



IMPERIAL MANAGEMENT
ADMINISTRATORS SERVICES

Imperial Management Administrative Services	Policy and Procedure No:	PNO:009	
	Department:	Provider Network Management	
Signature:	Provider Network Management	Title:	Provider Network Training
	Giuletta Rudon	Effective Date:	01/01/2023
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I. BACKGROUND

Imperial Health Holdings Medical Group (“IHHMG”) through its delegate, Imperial Management Administrative Services, (“IMAS”) shall follow the procedures set forth in this policy with respect to every contracted California network provider.

II. PURPOSE

To document the oversight process to ensure that all contracted network providers, understand the requirements of both federal and state law with respect to the delivery of medical care in California.

III. POLICY

Newly contracted providers will receive training on key public health linked programs and services available to patients, including program training requirements for participation in federally funded programs. IMAS shall also provide annual and recurring training to network providers on federally funded programs as well as California specific training programs.

Training may be completed by participation in IHHMG’s sponsored training programs, a classroom setting, in-service, one-on-one training, or the distribution of training materials for self-review.

IMAS shall confirm that within ten days of placing a newly contracted provider on the IHHMG active roster that the provider understands and acknowledges that they

participated in the following orientation-training programs:

- California Children Services (CCS)
- California Coordinated Care Initiative Care Coordination Standards
- Child Health and Disability Program (CHDP)
- Cultural & Linguistics Training
- Cultural Competency and Disability Training
- Disability Literacy Training
- False Claims Act
- Fraud, Waste and Abuse
- Health Insurance Portability and Accountability Act (HIPAA) Training
- Interdisciplinary Care Team Training
- Initial Health Assessment/Health Risk Assessment
- Long Term Support Services
- New Provider Orientation Trainings
- Special Needs Plans (SNP) Model of Care Training

In addition, IMAS also provides initial and recurring training to network providers on the following:

- Provider Communications
- Enrollee Rights (including there will be no balance billing)
- Policies and Procedures
- Claims submission and payment.
- Identifying and reporting abuse, neglect, exploitation, and critical incidents
- Coordination of Benefits
- Special Needs Plans (SNP) Model of Care Training
- Fraud, Waste and Abuse
- Health Insurance Portability and Accountability Act (HIPAA) Training

IV. PROCEDURE

1.1. Within 10 days of placing a newly contracted provider on the IHHMG roster, IMAS will ensure that all network providers are trained where mandated by federal and California specific laws. The training documents will include an attestation whereby the network provider acknowledges that they've (i) reviewed the training material, (ii) understand the materials in which they reviewed and (iii) will comply in all respect with the requirements set forth therein, including all federal and California specific requirements in connection with the delivery and reporting of medical care while treating IHHMG's patients. The Provider Network Management Department will ensure the distribution of the individual plans for training materials, including required documentation and attestations for review.

- 1.2. Attached to the materials will be a coversheet to explain to the provider the requirement for review, participation, and compliance with the program. This document will also instruct the due date for completion and location to return the attestation.
- 1.3. The Provider Network Management Department will maintain distribution logs to document the date of distribution and the date the attestation is returned to IMAS.
- 1.4. Upon the receipt of the signed attestation verifying that the provider has completed the training materials, the Provider Network Management Department will inventory the attestation in the Provider Record for future reference and to determine when the following annual trainings must be executed in accordance with this Policy.
- 1.5. For any provider that does not return the attestation on time, a follow-up to the provider is made.
- 1.6. If the provider fails to return the training attestation, the provider will receive written notice and further instructions including compliance implications for failure to respond.
- 1.7. After written notice, if the provider continues to fail to return the attestation, the Provider Network Management Department Director shall report such non-compliance to the Quality Management Committee who will be required to take further action, which may include suspension or termination from the network.
2. Annual trainings will be calendared and performed within 12 months of the last training session.
3. Upon contracting, each provider's staff will be trained on the required training programs.

Sign-in sheets from on-site training will be maintained by the Provider Network Management.