**CHOC Health Alliance Provider Training Attestation**

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| **Provider/Practice Name:** | **NPI:** |
|  |  |
| **Group Tax ID:** | **Specialty:** | **License #:** |
|  |  |  |
| **Contract Effective Date:** | **Line of Business:** | **Provider Relations Rep:** |
|  | Medi-Cal |  |

**Training Topics**

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| **Medi-Cal Program** |
| [x]  Early Periodic Screening, Diagnosis and Testing (EPSDT) | [x]  Individual Health Education Behavioral Assessment (IHEBA) Requirement |
| [x]  Electronic Visit Verification (EVV) Requirements |  |

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| **CalOptima Health Network Operations** |
| [x]  CalOptima Health Programs and Initiatives (includes Whole Child Model and CalAIM) | [x]  Medical Management Delegation & Payment Responsibility |
| [x]  Long-Term Support Services (LTSS) | [x]  Community-Based Adult Services (CBAS) |
| [x]  Critical Incident Reporting | [x]  Fraud, Waste, and Abuse (FWA) Training |
| [x]  Behavioral Health Services | [x]  Dementia Care Aware Training |
| [x]  Member Rights & Responsibilities | [x]  Member Benefits |
| [x]  Member Grievance and Appeals Process | [x]  Provider Communications |
| [x]  CalOptima Health Policies and Procedures | [x]  Responsibilities for IHCP & American Indian Members |

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| **CHOC Health Alliance Operations** |
| [x]  Provider Manual | [x]  Access Standards |
| [x]  Model of Care | [x]  Seniors and Persons with Disabilities Training |
| [x]  Cultural Competency Training including Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, and Asexual (LGBTQIA+) | [x]  Provider Cultural and Linguistic Requirements |
| [x]  Medi-Cal Member Eligibility Determination and Verification Process | [x]  Medical Management and Authorization Requirements |
| [x]  Prior Authorization Process | [x]  Utilization Management Appeals and Provider Dispute Resolution Process |
| [x]  Doula Services | [x]  Claims Submission and Payment |
| [x]  Coordination of Benefits and Covered Services | [x]  Conflict Resolution |
| [x]  Member Billing Restrictions | [x]  Quality Improvement for Health Services Programs |

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| **Annual In-Service** |
| [ ]  Program Overview | [ ]  Fraud, Waste and Abuse (FWA) Training |
| [ ]  Cultural Competency Training | [ ]  Disability Awareness Training |
| [ ]  EPSDT Training |  |

*By signing I attest that CHA provided training and resources, available through CHA and CalOptima Health, on the above information.*

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| **Print Name** |  | **Training Completion Date**  |  |
| **Signature** |  | **Date Signed** |  |