



Molina Dual Options Medicare-Medicaid Plan | 2022 Online Provider and Pharmacy Directory Information

Introduction

The online Provider and Pharmacy Directory includes information about the provider and pharmacy types in Molina Dual Options and lists all the plan's providers and pharmacies as of the date shown at the bottom page of the searchable online directory. The listings contain provider and pharmacy address and contact information as well as other details such as days and hours of operations, specialties, and skills. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

Disclaimers

- ❖ Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.
- ❖ Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- ❖ This online directory lists health care professionals (such as doctors, nurse practitioners, and psychologists), facilities (such as hospitals or clinics), and support providers that you may use as a Molina Dual Options member. We also list the pharmacies that you may use to get your prescription drugs.
- ❖ We will refer to these groups as "network providers" in this directory. These providers signed a contract with us to provide you services. This searchable online Directory contains all Molina Dual Options' full network of providers for the state of South Carolina. For additional information contact Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time.
- ❖ This directory lists providers of both Medicare and Healthy Connections Medicaid services.

- ❖ **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 735-5831, servicio TTY al 711, los 7 días a la semana, de 8 a. m. a 8 p. m., hora local. La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in an alternate format or language other than English, please contact Member Services at (855) 735-5831, TTY:711, 7 days a week, 8 a.m. to 8 p.m., local time. If you prefer to receive documents like this in the future in a language other than English, please contact the State at (888) 549-0820, TTY: 711, Monday – Friday, 8 a.m. to 6 p.m., local time to update your record with the preferred language. A representative can help you make or change a standing request. You can also contact your Care Coordinator for help with standing requests.
- ❖ The list is up-to-date as of the current date shown at the bottom page of the searchable online Directory, but you need to know that:
 - Some Molina Dual Options network providers may have been added or removed from our network after this directory was published.
 - Some Molina Dual Options providers in our network may no longer be accepting new members. If you are having trouble finding a provider who will accept new members, call Member Services at the number at the bottom of the page and we will help you.
 - To get the most up-to-date information about Molina Dual Options' network providers in your area, visit or call Member Services at the website or number at the bottom of the page. The call is free.

Doctors and other health care professionals in Molina Dual Options' network are listed on pages based on your Provider search. Pharmacies in our network are listed on pages based on your Pharmacy search.

Providers

Key terms

This section explains key terms in our *Provider and Pharmacy Directory*.

- **Providers** are health care professionals and support providers such as doctors, nurses, pharmacists, therapists, and other people who provide care and services.

Services include medical care, long-term services and supports (LTSS), supplies, prescription drugs, equipment and other services.

- The term providers also includes facilities such as hospitals, clinics, and other places that provide medical services, medical equipment, and long-term services and supports.
- Providers that are a part of our plan's network are called network providers.
- **Network providers** are the providers that have contracted with us to provide services to members in our plan. The providers in our network generally bill us directly for care they give you. When you use a network provider, you usually pay nothing for covered services.
- A **Primary Care Provider (PCP)** is a *physician, nurse practitioner, or other health care professional* who gives you routine health care. Your PCP will keep your medical records and get to know your health needs over time. Your PCP will also give you a referral if you need a specialist or other provider.
- **Specialists** are doctors who provide health care services for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:
 - Oncologists care for patients with cancer.
 - Cardiologists care for patients with heart conditions.
 - Orthopedists care for patients with certain bone, joint, or muscle conditions.
- You may need a **referral** for a specialist or someone that is not your PCP. A **referral** means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP. If you don't get a referral, Molina Dual Options may not cover the service.
 - Referrals from your network PCP are not needed for:
 - Emergency care;
 - Urgently needed care;
 - Kidney dialysis services that you get at a Medicare-certified dialysis facility when you are outside the plan's service area; **or**
 - Services from a women's health specialist.
 - Additionally, if you are eligible to get services from Indian health providers, you may use these providers without a referral. We must pay the Indian health provider for those services even if they are out of our plan's network.

- More information on referrals is available in Chapter 3 of the *Member Handbook*.
- You also have access to a **care coordinator** and a **Care Team** that you choose.
 - A **care coordinator** helps you manage your medical providers and services.
 - Your **Care Team** is a group of advocates and providers working together to provide you with medical, behavioral health, psychosocial, social care, and long-term services and supports in the community or in a facility. You are a member of your Care Team, and you can tell us who else you would like to participate. Unless you tell us otherwise, your Care Team will include:
 - You
 - Your care coordinator
 - Your Primary Care Provider (PCP)
 - Your behavioral health clinician (if you have one)
 - Your long-term services and supports (LTSS) providers (if you have them). These include:
 - Your Home Again Transition Coordinator
 - Your waiver services provider
 - Your Community Long Term Care (CLTC) waiver case manager
 - A pharmacist, **and**
 - Representatives from the facility where you get care
 - Your Care Team **can also include** the following people, if it is appropriate and if you agree:
 - Nurses, specialists, social workers, and other people who can provide expert advice
 - Family members
 - Other informal caregivers
 - Advocates
 - State agency or other case managers
 - Everyone on the Care Team works together to make sure your care is coordinated. This means that they make sure tests and labs are done once and

the results are shared with the appropriate providers. It also means that your PCP should know all medicines you take so that they can reduce any negative effects. Your PCP will always get your permission before sharing your medical information with other providers.

Primary Care Provider (PCP)

You can get services from any provider who is in our network and accepting new members.

First, you will need to choose a Primary Care Provider.

To choose a PCP, go to the list of providers on page based on your search results and choose a provider:

- that you use now, **or**
- who has been recommended by someone you trust, **or**
- whose offices are easy for you to get to.
- If you want help in choosing a PCP, please call your care coordinator at (855) 735-5831, TTY:711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. TTY: 711. You can also call Member Services or visit our website using the information at the bottom of the page.
- If you have questions about whether we will pay for any medical service or care that you want or need, call Member Services and ask **before** you get the service or care.

Long-term services and supports (LTSS)

You may be able to get long-term services and supports (LTSS), such as environmental modification (minor changes to your home), pest control, home delivered meals, and respite care (relief for your primary caregiver, either in an in-patient facility or at your home).

LTSS help people who need assistance to do everyday tasks like taking a bath, getting dressed, and making food. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

LTSS are available to members who are on certain waiver programs operated by the Community Long Term Care (CLTC) division of Healthy Connections Medicaid. Those waivers are:

- Community Choices waiver
- HIV/AIDS waiver
- Mechanical Ventilator Dependent waiver

Members on different waivers can get different kinds and amounts of LTSS. If you think you need LTSS, you can talk to your care coordinator about how to access them and whether you can join one of these waivers. Your care coordinator can give you information about how to apply for an appropriate waiver, and all of the resources available to you under the plan.

How to identify providers in Molina Dual Options' Network

You may need a referral for someone who is not a Primary Care Provider.

You must get all of your covered services from providers within our network. If you go to providers who are not in Molina Dual Options' network (without prior authorization or approval from us), you will have to pay the bill.

A **prior authorization** is an approval from Molina Dual Options before you can get a specific service or drug or use an out-of-network provider. Molina Dual Options may not cover the service or drug if you don't get approval.

The exceptions to this rule are during your first 180 days in our plan or when you need urgent or emergency care or dialysis and cannot get to a provider in the plan, such as when you are away from home. No services are covered outside the United States, except for emergency services requiring hospitalization in Canada or Mexico. You can also go outside the plan for other non-emergency services if Molina Dual Options gives you permission first.

- You may change providers within the network at any time. If you have been going to one network provider, you do not have to keep going to that same provider. All changes made will be in effect on the first day of the following month, with the following exceptions: 1. If the member is calling from the provider's office, the effective date will be the date of the phone call, 2. If the member is in their first month of enrollment, the effective date will be the first day of the current month.
- Molina Dual Options works with all the providers in our network to accommodate the needs of people with disabilities. As applicable, the list of network providers in this directory includes information about the accommodations they provide.
- If you need a provider and are not sure if they offer the accommodations you need, Molina Dual Options can help you. Talk to your care coordinator for assistance.

How to find Molina Dual Options providers in your area

To learn how to search for providers, refer to the "Search Help – FAQ" link on the bottom portion of each page.

To request a hard copy of Molina Dual Options' provider directory, please call our Member Services department at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m.-8 p.m., local time. Molina Dual Options will mail a hard copy of the provider directory to you within three business days of your request. Molina Dual Options may ask whether your request for a hard copy is a one-time request or if you are requesting to permanently receive the provider directory in hard copy. If

you request it, your request for hard copies of the provider directory remains until you leave Molina Dual Options or request that hard copies be discontinued.

Network providers

This Directory of Molina Dual Options' network providers contains:

- **Health care professionals** including primary care physicians, specialists, and mental health providers;
- **Facilities** including hospitals, nursing facilities, Federally Qualified Health Centers (FQHCs), and infusion centers; **and**
- **Support providers** including long-term services and supports (LTSS) providers of adult day health care, attendant care, companion services, environmental modification, home-delivered meals, incontinence supplies, nutritional supplements, personal care services, Personal Emergency Response System (PERS), private duty nursing, respite care, and specialized medical equipment and supplies.

In addition to contact information, provider listings also include specialties and skills, for example, such as languages spoken or completion of cultural competence training.

Cultural competence training is additional instruction for our health care providers that helps them better understand your background, values, and beliefs to adapt services to meet your social, cultural, and language needs.

Support Providers – Long-Term Services and Supports (LTSS)

1. Adult Day Health Care

Adult Day Health Care (ADHC) centers offer medically-supervised care and services at a licensed day care center. Limited skilled nursing procedures as ordered by a physician may be provided by the ADHC nurse at the center. Transportation to and from the home is provided within 15 miles of the center. These services are available to members on the Community Choices waiver, operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your care coordinator for information about accessing these services and the providers available in your community.

2. Attendant Care

Attendant Care services are available to members on the Community Choices waiver, the HIV/AIDS waiver, or the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. These services are member-directed. Contact your care coordinator for information about accessing these services and the providers available in your community.

3. Companion Services

Companion services provide short-term relief for caregivers and needed supervision for members. They are available to members on the Community Choices waiver or the HIV/AIDS waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your care coordinator for information about accessing these services and the providers available in your community.

4. Environmental Modification

Environmental modification services provide pest control and minor adaptations to the home. They are available to members on the Community Choices waiver, the HIV/AIDS waiver, or the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your care coordinator for information about accessing these services and the providers available in your community.

5. Home Delivered Meals

Regular or special diet meals can be delivered to your home. These services are available to members on the Community Choices waiver, the Mechanical Ventilator Dependent waiver, or the HIV/AIDS waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your care coordinator for information about accessing these services and the providers available in your community.

6. Incontinence Supplies

Limited incontinence supplies are available to members on the Community Choices waiver or the HIV/AIDS waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your care coordinator for information about accessing these services and the providers available in your community.

Incontinence supplies are also covered as a home health benefit for members who are not on a waiver. Please refer to Chapter 4 of the *Member Handbook* for information.

7. Nutritional Supplements

Limited nutritional supplements are available to members on the Community Choices waiver, the HIV/AIDS waiver, and the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your care coordinator for information about accessing these services and the providers available in your community.

8. Personal Care Aide

Personal Care Aides provide two levels of help. Personal Care Level 1 provides assistance with general household duties. Personal Care Level 2 helps with activities such as bathing, dressing, preparing meals, housekeeping, and observing health signs. These services are available to members on the Community Choices waiver, the HIV/AIDS waiver, and the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care

(CLTC) division. Contact your care coordinator for information about accessing these services and the providers available in your community.

9. Personal Emergency Response System (PERS)

PERS provides an electronic device, which enables high-risk individuals to secure help in the event of an emergency. These services are available to members on the Community Choices waiver and the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your care coordinator for information about accessing these services and the providers available in your community.

10. Private Duty Nursing

Private Duty Nursing services provide skilled medical monitoring, direct care, and intervention in order for health care needs to be maintained through home support. These services are available to members on the HIV/AIDS waiver and the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your care coordinator for information about accessing these services and the providers available in your community.

11. Respite Care

Respite Care services provide temporary relief for your primary caregiver in an in-patient facility or at your home. For members on the Community Choices waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division, respite care can be provided in a Community Residential Care Facility (CRCF) or an in-patient facility (nursing facility or hospital). For members on the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division, respite care can be provided in a nursing facility or at your home. Contact your care coordinator for information about accessing these services and the providers available in your community.

12. Specialized Medical Equipment and Supplies

Members on the Community Choices waiver or the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division can get medical supplies to assist with care at home. Contact your care coordinator for information about accessing these services and the providers available in your community.

Pharmacies

These network pharmacies are pharmacies that have agreed to provide prescription drugs to you as a member of the plan.

Molina Dual Options members must use network pharmacies to get prescription drugs except in emergency or urgent care situations.

- If you go to an out-of-network pharmacy for prescriptions when it is not an emergency, you will have to pay out of pocket for the service.
- Read the Molina Dual Options *Member Handbook* for more information.

This directory may not list all network pharmacies. We may have added or removed some network pharmacies from our plan after we published this directory.

For up-to-date information about Molina Dual Options network pharmacies in your area, please visit our website or call Member Services.

To get a complete description of your prescription coverage, including how to fill your prescriptions, please read the *Member Handbook* and Molina Dual Options' *List of Covered Drugs*. The List of Covered Drugs can be found at MolinaHealthcare.com/Duals.

How to identify pharmacies in our network

Along with retail pharmacies, your plan's network of pharmacies includes:

- Mail-order pharmacies send covered prescription drugs to members through the mail or shipping companies.
- Home infusion pharmacies prepare prescription drugs that are given through a vein, within a muscle, or in another non-oral way by a trained provider in your home.
- Long-term care (LTC) pharmacies serve residents of long-term care facilities, such as nursing homes.
- Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies

You are not required to continue going to the same pharmacy to fill your prescriptions.

Long-term supplies of prescriptions

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. **A 90-day supply has the same copay as a one-month supply.**

Mail order pharmacy

You can get prescription drugs shipped to your home through our network mail order delivery program which is called CVS Caremark Mail Service Pharmacy Program. The pharmacy will

contact you, by phone, to get your approval before shipping any prescriptions. If we are unable to reach you for approval, your prescription will not be sent to you.

Typically, you should expect to get your prescription drugs within 14 days from the time that the mail order pharmacy gets the order. If you do not get your prescription drug(s) within this time if you would like to cancel an automatic order, or if you need to ask for a refund for prescriptions you got that you did not want or need, please contact us at the number at the bottom of the page. To learn more about mail order pharmacies, refer to Chapter 5 of the *Member Handbook*.

Home infusion pharmacies

You can get home infusion therapy if Molina Dual Options has approved your prescription and if you get your prescription from an authorized prescriber.

Home Infusion Pharmacies services all counties in the Molina Dual Options service area. For more information on home infusion services and pharmacies, contact Member Services at (855) 735-5831, TTY:711, 7 days a week, 8 a.m. to 8 p.m., local time.

Long-term care pharmacies

Residents of a long-term care facility, such as a nursing home, may access their prescription drugs covered under Molina Dual Options through the facility's pharmacy or another network pharmacy. To learn more about drug coverage in special cases, refer to Chapter 5 of the *Member Handbook*.

Long-Term Care Pharmacies services all counties in the Molina Dual Options service area. For more information on Long Term-Care services and pharmacies, contact Member Services at (855) 735-5831, TTY:711, 7 days a week, 8 a.m. to 8 p.m., local time.

Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through Molina Dual Options' pharmacy network. Those other than Native Americans and Alaskan Natives may be able to go to these pharmacies under limited circumstances (e.g., emergencies).

For more information, contact Member Services at (855) 735-5831, TTY:711, 7 days a week, 8 a.m. to 8 p.m., local time.

How to find Molina Dual Options pharmacy in your area

To search for a pharmacy type within our network, start by selecting your plan under “Plan/Program” located at the top of the page. Right next to it, you have the option to enter “City”, “State” or “Zip Code”. Using the search bar, you can type the word “pharmacy” or the name of a specific pharmacy. As you start typing, a list of provider names that match your search will appear for you to select from. All pharmacies shown on the searchable online directory are available in our Network. You can also find a list of pharmacies under “Other Types of Care” and selecting “pharmacy”.

If you have questions about any of the above, please contact Member Services or visit MolinaHealthcare.com/Duals.

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