

## Blue Shield of CA Promise Health Plan (BSCPHP) Delegation Oversight Medi-Cal Newly Contracted Provider Training Attestation

To operate in full compliance with the Contract and all applicable Federal and State statutes and regulations, BSCPHP delegated entities must ensure that Network Providers start training **within ten (10) working days** and complete within **thirty (30) working days** of becoming an active participating Medi-Cal provider.

**Note:** Before BSCPHP assigns members under this Contract, the Delegated Business Partner is responsible for providing Network Provider education specific to the delegated entity's processes (unless it is a health plan requirement) and the Medi-Cal Managed Care Services program. **Please check the boxes below to confirm that you have received training as it relates to Medi-Cal Managed Care services (including, but not limited to) and has access to the following:**

### Medi-Cal Managed Services Program

#### ➤ Member Rights

- Member must be treated with respect, giving due consideration to the Member's right to privacy and the need to maintain the confidentiality of the Member's medical information.
- Member will be provided with information about the plan and its services, including Covered Services,
- Member will be able to choose a Primary Care Provider within the Contractor's Network.
- Member will be allowed to participate in decision-making regarding their health care, including the right to refuse treatment.
- To voice Grievances, either verbally or in writing, about the organization or the care received.
- To formulate advance directives.
- Member will be allowed to have access to family planning services, Federally Qualified Health Centers, American Indian Health Service Programs, sexually transmitted disease services, and Emergency Services outside the Contractor's Network pursuant to the federal law.

#### ➤ Member Services

- Maintain the level of knowledgeable and trained staff sufficient to provide Member services to Members or Potential Enrollees and all other services covered under this Contract.
- All contractually required Member or Potential Enrollee service functions, including policies, procedures, and scope of benefits of this contract.
- Provides necessary support to Members with chronic conditions (such as asthma, diabetes, congestive heart failure) and disabilities, including assisting Members with Grievance and Appeal resolution, access barriers and disability issues, and referral to appropriate clinical services staff.
- Refer Potential Enrollees to the DHCS enrollment broker, Health Care Options (HCO), when Potential Enrollees make a request for enrollment with the Contractor.

#### ➤ Evidence-Based Practice Guidelines (specific to the DELEGATED ENTITY/MSO/IPA)

#### ➤ Clinical Protocols (specific to the DELEGATED ENTITY/MSO/IPA)

#### ➤ Cultural Awareness & Sensitivity, developed by DHCS, for Seniors and Persons with Disabilities and chronic conditions.

#### ➤ Sharing information methods between the DELEGATED ENTITY/MSO/IPA, Network provider, Member, and/or other healthcare professionals.

#### ➤ How the DELEGATED ENTITY/MSO/IPA will share clinical protocols and evidence-based practices guidelines (e.g., provider portal, website.) for Out-of-Network/Non-Contracted Providers, who will not receive Network Provider Training.

Access to Policies and Procedures (P&Ps) that cover (but are not limited to) the following:

- Services (e.g., Provider Education, Panel Status Changes, etc.)
- Policies (e.g., Prior Authorization, Pre-Natal Services, Member Satisfaction, etc.)
- Procedures (e.g., DHCS Recommended Care Standards, Continuity of Care, Special Needs Plan (SNP), etc.)
- Any modifications to existing services, policies and/or procedures.

Compliance/Standards of Conduct,

Training. Fraud, Waste and Abuse Training, and

Access to Provider Manual(s). The Provider Manual is a comprehensive online reference tool for the Provider and their staff. It should be used as a point of reference regarding (but not limited to) administrative, prior authorization, and referral processes, claims and encounter submission processes, continuity of care requirements, and plan benefits; In addition, the Provider Manual shall also address clinical practice guidelines, availability and access standards, care management programs, and Enrollee rights.

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I, \_\_\_\_\_, have completed the Newly Contracted Provider Training on \_\_\_\_\_  
On the subjects listed above and have access to the provider manual as stipulated by the California Department of health Care Services (DHCS) contractual requirements.

\_\_\_\_\_  
Newly contracted Provider's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
NPI#

\_\_\_\_\_  
Contract Effective Date

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I, \_\_\_\_\_, attest that the applicable subjects from the Newly Contracted Provider Training have been conducted with the provider's office staff.

\_\_\_\_\_  
Office Manager/Trainer Signature

\_\_\_\_\_  
Date Signed

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I, \_\_\_\_\_, attest on behalf of \_\_\_\_\_ that the newly contracted provider training and office staff (if applicable) have completed the required Medi-Cal Managed Care Services training stipulated by the California Department of Health Care Services (DHCS) contractual requirements. I further attest that the ongoing provider training and/or any updates to the Compliance, Fraud Waste and Abuse training, Clinical Protocols and Guidelines, the organization's policies and procedures, etc., will be conducted/provided to the newly contracted provider named above.

Delegated Entity/MSO/IPA Rep Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Delegated Entity/MSO/IPA Rep Name: \_\_\_\_\_

Title: \_\_\_\_\_

**NOTE: Please return this attestation completed and signed by all parties indicated with the universe report to:**  
[BSCProviderTraining@blueshield.com](mailto:BSCProviderTraining@blueshield.com)