



Provider Rights and Responsibilities

Non-Discrimination

Molina Medicare expects that its contracted providers will respect the privacy of Molina Medicare members and comply with all applicable laws and regulations regarding the privacy of patient and member PHI.

In applying the standards listed below, participating providers have agreed they will not 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
- Status as a recipient of Medicaid benefits

Additionally, participating providers or contracted medical groups/IPAs may not limit their practices because of a member's medical (physical or mental) condition or the expectation for the need of frequent or high cost care. If PCPs choose to close their panel to new members, Molina Medicare must receive (30) days advance notice from the provider.

Access to Care Standards

Molina Medicare is committed to providing timely access to care for all members in a safe and healthy environment. Molina Medicare will ensure providers offer hours of operation no less than offered to commercial members. Access standards have been developed to ensure that all health care services are provided in a timely manner. The PCP or designee must be available twenty-four (24) hours a day, seven (7) days a week to Members for emergency services. This access may be by telephone. Appointment and waiting time standards are shown below. Any member assigned to a PCP is considered his or her patient.

Type of Care	Appointment Wait Time
Preventive Care Appointment	Within (30) days of request
Routine Care	Within seven days of request
Urgent Care	Within (24) hours
Emergency Care	Available by phone (24) hours/seven days
After-Hours Care	Available by phone (24) hours/seven days
Office Waiting Time	Should not exceed (30) minutes

Provider/Member Clinical Dialogue

Molina Medicare does not place limitations on clinical dialogue. Molina Medicare encourages open communication regarding treatment the practitioner/provider feels is in the best interest of the patient, regardless of whether or not the particular treatment would be covered by Molina Medicare.

Provider Change Notification Requirements

Providers must notify Molina Medicare in writing at least 60 days in advance when possible of changes in physician staffing, after hours and/or vacation coverage, practice location changes, billing address and tax ID changes. If PCPs choose to close their panel to new Members, Molina Medicare must receive 30 days advance notice from the Provider.

Member Information and Marketing

Any written informational and marketing materials directed at Molina Medicare Members must be developed at the sixth grade reading level and have prior written consent from Molina Medicare and the appropriate government agencies. Please contact your Provider Services Representative for information and review of proposed materials. Neither Molina Medicare, nor any contracted Providers or medical groups/IPA 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