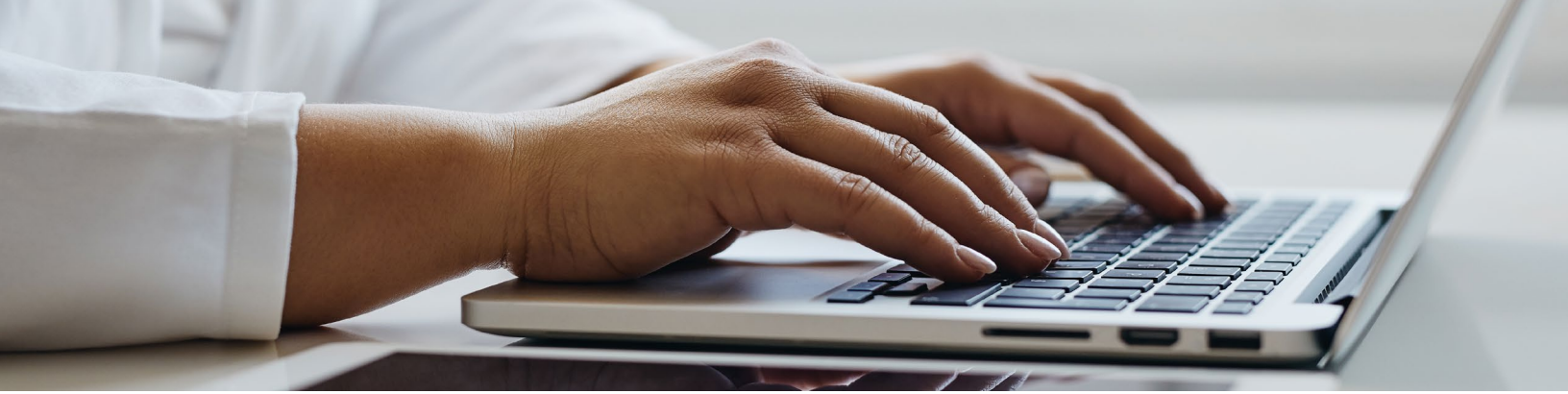![Molina Healthcare logo](MOLINA® HEALTHCARE)

Provider Newsletter

For Molina Healthcare of South Carolina, Inc. providers

First quarter 2025

In this issue

The provider newsletter is available to all network providers serving Molina Healthcare of South Carolina, Inc. members.

Evaluating Molina's quality performance

Annually, Molina Healthcare, Inc. evaluates health plan quality performance using two important data sets. These data sets allow Molina to assess health plan performance for critical indicators of quality and member satisfaction.

First area of focus

Molina collects and reports Healthcare Effectiveness Data and Information Set (HEDIS®) measures to evaluate quality performance. HEDIS® measures, collected by health plans across the country, are related to key health care issues, such as well care and immunizations, preventive screenings, tests and exams, management of chronic conditions, access to care, medication management and utilization of services. Molina sets performance goals for each measure evaluated to identify areas of success, opportunities for improvement and priority areas of focus for the following year. Molina's HEDIS® results are available within the Health Resources section on the provider website **MolinaHealthcare.com/SC**.

Second area of focus

Molina also works with external survey vendors to collect and report Consumer Assessment of Healthcare Providers and Systems (CAHPS®) member satisfaction survey results annually. Molina uses CAHPS® survey results to evaluate how satisfied our members are with the health care and services they receive from the health plan and providers. Molina also sets performance goals for CAHPS® to identify areas of success, opportunities for improvement and priority areas of focus for the following year. Molina's CAHPS® results are available within the Health Resources section on the provider website **MolinaHealthcare.com/SC**.

If you have any questions or want additional information or printed copies with HEDIS® or CAHPS® results, please contact Provider Relations at (855) 237-6178.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry-standard survey tool to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many significant benefits to your practice:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no-show rates

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Molina members can call the 24-hour Nurse Advice Line
- Molina members can access Interpreter Services at no cost by calling Member Services
- Providers can access the Provider Web Portal at **MolinaHealthcare.com** to:
  - Search for patients and check member eligibility
  - Submit service request authorizations and/or claims and check status
  - Review Patient Care Plan
  - Obtain CAHPS® Tip Sheets
  - Participate in online Cultural Competency trainings (also available at **MolinaHealthcare.com**)

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed it?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed it?
- How often was it easy to get the care, tests and treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

IMPORTANT: Changes to NCQA Credentialing requirements effective July 1, 2025

There is a change coming to NCQA Credentialing standards, and we wanted to make you aware of it. Effective July 1, 2025, Molina will be required to verify that your license to practice is renewed on or before the expiration date. After July 1, practitioners with an expired license may no longer participate in the Molina Healthcare network. Please be sure to renew your license in a timely manner to prevent any unnecessary terminations from occurring. Our system auto-verifies all licenses daily, so there's no need to submit a copy of your renewed license.

Update provider data accuracy and validation

Providers must ensure Molina has accurate practice and business information. Accurate information allows us to support better and serve our members and provider network.

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement and a National Committee for Quality Assurance (NCQA) requirement. Invalid information can negatively impact members' access to care, member/primary care provider (PCP) assignments and referrals. Additionally, current information is critical for timely and accurate claims processing. Providers must validate their information on file with Molina at least once every ninety (90) days for correctness and completeness.

Failure to do so may result in your **REMOVAL** from the Molina Provider Directory.

Provider information that must be validated includes, but is not limited to:
- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Telephone and fax numbers and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
- Tax ID and/or National Provider Identifier (NPI)

The information above must be provided as follows:

Delegated and other providers that typically submit rosters must submit a complete roster with the above information to Molina.

All other providers must log into their CAQH account to attest to the accuracy of the above information for each health care provider and/or facility in your practice contracted with Molina. If the information is correct, please select the option to attest. If it is incorrect, providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their Provider Services representative for assistance.

Additionally, in accordance with the terms specified in your Provider Agreement, providers must notify Molina of any changes, as soon as possible, but at least thirty (30) calendar days in advance, of any changes in any provider information on file with Molina. Changes include, but are not limited to:
- Change in office location(s)/address, office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition of a provider (within an existing clinic/practice)
- Change in provider or practice name, Tax ID and/or NPI
- Opening or closing your practice to new patients (PCPs only)
- Change in specialty
- Any other information that may impact member access to care

2025 Molina Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists, including cardiology, hemotology/ocology and psychiatry to receive training about Molina's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training.

MOC training materials and attestation forms are available at **MolinaHealthcare.com/model-of-care-Provider-Training**. The completion date for this year's training is July 1, 2025.

Clinical Policy

Molina Clinical Policies (MCPs) are located at **MolinaClinicalPolicy.com**. The policies are used by providers, medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC).

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at **MolinaHealthcare.com/SC**.

Claims submission

Molina strongly encourages providers to submit their claims electronically – including secondary ones. Electronic claims submission provides significant benefits to the provider, including:

- Reducing operational costs associated with paper claims (printing, postage, etc.)
- Increasing accuracy of data and efficient information delivery
- Reducing claim delays since errors can be corrected and resubmitted electronically
- Eliminating the delay in mailing

Molina offers the option to directly submit claims electronically to us via the Availity Essentials provider portal or your Electronic Data Interchange (EDI) clearing house.

If electronic claims submission is not possible, please submit paper claims to the following address:

Molina Healthcare of South Carolina, Inc.
PO Box 22664
Long Beach, CA 90801

When submitting paper claims:

- Submissions are not considered "accepted" until received at the appropriate claims PO Box.
- If claims are sent to the wrong PO Box, they will be returned for appropriate submission.
- Submissions are required on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- They will be rejected and returned if the submission is not completed on the required forms. This includes black and white forms, copied forms and any altering – including handwritten claims.
- They must be typed using black ink in either 10- or 12-point Times New Roman font.

For more information, please see CMS claims submission guidance at **cms.gov/Medicare/Billing/ ElectronicBillingEDITrans/1500**.