



Provider Credentialing Rights

Molina Medicare has a duty to protect its members by assuring the care they receive is of the highest quality. One protection is assurance that our providers have been credentialed according to state and federal regulatory requirements and accreditation standards. Your responsibility, as a Molina Medicare provider, includes full disclosure of all issues and timely submission of all credentialing and re-credentialing information.

Molina Medicare also has a responsibility to its providers to assure the credentialing information it reviews is complete and accurate. As a Molina Medicare provider, you have the right to:

- Strict confidentiality of all information submitted during the credentialing process;
- Nondiscrimination during the credentialing process;
- Be notified of information obtained during the credentialing process that varies substantially from what is submitted by you;
- Review information submitted to support your credentialing application, with the exception of references, recommendations or other peer-review protected information;
- Correct erroneous information;
- Be informed of the status of your application upon request;
- Receive notification of the credentialing decision within 60 days of the committee decision;
- Receive notification of your rights as a provider to appeal an adverse decision made by the committee; and,
- Be informed of the above rights.

For further details on all your rights as a Molina Medicare provider, please review your Provider Manual or call your Provider Services Representative for more details.

*Printed copies of information posted on our website are available upon request.