

**Checklist**

**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: \_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Provider Type (check applicable box):**  🞎 IPA PCP 🞏 Specialist | **Line of Business (check applicable box):**  🗷 Medi-Cal 🗷 Medicare (MA)  🞎 Medi-Medi/CalMedi-Connect 🞎 Exchange  🞎 Seniors & Persons w/Disabilities (SPD) 🞎 Medi-Cal Expansion (MCE)  🗷 OneCare 🞎 OneCare Connect |

**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](mailto: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

**Initial Health Assessment (If Applicable)**

* + Staying Healthy Assessment (SHA)
* Medicare Annual Health Assessment (AHA)

**Cultural & Linguistic (C&L)**

* + Cultural & Linguistic Training
  + Cultural Competency & Sensitivity training for Seniors and Persons w/Disability or Chronic Conditions
  + Interpreter Services
  + Disability Awareness/Training
  + Lesbian, Gay, Bisexual, Transgender, Queer and /or Questioning, Intersex, and Asexual

(LGBTQIA+) cultural competent training;

**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**

**EDI VENDOR: OFFICE ALLY - PAYER ID: HSM01**

* + 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 Training****s-**<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
* CalOptima Programs and Initiative
* Electronic Visit Verification Requirements and Reporting

**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](http://www.MolinaHealthcare.com).
* <https://mediproviders.anthem.com/Documents/CACA_CAID_ProviderManual.pdf>
* <https://www.blueshieldca.com/provider/guidelines-resources/manuals/home.sp>
* <https://www.care1st.com/ca/providers/provider-manual.asp>
* <https://bndhmo.com/providers/>
* <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

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| **Other Topics Discussed (Indicate Below):** |  |
|  | |
| 🞏 Date Conducted: New Provider Orientation |  |
| 🞎 Date Conducted: Provider In-Service |  |
| 🗷 Date Conducted: Annual |  |
|  |  |
| **Contract 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:** | **Dennis Valero** |