MOLINA HEALTHCARE Healthy Connections

Molina's myhealthmylife

A newsletter just for South Carolina members

Summer 2026

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Physical address: 115 Fairchild Street, Suite 340, Charleston, SC 29492

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What to do when you need after-hours or emergency care

After-hours care

You may need care when your PCP's office is closed. After hours, call the 24-hour Nurse Advice Line at (844) 800-5155. Highly trained nurses are here 24 hours a day, 7 days a week to:

- Answer your medical questions
- Help you decide if you need care right away
- Make an appointment for you

Emergency care

An emergency is a serious problem that needs help right away and can put your health or life at risk. If you think you have an emergency, **call 911 or go to the nearest hospital.**

We pay for all emergency care in the United States and some care in Canada or Mexico. You can go to any emergency room or other facility not part of Molina. You can get care 24 hours a day, 7 days a week.

You don't need approval to get emergency services. Qualified doctors provide them to help with urgent medical problems. If you need help in a crisis, you can call the Suicide & Crisis Lifeline at 988. You can call the 24-hour Nurse Advice Line at (844) 800-5155 for urgent care advice.

- **Emergency medical condition** - Medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: placing the health of the individual (or, with respect to a pregnant woman, the health of the woman and/or her unborn child) in serious jeopardy; serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
- **Emergency services** - Covered inpatient and Outpatient Services that are as follows:
  - Furnished by a Provider that is qualified to furnish these services under this title; and
  - Needed to evaluate or stabilize an Emergency Medical Condition.

Post stabilization emergency services

After you visit the emergency room (ER), you can get more help for your health without asking for approval. It's important to call your doctor as soon as you can to set up any care you may need. If you need help finding a doctor, you can call Member Services.

Remember:

Don't go back to the ER for more care—talk to your primary care provider (PCP) instead. If it's not an emergency, always call your PCP first. After normal business hours, you can also visit an urgent care center for non-emergency care.

Urgent care centers are listed in the Provider Directory. If you need help finding one, call Member Services or go to **MolinaHealthcare.com/SC**.

You're not alone – help is available in a mental health emergency

Emergency contact information:

If you need help right away, call 911 or go to the nearest emergency room. You can also call the National Crisis Hotline at 988 or (833) 364-2274 to access mobile crisis services.

Examples of emergencies:

- Thinking about hurting yourself
- Trying to hurt yourself or someone else
- Feeling very upset and unable to do everyday things

We help with mental health and substance abuse. If you need help, please call Member Services at (855) 882-3901 (TTY: 711). For more information, you can also call the South Carolina Department of Behavioral Health and Developmental Disabilities (BHDD) at (803) 896-5555.

Remember, these numbers are not for emergencies. If you are in a crisis, please call emergency services or go to the nearest hospital.

Your safety is important. Remember, it's okay to ask for help!

Ending your membership

As a Managed Care Organization (MCO) member, you can end your membership at certain times during the year. You can end your membership during the first 90 calendar days of your membership or during your yearly re-enrollment period. SC Healthy Connections Choices will mail you something to tell you when your annual re-enrollment period will be.

If you want to end your membership during the first 90 calendar days of your membership or re-enrollment period for your area, you can call SC Healthy Connections Choices at (877) 552-4642 (TTY: (877) 552-4670).

- Most of the time, if you call before the last ten days of the month, your membership will end on the first day of the next month.
- If you call after this time, your membership will not end until the first day of the following month.
- If you chose another MCO, your new plan would send you information in the mail before your membership start date.
- The same time frames that apply to enrollment will be used for changes in enrollment and disenrollment.
- If the SCDHHS receives your request to be disenrolled or change plans by the internal cut-off date for the month, the change will start on the last day of the month.
- Changes will start no later than the last day of the month after the disenrollment form is received if submitted after the cut-off date.

Member Rights & Responsibilities

Each Medicaid Managed Care Organization (MCO) member is guaranteed the following rights:

1. To receive information about your member rights and responsibilities;
2. To make recommendations to Molina Healthcare of South Carolina about these member rights and responsibilities;
3. To be treated with respect and with due consideration for your dignity and privacy;
4. To participate in decisions regarding your health care, including the right to refuse treatment;
5. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in the federal regulations on the use of restraints and seclusion;
6. To be able to request and receive a copy of your medical records, and request that they be amended or corrected;
7. To receive health care services that are accessible, are comparable in amount, duration, and scope to those provided under Medicaid FFS, and are sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished;
8. To have a candid discussion of appropriate or medically necessary treatment options for your condition regardless of cost or benefit coverage;
9. To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition;
10. To receive all information in paper form without charge, including but not limited to, enrollment notices, informational materials, instructional materials, available treatment options, and alternatives in a manner and format that may be easily understood;
11. To receive assistance from both SCDHHS and Molina Healthcare of South Carolina in understanding the requirements and benefits of the Molina Healthcare of South Carolina's plan;
12. To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent;
13. To be notified that oral interpretation is available and how to access those services;
14. As a potential member, to receive information about the basic features of managed care, which populations may or may not enroll in the program and the MCO's responsibilities for coordination of care in a timely manner in order to make an informed choice;
15. To receive information on Molina Healthcare of South Carolina's services, to include, but not limited to:
    a. Benefits covered;
    b. Cost-sharing requirements;
    c. Procedures for obtaining benefits, including any authorization requirements;
    d. Service area

   e. Names, locations, telephone numbers of non-English language spoken by current contracted providers, including at a minimum, primary care physicians, specialists, and hospitals;
   f. Any restrictions on member's freedom of choice among network providers;
   g. Providers not accepting new patients; and
   h. Benefits not offered by Molina Healthcare of South Carolina but available to members and how to obtain those benefits, including how transportation is provided.
16. To receive a complete description of disenrollment rights at least annually;
17. To receive notice of any significant changes in the Benefits Package at least thirty (30) days before the intended effective date of the change;
18. To receive information on the Appeal, Grievance, and State Fair Hearing procedures including the right to file;
19. To be able to file an appeal, a grievance (complaint) or request a State Fair Hearing;
20. To receive detailed information on emergency and after-hours coverage, to include, but not limited to:
   a. What constitutes an emergency medical condition, emergency services, and Post Stabilization services;
   b. Emergency services do not require Prior Approval;
   c. The process and procedures for obtaining emergency services;
   d. The locations of any emergency settings and other locations at which providers and hospitals provide emergency services and Post Stabilization services covered under the contract;
   e. Your right to use any hospital or other setting for emergency care; and
   f. Post Stabilization care services.
21. To receive Molina Healthcare of South Carolina's policy on referrals for specialty care and other benefits not provided by your primary care provider;
22. To have your privacy protected in accordance with the privacy requirements in the Code of Federal Regulations (45 CFR, 160, 164 (A)(E)), to the extent that they are applicable; and
23. To exercise these rights without adversely affecting the way Molina Healthcare of South Carolina, its providers, or SCDHHS treats the members.

As a member of Molina Healthcare of South Carolina, you have the responsibility:

1. To provide information to your doctor that is needed to make decisions about your health care;
2. To be active in decisions about your health care;
3. To follow the care plans and instructions that you have agreed upon with your doctor(s);
4. To build and keep a strong patient-doctor relationship, you have the responsibility to cooperate with your doctor and staff. This includes being on time for your visits or calling your doctor if you need to cancel or reschedule an appointment;
5. To present your Molina Healthcare of South Carolina ID card and state ID card when receiving

medical care;

6. To report any fraud or wrongdoing to Molina Healthcare of South Carolina or the proper authorities;
7. To understand your health problems and participate in developing mutually agreed-upon treatment goals;
8. To contact South Carolina Healthy Connections at (888) 549-0820, TTY/TDD: (888) 842-3620 to report any change of address, family size, living arrangements, or county of residence;
9. To inform Molina Healthcare of South Carolina of the loss or theft of your member ID card(s);
10. To be familiar with Molina Healthcare of South Carolina's procedures to the best of your ability;
11. To contact Molina Healthcare of South Carolina if you need information or have any questions about your care;
12. To access and use preventive care services;
13. Non-Discrimination of Caregivers - you must not discriminate against your caregivers because of race, color, national origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge, or age. To do so is a Federal offense; and
14. To keep your health plan, you must renew your SC Healthy Connections coverage every year. You will receive a redetermination packet from SCDHHS at least 60 days before your coverage ends. If you do not receive your packet, call SCDHHS at (888) 549-0820, TTY/TDD: (888) 842-3620. Molina members, if you have questions, call Molina at (855) 882-3901 or call Healthy Connections at (888) 549-0820, TTY/TDD: (888) 842-3620 to help renew your benefits.

Copayments (copays)

As a member of Healthy Connections Medicaid, you don't have to pay copays or cost sharing for any services, no matter what type it is or where you get it. This started on July 1, 2024.

Notice of Privacy Practices

Why does Molina use or share your Protected Health Information (PHI)?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To share PHI as required or permitted by law

The above is only a summary. Our Notice of Privacy Practices gives more information about how we use and share our members' PHI. You may find our full Notice of Privacy Practices on our website at **MolinaHealthcare.com/SC**. We will be happy to answer your questions as a member of Molina Healthcare. You may also request a free copy of the document by calling our Member Services department at (855) 882-3901 (TTY: 711).

Vision coverage update: what you should know

Your vision benefits are still covered through Medicaid. The vision vendor has changed from March Vision to VSP.

What this means for you:

- You still get covered eye exams
- Glasses and lenses are still included
- You may need to choose a new vision provider

Before your next eye appointment, check to make sure your provider is in the VSP network.

Need help finding a provider?

Visit **MyMolina.com** or check out the **Provider Online Directory**.

Keep your information up to date

Keeping your information up to date helps make sure you get the right care, benefits, and important notices.

The MyMolina member portal at **MyMolina.com** is the fastest and easiest way to update your information. You can change things like your address, phone number, email, household size, or pregnancy status.

It is also important to keep your information up to date with South Carolina Healthy Connections, since the state manages Medicaid eligibility and enrollment. You can update your information by:

- Calling the Healthy Connections Member Contact Center at (888) 549-0820, or
- Reporting changes when you complete your Medicaid renewal

Keeping both Molina and Healthy Connections up to date can help prevent missed mail, coverage issues, or delays in care.

Visit **MyMolina.com** to make updates anytime. If you need help, Member Services can assist you.

Need help?

Call Member Services at (855) 882-3901 (TTY: 711).