



<b>Policy and Procedure No: PR 3.6</b>	<b>Revision No: 6</b>
<b>Division: Care Management</b>	
<b>Department: Provider Relations</b>	
<b>Title: PHC-CA Provider Training and Education</b>	
<b>Effective Date: 3/1/2008</b>	
<b>Supersedes Policy No: 92004, PR 3.0, PR 3.1, PR 3.2, PR 3.3, PR 3.4, PR 3.5</b>	
<b>Reviewed/Revised by: Sandra Holzner</b>	<b>Review/Revision Date: 10/23/2025</b>
<b>Approving Committee: Member Provider Committee</b>	<b>Date: 12/15/2025</b>
<b>Executive Oversight Committee Date: 12/16/2025</b>	

**Purpose:**

To improve the delivery of quality services to enrollees by facilitating and delivering appropriate training and education to PHC California (the Health Plan) contracted providers.

**Policy:**

1. The Health Plan provides training and on-going education regarding the Medi-Cal Managed Care Program to contracted providers to ensure they operate in full compliance with the Contract and all applicable federal and State statutes, regulations, All Plan Letters (APLs) and Policy Letters.
2. The Health Plan provides orientations for new providers within the specified timeframe listed below:
  - A. Training must start within ten (10) working days and be completed within thirty (30) working days after Health Plan places a newly contracted Network Provider on active status in HealthSuite.
  - B. Upon the completion of Provider Training, the Health Plan's Provider Relations Department or designee subsequently logs all completed training in Salesforce Provider Orientation Module.
3. The Health Plan provides training to contracted providers as required by the Contract, including training at least once every two years on:
  - A. Preventive healthcare services;
  - B. Medical record documentation and coding requirements;
  - C. Member Rights and Responsibilities.
4. The Health Plan provides training to contracted providers on the Plan's then current Model of Care, Overview, Provider Quick Reference Guide, then current Provider Handbook materials (including diversity, equity and inclusion, including sensitivity, diversity, communication skills and cultural competency training, etc.) and covered services and the Plan's corresponding authorization process.
5. The Health Plan trains and educates providers on available services covered by the Health Plan, including but not limited to items described in the Model of Care, In-Lieu of Services (ILOS), and Enhanced Care Management (ECM).

6. The Health Plan educates network providers on enrollee access, including compliance with appointment waiting time standards and ensuring telephone, translation and language access is available for enrollees during hours of operation.
7. The Health Plan educates providers on policies and procedures for clinical protocols governing prior authorization and utilization management and carved out services.
8. The Health Plan educates providers regarding health needs for the following populations:
  - A. Patients with chronic conditions, including but not limited to HIV/AIDS;
  - B. Seniors and persons with disabilities;
  - C. Patients with specialty mental health service needs; and
  - D. Patients with intellectual and developmental disabilities.

**Procedure:**

1. Provider Manual. The Provider Relations Department will distribute a Provider Manual to all new providers within ten (10) working days upon execution of the contract with the Health Plan. Provider Manual contains instructions and information regarding the Health Plan's policies and procedures all providers are required to follow.
  - a. The Provider Manual contains, but is not limited to:
    - i. Health Plan Administration Overview and Contact Information
    - ii. Member Enrollment and Eligibility
    - iii. Covered Services
    - iv. Quality Management and Access Standards
    - v. Referrals and Authorizations
    - vi. Utilization Management and Case Management
    - vii. Claim Submission and Payment Guidelines
    - viii. Health Education, Cultural & Linguistic Services
    - ix. Credentialing and Re-credentialing
    - x. Provider Services
    - xi. Grievances and Appeals
    - xii. Medication Management

xiii. Fraud and Abuse

xiv. Member Rights and Responsibilities

b. The Provider Relations Representatives will disseminate Provider Manuals for new network providers during provider orientation and all existing providers will receive communications advising of Provider Manual updates on an annual basis or as needed. The Provider Relations Department will maintain an electronic record of all Provider Manuals distributed

## 2. Provider Orientations and Education

a. Provider orientations will start within ten (10) working days of contract activation active by the Health Plan's Provider Relations Representatives to educate new providers on the Health Plan's operations, regulatory requirements, policies and procedures, and service requirements. Providers shall not have an active status with the Plan until the Provider Orientation has been completed.

b. The provider orientation packet includes, but is not limited to:

i. Welcome Letter

ii. Provider Quick Reference Guide

iii. Model of Care Summary

iv. Facts at-a-Glance summary

v. Prior Authorization Form

vi. Link to the online Provider Directory

vii. Hospital Directory

viii. Member Rights and Responsibilities

ix. Provider Manual (web link to electronic document)

x. Plan-related training resource materials via electronic links or handouts including but not limited to applicable clinical and regulatory protocols. Marketing Materials (i.e., health plan brochures, provider newsletters)

xi. CalAIM Services: ECM and ILOS include enrollee referral process for services, covered services, parameters for enrollee eligibility for ECM and ILOS.

c. The designated Provider Relations representative will document in the Salesforce Provider Orientation Log the date all provider trainings were conducted and when counter signed/executed agreements were emailed to each applicable provider.

## 3. On-going Provider Training

- a. The Provider Relations Representative will provide ongoing training throughout the year regarding the Medi-Cal Managed Care program to ensure all network providers operate in full compliance with the Health Plan’s DHCS contract and all applicable federal and State statutes, regulations, APL’s and Policy letters. On-going training is provided by the Provider Relations Department and made available to all contracted providers.
- b. Additional training to provider offices shall be documented in the Salesforce Provider Training log.

4. Documentation

- a. The Provider Relations Representative will maintain records (both new orientations and existing trainings) and these will remain on file with the Provider Relations Department. The information shall be made available as necessary for audits or reviews by contractual, regulatory or accredited agencies.

**Monitoring:**

- 1. The Provider Relations Director or designee will monitor the compliance of all provider trainings including new provider orientations on a monthly basis to ensure compliance with stipulated timeframes and requirements outlined in section 2(a) & (b) above.
- 2. Compliance with Provider Training is monitored by the Provider Relations Department and routinely audited by the Compliance Department.
- 3. This policy is updated as often as necessary and reviewed and approved at least annually by the Member Provider Committee.

**Reference(s):**

- 1. OR Contract #23-30211, Exhibit A, Attachment III 3.2.5, Network Provider Training
- 2. OR Contract #23-30211, Exhibit A, Attachment III, Section 5.1, Member Services
- 3. OR Contract #23-30211, Exhibit A, Attachment III, Subsection 5.2.11.C, Diversity, Equity, and Inclusion Training

**Regulatory Agency Approval(s):**

Date	Version	Regulatory Agency	Purpose	Response
8/22/2023	3.3	Department of Health Care Services (DHCS)	Operational Readiness (O/R) R.0243.2	Approved
9/19/2023	3.4	DHCS	O/R R.0155	Approved
9/27/2023	3.4	DHCS	O/R R.0083	AIR
10/5/2023	3.4	DHCS	O/R R.0082	Approved
10/23/2023	3.4	DHCS	O/R R.0203	Approved
11/7/2023	3.5	DHCS	O/R R.0083 AIR1	Approved
7/11/2024	3.5	DHCS	LTC Phase II, LTC 4	Approved







**SAMPLE OF PLAN WELCOME LETTER TO CONTRACTED PROVIDERS**

DATE

NAME REDACTED  
ADDRESS  
CITY, STATE, ZIP CODE

Dear Provider,

We would like to welcome you to PHP and PHC California Network. Enclosed you will find a copy of your executed Agreement for PHP and PHC California.

For your convenience, I have included a Quick Reference Guide that provides you with information and instructions on Member Services, Member Eligibility, Access Standards, Direct Referrals, Authorizations, Member Rights and Responsibilities.

Please note that additional information concerning the Plans and corresponding regulatory requirements can be located on the Plan’s provider portal (Positive Healthcare - Positive Healthcare). This information includes but is not limited to the Plan’s Provider Handbook, Claims Resources, Provider Grievance Resources, Provider Newsletters and Informational updates related to your participation in our Plans Procedures.

**Publications and Forms:**

PHC California Provider Manual: [https://positivehealthcare.net/wp-content/uploads/2024/10/R.0081\\_R1\\_20241001\\_AHF\\_PHC\\_CA-Provider-Manual.pdf](https://positivehealthcare.net/wp-content/uploads/2024/10/R.0081_R1_20241001_AHF_PHC_CA-Provider-Manual.pdf)

PHP Provider Manual: <https://positivehealthcare.net/wp-content/uploads/2020/08/PHP-CA-Provider-Manual-2017.pdf>

We are committed to ensuring providers have access to current plan benefits, Health Plan(s) procedures, and notifications. Should you have any questions regarding network participation, please email us directly at [CAPR@ahf.org](mailto:CAPR@ahf.org).

Sincerely,

Sincerely,  
Provider Relations

