Orange County Physicians IPA Medical Group, Inc.
Dba Noble Community Medical Associates, Inc. of Mid Orange County
HealthSmart Management Services Organization, Inc.

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

☐ New Provider Orientation ☐ Provider In-Service ☐ Annual Training Year: _____

Provider Type (check applicable box):		**Line of Business (check applicable box):**	
☐ IPA PCP	☐ Specialist	☐ Medi-Cal	☐ Medicare
		☐ OneCare	☐ Commercial
		☐ All	☐ Covered Ca/Exchange

Topics

Information
- Provider Quick Reference Guide | Important Contacts
- Provider Demographic Information Submissions
- Access & Availability, Compliant with the After-Hours timeframe for response within 30 minutes & Sample Script
- Medi-Cal Managed Care Services/Program (HP Manual)
- Practice Guidelines (i.e., Participation in Federal Programs Verification Requirement, etc.)
- Reporting Requirements i.e., Encounter, HEDIS etc.
- Medi-Cal and Medicare Member Eligibility Determination and Verification Process

Case Management
- Case Management Referral – Contact
  Ginny Gamel, VP Medical Management
  (714) 947-8616
  GGAMEL@HEALTHSMARTMSO.COM
- Care Standards
- Continuity of Care
- Special Needs Plan
- California Children Services (LA County)/Whole Child Model (WCM)- applies to COHS Plans
- Long Term Services and Support (LTSS)- *Health Plan Responsibility*
- Behavioral Health
- Community Base Adult Services
- Critical Incident Reporting

Utlization Management
- UM Appeals and provider dispute resolution
- Prior Authorization Process and requirements

Initial Health Assessment (If Applicable)
- Staying Healthy Assessment (SHA)
- Medicare Annual Health Assessment (AHA)
- Individual Health Education Behavioral Assessment (IHEBA)

Cultural & Linguistic (C&L)
- Cultural & Linguistic Training
- Cultural Competency & Sensitivity training for Seniors and Persons w/Disability or Chronic Conditions
- Interpreter Services
- Customer Service
- Diversity, Health Equity and Inclusion Training
- Disability Awareness/Training Information including: awareness of personal prejudices and legal obligation to comply with ADA Section 504 of Rehabilitation Act, definition and concepts such as communication access, alternative formats, medical equipment access, physical access and access to programs, types of barrios encountered by target population, training on person-centered planning and self-determination, the social model of disability, the independent living philosophy, wellness principles and the recovery model.
- Work with Members with mental health diagnosis, including crisis prevention and treatment and substance use conditions
- Non-Discrimination requirements (i.e. HIV stigma)
- Use of culturally competent practices and access to services in a culturally competent manner for all members regardless of sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, or identification with any other persons or groups defined in Penal Code 422.56
- Lesbian, Gay, Bisexual, Transgender, Queer and /or Questioning, Gender Diverse Intersex, and Asexual (LGBTQIA+) cultural competent training;
- Responsibilities for Indian Health Care Providers and American Indian Members, Including:
  - Cultural Humility training
  - Overview of Trauma-Informed Care & Historical Trauma training
  - Other relevant trainings as noted by DHCS
- Quality Improvement for Health Services Program
  - https://www.caloptima.org/en/ForProviders/Resources/QualityImprovement
- https://healthsmartmso.com/wp-content/uploads/BlueShield-Advancing-Health-Equity-Training.pdf

Pay-For-Performance & Quality Program (If Applicable info will be provided)
- Medi-Cal HEDIS, Medicare Risk Adjustment
- Child Health & Disability Prevention (CHDP)

Claims Information (If Applicable)
- Claims Submission Information
  CLAIMS MAILING ADDRESS: P.O. BOX 6301
  CYPRESS, CA 90630-0018
  CLAIMS FAX NUMBER: (714) 947-8725

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- Appeal and Provider Dispute Resolution
- Electronic Fund Transfer (EFT)
- Member Billing Restrictions
- Medical Management Delegation and Payment Responsibility

Provider Resources

- **Web Portal:** Registration Form, User Guide, Eligibility, Claims, and Authorizations

Member Rights

- Members Rights and Responsibilities
- Member Services
- Appeals & Grievances
- Access & Availability
- Transportation
- Advance Directives
- Conflict Resolution
- Coordination of Benefits
- Member Benefits

Required Provider Trainings-http://healthsmartmso.com/

- Fraud Waste & Abuse, General Compliance, HIPAA Training
- Provider Manual – Noble
- Standards of Conduct/code of Conduct
- Participation in Federal Programs Verification (OIG/SAM)
- Medicare/MMP/D-SNP Model of Care Provider Training (If Applicable), Care Coordination, **NOTE:** *ICT training is done during onboarding and annually on an ongoing basis*
- Non-Contracted providers can review website at: http://healthsmartmso.com/ for training information and IPA protocols
- Additional training will be provided as defined by State Regulators (i.e., DHCS, CMS), the Health Plans, etcetera and will be noted in "other topic discussed" section below.
- CalOptima Policies and Procedures
- CalOptima/Health Network Operations
- Doula Training
- CalOptima Programs and Initiative
- Electronic Visit Verification Requirements and Reporting
- California Advancing and Innovating Medi-Cal (CalAIM) and the Whole-Child Model (WCM) program;
- Seniors and Persons with Disabilities Trainings (SPD)
- Critical Incident Reporting
- Dementia Care Aware Cognitive Health Assessment Training
- EPSDT Services
- Individual Health Education Behavioral Assessment (IHEBA) Contract Requirements
- Medi-Cal and Medicare Member Eligibility Determination and Verification Process Medical Management and Authorization Requirements

Checklist & Acknowledgement Form

Provider Communication new, modification, updates to policies, protocols, and services will be communicated to the provider network via blast fax and/or mailing.

Additional Provider Resources Provider Manual (s)

**Health Plan Provider Manuals are available by Health Plan, please refer to links listed below*:

- www.MolinaHealthcare.com.
- https://mediproviders.anthem.com/Documents/CACA_CAID_ProviderManual.pdf
- https://www.blueshieldca.com/provider/guidelines-resources/manuals/home.sp
- https://www.healthnet.com/portal/provider/home.ndo
- https://www.anthem.com/provider/policies/
- https://www.wellcare.com/en/California/Providers/Medicare
- https://www.centralhealthplan.com/cpa/Home/Contact
- https://caloptima.org/en/ForProviders/Resources/ManualsPoliciesandGuides.aspx

- REFER to Health Plan Provider Manual for Regulatory requirement Medi-Cal & Medicare (product lines of business). ALL marketing materials are required to be submitted to the appropriate regulatory agencies for approval.
- Out of Network Providers clinical protocols and guidelines shall be implemented at the time the IPA enters into an agreement with an Out of Network Provider

Other Topics Discussed (Indicate Below):

☐ Date In-service Conducted:
☐ New Provider Orientation
☐ Date Conducted: Annual

Provider Effective Date:
Group Name (if applicable)
Provider Name (Print):

Provider Signature (Required)
NPI:
Specialty:
Site Address:
City:
Zip Code:
Date Training completed

Authorized Staff Name (if Applicable):

Signature:

IPA Rep Name Conducted Training: