

CalOptima Community Network (CCN) Provider Training Attestation

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| Provider Name: | | NPI: | | License: | |
| Provider Rep: | | Contract Date: | | Training Date: | |

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| <input type="checkbox"/> CalOptima Background | <input type="checkbox"/> Listing of Health Education Materials and How to Access Health Education Resources |
| <input type="checkbox"/> Member Handbook | <input type="checkbox"/> Authorization Requirement List |
| <input type="checkbox"/> CalOptima Provider Manual — Access and Availability; Fraud, Waste and Abuse, etc. | <input type="checkbox"/> Clinical Protocols and Evidence-Based Guidelines |
| <input type="checkbox"/> Health Care Delivery Structure (with a managed care overview) | <input type="checkbox"/> How to Access Interpreter Services |
| <input type="checkbox"/> CalOptima Policies and Procedures | <input type="checkbox"/> Claims Billing Procedures |
| <input type="checkbox"/> CalOptima Contact List | <input type="checkbox"/> Provider Complaint Process (Level 1 and Level 2) |
| <input type="checkbox"/> Member rights and responsibilities | <input type="checkbox"/> CalOptima electronic business (CalOptima Website, CalOptima Link, Electronic Billing and EFT) |
| <input type="checkbox"/> Standards and Tools for Quality Improvement, including Healthcare Effectiveness Data & Information Set (HEDIS), QI Projects and Medical Record Documentation | <input type="checkbox"/> Seniors and Persons with Disabilities (SPD) Competency and Sensitivity Training |
| Medi-Cal Program <input type="checkbox"/> Staying Healthy Assessment Requirements <input type="checkbox"/> Pediatric Preventive Services Guidelines <input type="checkbox"/> Child Health and Disability Prevention (CHDP) Program Information <input type="checkbox"/> California Children’s Services (CCS) Program Information <input type="checkbox"/> Behavioral Health Care Services | OneCare Connect Program <input type="checkbox"/> CalOptima Model of Care <ul style="list-style-type: none"> Role of Patient Care Coordinator Health Risk Assessment Individualized Care Team Individualized Care Plan <input type="checkbox"/> LTSS Overview <input type="checkbox"/> Behavioral Health Care Services |
| Annual In-Service <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Disability Awareness <input type="checkbox"/> Combining Medicare Parts C and D Fraud, Waste, and Abuse Web-based Training Course <input type="checkbox"/> Medicare Parts C and D General Compliance Training Web-based Training Course | |
| <input type="checkbox"/> Other | |
| ATTESTATION: CalOptima provided training on the above information and the resources available on CalOptima’s website. | |

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

DATE: _____