KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Provider Education	**Policy #**	4.23-P
Policy Owner	Provider Network Management	**Original Effective Date**	05-2000
Revision Effective Date	11/2024	**Approval Date**	03/04/2025
Line of Business	☒ Medi-Cal ☐ Medicare ☐ Corporate		

I. PURPOSE

An effective provider education program is critical for ensuring the delivery of high-quality health care. Kern Health Systems (KHS) will ensure that all contracted providers receive comprehensive training on Plan and program requirements, ensuring providers operate in full compliance with all applicable federal and State statutes, regulations, All Plan Letters, and Policy Letters.

II. POLICY

A. Initial Orientations

1. Initial orientations will be conducted for all Kern Health Systems (KHS) contracted provider groups and their staff within ten (10) business days of KHS placing a newly contracted provider group on active status.

2. If an unexpected emergency occurs and the contracted provider group is unable to complete the training within the ten-business day timeframe, the contract effective date will be postponed. The contracted provider group will be made aware that they may not provide services to Plan members until the provider completes training.

B. Other Provider Training

1. Additional provider education will be provided as deemed necessary by KHS, the provider, the Department of Managed Health Care (DMHC), the State Department of Health Care Services (DHCS), or any applicable state and or federal laws included but not limited to All Plan Letters (APL).

2. Provider education will be conducted as required by the 2024 DHCS Medi-Cal Contract, Exhibit A, Attachment III, Section 3.2.5

III. DEFINITIONS

TERMS	DEFINITIONS
N/A	

IV. PROCEDURES

The Provider Network Management Department, and other KHS staff as appropriate, is responsible for planning, coordinating, initiating, monitoring, and evaluating any provider communication which will educate the provider with regard to Kern Health Systems' policies and procedures relating to the delivery of health care services and Plan administration. Education may be provided through one-on-one or group presentations, correspondence, bulletins, the *Provider Manual*, the Provider Portal, training and educational meetings, surveys, and focus groups. Educational materials/sessions may be designed to address certain objectives with specific timeframes (i.e., letters to notify providers of policy changes).

A. Initial Orientations

1. Timeframe and Attendees

   Initial Orientations are conducted prior to the close of the tenth business day after KHS places a new contract on active status. These orientations are conducted one-on-one or in a group setting. Training may be conducted online or in-person. Providers or designees (administrators, office staff) are required to attend the initial orientation session. Providers, administrators, and/or office staff who attend the initial orientation will be responsible for ensuring providers, administrators, and/or office staff not present during initial orientation will be trained on all applicable topics and provided a copy of the KHS Provider Manual, as appropriate.

   KHS Provider Relations Representatives will provide additional training as requested by the Provider**.**

2. Training Curriculum
   Initial Orientations will include at a minimum, the following information:

   a. Overview of Medi-Cal Managed Care and the Two Plan Model
   b. Organization Goals and Objectives
   c. Primary Care Practitioner's (PCP) Role (PCPs only)
   d. Role of Health Care Options Enrollment Contractor
   e. Plan selection/default/conversion
   f. History of Local Initiative
   g. Description of KHS Departments and their role with both members and providers
   h. Eligibility Verification
   i. New Member Entry Program (PCPs only)
   j. 24 Hour Advice Nurse
   k. Member Grievances and Provider Disputes
   l. Coordination of Health Services
   m. Initial Health/Education Assessment (PCPs only)
   n. Medical Record Confidentiality

o. Children Health and Disability Prevention (CHDP) Services (PCPs only)
p. Member Health Education Programs and Procedures (PCPs only)
q. Covered Services
r. Carved Out Services
s. Clinical Protocols governing Prior Authorization and Utilization Management
t. Referrals and Authorizations
u. California Children's Services (CCS)
v. Inpatient Utilization
w. Pharmacy/Lab/X-ray
x. Claims Administration in line with 6.01-P, Including Disputes
y. Encounter data
z. Availability of Interpreter Services
aa. Member Rights[1]
bb. Provider Directory Inaccuracies
cc. Smoking Cessation
dd. Transportation
ee. Palliative Care
ff. Cultural and Linguistics
gg. Location of KHS Policies and Procedures
hh. Location of KHS Provider Forms
ii. Diversity, Equity, and Inclusion, including at a minimum, access, and delivery of services in a culturally competent manner to all members, regardless of identification with any persons or groups defined in Penal Code 422.56 and information about health inequities and identified cultural groups.
jj. Member Health Needs: SPDS Population, chronic conditions, Specialty Mental Health services, substance use disorder, intellectual and developmental disabilities, and children with special health care needs.
kk. Compliance with Accessibility Standards outlined in 4.30-P Accessibility Standards, including compliance with appointment waiting time standards, including ensuring telephone, translation and language access is available for Members during hours of operation.

3. Initial Orientation Monitoring

For all initial orientations, conducted via in-person or online, KHS will require attendees to sign-off verifying their attendance of the orientation; sign-off will include attendee name, title, and signature/date. KHS will maintain records of attendance for all initial orientations, including attendee's name, title, and signature/date. Provider Relations Representatives will be responsible for tracking and monitoring the completion of initial orientations, collecting sign-off, and ensuring orientation is conducted within the required timeframe.

B. Other Provider Training

1. Early Periodic Screening, Diagnosis and Testing (EPSDT) Training

At least once every two years (biennially), the Plan will provide training to Providers on

required preventive health care services, including Early Periodic Screening, Diagnosis and Testing (EPSDT) services for Members less than 21 years of age, including appropriate medical record documentation and coding requirements.

a. Annual EPSDT Training Plan Submission

On an annual basis, by February 15 of each calendar year, KHS will submit to the DHCS a comprehensive plan to ensure that all contracted providers receive proper education and training regarding EPSDT. The annual comprehensive plan will include an attestation that the Plan's network of contracted providers is in compliance with the EPSDT training requirements and include a list of contracted providers who have completed training within the past 12 months. The annual comprehensive plan will also include how many contracted providers are serving members under the age of 21 and how many contracted providers are not in compliance with the EPSDT training requirements. The Plan's submission will include an outline of the steps the Plan is taking to ensure contracted providers are fully compliant.

To reduce the training burden on providers contracted with multiple managed care plans from completing duplicative trainings, Plans have the option to share training records.

The Plan is required, at a minimum, to use the provider training program developed by DHCS to promote a more uniform and shared understanding of the benefit throughout the State. The training program refers to EPSDT as Medi-Cal for Kids & Teens. If the Plan chooses to augment the training with additional information, then they must submit training materials with edits highlighted to DHCS for review and approval prior to use.

2. Bi-annual Training

At least twice a year (bi-annually), the Plan will provide training to providers that will include at a minimum:

a. Member Rights
b. Diversity, Equity, and Inclusion training (including sensitivity, diversity, communication skills, and cultural competency). Diversity, equity, and inclusion training will include at a minimum, access, and delivery of services in a culturally competent manner to all members, regardless of identification with any persons or groups defined in Penal Code 422.56 and information about health inequities and identified cultural groups.

Records of bi-annual training will be documented and maintained by the Plan.

3. Timely Access, Annual Notification

At least annually the Plan will provide the following information to the Plan's contracted

providers:

a. KHS' obligation under California law to provide or arrange for timely access to care.
b. How a contracted provider or enrollee can contact KHS to obtain assistance if an enrollee is unable to obtain a timely referral to an appropriate provider.
c. The toll-free telephone number and internet website address for the DMHC where providers and enrollees can file a complaint if they are unable to obtain a timely referral to an appropriate provider.

C. Provider Administrative Manual

Each contracted provider receives a *Provider Manual* which includes a review of where to locate Plan sample forms. Copies of Plan sample forms are made available upon request. Each contracted provider is informed where to locate policies and procedures as well as obtain additional sample forms.

D. Additional Methods of Provider Education

Provider education is provided through the following methods:

1. KHS Plan Bulletin - These bulletins are distributed on an as-needed basis primarily to provide timely notification of new Plan information, including changes in regulations relating to Medi-Cal Managed Care. Plan Bulletins are posted to the KHS website at kernfamilyhealthcare.com.
2. Telephone and in-person support through the Provider Relations Department and other pertinent departments.

E. Training Material Updates and Review

At least once every two years (biennially), training materials will be reviewed by the Plan's Quality Improvement/Utilization Management Committee and Compliance Committee to ensure consistency and accuracy with current requirements, and Plan's policies and procedures.

F. Provider Manual

The Provider Network Management Department will maintain a Provider Manual. The Provider Manual will be provided to contracted providers during Initial Orientation and made available on the KHS external website.

1. Provider Manual Updates

   At least annually, the KHS Provider Network Management Department will review the Provider Manual and update as needed, collecting information from stakeholders within the organization. At least annually, KHS will solicit Provider Manual feedback from applicable committees, including the Plan's Public Policy/Community Advisory Committee and the Quality Improvement/Utilization Management Committee. Feedback will inform the development of the Provider Manual. The Plan will document that annual committee review has been conducted.

G. Delegation

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including applicable APLs, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

V. ATTACHMENTS

N/A	

VI. REFERENCES

Reference Type	Specific Reference
DHCS Contract (Specify Section)	2004 DHS Contract A-7 (A-C)
DHCS Contract (Specify Section)	[1] 2004 DHS Contract A-7 (A-C)

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	11-2024	The PNM Department revised the policy, per the annual policy routine review.	J.W. PNM
Revised	5-10-2023	Policy was revised to align with the DHCS 2024 OR R.0083 requirements, it was approved by DHCS on 5/24/2023.	PNM
Revised	5-9-2023	Policy was revised to align with the DHCS 2024 OR R.0082 and R.0180. (DHCS approved R.0082 on 5/24/2023 and R.0180 on 6/19/2023).	PNM
Revised	5-2-2023	The policy was revised to per DHCS Medical Audit CAP finding #5.3.1.1 for period 11/1/2021-10/31/2022, submitted to DHCS MCQMD on 8/15/2023, CAP closed on 4/19/2024.	PNM
Revised	5/2023	Policy was revised and to align with the DHCS 2024 OR R.0155, it was approved by DHCS on 6/7/2023.	PNM
Revised	2023-04	To comply with DMHC Comment Letter Section 1367.031 (e)(2)(A)-(C). DMHC approval received on 11/2/2023, filing no. 20231016. Policy version was also submitted for the DHCS 2024 OR R.0081, DHCS	PNM

		approved the policy on 5/9/2023.	
Revised	2023-02	Policy revised by Provider Network Management Department to comply SB 225 (DMHC APL 22-031 #10) and 2024 DHCS Contract (3.2.4) Revisions	PNM
Revised	2022-06	Revisions to signatories.	PNM
Revised	2021-10	Policy was revised by Provider Network Management Department to remove reference to printed material.	PNM
Revised	2020-12	Policy revised by Provider Relations Department. Revision includes updated department name as well as material reviewed during provider on-boarding**.** Policy was submitted for the DHCS 2024 OR R.0147 and approved on 9/03/2022.	PNM
Revised	2017-10	Policy revised by Provider Relations Department to comply with APL 17-004 – added additional regulatory language to ensure compliance with applicable state and federal laws.	PNM
Revised	2014-03	Policy revised by Provider Relations department to comply with 2013 DHCS Medical Audit, deficiency 6.4.	PNM
Revised	2011-01	Added KHS website for source of provider education.	PNM
Created	2004-05	Revised per DHS/DMHC Medical Audit (YE Oct 03 – 4.3.1). Additional revisions made as part of routine review. Formerly: 4.23 – Provider Orientations (2000-05) 2004 DHS Contract A-7(5)	PNM

VIII. APPROVALS

Committees | Board (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	**Date Reviewed**	**Date Approved**
Department of Health Care Services (DHCS)	DHCS 2024 OR R.0180	6/19/2023
Department of Health Care Services (DHCS)	DHCS 2024 OR R.0082	5/24/2023
Department of Health Care Services	DHCS Medical Audit CAP finding	4/19/2024

(DHCS)	#5.3.1.1	
Department of Health Care Services (DHCS)	DHCS 2024 OR R.0155	6/7/2023
Department of Health Care Services (DHCS)	DHCS 2024 OR R.0081	5/9/2023
Department of Managed Health Care (DMHC)	DMHC filing no. 20231016.	11/2/2023
Department of Health Care Services (DHCS)	DHCS 2024 OR R.0147	9/3/2022

Chief Executive Leadership Approval *		
Title	**Signature**	**Date Approved**
Chief Executive Officer		
Chief Operating Officer		
*Signatures are kept on file for reference but will not be on the published copy		

KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 4.23-P Provider Education

Last approved version: 12-2020

Reason for revision: The PNM Department revised the policy during its annual routine review.

Director Approval		
Title	**Signature**	**Date Approved**
Amisha Pannu Senior Director of Provider Network		

Date posted to public drive: _____

Date posted to website ("P" policies only): _____