



COVID-19 Appendix S Guidance Ohio Medicaid Managed Care Plans

In an effort to create consistency and streamline implementing Appendix S in the Provider Agreement, the Ohio Department of Medicaid (ODM) is issuing operational guidance for the Managed Care Plans (MCPs).

As part of this effort, MCPs are asked to operationalize the removal of prior authorization by utilizing Submission Clarification Code (SCC) 13 to streamline reporting. They also are expected to clearly notify pharmacists of their override ability should claims submitted without prior authorization be rejected during this time of health care crisis.

SCC 13 allows pharmacy providers to override rejections MR, 75, 76 and 79:

- Clinical Prior Authorization Required
- Prior Authorization Required “Non-Preferred”
- Step Therapy Required
- Quantity Limits Exceeded
- Refill Too Soon

Please note: the 50% refill threshold provider agreement language remains unchanged; however, ODM is requesting that MCPs operationalize this by allowing pharmacy providers to use SCC 13.

Additional requests ODM is tasking MCPs with include:

- Automatic prior authorization approvals for Provider Administered Drugs when clinically appropriate (complete systems revisions are not required at this time).
- Bypassing the prescriber National Provider Identifier (NPI) for covered, over the counter (OTC) product claims without written prescriptions to allow the pharmacy NPI to be submitted.
- Suspending pharmacy audits during Ohio’s declared state of emergency

Upon termination of the ODM Appendix S, the agency expects MCPs to omit extra documentation requirements to justify pharmacy override usage outlined here. They will be permitted to conduct audits, within reason, related to fraud, waste, and abuse.

ODM appreciates your collaboration in this work. If you have any questions concerning this guidance please contact MEDICAID_PHARMACY@medicaid.ohio.gov