

The purpose of the Credentialing Program is to assure the Molina Healthcare and its subsidiaries (Molina) network consists of quality practitioners who meet clearly defined criteria and standards. It is the objective of Molina to provide superior health care to the community. Additional information is available in the Credentialing Policy and Procedure which can be requested by contacting your Molina Provider Services Representative.

The decision to accept or deny a credentialing applicant is based upon primary source verification, secondary source verification and additional information as required. The information gathered is confidential and disclosure is limited to parties who are legally permitted to have access to the information under state and federal law.

The Credentialing Program has been developed in accordance with state and federal requirements and the standards of the National Committee for Quality Assurance (NCQA®). The Credentialing Program is reviewed annually, revised, and updated as needed.

### **Non-Discriminatory Credentialing and Recredentialing**

Molina does not collect the data or make credentialing and recredentialing decisions based on an applicant's race, ethnic/national identity, gender, gender identity, age, sexual orientation, ancestry, religion, marital status, health status, or patient types (e.g. Medicaid) in which the practitioner specializes. Molina does not discriminate against providers that serve high-risk populations or specialize in conditions that require costly treatment. This does not preclude Molina from including in its network practitioners who meet certain demographic or specialty needs; for example, to meet cultural needs of members.

Molina takes appropriate steps to protect against discrimination occurring in the credentialing and recredentialing processes. Molina maintains a heterogeneous Professional Review Committee membership. It is also required that each committee member signs an affirmative statement annually to make decisions in a nondiscriminatory manner.

Every six (6) months, Molina pulls credentialing data to show all credentialing decisions made and looks at a breakdown of types of decisions by provider's gender and age. This data is compiled into a report and presented to the Compliance Committee. The Compliance Committee reviews the report to ensure there are no obvious trends in discrimination when making credentialing decisions. Molina does not ask for providers' race or ethnicity in the credentialing process, this information is unknown when decisions are made.

If Molina receives any complaint regarding alleged discrimination, the complaint is thoroughly investigated, and the results of the investigation are forwarded to the Molina legal department for review and determination.

## Credentialing and Recredentialing

### Types of Practitioners Credentialed & Recredentialed

Practitioners and groups of practitioners with whom Molina contracts must be credentialed prior to the contract being implemented and prior to the practitioner providing care to Molina members. Providers licensed as organizations or facilities will be credentialed as an organizational provider (please refer to the policy titled Assessment of Organizational Providers).

The following guidelines apply when determining when a practitioner needs to be credentialed:

- Practitioners who are licensed, certified or registered by the state to practice independently (without direction or supervision).
- Practitioners who have an independent relationship with Molina. An independent relationship exists when Molina directs its members to see a specific practitioner or group of practitioners, including all practitioners whom members can select as primary care practitioners.
- Practitioners who provide care to members under Molina's medical benefits.

The criteria listed above apply to practitioners in individual or group practices, facilities, and telemedicine. It also applies to rental networks that are part of Molina's primary network when Molina has members who reside in the rental network area and specifically for out-of-area care when members may see only those practitioners or are given an incentive to see rental network practitioners.

Practitioner types requiring credentialing include but are not limited to:

- Acupuncturists
- Addiction Medicine Specialist
- Audiologists
- Behavioral health care practitioners who are licensed, certified or registered by the state to practice independently
- Chiropractors
- Clinical Social Workers
- Dentists
- Doctoral or master's-level Psychologists
- Licensed/Certified Midwives (Non-Nurse)
- Massage Therapists
- Master's-level Clinical Social Workers
- Master's-level Clinical Nurse Specialists or Psychiatric Nurse Practitioners
- Medical Doctors (MD)
- Naturopathic Physicians
- Nurse Midwives
- \*Nurse Practitioners
- \*\*\*Occupational Therapists
- Optometrists

## Credentialing and Recredentialing

- Oral Surgeons
- Osteopathic Physicians (DO)
- Pharmacists
- \*\*\*Physical Therapists
- \*\*Physician Assistants
- Podiatrists
- Psychiatrists and other physicians
- \*\*\*\*Speech and Language Pathologists
- Telemedicine Practitioners

### \*Nurse Practitioners

Nurse Practitioners are required to be credentialed if they meet any of the following criteria:

1. Licensed to practice independently (without direction or supervision) AND working independently from a physician who provides supervision/collaboration for diagnosis, treatment and prescribing.
2. Primary Care Practitioner with Molina members directly assigned.
3. Listed/will be listed in the Molina Provider Directory.
4. Molina selects and directs members to the Nurse Practitioner.

If the Nurse Practitioner is not required to be credentialed as outlined above, they are able to see Molina members as long as their supervising/collaborating physician is contracted and credentialed with Molina and is supervising/collaborating with the Nurse Practitioner for diagnosis, treatment and prescribing of Molina members.

Nurse Practitioners will only be listed in Molina Provider Directory. if they have been credentialed. They will only be listed in the scope of practice in which they are licensed.

### \*\*Physician Assistants

Physician Assistants are required to be credentialed if they meet any of the following criteria:

1. Primary Care Practitioner with Molina members directly assigned.
2. Listed in Molina Provider Directory.
3. Molina selects and directs members to the Physician Assistant.

If the Physician Assistant is not required to be credentialed as outlined above, they are able to see Molina members as long as their supervising/collaborating physician is contracted and credentialed with Molina and is supervising/collaborating with the Physician Assistant for diagnosis, treatment and prescribing of Molina members.

\*\*\*Physical Therapists, Occupational Therapists, Speech and Language Pathologists and practitioners working in urgent care centers.

## Credentialing and Recredentialing

Practitioners working as Physical Therapists, Occupational Therapists and Speech and Language Pathologists and those practitioners working in urgent care centers must be credentialed if:

1. They will be listed individually in the Molina Provider Directory.
2. Molina selects and directs members to the practitioners

Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and Indian Health Clinics

Practitioners working at Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and Indian Health Clinics are required to be credentialed if they meet any of the following criteria:

1. Primary Care Practitioner with Molina members directly assigned.
2. Listed in Molina Provider Directory.
3. Molina selects and directs members to the Practitioner.
4. Practitioners who don't require credentialing

Molina does not require credentialing for some types of practitioners who are credentialed by the organization(s) that employ or contract with them. If a practitioner meets any one of the following criteria, Molina does not require them to be credentialed:

- Practitioners who practice exclusively in an inpatient setting and provide care for Molina members due to being directed to the hospital or another inpatient setting. Examples may include Pathologists, Radiologists, Anesthesiologists, Neonatologists, Emergency Medicine, Critical Care Medicine and Hospitalists.
- Practitioners who practice exclusively in freestanding facilities and provide care for Molina members due to being directed to the facility.
- Pharmacists who work for a pharmacy benefits management (PBM) organization to which Molina delegates utilization management (UM) functions.
- Practitioners who do not provide care for members in a treatment setting (e.g. board-certified consultants).
- Rental network practitioners who provide out-of-area care only, and members are not required or given an incentive to seek care from them.
- Covering Practitioners (e.g. locum tenens)

Locum Tenens who do not have an independent relationship with Molina are not required to be credentialed. If the Locum Tenens will have members assigned directly to them and/or will be published in the Provider Directory, credentialing will be required. An independent relationship exists when Molina directs its members to see a specific practitioner or group of practitioners, including all practitioners whom members can select as primary care practitioners.

### **Criteria for Participation in the Molina Network**

Molina has established criteria and the sources used to verify these criteria for the evaluation and selection of practitioners for participation in the Molina network.

## Credentialing and Recredentialing

These criteria have been designed to assess a practitioner's ability to deliver care. This policy defines the criteria that are applied to applicants for initial participation, recredentialing and ongoing participation in the Molina network.

To remain eligible for participation, practitioners must continue to satisfy all applicable requirements for participation as stated herein and in all other documentations provided by Molina.

Molina reserves the right to exercise discretion in applying any criteria and to exclude practitioners who do not meet the criteria. Molina may, after considering the recommendations of the Professional Review Committee, waive any of the requirements for network participation established pursuant to these policies for good cause if it is determined such waiver is necessary to meet the needs of Molina and the community it serves. The refusal of Molina to waive any requirement shall not entitle any practitioner to a hearing or any other rights of review.

Practitioners must meet the following criteria to be eligible to participate in the Molina network. The practitioner shall have the burden of producing adequate information to prove they meet all criteria for initial participation and continued participation in the Molina network. If the practitioner fails to provide this information, the credentialing application will be deemed incomplete and it will result in an administrative denial or administrative termination from the Molina network. Practitioners who fail to provide this burden of proof do not have the right to submit an appeal.

- **Application** – At the time of initial credentialing and recredentialing, the practitioners must submit to Molina a complete credentialing application either from CAQH ProView or other state mandated practitioner application. These applications are designed to provide Molina with information necessary to perform a comprehensive review of the practitioner's credentials. The application must be completed in its entirety. The attestation must be signed within one-hundred-twenty (120) days. Application must include all required attachments.
- **License, Certification or Registration** – Practitioner must hold a current and valid license, certification or registration to practice in their specialty in every state in which they will provide care and/or render services for Molina members. Telemedicine practitioners are required to be licensed in the state where they are located and the state the member is located.
- **DEA or CDS Certificate** – Practitioner must hold a current, valid, unrestricted Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substances (CDS) certificate. Practitioner must have a DEA or CDS in every state where the practitioner provides care to Molina members. Practitioners with a limited scope of practice that do not prescribe controlled substances would not be required to hold a DEA or CDS.

## Credentialing and Recredentialing

If a practitioner has never had any disciplinary action taken related to their DEA and/or CDS and has a pending DEA/CDS certificate or chooses not to have a DEA and/or CDS certificate, the practitioner must then provide a documented process that allows another practitioner with a valid DEA and/or CDS certificate to write all prescriptions requiring a DEA number. If a practitioner does not have a DEA or CDS because it has been revoked, restricted or relinquished due to disciplinary reasons, the practitioner is not eligible to participate in the Molina network.

- **Specialty** – Practitioners must only be credentialed in the specialty in which they have adequate education and training. Practitioners must confine their practice to their credentialed area of practice when providing services to Molina members.
- **Education**– Practitioners must have graduated from a school with a degree required to practice in their designated specialty.
- **Residency Training** – Practitioners must have satisfactorily completed residency programs from an accredited training programs in the specialty in which they are practicing.

Molina only recognizes residency training programs that have been accredited by the Accreditation Council of Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) in the United States or by the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada. Oral Surgeons must complete a training program in Oral and Maxillofacial Surgery accredited by the Commission on Dental Accreditation (CODA). Training must be successfully completed prior to completing the verification. It is not acceptable to verify completion prior to graduation from the program. As of July 2013, Podiatric residencies are required to be three (3) years in length. If the podiatrist has not completed a three (3)-year residency or is not board certified, the podiatrist must have five (5) years of work history practicing podiatry.

- **Fellowship Training** – If the Practitioner is not board certified in the specialty in which they practice and has not completed a residency program in the specialty in which they practice, they must have completed a fellowship program from an accredited training program in the specialty in which they are practicing. Molina only recognizes fellowship training programs that have been accredited by the Accreditation Council of Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) in the United States or by the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada.
- **Board Certification** – Board certification in the specialty in which the practitioner is practicing is not required. Initial applicants who are not board certified will be considered for participation if they have satisfactorily completed a residency program from an accredited training program in the specialty in which they are practicing. Molina recognizes board certification only from the following Boards:
  - American Board of Medical Specialties (ABMS)
  - American Osteopathic Association (AOA)
  - American Board of Foot and Ankle Surgery (ABFAS)
  - American Board of Podiatric Medicine (ABPM)
  - American Board of Oral and Maxillofacial Surgery

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- College of Family Physicians of Canada (CFPC)
- Royal College of Physicians and Surgeons of Canada (RCPSC)
- Behavioral Analyst Certification Board (BACB)
- National Commission on Certification of Physician Assistants (NCCPA)
  
- **General Practitioners** – Practitioners who are not board certified and have not completed a training program from an accredited training program are only eligible to be considered for participation as a general practitioner in the Molina network. To be eligible, the practitioner must have maintained a primary care practice in good standing for a minimum of the most recent five (5) years without any gaps in work history. Molina will consider allowing a practitioner who is/was board certified and/or residency trained in a specialty other than primary care to participate as a general practitioner, if the practitioner is applying to participate as a Primary Care Physician (PCP), Urgent Care or Wound Care. General practitioners providing only wound care services do not require five (5) years of work history as a PCP.
- **Nurse Practitioners & Physician Assistants** – In certain circumstances, Molina may credential a practitioner who is not licensed to practice independently. In these instances, it would also be required that the practitioner providing the supervision and/or oversight be contracted and credentialed with Molina.
- **Work History** – Molina documents its review of the practitioner's most recent (5) years of work history and any gaps on the application, CV, checklist or other identified documentation methods (i.e., signature or initials of staff who reviewed the history and the date of review). If a gap in employment exceeds six months, the practitioner clarifies the gap verbally or in writing. The organization documents a verbal clarification in the practitioner's credentialing file. If the gap in employment exceeds one year, the practitioner clarifies the gap in writing.
- **Malpractice History** – Practitioner must supply a history of malpractice and professional liability claims and settlement history in accordance with the application. If there is an affirmative response to the related disclosure questions on the application, a detailed response is required from the practitioner.
- **State Sanctions, Restrictions on Licensure or Limitations on Scope of Practice** Practitioner must disclose a full history of all license/certification/registration actions including denials, revocations, terminations, suspension, restrictions, reductions, limitations, sanctions, probations and non-renewals. Practitioner must also disclose any history of voluntarily or involuntarily relinquishing, withdrawing, or failure to proceed with an application in order to avoid an adverse action or to preclude an investigation or while under investigation relating to professional competence or conduct. If there is an affirmative response to the related disclosure questions on the application, a detailed response is required from the practitioner. Molina will also verify all licenses, certifications and registrations in every State where the practitioner has practiced.

## Credentialing and Recredentialing

At the time of initial application, the practitioner must not have any pending or open investigations from any State or governmental professional disciplinary body<sup>1</sup>. This would include Statement of Charges, Notice of Proposed Disciplinary Action or the equivalent.

- **Medicare, Medicaid and other Sanctions and Exclusions** – Practitioner must not be currently sanctioned, excluded, expelled or suspended from any state or federally funded program including but not limited to the Medicare or Medicaid programs. Practitioner must disclose all Medicare and Medicaid sanctions. If there is an affirmative response to the related disclosure questions on the application, a detailed response is required from the practitioner. Practitioner must disclose all debarments, suspensions, proposals for debarments, exclusions or disqualifications under the non-procurement common rule, or when otherwise declared ineligible from receiving federal contracts, certain subcontracts, and certain federal assistance and benefits. If there is an affirmative response to the related disclosure questions on the application, a detailed response is required from the practitioner. State Medicaid sanctions prior to January 11, 2011 do not apply.
- **Medicare Opt Out** – Practitioners currently listed on the Medicare Opt-Out Report may not participate in the Molina network for any Medicare or Duals (Medicare/Medicaid) lines of business.
- **Social Security Administration Death Master File** – Practitioners must provide their Social Security number. That Social Security number should not be listed on the Social Security Administration Death Master File.
- **Medicare Preclusion List** – Practitioners currently listed on the Preclusion List may not participate in the Molina network for any Medicare or Duals (Medicare/Medicaid) lines of business.
- **Professional Liability Insurance** – Practitioner must have and maintain professional malpractice liability insurance with limits that meet Molina criteria. This coverage shall extend to Molina members and the practitioners' activities on Molina's behalf. Practitioners maintaining coverage under a Federal Tort or self-insured are not required to include amounts of coverage on their application for professional or medical malpractice insurance.  
The required limits are as follows:
  - Physician (MD/DO) Nurse Practitioner, Certified Nurse Midwife, Oral Surgeon, Physician Assistant, Podiatrist = \$1,000,000/\$3,000,000
  - All non-physician Behavioral Health practitioners, Naturopaths, Optometrists = \$1,000,000/\$1,000,000
  - Acupuncture, Chiropractor, Massage Therapy, Occupational Therapy, Physical Therapy, Speech Language Pathology = \$200,000/\$600,000

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<sup>1</sup>If a practitioner's application is denied solely because a practitioner has a pending Statement of Charges, Notice of Proposed Disciplinary Action, Notice of Agency Action or the equivalent from any state or governmental professional disciplinary body, the practitioner may reapply as soon as practitioner is able to demonstrate that any pending Statement of Charges, Notice of Proposed Disciplinary Action, Notice of Agency Action, or the equivalent from any state or governmental professional disciplinary body is resolved, even if the application is received less than one year from the date of original denial.



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- Practitioners maintaining coverage under a Federal Tort or self-insured are not required to include amounts of coverage on their application for professional or medical malpractice insurance.
- **Inability to Perform** – Practitioner must disclose any inability to perform essential functions of a practitioner in their area of practice with or without reasonable accommodation. If there is an affirmative response to the related disclosure questions on the application, a detailed response is required from the practitioner.
- **Lack of Present Illegal Drug Use** – Practitioner must disclose if they are currently using any illegal drugs/substances.
- **Criminal Convictions** – Practitioners must disclose if they have ever had any criminal convictions. Practitioners must not have been convicted of a felony or pled guilty to a felony for a healthcare related crime including but not limited to health care fraud, patient abuse and the unlawful manufacturing, distribution or dispensing of a controlled substance are not eligible to participate in the Molina network and will be administratively denied.
- **Loss or Limitations of Clinical Privileges** – At initial credentialing, practitioner must disclose all past and present issues regarding loss or limitation of clinical privileges at all facilities or organizations with which the practitioner has had privileges. If there is an affirmative response to the related disclosure questions on the application, a detailed response is required from the practitioner. At recredentialing, practitioner must disclose past and present issues regarding loss or limitation of clinical privileges at all facilities or organizations with which the practitioner has had privileges since the previous credentialing cycle.
- **Hospital Privileges** – Practitioners must list all current hospital privileges on their credentialing application. If the practitioner has current privileges, they must be in good standing.
- **NPI** – Practitioner must have a National Provider Identifier (NPI) issued by the Centers for Medicare & Medicaid Services (CMS).
- **Community Health Automated Medicaid Processing System (CHAMPS)** – All practitioners must have active enrollment in the Michigan Medicaid Program and must meet the Michigan Department of Health and Human Services (MDHHS) requirements to be eligible to participate in the Molina network.

### **Notification of Discrepancies in Credentialing Information & Practitioner’s Right to Correct Erroneous Information**

Molina will notify the practitioner immediately in writing in the event that credentialing information obtained from other sources varies substantially from that provided by the practitioner. Examples include but are not limited to actions on a license, malpractice claims history, board certification, sanctions or exclusions. Molina is not required to reveal the source of information if the information is not obtained to meet organization credentialing verification requirements or if disclosure is prohibited by law.

Practitioners have the right to correct erroneous information in their credentials file. Practitioner’s rights are published on the Molina website and are included in this Provider Manual.

## Credentialing and Recredentialing

The notification sent to the practitioner will detail the information in question and will include instructions to the practitioner indicating:

- Their requirement to submit a written response within five (5) calendar days of receiving notification from Molina.
- In their response, the practitioner must explain the discrepancy, may correct any erroneous information and may provide any proof that is available.
- The practitioner's response must be sent to Molina Healthcare, Inc. Attention: Credentialing Director at PO Box 2470, Spokane, WA 99210.

Upon receipt of notification from the practitioner, Molina will document receipt of the information in the practitioner's credentials file. Molina will then re-verify the primary source information in dispute. If the primary source information has changed, correction will be made immediately to the practitioner's credentials file. The practitioner will be notified in writing that the correction has been made to their credentials file. If the primary source information remains inconsistent with the practitioner's information, the Credentialing Department will notify the practitioner.

If the Practitioner does not respond within five (5) calendar days, their application processing will be discontinued, and network participation will be administratively denied or terminated.

### **Practitioner's Right to Review Information Submitted to Support Their Credentialing Application**

Practitioners have the right to review their credentials file at any time. Practitioner's rights are published on the Molina website and are included in this Provider Manual.

The practitioner must notify the Credentialing Department and request an appointed time to review their file and allow up to seven (7) calendar days to coordinate schedules.

A Molina Medical Director and the Director responsible for Credentialing or the Quality Improvement Director will be present. The practitioner has the right to review all information in the credentials file except peer references or recommendations protected by law from disclosure.

The only items in the file that may be copied by the practitioner are documents, which the practitioner sent to Molina (e.g., the application and any other attachments submitted with the application from the practitioner). Practitioners may not copy any other documents from the credentialing file.

### **Practitioner's Right to be Informed of Application Status**

Practitioners have a right, upon request, to be informed of the status of their application by telephone, email or mail. Practitioner's rights are published on the Molina website and are included in this Provider Manual.

## Credentialing and Recredentialing

Molina will respond to the request within two (2) working days. Molina will share with the practitioner where the application is in the credentialing process to include any missing information or information not yet verified.

### Denial

After review of appropriate information, the Professional Review Committee may determine that the practitioner should not be approved for participation in the Molina network. The Professional Review Committee may then vote to deny the practitioner. The practitioner will not be reported to the NPDB and will not be given the right to a fair hearing.

Within ten (10) calendar days of the Committee's decision, the practitioner is sent a written notice of denial via certified mail, from the Medical Director, which includes the reason for the denial.

### Termination

After review of appropriate information, the Professional Review Committee may determine that the practitioner does not meet performance expectations pertaining to quality of care, services or established performance/professional standards. The Professional Review Committee may then vote to terminate the practitioner. If the termination is based on reasons other than unprofessional conduct or quality of care, the practitioner will not be reported to the NPDB and will not be given the right to a fair hearing. Within ten (10) calendar days of the Committee's decision, the practitioner is sent a written notice of termination via certified mail, from the Medical Director, which includes a Description of the action being taken and the reason for termination. If the termination is based on unprofessional conduct or quality of care, the practitioner will be given the right to a fair hearing when required pursuant to laws or regulations. Within ten (10) calendar days of the Committee's decision, the practitioner is sent a written notice of Molina's intent to terminate them from the network per the Fair Hearing Plan Policy.

### Administrative Denials and Terminations

Practitioners denied or terminated administratively as described throughout this policy are eligible to reapply for participation any time as long as the practitioner meets all criteria for participation.

### Notification of Credentialing Decisions

Initial credentialing decisions are communicated to practitioners via letter or email. This notification is typically sent by the Molina Medical Director within two (2) weeks of the decision. Under no circumstance will notifications letters be sent to the practitioners later than sixty (60) calendar days from the decision. Notification of recredentialing approvals are not required.

## Credentialing and Recredentialing

### **Recredentialing**

Molina recredentials every practitioner at least every thirty-six (36) months.

Approximately six (6) months prior to the recredentialing due date, Molina will request the practitioner submit an application. Once a complete application is received, Molina will complete all the verifications as outlined in the section of this policy titled Criteria for Participation in the Molina Network. The same process for making credentialing decisions is followed as outlined above.

### **Provisional Credentialing**

Molina does not provisionally credential practitioners.

### **Practitioner Termination and Reinstatement**

If there is a break in service more than thirty (30) calendar days, the practitioner must be initially credentialed prior to reinstatement. The credentialing factors that are no longer within the credentialing time limits and those that will not be effective at the time of the credentialing decision, must be re-verified. The credentialing decision must be made prior to the practitioner's reentry into the network. Not all elements require re-verification; for example, graduation from medical school or residency completion does not change. If the contract termination was administrative only and not for cause and the break in service is less than thirty (30) calendar days, the practitioner can be reinstated without being initially credentialed.

### **Direct Contracts with Molina and Credentialed by a Delegated Entity**

When a practitioner or organizational provider has a direct contract with Molina and is also credentialed by and under contract with an entity Molina has delegated credentialing to, Molina does not need to credential the practitioner or organizational provider. The credentialing done by the delegated entity applies to the practitioner for any location in which they are working. Molina receives regular reports from each delegated entity and if agreement between the practitioner and the delegated entity terminates, Molina credentials the practitioner as indicated below.

### **Practitioners Terminating with a Delegate and Contracting with Molina Directly**

Practitioners credentialed by a delegate who terminate their contract with the delegate and either have an existing direct contract with Molina or wish to contract with Molina directly must be credentialed by Molina within six (6) months of the practitioner's termination with the delegate. If the practitioner has a break in service more than thirty (30) calendar days, the practitioner must be initially credentialed prior to reinstatement.

## Credentialing and Recredentialing

### **Excluded Providers**

Excluded Provider means an individual provider, or an entity with an officer, director, agent, manager or individual who owns or has a controlling interest in the entity who has been convicted of crimes as specified in section 1128 of the SSA, excluded from participation in the Medicare or Medicaid program, assessed a civil penalty under the provisions of section 1128, or has a contractual relationship with an entity convicted of a crime specified in section 1128.

Pursuant to section 1128 of the SSA, Molina and its Subcontractors may not subcontract with an excluded provider/person. Molina and its Subcontractors shall terminate subcontracts immediately when Molina and its Subcontractors become aware of such excluded provider/person or when Molina and its subcontractors receive notice.

Molina and its subcontractors certify that neither it nor its providers are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Where Molina and its subcontractors are unable to certify any of the statements in this certification, Molina and its subcontractors shall attach a written explanation to this agreement.

### **Ongoing Monitoring of Sanctions and Exclusions**

Molina monitors the following agencies for provider sanctions and exclusions between recredentialing cycles for all provider types and takes appropriate action against providers when occurrences of poor quality are identified. If a Molina provider is found to be sanctioned or excluded, the Provider's contract will immediately be terminated effective the same date as the sanction or exclusion was implemented.

### **The United States Department of Health & Human Services (HHS), Office of Inspector General (OIG) Fraud Prevention and Detection Exclusions Program**

The United States Department of Health & Human Services (HHS), Office of Inspector General (OIG) Fraud Prevention and Detection Exclusions Program releases a report every month of individuals and entities that have been excluded from Medicare and Medicaid programs. Within thirty (30) calendar days of its release, Molina queries every provider in the Molina QNXT claims payment system against the updated exclusions report to identify any potential matches between sanctioned providers and providers in QNXT.

The Credentialing Department reviews any potential matches and completes the research to determine if there is an exact match. If the Credentialing Department identifies a Molina practitioner on the OIG exclusion report, the Credentialing Department notifies the following Molina departments: Claims, Contracting, Member Services, Provider Information Management, Utilization Management, Pharmacy, Compliance and the Quality Improvement.

## Credentialing and Recredentialing

Molina immediately terminates the practitioner's contract across all states for all lines of business effective the same date the sanction was implemented and sends an email notification to the Credentialing Department confirming the termination was completed. The Provider Information Management Department ensures QNXT is configured so no claims will ever pay to this provider and no authorization can ever be generated to this provider. The Credentialing Department maintains a log which indicates the date each OIG report was released, the date the report was reviewed by Molina staff.

### State Medicaid Exclusions

Molina monitors for state Medicaid exclusions through each state's specific Program Integrity Unit (or equivalent). Molina queries every practitioner in the Molina QNXT claims payment system against each state's published report within thirty (30) calendar days of its release. The Credentialing Department reviews any potential matches and completes the research to determine if there is an exact match. Molina does not take adverse action against practitioners with state Medicaid exclusions occurring prior to January 1, 2011.

If the Credentialing Department identifies a Molina practitioner on the report, the Credentialing Department notifies the following Molina departments: Claims, Contracting, Member Services, Provider Information Management, Utilization Management, Pharmacy, Compliance and the Quality Improvement. Molina immediately terminates the practitioner's contract in all states, for all lines of business effective the same date the sanction was implemented and sends an email notification to the Credentialing Department confirming the termination was completed. The Provider Information Management Department ensures QNXT is configured so no claims will ever pay to this provider and no authorization can ever be generated to this provider. The Credentialing Department maintains a log which indicates the date each Medicaid exclusions report was released, the date the report was reviewed by Molina staff.

### Medicare Exclusion Database (MED)

Molina monitors for Medicare exclusions through the Centers for Medicare & Medicaid Services (CMS) MED online application site. Molina queries every practitioner in the Molina QNXT claims payment system against the MED report within thirty (30) calendar days of its release. The Credentialing Department reviews any potential matches and completes the research to determine if there is an exact match. If the Credentialing Department identifies a Molina practitioner on the report, the Credentialing Department notifies the following Molina departments: Claims, Contracting, Member Services, Provider Information Management, Utilization Management, Pharmacy, Compliance and the Quality Improvement. Molina immediately terminates the practitioner's contract effective across all states for all lines of business for the same date the exclusion was implemented and sends an email notification to the Credentialing Department confirming the termination was completed.

## Credentialing and Recredentialing

The Provider Information Management Department ensures QNXT is configured so no claims will ever pay to this provider and no authorization can ever be generated to this provider. The Credentialing Department maintains a log which indicates the date each Medicare exclusion report was released, the date the report was reviewed by Molina staff.

### Medicare Preclusion List

Within thirty (30) calendar days of its release, Molina queries every provider in the Molina QNXT claims payment system against the Preclusion List to identify any potential matches between precluded providers and providers in QNXT. The Credentialing Department reviews any potential matches and completes the research to determine if there is an exact match. If the Credentialing Department identifies a Molina Provider on the Preclusion List, the Credentialing Department notifies the following Molina departments: Claims, Contracting, Member Services, Provider Information Management, Utilization Management, Pharmacy, Compliance and Quality Improvement. Molina will notify all Medicare members who have seen that providers in the past 12-months that they will no longer be able to see that provider effective in 60-days.

The Provider will be terminated for all Medicare lines of business effective 90-days from the date they first appeared on the Preclusion List. The Provider Information Management Department ensures QNXT is configured so no Medicare claims will ever pay to this provider and no Medicare authorization can ever be generated to this provider. The Credentialing Department maintains a log which indicates the date each Preclusion List was released, the date the report was reviewed by Molina staff.

### Sanctions or Limitations on Licensure

Molina monitors for sanctions or limitations against licensure between credentialing cycles for all credentialed practitioners. Molina enrolls all credentialed providers in the NPDB Continuous Query Service as described below.

All sanction or limitation of license information discovered during the ongoing monitoring process will be maintained in the practitioner credentialing file. Practitioners identified with sanctions or limitations on licensure that are part of the Molina network will be reviewed immediately by a Manager responsible for Credentialing. The manager will review the information and make a determination if the information needs to be reviewed immediately by the Molina Medical Director for potential immediate action. All practitioners with identified sanctions or limitations on license in the ongoing monitoring process will be immediately placed into the full credentialing process and will be recredentialled early. The practitioner must provide all necessary information to complete the recredentialing process within the requested time-frames or the practitioner will be administratively terminated from the network. The complete recredentialing file will be reviewed at the next scheduled Professional Review Committee meeting for a recommendation.

### **National Practitioner Database**

Molina enrolls all credentialed practitioners with the NPDB Continuous Query service. Molina will always monitor Medicare/Medicaid Sanctions directly through the Office of Inspector General (OIG) as described above.

Once the practitioner is enrolled in the Continuous Query Service, Molina will receive instant notification of all new NPDB reports against the enrolled practitioners. When a new report is received, the Molina Ongoing Monitoring Credentialing Specialist will review the new NPDB report. If the new report would not be considered a level 2, as defined in this policy, the report will be filed in the practitioner's permanent credentialing file to be reviewed during the normal recredentialing process. If the new NPDB report would be considered a level 2, as defined in this policy, the practitioner will be immediately placed into the full credentialing process and will be recredentialed early. The practitioner must provide all necessary information to complete the recredentialing process within the requested time-frames or the practitioner will be administratively terminated from the network. The complete recredentialing file will be reviewed at the next scheduled Professional Review Committee meeting for a recommendation. The Credentialing Department maintains a log which indicates the date each adverse action was reported by the NPDB and indicating action taken by Molina.

### **Member Complaints/Grievances**

Each Molina health plan has a process in place to investigate practitioner-specific complaints from members upon their receipt.

Molina evaluates both the specific complaint and the practitioner's history of issues, if applicable. The history of complaints is evaluated for all practitioners at least every six months.

### **Adverse Events**

Each Molina health plan has a process in place for monitoring practitioner adverse events at least every six months. An adverse event is an injury that occurs while a member is receiving health care services from a practitioner. Molina monitors for adverse events at least every six months.

### **Medicare Opt-Out**

Practitioner's participating in Medicare must not be listed on the Medicare Opt-Out report. Molina reviews the Opt-Out reports released from the appropriate Medicare financial intermediary showing all of the practitioners who have chosen to Opt-Out of Medicare. These reports are reviewed within thirty (30) calendar days of their release. If a physician or other practitioner opts out of Medicare, that physician or other practitioner may not accept Federal reimbursement for a period of 2 years. These provider contracts will be immediately terminated for all Molina Medicare lines of business.



## Credentialing and Recredentialing

The Credentialing Department maintains a log which indicates the date the Medicare Opt-Out check was completed and indicating if there were any matches found.

### **Social Security Administration (SSA) Death Master File**

Molina screens practitioners against the SSA Death Master File database during initial and recredentialing to ensure practitioners are not fraudulently billing under a deceased person's social security number. The practitioners are also screened on a monthly basis to ensure there are no matches on the SSA Death Master File between credentialing cycles. If Molina identifies any potential matches and completes the research to determine if there is an exact match, the Credentialing Department notifies the following Molina departments: Claims, Contracting, Member Services, Provider Information Management, Utilization Management, Pharmacy, Compliance and the Quality Improvement. Molina immediately terminates the practitioner's contract across all states for all lines of business effective the same date the match was identified and sends an email notification to the Credentialing Department confirming the termination was completed. The Provider Information Management Department ensures QNXT is configured so no claims will ever pay to this practitioner and no authorization can ever be generated to this practitioner. The Credentialing Department maintains a log which indicates the date the SSA Death Master File check was completed and indicating if there were any matches found.

### **System for Award Management (SAM)**

Molina monitors the SAM once per month to ensure practitioners have not been sanctioned. If the Credentialing Department identifies a Molina practitioner on SAM, the Credentialing Department notifies the following Molina departments: Claims, Contracting, Member Services, Provider Information Management, Utilization Management, Pharmacy, Compliance and the Quality Improvement. Molina immediately terminates the practitioner's contract across all states for all lines of business effective the same date the sanction was implemented and sends an email notification to the Credentialing Department confirming termination was completed. The Provider Information Management Department ensures QNXT is configured so no claims will pay to this practitioner and no authorization can be generated to this practitioner. The Credentialing Department maintains a log which indicates the date each SAM check was completed and indicating if there were any matches found.

### **Provider Appeal Rights**

In cases where the Credentialing Committee suspends or terminates a Provider's contract based on quality of care or 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 when required pursuant to laws or regulations.