

Molina Healthcare Provider Support FAQ:

2025 Medicare & Medicaid Plan Integration – South Carolina

What is changing in 2025 for Medicare and Medicaid plans in South Carolina?

Beginning January 1, 2026, dual-eligible beneficiaries (people with both Medicare and Medicaid) will be required to have both coverage under the same managed care organization (MCO). However, coordination will still be available through D-SNPs for plans that don't participate in the Medicaid MCO space, specifically with companies like United and Aetna. For members who select a Medicare plan from organizations that offer a Medicaid MCO, such as Molina, Centene, Humana, and AmeriHealth Caritas, they will be automatically aligned. Additionally, it's important to note that Healthy Blue operates in the Medicaid MCO market but does not provide a D-SNP.

What is an Integrated Plan?

An Integrated Plan is a health plan combining both Medicare and Medicaid benefits. It simplifies billing, care coordination and communication by allowing both coverages to be administered by a single MCO.

How will this impact providers?

Providers will need to:

- Adjust billing processes and workflows for members who transition to Integrated Plans
- Ensure they are in-network with both the Medicare and Medicaid arms of the Integrated Plan
- Be prepared for possible shifts in utilization management, prior authorization, billing, claims and documentation requirements.
- Assist your patients — our members — through the transition, especially those who may not understand the need to choose a new plan

Will provider reimbursement be affected?

Potentially. The 2025 Medicare Physician Fee Schedule includes nearly a three percent reduction in Medicare payment rates. Also, billing codes and care management reimbursements are changing, especially for Rural Health Centers (RHCs) and Federally Qualified Health Centers (FQHCs). Providers should stay informed through the Centers for Medicare and Medicaid Services (CMS) and the South Carolina Department of Health and Human Services updates to understand the impact on their revenue cycle.

What is the deadline for members to switch plans?

Members must enroll in an Integrated Plan by **December 31, 2025**. However, they are encouraged to switch **as early as possible** to avoid delays and ensure continuity of care.

Can members change plans now?

Yes. Members already enrolled in a Medicaid plan qualify for a **Special Enrollment Period (SEP)**. This allows them to change their Medicare plan and join an Integrated Plan before the deadline.

What happens if a member doesn't switch by the deadline?

If a member does not actively choose a plan by the end of 2025, they may be automatically assigned to an Integrated Plan. However, this plan may not include their current providers. Providers are encouraged to remind patients to make their election early to avoid disruptions.

How should provider offices prepare?

Providers should:

- Confirm which Integrated Plans their practice participates in
- Review updated billing and coding requirements (e.g., discontinued use of G0511 for CCM at RHCs/FQHCs)
- Educate front desk staff and care coordinators on verifying eligibility and assisting members during the transition
- Direct questions to the health plan's provider services team for specific guidance

Where can providers find more information?

Molina will continue to send updates and information to providers as it becomes available from the South Carolina Department of Health and Human Services.

Who can providers contact at Molina?

Providers can direct questions to **Salescomms@MolinaHealthcare.com**.

Who can members contact at Molina?

Members can direct questions to **Member Services**: (855) 882-3901 (TTY: 711), 8 a.m. to 6 p.m., Monday–Friday, EST