</div><div>EXPORT</div></div>										

Figure 8.10 – Pencil Icon

- Update the Active Lock-In member information.
- Click the green Checkmark. Refer to Figure 8.11.

Active Lock-In											1 Records
	Cardholder ID	First Name	Last Name	Date of Birth	Lock-In Type	Lock-In SubType	NPI	Name	Eff Date	Term Date	
 	<input type="text"/>	MARY	TRAINING112	07/16/2009	Prescriber		1578543930	RXTRAINING, JOEY	06/04/2021	12/31/2075 	
<div>EXPORT</div>											

- The member record is updated. Refer to Figure 8.12.



Active Lock-In										1 Records
	Cardholder ID	First Name	Last Name	Date of Birth	Lock-In Type	Lock-In SubType	NPI	Name	Eff Date	Term Date
 	<input type="text"/>	MARY	TRAINING112	07/16/2009	Prescriber		1578543930	RXTRAINING, JOEY	06/04/2021	12/31/2075
<div><div>ADD</div><div>EXPORT</div></div>										

Figure 8.12 – Updated Member

VI. State Hearings and Grievances

If a member requires a state hearing, we will refer the member to the Grievances and Appeals department.

VII. Disenrollment

If an individual enrolled in CSP meets any of the exclusion criteria below, the individual will be disenrolled from CSP. Monthly reporting shall be reviewed to determine a members need for disenrollment. If the individual no longer meets any of the exclusion criteria below, Gainwell will reinstate the individual into CSP. Gainwell will

monitor the Disenrollment report monthly for individuals that should be excluded from CSP enrollment according to the following:

- Has a current diagnosis of cancer and is actively receiving chemotherapy or radiation treatment;
- Resides in a - nursing facility (NF) as described in section 5165.01 of the Revised Code, or an intermediate care facility for individuals with intellectual disabilities (ICF-IID) as described in section 5124.01 of the Revised Code.
- Is enrolled in the assisted living home and community-based services (HCBS) waiver program as described in Chapter 5160-33 of the Administrative Code.
- Receives hospice services.
- Is enrolled in both the Medicaid and Medicare programs or
- Is enrolled in the FFS program and, at the sole discretion of ODMs clinical staff, it is determined that it would not be appropriate to enroll the individual in CSP.

VIII. Call Center Operations:

FFS designations are found on the enrollments tab screen. Here you can determine whether the patient is FFS or MCO. Please check the term date for active status. For MCO patients, please follow the MCO model agreement

Enrollments							Row Count: 14	
Select	Enroll ID	Status	Plan	Eff Date	Term Date	Health Plan ID		
<input type="checkbox"/>	ENRC00036909646	Primary	CareSource Medicaid MCE	05/01/2021	12/31/2028			
<input type="checkbox"/>	ENRC00036909645	Primary	CareSource Medicaid MCE	01/01/2018	04/30/2021			
<input type="checkbox"/>	ENRC00036909644	Primary	Legacy Medicaid Managed Car	10/01/2016	12/31/2017			
<input type="checkbox"/>	ENRC00036909643	Primary	Legacy FFS	07/01/2016	09/30/2016			
<input type="checkbox"/>	ENRC00036909641	Primary	Legacy Medicaid Managed Car	05/01/2014	07/31/2015			
<input type="checkbox"/>	ENRC00036909640	Primary	Legacy Medicaid Managed Car	04/01/2014	04/30/2014			
<input type="checkbox"/>	ENRC00036909639	Primary	Legacy FFS	01/01/2014	03/31/2014			
<input type="checkbox"/>	ENRC00036909637	Primary	Legacy Medicaid Managed Car	07/01/2013	09/31/2013			
<input type="checkbox"/>	ENRC00036909636	Primary	Legacy Medicaid Managed Car	06/01/2013	06/30/2013			
<input type="checkbox"/>	ENRC00036909635	Primary	Legacy FFS	04/01/2013	05/31/2013			
<input type="checkbox"/>	ENRC00036909634	Primary	Legacy Medicaid Managed Car	01/01/2013	02/28/2013			
<input type="checkbox"/>	ENRC00036909633	Primary	Legacy FFS	12/01/2012	12/31/2012			
<input type="checkbox"/>	ENRC00036909632	Primary	Legacy Medicaid Managed Car	05/01/2012	11/30/2012			
<input type="checkbox"/>	ENRC00036909631	Primary	Legacy FFS	04/01/2012	04/30/2012			

MITS Display Information

Recipient information panel - CSP indicator

Home Claims Healthcheck Financial Managed Care Prior Authorization Provider Recipient Reference TPL Tools Site
home search **Information** related data buyin edb search tbg search case search service usage rpts and letters hospice search

Next Search By: Recipient ID SSN

Recipient Information

Recipient ID	Title	Primary ID
PHI Ind	Name	Yes
Current MBI	Prev Name	Linked ID
Current HICN/RRB	Address	Medicare Coverage
SSN	Address 2	Medicare Buy-in
SSN Ind	Address 3	Benefit Plan
Conversion	City	GMH 08/01/1992 - 11/30/1992
Gender	State	Assignment Plan
Birth Date	OH	Managed Care
Age	Zip	MCCFC 02/01/2018 - 12/31/2299
Death Date	Phone	TPL
Death Date Ind	Phone Type	Patient Liability
Conversion	Home	Lockin
Race	ALT Phone	MCPHR 12/01/2017 - 03/31/2018
Caucasian	ALT Phone Type	Date Updated
Additional Races	Other	01/19/2018
Marital Status Code	Residence County	Healthcheck Conducted Code
M-Married	Eligibility County	Healthcheck Conducted Date
Ethnicity	Managed Care Cap Region	Healthcheck Signature Date
00 - Not Hispanic	Central/Southeast Region - Sub	Program Enrollment Indicator
U.S. Citizen	County Office	Hospice Enrollment Indicator
Citizen	http://fs.ohio.gov/county/cntydir.stm	No
Language	Special Needs Indicator	MMA File History
ENGLISH	N	
Language Ind	Authorized Rep	
Conversion	N	
Case/Cat/Seq	Recipient Comments	
	Recipient Review	
Source		
Integrated Eligibility		
Living Arrangement		
SM HOME		

MITS Display Information

Lock-in panel - CSP enrollment details

Attachments
Benefit Plan
Managed Care
Medicare
Previous Data

Base Information
Citizen
Level Of Care
Miscellaneous Data Dates
Recipient Assignment Plan
Recipient Copay Claims

Benefit Aid Category
Copay Exemption Dates
Link History
Miscellaneous Eligibility Indicator
Recipient Case/Cat/Seq History
Recipient Income

Lockin Details

Status: Active Only Lockin Plan:

Lockin Plan: MCCSP Pharmacy Effective Date: 12/01/2017 End Date: 03/31/2018 Provider: 1710096060 NATIONAL PROVIDER ID: Active

Lockin Period:

Lockin Plan: MCCSP Pharmacy Provider: 1710096060 NP1

Effective Date: 12/01/2017

End Date: 03/31/2018

Status Code: Active

Lockin Reason Comments:

Reason:

Comment:

MIT S Display Information: Codes

MCCSP Type	Indicates whether the MCCSP span is for Pharmacy or Physician
MCCSP NPI	MCCSP National Provider Identifier
MCCSP Effective Date	The program effective date to be used when processing a MCCSP record.
MCCSP End Date	The program end date to be used when processing a MCCSP record.
Reason Code	Reason code for sending an Add, Update or Deleted MCCSP record.

Lock-In Plan Assignments
CSP Pharmacy
CSP Physician
Hospice Assignment Plan indicates FFS Hospice Enrollment
MCCSP Pharmacy- Indicates MCP Pharmacy Assignment for CSP
MCCSP Physician- Indicates MCP Physician Assignment for CSP

Denied Claim Details

Edit 7121 – Recipient is locked into Pharmacy

Edit 7506 – Recipient is locked into Prescriber

Edit 7507 – Recipient is locked into Prescriber & Submitted Drug

***Only edit 7121 applies to FFS members, additional denial edits may indicate an error in member entry or transfer from MCO to FFS.**

IX. Gainwell Call Center override and changes

Urgency

Emergent is defined as essential to the maintenance of life or to the continuation of therapy.

Non-emergent is defined as non- acute or chronic medical condition, wellness maintenance and/or prescription refills that require medical intervention, when the member’s condition is stable.

The Gainwell Call Center may approve a maximum of three overrides in a 180-day timeframe for all medications per member. Any requests for more than three emergency overrides within 180 days shall be routed to the CSP Team for review. Gainwell Call Center shall communicate CSP override requests to CSP Team in the following circumstances using the methods stated below:

1. During business hours (8AM-4PMET Monday through Friday):
 - a. Non-controlled medications. The Gainwell Call Center may approve one-time override requests for non-controlled medications in following circumstances: the member is traveling, lock-in pharmacy is closed, or lock-in pharmacy does not have required medications. The Gainwell Call Center shall notify CSP Team of the approval of one-time overrides within 24 business hours through the designated pharmacy inbox for override monitoring.
 - b. Controlled medications. All controlled medication override requests shall be sent to CSP Team through the designated pharmacy inbox.
 - i. Emergent: within one hour of receipt for review and approval. The CSP Team shall review and respond within two hours.

- ii. Non-emergent: within four hours of receipt for review and approval. The CSP Team shall review and respond within 24 hours.

2. After hours:

- a. Non-controlled medications. Gainwell Call Center may approve one-time override requests received after hours for non-controlled medications. A maximum of three emergency overrides are permissible for Gainwell in a 180-day timeframe for all medications. Anything over three emergency overrides within 180 days shall be routed to the CSP Team for review. The Gainwell Call Center shall notify the CSP Team of the approval of one-time overrides daily.
- b. Controlled medications. Controlled medication override requests shall be handled as follows:
 - i. Emergent: for after-hours "emergent" situations that involve controlled medications, the Gainwell Call Center agrees to follow their "exception policy". The Gainwell Call Center shall notify the CSP Team of an override for controlled medications through the designated inbox daily.
 - ii. Non-emergent: all controlled medication override requests received after hours shall be sent to the pharmacy designated mailbox daily.

X. Changing an assigned provider

When selecting a pharmacy provider for a member, consider the distance from the member's home, the primary provider of services for the member, care compliance contracts that may exist between the provider and member, and member preference. An individual may request to change an assigned provider or Gainwell may direct an individual to make an alternative selection of an assigned provider for any of the following circumstances:

- 1. Gainwell will immediately upon notification change an individual's assigned pharmacy following a request from an individual or a representative from the treatment facility who has permission from the individual who is receiving inpatient treatment for addiction.
- 2. Upon request, Gainwell will immediately change an individual's assigned pharmacy following discharge from an inpatient treatment program for addiction.
- 3. The assigned provider's location is no longer accessible to the individual for any of the following reasons:
 - a. The assigned provider's pharmacy has relocated or closed.
 - b. The individual has moved or is unable to travel to the provider.
 - c. The assigned provider is no longer an eligible provider.
 - d. The assigned provider chooses not to provide services to the individual
 - e. The individual transfers from FFS to an MCO, MCO to FFS or from one MCO to another
- 4. The medical needs of the individual call for the assignment of a provider with a different specialty

If Gainwell denies the individual's request to change the assigned provider, Gainwell will notify the individual in one business day, by issuing the "Notice of Denial of Assigned Provider or Pharmacy in the Coordinated Services Program (CSP)" (ODM 01718, 10/2022) in accordance with division 5101:6 of the Administrative Code via letter manager.

XI. Reporting

CSP Quarterly Reporting- to be delivered 45 days after end of quarter

- For members newly enrolled at the start of the previous quarter provide average MED/day per member for quarter prior to enrollment compared to average MED/per day per member for quarter post enrollment

- For members newly enrolled at the start of the previous quarter provide average number of claims and spending for opioids, benzodiazepines, muscle relaxants, gabapentin, and MAT one month prior to individual's enrollment in the program compared to the average number of claims and spending for these during the individual's third month in the CSP program.
- Number of new members and re-enrollees at the beginning of the quarter
- Reporting on number of claims that denied because of CSP lock in and number of patients who had a claim deny because of lock in
- Reporting on number of patients that requested pharmacy override and the total number of pharmacy overrides requested

CSP Monthly Reporting- to be delivered on 10th business day of the month

(Example) for February monthly reporting, show the numbers below as of the last day of December

- Number of CSP members
- Overrides of M4/M2 rejection
- Number of new enrollees
- Number lost due to losing Medicaid eligibility
- Number lost due to moving to Managed Care
- Number lost due to obtaining Medicare
- Number lost due to moving to LTC
- Number lost due to cancer diagnosis
- Number lost due to hospice
- Number lost due to assisted living and home-based services (HCBS)
- Number lost due to ICF-IID
- Number of members enrolled in CSP as of January 1st. Please also have list of CSP members who transition from FFS to Managed care sent to CSP@medicaid.ohio.gov and the relevant MCO 14 days ahead of the scheduled move.

XII. Example operational timeline:

	Task	Timeline	First dates for GW
Operational Timeline			
	CSP profiles reviewed by GW and are sent to ODM	First week of February, May, August, November	8/7/23
	ODM reviews profiles and returns enrollment decisions	Second week of February, May, August, November	8/14/23
	Number of proposed enrollment letters and continued enrollment letters sent to ODM	Last week of November, February, May, August	8/31/23
	CSP Mailing	12/1, 3/1, 6/1, 9/1	9/1/23
	CSP Enrollment	1/1, 4/1, 7/1, 10/1	10/1/23

What is the Coordinated Services Program (CSP)?

CSP is a health and safety program in which use of controlled substances is monitored and members are assigned to designated providers. A designated provider is usually a pharmacy but may include a single prescriber. In some situations, members are assigned to both a single pharmacy and single prescriber. CSP enrollees must get medications using their designated provider(s) and should coordinate medical services through their primary care provider (PCP).

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 will be assigned one pharmacy to fill your prescriptions, and/or one designated provider who writes your prescriptions for controlled substances and abuse potential drugs, if applicable. If you go to a different pharmacy without approval, your medication cannot be dispensed at that location.

You should also have a primary care provider (PCP) to coordinate your health care services with other providers. Except in an emergency, you should contact your PCP before seeing other providers. By knowing your complete medical history, including the providers you see and the medicines you take, your PCP and pharmacy can take better care of you.

You are also eligible to receive care management services through your managed care organization (MCO) or manage care entity (MCE). If you would like to know more about care management or request a care manager, please contact your MCO or MCE Member Services Department.

How do I select my CSP providers?

You must contact your MCP within 30 days of the mailing date of the notice informing you of your CSP enrollment. If you do not contact your MCO or MCE by this date, providers will be selected for you. You will receive a new member ID card that lists the name of your CSP providers.

Can I change my CSP provider(s)?

You can 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 on the MCO or MCE panel
- The provider no longer wants to provide services to you

- You change to another MCO or to Fee-For-Service Medicaid 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 your MCO or MCE 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), your MCO or MCE may give approval for you to use a different CSP provider. Please call your MCO or MCE or the 24-hour medical advice line if you are having an issue accessing your designated provider(s).

How long will I be in CSP?

Your initial enrollment in CSP period is twenty-four [24] months. Before the end of the twenty-four-month period, you will receive a notice if you will 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?

If you have questions or problems with CSP, you should contact your MCO or MCE Member Services department for help. You can also contact the Medicaid Hotline at [1-800-324-8680](tel:1-800-324-8680) or TTY [1-800-292-3572](tel:1-800-292-3572).

Coordinated Services Program Designated Pharmacy/Provider Selection Letter Model Language

[Date]

Member name

Member address

Dear [Member Name]:

You are selected for enrollment in the Coordinated Services Program (CSP). Please read the attached information:

- Brochure about CSP
- ODM 01717 *Notice of Proposed Enrollment in the Coordinated Services Program (CSP)* which explains your right to appeal the decision through a state fair hearing

If you have questions, please contact [MCO/MCE name] Member Services at [MCO/MCE toll-free and TTY toll-free numbers] for assistance. We can also provide information in your preferred written, spoken, or nonverbal language.

Please select your designated provider(s) by [date – must be 30 days from the mailing date on the state hearing notice]. If you do not contact [MCO/MCE Name] by this date, to choose your provider(s), you will be assigned to: [provider(s) name(s) and address(es)].

To select your provider(s), please contact [give contact information, including at a minimum member services toll-free and TTY numbers].

Before your CSP enrollment starts you will receive a new member ID card listing the name of your PCP, pharmacy, and /or designated prescriber, if applicable.



Department of
Medicaid

Pharmacy services provided by:



SYSDATE

MemberName
MemberMailingAddr1
MemberMailingAddr2
MemberMailingCity, MemberMailingState MemberMailingZip4

Ohio Department of Medicaid

NOTICE OF PROPOSED ENROLLMENT IN THE COORDINATED SERVICES PROGRAM (CSP)

Member Name			Case Name	
Address			Case Number	Medicaid Billing ID Number
City	State	Zip Code	County	Mail Date

The Ohio Department of Medicaid (ODM) or your managed care entity (MCE) is proposing your enrollment into the Coordinated Services Program (CSP) for 24 months. This means you will receive certain medical services through assigned providers. The reason for this action is ODM or your MCE identified you as meeting CSP criteria. The rule supporting this action is Ohio Administrative Code rule 5160-20-01.

You have 30 days from the mail date above to choose: a pharmacy and/or a provider through which to receive your medical services. If you don't choose a pharmacy and/or provider, ODM or the MCE will pick one for you. To choose your provider, or if you do not understand this notice, call the phone number on your Medicaid card or on your managed care card for more information. It is possible we may change our decision or that you may decide to agree with it.

IF YOU DISAGREE WITH THIS DECISION, YOU MAY REQUEST A STATE HEARING.

You can ask for a State Hearing if you disagree with this action or think being enrolled in the CSP is a mistake. If you ask for a hearing within 15 days of the mail date above, neither ODM nor the MCD will enroll you into the CSP until the hearing decision is decided.

If you want a hearing, State Hearings must receive your request within 90 days after the mail date above. If the 90th day falls on a holiday or weekend, the deadline will be the next work day. If you need legal help with your hearing, you can contact your local bar at 1-866-529-6446 (1-866-LAW-OHIO). If someone is helping you with your case, State Hearings will need a signed "authorized representative" notice from you saying it is okay for that person to represent you for the hearing process.

Step 1: Read, sign, date, and fill in your telephone number. Use the checkbox below if you need an interpreter. Another person may sign this for you, if they send us your signed "authorized representative" notice along with this state hearing request.

Signature	Date	Telephone Number

☐ I need an interpreter at my state hearing

Step 2: State Hearings must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us. **Please only submit your hearing request one time.**

- **Email** - Email State Hearings at bsh@dfs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and "CSP hearing request": or
- **Phone** - Phone the consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or
- **Fax** - Fax this page to State Hearings at (614) 728-9574; or
- **Mail** - Mail this page to State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825; or
- **Contact your caseworker** - It is better to send this request using one of the other methods above. You may give this page (completed and signed) to your caseworker or, you may phone your caseworker; mention this notice.

On the Day of the State Hearing: You or someone else helping you with your case can explain the reason(s) why you don't think the decision is right. ODM or the MCE will explain its reasons. Then, a State Hearings officer will make a decision after the hearing.

This letter contains protected health information (PHI) and is covered by the Electronic Communications Privacy Act, 18 U.S.C. Sec. 2510-2521 and the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, which is intended only for the use of the individual or entity named in this letter. Any unintended recipient is hereby notified that the information is privileged and confidential, and any use, disclosure, or reproduction of this information is prohibited.

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling Gainwell Member Services at the toll-free phone number 1-833-491-0344 (TTY 1-833-655-2437).



Department of
Medicaid

Pharmacy services provided by:



SYSDATE

MemberName
MemberMailingAddr1
MemberMailingAddr2
MemberMailingCity, MemberMailingState MemberMailingZip4

Ohio Department of Medicaid

NOTICE OF CONTINUED ENROLLMENT IN THE COORDINATED SERVICES PROGRAM (CSP)

Member Name			Case Name	
Address			Case Number	Medicaid Billing ID Number
City	State	Zip Code	County	Mail Date

The Ohio Department of Medicaid (ODM) or your managed care entity (MCE) is continuing your enrollment in the Coordinated Services Program (CSP) for an additional 24 months. This means you will receive certain medical services through a pharmacy and/or assigned provider. The reason for this action is ODM or your MCE continues to identify you as meeting CSP enrollment criteria. The rule supporting this action is Ohio Administrative Code rule 5160-20-01.

If you do not understand this notice, call the phone number on your Medicaid card or on your managed care card for more information. It is possible we may change our decision or that you may decide to agree with it.

IF YOU DISAGREE WITH THIS DECISION, YOU MAY REQUEST A STATE HEARING.

You can ask for a State Hearing if you disagree with this action or think being re-enrolled into the CSP is a mistake. If you want a hearing, State Hearings must receive your request with 90 days after the mail date above. If the 90th day falls on a holiday or weekend, the deadline will be the next work day.

If you need legal help with your hearing, you can contact your local bar association. If you want information on free legal help, you can contact your local legal aid office, or call Ohio Legal Services toll free at 1-888-529-8448 (1-866-LAW-OHIO). If someone is helping you with your case, State Hearings will need a signed "authorized representative" notice from you saying it is okay for that person to represent you for the hearing process.

Step 1: Read, sign, date, and fill in your telephone number. Use the checkbox below if you need an interpreter. Another person may sign this for you, if they send us your signed "authorized representative" notice along with this state hearing request.

Signature	Date	Telephone Number

☐ I need an interpreter at my state hearing.

Step 2: State Hearings must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us. **Please only submit your hearing request one time.**

- **Email** - Email State Hearings at bsh@ifs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and also put "CSP hearing request"; or
- **Phone** - Phone the Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or
- **Fax** - Fax this page to State Hearings at (614) 728-9574; or
- **Mail** - Mail this page to State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825; or
- **Contact your caseworker** - It is better to send this request using one of the other methods above. You may give this page (completed and signed) to your caseworker or, you may phone your caseworker; mention this notice.

On the Day of the State Hearing: You or someone else helping you with your case can explain the reason(s) why you don't think the decision is right. ODM will explain its reasons. Then, a State Hearings officer will make a decision after the hearing.

This letter contains protected health information (PHI) and is covered by the Electronic Communications Privacy Act, 18 U.S.C. Sec. 2510-2521 and the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, which is intended only for the use of the individual or entity named in this letter. Any unintended recipient is hereby notified that the information is privileged and confidential, and any use, disclosure, or reproduction of this information is prohibited.

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling Gainwell Member Services at the toll-free phone number 1-833-491-0344 (TTY 1-833-655-2437).

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

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

Spanish

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

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

Arabic

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

Somali

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

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

Nepali

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

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

Kinyarwanda

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

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

Swahili

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

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

French

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

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

Amharic

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

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

Gujarati

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

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

Dari (Afghani)

جهت کمک به شما در درک این اعلان، مساعدت لسانی و خدمات ترجمانی شفاهی در صورت درخواست بصورت رایگان برای شما موجود است. شما میتوانید این خدمات را با تعقیب نمودن مراحل ذیل درخواست نمائید:
با خدمات اعضای Gainwell به نمبر 1-833-491-0344 به تماس شوید
گزینه 8 را انتخاب کنید

Pashto (Afghani)

پر دغې خبرتیا د پوهېدو په برخه کې ستاسو د مرستې لپاره د ژبې شفاهي ژباړن خدمتونه ستاسو د غوښتنې له مخې په وړیا توګه د لاسرسۍ وړ دي. تاسو د لاندې پړاوونو په څارلو سره د دغو خدمتونو غوښتنه کولی شئ:
د Gain Well د غړو خدمتونو ته په دغې شمېرې ټنګ ووهئ 1-833-491-0344
8 انتخاب غوره کړئ

Russian

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

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

Ukrainian

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

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

Vietnamese

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

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

Chinese (Simplified)

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

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

Chinese (Traditional)

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

撥打Gainwell會員服務電話: 1-833-491-0344
按8



Department of
Medicaid

Pharmacy services provided by:



SYSDATE

MemberName
MemberMailingAddr1
MemberMailingAddr2
MemberMailingCity, MemberMailingState MemberMailingZip4

Ohio Department of Medicaid
**NOTICE OF DENIAL OF ASSIGNED PROVIDER OR PHARMACY IN THE
COORDINATED SERVICES PROGRAM (CSP)**

CaseName
CaseNumber
MedicaidBillingIDNumber
MailDate

The Ohio Department of Medicaid (ODM) or YourManagedCareEntity denied the request for your provider.

The reason for this denial is:

ReasonCodeDescription.

The rule supporting this action is the Ohio Administrative Code rule 5160-20-01. If you do not understand this notice, call the phone number on your Medicaid card or on your managed care card for more information. It is possible we may change our decision or that you may decide to agree with it.

IF YOU DISAGREE WITH THIS DECISION, YOU MAY REQUEST A STATE HEARING.

You can ask for a State Hearing if you disagree with this action or think being denied your choice of provider for CSP is a mistake.

If you want a hearing, State Hearings must receive your request with 90 days after the mail date above. If the 90th day falls on a holiday or weekend, the deadline will be the next work day.

If you need legal help with your hearing, you can contact your local bar association. If you want information on free legal help, you can contact your local legal aid, or call Ohio Legal Services toll free at 1-866-529-6446 (1-866-LAW-OHIO). If someone is helping you with your case, State Hearings will need a signed "authorized representative" notice from you say it is okay for that person to represent you for the hearing process.

Step 1: Read, sign, date, and fill in your telephone number. Use the checkbox below if you need an interpreter.

Another person may sign this for you, if they send the Bureau of State Hearings your signed "authorized representative" notice along with this state hearing request.

Signature	Date	Telephone Number
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☐ I need an interpreter at my state hearing.

Step 2: State Hearings must receive your request 90 days from the date this notice was mailed to you. You must Choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us. **Please only submit your hearing request one time.**

- **Email** - Email State Hearings at bsh@ifs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and "CSP hearing re quest"; or
- **Phone** - Phone the consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

- **Fax** - Fax this page to State Hearings at (614)728-9574; or
- **Mail** - Mail this page to State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825; or
- **Contact your caseworker** - It is better to send this request using one of the other methods above. You may
This page (completed and signed) to your caseworker or, you may phone your caseworker; mention this notice.

On the Day of the State Hearing. You or someone else helping you with your case can explain the reason(s) why you don't think the decision is right. ODM will explain its reasons. Then, a State Hearings officer will make a decision after the hearing.

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Gainwell Pharmacy Services follows state and federal civil rights laws that protect you from discrimination or unfair treatment. We do not treat a person unfairly because of a person's age, race, color, national origin, religion, sex, gender identity, sexual orientation, marital status, mental or physical disability, medical history, health status, genetic information, evidence of insurability, or geographic location. If you would like to file a complaint about unfair treatment, or for any other reason, please contact Gainwell by mail, phone, or email at:

Attn: Gainwell Pharmacy Services
PO BOX 3908
Dublin, OH 43016-0472
1-833-491-0344 (TTY 1-833-655-2437)
OH_MCD_PBM@gainwelltechnologies.com

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

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

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids calling Gainwell Member Services at the toll-free phone number 1-833-491-0344 (TTY 1-833-655-2437).

COORDINATED SERVICES PROGRAM APPEAL SUMMARY COVER

Date:

TO:

Hearing Officer, County District Office

FROM:

<<Insert MCP Name>>

SUBJECT: Hearing Appeal

RE: Patient name

Medicaid ID#

HEARING FOR: Coordinated
Service Program

CASE:

HEARING DATE: [Click here to enter a date.](#)

TIME:

COUNTY: [Choose an item.](#)

Please contact <<insert Plan Contact and telephone number>> who will participate by phone in the hearing on behalf of <<Insert MCP Name>>.

A state hearing was requested by [**<member name>**] regarding his/her enrollment in the Coordinated Service Program (CSP). CSP, in part, coordinates healthcare services for individuals who received controlled substances from multiple pharmacies and/or prescribers. To help prevent excessive utilization of services, including prescription medications, CSP requires an individual to obtain certain services, as identified by the managed care plan, through review of utilization records, from a designated provider, as described in Ohio Administrative Code 5160-20-01 and, 5160-26-03.1(B)(5). Ohio Revised Code sections 5164.758 and 5167.13 require Ohio Medicaid and Medicaid managed care plans to implement CSP. **A member who is enrolled in CSP is still eligible for all medically necessary services that are covered by Medicaid. Enrollment in CSP does not equate to the reduction, suspension or termination of services.**

Medicaid managed care plans (MCPs) recommend Medicaid recipients for enrollment in CSP. Before recommending CSP enrollment, the MCPs review the member's medical services and prescription use in accordance with OAC 5160-20-01 and using plan-specific algorithms based on member utilization to identify potential members. Plan specific algorithms will be provided as part of the hearings appeal summary, if they are used.

<<MCP Name>> recommends that [**<Member name>**] be enrolled in CSP because he/she [**<SPECIFIC REASON(S)>**]. Utilization of abuse potential drugs, at or exceeding the quantity of four (4) or more, diagnosis of poisoning or overdose, diagnosis of addiction or dependence, use of multiple pharmacies, and use of many prescribers, in a 90-day period, risks members' deaths.

Ohio Administrative Code Rule 5160-20-01 may be viewed through ODM's website, www.medicaid.ohio.gov, by clicking on Resources, then click on Legal and Contracts, then click on Rules.

Enclosures: Hearing notification; ODM 01717 Notice of Proposed Enrollment in the Coordinated Services Program (CSP) issued to member; and hearing rights.