



Autism Spectrum Disorder Services (ASD) Provider Orientation



The Molina Story

Three Decades of Delivering Access to Quality Care

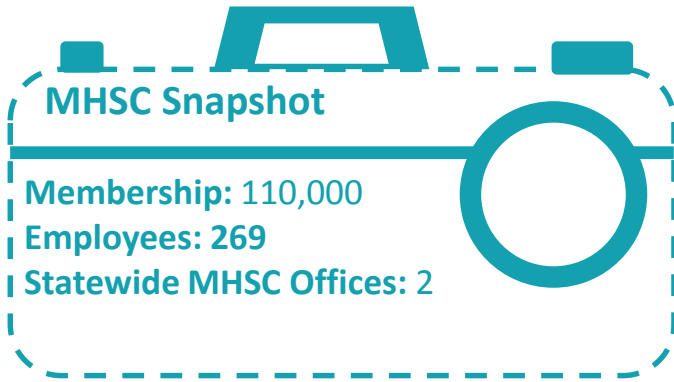
Molina Healthcare's history and member-focused approach began with the vision of Dr. C. David Molina, an emergency department physician, who saw people in need and opened a community clinic where caring for people was more important than their ability to pay.



Today Molina Healthcare serves the diverse needs of 4.5 million plan members and beneficiaries across the United States through government-funded programs. Molina Healthcare provides NCQA-accredited care and services that focus on promoting health, wellness and improved patient outcomes. While the company continues to grow, we always put people first. We treat everyone like family, just as Dr. Molina did – making Molina Healthcare your extended family.

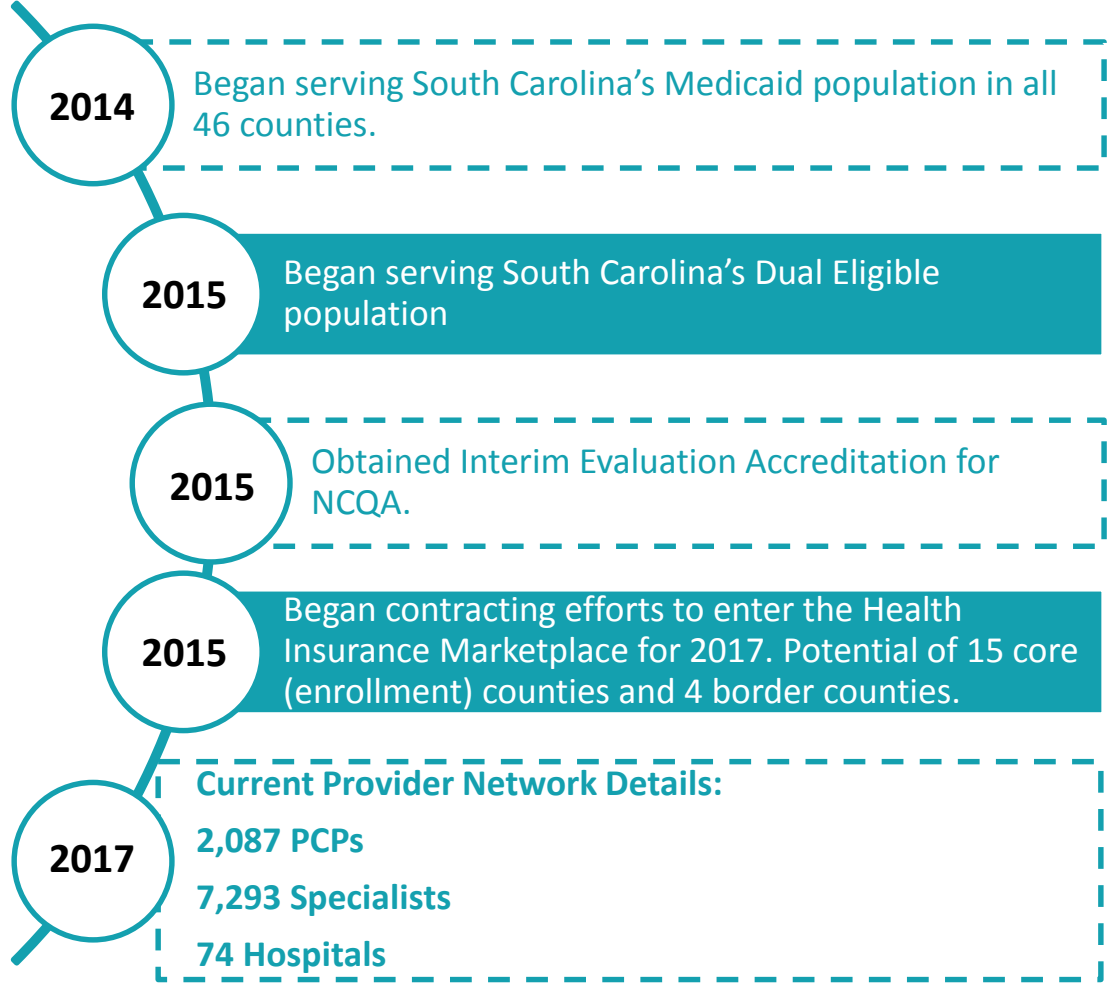
Molina Healthcare of South Carolina

Serving since 2014



MHSC Snapshot

- Membership: 110,000
- Employees: 269
- Statewide MHSC Offices: 2



- 2014** Began serving South Carolina's Medicaid population in all 46 counties.
- 2015** Began serving South Carolina's Dual Eligible population
- 2015** Obtained Interim Evaluation Accreditation for NCQA.
- 2015** Began contracting efforts to enter the Health Insurance Marketplace for 2017. Potential of 15 core (enrollment) counties and 4 border counties.
- 2017** Current Provider Network Details:
 - 2,087 PCPs
 - 7,293 Specialists
 - 74 Hospitals



Autism Spectrum Disorder Services (ASD)



4 Your Extended Family.

Behavioral Health Provider Information

Beginning July 1, 2017, Molina Health Care Medicaid will begin management of the Autism Spectrum Disorders Services (ASD) previously administered by SCDHHS.

Coordinated care benefits include:

- Community Integration Services (CIS) and
- Therapeutic Childcare Center (TCC) services.

Behavioral Health Changes

- Providers of ASD services will need to contract with each members MCO if they wish to continue providing services
- ASD Services on or after July 1, 2017 will be covered by the MCOs

Why Carve in Behavioral Health

The coordination of services

- Ensures both the physical and mental health of our members are being coordinated and managed
- Prevents duplication of services, medication issues and poor member outcomes
- Allows members to receive the full service array from their chosen Managed Care Organization (MCO)

Behavioral Health Changes (cont'd.)

- Members receiving medically necessary services between 7/1/2017 – 9/30/2017 will be allowed to continue services without requiring prior authorization for a 90 day continuity of care period
- Effective 10/1/2017, medically necessary services will need to be authorized through a contracted provider with Molina

Behavioral Health Changes

Effective dates of service on or after July 1, 2017 claims are submitted to Molina for the enrolled members using the following codes

Procedure Code	Service Description	Unit	Service Limits* (In Units)	PA Required
0359T	Behavior Identification Assessment (ABA)	30 minutes	16 per assessment	Yes
0368T & 0369T	Adaptive Behavior Treatment With Protocol Modification	30 minutes	32 per month	Yes
0360T & 0361T	Observational Behavioral Follow-up Assessment	30 minutes	12 per week	Yes
0362T, 0363T	Exposure Behavioral Follow-up Assessment	30 minutes	80 per week	Yes
0364T, 0365T	Adaptive Behavior Treatment By Protocol	30 minutes	80 per week	Yes
0370T	Family Adaptive Behavior Treatment Guidance	30 minutes	12 per six months	Yes



Molina Health Care of South Carolina Provider Resources



10 Your Extended Family.

Provider Services

Satisfaction

- Provider representatives, advocates and engagement teams
- Annual assessment of provider satisfaction

Communication

- *Provider Bulletin* and *Partners in Care* newsletters
- Online Provider Manuals
- Online trainings and Molina Web Portal
- Interactive Voice Response (IVR) Provider Service Line

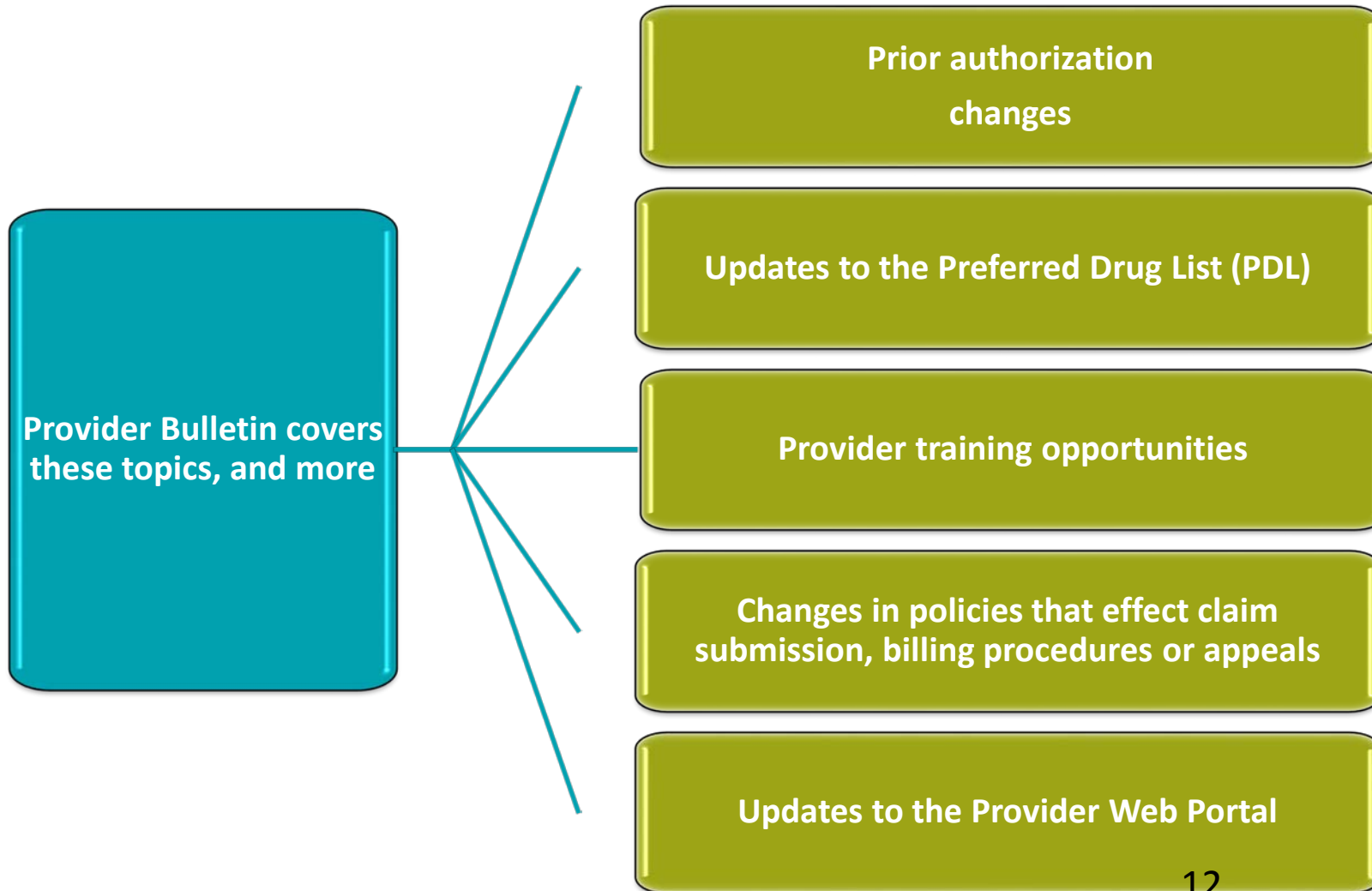
Technology

- 24-hour Web Portal
- Electronic Funds Transfer and Electronic Remittance Advice



Provider Bulletin

To keep you up-to-date on system improvements, process enhancements, required guidelines and more, Provider Bulletins are sent to Molina Healthcare's provider network.



Provider Online Resources

- Provider Manuals
- Provider Online Directories
- Web Portal
- Preventive & Clinical Care Guidelines
- Prior Authorization Information
- Advanced Directives
- Pharmacy Information
- HIPAA
- Fraud, Waste and Abuse Information
- Frequently Used Forms
- Communications & Newsletters
- Member Rights & Responsibilities

MOLINA HEALTHCARE | Your Extended Family. Help | FAQ | English | Type Sizes

Home Find A Pharmacy Find A Provider Find A Hospital/Facility

Find A Provider May 05 2015 2:22:12 PM

*Required

Enter Your Location

Search by City or Zip Search By County Search Near Street Address

State* [Select] And City* [Select] or Zip code []

Distance Within [Select] (miles)

Quick Name Search

State* [Select]

Last Name* []

Near Zip Code* []

Coverage* [Select]

Search

For more accurate results, please use "Search Near Street Address".

Select a Coverage & Provider Type

Coverage* [Select] Provider Type* [Select]

More Search Options

- Program
- Specialty
- Name, Language, Gender, Accept New Patients
- By Hospital/Facility
- By Medical Group

Show All Options

Showing Information For South Carolina | South Carolina | English | Type Size: - +

 **MOLINA HEALTHCARE** | **Healthy Connections** 

Search Go [Sign In](#) [Register](#) [Sitemap](#)

[Become a Member](#) | [Members](#) | [Health Care Professionals](#) | [Find a Doctor or Pharmacy](#) | [Brokers](#) | [About Molina](#)

You May Qualify for South Carolina Medicaid or Medicare-Medicaid Health Insurance!
Join the Molina family and receive the quality Health Care you deserve!
Questions? We can help. (877) 552-4642
[Learn More](#)

How can we help you?

[I'd Like to Become a Molina Member](#) | [I'm a Molina Member](#) | [I'm a Health Care Professional](#)

Quick Tools for Molina Members

 Search for a Doctor |  Change your Doctor |  Request a New ID Card |  View Personal Health Record

For Molina Members | About Molina | Showing Information For South Carolina | South Carolina | Medicaid | Type Size: - +

MOLINA HEALTHCARE Healthy Connections

Home | Manual | Forms | Policies | HIPAA | EDI ERA/EFT | Drug List | Health Resources | Communications | Contact Us

We're Glad you're part of the Molina Family

"I love working with Molina, their claim department is responsive and efficient"
Dr. Marina Jones



Provider Portal

Check eligibility, claims and more.

User ID

Password

[Forgot Password](#) | [Register](#)

[Sign In](#)

Welcome, South Carolina Healthcare Providers

Contracted providers are an essential part of delivering quality care to our members. We value our partnership and appreciate the family-like relationship that you pass on to our members. As our partner, assisting you is one of our highest priorities. We welcome your feedback and look forward to supporting all of your efforts to provide quality care.

If you have any questions, please call Provider Services at (855) 237-6178.

Provider Services Portal

Login or Register

[Check Member Eligibility & Benefits](#)

Molina's Provider Self Services has a variety of tools to simplify your transactions whether you need to check eligibility or check claim status. For more information contact Provider Services. Molina Healthcare is now collecting National Provider IDs (NPIs) from contracted and non-contracted providers. Submit your NPI to Molina via our Provider Self-Services Portal.

Reminder: Molina is GOING GREEN as of July 1st and all claims need to be submitted through an EDI Clearinghouse or via Molina's Provider Portal. Please contact our Provider Services team if you have any questions.

Rehabilitative Behavioral Health Services

Molina has some good news. Starting July 1, 2016 Molina will include outpatient mental health and rehabilitative behavioral health services as part of your benefits. For more information, visit <https://msp.scdhhs.gov/rbhs/>

Important Reminder:

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Important Updates

[Medicaid Provider Health Incentives Flyer](#)

PRTF and ASD

Molina has some good news. Starting July 1, 2017 Molina will include Psychiatric Residential Treatment Facility (PRTF) and Autism Spectrum Disorder (ASD) services as part of your benefits.

Recent updates and changes to MHSC Prior Authorization Procedures.

[Prior Authorization/Pre-Service Review Guide \(Effective 10/01/2016\)](#)

[Behavioral Health Prior Authorization Form](#)

Provider Manual

<http://www.molinahealthcare.com/providers/sc/medicaid/manual/Pages/provd.aspx>



Healthy Connections 

Molina Healthcare of South Carolina
PO Box 40309
North Charleston, SC 29423-0309
Phone: (855) 237-6178
Fax: (877) 901-8182

Dear Health Care Professional:

I would like to extend a personal welcome to Molina Healthcare of South Carolina's participating providers. Enclosed is your Molina Healthcare of South Carolina (MHSC) Provider Manual, written specifically to address the requirements of delivering health care services to MHSC Medicaid members.

This manual is designed to provide you with assistance in all areas of your practice, from making referrals to receiving payment for your services. In some cases, you may have developed internal procedures that meet the standards set out in this manual. In these instances you do not need to change your procedures - as long as they adhere to the standards outlined in this manual.

Also included are samples of the forms needed to fulfill your obligations under your MHSC contract. The sample forms are included to illustrate what is needed for appropriate documentation.

From time to time, this manual will be revised as policies or regulatory requirements change. All changes and updates will be updated and posted to the website as they occur. An updated Provider Manual will be made available annually at MolinaHealthcare.com.

Thank you for your active participation in the delivery of quality health care services to our members and we look forward to a long and mutually rewarding experience.

Sincerely,

Thomas Lindquist
President
Molina Healthcare of South Carolina

PROVIDER MANUAL

MOLINA HEALTHCARE OF SOUTH CAROLINA

EFFECTIVE: **2017**

MolinaHealthcare.com



Healthy Connections 

Provider Manual and Highlights

Molina Healthcare of South Carolina's Provider Manual is written specifically to address the requirements of delivering health care services to our members, including your responsibilities as a participating provider. Providers may view the manual on our provider website at:

http://www.molinahealthcare.com/providers/sc/medicaid/PDF/manual_sc_ProviderHandbook.pdf

Provider Manual Highlights

Benefits and Covered Services Overview

Interpreter Services

Claims, Encounter Data and Compensation

Member Grievances and Appeals

Compliance and Fraud, Waste and Abuse Program

Member's Rights and Responsibilities

Credentialing and Re-credentialing

Preventive Health Guidelines

Utilization Management, Referral and Authorization

Provider Responsibilities

Eligibility, Enrollment, and Disenrollment

Quality Improvement

Health Care Services

Transportation Services



Health Insurance Portability and Accountability Act (HIPAA)

Utilization Management, Referral and Authorization




Frequently Used Forms

<http://www.molinahealthcare.com/providers/sc/medicaid/forms/Pages/fuf.aspx>















For Molina Members About Molina Showing Information For South Carolina South Carolina Medicaid Type Size: - +


Home Manual Forms Policies HIPAA EDI ERAVEFT Drug List Health Resources Communications Contact Us

Home > Forms > Frequently Used Forms   

Frequently Used Forms

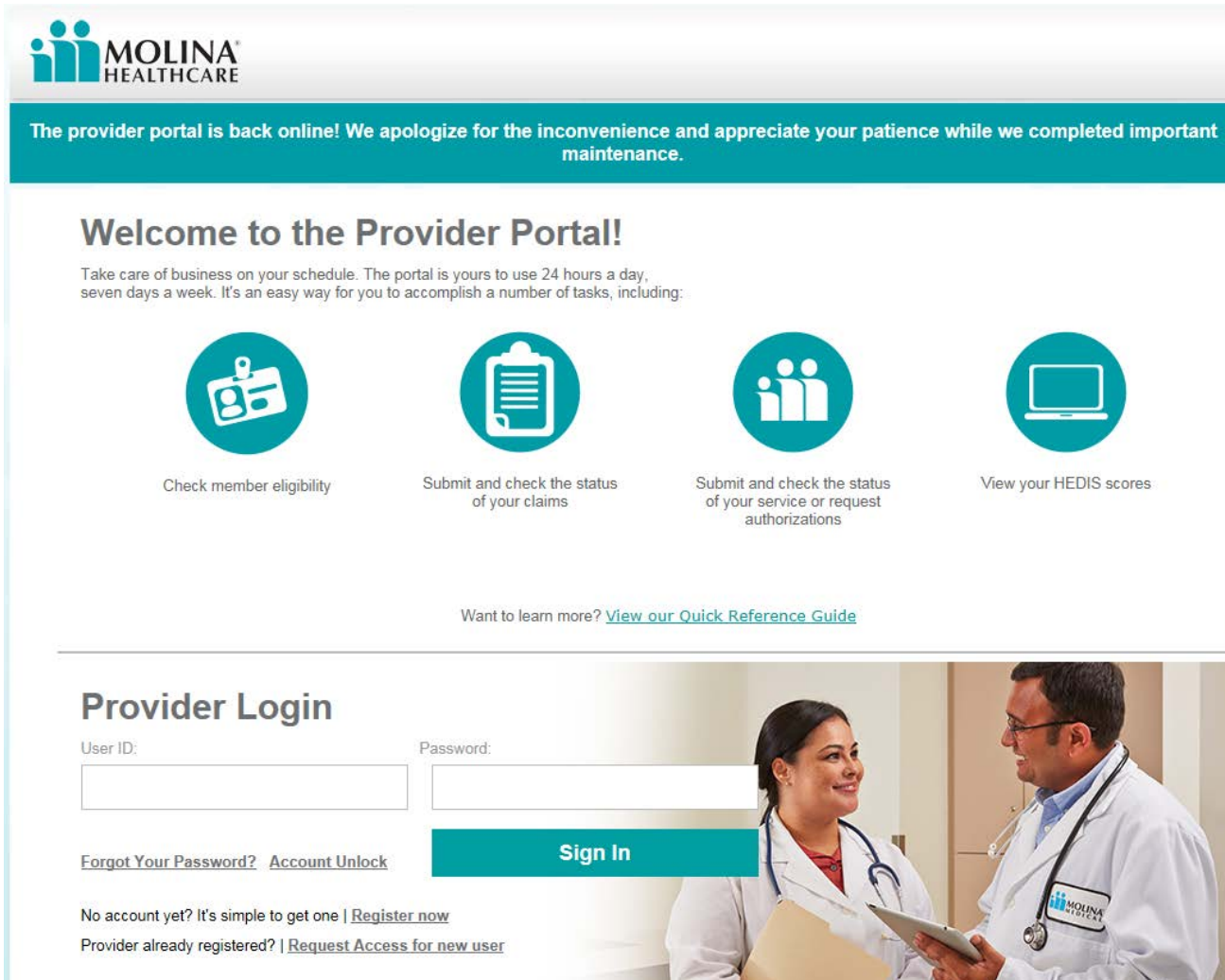
-  New Online Authorization Lookup
-  View the Disease Management/Case Management Referral Form
-  View the Prior Authorization/Pre-Service Review Guide (Effective 10/01/2016)
-  View the Delivery Notification Form
-  View the Behavioral Health Prior Authorization Form
-  View the Provider Change Form
-  View the Prior Authorization Request Form
-  View the Prior Authorization Medications Form
-  View the Behavioral Health Outpatient Treatment Request Form
-  View the Behavioral Health Higher Level of Care Request Form
-  View the Behavioral Health Quick Reference Guide
-  View the Pregnancy Notification Form
-  View the Universal Synagis Prior Authorization Form
-  View the Opioid Dependence Medication (e.g., Suboxone, Subutex, etc.) Prior Authorization Form

Authorization For the Use and Disclosure of Protected Health Information - *Coming Soon!*



Web Portal

<https://provider.molinahealthcare.com/provider/login>







MOLINA HEALTHCARE

The provider portal is back online! We apologize for the inconvenience and appreciate your patience while we completed important maintenance.

Welcome to the Provider Portal!

Take care of business on your schedule. The portal is yours to use 24 hours a day, seven days a week. It's an easy way for you to accomplish a number of tasks, including:

-  Check member eligibility
-  Submit and check the status of your claims
-  Submit and check the status of your service or request authorizations
-  View your HEDIS scores

Want to learn more? [View our Quick Reference Guide](#)

Provider Login

User ID:


Password:

[Forgot Your Password?](#) [Account Unlock](#)

[Sign In](#)

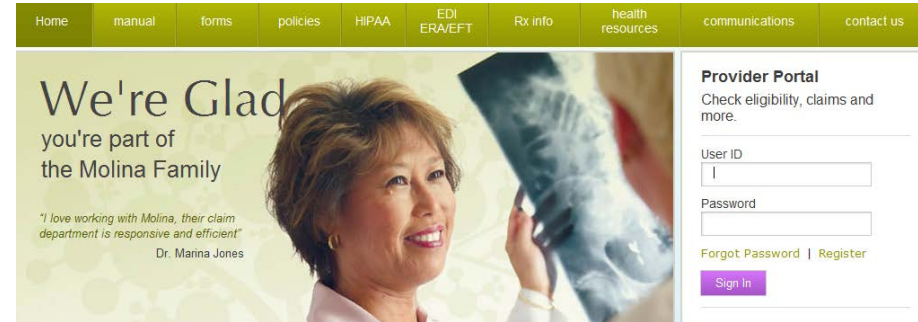
No account yet? It's simple to get one | [Register now](#)

Provider already registered? | [Request Access for new user](#)



Register for Web Portal

Visit www.MolinaHealthcare.com to register. You will need the TIN and your Provider Identification number or three of the following: NPI, State License Number, Medicaid Number or DEA Number.



Begin registration

- Click "New Registration Process"
- Select "Other Lines of Business"
- Select State
- Select role type "Facility or Group"
- Click "Next"

Required fields

- Enter first name
- Enter last name
- Enter email address
- Enter email address again to confirm

Username and password

- Create a unique user ID using 8-15 characters
- Create a unique password using 8-12 characters
- Select three security questions and enter answers

Complete registration

- Accept "Provider Online User Agreement" by clicking on the check box
- Enter the code in the textbox as shown in the image
- Click "Register"

Web Portal

Molina Healthcare participating providers may register for access to our Web Portal for self-service functions 24 hours a day, seven days a week, like:

Web Portal Highlights

Member eligibility verification and history

Claims status inquiry

View coordination of benefits (COB) information

View Nurse Advice Line call reports for members

Update provider profile

View HEDIS® missed service alerts for members

View PCP member roster


Status check of authorization requests

Submit online service and prior authorization requests

Submit claims online

Register online at <https://eportal.MolinaHealthcare.com/Provider/login>.

Web Portal



Provider Self Services

Welcome, Support User : collins! [Log Out](#)


Jun 13 2017 9:33:45 AM


[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

Provider Portal


- Member Eligibility
- ▶ Claims
- ▶ Service Request/Authorization
- ▶ Member
- Reports
- Links
- Forms
- ▶ Account Tools


Messages and Announcements


 You have (0) new messages

 You have (3) announcements









Recent Activity

 [Click here to view your recent Service Request/Authorizations](#)

 [Click here to view your recent Claims](#)

 You do not have access to view – Saved Claims Details page.

My Favorites [Edit](#)

-  Member Eligibility
-  Create Professional Claims
-  Create Institutional Claim
-  Claim Status Inquiry
-  Downloaded Claims Report
-  Create Service Request/Authorizatio...
-  Service Request/Authorizatio...
-  Member Roster

Quick Member Eligibility Search

Search by Member ID [Go](#)

What's New

The Quality Partner Program is now available to participating Medicare Dual Options Primary Care Providers. [Click Here](#) for more information.

Important!

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

[Click Here Provider Change Request Form](#)

Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)

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Member Eligibility Search

Provider Portal

- Member Eligibility
- Claims
- Service Request/Authorization
- Member Roster
- HEDIS Profile **New!**
- Reports
- Links
- Forms
- Account Tools

Member Search Enter Member ID or First and Last Name and Date of Birth.

Member ID:

or

First Name: Last Name:

Date of Birth:
(mmddyyyy)

Search Options

Gender:

Zip Code:

Line of Business:

to see member eligibility from certain date enter date here: (mmddyyyy)

Click **Member Eligibility** from the main menu. Search for a Member using Member ID, First Name, Last Name and/or Date of Birth. When a match is found, the Web Portal will display the member's eligibility and benefits page.

Verifying Member Eligibility

Molina Healthcare offers various tools to verify member eligibility. Providers may use our online self-service Web Portal, integrated voice response (IVR) system, eligibility rosters or speak with a customer service representative.

Please note: At no time should a member be denied services because his or her name does not appear on the eligibility roster. If a member does not appear on the eligibility roster, please contact Molina Healthcare for further verification.

Web Portal: <https://eportal.MolinaHealthcare.com/Provider/login>

Provider Services Contact Center: (855) 237-6178

Molina Healthcare Medicaid ID Card



Member: THIS IS A REALLY LONG NAME OF A MEMBER 1

ID #: 0000000111

DOB: 12/10/1963

Program: SC Medicaid

PCP Name: This is a really long PCP name to test for wrapping of the
PCP name 1

PCP Phone: (001) 001-0001

PCP Location: 1 MAIN ST

24hr Nurse Help Line: (888) 275-8750 or (866) 648-3537 (Espanol) - Member Services: (855) 882-3901

RxBIN: 004336

RxPCN: ADV

RxGRP: Rx0860

MEMBERS: If you have any questions, please visit our website at www.molinahealthcare.com or call Member Services at (855) 882-3901

24 HOUR NURSE ADVICE LINE: If you have questions about your health, call our 24 hour Nurse Advice Line at (888) 275-8750 or (866) 648-3537 (Espanol). For hearing impaired, call TTY 711 or (866) 735-2929.

EMERGENCY SERVICES: Call 911 (if available) or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go the emergency room, call your Primary Care Physician (PCP) at the number on the front of this card for instructions. Follow up with your PCP after all emergency room visits.

PRACTITIONERS/PROVIDERS/HOSPITALS: For prior authorizations, eligibility, claims or benefits visit the Molina Web Portal at www.molinahealthcare.com or call (855) 237-6178.

PHARMACISTS: For pharmacy authorization questions, please call (855) 237-6178.

Claims Submission: PO BOX 22664, Long Beach, CA 90801 - EDI Claims: Emdeon Payer ID: 46299

www.molinahealthcare.com



Molina Dual Options ID Cards (MMP)

	
Member Name: Member ID: Health Plan (80840):	Molina Dual Options
PCP Name: PCP Phone:	
H2533 001	RxBIN: 004336 RXPCN: MEDDADV RXGRP: RX5005 RXID: RxID# ¹

¹RxBIN is always required. RxPCN and RxGrp are required when needed by the drug plan. RxID is required only when different from the medical plan Cardholder ID#.

Back of Model Member Identification Card

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line. Carry this card with you at all times and present it each time you receive a service from your doctor, pharmacy, dentist, etc.

Member Services: (855) 735-5831 TTY/TDD: 711
7 days a week, 8 a.m. – 8 p.m., local time
Nurse Advice Line: (888) 275-8750 – Español (866) 648-3537
Behavioral Health: (888) 275-8750
Pharmacy Help Desk: (866) 693-4620
Prior Authorization Number: (855) 237-6178

Website: www.MolinaHealthcare.com/Duals

Send Claims To: P.O. Box 22664, Long Beach, CA 90801
EDI Submissions: Payer ID 46299

Claim Inquiry: (855) 237-6178

Web Portal



Provider Self Services

Welcome, Support User : Snyderja [Log Out](#)

Feb 04 2015 9:43:37 AM

[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

Provider Portal

Member Eligibility

▶ **Claims**

▶ Service Request/Authorization

▶ Member Roster

HEDIS Profile **New!**

Reports

Links

Forms

▶ Account Tools

Messages and Announcements

You have (0) new messages

You have (3) announcements

Recent Activity

[Click here to view your recent Service Request/Authorizations](#)

[Click here to view your recent Claims](#)

My Favorites

Member Eligibility

Create Professional Claims

Create Institutional Claim

Claim Status Inquiry

Downloaded Claims Report

Create Service Request/Authoriz.

Clear Coverage

Service Request/Authoriz

Quick Member Eligibility Search

Search by Member ID

What's New

Healthcare is available for Member Eligibility Searches, Service/Request Authorization Inquiry and Claim Status Inquiry. Please click [Contact Molina](#) to locate the Molina Member/Provider Services telephone numbers.

Coming Soon !

Claims will have new functionality coming in March!
- Batched Claims
- Create Claims Templates
- Correct Claims
- Add Attachments to Claims

Poll

Do you like our new look?

Yes

No

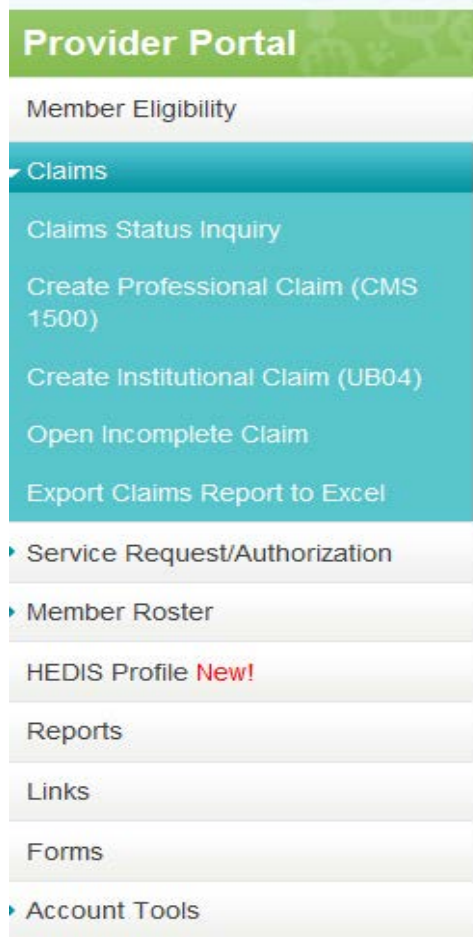
[See Responses](#)

Create new or track previously submitted claims and prior authorizations.

Customize your favorites for quick access.



Web Portal



You can also build claims and submit a batch of claims all at once.

- Complete a claim following the normal process.
- Then, instead of submitting, select “Save for Batch.”
- Claims saved for a batch can be found in the “Saved Claims” section in the side menu.
- Ready-to-batch claims need to be selected and then can be submitted all at once.



You will still receive an individual claim number for each claim submitted.

Web Portal

Next >> Save for Later Cancel

Member Provider Summary

*- Required Field [Help](#) [FAQ](#)

What would you like to do? * Create Claim Correct Claim Void Claim

Prior Claim ID#: *

Eligibility Check

Enter Claim ID number here.

Submit corrected claims or void a claim through the Web Portal. First select "Create Claim," then select the "Correct Claim" or "Void Claim" feature and enter the previously assigned Claim ID number.



Claims and Payment Information

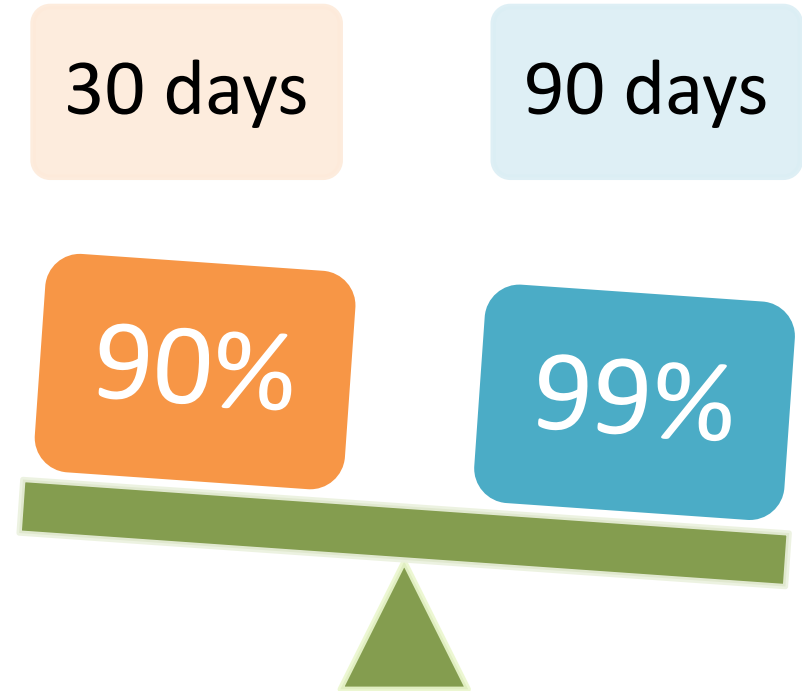


30 Your Extended Family.

Claims Processing Standards

Claims Processing Standards: Claim payment will be made to contracted providers in accordance with the provisions set forth in the provider's contract. Further, payment is subject to the following minimum standards as set forth by SC DHHS.

- 90 percent of the monthly volume of clean claims will be adjudicated within 30 calendar days of receipt by Molina Healthcare.
- 99 percent of all claims shall be paid or denied within 90 calendar days of receipt by Molina Healthcare.



Claims Submission Options

Clearinghouse

- EDI or electronic claims are processed faster than paper claims
- Emdeon is the outside vendor used by Molina Healthcare
- Providers may use any clearinghouse. Note that fees may apply.
- Use payer ID: 46299
- Emdeon phone: (877) 389-1160

Provider Web Portal

- Online submission through the Web Portal at www.MolinaHealthcare.com

Paper claims directly to Molina Healthcare

- Attn: Molina Healthcare of South Carolina
- PO Box 22664, Long Beach, CA 90801

Claims Customer Service

Corrected Claims

Can be submitted through the Provider Web Portal or EDI

Providers have 120 days from the date of original remittance advice

Mail completed form and corrected claim to: P.O. Box 22712, Long Beach CA 90801

EDI Submission Issues

Call the EDI customer service line at (866) 409-2935

Email to: EDI.Claims@MolinaHealthcare.com

Contact your Provider Services Representative

Claims Reconsiderations

Use the Claims Reconsideration Form on our website

Requests must be received within 90 days from the date of original remittance advice

Fax (877) 901-8182
Mail – Attn: PIRR
P.O. Box 40309
N. Charleston SC
29423-0309

For help with any claims related process, contact Provider Services at (855) 237-6178.

Electronic Payments and Remittance Advice

Molina Healthcare partnered with our payment vendor, **Change Healthcare ProviderNet**, for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). Access to ProviderNet is **FREE** to our providers. We encourage you to register after receiving your first check from Molina Healthcare. Here's how:

Register for ProviderNet online

- Go to: <http://providernet.adminisource.com>
- Click "Register"
- Accept the terms

Verify your information

- Select Molina Healthcare from the payers list
- Enter your primary NPI
- Enter your primary Tax ID
- Enter recent claim and/or check number

Enter your User Account Information

- Use your email address as the username
- Strong passwords are enforced (eight or more characters of letters/numbers)

Verify payment information

- Bank account and payment address
- Changes to payment address may interrupt EFT process
- Add additional addresses, accounts, & Tax IDs after login

Electronic Payments and Remittance Advice

If you are associated with a clearinghouse

- Go to “Connectivity” and click the “Clearinghouses” tab
- Select the Tax ID for this clearinghouse
- Select a clearinghouse (if applicable, enter your Trading Partner ID)
- Select the File Types you would like to send and click “Save”

If you are a registered ProviderNet user

- Log in to ProviderNet and click “Provider Info”
- Click “Add Payer” and select Molina Healthcare
- Enter recent check number

Benefits of ProviderNet

- Administrative rights to sign up/manage your own EFT account
- Ability to associate new providers within your organization to receive EFT/835s
- View/print/save PDF versions of your Explanation of Payment (EOP)
- Historical EOP search by various methods (i.e. claim number, member name)
- Ability to route files to your FTP and/or clearinghouse

If you have any questions about the registration process, contact ProviderNet at (877) 389-1160 or email Provider.Services@fisglobal.com.



Utilization Management



36 Your Extended Family.

Prior Authorizations (PA)

Prior Authorization (PA) is a request for prospective review. It is designed to:

- Assist in benefit determination
- Prevent unanticipated denials of coverage
- Create a collaborative approach to determining the appropriate level of care
- Identify care management and disease management opportunities
- Improve coordination of care

Requests for services on the Molina Healthcare Prior Authorization Guide are evaluated by licensed nurses and trained behavioral health staff. A list of services and procedures that require prior authorization is in the Provider Manual and on our website at www.MolinaHealthcare.com. (See the “MSC Prior Authorization List” on the Policies tab.)

Prior Authorization

Simply put:

- We are looking for enough clinical information to be able to follow the treating provider's clinical logic.
- Remember this from Medical School?
 - “If you didn't write it down, you didn't do it.”



Prior Authorization (PA)

Information generally required to support decision making includes:

- Current (up to six months), adequate patient history related to the requested services
- Progress notes or consultations
- Any other information or data specific to the request

Molina Healthcare will process all “non-urgent” requests in no more than 14 calendar days from the initial request. “Urgent” requests will be processed within 72 hours of the initial request. If we require additional information, we will attempt to contact you (if timeframes allow).

Note: Turnaround time for PA’s is far less than 14 days, however, we suggest submission of newly needed prior authorizations well in advance of any current authorizations’ expiration.

In 2015 we processed 8,370 non-urgent PA requests and 1,437 urgent PA requests for Medicaid members with an overall turnaround time compliance rate of 99.3%.

Documenting Medical Necessity

- A licensed psychologist or a school psychologist certified by the South Carolina Department of Education to perform such evaluations and acting within the scope of their competency must certify and document through a Comprehensive Psychological Assessment/Testing Report that the beneficiary meets the medical necessity criteria for services via a DSM or ICD-10 ASD diagnosis.
- For new beneficiaries receiving ASD services, Psychological Assessments/Testing must include:
 1. A clinical interview with the beneficiary and/or family members or guardians as appropriate.
 2. A review of the presenting problems, symptoms and functional deficits, strengths and history, including past psychological assessment reports and records.
 3. Assessments also include a behavioral observation in one or more settings.
 4. Autism Diagnostic Observation Schedule (ADOS)
 5. A standardized measure of intelligence (*e.g.*, WISC or WAIS, Stanford-Binet, Bayley Scales, etc.)

Prior Authorization

You can also submit PAs using the Prior Authorization Request Form on our website at www.MolinaHealthcare.com under the forms tab.

Fax the Service Request Forms to the Utilization Management department using the numbers listed below, or submit via our Provider Web Portal.

PA Fax #: (866) 423-3889

Note: Under Provider information, be sure to indicate:

- Group Name/Group NPI (Treatment Provider)
- Individual Provider NPI/ Group Tax ID (Provider NPI)

Web Portal Link :

<https://eportal.MolinaHealthcare.com/Provider/Login>

The form is titled "MOLINA HEALTHCARE Healthy Connections Behavioral Health Prior Authorization Form". It includes contact information for Molina Healthcare of South Carolina: Behavioral Health Prior Authorization Form, Provider Service Number: (855) 237-6178, and Fax Number: (866) 423-3889.

Member Information

Plan: Healthy Connections Medicaid Healthy Connections Prime Date of Request: _____ Admit Date: _____

Request Type: Initial Concurrent

Member Name: _____ DOB: _____

Member ID#: _____ Member Phone: _____

Service Is: Elective/Routine Expedited/Urgent*

*Definition of Urgent/Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the member's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.

Provider Information

Treatment Provider/Facility/Clinic Name and Address: _____

Provider NPI/Provider Tax ID# (number to be submitted with claim): _____

Attending Psychiatrist Name: _____

UR Contact Name: _____ UR Phone#/Fax#: _____

Facility Status: PAR Non-PAR Member Court Ordered? Yes No In Process Court Date: _____

Service Type Requested

Service is for: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use	<input type="checkbox"/> Residential Treatment	<input type="checkbox"/> Electroconvulsive Therapy (ECT)
<input type="checkbox"/> Inpatient Psychiatric Hospitalization <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary	<input type="checkbox"/> Partial Hospitalization Program <input type="checkbox"/> Day Program	<input type="checkbox"/> Psychological/Neuropsychological Testing
<input type="checkbox"/> Subacute Detoxification <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary		<input type="checkbox"/> Applied Behavior Analysis
If Involuntary, Court Date: _____		<input type="checkbox"/> Non-PAR Outpatient Services
		<input type="checkbox"/> Other - Describe: _____

Procedure Code(s) and Description Requested: _____

Length of Stay Requested: _____

Dates of Service Requested: _____

Primary Diagnosis Code for Treatment (including Provisional Diagnosis)	
Additional Diagnoses (including any known Medical Diagnoses/Conditions)	
Psychosocial Barriers (formerly Axis IV)	

For Molina Use Only:

Behavioral Health Prior Auth Form 2015 - COEP BH Revised 9/2014

1 of 3
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Prior Authorization

Autism Spectrum Disorder Quick Reference Guide


ASD Quick reference guide will be posted by 7/1/2017

<http://www.molinahealthcare.com/providers/sc/medicaid/Pages/home.aspx>


Includes: Service Category, Billable Code, Prior Authorization Requirements & Special Notes




Behavioral Health Quick Reference Guide
South Carolina - ASD Providers



Procedure Code	Service Description	Qualification	Comments	Service Limits* (In Units)
0359T	Behavior Identification Assessment (ABA) Detailed assessment of client already diagnosed with ASD	BCBA, BCABA	Acceptable instruments to establish an ASD diagnosis must include at least three of the following, one of which must be an ASD specific diagnostic tool <ul style="list-style-type: none"> Autism Diagnostic Observation Schedule (ADOS) Autism Diagnostic Interview (ADI) Childhood Autism Rating Scale (CARS) Gilliam Autism Rating Scale (GARS) Vineland Adaptive Behavioral Scales (Vineland) Assessment of Basic Language and Learning Skills (ABLLS-R) Social Responsiveness Scale (SRS) Behavior Assessment System for Children (BASC) Social Communication Questionnaire (SCQ) A standardized measure of intelligence (e.g., WISC or WAIS, Stanford-Binet, Bayley Scales, etc.) Screening checklists (e.g., MCHAT, STAT, ASQ, etc.) 	18 per assessment 2 assessments annually
0365T & 0369T	Adaptive Behavior Treatment With Protocol Modification 0365T - First 30 minutes, 0369T additional 30-minute increments	BCBA, BCABA	Referral question and/or reason for assessment to include: <ul style="list-style-type: none"> Administered tests A psychiatric diagnosis from the current edition of the DSM or the ICD 	32 per month



Behavioral Health Quick Reference Guide
South Carolina - ASD Providers



0360T & 0361T	Observational Behavioral Follow-up Assessment 0360T - First 30 minutes, 0361T additional 30-minute increments	RBT II (Bachelor degree + RBT + 500 hours of Line Therapy experience)	Referral question and/or reason for assessment to include: <ul style="list-style-type: none"> Administered tests A psychiatric diagnosis from the current edition of the DSM or the ICD 	12 per week
0362T, 0363T 0364T, 0365T	Exposure Behavioral Follow-up Assessment 0362T - First 30 minutes, 0363T additional 30-minute increments Adaptive Behavior Treatment By Protocol 0364T - First 30 minutes, 0365T additional 30-minute increments	RBT I (RBT certification)	Referral question and/or reason for assessment to include: <ul style="list-style-type: none"> Administered tests A psychiatric diagnosis from the current edition of the DSM or the ICD 	30 per week – any combination of the four codes (0362T, 0363T, 0364T, 0365T)
0370T	Family Adaptive Behavior Treatment Guidance Family training and related program development	BCBA, BCABA	Referral question and/or reason for assessment to include: <ul style="list-style-type: none"> Administered tests A psychiatric diagnosis from the current edition of the DSM or the ICD 	12 per six months

Care Coordination

- Focused Team for MMP & Medicaid Members
- Initial and follow-up Health Risk Assessments
- Coordination of needs
- Link Members with Community Resources

- RNs & MSWs provide education, coordination and support for South Carolina members with complex medical and social needs and partner with the member and doctors

- Health Management for things like smoking cessation, nutrition, high blood pressure or cholesterol or cancer screenings
- Assessment for high-risk pregnancy
- Disease Management programs for Asthma and Depression
- Reduce unnecessary ER visits and readmissions



- High Touch Management
- Psychiatrist Available
- Nurses and LCSWs

- Transition from hospital to home
- Community Connectors extend care management into the community
- Nurse Line available 24/7

Direct Case Management Referral # (843) 740-1779



Molina Reminders



44 Your Extended Family.

Access to Care Standards

In applying access standards, providers agreed they will not discriminate against any member on the basis of age, race, creed, color, religion, sex, national origin, sexual orientation, marital status, physical, mental or sensory handicap, place of residence, socioeconomic status, or status as a recipient of Medicaid benefits. Provider and contracted medical groups may not limit the practice because of a member's medical (physical or mental) condition or the expectation of frequent or high-cost care. If a PCP chooses to close his/her panel to new members, Molina Healthcare must receive 30 days advance written notice from the provider.

Office Wait Times

- Not to exceed 30 minutes
- PCPs are required to monitor waiting times and adhere to standards

After Hours Care

- Providers must have backup (on call) coverage 24/7
- May be an answering service or recorded message
- Must instruct members with an emergency to hang up and call 911 or go to the nearest emergency room

Access to Care Standards

Category	Type of Care	Access Standard
Behavioral Health	Routine Care	Within ten (10) calendar days
	Urgent Care	Within forty-eight (48) hours
	Non-Life Threatening Emergency	Within six (6) hours

Preferred Drug List (PDL)

The Molina Healthcare PDL was created to help manage the quality of our members' pharmacy benefit.

The PDL is the cornerstone for a progressive program of managed care pharmacotherapy.

Prescription drug therapy is an integral component of your patient's comprehensive treatment program.

The PDL was created to ensure that members receive high quality, cost-effective and rational drug therapy.

The Molina Healthcare of South Carolina PDL is available on our website at: www.MolinaHealthcare.com.

Preferred Drug List

- The PDL is determined by a National Pharmacy and Therapeutics Committee which meets Quarterly.
 - Pharmacy staff
 - Chief Medical Officers
 - Participating Providers from the Molina
- Requests for review for additions or changes
 - Email those to your provider services representative. The SC CMO of Director of Pharmacy will submit to the committee
 - Please send supporting articles

Pharmacy

Prescriptions for medications requiring prior approval or for medications not included on the Molina Healthcare Preferred Drug List may be approved when medically necessary and when PDL alternatives have demonstrated ineffectiveness.

When these exceptional needs arise, providers may fax a completed Prior Authorization/Medication Exception Request.

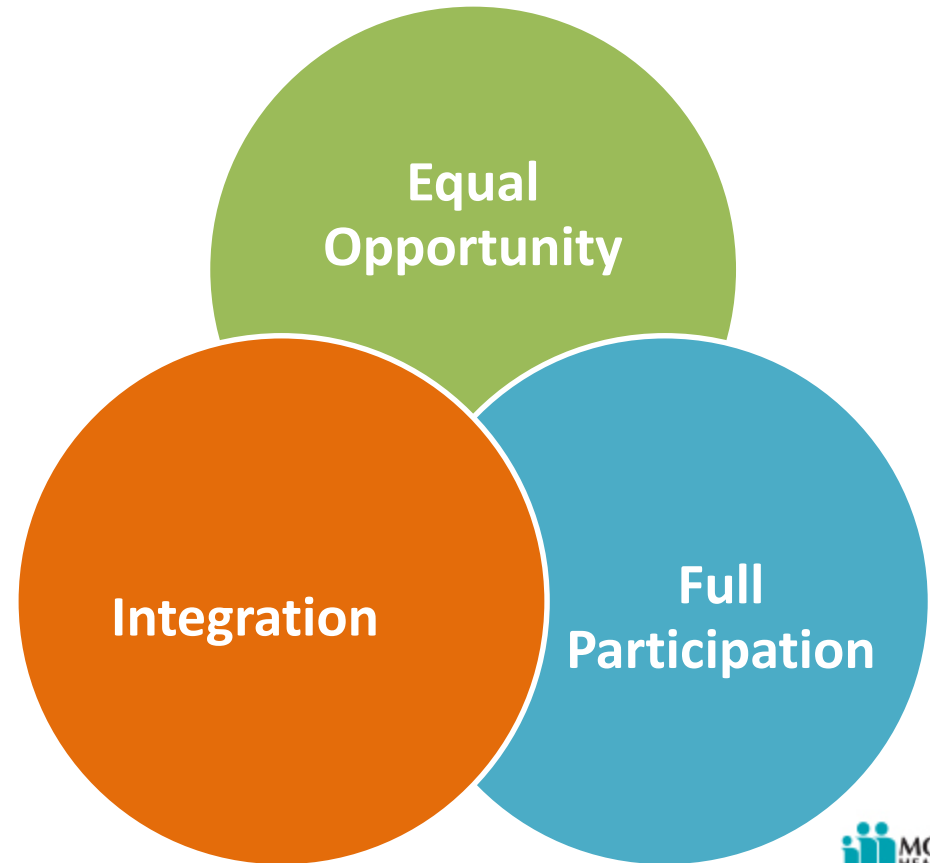
**PA Fax – Medicaid:
(888) 858-3090**

**PA Fax – Medicare:
(866) 290-1309**

Americans with Disabilities Act (ADA)

The ADA prohibits discrimination against people with disabilities, including discrimination that may affect employment, public accommodations (including health care), activities of state and local government, transportation, and telecommunications. The ADA is based on three underlying values:

Compliance with the ADA extends, expands, and enhances the experience for **ALL** Americans accessing health care and ensures that people with disabilities will receive health and preventive care that offers the same full and equal access as is provided to others.



HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) requires providers to implement and maintain reasonable and appropriate safeguards to protect the confidentiality, availability, and integrity of a member's **protected health information (PHI)**. Providers should recognize that identity theft is a rapidly growing problem and that their patients trust them to keep their most sensitive information private and confidential.

Molina Healthcare strongly supports the use of electronic transactions to streamline health care administrative activities. Providers are encouraged to submit claims and other transactions using electronic formats. Certain electronic transactions are subject to HIPAA's Transactions and Code Sets Rule including, but not limited to, the following:

- Claims and encounters
- Member eligibility status inquiries and responses
- Claims status inquiries and responses
- Authorization requests and responses
- Remittance advices

Molina Healthcare is committed to complying with all HIPAA Transaction and Code Sets standard requirements. Providers who wish to conduct HIPAA standard transactions with Molina Healthcare should refer to: [HIPAA Transactions](#)

Fraud, Waste & Abuse

Molina Healthcare seeks to uphold the highest ethical standards for the provision of health care services to its members, and supports the efforts of federal and state authorities in their enforcement of prohibitions of fraudulent practices by providers or other entities dealing with the provision of health care services.

Abuse

Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary costs to the Medicare and Medicaid programs, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicare and Medicaid programs. (42 CFR § 455.2)

Fraud

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 CFR § 455.2)

Do you have suspicions of member or provider fraud? The **Molina Healthcare AlertLine** is available 24 hours a day, seven days a week, and even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.

Examples of Fraud, Waste & Abuse

Health care fraud includes, but is not limited to, the making of intentional false statements, misrepresentations or deliberate omissions of material facts from, any record, bill, claim or any other form for the purpose of obtaining payment, compensation or reimbursement for services.

Member

- Lending an ID card to someone who is not entitled to it
- Altering the quantity or number of refills on a prescription
- Making false statements to receive medical or pharmacy services
- Using someone else's insurance card
- Including misleading information on or omitting information from an application for health care coverage or intentionally giving incorrect information to receive benefits
- Pretending to be someone else to receive services
- Falsifying claims

Provider

- Billing for services, procedures or supplies that have not actually been rendered
- Providing services to patients that are not medically necessary
- Balance billing a Medicaid member for Medicaid covered services
- Double billing or improper coding of medical claims
- Intentional misrepresentation of benefits payable, dates rendered, medical record, condition treated/diagnosed, charges or reimbursement, provider/patient identity, "unbundling" of procedures, non-covered treatments to receive payment, "upcoding," and billing for services not provided
- Concealing patients misuse of ID card
- Failure to report patient's forgery/alteration of a prescription

Frequently Used Phone Numbers

DEPARTMENT	NUMBER
Prior Authorizations 8:00 a.m. – 5:00 p.m.	(855) 237-6178 Fax (866) 423-3889
Radiology Authorizations	(855) 714-2415 ext. 72 Fax (877) 731-7218
NICU Authorizations	(888) 562-5442 ext. 117453 or 114768 Fax (877) 731-7218
Pharmacy Authorizations	(866) 467-5551 Fax (855) 571-3011
Behavioral Health Authorizations	(855) 237-6178 Fax (866) 423-3889
Member Customer Service Benefits/Eligibility	(855) 882-3901 TTY/TDD 711
Provider Customer Service 8:00 a.m. – 5:00 p.m.	(855) 237-6178 Fax (877) 901-8182
24 Hour Nurse Advice Line	English (888) 275-8750 TTY 711 Spanish (866) 648-3537 TTY 711
Vision Care	March Vision: (888) 493-4070
Dental	DentaQuest (888) 307-6552

Provider Services

(855) 237-6178
8 a.m. to 6 p.m.
Monday – Friday

Member Services

8 a.m. to 6p.m.
Monday – Friday

To receive our Provider Bulletin via email, contact SC.ProviderServices@MolinaHealthcare.com

Provider Service Representative (ASD Services)

Lisa Collins

Lisa.Collins@MolinaHealthCare.Com

843-740-1780 x 310081 (Office)

803-600-2733 (Cell)

Questions and Comments

