

Molina Marketplace Toolkit

Service Area	Phone	Fax
<p>Provider Services Hours of operations: Monday – Friday, 8am – 5pm EST</p>	(855) 237-6178	
<p>Provider Portal Member eligibility, ID, Out of Pocket Expense Create, Submit, Correct, Monitor Claims Create, Submit, and Monitor Prior Authorization/Service Requests Retrieve and Compare HEDIS Scores Create and Submit Appeals Third Party Billing Access</p>	https://provider.molinahealthcare.com	
<p>Credentialing Please use the following email: MSC-CREDENTIALING@MolinaHealthCare.Com Credentialing applications are reviewed within 60 days of submission. For Delegated Credentialing Inquiries, please use MSCDelegationOversight@MolinaHealthCare.Com</p>	(855) 237-6178	
<p>Service Authorizations Utilization Management, Case Management Mental Health and Substance Abuse Provider Portal also provides Access to a Code Look-Up Tool to check whether authorization is required Ability to submit authorization requests Other available services: Health Education, Weight Management, Smoking Cessation</p>	(855) 237-6178	(833) 322-1061
<p>For IMAGING AUTHORIZATION for services such as CT, MRI, Ultrasound, and Cardiac - Expedited request will be processed up to 72 hours - Standard Authorizations will be processed up to 5 calendar days</p>	(855) 714-2415, press 72 for South Carolina	(877) 731-7218
<p>Peer to Peer Review Available up to 3 business days following a denial decision. For Inpatient, member must still be in the facility. Provide the Name, Date of Birth, and Case Number and a return call can be expected 2 business days. Service Authorization correspondence can be sent to the following address: Molina Healthcare of South Carolina, Inc PO Box 40309 North Charleston, SC 29423-0309 Attn: Healthcare Services</p>	<p>Medical (855) 237-6178 Imaging (855) 714-2415 Institutional (855) 237-6178</p>	
<p>Claims For electronic claim submission, please use EDI 46299 For paper claims, please the following address: Molina Healthcare of South Carolina, Inc PO Box 22664 Long Beach, CA 90801</p>	https://provider.molinahealthcare.com	
<p>Claim Disputes/Reconsiderations Disputes and reconsiderations must be submitted within 90 days of the original remittance advise Please include the Claims Request Reconsideration Form, claim number, and supporting documentation, which can be found here. Decisions are rendered within 30 days of receipt</p>	https://provider.molinahealthcare.com	
<p>Paper Disputes and Reconsiderations can be mailed to the following: Molina Healthcare of South Carolina, Inc Attention: Claims Disputes/Adjustments PO Box 40309 North Charleston, SC 29423-0309</p>		

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<p>Member Services Hours of operations: Monday – Friday, 8am – 6pm EST.</p>	(855) 885-3176	
<p>Member ID Card Molina Marketplace plans currently do not have reciprocity from State to State. Providers who provide covered services to out of State members, will be considered Out of Network. The Member's State specific plan can be found on the bottom left hand side of the card. Please see the Marketplace Provider Manual for more details. Find this here: https://www.molinamarketplace.com/marketplace/sc/en-us/Providers/Provider-Forms</p>		
<p>Pharmacy CVS Caremark is our Pharmacy Benefit Administrator. The Formulary can be found at https://www.molinahealthcare.com/members/sc/en-US/PDF/Marketplace/formulary-2020.pdf In network pharmacies can be found https://providersearch.molinahealthcare.com</p>	(855) 237-6178	
<p>Non-Formulary Drugs Standard Request - Responses may take up to 72 hours Expedited Exception Request and External Review - Expedited exception requests are required for all non-formulary drugs - Urgent circumstances that may seriously jeopardize life, health, or ability to regain maximum function, or for undergoing a current treatment using Non-Formulary Drugs - Responses may take up to 24 hours</p>		
<p>Health Management Providing education information to Members and facilitate Provider access to chronic disease programs and services. These services include Weight Management, Smoking Cessation, and a Maternity Program.</p>	(855) 237-6178	(843) 740-1773
<p>Forms A list of the most common forms can be found here: https://www.molinahealthcare.com/providers/sc/marketplace/forms/Pages/fuf.aspx - Claims Reconsideration Request Form - Universal Prior Authorizations Medications Form - Pregnancy Notification Form - Provider Recovery Reversal Permission Form</p>		
<p>Pregnancy Notification The Member PCP shall submit the Pregnancy Notification Report Form one (1) working day from the first prenatal visit and/or positive pregnancy test. The form should be faxed to Molina.</p>		(866) 423-3889
<p>Quality Improvement Working with Members and Providers to maintain a comprehensive Quality Improvement Program.</p>	(855) 237-6178	
<p>Compliance and Fraud Cases of suspected fraud, waste, or abuse must be reported by contacting the Molina AlertLine or submit an electronic complaint using the following website: https://MolinaHealthcare.AlertLine.com</p>	(866) 606-3889	
<p>Provider Services Representatives Please see our Provider Services map for more information on your representative. https://www.molinahealthcare.com/providers/sc/medicaid/PDF/2019-Provider-Services-Rep-Map.pdf</p>		