

Molina Healthcare of South Carolina

Fax Alert



Your Extended Family.



Access to Care Standards

Molina is committed to providing timely access to care for all members in a safe and healthy environment. Molina will ensure providers offer hours of operation no less than offered to commercial members. Access standards have been developed to ensure that all health care services are provided in a timely manner. The PCP or designee must be available twenty-four (24) hours a day, seven (7) days a week to members for emergency services. This access may be by telephone. Appointment and waiting time standards are shown below. Any member assigned to a PCP is considered his or her patient. Molina may also assist with scheduling preventative health care appointments for our members. All specialty referrals should be coordinated by the primary care provider.

Primary Care Practitioner (PCP)	
Types of Care for Appointment	Appointment Wait Time (Appointment Standards)
Routine Primary Care	Within 4 weeks
Urgent Care	Within forty-eight (48) hours
Routine Specialist Care	Appointment time: within 12 weeks; Wait time: within 45 minutes
Emergency Care	Immediately upon presentation at treatment site. Access by telephone for emergent medical conditions.
Walk-in Patients	Should be seen if possible. Urgent needs must be seen within forty-eight hours of walk-in. Non-urgent needs must be seen within routine care guidelines above.
Office Wait Times	Within forty-five (45) minutes for a scheduled appointment of a routine nature
After-Hours Care	After-Hours Instruction/Standards
After-Hours Emergency Instructions	"If this is an emergency, please hang up and dial 911"
After-Hours Care	Available by phone twenty-four (24) hours/seven (7) days

Behavioral Health	
Types of Care for Appointment	Appointment Wait Time (Appointment Standards)
Non-life Threatening Emergency Care	Within six (6) hours of request
Urgent Care	Within forty-eight (48) hours
Routine Care	Within ten (10) business days
Follow-up Routine Care	Within 30 days

Medication Assisted Treatment

Medication assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies. **Effective 4/1/2019**, in an effort to address the opioid crisis, South Carolina Department of Health and Human Services has implemented a standard coverage criteria. Please see below for details.

Medication ¹	Criteria
-Buprenorphine -Buprenorphine/Naloxone tablets -Suboxone Films	<ul style="list-style-type: none"> * Covered without prior authorization for doses up to 24 mg of buprenorphine per day * Prior authorization is required for members under the age of 16
-Subcutaneous Buprenorphine (Sublocade)	<p>Prior authorization is required with documentation of the following:</p> <ul style="list-style-type: none"> * Diagnosis of moderate to severe opioid use disorder * Member is 19 years of age or older * Prescribed by or in consultation with opioid use disorder specialist with an X DEA number * Prescribed dose does not exceed: <ul style="list-style-type: none"> – First two months of Sublocade therapy: 300 mg per month – 100 mg per month for doses thereafter * No concomitant use of opioid medications * Initiation with a transmucosal or oral buprenorphine containing product delivering the equivalent of 8 to 24 mg of buprenorphine daily for a minimum of 7 days * No intended use of supplemental oral, sublingual or transmucosal buprenorphine concurrently
-Subdermal Buprenorphine Implant (Probuphine)	<p>Prior authorization is required with documentation of the following:</p> <ul style="list-style-type: none"> * Diagnosis of moderate to severe opioid use disorder * Prescribed by and placed by a physician who has unique identification number issued by the Drug Enforcement Agency (DEA) certifying prescribing authority for buprenorphine and is certified by the Probuphine REMS program and the Probuphine MS program * Member is at least 16 years of age * The member has not received more than two 6-month cycles of Probuphine (maximum of 2 insertions) * Documentation of the member's requirement for maintenance treatment * The member has been clinically stable for at least 6 months on a transmucosal buprenorphine containing product without any need for supplemental dosing or dose adjustment. Note: Maintenance dosing cannot exceed the following: A) Buprenorphine sublingual tablet 8 mg per day, B) Buprenorphine/naloxone sublingual tablet 8 mg / 2 mg per day, C) Zubsolv sublingual tablet 5.7 mg / 1.4 mg per day or D) Bunavail buccal film 4.2 mg / 0.7 mg per day
-Intramuscular Naltrexone (Vivitrol)	<ul style="list-style-type: none"> * Covered without prior authorization

¹ A brand-name drug for which a generic product becomes available will become non-preferred, with the generic product covered in its place, upon release of the generic product to the market.