

April 9, 2007

Dear Molina Healthcare of Ohio Pharmacy Provider:

As you may be aware, Molina Healthcare of Ohio began providing services to the Aged, Blind and Disabled (ABD) Medicaid recipients on February 1, 2007. This is the first time that many of these individuals have received their services through managed care and can be a difficult transition for both the members and their physicians.

In order to assist our pharmacy providers with this transition and to minimize disruption to our members, Molina has been closely monitoring the claims submissions and rejections for this population. The following are the top reasons that claims are rejecting and the actions that the pharmacy can take to assist the member in receiving their prescription medications.

<b>Rejection Reason/Message:</b>	<b>What this means:</b>	<b>What you can do:</b>
Plan limitations exceeded	<p>There are several reasons that can cause this rejection. The most common are:</p> <ul style="list-style-type: none"> <li>• Missing/Invalid quantity dispensed</li> <li>• Missing/Invalid Dispense as Written (DAW)/Product Selection code</li> <li>• Missing/Invalid days supply</li> </ul>	<p>Ensure that you submit a quantity dispensed amount on the claim. Please note that a quantity dispensed amount that exceeds a 30-day supply will reject.</p> <p>Ensure that you submit a DAW/Product selection code on the claim. Please note that all DAW codes will reject.</p> <p>Ensure that you submit a days supply on the claim. Please note that a days supply that exceeds a 30-day supply will reject.</p>
Refill too soon	<p>The member may have tried to refill the prescription too soon. A member is allowed to refill a prescription for a 30-day supply after day 23 of a 30-day supply.</p> <p>This edit can also hit if a physician has changed the dosage for a medication. In this circumstance, an override must be obtained from Molina to allow the claim to be paid.</p>	<p>Ensure that you do not submit a refill prior to 23 days of the previous fill.</p> <p>Call Molina to obtain an override if the physician has prescribed a change in dosage.</p>
Prior Authorization Required	<p>This means that the drug being requested requires a prior authorization before it may be dispensed.</p>	<p>When you receive the message "Prior Authorization Required", please contact the physician for a formulary-approved alternative medication. If the physician does not wish to change the medication to a formulary-approved alternative medication, request that the</p>

<b>Rejection Reason/Message:</b>	<b>What this means:</b>	<b>What you can do:</b>
		physician contact Molina for a Prior Authorization.
Non-matched cardholder ID	This means that the member is not enrolled/ eligible with Molina on the date of service OR the pharmacy has entered the ID number incorrectly.	Please double check the member's ID number in your system and with the member. Ask the member if they have recently switched health plans or if they have other prescription drug coverage. If not, please contact Molina Member Services to validate eligibility.
DUR Reject Error "Drug not available with step therapy"	The message that you have been receiving for this edit is unclear. This edit really means that the member has recently received a drug in the same class that would result in duplicate therapy. We are adding "Duplicate drug therapy" to the message, and will, in most instances, list the name of the duplicate drug that the member has already received.	Notify the member that they have recently received a drug in the same therapeutic class. Direct the member back to the prescribing physician.
Non-matched product/service ID number	The NDC number that was submitted could not be found in our database.	Check the NDC that was submitted to ensure that it was entered correctly.
Missing/Invalid Prescriber ID	There is no prescriber ID on the claim, or the number that was submitted is not valid.	Ensure that the prescriber ID is entered or was input correctly.
Missing/Invalid Date of Service	There is no date of service on the claim or the date of service is not valid.	Ensure that the date of service is entered or was input correctly.
Discontinued product/service ID number	This message may indicate that an NDC number submitted is no longer valid. In this case, submit the correct NDC number.  Additionally, this message may apply to items not covered through the retail pharmacy or services that need to be submitted as a medical claim (i.e., diapers).	Ensure you are submitting valid NDC numbers.  Look for an alternative item that is covered, or submit as a medical claim.

All questions regarding network reimbursement rates should be directed to RxAmerica at (800) 770-8014 or fax your inquiry to RxAmerica at 801-961-6336.