

To Whom It May Concern:

This letter is to notify Providers who contract with Molina Dual Options Medicare-Medicaid Plan (“Molina Dual Options”) that effective _____, Molina Dual Options will be incorporating mcg[®] into Molina Dual Option’s criteria of clinical decision support.

As a result of implementing this process, it will be necessary to update the Medical Necessity section of the Provider Manual to incorporate mcg[®] into Molina Dual Option’s criteria of clinical decision support. Please refer to the table below which outlines the Provider Manual section that will be affected by this change. An electronic version of the Provider Manual can be found at www.MolinaHealthcare.com/Duals

Line of Business	Section Title
Medicaid	6. Healthcare Services <ul style="list-style-type: none"> Medical Necessity Standards
Dual/MMP	VI. Health Care Services (HCS) Program <ul style="list-style-type: none"> Review Criteria Pre-service Organization Determinations/Authorizations Pre-admission/Admission Organization Determinations/ Authorizations Concurrent Review Adverse Determination/Denial Process Standards for Retrospective Review VIII. Behavioral Health and Alcohol and Other Drug Treatment Services <ul style="list-style-type: none"> Prior Authorization and Referral Guidelines

As our partner, we wanted to ensure that you were aware of this change, which will be an important addition for clinical support. We value our collaborative relationship and joint focus on improving healthcare for Molina Dual Options members in South Carolina.

If any questions arise please contact our Provider Services department at (855) 237-6178 or email at provider@molinahealthcare.com.

Sincerely,

Molina Duals Options