



PROVIDER RESPONSIBILITIES

NON DISCRIMINATION

Participating providers cannot discriminate against any member on the basis of age, race, creed, color, religion, sex, national origin, sexual orientation, marital status, physical, mental or sensory handicap, place of residence, socioeconomic status or status as a recipient of Medicaid benefits. Additionally, participating providers or contracted medical groups/IPAs may not limit access to the practice because of a member's medical (physical or mental) condition or the expectation for the need of frequent or high-cost care.

CHILD ABUSE AND NEGLECT

Under Ohio law, providers are mandated to report any suspicion of child abuse or neglect to local children services agencies or law enforcement agencies. Providers should be knowledgeable in recognizing cases of child abuse and neglect and the proper methods of handling evaluation and referral.

ACCESS TO CARE STANDARDS

Molina Healthcare is committed to providing timely access to care for all members. Participating providers are expected to offer Molina Healthcare members the same access they offer to commercially-insured members. Access standards have been developed to ensure that all services are provided in a timely manner.

Appointment and waiting time standards are:

Type of Care	Appointment Wait Time
Preventive Care Appointment	Within 6 weeks of request
Routine Primary Care	Within 6 weeks of request
Acute Care	Members with persistent symptoms must be treated no later than the end of the following working day after their initial contact with the PCP site.
Emergency Care	Members with emergency care needs must be triaged and treated immediately upon presentation at the provider office.
After-Hours Care	Available by phone 24 hours a day, 7 days a week
Behavioral Health	Urgent Care: Within 48 hours Non Life-Threatening Emergency: Within 6 hours Routine Care: Within 10 business days
Office Waiting Time	Should not exceed 30 minutes

In addition to the appointment availability standards set for PCP offices, non-PCP appointment availability standards are:

Type of Care	Appointment Wait Time
Routine Consultation Appointment	Within 8 weeks of request
Pregnancy (for initial visit)	Within 2-6 weeks of request

PROVIDER PANEL

If a primary care provider (PCP) chooses to close his/her panel to new members, Molina Healthcare must receive 30 days advance notice from the provider. Written correspondence is required and must include the reason and the effective date of the closure. If the panel will not be closed indefinitely, correspondence should also include the re-opened date.

PRIMARY CARE PROVIDER RESPONSIBILITIES

PCPs are responsible to:

- Serve as the ongoing source of primary and preventive care.
- Assist with coordination of care as appropriate for the member's health care needs.
- Recommend referrals to specialists participating with Molina Healthcare.
- Triage appropriately.
- Notify Molina Healthcare of members who may benefit from care management.
- Participate in the development of care management treatment plans.

ADVANCE DIRECTIVES

Under Ohio law, there are three types of advance directives:

- Living Will – Allows patients to put wishes about medical care in writing for situations when they are unable to make these wishes known.
- Declaration for Mental Health Treatment – Allows patients to appoint a proxy to make decisions specifically about mental health treatment on their behalf when they lack the capacity to make these decisions.
- Durable Power of Attorney – Allows patients to choose a representative to carry out their wishes regarding medical care when they cannot act for themselves.

Providers must discuss with patients their right to make health care decisions and execute advance directives, and provide appropriate medical advice if requested. Providers must document the presence of advance directives in a prominent location in the patient's medical record.

Providers must honor advance directives to the fullest extent of the law. In no event may a provider refuse to treat a patient or otherwise discriminate against a patient because the patient has completed an advance directive; however, Ohio law includes a conscience clause. If a provider cannot follow an advance directive because it goes against conscience, they must assist the patient in finding another provider who will carry out the patient's wishes. Under Ohio law, patients have the right to file a complaint related to advance directives with the Ohio Department of Health.

Molina Healthcare does random audits of providers' medical records to ensure the integrity and quality of medical record keeping. Auditors check patient medical records for documentation of advance directive discussions and for forms that are complete and on file. Lack of advance directive documentation in medical records may result in corrective action being taken against the provider.

OFFICE SITE STANDARDS

All providers are expected to comply with the office site standards listed below.

Facilities

Facilities are reviewed for accessibility and safety, including:

- Parking area and walkways demonstrate appropriate maintenance.
- Office appearance demonstrates that housekeeping and maintenance are performed.
- The parking area is reasonably accessible and has adequate handicapped parking available.

- The building and exam rooms are accessible with wide doorways and incline ramp or flat entryway.
- The restroom is handicapped accessible with wide doorways and bathroom grab bars.
- Waiting area has adequate seating, lighting and space for an average number of patients in an hour.
- Labeled containers, policies, and provides evidence of contracts or alternative appropriate method of hazardous waste management.
- A container for sharps is located in each room where injections are given.
- Fire extinguishers are checked annually with tags showing review dates.
- Available crash carts/kits are checked monthly and initials document the review.
- Basic emergency equipment is located in an easily accessible area. This includes epinephrine, plus any other medications or equipment appropriate to the practice.
- At least one CPR-certified staff member is on duty when patients are present.
- Exit signs are clearly visible.
- Evacuation routes are posted in a visible location.
- Disclosure of privacy practices is posted to comply with HIPAA regulations.

Member Accessibility

Appointment schedules and policies and procedures are reviewed to evaluate how the provider meets the accessibility standards:

- Standards for appointments and wait times comply with those listed above.
- After-hours coverage is available through the provider or another participating provider.
- Hours of operation for Molina Healthcare members are no less than those offered to commercially-insured members.

Administration

The following areas are evaluated through review of policies and procedures, interviews with staff, inspection of equipment and cabinets, observation of patient flow (when practical) and review of appropriate documentation.

- A current CLIA waiver is in place when the appropriate lab work is run in the office.
- X-ray certificate and maintenance records are posted in the department.
- Radiology operator licenses are posted in the department.
- Prescription pads are not kept in the exam rooms.
- All prescription medications, needles and syringes are isolated from patient areas and preferably locked.
- Narcotics are inaccessible to patients.
- All drugs, including samples and emergency medications, are checked monthly for outdates and documented.
- Drug refrigerator and freezer temperatures are documented daily if applicable to practice.
- Patient check-in systems provide for confidentiality.
- Medical records are inaccessible to patients.

Medical Record Keeping and Documentation

A confidential medical record must be maintained for each member that includes all pertinent information regarding medical services rendered. Providers must maintain established standards for accurate medical record keeping. The following categories are reviewed during onsite office visits:

- Medical records are secured from patient and public access and are restricted to identified staff
- Medical record release procedures are compliant with state and federal regulations
- Patient records are available for each encounter

- There is an individual record for each patient
- Forms and methodology for filing within a chart is consistent
- Allergies and reactions or No Known Allergies (NKA) are clearly indicated on each chart
- Discussion about an Advance Directive is documented for patients 18 and over
- The patient's name appears on each sheet in chart
- There is a date and signature or initial on each entry/report in chart
- There is a procedure for documenting MD review and patient notification prior to filing lab, x-ray, and other reports in chart
- There is a procedure for documenting patient phone communications

In addition, complete medical record reviews may be conducted to support Molina Healthcare's Quality Improvement program. Providers must demonstrate 80% overall compliance in medical record documentation. Molina Healthcare uses the guidelines below when evaluating medical record documentation.

A completed problem list is in a prominent space. Any absence of chronic/significant problems must be noted. Allergies are listed on the front cover of the record or prominently in the inside front page. If the patient has no known allergies, this is appropriately noted.

- A complete medical history is easily identified for patients seen three or more times. For children under seven (7) years of age, this includes source of history, family medical history, family social history, prenatal care and summary of birth events, developmental history, allergies, medication history, lead exposure, tobacco exposure, safety practices, serious accidents, operations and illnesses.
- A working diagnosis is recorded with the clinical findings. Subjective Objective Assessment Plan (SOAP) charting is recommended but not mandatory when progress notes are written.
- The plan of action and treatment is documented for the diagnosis.
- There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure.
- Patient name and identifying number is on each page of the record.
- The registration form or computer printout contains address, home, and work phone numbers, employer, gender and marital status. An emergency contact should also be designated.
- All staff and provider notes are signed with initials or first initial, last name and title.
- All entries are dated.
- The record is legible to someone in the office other than the provider. Dictation is preferred.
- There is an appropriate notation concerning tobacco exposure for children of all ages and the use of alcohol, tobacco, and substance abuse for patients 12 years old and older. Query history of the abuse by the time the patient has been seen three or more times.
- Pertinent history for presenting problem is included.
- Record of pertinent physical exam for the presenting problem is included.
- Lab and other studies are ordered as appropriate.
- There are notations regarding follow-up care, calls, or visits. The specific time of return is noted in weeks, months, or as needed. Include the preventive care visit when appropriate.
- Previous unresolved problems are addressed in subsequent visits.
- Evidence of appropriate use of consultants. This is reviewed for under and over utilization.
- Notes from consultants are included in the record.
- All reports show initials of provider who ordered them.
- All consult and abnormal lab/imaging results show explicit follow-up plans.
- There is documentation of appropriate health promotion and disease prevention education.
- Anticipatory guidance is documented at each well child check.

- An immunization record and appropriate history of immunization has been made for both children and adults.
- Preventive services are appropriately used/offered in accordance with accepted practice guidelines.
- All patients 18 years of age and older should be evaluated for evidence of Advance Directives and the medical record should reflect documentation of such.

Medical Record Organization:

- The medical record is legible to someone other than the writer.
- Each patient has an individual medical record.
- Chart pages are bound, clipped or attached to the file (N/A for electronic files).
- Chart selections are easily recognized for retrieval of information (i.e. sections are labeled lab, consults, progress notes, etc.).

Medical Record Retrieval:

- The medical record is available to the provider at each patient encounter.
- The medical record is available to Molina Healthcare for quality improvement purposes.
- Medical record retention is at least 7 years.
- Data recovery process is in place in the event of data loss (i.e., fire, vandalism, etc).

Please remember the following about the medical record:

- It is a medical record that must be treated confidentially, as defined by HIPAA regulations.
- It is a legal document you may have to defend in court much later, after your memory has faded.
- It is an historical record of the event from which a bill of service will be generated.

MEDICAL RECORD CONFIDENTIALITY

Molina Healthcare members have the right to privacy concerning their medical care. They are also entitled to confidential treatment of all member communications and records. Case discussion, consultation, examination, and treatments are confidential and should be conducted with discretion. Written authorization from the member or his/her authorized legal representative must be obtained before medical records are released to anyone not directly connected with his/her care, except as permitted or required by law.

Confidential information is defined as any form of data, including but not limited to, data that can directly or indirectly identify individual members by character, conduct, occupation, finances, credit, reputation, health, medical history, mental or physical condition, or treatment. Conversations, whether in a formal or informal setting, e-mail, faxes and letters are also potential sources of confidential information.

All participating providers must implement and maintain an office procedure that will guard against disclosure of any confidential information to unauthorized persons. This procedure should include:

- Written authorization obtained from the member or his/her legal representative before medical records are made available to anyone not directly connected with his/her care, except as permitted or required by law.
- All signed authorizations for release of medical information received must be carefully reviewed for any limitations to the release of medical information.
- Only the portion of the medical record specified in the authorization should be made available to the requestor and should be separated from the remainder of the member's medical records.

- ODJFS Form 03397 Authorization for Release of Protected Health Information and 01952 Request for Amendment to Protected Health Information, 01953 Request for Restriction of Use or Disclosure of Protected Health Information PHI should be used when appropriate.

MEMBER INFORMATION AND MARKETING

Any written informational and marketing materials directed at Molina Healthcare members must be developed in a manner that is easily understandable and must have prior written consent from Molina Healthcare. Please contact your Provider Services Representative for information and review of proposed materials.

Neither Molina Healthcare, nor any of its contracted providers or medical groups may:

- Distribute to its members informational or marketing materials that contain false or misleading information.
- Distribute to its members marketing materials selectively within the service area.
- Directly or indirectly conduct door-to-door, telephonic, or other cold-call marketing for member enrollment.

NOTIFICATION OF CHANGES

It is important that offices notify Molina Healthcare of any changes in the practice that impact the membership, including change of address, phone or fax number, addition of new practitioners, practitioners leaving the practice, or closing the panel to new members. These changes must be submitted to Molina Healthcare as soon as possible to minimize claims issues, care, and service to our members. Written correspondence is required and must be submitted on the appropriate form(s).

Members with Limited English Proficiency (LEP), Limited Reading Proficiency (LRP), or Limited Hearing or Sight

Molina Healthcare is dedicated to serving the needs our members and has made arrangements to ensure that all members have information about their health care provided to them in a manner they can understand.

All Molina Healthcare providers are required to comply with Title VI of the Civil Rights Act of 1964 in the provision of covered services to members. Compliance with this provision includes providing interpretation and translation services for members requiring such services, including members with LEP. Written procedures are to be maintained by each office or facility regarding their process for obtaining such services. Documentation of such services shall be kept in the member's chart.

Arranging for Interpreter Services

If a member has LEP, the provider may call member services for assistance with locating translation services. If a member requires an onsite interpreter for sign language or foreign interpretation, the provider may call provider services to request assistance with locating interpreter services.

Pursuant to Title VI of the Civil Rights Act of 1964, services provided for members with LEP, LRP, or limited hearing or sight are the responsibility of the provider. Under no circumstances are Molina Healthcare's members responsible for the cost of such services.

- If a member cannot hear or has limited hearing ability, use the Ohio Relay Service at (TTY) at 1-800-750-0750 or 711.
- If a member cannot see, documents in large print, Braille or audio can be obtained by calling member services.

- If a member has LRP, contact member services. The representatives will verbally explain the information, up to and including reading the document to the member, or provide the documents in audio version.

Provider Guidelines for Accessing Interpreter Services

When Molina Healthcare members need interpreter services for health care services the provider should:

- Verify member’s eligibility and medical benefits.
- Inform the member that interpreter services are available.

Contact Molina Healthcare immediately if assistance in locating interpreter services is needed.

Pregnant Members

- Molina Healthcare contracted providers should notify the Molina Healthcare Utilization Management Department when providing care to pregnant members. This notification helps Molina Healthcare identify members who may need to be monitored for high-risk pregnancies.
- Providers must also include the Last Menstrual Period (LMP) date in field 14 of the CMS 1500 claim form for pregnant members.
- Hospitals are required to notify Molina Healthcare within 24 hours or the first business day of any inpatient admissions, including deliveries, in order for hospital services to be covered.

GUIDE TO FORMS

If you need to...	Please complete and submit...
Add a new provider to a group	Provider Information Update Form Attachment A and/or B
Change a service location or add an address	Provider Information Update Form Attachment A and/or B, listing each provider that the change applies to
Change the pay-to address	Provider Information Update Form
Add a new group to the same Tax Identification Number (TIN)	Provider Information Update Form Attachment A and/or B Claim Example W-9
Change group name and/or (TIN)	Provider Information Update Form Attachment A and/or B for all providers with new group name on the attachments. Claim Example W-9
Individual name change	Provider Information Update Form Attachment A and/or B
Terminate a provider from the group	A termination letter on a company letterhead, including the effective date and all addresses that apply. Sixty (60) day advance notice required.
Forms:	Form Usage:
Attachment B	For Primary Care Providers (IM, PED, GP, FP, OB/GYN) who want membership assigned to them.
Attachment C	For Specialists and PCPs (IM, PED, GP, FP) who are practicing as specialists.
Provider Information Update Form	This form is used to communicate changes, deletions, and additions to Molina Healthcare on participating provider

	information.
W-9	Issued by the United States Internal Revenue Service. Molina Healthcare uses it to update the TIN Owner Name, Group Name, and Tax ID when received with a Provider Information Update Form.