Molina Healthcare of South Carolina

Important Information. Please Read.

September 1, 2021

Announcement

LOB: Medicaid, Marketplace Molina Healthcare of South Carolina

Molina Healthcare of South Carolina would like to alert providers to an operational change that will affect submitted prior authorization (PA) requests for prescription drugs.

What is changing?

In the past, PA requests that did not meet Molina criteria in full or exceeded approval limits were decisioned as approvals in certain situations. These cases will now be decisioned as partial approvals/denials (split-decisioned).

Why is the process changing?

To provide improved visibility to member rights in situations where the originally requested service is not approved.

When will the change go into effect?

October 1, 2021.

Examples when the partial approval/partial denial decision may be rendered:

- 1. Molina PA criteria has been met, but the request is for a duration that exceeds Molina approval limits.
- 2. Molina PA criteria has been met, but the request is for a quantity that exceeds Molina approval limits.
- 3. Molina PA criteria has not been met and the request is for continuation of therapy, but interruption of therapy could cause member harm.

As a reminder:

- It is imperative that providers review the plan response letter to a PA request in its entirety, including primary and secondary messages which may be included in latter paragraphs of the determination letter.
- Molina adverse determination letters include a description of any necessary criteria to be met or missing information to be submitted with the PA request to facilitate an efficient and comprehensive review.
- Each PA request should include all necessary clinical notes, lab work and medication history. Please reference the formulary at MolinaHealthcare.com. Please note: Preferred options may require clinical review.

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Provider Services: (855) 237-6178

This update applies to: All Network Providers

> State(s): South Carolina

Line of Business: Medicaid, Marketplace

Prior Authorization Services: (855) 237-6178 8 a.m. – 5 p.m.

Provider Inquiries: If you have questions, call the Provider Relations Team Help Desk at (855) 237-6178 8 a.m. – 5 p.m.