



Palmetto Partners

Provider updates & resources from Molina Healthcare of South Carolina

June 2021

Strong Connections

Thank you for investing your time in Palmetto Partners, Molina's e-newsletter for providers. We have seen a growing number of providers sign up since we launched in January 2017.

We think this format is a great way to share information with you as we join to provide quality health care to people on government assistance.

Please verify in your email settings that Palmetto Partners is a trusted sender so the newsletter will always make it to your inbox, and learn at the end of this newsletter how you can share Palmetto Partners with colleagues.

Resources

[Molina Internet Pages for our SC Providers](#)

[Preferred Drug List](#)

[Partners in Care Newsletters](#)

[Molina Fact Sheet](#)

[Service Area Map](#)

[Find Your Provider Rep](#)

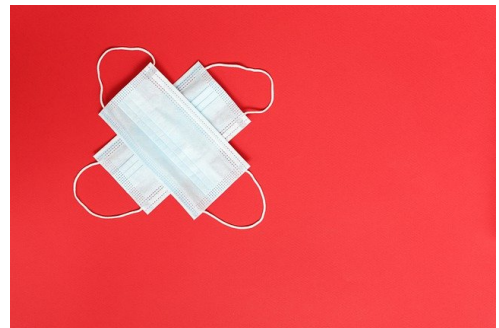
Provider Portal

Molina's [Provider Portal](#) has a variety of tools to simplify your

Welcome!

In this newsletter, you'll find all kinds of great information and valuable resources. From what's going on with Molina Healthcare of South Carolina, to important provider communications, this newsletter will be an asset to you.

You are an essential part of quality care to our members. We value our partnership and appreciate the family-like relationship that you pass on to our members. As our partner, assisting you is one of our highest priorities. We welcome your feedback and look forward to supporting all your efforts to provide quality care. Thank you for your continued partnership.



From South Carolina's Plan President



Thanks to all of our network providers for the tireless efforts expended to keep our community safe and served during the pandemic. Thankfully, we are observing that preventive care and other non-emergent services are returning to more pre-COVID levels. It is also important to note that despite any irregularities in

transactions, whether you need to check eligibility or check claim status. For more information contact Provider Services at (855) 237-6178.

Molina Has Gone Green

Molina is saving paper and time by going green. All claims are encouraged to be submitted through an EDI Clearinghouse or via Molina's [Provider Portal](#). Contact our Provider Services team at (855) 237-6178 if you have any questions.

Provider Portal Helpful Tips

Did you know that you can now submit disputes on the Provider Portal? Save time from calling or emailing by putting your disputes directly on our Provider Portal. You can find it [here](#).

Find Your Provider Rep

Want to know your Provider Rep's contact information and location? Check out our map [here](#) for complete details.

Claim Updates

When you submit a corrected claim, the original claim number must be present in field 64 for a UB, and field 22 for a 1500. The claim will be rejected if this is not filled out correctly. Molina currently has a 30 day readmission policy.

Optum Pre-Pay Information

Molina is now performing additional pre-payment claim reviews. For more information on Optum Pre-pay, please click [here](#).

Authorization Code Look-Up Tool

Molina offers an electronic authorization code look-up tool for both our Medicaid and MMP lines of businesses. The authorization code look-up can be found [here](#) for Medicaid, [here](#) for MMP and on the provider web portal. It can also be found on our provider main page [here](#).

General Billing Requirements Reminder

Prior authorized codes/

utilization, it is still crucial that we all remain diligent in ensuring that our oversight protects the funds allocated to government programs and benefits. We are all stewards of public funds and resources, and reducing and eliminating fraud, waste, and abuse within our public healthcare system is a priority and a responsibility.

To that end, we would like to remind our provider partners to ensure medical record documentation meets all regulatory standards and supports all claims submitted for payment. You can report any suspected fraud, waste, or abuse by calling the Molina Alert Line at (866) 606-3889, or you may use the service's website to make a report at:

<https://secure.ethicspoint.com/domain/media/en/gui/75190/>.

Again, thank you to all of our network providers. We are working to continue to encourage well visits and screenings. Please let us know how we can do better.

Molina in the Community

Molina Builds Partnership with Palmetto Partners with \$150,000 Donation



Molina Healthcare partnered with the Palmetto Project to expand access to in-person health insurance assistance with an investment of \$150,000 to be used over the next two years. The donation will be used to increase the availability of comprehensive and impartial information about health insurance options in rural communities.

"We look forward to fostering this collaborative relationship with the Palmetto Project to empower people and families with the resources and knowledge they need to live healthy lives," said Dora Wilson, plan president of Molina Healthcare of South Carolina. Click on the video above for the full video story.

Community Engagement Back in the Community

Our Community and Member Engagement departments are thrilled to be in the community hosting charitable events again. Unfortunately, due to the COVID-19 pandemic, Molina's community outreach efforts were limited for 2020 and partially for

services that are not on the Medicaid Fee Schedule will be reimbursed at 35% of billed charges for covered benefits.

Continuity & Coordination of Provider Communication

Molina stresses the importance of timely communication between providers involved in a member's care. This is especially critical between specialists, including behavioral health providers, and the member's PCP. Information should be shared in such a manner as to facilitate communication of urgent needs or significant findings.

2021. As of late May, Molina hosted several outdoor gatherings, including a drive-through baby shower, back-to-school rally, and other donation-based events. Community Outreach Coordinator, Jannie Lincoln, says that the need in our local communities for economic impact has increased since the pandemic.

"I'm excited to be able to provide assistance and support in those needed areas through hosting Molina events. I find it very important to connect with our local community to continue building a strong rapport by showing up and being present to serve those in need," Lincoln says.

Throughout the past year, Molina gave over \$54,000 in charitable donations to various organizations in South Carolina. In addition, over 300 masks and bottles of hand sanitizer were given to three partners, and 900 books were donated to 300 kids.

Provider Highlights and Important Information

From Homeless to Helped: A Member Success Story

The night before a Molina member was kicked out into the street, he had nowhere to go and nowhere to turn. He didn't have food; his hotel was kicking him out the next day because he had no money to stay there, and his health was depleting. This member needed help right away, and Molina stepped in and changed his life for the better.

Through lots of research, phone calls, and hard work, Molina case manager Angela Sutton was able to get the member food. Then, just in the nick of time, one hour before getting evicted from his hotel, Angela secured him a bed at a long-term nursing home where he could get the care he needed and have a roof over his head.

"This member was so happy! This case made my heart smile and goes to show how much our work means to the members we serve," said Angela Sutton. "It's times like this that make me feel like I'm really making a difference in our member's lives!"

Provider Medicaid Quality Incentive

Molina is offering providers an incentive opportunity that supports the improvement of Quality reporting and outcomes. Molina's Medicaid Quality Incentive Program offers a **\$75.00 Incentive Payment** (in addition to your current contract rate) for a comprehensive child and adolescent well-care visit.

Incentive payment will be made at the time of claims payment. [Please click here for the full criteria and further details.](#)

Availity Provider Portal is Live

The Availity Provider Portal Plus portal is now live. Availity's Provider Portal is an industry-leading solution that offers a consolidated platform for providers and payers across the country. Molina selected Availity's Provider Engagement Portal to provide a market-leading solution that uses best practices to drive provider engagement through modern technology. As a result, providers now have the ability to:

- Submit Claims Online - Directly to Molina
- Submit Solicited and Unsolicited Claims Attachments
- Check Real-Time Claim Status
- View Real-Time Remittance Advice and History
- View Real-Time Explanations of Payment
- Check Real-Time Eligibility & Benefits of Members
- Access Plan-Specific Information Such as Provider Manuals
- Conduct Online Messaging and Correspondence – Directly to Molina

New Prior Authorization Fax Numbers

As a reminder, Molina Marketplace, Molina Dual Options Medicare-Medicaid Plan, and Molina Medicare Complete Care (HMO SNP) implemented a change in fax numbers for submission of prior authorization requests. The new fax numbers are listed below in **bold**.

	MEDICAID	MARKETPLACE	DUAL OPTIONS Medicare-Medicaid (MMP)	MEDICARE COMPLETE CARE HMO (DSNP)
Outpatient & Elective Inpatient	(866) 423-3889	(833) 322-1061	(844) 251-1451	(844) 251-1450
Advanced Imaging	(877) 731-7218	(877) 731-7218	(877) 731-7218	(877) 731-7218
Inpatient Admission Notification & Concurrent Review	(866) 423-3889	(833) 322-1061	(844) 834-2152	(844) 834-2152
Transplant Requests	(866) 423-3889	(877) 813-1206	(877) 813-1206	(877) 813-1206

This is ONLY a change in the fax numbers utilized to submit for prior authorization and/or notification of admission and clinical for UM review. For questions, please contact Molina Provider Services at (855) 237-6178, Monday-Friday, 8 a.m. to 5 p.m.

Provider and Member Rights and Responsibilities

As a contracted provider with Molina Healthcare, all participating providers are expected to adhere to a set of responsibilities. To review these provider responsibilities, please refer to the [Molina Healthcare Provider Manual](#).

We have also included Molina's Member Rights and Responsibilities as a section in the Provider Manual for your reference. As a Molina provider, you and your staff agree to follow and comply with Molina's administrative, medical management, quality assurance, and reimbursement policies and procedures.

Place of Service Change for Provider Administered Drugs

On 1/1/2021, Molina implemented a **Site of Care** process that may change the place of service for certain medically necessary provider-administered medications (HCPCS J Codes). These services **must** be rendered in the least restrictive setting, such as home or independent infusion centers (place of service 11 or 12). The list below includes the medications and classes that this change will impact.

Any claim billed for J-codes included in the Site of Care process administered on 1/1/2021 and going forward will be denied if not billed in the appropriate setting. Prior authorization requests for the impacted codes will be reviewed for the medical necessity of the medication(s). Should these affected codes be requested for administration in a more restrictive setting, such as a hospital, outpatient hospital, or emergency room, Molina will provide communication of the approval based on the medical necessity of the medication. The provider will be directed to coordinate with the member to receive the medication in the least restrictive setting, such as their home or independent infusion center, prior to administration. [Click here to continue this article.](#)

Allergy Season Still Here

To help keep our Medicaid members' seasonal allergies under control, Molina Healthcare would like to provide a reminder of some of the preferred anti-allergy medications.

- Preferred over-the-counter (OTC) products are covered at the pharmacy with a prescription.
- Writing a prescription for preferred OTC products allows it to be processed through the member's insurance at the pharmacy.
- Members ages 18 years of age and under have a \$0 copay.

[Click here for the full list of medications and further information.](#)

Prior Authorization Forms Update

Please make sure that you are using the most up-to-date Prior Authorization forms for your requests. This will help make your requests more efficient and will ensure more timely processing. Please click on your needed line of business below for links to our Prior

- [Medicaid](#)
- [Medicare and Duals](#)
- [Marketplace](#)

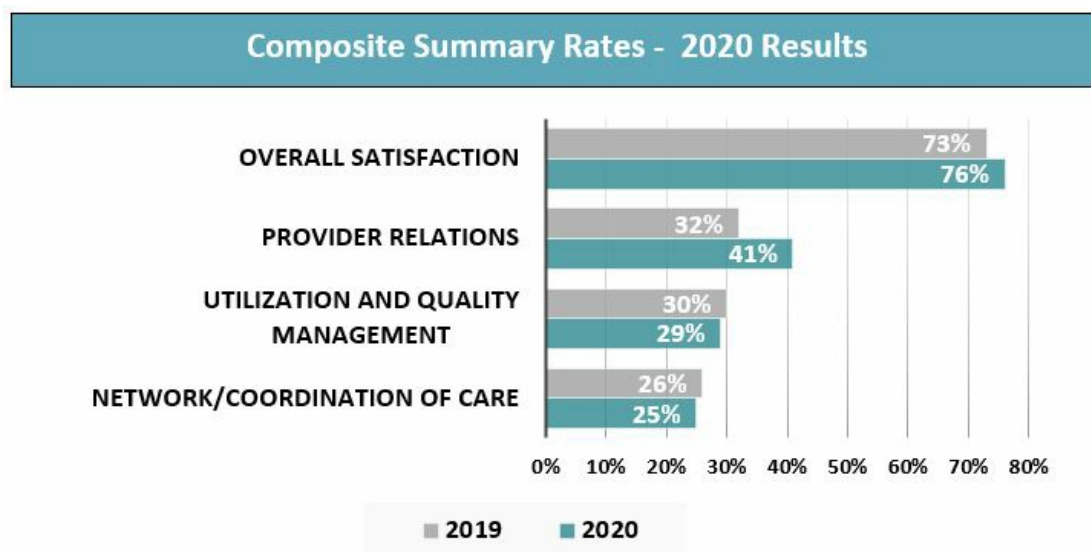
CAHPS Is Member Satisfaction

The Consumer Assessment of Health Care Providers and Systems (CAHPS) is an annual Member Satisfaction/Experience survey conducted by a third-party vendor who mails the questionnaire to a select number of randomly chosen Molina Medicaid, Medicare, MMP/Duals, and Marketplace members asking how they rate their doctor, their overall health, and their health plan. CAHPS surveys are sent out from February to May. Physicians drive performance on CAHPS® quality measures.

The results for the top and bottom three performing composites of the 2020 CAHPS survey are shown [here](#).

Provider Satisfaction Survey

The Provider Satisfaction Survey is conducted annually and measures providers' satisfaction with Molina. Information obtained from the survey allows Molina to measure how well providers' expectations and needs are being met. Also, it assists in identifying the plan's strengths and opportunities. Based on the 2020 survey results, some composite summary rates are listed below.



In 2020, Molina improved in six of 10 composites. Areas identified for improvement are Utilization and Quality Management for timeliness of obtaining pre-certification/referral/prior authorization information and Network/Coordination of Care.

Molina's [Provider Portal](#) has a variety of tools to simplify your transactions and save time. For more information contact Provider Services at (855) 237-6178.

Molina is committed to continuous improvement. A random sample of providers will be asked to participate in the 2021 Provider Satisfaction Survey. Your feedback is important to us. It assists in identifying how to better serve you and how Molina can better work with you to better serve our members.

Gap In Care Reports

Let us help you close gaps in care! Request your gaps in care report to identify who needs a well visit, immunizations, screening, and test. Call the Provider Engagement team manager for your latest report or email SCProvider.Services@MolinaHealthcare.com.

COVID-19 Updates

Molina is monitoring COVID-19 developments on a daily basis. Our corporate chief medical officer (CMO) is working closely with our health plan CMOs across the country to ensure that we

are prepared to assist our members and providers.

Services that require prior authorizations are unchanged. Visits for our members to our in network primary care provider offices or the ER do not require prior authorization. Inpatient admissions require notification to Molina within 1 business day from the date of the admission, including a member initially under observation that converts to inpatient.

All of our COVID-19 provider communications can be found on our website [here](#). We've also compiled a very helpful list of resources for our members that can be found [here](#).

For additional clinical information, we encourage you to monitor the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. We will update you of any changes with this rapidly developing public health matter. For the most up-to-date information on everything COVID-19 including vaccines, locations and phases, please visit the SCDHEC site [here](#).

Take Advantage of Our Benefits

Molina will pay for well visits and sick visits on the same day of service for adults and children. We encourage you to take advantage of this benefit and help us close these gaps to improve HEDIS scores. When billing a sick and well visit on the same day, please append the 25 modifier to the claim. Molina covers adult well visits for members over the age of 21 once every year.

Access to virtual doctor visits by phone, video, or mobile app is available through Teladoc.

Access To Care Standards

Molina is committed to providing timely access to care for all members in a safe and healthy environment. Molina will ensure providers offer hours of operation no less than offered to commercial members. Access standards have been developed to ensure that all health care services are provided in a timely manner.

The PCP or designee must be available 24 hours a day, seven days a week to members for emergency services. This access may be by telephone. Appointment and waiting time standards are shown below. Any member assigned to a PCP is considered his or her patient. Molina may also assist with scheduling preventative health care appointments for our members. All specialty referrals should be coordinated by the primary care provider. Check out the full grid [here](#).

Stay Connected

Join Our Email List

Sign up for Molina's provider email list [here](#). Be the first to receive our provider newsletters, news and updates about Molina services, delivered automatically to your inbox. We will not spam your inbox, but just send important information and updates.

For other questions or inquiries regarding this newsletter, please email us at: PalmettoPartners@MolinaHealthcare.com

Verify Your Fax Number

Molina sends out other important communications to providers by fax. We'd like to ensure that we have your most up-to-date fax numbers and information.

Please email us at PalmettoPartners@MolinaHealthcare.com to verify or update your information.

The Molina Communications team produced this e newsletter, which is designed for South Carolina health care providers. We welcome your feedback, news and ideas for content. Contact us at PalmettoPartners@MolinaHealthcare.com



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