CREDENTIALING

Molina Healthcare of Ohio, Inc.'s (Molina Healthcare) credentialing process is designed to meet the standards of the National Committee for Quality Assurance (NCQA). In accordance with those standards, Molina Healthcare members will not be referred and/or assigned to participating providers until both the credentialing and contracting processes are completed.

Molina Healthcare credentials the following types of practitioners:

- Audiologists
- Behavioral Health Care Providers: All behavioral health providers who are licensed, certified, or registered by the state to practice independently.
- Doctors or Masters Level Psychologists (Ed.D, Ph.D, Psy.D, Me.D)
- Masters Level Clinical Social Workers (MA, MSc, MSW)
- Masters Level Clinical Nurse Specialists (CNS)
- Chemical Dependency Counselors (LCDC)
- Licensed Counselors (LPCC)
- Certified Nurse Midwives (CNM)
- Chiropractors (DC)
- Dentists (DDS and DMD)
- Dieticians (RD, DTR)
- Nurse Practitioners (NP or CNP)
    - Practicing independently in a practice in which there is no physician
- Occupational Therapists (OT) practicing independent of a hospital
- Optometrists (OD)
- Oral Surgeons (DDS/DMD)
- Podiatrists (DPM)
- Physicians (MD and DO)
- Physical Therapists (PT) practicing independent of a hospital
- Speech Language Pathologists (SLP)

Molina Healthcare credentials the following health delivery organizations:

- Ambulatory Surgical Centers
- Assisted Living Facilities
- Behavioral Health Facilities – Inpatient
- Birthing Centers
- Chemical Dependency Facilities – Inpatient
- Dialysis Centers
- Durable Medical Equipment (with professional services)
- Home Health Care Agencies
- Home IV Therapy Centers
- Hospice Facilities
- Hospitals
- Independent Diagnostic Testing Facilities
- Laboratories – Free Standing or Cardiac Catheterization

- Mental Retardation & Developmental Disabilities (Ohio Department of Developmental Disabilities) Facilities
- Outpatient Clinics (if not covered by hospital accreditation)
- Pharmacies (with professional services)
- Radiology (Imaging) Facilities – Free Standing
- Rehabilitation Centers – Inpatient
- Skilled Nursing Facilities
- Urgent Care Centers

Providers who meet any of the following criteria do not need to be credentialed:

- Providers who practice exclusively within the inpatient setting and who provide care for members only as a result of the member being directed to the hospital or another inpatient setting
- Providers who practice exclusively within freestanding facilities and who provide care for organization members only as a result of being directed to the facility
- Providers who do not provide care for members in a treatment setting (board certified consultants)
- Covering providers (e.g., locum tenens who will be covering for less than 120 days)

As an applicant, whether being credentialed or re-credentialed, providers are required to submit adequate information for a proper evaluation of:

- Experience
- Background
- Education and training
- Demonstrated ability and capability to perform as a provider without limitation, including physical and mental health status as allowed by law.

Molina Healthcare contracts with some provider groups who have been delegated credentialing privileges. Prior to delegating this activity, Molina Healthcare conducts a thorough review of the group's credentialing and re-credentialing processes and procedures, including reviews of files and credentialing committee minutes. For providers affiliated with a delegated provider group, the collection and verification of information is performed by the group, and the provider names are submitted to the Molina Healthcare Peer Review Committee as described below for review.

Molina Healthcare does not make credentialing decisions based on an applicant's race, ethnic/national origin, gender, age, sexual orientation or the types of procedures or types of patients within the provider's discipline of care.

THE CREDENTIALING PROCESS

Practitioners who are not a part of a provider group delegated for credentialing must follow these steps before the provider can see Molina Healthcare members:

At the time of initial credentialing, the applicant must complete a state required Practitioner Application, which is the Council for Affordable Quality Healthcare (CAQH) credentialing application for physicians and the Ohio Department of Insurance Standard Credentialing Form for all other providers, plus all applicable attachments to the application. The correct application must be completed per the instructions on the front of the form. All practice sites must be provided (the entire form need not be duplicated for each site - submit only Section III: Office/Practice Information.)

1. The following documents must be submitted:

- Current, unrestricted license to practice
- Current, valid DEA certificate
- Education and training locations and dates
- Work history from the time of graduation
- Board certification
- Clinical admitting hospital privileges in good standing
- Current, adequate malpractice liability coverage for all practice sites
- All professional liability claims history
- References
- Evidence of 24-hour coverage

2. If a provider participates with the online CAQH process, the CAQH number must be submitted to Molina Healthcare, and the online CAQH file must be current, and the provider must indicate that Molina Healthcare has permission to access the application.

3. Upon receipt of the completed forms and all of the required documents, Molina Healthcare will query the National Practitioner Data Bank (NPDB)/Healthcare Integrity and Protection Data Bank (HIPDB) to verify education, work history, hospital privileges, board certification and malpractice history and coverage and will also check for sanctions and other disciplinary actions.

4. If any of the forms are incomplete, or if any of the required documents are missing, the provider will be contacted and the corrected/required document will be requested.

5. After all information has been verified, either the Molina Healthcare of Ohio Medical Director, Chief Medical Officer, or the Molina Healthcare Professional Review Committee (PRC) reviews and approves all applicants prior to their contracts becoming effective.

The Professional Review Committee (PRC) is made up of peer providers. The Governing Board of Molina Healthcare has delegated the authority to recommend approval or denial of applicants to the PRC. The PRC is required to meet no less than quarterly, but generally meets on a monthly basis to facilitate timely processing of applicant files.

Network providers may participate as a member of the PRC. Interested individuals should contact the Molina Healthcare Medical Director at 1-800-642-4168.

THE RECREDENTIALING PROCESS

Recredentialing is performed at least every three years. Requests for recredentialing application information are sent out approximately 6-12 months before the current credentialing period is to expire.

If a provider participated with CAQH during his/her previous credentialing/recredentialing cycle, a letter will be mailed to that provider to indicate that the CAQH online application will be accessed by Molina Healthcare in order to obtain required recredentialing information. If a provider did not participate with CAQH during his/her previous credentialing/recredentialing cycle, instructions for obtaining a CAQH Provider ID number or for completing a hard copy of the CAQH paper application (or the Ohio Department of Insurance Standard Credentialing Form for all other providers, if applicable) are mailed to the provider. All recredentialing information should be verified and returned to Molina Healthcare within the specified timeframe so that the recredentialing process meets the timeliness requirements of the state of Ohio and NCQA. Failure to return the information within that specified timeframe could result in administrative termination from the Molina Healthcare network as a non-compliant provider.

In addition to verifying that contracted providers continue to meet the basic qualifications, Molina Healthcare also performs ongoing monitoring of provider Medicare or Medicaid sanctions, license sanctions or limitations, member complaints and quality of care concerns. Adverse events discovered through this ongoing monitoring may result in a limitation or termination of the provider's participation in the Molina Healthcare network.

RIGHT TO REVIEW

Providers have the right to review their credentials file at any time.

The provider must notify the Molina Healthcare Credentialing Department and request an appointed time to review their file, allowing up to seven days for coordination of schedules. A Molina Healthcare Medical Director and/or Chief Medical Officer and a credentialing representative will be present. The provider has the right to review all information in the credentialing file except peer references or recommendations protected by law from disclosure.

The only items in the file that may be copied are the application, the license and the DEA certificate. Providers may not copy documents that include pieces of information that are confidential in nature, such as the practitioner credentialing checklist, the responses from monitoring organizations (i.e. National Practitioner Data Bank, Department of Health/Medical Quality Assurance Commission), and verification of hospital privileges letters.

PROVIDER'S RIGHT TO NOTIFICATION AND CORRECTION OF ERRONEOUS INFORMATION

Molina Healthcare will notify the provider if information is received during the credentialing process that conflicts with information given by the provider. Examples of these errors include, but are not limited to, actions on a license, malpractice claims history, or board certification decisions. The credentialing/recredentialing process cannot be completed until the erroneous information is corrected and received by Molina Healthcare.

PROVIDER'S RIGHT TO BE INFORMED OF APPLICATION STATUS

Providers have a right, upon request, to be informed of the status of their application. Providers applying for initial participation are sent a letter when the application is received by Molina Healthcare, which includes notification of the right to be informed of the status of the application. The provider can request to be informed of the status of the application by telephone. Molina Healthcare will respond to the request within two working days.

PROVIDER APPEAL RIGHTS

In cases where the PRC denies participation or suspends or terminates a provider's contract based on professional conduct, a certified letter is sent to the provider describing the adverse action taken and the reason for the action, including notification to the provider of the right to a fair hearing. A copy of the fair hearing plan and notification of the right to be represented by an attorney or another person of the provider's choice are included in the letter. The provider is given 30 days to request a fair hearing.

If the fair hearing upholds Molina Healthcare's initial adverse action or if the provider does not request a fair hearing, a report summarizing the adverse action will be submitted to the National Practitioner Data Bank (NPDB) and/or the Healthcare Integrity and Protection Data Bank (HIPDB).