MOLINA HEALTHCARE
Your Extended Family.

Palmetto Partners

Provider updates & resources from Molina Healthcare of South Carolina

March 2022

Strong Connections

Thank you for investing your time in Palmetto Partners, Molina's e-newsletter for providers.

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

Sample ID Cards

Frequently Used Forms

Molina Fact Sheet

Provider Portal
Molina's **Provider Portal** has a variety of tools to simplify your transactions, whether you need to check eligibility, check claim status, or submit disputes. For
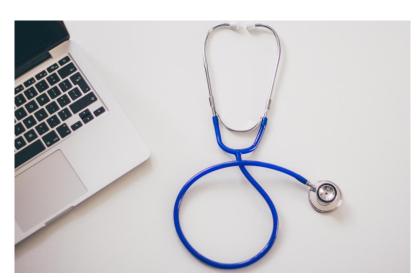
Welcome!

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.

Keeping Provider Information Accurate

Our goal in the Molina Operations department is to keep our provider network information as current as possible and adjudicate claims timely and accurately. Here are a few ways providers can assist:

- Send provider demographic changes regularly to: **SCNetworkAdministration@MolinaHealthcare.com** and allow 30 days for the update to be reflected.
- Validate your providers' information in the Molina online directory. If you notice a change is needed, click on "*See something incorrect? Let us know."* or send the update to the email address above.
- If you feel a claim processed incorrectly, the best way to submit a reconsideration request is through the Provider Portal. You may also fax or mail in the Claims Reconsideration Request form found here: **https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/sc/medicaid/Claims-Reconsideration-Request-Form.pdf**. Lastly, if you prefer to call, please let the Customer Service agent know you wish to file a verbal claim dispute.

Molina in the Community

Molina Donated Over $8.8 Million in 2021

The MolinaCares Accord ("MolinaCares") is proud to announce it committed over $8.8 million in charitable programming and partnerships with community organizations across 23 states in 2021. Charitable donations are impacting a range of critical community health issues and whole-person care such as vaccination access and education, health equity and accessibility, food and housing security, behavioral health, and health care workforce development.

"Since launching in late 2020, The MolinaCares Accord has demonstrated the value of working together with community-based organizations to address the social determinants of health and health equity issues impacting outcomes and access to care in the communities we serve," said Carolyn Ingram, executive director of The Molina Healthcare Charitable Foundation. "As we continue to fight the COVID-19 pandemic, our investments and partnerships with community organizations have had a measurable impact on the health and wellness of communities across the country."

Read the full article **here**.

Upcoming Provider Orientations
We invite you to join us virtually for the following upcoming Provider Orientations.

3/25 10 a.m.-11 a.m. or 2 p.m.-3 p.m.
4/29 10 a.m.-11 a.m. or 2 p.m.-3 p.m.
5/27 10 a.m.-11 a.m. or 2 p.m.-3 p.m.

Join by emailing **here**. Please include subject: PROVIDER ORIENTATION, practice name, and the following for all attendees: name, phone, title, and email address.

Member Success Story
After two back-to-back hospitalizations, a 13-year old Molina member needed help with her Anorexia Nervosa. Her treatments weren't working, and she continued to lose dangerous amounts of weight that hurt her vital signs and lab work. Options for residential treatment for Anorexia Nervosa are limited in the state of South Carolina, and the member didn't know what to do.

She reached out to our case managers, and they were able to work with utilization management and our medical directors to get her a referral to an eating disorder clinic in Florida. She was accepted and admitted for residential treatment. The member and her family were grateful for Molina coming up with an outside-the-box solution to get her the help she needed.

Expectations for Utilization Management Decisions
Our organization wants to make it clear to all of our practitioners and providers who make Utilization Management decisions that Molina adheres to the following:
- Utilization Management decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for Utilization Management decision-makers do not encourage decisions that result in underutilization.

Case Management and Care Coordination
Molina's Case Management (CM) Program involves collaborative processes aimed at meeting an individual's health needs, promoting quality of life, and obtaining the best possible care outcomes to meet the member's needs, so they receive the right care at the right time, and in the right setting.

The Molina Case Managers are licensed professionals and are educated, trained, and experienced in the care coordination process to empower the member to understand and access quality, efficient and cost-effective health care.

Molina Case Managers use information from the assessment process to develop and implement Individualized Care Plans (ICP) with the member in a timely manner based on member's own identification of primary health concern and analysis of available data on the member's medical condition(s) and history. The Molina Case Managers stratify the individual members into appropriate risk and intervention levels. Based on the level of case management needed, outreach is made to the member to determine the best plan to achieve short and long-term goals.

Members with the following conditions may qualify for CM and can be referred to the Molina CM Program for evaluation:
- High-risk pregnancy, including members with a history of a previous preterm delivery
- Catastrophic medical conditions (e.g., neoplasm, organ/tissue transplants)
- Chronic illness (e.g., asthma, diabetes, Congestive Heart Failure)
- Preterm births
- High-technology home care requiring more than two weeks of treatment
- Member accessing ER services inappropriately
- Children with special health care needs
- Sickle Cell
- BH Concerns

- Opioid Use Disorder (OUD)
- End-Stage Renal Disease (ESRD)

Cardiovascular Medications for American Heart Month
February was American Heart Month. Heart disease is the leading cause of death for men and women in the United States. Every year, 1 in 4 deaths are caused by heart disease. High blood pressure and high cholesterol are both risk factors for heart disease. **Click here** to see which generic medications Molina covers to treat cardiovascular conditions without prior authorization.

Important Reminders: Continuous Glucose Monitors (CGMS)
- CGMS are covered under the member's pharmacy benefit.
- Prior authorization is required, and requests should be faxed to Molina Healthcare Pharmacy Services at (855) 571-3011.
- The following CGMS are preferred with prior authorization: Dexcom G5, Dexcom G6, FreeStyle Libre.
- Requests for single-use, disposable, and nonprogrammable/mechanical (non-electric) insulin infusion pumps (e.g., V-Go, OmniPod) are reviewed under our Disposable Insulin Delivery Device Criteria.
- Requests for Medtronic and other non-disposable insulin pumps are covered under the member's medical benefit and should be faxed to the Healthcare Services team at (866) 423-3889.

Read the full article **here**.

Are you ADA Compliant?
Providers are required to inform Molina's South Carolina Network Administration by emailing us **here** if they are not ADA compliant or handicap accessible and provide what alternative accommodations are being offered to members.

2022 CAHPS Season is Here!
Molina annually conducts a Consumer Assessment of Health Care Providers and Systems **(CAHPS)** survey of a random sample of Medicaid, Medicare MMP & Duals, and Marketplace members. The survey looks at key satisfaction drivers through a continuum of care, including health plan performance and the member's experiences in the physician's office, asking how they rate their doctor, overall health, and health plan.

The survey results are evaluated to determine where to focus improvement efforts. **Click here** to see MHSC's 2022 opportunities identified and the full article.

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.

The incentive payment will be made at the time of claims payment. **Click here** for the full criteria and further details.

Prior Authorization Forms Update
Please make sure 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 **here** for a link to our Prior Authorization form.

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 lookup 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**.

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.**

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.

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**.

General Billing Requirements Reminder
Prior authorized codes/services that are manually priced on the Medicaid Fee Schedule will be reimbursed at 35% of billed charges for covered benefits.

COVID-19 Updates
Molina is monitoring COVID-19 developments daily. 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 one 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**.

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 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

Molina Healthcare of South Carolina

4105 Faber Place Drive Ste. 120,
North Charleston, SC 29405

Reach Out To Us