MOLINA HEALTHCARE
Your Extended Family.

Healthy Connections

Pre-authorization Waiver for Non-Participating Providers Extended to March 31, 2015

In order to ensure continuity of care for our members, Molina Healthcare of South Carolina (MHSC) will continue to allow members to access care from out-of-network providers (enrolled in SCDHHS Medicaid) with the same benefit coverage and pre-authorization requirements as participating providers for dates of service through 3/31/15.

Generally, out of network providers serving MHSC members are required to obtain prior authorization from MHSC. For this time period, MHSC will waive our standard requirement for pre-authorization of services provided by out of network providers unless the type of service is listed as one which requires a pre-authorization for participating providers. In those instances, the same pre-authorization requirements will be applied to both in-network and out-of-network providers.

In the event a member has a course of treatment which extends beyond 3/31/15, the out-of-network provider is required to contact MHSC's Healthcare Services Department so accommodations can be made to meet the needs of those members.

Covered Services pre-authorized for non-participating providers are authorized subject to the terms and conditions of the MHSC Provider Manual, found on our website at www.molinahealthcare.com and are payable at the lesser of the provider's billed charges or the MHSC Non-par Fee Schedule.