

Checklist & Acknowledgement Form

This is to confirm that the Provider below has received a Molina Healthcare of California (MHC) New Provider Orientation (NPO) and/or Provider In-Service. To ensure compliance, the Provider understands the discussed policies/procedures and the Provider/Practitioner Manual, which contains additional contact information and describes in detail MHC’s key policies and procedures by applicable line(s) of business.

 New Provider Orientation

 Provider In-Service

Provider Type (Check applicable box):		Line of Business (Check all applicable boxes):	
<input type="checkbox"/> IPA PCP	<input type="checkbox"/> Direct PCP	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Medicare
<input type="checkbox"/> Specialists	<input type="checkbox"/> Other:	<input type="checkbox"/> Marketplace	

NPO Topics

- MHC Overview
- Provider Relations
- Resources and Contacts
- Communications
- Provider Data Collection and Maintenance
- Provider Directory
- Credentialing
- Timely Access Requirements
- Availity Provider Portal
- Claims and Compensation
- Encounter Data
- Balance Billing
- Provider Disputes and Resolution
- Utilization Management
- Prior Authorization
- Case Management and Long-Term Services and Support
- Enhanced Care Management and Community Supports
- Senior and Disability Services
- Population Health Cultural and Linguistic Health Education
- Diversity, Equity, and Inclusion
- Model of Care
- Pharmacy
- Transportation Services
- Member Rights and Responsibilities
- Provider Rights and Responsibilities
- Health Education Resources
- Preventive Health Care Services

- California Children’s Service (CCS)
- IHA Services
- BHT/ABA Treatment
- Behavioral Health
- Coordination of Care
- Alcohol and Drug Screening
- Emergency Department Protocol
- Eligibility, Enrollment, and Disenrollment
- Medical Record Documentation
- Quality Improvement
- Facility Site Review
- Fraud Prevention

Other Topics Discussed (Indicate below):

Date:

Provider Name (Print):

Site Address:

Authorized Staff Name (If applicable):

Signature:

Effective Date:

MHC PRR Name: