MolinaHealthcare.com/sc

Welcome to Molina Healthcare

Your Extended Family.

(855) 882-3901 (TTY: 711)
115 Fairchild Street, Suite 340
Daniel Island, SC 29492

PO Box 40309
N. Charleston, SC 29423-0309

South Carolina
Member Handbook
Medicaid 2024
Revised July 2024
MO-06022023-M-1.7-WM-U

MOLINA® HEALTHCARE

Healthy Connections

Non-Discrimination Notification
Molina Healthcare of South Carolina
Medicaid

Molina Healthcare of South Carolina (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)

- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 882-3901 (TTY/TDD: 711).

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (877) 823-5961.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf.

If you need help, call (800) 368-1019 (TTY: 800-537-7697).

Non-Discrimination Tag Line– Section 1557
Molina Healthcare of South Carolina
Medicaid

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-882-3901 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-882-3901 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-882-3901 (رقم هاتف الصم والبكم: 711).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-882-3901 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-882-3901 (телетайп: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-882-3901 (TTY: 711).
Brazilian Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-882-3901 (TTY: 711).
Mandarin	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-882-3901（TTY：711）。
Falam	RALRINNAK: Falam (Laizo) `ong na thiam asile, man lo tein `onglettu bawmh le hna`uan seknak nangmah hrangah aum. ah ko aw 1-855-882-3901 (TTY:711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-882-3901 (TTY: 711) पर कॉल करें।

Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-882-3901 (TTY: 711) 번으로 전화해 주십시오.
Chin	THEIHDING: Lai holh na thiam asi ah cun, holh let tu a lak in kan in hlan piak lai. 1-855-882-3901 (TTY: 711) ah in rak hlat te.
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-882-3901 (TTY : 711).
Karen	ဟ်သး–နမ့်ကတိၤကညီကျိာ်,ကျိာ်ဒုတ်ဆိဉ်ထွဲမၤစၢၤဒုတ်ဖံးတ်မၤတဖဉ်,တ်ဒိးန့်ဟ့ဉ်ကလီတဖဉ်န့်ဝဲဇဉ်လၢနဂီၢ်. ကိးယီၤ (၁–၈၅၅–၈၈၂–၃၉၀၁) (TTY:၇၁၁).
Amharic	**ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-855-882-3901 (መስማት ለተሳናቸው: 711).**
Burmese	သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-855-882-3901 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Thank you for choosing Molina Healthcare of South Carolina!

Welcome to the Molina family! Since we opened our first clinic in 1980, our mission has been to offer quality health care to all.

This handbook contains important information to help you get the most from your health plan. If you have questions or need more information, give us a call! We're here for you and happy to help!

The most current version of the handbook is available at **MolinaHealthcare.com/sc**

In this handbook, you will find helpful information about:

Your membership (pg 12)

- ID card
- Quick reference
- Phone numbers

Your doctor (pg 16)

- Find your doctor
- Schedule your first visit
- Molina doctors and hospitals

Your benefits (pg 20)

- Molina network
- Vision and dental
- Covered drugs
- Site of Care program

Your extras (pg 24)

- Health education
- Health programs
- Local resources
- Transportation

Your policy (pg 28)

- Coverage
- Billing
- Rights and responsibilities

NOTE: If you have any problem reading or understanding this or any Molina information, call Member Services at (855) 882-3901. We can explain in English or in your primary language. We can also print it in other languages. You may ask for it in braille, large print, or audio. If you are hearing or sight impaired, special help can be provided.

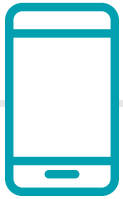
Health care is a journey, and you are on the right path.

1. Review your welcome kit

You should have received your Molina ID card. You get one card, and each family member with Molina gets one, too. Always carry your Medicaid and Molina ID cards with you. If you haven't gotten your ID card, go to **MyMolina.com** or call Member Services for help. If you need us to send you the welcome kit again, just call Member Services. We'll mail you a free new kit, which will arrive within five business days.

2. Register for MyMolina

Signing up is easy. Visit **MyMolina.com** to change your Primary Care Provider (PCP), view service history, request or print a new ID card and more. Connect from any device, any time!



3. Talk about your health

You and your family's health are important to us. We'll call you for a short interview about your or your child's health. It will help us identify how to give you and your family the best possible care. Please let us know if your contact information has changed.

4. Get to know your child's PCP

Choose or change your personal doctor, known as Primary Care Provider (PCP), at **MyMolina.com** or by calling Member Services. Schedule your first visit by calling your doctor within the next 90 days.

5. Get to know your benefits

With Molina, you receive health coverage, extra benefits, and access to health education, all while being cared for by dedicated professionals.

Your membership

ID cards

There is one ID for each member.

You need your Molina and Medicaid ID card to:

- **See your doctor, specialist or other provider**
- **Go to an emergency room**
- **Go to urgent care**
- **Go to a hospital**
- **Get medical supplies and/or prescriptions**
- **Have medical tests**

To learn more, see the "Your Benefits" section of this handbook.

Quick reference

Need	Action
Emergency An emergency is a medical problem that must be treated right away. Some examples include: - Broken bones - Chest pain - Difficulty breathing - Excessive bleeding - Seizures or convulsions	Call 911 If you think you have an emergency condition, call 911 or go to the nearest emergency department.
Online access - Find or change your doctor - Update your contact information - Request an ID card - Get health care reminders - Track office visits	Go to **MyMolina.com** and sign up Find a provider at: **MolinaHealthcare.com/ProviderSearch** Contact us through secure email by logging into **MyMolina.com**

Getting care
- Urgent care
  - Minor illnesses
  - Minor injuries
- Physicals and checkups
- Preventive care
- Immunizations (shots)
	Call your doctor:
	If it is after hours and you cannot reach your PCP, call the Nurse Advice Line.
	24-Hour Nurse Advice Line
	(844) 800-5155 (English)
	(866) 648-3537 (Spanish)
	(TTY: 711)
	A nurse is available 24-hours a day, 7 days a week.

Need	Action
Your plan details - Questions about your plan - Questions about programs or services - ID card issues - Language services - Transportation - Help with your visits - Prenatal care - Well-child visits with PCP	Member Services & Medical Management: **(855) 882-3901** Monday - Friday, 8 a.m. to 6 p.m. **Fax: (844) 834-2155** **Email: MHSCMemberServices@MolinaHealthcare.com** **Address: PO Box 40309, North Charleston, SC 29423** To schedule a ride to an appointment, see page 26 for more information.
Changes/life events - Coverage - Contact information - Change of employment - Marriage - Pregnancy - Additional family member - Divorce	South Carolina Healthy Connections Member Contact Center / your Medicaid eligibility **(888) 549-0820 (TTY: (888) 842-3620)** Social Security Administration **(800) 772-1213** South Carolina Healthy Connections Choices (for health plan enrollment) **(877) 552-4642 (TTY: (877) 552-4670)**

Your doctor

Find your doctor

Your Primary Care Provider (PCP) knows you well and handles all your medical needs. It's important to have a doctor who makes you feel comfortable. Choosing an in-network doctor with our Provider Directory, a list of doctors is easy. You can pick one for you and another for others in your family or one who sees all of you. You may request a printed copy of the Provider Directory at any time. Call Member Services for a copy.

Schedule your first visit to get to know your doctor. Call your doctor right away if you need to cancel or reschedule your appointment. You can also call Molina at (855) 882-3901 if you need help making an appointment, finding a doctor, or finding information about your doctor.

If you do not choose a doctor, Molina will do it for you. Molina will choose a doctor based on your address, preferred language and doctors your family has seen in the past.

Your member ID card shows your doctor's name and contact details. You can change your doctor on the Molina Mobile app or the MyMolina portal at **MyMolina.com**.

Schedule your first visit

Visit your doctor within 90 days of becoming a member. Learn more about your health. And let your doctor know more about you.

Your doctor will:

- Treat you for most of your routine health care needs
- Review your tests and results
- Prescribe medications
- Refer you to other doctors (specialists)
- Admit you to the hospital if needed

Interpreter services

If you need to speak in your preferred language, call Member Services and we can assist you in your language through an interpreter. They can also help you talk to your doctor or provider. An interpreter can help you:

- Make an appointment
- Talk with your doctor or nurse
- Get emergency care
- File a complaint, grievance, or appeal
- Get information about taking medicine
- Follow up about Prior Approval you need for a service
- With sign language

If you need an interpreter, call Member Services. The number is on the back of your member ID card. You can also ask your provider's staff to call Member Services for you. They will help you get an interpreter to assist you during your appointment.

You must see a doctor that is part of Molina.

If, for any reason, you want to change your primary doctor, go to **MyMolina.com.** You can also call Member Services.

If you change your doctor, Molina will send you a new ID card.

If your doctor does not cover your medical services due to their personal moral or religious beliefs, call Member Services for referrals or counseling.

Remember, you can call the Nurse Advice Line at any time. Our nurses can help if you need urgent care.

Your benefits

Molina network

We have a growing family of doctors and hospitals. And they are ready to serve you. Visit providers who are part of Molina. You can find a list of these providers at **MolinaProviderDirectory.com/SC**. Call Member Services if you need a printed copy of this list.

The online directory contains provider information such as names, telephone numbers, addresses, specialties and professional qualifications.

For a **full list of covered services**, and to see which services require Prior Approval, please refer to the "Services Covered by Molina" section of this handbook.

Vision and dental

We are here to take care of the whole you, including your teeth, gums and eyes.

Molina covers eye exams every year for Molina members. Members also get frames and lenses:

- Once per year, if under 21 years old, as needed.
- Every two years, if 21 years of age and older, as needed.

Please check your Molina Provider Directory to find optometrists or physicians that can provide you with these services at **MyMolina.com.**

Also, dental is covered and offered through DentaQuest. Please see page 46 for more details.

Covered drugs

Molina covers all your medically necessary medications.

We use a Comprehensive Drug List (CDL). This list includes the state Single Preferred Drug List (SPDL) and additional drugs covered by Molina.

Most generic drugs are included in the list. You can find a list of covered drugs at **MolinaPDL.com/SC.**

There are also drugs that are not covered. For example, drugs for erectile dysfunction, weight loss, cosmetic purposes and infertility are not covered.

We are on your side. We will work with your doctor to decide which drugs are best for you.

Site of Care program

The Molina Site of Care (SOC) program is designed to provide medication your doctor prescribes at a cost-effective, safe, and convenient location. These drugs must be given to you at your home, doctor's office, or an infusion center, but usually not in a hospital setting. You can find the list of medications covered under the SOC program at **MolinaHealthcare.com/sc**.

Your extras

MyMolina.com: Manage your health plan online

Connect to our secure portal from any device, wherever you are. Change your doctor, update your contact info, request a new ID card, and much more. To sign up, visit **MyMolina.com.**

My Molina Mobile app:

Manage your health care anytime, anywhere.

Members can sign into the app using their MyMolina user ID and password to access secure features, including:

- View your Member ID card
- Find a doctor or facility near you with Doctor Finder
- Use the Nurse Advice Line to get the care you need
- And more!

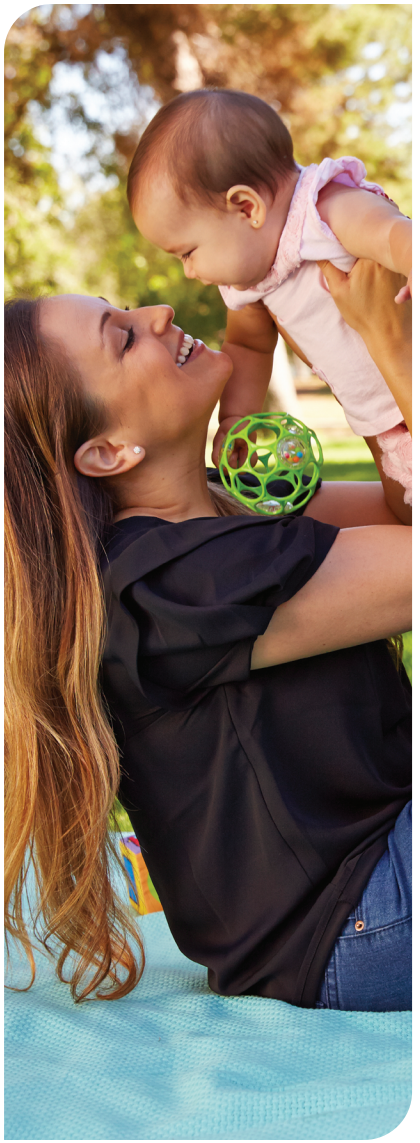
You can download the app on your smartphone using the **App Store** for Apple and **Google Play** for Android.

Scan this QR code with your smartphone camera to download the app today!

SCAN ME

New enrollment health assessment

When you join Molina, one of our team members will give you a call. They'll ask some questions about you or your child's health. Talking with them is important because it helps us figure out the best way to take care of you and your family. If we can't reach you by phone, we'll mail you a short health form. If you have kids, each one will get their own form. We'll include a stamped envelope, so it's free to mail it back.



Virtual care

You can visit an in-network board-certified doctor by phone, video, or through the My Molina mobile app.

Health education programs

Live a healthy life! Our programs can help with weight control, quitting smoking, and managing chronic diseases - all at no cost to you. You'll receive learning materials, care tips, and more. Access our staying healthy services by visiting **MyMolina.com**.

If you need help quitting smoking or managing your weight, please call the Health Management department at (866) 472-9483.

We also offer programs for pregnant members. For more information, please call (866) 891-2320.

Pregnancy rewards

Are you going to have a baby? Molina wants you to have a healthy pregnancy and baby. Through our program, Pregnancy Rewards, you can earn gift rewards! For more information, call (855) 882-3901.

Transportation

Transportation is available, so you don't have to miss your next doctor's visit.

Non-ambulance medical transportation is available through ModivCare. They arrange and pay for rides to covered services for members who have no other way to receive a ride.

If you are qualified for this service and need to arrange for transportation, contact ModivCare. See page 46 for more information.

Care management

You have a team of case managers, including helpful nurses and social workers, who are ready to provide extra attention if you have certain conditions that may include:

- Asthma
- Behavioral health disorders
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- High blood pressure
- High-risk pregnancy
- Sickle Cell Disease
- Other serious conditions

Community resources

We are part of your community. And we work hard to make it healthier.

Local resources, health events, and community organizations are available to you. They provide great programs and convenient services. Best of all, most are at low or no cost to you.

- Call 211. This is a confidential service at no cost that will help you find local resources. Available 24/7.
- Healthy Connections Member Contact Center: (888) 549-0820 (TTY: (888) 842-3620)
- Molina Care Management: (855) 882-3901
- Women, Infant, Children (WIC) Care Line: (800) 868-0404
- Childhood Lead Poisoning Prevention Program at South Carolina DHEC: (803) 898-3432
- Help Finder: Helps you find basic needs, like housing, food and clothing. Go to **Molinahelpfinder.com**

Your policy

Molina is a special kind of health care plan. It's a risk-based managed care plan that helps organize and provide health care services for people who are part of the plan. Below, you will find more information about the benefits you get with Molina.

Appointment guidelines

Molina can help you schedule a doctor's appointment if needed. All referrals for specialist care should be handled by your PCP. Your doctor's office should give you an appointment for the listed visits in this time frame:

Primary Care Provider (PCP)	
Appointment type	**When you should get the appointment**
Routine primary care	Within 4 weeks
Urgent care	Within 48 hours
Walk-in	Should be seen if possible. Urgent needs must be seen within 48 hours of walk-in. Non-urgent needs must be seen within routine care guidelines.
Office wait times	Within 45 minutes for a scheduled appointment of a routine nature.

Specialist Provider Care	
Appointment type	**When you should get the appointment**
Emergent visits	Immediately upon referral
Urgent medical condition care	Within 48 hours of referral or notification of the Primary Care Physician
Routine care (non-symptomatic)	Within 4 weeks and a maximum of 12 weeks for unique specialists. Wait time: within 45 minutes

Behavioral Health	
Appointment type	**When you should get the appointment**
Life threatening emergency	Immediately
Non-life threatening emergency	Within 6 hours of request
Urgent care	Within 48 hours
Initial routine care visit	Within 10 calendar days
Follow-up routine care visit	Within 30 calendar days

Emergency Provider Care	
Appointment type	**When you should get the appointment**
Emergency care	Immediately upon presentation at treatment site. Access by telephone for emergent medical conditions.

What if I have a baby?
Molina wants to make sure you get medical care as soon as you think you are pregnant. If you think you are pregnant, see your PCP. Once you are pregnant, your PCP will want you to see an OB/GYN. You don't need a referral to see an OB/GYN. It's important that you see your OB/GYN. You may need help finding an OB/GYN. If so, call Member Services, and we can help you arrange your prenatal care. Or, if you want to avoid becoming pregnant, ask about family planning options. Members may access family planning services from any South Carolina Medicaid enrolled provider regardless of their Molina network status.

Managed care enrollment of newborns
A newborn baby, who becomes Medicaid eligible within the first three months of life and is linked to their birth mother, will be automatically added to the health plan that their mother is in at the time of birth. The baby will be enrolled for their birth month and will be in that same plan for at least the first month after birth. If you do not wish to have your baby enrolled in your health plan, you can change the plan during the first 90 days of the baby's life. You will need to call the Medicaid enrollment counselors at SC Healthy Connections Choices at (877) 552-4642 (TTY: (877) 552-4670).

- **Newborns who are not linked** to a Medicaid mother will be mailed an enrollment packet. The baby will be enrolled into a health plan by the newborn's guardian, or an enrollment broker will assign them to a plan if the guardian does not make a choice by the deadline.
- **Newborns who are linked** to a Medicaid mother but who become Medicaid eligible after the first three months of life cannot be added to the mother's health plan retroactively (after the fact). These newborns may be added in the next available enrollment period.

Pregnancy program

Molina has a special program for pregnant members. This program will help members get the education and services needed for a healthy pregnancy.

Depending on your needs, the following services may be provided:

- Counseling over the telephone
- Educational workbooks and other resources
- Coordination with social services
- Care management services by a nurse

If you are pregnant:

- See your provider when you first find out that you are having a baby
- Do not miss any of your provider visits for prenatal care
- The provider visits will help you to know how your baby is growing. They can help you get ready for your baby to be born
- Your provider will be able to watch any problems that come up while your baby is growing. We want you to have a healthy pregnancy and a healthy baby

As part of the program, you will also learn ways to stay healthy after your pregnancy.

How do members enroll?

Please call our Health Management department at (866) 891-2320 (TTY: 711). Our staff can give you more information. You can also ask for a referral or to sign up for a program.

Hysterectomies, sterilization and abortions

There are limited conditions for covering hysterectomies, sterilizations and abortions for members.

Hysterectomies are only covered when not elective and when they are medically required. Hysterectomies are not covered when they are only being used to prevent pregnancy. For sterilizations, you must be at least 21 years old, mentally competent and must have willingly given approval.

Abortions are only covered if your pregnancy is due to rape or incest; if you have a physical disorder, injury or illness due to the pregnancy; or if you could potentially die from the physical disorder, injury or illness due to the abortion not being performed.

Covered services

Prior approval process

You can get emergency care and most services without any Prior Approval. But some services do require Prior Approval. For a Prior Approval request, a provider must call your health care plan about the care they would like you to receive. We will review the request based on medical necessity and let your provider know if the request is approved before they can give you the service. We will notify your provider of our decision within 14 calendar days from receipt of the request for service. However, if it is determined the standard time frame could be a risk to your health, we will make a quicker decision and provide notice within 72 hours of receipt of the request for service. You can request up to 14 extra calendar days if you or your provider need to submit more information before we make a decision. Molina can also request extra days if more information is needed to make a decision. For standard decisions, we can request up to 14 extra calendar days, and if quicker

decision is needed, we can request up to 48 extra hours. We will notify you in writing if an extension is needed. This is done to ensure that you get appropriate care.

Because your PCP is the person who will submit Prior Approval requests for you and will send you to specialists, when necessary, it is important that you develop a good relationship with your PCP. A good relationship helps make sure your PCP can give you the best care for your needs.

Please refer to the Covered Services chart below for a list of covered services, limitations, and exclusions. You may also visit **MolinaHealthcare.com/sc** or call Member Services.

Services covered by Molina

Services	Coverage	Limits/Exclusions
Alcohol, Drug, and Substance Use Services	Covered. Alcohol, drug, and substance use treatment services are provided by the Department of Alcohol and Other Drug Abuse Services (DAODAS).	
Ambulance Services	Covered. Emergency transportation given by: • Ambulance • Air ambulance	
Ancillary Medical Services	Covered. Includes health services ordered by a provider, including but not limited to, laboratory services, radiology services and physical therapy. Example: anesthesiology	

Services	Coverage	Limits/Exclusions
Audiological Services	Services include: • Examinations • Fittings and related audiology services • Diagnosis, screening, preventive and corrective services for members who are hearing-impaired or to determine if they are hearing-impaired.	Only covered for children under 21 years of age.
Autism Spectrum Disorder	Covered. • Behavior Identification Assessment • Adaptive Behavior Treatment by Protocol • Adaptive Behavior Treatment with Protocol Modification • Family Adaptive Behavior Treatment Guidance	
BabyNet	Covered based on guidelines from the South Carolina Department of Health and Human Services (SCDHHS).	
Chiropractic Services	Covered. Limited to manual manipulation of the spine using the hands to put the bones of the spine back in line.	Limited to 6 visits per year. 2 x-ray procedures per State fiscal year.
Communicable Disease Services	Covered. Exams and reviews including, but not limited to: • Taking steps to find out what's wrong with you and treat you • Contact tracing • Counseling and health education • Directly Observed Therapy (DOT) for tuberculosis (TB) cases. Help control and prevent diseases such as TB, syphilis, and other sexually transmitted infections (STIs) and HIV/AIDS	NOTE: These services can also be received at Department of Health and Environmental Control (DHEC).

Services	Coverage	Limits/Exclusions
Disease Management	Covered. This includes keeping track of any medical conditions/ diseases and educating you about available treatment options. Currently, Molina provides access to disease management programs. Examples are: • Breathe with Ease Asthma Management Program (for children and adults) • Building Brighter Days Depression Management Program (for adults) • Sickle Cell Disease Program	

Services	Coverage	Limits/Exclusions
Durable Medical Equipment and Supplies	Covered when medically necessary. Equipment may require Prior Approval from your doctor. Medically necessary equipment and supplies, including: • Medical products • Surgical supplies • Wheelchairs • Traction equipment • Walkers • Canes • Crutches • Ventilators • Prosthetic devices • Orthotic devices • Oxygen • Hearing aids and accessories • Diabetes supplies • Incontinence supplies • Any other items when ordered by a doctor as medically necessary	Hearing aids and hearing aid accessories only covered for members under age 21.
Emergency Medical Services	Covered. Call your Primary Care Provider (PCP) as soon as possible. All emergency services are covered. You do not need approval from Molina for any emergency services.	

Services	Coverage	Limits/Exclusions
Family Planning	Covered. This includes medical visits for birth control: • Teaching you about family planning • Counseling • Birth control drugs and supplies • Pregnancy tests • Lab tests • Tests for sexually transmitted infections (STIs) • Sterilization • Teen pregnancy prevention program	We do not cover: • Surgery to reverse sterilization It is best to receive family planning services from a participating Molina provider. However, eligible members can receive these services from any appropriate provider without restrictions.
Health Care Screenings for Adults	Covered. • Mammography screening • Prostate cancer screening • Cholesterol screening • Vaccine services (i.e., Influenza, pneumococcal, hepatitis) • Cervical cancer screenings • Chlamydia screening • Prenatal visits Female members: You may receive routine and preventive care from a women's health specialist (i.e., OB/GYN) in addition to services by your PCP.	

Services	Coverage	Limits/Exclusions
Hearing Exams, Hearing Aids and Hearing Aid Accessories	Covered for members under age 21. • Hearing exams • Hearing aids and supplies	Only for children under 21 years of age.
Home Health Services	Covered. Medical visits that take place in the home, which can include: • Skilled nursing • Home health aides • Medical supplies and equipment fit for use in the home • Physical, occupational and speech therapy • Supplies ordered by a doctor	Limited to 50 visits per year.

Services	Coverage	Limits/Exclusions
Hospitalization including services normally provided by the hospital	Covered. All hospital services must be ordered by a doctor. These hospital services may include: • A semi-private room • Maternity services • Special treatment rooms • Operating rooms • Supplies • Medical tests and x-rays • Drugs the hospital gives you during your stay • Giving you someone else's blood • Radiation therapy • Chemotherapy • Dialysis treatment • Meals and special diets • General nursing services • Anesthesia • Anesthesia for dental procedures when it is an emergency • Setting up a plan for when you leave the hospital (this includes future care if you need it) • Rehabilitation in the hospital	Private rooms are not covered unless medically necessary.
Laboratory Exams and X-rays	Covered. Medically necessary lab and x-ray services ordered by your provider.	

Services	Coverage	Limits/Exclusions
Long Term Care Facilities/ Nursing Home Facilities	Covered for first 90 days (or until disenrollment from plan) when you are approved for and admitted to a long-term care facility.	
Maternity Services	Covered. This may include the following services: • Doctor visits and all expert care for pregnancy, problems that have to do with pregnancy and after-delivery care when medically necessary • Services you get from a certified nurse-midwife • Tests you need such as sonograms • HIV testing, treatment and counseling (A pregnant member may refuse to take an HIV test) • Birthing center services • Vaginal childbirth and Cesarean section (C-section) • Newborn hearing screenings	
Newborn Hearing Screening	Covered for members up to six months of age in either inpatient or outpatient setting without Prior Authorization. Must be performed within the first six months of life.	
Outpatient Pediatric AIDS Clinic Services (OPAC)	Covered. Services for HIV-related and exposed children and their families including: • Specialty care • Consults • Counseling • Clinical and lab tests	

Services	Coverage	Limits/Exclusions
Outpatient Services	Covered. Services must be ordered by a doctor and may include: • Care to prevent illness • Care to treat your health issue • Rehabilitation • Surgical care • Emergency care • Treatment of renal disease • Neurodevelopmental or mental developmental assessment and testing • Dialysis • Emergency room use for emergency conditions • Drugs ordered by a doctor • Giving you replacement blood • Services to prevent problems or find out what is wrong with you • Surgery without an overnight hospital stay • Sterilization	Neurodevelopmental or mental developmental assessments and testing are only for eligible members under 21 years of age.
Prescription Drugs	Covered.	An approval from Molina is required for some drugs. Some drugs are not covered. Check the Comprehensive Drug List (CDL).

Services	Coverage	Limits/Exclusions
Physician Services	Covered. This includes services provided by a Physician or nurse practitioner or Rural Health Clinic – RHC or Federally Qualified Health Center – FQHC. Adult well visits for members over age 21 covered one time each year.	
Psychiatric Residential Treatment Facility (PRTF) Services	The following services are covered: • General Room and Board • Semi Private • Ward Psychiatric and psychological sessions, screenings, medication training and support, and crisis intervention.	Therapeutic Home Time (THT) limited to 14 days per year.
Podiatry Services	Covered for certain medical conditions for members of all ages.	

Services	Coverage	Limits/Exclusions
Rehabilitative Behavioral Health Services (RBHS)/ Mental Health Services	Covered. • Psychological Evaluations • Outpatient Psychotherapy • Medication Management (provided by Medical Doctor or nurse practitioner) • Specialty Pharmacy Drugs (injectable) • Community Support • Consultations/Conferences • Psychological Testing • Neuropsychological Testing • Crisis Intervention Services	
Rehabilitative Services for Children	Services include non-hospital related services such as: physical therapy, occupational therapy, speech therapy, audiology and nursing services. Children who may have medical risk factors can have their: • Health status assessed • Risk factors identified • Goal-oriented plan of care written or changed	

Services	Coverage	Limits/Exclusions
Transplant Services	Covered. Must have approval from a doctor before transplant can be performed. Types of transplants include: • Kidney • Corneal • Bone Marrow (Autologous Inpatient and Outpatient, Allogeneic Related and Unrelated, Cord, and Mismatched) • Pancreas • Heart • Liver • Liver with Small Bowel • Liver/Pancreas • Liver/Kidney • Kidney/Pancreas • Lung and Heart/Lung • Multivisceral • Small Bowel	Kidney and corneal transplants do not require prior approval from your doctor. If you have any special needs after your transplant that require prior approval from your doctor, Molina will review these needs after your procedure. Examples of special needs may include a wheel chair or home health services.
Vision Services	Covered.	
Well-child Visits for Children including Early and Periodic Screening, Diagnosis and Treatment/ Well-child Services (EPSDT) Please see page 48 for more details on EPSDT	Covered only for children through the month of their 21st birthday. Preventive health care services include: • Health screens • Physical exams • Vaccines • Lab tests, including blood lead level • Teaching about health topics • Hearing tests • Dental screenings • Vision screenings	Well-child visits end on the month of the child's 21st birthday.

Copayments (copays)

As a member of Healthy Connections Medicaid, you will not be responsible for copays effective July 1, 2024.

Molina extra benefits

These additional benefits are available to qualifying members at no cost and are in addition to what's covered under the Healthy Connections program. To learn about more free member benefits, visit **MolinaHealthcare.com/sc/ValueAdds**.

Services	Limitations
Unlimited office visits for adults	Covered for members ages 21 and older
Vision (adult)	Yearly routine eye exam: one lenses and frames every two years for members ages 21 and older
Car seat program	Member must complete 6 prenatal visits with in-network provider during pregnancy
Breast pumps	For qualifying members

Extra services outside the core benefits

Besides standard medical benefits, below is a list of services that are covered for Molina members.

Service	Coverage
Medical (Non-Ambulance) Transportation	Transportation is available for doctor appointments, dialysis, x-rays, lab work, drug store or other non-emergency medical appointments. To ask for a ride, call the Healthy Connections transportation broker between 8 a.m. and 5 p.m., local time. Please request a ride at least three days before your appointment. If you need to cancel a ride, please call at least 24-hours in advance. To schedule or cancel your ride, call one of the following toll-free numbers. You can also call Member Services. They can help schedule or cancel a ride for you. Toll-Free Phone Numbers: (866) 910-7688 (866) 445-6860 (866) 445-9954 For more information on ModivCare, visit **MyModivcare.com/members/sc**

Service	Coverage
Dental Services	For members under age 21, routine and emergency dental services are covered and available through dental Provider DentaQuest. Limited dental services are also available to Medicaid members aged 21 and over.
Family Planning Prevention Services Medicaid Adolescent Pregnancy Prevention Services (MAPPS)	Covered services include traditional contraceptive drugs and supplies and preventive contraceptive methods. MAPPS services are for at-risk youth for pregnancy prevention education and counseling.

Your health care plan covers all medically necessary Medicaid-covered services. Your health coverage is subject to change and modification by government regulatory agencies. Molina will notify you of any changes as they occur. You may refer to Molina's website at **MolinaHealthcare.com/sc** for the most current benefit information.

Second opinions

If you do not agree with your provider's plan of care for you, you have the right to a second opinion. Talk to another provider or out-of-network provider. This service is at no cost to you. However, if you go to an out-of-network provider, prior approval will be required. Call Member Services to learn how to get a second opinion.

How to choose a Primary Care Provider (PCP)

It is easy to choose a Primary Care Provider (or PCP). Use our Provider Directory to select from a list of doctors. You may want to choose one doctor who will see your whole family. Or you may want to choose one doctor for you and another one for your family members.

Your PCP knows you well and takes care of all your medical needs. Choose a an in-network PCP as soon as you can. It is important that you feel comfortable with the PCP you choose.

Call and schedule your first visit to get to know your PCP. If you need help making an appointment, call Molina. Molina can also help you find a PCP. Tell us what is important to you in choosing a PCP. We are happy to help you. Call Member Services if you want more information.

How to get specialty care and referrals

If you need care that your PCP cannot give, they will refer you to a specialist who can. Talk with your PCP to be sure you know how referrals work. If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a

different specialist. There are some treatments and services that your PCP must ask Molina to approve before you can get them. That is called a "Pre Authorization." Your PCP will be able to tell you what services require this approval.

If we do not have a specialist who can give you the care you need, we will get you the care you need from a specialist outside Molina. Getting a referral from your PCP ensures your health care is coordinated, and all your providers know your health care goals and plans.

For members requesting care from a specialist outside the network, your PCP or the specialist you are seeing needs to request Prior Approval of specialty care or services from Molina via fax or phone call. This request for Prior Approval must be done before any treatments or tests take place. If Molina denies a request for specialty care, we will send you a letter within three days of the denial. You or your PCP can appeal our decision. If your PCP or Molina refers you to a provider outside our network, you are not responsible for any costs. Molina will pay for these services.

Seeing a doctor that is not part of Molina

Molina contracts with qualified health care professionals. These providers have passed a complete credentialing process to provide medical care to Molina members.

Molina members must get medical care from a provider that is in-network with Molina. If medical services are needed for emergency services, as defined by Federal law, a member can see a non-participating provider.

Before getting services, Molina must approve all care provided by non-contracted, non-network providers. If you must go to a non-contracted provider, all care provided by that provider must be approved by Molina before getting services. Non-network providers may temporarily provide emergency services for a member outside the service area. This does not need approval by Molina unless required by Federal or State Laws or regulations.

If a Molina provider cannot provide you with necessary and covered services, Molina must cover the needed services through an out-of-network provider. The cost to you should be no more than it would be if the provider were in Molina's network. This must be done in a timely manner for as long as Molina's provider network cannot provide the service.

Well-child program

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)/well-child doctor visits are for members from birth through the month of their 21st birthday. These checkups make sure your children are growing and getting the health care they need. These checkups include a health, vision, dental and hearing

exam. Children also get immunizations (shots) and any lab tests needed. Parents and older children will receive health education.

All EPSDT visits and procedures are covered at no cost to you. For information, call Member Services at (855) 882-3901 (TTY: 711).

It is very important that you get your child in for these checkups. Your child may look and feel well but still have a health problem. Your doctor can help find health concerns before they become bigger problems.

During well-child visits, the doctor will check your child for the following (for a more detailed schedule, visit **MolinaHealthcare.com/sc**):

EPSDT	Infants (0-18) months	Children (2-6) years	Adolescents (7-21) years
Physical Exam and Health History	• History • Height • Weight • Physical exam • Oral Health • Body Mass Index (BMI) • Blood Pressure	• History • Height • Weight • Physical exam • Oral Health • Body Mass Index (BMI) • Blood Pressure	• History • Height • Weight • Physical exam • Oral Health • Body Mass Index (BMI) • Blood Pressure
Development and Behavior Assessment	• Gross motor • Fine motor • Social/emotional • Nutritional (any one of these)	• Gross motor • Fine motor • Communication • Self-help skills • Cognitive skills • Social/emotional • Regular physical activity • Nutritional (any one of these)	• Social/emotional • Regular physical activity • Nutritional (any one of these)

EPSDT	Infants (0-18) months	Children (2-6) years	Adolescents (7-21) years
Mental Health Assessment	Mental health (must be addressed)	Mental health (must be addressed)	• Mental health • Substance abuse (either one of these)
Health Education/ Anticipatory Guidance	• Injury prevention • Passive smoking (either one of these)	• Injury prevention • Passive smoking (either one of these)	• Injury prevention • STD prevention • Smoking/tobacco (any one of these)
Health Reward Offered	✓	✓	✓

What is an emergency?

An emergency needs to be taken care of right away. You don't need approval for emergency care. Call 911 or go to an emergency room (ER) near you. You can go to any emergency room or other facility that is not part of Molina. You can get care 24-hours a day, 7 days a week. If the emergency room doctor says you don't have to stay but you still stay, you may have to pay.

You might need care after you leave the ER. If you do, don't go to the ER for follow up care. If you need help seeing a doctor, call Member Services. If you don't have an emergency, don't go to the ER. Call your PCP.

Molina has a 24-hour Nurse Advice Line, which can also help you understand and get the medical care you need: (844) 800-5155 or (866) 648-3537 for Spanish. If you need non-emergent care after normal business hours, you can also visit an Urgent Care Center. You can find Urgent Care Centers in the Provider Directory. If you need help finding one you can call Member Services or visit our website at **MolinaHealthcare.com/sc**.

What is post stabilization?

These are services you get after ER care. These services keep your condition stable. You do not need approval for these services. After your visit to the ER, you should call your doctor as soon as you can. Your doctor will help you get any follow-up care you need. You can also call Member Services for help.

Covered drugs

To be sure you are getting the care you need, we may require your provider to submit a request to

us. This is called a prior authorization. Your provider will need to explain why you need a certain drug or a certain amount of a drug. We must approve the prior authorization request before you can get the medication. Some medicines require prior approval. For a pharmacy medication prior authorization request, a provider must send a fax to Molina to request the medicine they would like for you to receive. We will review the medicine based on medical necessity and let your provider know if the medicine is approved. We will notify your provider that we have received your request within 24-hours. Non-urgent requests will be handled by Molina within 24 hours. Urgent requests will be handled by Molina within 24 hours.

Reasons why we may require prior authorization of a drug include:

- There is a generic or another alternative drug available
- The drug can be misused or abused
- There are other drugs that must be tried first

Some drugs may also have quantity (amount) limits, and some drugs are never covered. Some drugs that are never covered are:

- Drugs for weight loss
- Drugs for erectile dysfunction
- Drugs for infertility

If we do not approve a prior authorization request for a drug, we will send you a letter. The letter will explain how to appeal our decision. It will also detail your rights to a state fair hearing. We require the use of generic drugs when available. If your provider believes you need a brand name drug, the provider may submit a prior authorization request. Molina will determine whether to approve the brand name drug. Remember to fill your prescriptions before you travel out of state.

The Comprehensive Drug List (CDL) can change. It is important for you and your provider to check the Comprehensive Drug List (CDL) when you need to fill or refill a medication. You can find a list of the preferred drugs at **MyMolina.com**.

Refer to our Provider Directory to find an in-network pharmacy. You can find an in-network pharmacy by visiting our website. You can also call Member Services to find a network pharmacy near you.

As a member, you have access to an emergency supply of any medication, even if it has not been prior authorized. This includes specialty drugs. Neither prior authorization, nor a call, is required for the emergency supply. Dispensing fees may be charged on both the emergency supply and when the balance of the prescription is filled by the pharmacy. Your provider may prescribe certain medications that are sold over the counter. You will need a prescription to take to the pharmacy to get these medications.

Access to behavioral health

Molina can help you get the behavioral health services you and your family need. You must use a provider that is part of our behavioral health network unless it's an emergency. Your benefits cover some inpatient services, outpatient services, and doctor visits. You can pick or change your behavioral health care provider or case manager at any time.

They can help you get the services you need and provide a list of covered services.

What to do if you are having a problem

You might be having one of these feelings:

- Sadness that does not get better
- Feeling hopeless and/or helpless
- Guilt
- Worthlessness
- Difficulty sleeping
- Poor appetite or Weight loss
- Loss of interest

If so, call Member Services at (855) 882-3901 (TTY: 711).

Behavioral and mental health support

A behavioral health emergency is a mental health condition that may cause self-harm or death. Some examples are:

- Attempting suicide
- Danger to yourself or others
- Mental stress that makes it hard to do daily actions

Go to the closest emergency room (ER) or call 911 for a behavioral health emergency.

We offer services for mental health and substance abuse. If you need help, call Member Services at (855) 882-3901 (TTY: 711). You can also call the South Carolina Department of Mental Health or the Department of Alcohol and Other Drug Abuse Services (DAODAS) at (803) 896-5555.

How to access hospital services

Inpatient Hospital Services

You must have Prior Authorization to get hospital services except in the case of an emergency or urgent care services. However, if you get services in a hospital or you are admitted to the hospital for emergency or out-of-network urgent care services, your hospital stay will be covered. This happens even if you do not have a prior authorization.

Medical/surgical services

We cover the following inpatient services in a participating provider hospital or rehabilitation facility when the services are generally and customarily provided by acute care general hospitals or rehabilitation facilities inside our service area:

- Room and board, including a private room if Medically Necessary

- Specialized care and critical care units
- General and special nursing care
- Operating and recovery rooms
- Services of Participating Provider physicians, including consultation and treatment by Specialists
- Anesthesia
- Drugs prescribed in accord with our Drug Formulary guidelines (for discharge drugs prescribed when you are released from the hospital, please refer to "Prescription Drugs and Medications")
- Radioactive materials used for therapeutic purposes
- Durable medical equipment and medical supplies
- Imaging, laboratory, and special procedures, including MRI, CT, and PET scans, and ultrasound imaging
- Mastectomies (removal of breast) and lymph node dissections
- Blood, blood products and their administration, blood storage (including the services and supplies of a blood bank)
- Physical, occupational, and speech therapy (including treatment in an organized, multidisciplinary rehabilitation program)
- Respiratory therapy
- Medical social services and discharge planning

How Molina pays for your care

Your health care plan contracts with providers in several different ways. Contracted providers are paid on a fee-for-service basis. This means that they are paid each time they see you or for each procedure they perform. There are also some providers who are paid a flat amount for each month that a member is assigned to their care, whether the member sees the provider or not.

Some providers may offer incentives for preventive care and for monitoring the use of hospital services. Your health care plan does not reward providers or employees for denying medical coverage or services. We do not provide financial incentives for utilization management decisions that could result in denials or underutilization. Utilization management decision-making is based only on appropriateness of care and service and existence of coverage. You can contact your health care plan to get any other information you want, including the structure and operation and how we pay our providers.

Your health care plan provides services to members because of a contract that Molina has with SCDHHS.

If you want to contact SCDHHS, you can write to:

South Carolina Department of Health and Human Services (SCDHHS)

PO Box 8206
Columbia, SC 29202

You can also visit SCDHHS on the web at **scdhhs.gov**.

If you want to tell us about things you think we should change, please call Member Services at (855) 882-3901 (TTY: 711).

What if I get a bill?

If you receive a statement from a provider and the letter shows that you are responsible for charges, or if a provider asks you to sign an agreement to pay for services, call Member Services right away. We will help resolve this issue so that you do not receive any bills from the provider unless you chose to and agreed to receive and pay for a service out of your pocket that is NOT a covered Medicaid service.

If the statement does not indicate any patient responsibility, this means you received a statement. You have not received a bill. The provider is just notifying you that your insurance company has been billed for the services provided. At the top of the page, these statements note that "This Is Not a Bill," and you may disregard the statement. The provider is not billing you for the services. If you did not receive the services listed in the statement, please call and report the issue to Member Services at (855) 882-3901 (TTY: 711).

Your rights and protections against surprise medical bills

You are protected from surprise billing or balance billing when you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center.

"Out-of-network" describes providers and facilities without a contract with Molina. Out-of-network providers may bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called **"balance billing."** Balance billing is sometimes called "surprise billing." "Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care. For example, when you have an emergency or schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

When balance billing isn't allowed, you are only responsible for paying your share of the cost (like the coinsurance and deductibles you would pay if the provider or facility were in-network). Molina will pay out-of-network providers and facilities directly for covered services.

If you think you have been wrongly billed, you may contact (800) 985-3059. Visit **cms.gov/nosurprises**

for more information about your rights under federal law.

Looking at what's new

We look at new types of services, and we look at new ways to provide those services. We review new studies to see if new services are proven to be safe for possible added benefits. Molina reviews the type of services listed below at least once a year:

- Medical services
- Mental health services
- Medicines
- Equipment

Membership termination

Sometimes there may be a special reason that you need to end your health plan membership. Before you can ask for a membership termination, we would like for you to call Molina and give us a chance to resolve the issue. You can ask for a termination at any time if you have one of the following reasons:

1. You move, and Molina is not available where you now live, and you must receive non-emergency medical care in your new area before your Molina membership ends.
2. Molina does not, for moral or religious objections, cover a medical service that you need.
3. Your doctor has said that some of the medical services you need must be received at the same time, and all the services are not available in Molina's provider network.
4. Poor quality of care, lack of access to medically necessary covered services, or lack of access to providers that are experienced in dealing with your special health care needs.

Ending your membership

As a member of a Managed Care Organization (MCO), you have the right to choose to end your membership at certain times during the year. You can choose to end your membership during the first 90 calendar days of your membership or during your yearly re-enrollment period. SC Healthy Connections Choices at (877) 552-4642 (TTY: (877) 552-4670) will send you something in the mail to let you know when your annual re-enrollment period will be.

If you want to end your membership during the first ninety (90) calendar days of your membership or re- enrollment period for your area, you can call the 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 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 your request to be disenrolled or change plans is received and processed by SCDHHS by the internal cut-off date for the month, the change will be effective on the last day of the month. If your request is received after the internal cut-off date, the effective date of the change will be no later than the last day of the month following the month the disenrollment form is received.

Choosing a new plan

After the initial enrollment period, once every twelve months, each member has a 60-day period in which to change the Managed Care Organization (MCO) in which the member is enrolled. If you are thinking about ending your membership and changing to another health plan, you should learn about your choices, especially if you want to keep your current doctor. Remember, each health plan has its own list of doctors and hospitals that it will allow you to use. Each health plan also has written information that explains the benefits it offers and its rules. If the member selects a different MCO during the re-enrollment period, enrollment in the new MCO will be effective on the member's anniversary date. Members who make no selection will continue to be enrolled with the same MCO.

If you would like written information about a health plan, please contact the SC Healthy Connections Choices at (877) 552-4642 (TTY: (877) 552-4670). You can also find information about the health plans in your area by visiting **scchoices.com**.

Can Molina end my membership?

Molina may ask SCDHHS to end your membership with Molina for certain reasons. SCDHHS must accept the request before your membership can be ended.

The reasons that Molina can ask to end your membership are:

- Loss of Medicaid eligibility or loss of Molina program eligibility (If you become dis-enrolled due to a loss of Medicaid eligibility but regain Medicaid eligibility within 60 calendar days, you will be automatically re-enrolled in Molina's plan);
- You become deceased;
- You intentionally submit fraudulent information;
- You become an inmate of a public institution;
- You move out of state;
- You elect hospice;
- You become Medicare eligible;
- You become institutionalized in a long-term care facility or nursing home for more than ninety (90) continuous days;
- You elect home and community-based waiver programs;

- You become age 65 or older;
- You enroll in a commercial HMO;
- You are placed out of home (i.e., Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/IID);
- Your behavior is disruptive, unruly, abusive, or uncooperative and impairs the MCO's ability to furnish services to you or other enrolled members; or
- If Molina no longer operates as a MCO.

Molina may not request disenrollment because of an adverse change in your health status or due to use of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from special needs.

If you have followed any of the above steps to end your membership, remember:

Continue to use Molina doctors and other providers until the day you are a member of your new health plan or back on regular Medicaid.

- If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan's Member Services Department. If they are unable to help you, then you must call the Healthy Connections Member Contact Center at (888) 549-0820 (TTY: (888) 842-3620).
- If you were allowed to return to regular Medicaid and need a new Medicaid card, call the Healthy Connections Member Contact Center at (888) 549-0820 (TTY: (888) 842-3620).
- If you have chosen a new health plan and have any medical visits scheduled, please call your new plan to be sure that these providers are on the new plan's list of providers and any needed paperwork is done. Some examples of when you should call your new plan include: when you have an appointment to see a new provider, surgery is scheduled, you are scheduled to have blood tests or x-rays, especially if you are pregnant.
- If you were allowed to return to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

Loss of insurance notice (certificate of credible coverage)

Any time you lose health insurance you should receive a notice, known as a certificate of credible coverage, from your old insurance company that says you no longer have insurance. It is important that you keep a

copy of this notice for your records because you might be asked to provide a copy. You should also notify us if you get another health insurance policy, including employer-sponsored insurance.

Automatic renewal of managed care organization membership

If you lose your Medicaid eligibility, but it is started again within 60 days, you will automatically become a Molina member again.

Accidental injury or illness (subrogation)

If a Molina member has to see a doctor for an injury or illness that was caused by another person or business, you must call Member Services to let us know. For example, if you are hurt in a car wreck, if you are a victim of a dog bite, or if you fall and are hurt in a store, then another insurance company might have to pay the doctor's and/or hospital's bill. When you call, we will need the name of the person at fault, their insurance company, and the name(s) of any attorneys involved.

You should also report any Workers' Compensation claims, a pending personal injury, or medical malpractice lawsuit.

Non-discrimination

Molina may not discriminate on the basis of race, color, religion, gender, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services or the receipt of health services. If you think you have not been treated fairly, please call Member Services.

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.

Appeals and grievances

Member Services and Hotline information

Member Services is open Monday through Friday, 8 a.m. to 6 p.m., except on state-approved holidays. The phone number is (855) 882-3901. We can help you in English or Spanish. An interpreter can be called for other languages. Call if you have questions about:

- Your health care benefits
- Information on doctors
- Wellness programs
- You have a grievance
- Any concerns about your health or the health of a family member

Grievance procedure

If you are unhappy with anything about Molina or its providers, you should contact us as soon as possible. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know this. Molina wants you to contact us so that we can help you.

A grievance is an expression of dissatisfaction about any matter other than an adverse benefit determination (a decision not made in your favor).

An adverse benefit determination (a decision not made in your favor) can be:

- Limiting or denying services;
- Reducing services;
- Suspending services;
- Terminating services;
- Denying payment for services;
- Failing to provide services in a timely manner;
- Failing to resolve appeals and grievances within timeliness guidelines;
- For a resident of a rural area with only one Managed Care Organization in the area, the denial of a request to exercise their right to get services outside the Molina network; or
- The denial of a request to dispute a financial responsibility, including cost sharing, premiums, deductibles, coinsurance, and other member financial responsibilities.

Examples of grievances include:

- Not being able to find a doctor;
- Trouble getting an appointment; or
- Not being treated fairly by someone who works at Molina or at your doctor's office.

If you are dissatisfied, you or a person you choose and name, such as an attorney or provider, may file a formal complaint or grievance orally by contacting us at (855) 882-3901. Molina needs your permission in writing for someone else to file a grievance for you. You may also file a complaint in writing. A grievance may be filed at any time. If you need an interpreter to talk to us in another language, you can ask for one by calling Member Services.

To file a grievance, you can:

- Call Member Services
- Write a letter

Fill out the **Member Grievance Request Form** at MolinaHealthcare.com/sc

Mail the letter or form to:

Molina Healthcare of South Carolina
C/O Firstsource
PO Box 182273
Chattanooga, TN 37422
Phone: (855) 882-3901

You can also fax the letter or form to (877) 823-5961, Attn: Member Appeals & Grievances.

If you are sending us a letter about your grievance or completing the form, you should include:

- Date
- Your first and last name

- Your address and telephone number
- Your email address
- Your Molina Member ID number, which is on the front of your Member ID card
- Description of the issue
- Your signature

When you file a grievance, we will let you know we received it within 5 business days. We will resolve your grievance as quickly as possible, but no later than 90 calendar days from the day Molina receives your grievance.

You can ask Molina to extend the timeframe to resolve your grievance by up to 14 calendar days. Molina can also extend the timeframe to resolve your grievance by up to 14 calendar days if Molina thinks that the delay is in your best interest. If Molina extends the timeframe, we must be able to explain to SCDHHS how the delay is in your best interest. We will call you and a letter will be sent to you informing you of the extension and why the delay is in your best interest. If Molina extends the timeframe, the letter will also include information about your right to file a grievance about extending the timeframe.

If you would like a copy of our official grievance procedure or if you need help filing a grievance, please call (855) 882-3901 or visit **MolinaHealthcare.com/sc** to print a copy of the Member Grievance Request form. If you are hard of hearing, call our TTY line. It may take time; please do not hang up.

Appeals

If you do not agree with Molina's choice to deny a requested service(s), and you ask that we change our decision - this is an appeal. To make an appeal, you must contact Molina within 60 calendar days of the denial.

You, your approved representative (this can be a friend, family member, attorney), or a provider can file an appeal by phone or in writing. This must be done within 60 calendar days from the date on the Notice of Adverse Benefit Determination Letter ("NOABD") (denial letter) you got in the mail. This letter told you about the denial or other adverse benefit determination (a decision not made in your favor). You can call us at (855) 882-3901 to file your appeal, or you can send your appeal in writing.

To send us an appeal in writing, mail the document to:

Molina Healthcare of South Carolina
C/O Firstsource
PO Box 182273
Chattanooga, TN 37422

If you want to file an appeal in person, you may come to the Molina office. The address is 115 Fairchild Street, Suite 340, Daniel Island, SC 29492. Please call Molina at (855) 882-3901 to make an appointment.

Providers and other approved representatives must have your written approval to file an appeal for you. A provider can appeal for you if:

- you agreed to treatment,
- Molina received medical records from the provider, and/or
- here is a history of paid claims for services from the provider.

When you file an appeal, you can send us any information you have that will help us decide. We will send you a letter letting you know we received your appeal within five business days of receiving your request. While your appeal is being reviewed, you can send or deliver any other information you think will help us make our decision.

When reviewing your appeal, we will:

- Use doctors who know about the type of illness you have.
- Not use the same doctors or medical people who denied your request for a service.
- Make a decision about your appeal within 30 calendar days of receipt of your request for an appeal.
- Resolve your standard appeal as quickly as possible, but no later than 30 calendar days from the day Molina receives your appeal.

You can ask Molina to extend the time to resolve your appeal by up to 14 calendar days. Molina can also extend the time to resolve your appeal by up to 14 calendar days if Molina thinks the delay is good for you. If Molina extends the time, we must be able to tell SCDHHS how the delay is best for you. We will call you and send you a letter about the delay and why it is best for you. If Molina extends the time, the letter will also tell you about your right to file a grievance.

You or your approved representative can ask for copies of any documents used to review your appeal before Molina decides. This may include medical records, other documents and records, and any new or additional information. Please contact Member Services if you need a copy Molina will not charge you for these documents.

Expedited appeals

You can request an expedited (fast) appeal if you or your doctor think waiting up to 30 calendar days for a standard appeal is too long because it:

- Could be life-threatening.
- Could hurt your health.
- Could hurt your ability to get, maintain, or regain maximum function.

We will decide if your request meets the expedited appeal criteria within 24-hours of your appeal request. If it meets the criteria, we will let you know how much time you have to send Molina additional

information for the appeal. We will decide as quickly as possible, but no later than 72 hours from the day we receive your request.

If it does not meet the criteria for an expedited appeal, we will let you know in writing and resolve it within the standard 30 calendar days. You may file a grievance with us if you are unhappy about the decision not to handle your appeal as expedited.

You can ask Molina to extend the time to resolve your appeal by up to 14 calendar days. Molina can also extend the time to resolve your appeal by up to 14 calendar days if Molina thinks that the delay is best for you. If Molina extends the time, we must be able to tell SCDHHS how the delay is best for you. We will call you and mail you a letter that tells you about the extension and why the delay is best for you. If Molina extends the time, the letter will also include information about your right to file a grievance for extending the time.

If your appeal is about a service that was already approved and you were already receiving, you may be able to keep getting the service while we review your appeal. Contact us at (855) 882-3901 if you want to keep getting services while your appeal is being reviewed.

Once we complete our review, we will send you a certified letter letting you know our decision. If we decide you should not receive the denied service, that letter will tell you how to ask for a State Fair Hearing.

Continuing your benefits

If your appeal is about services that were already approved, you may be able to keep getting those services during the appeal process. You must make a request within ten calendar days from the date on your Notice of Adverse Benefit Determination Letter ("NOABD") (denial letter) to keep getting services.

If your appeal is denied, you may have to pay for the services you received while the appeal was being reviewed.

Requesting a copy of the appeal file

If at any time during this process, you want to see the Molina case file or see any documents related to your appeal, you may request this. Molina will provide these items to you.

State fair hearing

If we review your appeal request and still deny the services you asked for, we will tell you by certified mail. You must sign a receipt showing you received the letter.

If you are not happy with the appeal decision, you can ask for a State Fair Hearing. You may request a State Fair Hearing within 120 calendar days of the date on the notice of appeal resolution letter telling you our decision. You must finish Molina's internal appeals process before asking for a State Fair Hearing. Molina will be at the State Fair Hearing along with you and your representative. Molina cannot represent you at a State Fair Hearing. Molina can

help you find a legal representative if you need one.

If your State Fair Hearing is about a service that was already approved and you were already receiving, you may be able to keep getting the service while your Hearing is pending. Contact Molina at (855) 882-3901 if you want to keep getting services while your Hearing is pending. If the Hearing is not decided in your favor, you may have to pay for the services you received while the Hearing is pending. If you choose to disenroll from Molina and SCDHHS does not approve it, you may request a State Fair Hearing.

To request a State Hearing, you must send the request in writing to:

South Carolina Department of Health and Human Services
Division of Appeals and Hearings
PO Box 8206
Columbia, SC 29202

Phone Number: (803) 898-2600

Toll-Free Number: (800) 763-9087

Fax Number: (803) 255-8206

Email: **appeals@scdhhs.gov**

Website: **msp.scdhhs.gov/appeals/**

Please call Member Services if you need help requesting a State Fair Hearing.

Your membership rights

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 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 about 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 in understanding the requirements and benefits of Molina'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'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 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 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'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, its providers, or SCDHHS treats the members.

Your membership responsibilities

As a member of Molina, 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 ID card and Medicaid ID card when receiving medical care;
6. To report any fraud or wrongdoing to Molina 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: (888) 842-3620) to report any change of address, family size, living arrangements, or county of residence;
9. To inform Molina of the loss or theft of your member ID card(s);
10. To be familiar with Molina's procedures to the best of your ability;
11. To contact Molina 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, some of 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: (888) 842-3620). Molina members, if you have questions, call Molina at (855) 882-3901 or call Healthy Connections at (888) 549-0820 (TTY: (888) 842-3620) to help renew your benefits.

Advance Directives

An Advance Directive is a legal document that states your wishes and lets you choose who can make decisions if you cannot. These are written instructions about managing health care when an adult is incapacitated.

These include documents such as a Living Will, a Durable Power of Attorney for Medical Care, a Declaration for Mental Health Treatment, organ and tissue donation, or a Do Not Resuscitate Order. If you are 18 years old or older, your provider must inform you of your right to make health care decisions and execute Advance Directives. It is important that you are informed about Advance Directives.

Your provider must honor your Advance Directives to the fullest extent permitted under law. You may select a new PCP if the assigned provider has an objection to your desired decision. Molina will help you find a new PCP or specialist as needed.

PCPs must discuss Advance Directives with you and provide appropriate medical advice if you want guidance or assistance. Molina's contracted practitioners and facilities are expected to communicate any objections they may have to your directive prior to service whenever possible. In

no event may any provider refuse to treat you or otherwise discriminate against you because you have completed an Advance Directive. Federal law gives you the right to file a grievance with Molina or the State Survey and Certification Agency if you are dissatisfied with Molina's handling of Advance Directives and/or if a provider fails to comply with Advance Directives instructions.

Advance Directives include your written choice(s) for health care. There are several types of Advance Directives:

- Durable Power of Attorney for Medical Care: Allows an agent to be appointed to carry out health care decisions in the event you are unable to do so. You can choose any adult relative or friend you trust to act for you when you cannot act for yourself. Be sure you talk with the person about what you want. Then write down what you do or do not want on your form. You should also talk to your provider about what you want. The person you choose must follow your wishes.
- Living Will: Allows choices about withholding or withdrawing life support and accepting or refusing nutrition and/or hydration. A living will ensure your wishes about life support will be abided by in the event that you are unable to make your wishes known.
- Guardian Appointment: Allows you to choose someone to be appointed as your guardian if a court determines that a guardian is necessary.
- Declaration for Mental Health Treatment: Gives more specific attention to mental health care. It allows you, while capable, to appoint an agent to make decisions on your behalf when you cannot make a decision. In addition, the declaration can give you the right to make certain wishes about treatment. The Declaration for Mental Health Treatment replaces a Durable Power of Attorney for Mental Health Care but does not replace a Living Will.

Advance Directives completed before the establishment of the current combined form are still valid. Advance Directives that were executed in another state using another state's form are also valid.

When there is no Advance Directive: Your family and provider will work together to decide on the best care for you based on information they may know about your end-of-life plans.

Frequently asked questions about Advanced Directives

If I have a Durable Power of Attorney for Medical care, do I need a Living Will too?
You may want both. Each addresses different parts of your medical care. A Living Will makes your wishes known directly to your providers but states only your wishes about the use of life-support methods. A Durable Power of Attorney for Medical Care lets a person you choose carry out your wishes for all of your medical care when you cannot act for yourself. A Durable Power of Attorney for Medical Care does not replace a Living Will.

Can I change my Advance Directive?
Yes, you can change your Advance Directive whenever you want. It is a good idea to look over your Advance Directives from time to time. Make sure they still say what you want and that they cover all areas.

Where do I get Advance Directive forms?
Many of the people and places that give you medical care have Advance Directive forms. Call Molina Member Services if you have any questions about how to get this form. A lawyer could also help you.

What do I do with my forms after filling them out?
You should give copies to your provider and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone as your Durable Power of Attorney for Medical Care, give that person a copy. Put a copy with your personal papers. You may want to give one to your lawyer or clergy. Be sure to tell your family or friends what you have done. Do not just put these forms away and forget about them.

Fraud, Waste and Abuse

Molina's Fraud, Waste and Abuse Plan benefits Molina, its employees, members, providers, payers and regulators by increasing efficiency, reducing waste, and improving the quality of services. Molina takes the prevention, detection, and investigation of fraud, waste and abuse seriously, and complies with state and federal laws. Molina investigates all suspected cases of fraud, waste and abuse and quickly reports to government agencies when appropriate. Molina takes the appropriate disciplinary action, including but not limited to termination of employment, termination of provider status, and/or termination of membership.

You can report potential fraud, waste and abuse without giving us your name.

To report suspected Medicaid fraud, contact Molina's AlertLine at: Toll-free: (866) 606-3889

Or

Complete a report form online at:
MolinaHealthcare.AlertLine.com

Suspected fraud and abuse may also be reported directly to the State at:

SCDHHS Medicaid Fraud and Abuse Hotline
Toll-Free Phone: (888) 364-3224
Fax: (803) 255-8224
Email: **fraudres@scdhhs.gov**

South Carolina Attorney General Medicaid Fraud Unit
Phone: (803) 734-3660 or
Toll-Free (888) 662-4328

Definitions:

"Abuse" means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program 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 costs to the Medicaid program. (42 CFR §455.2)

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

"Waste" means health care spending that can be eliminated without reducing the quality of care. Quality Waste includes overuse, underuse, and ineffective use. Inefficiency Waste includes redundancy, delays, and unnecessary process complexity. For example: the attempt to get reimbursement for items or services where there was no intent to deceive or misrepresent However, the outcome of poor or inefficient billing methods (e.g., coding) causes unnecessary costs to the Medicaid/Medicare programs.

Here are some ways you can help stop fraud:

- Don't give your Molina ID card, Medicaid ID card, or ID number to anyone other than a health care provider, a clinic, or hospital, and only when receiving care.
- Never let anyone borrow your Molina ID card.
- Never sign a blank insurance form.
- Be careful about giving out your social security number.

Member privacy

Your privacy is important to us. We respect and protect your privacy. Molina uses and shares your information to provide you with health benefits. Molina wants to let you know how your information is used or shared.

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**.

Definitions

Appeal – A formal request for Molina to review a decision or adverse benefit determination.
Authorization – An approval for a service.

Covered Services – Services and supplies covered by Molina.

Emergency Medical Condition – A medical problem you think is so serious it must be treated right away by a provider.

Emergency Services – Services provided by a qualified provider that are needed to evaluate, treat, or stabilize an emergency medical condition.

Grievance – A complaint about Molina or a health care provider.

Member – A person who is eligible for Medicaid and who is enrolled in the Molina plan.

Preventive Health Care – Health care focused on finding and treating health problems to prevent disease or illness.

Primary Care Provider (PCP) – A Molina contracted provider that you have chosen to be your personal provider. Your PCP helps you with most of your medical needs.

Prior Authorization – The process for any service that needs approval from Molina before it can take place.

Provider Directory – A list of all of the providers contracted with Molina.

Referral – A request from a PCP for their patient to see another provider for care.

Service Area – The geographic area where Molina provides services.

Specialist – A provider who focuses on a particular kind of health care.

Specialty Drugs – High-cost drugs used to treat complex or rare conditions. This may include multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia. The drugs are often self-injected, given in a doctor's office, or through home health services. They are usually available through "specialty" pharmacies. These pharmacies will send the drug(s) to your doctor's office or to your home.

MOLINA® HEALTHCARE

Healthy Connections

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North Charleston, SC 29423-0309

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