

PHARMACY FACTS

Step Therapy for Management of Asthma in Adults

The National Asthma Education and Prevention Program's Guidelines for Diagnosing and Managing Asthma recommend a stepwise approach, which helps the provider tailor the medication selection to the level of asthma severity or asthma control.

The preferred treatment for adults with intermittent asthma (Step 1) is a short-acting beta agonist (SABA) prescribed on an as needed basis. Daily medication is recommended if asthma becomes persistent.

Mild persistent asthma (Step 2) is defined as having asthma symptoms more than two days a week, but not daily. Use of a low-dose inhaled corticosteroid (ICS) is the preferred treatment. Moderate persistent asthma (Step 3) is defined as having daily asthma symptoms. The preferred treatment is a low-dose ICS + a long-acting beta agonist (LABA) **OR** a medium-dosed ICS. Severe persistent asthma (Step 4) is defined as having asthma symptoms throughout the day. The recommended treatment is a medium-dosed ICS + a LABA.

Alternative treatments for steps 2-4 include a leukotriene agonist or theophylline. Molina's preferred drug list includes medications from each class of medication listed above.

Important Changes to Preferred Drug List

Effective April 1, 2014, an important change to Molina Healthcare's Preferred Drug List (PDL) went into effect. Spiriva is longer a preferred medication. For members diagnosed with asthma or COPD, consider switching to preferred drugs that do not require prior authorization:

- Members taking Spiriva inhaler have 30 days to convert to Tudorza Inhaler. As of June 1, Spiriva will require prior authorization.

The PDL can be located at www.MolinaHealthcare.com.

PA NO LONGER REQUIRED FOR MIRENA

Molina Healthcare no longer requires prior authorization for Mirena or for placement of this device. Mirena is an intrauterine birth control that's over **99 percent effective** at preventing pregnancy. Mirena is considered one of many possible long acting reversible contraceptives. It releases small amounts of hormone directly into the uterus for **up to five years**. Unlike other currently available non-hormonal IUDs, Mirena has a dual role. It is a very effective method of contraception and it is a possible long term treatment for irregular, heavy, or dysfunctional bleeding.



Questions?

Call Provider Services
(855) 322-4079 – 8 a.m. to 5 p.m.
Monday through Friday

Connect with Us

ItMatters@MolinaHealthcare.com
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Join Our Email Distribution List

To receive this bulletin via email, contact ProviderServices@MolinaHealthcare.com to send us your:



- group name
- TIN
- service location address
- contact name
- contact phone number
- email

Website Roundup

Check out www.MolinaHealthcare.com for the following updates:

- Medicaid Manual – [Benefits and Covered Services](#)
- Dual Options – [Drug Formulary](#)
- Dual Options – [Prior Authorization Grid](#)
- Molina Dual Options MyCare Ohio www.MolinaHealthcare.com/Providers/OH/Duals
- Dual Options – [Forms](#):
 - [Corrected Claim](#)
 - [Return of Overpayment](#)
 - [Claim Status Inquiry Form](#)
 - [ODJFS Health Insurance Fact Request Form](#)

EDI Claims

Corrections can be sent in an electronic format.

1. In the 2300 Loop, the CLM segment (claim information), CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes:
 - a. "7" – REPLACEMENT

WEBEX ONLINE TRAININGS

MyCareOhio

Connecting Medicare + Medicaid

You're invited to our **Molina Dual Options MyCare Ohio Provider Orientation**, a Webex planned event to introduce you to the MyCare Ohio program! We're holding Provider Orientations in the months of May and June. Please see the schedule for dates and times. Orientations include LTSS Waiver, Nursing Facility (NF) services, and Behavioral Health (BH).

- **Wed, May 21, 9 to 10:30 a.m.** Meeting Number: 280 726 338 Training: Dual Options & BH
 - **Fri, May 23, 9 to 10:30 a.m.** Meeting Number: 805 929 270 Training: Dual Options and NF
 - **Thu, May 29, 9 to 10:30 a.m.** Meeting Number: 801 895 520 Training: Dual Options and BH
 - **Wed, June 4, 9 to 10:30 a.m.** Meeting Number: 803 175 084 Training: Dual Options and BH
 - **Fri, May 6, 9 to 10:30 a.m.** Meeting Number: 809 794 929 Training: Dual Options and NF
 - **Go to: www.webex.com**
 - **Click "Attend Meeting"**
 - **Enter Meeting Number**
 - **Provide your number when you join to receive a call back.**
 - **Follow the instructions that you hear on the phone.**
- **Thu, May 22, 9 to 10:30 a.m.** Meeting Number: 806 903 493 Training: Dual Options and LTSS
 - **Wed, May 28, 9 to 10:30 a.m.** Meeting Number: 281 266 724 Training: Dual Options & LTSS
 - **Fri, May 30, 9 to 10:30 a.m.** Meeting Number: 807 325 152 Training: Dual Options and NF
 - **Thu, June 5, 9 to 10:30 a.m.** Meeting Number: 800 985 644 Training: Dual Options and LTSS
 - **Wed, June 11, 9 to 10:30 a.m.** Meeting Number: 801 415 520 Training: Dual Options and NF

MULTIPLE THERAPY REDUCTION

Based on Ohio Administrative Code 5160-8-34 Skilled Therapy: Payment, Molina Healthcare will apply the Ohio Department of Medicaid (ODM) multiple therapy reduction payment methodology to all applicable skilled therapy services with dates of services on or after Jan. 1, 2014.

5160-8-34 Skilled Therapy: Payment
Effective Date: Jan. 1, 2014

- (A) If more than one skilled therapy service of the same type is rendered by a non-institutional provider to an individual patient on the same date, then the service with the highest amount specified in appendix DD to rule 5160-1-60 of the Administrative Code is considered to be the primary procedure. The maximum fee for a skilled therapy service is the lesser of the provider's submitted charge or a percentage of the amount specified in appendix DD to rule 5160-1-60 of the Administrative Code, determined in the following manner:

- (Replacement of Prior Claim)
 - b. "8" – VOID (Void/Cancel of Prior Claim)
2. The 2300 Loop, the REF segment (claim information), must include the original claim number issued to the claim being corrected. The original claim number can be found on the remittance advice.
 3. Corrected claim bill type for UB claims are billed in Loop 2300/CLM05-01.

In bill type for UB the 7 or 8 goes in the third digit for "frequency."

Provider Spotlight

Congrats to **Professionals for Women's Health Inc.**, who received a Molina gift basket as the Monthly Web Portal Winner!

MyCare Ohio Quick Links:

- Molina Dual Options Website: www.MolinaHealthcare.com/Duals
- Ohio Department of Medicaid: <http://medicaid.ohio.gov>
- Centers for Medicare & Medicaid Services: www.cms.gov
- Ohio Association of Area Agencies on Aging: www.ohioaging.org

Security Risk Assessment Tool

A new security risk assessment (SRA) tool to help guide health care providers in small to medium sized offices conduct risk assessments of their organizations is now available from the U.S. Department of Health & Human Services. Visit www.hhs.gov to learn more.

Notice of Provider Manual Update

The [Molina Marketplace Provider Manual](http://www.MolinaHealthcare.com/Marketplace) has been updated with information explaining the [Grace Period](#) and how it impacts the way you care for our members. Information is available at www.MolinaHealthcare.com/Marketplace. Please contact Provider Services if you have any questions.

- (1) For a single skilled therapy service or a primary procedure, it is 100 percent.
- (2) For each additional procedure, it is 50 percent.
- (3) Services reported on claims must correspond to the services listed in the treatment plan.
- (4) Providers must report appropriate procedure codes and modifiers on claims.
- (5) Unattended electrical stimulation and iontophoresis therapy are considered to be part of the associated therapy procedure or medical encounter; no separate payment is made.
- (6) Skilled therapy performed during a hospital stay is treated as a hospital service.
- (7) Payment for skilled therapy services rendered to a resident of a nursing facility (NF) is made to the NF through the facility per diem. A non-institutional provider that renders a skilled therapy service to a NF resident must seek payment from the NF.

ICD-10 UPDATE

The U.S. Department of Health & Human Services will soon release an interim final rule that includes a new ICD-10 compliance date of Oct. 1, 2015. The rule will require HIPAA-covered entities to continue use of the ICD-9 code set through Sept. 30, 2015. This action is made necessary by enactment on April 1, 2014 of the *Protecting Access to Medicare Act of 2014 (PAMA)* (Pub. L. No. 113-93), which delayed adoption of ICD-10 prior to Oct.1, 2015.

While Ohio Medicaid will not be accepting the ICD-10 code set until the new effective date of Oct. 1, 2015, Ohio Medicaid will stay the course with ICD-10 implementation work by:

- *Continuing to process claims with the ICD-9 code set until ICD-10 is adopted as the standard for code sets on Oct. 1, 2015;*
- *Modifying all systems for the new compliance date of Oct. 1, 2015;*
- *Continuing remediation and testing activities as originally planned, including external testing for entities electing to participate starting **June 2014**;*
- *Continuing updates to the Ohio Administrative Code, including updating ICD-9 to the most recent version of ICD; and*
- *Revising external outreach and internal training plans to follow the new Oct.1, 2015 date.*

Ohio Medicaid will continue to monitor PAMA impacts and publish updates to our ICD-10 webpage at:

<http://medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx>.

Please continue to direct your ICD-10 questions to:

ICD10question@medicaid.ohio.gov.

Enteral Nutrition for Individuals with Inborn Errors of Metabolism

ODM is implementing efforts to improve access to metabolic formula for individuals with inborn errors of metabolism. Effective June 1, 2014, Molina Healthcare will no longer require a prior authorization for enteral nutrition code B4162 for individuals with inborn errors of metabolism.

Provider Satisfaction Matters to Molina

Molina Healthcare is preparing to conduct our annual provider satisfaction survey. We have partnered with The Myers Group (TMG), a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, to conduct the Molina Healthcare 2014 Provider Satisfaction Survey. TMG follows a two-wave mail and phone follow-up survey methodology.

The survey will be mailed to a representative cross section of our provider network starting this week. Molina Healthcare values the opinion of its providers and encourages you to please take a few moments to complete the survey. What you have to say truly matters to Molina Healthcare. The survey results will be used to find opportunities for improvement so Molina Healthcare can be the managed care plan of choice among providers. For this reason, it is important to respond to the survey questions specifically related to your experiences. With your feedback, we can continue to improve the services Molina Healthcare provides to you. We look forward to continuing to provide you with exceptional service for years to come.

Fighting Fraud, Waste and Abuse

Do you have suspicions of member or provider fraud? The Molina AlertLine is available to you 24 hours a day, seven days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.