

# Molina Healthcare of South Carolina Managed Care 101

---

# Agenda

- Molina Healthcare & SC Managed Care
- Enrollment & Eligibility
- Provider Portal & Tools
- Prior Authorization, Claims & Appeals
- Covered Benefits & Services
- Provider Responsibilities & Rights
- Quality, Policies & Compliance
- Resources & Contacts

# Molina in SC and Medicaid Context

- Trusted, Licensed Managed Care Organization (MCO) – Serving members across Medicaid, Medicare, and Marketplace plans with a focus on accessible, quality care.
- Provider Partnerships – Collaborating with healthcare professionals who deliver services in alignment with Molina’s policies, contracts, and evidence-based clinical guidelines.
- Supporting Healthy Connections – Working hand-in-hand with South Carolina’s Healthy Connections program to ensure members receive the right care, at the right time, without unnecessary barriers.

# South Carolina Medicaid (Healthy Connections)

**Administered by SCDHHS** – The South Carolina Department of Health and Human Services manages the Healthy Connections Medicaid program, ensuring access to essential healthcare for eligible residents.

**Wide Eligibility Coverage** – Includes children, pregnant women, seniors, and individuals with disabilities, offering benefits tailored to each group's needs.

**Provider Responsibility** – All providers must verify member eligibility prior to delivering services to ensure accurate claims processing and timely payment.

**Commitment to Care** – Designed to remove financial barriers and promote better health outcomes for vulnerable populations in South Carolina.

# Provider Portal – Availability Essentials

- **Instant Eligibility Verification** – Quickly confirm member coverage before services are rendered, ensuring smoother claims processing.
- **Streamlined Claim & Prior Authorization Management** – Submit, track, and manage claims and PA requests in real time for faster turnaround.
- **Centralized Resource Hub** – Access Molina’s latest policies, downloadable forms, provider manuals, and self-paced training materials all in one place.
- **Enhanced Administrative Support** – Facilitates Electronic Data Interchange (EDI) transactions and provides tools for resolving administrative inquiries efficiently.

# Prior Authorization & Clinical Policy Tools

- **PA Lookup Tool** – Quickly determine if a service, procedure, or medication requires prior authorization by using the easy-to-navigate online PA Lookup Tool within the provider portal.
- **Flexible Submission Options** – Submit PA requests directly through the portal for real-time tracking or via fax when needed, ensuring accessibility for all provider workflows.
- **Evidence-Based Clinical Guidelines** – Follow Molina’s clinical policy criteria, rooted in nationally recognized guidelines, to support timely, medically necessary care.
- **Faster Decision-Making** – Accurate, complete submissions help reduce processing delays and improve turnaround times, supporting better patient outcomes.

# Claims Submission & Appeals

**Streamlined Electronic Submission** – Submit claims quickly and securely using Payer ID 46299, reducing processing time and minimizing paperwork delays.

**Real-Time Claim Tracking** – Monitor claim status anytime via the secure provider portal, helping you stay informed and address issues promptly.

**Appeals Process** – Submit thorough documentation for any appeal to ensure timely review and resolution in accordance with state and Molina guidelines.

**Dedicated Provider Support** – Access knowledgeable representatives for guidance on claims, billing, and appeal inquiries to keep your revenue cycle running smoothly.

# Covered Benefits & Member Services

**Comprehensive Health Coverage** – Includes medical, pharmacy, behavioral health, preventive care, and transportation to ensure members have access to the full spectrum of care they need.

**Zero Copay Advantage** – Molina Medicaid members are not responsible for copayments, removing financial barriers to essential health services.

**Provider Partnership in Care** – Providers play a key role in connecting members to critical services, promoting preventive care, and supporting overall health and well-being.

# Provider Responsibilities

**Adhere to Molina's Standards & Procedures** – Follow all administrative, quality assurance, and reimbursement protocols to ensure accurate claims processing and high-quality patient care.

**Protect Patient Privacy & Safety** – Comply with HIPAA regulations, adhere to the approved drug formulary, and apply case management guidelines to coordinate care effectively.

**Promote Accessibility & Inclusion** – Promptly report any Americans with Disabilities Act (ADA) compliance concerns to support equal access to healthcare services for all members.

# Quality, Compliance & Member Rights

**Engage in Continuous Quality Improvement** – Actively participate in HEDIS data collection, performance audits, and quality initiatives aimed at improving care delivery and member outcomes.

**Maintain Regulatory Compliance** – Follow federal, state, and Molina Healthcare requirements for documentation, reporting, and operational standards.

**Protect Member Rights** – Ensure confidentiality of all member information, and fully support the grievance and appeals process to resolve member concerns in a timely and fair manner.

**Promote Patient-Centered Care** – Encourage member involvement in their own care decisions and respect cultural, linguistic, and accessibility needs.

# Provider Support & Communication

- **Provider Services:** (855) 237-6178 – Assistance with claims, eligibility, authorizations, and general inquiries.
- **Member Services:** (855) 885-3176 (TTY 711) – Support for Molina members, benefit questions, and service coordination.
- **Provider Relations Team:** Your dedicated liaison for onboarding, training, policy updates, and ongoing partnership support.
- **Accessibility & Compliance:** Report ADA or access-related concerns promptly for resolution.
- **Care Quality Tools:** Request gap-in-care reports to proactively address member health needs and close quality measure gaps.

# Summary & Next Steps

**Confirm Eligibility & Use the Provider Portal:** Always verify member eligibility prior to service and leverage the portal for real-time information and streamlined workflows.

**Adhere to PA, Claims, and Clinical Policy Guidelines:** Follow Molina's prior authorization, claims submission, and clinical policy requirements to ensure timely, accurate, and compliant care delivery.

**Engage in Quality Initiatives:** Actively participate in quality programs, including closing care gaps, to enhance outcomes and meet performance goals.

**Utilize Provider Support Resources:** Connect with Provider Relations, Provider Services, or Member Services for assistance—proactive communication ensures seamless collaboration and better patient experiences.

# Resources & Quick Reference

Availity Essentials Portal

Provider Manual & Clinical Policies

PA Lookup Tool & EDI Guidelines

Quality Improvement Toolkits & Newsletters

Provider Services: (855) 237-6178

Member Services: (855) 885-3176 (TTY 711)

# Molina Provider Training Survey

The Molina Provider Relations Team hopes you have found this training session beneficial.



Please share your feedback with us so we can continue to provide you with excellent customer service!

Please take a few minutes to complete the [Molina Provider Training](#) survey to provide feedback on this session. The survey is located on the [You Matter to Molina Page](#) of our Provider Website, under the “Communications” tab.

# Molina of South Carolina Provider Relations Contact Information

Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities:

## Molina Healthcare of South Carolina

Tyler Stalvey, Director of Provider Relations

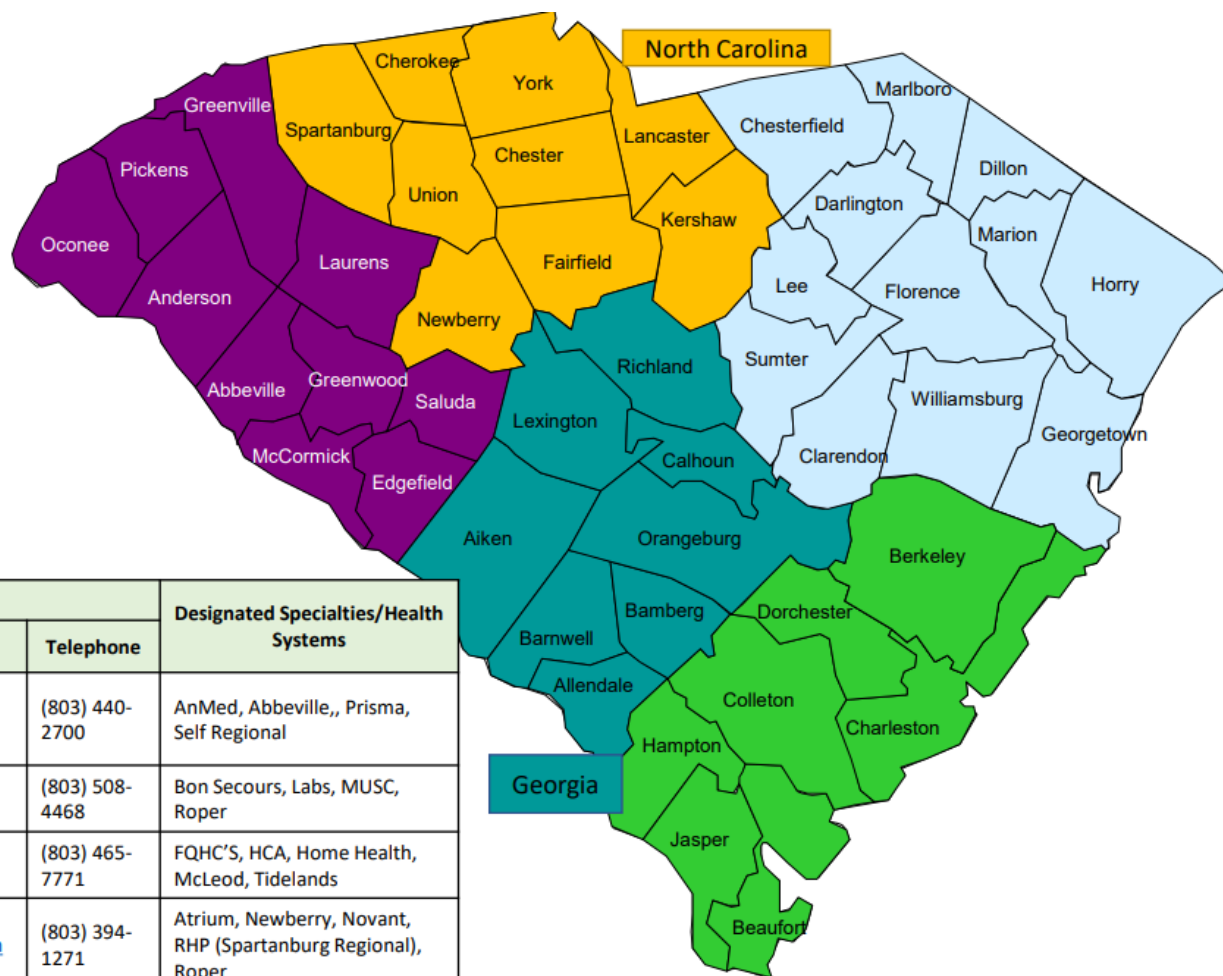
[Tyler.Stalvey@molinahealthcare.com](mailto:Tyler.Stalvey@molinahealthcare.com)

(803) 667-8695

Jen Hamilton, Manager of Provider Relations

[Jennifer.Hamilton2@molinahealthcare.com](mailto:Jennifer.Hamilton2@molinahealthcare.com)

(803) 394-1271



Representative	Contact Information		Designated Specialties/Health Systems
	Email	Telephone	
Talitha Hampton	<a href="mailto:Talitha.Hampton@molinahealthcare.com">Talitha.Hampton@molinahealthcare.com</a>	(803) 440-2700	AnMed, Abbeville,, Prisma, Self Regional
Ta'Mequa Durant	<a href="mailto:Tamequa.Durant@molinahealthcare.com">Tamequa.Durant@molinahealthcare.com</a>	(803) 508-4468	Bon Secours, Labs, MUSC, Roper
Bethany Cook	<a href="mailto:Bethany.Cook@molinahealthcare.com">Bethany.Cook@molinahealthcare.com</a>	(803) 465-7771	FQHC'S, HCA, Home Health, McLeod, Tidelands
Jen Hamilton	<a href="mailto:Jennifer.Hamilton2@molinahealthcare.com">Jennifer.Hamilton2@molinahealthcare.com</a>	(803) 394-1271	Atrium, Newberry, Novant, RHP (Spartanburg Regional), Roper
Kimberly Brown	<a href="mailto:Kimberly.Brown4@molinahealthcare.com">Kimberly.Brown4@molinahealthcare.com</a>	(803) 673-5039	Aiken, AU/Wellstar, LMC, SNF's, Uniphy

# Thank You



Questions



Open  
Discussion

