



Policy and Procedure No: PR 5.3		Revision No: 3
Division: Care Management		
Department: Provider Relations		
Title: PHC-CA Provider Communications		
Effective Date: 1/1/2006		
Supersedes Policy No: 92019, PR 5.0, PR 5.1, PR 5.2		
Reviewed/Revised by: Sandra Holzner		Review/Revision Date: 12/15/2025
Approving Committee: Member Provider Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To establish and implement an effective method of communicating PHC California’s (the Health Plan) policies and procedures, healthcare service requirements and contact information to the contracted provider network.

Policy:

The Health Plan provides information, policies, and procedures to Providers to help them fulfill their contractual obligations.

Procedure:

1. The Director or Associate Director of Contracting and Provider Relations or Designee assigns geographic areas within the Provider Relations Department and the Provider Relations Representatives serve as an information resource for contracted providers.
2. The Provider Relations Representatives are expected to visit (including virtual meetings) their AHF (AIDS Healthcare Foundation) - Health Care Centers, (HCCs) on a quarterly basis to meet with staff, office administration and medical personnel as necessary to ensure recognition as the local presence for both health plan products.
3. The Provider Relations Representatives are expected to visit (including virtual meetings) their HIV Specialty Network PCPs (Primary Care Provider) on a quarterly basis to meet with staff, office administration and medical personnel, as necessary to ensure recognition as the local presence for both health plan products.
4. Providers and their staff are encouraged to contact the Provider Relations Representatives with questions regarding their contract with the health plan, regulatory and healthcare services requirements.
5. The Director, Associate Director, Manager or Designee, of Provider Relations and Contracting facilitates Joint Operations Meetings, (JOMs) with contracted delegated provider networks and vendors. JOMs create a forum to discuss utilization patterns, issues and ideas concerning care for Members, and allow the health plan a method of monitoring the responsibilities delegated to the provider.
6. The Provider Newsletters are distributed quarterly. These newsletter communications are facilitated by the Director of Health Education. The Provider newsletter informs Providers of any policy, benefit, service, program or regulatory updates.

7. Provider Bulletin Communications serve as notification communications to in-network providers outlining operation and regulatory initiatives. These communications were coordinated by the Provider Relations Department and disseminated to in-network providers on a as needed basis.
8. The National Director of Contracting and Provider Relations or designee facilitates interdepartmental collaboration to update the Health Plan's Provider Manual on an annual basis.
 - a. The Compliance Officer or designee documents the review was conducted by the appropriate departments and committees.
 - b. The Provider Manual serves as a contract addendum and outlines provider requirements and expectations from the Plan and regulatory agencies such as Department of Healthcare Services (DHCS), Centers for Medicare and Medicaid Services (CMS) and Department of Managed health care (DMHC).
 - c. The Health Equity Officer and Director of Health Education solicit feedback on the Provider Manual from the Public Policy and Community Advisory Committee (PPCAC) and the Quality Improvement and Health Equity Committee and communicate new and revised policies and procedures in the Provider Manual to these committees.
9. A provider Quick Reference Guide (QRG) is included with all New Provider Orientation materials and actively available on the Plan's website. The QRG was created by the Provider Relations Department as an additional resource for providers. The QRG summarizes the health plan's requirements, standards and contact information including but not limited to the following areas:
 - a. Member Services, Eligibility and Member Grievances
 - b. Access to Care Standards
 - c. Laboratory Services
 - d. Referrals and Authorizations
 - e. Claims Submissions and Provider Disputes
 - f. Provider Relations and Notification Requirements
10. Provider resources and forms are available on the health plan's website, under Providers.

Monitoring:

1. The Provider Communication process is routinely monitored by the Director of the Provider Relations and Contracting Department.
2. This policy is updated as often as necessary, reviewed, and approved at least annually by the Member Provider Committee.

Reference(s):

1. <https://positivehealthcare.net/california/phc/providers/>